

RETA 5956

Identifying Disability Issues Related to Poverty Reduction

Sri Lanka Country Study

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ABBREVIATIONS

ABR	–	Auditory Brain Stem Response
ADB	–	Asian Development Bank
AIDS	–	Acquired Immunodeficiency Syndrome
CBO	–	community-based Organization
CBR	–	community-based rehabilitation
CEZMS	–	Church of England Zenana Missionary Society
DFID	–	Department for International Development
DMC	–	developing member countries
DPI	–	Disabled People's International
ECD	–	early childhood development
EFC	–	Employers Federation of Ceylon
FINS	–	Friends in Need Societies
FRC	–	Family Rehabilitation Centre
HIV	–	Human Immunodeficiency Virus
IDB	–	Industrial Development Board
IEC	–	Information, Education and Communication
ILO	–	International Labour Organization
ITDG	–	Immediate Technology Development Group
ITDG	–	Intermediate Technology Development Group
LTTE	–	Liberation Tigers of Tamil Ealam
NAITA	–	National Industrial Training Authority
NCPD	–	National Council for Persons with Disabilities
NGO	–	nongovernment organization
NSPD	–	National Secretariat for Persons with Disabilities
OL	–	ordinary level
PRS	–	Poverty Reduction Strategy
RSL	–	Regaining Sri Lanka
RSVA	–	Rana Viru Seva Authority
SCF	–	Save the Children Fund
SLFI	–	Sri Lanka Foundation Institute
STI	–	sexually-transmitted infections
USAID	–	United States Agency for International Development
VSO	–	voluntary services organization
VTA	–	Vocational Training Authority

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FOREWORD AND ACKNOWLEDGEMENTS

On March 8, 2002, the Foundation for International Training (FIT) entered into a contract with the Asian Development Bank (ADB) to provide technical assistance through RETA 5956, "Identifying Disability Issues Related to Poverty Reduction." The objectives of the Project were to:

- (i) familiarize developing member countries (DMC) with the ADB's overarching objective of poverty reduction and other related ADB policies to help address the vulnerability and poverty situation of disabled peoples;
- (ii) identify and analyze the DMC's national policies, programs, projects and initiatives concerning disabilities and poverty to be used as a basis for action plans;
- (iii) provide a forum for ADB, Government and disabled peoples' groups/organizations to identify and discuss disabled peoples' needs and concerns, particularly those related to poverty; and
- (iv) develop a disability checklist for the ADB.

The Project was carried out in four countries: Cambodia, India, the Philippines and Sri Lanka. In each country, FIT mobilized a two-person team of multi-disciplinary specialists in disability and poverty reduction policy and participatory development. These local consultants carried out the research, documentation, and policy activities at the country level. The results of this work are documented in Country Study Reports and Recommendations prepared for each country.

The Project was led by an international team leader, Dr. Lorna Jean Edmonds. Dr. Edmonds provided invaluable guidance and direction in the structure and development of the country study reports. This Country Study Report was produced by Ms. Mallika Ganasinghe, the Project's Disability and Poverty Policy Specialist for Sri Lanka. Ms. Ganasinghe was assisted by a Participatory Specialist, Ms. Nelun Gunasekera. Together Ms. Ganasinghe and Ms. Gunasekera organized a series of provincial and national-level workshops; the recommendations that emerged from this process form an integral component of this Country Study. This work benefited from support and cooperation from the Sri Lankan Ministry of Social Service and Welfare. The team at FIT led by Ms. Michelle Sweet, Project Manager, carried out the editing of the Country Study Report and Recommendations.

COUNTRY BRIEF

A. General Data

■ Capital:	Colombo
■ Official languages:	Sinhala and Tamil
■ Currency:	Lanka Rupees
■ Surface Area:	65,610 Sq. Km
■ Population:	18,732,256 as at 2001
■ Population annual growth rate:	1.2 percent
■ Female:	50.5%
■ Male:	49.5%
■ Population under 18 years:	32.9%
■ Population above 18 years:	67.1%

B. Administration Data

- Sri Lanka is divided into 9 provinces with 25 administrative districts. There are 324 divisions within the 25 districts.

C. Demography

■ Annual GDP growth in 2000:	6%
■ Density:	299 households per Sq. Km
■ Highest population density is in Colombo district:	3,305 persons per Sq. Km
■ Lowest population density is in Mulattive district:	50 persons per Sq. Km.
■ As a result of conflict, the population density in Jaffna district was reduced by:	33.6%

D. Economic Indicators

■ GDP:	\$860
■ GNP:	\$835

E. Health

■ Life expectancy:	73 years
■ Health expenditure:	1.3% of the GDP in 2001
■ Life expectancy:	73 years
■ Health expenditure:	1.3% of the GDP in 2001

F. Total Public Expenditure by Economic Activities-Social Service

■ Education:	2%
■ Health:	1.3 %
■ Welfare:	3.2%
■ Housing:	0.2%
■ Community services:	0.5%

G. Literacy

- Adult Literary: 93%

H. Population Below Poverty Line

- Population below lower poverty line: 12%
- Population below higher poverty line: 15%
- If \$1 a day is considered as poverty line, 7% of the population is poor.
- If \$2 a day is considered as poverty line, 45% of the population is poor.
- 88% of total poor live in rural areas, and 8% in urban areas.
- Human development index is 7% in 1998 with Sri Lanka ranking 84th in the human development report.

I. Unemployment

- Unemployment rate: 7.8%

J. Disability Statistics

- Estimated 900,000 to 1.4 million or 5% to 8% of the total population.
- National census carried out by the Department of Census and Statistics in Sri Lanka in year 2001 counted persons with disability under a separate schedule but the data is still under processing.
- Data collected by Ministry of Social Welfare in 27 districts identified 78,802 persons with disabilities.
- Sri Lanka Armed Forces official statistics indicate 4500 disabled soldiers, whereas as unofficial data refer to more than 10,000 soldiers.

K. Distinct Country Issues

- The 19 years of conflict in Sri Lanka has effected the economic growth and increased poverty;
- Hundreds of thousands of landmines still remain underground and continue to kill, disable and maim the people of Sri Lanka;
- The number of persons with disability is rapidly increased as the result of conflict;
- Women are forced to take roles of men;
- To supplement the family's needs, women are forced into prostitution, which increase their vulnerability to HIV/AIDS;
- Children are forced into child labor.

I. INTRODUCTION

1. In 1999, the Asian Development Bank (ADB) adopted poverty reduction as its overarching goal. This goal is highly relevant from the perspective of the prevention of disabling conditions, generation of appropriate support services and structure's, and the equalization of opportunities for disabled people to contribute to poverty reduction, as well as to social and economic development. In 2001, the Social Protection Strategy was approved to address vulnerability in which persons with disabilities were included.

2. The purpose of the project "Identifying Disability Issues Related to Poverty Reduction" is to assist four selected Developing Member Countries (DMCs), Cambodia, India, Philippines and Sri Lanka to develop country strategies and action plans and for the ADB to develop recommendations for a regional approach to mainstreaming disability issues within their programs for poverty reduction and social development. This will strengthen the capacity of the DMCs for implementation of the same. In Sri Lanka, the Ministry of Social Welfare was identified as the focal point for the implementation of the project. The consultation process started at the project's inception in April 2002. A total of two provincial workshops were held in June and July 2002 to investigate and document the experiences and issues of people with disabilities. An assessment of the current institutional framework and stakeholders' capacity to mainstream disability issues in poverty reduction program was also carried out. The outcomes of this process were presented at the National Workshop held in August 2002.

3. Over 100 people participated in the consultation process, including 15 persons with disabilities. Others included 19 from central government, 12 from provincial governments and 25 from non-governmental organizations. In addition, most UN agencies, the World Bank, international donors and implementing agencies, and religious institutions participated. Three private sector agencies involved in networking also took part in the consultations.

4. The contribution of this report is the profiling of the major factors impacting on the life of persons with disabilities as a result of a countrywide investigation. The key areas addressed in the report are a profile of the country, including a poverty profile; a review of the legislative framework; the country's social protection structure, disability organizations and development agencies; and a review of the relationship between disability and poverty. In addition, the participatory process conducted resulted in the experiences and advice of the key stakeholders, particularly persons with disabilities, being incorporated into the Country Study Report and in the recommendations developed. Collectively, this report and the process completed have served to focus our attention on the imperative for addressing disability issues in our country as well as ADB poverty reduction and growth strategies.

II. COUNTRY NEEDS: POVERTY PROFILE

A. Household Structure

5. The household structure as per recent household survey is 4.6 percent per household (average number of persons in a household). The percentage of poor households in Sri Lanka is 26.7 percent of total households in 1996. The highest percentage of poor households are reported in the Monaragala district in Uva province, reported at 47.7 percent, while the lowest percentage (9 percent) was reported to be Colombo district in the Western province. More than 85 percent of the poor are living in the rural areas, 7 percent in urban areas and another 7 percent in the estate sector. Consumption poverty of households is estimated at over 33 percent in rural and estate sector compared to 17 percent in the urban sector.

B. Geographical Variations

6. The Colombo district in the Western Province captured benefits of globalization, increased trade and investment opportunities. The population in Colombo district amounts to one tenth of the total population of the country.

7. A large variation in poverty exists within the country. There is a wide gap between other provinces and the western province as most of the economic development activities and manufacturing activities are based in the western province.

8. The incidents of consumption poverty varies significantly across the provincial borders. The Uva province, North Western and the North Central provinces are the poorest areas with a higher poverty level than the other provinces. The highest poverty level of the total population is in Uva province at 55%. The lowest poverty level of the total population is in western province, at 23%.

9. In 1981, the National Census and Statistics had reference to statistical data in relation to persons with disabilities and their economic status. Unfortunately, the numbers of persons with disabilities has increased tremendously as a result of 19 years of conflict.

10. The National Poverty Reduction Strategic Plan "Connecting to Growth," June 2002, has raised the issue of providing financial assistance to persons with disabilities, but no reference is made as to their socio-economic status.

C. Causes of Disability in Sri Lanka

1. Malnutrition

11. According to UNICEF/Sri Lanka Government report, it is estimated that at least four percent of all children are persons with disabilities; 47 percent of these children are under 14 years of age, and their disabilities are related to prevailing conditions of poverty and malnutrition. This is related to low incomes, poor housing and sanitation. Iodine deficiency is a major health problem, which is one of the most important causative factors of physical and intellectual disabilities. Further, maternal under nutrition is considered as a key cause for child malnutrition.

12. In Sri Lanka Vitamin 'A' deficiency among children is 36 percent, which is a causative factor of visual impairment. The prevalence of malnutrition among infants and young children has been a persistent problem, which has its direct linkages to poverty and disability.

2. Accidents

13. The visible increase in the number of road accidents reported in Sri Lanka during year 2001-2002 has a major impact on the increase in the number of persons with disability. There had been nearly 1000 deaths in the last 7 months as a result of 30,000 road accidents. The cost of traffic accidents has been LKR 5 billion per year.

3. Conflict/Post Trauma

14. Physical disabilities caused by war are yet to be enumerated. It is estimated that more than 100,000 persons sustained physical disabilities as a result of the conflict due to land mine explosions, bomb explosions, air shelling, massacre of villagers etc. It is estimated that there are approximately 20 square kilometers of minefields suspected or contaminated land in north of the country. 30% to 40% of the level 1 survey of minefields completed in April 2000 identified 300 minefields covering 20,242,485 Sq. m.

15. Accurate details of civilian casualty figures are not available. The majority of the casualties are between the ages of 18 to 60 and are predominantly male. Most were heads of households, and injured while collecting firewood and coconuts. The second group included those who undertook household work, such as clearing compounds or repairing damaged buildings with the intention of returning to their property. Humanitarian workers have identified that over 1,500 landmine victims are awaiting prostheses in areas outside government control. During the period 1997/98 the incidents of landmine injuries were 24 per 100,000 population and in 2001 it was 17 per population of 100,000, among them 85.7% were males.

16. Children account for nearly 30% of mine casualties. They suffer more than an adult in a mine blast. As s/he continues to grow, a child of 10 years may need 25 artificial limbs through out his or her life. In addition to physical injuries children suffer severe psychological trauma and require special care for several years.

17. Psychological trauma has increased as a result of the conflict. The post-traumatic impact of the conflict is much higher than the physical disabilities. This includes persons with disabilities, war widows, children, the displaced, refugees, bomb blast victims, torture victims and other extended family members. According to the Family Rehabilitation Center, an NGO providing trauma counselling assistance, 170 war widows, 75 children, 161 displaced persons, 146 bomb blast victims, 718 torture victims and 367 extended family members were supported during the period between 1st January to 31st December 2001.

18. One study was conducted in the Valikamam area of Jaffna where there are an estimated 100,000 to 150,000 landmines. Of the sample of 67 landmine victims, it was found that there were three times as many males as females. 48% of these were in the productive age group of 20 to 39 years. One fifth of the victims were children. Among the females, 60% were unmarried and 33% were students. The majority of victims belong to low-income groups and more than 50% has lost their earning capacity after their injuries. The study revealed that 72% had post-traumatic disorders, 73% acute stress reaction, 80% anxiety disorders and 73% depression. The number of persons admitted to a psychiatric ward in Tellipillai between 1980 to 1993 (excluding 1990) was 7,427 males and 7,789 females.

19. An analysis of physical and psychological problems of 160 ex-detainees revealed that 56 of them suffered a hearing impairment, 89 suffered from visual impairment and another 39 suffered from fracture mal-union and bone infections. The psychological problems they had varied from mild depression to suicide attempts.

20. Impact of conflict as a cause of disabilities is visible among villagers who were victims of massacres and bomb blasts in the south, resulting in both physical and psychological disabilities among civilians. There had been more than 25 bomb blasts in non-conflict zones. The central bank bomb blast in Colombo reported the highest number of casualties at 1,338 persons. Some of them were visually impaired; others suffered from hearing impairment and other physical injuries. There are more than 5000 persons injured as a result of bomb blasts and massacres. More than 35 massacres were reported around conflict zones. Children who escaped these massacres and living in orphanages suffer psychological trauma. These bomb blasts and massacres not only resulted in physical injuries but severe psychological trauma.

21. The number of persons with physical disability among defense personnel is estimated as 20,000. There are thousands of soldiers who suffer from psychological disabilities as a result of direct involvement in war. The indirect psychological impact of war on immediate family members, especially children, had increased fear and rejection.

22. The above information indicates the impact of conflict as a causative factor increasing the number of disabilities in Sri Lanka. The inclusion, accessibility, and participation of this most economically productive group into mainstream activities need to be focused at all levels as a major priority to address poverty reduction.

4. Diseases

23. Though Sri Lanka has been successful in delivering Polio vaccines to the majority of the population, the impact of disabilities related to STI/HIV/AIDS have yet to be analyzed. Non-infectious diseases such as diabetics, arthritis and strokes have had a significant impact creating disability among the Sri Lankan population. Disability related to congenital diseases is very visible in rural communities. It was revealed, during a discussion with Save the Children UK, that intellectual disabilities are more common among children in the Uva province. The reasons for such intellectual disabilities were identified as failed attempted septic abortions as well as marriages between blood relatives. At another interview with Intermediate Technology Development Group, Sri Lanka (ITDG), it was revealed that the psychological trauma caused as a result of southern insurrection had an impact in increased number of birth of children with disabilities.

5. Aging and Others

24. Fifty percent of the population in Sri Lanka is above 50 years of age and the age of retirement is 50 years.

III. REVIEW OF LEGISLATIVE AND POLICY FRAMEWORK

A. Disability Legislation

25. The Constitution of the Democratic Socialist Republic of Sri Lanka chapter 3 on fundamental rights, Article 12 subsection 4 states "Nothing in this article shall prevent special

provisions being made by law, subordinate legislation or executive action for the advancement of women, children and/or persons with disability.” Article 140 of the constitution grant power to issue writs other than writ of habeus corpus. This facility was used by the Public Interest Law Foundation to institute action in the court of appeals on accessibility to external environment.

26. Parliamentary Act No. 28 of 1996 to Protect the Rights of Persons with Disabilities has been passed in accordance with sections 108,109,110,111, of the World Program of Action to achieve equal opportunities for persons with disabilities. The definition of the term 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 Act provides a legal framework for the activities of the National Council for Persons with Disabilities for the promotion, advancement and protection of rights of persons with disabilities in Sri Lanka; and to provide for matters connected therewith or incidental thereto. Whereas it is necessary to make legal provisions to give effect to the national policy on the rehabilitation, welfare and relief of persons with disabilities and in furtherance thereof to make provisions for establishment of a National Council for Persons with Disabilities. The Act includes special provisions enabling disabled people to file action directly in the high courts in case of violation of their rights, right to education, accessibility and employment. There are very crucial priorities with regard to equal opportunity and equal participation. Act no.28 of 1996 provides guidelines for the registration of non- governmental organizations addressing issues of disability under sections 20,21, and 22 for implementation of better services for persons with disabilities.

27. A legal advisory board of lawyers has been established to advise the council on legal issues and provides free legal assistance to people with disabilities. Regulations on registration of voluntary organizations, which are engaged in providing services for disabled people, have been passed by the parliament with the intention of recognizing and encouraging their role in delivering service. Regulations on accessibility to the built environment are already prepared. Incorporating accessibility facilities in the built environment and communication services have commenced. Codes and guidelines on the production of wheelchairs have been developed in line with international standards.

28. The Social Security Board (amended) Act No. 33 of 1999, Section 4 of the amended Act, repealed section 4 of the principal enactment and substituted the following section: subject to other provisions of this Act the functions of the board shall be to establish pension and social security benefit schemes for self employed persons other than those in the fisheries and agriculture sectors, and to administer and manage such schemes with the following objectives in view: to provide social security to self employed persons during their old age and on disability. Section 7 of the amended Act refers to section 9 of the principal enactments amended by the insertion of sub section (1a) immediately after subsection (1) state, “A contributor who is certified by a Medical practitioner registered under the Medical Ordinance to be mentally retarded and who commences to contribute to the Fund before reaching the age of thirty five years shall be entitled to a pension on reaching the age of forty years.”

29. Widows and Orphans Pensions Scheme under Ordinance no. 13 of 1906 grants financial assistance to persons with disability irrespective of age.

30. In addition to the above, the Rana Viru Seva Authority (RSVA) was established through an Act of parliament on 5th June 2000. RSVA is a semi government organization working under the Presidential secretariat in close collaboration with the private sector. RVSA has a broad

mandate, which includes the promotion, welfare and socio–economic integration of disabled ex-service combatants as well as their families.

31. Other relevant legislation are the Mental Disease Ordinance of 1873 which is in the process of amending as a Mental Health Act to protect the rights of persons with mental illness; Parliamentary Acts on Trust Fund for Visually Handicapped Persons of 1992 and Act for the establishment of Fund for National Council and the Poor Relief Act which repealed the Poor Persons Ordinance.

B. National and Provincial Policy Review

1. National Level

a. Policy of Ministry of Social Welfare

32. The mission of the Ministry is to involve disadvantaged groups in national development by providing a conducive environment and opportunities through policy formulation.

33. The main areas addressed by the Ministry include social development, social security, rehabilitation, integration, social protection, education, research, counselling, and disaster management. The needs of persons with disabilities are one of the primary concerns of the Ministry of Social Welfare.

34. The functions of the Ministry include formulation of policies and programs for social development and welfare, establishment and strengthening of institutional framework for implementation of social welfare programs; development of human resources to serve target groups; direction, guidance, monitoring and control of social development programs; and coordination of activities with national and sub national level institutions, etc.

35. National Secretariat for Persons with Disabilities (NSPD) was established in December 1996 through an Act of the Parliament No, 28. Responsibilities of the NSPD include implementation of laws prescribed under Parliamentary Act No. 28 of 1996 for promotion and protection of the rights of persons with disabilities, and to implement the decisions made by the National Council for Persons with Disabilities (NCPD).

36. The National Secretariat for Persons with Disabilities is the key stakeholder in relation to disability. The National Council consist of 20 members appointed by Her Excellency, the President of Sri Lanka, and out of them, 11 members or the majority are from voluntary organizations providing services for persons with disability, and organizations of persons with disabilities. Since the establishment of the Council the members have met regularly. The Council serves as an advisory body to the government on relevant matters.

37. The National Coordination Committee on the Rehabilitation of Persons with Disabilities has been in operation since the 1980's. It was reconstructed in the name of National Council for Persons with Disabilities in 1996 under the chairmanship of the Minister in charge of social welfare. Its functions and objectives have been expanded to include a wider range of issues related to all aspects of improving the living standards of persons with disabilities in this country. Membership of the National Council is comprised of persons with disabilities, NGOs working for persons with disabilities and representatives of the Ministries of Health, Education, Labour etc. who actively participate in the decision-making process.

38. The following sub-committees are established under the National Council to deal with specific subject areas:

- (i) Legal advisory board
- (ii) Finance sub committee
- (iii) Housing for persons with disabilities
- (iv) Mental health subcommittee
- (v) Committee on policy for persons with disabilities
- (vi) Committee on Abylimpics Sri Lanka

39. Persons with disability serve in these sub committees. The national council is responsible for national coordination, formulation, and implementation of legislation by way of regulations addressing specific needs; providing information and establishment of institutions and infrastructure for services; creating public awareness; addressing issues related to accessibility and communication; and organizing national events.

40. The Department of Social Services is a separate entity within the Ministry of Social Welfare implementing policies on prevention of disabilities, rehabilitation and social protection, and granting social security to persons with disabilities.

41. The Social Security Board established through Act No. 33 of 1999, implements the Ministry policy with regard to social security grants to those who contribute towards the scheme, and has a special provision with regard to persons with intellectual disabilities.

42. Development activities for persons with disabilities in the area of education, rehabilitation, economic, vocational and social services are primarily launched through the existing administrative structure. This is more economical and viable, and avoids duplication of activities and funding. Involved in the implementation of these development programs are, the Department of Social Services, Community Based Rehabilitation Unit, eight provincial ministries and the provincial department of social services, 24 district secretariats, 326 divisional secretariats, voluntary organizations and community based organizations (CBOs). The Ministry of Social Welfare plays a key role in monitoring and coordination of these activities and services.

43. In addition to implementing programs under separate administrative infrastructures, the Ministry is directly involved in CBR programs implemented for the benefit of persons with disabilities. In Sri Lanka, the national program on Community Based Rehabilitation commenced in 1992. This program is operational in 4,883 villages in 136 divisions of 19 districts has identified 88,510 persons with disabilities, out of which 70,221 are in rehabilitation. Approximately 18,289 were rehabilitated and 3,929 volunteers were trained under the program. Both the Poverty Reduction Strategy (PRS) and Regaining Sri Lanka (RSL) recommended extending the Community Based Rehabilitation Program to a national level with the objective of restructuring of the social protection system.

44. The Community Based Rehabilitation Program (CBR) is implemented at four administrative levels: national, district, divisional and village. Responsibilities at these levels differ from each other. The village level CBR programs focus on home and community participation while the national, district, and divisional levels provide support.

45. At the village level, the CBR Program assists in:

- (vii) Identifying persons with disabilities;
- (viii) Developing a plan of action for rehabilitation of all those who need rehabilitation;
- (ix) Rehabilitation of every person identified; and
- (x) Assistance to volunteers involved in the CBR program.

46. At the divisional level:

- (i) Establishment of steering committees of stakeholder groups at divisional level;
- (ii) Identifying resources;
- (iii) Identifying appropriate interventions for the division;
- (iv) Implement activities according to the needs identified by persons with disabilities; and
- (v) Organizing campaigns and awareness programs.

47. At the district level:

- (i) Coordination of CBR activities in the district is carried out by the district
- (ii) Coordinator;
- (iii) Introducing appropriate methodology and tools for the process; and
- (iv) Financial control and monitoring of activities implemented at the district level.

48. At the national level:

- (i) Coordination of all activities;
- (ii) Training and conducting research on CBR;
- (iii) Monitoring, evaluation and implementation of programs and advice for effective implementation; and
- (iv) Follow-up and identifying new techniques for effective implementation of CBR at the national level.

49. The National Trust Fund for Visually Handicapped Persons was established in 1992 through an Act of the Parliament of Sri Lanka. The objective of the trust fund is to promote education and vocational training facilities for visually disabled children. The purpose of the fund includes creating employment opportunities and provision of financial assistance and guidance where necessary to visually persons with disability for self-employment. The Trust also assists in securing housing and implements activities for the welfare of visually handicapped persons, including sports. The Trust provides facilities for the marketing of products manufactured by the visually disabled, and takes action to eliminate situations, which prevent visually persons with disability gaining equal rights and equal opportunities.

50. Since 1995 the Ministry has recognized the need for policy guidelines on accessibility, along with planning and designing for the built environment. A National Committee comprising persons with disabilities was established in 1995 to oversee the policies of the Ministry of Social Welfare to guarantee the rights to accessibility in the built environment. This committee was entrusted with formulating regulations on accessibility, creating awareness on accessibility and educating the media and the community on the accessibility needs and rights of persons with disabilities. A workshop on Barrier-free Environment for Persons with Disabilities and Older Persons was conducted by the Ministry of Social Welfare in December 2000 in collaboration with the Institute of Architects. This workshop addressed disabilities and their impacts, accessibility to the built environment for persons with disabilities and awareness programs. It also introduced a design and planning guide that dealt with issues of disability and architects'

role in improving universal access. The regulations recommended by the committee apply to public buildings and housing schemes for public use. With regard to housing schemes, it states that 5 percent of houses in all housing schemes with more than 20 units or more should be provided with accessible facilities for persons with disabilities.

51. In relation to the state policy on external environments, a priority is to provide access to public transport and communication facilities. With regard to accessibility to transport, the regulations state that no permit should be issued to public vehicles unless seats are reserved for persons with disabilities as follows; in omni buses, a minimum of two seats closer to the entrance should be reserved for persons with disabilities; standard handrails should be fixed at entrance and exit; in every compartment of the passenger trains, a minimum of five seats should be reserved for persons with disabilities; handrails should be fixed at the entrance and exit; compartments of passenger trains should provide space for minimum two wheelchairs and accessible facilities at the entrance and exit to the compartment.

52. In a special drive following the elections held in 2001, Ministries were directed by the Prime Minister to achieve key objectives within the 100 days accelerated program. In January 2002, the Ministry of Social Welfare achieved the following targets for persons with disabilities:

- to provide employment for persons with disability, 130 tool kits were distributed among those engaged in self-employment in March 2002;
- placements were found for 45 persons by the Department of Social Services, which was 25 more persons than the original target of 20 persons with disability.
- ten visually persons with disability were placed in jobs and 10 others received financial assistance for housing;
- The Ministry launched self-employment opportunities for persons with disability to empower themselves economically, including training in farming (poultry and cattle). Assistance was provided in setting up small business, etc. and initial grants in the range of LKR. 3000/- to 15,000/- were provided.

53. Under the 100-day program, the Ministry had paid the first and second payments to build 86 houses for persons with disabilities; persons with disabilities were provided with financial support for medical assistance; children who need special education were provided with LKR 15/- to attend schools; 25 divisional secretariats were given financial provisions to build suitable accessibility for persons with disabilities; and 25 officers were selected for training from 15 divisions as core group members to implement the CBR national program in the 15 selected divisions.

b. State Policy on the Education Rights of Persons with Disabilities

54. Since 1947, the needs and concerns of children with disabilities in regard to education have been addressed through the national education policy. It was appropriately reflected through the policy in 1947, 1961, 1968 and 1998. In 1969, a cabinet paper emphasized the need to integrate children with disabilities for compulsory education up to the age of 14 years. Present policies of the Ministry of Education focus on two areas: inclusive education in government schools and support for assisted schools.

55. The Ministry of Education has set up special education units in 907 national and provincial schools. At these units children are screened and those who are ready for integration

are sent to non-special classes. The rest are given further education with a view to help them reintegrate into non-special classes.

56. There are 25 schools that cater to the needs of children with severe disabilities. The Ministry pays the salaries of teachers at these schools. The special education unit of the Ministry of Education was established to look into the education of disabled children. There are 22 assistant directors and 59 teachers in charge of education of people with disabilities attached to this unit. 150 units for those with impaired hearing have been established in non-special schools with 169 teachers appointed to manage those special units, which cater to 1226 pupils with hearing impairments. A teacher willing to teach at these special education units will be provided with training at the teacher training college in Maharagama. They can get a special education degree through the National Institute of Education. The Ministry of Education also provides hearing aids to students between the age of 5 and 18 years.

i. State Policy on Providing Health Services to Persons with Disabilities

57. A special unit at the Ministry of Health was established in June 1998 to address the needs of persons with disability. Special units have also been established at the district level and services of specialists provided free of charge to persons with disability, including those with hearing impairment. One of the five priority areas identified for health sector reform include “expand health care services to meet the needs of specific groups such as elderly, victims of war and conflict and promoting specific health care such as mental health care.” Four regional mental health centers will be developed increasing the number to six centers at the national level. The Government is updating the Mental Health Act and is training more officers in psychiatry in addition to appointing more medical officers in mental health wards. Elderly persons were given special identity cards to receive priority attention at the state health service centers. State war combatants receive similar priority services at state health centers.

58. The Ministry of Health launched a pilot project, Community Based Rehabilitation, in two divisions in the western province in year 2000. The medical officers, midwives, health visitors and primary health care staff attached to the Ministry of Health were trained in community-based rehabilitation. These officers sensitized NGOs, family members and the community by creating awareness on persons with disabilities. A survey was conducted by these groups to identify persons with disabilities, type of disability and available clinical services at the community level.

59. The Ministry of Health identified child malnutrition maternal health care for the prevention of disabilities as priority interventions. The PRS and RSL both focus on reducing malnutrition to 10% by year 2005 by implementing activities to institute community based monitoring and intervention, strengthening and expanding care for malnourished mothers and children, strengthening information, education and communication (IEC) programs on proper weaning and feeding practices, enhancing mother and child health programs, improving adolescent reproductive health programs by year 2003 and embarking on programs to control illicit alcohol and drug abuse by year 2004.

d. State Policy on Transport for Persons with Disability

60. The state transport policy recognizes special needs of persons with disability, elderly, sick and children. They receive priority consideration when transport facilities are designed. The Ministry of Transport engages in training of bus crews on the needs of persons with disabilities.

It also undertakes training of staff at railway stations in methods of assistance to persons with disability. It is responsible for providing toilet facilities for persons with disability at bus terminals and railway stations.

61. With regard to access to public transport, the Ministry is responsible for modifying the specifications of buses for persons with disability to travel, and to build railway platforms that are high enough to allow persons with disability to get in to train without difficulty.

62. To facilitate movement in the built environment, the Ministry of Transport ensures sidewalks are smooth. All paving slabs should be laid evenly. Where there are side roads that go across sidewalks, the sidewalks should dip onto the interrupting road without any barriers. The sidewalks should be free from street furniture. Contrasting colours and the application of universally accepted symbols are used to assist visually impaired persons through modification of street signs and lampposts.

e. State Policy on Employment of Persons with Disabilities

63. The Ministry of Public Administration policy to employ persons with disability in the state sector by allocating 3 percent of the workforce to persons with disability is not yet fully implemented other than in a few state sectors. The reason for low recruitment was due to lack of proper skills and educational requirements to employ and absorb people with disabilities into the government sector. It was revealed at the provincial workshops that due to lack of skills for the job specifications or suitable educational/professional qualifications, some of the graduates with disabilities were under-employed. Improving skills for self-employment and providing financial grants to commence self-employment is another initiative by the state.

64. The private sector is also in the process of exploring the possibility of employing persons with disability in their workforce. To date there are a few private sector establishments and commercial banks where persons with disability are provided with gainful employment. Databanks, newsletters and the website established by the Employers Federation of Ceylon are positive approaches to accommodate persons with disability in gainful employment.

f. State Policy on Vocational Training for Persons with Disabilities

65. The Department of Social Services provides vocational training and financial assistance to persons with disability to attend vocational training institutes. The Department also provides financial assistance to vocational training institutes, which train persons with disabilities.

66. The National Vocational Training Institute also provides vocational training to persons with disabilities. They have two levels of vocational training, one for those with 'A' level and for those with 'O' levels and below. To enrol in higher level of vocational training courses, financial support is needed to cover the cost of the program. According to Rana Viru Seva Authority, approximately 2,000 people are being trained at the vocational training authority, out of which 125 are persons with disabilities, and the other participants are family members such as spouses and children. There are three institutions providing vocational training for soldiers with disabilities, including the Vocational Training Authority (VTA), the National Industrial Training Authority (NAITA), and the Industrial Development Board (IDB). In addition, the Department of Social Services and three centers managed by Rana Vriu Seva provide vocational training to soldiers with disabilities.

2. Provincial Level

67. Services provided by the Provincial Ministries of Social Services and Provincial Department of Social Services, include:

- (i) Identification of persons with disability in their respective province;
- (ii) Rehabilitation of persons with disability and protection of their rights;
- (iii) Providing relief for persons with disability such as housing and accessible facilities, vocational training and self-employment grants;
- (iv) Twinning government sector programs with the NGO sector in the province;
- (v) Providing assistive devices;
- (vi) Improving educational facilities for disabled children through establishment and maintenance of pre-schools for those who have early childhood disabilities;
- (vii) Directing children to special schools for disabled children; and
- (viii) Addressing prevention of disability by providing necessary information on nutrition, etc.

C. Provisions for Access to Information, Health, and Vocational Training

68. At the national level the National Secretariat for Persons with Disabilities as well as the Department of Social Services and the Social Security Board provide necessary guidance to persons with disabilities to cope with the challenges they are confronted with. The Ministry of Social Welfare launches annual campaigns focusing on different themes to create awareness among the public as well as for the benefit of persons with disabilities. Themes addressed by the Ministry of Social Welfare since 1995, include:

- (i) Awareness on accessibility to built the environment;
- (ii) Society for all;
- (iii) Education for us too;
- (iv) Employment for us too
- (v) We are differently able; and
- (vi) Barrier-free environment for persons with disabilities and the elderly.

69. Right to information of hearing impaired was addressed for the first time in 1996 by telecasting a brief summary of news in sign languages every Saturday by the state television channel. Steps have been taken to teach sign language and Braille system to relevant government officials to facilitate their services to persons with disabilities. Media programs in both electronic and print provide information to general public as well as to persons with disability. A resource directory that enables the public to access information about institutions, organizations and agencies who provide services for persons with disabilities is being prepared.

70. The Ministry of Health had established a separate unit headed by a director of health services to investigate the needs of persons with disability. The Director has conducted two surveys for early childhood disability and also provided necessary assistance to disabled people through community health workers and district level health services.

71. The National Vocational Training Institute, the Vocational Training Authority as well as other institutions providing vocational training such as National Youth Services Council, Industrial Development Board, National Apprenticeship and Industrial Training Authority and the National Institute of Technical Education are in the process of exploring the possibilities of granting places for persons with disability.

72. The Ministry of Labour policy paper on employment focused on the needs of providing employment for persons with disabilities and standards of employment.

D. Provisions of Financial Support to Programs

73. The Ministry of Social Welfare had proposed LKR 10 million for the National Secretariat of Persons with Disability and LKR 13 million for Community Based Rehabilitation for year 2002. The necessary financial support for persons with disabilities is provided through the National Secretariat for the Persons with Disabilities and the National Trust Fund for Visually Handicapped Persons.

74. The Department of Social Services provides state sector financial support for programs addressing the needs of the persons with disabilities. At the provincial level the provincial ministries and provincial level departments of social services provide financial support to programs in their respective provinces.

E. Analysis of Country Poverty Reduction Strategy for Persons with Disabilities

75. A recently drafted country poverty reduction strategy framework in Sri Lanka advocated a 3-pronged strategy to address poverty reduction:

- (i) Creating opportunities for pro poor growth;
- (ii) Strengthening the social protection system; and
- (iii) Empowering the poor and strengthening governance.

76. The first phase of the poverty framework is to expand opportunities for the poor to participate in the growth process. The second phase addresses the need to reform the social safety net. The third phase is to transform governance to empower the poor. Disability is concerned as a precipitating cause of extreme destitution. Further, it is admitted that the monthly payments from the state to persons with disability are insufficient to meet their minimum needs. This was further expanded by the most recent document, "Regaining Sri Lanka". Under social protection, both documents refer to Community Based Rehabilitation programs for people with both intellectual and physical disabilities. As stated earlier, both the PRS and RSL identify the need of extending the CBR program nationwide. Expansion of vocational and entrepreneurial training programs and special training of teachers for persons with disabled is recommended in the PRS. It also states that efforts will be taken to promote awareness on the creation of a barrier-free environment to provide accessibility for persons with disabilities. Other steps, that need the attention of the state, are to promote and advance the rights of disabled people under the guidance of the National Council of Persons with Disabilities. Referring to mental health, it states that a technical committee will be established to assist Mulleriyawa Hospital patients become reintegrated into society. Half-way houses will be established in the provinces for persons treated and recovering from mental illness. PRS strategies identified for the period 2002 to 2005 focus on investing in people.

77. Both PRS and RSL under restructuring the social protection system identified:

- (i) Improving access and quality of care for the poorest groups. Under priority actions it has identified the establishment of divisional community welfare centers through CBO reforms starting in 2003;

- (ii) Better protection for disabled and destitute children by expanding rehabilitation centers starting in 2003;
- (iii) Expand mental health reintegration programs starting 2003;
- (iv) Increase access and training for persons with disabilities and strengthen special teacher training programs starting in 2002;
- (v) Extend Community Based Rehabilitation programs on a national basis for persons with disabilities starting in 2003; and
- (vi) Under the objective/strategy, expand the supply of affordable quality housing for the poor with priority action for special housing programs for disabled people starting in 2005.

78. RSL recommends initiation of the action plan and an implementation plan in year 2002. The established steering committees will report to the program management committee of the Ministry of Policy Development and Implementation, who will subsequently report to the Economic Policy Committee chaired by the Prime Minister.

F. Institutional Framework

79. The Ministry of Social Welfare is the focal point for the implementation of activities to address issues related to persons with disabilities. Under the Ministry of Social Welfare, national secretaries, departments and institutions were entrusted to carry out the implementation of activities related to persons with disabilities. The focal ministry works with the relevant line ministries to implement the program. The financial resources for programs are channeled through the district secretariat to provincial ministries. This drawn out process to release funds results in delays, which in turn have a negative impact on implementation of programs at the provincial level.

80. Inter-sectoral collaboration with the relevant line ministries is advocated for the implementation of activities. For instance, the National Council of Persons with Disabilities has representatives from different line ministries responsible for providing such services to persons with disabilities.

IV. A REVIEW OF GOVERNMENT SOCIAL PROTECTION PROGRAMS FOR PERSONS WITH DISABILITIES

A. Social Protection

81. It is encouraging to note that the state does recognize the special needs of persons with disabilities, expressed in the Constitution through the establishment of National Council for Persons with Disabilities. The Ministry of Social Welfare, as the focal agency, engaged in many activities for persons with disabilities. In addition there are interventions by the provincial Ministries of Social Services addressing the needs of persons with disabilities in the particular province. At the district and divisional levels, the community-based rehabilitation programs address the needs of the persons with disabilities. Unfortunately lack of coordination and proper mechanism were raised as constraints at all three workshops, which needs priority attention to avoid delays and duplications. Financial constraints too were identified as barrier for expediting effective programs and prompt action.

82. Line ministries such as the Ministry of Health, Ministry of Education and Ministry of Labour have special units to address the needs of persons with disabilities. The national policy

of education guarantees compulsory education up to the age of 14 years; other Ministries such as Ministry of Transport and Housing are also being sensitized to issues such as mobility and accessible built environments for persons with disabilities. The Ministry of Defense has its own programs for ex-combatants, providing them with health, housing, assistance to families, vocational training, etc. Yet, there are many concerns that need priority attention. One such example is lack of accessibility to built environment at a village for war heroes. The houses constructed for them are far below standards and include barriers to their accessibility. Located in remote areas, uprooted from their familiar surroundings away from extended families and place of work, with lack of access to day-to-day services in these communities need to be addressed as priority needs.

83. The Ministry of Public Administration has a policy to allocate three percent of government jobs to persons with disabilities. This policy is implemented by the departments under the Ministry of Social Welfare as a practice to motivate other state sector departments. Unfortunately, other state sector institutions have not implemented this policy.

84. The legal committee was appointed by the Minister of Social Welfare to review the existing legislation, recommend amendments to Act no. 28 of 1996 and to protect the rights of persons with disabilities. This is a positive move by the state. Requesting public opinion with regard to necessary amendments increased the participation of the public in the formulation of effective legislation. At a recent meeting of the legal committee it was decided to re-define the term disability such that persons with disabilities can seek legal protection in a court of law. This should include the Ministry of Social Welfare as the focal point to implement the Act, as this was not specified in the present document. Also, recommended were draft regulations for implementing services to persons with disabilities and legal authority to enforce such regulations. But monitoring implementation as well as enforcement of regulations is needed to guarantee the rights of persons with disabilities.

85. A policy committee was appointed by the Ministry of Social Welfare to develop a national policy on disability. The Ministry had called for inputs from the public, and the committee agreed that the national policy should address the concept of equality and protection, promotion of rights and responsibilities, barriers to inclusion, issues related to marginalized groups through involvement of all stakeholder groups and include expected follow-ups/outputs such as drafting, amending existing legislations, coordination and monitoring roles of NCPD. Here too effective monitoring tools are needed to guarantee the implementation and enforcement of policies at all levels.

86. The National Council for Persons with Disabilities provides financial support to persons with disabilities to renovate or to build a house of their own. To guarantee ownership of property, loans are given only to those who own land, which has motivated relatives to transfer properties in the name of the person with a disability. NCPD had initiated funds for this project by seeking assistance of a semi government organization instead of government. The national lottery's board contributes 8.2% of their weekly income to this housing fund, which amounts to more than LKR 1 million per year. All steps should be taken to avoid exploitation of this state facility by relatives or other members of the society.

87. The appointment of a national authority to address issues related to landmines is another positive move towards prevention of disabilities. The number of persons with disabilities can increase further if Sri Lanka fails to focus on de-mining as a priority issue.

B. Special Benefits

88. Sri Lanka has a long-standing tradition of providing support for the poor. The Poor Persons Ordinance formulated in 1946 is a clear indication of such assistance in Sri Lanka. According to the Ministry of Social Welfare, up to 643 million per annum was provided for public assistance to nearly 200,000 persons and LKR¹ 5000 was given per person to start self-employment projects in 1999. In year 2001, LKR 123,123.00 was given to 23 persons with disability to start self-employment projects from the National Council Fund for Persons with Disabilities.

89. The Department of Social Services provides financial assistance to orphans, poor widows, persons with disabilities, elderly poor, and disaster victims. As per the National Poverty Reduction Strategy draft, in future social protection expenditures will be focused initially on those who are unable to earn an adequate living, such as persons with disabilities, orphans, the elderly poor and the socially excluded and other vulnerable groups. The Department provides assistance to persons with disability in state run institutions and NGOs under monthly public assistance scheme. Each person receives a sum of LKR 200 to 350 under this scheme. Further, LKR 50 is provided to those who are attending vocational training for their transport cost. Of the total expenditures of the Department of Social Services, which amounted to LKR 1.4 billion, 40 percent was allocated for public assistance grants for indigents.

90. The Social Security Board Amended Act 33 of 1999 provides guidelines for pension schemes for persons with disabilities. Health allowances were provided by the National Council Fund for Persons with Disabilities. In year 2001 LKR 397,000 was given for medical care to 16 persons with disabilities.

91. Housing grants were provided to persons with disabilities under various funds: The National Council of Disabilities, Trust Fund for Visually Handicapped and Rana Viru Seva Authority. The NCPD had approved LKR 1,461,985 for providing housing assistance to persons with disability and further LKR 853,535 pending approval. Provincial ministries of social services are also involved in providing grants for housing but it is not clear whether they too utilize the funds from the National Council of Persons with Disabilities.

92. Utilities such as assistive devices are provided to persons with disabilities by many institutions. This is a service provided by the government, NGOs, the private sector as well as civil society groups and individuals. Under this scheme, walking aids, hearing aids, white canes, wheel chairs etc, are provided to facilitate the mobility and active participation of persons with disability within the society.

93. As stated above, free bus passes are given to ex-combatants and transport allowances are paid to those who attend vocational training institutions. Transport allowances are also paid to children attending special schools, provided under the accelerated 100 days program. The Ministry of Social Welfare is exploring the possibility of supporting children continuously with a transport allowance throughout their education. The director of NCPD has already prepared a budget for this purpose.

94. Families are provided with housing assistance and employment opportunities by the Rana Viru Sevana addressing the issues of ex-combatants. The Private sector, as well as civil society groups, is involved in assisting families by providing them with housing. The Save the

¹ 1USD=95.60 LKR

Children Fund, in collaboration with Mahaweli Authority, has assisted a mothers' group in Uva province by providing a revolving fund for self-employment.

V. DISABILITY ORGANIZATIONS AND DEVELOPMENT AGENCIES

95. In addition to the state there are semi-government institutions that address disability issues in the country. There are non-governmental organizations addressing issues of disabilities registered with the national Secretariat for Persons with Disabilities. These include organizations of persons with disabilities and organizations providing services for persons with disabilities, networks of organizations of persons' with disabilities, parents associations and religious organizations. There are country representatives of international and regional organizations addressing disabilities. In addition to NGOs and the state, the private sector also contributes towards the economic empowerment of persons with disabilities.

96. Most of these organizations focus on specific type of disabilities. There are 11 representatives from the NGO sector in the National Council of Persons with Disabilities. The Central Council of Persons with Disabilities is a networking group in the central province. Networking groups address issues related to disability in general whereas specific groups address the needs of persons with a specific disability. Most of these NGOs cater to the needs of persons with disabilities in their specific geographical locations. They work in close collaboration with the CBR program in the divisional, district and provincial councils. Both networks and specific groups advocate and lobby for better services and to protect the rights of persons with disability collectively and specifically. In December 2002, the networking group, along with the Secretary to the Ministry of Social Welfare, met the parliamentarians to sensitize them to disability issues such as inclusion, access and participation.

97. The Sri Lanka Council for Blind and the Sri Lanka Association for Visually Handicapped are two leading organizations addressing the needs of the visually impaired. The Sri Lanka Council for the Blind is in the forefront of securing employment through implementation of state policies and within the private sector. It advocates for housing facilities, education and accessibility to both external and built environment for their members. They work in close collaboration with the Ministry of Social Welfare to protect their specific rights and the rights of persons with disabilities in general. The Organization for Rehabilitation of Visually Handicapped in Vavuniya is working in the northern province of the country addressing issues of the visually impaired.

98. The Sri Lanka Federation for the Deaf advocates for national policies to protect their rights. One of their priority requests was to recognize sign language as a national language. They also advocate for access to external and built environment, inclusive of education and vocational training without any limitations or barriers. The Sri Lanka Association of Parents of Deaf Children and the School for the Deaf in Ratmalana and Seeduwa focus mainly on education and vocational training for the hearing impaired. Some of these institutions provide residential facilities for hearing impaired persons. The Shia Foundation is an international NGO working in close collaboration with hearing impaired persons to guarantee their rights.

99. Rehab Lanka, the Sri Lanka Foundation for the Rehabilitation of the Disabled is engaged in protecting the rights of persons with disabilities, manufacturing assistive devices such as wheelchairs and providing employment opportunities and sports through the National Council of the Sports for the Disabled. The Central Council of Persons with Disabilities and FRIDSRO are located in the central province, and involved in manufacturing and providing wheelchairs for

persons with disabilities. They also employ persons with disabilities in the manufacture of assistive devices. The Sri Lanka Confederation of Organizations of the Handicapped People represents persons with disabilities in Sri Lanka at Disabled Peoples International (DPI). The Islamic Center for Handicapped is involved in promoting inclusive education and vocational training for physically disabled people.

100. Sisters of Charity, Brothers of Charity, Parents' Association for the Advancement of Special Persons, Spinal Injuries Association, and Ceylon Association for the Mentally Retarded address issues related to intellectual disabilities and work together as a networking group to share their experiences. The Chitra Lane School for Children with Intellectual Disabilities provides day care facilities and enhances educational skills.

101. The Association of Women with Disabilities is the only women's organization addressing the needs of women with disabilities. They are located in the North Central province and work with other women's NGOs involved in development and human rights activities to promote inclusion, access and participation of women with disabilities in mainstream activities.

102. The Rana Viru Seva Authority focus is on the welfare of soldiers as well as their family members. Services provided by the Rana Viru Seva Authority are two fold:

- (i) To empower, protect and develop capacities of active servicemen and ex-combatants; and
- (ii) To strengthen and support the families of disabled soldiers and the families of those killed or missing in action.

103. This includes providing shelter, education, skills development, transit camps, legal aid, healing mind, social integration and caring for persons with disabilities and a remembrance park. The Rana Viru Seva Authority is supported by the state and private sector organizations. The Association of Disabled Ex-service Persons (ADEP) focuses on the needs of ex service persons with disabilities, and works in close collaboration with the Rana Viru Seva Authority. Save the Children Norway assists ADEP promote and protect the rights of children of ex-servicemen in their villages.

104. The Mahawelli Authority is a semi-government institute involved in supporting children with disabilities in collaboration with SCF U.K. The Mahawelli Authority operates in Uva Province and works in close collaboration with the CBR Program and SCF (UK) officials. This program operates a revolving fund for mothers of disabled children and formed two groups at the community level - a children's group and a mothers' group. They work with the Navajeevana NGO based in the southern province providing vocational training skills for children with disabilities.

105. Sarvodaya, one of the largest national NGOs in Sri Lanka, addresses disability issues under their Suva Setha Program, including addressing causative factors of disabilities such as malnutrition, maternal and child care in addition to providing other services for persons with disabilities.

106. Persons with mental illnesses receive assistance from SAHANAYA, an NGO based in Colombo that provides skills training, counselling and health care as well as day care support for persons with mental and psychiatric illnesses. Basic Needs is an international organization established in October 2001 in Sri Lanka looking at new initiatives for mental health development work towards economic empowerment of persons with mental illnesses.

107. Immediate Technology Development Group (ITDG) is involved in developing technologies and skills for the repair of assistive devices, and maintains a database of NGOs addressing technological needs of persons with disabilities. The British Department for International Development (DFID) provides financial assistance for this project.

108. The Sunera Foundation is involved in developing recreation skills of persons with disabilities. Recently they staged two ballets, where persons with disability performed and exhibited their talents.

109. The Family Rehabilitation Center (FRC), an NGO based in Colombo, provides counselling to victims of war trauma and works in collaboration with Friends in Need to deliver mobile services that provide artificial limbs to persons with disabilities. The Friends in Need Societies (FINS), based in Colombo, Kandy, Jaffna and Galle, provides prosthetic services in Sri Lanka. The White Pigeon operates in Vanni, catering to the needs of those in Liberation Tigers of Tamil Ealam (LTTE) controlled areas. The technologies available in Sri Lanka are Jaipur Foot Technology and ICRC's Polypropylene Technology. Jaipur is funded by USAID and services are provided free of charge to civilian survivors, whereas the Sri Lanka Army has to pay for the same prostheses.

110. The Consortium of Humanitarian Agencies addresses landmine and other conflict related issues in Sri Lanka. The Consortium held a symposium on the impact of landmines in Sri Lanka in March 2001 that discussed landmine issues, such as, an overview of landmine problem in Sri Lanka, mine awareness, assistance to survivors and advocacy. The participants represented 20 government institutions, 14 diplomatic missions, 10 international delegations, 29 humanitarian organizations and community leaders from Jaffna, Vavuniya, Batticaloa, Trincomalee and Mannar.

111. The Employers Federation of Ceylon (EFC) and Ceylon Chamber of Commerce are two private sector networks exploring the possibility of employment of persons with disabilities. The databank launched by EFC has more than 1,500 persons with disabilities awaiting employment. The private sector organizations that already employ persons with disabilities include, Sampath Bank, CEI plastics, Wattawalla plantations and Nisol Corrugated Cartons Ltd.

112. The international NGOs involved in the process are Save the Children, UK working in the area of Community Based Rehabilitation and Save the Children, Norway addressing child rights in Hero's villages in the south. International development agencies such as DFID and USAID provide financial support to NGOs involved in technologies. The UN agencies and International Labour Organization (ILO) provide a technical assistance in addressing and providing support services to persons with disabilities through their partner organizations. Volunteer Services Organization (VSO), an international voluntary organization based in UK, provides technical assistance to the Department of Social Services and Central Council for Persons with Disabilities on vocational training.

VI. RELATIONSHIP BETWEEN DISABILITY AND POVERTY REDUCTION

A. Strengths of Existing Programs

113. It is an accepted fact that people with disabilities are the poorest of the poor. This was taken into consideration while drafting the National Poverty Reduction Strategy, though there

aren't specific recommendations focusing directly and specifically on persons with disability other than through CBR programs. It was indicated that if there are concrete recommendations as to poverty reduction of persons with disability, those could be accommodated in the National Poverty Reduction Strategies.

114. The Ministry of Social Welfare implements programs to address issues in relation to poverty and disability and is in the process of developing a national policy for the benefit of persons with disabilities taking into consideration their economic stability.

115. The programs, already launched by the National Secretariat for Persons with Disabilities are mainly focused on poverty reduction of persons with disability. In addition to the above, the programs of the Department of Social Services, provincial ministries and Departments of Social Services also addressed poverty issues related to disabilities. Networking and working in collaboration with other line ministries at the national, provincial and district levels strengthens the capacity to implement programs for the benefit of persons with disabilities.

116. The initiatives taken by the NGO sector involving participatory methodologies and credit management systems are strengths of the existing programs. Involvement of persons with disabilities as well as parents' groups also strengthen existing programs. Sharing expertise is a very positive initiative within the GO and NGO sectors working for the benefit of persons with disabilities and opportunities to strengthen existing programs should be explored to the maximum capacity.

B. Challenges and Gaps of the Current Programs

117. The need for proper definition of the term 'disability' and reference to the responsible focal point in the implementation of Act no. 28 of 1996 on the protection of rights of person with disabilities was revealed at the discussions of the legal committee.

118. There is a need for a decentralized database, as available data is scattered. As a result, it is difficult to analyze the extent or magnitude of the problem with supportive statistical data. Though the Department of Census included collecting statistical data on persons with disabilities, there are gaps in the process due to social stigma attached to disability and the extent to which persons with disabilities are reported in a household.

119. Data on services providers is also needed to promote accessibility to such services without any barriers. Data on referral systems is especially important to ensure access to health care and early detection of child hood disabilities. There is a need for early childhood intervention programs to prevent disabilities by identifying their causes. The need for a proper referral system for health care services was also highlighted during the inception mission.

120. Lack of management capacity and proper mechanisms within the state departments to facilitate coordination between different administrative levels were highlighted as barriers for better services at the provincial workshops. A priority is the need to provide better services for persons with disabilities and to avoid duplication of services.

121. Issues related to disabilities caused by diseases - both non-infectious and infectious - were brought to the forefront. The Ministry of Health and Social Welfare should work with relevant institutions and organizations at the national and international level to address this issue, as there is a major impact of both infectious and non-infectious diseases leading to disability in Sri Lanka.

122. There is a need to strengthen the special education unit and training of teachers with special incentives to promote such services. There is a need to encourage teachers to train themselves in teaching methodologies and new techniques for persons with disabilities.

123. With regards to the Institute of Vocational Training, the accessibility of persons with disabilities to such institutions was raised at the national workshop. Many were of the opinion that these vocational training institutes are not accessible to persons with disabilities.

124. Accessibility to working environments, other institutions and transportation are considered gaps, which create barriers to inclusion for persons with disability.

125. As a result of 20 years of conflict, many people among the most economically productive age group have disabilities. Unfortunately, formal systems of assistance and service are only available to state combatants. The needs of civilians and non-state combatants who have a disability as a result of conflict were not addressed within the relief, rehabilitation and reconciliation programs. Most of the landmine victims in the north and east are deprived of access to state health care and management services as they live in LTTE controlled areas. Post-traumatic disabilities were not sufficiently addressed due to lack of trained staff and visibility of the impact.

VII. PARTICIPATORY FRAME WORK AND PROCESS

126. A participatory approach was encouraged from the inception of the technical assistance program. Inclusion of persons with disabilities was given due attention during the process. Participation of the government sector, disability organizations, service-providing organizations, private sector, and international agencies were encouraged to capture the overview of the existing country situation during the inception mission.

127. To facilitate the process, two consultation meetings were held in Colombo. The first consultation meeting was held at the Ministry of Social Welfare chaired by the Secretary to the Ministry of Social Welfare. Members of the National Council for Persons with Disabilities and representatives from the state sector participated at the meeting sharing their experiences and providing background of the existing situation. The second consultative meeting was held at the Hotel Galadari, where the UN and other international agencies participated, providing an overview of programs supported and implemented in the area of disability and poverty reduction. A senior officer from the ADB country program attended both consultative meetings.

128. The international team leader had the opportunity of visiting “SHANYA” where support services were provided for persons with mental illnesses. In addition to the above, international and domestic consultants conducted individual interviews with ADB country office, line ministries, institutions, organizations of persons with disabilities, organizations and parents’ groups providing services for persons with disabilities, organizations focusing on developing technology, child rights, women’s rights, landmine issues, and manufacturing assistive devices, occupants of housing schemes of war heroes and media persons to assess the existing situation. Telephone interviews with persons with disabilities and organizations providing support services were conducted to confirm the data collected.

129. A literature review on media publications, legislation, policy documents, studies, research, workshop reports, projects proposals, project implementation progress reports and reviews were collected as documentary evidence to support the consultation process.

130. Visits to projects by two domestic consultants provided first hand information as to the existing practices and realities at the implementation process and assisted them to identify successful strategies implemented by stakeholders, both state and non-state sector, to mainstream disability into poverty reduction activities.

131. Based on the information collected during the consultations, interviews and list survey and visits to projects, a background paper was prepared and distributed at the first provincial workshop and was translated into Sinhala and Tamil at the workshop to facilitate the inputs of the participants. The first workshop was held in Kandy, chaired by the Mayor. Participants included secretaries and directors of focal ministries of the seven provincial councils, NGOs providing services for persons with disabilities, representatives of persons with disabilities and a women's group. The methodology used at the workshop was issue identification and constraint analysis, followed by formulating feasible recommendations that could be implemented at the provincial level. In addition to identifying issues, the role and expectations of the participants as to the outcome of the workshop were listed. A brainstorming session was conducted to identify types of disabilities. During the process of identifying constraints and recommendations in relation to poverty reduction, social, cultural and economic issues were discussed at length. It was revealed during the discussions that in addition to issues such as ethnic conflict, the caste system also plays a role in disability and poverty reduction.

132. The second provincial workshop was held in the Galle district in the southern province. Based on the lessons learned at the first provincial workshop, domestic specialists made visits to all targeted stakeholders invited to the second provincial workshop to introduce the project in preparation for the workshops. At this workshop the government agent of Galle District chaired the meeting. The second workshop focused on the divisional and district level situation of disability and poverty reduction, with more grassroots-level situational analysis. The participants represented divisions and district secretariats of the southern province, social service and CBR officers of the province, provincial ministry officials, organizations providing support services and organizations of persons with disabilities. A second background paper was prepared, incorporating the information collected during the organizing process of the workshop and outcomes of the first provincial workshop held in the central province. This too was translated into Sinhala at the workshop to facilitate participation. The methodology used was the same as the first provincial workshop.

133. The recommendations indicated that the needs at lower levels of administration and provincial level administration differ from each other based on the delivery of services, coordination mechanisms etc. At the second workshop, use of CBR as an effective tool was discussed at length. Establishment of new CBR divisions and promotion of the concept of CBR at the grassroots level was stressed at the workshop to address disability issues in relation to poverty reduction. Training of volunteers in community-based rehabilitation was emphasized as a resource input and a cost effective and sustainable process.

134. The national workshop was held in Colombo. In addition to national-level representation, a few participants who attended the provincial workshops were invited to guarantee the continuation of the participatory framework process. A total of 68 participants and 10 media representatives attended.

135. The background paper shared at the national workshop included the outcomes of the consultative process, the literature review and the outcomes of the two provincial workshops. These served as the foundation of the country study and were presented to participants for

validation. This information was then supported by a series of presentations by the Government of Sri Lanka on Implementation of Regional Decade, data collection, inclusive education and accessibility to external environment, gender, the National Poverty Reduction Strategy and by representatives of persons with disabilities sharing their testimonies.

136. Recommendations of the provincial workshops were shared with the participants at the national workshop to reach a consensus on recommendations. At the national workshop some of the future search methodologies, such as historical timelines and visioning, were used in addition to issue-based constraint analysis, brainstorming, plenary and open forums. All activities were conducted in mixed groups rather than in stakeholder groups.

137. Historical timelines were modified by using coloured cards to facilitate the exercise on sharing common ground to manage time constraints and to promote equal participation. Visioning was followed by issue based constraint analysis where participants were requested to take note of cross-cutting themes. Subsequent participants were asked about their vision on the basis of achieving all the objectives they had identified. They came out with five statements according to their interests, including: education, infrastructure and accessibility, employment and training, legislation and policy and conflict situation and health. The final vision statement was *“Remove Barriers” “Equal Rights” and “Equal Opportunities.”*

138. The participants of all three workshops represented a broad cross-section of the community at the national, provincial, district and divisional levels. They were directly involved at different levels addressing the issue of disability and poverty reduction. They represented state sectors directly involved with these issues, different line ministries, organizations of persons with disabilities, organizations providing services for persons with disabilities, provincial networking groups, professionals etc. Sharing their wide experience enriched the participatory process of the workshop. Freedom of expression was guaranteed throughout all three workshops to facilitate a flow of ideas without any disruption. Participants respected ideas of each other, though there were conflicting ideas on certain issues, which were discussed at length to reach a consensus. Two such examples were addressing the caste system in relation to disability and poverty reduction at the first provincial workshop and national policy on transportation issues at the national workshop.

139. Important outcomes of the participatory process were: participation of a group of persons with diverse backgrounds; ownership of the recommendations at all levels to promote the development of better quality of services and to protect the rights of persons with disabilities addressing inclusion, participation and accessibility; enhancing the knowledge of participants on issues and related constraints; and identifying feasible strategies to overcome constraints. Necessary steps were taken to avoid building inappropriate expectations in the minds of the participants.

140. Results of the workshop included preparation of divisional, district, provincial and national recommendations that are feasible at different levels of administration and identification of strengths and gaps of the existing structures to provide quality prompt service to persons with disabilities and to ensure their rights within the community.

141. In addition, the three workshops facilitated the formulation of the country study prepared for the regional workshop held in Manila October 2 to 4, 2002.

142. The participatory framework created critical awareness among all stakeholder groups, facilitated communication within and among sectors and groups, developed their management

skills to address the issues at different levels of administration and developed networks and team spirit among participants. Positive responses were received at the end of the national workshop and requests were made from the state sector participants for copies of the national workshop outcomes and country study.

143. The participatory framework process facilitated the flow of information from stakeholder groups without any barriers or constraints. As stated above, participants felt that the issue of disability and poverty reduction is very close to them and finding effective feasible strategies is their responsibility.

VIII. CONCLUSION

A. Stakeholder Contribution

1. Poverty Alleviation

144. Poverty is both a cause and consequence of disabilities in Sri Lanka. Both poverty and disability contribute to increased vulnerability and exclusion. As such, poverty alleviation is a priority intervention to prevent childhood disabilities due to malnutrition, improve maternal and childcare and reduce infectious diseases such as syphilis. Poverty facilitates exclusion and prevents access and participation of persons with disabilities in mainstream development activities.

145. Sri Lanka, recovering from 20 years of war, has identified conflict-related poverty as a major issue. The PRS addresses reducing conflict-related poverty in the war-affected areas and nearby villages in the north and east. Peace is identified as the key to reducing conflict-related poverty. The framework for relief, rehabilitation and reconciliation developed does not include the needs of persons with disabilities as a specific issue in conflict-related poverty. Conflict had increased poverty among persons with disabilities and increased number of persons with disabilities. Presence of landmines is a barrier to ability to earn a livelihood.

146. Conflict increased poverty in the entire country. Bomb blasts in the south resulted in major economic failures. Heavy expenditure on defense resulted in providing lack of quality the economy. In addition to conflict-related poverty, 20 years of war deprived services of the most economically productive age group, who were either killed or disabled as a result of conflict.

147. Another positive move towards prevention of disabilities is the intention of the state to appoint a national authority to address issues related to landmines. The number of persons with disabilities can increase further if Sri Lanka fails to focus on de-mining as a priority issue.

148. Both PRS and RSL action plans refer to investing in people to restructure social protection. However, the implementation plan does not provide information as to the capacity and the human, material and financial resources required for implementation of the action plan.

149. Lack of statistical data as to the magnitude and location of persons with disabilities is a barrier to providing better services and reducing poverty levels. The national census carried out recently did not cover the entire population in the country. The number of persons with disabilities is underestimated as the enumerators failed to probe in to the presence of a person with disability in the household, as it is a very sensitive issue. Statistics are vital to design effective action plans and to reserve budgetary allocations for the benefit of persons with disabilities. Disability organizations should promote decentralization of data and sharing of

experience at all levels. Every stakeholder group should be sensitized on the value of systematic data collection and the dissemination process.

150. Access to information on available support services at all levels is a priority need. However, persons with disabilities are unaware of availability of such services. Information as to inclusive education, access to assistive devices, medical services and rehabilitation services does not reach persons with disabilities and this in turn deprives them of the benefit of such services. For example, while financial assistance for surgical care is available through the NCPD, people with disabilities are not informed of the program, and therefore do not apply for assistance.

2. Education

151. Education is compulsory and free for children between the ages of 5 and 14 years. Poverty often keeps children away from school, and due to lack of education poverty increases. It was revealed during the process that both the government and the non-government sectors are involved in enhancing the education of persons with disabilities, which is limited to special education or non-formal education. There is a need to explore inclusive education at all levels. Access to education is a major constraint for persons with disabilities. Children with disabilities, for example, are deprived of inclusive education due to lack of special education units in all schools to accommodate them. The Ministry of Education has a special policy to enrol children with disabilities in mainstream education, but the Department of Education had accommodated only 10,000 children with disabilities. Lack of financial support or transport to reach schools with special educational facilities, and lack of human resources to accompany those who need such support, were seen as barriers to education. This was particularly notable among female children and young women, and was raised as an important issue by many disability organizations who participated in the provincial workshops. At present the NCPD is exploring the possibilities of providing continuous financial assistance to cover transportation costs to promote inclusive education for children with disabilities. There is also a need for trained teachers on special education and non-formal education to cater to the needs of children with disabilities.

152. There is need to change attitudes within the community and among family members and persons with disability themselves to achieve the objective of special or inclusive education. Social stigma and overprotection has prevented children with disabilities from entering into education. It is the role of disability organizations to conduct awareness programs for parents and the community to remove stigma and to build confidence to promote education for children with disabilities. Attitudes of teachers need to be changed to promote inclusive education for children with disabilities in mainstream education. Lack of assistive devices is another barrier that prevents children with disabilities to engage in inclusive education. Due to lack of financial resources, the Ministry of Education has failed to provide assistive devices such as Braille and hearing aids to children with visual and hearing impairments.

153. The Community Based Rehabilitation program in the Uva Province focuses on skill development of children with disabilities. This can be considered as a positive approach to develop skills, promote employment opportunities and reduce poverty.

3. Employment

154. Though the government administrative policy recommends that three percent of jobs should be granted to persons with disabilities, it is not implemented by all government departments. As a result there is a need for disability organizations to advocate for

implementation of the government policy. It is equally important to explore the possibilities of securing employment in the private sector as a means of economic support.

155. Both the state and the private sector have a role in generating employment opportunities for persons with disabilities to ensure economic stability. The video prepared by ILO, Ability Asia, is a very clear picture of the commitment of Sri Lanka's private sector. At an ILO workshop on Employers Network on Disability, conducted in May 2001 in Colombo, the experience of companies was shared. The workshop provided a look into the capacity and commitment of persons with disabilities to perform their tasks.

156. The contributions made by persons with disabilities as members of the productive workforce were highlighted at the above workshop. It was revealed that the level of productivity is found to be very high compared with other employees. Their integrity and honesty are beyond question, and disabled people are found to show a high degree of care for work they do. To promote involvement of persons with disabilities in development activities, the Employers' Federation of Ceylon has launched a project with technical assistance from ILO to establish a databank providing information on skills/capacities of persons with disabilities.

157. It was also revealed that NCPD is negotiating with the Department of Railways to secure employment for persons with disability as guards at railway crossings. The Department of Railway had agreed in principle to this proposal.

158. Vocational training for persons with disabilities is provided and advocated by the state and non-state sectors. It was revealed during the national workshop that there is a lack of necessary skills and education among persons with disabilities to meet the needs of the labour market.

4. Health and Rehabilitation

159. It was revealed during interviews that most of the disability organizations focus on disability related health issues such as physiotherapy, speech therapy, etc. However, the causes of disabilities are not addressed by the disability organizations, and these need to be integrated into programs to enhance the knowledge of people with disabilities and their family members. Program designers usually ignore providing information on public health and psychological support services to persons with disabilities. It is the role of disability organizations to focus on all aspects of health related issues of persons with disabilities equally.

160. Extending CBR Programs nation-wide has been recommended in order to restructure the social protection system by investing in people. Lack of human resources, specially trained personal and financial resources may create a negative impact in the implementation of this recommendation. This issue was discussed at the provincial workshops as a challenge to provide services at the village level. It was revealed that most of the trained volunteers fail to continue their services as a result of lack of recognition of their work and poor incentives.

161. There is a need for public awareness and advocacy to improve access for better health services. Assistance and training provided to families and institutions inclusive of halfway homes are priority needs. Some positive state initiatives include amendments to the Social Security Board Act to provide special provisions for person with intellectual disabilities as well as halfway homes and day care centers for the mentally ill.

5. Development Activities

162. Inclusion of people with disabilities in development, implementation and decision-making are important. As stated earlier Sri Lanka is challenged with the issue of loosing the most productive age group who could have contributed tremendously towards development of the country as a result of disabilities caused by the conflict situation. As such, Sri Lanka should focus on involving persons with disabilities in development as a priority. It is important as they feel ownership of development activities that they undertake and build confidence so that they can be as productive as any other person in the society. Testimonies by persons with disabilities of their achievements, irrespective of challenges encountered by them as a result of disabilities, are clear examples of their capacity to engage themselves in such activities.

163. It is necessary to mainstream disability in sectors where people with disabilities are not currently involved. Their involvement in implementation should be explored. They are the best to identify most appropriate methodology to implement activities for their communities than any other persons. Even with regards to decision-making, they know better what is best for them than a second party. The state recognizes the importance of including persons with disabilities into the National Council of Persons with Disabilities and to sub committees formulating policies and legislation, and in the selection of committees for housing grants etc. There is a need to sensitize other line ministries as to the value of including persons with disabilities at the decision making level and in identifying policies that benefit them.

164. Awareness is an important strategy to accommodate persons with disability in the mainstream of development. To change attitudes among disabled people and the general public can be promoted through creating awareness. Promoting persons with disability as productive citizens in society can minimize stigma and discrimination. Creating awareness, lobbying and advocacy are important to promote and protect rights of persons with disabilities.

6. Accessibility

165. Addressing accessibility is a priority issue. This includes both physical and psychological accessibility. Psychological accessibility relates to access to information. Physical accessibility relates to the built and external environments. Both are equally important to address poverty reduction, access to services and to engage in development activities. In spite of social and public service networks, the situation of disabled women and children are unacceptable even in Sri Lanka.

166. Accessibility to services such as education, social security, health, employment and information can be sustained by increasing accessibility to transportation and the built environment. As such, the role of the state to comply with the standards agreed by international instruments and translating them into local policy and legislation is important. Though regulations were drafted after a consultative workshop they were not included in the regulations to Act number 28 of 1996, "Protection of Rights of Persons with Disabilities". As a result, the accountability of the concerned individuals or institutions cannot be challenged. It is the role of the disability organizations to lobby and advocate for necessary amendments, and working in collaboration can further facilitate the legal committee to National Council of Persons with Disabilities.

7. Women, Youth, and Children

167. Inclusion of women, children and youth with disabilities needs to be focused. As most of the disabled ex-combatants are youth of economically productive age group, this is priority requirement. Inclusion of women as persons with disabilities is a vital issue. A woman is burdened with the responsibility as a care provider and being a person with disability makes her more dependent on the family and stigmatized. These issues need to be focused separately. Women need protection from sexual harassment and abuse.

168. Referring to mentally disabled women, the Secretary to the Ministry of Social Welfare stated at the inception mission that more women are abandoned to mental hospitals in comparison to men. There were many reported cases of cruelty to disabled children and desertion of disabled children by their biological parents. Sexual harassment, including rape of disabled women and children, were reported, increasing their vulnerability to sexual exploitation.

169. Issues related to children with disabilities are different from women and youth, as they require special attention and should be protected from all forms of abuse inclusive of sexual exploitation. As such, inclusion of parents' and women's groups as well as youth are important in implementation and decision-making.

8. Governance

170. It is the role of the government and the disability organizations to promote good governance. There is a need for lobbying and advocacy to guarantee good governance. Lack of coordination and proper mechanisms were identified as major crosscutting themes during the provincial and national workshops. There is a need to sensitize stakeholders on the value of coordination and appropriate mechanisms for the implementation of activities and to avoid duplication.

9. Capacity Development

171. It was evident that the knowledge of most disability organizations was limited to the needs of their specific target group whom they represent or provide services to. There is a need to enhance their knowledge on needs of other disabilities and to respect those needs equally.

172. Knowledge on the need for psychological support, public health and social behaviour in relation to labour and sexual exploitation is limited. Knowledge on issues such as under employment, sexual abuse of women and children with disabilities, access to services, legal remedies for violations of the rights of persons with disabilities or accountability of persons responsible to provide such services was also found to be inadequate.

173. Disability organizations do have expertise in identifying appropriate strategies to address the needs of the target group but failed to pay attention to sustainability or ensure quality through monitoring and evaluation of programs, applying lessons learned and carrying out follow up activities. There is a need to enhance their technical expertise to provide services, which was highlighted by the VSO volunteer who reported on availability of vocational training institutes for persons with disabilities. The need to provide technical assistance especially with regard to maintenance of assistive devices was highlighted by the Immediate Technology Group in Sri Lanka (ITDG), which is in the process of providing such assistance under a grant by DFID.

174. There is also a need to develop the capacities of these organizations to provide more effective sustainable solutions to persons with disabilities, rather than simply providing assistive devices. Management skills and infrastructure capacities need to be developed further to enable

disability organizations to meet the needs of the community they serve. They need exposure to modern methodologies and technologies adopted at the regional and international levels.

175. In addition to the organisations of persons with disabilities, the knowledge and technical capacities of other stakeholder groups need to be enhanced in order to maintain quality of services and management of services provided for persons with disabilities.

176. There is a need to change attitudes between both persons with disabilities and the community at large in order to sustain a right-based approach.

B. Crosscutting Issues and Priorities

177. Gender, social stigma and discrimination are crosscutting issues which need to be addressed along with disability. In addition to the above, issues such as coordination of and accessibility to services and the built environment needs attention of program designers and implementers.

178. Priority areas include developing an appropriate coordination and mechanisms to deliver services at the central, provincial and district levels to avoid duplication and to ensure better services for persons with disabilities.

C. Coordination Among Stakeholders

179. State sector initiatives to work in coordination with NGOs, INGO's, UN, international volunteers and the private sector have been very useful. This approach was further promoted within the National Council for the Person with Disabilities. The Department of Social Services is working in close collaboration with VSO volunteers and the provincial ministries are networking with NGOs to provide the necessary support services to persons with disabilities. Though there is a system in place, it needs further improvement.

180. The Save the Children program in the Uva Province is an example of encouraging children with disabilities and their parents to engage in economic activities. Before launching the project, a fact-finding mission was carried out with the assistance of community participation to identify the number of children with disabilities in the village. Later, parents' and children's groups were formed to promote their participation in designing and implementing the program. A National Steering Committee was appointed for the implementation and monitoring of programs. SCF works with Mahaweli Authority, a semi government institution in the village and with the divisional secretariat and the state representative. Mothers were provided with a revolving fund to commence self-employment projects and also provided opportunities to share their knowledge with other women's groups. SCF had contributed LKR 500,000, where as Mahaweli Authority had provided material resources; the mothers group started a credit management scheme before using the revolving fund. Though it was originated by SCF, UK, it has encouraged stakeholder participation in the implementation of the program.

181. To promote effective collaboration, a representative from the Provincial Ministry of Education attends the Steering Committee meetings to provide necessary guidance with regards to education of children with disabilities. They had implemented programs to create awareness among principals of schools on disability related issues and commenced formal as well as non formal education for children with disabilities. In addition they had explored the possibility of integration of children with disabilities into mainstream education.

D. Analysis of Paradigms Shift

182. Sri Lanka has experienced the same pattern of paradigm shifts experienced at the international and regional levels. Services to persons with disabilities were started through a charity model by missionary organizations. This later resulted in the institutionalization of persons with disabilities. The shift of paradigm to a medical model commenced with the institutionalization of persons with disabilities. Disability was considered as a health issue where there is a need for medical support.

183. The Formulation of Act number 28 of 1996 represented an important shift to a right-based approach, and at present, a combination of charity, medical and right-based models are used to address issues related to persons with disabilities.

IX. RECOMMENDATIONS FOR COUNTRY STRATEGY

184. The analysis of the relationship between disability issues and development led to the identification of four main common areas for strategic action. They are inclusion, participation, access and quality. These four areas for addressing the need for targeted mainstreaming of disability issues in country programming are described as follows:

- **INCLUSION:** People with disabilities must be visible. Inclusion identifies the disability initiatives that need to be taken into account in the design, implementation and evaluation of strategies, policies, programs and projects. Areas to consider are the extent to which disability is supported and included through policies and programs that dedicate financial resources through lending and budget allocations by banking, development, governmental and non-governmental agencies, ensure that material resources are committed to disability issues, ensure that organizations and their personnel are knowledgeable and ensure the accountability of decision makers and program implementers to advance disability issues as a poverty reduction and growth strategy in their area(s) of development.
- **PARTICIPATION:** People with disabilities and their organizations must have a voice. Participation ensures that people with disabilities and their respective organizations are given a voice in decisions that affect their lives and their communities. Strategies to promote effective participation, including consultation and decision-making that involves representatives of people with disabilities including beneficiaries, are the priorities.
- **ACCESS:** Removing barriers and creating opportunities to access all services and resources within a community is essential for people with disabilities. Access requires that people with disabilities and other stakeholders are informed and aware of disability issues and have access to available data (i.e. demographics) on disability. It requires that services and resources reach the most vulnerable in rural and urban communities and reach all persons with disabilities, irrespective of age, sex, ethnicity, geography, language and disability. It requires that the built environment and systems of communication are barrier free.

- **QUALITY:** People with disabilities deserve quality of life through knowledge and capacity building. Quality identifies the priority for all sectors and services to be designed and developed according to needs, meet universal standards of practice and are effective. Core dimensions of quality through knowledge is raising the capacity of persons with disabilities and other stakeholders to ensure independent living through technical and functional interventions. It requires the development of critical awareness to influence policy development by increased understanding of the factors impacting on a barrier free environment including community access, attitudes towards disability and human rights. Thirdly, persons with disabilities and other stakeholders need to develop the capacity for social action through the development of skills and experience in participatory management and inter-sectoral and multi-stakeholder approaches to development.

185. Consultations with persons with disabilities, parents organizations, participants at the two provincial workshops and at the national workshop recommended the above four common areas of strategic interventions to protect the rights of persons with disabilities. These strategic interventions play a major role in Sri Lanka as a country challenged with 20 years of conflict situation. As a result of conflict the number of persons with disabilities increased, and disabled people became one of the most economically challenged group. Their inclusion and active participation at all levels is a priority in the economic development process. To guarantee full participation and inclusion of persons with disabilities, access to information, communication, external environment such as transport and access to built environment should be in place. In addition, the quality of services to persons with disabilities, such as health and social services, and a capacity to manage these services have a major impact in the realization of rights of persons with disabilities. Awareness-raising is a priority need to enhance the knowledge of decision and policy makers, program designers, and those who deliver services. It is equally important to develop and strengthen their capacities and capabilities.

186. In order to address these areas of priority for disability and development, a series of recommendations have been identified according to the four categories of Inclusion, Participation, Access and Quality.

A. Inclusion

187. Inclusion of persons with disabilities will improve their visibility in society. Due to lack of visibility, policy makers and program designers ignore the needs of persons with disabilities. Attitudinal changes of society, family and persons with disabilities play a major role in the process of inclusion. Inclusion of disability issues in policies and program implementation across sectors is an essential dimension of disability and development.

188. State commitment towards inclusion of persons with disabilities at all levels should be strengthened. This can be achieved by adopting successful strategies at the national, provincial and district level. It is equally important to implement outreach activities that promote inclusion of persons with disabilities at all levels.

189. To develop necessary infrastructure to ensure effective coordination and a proper mechanism for the inclusion of persons with disabilities. Participants at the two provincial workshops identify lack of coordination and lack of proper mechanisms as gaps in the process of inclusion of persons with disabilities.

190. To mainstream disability into all state sector activities is important to ensure a rights-based approach to addressing disability issues. All sectors should be sensitized on the needs of persons with disabilities and to provide resources for their inclusion into these programs.

191. To guarantee implementation of inclusive education policies at all administrative levels. The State should explore the possibilities of accommodating children with disabilities into mainstream education. To strengthen inclusive education, the state should establish non-formal education centers at the village level in locations easily accessible to persons with disabilities. These centers should not be in isolated locations away from the community.

192. To allocate funds to provide assistive devices to support implementation of inclusive education. The need for assistive devices to ensure effective implementation of inclusive education was raised at the national and provincial workshops, the National Policy Drafting Committee and at the legal committee of the National Council of Persons with Disabilities.

193. To discourage isolation of combatants with disabilities in villages far away from other members of the community.

194. To promote inclusion of persons with disabilities in all relief, rehabilitation and reconciliation programs in the conflict zones and in under-serviced urban settlements.

195. To promote inclusion of persons with disabilities into all social protection activities such as investing in persons, disaster management, Community Based Rehabilitation, special benefit schemes etc.

196. To increase the number of places given for persons with disabilities in the employment sector to guarantee their economic development and to reduce poverty.

197. To explore the possibilities of incorporating and promoting inclusive education for children with disabilities into education projects supported by the Asian Development Bank. Vocational training and skill development of persons with disabilities will promote their inclusion in economic development.

198. To employ persons with disabilities in the state and private sector to lobby concerned authorities.

199. To support initiatives of international donors to mainstream disability issues into poverty reduction activities supported by them.

200. To extend Community Based Rehabilitation programs into the health sector and social service sectors at the national level.

B. Participation

201. Participation of persons with disabilities will ensure that their voices are heard. Persons with disabilities expressed their concern as to the lack of space for them to participate in the decision making process particularly where policy decisions were made in their absence. At the national workshop, when the Ministry of Transport presented the transport policy to promote and improve mobility of persons with disabilities, the issue of participation was raised. Every participant with disabilities expressed their dissatisfaction and concerns related to designing a

transport policy without their participation. Lack of participation of persons with disabilities in designing a housing complex suitable for disabled combatants also resulted in houses that are not accessible to persons with disabilities. People with disabilities and other stakeholders must participate in the design, implementation and evaluation of services and programs to ensure their needs are appropriately considered and services are responsive and empowering for all.

202. To promote participation of organizations of persons with disabilities at all levels. As such they can contribute at the district, provincial and national levels to ensure promotion and protection of their rights.

203. To encourage the participation of persons with disabilities in developing district and provincial policies and designing development activities. Participation of persons with disabilities at all levels will increase their access to and quality of services. They can recommend necessary alterations, amendments or additions to existing programs to protect their rights. Participation of persons with disabilities will sensitize state and non-state officials to enhance knowledge of both groups on the needs of persons with disabilities. It is a learning process for both the state and non-state sectors to accommodate persons with disabilities. Participation of every organization of persons with disabilities is denied at the national level due to lack of space. As such accommodating, encouraging and promoting their participation at the district and provincial levels will provide more opportunities for persons with disabilities to express their opinions.

C. Access

204. To guarantee inclusion and participation, access to information, communication systems and the external and built environment are crucial. A barrier-free environment is the only means for the most vulnerable to participate and be included in society. Access requires that people with disabilities and other stakeholders are informed and aware of disability issues and have access to available data (i.e. demographics) on disability. It requires that services and resources reach the most vulnerable in rural and urban communities and reach all persons with disabilities, irrespective of age, sex, ethnicity, geography, language and disability.

205. To collect accurate statistical data as to the numbers, socio economic situation, education standards and skills of persons with disabilities, which is crucial to promote inclusion of persons with disabilities in development activities. If there are gaps in the existing modules or practices of collecting data, such gaps should be addressed to minimize errors and to reduce the undercounting of persons with disabilities.

206. To provide legal authority to regulations on accessibility to promote effective implementation and enforcement of regulations prescribed by Act No. 28 of 1996

207. To make rehabilitation and disability services accessible to the most vulnerable in rural and urban communities by expanding the number of CBR, disability and economic development programs.

208. To ensure access to information on available services for persons with disabilities. This can facilitate access to health care, access to special benefit schemes, insurance, employment opportunities, vocational training and skill development.

209. To create awareness through campaigns and media reporting on the need for inclusion of persons with disabilities. They should stress inclusion of persons with disabilities using

positive messages. There is a priority need in Sri Lanka as a country challenged with 20 years of conflict, to encourage inclusion of persons with disabilities in development activities. Creating awareness can change attitudes of communities and families, and facilitate the inclusion of persons with disabilities in economic development.

210. To increase the number of houses allocated for persons with disabilities in housing complexes built by the state and non- state sectors to accommodate persons with disabilities and to promote their interaction and inclusion with the community.

211. To make transport assistance available to enable children with disabilities to reach schools with special facilities. As such, a policy on inclusive education can be implemented. Availability of support services is needed to facilitate enrollment and inclusion of children with disabilities into mainstream education.

212. To provide information on HIV prevention and empower persons with disabilities to avoid sexual exploitation. There is a need to enhance knowledge of parents and care takers as well on the possible chances of sexual abuse of children and women with disabilities. There are many reported cases of such incidents where girls with disabilities have given birth as a result of custodial rape.

213. To establish a databank that provides information on persons with disabilities. Access to information is vital for inclusion of persons with disabilities in development and social protection initiatives implemented by the state and non- state sector.

214. To promote access to communication. Access to communication was discussed as a separate issue at the national workshop and participants reached consensus to explore the possibilities of proposing recognition of sign language as a national language in Sri Lanka.

215. To ensure access to external environment by maintaining specific standards recommended for that purpose. Safe pedestrian crossings, pavements, street signs, removing street furniture to facilitate mobility of persons with disabilities should be included in all highway development projects. The Asian Development Bank can encourage implementation of this initiative in the Highway and Transport Project supported by the Bank.

216. To ensure that access to built environment is guaranteed and monitored by local government authorities before approving building plans and construction, and to monitor display of relevant signs for the safety of persons with disabilities.

217. To create work environments that promote participation of persons with disabilities in economic development.

218. To remove barriers faced by persons with intellectual disabilities and promote accessibility at all levels.

219. To create awareness on the dangers of landmines and information on protective measures related to landmines at the community level in the conflict zones.

220. To build ethnic harmony and remove all social and cultural barriers that prevent and dilute the right to accessibility for persons with disability.

D. Quality

221. People with disabilities deserve a quality of life through knowledge and capacity building of the services they require to lead an independent life. It is important to maintain universal standards to ensure a quality of services. For example, manufacturing of assistive devices to specific recommended standards is vital to prevent further deterioration of the physical condition of the user and promote functional independence. In addition, at the national workshop, a mother of a disabled child expressed her concerns as to the quality of rehabilitation services provided. She said her child sustained further complications as a result of services provided by untrained physiotherapists. A core dimension of quality through knowledge is raising the capacity of persons with disabilities and other stakeholders to ensure independent living through technical and functional interventions. It requires critical awareness to influence policy changes by increasing an understanding of the factors impacting on a barrier-free environment including community access, attitudes towards disability and human rights. Thirdly, persons with disabilities and other stakeholders need to develop the capacity for social action through the development of skills and experience in participatory management and coordination of inter-sectoral and multi-stakeholder approaches to development.

222. Sri Lanka should explore the possibilities of accommodating combatants who sustained disability into development activities by providing them with alternate skills and vocational training. Most of these combatants belong to the economically productive age group. The country should not be deprived of their contribution to economic development by exclusion due to lack of skills or vocational training.

223. To maintain quality of services by enhancing the knowledge and capacity of service providers through the establishment of universal standards.

224. To discourage and remove social stigma and discrimination at all levels to guarantee access to quality services.

225. To provide support to disabled people's organizations and increase their capacities to launch effective advocacy and lobbying initiatives that promote their participation and active role in social change at all levels.

226. To enhance the knowledge of service providers on ethics of quality services.

227. To improve the quality of management skills among service providers.

228. To provide quality training to persons with disabilities, enabling them to secure employment in the competitive labour market. This is vital as the unemployment rates are comparatively high in Sri Lanka.

229. To monitor the quality of services provided by therapists to avoid complications.

230. To train Community Based Rehabilitation volunteers to provide quality services.

231. To improve the self esteem and confidence of persons with disabilities by providing training in management capacity building for them and those who collaborate with them, such as service providers and policy makers.

232. To promote member states to implement standards recommended by the regional and international instruments.

233. To promote ratification of international instruments by member states and monitoring and reporting on implementation.

234. To enhance the quality of post-trauma counselling and physical rehabilitation for victims of conflict landmines by establishing standards for the education of personnel and services provided.

235. To promote coordination between the state and non-state sectors to encourage inclusion of persons with disabilities in all development programs.

As expressed by the participants at the National Workshop our vision should be to ensure “Equal opportunities and equal rights in a barrier-free society.”

OUTCOMES OF THE NATIONAL WORKSHOP

Five vision statements are:

1. To promote people with disabilities to be equal and participatory members of a non-discriminatory society.
2. To remove/minimize social barriers for differently-abled persons so that they will be able to contribute to a socially and economically productive and quality life.
3. Removing all barriers to ensure that disabled people are absorbed into society.
4. Equal rights and opportunities for disabled people.
5. Persons with disabilities are here to stay, therefore, do not treat them differently and minimize their disabilities through services.

The key words of the vision statements were noted to be: Remove Barriers, Equal Rights and Equal Opportunities.

Action Plans Presented by Sector

Working Groups

Group 1 – Education and Training

The discussion that followed the presentation resulted in the inclusion of:

- More concentration by both sponsors on Early Childhood Development (ECD).
- Mothers to be trained in ECD.

Group 2 – Infrastructure and Accessibility (transport/housing)

The discussion resulted in the conclusion that:

- Concessions are not required by most persons with disabilities, but only by the very needy. However, facilities are important.
- “Ramps”, “audio-signals” and “tactile pedestrian crossings” as specified in the “building code” must be included.
- Introduce and improve opportunities locally for persons with disabilities. The cost of production of necessary assistive devices will be much more cost effective in Sri Lanka. This will save the foreign exchange spent on expensive equipment and also generate self-employment.
- Include the following services in the “Accessibility Act” that will be approved soon:
 - Increase facilities of audio-visual electronic systems e.g., in railway stations and other public places.
 - Special concessions, e.g., duty-free concessions for items especially manufactured for persons with disabilities.

- Improve sign language presentations on TV.

Group 3 – Employment and Training

The discussion resulted in the following suggestions:

- The importance of having a “job placement officer” for the persons with disabilities.
- The importance of introducing counselling in addition to career guidance.
- The need for improved insurance facilities because at present persons with disabilities need to pay twice the normal amount in insurance.

Group 4 – Legislation and Policy

Issues that surfaced at the discussion:

- Introduce and establish sign language for all school children.
- Include persons with disabilities in the decision-making bodies of the ministries.
- Share examples from other countries in the region.
- To have a monitoring body comprising all forms of persons with disabilities.
- Political representation of persons with disabilities in policies to be amended.
- Change the Election Ordinance to include persons with disabilities in the list of candidates and the National List.
- Have a special policy for those with intellectual disabilities to be included in provincial and national level policies.

Group 5 – Conflict Situation – Land Mines

Issues that surfaced in the discussion included the following medical issues.

- The need for genetic counselling.
- Antenatal care.
- Early childhood detection of disabilities.
- Prevention of accidents in industries and on roads.
- Prevention of HIV related disabilities.
- Counselling for parents of disabled children.
- Screening for diseases for every sector of the population.
- Proper referral systems.
- Community mobilization for early prevention.
- A co-ordinated system for prevention, treatment and rehabilitation.

When asked, “What will happen to the disability sector if we realize all these objectives in 3 or 5 years”? The following four responses indicate the vision of those present at the National Workshop.

- Persons with disabilities can lead a normal life and live as equal citizens with no isolation and no discrimination.
- Increased participation in decision-making.
- Access to resources and sharing of benefits.
- Equal opportunities and equal rights in a barrier-free society.

The participants expressed their appreciation of the efforts of the professionals and all stakeholders who were involved in this process. They requested the organizers to maintain the links and networks that had developed for future activities and deliberations. They extended their blessings to the organizers for the speedy realization of the decisions arrived at during the course of this workshop. The participants requested a copy of the workshop report to be sent to them individually. There was also a unanimous request from the groups to, **“STOP THE MANUFACTURE OF LAND-MINES ON A GLOBAL BASIS”**.

CASE STUDIES IN SRI LANKA

A. The Ceylon Friend-In-Need Society (Cfins) – Jaipur Foot Program

1. Background

1. The Ceylon Friend-In-Need Society was one of the first charitable organizations established in Ceylon during the British colonial period. During this time, the organization had Visiting Agents who would visit the poor. The Society was set up in 1831 by the last Governor of Ceylon to accommodate the war-wounded in transit. From then on, it has provided community service to the poor and needy in Colombo. When the Colombo General Hospital did not have space for the war wounded, FINS started a transit hospital for those with disabilities.

2. The Jaipur Foot Program

2. In 1983, Prof. Sethi of Jaipur, who invented the Jaipur Foot, visited Sri Lanka. During his visit, there was a presentation at the Sri Lanka Foundation Institute (SLFI) and FINS was invited to the program. At that time amputees in Sri Lanka were not provided with artificial limbs but with a wooden peg leg. Therefore, FINS sent two people free of charge for training on the Jaipur Foot.

3. In 1985, FINS began production of these devices and started the Jaipur Foot Program. The Jaipur Foot Program makes artificial limbs and appliances for other physical disabilities and provides low-cost prosthetic devices. These devices are suited to life in the rural areas and are durable. Those who use them can go barefoot, work in paddy fields and even climb trees.

4. It was during the mid 1980's that the war in Sri Lanka broke out. The FINS Jaipur Foot Program could meet the demand for prosthetic devices and could produce different kinds of prosthetic devices, e.g. the Jaipur Foot, Ottobach (German), Atlas (UK) in the workshop. The material for the various devices is obtained from the UK, Germany and India.

5. FINS finds a sponsor for people who cannot afford to pay for their artificial limbs. However, they note that people like to pay even a little towards the artificial limb or other device they get, as it makes them feel good. Limbs made from different kinds of raw material vary in price. Sometimes companies sponsor the clients or contribute a lump sum for a month or a year towards the costs of the programs at FINS. However, mercantile firms feel that they should provide such support to the Army and not so much for civilians. In the case of other services of the organization, people write in and request help and FINS does its best to accommodate them.

6. The artificial limbs provided need to be changed in the case of both adults and children. In the case of children, this depends on the pace at which the children grow. For adults, a change is needed about every two years, but this again depends on the lifestyle and activities of the persons concerned.

3. Management and Personnel

7. The Board of Management comprises 18 persons who are involved in this work on a volunteer basis, and are very active and involved in the many aspects of the work of the society. There are 42 full-time staff members. The Workshop has three Managers and 20 technical staff. FINS tries to employ persons with disability, and about 50% of its staff are comprised of persons with disabilities.

4. Services

8. Various committees are responsible for the different services that FINS offers. The Hostel Committee manages the hostel with 30 beds for patients. The Technical Committee is also drawn from the Board. The Mobile Clinic Committee provides an outreach service through mobile clinics that are able to reach those in rural areas or areas outside the city and are unable to come to Colombo or branch organizations. The Aidex Committee takes charge of organizing the Annual Sports Meet.

9. The Mobile Workshop was started two years ago. Few people are aware of FINS and its services, particularly those in remote areas who have lost limbs and are unable to get the help they need. In response, FINS obtained a bus from the Princess Diana Fund, and started a Mobile Workshop, where they mobilize technicians, equipment and raw materials to create artificial limbs for those who require them in their locales. However, those whose conditions are severe are usually advised to come to Colombo to obtain a prosthetic device.

10. FINS provides Rehabilitation Revolving Loans (interest free) for their clients who wish to engage in self-employment activities. This service has been in place for about 10-15 years. FINS also offers Educational grants for children with disabilities.

5. Branches

11. CFINS has three branches in Kandy, Jaffna and Galle. Because of the distance involved, management of the branches is difficult from Colombo. Each branch has a Board of Management, but there is technical collaboration and guidance from Colombo. In Jaffna, the Jaipur Foot Program focuses on landmine victims. The Colombo Jaipur Foot Program gets many people from the east that need prosthetic devices. Often, the Army sends people to FINS to get their first limb and subsequent artificial limbs from the Ranaviru [Ex-Service Personnel] Authority.

6. Facilities

12. CFINS is housed in old buildings that were built and developed in various sections over time. In order to carry out their activities, they need a modern prosthetic centre with modern facilities and with access for persons with disabilities. The organization is now looking for funders to construct a new building.

B. The Chitra Lane School For The Special Child

1. Background

13. The Chitra Lane School for the Special Child was started in 1967 by Mrs. Delysia Gunawardena. She had Montessori training and was teaching at a Montessori school. She found that two children in the school had Down's Syndrome and decided to establish a special school for them.

14. The Chitra Lane School was registered in 1969, and later registered as an approved charity under the Charities Act of 1971. The school moved to its present location in Chitra Lane in Colombo in 1973. The land for the school was donated and the school was built in sections with aid from various donors.

15. The complex in Chitra Lane houses two separate units - the Chitra Lane School and the Resource Centre. It also offers a workshop in Dehiwela, a suburb of Colombo, for those who have graduated from the school.

2. The Chitra Lane School

16. The school provides Special Education, i.e. individualized attention with 1 teacher to 3 children. It is for slow learners or those with a special disability. Under Special Education there are Behaviour Management programs for children. The school also conducts informal and formal assessments and IQ testing.

17. The Chitra Lane School offers a specific curriculum according to the person's ability. At present there are 250 students in the school, which functions from 8.30 am - 1.30 pm. The school is like a normal day school with 3 levels: Junior, Intermediate and Senior, according to the level of the ability of the child. There are 11 - 15 children in the Intermediate class and 15 - 20 in the senior class. The School has the usual activities like sports meets, exhibitions, etc.

18. The juniors have pre-writing exercises - mainly play activity - for social integration, i.e. to teach children how to act within a class. The Intermediate level students have reading, writing, number skills, religion (Christianity, Buddhism, Hinduism, and Islam), social studies, language (English, Sinhala). The curriculum is in Sinhala, and there is also a Tamil medium class. At the senior level, the students go into workshop units where all are given some craft skills when they graduate.

3. Staff

19. The school has a Principal, a Vice Principal and 32 full-time staff, of which 12 are paid by the government. The teachers are put through a special course and given refresher courses every year. There are three to four volunteers who are part-time staff in the school. Decision-making for the School is done by the Welfare Society for children with mental disabilities. The School is run by a Committee comprising a President (Mrs. Delysia Gunawardena), Vice President, Treasurer, Secretary, and a Committee of seven that includes parents. The Annual General Meeting (AGM) is attended by parents and teachers.

20. The School has Special Units for:

- Audiology testing - ABR (Auditory Brain Stem Response) for children under 1month.
- Speech testing - Speech and Articulation Therapy
- Language training
- Hearing aid testing and supplying of hearing aids. Moulds and earplugs are made here.
- Physiotherapy - with a full-time physiotherapist from the UK who also conducts hydrotherapy. Most students are given physiotherapy.

21. The Chitra Lane School also helps by providing medical treatment/surgery when necessary. For this, the school applies to the Presidential Fund or gets a private sponsor to cover the costs of surgery.

22. The aim of all this is to support the family. Parents who need financial assistance are placed in a self-employment project. The school reimburses the travel costs for the child and 1 adult and provides a midday meal for the child. If housing or renovations to the family house are needed, the Chitra Lane School assists with this as well.

23. If the child is very poor the school puts the family in contact with PLAN International which sponsors (gets international sponsors) for the child. PLAN International provides funds for meals, educational equipment, medication, dry rations, etc. Those who can afford to pay do contribute, but most do not, as they are poor.

24. The school writes to sponsors, individuals and private organizations regarding the on-going sponsorship program where an individual or organization/company would sponsor a child for a month or one year. Progress updates are produced by the school authorities to keep the sponsor informed about the child and the family. Field programs, such as water projects are also carried out to help families in need.

4. Resource Centre

25. This is a facility for parents with children who have Down's Syndrome, Cerebral Palsy, Autism or are severely hyperactive who cannot come to school every day. The age of those at the Resource Centre range from 14 days up to graduating age, 22 years. After students reach this age, they are sent to the workshop.

26. The Resource Centre carries out an assessment on the child and prepares a specialized program. When the child is entered into the Resource Centre a comprehensive form is filled out going back to the grandparents of the child. The child is brought once a week and works with the teacher. The Centre has 1 - 1 1/2 hour programs. 1,500 children attend the Resource Centre. An assessment is done once a month and any modifications are made to the individualized program.

27. The Resource Centre is run by a Board of Management with a Director (Mrs. Delysia Gunawardena), two Associate Directors and two other members. It has a Medical Clinic with a Psychiatrist, two GP's, a Dental Surgeon, a Physiotherapist and a Neurologist.

28. The Resource Centre has the following facilities/activities:

- Infant stimulation
- Pre-school
- Play group - physical activity
- Special Education - an individualized special education coaching for slow learners.
- Parent training.
- Feeding program.
- Self-help skill program.

5. The Dehiwela Workshop

29. The Workshop is open from 8.30 am - 4.30 pm. Students who attend are given a meal and travel allowance. The workshop has the following Units:

- Cookery - specializes in cookery only
- House-keeping - managing a house, cleaning, household accounts
- Recycled paper and ornamental paper
- Screen printing
- Woodwork
- Sewing
- Packaging - dry rations

30. The students stay at the workshop unit for 4-5 years and depending on their skills. They go through different units until they find what they can do and get training in it. In the workshop they produce letterheads, business cards, envelopes, etc. The workshop also offers training in beadwork, mirror work and fabric painting.

6. Funding

31. The main source of funding is from PLAN International. Project proposals are sent to NGOs/organizations when funding is needed. The production and sale of Christmas cards is the main project for the year, which usually brings in funds. The cards are sent overseas. Corporate cards are also made for companies that provide funding. Individuals, especially from overseas are some of the main buyers.

32. The premises have little in the way of access for persons with disabilities. There are no ramps for the School's wheelchair-bound children.

33. The School networks with other institutions for persons with disabilities such as the Deaf and Blind School, Sahanaya (mental health) and Dayamina (autistic children). They have no links with organizations and similar entities overseas.

C. The School for the Deaf

1. Background

34. The School for the Deaf was founded in 1912 by Ms. Mary Chapman of the CEZMS (Church of England Zenana Missionary Society). At first, there was just one school for both deaf and blind students. Later, Mr. Abdul Caffoor donated land for the Deaf School and in 1949 there were two separate schools to meet the needs of both the deaf and the blind.

35. Up to 1949 the school had foreign principals. From 1949, when the school was handed over to the Church of Ceylon there were two local principals and separate teachers with a Board of Trustees (25 members). The Executive Committee of 11 members is drawn from the Board of Trustees. The Chairman is the Bishop of Colombo.

36. The school was registered with the Department of Inland Revenue in 1952 as an Approved Charity. It was also registered in 1982 (No.57/82) under Act No. 31 of 1980 - Voluntary Social Service Organizations (Registration & Supervision Act). It is not registered with the Ministry of Social Welfare.

2. The School for the Deaf

37. The children in the School are between the ages of 1–19 years. They come from all over the country except from the north. Children come to the School through divisional secretariats, clinics, hospitals and doctors. The language used in the School is Sinhala.

38. At present there are 234 students, among whom there are a few day scholars. In the Pre-school and Early Intervention Units, all are day scholars. There are 168 students in the hostels.

39. The School curriculum is an adapted and revised version of the usual school curriculum which is prepared by the NIE (National Institute of Education). However, this applies to curriculum up to Grade 5 only. From Grade 6 onwards, the curriculum is prepared by the School for the Deaf.

40. The School has three sections:

1–3 years	-	Early Intervention
3–5 years	-	Pre-School
5–19 years	-	Formal Education

41. Children above 10 years of age do vocational training after school. Girls are taught sewing, soft-toy making, hairdressing and beauty culture, costume jewellery making, poster painting, and handloom weaving. Boys are trained in gem cutting, tailoring, printing, carpentry, and cement-block making.

42. The School has the usual core curriculum activities such as scouting and guiding, religious activities and sports.

43. When the CEZMS started the School, deaf children were taught lip reading and also a few signs. Now, the senior school curriculum has the normal subjects e.g. Sinhala, English, religion, social studies, science, arts and home science.

44. The students do not sit a special examination, therefore, the school tries to send a few children to do the OL (Ordinary Level) examination, but they often do not pass the examination, or they might pass perhaps 2 subjects. These students are at a disadvantage. The deaf children have to write and cannot use sign language for exams. Deaf children tend to have a limited memory. However, they have picture memory and can be taught to read.

45. There are 8–12 students in a class as 1–1 attention is necessary. One big problem the school faces is the lack of support and co-operation from parents. Most parents are poor and cannot make a financial/material contribution. Parents who can afford it make a donation but do not pay fees.

46. The school has a Resource Development Committee, composed of members of the Anglican Church. The Committee was formed recently, and its objective is to help the school financially. For example, they recently organized a Star Rally, sale of paintings, and a Christmas card sale.

47. The School has a Past Pupils Association which organizes activities, e.g., cricket and netball tournaments for deaf schools. There are 18 schools for the deaf in Sri Lanka. There is also the Deaf Teachers Association and the PTA.

48. The products that are turned out by the children in the vocational training classes are sold when the School has opportunities to open up stalls at an exhibition or sale at some venue. Handloom material that is produced is not sold on a big scale as the producers are school children and they work in the afternoons and cannot produce handlooms on a large scale.

49. There are no school-leavers programs and when children finish school they are directed to Vocational Training Schools run by the Department of Social Services, the Sarvodaya Training Centre, or the Thihariya Training Centre. The School also has contacts with employers such as Hameedias, GI Garments and the Sampath Bank (where eight past students are employed). There is always a job demand for deaf children but they don't usually stay in one job. This is because they are not socialized properly; they are always segregated because of the language. There are people who understand them and people who don't. Deaf people are often misunderstood.

50. Special facilities are needed for them to be integrated. Hearing equipment (group and individual), speech trainers, trained teachers, hearing aid technicians, speech therapists are all part of the special needs of persons who are hearing-impaired.

51. The School has speech therapists in English and Sinhala and hearing aid technicians. Hearing Aids are not manufactured in Sri Lanka. The School also has audio-visual aids, multi-media projectors, and some computers. At present, computers are only for boys' use, but the school wants to start training the girls as well.

3. Special Services

52. The School has two specialized services for deaf people:

- (i) Audiological services - testing hearing and fitting aids, evaluating hearing aids
- (ii) Ear-mould manufacturing (the ear mould is a tiny piece connected to the hearing aid).

4. Special Needs

53. Deaf children need early intervention in order for the disability to be dealt with. However, there are only two to three such programs in Sri Lanka. The school has a few children with multiple disabilities, e.g., deafness connected with vision problems or slow learning. Very often there is a connection between being deaf and being speech impaired. However, children can be taught to speak with a hearing aid, and also with the support and help of parents and caregivers. Costs are high regarding training of deaf children, as they need to replace parts of the hearing aid which are battery operated.

5. Funding

54. The school has two major donors, the CBM (Germany) and CCFC (Canada). This provides 30% of what the school needs. There is also the government subsidy and the salaries of some teachers are paid by the government. The quota is eight children per teacher. The School also receives a grant from the Department of Social Services, i.e. Rs.10/- per child per day.

55. The school also receives other funding i.e. salaries of other employees are paid by the Church of Ceylon and local donations. They do not receive funds from companies on a regular basis but one company, e.g., Gnanams (St. Anthony's) gives them Rs.5000/- monthly.

56. The funding structure is as follows:

- 30% - Government
- 30% - 2 donors
- 40% - church and local donations

6. Staff

57. There are 38 teachers who are full-time and 26 of them are paid by the government. Other than teachers there are also technicians, office staff and minor staff.

7. Special Education Units

58. Earlier there was a waiting list of those who wished to enter the school, but now that Special Education Units have been set up in schools, parents send their children to them. At present there are about 100 Special Units in government schools.

59. Special Units are mainly for deaf and children with mental disabilities as blind children can be taught in schools for persons without disabilities. There are many blind students who are graduates. The present trend is for inclusive education but Sri Lanka is socially not prepared for it. There are different sign languages, e.g., UK, US, Indian. The American and Indian sign language are considered full languages. A Resource Committee in the NIE developed the sign language in Sri Lanka, but the school does not provide training to sign language interpreters.

LIST OF PARTICIPANTS

A. National Workshop

1. State Sector

No.	Name of Participants	Institution
1.	Mrs. V Jegarajasinham	Secretary, Ministry of Social Welfare
2.	Mrs. Lalitha Dissanayake	Secretary Ministry of Women's Affairs
3.	Mrs. Rani Rajapakshe	Senior Assistant Secretary, Ministry of Tertiary Education and Training
4.	Mr. J.M.B.Jayasundera	Secretary, Provincial Ministry of Social Services – North Western Province
5.	Mrs. Daisy Dharmawardena	Department of Social Services, North Western Province
6.	Mr. H.P.N. Lakshman	Ministry of Education
7.	Major General Dr. Dudley Perera	Military Hospital
8.	Mrs. M.J. Samarasinghe	Director, National Secretariat for Persons with Disabilities
9.	Ms. N.R. Ranjani	Department of Social Services North/Eastern Province
10.	Ms. J.A.S.S. Jayawickrama	Ministry of Mass Communication
11.	Mr. Gamunu Samarasiri	Department of National Planning
12.	Dr. Mrs. Dula de Silva	Deputy Director General, Ministry of Health
13.	Dr. Mrs. Deepthi Perera	Director Ministry of Health
14.	Mrs. K.C.N. Randeni	Ministry of Transport, Highways and Civil Aviation
15.	Ms. Asoka Fernando	Department of External Resources
16.	Mr. J.W. Chandrasekera	Ministry of Transport, Highways and Civil Aviation
17.	Mr. Sunil Thilakaratne	Provincial Ministry of Social Service, North Central Province
18.	Mr. A. G.W. Nanayakkara	Director General, Department of Census and Statistics
19.	Mr. M. Madegama	Ministry of Education
20.	Mrs. Prema Dissanayake	Provincial Ministry of Social Services, Sabaragamuwa Province
21.	Ms. P.S. Muthucumarana	Director Planning Ministry of Youth and Samurdhi
22.	Mr. W.B.J. Fernando	Ministry of Social Welfare

2. Nongovernment Sector

No.	Name of Participants	Institution
1.	Mr. Charles Mendis	DPI – Sri Lanka
2.	Mr. V. Subramaniam	Organization for Rehabilitation of Handicap – Vavuniya – Northern province
3.	Mr. S. Jayawarna	Spinal Injuries Association
4.	Mr. R. Frost	Motivation
5.	Mr. D.M. Premadasa	Sri Lanka Federation for Rehabilitation of Persons with Disability/ Sports for Persons with Disabilities
6.	Ms. Nilmini de Silva	Special Persons Association
7.	Mr. E. Thilakaratne	Ceylon Association for Mentally Retarded
8.	Ms. N.G. Kamalawathi	Association of Disabled Women
9.	Mr. G.A.R. Perera	Shia Foundation
10.	Mr. R.M.H.P. Gunaratna	Disable Persons Organization Joint Front
11.	Mr. Anil Jayasundera	Ceylon Federation of Deaf
12.	Mr. Pujitha Gunawardena	Sarvodaya
13.	Mrs. Kumarini Wickramasuriya	Navajeevana – Southern Province
14.	Mr. R.J. Sirisena	Sri Lanka Federation of Visually Handicapped
15.	Dr. Suresh Yogasunderam	Family Rehabilitation Center
16.	Sister Gloria Fernando	Dayamina – Sisters of Charity
17.	Mr. S.I.M. Haleel	Islamic Center for the Physically Handicapped
18.	Ms. Bisomanike Marasinghe	Sri Lanka Council for the Blind
19.	Mr. B.L.Hettiarachchi	Sri Lanka Council for the Blind
20.	Ms. M.Senadeera	Ranaviru Seva Authority
21.	Ms. M.H. Wijeratne	School for the Deaf
22.	Ms. Rupa Jayasekera	Friend in Need
23.	Mr. Ranga Pallewella	Information Technology Development Group Sri Lanka
24.	Mr. W.P.S. Livera	Brothers of Charity - Nisansala
25.	Mr. Jayantha Chandraratne	Sri Lanka Association of Parents of Deaf Children
26.	Mr. Raja Marasinghe	Central Council for Persons with Disabilities – Central Province
27.	Prof.Tudor de Silva	Center for Poverty Alleviation CEPA
28.	Ms. S. Jayathilaka	Law and Society Trust
29.	Dr. Narme Wickramasinghe	Ranaviru Seva Authority

3. International NGOs, UN Agencies and Development agencies

No.	Name of Participants	Institution
1.	Ms. Camellia Madson	National Mine Action Authority -UNDP
2.	Mr. Greg Duly	Save the Children Fund U.K.
3.	Mr. D. Miriyagalle	ILO
4.	Mr. R.M. Ranasinghe	FAO
5.	Mr. Christopher Feyan	GTZ
6.	Mr. Joseph Sebaqtu	CIDA/Canadian High Commission
7.	Mr. Hasan Momin	FIT
8.	Ms. Katrina Luker	VSO
9.	Ms. Jassica Davey	USAID
10.	Ms. Agnes Mendis	CIDA/PSU
11.	Ms. Princess Ventura	World Bank
12.	Jane Earnshaw	VSO
13.	John Mutarav	VSO
14.	Ms. Jayanthi Liyanage	UNICEF
15.	Mr. Scott Faha	CARE
16.	Mr. Shah Linton	OXFAM

4. Private sector

No.	Name of Participants	Institution
1.	Mrs. Megamali Alluvihare	Employers Federation of Ceylon
2.	Ms. Jasmine Obeyesekera	Ceylon Chamber of Commerce
3.	Ms. Gayathri Gunaruwan	Ceylon Chamber of Commerce
4.	Mr. J.U.D.N. Perera	CEI Plastics

5. Media

No.	Name of Participants	Institution
1.	Ranjani Kalugama	Sri Lanka Broadcasting Corporation
2.	Zainub Hashim	ETV/LBO
3.	Mahinda Ratnayake	Independent television Network
4.	Nadira Gunatilleke	Ceylon Daily News
5.	Buddhika Imbulana	Dinamina
6.	Dudley Wickramasuriya	Ceylon Daily News
7.	Faisal Samath	Sunday Times
8.	M.T. Wickramasekera	Silumina
9.	Carol Aloysius	Sunday Observer
10.	Dilshani Samaraweera	Business Standard

**B. Hikkaduwa Provincial Workshop, 1-2 July 2002
(Participants: Name, Designation, and Organization)**

No.	Name of Participants	Institution
1.	Mr. H. W. Wijeyaratne	Provincial Secretary, Ministry of Social Services, Southern Province.
2.	Mr. Buddhapriya Nigamuni	Additional District Secretary, District Secretary's Office, Hambantota
3.	Mr. W. A. Ariyaratne	Provincial Secretary, Provincial Secretary's Office, Akuressa
4.	Mr. H. G. S. Jayasekera	District Additional District Secretary Secretary's Office, Matara
5.	Mr. M. A. Piyasena	Provincial Secretary, Weeraketiya
6.	Mr. C. Mudalige	Provincial Secretary, Provincial Secretary's Office, Weligama
7.	Mr. K. P. Engel Piyadasa	Assistant Director of Planning, District Planning Secretary's Office, Galle
8.	Mr. W. K. K. Athukorale	Provincial Secretary, Provincial Secretary's Office, Hakmana
9.	Mr. P. Somasiri	Provincial Secretary, Provincial Secretary's Office, Pasgoda
10.	Mr. Gunadasa Wijayawarden	Manager, Deaf & Blind School, Welegoda, Matara
11.	Mrs. Kumarini Wickramasuriya	Project Director, "Navajeevana", 25, Deepankara Road, Tangalle
12.	Mr. Ajith Prasanna Widanage	Social Service Officer, Provincial Secretary's Office, Lunugamwehera
13.	Mr. T. B. Herath	Social Service Officer, Provincial Secretary's Office, Ambalantota
14.	Mr. Mahinda Wijesinghe	Social Service Officer, C.B.R. Hambantota District Co-ordinating Officer, Provincial Secretary's Office, Weeraketiya
15.	Mrs. K. K. Abeywickrama	Deputy Directress, Planning Secretary's Office, Southern Province
16.	Mr. Kulasinghe Weerasekera	Assistant Director of Education (Special Education), Department of Education, Southern Province
17.	Mr. D.W.S. De Silva	Divisional Secretary, Mulatiyana
18.	Dr. S.W. Pathinayake	Southern Province Medical Services Director, Galle
19.	Mr. W. Weerakoon	Additional District Secretary, District Secretary's Office, Galle
20.	Mr. A.G.L. Chandrasinghe	Provincial Secretary, Nagoda
21.	Mr. Sugath Jayaneththi	Co-ordination Officer, Galle District. (CBR)
22.	Mr. L. K. Ariyaratne	Provincial Secretary, Balapitiya
23.	Mr. Damith Pathirana	Social Service Officer, Provincial Secretary's Office, Hikkaduwa
24.	Mr. K. G. A. Kulasiri Kulendra	Assistant Teacher (Training), H/Deaf & Blind School, Tangalle

No.	Name of Participants	Institution
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27.	Mr. Weerapala Godage	Rehabilitation Officer, 'Sarvodya Suwa Setha'
28.	Mr. U. H. Dayaseeli	Provincial Secretary, Matara
29.	Mr. G. A. Sirisena	Provincial Secretary, Kotapola
30.	Mr. D. S. Wickramasuriya	Asst. Secretary, Ministry of Education, Southern Province
31.	Ms. T. M. Ayoma Tennekoon	Social Awakening Coordinator, 'Siyath' Foundation
32.	Ms. W. K. K. Shanthilatha	President, Women's Development Association, Hambantota
33.	Mr. S. Rubasinghe	Secretary, Ministry of Agriculture, Southern Provincial Council
34.	Mr. G. Hewavitarana	District Secretary [GA], Galle
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36.	Mrs. M. J. Samarasinghe	Director, NCPD/NSPD, Ministry of Social Welfare, Sethsiripaya, Battaramulla

**C. Provincial Workshop Kandy, 3-4 June 2002
(Participants: Name, Designation, and Organization)**

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3.	Ms Prema Dissanayake	Provincial Secretary, Sabaragamuwa Province
4.	Ms. D. Podimenike	CBR, Women's Development Centre, Kandy
5.	Mr. S. Amirthalingam	Provincial Secretary, Ministry of Social Welfare, North Eastern Province
6.	Ms N. G. Kamalawathie	Association of Women with Disabilities, Talawa
7.	Ms P. K. A. Nirosha	Association of Women with Disabilities, Talawa
8.	Ms B. A. G. Senanayake	Secretary, Nisala Sevana, Daswatta.
9.	Ms Sashi Stephen, Co-ordinator	Women's Development Centre, Kandy
10.	Mr. Sunil Tillekaratne	Provincial Secretary, Ministry of Social Services, North Central Province

No.	Name of Participants	Institution
11.	Mr. J. M. G. B. Jayasundera	Provincial Secretary, Ministry of Social Services, North Western Province
12.	Ms. Daisy Dharmawardena	Provincial Director, Ministry of Social Services, North Western Province
13.	Mr. J. Rajasegar	Social Service Officer, Vavuniya
	Mr. S. M. Samasundara	Provincial Director, Ministry of Social Services, Uva Province
14.	Mr. R. S. Marasinghe	Chairman, Central Council for Persons with Disabilities, PO Box 5, Bandarawela
15.	Mr. W. M. L. Gamini	Research Assistant, Central Council for Persons with Disabilities, P.O. Box 5, Bandarawela

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