



*MINISTRY
OF
SOCIAL WELFARE*

**NATIONAL POLICY
ON DISABILITY
FOR SRI LANKA**

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FOR SRI LANKA**

***MINISTRY OF SOCIAL WELFARE
Sethsiripaya
Battaramulla
Sri Lanka***

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INTRODUCTION TO THE NATIONAL POLICY BY THE DRAFTING COMMITTEE

For many years the Disability Movement in Sri Lanka has been requesting from the Government a National Policy on Disability. They have seen Policy as being the most fundamental for providing both stimulus and momentum to the processes of social development that will change their situation. Lack of a clear policy that enables them to exercise their rights and responsibilities, guarantees for them an equitable share of available resources and includes them in the socio-economic mainstream has, up to now, led to programmes with poor sustainability. These in turn have had nil or negligible impact on their situation.

Responding to the request of the Disability Movement, the Hon. Minister of Social Welfare appointed a Committee to draft a National Policy on Disability. The wishes expressed by the disability movement calls for such a National Policy to be both rights-based and resource-based. This in turn makes disability a crosscutting issue of immense dimensions.

To meet these demands the committee drafting the policy had a very wide cross-section of members representing all the major types of disabilities, all age groups, Government, NGOs, expertise in the areas of the Law and of Human Rights and gender.

The strength of the policy however lies in the process adopted for its development. This has been essentially participatory, with the Ministry of Social Welfare seeking collaboration from other relevant Government Ministries, NGOs, the Private Sector and UN and International Agencies for a consultative process. Separate meetings were held with each sector regarding specific policy areas. Individuals who have disability and their organizations were given the opportunity to participate as was civil society and the general public through numerous notices and announcements in both the print and electronic media.

The views and representations of all those who participated and contributed in any way have been taken into consideration in the formulation of this policy.

The National Policy is presented in two parts.

Part One provides the rationale underlying policy formulation, containing its scope, underlying socio-economic considerations, barriers that exclude people who have disability from the socio-economic mainstream, and the resources available for policy implementation. This is the situation that has been taken into account in deciding policy.

Part Two first lists the guiding principles which provide the policy framework, and it relates them to the Constitution of Sri Lanka and to the Charter of the United Nations and other United Nations Instruments. It then describes 26 policy areas which have been identified through the process of consultation. For each policy area, policy statements are made and strategies for their achievement are listed.

The Policy also emphasizes the need for and suggests mechanisms for its implementation, monitoring and evaluation, and lists those Ministries that may take responsibility for these various aspects of policy

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02 May 2003

STATEMENT OF NATIONAL POLICY

The National Policy on Disability promotes and protects the Rights of People who have Disability in the spirit of social justice. They will have opportunities for enjoying a full and satisfying life and for contributing to national development their knowledge, experience and particular skills and capabilities as equal citizens of Sri Lanka.

PART ONE
RATIONALE FOR POLICY FORMULATION

I SCOPE OF POLICY

1. DEFINITION OF DISABILITY AND ITS IMPLICATIONS:

The legal definition of disability in Sri Lanka is that described in the Protection of the Rights of Persons with Disabilities Act.¹ A “person with disability means any person who, as a result of any deficiency in his physical or mental capabilities, whether congenital or not, is unable by himself to ensure for himself, wholly or partly, the necessities of life”. This definition is a reasonably broad one, encompassing both medical and socio-economic aspects of disability.

The National Policy on Disability takes into account the limitations imposed on individuals in carrying out activities required for daily living and in the restrictions imposed on their participation in daily life situations. These, together with other personal and environmental factors impinge on the person who has disability, constraining that individual “to ensure for himself, wholly or partly, the necessities of life”. This is the view taken in the most recent classification of disability (ICF) published by the World Health Organization.² Disability is an umbrella term used to describe the situation of each person in a wide area, and is used within the context of personal and environmental factors. Environmental factors are those that lie outside the individual and “make up the physical, social and attitudinal environment in which people live and conduct their lives”. These in turn are influenced by cultural and religious practices and beliefs.

At the present time and in the foreseeable future it is, and will be, necessary to use such an interpretation in all matters related to disability. It is only then that the limitations an individual may have in carrying out certain activities or experience in participating in daily life situations can be seen and understood in their context.

Personal factors are those that are associated with the individual’s age, gender, health condition, personality, lifestyle, experience and so on, and have an influence on how the individual responds to the disability.

Social factors include, for instance, the attitudes of other individuals and of society that perceive those who have disability as being “different” people; that do not see them as equal human beings with the same human rights and responsibilities; that do not make available to them the same opportunities available to other persons; and that excludes them from the social mainstream because of their disability.

¹ Parliament of Sri Lanka: *Protection of the Rights of Persons with Disabilities Act, No 28 of 1996*

² World Health Organization: *International Classification of Functioning, Disability and Health (ICF)*, WHO Geneva, 2001

Cultural factors include the many superstitions that have pervaded our communities, associating disability and individuals who have disability with misfortune and perceiving them as omens of bad luck.

Environmental and physical barriers that constrain individuals from ensuring for themselves “wholly or partly the necessities of life” include in-accessibility to the built environment and to the assistive devices needed by, for instance, wheelchair users and those who cannot see. It includes also in-accessibility to communication for those individuals who may not be able to hear and/or be able to speak like others do. It includes in-accessibility to education and public services to people who cannot understand or behave like others do because their mental development has been delayed or retarded or their mental function has been impaired because of an illness or because they have epilepsy. Environmental barriers restrict the participation of these citizens in economic, educational, social, civil, cultural, recreational, leisure, religious and political activities. The National Policy addresses the issues underlying these barriers.

2 TARGET GROUPS:

The classification of types of disability used by the Ministry of Social Welfare for programme development encompasses people who have visual, speech, hearing, mobility, intellectual, and psychiatric disability and disability arising as a result of epilepsy and other causes. It also encompasses multiple disability, which is a combination of two or more of these various disabilities in a single individual.

The civil conflict, which was ongoing for nearly two decades, left large numbers, both combatants and civilians, with injury and disability. Their needs have also been taken into account within the scope of this policy.

The National Policy on Disability addresses the issues influencing the quality of living of all individuals, whatever their age, in whom various types of disability may be manifested. Issues related to promoting gender equity, whatever age or disability have been given particular consideration.

II SOCIO-ECONOMIC CONSIDERATIONS

In order to provide information on the current situation for policy formulation, the Ministry of Social Welfare commissioned a Social Research Study to determine the socioeconomic situation of adults who have disability. The Study was carried out in February 2003. 7 groups of individuals were included in the study sample of 541, namely adults who have visual, speech, hearing, mobility, intellectual and psychiatric disability and disability arising out of epilepsy. All these, together with children who have these disabilities, constitute the target group of this policy.

This is the only study carried out in Sri Lanka to date that provides comprehensive information about those citizens who have disability, information that is a pre-requisite for the formulation of a National Policy. The data referred to in this document, except where otherwise stated, is derived from the above Study.³

1 INCOME:

Individuals who are in employment and yet live below the International Poverty line of USD 1.00 per day varied within 5 groups in the study from a low of 43% for intellectual disability and 45% for mobility disability, 72% for psychiatric disability, 81% for hearing disability to a high of 88% for those with speech disability.

Income levels of those with intellectual disability and epilepsy and employed could not be measured. Their employment rates were 1% and 5% respectively.

Figures for household income of less than USD 2.00 per day were hardly any better. It varied from 84% for intellectual disability, 85% for psychiatric, 88% for visual and speech, 89% for mobility and 90% for hearing and for those who have epilepsy.

Table I gives these figures and also figures for those with an income of less than USD 2.00 per day among those who are employed.

In 1995 (the latest figures available), the national figure of those living below the international poverty line of less than US\$ 1 a day were 6.6 per cent.⁴ Those living below the international poverty line at USD 2.00 were 45.3%. It can thus be seen that people who have disability are among the poorest of the poor in this country.

³ Ministry of Social Welfare: *Report of a Social Research Study on Disability*. Draft March 2003

⁴ ILO Geneva: *Key Indicators of the Labour Market, 2001-2002*

From this low-income perspective, people who have disability become dependent on others for the duration of their adult life. 53% of families said that they had to incur extra costs because of the disability one of their members had. 51% of families have lost the possibility of earning more income for the same reason.

At the same time, only 41% obtain a welfare benefit. Of these, 62% were Samurdhi beneficiaries and 43% received welfare benefits of Rs 100 - 300 per month (USD 1.00 – 3.00) from the Department of Social Services.

Table I: Some aspects of the Socio-Economic Situation of Adults (over age 18 yrs) who have Disability and who have employment by Type of Disability.
(source: Ministry of Social Welfare. Social Research Study on Disability, draft March 2003)

	Disability	Personal income		Household income		Employment	Skills Development
		Less than USD 1.00 per day	Less than USD 2.00 per day	Less than USD 1.00 per day	Less than USD 2.00 per day		
1	Visual	43%	96%	48%	88%	14%	15%
2	Speech	88%	97%	54%	88%	11%	15%
3	Hearing	81%	98%	50%	90%	21%	20%
4	Mobility	45%	87%	50%	89%	26%	16%
5	Intellectual	-	-	59%	84%	1%	5%
6	Psychiatric	72%	90%	47%	85%	7%	11%
7	Epilepsy	-	-	49%	90%	5%	16%

2 EMPLOYMENT:

The relationship between the low level of income and employment also emerges from the study as is seen in Table I. Only 1% of adults who have intellectual disability in the study were employed. These would, in all possibility have been those who have marginal or mild disability. *Employment* rates varied from a low of 7% for those with psychiatric disability to a high of 26% for those with mobility disability. This should be compared to the national *unemployment* rate as a percentage of the labour force, which is estimated to be at around 10% at present.

Opportunities Available:

Employment in the private sector is available only to 13% of those employed (Table II). This is largely due to the attitudinal barriers posed by employers. Recognizing this, the Employers Federation of Ceylon (EFC) has set up an “Employers Network on Disability” to promote opportunities for people who have disability in the private sector. Individuals

Table II: Types of Employment of Adults who have Disability
(source: Ministry of Social Welfare. *Social Research Study on Disability, draft March 2003*)

Type of employment	Gender		Total in %
	Men in %	Women in %	
Self-employment	36	19	32
Government employment	34	13	29
Private sector	9	25	13
Casual labour	11	25	12
In family income-generating activity	9	12	11
Working for a community member	1	6	2
total	100%	100%	100%

who have disability can register in the EFC databank so increasing their chances of being selected by employers.

Placing individuals from rural areas in urban mainstream employment has, by and large not been a success. High costs of urban living relative to low wages, difficulty in finding accommodation and problems of adjusting to urban life-styles all contribute to this.

Self-employment is the most frequent option available to people who have disability at 32%, while 29% were found to be in government employment. Even regarding self-employment, most people do not have vocational training. Observations in community-based programmes revealed that they use their innate abilities and skills, or used skills learned from family members and neighbours to generate an income. While for those with natural entrepreneurial skills self-employment is a success, for others it is not. The biggest constraints they face are lack of managerial skills and the inability to plan ahead and to use savings judiciously for improving one’s enterprise. No knowledge of market demand leading to poor selection of activity, inaccessibility and increasing costs of raw materials, poor access to credit and difficulties in marketing in a deteriorating economic environment also contributed to failure⁵. With the expected resurgence of the economy,

⁵ P.Mendis, *Situation of People who have Disabilities in Sri Lanka*, International Comparative Study on Disability Policies and Programs in the 21st Century in Asia and the Pacific, Social Work Research Institute, (Tokyo, November 2001)

strategic partnerships in the field of employment between the state and private sector will do much to alleviate poverty within this group.

National Employment Policy

The draft National Employment Policy of the Ministry of Employment and Labour⁶ released on 01 May 2002 by the Minister of Employment and Labour was perhaps the first sectoral policy to include people who have disability and draw them into the socioeconomic mainstream. The draft policy states specifically that “the government would provide opportunities for the disabled to upgrade their knowledge and skills to facilitate them in securing, retraining and advancing in suitable employment thus enabling them to integrate into the community or society and enter active economic and social life”⁷.

As a step in the implementation of the National Policy on Employment, the Ministry of Employment and Labour in January this year launched the National Employment Sourcing and Delivery System (ESDS). This is a fully computerized national job referral system backed up by a network of 17 service (JobsNet) centres distributed islandwide.⁸ Along with other jobseekers, those who have disability too can register at a JobsNet Centre.⁹ The registration will guide them through a process of assessment, guidance for skills development if necessary and then to open or to self-employment. Those selecting self-employment can choose to have guidance to secure financial and technological facilities and for the development of self-employment projects. The National JobsNet Scheme is being implemented as a partnership between the Ministry and the Ceylon Chamber of Commerce with the latter (Private Sector) responsible for management.

3 VOCATIONAL SKILLS:

That accessing opportunities for skills development has had an effect on employment is also indicated in Table I. People who have intellectual disability appear to have accessed it least at only 5%. Further, only 11% of adults who have psychiatric disability, 15% of those who have visual and those who have speech disability, 16% those who have mobility disability and those who have epilepsy, and 20% of those who have hearing disability have had vocational training.

⁶ Ministry of Employment and Labour: Draft National Employment Policy for Sri Lanka. May 2002. www.slnepe.org

⁷ Ibid.

⁸ The Sunday Times: January 12 2003. *Advertisement “JobsNet”*

⁹ Information obtained from the Commissioner, Research, Ministry of Employment and Labour, Jan. 2003

Opportunities Available at Present in Segregated Centres:

The Department of Social Services is the state body responsible for providing vocational training to people who have disability. Services are provided in segregated situations in 6 Centres run directly by the department. A further 11 are run by NGOs and are registered with the department. Together they have a total capacity of 925 places at any one time. Grants of Rs 40/- (USD 0.40) per day per trainee are paid by the department to the NGOs. Partnerships with these NGOs increases the number of places available for vocational training by 70%.

The Department of Social Services serves as a link between job candidates and prospective employers by maintaining a register of job seekers. Success is achieved largely with placement of those graduates of courses in industrial sewing and air-conditioning/refrigeration. With skills such as carpentry, textile weaving, agriculture, cane work and coir work it is difficult to secure wage employment. For these individuals self-employment is often the only option. Such individuals who opt for self-employment are each given a toolkit to the maximum value of Rs 10,000 (USD 100/-). The Social Service Officer closest to each individual's home is informed and is expected to provide follow-up support.

The courses offered are often not market-driven resulting in skills mismatch between training given and employment opportunities. Difficulties faced by the Department of Social Services in changing skills training are cited to be that instructors of outdated courses will lose their jobs, difficulty in attracting new instructors with knowledge of modern technologies to the state sector and the cost of preparing and setting up new courses including purchasing the equipment necessary for trainees¹⁰.

Vocational Training in Mainstream Systems

The "Directory of Tertiary Education and Vocational Training (TEVT) Institutions"¹¹ published by the Tertiary and Vocational Education Commission (TEVC) lists 920 vocational training institutions islandwide. These include 556 in the public sector, 252 in the private sector and 112 in the NGO sector. The largest organization providing vocational training is the Vocational Training Authority of Sri Lanka (VTA) with a network of 145 centres distributed islandwide, many in rural areas. The National Apprentice and Industrial Training Authority (NAITA) has approximately 20,000 trainees at any one time.

Many individuals who have disability are known to have had vocational training in these institutions, but no further information and no statistics are available about this. In terms

¹⁰ Information obtained from the Department of Social Services, May 2002

¹¹ Tertiary Education and Vocational Training Commission: *Directory of Tertiary Education and Vocational Training (TEVT) Institutions*, 2001

of social development and of rights, people who have disability should have equal access to all these mainstream vocational training institutions. These remain a vast resource to be tapped to provide skills development for people who have disability.

Career Guidance

Individuals who have disability have had no access to career guidance. As a result of poor selection of both skills training and employment, there have been many negative consequences. An islandwide network of Career Guidance Centres is being established as a cooperative activity between vocational training institutions under the Ministry of Tertiary Education and Training and the National Youth Services Council (NYSC). Such Centres should be equally accessible to youth and adults who have disability and who are in need of career guidance.

4 EDUCATION:

(1) Primary and Secondary Education

Sri Lanka has had a tradition of paying particular attention to the education of children who have disability going back to 1912 when the first School for the Deaf and Blind was started. In the early 1970s the Ministry of Education started increasing educational opportunities for these children through integration.¹² More recently in keeping with international developments and particularly with the UN Convention on the Rights of the Child (CRC), the emphasis has been on Inclusive Education.¹³ At present, children who have disability obtain education in Government schools either through inclusion in the ordinary classroom or in special education units attached to ordinary schools. Those who, either by choice or because they cannot fit into either of these streams, attend Special Schools run by NGOs and the private sector. A “Code of Regulations for English Assisted Schools” (1948) with subsequent amendments governs the running of these non government special schools.

The Compulsory Education Ordinance¹⁴ applies equally to all children between the ages of 5 – 14 years. The experience of disability workers however is that there is still a

¹² Integrated Education: *placement of children who have disability in ordinary school settings with perhaps special adaptations to meet the needs of particular disability groups, for example the Braille system for those with loss of sight*

¹³ Inclusive Education: *the education system itself, and each school and classroom recognizes and responds to the diversity of each child’s particular needs and abilities within one school system by using child-centred teaching methods etc. A child who has disability is not viewed as a “disabled child” but as a child who has certain particular needs as do many children in the same classroom.*

¹⁴ Parliament of Sri Lanka: *Compulsory Education Ordinance of Sri Lanka No. 1003/5 of 1997*

proportion of children who have disability who do not start schooling. Children who have more severe degrees of multiple disability and intellectual disability have no opportunities at all. The Education System, both state and private, lacks the expertise and the capacity to deal with these children.

Table III: Levels of education reached by adults who have disability who had schooling, and those who have had higher and non-formal education, by disability
(source: Ministry of Social Welfare. Social Research Study on Disability, draft March 2003)

	disability	Number of adults in Study who started schooling by no. & %	Level of education of those who had started schooling						Higher Education	Non-Formal Education
			Below grade 5	Grade 5	Grades 6-9	GCE O/L	GCE A/L	No formal education		
1	Visual	70 70	26%	11 %	34%	23%	4%	1%	1%	0
2	Speech	66 46%	33%	9%	28%	10%	3%	12%	3%	1%
3	Hearing	52 51%	32%	8%	28%	18%	0	11%	0	0
4	Mobility	159 76%	18%	6%	34%	30%	10%	1%1	0	5%
5	Intellectual	43 33%	46%	3%	18%	14%	0	18%	0	3%
6	Psychiatric	81 88%	21%	12 %	20%	32%	10%	3%	2%	na*
7	epilepsy	24 68%	na	na	na	na	na	7%	na	na

* sample who had schooling too small

The study on adults who have disability also throws further light on this situation (Table III). Only 35% of those with intellectual disability have had some kind of schooling. Even with the other disabilities the situation is not much better, with only 48% of adults who have speech disability, 53% of those who have hearing disability and 68% of those who have epilepsy having gone to school. Surprisingly, only 77% of those who have mobility disability have had schooling. This may be due to the poor accessibility in schools. In spite of having had integrated education for children with visual disability for over 3 decades, only 71% have had schooling. 88% of adults who have psychiatric disability have had some degree of schooling, since this disability arises during or after adolescence.

The Annual School Census of the past several years indicates that by far the larger number attend Government schools and mainstream classrooms. With a total student population of 4,184,957 in the year 2001, 99,024 were reported to be children who have

disability in ordinary classrooms, indicating a proportion of 2.37% (Table IV). In the year 2000, 9257 children were in Special Units in Government schools while only 2583 children were in 24 special schools run by the private sector and registered with the Ministry of Education.¹⁵

Table IV: Figures related to gender in state-run schools for the years 2000 - 2001
(source: Ministry of Human Resources, Education and Cultural Affairs, Special Education Unit, 2002)

	total	males	females	males		females	
				no.	%	no.	%
Year 2000							
Primary schools	50,788			30,646	60.4%	20,142	39.6%
Secondary schools	28,235			16,423	58.2%	11,812	41.8%
Collegiate	1,277			717	56.1%	560	43.9%
Total	80,300			47,786	59.5%	32,514	40.5%
Year 2001							
	4,184,957	2,087,644	2,097,313	57,958	2.78	41,656	1.96
Overall, year 2001	Total pupils 4,184,957		Total with disability 99,024		Percentage 2.37		

Areas of Concern

- The first matter for concern is that which was discussed earlier. In spite of a national primary school enrolment rate of 92%, many children who have disability are still not starting to go to school.
- The second matter for concern is one which is indicated in the annual school census. Attrition rates of children who have disability are high. In the year 2000 for instance, (Table IV above) when, with 50,788 children reported to be in primary school, only 28,235 (56%) were in secondary school, and an even lower proportion - 1277 - (4.5%) were at collegiate level.¹⁶

This is confirmed further in the Social Research Study on Adults who have Disability commissioned by the Ministry of Social Welfare. Table V gives the levels of education reached by those who have had schooling and indicates the degree of attrition.

¹⁵ Ministry of Human Resources, Education and Cultural Affairs, Non-Formal, Continuing and Special Education Unit, 2002

¹⁶ Ibid.

- The third matter for concern arising from the statistics in the school census is the gender disparity as indicated in Table IV.

A feature that stands out in the statistics in Table IV is that the numbers of female school-going children who have disability are far less than male school-going children. Gross secondary school enrolment ratio (1995-1997) was 71 males to 78 females.¹⁷ At the same time there have been more girls than boys in senior secondary classes for two decades - around 51 per cent in Grades 9-10 and 58 per cent in Grades 12 & 13¹⁸. Compare this with the proportion of students who have disability registered in 2000, with 59.5% boys and 40.5% girls in Table IV.

In 2001 of all students registered in schools islandwide, male students who were thought to have disability was 2.78% and females 1.96% as compared to the national rates 49.9% and 50.1% for male and female children respectively.

This indicates that many female children who have disability are not being sent to school. This applies across all disability groups and all ages.

One of the factors that contributes most to this is very likely the protection of the girl-child who has disability. Families tend to protect their children and themselves from a society in which disability carries a stigma. In the past families tended to believe that investment in education for a girl-child who has disability was a waste of resources. This tendency appears to be changing, with many families now recognizing the need for education of the girl child to ensure a better future for her.

Impact of the General Educational Reforms of 1997

The General Educational Reforms of 1997 now introduced through all levels of primary schooling are of advantage to the inclusion of children who have disability in the ordinary classroom. Competency-based curricula and continuous assessment are more suitable to most than the conventional end-of-semester and end-of year examination systems. Changes in classroom teaching to be learner-centred and group and activity-based, development of practical and technical skills, co-curricular activities, counselling and career guidance, school-based management and new strategies for teacher education, all benefit children who have disability in inclusive education.

Another feature that is of benefit to children who have disability is that it requires every child entering primary school to be assessed, with parental involvement, by both a

¹⁷ S. Jayaweera: *Education in Sri Lanka – Fifty Years Since independence, in 50 Years of Sri Lankan Independence: socioeconomic review* ed. by A.D.V.S.Indraratne (Sri Lankan Institute of Social and Economic Studies, Colombo, 1998

¹⁸ Ibid.

medical officer and the class-teacher. These assessments must be maintained on a continuous basis and are cumulative for each child until, at present, they complete primary school. This Standard Assessment and Record Form provides clearly for the identification of children who have disability, and is therefore a manifestation of the implicit policy of inclusion that is practiced in Sri Lanka. The Assessment does not encourage labeling, but rather enables the teacher to practice child-centred teaching methods that address each child's particular problems. Teaching methodology is such that it can benefit each child who has disability. It requires however effective, appropriate and relevant preliminary and continuous training of all schoolteachers.

Teacher Training

Teacher Training for Inclusive Education has also seen advances in recent years with the following activities being undertaken by the National Institute of Education (NIE); -

- preliminary and continuous education of In-Service Adviser (ISAs or Master Trainers) in Primary Education and in Inclusive Education as “Trainers of Trainers”
- Training of “Inclusive Education” Zonal Officers for administration and to provide follow up and monitoring
- Preparation of curricula for the training of all these cadres as well as for schoolteachers and other cadres that will be trained by these Master Trainers
- Preparation of curricula for the training of specialist or resource teachers in Inclusive Education at the National Colleges of Education
- Preparation of teaching-learning materials for all these groups
- Preparation of teaching-learning materials to meet the special problems of primary schoolchildren who have disability, in keeping with the Education Reforms of 1997
- Degree and Post-Graduate Degree (MA) courses in Special Education

Besides these activities carried out by the NIE, a 3-year Course to produce Resource Teachers for Inclusive Education has been started at the Hapitigama National College of Education, Mirigama.

The training of “Special Education Teachers” also takes place at the Teachers College, Maharagama through 2-year Courses. These teachers serve mostly in non-government schools.

“Special Needs” and “Disability”

One of the findings made during a review in November 2002 of Educational Opportunities Available to Children who have Disability¹⁹ was particularly interesting. For over a decade now the education system has used the term “children with special

¹⁹ A.Ahuja & P.Mendis. *Review of Inclusive Education for Children who have Disability*. UNICEF Colombo, 2002

needs” and included children who have disability in this group. The greatest advantage of this terminology was that it minimized the unnecessary labeling of children.

During the Review, classroom teachers and support staff were asked who in their experience, they would include as “children with special needs”. The review team found that it was very very rarely that children who have disability would be mentioned in this group. Teachers appear to be focussing on children with psychological, social and economic problems. Children whose parents were migrant workers, poor children, those who had alcoholic fathers and others in difficult circumstances were always mentioned. It was obvious to the reviewers that somewhere along the way children who have disability had fallen out. And as a result, teachers did not appear to be considering their particular needs. Moreover, it appeared that many of those interviewed were of the opinion that children who have disability should be placed in “Special Units” and had no place in the ordinary classroom.

It may therefore be necessary to go back to using the term “disability” in the context of the mainstream classroom and of the Education System itself. The Primary Education Reforms of 1997 now complete, lends it itself to identifying children who have disability, and strengthens the teachers capacity to deal with them as any other children in their class without the need for labeling. The importance is that these children must be identified as having a disability, because it is only then that their particular needs can be met.

Conclusions

There is no doubt that there is a commitment in Sri Lanka to providing educational opportunities for those children who have disability. There is equally no doubt that Sri Lanka has made much headway in providing educational opportunity to children who have disability at primary level, especially compared to countries of the region. The main strategy that has been used is Human Resource Development of staff at all levels, with the ultimate aim that it should all benefit the classroom teacher, and through them, all children in the classroom.

While the Disability Movement appreciates what has been achieved to date, it still feels that much more remains to be done. Statistics indicate that we still have a long way to go before we can come close to a situation of equity even in quantitative terms.

There have been no qualitative studies related to the education of children who have disability, and we must fall back on our own experiences. The high attrition rate may be one reflection of the inadequate quality of education children who have disability receive in the classroom. Table V indicates the levels reached by those who have had schooling by gender and reveals the degree of attrition. The Disability Movement is particularly concerned about lack of quality. Their concern is that mainstream schoolteachers do not yet have the required knowledge and skills capacity to deal with the particular needs of children who may, for instance, not hear and so communicate using sign language. They,

like many other children who have disability may require alternative methods of teaching etc. Is this why so few children who have disability proceed beyond primary education? Primary School Reforms have provided the required strategies for improving quality, but we have yet to see results when it comes to children who have disability. The Disability Movement also advocates for greater recognition of diversity and of the particular needs of young children who have disability by, for instance, including areas such as Sign Language and the Braille System as formal subjects that could be offered as optionals at public examinations such the G.C.E.

In addition to academic learning the Disability Movement is also concerned about the lack of opportunities for children in learning situations outside the classroom - sports, dance, drama and other cultural activities. Children who cannot see, use sign language or learn more slowly than others are often excluded from these activities. Poor accessibility in schools not only keeps away many children who use wheelchairs and other walking aids, but for even those few who do register, opportunities are restricted.

The National Policy therefore addresses in the Sectoral Policy on School Education in Part Two, the issues discussed here in an attempt to support the efforts made by the Education Sector and to assist them to strengthen this area.

(2) Non-Formal Education

In spite of the fact that many individuals who have disability have low levels of education and some of them have not even started schooling, the numbers who have used non-formal education are very limited. Only 1% of those with speech disability and 5% of those with mobility disability and intellectual disability have used the non-formal education system. Sri Lanka is known to have an extensive Non-Formal Education system, and this should be available to people who have disability on the basis of equity.

(3) Higher Education

Very few individuals who have disability have had higher education. In the study sample, only 1% of those who had visual disability and 3% of those who had speech disability had been to university.

Students who have disability who fulfil other necessary criteria for admission, are presently required to submit a medical certificate with a special application form. They are subject to a medical interview to gain admission. For even those who do gain admission to universities, freedom to select a particular area of study is curtailed by the limited choice of courses available to them. These procedures may require review to expand opportunities and provide equity for those students who have disabilities and who

have completed the “A” levels successfully on par with students who do not have disability.

5 HOUSING:

Only 14% of adults who have disability have ownership of houses. A pre-condition to obtain a housing grant or loan at present is that an individual should own a suitable block of land on which a house could be built. Only 17% of individuals fulfil this requirement, indicating the little hope that individuals who have disability can have to obtain a housing grant or loan and thereby hope to ever own the house he/she lives in. These have been taken into account in formulating strategies to improve opportunities for house ownership for individuals who have disability.

6 USE OF PUBLIC SERVICES:

(1) Health

The use of health services to seek advice about their disability generally appeared to be satisfactory at a level of 90%. Only 79% of those with hearing disability in the study sample had used health services, which is a cause for concern.

97% had used allopathic services while only 18% had used Ayurveda. However Disability is not included as a topic in medical curricula. The question then arises as to how well equipped medical officers are to deal with disability.

(2) Social Services

To date, it has been the Department of Social Services that has taken the major responsibility for providing services for people who have disability. Such services include provision of assistive devices, payment of disability benefits to individuals, grants to NGOs providing residential care and various disability services, running 6 vocational training centres (refer II 3), making grants for self-employment and maintaining a register of job seekers and promoting their employment. With decentralization, Provincial Councils also carry out some of these functions.

The provision of all these services has been limited by budgetary constraints. For the last 3 years for instance, the average number of individuals given grants for self employment annually by 4 provinces was 38, 41, 42 and 166.²⁰ The extent of this limitation can be assessed by the fact that 67% of individuals in the study did not know about the services provided by the Department. Further, that only 53% of those that knew about the services had benefited from them.

²⁰ Information obtained from 4 Provincial Councils

The work of the Department of Social Services is supplemented by some NGOs, especially in the supply of assistive devices and vocational training.

The National Secretariat for Persons with Disabilities set up under the “Protection of the Rights of Persons with Disabilities Act, No. 28 of 1996”²¹ also carries out many of these functions.

7 MARGINALIZED GROUPS WITHIN THE MARGINALIZED GROUP:

(1) Women who have Disability

Women who have disability are subject to marked discrimination. With a total employment rate of 16% among people who have disability, gender-wise it stands at 22% for men and 8% for women.

Fewer women have had the opportunity of going to school than men have – 63% to 71%. Even those women who have had the opportunity, have generally had a lower level of education as indicated in Table V below.

Table V: Comparative Levels of Education reached by men and women who have disability and income levels
(source: Ministry of Social Welfare, Social Research Study, draft March 2003)

Level of education	Gender			Monthly Personal Income in SLR	Gender		
	Male in %	Female in %	Total in %		Male in %	Fem. in %	Total in %
Less than grade 5	24	28	26	Less than 1000/-	7	12	8
Grade 5	7	11	8	1001 – 1500	11	31	15
Grade 6-9	31	30	31	1501 – 3000	30	31	30
GCE O/L	30	21	26	3001 – 6000	41	24	37
GCE A/L	7	9	8	Over 6000	11	2	9

²¹ Parliament of Sri Lanka. “Protection of the Rights of Persons with Disabilities Act, No. 28 of 1996

Higher Education	1	0	1				
Total	100%	100%	100%		100%	100%	100%

As is also indicated in Table V poverty among women is greater than among men. While 74% of women have an income of less than USD 1.00 day, and 98% less than USD 2.00 per day, the comparative figures for men are 48% and 89% respectively

Females encounter a greater degree of negative attitudes. Families tend to protect their female members who have disability from a society which rejects and stigmatizes them. As well as social abuse, females need also to be protected against sexual abuse. Families and authorities who for one reason or another are responsible for the well-being of females with disability tend to “protect” them from the male sex. The protection quite easily leads to over-protection, and some times to what some may consider even to be oppression. As women who have disability say, “We have no opportunities for education, no chance of doing a job and no prospects of marriage. So what is our future?”

(2) Children who have disability

The UN Convention on the Rights of the Child (CRC) states clearly that the rights of each child should be respected and ensured “without discrimination of any kind” (Article 2). Yet few, if any, children who have disability are generally included in mainstream children’s programmes and activities run both by the state sector and by NGOs. Early Childhood Care and Development Programmes, for instance, rarely include children who have disability. Neither does training of mainstream preschool teachers promote inclusion. There are extremely few childhood disability programmes, and those that do exist are implemented parallel to mainstream programmes rather than in an inclusive approach as advocated by the CRC.

Thus even though the health system may detect disability in early childhood especially through the Maternal and Child Health programme, there is seldom any early stimulation programmes and follow up interventions. In practical terms it deprives the child of the care and stimulation he/she needs to overcome the consequences of disability and to promote maximum and holistic development. It impedes the development of positive self-image and inherent abilities. As a result, the effects of the disability may multiply as the child grows older.

It should also be noted that opportunities for children with certain types of disability are seldom, if at all, available. Such children as those who have a combination of total hearing, speech and visual loss (“deaf-blind”, “deaf, dumb and blind”) have no opportunities. For those who have autism, dyslexia, attention deficit syndrome and so on little expertise is available.

The situation of children who have disability within the education system has been discussed earlier.

(3) People who have Intellectual Disability

Of all the disability groups in Sri Lanka those who have intellectual disability (due to mental retardation) are the most marginalized. This has been confirmed by the data in this document (Tables I and III).

While some of those who have the relatively milder manifestations of this disability may have had access to school, those with more severe disability have no services at all. As a group, schooling and the right to education are out of their reach because even special schools and teachers do not have the wherewithal to help these children. For the same reasons their applications for skills development are, as a rule, rejected. They remain isolated and segregated with a poor quality of life until they have an early death.

Many young girls and women are subject to sexual abuse. They have no recourse to justice.

(4) People who have Psychiatric Disability

The most common cause of psychiatric disability is Schizophrenia, which constitutes 80-90% of all mental illness. It affects young people, and in its acute form manifests in relapses which may respond well to treatment. 20-30% of those affected can lead an independent life. In others it results in serious changes in behaviour and a varying range of disabilities. Lack of motivation, impairments in thinking, emotions, and cognition and disturbed behaviour lead to problems in interpersonal relationships within the family, at the workplace and in social interactions. Lack of adequate services to help individuals in these states lead to severance of ties between them and their family and community. And to a range of social problems.

People in this state of disability are perhaps the most stigmatized in Society as evidenced in all the data referred to in this document. Labeled as being “mad” they are shunned by family and society. At present only a handful of NGOs look to their requirements. This policy emphasizes the need for early and effective treatment for individuals who have this condition. It calls for effective interventions to de-stigmatize the disability so that, people who have this disability, like other citizens, can enjoy equity and inclusion in society.

In older age groups a mental disorder that is on the increase is Dementia. While it may affect 5-10% of people above 65 years, the incidence increases with age. Impairment of all mental functions beginning with memory loss is progressive and

may result in total dependence. With changing demographic patterns Sri Lanka needs to be aware of this and take adequate steps to minimize the effects of the condition of individuals and families by providing the care and support necessary.

(5) People who have Severe Multiple Disability

Children and adults who have severe multiple disability are another marginalized group. Some may be the result of consanguine marriages. This as a cause could be reduced with genetic counselling.

Also within this group may come those children born with severe cerebral palsy. With improved health care and decreased infant mortality there could be increased numbers of such children in the future. As yet we have no services to offer them and their families. The quality of life not just of the child but of the family is jeopardized. The policy has considered these individuals together with those who have severe intellectual disability, and suggested community-based strategies that would strengthen the capacity of the family to improve the situation of the individual and their own situation.

8 SUMMARY - DISABILITY, POVERTY AND SOCIAL EXCLUSION:

People who have disability are among the poorest segment of the Sri Lankan population. Income generation is limited by lack of employment opportunity for both wage and self-employment. Employment opportunity is in turn restricted by poor access to skills development (vocational training). For most, the importance attached to accessing skills is shrouded and perpetuated by having to eke out a living for day to day needs. For others, not having the educational qualifications required to meet entry criteria is a barrier to skills training. Lack of relevant skills condemns people who have disability as a group, to a life of abject poverty.

That disability and poverty are closely interlinked is well documented, and is confirmed in Table I. This has many consequences. Families struggling with disability are more likely to be trapped in poverty due to a range of challenges including negative attitudes, problems with mobility, earning power, child-care problems etc. Children and families struggling with disability are systematically excluded from the mainstream, and the poorer they are the greater that exclusion is likely to be. The reverse is also true. In these situations poor children who have disability are less likely to receive early intervention and support and get an education, and more likely to suffer lasting consequences.

The degree to which disability and poverty are combined increases the degree of social exclusion. While 83% of individuals who have disability have access to radio and 67% to television, only 32% have access to newspapers. As little as 6% have the opportunity of

deriving enjoyment from musical shows, concerts, cinema and other forms of entertainment. 33% never go out with the rest of the family and the same proportion have never been to a wedding, nor have they taken part in community activities and festivals. Only 21% take part in religious activities. Only 14% had taken part in any kind of sports, and this had been almost wholly at school and village level. It would be difficult to measure these social costs of disability.

The Policy addresses this core problem to break their cycle of poverty. It uses various strategies for this purpose. Beginning with health care to prevent disability and for early detection and treatment, it recommends inclusion in Early Childhood Care and Development (ECCD) to facilitate maximum possible development. Education can offer practical skills and knowledge needed to break out of the cycle of poverty. Adequate shelter with house ownership, inclusion in all economic aspects and activities such as sports have been considered in separate policy areas so that they will be given due emphasis in implementation.

III BARRIERS TO INCLUSION²²

1 ENVIRONMENTAL AND TRANSPORTATION ACCESSIBILITY BARRIERS:

The majority of public buildings are inaccessible to wheelchair users and other people who have mobility disability and use walking aids. Most urban workplaces, educational and vocational training institutions and public buildings have steps at the entrance, are often multistoried and not always have lifts. People in wheelchairs cannot use public transport. In rural areas many roads are not tarred and often have very uneven surfaces. Bus services are scarce. But even when there are services many individuals are unable to use them because they are inaccessible –the height of buses, doorways too narrow etc. Only 55% of people who have mobility disability use buses and even less – 36% - use trains. Taking all the disability groups together the figures are not much better – only 73% travel by bus and 45% by train. Most people who have disability (83%) use three-wheel taxis to get around, which is an added expense. Inaccessibility to transportation severely limits employment and educational opportunities for this group of individuals.

Among inaccessible places which people who have disability need to use are banks and places of religious worship. Toilets in most public buildings, hotels, rest houses, cinemas, theaters, schools etc. are inaccessible due to narrow entrances and the arrangement of fittings.

2 COMMUNICATION BARRIERS:

Mainstream vocational training and employment are denied to people who use sign language for communication since not even basic signing is known to staff. People who have visual disability are excluded because of employer's perceptions that having no sight, they are helpless. Vocational training materials and instructions are not available in Braille.

There is inadequate recognition that signing is the language of those who have complete hearing loss. There are very few people competent to teach sign language or to interpret it in the country. Even when sign language is taught to children in special schools family members and neighbours have little knowledge of it so individuals remain isolated even in their own home and community.

The extent of isolation because of difficulty in communication comes out clearly in Table VI. 7%, 17% and 33% cannot communicate at all with their family, other community

²² P.Mendis: *ILO Study of Current Training and Employment Policies, Practices and Outcomes in Selected Countries in Asia and the Pacific Region*, ILO Regional Office Bangkok 2002.

members and outsiders respectively. Only 17% can use a proper sign language for communication. The larger proportion use signs and gestures that they make up to make themselves understood and this calls for tremendous effort on their part. Sri Lanka has its own sign language, and we must therefore all use more of it.

Table VI: How People who have Speech and Hearing Disability Communicate
(source: Ministry of Social Welfare. Social Research Study on Disability, draft March 2003

Method of communication	Of those with Hearing Disability and Speech Disability in %		
	With family	With community members	With outsiders
Unable to communicate at all	7%	17%	33%
Using signs and gestures that they have made up	47%	37%	18%
Using a proper sign language	17%	19%	17%
Using lip (speech) reading	27%	22%	20%
Using writing and reading	11%	12%	12%
Others	14%	12%	9%

Sign language interpretation is little used on television so that access to news and other topical issues are not available to those with hearing loss. Similarly with recreational and cultural activities.

Families and communities fail to acknowledge that together with the loss of hearing and the use of a sign language of their own, people who cannot hear have their own “deaf culture” and patterns of behaviour. Recognition and acceptance of a “deaf culture” are essential to enable people who cannot hear to develop identity and positive self-image. It is also essential for their self-development and to enable them to contribute as citizens of this country.

Although people who cannot see learn the use of Braille at school, most are unable to use it later. Only 41% of individuals who know Braille are able to use it due to not having Braille equipment to write with and the unavailability of reading material in Braille.

The telephone is another useful communication tool especially for persons who have difficulty getting about because of mobility disability. High costs prevent the use of telecom services and of Internet facilities. Only 6% have access to telephones.

In this the age of Information Technology less than 1% of individuals who have disability have access to the use of personal computers.

3 CULTURAL BARRIERS:

Many superstitious beliefs stigmatize individuals who have disability, and sometimes even their families. Many believe that seeing a person who has disability when one starts on a journey, for example, will bring bad luck. People who have disability are not welcome at weddings because of the superstition that they may bring misfortune. Marriage prospects for those who have disability are very poor, and they need must find partners who have disability. Even siblings, especially sisters, of individuals who have disability have difficulty finding marriage partners because of the association of disability and misfortune.

In the true religious philosophies and beliefs practiced in this country there is acceptance of people who have disability as equal human beings and therefore no place for rejection or stigmatization. In reality though, our society does stigmatize and reject those who have disability. At the same time, there is a belief that one gains merit by showing charity towards people who have disability, who are considered to have sinned in the past. Charity practiced in the belief that the giver is more fortunate than the recipient is, reinforces negative attitudes of the inferiority of people who have disability and excludes them from the social mainstream. It is an affront to the self-esteem and dignity of individuals. Charity practiced on the basis of sharing with others who have the same rights is to be encouraged.

4 ASSISTIVE DEVICES:

Assistive and adaptive devices include a variety of tools and equipment that enable people who have disability to be more independent and promote their inclusion in society. The unavailability of these assistive devices is a significant barrier to inclusion.

The most commonly used tools and equipment by people who have mobility disability include tricycles, wheelchairs, artificial limbs and crutches and other walking aids. Only 35% of individuals who feel that a tricycle or a wheelchair would be of use to them had such devices. Tricycles and wheelchairs could make a complete reversal in an individual's lifestyle from one of isolation and confinement to the home to one of full participation in society. The demand for artificial legs remains because of the prevalence of amputees among those who have been in combat, the possibility of more landmine victims in the future and the probable increase in amputees as a consequence of chronic illnesses such as Diabetes (which is on the increase). Further, amputees require artificial legs for the duration of their life, usually to be renewed every 3 years or so.

People who have hearing disability, but still have some degree of hearing often benefit from the use of hearing aids. Only 24% of those who feel that a hearing aid would

improve their hearing had been able to get them. Hearing aids are particularly important for children with this impairment, since it would make a difference as to whether they would be able to speak or not.

People who have visual disability may require spectacles and white canes. Only 64% of individuals who feel they would be helped by spectacles had them and a large number are in need of white canes.

Because of their poor availability, strategies for increasing the availability of assistive devices have been included in a separate sectoral policy area.

5 SOCIETAL AND FAMILY EXPECTATIONS:

Individuals who have disability are often perceived by family and society as being helpless, or as persons who should be helped. This negative stereotyping has a variety of socio-economic consequences. It manifests as the belief and the reason assumed by both individuals and families for individuals to not make use of even those opportunities that are available.

The effect of these beliefs and attitudes on children and adults who have disability is that they are deprived of stimulation and have few opportunities to develop their self-reliance and potential. Adults are maintained at home. It is seldom that the need is perceived that adults with disability may wish to be like other adults, work and contribute to the family income. Or that they could get married and have their own family. They have had little opportunity themselves to know about their own disability and of their rights and responsibilities as citizens of this country. Only 7% of men and women who have disability have ever had the opportunity of following a course or participating in a workshop which would have enabled them to learn more about their disability and of their rights etc.

These physical and communication barriers, cultural barriers and family and societal expectations are created by negative societal behaviours. The negative behaviours are a manifestation of certain deep-rooted attitudes. Such attitudes are influenced towards a positive change when society as a whole and as individuals, realizing and accepting that they are unjust, take responsibility for bringing about required changes. This has been the philosophy underlying this National Policy and the reason for it harnessing all public sector and civil society groups to be direct partners in its implementation.

IV RESOURCES FOR POLICY IMPLEMENTATION

Due consideration has been given in the formulation of this policy to the fact that ours is yet a developing country in which financial resources are scarce. No demands are made that will incur costs that cannot be absorbed into available levels of capital or recurrent expenditures in any sector, institution or organization called on to participate in policy implementation. Additional funds if available through Development Cooperation will of course increase the speed of implementation.

Consideration has also been given to fact that we yet have a wealth of other resources in terms of infrastructures and human resources together with the benefits of a decentralized administration. Policies and strategies have been formulated to make maximum use of these resources that we do have, to provide equity to citizens who have disability and promote their inclusion in the mainstream. In these respects the policy is essentially both rights-based and resource-based.

The resources available have been named as “Partners in Implementation” in Part Two of this Document. In summary they are,

- Public Sector Infrastructures and Human Resources with devolved policy implementation
- People who have Disability and their Organizations and Parents Groups as Primary Stakeholders
- National Council and National Secretariat for Persons with Disabilities within the Ministry of Social Welfare
- A wide network of Non-Governmental Organizations with a Development-Focus
- A Private Sector with an increasing consciousness of Social Accountability
- Civil Society with the potential for Social Responsibility
- Media with the capacity for Social Mobilization

Summary: Sri Lanka has learned well the lesson that there can be no development without people’s participation. There is already a rich knowledge base in our communities through which people are participating in their own development and attempting to uplift their own socio-economic situation. In many areas many communities are even now putting to use their own resources for the development of Community-Based Rehabilitation as a vehicle for the implementation of many strategies listed in this disability policy. Communities know the resources they already have, and how to use them. Such resources include knowledge and skills with which they cope with their daily living, the community spirit and experience of doing things together for the betterment of their own lives. They are aware of their responsibilities towards each other as friends, as neighbours and as members of a community. Although some communities

may be fractured and relationships may be strained, disability is a common problem and one that often helps to bring various factions together.

PART TWO
PRINCIPLES, POLICIES AND STRATEGIES

V. POLICY PRINCIPLES

- ❖ Equity as Citizens of Sri Lanka:
“All persons are equal before the law and are entitled to the equal protection of the law.”
The Constitution of the Democratic Socialist Republic of Sri Lanka
- ❖ Inclusion as a Democratic Right:
“We, the Peoples of the United Nations.... reaffirm faith in fundamental human rights, in the dignity and worth of the human person, in the equal rights of men and women”
Charter of the United Nations, June 26, 1945
- ❖ Responsibility of Government:
“Everyone has the right to equal access to public service in his country.”
Universal Declaration of Human Rights, 10 December 1948
- ❖ Empowerment of People who have Disability and their Organizations and Parents Organizations
“Re-emphasizing that persons with disabilities, and their parents, guardians, advocates and organizations, must be active partners with States in the planning and implementation of all measures affecting their civil, political, economic, social and cultural rights,”
United Nations Standard Rules on the Equalization of Opportunities for Persons with Disabilities, 20 December 1993
- ❖ Participation of Civil Society:
“All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood”
Universal Declaration of Human Rights, 10 December 1948

VI SECTORAL POLICIES AND STRATEGIES FOR INCLUSION

1. EMPLOYMENT:

People who have disability, both men and women, will have their right to work fulfilled.

(1) They will have a free choice of employment in both the public and private sectors.

To this end,

- They shall not be discriminated against in Employment and in Employment Support Services. They will have equal opportunity in Employment Placement Services, including Data Banks, for both wage and self-employment in the formal and informal sectors.
- An enabling environment will be created for employers to accept people who have disability in their workforce by providing them with incentives. Such incentives may be in the form of tax concessions or other methods that have been used successfully in other countries
- Employers will adopt a strategy for managing disability issues in the workplace as an integral part of their overall institutional policy and one which contributes to business success. The strategy will be linked to employee assistance programmes where they exist
- The Employers' strategy will ensure that people who have disability are treated equally with non-disabled workers in terms of conditions of work, remuneration, continuing training and life-long learning and in other benefits in kind such as transport and housing.
- In considering certain applicants for jobs, employers will make simple but necessary adjustments and adaptations to the workstation and facilitate communication and accessibility in the workplace and work area to enable people who have disability to carry out the job using all their ability so that output will be maximized.
- Where employers are not immediately able to employ a person, they could consider providing work-based experience to jobseekers who have disability. This will enable the latter to acquire the skills, knowledge and work attitude required for a specific job in the workplace. Such work place experience can help make the jobseekers skills more relevant to the employer's requirements when the time comes for employment.

- In other situations, workers with disability may not be able to leave their home and come to places of work. Employers will consider the possibility of suitable work for contracting, selecting tasks that will be beneficial to both the worker and employer.
- Employers will seek to cooperate with available counselling and guidance services in matching job seekers who have disability to jobs suited to their ability, work capacity and interest
- The recognition of the employability of people who have disability will be promoted by, for instance, employing those with suitable skills, aptitudes and qualifications to managerial and technical cadres.
- Employers' Organizations and Trade Unions will act as advocates among their members for the promotion of employment opportunities for people who have disability through reducing negative images and perceptions among employers and workers and for job retention for those who acquire disability while in employment.
- Disability will be included as a module in Workers Education so that they may be more willing to accept fellow-workers who have disability
- Personnel of job placement and support services such as counselling and guidance will be equipped to meet special needs of people who have disability
- Recruitment processes will encourage applications from as many qualified people who have disability as possible.

(2) The Employers Federation of Ceylon will convene and sustain a forum to promote the policy and strategies listed in this document related to creating and maintaining work opportunities for people who have disability in the private sector. As well as its own membership and management, this Forum will have representation from Disability Organizations and Trade Unions and relevant State sectors.

(3) Programmes and Projects which facilitate and support self-employment including entrepreneurship training, micro-credit and extension and marketing programmes, will include a reasonable proportion of people who have disability.

2. VOCATIONAL TRAINING AND SKILLS DEVELOPMENT:

Possession of vocational skills increases significantly an individual's chance of earning an adequate income, whether it be in wage or self-employment, in the formal or informal sectors.

(1) Young persons and adults who have disability, both male and female, shall not be discriminated against in mainstream vocational training and skills development programmes.

The following strategies will ensure equal opportunity in mainstream vocational training and skills development;

- Disability will not be a barrier to vocational training and skills development provided that applicants and trainees fulfil the required entry criteria and conditions
- Available vocational counselling and guidance services will advise applicants who have disability, should they so wish, on the suitability of their choice of vocational training and skills development and future mode of livelihood
- In selecting applicants for vocational training and skills development, consideration will be given to the abilities of the individual to undertake training in the particular skill of his/her choice rather than his/her disability
- Available placement and employment support services for both wage and self-employment, including entrepreneurship training, will be accessible to people who have disability
- Personnel of Vocational Training Institutions and Skills Development Programmes will be equipped to meet special needs of people who have disability
- Adaptations for accessibility and facilitation of communication will be made when necessary to training situations to meet special needs of people who have disability
- The recognition of the employability of people who have disability will be promoted by, for instance, employing those with suitable skills, aptitudes and qualifications as training instructors and in other staff cadres

(2) Existing vocational training institutions which at present provide training exclusively to people who have disability will be suitably adapted and developed to

accommodate individuals who have very special needs resulting from more severe disability, and cannot be included in mainstream institutions.

3. POVERTY ALLEVIATION:

Poverty alleviation is not only a matter of increasing and sustaining income levels. Just as much as employment whether formal or informal is essential for economic reasons, it is also an economic right which protects and promotes the dignity and self-esteem of individuals. Together with an income adequate to meet the daily needs of an individual and that of his/her family, among other factors that are essential for the alleviation of poverty are education, adequate health care and nutrition, and housing. The rights of individuals to these services and programmes have been included elsewhere in this policy.

Besides those that have been included elsewhere, people who have disability who live below the recognized poverty line will be included in

- all poverty alleviation programmes implemented for the economic, social and political empowerment of the poor
- income generation programmes including savings, skills training, entrepreneurship training, micro-credit and extension and marketing programmes implemented for those with no income or low incomes
- social safety net and social security programmes

4. SCHOOL EDUCATION:

Under the Compulsory Education Ordinance of Sri Lanka, children who have disability have the same right to education as all other children.

Article 29 of the UN Convention on the Rights of the Child (to which Sri Lanka is a signatory) states that Education shall be directed to the development of the child's personality, talents and mental and physical abilities to their fullest potential. It states further that education should prepare children for a responsible life in their society and should enable them to acquire values of respect for all others and for the natural environment.

In this context, the strategies listed below will be used to promote and protect the educational right of children who have disability.

Institutionalization of Inclusive Education:

- The use of the words "Special Education" has marginalized children who have disability further, and tended to separate and segregate them. In keeping with the

philosophy of “one school system for all” these words will be changed to “Inclusive Education” which conveys the concept of inclusion and of equity.

- The capacity of the Ministry of Education to deal with all matters related to the school education of children who have disability should be ensured within a separate unit with an adequate cadre. This “Inclusive Education Unit” should be within a Department of the Ministry that is within the Formal School System and can oversee the education of children who have disability through all levels of schooling. The “Inclusive Education Unit” will carry out tasks related to educational reforms, policy, planning, logistics and monitoring the quality and efficiency of education provided to children who have disability.

Assessment, Recording and Detection of Disability:

- The Educational Reforms of 1997 requires that every child entering primary school be assessed by both a medical officer and the class-teacher with parental involvement, and that these assessments be maintained as continuous and cumulative records for each child until she/he completes primary school. This Standard Assessment and Record Form provides clearly for the identification of children who have disability. This enables the teacher to practice child-centred teaching methods that will benefit each child who has disability. In this regard it must be ensured that the teacher has been given the knowledge, skills and attitudes called for, so that the learning potential of the child who has disability is maximized in the classroom.
- It should also be ensured that schoolteachers and the School Health Service will have the capacity to identify early with parental involvement, children who have disability or at risk, and to refer them to the health system for medical treatment.

Teacher Training:

- Pre-service training of primary school teachers at all National Colleges of Education should include a module on “Inclusive Education for children who have disability” to prepare them to give education to children who have disability.
- This should at the same time be extended to secondary school teachers so that an important step will be taken to reduce attrition at these levels.
- A pre-service teacher training course in “Inclusive Education for children who have disability” has been started at the Hapitigama National College of Education, (NCOE) Mirigama. Requirements of the number of teachers with this expertise for countrywide coverage should be estimated. This course should then be made available at other selected NCOEs on a regional basis so that Resource teachers in “Inclusive Education” will, in the future, be available throughout the country.

- Staff of all Teacher Centres should have knowledge about “Inclusive Education” and include questions related to children who have disability in needs identification processes by teachers for continuing education. Teacher Centres established throughout the country should ensure that “Inclusive Education for children who have disability” is a module of continuing education with regular upgrades followed by all schoolteachers.
- Appropriate modules on “Inclusive Education” should be included in the training provided to education administrators and school principals

National Institute of Education:

- The National Institute of Education (NIE) has contributed significantly to improving the education of children who have disability. The cadre carrying out this task within the primary department is presently identified as being in “Special Education”. Changing this title to “Inclusive Education” would facilitate their own integration and that of their work in the schoolteacher training system.
- The cadre of “inclusive education staff” in this department will be maintained at a level adequate to meet the heavy demands that will continue to be placed on it to carry out the tasks that it has done to date.

These include

- preliminary and continuous education of In-Service Advisers in Primary Education and in “Inclusive Education” as “Trainers of Trainers”
- training of “Inclusive Education” Zonal Officers for administration and to provide follow-up support and monitoring
- preparation of curricula for the training of all these cadres as well as for the schoolteachers and other cadres that will be trained by these trainers
- preparation of curricula for the training of specialist or resource teachers in “Inclusive Education” at the National Colleges of Education
- preparation of teaching learning materials for all these groups,
- preparation of teaching-learning materials to meet the special problems of school children who have disability, in keeping with the Educational Reforms of 1997 and any future Reforms and Policies and keeping in mind that such material can be used by all children

Wherever relevant, the National Institute of Education will seek the cooperation of appropriate disability organizations to review particular material.

Further, all such materials and all training procedures will be field-tested and revised as an ongoing activity, reflecting the implementation of the reforms, changes in the school system and the changing problems of children who have disability

- The NIE has also been carrying out action-oriented research which has contributed to the development of education for children who have disability.

Two particular areas for longitudinal research and recommendations indicated by analyses of recent school censuses are the attrition rates at all levels of schooling and gender disparities.

Role of Parents and Communities:

- In keeping with the Educational Reforms of 1997, parents and communities are being coopted as resources for the betterment of the school and of the education it provides. They also carry out the traditional role of providing social service in the cultural context. It must be ensured that parents of children who have disability also have opportunities to participate in this.

Quality Inputs:

- Also in keeping with the Reforms of 1997, schools infrastructures are being improved with “quality inputs”. Such quality inputs should also take into consideration making the school accessible to all children, including classrooms, playgrounds and toilets. Quality inputs should also take into consideration the provision of equipment and other facilities required to solve the particular problems of children who have disability

Residential accommodation:

- Where residential accommodation is available in state-run and other schools, priority should be given to children who have disability in the allocation of places

Support and monitoring:

- A support and monitoring system should be developed starting with each schoolteacher who has a child who has disability in her classroom, through the Zonal “Inclusive” Education Officer to the Director Primary Education in the Province and the Inclusive Education Unit of the Ministry of Education.

“Special Education Units”

- The “Special Education Units” need to be reviewed in the context of Inclusive Practice and made more dynamic so that their objective of preparing children for the mainstream will be achieved to the extent possible. To facilitate this the name and philosophy of these units will be changed to “Inclusive Education Units”

“Special Schools”

- Linkages need to be developed and strengthened between State and Private Special Schools for the mutual benefit of both. Many children who are presently in Private Special Schools should be in mainstream classrooms. The State will perform a role in facilitating their entry into the mainstream, so that Special Schools will be able to serve those children who cannot benefit from the ordinary classroom.

In this way large numbers of children who are now at home with no education because their disability precludes them from mainstreaming, will have

educational opportunity. In instances where the families of these children who cannot be mainstreamed cannot afford to pay fees etc. the State will find ways of providing appropriate support to relieve the situation.

- Children who have disability and their parents will have the right to choose the method of education that suits them most.

Public Education:

- Wide publicity will be given to the changes recommended in this policy to promote the educational rights of children who have disability and to improve the quality and coverage of educational opportunities available to them, focussing on the change to “Inclusive” from “Special” practices. Children who have disability, other school children, their parents and communities will be the primary focus of the publicity campaigns.

5. NON-FORMAL EDUCATION:

Young persons who have disability and have not completed school education, both male and female, will have equal access to non-formal education programmes so that they may yet have opportunities to achieve the highest possible level of personal development and preparation for adulthood.

6. HIGHER EDUCATION:

(1) Individuals who have disability will not be discriminated against in higher education provided that students fulfil the required entry criteria and conditions. More students who have disability, both male and female, will be enrolled in Universities and other Institutes of Higher Education.

Such institutes will facilitate this by

- improving physical accessibility and accessibility to communication and to information for students who have special needs in these areas
- ensure the eligibility of students who have disability to loans, scholarships, grants and other forms of financial support or assist them to procure special learning aids (e.g. Braille equipment and material)
- equipping university counsellors to deal with special problems that may be faced by students who have disability
- giving particular consideration to students who have disability in welfare programmes e.g. hostel accommodation

(2) Universities and other Institutes of Higher Education will increase the capacity of relevant professionals produced by them to support individuals who have disability and meet their special needs.

This will be achieved by,

- including disability as a module in relevant curricula – e.g. medicine, psychology sociology, etc
- promoting disability-related research

7. HEALTH:

The health policy in Sri Lanka is to increase life expectancy and improve the quality of life of all citizens. Promotion of healthy lifestyles, prevention of diseases and disabilities, provision of care and rehabilitation for persons who have disability are key components of this policy.

To this end the following strategies will be implemented;

- build and strengthen partnerships with relevant government, non-government, private sector agencies and organizations of people who have disability
- facilitate community awareness and community mobilization on health promotion to prevent disability
- ensure provision of effective medical interventions for prevention, early detection, diagnosis and treatment of disability and disabling conditions, rehabilitation and necessary referrals and counselling for individuals who have disability and family members
- human resource development to ensure adequate trained personnel at all levels of rehabilitation
- develop partnership with other relevant governmental and non-governmental agencies to ensure support services including provision of assistive devices and resettlement
- develop a management information system for people who have disability
- facilitate regional networking

8. SPORTS:

(1) Sports will encompass people who have disability, (boys and girls, men and women). People who have disability will participate in sports activities of their choice like their peers for both recreational and competitive purposes.

State and private organizations responsible for sports, starting at school level and continuing through all levels of administration will, in particular,

- recognizing their abilities, include events for categories of people who have particular disabilities in all public sports activities (such as events for wheelchair users, events those who cannot see, etc).
- adapt existing sports rules and methodologies where necessary so that the participation of people who have disability and the inclusion of special events for them in public sports is made possible and is recognized (such as in athletics for people who cannot hear and cricket for those who cannot see).
- make accessible to people who have disability all the facilities they provide including those for training so that they will have opportunities to develop their special aptitudes in sports
- encourage and facilitate the participation of people with disability who have reached required standards to participate in international events
- include disability as a module in the training of sports personnel including coaches, referees and trainers
- promote the employment of suitable qualified individuals who have disability as coaches, referees and trainers and as staff cadres in Sports Academies
- consider the special needs of people who have disability in relevant sports research

(2) Implementation of the policy and strategies listed above will extend to Sports Bodies such as National Federations of the various sports.

9. TRANSPORT:

(1) Public transport systems will be more accessible to people who have disability. People who have disability will have greater freedom of movement by bus, rail, and water transport. They will so be able to travel to and from schools and places of work, and to participate in a wider variety of social, cultural, political, sports and recreational activities of their choice.

This will be made possible by the following strategies;

- In defining specification requirements for the purchase of new buses, coaches, rail carriages and other vehicles used in public transport, the special needs of people who have disability (specially those with mobility disability) will be taken into account (for example wider doorways, handgrips, height of steps, adequate space). In this way public transport vehicles will be made accessible through a gradual process. This process cannot be rushed, since the specifications of buses must also be relevant to road conditions in the country, (for example, have adequate clearance), and so they will be developed simultaneously.
- Simple and innovative ways will be tested and developed to facilitate public transport for people who have disability such as the use of mobile ramps on trains, with the advice of local engineers and appropriate technology specialists.
- Bus Stations and Railway stations will have greater accessibility facilities (toilets, ramps, lifts etc) for people who have disability. All new constructions in these will take into account the Accessibility Guidelines produced by the Ministry of Social Welfare and be fully accessible. Changes will be made to existing buildings to the extent possible.

The changes suggested above to public transport vehicles and to waiting areas will be of tremendous advantage not only to people who have disability, but also by far to the larger segment of our population, including elderly persons.

(2) Subsidized travel presently available only to certain groups of people who have disability will be extended to include others who live below the poverty line and whose disability, unlike other citizens, makes it difficult for them to use public transport.

(3) Welfare payments presently available to disabled persons will be extended to those individuals whose disability prevents them from using public transport to get to educational and training institutions and to places of work. Such welfare payments will, even in a small way, enable them to use private transport.

(4) A sustainable forum, such as a Joint Committee, will be set up by the State sector responsible for public transport with representation of their management, disability organizations, private transport companies, trade unions and appropriate technology

specialists. The main responsibility of this forum will be to advise relevant transport authorities on how affordable and appropriate changes can be made to public and private transport systems so that greater numbers of people who have disability may use them. This responsibility calls for the forum to keep up with international developments.

(5) Air travel and accessibility at airports should conform with international norms, and will be required to keep up with ongoing developments. However if there are local airlines and local airports which do not have to conform with international standards, then the policies and strategies listed in this paper applies equally to them.

10. HOUSING:

People who have disability have a significantly poorer quality of housing at present than the general population. Few have ownership of land, which is a necessary pre-requisite to qualify for housing loan schemes. Necessary but time-limited affirmative action will be taken to promote equity in this area and protect their right to adequate and accessible shelter.

To this end,

- Authorities (such as the National Housing Development Authority) which obtain State allocations to implement housing development programmes through the provision of loans and grants will include as their beneficiaries, a reasonable proportion of people who have disability.
- Authorities responsible for land distribution will, in any programme, give priority to a reasonable proportion of landless individuals who have disability
- To enable landless individuals who have disability to qualify for housing loans, Authorities (such as the National Housing Development Authority) which obtain State allocations to implement housing development programmes will reserve a reasonable proportion of their allocations to provide grants for such individuals to purchase land.
- All State-sponsored and private sector programmes which construct dwellings will build a reasonable proportion of houses with accessibility facilities and make them available for purchase to people who have disability on a priority basis
- Loans, grants and subsidies or tax exemption benefits will be given wherever possible to adapt existing housing

11. SOCIAL SECURITY:

- (1) Social protection including pensions and insurance schemes available to citizens of Sri Lanka will be available to people who have disability on an equitable basis.
- (2) Taking their special needs into account, in instances where the disability is too severe for certain individuals to be economically independent (such as those with chronic psychiatric disability, profound mental retardation and multiple disability), adequate social security measures will be taken to ensure a reasonable quality of living for those individuals

12. ACCESS TO THE BUILT ENVIRONMENT AND ACCESSIBLE TOURISM:

- (1) People who have disability, especially wheelchair users and those who have no sight, will have increased freedom of movement and be able to use more services through accessibility to public buildings, barrier-free public pathways, parks, restrooms, lifts and stairs and other facilities. These will be constructed and adapted in keeping with regulations regarding accessibility to people who have disability prepared by the Ministry of Social Welfare. The guidelines will be reviewed and updated at regular intervals.

Strategies to improve accessibility to the built environment will include the following.

- The design and installation of barrier-free public pathways for the safety and independence of all, and especially of wheelchair users and of those who cannot see
- The design and adaptation of public buildings so that they are accessible to all, and especially to wheelchair users and to those who cannot see.

Buildings that have to comply with accessibility requirements are all new public buildings which include governmental facilities and institutions, office buildings, residential buildings, commercial buildings, health facilities, educational institutions, training institutions, libraries, restaurants, hotels, recreational facilities, sports facilities and religious buildings. All public areas such as banks, shops, waiting areas, transit areas customs areas, baggage halls, booking halls, inquiry offices and all other building types normally used by the general public are also included.

- Where existing public buildings and other facilities listed in the preceding paragraph are concerned, the highest degree of accessibility will be provided

within a time frame to be specified by the National Council for Persons with Disabilities.

- Schools and educational and training institutions which children, youth and adults may wish to gain entrance to will be made accessible.
- Work areas and industrial buildings where people who have disability may seek employment will be made accessible.
- For historic buildings, impossible to adapt to suit the requirements of people who have disability without affecting the historical character, the challenge is to find alternative solutions or other innovative methods that do not conflict with preservation requirements. However, under all circumstances the character of a historical building should be preserved. Any modification that seriously harms its character, material, features or spaces is not envisaged.

(2) Accessible Tourism: Measures will be taken to improve accessibility to all persons, who have disability (whether local or foreign) and wish to travel in the country.

- The Sri Lanka Tourist Board will include necessary criteria in their guidelines for granting approval to the construction of hotels (and all other types of tourist accommodation) regarding accessibility so that,
 - in the construction of new hotels, accessibility will be included in public areas and utilities so that they may be of benefit to all and especially to wheelchair users, those who have no sight and elderly persons who have disability
 - new hotels to be constructed will have a reasonable number of rooms and attached toilets made accessible. This will be to the advantage of all guests.
 - new hotels to be constructed will have appropriate signage that can be understood by all, especially in public utilities such as lifts and elevators
- When reconstruction and refurbishment is being undertaken, Hoteliers will taken into consideration the above conditions to the extent possible as stipulated in the Accessibility Guidelines that have been prepared for Sri Lanka by the Ministry of Social Welfare.
- Major tourist sites and attractions will be made as accessible as possible, based on the Accessibility Guidelines
- Information about accessible hotels and tourist sites will be published and made available to travel agencies within the country and abroad, and be available on the Internet.

13. ACCESS TO COMMUNICATION AND INFORMATION:

Through the increased use of the Braille system and of sign language, more writings and literature, and news and current events, greater access to all services, and discussion and debate on these matters will be accessible to people who cannot see and to those who cannot hear. Information will be available to them through the means of communication used by them to compensate for the loss of sight and the loss of hearing. They will move about more freely because of the use of appropriate signage in public places. . The “deaf culture” of people who cannot hear will be taken into consideration to facilitate their inclusion. The acquisition of alternative and augmentative communication methodologies will empower individuals who have no other means of communication. People who have disability will thus have a wider choice of participating in public discussion, in development programmes and in the social, civil, political and cultural mainstream of society.

Strategies to improve accessibility to communication and information will include the following.

- Sign language will be recognized as the language of those who have profound hearing loss.
- Steps will be taken by the National Council for Persons with Disabilities to make available through adequate training, the maximum number possible of registered sign language interpreters at all times in all parts of the country and to all educational and training institutions that require them.
- Written text and visual symbols will complement sound-based announcement systems in public places such as at railway stations, bus stations and airports wherever possible so that those who cannot hear can understand it.
- Appropriate signage will be designed and installed in public places such as at pedestrian crossings and in buildings used by the general public so that they can be used by all, and especially by those persons who are cannot see (sound-based signs) and those who cannot hear (text-based signs).
- The development of innovative and appropriate Alternative and Augmentative Communication Methodologies will be encouraged and facilitated for people who cannot express themselves by speech and by sign language such as those who have multiple disability and intellectual disability.
- To the extent possible, at all public events including conferences and meetings, organizers will provide sign language interpreters to sign language users, suitable interpreters or alternative and augmentative (AAC) forms of communication for

people who cannot speak and relevant documentation in the Braille medium for people who cannot see.

- The Courts System will recognize, accept and admit a registered sign language interpreter in any matter requiring the appearance in Court of an individual who uses sign language for communication. Also suitable interpreters, including family members, for people who cannot express themselves by speech and by sign language and use other alternative and augmentative communication (AAC) forms.

14. ASSISTIVE DEVICES AND INFORMATION TECHNOLOGY:

(1) Assistive and adaptive devices include a variety of tools and equipment that enable people who have disability to be more independent and promote their inclusion in society. The most commonly used tools and equipment include tricycles, wheelchairs, prostheses, crutches hearing aids, white canes and spectacles. Other medical devices such as catheters, urine bags and colostomy bags are essential for the daily living of many individuals who have disability.

Such devices which help to ensure that people who have disability function as active members of society will be made more freely available, appropriate and accessible to them through the following strategies;

- Increasing requisite services for the production, availability and distribution of appropriate devices, and for needs assessment, training, follow-up, repair and maintenance, and disseminating information about these
- In providing assistive and adaptive devices, their appropriateness to the individual and his /her lifestyle and the situation in which he/she lives will be considered. This will be ensured through appropriate regulations and procedures for quality assurance.
- Local innovation, production and distribution of assistive devices will be encouraged and facilitated
- Measures will be taken to minimize the costs of assistive and adaptive devices and make them affordable. Such measures as reduced customs duties and taxes will be considered.
- Data about assistive and adaptive devices required by people with disability will be collected at periodic intervals so that needs in this area could be assessed and coordinated steps be taken to meet them.

(2) Rapid advances in information technology have increased possibilities for improving the quality of living for many people who have disability. The benefits of

these advances will be more beneficial to them by making information technology more accessible and affordable.

These include

- The use of internet for accessing news and for communication
- Easier and more effective means of communication such as personal computers with speech synthesizers for people who cannot see and adaptive telephones for those with hearing loss.

(3) The field of Information Technology also opens a vast range of employment opportunities and this will be exploited to increase opportunities for people who have disability in open employment. For those whose disability makes it more convenient for them to work at home, contract work and other means will be facilitated to create work opportunity.

15 CHILDREN:

In the UN Convention on the Rights of the Child (CRC, to which Sri Lanka is a signatory), Article 2 states that each child is protected against all forms of discrimination. UNICEF states that “All Rights expressed in the convention are indivisible and interrelated, each and all of them being inherent to the human dignity of the child”. (UNICEF, 1999). This National Policy on Disability reaffirms these statements and will safeguard the rights of each child who has disability to all the rights agreed to by Sri Lanka in the UN Convention.

This disability policy, in particular emphasizes for these children who have disability (being a particularly marginalized group) the inherent right to life, and to survival, protection and development to the maximum extent possible (Article 6 of the UN CRC).

This Policy emphasizes two particular statements in the UN CRC. The first is the principle that “the best interests of the child shall be a primary consideration” for all actions concerning the child (Article 3). The second is the concept that the State must “respect the rights and responsibilities of parents and the extended family to provide guidance for the child which is appropriate to her or his evolving capacities” (Article 5).

Within this context, the following strategies will promote and protect the rights of children who have disability:

- (1) Support to the child who has disability
 - Equity in participation in family life and interaction, including participation in family decision-making processes

- The enjoyment of a full and decent life in conditions which ensures dignity and promotes self-reliance in an atmosphere of happiness, love and understanding
 - The active participation in community-life alongside and together with, their peers
 - Early stimulation and developmental programmes beginning in the home to promote each child's more normal, holistic and fullest possible individual development.
 - The early identification of any illness and disability, the recognition of risk factors related to these, and immediate and effective treatment and care to overcome these
- (2) Support to parents and other family members:
- Knowledge, skills, advice and counselling required to support each child who has disability related to the rights of the child recognized in the UN Convention on the Rights of the Child will be made available to parents and other family members to enable them to fulfil their responsibilities
- (3) Family Health which promotes:
- The highest quality possible of:
 - ante-natal, intra-natal and post-natal care
 - infant and child care including growth monitoring to ensure satisfactory growth and development
 - Prevention of disability through immunization programmes, family planning, nutrition programmes, the control of diarrhoeal diseases and acute respiratory infections, school health work and care of school children, epidemiological surveillance, genetic counselling, health education, and particular examinations in infancy to detect risk of certain diseases (such as thyroid deficiency)
 - Adolescent reproductive health programmes
- (3) Early Childhood Care and Development Programmes, Pre-schools and Kindergartens:
- Teachers, instructors and other categories of workers in Early Childhood Care and Development (ECCD) Programmes, Pre-schools and Kindergartens will have training adequate for the inclusion of children who have disability in these programmes and institutions and for ensuring their maximum participation and development
- (5) School Education, Non-Formal Education and Higher Education:

- Refer relevant policy areas above (4,5,6)

16. YOUTH:

Youth who have disability, both young men and young women, will participate alongside their peers in all activities planned for the youth of the country. They will have equal opportunities as their peers to develop their abilities, skills and potential and to become disciplined, responsible and responsive adults possessing a sense of dignity and self-worth.

This will be promoted through the following strategies designed for youth development.

- Skills Development and technical and vocational training
- Career guidance and counselling
- Enterprise development
- Micro-credit schemes and Cooperative Societies
- Employment and income generation
- Human resource development
- Information dissemination
- Youth clubs and associations
- Youth development through, for instance, Youth Service Task Forces
- Cultural programmes
- Sports and recreation

The special needs of youth who have disability will be considered in the following;

- Development and amendments of Youth Policy
- Youth-related research
- Training of personnel for youth-related activities
- Planning and evaluation of youth programmes

The inclusion of youth who have disability in policies and strategies for youth development will be of mutual benefit to both groups - those who have disability and those who do not. This will foster a society that accepts and respects differences between fellow citizens and will strengthen peaceful co-existence.

17. WOMEN:

(1) Women who have disability will be included in policies, strategies and future plans for the upliftment of women in Sri Lanka on the basis of equity.

They will in particular be included in,

- Poverty alleviation and social security programmes implemented for vulnerable groups, including particularly mothers who have disability
- Programmes which enhance women's right to employment, quality of employment, equal right to economic advancement, promote a gender-sensitive environment in workplaces and eliminate sexual harassment and exploitation of workers
- Skills development and technical and vocational training programmes matched to skills demand in the labour market
- Universalization of the education of the 5 – 14 year age-group and other strategies which increase school, non-formal and higher education opportunities for the personal development of females
- The elimination of violence against women and of sexual harassment and sexual exploitation in the home, community and in society at large and support services for victims
- Programmes which increase access to family planning and a healthy lifestyle
- The promotion of gender equity for equal participation and sharing in the family, economy and society including decision-making processes at all levels of social organization and of civil administration and in political processes
- Programmes directed at peace, reconciliation and national re-building
- Planning, implementation and monitoring of national policy and action plans concerning women and in monitoring the UN Convention for the Elimination of all Forms of Discrimination Against Women (CEDAW)

18. ELDERLY PERSONS:

Special provisions for elderly persons who have disability will be included in future reviews and amendments to national policy, strategies and action plans for the Elderly. As with other elderly persons, those who have disability will be treated with respect and be able to grow old with a sense of security and with their independence preserved as much as possible. They will be able to live as actively as possible and to continue to have influence over their everyday lives and in their society,

Towards ensuring a satisfactory quality of life in these ways, the following particular strategies will be implemented for elderly persons who have disability;

- Access to adequate services for diagnosis and treatment of disability and disabling conditions and for after-care, including for those who have dementia, will be improved
- Technical support required to deal with their disability will be provided to individuals and families through community-based services.
- Social inclusion through participation in religious, cultural, development and other activities of their choice will be encouraged and facilitated through community-based and other services
- Loans, grants and other forms of support available to people who have disability to improve accessibility in their homes will be available on an equitable basis to elderly persons who have disability
- Welfare payments made to other people who have disability will be available on an equitable basis to elders who have disability
- The right to freedom of choice and freedom from abuse will be protected. This will be emphasized for those in residential care

19. PERSONS AFFECTED BY ARMED CONFLICT:

The ethnic conflict which continued for nearly two decades has had, and will continue to have, disabling consequences on vast numbers of our population in all parts of the country, for generations yet to come.

(1) The most widespread of these disabling consequences has been, and will be, psychosocial problems and suffering. National capacity to provide psychosocial assistance will be increased. Existing infrastructures in State and NGO sectors will be used and their capacities enhanced to develop a three tiered psychosocial assistance system beginning at home and community level, and including detection, psychosocial support and referral to specialized psychological or psychiatric care.

(2) The disastrous effect of landmines and other explosive devices have left survivors with a wide variety of disabilities affecting vision, hearing and speech and mobility, and emotional and psychological injury and trauma. This in turn has incurred subsequent economic and social costs to themselves, to their families and to their communities. Comprehensive assistance required for individuals disabled by these are emergency and continuing medical care, physical rehabilitation, psychological and social support, employment and socioeconomic re-integration programmes. For most, the provision of prostheses will be essential. This policy contains strategies for dealing with

all these consequences distributed within different policy areas and sectors. Relevant strategies should however be applied to each individual in a holistic context and on the basis of his/her particular needs.

For other survivors with disability as a result of conflict-related disasters whose situation has been compounded by displacement, resettlement may be a priority. This falls outside the purview of this policy.

(3) Another issue of importance is the situation of disabled ex-combatants on both sides of the conflict. They represent the largest numbers affected by landmine injuries to date. Together with their families, they are, and will be, those suffering in largest numbers and to the greatest degree from psychosocial problems. Besides the strategies listed above, special measures will be taken to facilitate their transition from military to civilian life and their social and economic reintegration within their own communities and in Sri Lankan Society-at-Large. Existing State and NGO systems will be strengthened to cope with their special needs, particularly in the areas of employment, vocational training, social re-inclusion and psychosocial support. Their potential will be harnessed and they will have opportunities to participate in national rebuilding and reconciliation, and in development programmes of their choice.

20. INDIVIDUALS WHO HAVE SEVERE DISABILITY:

The special needs of children and adults who have severe disability will be taken into consideration in disability and development programmes. These will take particular note of those with chronic psychiatric disability, profound mental retardation and multiple disability. The following particular strategies will be included;

- Children too disabled to participate in mainstream education and special schools will receive education at home or at a community centre through community-based programmes under the supervision of peripatetic teachers.
- Young people and adults whose disability does not allow them to move outside their home environment will have access to income generating activity in their homes through community-based programmes
- Where an individual's disability is too severe for him/her to engage in any form of employment or income generating activity, and if the family's economic condition requires it, one or more family members will be included in employment or income generating programmes to ensure an adequate income for the family

- Children and adults who have severe disability and their families will have technical assistance, counseling and support in the home through community-based programmes
- The right to freedom of choice and freedom from abuse will be protected. This will be emphasized for those in residential care
- The continuing care of individuals who have severe disability after the death of parents is an area of special concern to them. Innovative and sustainable approaches such as community group homes etc. will be tried, tested and used. Parents' Organizations and Groups and Organizations of Disabled Persons will take the initiative for this and will be supported by other NGOs and responsible State sectors
- In the case of certain children's conditions not commonly met such as Autism, Attention Deficit Syndrome, Dyslexia and profound Mental Retardation, research related to these conditions in other countries leads to rapid advancement of technologies. Technologies, such as, for instance Alternative and Augmentative Communication (AAC) methods, can decrease the disabling effects of these conditions and improve the quality of life of individuals affected by them. This applies also to disabling conditions that may yet be detected and diagnosed.

State sectors and NGOs working in this area will make every effort to keep pace with international developments in technology related to disability and disabling conditions and acquire and adapt it for use with children and adults in Sri Lanka who could benefit from it.

21 MASS MEDIA:

Information related to disability will be disseminated by the Mass Media to educate, mobilize and activate Civil Society and so promote the social inclusion of people who have disability. Attitudinal, emotional and physical barriers will be reduced and the participation of people who have disability in the civil, social, political and cultural life of society will be increased.

To this end,

- All forms of Mass Media will participate –print, television and radio, both State and private
- The mass media will increase knowledge of civil society regarding the rights and responsibilities of people who have disability
- The mass media will take measures to reduce stereotyping and negative socio-cultural and customary beliefs and practices relating to disability, and particularly relating to women who have disability

- The mass media will conduct campaigns to inform civil society about this policy and its implications, and about measures that are being taken to implement it.

VII POLICIES AND STRATEGIES TO ENSURE HOLISTIC POLICY IMPLEMENTATION

22. COMMUNITY-BASED REHABILITATION:

Community-Based Rehabilitation will promote and protect the rights and responsibilities of individuals who have disability by including them in civil society and in development and welfare programmes at all levels of social organization and civil administration. Strategies that continue to segregate and isolate them from their communities will be discouraged.

Community-Based Rehabilitation will continue to be developed as a bottom-up approach with horizontal and vertical networks. Primary decision-making will lie with individuals who have disability, their families and the communities in which they live. Government, NGOs and the private sector will work in partnership to respond to the former and provide community support systems including technical support, referral services and logistics.

Particular strategies that Community-Based Rehabilitation will focus on will include the following;

- Individual and family support provided within the home to promote and protect the right to family life and to strengthen their capacity to address their other rights.
- Knowledge, skills, advice, counselling and information made available to individuals, their families and communities so that they will be able to promote and protect the rights of their members who have disability and facilitate their maximum possible individual development and independent living
- Social inclusion in daily family and community environment, including participation in development, recreational, leisure and cultural activities
- Opportunities for each individual to develop his/her personality and potential to the fullest. This includes developing talents in the creative and performing arts such as song, dance and creative writing, and skills ranging from basic motor skills to skills in physical activities and sports. It also includes opportunities for each individual to develop his/her personality through participation in community groups and taking leadership in community organizations.

- Formation of peer-groups, self-advocacy organizations and parents associations.
- 2-way channels for referral developed between the individual living at home and social development and community support systems, and particularly those included in this policy (such as employment, skills training, poverty alleviation, health, social security etc) in keeping with the right of every citizen to public services
- Reach all individuals in need with these strategies, whatever the disability, sex or age

23 NON GOVERNMENTAL ORGANIZATIONS AND THE PRIVATE SECTOR:

- Non-Governmental Organizations and the Private Sector will compound and support the disability-related efforts of the State sector.
- They will include people who have disability in all relevant projects and programmes on the basis of equity, in terms of the National Policy on Disability.

24. RESEARCH:

(1) The National Council for Persons with Disabilities, responsible State sectors and universities and other institutes of higher education will promote disability-related research. Such disability-related research will be action-oriented and, in the interest of social justice, not be of academic value only.

(2) As an ongoing or periodic research activity, the National Council for Persons with Disabilities will, either through the National Secretariat for Persons with Disabilities or other bodies, collect, collate, analyze and disseminate information that will facilitate the implementation of disability policy and strategies. This will include quantitative and qualitative data and information related to the changing needs of people who have disability, their socio-economic situation, disability rights and responsibilities, barriers to inclusion etc.

25. LEGISLATION:

Legislation will be amended/enacted to provide social, civil, economic and legal protection to people who have disability.

To this end, the National Council for Persons with Disabilities shall,

- Appoint a group of experts in the field to review existing legislation for the promotion and protection of the rights of people who have disability,²³ and effect any changes necessary to the legislation in terms of this policy. If it is more suitable to do so, new legislation will be enacted to replace that which exists.
- Appoint a group of experts to review other relevant existing legislation to determine if there are any clauses which discriminate against people who have disability, and take steps to repeal or amend such clauses.
- Ensure legal equity for people who have disability in all future legislation
- Take steps to include anti-discriminatory clauses when appropriate in future legislation, including in any amendments to the Constitution of Sri Lanka
- Take steps to inform people who have disability about their legal rights and measures that they may take if these rights are violated

26. IMPLEMENTATION, MONITORING AND EVALUATION OF POLICY:

(1) Each Ministry which has any of the policy areas or strategies listed above included in the Subjects and Functions assigned to it or have the strategies listed implemented in any Institution assigned to it, will take responsibility for including these policy elements in its own policies, and the strategies in its action plans (including budget and monitoring and evaluation processes)

(2) The National Council for Persons with Disabilities will have in place a mechanism for monitoring and evaluation of the implementation of this policy in its totality.

To this end it will,

²³ Parliament of Sri Lanka. *Protection of the Rights of Persons with Disabilities Act No. 28 of 1996.*

- Be responsible for the implementation of this policy through the coordination of all aspects of sectoral and cross-sectoral strategies with other Ministries.
- Consult with specialists in this field to set up a continuing participatory monitoring system and make changes to it as and when required
- Consult with all other sectors involved regarding reprogramming that may be recommended through the monitoring system
- Have periodic participatory evaluations (at least every 5 years) carried out to determine the status of policy implementation
- Inform people who have disability and the general public about this policy and measures that are being taken to implement it, including the results of monitoring and evaluation

VIII PARTNERS IN IMPLEMENTATION

Several partners will share responsibility for the implementation of this National Policy on Disability. They include the following;

- ❖ Government through particular Ministries and the Decentralized Administration
- ❖ National Council for Persons with Disabilities
- ❖ Organizations of People who have Disability and Parents Groups
- ❖ Civil Society and in particular Communities, Community-Based Organizations, Non-Governmental Organizations, the Private Sector, Professional Groups, Civic Groups, Religious Groups, Political Organizations and the Media

❖ **Government:**

Whilst certain policy areas at the present time come within Subjects and Functions assigned to one particular Ministry or have the strategies listed implemented in an Institution assigned to it, others may come within those assigned to several Ministries. The assignment of these Subjects and Functions and Institutions may change from time to time.

For these reasons, particular Ministries have not been mentioned in Part Two when specifying policies and strategies.

This Policy however envisages that any Ministry which has one or more policy areas or strategies included in their Subjects and Functions or Institutions assigned to it should take responsibility for those policy areas and strategies.

The following list serves as an example. It should be noted that the list is not exhaustive.

Ministries (including Institutions assigned to it) implementing particular sectoral policies and strategies as at January 2003

	Policy Area	Number as listed
Ministry of Employment and Labour	Employment	1
Ministry of Tertiary Education and Training	Vocational Training	2
	Higher Education	6
Ministry of Agriculture & Livestock	Skills development	2
	Self-employment	1
Ministry of Enterprise Development, Industrial Policy and Investment Promotion	Skills development	2
	Self-employment	1
Ministry of Fisheries and Ocean Resources	Skills development	2
	Self-employment	1
Ministry of Estate Infrastructure	Employment	1
	Skills development	2
Ministry of Samurdhi	Poverty Alleviation	3
	Skills development	2
	Self-employment	1
Ministry of Human Resource Development, Education and Cultural Affairs	School Education	4
	Non-Formal Education	5
Ministry of Health, Nutrition and Welfare	Health	7
	Children	15
	Elderly Persons	18
	Persons Affected by Armed Conflict	19
Ministry of Youth Affairs and Sports	Sports	8
	Youth	16
Ministry of Transport, Highways and Aviation	Transport	9
		12
Ministry of Housing Development	Housing	10
		12
Ministry of Tourism	Accessible Tourism	12
Ministry of Economic Reform, Science and Technology	Information Technology	13
Ministry of Women's Affairs	Women	17
Ministry of Rehabilitation, Resettlement and Refugees	Persons Affected by Armed Conflict	19

Ministry of Mass Communication	Mass Media	21
Ministry of Social Welfare	Vocational Training	2
	Social Security	11
	Access to the Built Environment	12
	Access to Communication and Information	13
	Assistive Devices and Information Technology	14
	Children	15
	Elderly Persons	18
	Persons Affected by Armed Conflict	19
	Individuals who have Severe Disability	20
	Community-Based Rehabilitation	22
	Non-Governmental Organizations and the Private Sector	23
Research	24	
Legislation	25	
<i>OTHER BODIES:</i> Rana Viru Seva Authority	Persons Affected by Armed Conflict	19
<i>BESIDES THOSE MINISTRIES LISTED WHICH WILL HAVE RESPONSIBILITY FOR PARTICULAR POLICY AREAS, THE FOLLOWING MINISTRIES WILL ALSO HAVE A ROLE RELATED TO THIS POLICY</i>		
	Policy Area	Number as listed
Ministry of Finance	Implementation, Monitoring and Evaluation of Policy	26
Ministry of Public Administration, Management and Reforms		
Ministry of Home Affairs, Provincial Councils and Local Government		
Ministry of Western Region Development		
Ministry of Eastern Development and Muslim Religious Affairs		
Ministry of Central Region Development		
Ministry of North West Regional Development		
Ministry of Southern Region Development		

❖ National Council for Persons with Disabilities:

As a crosscutting issue of immense dimensions, the promotion and protection of the rights of people who have disability envisioned in this policy calls for the sharing of responsibility between very many aspects of Government through particular Ministries. The successful implementation of this policy therefore calls for focussed coordination to ensure its full and holistic implementation.

The National Council for Persons with Disabilities which has representation of the major partners who will be implementing this policy will carry out this function of coordination, including monitoring and evaluation.

❖ People who have Disability, their Organizations and Parents Groups:

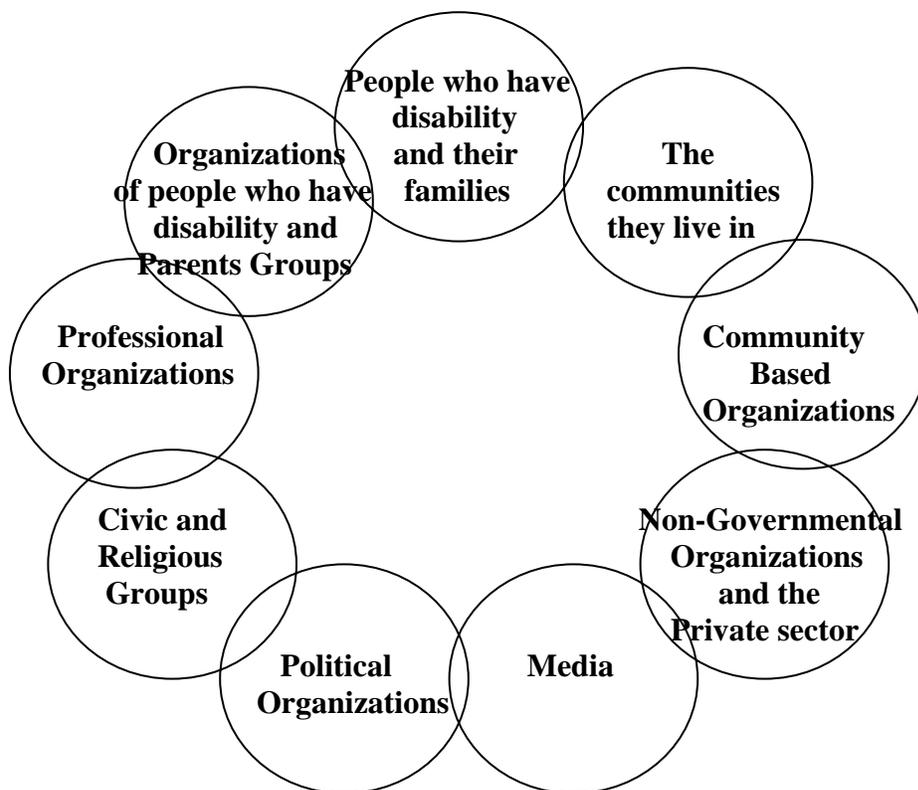
People who have Disability, their Organizations and Parents Groups have been represented through all stages of the formulation of this policy. That they continue to have an equal share in all the decision-making processes related to the implementation of this policy is vital to ensure its fullest impact and continuing relevance to their changing needs. In addition to their position in the National Council for Persons with Disabilities they will be represented on all sectoral mechanisms dealing with issues related to disability.

❖ Civil Society:

Equity and the inclusion of people who have disability in the mainstream is only possible if civil society recognizes the equal rights of people who have disability and takes responsibility for promoting and protecting such rights.

Beginning with the communities in which people who have disability live their daily lives, Community-Based Organizations, Non-Governmental Organizations, the Private Sector, Professional Groups, Civic Groups, Religious Groups and Political Organizations all have a significant role to carry out in the implementation of this policy. Firstly, they themselves will be required to practice the principles underlying this policy, and secondly, they will need to ensure that others do so. The Media has an important function informing and influencing civil society in both these areas.

Partners in Implementation
diagrammatic summary



Divisional Secretariat

District Secretariat

Provincial Councils

Relevant Government Ministries

National Council for Persons with Disabilities

APPENDIX

MEMBERS OF THE DRAFTING COMMITTEE

Dr. Padmani Mendis
Chairperson

Dr. Mendis has for the last 24 years served as a consultant in disability to WHO and other UN and International Agencies. She was awarded Doctor of Medicine (M.D.) Honoris Causa by Uppsala University Sweden in 1990 in recognition of her pioneering role and contribution to the global development of Community-Based Rehabilitation (CBR). She was responsible for the establishment of the Disability Studies Unit of the University of Kelaniya, and was its Course Director (Head) from 1993–1998. Dr. Mendis has been a Member of the WHO Expert Advisory Panel on Disability and Rehabilitation since 1980. She currently serves also as a Consultant to the Ministry of Social Welfare.

Ms Lakmali Cabral

Ms. Cabral was, until recently Senior Legal Officer and the General Secretary of Lawyers for Human Rights and Development (LHRD). For the last 15 years she has been involved in Human Rights Advocacy. Her work in this field has been that of programme designing and management (monitoring and evaluation), in providing legal aid, organizing and conducting conferences and training programmes, in research and in contributing to a number of publications.

Mr. Gihan Galekotuwa

Mr. Galekotuwa is presently Director, Disability and Development, FRIDSRO, an NGO based in Kandy. He has had special responsibility for developing Community-Based Rehabilitation (CBR) in the Kandy District in partnership with the State. In this role he has had vast experience working with people who have disability at grass-roots level, implementing with them rights-based strategies and supporting their efforts for self-advocacy and empowerment. He has served on the National Council for Persons with Disabilities and is presently a member of the National CBR Steering Committee. He is also the Technical Adviser to the Kandy District Disabled Persons Organization and a National Resource Person on CBR.

Mr. S.L.Hettiarachchi

Mr. Hettiarachchi is presently Honorary Secretary/Executive Director of the Sri Lanka Council for the Blind, having been one of its Founder Members. Having experienced blindness since the age of 7 years, his work in the field of visual disability started 46 years ago as a Founder Member and First Joint Secretary of the All Ceylon Union of the Blind in 1957. He has served on the National Council for Persons with Disabilities. Among the numerous committees he serves on at the present time, he is the Patron of the National Cricket Association of the Blind, a member of the Special Education Advisory Committee of the Ministry of Education and a member of the Visually Handicapped Trust Fund.

Mr. Anil Jayewardene

Mr. Jayewardene is a past president of the Sri Lanka Central Federation of the Deaf (CFD) and is presently its Vice President. He presently devotes much time and effort to the upliftment of the CFD. He has been a member of that organization since its inception in 1985, having experienced deafness since his birth. Starting during his schooling at the School for the Deaf, Ratmalana, he has participated in several international sports events and won several awards, among them 2 Gold Medals. Mr. Jayewardene, as a leader of the Deaf Movement in Sri Lanka, has participated also in many international training courses which have developed particularly his organizational skills and capacity, and he applies these to his role in the CFD.

Ms N. G. Kamalawathie

Ms. Kamalawathie is the President of the Association of Women with Disabilities, Anuradhapura, and has been connected with it as one of its founder members. Having experienced disability since the age of 4 years when poliomyelitis left her with extensive paralysis, she has represented women who have disability in several international sports events and has won several medals. She also represented them at the World Conference on Women held in Beijing, China in 1995. She has also participated in Leadership and other Disability related courses organized by JICA in Japan and by ESCAP in Thailand.

Mr. H.P.N.Lakshman

Mr. Lakshman is presently a Deputy Director of Education of the Ministry of Human Resource Development, Education and Cultural Affairs, with responsibility for Special Education. He has a M.A. in Special Education from the University of Goteborg, a Degree In Business Administration from the University of Sri Jayewardenepura and Post-Graduate Diplomas in General Education, Special Education and Education Management. He serves as a Member of the Special Education Advisory Committee of the Ministry of Education.

Prof. Nalaka Mendis

Prof. Mendis has held the post of Professor of Psychiatry, University of Colombo since 1989 and the post of Senior Psychiatrist, University Psychological Medicine Unit, National Hospital, Sri Lanka since 1982. Amongst the many Statutory and other Committees and Boards on which he has served are the Presidential Task Force on Health Policy, Health Advisory Body of the Ministry of Health, National Council for Persons with Disabilities and International Professional Associations. Prof. Mendis was responsible for establishing the National Council for Mental Health in 1982, the only non-governmental organization in Sri Lanka in this field at that time.

Mr. W.H.W Soysa

Mr. Soysa is the Additional Secretary, Ministry of Social Welfare and Head of the Community-Based Rehabilitation (CBR) Unit of the Ministry. He is also a member of the Council of the National Institute of Social Development (NISD) of the Ministry of Social Welfare. He joined the Sri Lanka Administrative Service (S.L.A.S.) in 1973. Among the posts he has held since then are, Additional Secretary, Ministry of Posts & Telecommunication, Director-General, NISD, Post Master General, Special Commissioner of several Local Bodies, Director of the Small Enterprise Development Division of the Ministry of Youth affairs and a member of the Board of Directors of the National Engineering Research Development Centre, and Sri Lanka Telecom.

Mr. Cyril Siriwardene

Mr. Siriwardene has experienced paraplegia since 1980 and has been a wheelchair user since then. He has qualifications in Aviation Electronics and, Telecommunication Engineering. Having retired from the Sri Lanka Air Force (SLAF) in 1996 after 37 years of service holding the rank of Squadron Leader, he now works full-time in the disability field. He has served on the National Council for Persons with Disabilities. Among the posts that he holds at present are Project Officer, Advocacy, Motivation Sri Lanka, Secretary General, Disability Organizations Joint Front, Vice President, Spinal Injuries Association, Hony. Secretary, Sri Lanka Foundation for the Rehabilitation of the Disabled, and Hony. Secretary of Colombo Friend -in -Need Society (Jaipur Foot Programme).

Mr. E.M.G. Tillekeratne

Mr. Tillekeratne is the current President of the Ceylon Association for the Mentally Retarded (CAMR), the largest and oldest NGO representing the interests of children, adults and parents of those who have intellectual disability. He is a retired Commissioner of Inland Revenue and has held several other posts in the public sector. Among these, he was Chairman, Ceylon Hotels Corporation, Chairman, State Distilleries Corporation and member of the Land Reform Compensation Board. He has traveled extensively in the course of his work.

Ms. Yamuna Chittranganee
Secretary to the Committee

Ms. Yamuna Chittranganee is the Director, National Secretariat for Elders. She has served in the field of social services since she joined the public service in 1981. She has represented the Department of Social Services on many Committees. Among them were the Advisory Committee on Special Education of the Ministry of Education, the National Committee on Ageing, the Committee on Preparation of Codes and Standards on Accessibility for Persons with Disabilities and the Sub-Committee on Mental Health of the Ministry of Social Welfare.

02 May 2003