Japan International Cooperation Agency (JICA)
Sri Lanka Office

Final Report on the

Survey on COVID-19 Prevention of Children with Disabilities

November 30, 2021

International Institute of Development Training (Pvt.) Ltd.

and

KMC Lanka

Kaihatsu Management Consulting Lanka (Pvt.) Ltd.

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Annex 17 Guidelines issued by YEDD of MoH for the disabled community on how to deal with the pandemic

Abbreviations

ADHD	Attention Deficit Hyperactivity Disorder
ADL	Activities of Daily Living
ASD	Autism Spectrum Disorder
CBOs	Community Based Organizations
CP	Cerebral Palsy
CwDs	Children with Disabilities
DIE	Department of Inclusive Education
DPOs	Disabled Persons Organizations
DoSS	Department of Social Services
DS	Divisional Secretariat
GN	Grama Niladhari
GMOA	Government Medical Officers' Association
GoSL	Government of Sri Lanka
IDA	International Disability Alliance
IE	Inclusive Education
INGO	International Non-Governmental Organization
JICA	JICA Sri Lanka
KIIs	Key Informant Interviews
MoE	Ministry of Education
MoH	Ministry of Health
MOH	Medical Officer of Health
NCPA	National Child Protection Authority
NFSE	Non-Formal and Special Education Branch of the MoE
NGO	Non-Governmental Organization
NIE	National Institute of Education
NOCPCO	National Operation Center for Prevention of COVID Outbreak
OPD	Organizations for Persons with Disabilities
PEO	Provincial Education Office
PHI	Public Health Inspector
PHM	Public Health Midwife
PHNO	Public Health Nursing Officer
PwDs	Persons with Disabilities
RA	Research Assistant
RRH	Rheumatology and Rehabilitation Hospital
SDGs	Sustainable Development Goals
SEP	Stakeholder Engagement Plan
SEU	Special Education Unit
SL	Sri Lanka
SLD	Specific Learning Disability
SSOs	Social Services Officers
SwDs	Students with Disabilities
UK	United Kingdom
UN	United Nations
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
USA	United States of America
WASH	Water, Sanitation, and Hygiene
WHO	World Health Organization
YEDD	Youth, Elderly, Disabled, and Displaced of the MoH
ZEO	Zonal Education Office

Structure of the Report

This report comprises of nine Sections as follows:

1: is the introduction to the Survey, including its objectives, members of the survey team, schedule, methodology, and limitations.

2: summarizes the results of the literature review.

3: presents the results and findings from the key informant interviews, particularly about the extent of service provision and disruptions caused by the pandemic, challenges encountered by the stakeholders, future plana and their needs for assistance.

4: presents the results and findings from the family survey of 106 families in five sub-headings: (i) teaching and learning; (ii) medical and health services; (iii) infection prevention and control; (iv) household economy and social welfare; and (v) demographic details of the family, including the type and causes of the disability of the child. The Chapter also contains the case studies of families of CwDs.

5: presents the findings of the Survey according to the review of the literature (Chapter 5), the key informant interviews (Chapter 6) and the family survey (Chapter 7) in three sub-headings: (i) teaching and learning; (ii) medical services, infection prevention and control, and (iii) household economies and social welfare. It also contains suggestions to the service providers.

6: summarizes the conclusions

7: explains the recommendations

8: presents roadmaps for the recommendations, including general and policy recommendations and recommendations to JICA.

9: contains copies of the social media content prepared by the Survey Team which were posted on the Facebook page of JICA Sri Lanka.

EXECUTIVE SUMMARY

INTRODUCTION

Sri Lanka strives to follow a rights-based policy and has enacted a wide range of laws to protect the rights of disabled persons. The Protection of the Rights of Persons with Disabilities Act, No. 28 of 1996 further assures the rights given to disabled people in the Constitution of Sri Lanka. The National Policy on Disability (2003) and the National Action Plan for the Policy (2014), and the National Human Resources and Employment Policy of 2012 identify disabled persons as vulnerable groups. As a signatory to both the UNCRPD and the Marrakesh Treaty, Sri Lanka's efforts to extend equal rights to disabled persons augurs well with UN's SDGs No. 4 and No. 8.

JICA's Country Assistance Plan to Sri Lanka has its basic policy to promote quality growth with due consideration of inclusiveness. Support for the education of CwDs, support for employment of PwDs to promote their participation in society and prevention of the spread of COVID are important cooperation areas of JICA.

In June 2021, JICA Sri Lanka Office commissioned a Survey on COVID-19 Prevention of Children with Disabilities (CwDs) to assess the impact of the COVID pandemic on CwDs and their families. The objective of the Survey is to identify required future initiatives and assistance of JICA in cooperation with the GoSL for improving the lives of CwDs and their families and preventing and safeguarding them from the COVID infection. The Survey comprised of four interrelated activities: (i) a review of relevant literature; (ii) Key Informant Interviews (KIIs) with stakeholders in the fields of education, health, and social services (education: 25 persons, health: 18 persons, and social services: 10 persons, total: 53 persons); (iii) a questionnaire survey of the families of CwDs aged from 6 to 18 (total of 106 families residing in five districts: Colombo, Kurunegala, Mannar, Moneragala, and Nuwara Eliya); and (iv) three online stakeholder consultation workshops.

The Survey revealed that education, health, and social welfare of CwDs were largely neglected and regressed during COVID; and there is a risk that CwDs would be isolated from the society even more as a result. The service providers for CwDs are making extra efforts to continue their services during COVID to the extent possible. However, there were gaps between the needs of CwDs and the services, due to limited human resources, facilities, and technology of the service providers, and less awareness and motivation among the families of CwDs. We also found that there are cross-cutting and fundamental issues preventing CwDs from receiving such services, such as poverty, inconvenience of travelling, insufficient legal protection, and recognition.

This report presents the main findings and conclusions on the impact of COVID on CwDs and their families in Sri Lanka and suggestions to the services providers and recommendations for JICA.

Main Findings and Conclusions

In the education sector, we found that a quarter of the CwDs are not enrolled in schools and no opportunity has been created for them to be educated through alternative means. In this situation, the

concept of ‘Education for All’ has not become a reality and the right to education of these children has been violated.

School attendance during COVID and willingness of the parents to send their CwDs to school when the school re-start is minimal. It was also concluded that the percentage of those who are unable to access learning opportunities online or other alternative methods from home during the school closure are significantly higher. New admission of the CwDs to the SEUs, mainstream schools, and schools for special education have been suspended. Therefore, there is a risk of more CwDs dropping out from school in future.

Most of the parents preferred programs broadcast on TV, radio, and physical copies of learning materials being sent home due to the lack of internet access, lack of sufficient number of devices that lead to the sharing of devices within the family, financial constraints to spend on data, and inability to help with children’s learning. It was also found that there are parents who think positively about the education of their CwDs, and there is a group which does not have much hope in their CwDs.

Teachers and education officers have made great efforts to continue educating CwDs in this pandemic as mentioned earlier. However, their experience in working with CwDs in catastrophic situations such as COVID is minimal. To face emergency and disasters in the future, teachers need to be empowered to use new technology, develop attractive learning materials, launch personalized learning programs, evaluate students, and support parents to be better prepared to face such situations in the future. In filling the gaps, report also concludes that experienced foreign volunteer teachers may become useful to work with teachers locally so that they gain practical experience in how to master innovative teaching methods. Teachers and parents do not have a strong belief or clear understanding of COVID prevention health care practices and guidelines implemented in schools.

In the healthcare sector, the findings helped to conclude that, lack of access to medical care and other clinical services such as rehabilitation, physiotherapy, speech therapy, medicinal drugs, and long term medication during the pandemic as major problems faced by the CwDs during the pandemic. It was also found that an organized health education campaign by health personnel regarding the COVID infection and its control measures has not yet taken place among CwDs and their families. There is an urgent need to launch such programs particularly before the CwDs start schooling. Home visits by health workers, their due attention to CwDs, screening for early detection of CwDs, and referral system for accepting and provide necessary services for the identified CwDs was found to be poor. The measures already identified by the FHB to correct this situation should be implemented early.

The Directorate of Youth, Elderly, Disabled, and Displaced of the MoH (YEDD) had developed guideline for PwD’s, including CwDs, on protection and prevention from COVID. It will be translated to sign language and braille by MoE for the use of schools for special education and SEUs. There is a lack of physical infrastructure facilities, trained medical officers, and therapists to manage and rehabilitate CwDs after their identification. Hence, measures to train and deploy such personnel to improve the multidisciplinary health care facilities already proposed by the MoH should be established as early as possible.

The RRH should be designated as a center of excellence for providing physical rehabilitation services and should be developed to accommodate more CwDs and facilitate training of medical officers and therapists. A further study should be done to identify the gaps that exists in the facilities of this hospital and to correct the same. Health care challenges faced by CwDs and their families in the estate sector are very different to that of urban and rural sectors.

Findings and conclusions for the in the household economies and welfare sector include: The Disability Rights Bill (DRB) proposed in 2006 and to be enacted to law is expected to provide the authority to NSPD to file action in Courts to safeguard the rights of PwDs and CwDs; Due to the pandemic, families of CwDs have reported a decrease in income and job opportunities. GoSL disbursed a COVID allowance for low income families several times but the households with CwDs who are receiving disability allowance were excluded from receiving the said COVID allowance; as per GoSL's policy on disability allowance, families with CwDs and PwDs who are eligible to receive the disability allowance should receive the allowance immediately; however, there is a waiting list of CwDs and PwDs who are yet to receive this allowance due to budgetary constraints.

CwDs and PwDs have difficulty in using public transportation due to the lack of necessary accessibility facilities for them. The bus stands and railway stations are designed not disability friendly manner. There is a need of dedicated transportation services for CwDs to attend schools or centers; Limited opportunities are available for disabled persons for vocational training and skills development due to strict eligibility criteria. The available facilities also are not up to acceptable standard and are unable to meet current labour market requirements for productive employment. It was also noted that although PwDs are trained in VT centers, they have fewer job opportunities because employers are reluctant to hire them. Due to a lack of employment prospects, the majority of PwDs engage in self-employment and need special support and facilitation.

There are very few mutual help / support groups for families of CwDs. The pandemic made it worse for the families of CwDs and isolated them further from mainstream society, some of the SSOs do not have information about the exact need of devices for each and every CwDs in their area or they are unable to provide the CwDs with the type of assistive devices due to limited budget allocation.

We found that the circumstances are much more distressing in the **estate sector** compared to the urban and rural sectors. It seems that the number of families with CwDs and PwDs in the estate sector are not receiving adequate services of education, health, and social services, isolated and neglected; however, there is no detail information and data of their numbers. It is necessary to conduct a survey to identify the root causes of the issues faced by the CwDs and the families in the estate sector and plan a comprehensive interventional strategy taking to consideration, the geographical, ethnic, cultural, and language issues specific to the estate sector.

Suggestions and Recommendations

Cutting across the three sectors of education, healthcare, and social services, accessibility and transport, special education pre-school teacher training, rights, disaster management and lack of national data were found to be significant and suggestive recommendations towards solutions were made in the report.

Under education sector **general suggestions,** the Report suggests that the non formal and Special Education (NFSE) Branch of the MoE, Provincial Departments of Education (PDE) should take census of the students with disabilities who do not go to school and take necessary steps to enroll them in schools. Another suggestion includes, NFSE and PDE to expedite admission procedures of CwDs into SEUs and mainstream schools and SEUs. Report also suggests that steps to be taken to expedite the provision of facilities such as internet, signal, and devices for students with disabilities who are unable to pursue distance education from home. Action should be taken to provide facilities in a concessionary manner. Suggestions for MoE, PDE, and the NIE to take the lead in expediting the production of attractive radio and television programs suitable for CwDs have also been made. The report suggests, training and deployment of more special educational needs resource teachers by the MoE and PDE to all schools including the estate sector.

Training of teachers on the use of technology, adoption of disabled-friendly distance education methods, preparation of attractive learning materials, preparation of YouTube educational programs, and launch of personalized education programs are suggested to be initiated by the NIE, MoE, and PDE. It is suggested that services and equipment related to information, communication, and assistive technology suitable for CwDs be provided by the MoE, PDE, ZEO, and other external institutions.

Other salient suggestions for education sector include; develop special IPC protocols and guidelines to suit to different types of disabilities and communicate using different media such as pictures, graphs, cartoons, and exhibit clearly in schools and public places; the initiation of awareness programs launched by the NFSE, and the Department of Primary Education of the MoE for teachers in all mainstream primary classes, special units, and special schools to be expedited.; Parents' awareness programs to empower them to support their children with disabilities in learning at home and to eliminate myths towards disability; At the community level, parents of CwDs and mainstream children should be allowed to form parent support groups and help each other. The NFSE to develop a learning management system for CwDs that include specialized learning materials. Schools to communicate well to the parents about the IPC measures implemented at schools. Special efforts to train CwDs to follow safety measures such as wearing face masks, hand washing, etc. are suggested through the findings. It is also suggested that counseling and guidance programs should be started soon for CwDs and their parents who are physiologically pressured and depressed due to the COVID disaster.

Healthcare sector suggestions include; facilitation of inter-provincial travelling during travel restrictions by making the families of CwDs adequately aware that mechanisms are available to obtain special permission; take appropriate measures to keep pharmacies, distribution services for medicinal drugs and assistive devices open during times of disasters such as the current pandemic and at times of travel restrictions; seek assistance of NGOs and CBOs to facilitate such services in the rural and estate sectors. Measures should be taken to identify CWD’s from early years of life through PHM who is responsible to maintain records of every child below 5 years from birth, in her respective area. it is recommended that the MoH develops a special health education program aimed at CwDs and their families with particular emphasis on preventive measures. It is also suggested that an integrated field level programs with SSOs from the DoSS, officials of MoE, NSPD, other government

departments, and NGOs / CBOs to resolve issues faced by CwDs and their families early with CwDs as the focus to be conducted through the MoH.

General suggestions in the social sector include; Provision of necessary assistive devices; provide the disability allowances that they are entitled to offset the extra costs associated with disability; implementing income generation programs, grants, and scholarships for CwDs from low income families; sensitize officers of local government bodies (e.g., social service officers) as well as CwDs and their families about their entitlements and rights; expansion of CGCs throughout Sri Lanka; issuing a disability ID card for CwDs for their easy identification, and the re-activation of CBR programs. The Report also suggests implementing a buddy system (mainstream individual connected to a family of CwDs) to strengthen mutual support during a crisis by creating a support network with the SSOs and the families of CwDs. Empowering Swa Shakthi organizations[1] of PwDs at divisional levels is another suggestion is suggested.

Policy level suggestions under education include: community-based rehabilitation (CBR) programs undertaken by the DoSS should be further strengthened to pay special attention to the CwDs in the estate sector; provision of tax relief for assistive devices for children with special educational needs; strict enforcement of the Gazette notification No. 1467/15 issued by the DoSS when designing buildings to ensure accessibility of CwDs in schools and ensure that physical infrastructure designs of existing schools are modified to enhance opportunities for learners with disabilities; in collaboration with international and national organizations, a mechanism should be established to recruit volunteer teachers to work with special education teachers and to share experience; continued professional development to be made mandatory for all teachers, with incentives of career progression attached to the completion of special education pedagogical modules. Provision of financial grants to support the implementation of IPC protocols at schools / SEUs; necessary actions to develop partnerships with local or foreign companies to manufacture assistive technology products for CwDs.

Healthcare sector policy level suggestions include: policy decision at government level to consider issues of special needs children and other identified vulnerable categories of the population at the highest level, in planning mitigatory interventions during disasters such as in the COVID pandemic in the future; allowing flexibility at Provincial council or at other regional administrative level to develop creative and relevant solutions suitable to their regions in addressing such emergency needs of such vulnerable categories; decision to develop a specialized health education program for CwDs and families. Child Development and Special Needs Unit of FHB could obtain data on methods used in other countries for health education of special needs children on COVID prevention, managing of COVID infected CwDs, and in developing such a program at the level of the MOH. review at policy level by the MOH, the gaps already identified in providing services to CwDs through the MOH system, poor identification of CwDs through screening during home visits by midwifes, lack of referral mechanism for identified CwDs, development of multidisciplinary treatment centers, handling of social issues associated with follow up and expedite and expand the programs currently proposed to address the above mentioned issues; policy decision at the level of MOH to develop a

[1] Swa Shakthi organizations are community-based groups of disabled persons

separate interventional package to address the issues related to children with special needs in the estate sector.

Household economies and social welfare sector policy suggestions under vocational training include: increase, modify, and assess VT courses to ensure employability and earning opportunities; ongoing curriculum revision should be supported and facilitated; improve the quality of VT centers by GoSL and introduce new VT streams based on the preference of PwDs and the market trends / demands for employment; make VT an integral part of the income generation activity for PwDs; introduction of a career guidance systems for PwDs (to be done through the SSOs); disaster preparedness and a support system during emergencies should be institutionalized at field levels. Preparation to overcome any issue during such situation will be thoroughly addressed and everything will be arranged properly for emergency risk reduction. Especially guardians and caregivers of CwDs should be trained to face and protect their children in such situations.

Policy suggestions under equal opportunities include: reviewing existing programs and services to assess their extent of implementation and modify them to increase their coverage, effectiveness, and efficiency for CwDs; make sure when they update their action plan to taking into account, disability prevalence, service needs, social and economic status, efficacy and inadequacies in current benefits, and environmental and social impediments.

Policy suggestions under accessibility and transport include, NSPD, Ministry of Urban Development and Housing, and Ministry of Transport and Civil Aviation need to work together to conduct a need assessment on accessibility gaps within the public places and in public transportation. Eg. although costly, elevators at railway stations to access platforms should be installed soon. Building regulations and codes should include accessibility to CwDs and PwDs and strictly enforced in the building approval process; develop and implement accessible public infrastructure and implement policies to provide discounts, loans, and subsidies for equipment, facilities, etc. Policy suggestion is also made towards public-private partnerships, particularly with NGOs, and deploy resources at household levels for the rehabilitation of PwDs and CwDs.

In addition, the report makes a list of **recommendations for JICA** in line with JICA's country intervention strategy for consideration.

Key Figures
Education and learning

Is your CwDs attending schools/centres during COVID?

74%
Had attended before COVID

48%
Had attended during COVID

Is your CwDs having opportunities to study at home during the school closure?

14%
Yes, at all times

27%
Yes, but only sometimes

41%
No, No opportunities

18%
Gave up

Do you have regular contact with the teachers?

68%
Yes

32%
No

Will you send CwDs to schools/centres when they starts?

85%
Yes

12%
Not sure

3%
No

Key Figures
Health care & medical services

Did your CwDs received longer-term medical services

68%
Needed and received before COVID

35%
Received during COVID

Did your CwDs received long-term medication?

59%
Needed and received before COVID

42%
Received during COVID

Were there any changes of the health condition of the CwDs during COVID?

20%
Getting worse

76%
No Change

4%
Getting better

Key Figures
Infection prevention & control

Does your CwDs have difficulty in practicing IPC protocols?

48% Yes

52% No

Do you have concern about protecting your CwDs from COVID?

60% Some concerns

40% No concerns

Do you have concern about protecting your CwDs during lockdowns?

68% Some concerns

32% No concerns

Can you contact medical professionals to know about COVID and/or vaccination?

55% Yes

45% No

Key Figures
Household eEonomy & Social Welfare

Are there any changes to the income of your family during COVID?

82% Decreased

18% No Change

Did you receive COVID allowance and/or dry ration?

60% Yes

40% No

Were there any behaviour changes in your CwDs during COVID?

57% Yes

43% No

Do you need to send your CwDs to vocational training in future?

43% Yes

31% Not sure

26% No

1. Introduction of the Survey

1.1. Objective of the Survey

The objective of the Survey is to identify required future initiatives and assistance of JICA in cooperation with the Government of Sri Lanka (GoSL) for improving life of Children with Disabilities (CwDs) and their families and preventing and controlling them from COVID infection, by studying impact of the pandemic on CwDs in Sri Lanka, and current status of the service provision of education, social and health services and their plans in future.

(1) Literature Review

Literature reviews were conducted to understand the guidelines and initiatives taken by public sectors for preventing CwDs/ PwDs from COVID infection, studies and research conducted about impact, problems, and difficulties CwDs/ PwDs are facing in the Pandemic, and recommendation and response to reduce the impact and solve the problems. We also aimed to identify, understand, and document the minimum standards of behavior towards CwDs in the COVID pandemic, which could be benchmarked against actual practices. Interventions could then be designed and implemented to bridge the "gap" between the standards and actual practice.

(2) Key Informant Interviews

The key informant interviews were conducted with the representative of the public institution on education, health, and social service sectors in Sri Lanka with the aims of understanding their service for CwDs provided or suspended under the Pandemic, problems and challenges, future plans, and needs of assistance.

(3) Family survey

The survey of families of CwDs (hereinafter referred to as the "family survey") was conducted to understand the current situation, problems, impact of the Pandemic, usage of education, health, and social welfare services during the Pandemic.

(4) Online stakeholder consultation workshops

Three online workshops were held with participation of the stakeholders from education, health and social service sectors to present the findings and the key considerations of the Survey, mainly from the family survey and the key informant interviews and have stakeholders' opinions about the key considerations proposed in the Interim Report of the survey.

1.2. Structure and members of the Survey Team

Structure and members of the Survey Team is shown in Figure 1 and Table 1.

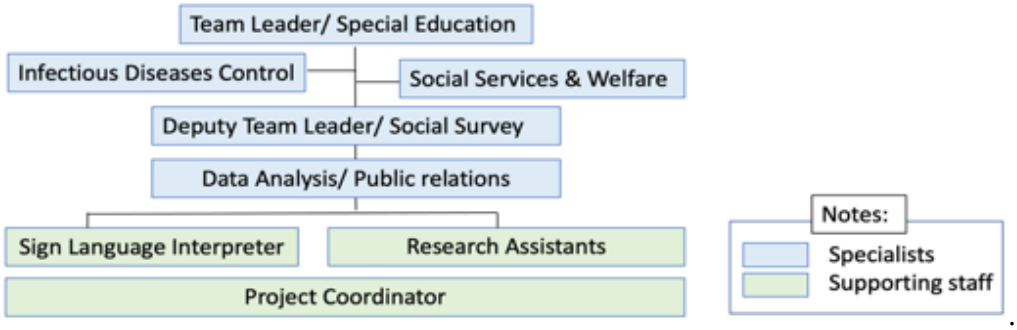

Figure 1 Structure of the Survey Team

Table 1 Survey Team Members

	Name	Position
1	Dr. K A C Alwis	Team Leader/ Special Education
2	Ms. Tomoko Tamura	Deputy Team Leader/ Social Survey
3	Mr. Azad Ibrahim	Data Analysis/ Public Relations
4	Ms. A. P. L. Buddhi Nirukshi	Social Services and Welfare
5	Dr. Sunil Ratnapreya	Infection Prevention and Control
6	Ms. Prabha Silva	Project Manager
7	Mr. Henry Dissanayake	Research Assistant, Colombo
8	Ms. Indira Senanayake	Research Assistant, Kurunegala
9	Mr. S. Kirishanthan	Research Assistant, Mannar (Mannar Association for Rehabilitation of Differently Able People: MARDAP)
10	Mr. Nalin Vipulendra	Research Assistant, Moneragala (Surangani Voluntary Services: SVS)
11	Mr. N Karunakaran	Research Assistant, Nuwara Eliya (Plantation Rural Education and Development Organization: PREDO)
12	Mr. K Pushparaj	Research Assistant, Nuwara Eliya (Plantation Rural Education and Development Organization: PREDO)

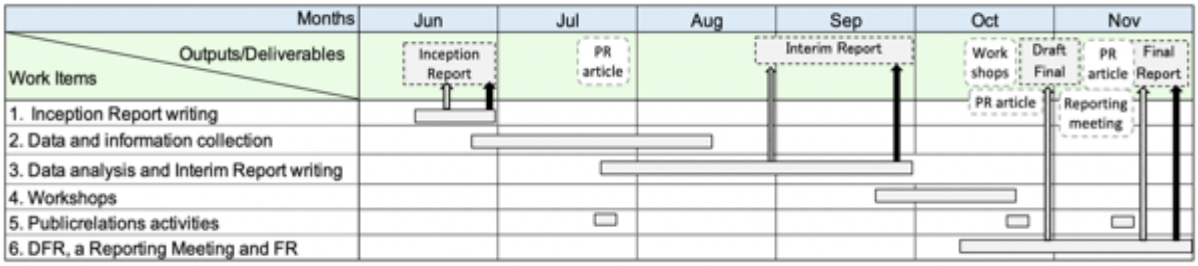

Figure 2.

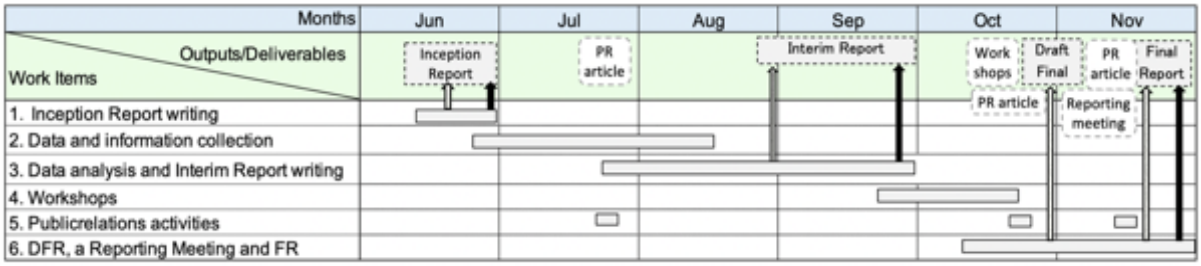

Figure 2 Plan and actual schedule of the Survey

Although the TOR for the Survey called for two physical workshops (work item #4) at Colombo and Kurunegala to discuss the findings and the proposed suggestions and recommendations of the Survey, due to a prolonged lockdown that was imposed in August 2021, the JICA accepted the proposal of the Survey Team to convert the physical workshops to three Zoom-based online workshops for each sector of education, health, and social service.

In this Report, the online workshops are referred to as online stakeholder consultation workshops. The stakeholders were "consulted" on the proposed suggestions and recommendations. Hence, the term "consultation workshops."

1.4. Methodology of the Survey

The Survey was entrusted by JICA to a joint study team comprised of International Institute of Development Training (Pvt.) Ltd. and Kaihatsu Management Consulting Lanka (Pvt.) Ltd. (hereinafter referred to as the "Survey Team"). The Survey is conducted in the following process (Figure 3).

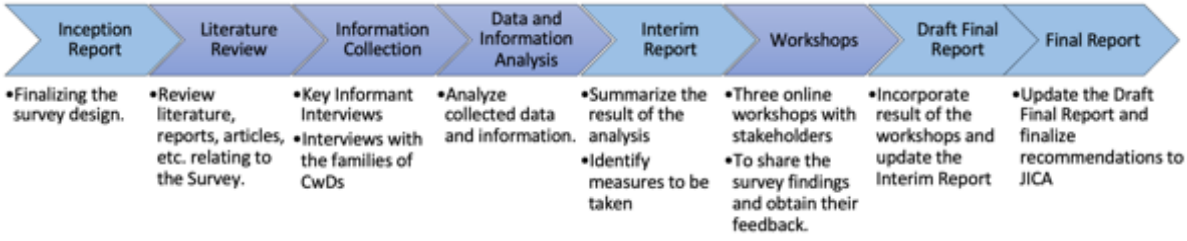

Figure 3 Process of the Survey

(1) Literature Review

The literature review was conducted in June 2021 and was updated in August and in September 2021. Published information from the following four sources were accessed using the Internet, which is now the standard tool for literature reviews and desk research.

- Statues and policies relevant to the disabled community in Sri Lanka
- Selected GoSL institutions
- Selected UN- and UN-affiliated agencies
- COVID-related research papers, published locally and internationally (in open access journals of repute) and research studies published by INGOs (e.g. Swabhiman, India), international charities (e.g. Save the Children International, UK), and selected Specialized Agencies of the UN; and
- Newspaper articles published locally and internationally.

We used a combination of key words to search for material / literature related to the proposed study. Some of the key words were: “disabled”, “children”, “Sri Lanka”, “pandemic”, “covid”, “covid 19”, “disability”, “disabled children’s education in covid times”, etc. Only literature published between March 2020 to mid-June 2021 were considered for review. Search terms were combined using Boolean operators such as “OR”, “AND”, and “NOT”. Sometimes snowball sampling method was used on the reference lists of some of the selected publications.

The search for literature relevant for this Survey was confined to the first three pages of the search results. Only websites of Governments, UN Agencies, and widely used online journal repositories such as Emerald Insight, Elsevier, Sage Journals, JSTOR, and Taylor & Francis Online, were accessed by the team. The search excluded gossip sites, Wikipedia, personal blogs, op-eds, conference papers, dissertations, book chapters, and sites loaded with advertisements.

When a publication was deemed appropriate for a second review (based on its title, abstract, conclusion, and recommendation), members of the search team uploaded the document and / or the URL (in the case of an online article) to a password-protected shared folder. The rest of the team members were then asked to review such publications before it (the document) being included in this review. This vetting ensured that every source included in this report passed a rigorous internal approval process.

(2) Key Informant Interviews

We proposed a list of key informants to be interviewed in the Inception Report of the Survey and obtained an approval from JICA Sri Lanka office. Then, we requested JICA Sri Lanka Office to issue letters addressed to the institutions in the list and introduce the Survey and the Survey Team. JICA Sri Lanka Office sent some of the letters directly to the institutions. Otherwise, the Survey Team sent or handed over these letters to the relevant institutions on behalf of JICA and asked for an appointment for interview.

We developed interview guidelines and received consent from JICA to use them in the interviews. By using the guidelines, interviews were held online or by face-to-face according to the request of the interviewees. See Annex 2 for the detail of the persons and institutes interviewed, and Annex 3 for minutes of meetings.

(3) Online stakeholder consultation workshops

JICA's formal invitations to the prospective stakeholders / invitees were emailed by the Survey Team and the invitations were followed-up with telephone calls and WhatsApp messages.

Three (separate) online discussions were held with groups of stakeholders from the medical / health sector (Wednesday, 13 October), education sector (Monday, 18 October), and the social services sector (Friday, 22 October).

The discussions were recorded and each discussion lasted for about two hours. Each presentation comprised of three parts. The first part was largely about the objectives, key activities, schedule, the methodology, and the members of the Survey. The second part saw the details of the family survey being presented to the invitees. Since the family survey contains four parts (demographic information, teaching and learning, medical and health, and family welfare), only the part that was of interest to the stakeholders / invitees was presented. In the final part of the presentation, the proposed suggestions, recommendations, and their rationale were presented by a subject matter expert in the Survey Team. This was followed by an open discussion, which was moderated by the presenter of the final part. See Annex 16 for the presentation and minutes of the workshops.

(4) Methodology of the Family survey

(a) Background

The family survey was completed in the following locations:

- Piliyandala and Moratuwa (Colombo district, Western Province): Urban
- Kurunegala and nearby areas (Kurunegala district, North Western Province): Urban
- Buttala and nearby areas (Moneragala district, Uva Province): Rural
- Mannar and nearby areas (Mannar district, Northern Province): Rural
- Selected estate divisions in Nuwara Eliya (Nuwara Eliya district, Central Province): Estate

A administrative map of Sri Lanka

(Survey locations have been identified)

The number of families that participated in the survey at each location and sector is given in Table 2, See Annex 4 for the list of CwDs of the family survey.

Table 2 Number of families in each sector – family survey

Survey location	Families (%)	Sector
Piliyanadala	19 (18%)	Urban
Kurunegala	17 (16%)	
Sub total	*36 (34%)*	
Buttala	20 (19%)	Rural
Mannar	17 (16%)	
Sub total	*37 (35%)*	
Nuwara Eliya	33 (31%)	Estate
Total	106 (100%)	

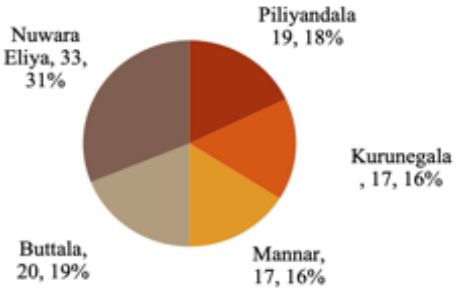

Figure 4 Distribution of samples - Location

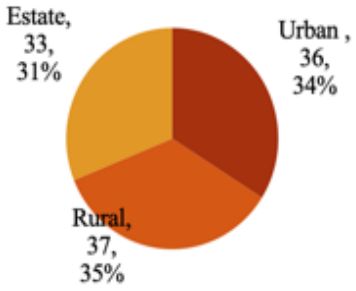

Figure 5 Distribution of samples- Sector

Note: Definitions: urban, rural, and estate sectors

The definitions of urban, rural, and estate sectors are given by the Department of Census and Statistics (DCS).[2] See

- Table 3.
- Pg. 50 of the final report of the national census, Census of Population and Housing (CPH[3], 2012) acknowledges that the definitions of urban and rural are dated and must be revised. However, the much-needed revisions are yet to take effect.
- However, if there is one sector that has retained its characteristics since its inception, it is the upcountry tea plantation (estate) sector.

[2] https://bit.ly/3zknNAh

[3] Pg. 50 (last paragraph) of https://bit.ly/2VMsyUz

Table 3 Definitions of urban, rural, and estate sectors

Sector	Definition
Urban	All areas administered by Municipal and Urban Councils
Estate	All plantations with an extent of 20 acres or more and employing ten or more "resident" laborers – resident in the plantation
Rural	All areas other than urban and estate comprise the rural sector

- Based on the last national census of 2012, urban, rural, and estate composition of the population in Sri Lanka is 18.2 per cent, 77.4 per cent, and 4.4 per cent respectively.[4]

(b) Selection of Samples

Sample size

The sample size (n) for the family survey, set by JICA Sri Lanka, was 100 families. Permission was granted to divide the sample size equally among the three sectors. Thus, the theoretical or "target number of families" for urban, rural, and the estate sectors were set at 33, 33, and 34 families respectively. However, the actual sample sizes were 36 families for urban, 37 for rural, and 33 for the estate.

Sample design

There are two families of sampling techniques,[5] probability techniques and non-probability techniques. In probability techniques, a sampling unit (e.g., a family with a CwD) in the sample frame has an equal chance of being selected for the survey. The sampling frame is the most comprehensive list that contains all the sampling units (e.g., population). This survey did not use a probability sampling technique. Rather, it employed a purposive sampling technique, a non-probability technique.[6]

In purposive sampling, too, it was decided to use maximum variation sampling (MVS), a method used to capture a wide range of perspectives relating to a phenomenon that is being studied. MVS searches for variation in perspectives, ranging from typical to atypical.

However, the "target number of families" (**Table 2)** should not be confused with quota sampling, another non-probability sampling technique. If quota sampling had been used in the family survey, the

[4] Table 3.5, pg. 52 of https://bit.ly/3kvswZJ
[5] Each family has many techniques
[6] https://bit.ly/3yjtoWd

number of families from urban, rural, and estate would have been 18, 77, and 5 respectively (to match the proportions of urban, rural, and estate in the population).

Sampling unit selection within a sector

The Stakeholder Engagement Plan (SEP) of the MoH has clearly categorized CwDs and PwDs as vulnerable persons.[7] Although the population of CwDs in Sri Lanka cannot be treated as a homogenous group,[8] for this study, it *was* treated as a monolithic group and the sample size of 100 families was divided equally among the three sectors (as all sectors are equally important)[9]. Within a sector, too, it was decided to give equal "priority" or importance to the different type of disabilities (see Table 4) and sex.

Categorization of the types of disabilities

As mentioned above, it was decided to give equal weights to the different type of disabilities within the sector. For this purpose, the Survey Team categorized the types of disability in the family survey as shown in Table 4 according to the advice of the specialist of infection prevention and control, and the Team Leader and expert on special education.

Table 4 Types of disabilities categorized for the family survey

Categories for the family survey	Individual with Disabilities Education Act (IDEA) of USA categorization	Categorization of the DoSS
1) Cerebral palsy/Spina Bifida/Muscular Dystrophy/ amputation and walking disorders	Orthopedic impairment such as Cerebral Palsy	Walking disorder, walking difficulties
2) Hearing problems (deaf/hard of hearing)	Deafness, Hearing impairment	Hearing and Speech
3) Speech and language problems	Speech and language impairment. E.g., Stuttering	Language disorder
4) Visual impairment (Low vision/Totally blind)	Visual impairment	Vision impairment
5) Epilepsy	Not given	Epilepsy
6) Autism Spectrum Disorder (ASD)	Autism Spectrum Disorder	Autism Spectrum Disorder

[7] Pg. 8 of https://bit.ly/3sWjwk3
[8] Because there are different types of physical and mental disabilities
[9] It is well-documented that the estate community is one of the most marginalized communities in Sri Lanka. Hence, one might argue that the estate sector should have been weighted higher and "more" families should have been selected from the estates. However, due to the prevailing situation, the urgency to complete the survey, analyze results, and gain insights meant that the sample size from the estate had to be kept at 34

7)	Intellectual disabilities/Downs syndrome/Microcephaly/Hydrocephaly	Intellectual disability E.g., Downs syndrome	
8)	Specific learning disabilities (SLD). E.g., Dyslexia, Slow learners	Specific learning disabilities. E.g., Dyslexia	Learning disability
9)	Attention Deficit Hyperactive Disorder (ADHD)	Other health impairments	

Age range of the samples

As for age, the "qualifying age range" was set from 6 to 18 years. This was according to the definition of "children" of Sri Lanka, and the age starting the school education. It was decided that, within a sector, to select as many CwDs whose age fell within this range.

Information used for selecting samples

The research assistants from Piliyandala, Kurunegala, and Buttala worked with lists of CwDs given by the Social Service Officers (SSOs) in these areas.[10] The research assistants in Mannar and Nuwara Eliya prepared their own lists of families for the survey with their knowledge and the field network of the NGO they are working for. Hence, the sampling units were clearly defined before commencing the survey.

(c) Schedule and process of the family survey

The following table shows the survey schedule.

Table 5 Schedule and process of the family survey

	Process	July 2021	August 2021	September 2021
1	Designing of the survey methodology			
2	Questionnaire development			
3	Pilot testing and translation			
4	Research assistant training			
5	Data collection			
6	Data entry			
7	Data analysis			

Questionnaire development

Developing a structured questionnaire for the family survey was an iterative process and consultants provided feedback on the items at various stages of the development process. The

[10] Families to be interviewed (the sampling units) was guided by the opinion and advice of the SSOs

following sources, reviewed during the "literature review" phase of this Survey (see "Result of the Literature Review", proved invaluable when the questionnaire was being developed.[11]

- S3_2: Save the Children: The hidden impact of COVID on children and families with disabilities[12]
- S3_6: Swabhiman, India: Digital education in India: will CwDs miss the bus?[13]
- S3_9: Disability & Society Journal: The impact of COVID measures on children with disabilities and their families in Uganda[14]
- S3_11: European Journal of Special Needs Education: The impact of COVID on children with additional support needs and disabilities in Scotland[15]

Based on the objectives of this study, the final questionnaire had five constructs or latent variables. Namely, (i) child's learning and education; (ii) health care services; (iii) infection prevention and control; (iv) household economy and child welfare in COVID; and (v) demographic details.

See Annexes 5, 6 and 7 for the questionnaire completed and used for the family survey.

Pilot testing and translation

The draft questionnaire was pilot tested with five families (Colombo and Piliyandala: two families each, Buttala: one family[16]). Based on the pilot testing, changes were made to the questionnaire. The final questionnaire was translated to Sinhala (used in Piliyandala, Kurunegala, and Buttala) and Tamil (used in Mannar and Nuwara Eliya).

Assignment of the research assistants

A total of six research assistants were deployed for the field survey. Each one research assistant was assigned for Piliyandala and Kurunegala. Four research assistants working for NGOs registered to the Department of Social Services with extensive field / grassroot level experience in serving the CwDs were commissioned to complete the family survey in Buttala,[17] Mannar,[18] and Nuwara Eliya.[19] They received necessary support from the organizations for the field survey. PAPI method (paper and pencil interviewing) was used in the survey of families and institutions.

Research assistant training

Due to travel restrictions, research assistants were trained online. Details of the sessions are as follows:

[11] See Section 6 of this report
[12] https://bit.ly/3ptJMR4
[13] https://bit.ly/3vXgpco
[14] https://bit.ly/3pmFXgk
[15] https://bit.ly/34KVAVp
[16] Remotely tested (via a group telephone call)
[17] Surangani Volunteer Services. See https://bit.ly/3zsDzJe
[18] MARDAP (Mannar Association for Rehabilitation of Differently Able People). See https://bit.ly/3ksk4dF
[19] PREDO (Plantation Rural Education and Development Organization). See https://bit.ly/3sQK6ez

- 10 July 2021: 9am to 1pm (Sinhala): research assistants of Piliyandala and Kurunegala
- 12 July 2021: 12.30pm to 3pm (Sinhala): research assistant of Buttala
- 13 July 2021: 10.30am to 1.30pm (Tamil): research assistants of Mannar and Nuwara Eliya

Data collection

The data was collected from 106 families according of the categorized types of CwDs (**Table 4**) to understand problems they are facing, and negative impact under COVID outbreak. Face-to-face interviews were conducted by using the semi-structured questionnaire forms. In-depth interviews were also conducted for developing case studies (See 4.5).

Table 6 shows the respondents to the family survey. 58% of the respondents (61 persons) was the mothers of the CwDs. It indicates that mothers are the important caregivers of the CwDs in general. This is probably due to the fact that women's participation in the workforce is lower than men in Sri Lanka,[20] and mothers may spend more time at home than fathers. However, it should be noted that the case studies shown in the Chapter 7.5 of this report describe that it is sometime a grandmother, who is taking a responsibility of the CwDs; and other family members, such as elder sister of the CwDs, are working hard for helping the CwDs learning and development.

It is interesting to note that, perhaps coincidentally, these are all females. Further in-depth research into this might lead to a recommendation that men should play a more important role in caregiving of CwDs at home.

Table 6 Respondents' relationship to the CwDs

Family member	Count
Mother	61
Father	35
Grandparent	6
Sibling	2
Uncle / aunt	2
Total	106

Data entry

Responses from the family survey was entered into a pre-designed MS Excel template by trained data-entry operators. Data entry was checked by two analysts.

1.5. Limitations of the Survey

(1) Limitation of the Literature Review

[20] The labour participation rate for men and women were 73.0% and 34.5% respectively (Source: P10, Annual report – 2019, Sri Lanka Labour Force Survey). The labour participation rate has not improved compared to the figures for 2011 (74.0% and 34.3% for men and women respectively).

Using the internet as the sole search tool to understand the "body of knowledge" on a specific topic is a double-edged sword as there is no "end" to one's search for relevant literature. Often, entire libraries can be accessed via the internet, an indicator of its vastness and the democratization of information.

However, internet-based search approaches for literature reviews have neither a beginning nor an end. Key word-based searches often work in inexplicable ways. It is possible for the same set of key words and search strategies to yield different results on different days. Also, different people using identical key words to search the internet often get different results.

(2) Limitation of the Key Informant Interviews

We had interviews with most institutions as planned; except some, which were difficult to contact or make appointments due to closure of the offices/schools during the period of travel restrictions or the representatives of the institutions being busy.

It was planned to conduct interviews with the CwDs themselves to obtain their idea and information, since CwDs are important key informants. These interviews were mainly planned to be conducted at the schools for special education, where the Survey Team can meet a group of CwDs. However, such interviews with CwDs did not take place because the schools were closed throughout the survey period.

In the family survey and case studies, we obtained information mainly from families of CwDs, but also talked to CwDs whenever possible, asking their opinions and confirming information from their families.

(3) Limitations of the family survey

Caution should be exercised in generalizing the survey results

The family survey was a rapid situation and needs assessment containing important insights so that JICA can plan for the necessary actions for assistance promptly.[21] However, because of the non-probability nature of the purposive sampling technique and the sample size, caution should be exercised when generalizing the results to cover a "entire population of CwDs in Sri Lanka". [22] [23]

Part of the survey results is specific to the survey period

[21] We were requested from JICA Sri Lanka office to complete the family survey and conduct the key informant interviews within one and half months, including planning, preparation, data correction, data entry, data analysis and reporting.

[22] Based on the population size of about 88,740 (see Table 11 of this Report), increasing the sample size from 106 families to about 400 families would be recommended in statistics literature (See pg. 2 of https://bit.ly/3nWRcgR) and to nullify the ill effects of the purposive sampling technique.

[23] For studies of this nature, purposive sampling is the preferred technique. The families had to be "hand-picked" based on their willingness to participate in the survey. We had to depend on the selections of the SSOs and the CBOs we worked with as they knew from experience as to the type of families that are likely to participate in a survey of this nature. They also knew the locations of the families because travelling long distances was not an option in this survey.

The results and the findings for some of the questions; especially, the ones on the opportunities to learning at home (7.2.2), and status and willingness of the COVID vaccination of the families (part of 7.3.8) are time specific.

Just after the data collection for the family survey conducted from middle of July 2021 to early August 2021, the government teachers initiated a country-wide trade union action and withdrew themselves completely from teaching online. Online teaching did happen during the survey period, but not after the family survey. The government decided to inoculate the children over 12 years and prioritize those with chronic diseases on 22 September 2021.[24] During the family survey, there was no consensus on this matter. Therefore, if the survey were to be done again in other time, such as in October 2021, the results, and the findings of these questions may to be different to what is reported in this Report.

Information on the disability of the CwDs is not based on a medical diagnosis but based on the response

The response to the question on disability is a self-reported one. That is, the respondent's answers were simply recorded by the research assistants. The research assistants were advised to confirm with the medical records of the CwDs when the respondent does not know or remember the disability, or their answer was not clear. They were advised to do so only if the record is available, and the respondent is willing to show it to the research assistant. This was a consideration of their privacy / confidentiality. The survey result shows that there is more incidence of multiple disabilities in the estate sector. It implies that multiple disabilities are quite common in the estate sector; however, to say this, a survey with probability techniques should be conducted.

Possible influence on the respondents by the interviewers

The respondents may be influenced by the interviewers' perception or ways to ask questions. This is a common limitation in interview survey. The Survey Team tried it's best to avoid this happen, by providing training to the research assistants; however, the Survey Team has an impression that it could have happened due to "over explanation" of the questions, including those for infection prevention and control.[25]

[24] https://bit.ly/3CA2Jqt

[25] Bias is a common problem in research assistant-led surveys. In this survey, it might happen with the samples of the estate sector, since they gave the same answers to certain questions on infection prevention and control, including the questions of "When going out or at home, does your CwD faces any difficulty in wearing masks, keeping distance, washing hands, and covering the mouth and the nose when sneezing / coughing?", "What are your concerns / worries in protecting your CwD so that he / she does not contract the virus?" and, "What are you your concerns / worries during lockdowns / curfews because there's a CwD in your family?." But it may happen because they are a homogenous and monolithic group with the same background and perception. It could be minimized in self-administered surveys (SAS). But SAS was not possible in this survey as most of the families are not used to complete the questionnaire even if it has been translated to Sinhala and Tamil.

2. Result of the Literature Review

2.1. Literature related to CwDs and PwDs under COVID

As instructed by JICA and planned in the Inception Report, the Survey Team reviewed the literature related to this Survey including the followings:

- Official documents regarding how PwD/CwDs need to be treated under the COVID situation
- Their lives and difficulties CwDs are facing under the COVID pandemic
- Good practices of inclusive approach for PwD/CwDs in prevention and control of COVID.

Table 7 shows the summary of the literature review conducted by the Survey Team (See **Annex 1** results of the Literature Review with detail)

Table 7 Summary of the Literature Review

Serial No. and Issuer	Document name, URL and date of publication (DoP)	Type of document	Summary of the review
Source 0 (S0): Legal and policy environment for disabled persons in Sri Lanka (GoSL)			
S0_1	Constitution of the Democratic, Socialist Republic of Sri Lanka URL: https://bit.ly/3C5srmv DoP: 2021	Statute	• Article 12, Chapter III (Fundamental Rights) of the Constitution ensures that PwDs and CwDs will not be subject to any form of discrimination in the country.
S0_2	Rehabilitation of the Visually Handicapped Trust Fund Act, No. 9 of 1992 URL: https://bit.ly/3z4ube6	Statute	• This Act was enacted to establish a fund solely for the benefit of visually handicapped persons (VHPs).[26] • The objectives of the fund are to: (i) provide education and vocational training (VT); (ii) create employment opportunities, provide seed capital for self-employment; (iii) provide housing facilities for VHPs to pursue

[26] https://bit.ly/2YVEUuU for the 2019 summary audit report of the Fund

Serial No. and Issuer	Document name, URL and date of publication (DoP)	Type of document	Summary of the review
			an education / VT; (iv) implement welfare schemes; (v) facilitate the marketing of products manufactured by VHPs; and (vi) eliminate barriers so that VHPs can be integrated to the mainstream society.
S0_3	Protection of the Rights of Persons with Disabilities Act, No. 28 of 1996 URL: https://bit.ly/2XiuHIr	Statute	• The Act was enacted to set up the National Council of Persons with Disabilities (NCPD) and a Secretariat for the Council (National Secretariat for Persons with Disabilities, NSPD).[27] • Section 23 dictates that PwDs should not be discriminated when seeking employment, pursuing an education, etc. This Section also says that public places and buildings must be made accessible for the disabled community so that they can obtain the services without any difficulty. • A criticism of this Act is that it does not contain provisions to safeguard the rights of PwDs.[28]
S0_4	Rana Viru Seva Authority Act, No. 54 of 1999 URL: https://bit.ly/391ij1W	Statute	• This Act was enacted to establish an Authority (Rana Viru Seva Authority, RVSA) to promote the welfare of disabled persons of the army and police and their dependents if a member of the family serving the army or police had been killed or missing in action.
S0_5	Special Educational Society (Incorporation) Act, No. 3 of	Statute	• Details of this Act are not available in the public domain. However, the objectives of the Act are to: (i) cover the rehabilitation of disabled

[27] https://bit.ly/2VFqGgu

[28] Pg. 5, para. 1.2 of https://bit.ly/3hsLD5K and https://bit.ly/2Xgz32g

Serial No. and Issuer	Document name, URL and date of publication (DoP)	Type of document	Summary of the review
	1999 URL: https://bit.ly/3hsereV		persons, by providing educational services and engaging them in social services; (ii) award grants; (iii) provide aid and assistance to victims of natural disasters; (iv) protect the rights of disabled persons; and (v) provide nutritious food, medical facilities, vocational training, and employment to disabled persons.
S0_6	Disabled Persons (Accessibility) Regulations, No. 1 of 2006 URL: https://cutt.ly/pW1YTAQ	Statute	• This Act was enacted to extend Section 23 of the Protection of the Rights of Persons with Disabilities Act, No. 28 of 1996. The objective of the Act was to improve accessibility for PwDs. • As per the Act, by year 2009, all existing public buildings, public places, and places where common services are available should be made fully accessible to PwDs. The Act contains detailed design and construction guidelines from parking areas to bus stops to railways stations.
S0_7	Elections (Special Provisions) Act, No. 28 of 2011 URL: https://bit.ly/3BZkb7A	Statute	• This Act was enacted to amend the principal statute on elections so that facilities needed by PwDs are provided to them by the authorities when they cast their vote in any election and / or referendum in Sri Lanka.
S0_8	Mental Health Act, 2007 (draft) URL: https://bit.ly/391dYvr	Bill	• As of to date, the Mental Health Act, 2007 remains a draft. Although there is a critical need for new legislation and regulations on mental health, the authorities continue to treat mental health as an insignificant issue. • The draft Act aims to: (i) protect the rights of persons with mental illness and provide for the care, treatment, continuing care, and

Serial No. and Issuer	Document name, URL and date of publication (DoP)	Type of document	Summary of the review
			rehabilitation of persons with mental illness; (ii) establish a mental health advisory council and grievance committee; (iii) establish district review committees; and (iv) repeal the Mental Diseases Ordinance (also known as Chapter 559 – first enacted in 1873 and the last amendment was in 1956).
S0_9	Social Security Board Act, No. 17 of 1996 URL: https://bit.ly/3lg51Eq	Statute	• The Act aimed to establish a Board whose purpose was to design and deploy 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 to provide a regular pension to self-employed persons during their old age or if they become disabled in the course of their work. • Clauses 11 and 12 of Part II of the Act specifies the methods for calculating the benefits to the contributors in the event of partial or complete disability. Clause 13 of Part II speaks about the gratuity payment to the contributor in the event of his / her death.
S0_10	National Policy on Disability (2003) URL: https://bit.ly/3ljjTlb	Policy	• The NAP is based on the recommendations of the Policy, which aligns well with the UN Convention on the Rights of Persons with Disabilities (UNCRPD). The Policy is guided by the following principles of the Convention: (i) accept PwDs as part of human diversity and of humanity, with respect for their inherent dignity and autonomy; (ii) all persons are treated equally, and are not discriminated based on disability; (iii) all persons are empowered through access, opportunities
S0_11	National Action Plan (NAP) for Disability (2014) URL: https://bit.ly/2XaIJeX	Action plan	

Serial No. and Issuer	Document name, URL and date of publication (DoP)	Type of document	Summary of the review
			and choice for full and effective participation and inclusion in society; (iv) equality between men and women; and (v) respect for the evolving capacities of children and their enjoyment of a full and decent life.
S0_12	National Action Plan for the Protection & Promotion of Human Rights (2017-2021) URL: https://bit.ly/3nye7ii	Action plan	• The comprehensive Action Plan of the Human Rights Commission of Sri Lanka revolves around ten types of "rights", one of which is the rights of PwDs and CwDs.[29]
S0_13	Mental Health Policy of Sri Lanka (2005-2015) URL: https://bit.ly/3hqAUsx	Policy	• Published by the MoH in the Gazette Extraordinary, No. 1418 / 33 of 11 November 2005, the Mental Health Policy's objectives are to: (i) provide mental health services at primary, secondary, and tertiary level hospitals; (ii) provide services organized at community level with community, family, and client participation; (iii) ensure that mental health services will be linked to other sectors; (iv) ensure mental health services will be culturally appropriate and evidence based; and (v) protect the human rights and dignity of people with mental illness.
S0_14	National Human Resources and Employment Policy (NHREP) for Sri Lanka (2012) URL: https://bit.ly/3nneQD6 and https://bit.ly/3A9xGRQ	Policy	• Adopted in 2012, the NHREP is the overarching policy framework that governs Sri Lanka's human resource development work and actions to provide full, decent, and productive employment to Sri Lankans. • The NHREP's policy recommendations to the Government are based on some of the challenges faced by PwDs and CwDs: (i) lack of

[29] Pgs. 105-147 of https://bit.ly/3nye7ii

Serial No. and Issuer	Document name, URL and date of publication (DoP)	Type of document	Summary of the review
			commitment to implement domestic laws, regulations, and international conventions that accept the right of PwDs to work; (ii) limited opportunities in the fields of vocational training (VT) and skills development; (iii) facilities available in the VT sector have failed to meet the current labor market requirements; (iv) inadequate information on the status of employment of PwDs; (v) although there is an increasing trend in the enrollment of CwDs in schools and in VT courses, mechanisms to provide meaningful employment for them have not been developed; and (vi) difficulties in travelling and the lack of disabled-friendly working environments discourage PwDs from seeking employment and enrolling in VT courses.
S0_15	National Guidelines for Rehabilitation Services in Sri Lanka (2014-2018) URL: https://bit.ly/3nrctPy	Guidelines	• The National Guidelines comply with the health-related articles (specifically, Articles 25 and 26) of the UN Convention on the Rights of Persons with Disabilities (CRPD). • The main objective of the National Guidelines is to provide adequate information to planners and implementers on appropriate levels of rehabilitation services that should be made available to PwDs in Sri Lanka.
S0_16	General Educational Reforms of 1997 URL: https://bit.ly/3k4PCaB and https://bit.ly/3tHwqTp	Policy	• In 1996, a Presidential Task Force was given the mandate to develop and present a comprehensive set of proposals for reforming the general education system. When these were presented to the President, the year 1997 was declared as the Year of Educational Reforms.

Serial No. and Issuer	Document name, URL and date of publication (DoP)	Type of document	Summary of the review
			• The Reforms address not only the formal school years (grades 1 to 12), but Early Childhood Education, Pre School Education, Adult and Continuing Education, and Special Education. • Chapter 11 (out of 19) of the final recommendations of the Task Force advocated that every effort must be made to bring the disabled child to mainstream education. If this is not possible, special schools or institutions must be established to cater to the needs of CwDs. Moreover, the Task Force recommended that special educational programs must be designed for slow learners to ensure that they do not fall behind their mainstream peers.
S0_17	Public Administration Circular No. 27 of 1988 URL: https://bit.ly/3k2ISKc	Circular	• This circular instructs the public sector to allocate three per cent of their vacancies for disabled persons provided that their disability does not prevent them from performing their duties.
S0_18	Dr Ajith Perera v. Attorney General - SC FR Application No. 273/2018) URL: https://bit.ly/3931PGg	Case law	• The well-publicized decision of the Supreme Court on the fundamental rights petition filed by late Dr Ajith Perera requests the Government to comply with all the provisions of the Disabled Persons (Accessibility) Regulations, No. 1 of 2006 without delay.
Source 1 (S1): Government institutions in Sri Lanka (GoSL)			
S1_1: MoH	Sri Lanka preparedness and response plan for COVID URL: https://bit.ly/3gctg5b DoP: April 2020 and updated in	Masterplan of GoSL to minimize the negative impact of the pandemic in SL.	• pg. 32: map vulnerable populations and public and private health facilities and workforce (including traditional healers, pharmacies, long-term living facilities, and other providers), and identify alternative facilities that may be used to provide treatment.

Serial No. and Issuer	Document name, URL and date of publication (DoP)	Type of document	Summary of the review
	April 2021		• pg. 38: map the presence of vulnerable and hard to reach populations and ensure that they are included in COVID plans. • pg. 41: Medical Officers of Mental Health teams and the community of Psychiatry Nursing Officers conducted home visits to the most vulnerable patients for the administration of injectable medicines. Mobile clinics were conducted in the lockdown areas with public health measures. • pg. 53: strengthen / upgrade essential health service delivery as per stage / phase of the pandemic to reach the vulnerable and marginalized groups (budget: Rs 8 million) • pg. 20: integrate into RCCE (Risk Communication and Community Engagement) dialogue and community leadership the mitigation of effects on livelihoods, reducing demand-side barriers to access essential health services, and respond to other health concerns or threats to their survival and dignity while ensuring participation of the community and vulnerable groups. • pg. 30: provided facilities for the vulnerable groups. E.g. YEDD Directorate (Youth, Elderly, Disabled, and Displaced) of the MOH provided disabled-friendly sinks to the healthcare institutions with WHO support (see https://bit.ly/3goFV3x for a communiqué on preventive measures for wheelchair users).
S1_2: MoH	Operational guidelines on preparedness and response for	Guidelines to be followed by workplaces in SL.	• Speaks of infection prevention control in universities (pg. 19). But does not contain any guidelines to universities on how they can accommodate

Serial No. and Issuer	Document name, URL and date of publication (DoP)	Type of document	Summary of the review
	COVID outbreak for work settings URL: https://bit.ly/3g6JMDy DoP: April 2020		the special needs of SwDs.
S1_3: MoH	Guidelines for preparedness and response for COVID outbreak in schools URL: https://bit.ly/3csLgpo Dop: 27 April 2020	Circular containing guidelines for "mainstream" schools should they be allowed to operate in COVID times	• Although meant for mainstream schools, the provisions hold true for all types of schools, including the ones for CwDs.
S1_4: MoH	Guidelines for preparedness and response for COVID outbreak in private tuition classes URL: https://bit.ly/3gjzVJv DoP: 15 Jan 2021	Circular containing guidelines for private tuition centers should they be allowed to operate in COVID times.	• Although meant for mainstream tuition centers, the provisions hold true for all types of centers, including the ones for CwDs.
S1_5: MoH	Guidelines for sports and sporting events URL: https://cutt.ly/cnJ16oq and https://cutt.ly/ZnJ0mlW DoP: 15 Jan 2021	Circular containing guidelines for students engaged in sports activities in mainstream schools.	• Except for activities that fall within the high risk category (e.g. rugby, boxing, etc.), rest of the activities are allowed in schools. • Although is meant for mainstream schools, the provisions hold true for all types of centers, including the ones for CwDs.
S1_6: MoE	Preparing to receive SEU students to schools / special	Circular containing guidelines for SEU	• Since the students are returning after a prolonged closure of the school, every SEU student must be assessed to identify his / her level of

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	schools who were home-schooled during the pandemic URL: not available in the public domain DoP: June 2020	students.	competence. A guide for assessment is attached to this circular. ・ It would be ideal if this assessment could be completed by a committee of teachers qualified in special education. ・ The assessment guide is a generic one and has been prepared to assess a wide range of disabilities and complications. However, not every student can be assessed on every aspect of this guide. Also, if the SEU teachers feel that an aspect that must be evaluated has not been included in this guide, he / she is free to include such aspects and amend this assessment guide. ・ Teaching and learning activities will commence when the assessment for every SEU student is completed. ・ The assessment results must be kept in the personal file of the student.
S1_7: YEDD of MoH	Guidelines for PwDs / CwDs on how to protect themselves from the COVID pandemic URL: not available in the public domain (see annex 17 for a Sinhala version) DoP: May 2020	Guidelines	This document was aimed at serving two groups: disabled persons at home and staff of care homes for disabled persons (who are domiciled for a long time). For the first group, the guidelines speak of do's and don'ts. For the second group, it contains instructions on six themes: (i) planning to deal with the pandemic; (ii) maintaining a safe care home; (iii) designing a mechanism for the continuous supply essential items; (iv) cleaning, sanitizing, and garbage disposal; (v) continuous training of staff and residents on protecting themselves from the pandemic; and (vi) visitor management during the pandemic. YEDD is working with the NFSE Unit of the MoE to convert these guidelines to braille and sign language formats. Once completed, they will be distributed among SEUs and GoSL-assisted

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			special schools.
Source 2 (S2): Selected UN- and UN-affiliated agencies			
S2_1: WHO	Disability considerations during the COVID outbreak URL: https://bit.ly/3xbbHrz DoP: April 2020	Guidelines and recommendations to minimize the negative impact of the pandemic on PwDs.	• Action 1: PwDs and their households (4 strategies) • Action 2: Governments (5 strategies) • Action 3: Health care (2 strategies) • Action 4: Disability service providers in the community (4 strategies) • Action 5: Institutional settings (4 strategies) • Action 6: Community (4 strategies)
S2_2: UNESCO	Ten recommendations to plan distance learning solutions URL: https://bit.ly/2TMelpi DoP: March 2020	Ten recommendations ensuring that inclusion in distance learning programs is meant for SwDs / CwDs.	• Implement measures to ensure that students, including those with disabilities or from low-income backgrounds have access to distance learning programs if only a limited number of them have access to digital devices.
S2_3: UNHCR	COVID and the rights of PwDs URL: https://bit.ly/3cre5mf DoP: April 2020	Guidelines to be included for PwDs to be followed at times of the pandemic.	• Provide clear guidance to education and school authorities on the scope of their obligations and the variety of available resources when providing education outside schools. • Ensure access to the internet for remote learning and ensure that software is accessible to PwDs. • Provide guidance, training, and support for teachers on inclusive education through remote learning. • Establish close coordination with parents and caregivers for early education of CwDs. • Provide guidance and distance support for parents and caregivers to

Serial No. and Issuer	Document name, URL and date of publication (DoP)	Type of document	Summary of the review
			assist in setting up equipment and to support the education program of their CwDs. • Develop accessible and adapted materials for SwDs to support remote learning. • Develop accessible educational audio-visual materials to disseminate through different media (e.g., online on demand, televised educational programs, etc.)
S2_4: UNICEF	Minimum Care Package (MCP) for CwDs URL: https://bit.ly/3cthVve DoP: May 2020	Minimum care package (standards) for CwDs.	• Risk: SwDs have been left out of distance learning and schools which are functioning are unprepared for keeping (disabled) children safe. • Minimum expected standards: consider the modalities and differentiated approaches for SwDs and for children living in poverty in any distance learning programs. Ensure schools have the information they need to keep children and staff safe. If schools were to reopen, ensure that SwDs receive support so that they can safely return to school and do so without delay.
S2_5: IDA	Towards a disability-inclusive COVID response: ten recommendations URL: https://bit.ly/2TWHSwI DoP: March 2020	Ten recommendations to efficiently address the range of risks faced by PwDs.	• PwDs must receive information about infection mitigating tips, public restriction plans, and the services offered, in a diversity of accessible formats. • Additional protective measures must be taken for people with certain types of impairment. • All preparedness and response plans must be inclusive of and accessible to women with disabilities. • No disability-based institutionalization and abandonment is acceptable.

Serial No. and Issuer	Document name, URL and date of publication (DoP)	Type of document	Summary of the review
			• During quarantine, support services, personal assistance, physical and communication accessibility must be ensured. • Measures of public restrictions must consider PwDs on an equal basis with others. • PwDs in need of health services due to COVID cannot be deprioritized on the ground of their disability. • OPDs can and should play a key role in raising awareness of persons with disabilities and their families. • OPDs can and should play a key role in advocating for disability-inclusive response to the pandemic.
S2_6: Include Me TOO (IM2)	COVID children and young people with disabilities: global statement and recommendations URL: https://bit.ly/2TxvuCY DoP: Q1 of 2020	Twelve recommendations to the "world" on children and young people with disabilities.	• Recommendations on: (1) Inclusive accessible education and learning development; (2) Health and social care; (3) Accessible information; (4) Social distancing, support, and wellbeing; (5) Participation and representation; (6) Young Women and girls with disabilities; (7) Safeguarding and protecting from all forms of abuse and harmful practices; (8) Economic empowerment and employment; (9) Stigma and discrimination; (10) Independent living; (11) Legislation and policies; and (12) Data
• **Source 3 (S3):** Journal articles and survey reports on COVID and related topics			
S3_1: Save the Children	Response to COVID in Sri Lanka URL: https://bit.ly/3gqFplO DoP: May 2020	Strategy paper reiterating Save the Children's commitment to support various Government	• The strategy paper speaks of mitigation strategies in the following areas: (i) health and nutrition (11 strategic initiatives); (ii) child protection (7 strategic initiatives); (iii) education and learning (14 strategic initiatives); and (iv) child poverty (10 strategic initiatives).

Serial No. and Issuer	Document name, URL and date of publication (DoP)	Type of document	Summary of the review
		institutions in SL.	
S3_2: Save the Children	The hidden impact of COVID on children and families with disabilities URL: https://bit.ly/3ptJMR4 DoP: October 2020	Survey report (completed in 46 countries) to understand the following: • The impact of school closures, home isolation / quarantine, and community lockdown on children's health, nutrition, learning, wellbeing, and protection. • The economic impact of the pandemic on households with children. • The health, psychosocial, learning, and protection needs of children during times of school closures, home	• Recommendations on child education and learning for CwDs are: • Develop back to school campaigns with CwDs in mind – distribute messages in accessible formats and provide support for families with CwDs. • Disaggregate data on enrolments, learning interventions, and outcomes and drop-out rates by disability to better support CwDs as they return to school. • Provide continuous teacher skills development on inclusive and gender sensitive education, special pedagogy, and accessible learning materials. • Provide effective, flexible, and inclusive distance learning programs, especially interactive radio instruction and printed learning materials. • Provide children with access to different learning materials and resources, appropriate to the learners' needs and abilities, using different modalities whenever possible, with particular follow-up for CwDs. • Support parents/caregivers with disabilities – particularly mothers – and parents/caregivers of CwDs in their role in home learning to enable them to increase interaction, support, and play with their children.

Serial No. and Issuer	Document name, URL and date of publication (DoP)	Type of document	Summary of the review
		isolation / quarantine, and community lockdown. • Children's right to be heard when talking about the pandemic. • Children's messages for leaders and other children around the world.	
S3_3: UNESCO	Life in the times of COVID URL: https://bit.ly/3vQsNej DoP: 2020	Booklet meant for parents and caregivers of CwDs.	• This guide speaks of 11 themes, from the cleanliness of CwDs to the psychological, physiological, and emotional wellbeing of caregivers.
S3_4: UNICEF	CwDs – ensuring their inclusion in COVID response strategies and evidence generation URL: https://bit.ly/34XCI5O DoP: December 2020	Quantitative study to collect information from UNICEF's network of 157 country offices on disruptions in service provision because of the coronavirus, at the national level, across different sectors.	• Over 80 per cent of countries in Eastern Europe and Central Asia reported disruptions in access to disability-related health services. • At least 25 per cent of the countries reported disruptions in social protection systems for persons with disabilities. • In at least 50 per cent of the countries surveyed, governments failed to adopt measures aimed at facilitating learning for CwDs. • In most countries, civil society organizations have not been engaged in planning disability-inclusive response strategies.
S3_5:	Disability rights during the	Survey report: data	• 12 recommendations for Governments related to PwDs in Institutions

Serial No. and Issuer	Document name, URL and date of publication (DoP)	Type of document	Summary of the review
Disability Rights Monitor (DRM)	pandemic: a global report URL: https://bit.ly/3cwAaQo DoP: 4th quarter of 2020	collected from 2,152 respondents from 134 countries.	• 10 recommendations on community support • 10 recommendations to mitigate the impact on underrepresented PwDs • 10 recommendations on inclusive and comprehensive access to healthcare.
S3_6: Swabhiman India	Digital education in India: will CwDs miss the bus? URL: https://bit.ly/3vXgpco DoP: 4th quarter of 2020	This qualitative survey of 3,627 persons (90 per cent from Odisha, and 10 per cent from the rest of the states in India) was completed between March to April 2020. The sample of 3,627 persons comprised of: 2,178 CwDs from grades 1 to 12; 1,042 parents (of which 839 were mothers) of CwDs; 303 teachers from grades 1 to 12; and 105 PwDs.	• CwDs constitute a "large" population and must be treated as a heterogenous group. Hence, their educational needs cannot be grouped into "one" category – individual educational plans of each student must be looked at when providing learning support for each CwDs. • Reading material in alternative formats is a "must" for CwDs. • A month prior to classes, lessons in relevant formats and guidelines must be sent to the parent. • When deciding new modes of teaching, in COVID and post COVID times, special education teachers must be consulted to ensure that the needs of the CwDs are met. • Parents play a greater role during lockdowns in teaching CwDs. Hence, they need training on the usage of smartphones, apps, and technology. • Need simple guidelines so that parents can help their children revise and learn the lessons. • Illiterate parents seek the support of tutors and rely on various support systems. • Tabs, smartphones, and computers must be distributed to make education accessible for all CwDs. Firewalls should be installed in gadgets to deter children from visiting unwanted websites.

Serial No. and Issuer	Document name, URL and date of publication (DoP)	Type of document	Summary of the review
			• Issues such as the cost of data and internet connectivity remain unsolved. • Classes must be conducted in blended formats, meaning, group classes to be conducted after one-to-one online sessions to reinforce online learning. • Sign language must be taught to all teachers and family members as soon as possible. • Access to digital libraries, online repositories, and knowledge banks must be made available to CwDs. • Services of Aveti Learning (www.avetilearning.com) and Books Rapid (www.booksrapid.org.in) must be explored and their help sought to convert lessons to alternative formats. • All examinations must be suspended till we return to pre-COVID times. • Simple assessments must continue as part of the teaching and learning process. • Students who are about to compete their studies must be supported to take exit examinations and given career counselling to "put them at ease." • Use of community radio channels as a teaching media. Similar to Rajya Sabha TV, a channel to be dedicated for school education in the local language in each state. • Tutors from the neighbourhood and unemployed youth could visit families of CwDs and support home-based revision of lessons.

Serial No. and Issuer	Document name, URL and date of publication (DoP)	Type of document	Summary of the review
			• Commence training on physical and speech therapy as soon as possible. • Arrange for the delivery of nutritious food, protein packs/bars to the families. • Teachers must start dance, singing, art, and craft classes online, too.
S3_7: Amnesty International	Communiqué URL: https://bit.ly/3govsFB DoP: June 2020	This communiqué summarizes the unique and "unsolved" challenges of educating mainstream children in the estate sector during COVID.	• If education-related issues of mainstream children in the estate sector remain unsolved in times of COVID, as highlighted in this communiqué, one concludes that the CwDs in the estate sector have been completely forgotten by the Government and the plantation companies.
S3_8: Humanity and Inclusion (HI)	Let's break silos now! - Achieving disability-inclusive education in a post-COVID world URL: https://bit.ly/3lSSGrv DoP: November 2020	Report describing six priority areas for three stakeholders in low- and middle-income countries operating in the field of disability: (i) governments; (ii) donors; and (iii) NGOs and civil society organizations.	• The overarching theme of this report is "inclusive education (IE)." It emphatically declares that IE has been shown to be cost effective and to improve the quality of teaching and learning for all children, not just those with disabilities. IE is the only strategy which can reimagine currently inadequate education systems, and ensure that all children, including those with disabilities, can access quality education and thrive in an inclusive environment, free from segregation, and discrimination.
S3_9: Disability and Society	The impact of COVID measures on children with disabilities and their families in	Journal article that speaks of a qualitative survey of 39 parents (27 parents of	• Families of CwDs in Uganda were well informed about COVID and had tried to follow prevention measures. • All the families had been affected economically since they were unable

Serial No. and Issuer	Document name, URL and date of publication (DoP)	Type of document	Summary of the review
journal	Uganda URL: https://bit.ly/3pmFXgk DoP: January 2021	CwDs and 12 parents of mainstream children) and 9 children (5 with disabilities and 4 without disabilities) completed in Central Uganda between March to July 2020.	to work during the lockdown. Both the employed and self-employed were affected financially and this had compromised their quality of life and standards of living. • COVID had "blocked" access to health and rehabilitation services for CwDs. • Parents of CwDs had struggled with home education and teaching due to the lack of "easy to understand" learning materials and learning support. • Response strategies such as lockdowns, curfews, etc., had negatively affected the peer support networks and social support for parents of CwDs. • CwDs and their families should be consulted when developing guidelines to respond to COVID.
S3_10: Disability and Society journal	A nightmare in a 'darker' world: persons with blindness under the Sri Lanka's COVID shutdown URL: https://bit.ly/3gh0C2I DoP: May 2021	Article that argues that people with visual impairment and blindness in SL have been pushed from "bad to worse" due to the shocks of the pandemic.	• The paper highlights the many challenges faced by persons with visual impairments and blindness. One of the serious problems faced by blind PwDs during COVID is the loss of their already meager income.
S3_11: European Journal of Special Needs	The impact of COVID on children with additional support needs and disabilities in Scotland	This paper speaks of a qualitative survey of 16 mothers (who had at least one CwD) completed in	• Particularly in the early days of the lockdown, little attention had been paid to the rights of CwDs as education and care services had been suddenly withdrawn. • Existing inequalities such as unequal access to IT, varying levels of

Serial No. and Issuer	Document name, URL and date of publication (DoP)	Type of document	Summary of the review
Education	URL: https://bit.ly/34KVAVp DoP: January 2021	Scotland between June to July 2020.	support and differences in family resources had widened due to the pandemic. • Families had reported some positive experiences, such as enjoying more time together and a release from school-generated stress. • The sudden "break" in education is likely to have a negative impact on the educational progress and wellbeing of CwDs, which would take determined efforts to rectify in the future.
S3_12: University of Colombo Review (Series III)	Disability exclusion during the Coronavirus Pandemic in Sri Lanka URL: https://bit.ly/2RRxKok DoP: 2nd quarter of 2020	This article documents how the negative impact pandemic further restricts the mobility of PwDs as they live through the government's health restrictions.	• The article concludes that PwDs in SL require additional and more targeted forms of assistance. That is, Government responses to protect and uphold the dignity of the people of SL, as stipulated in the Constitution, must include specific provisions for PwDs to ensure that they are "not left behind" especially in a time of a public health crisis such as the pandemic.
S3_13: Connect and adapt to learn and live	Deaf education in Sri Lanka URL: https://bit.ly/35l6Rfm DoP: May 2020	Blog post on deaf education in SL.	• The two main findings are: (i) for deaf children, the priority, at least for now is not education but food and safety; and (ii) the fact that parents of deaf children are not fluent in sign language means the communication gap between the parent and the child has widened. • The post speaks of a set of recommendations. It concludes with a reflection of the future of deaf education.
Source 4 (S4): Articles published in the English newspapers			
S4_1: Daily Mirror, Sri	COVID through the lens of disability	Highlights the difficulties that PwDs face during the	• Inability to follow health guidelines, including social distancing and hand-washing guidelines due to learning disability and being dependent

Serial No. and Issuer	Document name, URL and date of publication (DoP)	Type of document	Summary of the review
Lanka	URL: https://bit.ly/3gfo0xy DoP: 4 December 2020	pandemic.	on special aids and caregivers. • Overcrowding with inadequate personal space, poor communication, and delay in receiving treatment when they become ill. • A compromised physical health / nutritional status which may weaken the immune system (low immunity) • Financial distress resulting in not being able to seek medical care • Barriers to access public health information and disabled-friendly health care solutions
S4_2: Daily Mirror, Sri Lanka	Distance education during and after COVID: the long road ahead for Sri Lanka URL: https://bit.ly/3iOjFTI DoP: 14 July 2020	The article speaks about the world's largest educational crisis due to the pandemic.	• In many of Sri Lankas public schools, learning during the pandemic has mostly occurred via online channels, with teachers sending large volumes of material as PDF documents to students via WhatsApp and Viber groups. • However, only 52 per cent of Sri Lankan households with school-aged children owned a smartphone or computer – essential for online learning – and only 40 percent had an internet connection, primarily via mobile phones. This means that only about 50 per cent of all households in Sri Lanka can benefit from e-learning opportunities during the pandemic. • The article asks SL to capitalise on the positive experiences with some of the smart classrooms projects implemented in selected schools (prior to the pandemic).
S4_3: Daily Mirror, Sri Lanka	Mitigating Sri Lanka's COVID education crisis: priority areas for action	The article speaks of the year 2020 which saw close to 1.6 billion	• The article quotes from a survey completed in Sri Lanka which indicates that education via TV proved to be a better way of reaching students in smaller schools. However, several pedagogical and logistical challenges

Serial No. and Issuer	Document name, URL and date of publication (DoP)	Type of document	Summary of the review
	URL: https://bit.ly/3izGxFZ DoP: 14 June 2021	students from over 180 countries being kept out of schools for extended periods of time, in response to the COVID pandemic.	have hindered the effectiveness of online teaching. These include lack of links between televised programs and teachers' lesson plans, a passive teaching style and absence of interaction with students, confusion of timing and duration of different subjects and TV channels, and poor communication of program information to schools, students, and parents.
S4_4: Hiru News, Sri Lanka	Suicide of a PwD from Homagama URL: https://bit.ly/3iDx94G DoP: 31 October 2020	This article spoke of a 25-year old male who committed suicide when his mother was taken away for a quarantine center as she contracted the virus.	• This news item highlights the inflexible nature of the archaic quarantine rules and is an example of the law being applied without being sensitive even to a disabled person.
S4_5: Daily Mirror, Sri Lanka	Family of a woman with Down's syndrome urges virus research URL: https://bit.ly/3gfo0xy DoP: 12 February 2021	For people with learning disabilities and COVID, the statistics in the UK appear to be very bleak.	• In the UK, people with learning disabilities are at least four times more likely to die from COVID than the general population. Hence, include people with learning disabilities in the priority list for vaccines.
S4_6: News 18, India	Families caring for special needs face new challenges during the COVID pandemic URL: https://bit.ly/3pNAyzb DoP: 8 June 2021	The article speaks of the challenges experienced by families with PwDs and CwDs in India.	• The article speaks of the psychiatric rehabilitation services of the National Institute of Mental Health and Neurosciences (NIMHANS) in Karnataka. During lockdowns, NIMHANS conducts regular yoga classes and craft sessions via Zoom or Google meet to keep its patients engaged for at least a few hours of the day. The Institute also calls every

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			patient once a week and speaks to the caretakers, too. Often, the caretakers, too, are in a state of depression and need to be counselled.
S4_7: The Hindu, India	Beyond barriers of disability URL: https://bit.ly/3xgxOgn DoP: 17 Sep 2020	The article proposes the use of celebrity PwDs such as musicians Stevie Wonder and Andrea Bocelli and the star Indian para-athlete Deepa Malik to help PwDs assimilate into mainstream society.	• The article highlights the plight of CwDs as a result of the pandemic. For instance, SwDs have found it extremely difficult to access remote learning through digital platforms.

2.2. Literature related to CwDs in Sri Lanka

While the survey results were being analyzed, a few local publications were reviewed largely to understand demographical information about CwDs in Sri Lanka and gain insights into the results the survey.

(1) Child Activity Survey 2016 (CAS 2016), Department of Census and Statistics (DCS)

- The DCS published its third report of the Child Activity Survey of 2016 in February 2017[30] (previous rounds for CAS were conducted in 1999 and 2008/09 with the assistance of the ILO).[31] The 2016 survey was conducted at the request of the Ministry of Labour and Trade Union Relations. The International Labour Organization (ILO) provided technical assistance, while the US Department of Labour financially supported to conduct this country-wide household survey (in 2016).
- CAS 2016 covers data on demographic characteristics of children (aged 5-17 years), their school attendance, economic activities, health and safety, housing, and household characteristics. Further, the report presents information on perception of parents / guardians on their children working and other characteristics pertaining to the children.
- The population of children aged 5-17 years as of 2016 is estimated to be around 4.6 million (4,571,442). The rural, urban, and estate composition stands around 17 per cent, 78 per cent, and 5 per cent respectively.[32] Table 8 shows the age- and sector-wise distribution of the population of children aged 5-17 years. About 56 per cent of the children aged 5-17 years in Sri Lanka are between the ages of 5 to 11 years.

Table 8 Age- and sector-wise distribution of child population in Sri Lanka (2016)

	5-11 years	12-14 years	15-17 years
Sri Lanka	55.6%	23.4%	21.0%
Urban	54.2%	23.9%	21.2%
Rural	55.7%	23.2%	21.0%
Estate	58.2%	24.1%	17.7%

(Source: Child Activity Survey 2016)

- About 10 per cent of the child population in Sri Lanka was “not attending school” at the time of the (Child Activity) Survey. The rural, urban, and estate composition for this stands around 10 per cent, 10 per cent, and 8 per cent respectively.[33]

[30] https://bit.ly/3sP4EEb
[31] https://bit.ly/2WyBbCu
[32] Table 3.1, pg. 29 of https://bit.ly/3sP4EEb
[33] Table 3.2, pg. 31 of https://bit.ly/3sP4EEb

- This group of "not attending school" can be further divided into "previously attended school but not attending when CAS 2016 was being administered" and "never attended school". Table 9 shows the distribution of "previously attended" and "never attended" for the urban, rural, and estate sectors.

Table 9 Distribution of children who previously attended school and never attended school

	Previously attended	Never attended
Sri Lanka	88.7%	11.3%
Urban	85.9%	14.1%
Rural	89.3%	10.7%
Estate	87.5%	12.5%

(Source: Child Activity Survey 2016)

- **Table 10** shows some of the reasons for "not attending school at the time of CAS 2016". About 17 per cent of the children who were "not attending school at the time of CAS 2016" cited their reason for not attending school simply because they were not interested in studying or thought that education is not valuable for them.
- The figures for the estate sector stated as "Not interested/ education is not valuable" and "disability" are quite higher than the comparable figures for urban and rural sectors. [34]

Table 10 Sector-wise distribution of children "not attending school"

Items	Sri Lanka	Urban	Rural	Estate
Not interested / education is not valuable	17.2%	20.0%	16.0%	27.8%
Financial difficulty	3.3%	2.0%	3.5%	4.7%
Disability	4.2%	5%	3.7%	12.0%
Chronic illness	1%	0.2%	1.2%	1.6%
Engaged in supporting the family[35]	1.7%	1.9%	1.5%	3.7%

(Source: Child Activity Survey 2016)

[34] Estate sector has a unique historical background and is one of the marginalized communities in Sri Lanka, whose first generation was brought from South India for working at tea plantations during the British coronial time in the 19th century. If one needs to understand the inner workings of the estate sector, a seminal publication is the Red Color of Tea: Central Issues that Impact the Plantation Community in Sri Lanka. Please refer https://bit.ly/3ku0Xjj, and a book in Japanese「ぼくは 6 歳、紅茶プランテーションで生まれて。：スリランカ・脳英労働者の現実からみえてくる不平等」栗原俊輔 (I am six years old and was born on a tea plantation. Inequality in Sri Lanka from the reality of plantation workers, Shunsuke Kurihara) would be recommended. Also see "Note" in Page 33 of this report.

[35] May be engaged in economic activity, housekeeping, or taking care of the elderly and / or disabled persons

- CAS 2016 collected "basic" information on disabled children aged 5-17 years. The enumerators were instructed to identify a disabled person if a person could not perform activities for daily living (ADL) due to a disability at birth or due to a reason after birth.[36]
- As of 2016, about 1.7 per cent of the child population in Sri Lanka is disabled. The rural, urban, and estate composition for this stands around 1.6 per cent, 1.7 per cent, and 2 per cent respectively.[37] These figures are exactly the same for the three age categories: 5-11 years, 12-14 years, and 15-17 years.

(2) **Census of Population and Housing (CPH 2012), DCS**

- As of to date, Sri Lanka has never commissioned a census on either PwDs or CwDs.
- However, the report of the last national census of 2012 (CPH 2012) contains a short chapter (#8) on PwDs.[38] Although dated by 10 years, this is the only comprehensive document on the state of disability in Sri Lanka.
- The census questionnaire, among other questions, contained six questions specifically aimed at identifying children (5 years or older) and adults who have either physical or mental difficulty while performing their daily activities. The questions focused on vision, audibility, mobility, cognition, activities for daily living, and communicability.[39] For each question of these six questions, three mutually exclusive answer choices were given: "not difficult", "difficult", and "not possible at all".

- As per CPH 2012, there are 1,617,924 disabled persons (out of a population of 20,359,439) who have either a mental or a physical disability. Thus, the proportion of disabled people in Sri Lanka is around 8 per cent. This figure is around 15 per cent for the world, which translates to about a billion people.[40]
- The proportion of disabled persons (mental or physical) for selected districts are as follows. Kurunegala and Nuwara Eliya are the outliers.
  - Colombo: 70 persons out of 1,000 persons
  - Mannar: 82 persons out of 1,000 persons
  - Moneragala: 92 persons out of 1,000 persons
  - Kurunegala: 94 persons out of 1,000 persons
  - Nuwara Eliya: 100 persons out of 1,000 persons
- Table 11 shows that, of the disabled population of 1,617,924 persons, 88,740 persons are aged between 5-19 years (5 per cent of the disabled population). Of the 88,740 "young" disabled persons, 30,308 persons are not engaged in any form of education (30,308 / 88, 740 = 35 per cent of the young persons' cohort).

[36] Para. 6.3.4, pg. 102 of https://bit.ly/3sP4EEb
[37] Table 6.19, pg. 103 of https://bit.ly/3sP4EEb
[38] https://bit.ly/3jiRLiw
[39] Refer slide #6 of https://bit.ly/3sQZg3e
[40] https://bit.ly/3yrqOgO

Table 11 Number of disabled persons engaged in various forms education

	Disabled population	Pre school	School	Graduate and above	Technical / vocational	Other forms of education	Not engaged in any form of education
Sri Lanka	1,617,924	2,142	54,311	2,076	2,445	8,266	1,548,684
5-19 years	88,740	2,142	53,373	32	547	2,338	30,308

(Source: Census of Population and Housing, 2012)

- **Table 12 s**hows the change in GA (Government Agent), DS (Divisional Secretariat), and GN (Grama Niladhari) divisions between 1981 to 2012 (32-year period). These are the administrative units that serve the people in their respective districts. If the annualized change in the number of institutions were to be calculated, one would observe that the "growth" of these institutions is limited to 1 to 2 per cent.

Table 12 Changes of GA, DS, and GN divisions (1981-2012)

	GA divisions[41] (1981)	DS divisions (2012)		GN divisions (1981)	GN divisions (2012)
Sri Lanka	245	331		4,113	14,021
Colombo	8	13		121	557
Kurunegala	17	30		510	1,610
Mannar	4	5		33	153
Moneragala	8	11		88	319
Nuwara Eliya	4	5		98	491

(Source: Census of Population and Housing, 2012)

- **Table 13** shows the number of persons served by a DS division and a GN divisions for the districts of Colombo, Kurunegala, Mannar, Moneragala, Nuwara Eliya. The outliers are highlighted in pink.

Table 13 Number of persons served by a DS division and a GN division (2012)

	DS divisions	GN divisions	Population	Persons per DS	Persons per GN
Sri Lanka	331	14,021	20,359,439	61,509	1,452
Colombo	13	557	2,324,349	178,796	4,173
Kurunegala	30	1,610	1,618,465	53,949	1,005
Mannar	5	153	99,570	19,914	651
Moneragala	11	319	451,058	41,005	1,414
Nuwara Eliya	5	491	711,644	142,329	1,449

[41] Now known as DS Divisions

(Source: Census of Population and Housing, 2012)

- **Table 14** shows the number of persons served by a MOH division for the districts of Colombo, Kurunegala, Mannar, Moneragala, Nuwara Eliya. The outliers are highlighted in pink.

Table 14 Number of persons per MOH division

	MOH divisions	Population	Persons per MOH
Sri Lanka	356	20,359,439	57,189
Colombo	19	2,324,349	122,334
Kurunegala	29	1,618,465	55,809
Mannar	5	99,570	19,914
Moneragala	111	451,058	4,064
Nuwara Eliya	13	711,644	54,742

(Source: Table 7, page 36, Annual Health Statistics 2019, Ministry of Health) [42]

(3) Annual School Census of Sri Lanka (2020), Ministry of Education (MoE)

Table 15 shows the number of schools, students, and teachers in the estate sector schools. The last column is the student to teacher ratio, which is quite high for the schools located outside of the estates.

Table 15 Schools, students, and teachers in the estate sector schools

	Number of…			STR
	Schools	Students	Teachers	
All government (AG)	10,155	4,063,685	249,494	16.3
Located outside the estates	66	44,076	2,315	19.0
Located inside the estates	799	167,211	11,397	14.7
Total	865	211,287	13,712	
% of AG	9	5	5	

(Source: Annual School Census of Sri Lanka (2020))

- As of 2020, the number of students in Special Education Units (SEUs) in Sri Lanka stood at 7,502.[43]
- Of the 7,502 students:
  - Male: 60%[44]
  - Sinhala medium: 70%[45]
  - SEUs of National schools: 16% (Provincial SEUs: 84%)[46]

[42] https://bit.ly/2WxKpPB
[43] Pg. 1 of https://bit.ly/2Wq6gIO
[44] Table 4, pg. 5 of https://bit.ly/2Wq6gIO
[45] Table 10, pg. 11 of https://bit.ly/2Wq6gIO

- Table 16 shows the number of students in the SEUs of government schools. Twenty per cent of the 7,502 students in SEUs are from the districts of Colombo, Kurunegala, Mannar, Moneragala, and Nuwara Eliya.

Table 16 SEU students from selected districts (2020)

	SEU Students
Colombo	340
Kurunegala	720
Mannar	68
Moneragala	184
Nuwara Eliya	257
Sub total	1,569 (20%)
Rest of the districts	5,933
Total	7,502

(Source: Annual School Census of Sri Lanka (2020))

(4) Final report (2007) of the National Committee for formulating a new education act for general education, National Education Commission (NEC)

Chapter 2 of the final report of the National Committee appointed in 2007 to develop a draft act for general education in Sri Lanka identifies disabled children and children in the plantation sector as vulnerable groups.[47]

As for disabled children, the report makes the following observations:

- Lack of accurate information is a major factor that negatively affects policy and program development in special education.
- Inclusive education differs from the earlier notion of integration concerned principally with disability; today it is about the child's duty to accept rejecting segregation or exclusion.
- The importance of the concept of inclusive education has not been properly understood by the parents who are reluctant to enrol their CwDs
- Although inclusive education is adopted, most schools do not have the basic facilities for such an inclusion. A properly built school plant, conducive physical setting, and a psycho-social climate for friendly participation of disabled children are lacking in schools.
- A severe shortage of professionally qualified teachers makes it important to provide provision for professional development programs.
- Training programs conducted by the NIE do not meet the demands of special education teachers.

[46] Table 43, pg. 48 of https://bit.ly/2Wq6gIO
[47] Pg. 50 of https://bit.ly/3gEOEQa

- Majority of the disabled children do not have access to inclusive education. The percentage seeking tertiary education is meagrely small.
- About 2 per cent of the children do not enrol in the formal school. This is due to severe disabilities and living in under privileged areas though it is essential that they be accommodated to achieve the target of Education for All.
- The level of access to special education due to lack of an institutional system in place to ensure the enrolment of all severely disabled children is not satisfactory.

Page 13 of the report places the burden of educating CwDs on the government. The report recognizes the fact that a disabled child has the right to special education and training to help him or her enjoy a full and descent life in dignity and achieve the greatest degree of self-reliance and social integration possible.[48]

As for the children in estates, the report makes the following observations:

- School avoidance due to poverty and non-availability of good schools in the areas of residence of the children.
- Higher dropout rates in plantation schools.
- Acute shortage of personnel in the supervisory and managerial capacities.

[48] Pg. 13 of https://bit.ly/3gEOEQa

3. Result and findings from the Key Informant Interviews

The Survey Team conducted key informant interviews to understand the (a) present condition of their services and utilization, (b) human resources, (c) measures taken and in plan, (d) good practice and challenges, etc. regarding CwDs and their families under the COVID outbreak. It was conducted with the national, provincial, and divisional institutions related to education, health and social welfare, principals and teachers at the special schools and special unit of schools, hospitals, clinics and others which are providing services to the CwDs. The followings are the summary of the information collected by the Survey Team.

3.1. Education and Learning of CwDs

3.1.1. Background Information

(1) Types of schools for CwDs

There are schools for CwDs on Sri Lanka in different types as follows: national schools, provincial schools, and government-assisted special schools, and special education schools managed by NGOs and charitable organizations.

Inclusive education is where a child with special needs is placed in a class where mainstream students are enrolled. In this inclusive education setting, the child with special needs gets every opportunity to mingle with her / his "mainstream" peers. If a school decides that a CwD is cannot be placed in a mainstream class, then the option of enrolling in a Special Education Unit (SEU) is presented to the child. A SEU is a class that is dedicated solely for CwDs. In Sri Lanka, SEUs are found in government national and provincial schools. Based on the interview with the Director of the Non-Formal and Special Education (NFSE) of the MoE, a total of 6,788 CwDs are enrolled in 675 SEUs found in national schools and provincial schools.

Another type of schools that exist in Sri Lanka is classified as government-assisted (GoSL-assisted) special schools. The teachers of these schools are government employees and their salaries are paid for by the government, while the other expenses must be paid for by the schools. If there are students who stay in the hostels of GoSL-assisted special schools, then the cost of their food is paid for by the DoSS. The government provides them with free textbooks and school uniforms.

Based on the interview with the Director NFSE of the MoE, a total of 2,467 CwDs are enrolled in 29 GoSL-assisted special schools. The oldest and the most-well known GoSL-assisted special school is the Ceylon School for the Deaf and Blind in Ratmalana).[49] In fact, there are two sub schools of this School, the School for the Deaf and the School for the Blind. Each school is recognized by the

[49] https://csdeafblind.lk/

government as a GoSL-assisted special school. Another GoSL-assisted special school interviewed in this Survey is the Sandagala Deaf and Blind School in Kurunegala.

There are schools managed by NGOs or charitable organizations, which are usually registered with the Department of Social Service and the National Secretariat of Non-governmental Organizations. We interviewed such schools including the Little Tree Special Children's Center in Buttala, MARDAP in Manner and others. The results of the interviews are shown in the Chapter 6.3 "Service Providers on Social Service for CwDs".

(2) School operation in Sri Lanka after the COVID outbreak

The government schools and the GoSL-assisted special schools operated as shown in Figure 6 after the COVID outbreak in mid-March 2020. Even when schools are operated, the classes were held not every day, but only on or two days a week, and according to the number of students in the schools most of the time. Sometimes, classes were held only for several grades - mostly for the grades taking O/L and A/L exams. Schools in the isolated area were not operated until the isolation orders were released.

Accordingly, schools in the provinces other than the Western Province were operated around four months in total since March 2020 up to now (as of end October 2021). Schools in the Western Province were operated only around two months in total during the period. As mentioned above, even during these periods when schools are operated, students had opportunities to attend schools only a few days a week.

The Survey Team learned that GoSL-assisted special schools operated as same as the other government (mainstream) schools. The Team learnt from the interviews with the PEOs and ZEOs that there was no official instruction for operation of the special education units in schools. However, it was learned that some schools decided not to open the special education units as soon as the schools were opened. The Survey Team was explained that it was because the students in the units have low immunity and are not able to keep social distance, and therefore, are vulnerable to infection. PEOs and ZEOs instructed teachers for the special education units to conduct assessment of the students before starting classroom activities, because their ability might be changed during the time the schools were closed for several months.

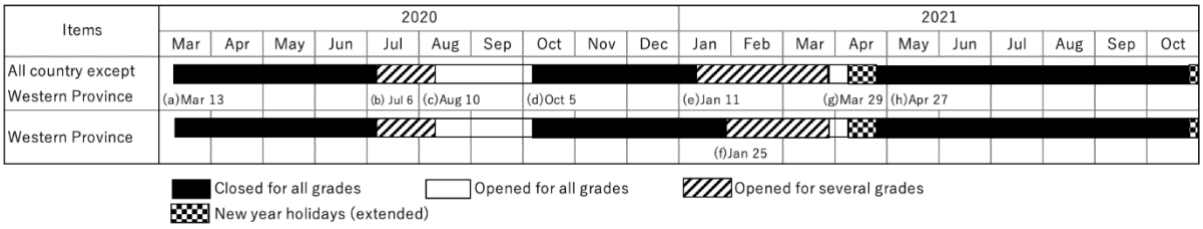


Figure 6 School Operation after the COVID Outbreak

Notes:

(a) 13.03.2020 All schools were closed after the first detection of COVID patients

(b)	06.07.2020	Opened only for grades 11, 12 and 13.
(c)	10.08 2020	Re-opening (all country)[50]
(d)	05.10 2020	All schools were closed due to the start of the 2nd wave
(e)	11.01.2021	Re-opened only for grades 2-13 except those in Western Province
(f)	25.01 2021	Opened only for grade 11
(g)	29.03.2021	Opened for all grades in all country[51]
(h)	27.04 2021	All school were closed due to the start of the 3rd wave
(i)	25.10.2021	Opened only for the primary grades (1-5).

Sources: Newspaper articles (Accessed on August 14, 2021).[52]

There was a nationwide trade union action by principals and teachers and online classes were suspended for three months from late July 2021 to October 25, 2021[53].

3.1.2. Services for CwDs in Special Education Units

(1) Communication among the education officers, SEU teachers and parents/CwDs

We had interviews with the following education officers:

- Director, Non-formal and Special Education Branch (NFSE) of MoE
- Assistant Directors of Special Education, Provincial Education Offices – Western, Northwestern and Uva provinces
- Assistant Directors of Special Education, Zonal Education Offices – Piliyandala, Homagama, Kurunegala, Buttala (Interviews with ZEO in Mannar and Nuwara Eliya have not yet conducted.)

We also conducted interviews with the six teachers of the Special Education Units (SEUs) in the following government schools:

- Moratu Maha Vidyalaya, Moratuwa in the Piliyandala ZEO
- Maliyadewa Model School in the Kurunegala ZEO (two teachers were interviewed)
- Dutugemunu National School in the Buttala ZEO
- Sithyvinayagar National School in the Mannar ZEO
- St. Bosco College, Hatton in the Nuwara Eliya ZEO

[50] Schools were re-opened, however, opened five days a week only for grades 5,10,11,12 and 13. Schools for grades 1, 2, 3, and 4 were held only one day a week. It has been decided to bring students to the school based on the number of students in the schools.

[51] Classes for up to 15 students were held every day. Classes with 16-30 students were divided into two groups and were held every other week. Classes with more than 30 students were divided into three groups and were held on an equal number of days.

[52] https://www.lankaeducation.com/schools-reopening-dates-announce/
http://www.colombopage.com/archive_21A/Mar25_1616695162CH.php
https://MOE.gov.lk/it-is-uncertain-to-open-the-schools-at-the-end-of-august-or-at-the-beginning-of-september-the-minister-of-education-professor-g-l-peiris/
https://en.unesco.org/news/schools-reopen-safety-measures-sri-lanka
https://timesofindia.indiatimes.com/world/south-asia/sri-lanka-to-reopen-all-schools-from-march-29/articleshow/81683666.cms
https://economynext.com/sri-lanka-to-reopen-nearly-3000-schools-in-july-education-minister-83656/
https://www.newsfirst.lk/2021/10/22/primary-section-of-all-schools-to-open-on-25th-oct/

[53] The Survey Team noticed that online classes were continued in Jaffna district exceptionally.

Information provided in the interviews with these education offices and SEU teachers are summarized as follows:

During the first school closure started from late March 2020, most of the education offices and teachers were not able to make any measures, since it was a sudden decision. They were not ready for distance education or online communication.

In sometime later, the educational officers, SEU teachers, and parents of CwDs made efforts and attempts for communicating each other and gradually developed communication channels shown in Figure 7. Forming Firstly, WhatsApp groups were formed among the officers and SEU teachers. SEU teachers formed the same with parents and gradians who have smartphones. They tried to do some lessons and activities with the students. It was not very successful as many students had problems such as no smartphones, weak or no signal. However, was able to get students engaged in some way and tried best to get participation of at least a few. The schools and SEU teachers also distributed workbooks or work sheets, giving telephone calls, and sometimes visiting the CwDs as described in the next section.

WhatsApp are commonly used for sharing information, giving instructions, reporting, and responding. Online classes by using Zoom are also held but seems very few. Viber is used in Mannar.

MoE, PEO and DEOs ⇄ ZEOs	ZEO ⇄ SEU teachers/ISA	SEU Teachers ⇄ Students and Parents/ guardians
・ WhatsApp messages, photos, and video ・ Zoom (meetings and training program)	・ WhatsApp messages, photos, and video ・ Zoom (meetings and training program)	In general ・ Keep assignment at schools and shops ・ WhatsApp messages and photos ・ Telephone calls Sometimes: ・ Send assignments by post ・ Zoom classes ・ Home visit

Figure 7 Communication among the Offices, Teachers and Parents/CwDs when schools are closed

(2) Teaching and learning of CwDs when schools are closed

Teaching and learning are conducted in the following ways in general when schools are closed:

(a) **Work sheets/ Workbook**: SEU teachers often develop assignment papers and provide them to the parents of CwDs. They often don't have facility for printing the assignment because they are working at home. Therefore, these assignments are often sent to communication shops in a village or town, so that the parents visit these places, pay the printing cost, and obtain them. Sometimes the assignments are kept at the school security room.

(b) **Postal service**: The teachers are sending the work sheets/workbooks by post to those who do not have smartphones and cannot come school to pick them up. However, it seems the sending them are not effective because postal service often suspended when the schools are closed or taking a long time.

(c) **Telephone calls:** Teachers sometimes give telephone calls to the students and parents to encourage the assignments or make sure they are fine, for example, once a week, or once a month.

(d) **WhatsApp:** There are SEU teachers sending the assignments by WhasApp messages to the students. Parents send photos and videos of the students doing the assignments to their teachers. The teachers find the replies and returns them with marks and comments. The photos and videos are sometimes shared with the education offices.

(e) **Zoom**: Some SEU teachers conducting classes online by using zoom. However, it seems there are only few of them doing so, probably because it requires resources, such as volume of data and high-speed internet, but they have only around 5 students. On the other hand, we found that Zoom classes are conducted often at the SEUs in the Homagama ZEO. A particular time a day is allocated for the SEU teachers to work with the students. They inform parents to get necessary materials and tools for the lesson the previous day. And then the next day, they carry out the lesson by Zoom.

(f) **YouTube**: Several education offices upload the videos the offers or teachers have created to their YouTube channels. (Homagama ZEO, Western PEO)

(g) **TV program** – No one mentioned about use of TV program.

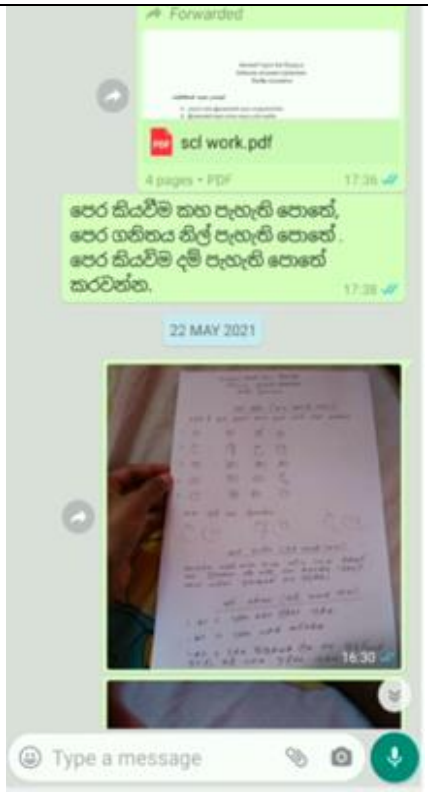
Activities which can be conducted at home, such as at kitchen, garden, and handicraft, painting, are often encouraged. The parents, mostly mothers are helping the students to do them at home.

WhatsApp photos sent by parents reporting unit teachers that their CwDs are engaging in activities encouraged to do at home (North Western POE)

Asignments with marks and commens of the teacher sent back to the students by WhatsApp (Homagama ZEO)

A CwD showing the completed assignments instructed by unit teachers to do at home – Buttala ZEO

A Zoom class conducted by a unit teacher



A teacher sent an instruction for an assignment by pdf file or sentences. The pictures of the completed works were sent back. Then, the teacher commented “Good” to the one who had done it, and “do and send me the work” for those who hasn’t done it.

Communication between a teacher and students in a SEU by WhatsApp.

Workbooks provided by a teacher of SEU

A teacher of an SEU provided instructions for activities at home.

A zoom class for a SEU by a teacher. A mother took a video of her child and sent her back.

	 
A zoom class for a SEU by using power point slides	A WhatsApp video lesson for a SEU by a teacher

Activity Handbook for Parents distributed to the CwDs in SEUs and special schools by North Western Provincial Education Office and the videos the CwDs doing the activities

(3) Facilitation provided by Education Offices

(a) Distribution of learning materials

- Published and distributed the two “Special Activity books” to all students with special needs (North Central PEO)

Activities which can be done at home are compiled in the books. Parents can choose activities suitable for their child, help them to do. The Assistant Director commented that many of the teachers and parents awarded about importance of CwDs doing some activities at home, not only when the schools are closed, but any time. The PEO distributed the books to all 1,135 students with special

needs in the province in May 2021. The PEO decided to publish these books as many students found it hard to attend online lessons due to technical problems (week signal, cost of data, equipment not available). Annual budget to the PEO was utilized for the publication. Parents are sending many videos of their children happily doing these activities with them, so it seems the books are useful.

(b) Conduct IT training programs to teachers

It was new to everyone to use smartphones and computers, applications such as WhatsApp and Zoom for teaching and communication. Most of them were not familiar with the equipment and functions. Some of them didn't want to use them. Some education offices provided training programs or familiarization sessions for the teachers on how to use the equipment, create leaning materials, conduct classes online by using zoom, etc. IT section of the offices assisted the training. (Uva PEO, Homagama ZEO, NFSE of MoE)

(c) Training program for teachers

Conducting programs to make teachers aware and help develop their skills for 2 days per week known as 'Adhuru saviya'. Seen that teachers become motivated because of this program. (Western PEO)

(d) Create awareness among the parents of CwDs on distance and online education

Some ZEOs and teachers organized sessions for awareness creation among the parents of CwDs on how to use equipment and apps for online education.

(e) Create awareness among school principals and teachers for mainstream classes

Awareness creation programs about education of CwDs for school principals and teachers for mainstream classes were conducted (Uva PEO).

(f) Sharing the teaching and learning materials

Teachers are sharing the teaching materials they have created by forming WhasApp groups or uploading videos to the online platform such as You Tube.

(g) Supervising the activities

- NFSE, MoE mentioned that the home-based activities is monitored at progress review meetings; and that moreover, teachers and parents are sending photos and videos of CWDs doing activities to their teachers; sometimes to the assistant directors of ZEOs, PEOs, MoE.
- Some PEO and ZEOs are sending forms to the teachers and offices under their preview, for reporting the progress of teaching. (They are getting positive feedback, but are they trying to identify negative feedback as well? There were complains at the family visits about the contents of WhatsApp messages and video, saying that they are not suitable to their children, or not useful; but not sure if this feedback reached to the education offices for improvements)

- In some places, it was mentioned that officers, ISA and teachers observe zoom classes conducted by others, and give advice for improvement. For example, assistant directors in-charge of subjects, such as dancing and music, are joining online to give advice and supervise the lessons sometimes.

(h) Instruction on conducting assessment of students

The NFSE, MoE, issued a circular on conducting assessment of students in SEU and schools of special education to conduct assessment of the students at the re-opening of schools in June 2021. (see Literature review Table 7, S1_6)

The MoE developed an e-learning platforms named e-thaksalawa to upload course material such as assessments, video tutorials, coloring sheets, games, and puzzles. Any student can log in to the lessons. It also has self-assessments, PDFs, video lessons, coloring and puzzles. However, this platform is largely meant for the use of mainstream students. We could not find any learning materials meant for the SEUs and CwDs, sign language interpretation or subtitling service.[54]

(i) Guidebooks for teachers

According to the Director, NFSE, MoE, they have developed the below mentioned guidebooks for teachers during the pandemic.

- I.D Guide book 1:
  CwDs preschool age (NFSE, MoE is planning to have preschool level classes in units those who are not fitting to the normal preschools at the age 4 to get admitted to these classes. This book is for that.
- I.D Guide book 2:
  CwDs who are getting admitting to the units and who are promoting from preschool classes from the units
- I.D Guide book 3:

  CwDs who are capable for mainstreaming for smooth transitions

They had Zoom meetings with the selected teachers and gave instructions to write books. They have edited the draft sent by them. One is completed Others are in progress.

[54] https://www.e-thaksalawa.MOE.gov.lk/web/en/#. There is an icon of "Special Education" in the home page, but there is no contents (accessed on September 26, 2021). We also found that the contents of the platform, such as the past morel papers of several subjects, were not updated from 2015/2016.

(4) Services and activities suspended due to the influence of the Pandemic

(a) New admission of students into SEUs

Overall, the admission process to SEUs was suspended although there were only a few in some locations, such as Uva province. It was mainly because assessment of the CwDs, which are to be carried out prior to the admission, were not able to be carried out due to the influence of COVID.

(b) Integration of the students in the units to the mainstream classes

Integration process of students from SEUs to mainstream classes was suspended because schools were not functioning most of the time. Planned integrations were also not implemented.

(c) Continuous assessment of the students and development of individual education plans

Continuous assessment of the SEU students, development of individual development and education plans, were not conducted because the SEUs were functioning only a limited period. SEU teachers were instructed to carry out assessment when schools were re-opened[55]. However, it was not utilized or continued because the schools were again closed soon. It is same as the development of individual education plans

(d) Direct supervision of teachers and units by ZEOs.

The officers of ZEOs could not visit unit and unit teachers most of the time.

(e) Monitoring and supervision of teachers and unites

Some ZEOs and PEOs conducted monitoring and supervision of teachers by participating in their online classes, collecting information of their activities; however, some did not.

(f) Holding events such as sports meets, competition for dancing and drawings, celebration of religious festivals, field trips, cooking program, etc.

(g) Delays in distribution of hearing aids and spectacles. It usually happens at the beginning of every year, but delayed to mid or end of the year.

(h) Development of educational resource centers for special education

(i) Recognition and award presentation to outstanding teachers for special education (North Western PEO)

[55] A circular was issued for this instruction by the NFSE, MoE. (Source: interview to the Director, NFSE, MoE)

(5) Positive outcomes observed by Education Offices

(a) Teachers and officers became aware about importance of using online technologies, although there were some resistances at the beginning. ZEOs and PEOs encouraged and facilitated them for the introduction. Sometimes senior teachers were encouraged by participating in zoom classes conducted by novel training teachers.

(b) Knowledge and use of technological methods and equipment was satisfactorily increased and formalized. New idea development, the possibility to train and teach students a lot of things using different methods. Developing good thinking about group projects and efficiency.

(c) The teachers are providing service at times which were convenient for the parents as well as when they were able to get the necessary equipment.

(d) Teachers are becoming flexible to prepare assignments and classes in ways to fulfil needs of individual children.

(e) Teachers becoming more efficient to give out assignments and make corrections.

(f) The education offices are grateful for teachers who spent from their salaries for internet data, purchasing smartphones and laptop. Good cooperation from teachers and they are highly motivated to teach even during the pandemic.

(g) Parents are seen to work more with the children. After these activity books are sent home, they are motivated and feel they can even do housework by engaging their children with them. Sometimes, if no work is assigned for the day, parents also call teachers and ask why no work was assigned for the day.

(h) Holding of events and festivals were suspended, but they are conducted online at home quite successfully. (e.g., Vesak and Poson festivals)

(6) Problems and challenges observed by Education offices and teachers

(a) Some CwDs are unreachable and are left behind

Teachers and education offices were not able to reach or involve around 10% – 20% of the students in SEUs currently in anyway, due to the following reasons:

- Telephone numbers of the parents/ guardians of the CwDs in SEUs are not functioning or available.
- SEU teachers cannot visit the CwDs since she/he lives far away from their residence.
- SEU teachers and education offices tried to send learning materials by post, if they don't have phones or smartphones, but postal service was suspended from time to time.

(b) Difficulty in communication among the officers/ teachers/ families of CwDs in SEUs

- No / weak mobile signals or internet connections at home. However, in some places, the provincial education office identified such locations and negotiate with the internet service provider and improved the connections.
- Some do not have smartphones, and not affordable.
- A family has only one device (mobile phone/ smart phone/ tablet) and many children. If there is a child in mainstream class; then that child gets the facility and the CwDs is neglected. When father of the children takes the phone for work, they will not have a chance to use it until he comes back home in the evening.
- Some do not know the use of smartphones / WhatsApp, etc. or do not want to know.

(c) Problems in teaching from distance/ let them learn at home

- To fulfil different needs and abilities of each student from distance without observing them
- Limited ability and knowledge of the parents to assist learning of CwDs at home
- Due to sickness, some CwDs are unable to participate in online teaching at the scheduled time.
- The way parents teach and handle their CwDs is different from the way the teachers do. Then, it makes difficult for some teachers to teach and handle the children at school. The parents need to be guided how to teach and handle the CwDs in better ways.

(d) Declining or loss of motivation for learning

- Students and parents are becoming increasingly demotivated about online and distance learning. Because it continuously needs resources and attentions.

(e) Difficulty in contacting parents

- Teachers have difficulties to contact parents of CwDs at the same time due to their work schedule.

(f) Low attendance when schools are re-opened.

- Some parents are not sending their CwDs to schools even when the schools are re-opened. It is mainly because they are afraid of their children being infected by using public buses.
- Some unit teachers discourage or stop their students attending schools until sometimes after the school re-opening. Or ask the students to come to school not at once for the purpose of maintain social distance among them.

(7) Future plans – PEOs and ZEOs

(a) Introduction of a LMS (Learning Management System)

Uva PEO is planning to introduce “Internet Iskole” by using a LMS (Learning Management System) for all subjects, including special education. For children with hearing problem, autism, and other disabilities a separate program will be prepared. This is in progress and not launched yet. The Assistant Director is keen on making it more useful to the students with autism, for example, by creating more awareness among the parents to assist learning of their children. Currently, preparing lessons to record and next step it to video the lessons. They have only one video camera for all subjects, and therefore, speed of production process goes slowly.

(b) Guidance and awareness creation among the parents

Expecting to send various activities to parents to do with their children. Programs should be taken to see the understanding and ability of parents to do those activities. In the future, awareness programs should create for parents to continue to work together with their children. Would be better if a book like a guide can be provided for parents. (North Western PEO)

(c) Development of teaching aids

Less teaching aids for children with learning difficulties in classroom so plans to get more such tools and equipment such as jump balls etc for every special unit classroom. This issue has already been discussed with the department as well. (North Western PEO)

(d) Construction of inclusive classrooms

Construction of classrooms with necessary facilities to cater the special needs for implementing inclusive education

(e) Involving 10% - 20% of students who has not yet involved in online teaching/ learning at home

(8) Future plans – NFSE, MoE

(a) Converting contents in E–Thkshalawa into braille and sing language

Lessons uploaded by the regular education system to E–Thkshalawa are in the process of converting into braille and sing language.

(b) Establishment of admission committees

Establishment of admission committees for each school consists of the principal, deputy principal, two teachers, and two parents. A geographical area will be assigned to each admissions committee to find and admit out-of-school children between the ages of 5-14.

(c) Build or renovate special education units

Build or renovate special education units in national schools and provincial schools. Some units are not built-in proper places and do not have adequate facilities such as accessibility, learning materials, and play items, etc.

(d) Appointment of iterant teachers for CwDs difficult in schooling

Appoint of iterant teachers for the CwDs who find it difficult in schooling. Such iterant teacher will be appointed for each of three children and will teach at their respective locations.

(e) Team for screening and assessment of CwDs

Establish of multi-disciplinary teams in collaboration with the Ministry of Health to screen and assess children with CwDs. This multi-disciplinary teams consist with doctors, therapies, etc. Initially it is planned to implement these teams in Galle, Colombo, Kandy, and Nuwara Eliya.

(f) Establishment of educational assessment teams.

Provincial/Zonal levels Special Education Assessment Committees should be established to determine appropriate placement for educational interventions.

Table 17 Needs and Plans of NFSE, MoE

Needs	Plans
Implementation of the Compulsory Education Ordinance	Establishment of admission committees in schools
CwDs must be equipped with required infrastructure and teaching facilities	Build or renovate all units in school constructions and learning are accessible to CwDs
Education for All	Appointment of iterant teachers
CwDs should have proper assessment for required special services	Establishment of multi-disciplinary teams
CwDs should educate at least restrictive environment	Establishment of educational assessment teams

(g) A satellite system to provide education to all children in the country

Satellite channels will be made to make all learning available in e- versions. LMS will be launched to provide guidance online and face to face teaching for CwDs (blended/ hybrid system).

(h) Increase SEUs

There is a plan to have SEUs in every school, at least two classes (age 4-5: one class, 5-6: one class)

– with shadow teachers, one teacher for every 5 children. To realize it in shorter periods, schools need teachers twice as much they have now.

(9) Administrative Problems

(a) Shortage of officers dedicated to special education

- Shortage of teachers. There should be students of 5 or less for a unit teacher, but there are more students for some teachers.

- There are shortages in officers for special education. For example, the assistant director for special education of Uva PEO does not have any assistant directors for special education in all 10 ZEOs. Therefore, himself and the 4 ISAs are managing the work.
- Some officers of ZEOs and PEOs are engaging in special education while in-charge of other subjects, such as primary education, art and dancing.

(b) Expenses for internet data and equipment

- Officers and teachers spend from their salary for the internet data. Some teachers didn't have smartphone, but they bought them by themselves according to the needs. The MoE has no means to fund for these expenses at the moment.

3.1.3. CwDs in mainstream classes

The Survey Team did not have opportunities to have interviews with teachers teaching mainstream classes; however, visited two children with learning disabilities who are studying at mainstream classes. According to the information given from the mothers of the children, they were provided with a workbook to do at home. Zoom classes are conducted sometimes. There was no arrangement to fulfil the special needs of the children.

Their mothers are helping the children to do the workbook at home; however, seems not successful because they are not aware of how to help children with specific learning difficulties. (See the case study (6)) The mothers mentioned that their children were supported by their classmates at the mainstream class when they used to go to school. However, their learning is not in progress since they cannot have such support when they do assignment at home.

The Survey team found that some children were supposed to be integrating to mainstream classes. However, it hasn't happened yet because the schools are closed. Some children who already integrated into a mainstream class are obtaining assistance and assignment from the unit teachers who took care of them before being transferred to the mainstream class.

3.1.4. Government assisted Schools for Special Education

We had interviews with the principals of the three-government assisted special schools, named the Ceylon School for the Deaf and Blind at Ratmalana, St. Joseph's School for the Deaf at Ragama, and Sandagala Special School in Kurunegala. (See the meeting minutes of these schools in Annex 3) We found that they have the same problems with those of SEUs, such as follows:

(a) Overall, the admission process to the government-assisted special schools was suspended although there were a few in some locations, such as Uva province. It was mainly because assessment of the CwDs, which are to be carried out prior to the admission, were not able to be carried out due to the influence of COVID.

(b) Teachers and education offices were not able to reach or involve around 10% – 20% of the students in the special schools currently in anyway.

(c) Difficulty in communication among the officers/ teachers/ families of CwDs in the schools

- No/ weak mobile signals or internet connections at home. However, in some places, the provincial education office identified such locations and negotiate with the internet service provider and improved the connections.
- Some do not have smartphones, and not affordable.
- A family has only one device (mobile phone/ smart phone/ tablet) and many children. If there is a child in mainstream class; then that child gets the facility and the CwDs is neglected. When father of the children takes the phone for work, they will not have a chance to use it until he comes back home in the evening.
- Some do not know the use of smartphones / WhatsApp, etc. or do not want to know.

(d) Difficulty to teach students with hearing impairment

- Parents cannot help the children as they are not familiar with the sign language used at school. This is a challenge especially for elder children sitting for O/L exams etc.

(e) Declining or loss of motivation for learning

- Students and parents are becoming increasingly demotivated about online and distance learning. Because it continuously needs resources and attentions.

(f) Low attendance when schools are re-opened.

- Some parents are not sending their CwDs to schools even when the schools are re-opened. Some students in special schools come from far away, and stay in the hostel attached to the school. They cannot travel to the school when there was restriction in travelling out of the province.
- Some parents are afraid of their children being infected by using public buses.

It seems zoom classes are conducted more often at the government-assisted schools for special education, especially for the deaf students taking O/L exams. Uva PEO mentioned that the radio programs for the students in mainstream classes are recommended to the students with visual impalement studying at special schools

3.1.5. Department of Inclusive Education, National Institute of Education

We also had an interview with the Department of Inclusive Education (DIE), National Institute of Education (NIE) which is responsible for (i) developing school curricula to enable the teaching of CwDs; (ii) providing training to In-Service Advisors and special education teachers; (iii) developing supplementary curricula to be used in inclusive education; (iv) training special education teachers (and other interest groups) on subjects such as inclusive education, sign language, and braille; and (v) conducting research on topics of interest and disseminating the findings via research seminars.(vi)Assessment of CWDs for school placement.

DIE also runs a weekly counselling and "identification" services for parents of CwDs. Happening on Wednesdays, from 9.30am to 3.30pm, parents of CwDs can drop by the office and be counselled by DIE staff. Parents can seek any clarification on the issues they encounter with their child, including educational needs and care.

(1) Communication among the officers, teachers CwDs and parents

- WhatsApp are commonly used for communication. Zoom has been used to conduct classes since the first lockdown for Diploma in Special Education, Diploma in Sign Language and, Certificate course on Braille programs. Links are emailed to the participants and resource persons would conduct classes from their offices / homes.

(2) Facilitation provided by Department of Inclusive Education NIE

- Pre-recorded videos were produced for some of the modules of certificate program conducted by the department.
- Since April 2020 the Department of Inclusive Education provide technical support of sign language interpreters to explain all the Guru Gedara video lessons from grades 3 to 5 telecast by Channel Eye and Nethra in local curriculum. The sign language interpreter would convert a full lesson to sign language. When the lesson is broadcast, both the mainstream teacher and the sign language interpreter would appear on the screen.

  Physical meetings were converted to online.

(3) Services and activities suspended due to COVID

- Since the first wave in April 2020 assessment of CWDs for school placement were cancelled
- Parents counselling programs were cancelled
- Practical exams and written exams of the courses were cancelled

(4) Problems and challenges

- One of the problems faced by students in the Special Education Diploma program is the difficulty in completing the action research. Depending on the nature of the action research students have to visit many rounds of field visits to homes, centers, and / or schools where CwDs are found /

located. Due to travel restrictions and lockdowns, participants have not been able to complete this module successfully. A delay in completing assessment will delay the completion of the course.

(5) Positive outcomes

- Though schools were closed some participants did overcome this problem as they were able to travel to the location of the disabled child. They would then connect with department of inclusive education at NIE via Zoom and one of the lecturers at DIE would evaluate their teaching practice and practical sessions of how the participant doing assessments with CwDs.

(6) Future plans

- Construct and equip an assessment room and a model classroom for CwDs.
- Diploma in Special Education program needs to upgrade to Higher Diploma in SE. Upon the completion of the Higher Diploma, one can enroll in the BEd in SE program.
- Renovation of present audiology lab to a well-equipped audiology lab
- Along with a well-equipped audiology lab (and trained personnel), NIE needs to invest in the following facilities at DIE:
    - Vision testing lab along with trained personnel such as ophthalmologists and orthoptists (could be visiting staff)
    - Specialists to help autistic children
    - Special facilities for hyperactive children
    - personnel trained to administer IQ test

(7) Administrative Problem

- Acute shortage of teachers trained in the fields of special and inclusive education
- Not all CwDs in Sri Lanka have been identified
- A significant proportion of teachers of special education have theoretical knowledge only
- DIE is of the opinion that pandemics such as COVID could aggravate above problems and has the potential to nullify the long-term contributions made by many institutions in the field.

3.1.6. Needs of assistance suggested by the service providers of education

The followings are summary of the need of assistance suggested by the education officers, teachers of SEUs and the principals of the government-assisted special schools during the interviews.

(1) Knowledge and techniques

(a) Introduction of new tools and equipment to assist learning of CwDs (trampoline, therapy balls, learning software, etc.). Technical assistance by JICA volunteers for teachers to utilize them effectively.

(b) Providing IT training for teachers and officers. Updating distance or online teaching method by using zoom, Teams, WhatsApp, etc.

(c) Knowledge sharing among the teachers and officers about distance or online teaching when schools are closed. Sharing of online and distance learning materials on various subjects among the students with special needs.

(d) Awareness creation for the teachers teaching at mainstream classes on CwDs and their special needs, including need for special attentions when schools are closed.

(e) Assistance to make a guidebook for parents to work at home with CwDs. Supporting tools for patens to help CwDs leaning at home.

(f) Advice for improving efficiency in working online, providing effective teaching to CwDs leaning at home. Support for formation of an efficient work program.

(2) Equipment and facility

(a) Smartphones and tabs for CwDs from low-income families

(b) Laptops and tabs for unit or teachers for special education

(c) Hearing aids, spectacles, wheelchairs, equipment for blind students, devices for students with physical disabilities, other special equipment to help special need of CwDs. Providing training and consultation on the use of these equipment.

(d) Video camera, laptop computers, audio and video editing software for ZEO or PEO for creating videos of learning materials in professional ways, which are to be uploaded to a learning management platforms and YouTube. (Uva PEO)

(e)Development of the resource centers for special education at each zone. For examples, hearing aids, hearing diagnosing equipment, soundproof rooms, smart classroom, smart board. (Western PEO, Piliyandala and Homagama ZEOs). Meegoda resource center in the Western Province was re-opened in 2019 but now equipped with necessary equipment and not used yet.

(f) Model classrooms for inclusive education (There were plan but not in progress).

(g) Braille printing machine, a photocopy machine (Sandagala Special School)

(h) Audio-visual unit (Sandagala Special School)

(3) Need of assistance mentioned by Schools for Special Education:

(a) Re-open the schools as soon as possible.

(b) A strong need for providing smartphones to the students.

(c) The teachers and staff are only getting familiar with the online teaching tools. IT training for them is an important requirement for motivating them and familiarizing with technology.

(d) Introduction of a new fund for food and travel.

(e) Urgently need a special headphone[56] for the school which facilitates classroom teaching. School is not affordable to buy this equipment. (Sandagala Special School)

(f) Volunteers to work with the teachers at the school.

(g) Need a braille printing machine, a photocopy machine, and an audio-visual unit (Sandagala Special School)

(4) Others

(a) Introducing an easy method to monitor and track progress of activities and learning of the students with special needs.

(b) Setting up and maintaining a database of students for instant access (cloud based or web-platform)

(c) Financial assistance to the students and teachers who are in need.

(d) Assistance for introducing and conducting vocational skill training for students

(e) Establish an accepted syllabus, or signs for the terms in the curriculum of AL subjects

(f) Immediate need to create awareness among the teachers on how to handle the students when they return to school after the prolonged school closure.

(g) Immediate need for an intensive follow-up by teachers by home visits and others to encourage and ensure the students back to school at the re-opening.

3.2. Health Care and Medical Services for CwDs

3.2.1. Background Information

[56] It was explained that the headphone is available with the school and the cost is around Rs. 700,000 or less.

Ministry of Health at Central / National level is responsible for maintaining the health services of the country. There are several institutions in the Ministry of Health providing different types of care for children with disabilities (CwDs) and they are mentioned below:

(1) Directorate of the Youth, Elderly, Disabled, and Displaced Persons (YEDD), MoH

The Directorate of YEDD is the national focal point of the Ministry of Health for working on the health of youth, elderly, and persons with disabilities in Sri Lanka. YEDD is paying attention to maintain services at rehabilitation units by providing financial and technical assistance. There are 6 rehabilitation units around the island: RRH Ragama, Maliban hospital - Karapitiya, Ampara, Jayanthipura – Polonnaruwa, Digana – Kandy, Kandagolla – Badulla. YEDD developed National Rehabilitation Guideline and Policy and now on the process of revision. In addition, the directorate is finalizing the list of assistive devices.

(2) Childcare development and Special Needs Unit (CDSNU) of the Family Health Bureau (FHB)

Family Health Bureau is the focal point for maternal and child health in the country and manage its services through several units. CDSNU is responsible for the services related to Childcare development and children with Special Needs managed by the FHB.

(3) Estate and Urban Health (EUH) of the Ministry of Health

Estate and Urban Health (EUH) was established at the MoH as the focal point for the health services of the estate sector.

(4) Hospitals and Clinics

There are hospitals, units and clinics managed by the MoH to provide treatment and rehabilitation services for CwDs. The Rheumatology and Rehabilitation Hospital, Ragama is the premier hospital for providing physical rehabilitation services

(5) The Provincial Level Health Services

Sri Lanka is divided in to nine provinces administrative purposes and for the implementation of health services at provincial level there are nine Provincial Ministries (there are separate Provincial Health Ministries under each Provincial Council). Under each of these ministries there are administrative and technical personnel who are responsible for the effective implementation of the servicers in the respective provinces. This set up is common to all provinces and here it is described in relation to the Central Province as the Consultant Community Physician for the Province was interviewed by the Study Ream. All programs planned at Central / National level is implemented through the provincial health services.

<Health services at Provincial level>

Each province has a Provincial Director of Health Services (PDHS) heading the services. Each Province is further divided to regional areas and each regional area is headed by a Regional Director

of Health Services (RDHS). RDHS areas are similar to administrative districts in the country except in Ampara where the district is subdivided to Ampara and Kalmunai RDHS areas. There are medical specialists namely Consultant Community physicians operating at Provincial level to supervise the services.

<Supervision of Maternal and Child Health (MCH) at Regional Level>

There are Medical Officers of Maternal and Child Health (MOMCH) attached to reginal directorates to supervise the Maternal and Child Health activities at regional level. MOMCH is supported by a regional supervising Public Health Nursing Sister (RSPHNO), Divisional supervising Public Health Inspector (SPHID) in supervising MCH activities. Preventive Health services at field level are carried out by Medical Officer of Health (MOH) teams under the supervision of PDHS and RDHS. In Sri Lanka 26 health regions are divided in to 356 MOH areas. MOH areas are the smallest health unit in the public (preventive) health network.

<Activities conducted by Medical Officer of Health (MOH) Units>

MOH is a MBBS qualified medical doctor and manages the MOH health team. There are Additional Medical Officers of Health (AMOH) to assist the MOH. Public Health Midwife (PHM) and Public Health Inspectors (PHI) are the ultimate grassroot level primary health workers of the MOH team.

On average, one PHM is appointed for a population of 3,000 families, while a PHI is appointed for a population of 10,000 families. Principal roles of the PHM lies around maternal and child health. PHI is responsible for school and adolescents health programs, environmental and occupational health program, control of communicable diseases, water and food safety and sanitation related interventions.

There are Public Health nursing sisters (PHNS) and supervising Public Health Midwifes to Supervise PHMs. PHIs are supervised by Supervising Public Health Inspectors (SPHI). These officials report to the Medical Officer of Health. A comparison of preventive and curative services at field levels is given below:

Level of health system	Preventive care	Curative care
Central	Deputy Director General of Public Health Services, Family Health Bureau (FHB)	Tertiary care hospitals
Provincial (9 Provinces)	PDHS, Consultant Community Physicians	Provincial General Hospitals (PGH) such as the Ratnapura PGH
Regional (26 health regions)	RDHS, MO-MCH, RSPHNO, SPHI-Divisional	District General Hospitals, Base Hospitals type A, type B E.g. Kegalle Panadura

MOH (356 divisions in Sri Lanka)	MOH, PHNS, SPHI, SPHM, PHI, PHM	Divisional Hospitals and Primary Medical Care Units such as Central Dispensaries and Maternity Homes

Note: healthcare and medical services in the estate sector

- Estate sector health care provision is different from rural and urban sectors of Sri Lanka. The estate system has seen four stages of transformations:
  - The British period: estate labourers was looked after by the planters themselves
  - The nationalization of estates: estate sector became the national responsibility
  - The privatization of estates: healthcare came under the estate management and services delivered by Estate Medical Assistants (EMAs). Only the drugs were supplied by the Medical Supplies Division (MSD) of the MOH.
  - The transition period as the estate health sector awaits a comprehensive integration into the national and provincial health system.[57, 58]
- In 1997, the Presidential Task Force recommended the establishment of a directorate in the MoH to improve the health of estate community. Accordingly, Estate and Urban Health (EUH) Unit was established at the MoH as the focal point for the estate sector. Thereafter, the cabinet paper 97/4788/14/074 of 10 October 1997 was approved for taking over estate health services by the government. Since then, there have been several cabinet papers to improve estate health services to serve the estate community.[59]
- In 2007, preventive health services in the estates were taken over by the Provincial Health System through a cabinet memorandum 07/1157/311/033 of 9 July 2007 fulfilling the Government's health policy goal of affordable and accessible health services to all the citizens. This is an important milestone for the estate community.
- In contrast, the curative sector issues are yet to be sorted by the government. These are still provided in estates by the EMAs in estate dispensaries and drugs are issued free of charge (the drugs are supplied by the MSD of MoH. However, this is limited to outpatient services.
- As of 2018, 44 estate hospitals have been taken over by the provincial health system.
- Although the government has taken measures to integrate the estate health services into the national health system, the plantation community still relies on health services provided by the plantation companies due access difficulties, transportation issues, etc.[60]
- The much-anticipated integration of the estate health sector into the national system is fraught with challenges as there are multiple stakeholders with competing interests. Hence, this integration is unlikely to happen in the foreseeable future.

[57] https://bit.ly/3Dqrw1t
[58] https://bit.ly/3gEwb6b
[59] https://bit.ly/3Dqrw1t
[60] Pg. 26 of https://bit.ly/3gGngRN

3.2.2. Directorate of the Youth, Elderly, Disabled, and Displaced Persons (YEDD), MoH

History

The Directorate of YEDD is the national focal point of the Ministry of Health for working on the health of youth, elderly, and persons with disabilities in Sri Lanka. This directorate was created after the health service reforms done in 1997.

Functions

The goal of the directorate is to improve the quality of health among youth, elderly, and disabled persons through the improvement of:

(a) Health facilities
(b) Disability prevention
(c) Health promotion

Activities

(a) Health facilities

This program involves providing and facilitating health care facilities for disabled in hospitals and in other health care institutions. Under this program, wheelchair access to wash basins and other washing facilities were provided during the time of the pandemic.

Another aspect is the improvement of communication facilities in health care establishments to enable the disabled to access services easily and without difficulty. Under this, Sign language interpretation for health care staff was given so that they can understand the requirements of disabled easily. Training was conducted for hospital staff to promote this service.

(b) Disability prevention

Under this program action is taken to prevent accident victims from developing into a disabled person. Physiotherapy and other relevant services are provided early to ensure the prevention. Supporting rehabilitation units by providing necessary assistance in infrastructure developments and for purchasing instruments and devices. Taking measures to enhance CBR in all DS areas.

(c) Health promotion

This is to promote the health status of those who are already disabled. Rehabilitation guidelines have been developed for this purpose. A guideline was prepared to promote sexual health of the disabled recently. There is a National Guideline for Disability Rehabilitation. It provides the structure, process, content, procedures, and networking that comprise rehabilitation based on the right based approach. However, the current challenge is to develop a strategic plan based on the guideline. Other activities of the Directorate related to disability care includes:

- Community-based rehabilitation services.
- Human resource development and infrastructure development to strengthen community-based rehabilitation services.
- Capacity building of identified target groups on all three-program areas
- Develop an information management system for all three areas, including promotion of research

In carrying out activities with regard to child disability, the Directorate works in close collaboration with the Child Development and Special Need Unit (CDSNU) of the Family Health Bureau of The Ministry of Health.

Guidelines for prevention and protection of PWD's from COVID 19 was prepared by Directorate of YEDD, MoH and forwarded to NSD for dissemination of information to caregivers, guardians and PWD's including CWD's through SSO's in all Divisional Secretariats. A request will be made to Education Ministry to translate the guideline to sign language and braille for using in the deaf and blind schools and special education units.

Situation during the time of the Pandemic

The Community based rehabilitation program faced many difficulties. However, the routine activities as mentioned earlier including those that facilitated disabled to reach hospitals were carried out as mentioned earlier.

Future initiatives

These initiatives were identified and evolved during the discussion with the Director

(a) Development of a database: Currently, there is no database of disabled children in the country. If there was, we could have planned some interventions during the COVID pandemic aimed at them. Hence developing the database should be one of the main targets in the future.

(b) Identification of disability at birth by Assistant MOH: Congenitally disabled children could be identified, notified, and recorded by the Public Health Midwife system at the time of birth. The directorate has to work in close collaboration with the Family Health Bureau in order to develop this function. There is a need to allocate the responsibility for disability activities in a MOH area to one of the medical officers who functions as an Assistant MOH based in the MOH office. This is the only way the field activities related to disable children and adult persons can be properly coordinated.

(c) Development of a notification system: Development of a notification system, similar to communicable diseases notification system, is another important step. This is the only way to identify and record those children who become disabled in later life.

(d) Development of a Disability Support System: Other important step in this right direction is to develop a Disability Support System. This will involve bringing together all differently abled persons to help each other. In other countries they engage in economic projects to make them sustainable. This will bring together social services,

health, and other services to help the disabled. If we had such system during the pandemic needs of disabled would have been identified early and could have been attended.

(e) Improvement to rehabilitation services

RRH need to improve as Center of Excellence for rehabilitation. All the facilities to conduct specified training should be established for physiotherapy, occupational therapy, speech therapy, etc., (caregiver training). A separate paediatric rehabilitation unit is mandatory for CwDs with all facilities. This type of unit should be established under Provincial/District General hospitals

(f) Introduction of a referral and back-referral system

Patients from primary health institutions to be referred to secondary or tertiary care hospitals and possible cases will be referred back to the primary health institutions with respective management plan for the particular patient.

(Source: Interview with the Director of the Directorate on 28th August and September 1st, 2021, comments to the DFR by the Director on November 25, 2021)

3.2.3. Child Development and Special Need Unit (CDSNU)

Family Health Bureau is the focal point for maternal and child health in the country and manage its services through the following units:

(1) Maternal care unit
(2) Intranatal and New born care unit
(3) Child morbidity and Mortality
(4) Maternal morbidly and Mortality surveillance
(5) Child nutrition Unit
(6) Childcare development and Special Needs
(7) School Health Unit
(8) Adolescent Youth Health Unit
(9) Gender and Women Health Unit
(10) Oral Health Unit
(11) Monitoring and Evaluation Unit
(12) Planning and development Unit
(13) Research Unit
(14) Reproductive Health Care Unit
(15) Well woman and Men's health Unit

Following activities have been listed in the Annual Report of FHB for 2017 as functions to be carried out through the CDSNU and those that have been completed were updated in consultation with the National Manager of the unit and Consultant Community Physician in charge of the unit on 6th September 2021.

(1) Designing, Testing and scaling up child development intervention packages:

- An intervention packages and training material has been developed.

(2) Building of capacity of primary care givers, service providers and community, on

- Child development and stimulation:
- Training guide developed and PHMs of 20 districts trained up to now starting in 2017. Interactive training sessions to be conducted in mother's classes.

(3) Strengthening supportive environments and multisectoral collaboration related to

- Early child development and care:
- Networking programs with Education, Social services, child secretariat and other governmental and nongovernmental organizations planned. Child development manual for ECD workers and Autism manual for Preschool teachers developed.

(4) Establishing early identification/screening programs to detect developmental

- Delays and disorders
- Child Health Development Record (CHDR) is revised to enable PHMs to assist the mothers to screen the children.

(5) Provision of care needs for children with special needs

- Establishment of primary and secondary centers. Currently Colombo and Kandy centers have been established.

The unit functions as the central level technical body that provides relevant technical guidance on child development and special needs. It collaborates with the other national level stakeholders such as Ministry of Education, Ministry of Social Services, in order to ensure holistic approaches. The provincial health, educational and social service institutions are the main implementers of interventions related to the child development and special needs programs.
(Source: website of the CDSNU[61])

3.2.4. Hospitals and Clinic - Rheumatology and Rehabilitation Hospital, Ragama

[61] https://fhb.health.gov.lk/index.php/en/technical-units/child-development-specia-needs-unit

Background

Rheumatology and Rehabilitation Hospital at Ragama is the premier hospital in Sri Lanka to provide physical rehabilitation services. This hospital commenced rehabilitation care services in 1971 after the shifting of the tuberculosis Sanatorium which was housed at the location at that time. Hence the buildings were not primarily designed for rehabilitation care and most of the hospital buildings have continued to be used in the conditions as it were built.

Services

The hospital which has strength of 230 beds provides the following services:

(a) Services of consultant Rheumatologist
(b) Visiting orthopedic surgeon
(c) Physiotherapy unit
(d) Occupational therapy unit
(e) Limited training facilities
(f) In patient facility – total beds 230
(g) The total bed strength includes 120 beds for spinal care
(h) Specialized Rehabilitation program for spinal cord injuries- this is the only hospital which provides rehabilitation care for patients with spinal cord injuries.
(i) Construction and supply of wheelchairs compatible to the disability as per individual patients' requirement
(j) Designing and construction of special seating for children with disability.
(k) Vocational training

Facilities of the hospital are spread out on a 40-acre plot of land and have ample provision for future expansion and development into a Center of excellence.

Function

This hospital now functions as the Rehabilitation Unit attached to the Teaching Hospital Ragama. It is the only Rehabilitation hospital currently available in Sri Lanka that is organized to provide some of the below mentioned services in rehabilitation care.

- Mental impairment
- Mental retardation
- Physical disabilities
- Visual disability
- Hearing Impairment
- Speech related disability
- Disabilities in the sexually abused

- Geriatric disabilities

Patients are referred to this hospital mainly from the National hospital Sri Lanka and other teaching hospitals, provincial hospitals, and Base hospitals in and around Colombo.

The hospital mainly concentrates on Physical rehabilitation although rehabilitation. The physical rehabilitation care of the hospital encompasses a range of health services. These include specialized service areas such as Rheumatology, Orthopedic surgery, Physiotherapy, Occupational therapy, Speech therapy, Orthotics, Prosthetics, Hydrotherapy, and supply of assistive devices in addition to general medical care.

Operation during COVID

The Survey Team learned that the hospital has been functioning as usual during the COVID. However, patients' access to the hospital was interrupted due to travel restrictions and a ban on crossing provincial borders.

Need of improvement

"National Objectives for development of Physical Rehabilitation care in Sri Lanka" issued by the Ministry of Health[62], mentioned the need of the hospital. These needs and shortcomings were confirmed and updated as follows at the interview with the Director of the hospital:

(a) The hospital does not have a Hydrotherapy unit
(b) The Physiotherapy unit is housed in a new building but does not have much equipment.
(c) Need of improvements to the speech therapy unit
(d) Overall, the image of the Ragama Rehabilitation hospital needs to be improved for it to function as the National Center of excellence and to provide quality care. Though it is known as the national center for Rehabilitation it does not have facilities for research and training of medical and para medical personnel
(e) In view of the hospital being in a40 acre land the units are scattered all over the land and are not connected by a covered corridor system. As a result, during the daytime, patients have to be transported in hot sun from one unit to the other. When it rains, they cannot be transported. Therefore, a covered corridor system is a major necessity for this hospital.

(Source: Interview with the Director of the hospital on 29 August 2021)

Note: Deficiencies in providing rehabilitation care in Sri Lanka

"National Objectives for development of Physical Rehabilitation care in Sri Lanka" mentioned

62 https://extranet.who.int/countryplanningcycles/sites/default/files/planning_cycle_repository/sri_lanka/national_strategic_framework_.pdf (date of issue unknown)

above also identified the following deficiencies in providing rehabilitation care in Sri Lanka

(1) Poor accessibility to rehabilitation services in the periphery

(a) Poor coverage

(b) Lack of trained staff

(c) Lack of facilities for acute management

(d) Lack of facilities for long stay management

(e) Above deficiencies are further confounded by the fact that a clear guide as to the minimum standards/ resources including that for trained human resource is not available.

(2) Poor follow up care and lack of resources for clinic follow up care . Apart from the limited clinic care there is no community based tertiary care rehabilitation program. A community-based rehabilitation program with staff categories to deliver services, clear job description, a mechanism of operation, a clear mechanism for program supervision and for resource management needs to be identified.

However, for such an intervention to be cost efficient a sufficient community need must exist justify the creation of separate community-based cadre or for inclusion of community extension work in present job categories. The prevalence of physical disability in the community should be known.

(3) Deficiencies in Occupational therapy assessment that enables effective rehabilitation of patients in home setting.

There are only 49 Occupational therapists in the country.[63] Currently occupational therapy assessment is not carried out and there is no provision for the Occupational therapists to assess home environment before patient is discharged from hospital rehabilitation care. Hence frequently this results in a mismatch of therapy given and what can be practiced after discharge from hospital care.

(4) Deficiencies in training of Occupational therapists and Physiotherapists

There is one training school to train physiotherapists and Occupational Therapists.[64] This is in Colombo, close to the National Hospital Sri Lanka. The training facilities need to be strengthened and increased as the intake is low and high dropout rates are experienced. The present training programs do not meet the 'current demand'.

This is due to the following reasons:

(a) Non availability of sufficient number of trainers.

(b) Non availability of other required training facilities such as space and equipment to expand the program. The lack of trainers is mainly due to the inadequacies in training allowance paid to trainers and the lack of avenues for their professional development. However, it must be noted that the real demand has not been assessed and the cadre requirement as per facility location has not been assessed.

[63] This number of Occupational therapists mentioned as 49 is as of the document was developed and may vary now.

[64] While there is only one school to train physiotherapists up to now, four universities in the country are currently offering BSc in Physiotherapy and this has eased to some extent the shortage of physiotherapists.

(5) Insufficient awareness for diagnosis and referral of patients at the community level and at primary care level curative institutions Currently the field health staff or health staff in primary care level curative institutions is not trained to identify or refer patients for rehabilitation care.

3.2.5. Provincial Ministry of Health – Central Province

We interviewed the consultant community physician of the PDHS of the Central Province and the points of interest are as follows:

- CwDs during COVID: Due to COVID, all health staff members are mobilized for COVID prevention and control. The home visits were also halted for a while. Special need kids were neglected. The public were asked not to come to the hospitals for some time. Routine clinics were stopped. The NCD drugs were sent to the homes. Special need kids were not taken into special attention.
- CwDs and Public midwife: CwDs care is not a priority for the MW. The existing system do not support it. They detect the abnormalities and ask the parents to go to the general hospital. However, no referral or follow-up system at any level. They are not obliged to look after the CwDs. Public Midwives are available fin the estate sector. They follow normal protocol, but do not specifically attend to CwDs.
- INCLUDE project: Under the new project of FHB (INCLUDE)–MOH must have a register on CwDs. The upper layer of officers can assess and work on what to do. It was started in Colombo; the extension is done to Kandy. (INCLUDE: Inclusive Early Childhood Developmental Intervention). INCLUDE project will be starting from Kandy, then extend to Nuwara Eliya and Matale.
- Health service in the estate sector: In estate sector, it is underprivileged, Nuwara Eliya Maternal Child Health is very low in many cases – nutrition, teenage pregnancy, stunting, etc. The social determinants are very different. Language barriers, education levels are very incompatible to give them proper awareness. The
- Consignees marriages: they are common in the estate sector. No study has done to see the correlation between the consignees marriages and disability. But there are such incidents.
- Early detection and referral system: Even if the child is directed by a doctor, system is not that supportive. No referrals or follow-ups, no therapists for rehabilitation. There are hospitals but no facilities to treat CwDs. Allocated staff number is very few. General hospitals have less facilities. So there is no point of encouraging only detection, but a wholistic approach is needed.
- Early intervention at the Estate Sector: Compared to state sector, Matale and Kandy are better, because they have better transport systems. In estates in Nuwara Eliya it is still different. Early intervention of the disability and therapeutic systems are needs. There should be long term therapeutic care. Shorter period results cannot be expected in such therapy. Special mechanism should be there for transport.

- PHI's role for CwDs: PHI should have a disability register. It is not practically happening. The only way they pick these people is at school health program. It is very difficult to get good outcome after 5 years, even though these children are identified, there is no pint if they are not treated. The cultural, social shortcomings act against developing these kids.
- Transport facility and therapeutic services: A therapeutic center is to be built at Guruthalwa, but it is 8 km away from Peradeniya teaching hospital. There are transport issues, if parents are poor there will be a big issue. There need to be a shuttle bus service to Peradeniya to Guruthalwa therapeutic center. Transport system should be there to pick and drop these kids between hospitals and homes.
- Early detection screening: It is important to screen the children up to 10 times, until 5 years for identifying CwDs. Then the Midwives can refer these kids to MOH. Further they will be sent to the relevant center where there is a trained therapist to treat the disability. This should be realized.
- COVID vaccination in the estate sector: COVID vaccination was well covered in estate sector for above 30 years old, then started for 20 – 30 years old, then the vaccination is going on for CwDs. People have to come to hospital and get the vaccination. there is no special guideline yet.
- Once CwDs are infected: If parents are willing to keep CwDs at home after being infected, they were kept at home. If they prefer, they can send their CwDs for the care centers. There were some incidents, and they were managed. According to guidelines the ministry did not allow home care. But later, permission was given to have home-based care for ones who get COVID.
- Programs for which JICA's assistance is needed
  - FHB is conducting training for health sector officials, JICA can support this along with awareness creation program.
  - Financial support with Matale and Nuwara Eliya therapeutic centers building
  - Special needs care and referrals – need international exposure program to share experience with experts from other countries

3.2.6. Office of the Medical Officer of Health (MOH, PHI and Public Health Midwife)

We have conducted interviews with the staff of the offices of the Medical Officer of Health in the following areas:

Table 18 MOH areas where interviews were conducted

MOH areas	Districts	Provinces
Kahatuduwa	Colombo	Western
Kurunegala	Kurunegala	North Western
Buttala	Moneragala	Uva
Mannar	Manner	Northern
Maskeliya	Nuwara Eliya	Central

The Survey Team planned to have interviews with the medical officer of health, PHI and public health midwife; and did have interviews with some of them. However, we found that not all of them were available, because the MOH officers were busy with the vaccination program at the time of the survey (Mid July – beginning of August 2021). The information obtained from the interviews are summarized as follows:

The following table shows services provided by MOH, PHI and public health midwife (MW) in general.

Table 19 Services provided by MOH, PHI and public health midwife (MW) in general

Officers	Services Provided
MOH	・ Responsible for national vaccination, nutrition programs, mortality analysis of babies, communicable diseases assessment and food programs.
PHI	・ PHI report to the MOH in his/her area. ・ Main responsibilities are conducting awareness on communicable diseases, food health, school health, environmental health, vocational health (industrial level). ・ When required, PHI visits governmental institutions in the relevant DS office. ・ PHI visit schools around once in three months.
MW	・ MW reports to the MOH in his/her area. ・ Main obligations of the MW are prenatal care, post-natal care, baby and childcare, family planning, youth health and women's health. ・ MW conducts home visits six times during pregnancy, after birth for 45 days for four time once a month after the birth for a year and until 05 years visit thrice within the year. Weekly visits mothers with precarious pregnancies and such babies or children. Mothers about to delivery are met once a month. Additionally, in urgent circumstances the MW meets the relevant service users 24hrs. Annually, visits schools for schools' health programs. ・ MW supposed to visit and take care of CwDs less than 5 years old. Some MWs we interviewed mentioned that they do so when informed or if a certain inquiry is made by the family. However, Some MW mentioned that they are not visiting CwDs but visiting only pregnant mothers and newborn babies regularly. Visiting CwDs under 5 is in the job list of MW, but it seems that some MW do not aware of it or consider it not their main role.

Services provided for CwDs by MOH, PHI and MW during the Pandemic are as follows:

Table 20 Services provided for CwDs by MOH Kahatuduwa (Colombo District) during the Pandemic

Officers	Services provided
MOH	・ Unfortunately, during the pandemic as the MOH staff was adhering to a hectic schedule, they were unable to make specific inquiry to the families with CwDs, and

	not able to specifically get involved in solving problems concerning CwDs. • There are several challenges encountered by the MOH such as paucity of resources, staff and a database and the lack of assistive devices such as hearing aids, air mattress, physiotherapy equipment, spectacles, braille writer, speech trainers in order to serve CwDs.
PHI	• Has not met or visited families of CwDs. • No specific services were rendered to families of CwDs due to lack of time during COVID.
MW	• During the COVID, information about CwDs were obtained from other officials and via acquaintances. Additionally, over the telephone MW collected information on CwDs to check about such families during the pandemic. • One of the families with CwDs showed symptoms of COVID and MW coordinated with a quarantine center and ensured that the child and the father is taken care properly. • But there were less requirements and needs (transportation or medical necessities) informed to the MW by the families with CwDs during the pandemic. • Due to COVID, the special need schools were shut down, thus there was a barrier in communicating with the school authorities about the situation concerning those students.

Table 21 Services provided for CwDs by MOH Kurunegala (Kurunegala District)

Officers	Services provided
MOH	• In Kurunegala MOH, there is a COVID center established which enhance successful vaccination programs, health education programs, awareness programs. • Additionally, the MOH has coordinated with Sandagala Special School concerning CwDs and monitored every two weeks to ensure that boarded students were sent home safely. However, due to the busy schedule, specific monitoring has not been conducted properly. • Concerning PwDs, vaccinations were conducted under special circumstances and a plan was considered to visit CwDs in their houses and administrate the vaccinations, but it is not implemented yet. • To sum up, MOH has denoted many services with less recourse and less staff during the pandemic.
PHI	• The PHI visited the Sandagala Special School once every two weeks to check on the students for symptoms and infected ones were provided with basic needs. The students were communicated and monitored over the phone about the infected students and their basic needs. Additionally, due to the high prevalence and risk of the virus, the CwDs were sent home as per PHI recommendations. The health condition of the students was carefully analysed by the PHI before sending them

Officers	Services provided
	home. ・ The PHI conducted field visits to the families of CwDs and engaged in monitoring via the phone during the pandemic
MW	・ Parents have shown the reluctance to lead the MW into the household due to the COVID risk Whereas 3 families were put under MW's care which she conducted regular visits for these families. ・ MW observed the CwDs and visited them if any growth irregularities were presented. As only responsibility of the MW was to check on nutrition and growth of the CwDs other than her regular duties. ・ In general, there were transport issues for these officers.

Table 22 Services provided for CwDs by MOH Buttala (Moneralaga district) during the Pandemic

Officers	Services provided
MOH	・ Regarding the pandemic, MOH has been working hard on vaccination and rapid-antigen testing to identified COVID patients. For these types of services village volunteers, Grama Niladhari and SSOs have been supportive. Meantime, PHI and officers of child protection have engaged in awareness programs. ・ Despite, as parents are more focus early a daily income via farming, they were less enthusiastic concerning CwDs related matters.
PHI	・ The PHI rendered essential services such as vaccination and hospital transportation. Yet, it was difficult to provide these services to all the families within the area. However, PHI still manages to somehow provide services to the families with the support of the other service officer and Grama Niladhari. ・ Whenever a problem come across during the pandemic and if the PHI services are required then the PHI gets involve in family visitation. The educational institutes such as pre-schools, day-care centers and special needs schools were also considered by the PHI for awareness and appropriate vaccinations. ・ PHI gives his messages to the families of CwDs via the service officer, Grama Niladhari and other volunteers groups in the area. Yet, it can be challenging to get the families together to pass PHI's messages. To overcome this, it is essential to conduct awareness from the grassroots level. ・ The PHI forwarded the families of CwDs for clinics in physiotherapy and medicine was delivered to the house itself. Also, checking on the welfare of the families which were under quarantine procedures. ・ The PHI indicates that the majority of the families of CwDs during the pandemic faced economical and mental problems. ・ The PHI also conducted clinics distributed dry rations, and implemented

Officers	Services provided
	awareness programs to the families of CwDs. ・ Within the PHI service areas, a successful service was offered based on the capacity. ・ Community leaders supported the rendering of the PHI services within the area.
MW (interviewed the Public Health Nursing Sister)	・ Obtaining information about CwDs from the MW and community leaders and promoted good health practices. During COVID pandemic with the involvement of other parties such as DS, Grama Niladhari and SSO. ・ Assisting the families of CwDs for the relevant health need. ・ The public health nurse sister was able to identify economical and mental health concerns among the families of CwDs. Further conducted awareness programs for COVID and other communicable diseases.

Table 23 Services provided for CwDs in MOH Mannar (Manner District) during the Pandemic

Officers	Services provided
PHI	・ Mainly, PHI is responsible to ensure factors related to health for the families in the area he/she is in charge. ・ At present, they visit the families with infectious diseases, divisional and district secretariats, and schools for investigation to check on COVID infection, which is done once a month. ・ The PHI is in charge of 350 families, he has no data related to the number of families with children with disabilities (CwDs). ・ Coherent to the COVID pandemic, the PHI stayed in contact and communicated with the families of CwDs via the telephone to identify whether any of the family members were infected by the virus. ・ For the families of CwDs, the PHI instructs, and give them the general message to be vaccinated, using transport only when necessary and wear a face mask always.
MW	・ The main objectives of the visits to families of CwDs are to provide health education, counselling based on health conditions and to check on the progress and development stages (of the baby). ・ Although once a month an MW goes in the area to give the relevant advice but during the COVID pandemic it has gotten less. Families get information from MW concerning the health and safety guidelines. ・ MW general message and advice regarding the families of CwDs is to provide them with motivation and interaction with the community which allow them to achieve better developmental stages. Further, enhance on letting them get their family support, provide an opportunity for education, provide timely medical care. ・ Additionally, protected from accidents and violence and enable them to have a stable mentality.

The Research Assistant of the Survey Team, who conducted interview to the PHI and the families of CwDs, observed that the families of CwDs are having difficulties in taking CwDs for medical treatment. They also concerned about their children's nutrition needs and basic needs. They mentioned that their children are not keen to wear a mask, which makes difficult to take them out. Thus, the CwDs are not spending time outdoors during the pandemic. Usually, a midwife visits the area to give the relevant advice once a month, but during the pandemic, the visits became less.

The Mannar general hospital conducted physiotherapy, occupational therapy, donkey, and speech therapy along with the support of an NGO named MARDAP.

Table 24 Services provided for CwDs by MOH Maskeliya (Nuwara Eliya district) during the Pandemic

Officers	Services provided
MW	・ The MW is in charge of 600 families within her area. Which includes 18 families with CwDs. ・ Before the Pandemic, visitations are conducted once a month. And the objective of visiting families with CwDs is to supervise whether they attend the clinic, take medicine properly, to check whether they are doing the stipulated exercises. Additionally, the MW visits government schools, classes, or schools of CwDs intending to check whether the children are duly vaccinated and to find if there are other health complications among children. ・ The MW has stayed in contact with the families of CwDs via telephone and WhatsApp. But they faced challenges such as on many occasions people do not respond to the telephone calls, and some of them do not have coverage to receive calls or WhatsApp messages. ・ According to the observation MW, they found that families of CwDs face challenges during the pandemic such as not being used to attend clinics, in medical care, lack of medicine and follow-ups, lack of money to get medicine or to attend clinics and requires constant reminders to take the situation seriously. ・ During COVID, MW had limited time and resources to look after the CwDs and there was no special project done by the MOH on behalf of families with CwDs.

According to the research assistant of the Survey Team in Nuwara Eliya, CwDs in the Maskeliya MOH office area, as well as those in adjacent plantation areas, receive medical services from government hospitals. However, parents of the CwDs are often no affordable the cost of taking children to the hospitals, which is far from their residences. During the Pandemic, it became increasingly tough and complicated due to travel restrictions and curfews.

As shown in **Table 14** in the literature review, MOH in Nuwara Eliya is serving larger number of populations compared with those in Mannar and Moneragala. This implies the population is receiving

less frequent visits from the office. The population per MOH in Nuwara Eliya is less than Colombo and Kurunegala; however, population density in these areas is more, and the officers can make the visits efficiently.

3.2.7. Special notes on vaccination of CwDs against COVID

This is a special note on the situation analysis on the vaccination of CwDs against COVID, which was started just after the submission of the first draft of the Interim Report.

Commencement of the vaccinations of CwDs against COVID

Vaccinations of CwDs against COVID have started just after the submission of the first draft of the Interim Report on 24th of September 2021 at the Lady Ridgeway Children's Hospital (LRH) in Colombo and at Kurunegala and Anuradhapura Hospitals on the following day. It is now being extended to many provincial hospitals.

Pfizer-BioNTech Covid-19 vaccine is the specific vaccine used during the current vaccination campaign. The Director of LRH requested the parents to use the form / link to register their children for vaccination and bring all medical records and come when they are requested [65]

The following account which appeared in the newspaper "The Island" gives further details about the campaign. [66]

- "The government was planning to finish vaccinating children between 12 and 19 years of age by the end of October," Minister of Health at the LRH.
- The vaccination drive kicked off with the inoculation of children over the age of 12 suffering from comorbidities at the Lady Ridgeway, Kurunegala and Anuradhapura Hospitals. A 14-year-old girl was the first to be vaccinated.
- "We started this initiative after the Director General of Health Services issued guidelines. The first to be inoculated are the children with comorbidities. We are using the Pfizer vaccine. Kurunegala and Anuradhapura Hospitals were chosen because there are a large number of children with comorbidities in the two districts," the Minister said.
- The Minister said that there were some discussions on the best vaccine to use among children between 12 and 15. Until that discussion is solved, those with comorbidities and those between 15 and 19 would be vaccinated, he said.
- Meanwhile, Chair Professor of Pediatrics of the Department of Pediatrics, University of Colombo, who was also present at LRH, urged parents to have their children vaccinated as soon as possible.
- "There are very little side effects. However, if something happens a consultant pediatrician will be on call. The vaccination cards indicate a hotline and if there is any problem, parents

[65] https://tinyurl.com/d2xpr7dh (accessed on September 27, 2021)
[66] https://island.lk/childrens-vaccination-drive-kicks-off/

can call us. On the first day of the vaccination, I will be the person answering the phone. So, don't worry, we are ready for anything," he said,

- President of the Government Medical Officers Association (GMOA) said that over 100 children had arrived at LRH. He said that there were between 30,000 and 50,000 children with comorbidities in the country.
- "First, we will vaccinate those with comorbidities, so that they can resume schooling. Then we will vaccinate those between 15 and 19 and then those between 12 and 15. We will get the consent of the parents and a medical specialist will check the child before vaccination," he said.
- Meanwhile, Director of the LRH said that there were adequate vaccines available for all and that they would vaccinate everyone who turned up at the hospital. "There is no need to worry. We have enough vaccines. Parents can register their children through our website. They can reserve a time and get children vaccinated under specialist healthcare. We will use Pfizer and before vaccinating a specialist will check the child. If the child has high fever, diarrhea or nausea, we will not vaccinate them," he said.

Findings from the family survey on vaccination of CwDs

It was timely that we had included several questions on vaccination of CwDs under the chapter of "7.3.5 Infection Control and Prevention" of the family survey. The followings are the summary of the findings which should be taken care of by MOH in the vaccination campaign in future:

(c) Access to information: 55% of the families reported that they can contact anyone/ place to obtain information on the "pandemic and / or vaccines". For rural, this proportion was 76%. However, 67% of the families in the estates stated that they do not have access to either a place or a person to obtain pandemic related information and clarifications.

(d) Preferable mode of vaccine administration: We also inquired whether they would like to take the vaccine for their CwDs if they were offered. 84% of the families have reported that if the vaccine is to be administered to their CwDs, they would not hesitate to take it. In the estate and urban areas, this proportion was 91% and 89% respectively. However, in rural areas, the figure was 73%. The main reasons for not taking the vaccine were mentioned as fear of the "unknown" and side effects.

(e) Assistance needed for vaccination: Parents were also asked what assistance they will need to facilitate vaccination. Most of the families in the estate sector have asked for transport from home to the center. As for urban areas, the demand was for home-based vaccination and being vaccinated at the school. In rural areas, the request was for information and awareness sessions on the vaccines.

Discussion with the LRH made by the Survey Team and on contents of the circular of MOH

We had obtained and studied the circular No EPID/400/n-CoV/Vaccine dated 22/9/2021 issued by the Director General of Health Services (See Annex – 13). We also discussed with the Consultant Pediatrician from LRH and an official of the College of Pediatricians. The followings are

clarifications given by them to us considering the above-mentioned preference of the families of CwDs found in the family survey:

(a) There was a concern that CwDs with hearing and visual imparities and speech difficulties are not included in the specific conditions that are listed as indications for the vaccination in the circular. We therefore consulted the Consultant Pediatrician from LRH and were informed that they are definitely included and any way under clause 14 in the list of indications such CwDs could be included by the pediatricians for vaccination.

(b) According to the family survey, most of the families in the estate sector have asked for transport from home to the vaccination center. As for urban areas, the demand was for home-based vaccination and being vaccinated at the school. We inquired about these matters from the LRH, especially about the vaccinations in the estate and rural areas, and was explained that with time, it will be extended to all provincial areas. The Consultant Pediatrician from LRH added that vaccination will have to be in an institutional set up at present in view of the supervision of consultant pediatrician needed and further because of the need for the management of possible complications if any were to occur.

3.2.8. Needs of assistance suggested by the service providers on health care and medical service

(1) Need of assistance - Ragama Rehabilitation Hospital (RRH)

(a) The hospital does not have a hydrotherapy unit

(b) The physiotherapy unit is housed in a new building but does not have much equipment

(c) Need of improvements to the speech therapy unit

(d) Overall, the image of the RRH needs to be improved for it to function as the National Center of Excellence and to provide quality care. Though it is known as the national center for rehabilitation, it does not have facilities for research and training of medical and para medical personnel

(e) In view of the hospital being in a 40-acre land, the units are scattered all over the land and are not connected by a covered corridor system. As a result, during the daytime, patients have to be transported in hot sun from one unit to the other. When it rains, they cannot be transported. Therefore, a covered corridor system is a major necessity for this hospital.

(2) Need of assistance - Directorate of YEDD

(a) The Director of the unit is of the view that she doesn't have adequate facilities in her unit handle three major sections such as Youth, Elderly and the Disabled. She doesn't have enough human resources, equipment to coordinate the work that is pending

(b) JICA could support by sharing the knowledge and experience of Japan in developing a Disability Support System for Sri Lanka.

(c) There is a national guideline for disability rehabilitation. Need support in the form of training and knowledge sharing to develop this into a Strategic plan for disability rehabilitation. Needs technical data developed for this.

(d) Assistance to conduct a training program for Public Health Midwifes in collaboration with the Family Health Bureau on identification of children with disability and reporting them to Medical Officer of Health. To conduct the program in coordination with Social Service Officers

(e) Assistance to get MOH and Ministry of Social Services to take a policy decision to get at least one SSO appointed to each teaching hospital so that after a sickness which ends up with a disability the disabled person can be advised before going home what needs to be done. The financial assistance etc. can be organized at the hospital then and there before going home after which it will be very difficult for the person to start the process.

(f) Support to establish Paediatric rehabilitation unit at RRH with all modern facilities and equipment.

(g) Support to improve standards at RRH to develop as center of excellence for rehabilitation.

(h) Support to improve services at peripheral rehabilitation units.

(i) Capacity enhancement for human resource development for rehabilitation.

(3) Need of assistance – MOH, PHI and MW

See “3.3.6 Need of assistance suggested by the service providers on social welfare”.

3.3. Social Services

3.3.1. Background Information

The Department of Social Services (DoSS) is one of the three institutions of the State Ministry of Primary Health Care, Epidemics, and COVID Disease Control, which is headed by a state minister. The other two institutions of this State Ministry are the National Council and the Secretariat for Elders and the 1990 Suwa Seriya Foundation, the island-wide ambulance service.

DoSS follows the central / national government's mandate to provide welfare to disadvantaged persons, including the elderly and other vulnerable groups such as single-parent families coherent to social services.

Especially, many programmes are implemented for the persons with disabilities community with a view to ensuring their socio-economic well-being and making them partners of the development of the country. The vocational training centers, one such program of the Department, render an unmatchable service by providing vocational training for the youth with disabilities. There are nine vocational training centers island wide representing Gampaha, Puttalam, Kandy, Rathnapura, Hambanthota and Baticaloa Districts.

DoSS plays a significant role in providing the welfare of CwDs through the Navinna Child Guidance Center, which is active in providing the necessary services to intervene early to reduce the physical and mental problems of children in early childhood.

The community-based rehabilitation programs (CBR) are implemented to provide necessary services to the disabled community at the district and divisional secretariat level. Additionally, this rehabilitation includes facilities to hospitalized disabled communities, which is correspondingly implemented by the officers attached to the hospital. DoSS also conducts drug addiction rehabilitation programs.

Several programs are implemented for the targeted community's economic, social, and cultural development. The Sithru National Arts Festival, Swashakthi Abhimani National Program, the National Athletics Festival for the Disabled, the International White Cane Day celebrations, and the Bakmaha Festival for CwDs are some of such programs.

(Reference to the Performance Report of DoSS).

3.3.2. National Institutes

(1) National Secretariat for Persons with Disabilities (NSPD)

Background

The NSPD aims of implementation of Act No.28 1996 for promotion, advancement, and protection of rights of persons with disabilities. According to the Act, decisions taken on following matters are being implemented.

- Promotion of welfare of the persons with disabilities.
- Prevention and control of main causes of disability.
- Maintenance of accurate statistics on persons with disabilities.
- Taking action to rehabilitate persons with disabilities.
- Monitoring of activities of institutions providing assistance to persons with disabilities.
- Fulfilment of needs of persons with disabilities.
- Formulation of programs and policies, provision of guidance to prepare a proper` physical environment for persons with disabilities.
- Enhancement of making aware of the public on needs and situation of persons with disabilities.

Services suspended during COVID

- None of the services were suspended during COVID, including provision of allowance of Rs.5,000.
- Coordination with other institutes/organizations interrupted only sometimes during the office closure due to lockdowns. But the Director attended office a few days a week even during the lockdowns.

New initiatives

Provision of loans to PwDs/ families with PwDs

- Started provision of entrepreneur loans to PwDs and families with PwDs under the program of "Saubhagya Development Program".
- Amount up to Rs. 500,000 per person/family. Around 1,000 recipients during the first year.
- The loans are disbursed through Rural Development Banks and Samurudhi Banks.
- SSOs recommend the recipients and the banks do credit screening.
- Implemented in several districts. Some districts, such as those in North and East, did not requested saying that the same kind of schemes are available at the Pradeshya Saba.
- A bit delayed in credit screening because some of the bank staff were infected. But implemented somehow as planned even under COVID.
- Plans to support the recipients with necessary training and business development next year.

Problems of CwDs/ families of CwDs are facing under COVID

- Adults with disabilities or parents of CwDs are more likely to be affected. There are noticeable cases of poverty due to not being able to go to work and having no/reduced income. Welfare of CwDs is affected as a result.

- CwDs are affected by interruption of education, same as other children.
- Opportunities for vocational training for PwDs were interrupted since all the public institutes for vocational training were closed. It is difficult to do online training since they need practical lessons.
- Some CwDs are having difficulty or delay in obtaining medical and healthcare services during COVID.

Future programs and plans

- Establishment of Protection Centers for PwDs/ CwDs

  They are the Centers for PwDs/ CwDs for lifetime stay. The World Bank will fund Rs 50 million for establishing 6 centers, total of Rs 300 million.
- New Act; NSPD is at the final stage of introducing a new Act according to the new convention. When irregularities occur in such institutions and government file legal actions the authorities lose such legal action. New Act will give more power to authorities.

Measures need to be taken urgently under the pandemic

The Secretariat requested the Ministry of Health to issue necessary instructions regarding COVID infection prevention and control, including unique measures need to be taken according to the types of disabilities.

- Special measure to be taken for CwDs/PwDs at hospitals/ health care facilities
- Special measure to be taken for CwDs/PwDs at public places, such as market, banks, etc.
- Instructions to public how they should deal with CwDs/PwDs in public places by facilitating and helping Disabled persons to observe COVID prevention measures
- Special measure to be taken when CwDs/PwDs and/or their family members are infected. This needs to include when the infected need to stay at home as management of CwDs/PwDs with COVID can be quite different to a normal person.

Need of better coordination and more attention

- Coordination among the agencies

  There used to be a unit of "Social Service Section" (Samaja Sathkara Anshya) at divisional secretariat, with participation of all public staff involved in social services, such as Social Service dept, NCPA, etc. The Director is concerned that it may not be working very well right now.
- More attention to CwDs/ PwDs by public officers

  Services and officers engaged in health, education and others often trying to do their duty without paying attention to PwDs and CwDs, even they aware about they are there. They need to pay more attention to them. They sometimes forget to include PwDs and CwDs in making programs or instruction. For example, there are many instructions and circulars for COVID prevention, but there are no mentioning about PwDs and CwDs.

Need of external support

- Enhancement of the field program, especially CBR and physiotherapy
  Field level program, such as CBR program need to be updated and expanded. JICA may assist by providing technical cooperation or volunteer program. Firstly, ongoing CBR program need to be assessed. (The director pointed out that the method could be outdated, materials/ guideline needs to be corrected and updated.)
- Regular and continuous Physiotherapy training is very needed and important, targeting the staff of primary healthcare, families of CwDs/PwDs. Can be held once a month in selected district or divisional secretariats nationwide.
- Formulation of personal development plans for each CwD by SSO is very important. JICA can facilitate SSOs and other stakeholders by providing training, improving and modernize current services, and providing facilities and equipment.

(Source: Interview with the Director held on August 26, 2021)

(2) Department of Social Services (DoSS)

We had an online discussion with the Department of Social Services after the submission of the first draft of the Interim Report by a kind arrangement of JICA Sri Lanka Office. We mainly discussed about the potential issues and key considerations shown in the chapter 8.3.2 of this report and obtained their opinions. The summary of the discussions is show below.

(a) Surviving in the pandemic and escape from deepening poverty. Ensure equal opportunity for receiving the allowance for families of CwDs
  - Even during the pandemic district and community level officer network has been working
  - Secretariat for People with Disabilities work closely with SSOs under the Act on PwDs
  - During the pandemic children and people who train in VT centers were given with free food rations
  - Database on PwDs was planned to be updated by 2019 but was interrupted and will updated with 2022 census

(b) Necessary consideration at public places and transport facility
  - Despite of the pandemic situation the PwDs have had special arrangements in public places and transportation. Gazette has been passed for special treatment to them in public matters. Complete free of charge services will not be possible.
  - The special ID is given for them to obtain the welfare/ allowance given by the government.

(c) Opportunities for vocational training and economic independency
  - During pandemic outbreak the VT centers gave holidays to the PwDs
  - Again the centers were opened in February and continued to work
  - There are 8 centers in the country accommodation about 650-700 people under 26 divisions
  - The curriculum revisions are going on – By University of Kelaniya and ChildFund (will be completed by November)

- In the past VT centers recruited people through applications and SSOs visiting the potential candidates
- It was to be renewed to recruit under a scientific method – under this method 575 were selected and were to be recruited in April, but due to lockdowns the process was postponed.
- Last years' batch completed the course in 9th April
- 2nd students are still there and they were given with free food rations
- New batch will be enrolled to the VT center when schools open
- Services of VT Centers – free food, accommodation, equipment, uniforms, daily wage of Rs. 150 which can be collected at the end of the course.
- JICA - Job Coach 4-year project to enhance employability in PwDs
- 1 year for survey, then island wide implementation of the project
- SSOs will provide with candidates from centers based on job opportunities available in private sector
- Amunukumbura Pizza Hut has agreed to recruit the students who completed the kitchen work course

(d) Emergency and community based and mutual help support network

- With the pandemic people lost jobs. The economy is bad and the PwDs are seen as extra burdens and are subjected to domestic violence.
- PwDs are facing violence more than normal people
- For such victims there are accommodation facilities at Center for People with Downs Syndrome – Puwakpitiya (capacity increased from 800 to 130)
- A similar center for females is under construction in Balangoda

(e) Receive proper and continuous rehabilitation services at community level

- Community Based Rehabilitations are on going
- These aim at giving the children/ people with practice to manage their day today lives without being a burden to others
- In the future there is a possibility to give them wheelchairs, special equipment etc.

(f) Obtain necessary assistive devices such as wheelchairs, braille writers, hearing aids, audio players and records etc.

- Provincial councils, Central government and Secretariat for PwDs and District Secretariat for Elderly, as well as the fund for blind people have provided with many aids to the PwDs. They have donated assistive devices to the deaf and blind students at university and deaf and blind parents of university students.

(g) Issues

Q1. Consanguineous marriage related issues and steps taken by DoSS

These awareness programs are conducted once a month at "Self Help" meetings but not specifically on this subject, it also gets covered at some medical sessions. It is more covered by health officers (MOH, PHI, Midwives)

Q2. Due to pandemic and lockdowns the CwDs could not go to clinics across district borders. Was there any arrangement for that?

People are unaware, they could have arranged a method with the support of SSOs at PS level.

Q3. The SSOs as well as health officers have a big workload, how do they cover all the needs of the PwDs/ CwDs?

A- There is a problem with distribution of officers in different areas. Anuradhapura they lack officers and in Kurunegala there is an excess. They are given with bikes in 2015 and a travel allowance of Rs 2,000. Some areas there are wild elephant issues. Sometimes female officers cannot do these visits. But most these SSOs have close contacts with the people and know them personally.

Q4. How about the welfare given by government, are all of them aware of the Rs 5,000/= given?

A- Many are aware, but there is a waiting list

Grama Niladari provides the application to get registered for the welfare Given to PS Put in waiting list

Q5. ID related matters in getting registered and receiving the welfare?

A- The ID is given to them for many matters including collecting the welfare money. There were discussions on improving the ID with a colour code but it was halted due to discrimination concerns arisen. Issuing IDs to cater the intense demand is difficult.

Q6. Most people like in estates have given up on CwDs, they are not aware of the services available, and they do not ask for help, how can they be supported?

A- There are Child Guidance Centers (CGC) to take in kids from the age of 6 months and help bring them up until age 6 to send to government schools or train them up to the age of 16 so they can join the VTCs. Parents tend to hide their kids' disabilities. Currently in Navinna.

(h) Suggestions

- Should support to uplift mentality of CwDs and their families
- Change attitude of people towards CwDs/ PwDs
- Dependency mentality of the families of CwDs should be reduced (when government offers Rs 5,000 they do not go to work to earn something)
- Discuss with relevant authorities to issue an ID to Autism kids without generating questions about their appearance
- CGCs in Hambanthota, Batticaloa and Trincomalee are to be opened in the near future when pandemic situation lightens. CGC to be opened in Ambalangoda
- Need the following support of JICA to establish these CGCs in every district:
  - Train teachers
  - Special education
  - Special equipment
- Need to train the new SSOs in CBR
- Need to support the SSOs attached to several hospitals so they can provide instant

assistance when the patients are discharged and go home. They should be located in all hospitals in future.

- Awareness on how to prevent disabilities in children
- Need of clinics to meet medical needs ex: folic acid needs

(Source: Discussions with the directors held on September 23, 2021)

(3) National Child Protection Authority (NCPA)

History / background

- A central government institution, set up in 1999 by an Act of Parliament (No. 50 of 1998), NCPA has nineteen objectives.[67] These objectives are fully encapsulated in NCPA's vision and mission statements.
- NCPA's vision is to "create a child friendly and protective environment for children", while the mission is to "ensure children are free from all forms of abuse."
- NCPA is one of the six institutions supervised by the State Ministry of Women and Child Development, Pre-Schools and Primary Education, School Infrastructure and Education Services.
- It took almost 20 years for the Authority to develop and launch the policy and an action plan on child protection (approved in October 2019).[68]

Organizational structure[69]

- Headed by a Chairman and assisted by a Deputy Chairman, the Board of NCPA comprises of 13 members.[70] Apart from the Board, there is a panel of ten bureaucrats drawn from ten government institutions (which work closely with NCPA).

New initiatives during the pandemic

- Established in July 2010, "1929" is the free telephone helpline for to report any form of abuse or harassment to children in Sri Lanka. The call center can be contacted through any telecom provider, from anywhere in the country (24 hours-365 days, and in any language). During the first wave, NCPA, Sri Lanka Telecom, and Mobitel worked together and converted the physical call center to a home-based one (as the call center counsellors were working from home due to lockdowns and travel restrictions). This was done through CDMA phones, call forwarding, and call roaming facilities.
- NCPA launched the 1929 child protection smartphone-based app to report violence, cruelty, or abuse to children. The app supports voice, text, video (evidence can be submitted via video).

[67] https://bit.ly/3msTnYK
[68] https://bit.ly/3y3ZBk7
[69] https://bit.ly/2UzjyBA
[70] https://bit.ly/3D6tNi7

- NCPA completed a rapid need assessment survey of child protection issues. This was requested by UNICEF. The results of the assessment were fed into the Child Protection Response Plan for COVID of UNICEF Sri Lanka.[71]
- NCPA and UNICEF partnered in the Eastern Province to test the virtual children's club concept in five Divisional Secretariats in the Province. This system provided an opportunity for children to establish their social contacts, identify different challenges and solutions faced by children due to COVID, and continue their club activities including risk communication via online modes.
- Digital (online-based) case management guidelines were developed by NCPA and endorsed by the Department of Probation and Childcare Services[72] for roll out in all nine provinces. This is another milestone for NCPA which enables coordinated care and protection services for children through virtual case management. Around 600 children have already benefited via online case management system.
- NCPA developed and deployed a virtual and/or telephone based psychosocial support (VPS) since the onset of the pandemic in Sri Lanka. The virtual psychosocial system has also been embedded in government child protection structures and at community level. This landmark project was supported by the Department of Probation and Childcare Services, the Association for Health and Counselling (an NGO known as Shanthiham), and UNICEF Sri Lanka.

Activities cancelled due to the pandemic

- NCPA works as per an annual action plan.[73] Most of the training / awareness programs for various institutions were cancelled on account of the pandemic. Whenever possible, staff reported to work. Facilities were made to work from home, too.

Future plans

As for CwDs and PwDs, NCPA has completed the following:

- Proposal submitted to the University Grants Commission (UGC) to enable NCPA to design and award a degree in disability studies. This proposal has been favourably accepted by the UGC and the proposed degree is likely to be offered by 2023.
- Proposal submitted to the MoE, the Department of Social Services, and the NIE with regard to developing a standard for sign language for Sri Lanka.
- Commissioned Enable Lanka Foundation, an NGO from Kurunegala to develop a booklet on identifying invisible disabilities in adults and in children. This booklet will be largely used in the training and awareness / sensitization programs for police officers.

Need of external assistance

[71] Not available in the public domain

[72] https://bit.ly/3y4pDDR

[73] https://bit.ly/2Wgt65b

- One of the prominent organizations that NCPA has not worked with is JICA. As such, it has not exactly identified an area to seek the expertise of JICA. However, one of the important mandates of NCPA is to develop and maintain a national database of child offenders. Plagued by technical and administrative problems[74], this is likely to be an area where JICA and NCPA could look towards collaboration.
- Overall, there is a lack of up-to-date and disaggregated data on the prevalence, trends, and drivers of all forms of violence against children in Sri Lanka.
- There is also a need to better understand the drivers of all types of violence, including the pathways through which different children are exposed to violence. There is very little disaggregated data on violence and abuse of CwDs.

(Source: Interview with the Director (Planning and Information) of NCPA on July 30th, 2021.)

(4) The Child Guidance Center at Navinna, Maharagama (CGC)

History

- The Superintendent of the Center explained that formal educational programs for pre-school CwDs in Sri Lanka started around 1993/1994 as a result of the untiring work of a JICA volunteer, Ms Sonomi Hibi, who was a professional trained to work with preschool children with hearing impairment.
- In 1996, after working with Ms. Hibi and Mr Chiba (the successor of Ms. Hibi), the Superintendent was sent to Japan for a 10-month training on child guidance centers. This was funded by a JOCV Technical Support project. Towards the end of her training in Japan, she developed a manual on how to set-up and manage a CGC in Sri Lanka.
- Upon return to Sri Lanka in 1997, the Superintendent's Director at the Social Service Department asked about how to set-up a CGC in Sri Lanka. She had no problem in answering this question as she immediately presented the manual, the culmination of her 10-month training in Japan.
- However, it took about 6 years for the Department to set-up the Maharagama CGC) in February 2003. She is the founding superintendent of the Center.

Function and Operation

- The CGC is a government institution and is not a hospital. CGC's objective is to prepare a CwD for pre-school and resolve any issues after they start their school life. The CGC defines a disabled child as someone who is 18 years or younger.
- When a child is born, it is the responsibility of the doctor / hospital to diagnose if the child has any form of disability. If the child is a disabled child, the parents can drop by the CGC and register the child with the Center.

[74] https://bit.ly/3zeHHwE

- When a client visits the Center for the first time, the SSO will record the case history of the child. Then, a basic assessment is completed by a team comprising four people: teacher, ST, PT, and OT.
- Each person decides the type of intervention needed for the child.
- Finally, a case meeting is held for the child where an individual development care plan is developed specifically for the child. This plan has two components: Center-based interventions (what the Center will do) and home-based interventions (what the parents and immediate family members should do).
- The individual care plan for every child is updated every six months. Update takes account of feedback from the parents, teachers, and the therapists.
- Some of the basic Center-based interventions include singing, dancing, art therapy (recently introduced pilot project) eating habits, dressing habits, bathing habits (both indoors and outdoors), and identifying persons, objects, etc.
- Evening classes are meant for those who are around age of 10-12 years. These CwDs had left the Center for inclusive or special education and dropped out due to various reasons. Such CwDs enthusiastically participate in the evening classes as they understand the value of the interventions.
- The Center is funded by the Social Service Department.

<u>Serviced conducted during the Pandemic</u>

- During the first wave of COVID, teaching was done via SMS messages (small amounts of work was sent to parents as SMS messages, followed by telephone calls to the parents with instructions). Soon, it became clear that this was an inefficient method. They took to SMS because the teachers (including the Superintendent) were not very familiar with online teaching tools (Zoom, Teams) and messaging apps such as WhatsApp.
- However, after about 6 weeks of struggle with SMS-based teaching methods, the Center settled on WhatsApp.
- A WhatsApp group was created for each class (this was done by the teacher) and 10 classes were created for the Center (8 day classes and 2 evening classes).
- Each WhatsApp group contained the parents and the Superintendent. Some of the non-academic staff of the Center were added as coordinators to the WhatsApp group.
- Apart from class WhatsApp groups, there was a group for the Center and the only members of this group are the staff of the Center. No parent is added to this group.
- The Department has created a WhatsApp for the Maharagama Center and the members of this group are some of the senior managers of the Department and the Superintendent of the CGC. The Department has also created a WhatsApp group where all the CGCs and VT centers are members.
- As for the therapy sessions, only the speech therapist conducts sessions online (started during the second wave).
- Material is sent via the respective WhatsApp groups. These must be completed by the student

(parent may support) and completed work is sent via WhatsApp to the teacher. The teacher must grade every piece of work and short feedback must be given to the student (either by a WhatsApp text message or voice message).

- Apart from sending material via WhatsApp and grading the completed work, each class teacher must conduct two, 20-minute Zoom sessions per week for the children in her class.[75] The links to these Zoom sessions must be posted on the class WhatsApp group and on the WA group for the Center (group C above).
- Since class links are posted on multiple WhatsApp groups, monitoring the conduct of classes is easy. Work sent by the teacher and those who complete them and return for grading are entered on a register maintained by each class teacher. This register is checked by the Superintendent weekly.
- Online classes have a participation rate of about 80 per cent.[76] If a student is unable to join his / her class, with the permission of the teacher, he / she can join another class. The emphasis is on participation and interaction and not so much on the completion of work.

Activities cancelled due to the pandemic

- Generally, CGC organizes medical clinics, sports days, craft exhibitions, and various other programs on subjects that would be of interest to the parents. Before the pandemic, children were taken on field trips, too, with their families.
- All these activities were cancelled due to the pandemic (and were not held in any form. The cancellation took effect in April 2020). However, the Department organized an online poson poya celebrations, a very successful, but a one-off event.[77]
- Teachers are not paid any extra allowance for conducting online classes.

Future Plan

- CGCs are found in Maharagama (the pioneer), Ratnapura (set-up in the year 2000) managed by the Sabaragamuwa Provincial Council), and Kalutara (managed by the Western Provincial Council).
- Soon, a CGC will be set up in Ambalantota in the Hambantota district.
- DoSS plans to set-up at least one CGC per district. The plan for 2021 is five CGCs, but this is unlikely to be achieved due to severe budget constraints caused by the pandemic.
- Staff development

A teacher at the CGC is likely to end his / her career as a teacher. This can be quite a regrettable situation as special education teachers suffer from burnout. Since the teachers work with disabled / severely disabled children, job stress / burnout creeps in early in their careers. If one is deeply committed to this job, then one is likely to survive in the job. Otherwise, the

[75] During school closures, teachers would conduct online classes from home. If the Center is closed, all the staff work from home and connect via WA and Zoom

[76] Various reasons: lack of devices, inability to pay for data, severity of the disability, etc

[77] https://bit.ly/3spPJjE

performance decreases after a few years of teaching.

In this aspect, the Japanese system is fascinating. In Japan, special education teachers can teach for a few years, and then move out and take-up other jobs. Such a system must be introduced in Sri Lanka to prevent teachers becoming stagnant in a job without being passionate about it.

Need of external assistance

(a) The Superintendent is very appreciative of the pioneering work of JICA / JOCV in the sphere of special education in Sri Lanka. However, in the last 10 years, there were no follow up projects from JICA to check the state of affairs in the field.

(b) Although there are different institutions in the field of special and inclusive education, The Superintendent feels that they do not work as "a" team. As a result, parents have to be constantly advised as to what their next step should be. This "push" strategy (an organization pushing parents to take the next step) must be stopped. Rather, the "push" strategy must be converted to a "pull" strategy.

(c) In the "pull" strategy, when a student is ready to leave an institution (say "A") where he / she has been studying, "A" will inform the next relevant institution (say "B") of the readiness of the student to move from A to B. It becomes B's responsibility to ensure that the student is enrolled / admitted to B.

(d) When children have been enrolled at the CGC, parents often think that the last battle has been won. For them, enrolment is the key and after enrolment the next steps are forgotten easily (the end goal of every CwD, depending on the type of disability, should be vocational training). Parents fail to realize that CGC is the beginning of a student's journey and that many more institutions would follow (after CGC). If all the institutions work as "one" team, then parents will know the complete educational path of their children from day 1 – the day of enrolment at the Center.

(e) The Superintendent believes that this is what is lacking in Sri Lanka – a complete picture of all the different components / institutions that make-up special / inclusive education and the ways in which one can move from one institution to another.

(f) If JICA can help the key stakeholders (Department, MoH, and MoE) with a technical assistance project to strengthen the overall system ("systems approach"), that would be a very beneficial one.

(g) The Superintendent feels the "system" is now powered by individual decision makers (system is the totality of the institutions). Individuals powering the system is not sustainable as people retire, resign, or move out of jobs. Also, when individuals control systems, there would be variations in the services they offer. Hence, this dependency / reliance on individuals must be transferred to the system (special / inclusive education must become system dependent and not person dependent).

(Source: Interview with the Superintendent of the Center held on July 29, 2021)

3.3.3. SSOs at Divisional Secretariats

The Survey Team had interviews with the Social Service Officers (SSOs) in the Piliyandala DS (Colombo district), Kurunegala DS (Colombo district), Buttala DS (Monaragala District), Mannar DS (Mannar District) and Ambagamuwa DS (Nuwara Eliya district).

The SSOs have provided special care to CwDs by coordination and implementation of programs to suit CwDs in all 5 regions. Despite the challenges faced during the COVID pandemic, they have done their best in facilitating awareness programs to the public including providing dry rations and support of donors such as the Red Cross to families with children/people with disabilities.

(1) Distribution of Allowance

The Social Service Department has a system to provide welfare allowance for vulnerable people, including the families of CwDs. One-time welfare of Rs. 10 000, given to all the children whilst an additional Rs. 5000, was given to families with CwDs in Buttala. However, discrepancies were noted in the distribution of the COVID relief fund of Rs. 5000 provided by the government in most districts. This was mainly due to miscommunications and non-recognition of the families in need and families with children/people with disabilities by the relevant officials (SSOs/ Grama Niladari/ Samurdi officers) as well as the unfamiliarity among the people about their eligibility. Yet again, it was identified that fishing and farming families in Mannar have received the fund of Rs. 5000 at least once. As most parents in Mannar have daily incomes and daily labours, they primarily suffer from economic challenges. The Nuwara Eliya district SSO has also verified if all CwDs and PwDs families have received the relief fund of Rs. 5000.

(2) Provision of Equipment and Other Facilities

Further concerns were raised in Mannar and Colombo on poor identification programs of families with CwDs, therefore negligence on the providence of facilities to such individuals. Consequently, the role and responsibilities of the SSOs, Grama Niladari and Samurdi officers were highlighted including the importance of networking between these officials. However, the Buttala district has identified the requirement of assessments to identify CwDs. Fortunately, in the Kurunegala district, the SSO has connected with schools with special education units, preschools, child guide centers, Persons with Disabilities (PwDs) via home visits and over the phone to cater to the needs of the families in need. Most of the SSOs were carrying our these activities in other areas, however, this facility was disrupted during the COVID pandemic due to the lack of transportation facilities.

In Monaragala, there was coordination with Social Services Dept. to assist children with facilities such as wheelchairs for students and other equipment and nutrition requirements for special needs children and funds for poor families. Furthermore, Social Service Dept. organize annual competitions in December every year where but only children from the two Special Schools and other private special education organizations participate.

Additionally, as child abuse cases were reported during the pandemic period, awareness programs were organized, and legal action was taken in the Buttala district. Organized with the Department of Rehabilitation to spread awareness about special needs children and how they should be helped and handled were conducted in Monaragala. SSO of the Nuwara Eliya district has suggested in educating parents on avoiding child abuse is required due to the lack of resources from the government to eradicate these concerns. We were not informed of a child abuse case in other districts. NCPA does not have information about abusing of CwDs.

It was identified that some students have attended vocational training (VT) even during the pandemic. The MARDAP, Rs. 200 paid for the students who come to the VT of Mannar. Some CwDs do not attend school because regular schools do not admit them, but some attend centers such as VTs. If quality-assured VT course is provided to the CwDs, it will help them find meaningful employment upon successfully completion of the course.

(3) Awareness, Perorations and Concerns Identified During COVID Pandemic

No COVID infected CwDs were identified, but if found positive all have been made aware of how to proceed in Buttala. Vaccination related issues for CwDs were identified in Colombo however, no issues have been identified in following regular health needs (injections, other medications). In Kurunegala and Nuwara Eliya, the families with CwD faced problems such as keeping children safe, taking care of the children, and getting medicine and taking them to clinics during the pandemic. To find a solution for them SSO has gotten help from sponsors and fulfilled the basic needs, but the therapy sessions have been postponed. Further, issues such as what happens if parent/s is/are infected what happens to the child is still in doubt due to the adequate services or retorts related to it. SSOs in all the above-mentioned areas have faced challenges in maintaining communications with the families in need. Moreover, travel restrictions and lack of transport facilities to these officials have been identified as a key concern in delivering effective and efficient service in all above-mentioned districts.

3.3.4. Centers for CwDs

We had interviews with the representatives of the following centers for CwDs registered under the Social Service Department and others:

- Prithipura Communities
- The Little Tree Special Needs Children's Center
- Mannar Association for Rehabilitation of Differently Able People (MARDAP)
- Senehasa Education Resource Research and Information Center (SERRIC)
- Menhandi School for the Exceptional Child

(1) Operation and services provided during Pandemic

(a) Prithipura Communities

- It has four facilities, an infant home, a special school, and two farms. A total of about 240 CwDs and PwDs live and work.
- It is a government-approved charity, privately funded, non-governmental, and non-profit organization. 95 % of its activities are funded through individual and corporate donations.
- None of its services was suspended due to the pandemic. Their CwDs and PwDs have remained on the Home, the School and the Farms. Work in the two Farms and at the Home continued despite lockdowns and curfews.

(b) The Little Tree Special Needs Children's Center

- The Center is at Buttala, Monaragala was established in 2011, operating under the NGO, Surangani Voluntary Services (SVS). There is no tuition fee.
- There are 30 students, aged from 5 to 23. Those under age 16 attend school, and those over 16 are receiving vocational work training on food processing.
- In 2020, necessary measures were taken for infection prevention at the center which included thermometer, hand wash basin, and disinfectant according to the instruction given by PHI.
- When the center is closed, the management and the staff are making conference phone calls regularly to the parents of the CwDs and obtain information on their health condition and needs of providing assignments at home. The Staff developed individual assignments and shared them with parents via phone consultations.

(c) Mannar Association for Rehabilitation of Differently Able People (MARDAP)

- MARDAP was established in October 2003 by the Holy Family Sisters with the consent of the Government Agent of Mannar District under the patronage of then Bishop of Mannar. They have 73 students at two centers in total.

- The two centers were closed due to COVID since April 2020. Conducting online class is not possible because the families of the students and teachers do not have smartphones and internet connections.
- Instead, MARDAP prepared handouts (assignments) and distribute them among their students. The completed assignments are handed over to the centers, otherwise, the staff of the center collect them by visiting their residence.

(d) Senehasa Education Resource Research and Information Center (SERRIC)

- Service users of the center are CwDs belong to families of Sri Lanka Army, Navy, Air Force and Police. They accept any children within any age range and all types of disabilities.
- The center is providing medicine and rehabilitation, occupational therapy, speech and language therapy, national autism management program, early intervention unit, hydrotherapy, aesthetic therapy, assistive aids and IT, multi-sensory approach, pediatric dental unit, daily living skills, vocational training and others, to 150 children. And nearly 500 children are obtaining services on a rotation basis. Accommodations are provided for 40 children.
- There were not many issues arise due to COVID. Resources are available and facilities given for teachers. The parents were given instructions through WhatsApp group. They are using zoom for teaching and parent's meetings.

(e) Menhandi School for the Exceptional Child

- It was incorporated as a Guarantee (GTE) company under companies act 2007.
- It operates a day school for children/young adults with special needs/differently abled (mostly mentally challenged). It provides education/vocational training and extra-curricular activities.
- The day school closed whenever Government instructs to close. Educational Program and Vocational Training came to standstill.
- but it supported the children and their families by providing dry rations, gift vouchers from supermarkets, cloths etc.

(2) Problems and Challenges during COVID

(a) Prithipura Communities

- Financial problem because the donations were reduced by 90%. It launched an overseas fund-raising campaign via the **Global Giving online platform** with a successful result.
- Shortage of staff due to the pandemic, there's only one long-term resident volunteer. Before COVID, at any given time, it had about 15 local and overseas volunteers.
- No new admission
- Difficulty in repairing machines and equipment for the activities at the farms.

(b) The Little Tree Special Needs Children's Center

- Parents are busy with housework and often don't take the time to oversee assignments with children.

- Regular contact with the children is difficult because some households do not have even a basic mobile phone.
- Parents believe children have weak immunity and are afraid of taking them out.
- During very busy farming seasons, they spend less time with children.
- Some children have lost their daily routine habits and have become violent or selfish because of they are stressed out.

(c) Mannar Association for Rehabilitation of Differently Able People (MARDAP)

- Loss of learning activities at the center: During COVID the students of the centers do not have any opportunity to learn at the center because they were closed.
- Families of the students are suffering from loss of income: Parents of the students are daily and casual laborers of fishing and farming activities. They have lost income opportunities due to slow down of economic activities causing COVID and lockdowns. They usually have one income earner in a family, since other need to look after their CwDs.

(d) Senehasa Education Resource Research and Information Center (SERRIC)

- There were not many issues arise.

(e) Menhandi School for the Exceptional Child

- It was incorporated as a Guarantee (GTE) company under companies act 2007.
- It operates a day school for children/young adults with special needs/differently abled (mostly mentally challenged). It provides education/vocational training and extra-curricular activities.
- The day school closed whenever Government instructs to close. Educational Program and Vocational Training came to standstill.
- But it supported the children and their families by providing dry rations, gift vouchers from supermarkets, cloths etc.

3.3.5. Vocational Training Institutes

We had discussions with the representatives of the following two vocational training institutes.

(1) Vocational Training Institute for Persons with Disabilities

Background

- During the period Sri Lanka was under the British colonial rule (around 17th century). The Institute[78]was established by Shenana missionary organization of England as a technical workshop to render services to the visually handicapped and the hearing impaired.
- The institute is located at Seeduwa, close to Negombo. It provides vocational training for PwDs. Organizational structure is divided into 3 sections, i.e., administration, practitioners

78 https://gic.gov.lk/gic/index.php/en/component/info/?id=2122andtask=info

who are teaching courses for students, and matrons and care persons who are caring the students in hostel.

- The institute is under Department of Social Service. The primary objective of the institute is to make young men and women with disabilities active partners of the national labour force safeguarding their human rights and paving way them to live with self-respect.

Program

Qualifications required

The trainees are free to choose a course of their choice at an institute located in an area convenience to them to follow a course compatible with prevailing market trends.

- Between 16-35 years of age
- Single
- Being a person with disability (a certificate from a registered medical practitioner)

Selection Criteria

- Selecting from a community-based programs at the Divisional Secretary Division level
- Selecting through Social Service Officers
- Selecting calling for applications through newspaper notice
- Applications selected by the Department are forwarded to suitable institutions
- Selecting from those who submit applications to the Director of social Services
- Selection is done by vocational training institutes having conducted interviews

Facilities provided by VTI

- Free residential facilities
- An allowance of Rs. 110.00 for external trainees, Rs. 50.00 for residential trainees and Rs. 75.00 for trainees of voluntary institution is paid
- A tool kit to the value of Rs. 10,000.00
- A government recognized certificate
- Employment opportunities

Special Benefits

- Sports and aesthetic activities
- Youth society activities
- Socialization program
- Leadership training
- Orientation and mobility training
- Sign language and Braille training

Currently ongoing courses

- Fabric Weaving Technology (01 year)
- Refrigeration and Air Conditioning (01 year)
- Radio, Television Technology and Associated Equipment Technology (02 years)
- Handicraft (01 year)
- Carpentry and Woodcarving (02 years)

- Computer Course (02 years)
- Dressmaking (02 years)
- Operating Industrial Sewing Machines (01 year)
- Footwear and Leather Goods Industry (02 years)
- Massage therapy (01 year)

Operation under COVID

- Due to COVID pandemic from the 1st wave, the institution has not been functioning. It was because several positive cases founded from the families of the students, and also from the service providers of the institute.

(Source: website of the institute and interview conducted with the Director on July 30th, 2021)

(2) Ragama Vocational Training center

Background

- This institute was established on 18 January 1984 jointly by the Department of Social Services and the Department of Health Services with the objective of providing facilities for vocational training to persons with spinal cord disabilities.
- It is affiliated to the Ragama Rehabilitation Hospital. Patients undergoing residential treatment and trainees with disabilities being rehabilitated at the Hospital are offered facilities to study the several training courses.

Training Courses conducted at the center

- Radio, television technology and Associated equipment technology-
  This is a two-year course available for physically disabled persons and for wheelchair users
- Computer services
  This is a two-year course available for hearing impaired, physically disabled and visually impaired persons
- Dress making
  This is a two-year course available for hearing impaired, physically disabled
- Tailoring
  This course is aimed at hearing impaired and, physically disabled. It is available as a one-year course as well as a two-year course.

Trainees

- As mentioned above, the courses are specially designed for those who are registered at the medical clinic of the Rehabilitation Hospital and undergoing long term treatment.
- For example, on the requirements of patients with spinal cord disabilities admitted to the Rehabilitation Hospital to undergo rehabilitation process as well as patients with other disabilities, the vocational training courses of this center can be completed within a period

ranging from 06 months to one year.

- As part of the rehabilitation process, persons who have become disabled due to occupational hazards are rehabilitated and empowered by the institute.
- Further, young men and women with disabilities who are registered at the medical clinic of the Rehabilitation Hospital undergoing long term treatment at the clinic, though residing at home are enrolled for vocational training in the institute on the recommendation of doctors.
- Accordingly, this vocational training center has designed its courses in such manner, a patient with a disability can start vocational training on the recommendation of a doctor after being admitted to the hospital.

Operation under COVID

The Survey Team was not yet able to contact the representative of the center.

(Source: website of the center:
https://www.socialservices.gov.lk/web/index.php?option=com_coursedataandview=training_centerandtcid=6andItemid=147andlang=en)

3.3.6. Needs of assistance suggested by the service providers on social welfare

COVID pandemic has become a major crisis since 2020. The pandemic has claimed thousands of lives and is spreading a negative impact on CwDs and their families. Social service programs provided by governments and social services agencies aim to help individuals, families, groups and communities enhance their individual and collective well-being, and to promote equity and opportunity in communities. The facts that found from this survey as follows when it comes to need of assistance which suggested by the service providers on social welfare.

(1) Establish CGCs in every district

The CGC at Navinna, established by a cooperation of JICA, is playing an important role in early intervention for development of CwDs by offering facilities to improve mental wellbeing of parents through psychological counselling and for maximum development of the child through the provision of multiple professional services. The DoSS is going to establish a CGC in Ambalangoda. It will also establish CGCs Hambanthota, Batticaloa, and Trincomalee. DoSS needs cooperation of JICA to establish CGCs in every district:

- Provide training of teachers and trainers
- Provision of special education and services
- Procurement of necessary equipment

(2) Enhancement of the field programs, especially CBR and physiotherapy

JICA had assisted the pilot CBR program in Rajanganaya, Anuradhapura district which was implemented by the Ministry of Social Services around 10 years ago by dispatching a group of JICA volunteers. It has been continued as one of the important field programs of the DoSS.

DoSS and the NSPD are of the opinion that the CBR program and physiotherapy services need to be enhanced and expanded.

- Firstly, ongoing CBR program need to be assessed (The director of NSPD pointed out that the method could be outdated, materials/ guideline needs to be corrected and updated.)
- Regular and continuous physiotherapy training is needed and important, targeting the staff of primary healthcare, families of CwDs/PwDs. It can be held once a month in selected district or divisional secretariats nationwide.
- Formulation of personal development plans for each CwD by SSOs is very important. JICA can facilitate SSOs and other stakeholders by providing training, improving and modernize current services, and providing facilities and equipment.

(3) Need of transport facilities for the field officers

Lack of transportation facilities reduced visits by health workers. This resulted in being unable to arrange private transport to visit health facilities and service users. This matter led total breakdown of the home visits programs particularly in rural and estate areas. The SSO interviewed from Nawalapitiya area indicated that all families with CwDs had problems related to obtaining medicine, medical care and in attending to clinics. In Kurunegala, the SSO has connected with schools with special education units, preschools, child guide centers, PwDs via home visits and over the phone to cater to the needs of the families in need. However, this facility was disrupted during the COVID pandemic due to the lack of transportation facilities.

(4) New tools and equipment for the field officers to provide services for CwDs

Introduction of new tools and equipment to provide services for CwDs (Apps and tablets), providing IT knowledge and training for officers, Assistance to make an App for officers to work with CwDs is important. Supporting tools for patens to help CwDs and for communicating them effectively, Lack of proper knowledge and training lead to the spread of misconceptions about the spread of COVID infection from hospital environment and from health workers. The Public Health Inspector is a vital member of the community health system. Due to COVID and their grassroots intervention missed most work scheduled according to their duties assigned. SSO of the Nuwara Eliya district has suggested in educating parents on avoiding child abuse is required due to the lack of resources from the government to eradicate these concerns.

Most of the field officers are using their own devices and equipment and also their own money. So, faced lot of difficulties (tablet, router, laptops, photocopy machines, and printers). Internet facilities they also in a need of technological knowledge and training for the staff. Introducing an easy method to monitor and track progress of activities.

(5) Need of policy interventions to recognize CwDs as a special category in COVID prevention

Relevant policy decisions not taken at the planning stage of COVID prevention program to recognize CwDs as a special category. The lack of organization or provision of the above-mentioned facilities by local level workers were due to lack of relevant policy decisions not being made by

central level authorities of Ministries of Health, Transport and Education in advance. This is evident by local level health care staff declaring that they did not receive any guidelines related to the handling of CwDs from their authorities. Similarly, in their work plans and schedule of work no provision has been made to attend to CwDs as a special category in addition to the coordination of work related to the normal COVID patients.

(6) Need of a better arrangement for visits of families of CwDs by field officers

One of the midwifes interviewed from Nuwara Eliya indicated that she could not attend to problems faced by CwDs because their role is limited to seeing pregnant mothers. Furthermore, there were no guidelines from authorities on the handling of problems related to CwDs. In view of difficulties and restrictions related to transport, midwives contacted parents of sick children over the phone and by WhatsApp but there were no signals and coverage to some distant tea estates. In the interview held with the organization PREDO which operates in the estate sector, it was mentioned that no medical personnel or health care workers came to see the disabled children during the COVID time or even at other times. There is a need for health care workers such as midwives, PHIs and MOHs to visit the CwDs in their home environment and offer health care including health education. SSO mentioned as there is no proper mechanism to cover the huge are given and limited staff best solution is to establish a service center in areas.

(7) Assistance for introducing and conducting vocational skill training for CwDs

(8) Better system mechanism in building linkage between all service providers in an area. (MOH, PHI, SSO, midwife, Samurdhi Officer, Child Projection Officer, and Grama Niladari)

SSOs in all the above-mentioned areas have faced challenges in maintaining communications with the families in need. Moreover, travel restrictions and lack of transport facilities to these officials have been identified as a key concern in delivering effective and efficient service in all above-mentioned districts.

MOH is the manager of resources and the public health team. The team is ready to discharge quick response within a very short notice, using their already available infrastructure and capacity for networking within the community and ability to update their knowledge and skills promptly. Each MOH unit has a network of community infrastructure that can be quickly converted to operational centers in the field such as field clinics. This transition is possible because of its unique system structure as geographical health unit. Each office has logistic facilities that can mobilize relevant resources and public health teams, into the field when the need arises. Throughout health promotion programs, MOH and his field staff maintain a high level of community engagement to achieve sustainable public health goals. The largeness of divisional secretariats, difficult geographical terrain, transport difficulties, language barriers prevent or makes it impractical to provide services to CwDs children and their families.

When it comes to the National Child protection Authority (NCPA), one of the important mandates of NCPA is to develop and maintain a national database of child offenders. Plagued by technical and administrative problems, this is likely to be an area where JICA and NCPA could look towards collaboration. Overall, there is a lack of up-to-date and disaggregated data on the prevalence, trends, and drivers of all forms of violence against children in Sri Lanka. There is also a need to better understand the drivers of all types of violence, including the pathways through which different children are exposed to violence. There is very little disaggregated data on violence and abuse of CwDs.

4. Results and Findings of the Family Survey

4.1. Information on the samples

The sample size (n) was 106, which are almost equally distributed among urban (n = 36, 34%), rural (n = 37, 35%), and estate sectors (n = 33, 31%).

(1) Sex of the CwDs of the sampled families

As for the sex of the CwDs of the sampled families, the proportion of males were higher than that of females [males: 59% (n=63), females: 41% (n=43)]. Although the survey design aimed for an equal proportion of males and females to be interviewed, this objective was achieved only in the estate sector. In the urban regions of Colombo and Kurunegala, the proportion of male CwDs is 71%. This was the result of the attention of Survey Team to include the different types of disabilities and various ages of CwDs to the samples.

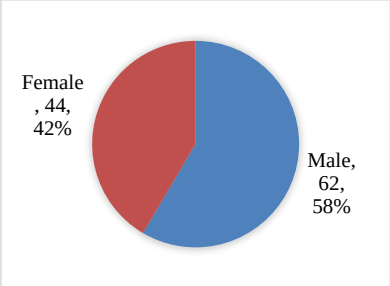


Figure 8 Sex of the CwDs of the sample families (n=106)

Table 25 Sector-wise classification of sex of the CwDs (n=106)

Sex	Urban	Rural	Estate	Total
Female	28%	43%	52%	41%
Male	72%	57%	48%	59%
Total	**100%**	**100%**	**100%**	**100%**

Sex-wise analysis of the family survey as shown in **Annex 13**. We did not find significant sex-wise differences in the responses between the two groups. However, it should be noted that there are more male students than females in the SEUs and the government assisted schools for special education in Sri Lanka according to the statistics of MoE. We could not find scientific reasons or statistical background for it. It should be studied, analyzed, and reflect to the plans and strategies.

(2) Ages of the CwDs of the sampled families

In all three sectors of urban, rural, and estate, about 65%-70% of the CwDs interviewed were between 6 to 14 years.

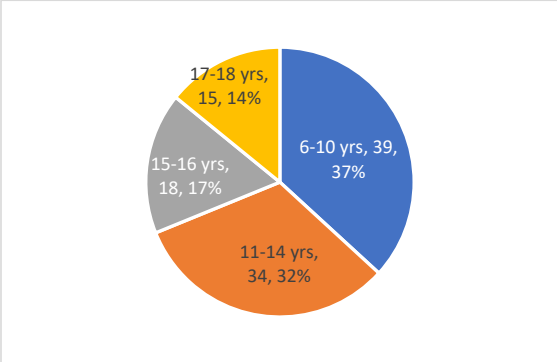


Figure 9 Distribution of the age of the CwDs (n=106)

Table 26 Sector-wise classification of age of the CwDs

Age (yrs)	Urban	Rural	Estate	Total
6-10	22%	43%	45%	37%
11-14	42%	30%	24%	32%
15-16	19%	14%	18%	17%
17-18	17%	14%	12%	14%
Total	**100%**	**100%**	**100%**	**100%**

(3) Types of disabilities of the CwDs of the sampled families

(a) Types of disabilities of the CwDs of the sample families

It was planned to have an equal distribution of types of disabilities in the sample. There are a considerable number of children for each type of disability. However, equal distribution was not realized because 50 out of 106 CwDs had more than one disability as shown in Table 27.

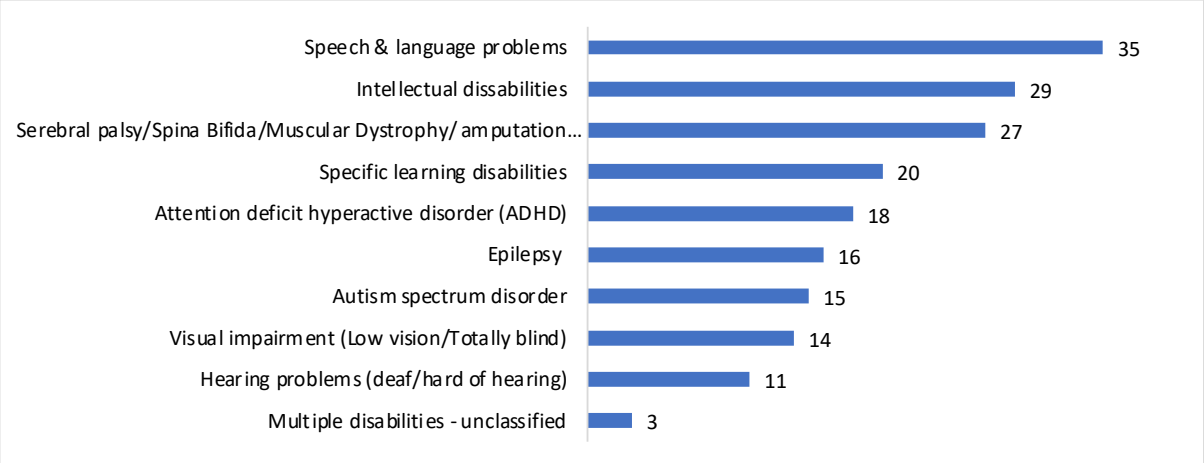


Figure 10 Types of disabilities of the CwDs (n=106)

Table 27 Sector-wise classification of disabilities of the CwDs

(n = 106, multiple answers)

Disability	Urban	Rural	Estate	Total
CP…	5	8	14	27
Hearing…	2	4	5	11
Speech…	7	12	16	35
Visual…	5	3	6	14
Epilepsy	6	6	4	16
Autism	7	4	4	15
Intellectual…	4	14	11	29
Specific learning disabilities	6	7	7	20
ADHD	6	4	8	18
Multiple disability - unclassified	1	2	0	3
Total	**49**	**64**	**75**	**188**

Th table below presents the number of CwDs along with the disabilities they have been inflicted with. It shows 50 (47%) CwDs have more than one disability.

Table 28 Count of CwDs along with the number of disabilities

(n=106, Multiple answers)

Count of CwDs / families	Urban	Rural	Estate	Total
Number of disabilities = 1	24	19	13	56
Number of disabilities = 2	9	8	10	27
Number of disabilities = 3	2	6	5	13
Number of disabilities = 4	0	1	2	3
Number of disabilities = 5	0	1	1	2
Number of disabilities = 7	0	0	2	2
Total	**36**	**37**	**33**	**106**

Note: This table excluded the 3 CwDs in the category of "multiple disabilities – unclassified) shown in Figure 10.
Hearing and speech disabilities are counted as "one" when a CwD has both speaking and hearing impairment

Therefore, it should be noted that tables and figures with regard to "disability-wise" analysis in this report show only the "counts" for the different types of disabilities because each type of disability received numerous answers ("multiple hits"). For example, Table 38 indicates that there are seven children who have speech related impairment, but some of them are afflicted with epilepsy and autism. So, there is an overlap among the "counts" in the tables and figures, which is inevitable for a question of this nature – questions which receive multiple answers.

(b) Causes of disabilities of the CwDs

The sector-wise classification of the probable causes of disabilities, explained by the respondents, is shown in the table below. 50 families out of 106 answered this question (They were obtained only if the respondents were willing to give answers.) The anomalies have been highlighted. 16 families that answered this question from the estate sector, reported the cause of disability as consanguineous marriage. It should be noted that these causes of disabilities were given by the respondents according to their understanding, and some of them are not scientific.

Table 29 Sector-wise classification of causes of disability (n= 50)

Cause	Urban	Rural	Estate	Total
At birth	16	1		17
At birth, caesarean surgery at 8 months due to the damage to mother's uterus.	1			1
At birth, no issues. However, had to stay in H for 21 days. After that, this disability appeared		1		1
At the sixth month, seizures started. After that, seizures very frequently		1		1
Born as a twin. The other child (girl) is a normal child. But he was born prematurely		1		1
Caesarean surgery done by an inexperienced quack at private hospital. No proper treatment given at postpartum	1			1
Caesarean surgery. Unconscious for about 1.5 months from the day of birth. Epilepsy at birth.	1			1
Consanguineous marriage	1		16	17
Displaced due to war. And pregnant when this happened. Hence, there were problems in brain development		1		1
Epilepsy from age of 4 years	1			1
Genetic disorder. Elder brother died from this decease. Mother's sister's child suffers from this disability	1			1
In the war, mother died due to shell attack. Child lost his leg due to shelling		1		1
Infected with encephalitis. Suffered from epilepsy from 2 years	1			1
Knee problem about 6 years		1		1
Lack of oxygen supply due to delay at the time of delivery	1			1
Low birth weight		1		1
Low birth weight baby (31 weeks - 1kg)	1			1
Nerve problem as explained by the doctor	1			1
Total	26	8	16	50

(4) Family size and family members

The average family size stands around 5 members per family. The median family size also happens to be 5 persons. This means that 50% of the families interviewed had 5 or more than 5 persons in each of the family.

Table 30 Family size (n=106)

Items	Count
Total number of family members	506
Number of respondents (families)	106
Average members per family	4.8

In the table below, the number of family members per family is given for the three sectors. The anomalies have been highlighted. The family size in the estate sector is larger than other sectors probably because of its housing conditions. [79]

Table 31 Sector-wise classification of family size (n=106)

Family size	Urban	Rural	Estate	Total
2	0%	3%	0%	1%
3	22%	8%	9%	13%
4	36%	35%	21%	31%
5	25%	41%	27%	31%
6	11%	8%	18%	12%
7	6%	5%	18%	9%
8	0%	0%	3%	1%
9	0%	0%	3%	1%
Total	**100%**	**100%**	**100%**	**100%**

Table 32 Family members (n=106)

Relationship to the CwDs	Count
Mother	99
Father	94
Sibling	86
Grandparents	35
Uncle / aunt	10
Related adult	5
Cousins	3
Total responses	332

[79] When the plantation workers were forcibly brought from India during the colonial period, they were provided with tenement houses on the plantation. The plantation workers still live in these tenement houses owned by the plantation company in the estates (in some cases they have been provided with detached houses). In recent years, because many of the people living in the estates do not work for the plantation companies but work as day labourers in the neighbouring villages or get regular jobs, the plantation companies require that at least one member of the family works on the plantation in order to live in this housing. As a result, several generations often live together in these houses: for example, CwDs, her/his brothers and sisters, parents and a grandmother who work on the plantation. The case studies shown in chapter 7.5 also show examples of this extended family.

(5) Relationship of the respondent to the CwD

In 90% of the families interviewed, the respondent was either the mother or the father (this holds true for the settings, too). They are the persons who are most knowledgeable about the CwDs. Although this was an enumerator-led survey, the answers are self-reported. Hence, it is important that the questions are answered by those who most knowledgeable about the CwDs. This objective has been achieved in this survey. Hence, the credibility / accuracy of the answers is high.

Table 33 Information on the respondents (n=106)

Person	Urban	Rural	Estate	Total
Mother	72%	62%	36%	58%
Father	19%	27%	52%	32%
Grandparent	8%	8%	0%	6%
Sibling	0%	3%	3%	2%
Uncle	0%	0%	9%	3%
Total	**100%**	**100%**	**100%**	**100%**

(6) Main income source of the families

Table 34 Proportion of families in different vocations (before COVID and now) (n=106)

Occupation	Before	Now
Agriculture / fishing/ animal husbandry	20%	21%
Self-employed (own business)	23%	23%
Public sector employment (full-time)	8%	8%
Private sector employment (full-time)	9%	10%
Temporary / casual work / day work	36%	32%
Remittances from abroad	1%	2%
No income	3%	3%
Total	100%	100%

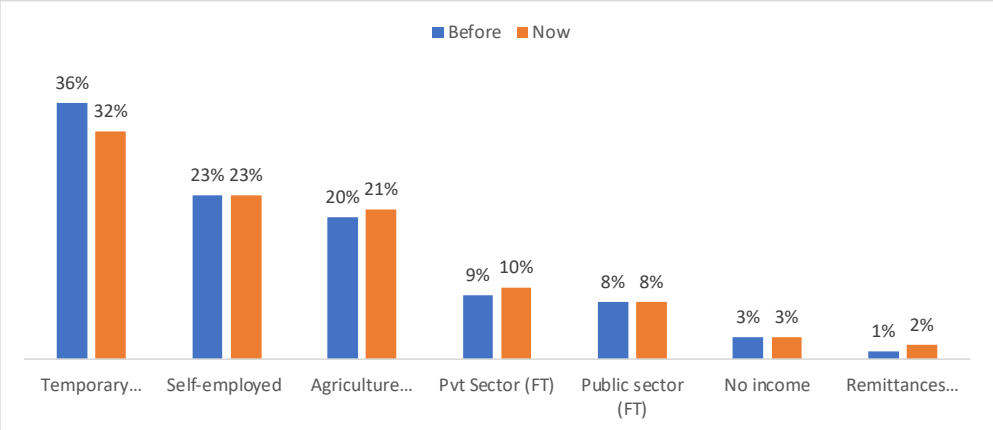


Figure 11 Proportion of families in different vocations (before COVID and now) (n=106)

There is a 4% decrease in the "temporary / casual / day work" category. The changes in the other categories are insignificant. This question is related to the first two questions of section 4 of the questionnaire.

(7) Vulnerability of the sample families (assessment by the research assistants)

Table 35 Sector-wise classification of assessment of vulnerability of the families

(n = 59, Multiple answers)

Vulnerability	Urban	Rural	Estate	Total
Father-only household	1	0	0	1
Mother-only household	3	3	1	7
Severe CwDs	22	2	10	34
More than one CwDs	2	2	1	5
Lost main income due to COVID	7	8	0	15
Orphan	0	1	0	1
Did not answer this question	3	22	22	47
Total	**38**	**38**	**34**	**110**

The vulnerability was largely assessed by the research assistants without asking any probing questions. 59 families out of 106 were identified as families with "vulnerability" by the research assistants. Severe cases of disability have been reported from the urban sectors, and to an extent, from the estate sector. Loss of income have been reported from the urban and rural sectors (none from the estate sector). Although the place of residence of the estate families is the "estate", there is no compulsion for them to work there. They are free to look for work outside the estate (provided at least one person from the family works in the tea plantations as a tea plucker).

4.2. Education and Learning

4.2.1. Attendance to schools/centers

(a) School/ center attendance of before COVID

About 27% of the CwDs interviewed are in inclusive education. An equal number is "fully at home." About 40% of the CwDs in the estate sector "fully at home". A detailed study is needed to "truly" understand the reasons for staying at home. The disability may not be as severe as reported by some families and this is especially true in the estate sector. Disability is a medical condition and the decision to stay at home must made by medical specialist. Hence, it is critically important for doctors to be knowledgeable in opportunities in education, vocational training, and social welfare services that are available for CwDs and their parents.

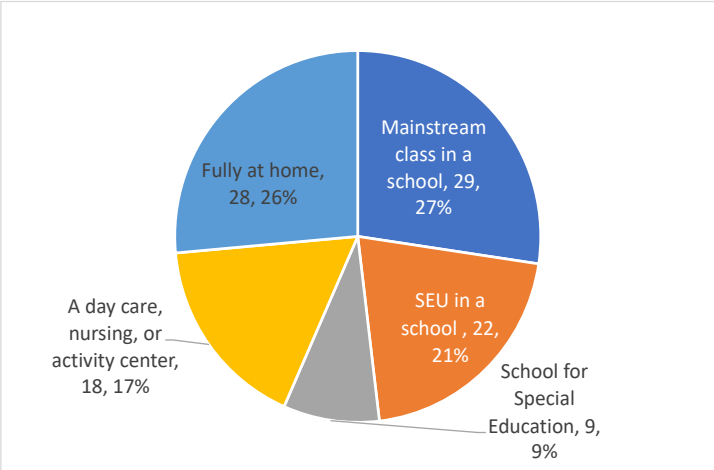


Figure 12 Type of center / school attended CwDs before COVID (n = 106)

Table 36 Sector-wise classification of the center / school attended CwDs before COVID (n=106)

Responses	Urban	Rural	Estate	Total
Mainstream school mainstream class	25%	24%	33%	27%
A school dedicated for CwDs	11%	14%	0%	8%
SEU in a mainstream school	47%	5%	9%	21%
A day care, nursing, or activity center	8%	27%	15%	17%
None of the above (fully at home)	8%	30%	42%	26%
Total	**100%**	**100%**	**100%**	**100%**

Table 37 Age-wise classification of the center / school attended CwDs before COVID (n=106)

Type	6-10 yrs	11-14 yrs	15-16 yrs	17-18 yrs	Total
Mainstream school mainstream class	31%	32%	28%	7%	27%
A school dedicated for CwDs	5%	6%	17%	13%	8%
SEU in a mainstream school	15%	26%	28%	13%	21%
A day care, nursing, or activity center	21%	15%	6%	27%	17%
None of the above (fully at home)	28%	21%	22%	40%	26%

Total	**100%**	**100%**	**100%**	**100%**	**100%**

Table 38 Disability-wise classification of the center / school attended CwDs before COVID (n=106, *multiple count of responses)*

Disability	Mainstream class	SEU	School for special education	Day care, activity center	Fully at home	Total
Speech…	7	5	0	8	11	35
Intellectual…	9	6	1	5	8	29
CP	10	2	0	4	11	27
Specific learning…	11	2	2	2	3	20
ADHD	4	8	0	2	4	18
Epilepsy	2	6	2	1	5	16
Autism	1	6	0	6	2	15
Visual…	3	0	4	1	6	14
Hearing…	3	1	1	3	3	11
Multiple disabilities (Unclassified)	0	0	0	0	3	3
Total count of responses	50	36	10	32	56	188
Number CwDs in total	29	22	9	18	28	106

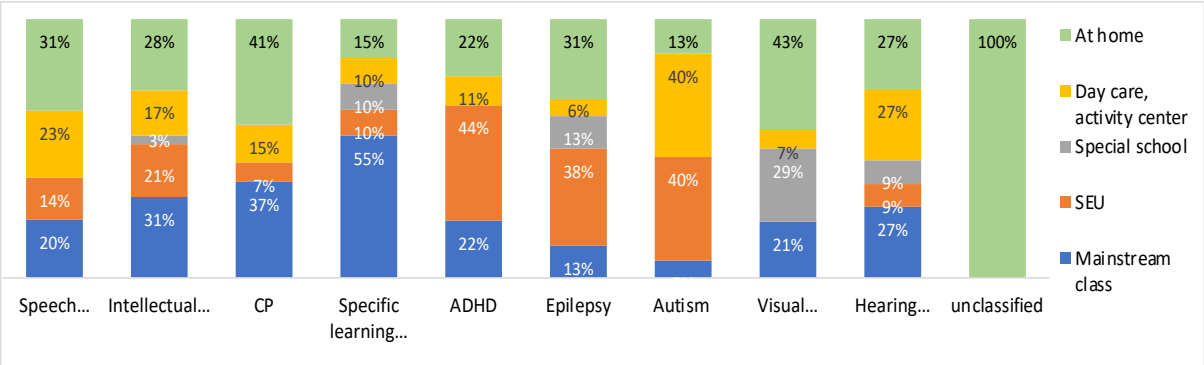


Figure 13 Disability-wise distribution of the center / school attended CwDs before COVID (n=106, *multiple count of responses)*

We found the following trends from Figure 13 which ae useful to understand general tendency of learning opportunities of CwDs in Sri Lanka. [80]

[80] However, as explained in 7.1.3, fifty out of 106 CwDs had more than one disability; therefore, it should be noted that the tables and figures on disability-wise analysis show only the "counts" for the different types of disabilities.

- Higher proportion of children with specific learning difficulties are attending mainstream classes. It can be because no physical appearance of the disability. In general, at the age five they are getting admitted to the schools. At the school they are facing reading writing problems. In Sri Lanka early screening and early intervention programs are not common. Parents are not aware of the difficulties of the child. Preschool teachers are also less skillful to identify children with specific learning difficulties.
- Higher proportion of children with epilepsy are attending classes at SEUs. In general, though most of these children admitted to the mainstream classes, teachers sending them to the SEUs with the assumption that they are fit with the SEUs setting and thinking that SEU teachers can take care of them. Parents also not sending these children regularly to the school; therefore, they are behind schoolwork with the same age peers.
- Higher proportion of children with visual impairment are attending schools for special education. According to the Figure 1, 29% of them are in schools for special education. 21% of them are in the mainstream classes. Mostly students with blindness can easily identify. Therefore, parents are sending them to special schools. Another reason for that is that hostel facilities is available in special schools. After they acquired some basic reading and writing skills in braille there is a tendency to go to mainstream classes.
- Higher proportion of children with autism are attending day care/ activity centers. According to the graph equal proportion 40% of children are attending SEUs and daycares. According to the severity of autism this should be happen. In day cares more attention such as one to one facility can be provided for severe cases.
- Higher proportion of children with visual impairment, CP, speech impairment and epilepsy are out of school/centers (fully at home). In general, it often happened due to parents' overprotection and have an assumption that their children with disabilities cannot cope up with the current education system and no security for them at school. parents think that more protection can be provide at home.

(b) Frequency of attendance to school/ centers before COVID

(Asked from the families of CwDs who used to attend school/center)

73% of the CwDs attended the school / center before COVID and this holds true for all the sectors. This was to be expected as pre COVID was a "normal" world in which people went about their work without any disruptions.

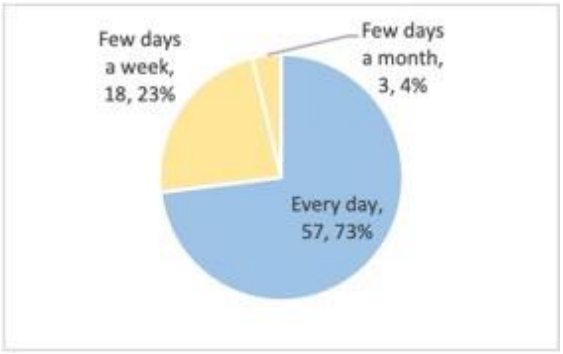


Figure 14 Frequency of attendance to school/center before COVID (n=78)

Table 39 Sector-wise classification of the frequency of attendance before COVID (n=78)

Responses	Urban	Rural	Estate	Total
Every day	73%	77%	68%	73%
Few days a week	24%	23%	21%	23%
Few days a month	3%	0%	11%	4%
Total	**100%**	**100%**	**100%**	**100%**

The attendance was relatively higher for the children with visual and hearing imparities. As mentioned earlier, mostly students with these disabilities can easily identified, and enrolled in schools for special education. The reason for higher school attendance could be because hostel facilities are available in these schools.

It seems children with specific leaning difficulties and ADHD shows relatively less attendance.

Table 40 Disability-wise classification of the frequency of attendance before COVID (n=78, *multiple count of responses***)**

Disability	Everyday	Few days a week	Few days a month	Total
Speech…	16	6	2	24
Intellectual…	16	5	0	21
Specific learning…	10	7	0	17
CP	11	3	2	16
ADHD	7	6	1	14
Autism	8	3	2	13
Epilepsy	7	4	0	11
Hearing…	7	1	0	8
Visual…	8	0	0	8
Total count of responses	90	35	7	132
Number CwDs in total	57	18	3	78

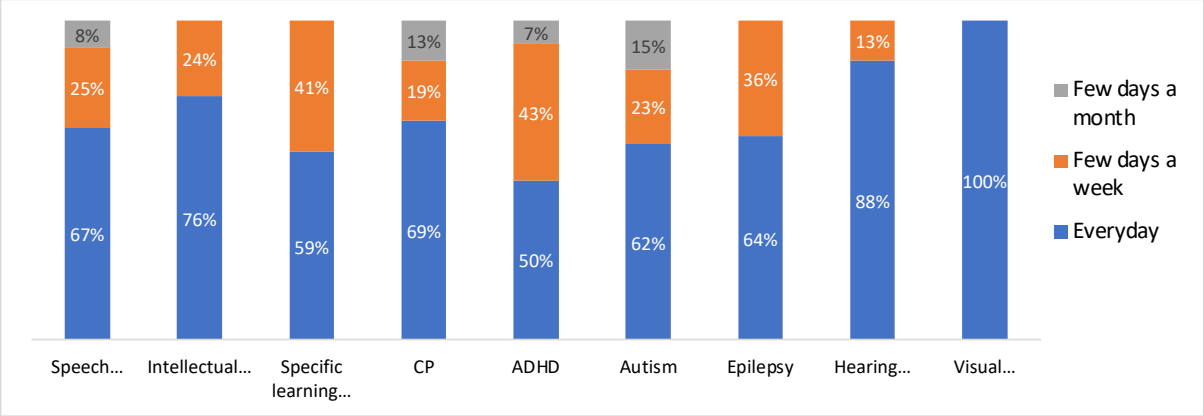


Figure 15 Disability-wise distribution of the frequency of attendance before COVID

(n=78, *multiple count of response)*)

Table 41 Reasons for attending the school / center "few days a week" (n=18)

Reason	Count
Mobility	9
Illness	6
Behaviour / attitude	1
Caretaker	1
Hospital	1
Total	**18**

Note:

- Mobility = lack of transport or there's no one to take the CwDs to the "center" (center could be any one of the above institutions). It could also mean leg pain, muscle cramps, which makes it difficult to walk.
- Illness = the CwD falls ill on a day and is unable to attend the Center on that day. It could be either be a minor illness or a major one.
- Behavioral / attitudinal = either the parent does not like the CwD attending the Center or the CwD decides to skip classes
- Caretaker = there is no one in the family who could take the CwD to the Center (a temporary problem)
- Hospital = the clinic at the hospital gets scheduled on the day that the CwD must attend the Center. Usually, the hospital takes priority over the Center and the child attends the clinic.

Before COVID, mobility and illnesses are the reasons for irregular attendance.

Table 42 Reasons for attending school / center for "few days a month" (n=3)

Reason	Count
School and CGC	1
Mobility	1
School timetable	1
Total	**3**

Note:

- CGC = is the Child Guidance Center in Maharagama. There are a couple of students in the sample who attend both the Center and the CGC.
- School timetable = the timetable of the "center" is structured so that the student is not required to attend the center every day. A few days of classes in a month is considered sufficient by such places of education.

(c) Frequency of attendance to school/ centers during COVID

(Asked from the families of CwDs who used to attend school/center)

Although before COVID attendance was 73% as Figure 14 shows, figure dropped to 45% during COVID. 25% to 35% of the schools / centers remained closed (as reported). In the estate sector, this was around 10% and it is likely that the centers were open. However, the drop in attendance is largely attributed to the "fear" of contracting the virus. CwDs are quite vulnerable persons, and this fear could be justified. In times of severe crisis, people's priorities change from education to safety / survival.

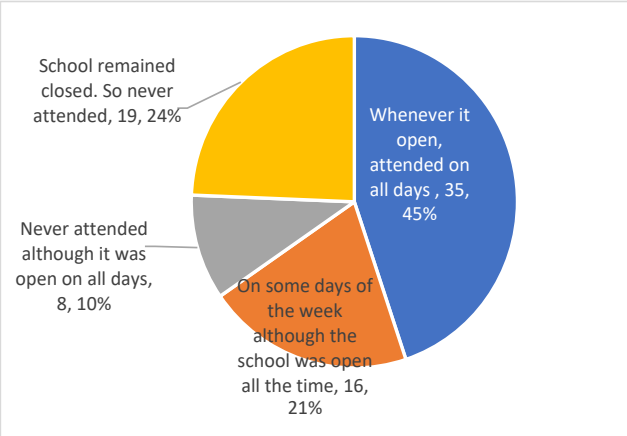


Figure 16 Frequency of attendance school/center during COVID (n=78)

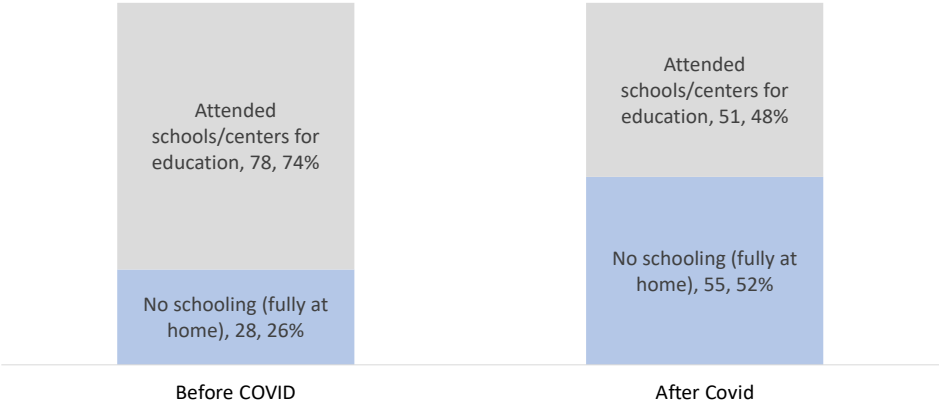


Figure 17 Comparison of the school attendance before and during COVID

As shown in Figure 14, 46% of the CwDs who used to attend schools/centers, attended their schools/centers whenever they were opened, and 15% attended only some days a week. However, 34% of those who used to attend schools/centers did not attend schools/centers during COVID (Figure 16). As a result, percentage of CwDs, who are not attending schools/centers, increased from 26% to 50%. (Figure 17).

Table 43 Sector-wise classification of the frequency of attendance during COVID (n=78)

Responses	Urban	Rural	Estate	Total
Whenever it open, attended on all days	45%	46%	42%	45%
On some days of the week although the school was open all the time	24%	8%	32%	21%
Never attended although it was open on all days	6%	12%	16%	10%

School remained closed. So never attended	24%	35%	11%	24%
Total	**100%**	**100%**	**100%**	**100%**

Table 44 and Figure 18 suggest that the children with autism, epilepsy, ADHD, and intellectual disability attended school relatively less. The children with hearing impairment attended schools every day whenever they were open.

Table 44 Dissability-wise classification of the frequency of attendance during COVID

(n=78, multiple counts in responses)

Disability	When open, everyday	When open, some days on a week	Never attended although it was open	School was always closed	Total
CP	8	3	2	3	16
Hearing…	8	0	0	0	8
Speech…	13	5	1	5	24
Visual…	5	1	0	2	8
Epilepsy	4	3	0	4	11
Autism	3	1	1	8	13
Intellectual…	8	4	5	4	21
Specific learning…	7	5	3	2	17
ADHD	5	3	2	4	14
Total counts of responses	61	25	14	32	132
Number CwDs in total	35	16	8	19	78

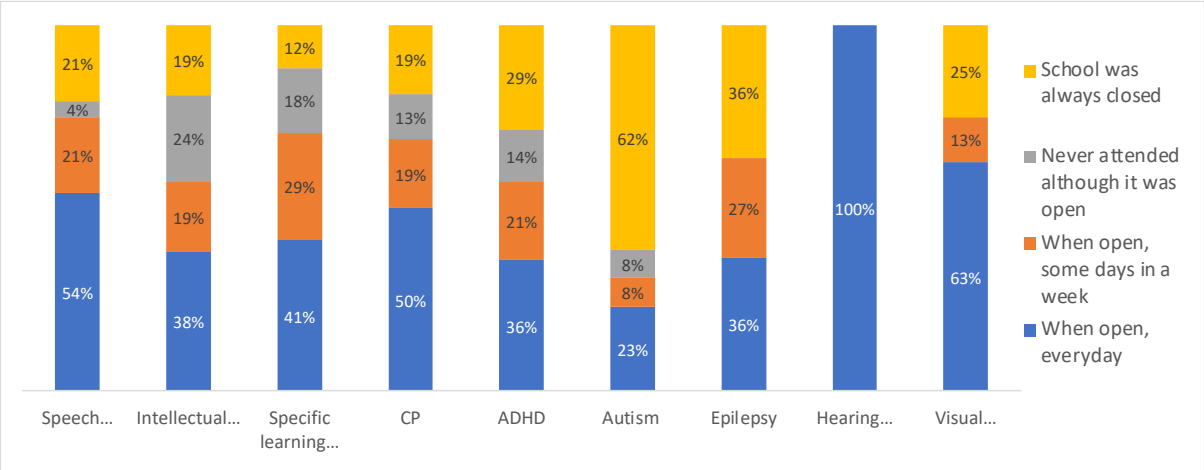


Figure 18 Dissability-wise distribution of the frequency of attendance during COVID

(n=78, multiple counts in responses)

Table 45 Reasons for attending school / center "on some days of the week when it was opened" (n=16)

Reason	Count
Mobility	5
Caretaker	3

Illness	3
Behaviour / attitude	2
Lockdown / COVID	2
Financial	1
Total	**16**

Note:

- Lockdown / COVID = is the fear of contracting the virus and staying indoors. Or it means that the student stays home due to travel restrictions or (local) lockdowns.
- Financial = if the parent / guardian finds it difficult to pay for the transport of the CwD, then on such days, classes at the Center is skipped.

During COVID, too, mobility is a reason for irregular attendance.

Table 46 Reasons for "never attended the place even when it was opened" (n=8)

Reason	Count
Mobility	3
Behaviour / attitude	2
COVID	2
OL	1
Total	**8**

Note:

- OL = at the time of the family survey, a 16-year old female student from Buttala (Moneragala) was awaiting the results of the local OL exam. After sitting the exam, she is at home and never attended the school. If she passes her OL, she is likely to return to school for AL.

(d) Attendance and activities in addition to schools/ centers

(Asked from the families of CwDs who used to attend school/center)

Table 47 Attendance and activities in addition to schools/ centers (n=78)

Response	Count	%
Attending	8	8%
Not attending	98	92%
Total	106	100%

Note:

Of the "not attending" 98 students:

- This question was "not relevant / not applicable" for the 28 students who are "fully at home" (not attending any school or Center)
- Although 30 families said "not attending a second center / school", but they did not provide any reasons for "not attending a second center / school."
- Hence, the calculation is as follows:

Not attending a second center =	98 families
Question is not applicable =	28 families
Net =	**70 families**
Reasons were not given by =	30 families
Reasons were given by (net) =	**40 families**

Table 48 Attendance and activities in addition to schools/ centers (description for "yes") (n=8)

Place	Count
CGC Mahargama	2
Aesthetic classes	1
Classes on Buddhism	1
Evening classes	1
Activity center	1
PT program	1
Rehab program (DS)	1
Total	**8**

Table 49 Attendance and activities in addition to schools/ centers (description for "no") (n=40)

Reason	Count
Attitude	14
Mobility	8
Financial	6
Disability	4
Illness	3
No suitable center	3
No time	1
Caretaker	1
Total	**40**

Note:

- Attitudinal factors = parents or guardians decide on a second school for their child. Hence, attitudinal reasons include the responses such as: another center is not needed, attending "a" center is sufficient, we are not interested, we did not think about it, and our child does not have time to attend another center.
- Financial = if the parent / guardian finds it difficult to pay to attend a second center, then the student attends only a center.
- No time = if the parent / guardian feels that the student does not have time to attend two centers of education, then they are likely to focus only on "a" center / school.

(e) Number of days attended school/center during COVID

(Asked from the families of CwDs who used to attend school/center)

Table 50 Sector-wise classification of the number of days the CwDs attended the school/center after starting of COVID in Mar 2020 (n=78)

Responses	Urban	Rural	Estate	Total
Can remember	6	2	14	22
Cannot remember	27	24	5	56
Total	**33**	**26**	**19**	**78**

Based on 22 families who were able to remember the number of days the schools / centers were open, the figure is 484 days (from March 2020 to the time of the survey In July / Aug 2021). This works out to an average of 22 days per child. However, this 484 includes an outlier from Buttala. This family reported that the center the child attends was open for 180 days during the period of interest. If this outlier is removed, the revised average drops to 13 days per child.

(f) Willingness to send the CwDs to school/centers when it reopens

(Asked from the families of CwDs who used to attend school/center)

Responses	Urban	Rural	Estate	Total
Yes	88%	92%	68%	66 (85%)
Not sure	9%	4%	26%	9 (12%)
No	3%	4%	5%	3 (4%)
Total	**100%**	**100%**	**100%**	**100%**

A significant proportion of CwDs in urban and rural areas (about 90%) are willing to send their children when the school / center reopens in the future. However, for the estate sector, this proportion is about 70%. Vaccinating the teachers and the CwDs are important factors that are likely to increase the chance of the parents sending their CwDs to schools / centers after COVID.

Table 51 Reasons for "not sure" if you send your CwDs to school when it's reopened (n=9)

Reason	Count
Mobility and finance	3
Disability and health	2
Attitude	1
Uncertain future	1
Consider VT	1
Depends on OL results	1
Total	**9**

Note:

- Uncertain future = refers to the uncertainty caused by the pandemic
- Consider VT = parents are considering enrolling the child in a vocational training course

Table 52: reasons for "no" (n=3)

Reason	Count
Attend only the CGC at Maharagama	1
Disability	1
Self-employment	1
Total	**3**

Note:Attend only the CGC = parents have decided that the child will attend the CGC at Maharagama

(g) Information on the families of CwDs who did/do not attend school/center (fully at home)

Table 53 Reasons for not attending any schools/centers (n=28)

Reasons	Urban	Rural	Estate	Total
Disability	3	6	14	23
Attitude	0	2	0	2
Mobility	0	2	0	2
Mother - unable to control	0	1	0	1
Total	**3**	**11**	**14**	**28**

Note:

- Disability and retarded = means that parents prefer to keep the child at home.
- Attitude = parents think that home is safest for the child or there is little sense in education
- Mother unable to control = if this is the case at home, the parents believe that a center will never be able to control the child. This could also be classified as an attitudinal reason.

The majority responded the reason is "Disability and retarded", which means that parents prefer to keep the child at home. This shows the importance of counselling the parents. Counselling can help to break many myths about disability. Unless it is a bed-ridden child, all parents must have access to a counselling system on topics such as special and inclusive education, opportunities in these fields, vocational training, and social welfare.

Table 54 Attendance of medical service of CwDs fully at home (n=28)

Responses	Count	%
Medical clinic only	9	32%
PT only	0	0%
Medical + PT	7	25%
Mental clinic	1	4%
None above	6	21%
Did not answer the Q	5	18%
Total	**28**	**100%**

Table 55 Sector-wise classification of attendance of medical service of CwDs fully at home (n=28)

Families	Urban	Rural	Estate	Total
Medical + PT	0%	45%	79%	57%
Mental health clinic/ therapy	33%	0%	0%	4%
None of the above	0%	45%	0%	18%
Did not answer the Q	67%	9%	21%	21%
Total	**100%**	**100%**	**100%**	**100%**

A significant proportion of CwDs who are at "home" in the estates (about 80%) attend medical clinics and physiotherapy sessions. This proportion is 45% for the rural areas.

Table 56 Willingness to send the CwDs fully at home to a suitable institution when the situation returns to normalcy (n=28)

Responses	Count	%
Yes	9	32%
Not sure	4*	14%
No	15	54%
Total	**28**	**100%**

Note: all disability-related reasons

Table 57 Reasons for "no willingness" to send the CwDs fully at home to a suitable institution when the situation returns to normalcy (n=15)

Reason	Count
Disability	9
No cognitive skills	2
Attitude	2
Did not provide reasons	1
Planning on VT (taught by parent)	1
Total	**15**

Note:

- Attitude = parents think that the home is safest for the child, there is little sense in education, or that the child prefers to stay at home without breaking the status quo.

About 55% of those who are at home are not willing to attend a suitable institution after the situation returns to normalcy.

4.2.2. Opportunities to learning at home during school/center closure

(a) Opportunity to study remotely from home

(Asked from the families of CwDs who used to attend school/center)

Among those who used to attend school/center, 41% (14% + 27%) has opportunity to study during school closure. However, two thirds of them are doing so only certain period/times. 41% does not have any opportunity. 3% quitted studying although they used to.

15% responded that opportunity is available to study remotely, but the CwDs cannot use it due to her/his disabilities. This means, instructions and materials for learning at home were provided by their teachers/schools; however, the parents consider their CwDs are not capable to learn from them. It may be because the parents do not know how to help their CwDs or the instructions and materials are not suitable for the CwDs.

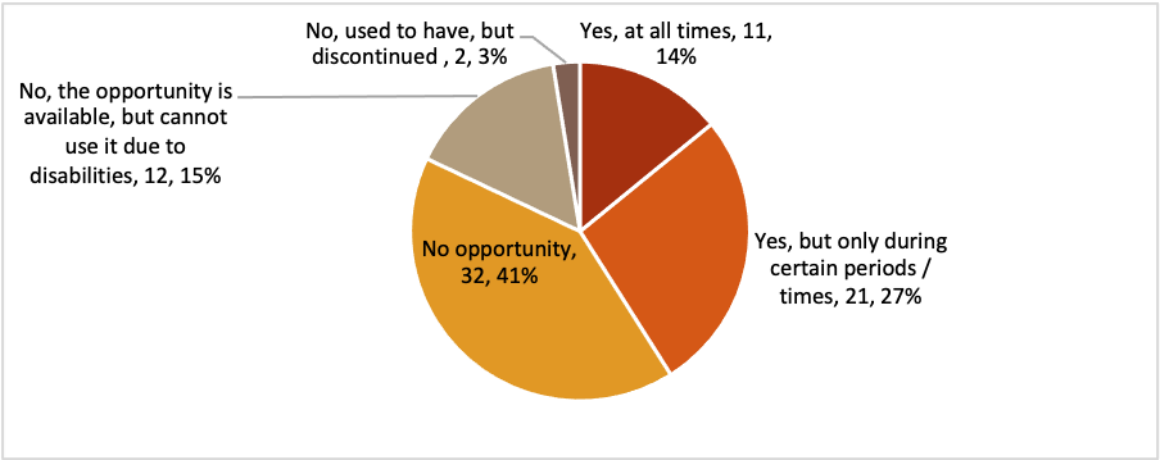


Figure 19 Any opportunity to study remotely from home when the CwDs is not going to the center/school (n=78)

*Note: one family did not give reasons for this situation. The other family (Colombo) has a severely retarded child for whom home-based learning simply does not work. Hence, parents decided not to use this facility.

Table 58 Reasons for "Yes, but only for certain periods/ times" (n=21)

Reason	Count
Did not provide reasons	15
Nature of the system / attitude of the school	4
Temp stop. Teacher was infected	1
Device-related	1
Total	**21**

Table 59 Sector-wise classification on the opportunity to study remotely (n=78)

Responses	Urban	Rural	Estate	Total
Yes, at all times	15%	19%	5%	14%
Yes, but only during certain periods / times	55%	8%	5%	27%
No opportunity	21%	42%	74%	41%
No, the opportunity is available, but CwD cannot use it due to his / her condition of disabilities	3%	31%	16%	15%
No, he / she used to have this facility, but discontinued	6%	0%	0%	3%
Total	100%	100%	100%	100%

A significant proportion of CwDs in the estates (74%) reported that there was no opportunity for home-based learning during COVID. An equal proportion of CwDs from the rural areas either did not have this opportunity (42%) or were prevented from using this opportunity due to their disability (31%).

The CwDs with speech, intellectual, CP, and ADHD related disabilities have relatively less or no opportunity to study when schools are closed. The children with visual impairment and speech difficulties have relatively better opportunity to study at home. However, we found every type of disabilities among those answered, "no opportunity."

Table 60 Dissability-wise classification on the opportunity to study remotely

(n=78, multiple count of responses)

Disability	Yes, always	Yes, but only during certain periods / time	No, used to have, but discontinued	No, the opportunity is available, but cannot use it due to disabilities	No opportunity	Total
Speech…	4	3	0	4	13	24
Intellectual…	3	2	1	4	11	21
Specific learning…	1	7	0	3	6	17
CP	1	5	0	3	7	16

Disability	Yes, always	Yes, but only during certain periods / time	No, used to have, but discontinued	No, the opportunity is available, but cannot use it due to disabilities	No opportunity	Total
ADHD	0	3	1	3	7	14
Autism	0	5	0	4	4	13
Epilepsy	2	3	0	1	5	11
Hearing…	2	1	0	1	4	8
Visual…	4	2	0	0	2	8
Total count of responses	17	31	2	23	59	132
Number CwDs in total	11	21	2	12	32	78

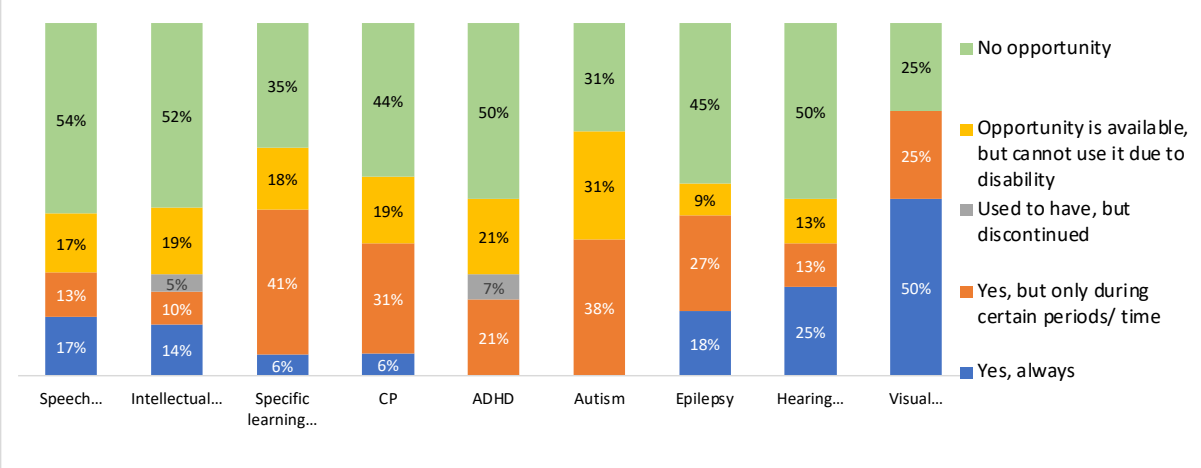


Figure 20 Dissability-wise distribution on the opportunity to study remotely

(n=78, multiple count of responses)

(b) Regular contact with teachers during school/ center closure

(Asked from the families of CwDs who used to attend school/center)

Table 61 Count of CwDs who have regular contact with the teachers (n=78)

Families	Urban	Rural	Estate	Total
Yes	76%	77%	42%	68%
No	24%	23%	58%	32%
Total	**100%**	**100%**	**100%**	**100%**

A significant proportion of CwDs in urban and rural areas (75%) were able to contact their school / center during COVID. But this figure is only 42% for those in the estate sector. An intervention is needed in the estate sector to correct this issue.

Table 62 Mode of being contacted by teacher (n=53)

Response	Count

Telephone	49
Non-telephone-based	4
Total	**53**

Note:

- Telephone-based = includes contacting using a telephone (could be smartphone or feature phone). Examples of methods of contacting would be SMS, WhatsApp, Viber, or simply a call from the teacher.
- Non telephone-based = includes visiting the school to collect material, or visiting a communication bureau to print the material that had been sent to the bureau's smart phone by the teacher. In one of the estate, a teacher had visited the homes of the students to deliver worksheets and learning material.

Table 63 If "no", what are the reasons for the teachers to not contact you? (n=25)

Reason	Count
System related	5
No contacts with teachers	5
No facility and no opportunity	4
Connectivity issues	4
Attitude	4
No time	1
Await OL	1
Did not provide reasons	1
Total	**25**

Note:

- System related = includes reasons such as the school is not very keen in its facilitation, teachers are not interested in reaching out to the students, and the absence of teachers.
- No contacts with the teachers = either the parents cannot connect with the teachers, or the teachers do not contact the students. Assuming education is the responsibility of the school / center, this factor could be attributed to the system.
- No facility and no opportunity = could also be classified as system related issue. If a student has no means of contacting the teacher, there is very little he / she can do to continue his / her studies.
- Connectivity = lack of internet / signal coverage

(c) Need of learning opportunities at present at home during the pandemic

(Asked from all the families)

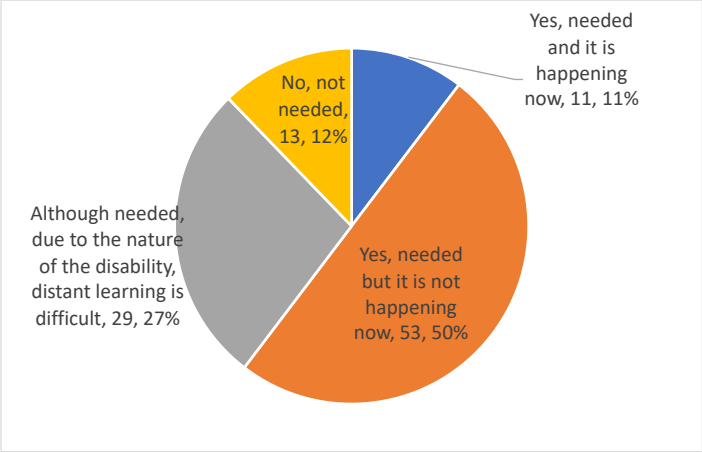


Figure 21 Need of learning opportunities at present at home during the Pandemic (n=106)

Table 64 Sector-wise classification of the need of learning opportunities at present at home during the Pandemic (n=106)

Responses	Urban	Rural	Estate	Total
Yes, needed and it is happening now	6%	22%	3%	10%
Yes, needed but it's not happening now	89%	22%	39%	50%
Although needed, due to the nature of the disability, distant learning is difficult	3%	38%	42%	27%
No, not needed	3%	19%	15%	12%
Total	**100%**	**100%**	**100%**	**100%**

A significant proportion of CwDs in the urban area (about 90%) reported the need for home-based learning opportunities. About 40% the CwDs from rural and estates are unable to make use of this opportunity (assuming that it is available) due their disability.

Table 65 Reasons for no need of home learning at present (n = 13)

Reasons	Count
Disability	9
Cannot understand lessons	1
No cognitive skills	1
Planning on self-employment	1
No answer	1
Total	**13**

The fact that the student cannot understand the lessons and the lack of cognitive skills – all point towards disability. If so, the count for disability will be 11. In fact this count of 11 families should be added to the 29 families who said that "although needed, due to the nature of the disability, distant learning is difficult". If this is done, the count for the second answer choice will be 40 (38%).

(d) Need of learning opportunities at home during the pandemic in future
(Asked from all the families)

The Survey Team asked whether the respondent think their CwD will need learning opportunities at home in future if the pandemic were to continue.

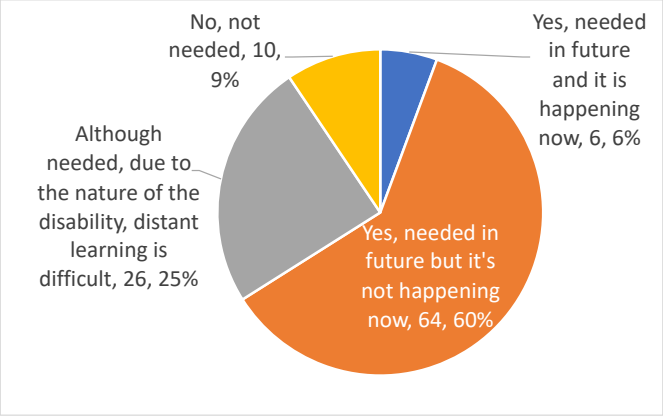


Figure 22 Future need of learning opportunities at home during the Pandemic (n=106)

Table 66 Sector-wise classification of the need of learning opportunities at home during the Pandemic in future (n=106)

Responses	Urban	Rural	Estate	Total
Yes, needed in future and it is happening now	3%	8%	6%	6%
Yes, needed in future but it's not happening now	92%	54%	33%	60%
Although needed, due to the nature of the disability, distant learning is difficult	3%	24%	48%	25%
No, not needed	3%	14%	12%	9%
Total	**100%**	**100%**	**100%**	**100%**

A significant proportion of CwDs in the urban area (about 90%) reported the need for home-based learning opportunities if the pandemic were to continue. About 50% the CwDs from the estates are unable to make use of this opportunity (assuming that it is available) due their disability.

Table 67 Reasons for no need of home learning in future (n=10)

Reasons	Count
Disability	8
Cannot understand lessons	1
Planning on self employment	1
Total	**10**

Table 68 Types of learning needed for the CwD

(n=64, Multiple answers, asked only those responded "yes, learning opportunities at home is needed in future")

Responses	Count
School education	50
Life skills	39
Any other types	12
Total	**101**

Note: Details of “other types of education (n = 12):

Type of education	Count
Vocational training (VT)	2
Computers	1
Hobby / craft	1
Special education	1
Sports	1
Sports and Comp	1
ST, aesthetic	1
ST, PT	1
ST, PT, Communication	1
VT, aesthetic	1
VT, PT	1
Total	**12**

ST = speech therapy, PT = physiotherapy, and VT = vocational training

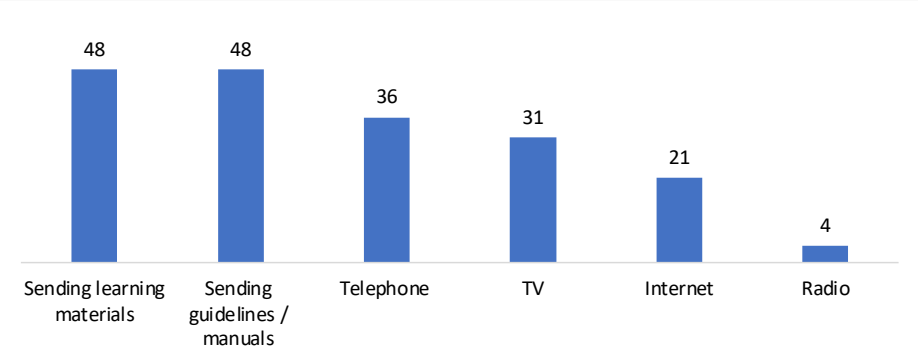


Figure 23 Mode of communication needed for the CwD in learning at home

(n=64, Multiple answers, asked only those responded “yes, learning opportunities at home is needed in future”)

Note 1: selection status

Status	Count
Selected any one of the above choices	12
Selected any two of the above choices	14
Selected any three of the above choices	20
Selected any four of the above choices	5
Selected any five of the above choices	10
Selected all six of the above choices	3
Total	**64**

Note 2: telephone means using the telephone to facilitate the teaching and learning process. It could either be a smartphone or a feature phone. In the case of feature phones, SMS and voice calls could be used by the teacher. In retrospect, the questionnaire could have asked people to describe how the phone could be used in the teaching and learning process. Since the team of research assistants had to be deployed quickly, extensive pilot testing was not possible with the questionnaire. Based on the completed survey, the questionnaire could be improved further, and the revised version could be used in a follow-up survey.

Sending material and learning guides are the most popular choices for mode of communication (in home-based learning). Simply sending material to CwDs is unlikely to help them due to their conditions. Unlike mainstream students, a CwD must, at all times, be supervised by a mainstream

person. Hence, in home-based teaching and learning, parents / guardians not only serve as caregivers to their CwDs but become educators as well.

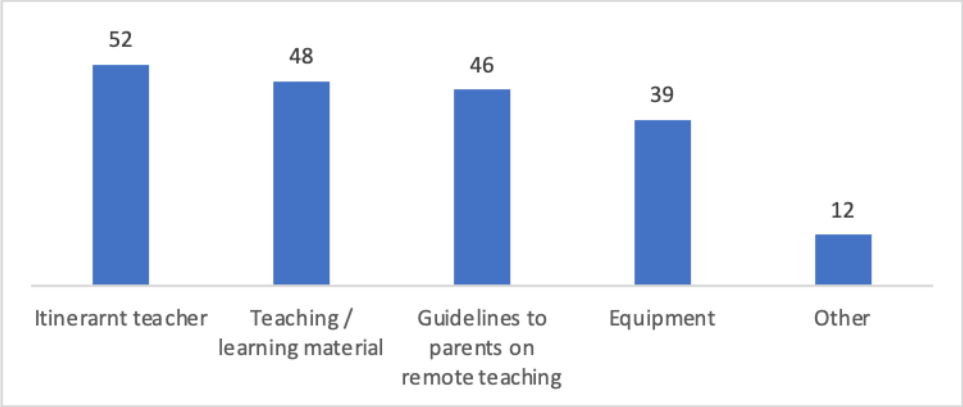


Figure 24 Additional support needed for the CwD in learning at home

(n=64, multiple answers, asked only those responded "yes, learning opportunities at home is needed in future")

Note:

Status of selection:

Status	Count
Selected any one of the above choices	16
Selected any two of the above choices	5
Selected any three of the above choices	9
Selected any four of the above choices	23
Selected all five of the above choices	11
Total	**64**

Explanation of "other"

Response	Count
Equipment (smart phone, tab, laptop, hearing aids, and ST)	4
Braille	2
Awareness to parents	1
Conducting lessons suited for CwDs	1
Doctor's advice and services	1
Due to hyperactive nature, unable to concentrate on the lessons	1
VT for the CwDs and the parents	1
Training on caring for CwDs	1
Total	12

Figure 24 shows the importance of a person-centered support system in home-based teaching of CwDs (for this question, the person has been identified as an itinerant teacher). Although parents can help their CwDs in their education, parents are unlikely to be qualified to teach children with special needs. Hence, the need / request for teachers.

4.2.3. Need of vocational training

(Asked from all the families)

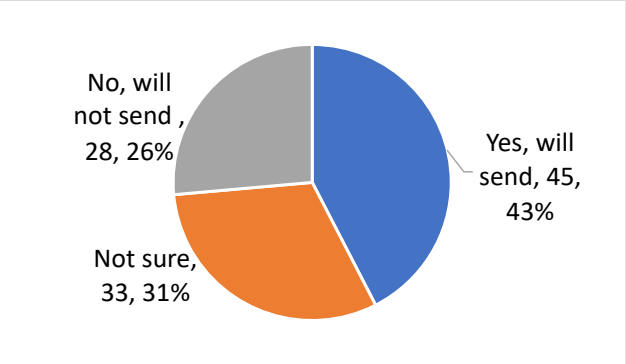


Figure 25 Number of families willing to send the CwDs for vocational training in future (n=106)

Table 69 Sector-wise classification of number of families willing to send the CwDs for vocational training in future (n=106)

Reponses	Urban	Rural	Estate	Total
Yes, will send	42%	49%	36%	42%
Not sure	50%	35%	6%	31%
No, will not send	8%	16%	58%	26%
Total	**100%**	**100%**	**100%**	**100%**

57% of the respondents are either unsure or have decided that they will not send their CwDs for VT. For the estate, this figure is 64%. Although the figures are quite high, it also represents an opportunity to market the concept of employment-oriented VT for CwDs. Depending on the type of disability, if parents could be convinced of the value of VT for their CwD, the proportion that will enroll in VT will increase.

Table 70 Reasons for not sure of sending the CwDs to vocational training in future (n=33)

Response	Count
Not thought about it	10
Any course for CwDs	1
What if the disability worsens?	1
Did not give reasons	21
Total	**33**

Table 71 Reasons of not sending the CwDs to a vocational training in future (n=28)

Response	Count
Disability, retarded, no cognition	26
Not thought about it	1
Parent can teach	1
Total	**28**

Table 72 Types of help / assistance needed when sending the CwDs to a vocational training in future (n=45)

Response	Count
Details of courses (see table below)	24
CG advice	8
Financial help	3
VT center that is closer to home	1
VT will commence at our center (soon)	1
Did not give reasons	8
Total	**45**

Table 73 Courses of vocational training preferred (n=24)

Course	Count
Any course for CwDs	9
Handicraft	2
Tailoring	2
Animal husbandry / poultry	3
Bakery	1
Music	1
Computer	1
Self-employment (hospitality sector)	1
Any course for home-based work	1
Juggary making	1
Sewing	1
Tannery related	1
Total	**24**

4.3. Health Care and Medical Services, and Infection Prevention and Control

4.3.1. Need of long-term medical service and medication for the CwDs before COVID

(a) Need of medical services

Table 74 Need of a long-term medical service for the CwDs before COVID

(Consultation and advice at least once in two months) (n=106)

Responses	Urban	Rural	Estate	Total
Yes	53%	62%	91%	68%
No	47%	38%	9%	32%
Total	**100%**	**100%**	**100%**	**100%**

A significant proportion of CwDs from the estates (90%) had been on long term medication (before COVID).

Table 75 Types of long-term medical services needed before COVID (n=72, multiple answers)

Reasons	Count
Medical clinic	67
Rehabilitation	4
Physiotherapy	38
Others	4
Total	**113**

Note: "others include, Ayurveda (1), test for low sugar (1), speech therapy (1) and vision and hearing test (1)

(b) Need of long-term medication

Table 76 Need of a long-term medication (taking medicine) of the CwDs before COVID (n=106)

Families	Urban	Rural	Estate	Total
Yes	36%	59%	85%	59%
No	64%	41%	15%	41%
Total	**100%**	**100%**	**100%**	**100%**

Note:

Seven families among those 64 answered "no" had gave up medication, saying that "lost hope in medication (3), "mobility problem (3) and " (severe) disability (1)".

Reasons for "yes" include the following explanations:

- Medicine was compulsory: 23 responses (all from the estate sector and they were not able to describe the disease)
- Epilepsy / seizures: 11 responses
- Thyroxine deficiency: 5 responses
- Other types of diseases and illnesses – 1 response each

A significant proportion (85%) of CwDs in the estate needed a long-term medication before COVID. For rural, this figure is around 60%. It shows the vulnerability of the CwDs in the estate sector.

4.3.2. Medical services and medication for the CwDs during COVID

(a) Medical services during COVID

Table 77 CwDs who obtained medical services during COVID (n=106)

Families	Urban	Rural	Estate	Total
Yes, continued	28%	35%	42%	35%
No, not continued	72%	65%	58%	65%
Total	**100%**	**100%**	**100%**	**100%**

72%, 65% and 58% of the CwDs from the urban, rural, and estate sectors respectively did not obtain medical services during the pandemic.

able 78 The way the CwDs obtained the medical services dueing the COVID (n=37)

Response	Count
Hired a vehicle to the hospital	8
Via hospital clinics	8
Pass to visit the hospital	4
Mother visited the hospital	3
Nutrition clinics	2
Medicine from the pharmacy	1
PT clinic	1
Check on hearing aids	1
Medicine sent by mail	1
Did not provide any explanation	8
Total	**37**

Table 79 Reasons for not obtained medical services for the CwDs during COVID (n=69)

Response	Count
No illness and no necessity	27
Mobility	18
No clinics were held	7
Due to COVID	4
None to advice on this aspect	3
Financial distress	2
Disability	1
Per doctor's advice	1
Temporary stop to medicine	1

No answer	5
Total	**69**

(b) Medication

Table 80 CwDs who obtained prescribed medicine during COVID (n=106)

Responses	Urban	Rural	Estate	Total
Yes	36%	41%	52%	42%
No	64%	59%	48%	58%
Total	**100%**	**100%**	**100%**	**100%**

As Table 76 shows, 63 families answered that their CwDs needed a long-term medication before COVID. However, as shown in Table 80, only 45 families obtained medication during the COVID. Therefore, 18 families did not obtain medicine although there was a need; and it was because they have a problem in "mobility" – this includes lack of transport due to lockdowns, difficulty in going out on account of the risk of contracting the virus, etc., and financial problem.

(c) Hospital/clinic visits during COVID

Table 81 CwDs who visited hospital / clinic during COVID (n=106)

Responses	Urban	Rural	Estate	Total
No	31 (86%)	23 (62%)	18 (55%)	72 (68%)
Wanted to go, but did not go	1 (3%)	5 (14%)	6 (18%)	12 (11%)
Yes	4 (11%)	9 (24%)	9 (27%)	22 (21%)
Total	**36 (100%)**	**37 (100%)**	**33 (100%)**	**106 (100%)**

There was 11% (12 families) of the families who wanted to take CwDs a hospital/ clinic but did not do so during COVID. 18% (12 families) from the families in estate sector had wanted to visit but did not do so.

Table 82 Reasons for "wanted to visit hospital/clinic, but did not" (n=12)

Reasons	Urban	Rural	Estate	Total
Mobility and financial distress	0	3	4	7
Fear of COVID	0	1	0	1
Obtained medicine using a card given by the hospital	1	0	0	1
Did not provide any explanation	0	1	2	3
Total	**1**	**5**	**6**	**12**

Table 83 Families experienced any unusual problems faced at the hospital / clinic during COVID (n=22)

Responses	Urban	Rural	Estate	Total

No	3 (75%)	5 (56%)	2 (22%)	10 (45%)
Yes	1 (25%)	4 (44%)	7 (78%)	12 (55%)
Total	**4 (100%)**	**9 (100%)**	**9 (100%)**	**22 (100%)**

Of the 22 families who visited the hospital, 12 families (55%) experienced unusual problems faced at the hospital/clinic during COVID, which are explained in Table 8489.

Table 84 Problems faced when they visited the hospital / clinic (n = 12)

Reasons	Urban	Rural	Estate	Total
Medicine not available and financial distress	0	3	3	6
Some of the tests were not conducted	1	0	2	3
Lack of care	0	0	2	2
Had to visit a private hospital	0	1	0	1
Total	**1**	**4**	**7**	**12**

4.3.3. Changed in health condition of the CwDs during COVID

Table 85 Changes in health condition / disability of the CwDs during COVID? (n = 106)

Responses	Urban	Rural	Estate	Total
No change	30 (83%)	32 (86%)	19 (58%)	81 (76%)
Getting better	1 (3%)	3 (8%)	0 (0%)	4 (4%)
Getting worse	5 (14%)	2 (5%)	14 (42%)	21 (20%)
Total	**100%**	**100%**	**100%**	**100%**

76% of the families of CwDs in average said that there was no change in the condition of the CwDs during the COVID. However, 20 % of all families, and 42% of those in the estate sector reported a deterioration in the condition of their CwD, with the reasons shown in Table 8691. Since this was a self-reported answer, one needs to be cautious in interpreting this figure. Although a parent might feel that the condition of the CwD is deteriorating or improving, such assumptions must be confirmed by a doctor.

Table 86 Reasons for the condition of the CwDs "getting worse" during COVID (n=21)

Responses	Urban	Rural	Estate	Total
Disability increasing	2		5	7
Lockdown - no visits to the hospital	1	1		2
Headache - when using phones	2			2
Could not complete the medical tests			1	1
Did not provide any explanation		1	8	9
Total	**5**	**2**	**14**	**21**

4.3.4. Current critical need of medical service, medication, and others

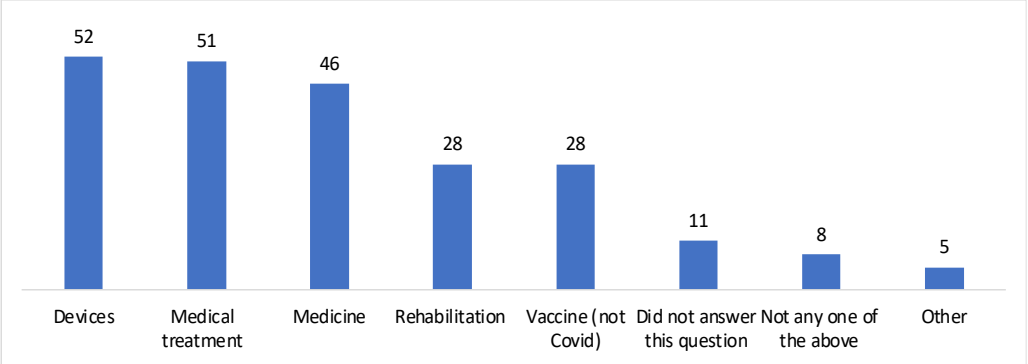


Figure 26 Current critical need of medical service, medication, and others

(n=106, and 95 families replied, multiple answers)

Table 87 Sector-wise classifications of critically needed things

(n=106, and 95 families replied, multiple answers)

Responses	Urban	Rural	Estate	Total
Devices	15	11	26	52
Medical treatment	8	12	31	51
Medicine	5	8	33	46
Rehabilitation	11	5	12	28
Vaccine (not COVID)	0	0	28	28
Others	5	0	0	5
Not any one of the above	4	4	0	8
Did not answer this question	3	8	0	11
Total	**51**	**48**	**130**	**229**

Note:

- Others include, physiotherapy, speech therapy, thyroxine testing, training to work, improve communication skill
- There was no answer from 11 families to this question

4.3.5. Infection prevention and control (IPC)

48% of the families in total reported difficulty in practicing basic IPC protocols. When looked into setting-wise answers, it was found that majority answered “no problem” in urban and rural areas. They explained that their CwDs are trained to wear masks, washing hands, etc. whereas a few families mentioned difficulties in keeping social distance and wearing masks.

Table 88 Any difficulties with the CwDs for practicing the basic IPC protocols (n = 106)

Responses	Urban	Rural	Estate	Total
No	26 (72%)	29 (78%)	0 (0%)	55 (52%)
Yes	10 (28%)	8 (22%)	33 (100%)	51 (48%)
Total	**36 (100%)**	**37 (100%)**	**33 (100%)**	**106 (100%)**

Note: In the survey, infection prevention measures were explained as wearing masks, keeping distance, washing hands, and covering the mouth and the nose when sneezing / coughing

However, in the estate sector, all the 33 families stated “difficult”, which is clearly an outlier. This could be because they do not take their CwDs out much and have few opportunities to give them training, or because they believe it is difficult for the CwDs to practice the protocols without let them try.

Adhering to IPC protocols appears to be independent of the type of disability as every type of the CwDs are struggling to adhere to them. The CwDs with ADHD, autism, speech impairment, and CP are likely to have more difficulties in adhering to IPC protocols, while CwDs with visual impairment and epilepsy have less difficulties according to the Figure 27. However, this conclusion could be flawed nearly all the parents from the estate sector are of the opinion that their CwDs are likely to find it difficult to adhere to IPC protocols.

Table 89 Disability-wise classification of difficulty in adhering to IPC protocols at home or when going out (n=106, multiple count of responses)

Disability	Yes (difficult)	No (Not difficult)	Total
Speech…	22	13	35
Intellectual…	14	15	29
CP	17	10	27
Specific learning…	10	10	20
ADHD	13	5	18
Epilepsy	7	9	16
Autism	10	5	15
Visual…	6	8	14
Hearing…	6	5	11
Multiple disabilities (Unclassified)	1	2	3
Total counts	106	82	188
Number CwDs in total	51	55	106

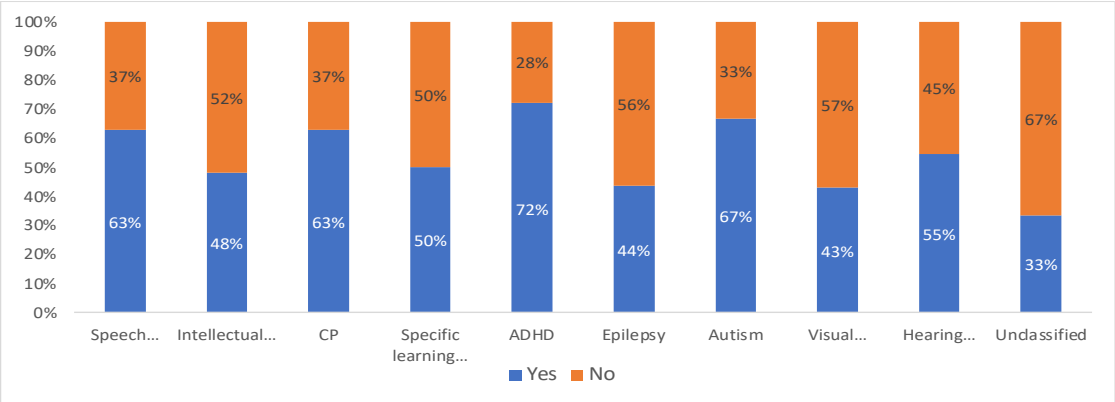


Figure 27 Disability-wise distribution of difficulty in adhering to IPC protocols at home or when going out (n=106, multiple count of responses)

The IPC protocol mentioned as difficult to practice was the wearing of masks. The reasons are shown in the table below.

Table 90 Reasons for difficulty to practice IPC protocol (wering masks) (n = 51)

Responses	Urban	Rural	Estate	Total
Breathlessness	2	3	31	36
Constant removal	0	0	1	1
Difficulty, hate, and refusal	7	5	1	13
Does not understand the importance	1	0	0	1
Total	**10**	**8**	**33**	**51**

When asked about the solution, 37 (out of 51) did not have any idea (urban = 4, rural = 6, and estate = 27). 6 families from the urban and rural areas reported the need for advice on practicing IPC protocols, while 4 families from the urban areas said that training on wearing masks may help.

We asked about sources of information on IPC (Infection prevention and control) protocols.

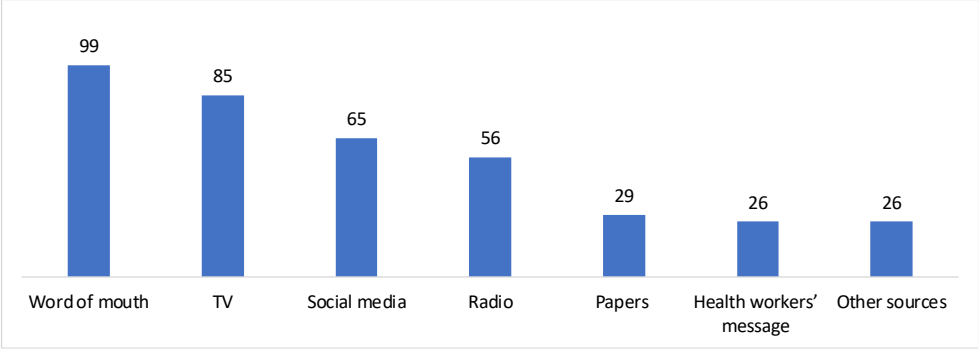


Figure 28 Sources of information on IPC (n=106, multiple answers)

Table 91 The sources of information on IPC

(n=106, multiple answers)

Responses	Urban	Rural	Estate	Total
Papers	3	19	7	29
TV	34	26	25	85
Radio	6	25	25	56
Word of mouth	35	35	29	99
Social media	15	28	22	65
Health workers' message	0	21	5	26
Other sources (not listed above)	1	1	24	26
Total	94	155	137	386

Based on the count of responses, the most common sources of information on IPC protocols, in the order of popularity are, word of mouth, TV, and social media. Radio is the preferred source in the rural and estate areas. Parents should also be able to communicate IPC information to their CwDs in a manner that the child understands. However, there are unique challenges to communicating with

CwDs as they are "different" from mainstream children (who are in control of all their faculties). Messages from health workers in the rural areas were largely from the public health midwife.

As for communication with CwDs, electronic and print media is unlikely to work. Physical explanation would be effective for CwDs.

As for the "other" sources, 22 families from the estate and 1 family from Mannar reported that their source was community-based voluntary organizations (CBOs). Hence, 23 families out of 26 obtained IPC related information from CBOs in their locality.

There were very few families reported that health professionals visited their home or school and explained IPC protocol.

Table 92 Count of responses visits by health professions to explain IPC protocols (n = 106)

Responses	Urban	Rural	Estate	Total
Visited home only		1	1	2
Visited school only	1	4		5
Both (home and school)	0	0	0	0
None (did not visit either home or school)	35	32	32	99
Grand Total	**36**	**37**	**33**	**106**

About 95% of the sampled group reported "no visits" by health professionals to explain IPC protocols. Although ample publicity was given by media about IPC protocols, one could argue that they were aimed at mainstream people. The unique problems faced by CwDs in maintaining IPC protocols must be identified (by type of disability) and solutions to such problems must be communicated to the parents and if possible, to the child, too. This should be done in a manner that the child understands the message easily (using sign language, braille, etc.).

4.3.6. Protecting the CwDs from COVID infection

We asked if the respondents have concerns about protecting the CwDs from COVID infection.

Table 93 Concerns of the families in protecting the CwDs from COVID infection (n = 106)

Responses	Urban	Rural	Estate	Total
No concerns	27 (75%)	15 (41%)	0 (0%)	42 (40%)
Some concerns	9 (25%)	22 (59%)	33 (100%)	64 (60%)
Total	**36 (100%)**	**37 (100%)**	**33 (100%)**	**106 (100%)**

60% of the families reported they have concerns in protecting their CwDs from contracting the virus during the pandemic. For the rural area, this proportion is 60%, while for the estate sector, 100%, which is an outlier. All the families in the estate have "a" common problem. They live in congested areas (line rooms) and in the estate sector public or private transport services are not available (or

available at a high cost). They have also spoken about food insecurity and lack of hygiene facilities as most of them live in squalid surroundings. Lack of access to immediate medical / health care is another concern flagged by families in the estate. As the estate sector is a community unto itself, their problems tend to be remarkably similar, if not, the same.

In general, the families believe that their CwDs are immunocompromised and the chance of contracting the virus is higher when compared to other children. They are worried when they lose their income and are not able to provide the CwDs with nutritious food and medical care when needed.

Table 94 Any concerns /worries during lockdowns /curfews because there's a CwD in the family (n = 106)

Responses	Urban	Rural	Estate	Total
No concerns	18 (50%)	16 (43%)	0 (0%)	34 (32%)
Some concerns	18 (50%)	21 (57%)	33 (100%)	72 (68%)
Total	**36 (100%)**	**37 (100%)**	**33 (100%)**	**106 (100%)**

68% of the families reported they have "concern" during lockdowns and curfews as there is a CwDs in their family. For the urban area, this proportion is 50%, for rural, 57%, and for the estate sector, 100%. Financial distress due to loss of income was a "common" concern that was reported for this question. Lack of access to medical and health facilities is another concern reported by the families.

Table 95 Any medical emergencies during lockdown (n = 106)

Responses	Urban	Rural	Estate	Total
No	32 (89%)	29 (78%)	28 (85%)	89 (84%)
Yes	4 (11%)	6 (16%)	4 (12%)	14 (13%)
Did not answer this question	0 (0%)	2 (5%)	1 (3%)	3 (3%)
Total	**36 (100%)**	**37 (100%)**	**33 (100%)**	**106 (100%)**

84% of the families reported that there were no medical emergencies to their CwDs during the lockdown / curfews. 13% (14 families) reported that they had medical emergencies, which ranged from minor illnesses to "a" major illness (contracting dengue). Two families from the urban areas reported behavioral changes in their CwDs as emergency.

When asked solutions they took for the emergency, the following answers were reported:

- Obtained medicine from the pharmacy
- Hired a private vehicle to visit the hospital
- Home remedies
- Using a pass from the hospital

Table 96 Having anyone can contact to ask details about the COVID/ vaccinations during lockdowns (n = 106)

Responses	Urban	Rural	Estate	Total
No	17 (47%)	9 (24%)	22 (67%)	48 (45%)
Yes	19 (53%)	28 (76%)	11 (33%)	58 (55%)
Total	**36 (100%)**	**37 (100%)**	**33 (100%)**	**106 (100%)**

55% of the families reported that they can contact anyone/ place to obtain information on "pandemic and / or vaccines". For rural, this proportion is 76%. However, 67% of the families in the estate sector stated that they do not have access to either a place or a person to obtain pandemic and related information and clarifications.

As for the sources, the respondents were given the following options (multiple options can be selected):

- PHM
- MOH
- PHI
- GN
- Other (not listed above)

Table 97 Contact persons/places to ask details about the COVID/ vaccinations during lockdowns (n=58, multiple answers)

Responses	Urban	Rural	Estate	Total
PHM	5	17	0	22
MOH	2	0	1	3
PHI	1	7	2	10
GN	1	9	0	10
Other	11	1	10	22
Total	**20**	**34**	**13**	**67**

Note:

Detail of "other" contact persons/places (n=22)

Contact persons/ places	Urban	Rural	Estate	Total
An officer from the Divisional Medical Office	1	0	0	1
Hospital clinic	6	0	0	6
Estate Medical Assistant	0	0	10	10
Family doctor	3	0	0	3
PHNO	0	1	0	1
Physiotherapist	1	0	0	1
Total	**11**	**1**	**10**	**22**

We asked about status of COVID infection of the families.

Table 98 Any of the family members contract the virus and was sent to a quarantine center (n = 106)

Responses	Urban	Rural	Estate	Total
No	34 (95%)	36 (97%)	32 (97%)	102 (96%)
Yes	2 (5%)	1 (3%)	1 (3%)	4 (4%)
Total	**36 (100%)**	**37 (100%)**	**33 (100%)**	**106 (100%)**

Only four families as shown above reported of contracting the virus and being quarantined.

Table 99 Number of family members contacting the virus and being quarantined (n = 4)

Number of members	Urban	Rural	Estate	Total
1	1	1	1	3
2	1	0	0	1
Total	**2**	**1**	**1**	**4**

The people who were quarantined were:

- Father's brother and sister (1 family from urban sector)
- Grandmother (1 family from urban sector)
- Father (1 family from the estate sector)
- Mother (1 family from rural sector)

The problems encountered were:

- Encountered difficulties in isolating the CwD (2 families, both from the urban sectors)
- There were others to look after the child (2 families – 1 from the estate sector and 1 from the rural sector)

Fortunately, all the families answered that none of the children in the families interviewed (CwDs or otherwise) were infected.

Table 100 Any familiy members vaccitinated (n = 106)

Responses	Urban	Rural	Estate	Total
Some members	24 (67%)	19 (51%)	29 (88%)	72 (68%)
Entire family	3 (8%)	1 (3%)	2 (6%)	6 (6%)
None	9 (25%)	17 (46%)	2 (6%)	28 (26%)
Total	**36 (100%)**	**37 (100%)**	**33 (100%)**	**106 (100%)**

Table 101 If vaccines were to be given to children, would your CwD take it? (n = 106)

Responses	Urban	Rural	Estate	Total
Yes	32 (89%)	27 (73%)	30 (91%)	89 (84%)
No	4 (11%)	10 (27%)	3 (9%)	17 (16%)
Total	**36 (100%)**	**37 (100%)**	**33 (100%)**	**106 (100%)**

84% of the families have reported that if the vaccine were to be administered to their CwDs, they would not hesitate to take it. In the estate and urban areas, this proportion is 91% and 89% respectively. However, in rural, the figure is 73%.

The reasons for not taking the vaccine are as follows:

Table 102 Reasons for not willing to give vaccination to the CwDs (n=17)

Responses	Urban	Rural	Estate	Total
CwD is not interested		1		1
Fear of the "unknown"	3	4	3	10
Need time		2		2
Side effects	1	3		4
Sub total	**4**	**10**	**3**	**17**

Table 103 Need of assistance whengiving vaccitination to the CwDs (n=89, multiple answers)

Responses	Urban	Rural	Estate	Total
Transport (home to the vaccination center)	6	7	30	43
Home-based	12	4	6	22
Priority at the center	5	1	1	7
At the school	17	0	0	17
Awareness / information	7	12	0	19
Total	47	24	37	108

Note: 3 families did not give answers to this question.

Most of the families in the estate sector asked for transport from home to the center. As for urban areas, the demand is for home-based vaccination and being vaccinated at the school. In rural areas, the request is for information and awareness sessions on the vaccines. Vaccinating mainstream people is one thing, but vaccinating CwDs is another. It is likely that CwDs will be vaccinated on a case-by-case basis.

4.4. Household Economies and Social Welfare

4.4.1. Receipt of assistance from the government

Table 104 Distribution of families who received assistance in cash and/or in kind from the Government during COVID (n=106, multiple answers)

Responses	Urban	Rural	Estate	Total
Received the COVID allowance only	12 (33%)	11 (30%)	18 (55%)	41 (39%)
Received food stuff only	2 (6%)	2 (5%)	2 (6%)	6 (6%)
Received COVID allowance + food stuff	6 (17%)	9 (24%)	2 (6%)	17 (16%)
Did not receive anything	16 (44%)	15 (41%)	11 (33%)	42 (40%)
Total	36 (100%)	37 (100%)	33 (100%)	106 (100%)

Note: 41 + 6 + 17 = 64 families received either the COVID allowance or food stuff or both. This means that 64 families (60%) received "something", while 42 families (40%) did not receive anything. Total = 106 families.

40% of the families interviewed had not received the COVID allowance (Rs 5,000 per family) or any food stuff / dry rations from the government. The ration of this "not receive anything" group is higher in urban sector (44%) and less in the estate sector (33%).

55% of the families in the estate sector had received only the COVID allowance. This is quite a higher proportion when compared with the other sectors.

As for the number of times, the COVID allowance and / or food stuff was received, the following figures were reported by the families:

Table 105 Frequency distribution of families who received the COVID allowance (n=58)

Responses	Urban	Rural	Estate	Total
COVID allowance received: once	6	12	17	35 (a)
COVID allowance received: twice	9	1	3	13 (b)
COVID allowance received: thrice	3	7		10 (c)
Total	**18**	**20**	**20**	**58**

Note:
a = 11 families out of this received food stuff
b = 1 family out of this received food stuff
c = 5 families out of this received food stuff

Table 106 Frequency distribution of families who received food stuff (n=58)

Responses	Urban	Rural	Estate	Total
Food stuff received: once	8	6	3	17
Food stuff received: twice	0	3	0	3
Food stuff received: thrice	0	1	1	2
Food stuff received: four times	0	1	0	1
Total	**18**	**20**	**20**	**58**

4.4.2. Receipt of assistance not from the government

Table 107 Distribtion of families who received assistance in cash and/or in kind not from the Government during COVID (n=106, multiple answers)

Responses	Urban	Rural	Estate	Total
Only a cash allowance was received	0 (0%)	0 (0%)	4 (12%)	4 (4%)
Only food stuff was received	3 (8%)	13 (35%)	3 (9%)	19 (18%)
Did not receive anything	33 (92%)	24 (65%)	26 (79%)	83 (78%)
Total	**36 (100%)**	**37 (100%)**	**33 (100%)**	**106 (100%)**

78% of the families interviewed had not received any form of cash allowance or any food stuff / dry rations from institutions other than the government. The comparable figure for urban areas is 92%.

Only 4 families (out of 106) in the estate sector received a cash handout from a local politician.

Table 108 Frequency distribution of families who received food stuff not from the government during COVID (n=19)

Responses	Urban	Rural	Estate	Total
Food stuff received: once	3	5	2	10
Food stuff received: twice	0	4	1	5
Food stuff received: thrice	0	2	0	2
Food stuff received: four times	0	2	0	2
Total	**3**	**13**	**3**	**19**

4.4.3. Changes in household income after COVID started

Table 109 Changes in household income after COVID started (n=106)

Responses	Urban	Rural	Estate	Total
Decreased	25 (69%)	29 (78%)	33 (100%)	87 (82%)
No change	10 (28%)	8 (22%)	0 (0%)	18 (17%)
Not willing to disclose	1 (3%)	0 (0%)	0 (0%)	1 (1%)
Total	**36 (100%)**	**37 (100%)**	**33 (100%)**	**106 (100%)**

About 80% of the families surveyed reported a decrease in household income. For the estate sector this figure was 100%.

Table 110 Degree of reduction of income after COVID started (n=106)

Responses	Urban	Rural	Estate	Total
About 100%	15 (42%)	1 (3%)	3 (9%)	19 (18%)
More than 50%	3 (8%)	8 (2%)	22 (67%)	33 (31%)
About 50%	3 (8%)	9 (4%)	1 (3%)	13 (12%)
Less than 50%	4 (11%)	11 (30%)	7 (21%)	22 (21%)
Not applicable*	11 (31%)	8 (22%)	0 (0%)	19 (18%)
Total	**36 (100%)**	**37 (100%)**	**33 (100%)**	**106 (100%)**

*Note: no change of income = 18 families and one family was not willing to disclose whether there was a change (previous question)

About 50% (18% + 31%) of the families surveyed reported that the loss of income was more than 50% a decrease in household income. This figure is about 75% for the estate sector.

Families have lost their main source of income, and this could be seen from the numbers and this loss of income has been reported in varying degrees. Since the causal / day labor category works in the informal sector, there must be a government-funded social safety net for this type of workers. Since the pandemic has disproportionately affected the poor, there is an urgent need to implement a safety net for people in the informal sector of the economy.

The families were asked if they have any trouble paying for any of the following expense types currently.

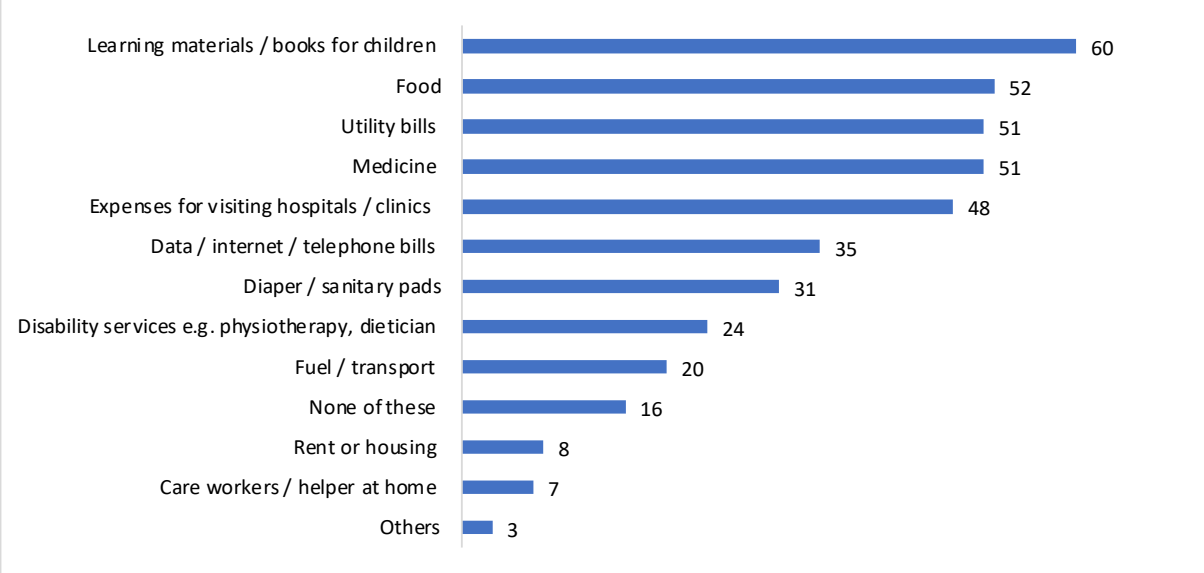


Figure 29 Number of families who have troubling in paying for any one of the items

(n=106, multiple answers)

Table 111 Number of families who have troubling paying for any one of the expenses

(n=106, multiple answers)

Responses	Urban	Rural	Estate	Total
Food	22	13	17	52
Expenses for visiting hospitals / clinics	10	13	25	48
Medicine	12	11	28	51
Fuel / transport	5	10	5	20
Rent or housing	3	4	1	8
Utility bills	28	17	6	51
Learning materials / books for children	19	15	26	60
Data / internet / telephone bills	17	9	9	35
Diaper / sanitary pads	11	8	12	31
Disability services e.g. physiotherapy, dietician	6	4	14	24
Care workers / helper at home	3	4	0	7
None of these	6	10	0	16
Others*	2	1	0	3
Did not answer this Q	0	1	0	1
Total	**144**	**120**	**143**	**407**

Note: “others include “loan interest **(**2 families**)** and vitamin supplements **(**1 family**)**

The poular choices are learning material / books for children, followed by food, utility bills, and medicine.

4.4.4. Behavior and emotinal changes in the CwDs

The families were asked if they have noticed any of the following behavior and emotional changes in their CwDs during COVID.

Table 112 Number of families who answered that they noticed behavioral and emotional changes in the CwD (n=106, multiple answers)

Responses	Urban	Rural	Estate	Total
Playing less	6	4	23	33
Playing more	4	9	7	20
Sleeping less	3	8	22	33
Sleeping more	6	5	7	18
Eating less	5	6	21	32
Eating more	7	5	4	16
Smiling less	0	2	12	14
Smiling more	4	10	9	23
More emotional	11	11	5	27
More violent	4	8	5	17
Other changes (see table)	4	1	0	5
No change	16	17	1	34
Did not answer this question	0	1	0	1
Total	**70**	**87**	**116**	**273**

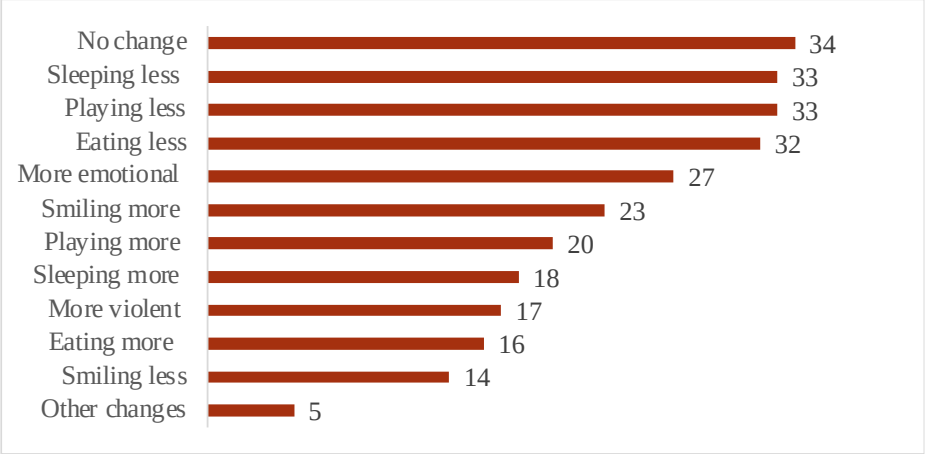


Figure 30 Number of families who answered that they noticed behavioral and emotional changes in the CwDs (n=106, multiple answers)

Note: detail information on “other changes” (n=5)

Responses	Urban	Rural	Estate	Total
Attempts to isolate himself	1			1
Biting nails	1			1
Observed behavioural issues	1			1
Regular illness	1			1
Talking to self		1		1
Total	**4**	**1**	**0**	**5**

34 families out of 106 reported that they did not notice any change in their CwDs. This translates to about 32% of the sampled group. However, changes were observed in 32 out of 33 CwDs from the estates. For the estate sector, the most popular changes are playing less, sleeping less, and eating less.

Table 113 Distribution of the selection of choices - behavioral and emotional changes in the CwDs (n=106)

Status	Count
Did not observe any change in the CwD	34
Observed any one of the above changes	11
Observed any two of the above changes	11
Observed any three of the above changes	11
Observed any four of the above changes	24
Observed any five of the above changes	8
Observed any six of the above changes	6
Did not answer this question	1
Total	**106**

60 families (57%) reported that their CwDs have more than one characteristic of changes.

The families were asked if they noticed any positive changes in themselves (respondents or family members of the CwDs) during COVID.

Table 114 Positive behavioral changes in the respondent (n=106, multiple answers)

Responses	Urban	Rural	Estate	Total
No change in me	18	17	11	46
Difficult to answer this question	0	1	0	1
Enjoying more time together	16	15	9	40
I show more love and affection towards her/ him	15	14	15	44
My son / daughter showing more love and affection to me	13	10	1	24
Developed new positive habits as a family	13	9	5	27
Other*	2	0	0	2
Total	**77**	**66**	**41**	**184**

Note: “other” includes “father is able to spend more time with the CwDs” (1 family) and “CwDs tends to talk a lot to the neighbors” (1 family) .

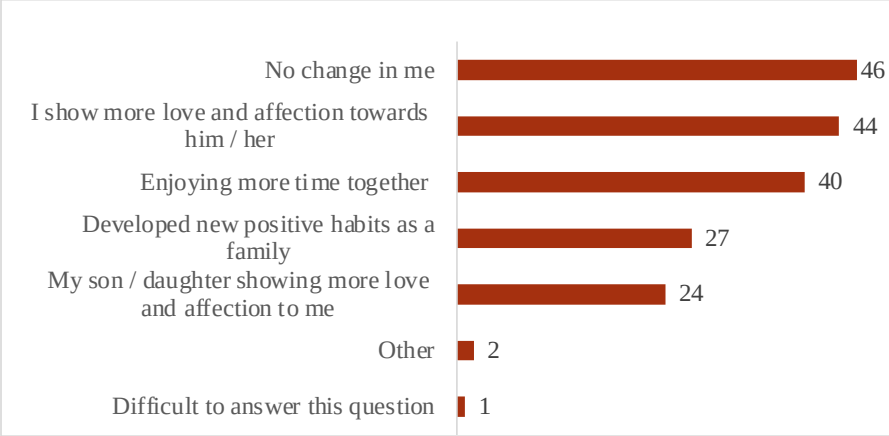


Figure 31 Any positive behavioral changes in the respondent (n=106, multiple answers)

Table 115 Distribution of the selection of choices - positive behavioral changes in the respondent (n=106, multiple answers)

Status	Count
Did not observe any change in self	46
Observed any one of the above changes	24
Observed any two of the above changes	12
Observed any three of the above changes	8
Observed any four of the above changes	16
Total	**106**

46 respondents out of 106 reported that they did not notice any changes in themselves. This translates to about 45% of the sampled group. However, 59 respondents noticed positive changes in themselves. The popular changes are showing more love and affection towards the CwDs and enjoying more time together. While the first change is common for all three sectors, the latter holds true largely for urban and rural areas. The other noticeable changes in the urban and rural areas are the CwDs' love towards the respondent and the family developing new positive habits.

4.5. Case Studies

(Note: Names and photos are only for office use of JICA and will be deleted when submitted it to other officials or public)

 Autism  Online education  Inclusive education  Urban area

(1) Guided and Encouraged by the Child Guidance Center

Background

Tharusha was a beautiful baby born into a middle-class family in the suburbs of Colombo. When he was a little over a year old, his parents suddenly noticed that he did not talk or speak like other children, and that he kept touching only one part of his toys. When they visited a doctor, they were informed that he had Autism. They were also told that the cause of Autism was still unknown, that there was no need to be disappointed, and that with commitment of the parents, he can grow up just like any other child. They were shocked, however, accepted the doctor's diagnosis, and started training him from an early age. They talked to him even he did not speak; and took him out to learn the outside environment. But he did not improve as much as they had expected.

Registered to the Child Guidance Center at Maharagama

His mother registered him to the Child Guidance Center at Maharagama when he was very small. She was advised at the Center, that children with Autism should be raised with other children. As advised, she sent him to a pre-school. At first, he did not communicate with other children and was even teased. When others rode swings, he started to cry in fear. His mother was with him at the preschool until he got used to it. She made up her mind not to compare him with other children. She is saying that “In the end I won. Getting him used to the swing is a great achievement for me”.

At the Child Guidance Center, she saw another Autism child washing a cup, and thought, "My child will be able to wash a cup when he grows up”. Another day at the center, she saw a child with Autism who was smaller than hers washing a cup, and she thought, "I have to get him to practice now”. She thought to herself, "It’s the same Autism, so there is no reason that my son cannot do the same”. At first, he didn't want to put his hand in a cup to wash it, but after many times of trying together, he was able to do it.

Regretting to remove him from a mainstream class and admit a special unit

Then, he was admitted to the first grade of a mainstream class in a public school. At school, he became accustomed to wait until his turn came, to have a time to eat and to share. He also practiced attending the morning assembly, and to stand at attention while singing the national anthem. He also learned laughing and giving high-fives.

As time went on, many advised her to give him a better education in a special unit. Forgetting what they were told by the Child Guidance Center, she removed him from the mainstream class and enrolled him in a unit. She regrets this decision. The child is isolated from other children in the school and does not learn or develop himself like he did at the mainstream class.

Weekly Zoom classes conducted by the Child Guidance Center

He is 16 years old now. During the pandemic, he has not provided any lesson from the unit. However,

the Child Guidance Center is giving lessons by WhatsApp video. Since January 2021, the Center conducts zoom classes once a week for around 10 minutes. His mother prepares necessary materials for the class. The child did not like video or zoom class at first, but later understood that these are the new method for learning. His teacher sends him voice recording as feedbacks when he accomplished weekly assignment. He likes to listen to it. The teacher was sending messages at first, but changed it to voice recordings, to which he shows more interest.

Suggestions

During the interview, the mother of the child suggested the followings from her experience:

Education:

All teachers should be made aware of the education of children with special needs. Working to create positive attitudes and acceptance.

Train pre-school teachers to develop the basic skills of autism children in pre-school.

Medical services:

Give priority and consideration to children with Autism at medical services. For example, it is difficult for an Autism child to stand in line for long periods of time, so it would be nice to be able to see a doctor or get medicine without waiting for a long time. It is also important to protect the child from a risk of infection at a public place.

Introduce measures to support improving mental health of parents with Autism children.

Public transport

Give priority and consideration to children with Autism in public transportation. Some Autism children prefer to sit by the window seat on the bus, so it would be very helpful if they could sit in such a seat.

Social welfare:

Creating more social awareness about Autism.

Providing an identity card for CwDs. Otherwise, for example at a hospital, parents have to explain about the difference of their child, again and again, starting from the security person at the gate, receptionist, staff at a counter, nurse, and so on. It always happens for children with Autism who looks no difference with other children. The ID card is more important during the COVID, when there are tighter regulations to enter public facilities.

Provide parents of children with Autism with opportunities to share experiences and learn from others.

Counselling for family members of Autism children and provision of practical training at home.

Message to other parents of children with Autism

A child with Autism delays in developing skills than a normal child. You must be patient. Give the child a chance and good training.

Do not isolate the child. Admit her/him in a preschool and to the first grade of a mainstream

class, not to a unit. Expose her/him to outside environment and get acquainted to social ethics.

Give her/him the same love and affection as your other children. Give kisses and hugs. Tell him often that he/she is a good girl/boy..

 Multiple disabilities	 Poverty	 Great effort for education	 Urban area

(2) The family who has the most challenges, but also the most effort

Background

Amith is a 12-year-old boy living in Wehera, Kurunegala District. He has been suffering from epilepsy, heart disease, slow mental development and down syndrome. He underwent a heart surgery and scheduled to have a testicular surgery. He has been receiving medicines and treatments from the Kurunegala General Hospital and the Lady Ridgeway Children's Hospital.

He lives with his father and two younger brothers. One of his brothers also has a disability. His father is a laborer and an alcoholic. His mother had left the family and remarried. His grandmother is taking on responsibility of caring for the three children, and a daughter of her other son. They live in a temporary-built house surrounded by large rocks. It is apparent that the location of the house is dangerous for a child with epilepsy.

Impact of COVID

The economy of the family has completely collapsed due to the pandemic. They list a regular source of income and are finding difficulties even buy food and necessities. The family underwent self-isolation for two times, after his father's brother found to be positive to PCR tests.

Great effort by his grandmother for education

He looks very pleasant despite having multiple disabilities. He is keen on learning. He is studying in a special education unit of a government school, which is reputed for providing effective special education. It was observed that the child was doing the homework that his grandmother had brought from the school. The grandmother is maintaining a good relationship with the school and is also committed to provide him with opportunities for education.

Future expectation and support needs

It is important to develop an individual development plan for him for improving life skills so that he can live independently in future. An individual development plan should be developed for him with the participation of the relevant service providers, such as SSO, his teachers, staff of the MOH office, to improve his life skills and live independently in future. It is also important that his special education needs are properly assessed, and an Individual Education Plan should be developed. Necessary facilities and equipment should be provided to his residence and to the school, for implementing the plans.

School for Special Education Hearing Impairment Online Education Rural area

(3) Looking forward to school re-opening soon

Background

Taranga is a 17-year-old girl living in Buttala, Moneragala District. She has a hearing impairment by birth. She is at grade 11 of a special education school. She is good at music, dance and sports and has been awarded many times. She lives with her parents and two younger brothers. Her father is a farmer. She tried hearing aids when she was small; but didn't like them and quitted. Her parents don't know if it helped her. They didn't try again since it was expensive.

Learning at the Special School

She uses sign language to study and chat with her friends at the special school, where she lived in a dormitory for seven years. Her family does not know sign language, so she communicates at home by lip reading and gestures. They cannot understand each other well sometimes. Her parents have not opportunity to learn sign language. When she became a big girl, she started to go to school from home. This was because her parents were concerned about her being in her dormitory.

Impact of COVID

She goes to school every day whenever it is open even during the pandemic. When the school is closed, the teachers conduct online zoom classes for two hours every day. Two subjects are taught for a day. She likes them very much and does all the assignments, take photos, and send them back to the teachers. She regrets that the online classes are no longer available due to the recent teachers' strike. She is going to take the O/L exam next year.

It is quite stressful for her to stay at home all the time as the school is closed due to COVID and she cannot talk and learn in sign language with her friends. She gets frustrated sometimes and goes to her relatives' house to talk to her aunts and uncles on such occasions.

Future expectation and support needs

She is looking forward to the re-opening of the school. Her parents are keen on improving her talents for dance, music, and sports. The communication of the family can be improved if her family has an opportunity to learn sign language. She doesn't use hearing aids or take a speech therapy in the school because the school places emphasis on teaching in sign language. Her parents and herself do not particularly want to have such opportunities because they gave up hearing aids when she was small. However, for her better social life in future, it is important for her to have a hearing diagnosis once again and try using hearing aids and taking speech therapy.

Unit for special education Inclusive education Visual impairment Rural area

(4) May have a better learning opportunity in a mainstream class

Background

Avindu is an 8-year-old boy living in Buttala, Moneragala District. He had an epileptic seizure two days after he was born. His optic nerve was affected by this incident. He can see objects up close, but not at a distance. His mother tried everything for improving his eyesight at hospitals and clinics but stopped it since there was no improvement.

Study at a unit and play with his friends in mainstream classes

His mother applied for a nearby school when he became a school age. She explained the principal that his eyesight was week. Then she was told to bring him back after sending him one more year to a pre-school. There was no pre-school accepting a child of school age. She consulted with the ZEO in the area; and her child was admitted to a special unit of a public school.

He was the only one in the unit. The unit teacher gave him some assignment and leave the classroom and come back to see him after a while. After some time, the number of students in the unit has increased, but the way the teacher teaches is somewhat the same. He loves the school and to play with his friends in mainstream classes during break time.

She regrets that he was admitted to the unit without a proper assessment; and that he still has no assessment or a development plan after three years. She believes that he may develop his abilities more in a mainstream class. However, she has not raised this issue with the school; fearing that the school might take it as a complaint, and her child lose his opportunity for education forever.

Impact of COVID

He goes to school every day whenever it is open even during the pandemic. He does so although the school tells him not to come because he is weak, and the unit teacher is not always present. When the school is closed, the teacher sends assignments to his mother's mobile phone, which he does. However, they are very few. His mother is teaching him at hope as much as possible using books available at bookshops, to make up the inadequate teaching at the unit.

Future expectation and support needs

His mother hopes to improve his ability by having a proper assessment, and maybe by transferring him to a mainstream class. She wishes him to learn vocational skills in future, so that he can live happily and independently. She sincerely hopes to have a support to improve his eyesight.

 Poverty  Epilepsy  Special education  Medical needs  Rural area

(5) Her education was interrupted by repeated epilepsy, and now by COVID

Background

Nalani was born in 2008 and has two elder brothers and two elder sisters. When she was 1.5 years old, her brother was trying to lift her, and she was accidently dropped. Her parents did not worry about it because she did not have any injuries, However, on the next day, she had a severe epilepsy. She was immediately admitted at the Mannar District Hospital; and then, transferred to Vavuniya District Hospital. The Doctors informed them that a major brain nerve was damaged; and that she would have epilepsy on and off. Consequently, she had epilepsy every month, and her parents took her to the hospital continuously. Then at the age of 5 years, while she was playing at a children's park, she climbed up a step and fell off by an epilepsy and was hit on the ground. This fall has caused damages to many nerves in the back of her head. They were told that she will not have a normal growth of her brain and will be mentally retarded.

Admission to a mainstream class and then, to a special unit

At the age of 6, she was admitted to the first grade of a public school. But she was unable to learn like other children. She often got an epilepsy. The teachers there were unable to look after her well. Therefore, she was asked to leave the school. Later, she was enrolled to a special unit at a national school. However, there too, she had an epilepsy every month.

A motorcycle accident and an operation

When she was 9 years old, she was knocked down by a motorcycle. This caused severe damages at the back of her head. Due to this she was in a Coma stage for 12 days at the Teaching Hospital, Anuradapura. She was spared from death, by a successful operation performed at the back of her head. Her health seemed much improved after the operation. But she was still getting Epilepsy on and off. Due to this her educational activity was severely hindered.

Admission to the MARDAP special unit

In 2020, she was admitted to MARDAP special Unit. This brought her a positive change in her education. Now, she is able to take care of herself. However, currently, MARDAP Special School is closed due to the pandemic. Therefore, her educational activities and improvement has been interrupted.

Medical needs during the Pandemic

She is still having epilepsy every month and is taking medicines continuously. Her parents are highly worried if there are any lockdowns in their area and they run short of her medicine to prevent Epilepsy. So, they must keep additional stock of it.

The family's meager earnings are even more reduced due to the pandemic

They are a low-income family. Her father is working as a casual fishing laborer and has poor eyesight in one eye. His earning is not even sufficient for his child's medical expenses and other needs. Due to the pandemic, his meager earnings were even more reduced.

Learning Difficulty Inclusive Education Poverty UrbanArea

(6) He would be more behind in his studies due to the Pandemic

Background

Janith is an 11-year-old boy who is in 5th grade at a public school. He is in a mainstream class, but his teacher says he has learning disabilities. He lives with his parents and younger brother in a house by the beach.

Before the pandemic, his father worked at a casino and had a fixed income. After the pandemic, the casino was closed, and he lost his job. Now, he is an apprentice mason. He works only occasionally, and their life has become very difficult compared to before. Since last week, he has not been able to find a job because his master is sick and cannot go for work. The boy's mother stays at home and takes care of the housework and the two children.

Learning at home - only sometimes

He has a lot of friends in his neighborhood and at school. Sometimes his feet hurt in the morning, so he missed school when that happened, but otherwise he went to school every day. The school has been closed all the time due to the pandemic since March 2020. For the last one year and a half, he went to school for only about 10 days.

His teachers at school send assignments via WhatsApp. There are zoom classes sometimes. But he participates in it only occasionally. It is because there is only one mobile phone in the family, and he cannot use it if his father takes it to work or his brother uses it for homework. The other day, the school told his mother to buy a copy of a workbook at a nearby communication shop. His mother paid five hundred rupees to the shop and brought a copy of the book for him.

Being in a mainstream class with no special consideration

His mother said that she tried to get him to do it, but he was not making much progress. She said it took him a long time to write out the letters, and when she saw that he kept circling and not writing out the letters, she would get frustrated and scold him. When he was in school, his friends used to help him with his studies, but now there is no such help. So far, the school has not given him any special attention or help.

His mother is assisting him to study at home without understanding his learning difficulty

The survey team explained his mother that he has a learning disorder called Dyslexia, which is the cause of his writing difficulty. The Survey Team added that he does not have any intellectual problems and can read and write if he takes his time; and it is important to wait for him without getting frustrated. Then, the mother said, "I see. I want to teach him to be patient next time".

He would be further behind in his studies due to the Pandemic

His mother is worried that he will fall further behind in his studies during the school closure, although he has to take a grade five scholarship early next year. She would like to learn how to teach him at home nicely, but there is no such opportunity. She said it would be most helpful if a teacher could come to the house to assist him while the school is closed. There are education programs on TV, but they don’t have a TV, and she can't show them to him. The house is located along the coast. They don't have a TV because it would break easily by sea breeze.

His mother is also concerned about the fact that he no longer goes to school, and he spends his mornings sleeping in and being lazy. However, she thinks it's good that the family is spending more time together. It was a happy occasion when her father made a kite for his children for the first time.

(7) Case Study in the Estate area

	Basic Information	Types of disabilities	Education	Livelihood	Medical needs	Others
1	10 years old. Male. A family of seven. Male. Torrington estate, in Agrapatane, Agrapatane DS	This child is a hard of hearing child that make difficult to neither speak nor hear properly. Though he can understand to some extent what others are saying but unable to concentrate. His behavior seems too different as he runs about all the time. He needs someone to care for him and ensure his safety.	No schooling. It is because there is no public transport to the nearest school with a unit. Private transport costs Rs. 500 per day, which is nor affordable.	Estate worker. Family income is about 17,000/- a month, but not regular.	The child was advised to attend a clinic at a hospital in Kandy regularly. However, his parents sometimes cannot do so as they cannot spend the travelling cost of Rs. 5,000 per time.	He is good at drawing. He said he wants a bicycle and was watching other children cycling.
2	10 years old. Male A family of seven. New Portmore estate, in Agrapatane, Agrapatane DS	This child is a deaf child. He cannot speak nor hear properly. He can communicate with others in sign language.	A grade 4 student of a mainstream class. He has an interest to study but there is no special support from the school. His grandfather takes him to school which is 1.5 km away from home.	Father is working in construction sites in Colombo. Mother recently has gone to Colombo for a job.	He uses a hearing aid given by a well-wisher. However, this equipment does not have required standards and does not serve the purpose.	He is good at drawing and has interest in study. His grandfather and grandmother are giving the maximum support to him. Marriage near

	Basic Information	Types of disabilities	Education	Livelihood	Medical needs	Others
						relations.
3	12 years old. Male. Family of four. Ottary Estate in Dickoya, Ambagamuwa DS.	This child is a physically well-developed child. He has a very short attention span. Therefore, he is unable to pay attention to a task and shows features of intellectual disability. According to the parents he displays some aggressive characteristics such as hits his head against the wall when gets angry, cuts his hair. Sometimes he is uncountable. body is too big for his age.	A student in a special unit. He was admitted to a mainstream class in a school, and later admitted to a special unit in another school. No one contacted the family during the school closure.	The family has a dairy and sell milk. Both attend to grass cutting, cleaning etc.		Marriage near relations. His two sisters also have disabilities. He had problem at a pre-school age and found a difference when he enrolled a school.
4	10 years old. Female. A family of seven. lsmor Estate in Dickoya, Ambagamuwa DS	This child does not have a proper physical growth. Unable to talk properly, thinking power is very low. Laughs and smiles all	A student of a special unit. She was admitted to a mainstream class in a school. But the teachers there recommended her	Both the father and mother are estate workers. This estate does not give regular work to workers;	She had been taken for treatment to a government hospital and attends clinic. But there was no	Marriage near relations.

	Basic Information	Types of disabilities	Education	Livelihood	Medical needs	Others
		the time. Unable to stand straight and she is a Global developmental delayed child.	parents to admit her to a special unit at another school.	therefore, the family income is very low.	improvement	
5	15 years old. Female. A family of four. Middleton estate, in Lindula Talawakelle Urban Council area	This child is a profound intellectual disability child. She is very slow in everything she does. She cannot take care of herself. Urinates without her knowledge. Unable to understand things clearly.	No schooling. He was admitted to a mainstream class in a school but left the school since the teachers in the school complained that they cannot manage her.	Her father does odd jobs in town while her mother is an estate worker. As she always needs full attention, they are unable to go for work regularly, which affects their income.	She needs to attend clinics at a hospital regularly. Her parents feel it very difficult to take her out during the Pandemic as she refuses to wear a mask and pulls and throws it out.	It is an additional burden for her mother to take care of her when she has her period. Her parents believe that her condition worsened since her grandmother, who did not know how to handle her, took care of her when she was small, and her mother was abroad for an employment.
6	15 years old. Male. Family of six. Kotiyagala Upper divison Estate in Bogawantalawa, Ambagamuwa DS	This child is unable to concentrate, restless, low ability to understand. He is a child with ADHD.	A student of a special unit. He was admitted to a mainstream class in a school, and later admitted	Her father works as a supervisor in the estate. Her mother works at a shop.	When there is no medicine, he shivers and gets angry. The child attends regular	His elder sister, aged 17, brings many teachings martials and is teaching him. She teaches him yoga, too.

	Basic Information	Types of disabilities	Education	Livelihood	Medical needs	Others
			to a special unit in another school		clinic. A card of medicine costs Rs. 1,200.	She wants to study well, get a good job and help him in future. His preschool teacher visits, encourages and supports him.
7	13 years old. Male. A family of 7. Bogawana Estate in Bogawantalawa in Ambagamuwa DS	This child cannot walk. He was able to work but became totally unable in the last two years. He can read, write, and understand.	No schooling. He attended a school up to grade 4 (mainstream class). He had some difficulty walking but was able do things on his own. However, he left the school because the principal of the school instructed his parents not to send him school because he cannot walk well.	His father is a Mason, and his mother works in the estate. The income is very insufficient to run the family and attend the need of 3 children.	He visits a hospital for treatment.	He has interest, ability and keen on studying. But he looks depressed and disappointed by totally losing ability of walking.

5. Key Findings and Discussion

5.1. Education and learning

Key findings and discussion on the issues existed and persisted before the COVID

(1) School attendance before COVID

It was found from the family survey, 26% of the CwDs in the sample families did not attend any schools/ centers before the COVID. Parents have problems taking their CWDs to the school due to transportation problems and their residences are far away from the schools. This number is higher in the estate sector due to the unavailability of transport facilities from their estate to the main bus road. Lack of convenient transport facility to schools seems more serious in the estate sector. According to the research assistant of the survey team, all the schools with SEU are in town and villagers must travel by foot from the estates to the main road for taking a bus to go to towns. No public transport is available within estates. At the workshop discussions, it was found the authorities of the MoE developing plans to educate these children in their localities.

Some CwDs were asked to leave schools after sometimes they have enrolled in a mainstream class; and later found that a school with SEU is far from home (Ref: Case study in Nuwara Eliya). This means those who can be benefited from the mainstream classrooms are dropping out from schooling and in the future, this will be a burden to the country and in another way of violating the right to education of child rights. This finding highlighted the need for more awareness of teacher training towards CwDs which was emphasized by the director of Primary Education at MoE at the workshop discussion.

The majority of parents who are not sending their CwDs to schools or centers explained the reasons as "Disability and retarded", which means that parents prefer to keep the child at home. Some parents have negative perceptions and did not have big hopes for their CwDs. This shows the importance of advising and counseling the parents as pointed out by the western province's additional director of special education. This is an urgent need for parents as well as CwDs because the survey it was found some behavioral changes of CwDs during schools closer to COVID pandemic. Counseling can help to break many myths about disability and develop positive attitudes and minimize the negative behaviors of the CwDs which occurred.

Key findings and discussion on the issues during or emerged due to the COVID

(2) School attendance during COVID

According to the findings from the family survey, after the start of the COVID 19, 34% of the CwDs who used to attend schools/centers never attended schools/centers since the commencement of COVID because the schools were never opened or even when they were opened. As a result, the percentage of CwDs, who are not attending schools/centers, increased from 26% to 50%. In addition to the above-mentioned problem of disability and traveling, other reasons discouraging the parents

from sending their CwDs to school/center during the COVID are, their fear of frequent exposure of children to diseases, and thinking of keeping their child at home is safer than sending them to school. The above finding shows that parents need more awareness how to protect their CwDs adhering to the safety measures and guidelines and there is an urgent need to develop special safety measures according to the disability category as children with hearing impaired are facing difficulties in communicating while wearing masks and students with blindness getting information touching the surface. This issue was discussed at the workshop discussion and pointed out by the additional director of special education western province. According to the interviews with the education offices, admission to the SEUs and schools for special education were suspended during the COVID. This means that CwDs who became school-going age after starting COVID, are also at home without attending schools. This should be addressed urgently by identifying this population of students and developing a mechanism to involve them in learning because these groups of children are far behind when compared to the typically developing children in their learning and development.

From the case studies, it was found that CwDs were sometimes asked from schools not to bring their CwDs to school even they are open, saying that their immunity is low and prone to infection. This finding shows that not only the parents of CwDs, teachers also should be educated to discover the myths towards disability such as immunity is low. Some did not attend because of their illness. This is also needed to address by facilitating necessary medical assistance because frequent absenteeism leads to most of the school work setbacks and this effect negatively for their learning and development. Therefore, children should be brought to school as soon as possible.

(3) Opportunities for learning at home when schools are closed during COVID

The education of CwDs was often confined to the home. It is apparent because the schools were mostly closed and functioning only a few weeks after the start of COVID. According to the interviews with education offices, there are estimated around 80% - 85% of the students in SEUs and special schools were able to join the learning process in various ways when schools are closed, but 15% - 20% could not join the process in any way.

On the other hand, according to the family survey, only 14% who used to attend schools/centers, reported that they always have learning opportunities when schools/centers are closed. 27% have such opportunity but only during certain periods or certain times. 3% reported they discontinued learning at home. 41% of them do not have an opportunity to study at home. One of the reasons is because their parents do not have facilities, such as smartphones, tablets, and internet service. Another reason is that they do not have regular contact with the teachers during the school closure. There are fewer opportunities for learning at home in rural and estate areas.

These results suggest that the proportion of the students, who do not have opportunities for study at home, is much larger than the education offices estimated. As most of CwDs have problems in purchasing smartphones and data, and week signal the director NFSE in MoE put forward the idea

that a system to use a satellite to provide education to all children in the country at the workshop discussion. According to him, channels will be made to make all learning available in e-versions. LMS will be launched to provide guidance online and face-to-face teaching for CwDs (blended/ hybrid system) in this way a family needs to spend around 300 rupees a month which is not that much cost.

(4) Method of learning from home when schools are closed during COVID

Most teachers formed WhatsApp groups as the means of communication and send activities to parents to do with CwDs. But results reviled that even if the teachers are doing their best some CwDs are not able to do the activities, and some are too lazy to do it; and as a result, some parents and students are demotivated or discontinued the learning. These facts pointed out those teachers do not identify the needs and the abilities of the students and generally send learning activities through WhatsApp. Teachers should be trained to send learning activities to students in line with a child-centered personalized education program such as IEPs. Comments were made during the workshop discussion on this need by stakeholders too. Moreover, to sending what apps activities some of the provincial education departments are facilitating CwDs learning at home by developing and distributing activity books among the CwDs. Teachers and parents are sending photos and videos of the CwDs doing the assignment to the education offices. They are useful feedback for teachers and offices to know the use of the assignments they have provided. Conducting classes by Zoom is also encouraged by the education offices but seems to be few. However, the government would pay more attention to providing such facilities to the school system also.

According to the family survey, they prefer, in order, sending guidelines/manuals, sending learning materials, telephone, TV, internet, and radio for a mode of learning at home. They also need the help of an itinerant teacher, guidelines to parents on teaching, and equipment. This shows that they are not much positive about online education probably because they don't have the necessary device, internet connection, and confidence to teach. It should be considered developing more video and audio programs specifically for CwDs and focusing their needs such as more visual inputs, signs, captures, subtitles, and simple language.

(5) Efforts made by the CwDs and their families during COVID and in future

61% of the entire sample families mentioned that their CwDs need learning opportunities at home "during the pandemic" and 66% mentioned the same "in future". Therefore, more interactive user-friendly learning materials should be developed by the teachers and necessary ICT skills and training for teachers should be priorities in planning. 85% of the parents are willing to send their CwDs to schools/centers when they are re-opened in the future. This finding reveals that the necessary infrastructure needs to be set up in schools as soon as possible to facilitate the learning of CwDs. These findings show that parents pay special attention to their CwDs' learning. However, it should be noted that 12% mentioned that they are "not sure" and 4% mentioned "no". These CwDs would be dropped out of schools. Parents who have a positive attitude towards their CwDs can do some

psychological empowerment to the other parents. Therefore, more attention should pay to establishing parents' supports groups to support each other.

(6) Gaps between the services provided and the needs of the CwDs and their families during COVID

Based on the information collected, the Survey Team has identified the gaps between the services provided and the needs of the CwDs and their families. Teachers put a lot of effort into sending learning activities to children, either through WhatsApp or in writing. However, the extent to which these learning activities are consistent with children's abilities is questionable. It is questionable whether these learning activities encourage children's interests and preferences to continue learning per learning styles. There is a risk of the CwDs losing their interest in studying, or parents giving up assisting learning, as a result.

Another problem is that many of the activities that teachers prepare and send to students are seen as an attempt to get children to do something and do not show that it is in line with the school curriculum. There is a gap that can be seen when learning from home, even if the activities completed by the students are not corrected and re-taught by the teachers regularly. There are barriers with online learning with hearing-impaired children due to parents are not skillful to explain assignments in sign language. Sometimes, in video-recorded lessons, signs are appearing in slow motion due to weak internet connections. Then, they cannot understand it. Most of the parents do not know appropriate teaching methods according to their CwDs disabilities. There should be an urgent need to develop short courses for parents regarding how to assist CwDs learning at home. One of the provincial special education directors highlighted this issue at the workshop and he further added that parental awareness programs are needed not only in this COVID pandemic but also in the future.

Another fact revealed by this survey was CwDs in mainstream classes were given less support for their learning at home from the mainstream teachers. It seems that they don't have special/ necessary support from teachers and classmates when learning at home. The support of the teacher and peer groups are usually overwhelming as these children learn in the mainstream classrooms. But when these CwDs are at home they are not getting this support. As mentioned earlier, parents also do not have a clear idea of how to support these students in their learning at home. The Director of Primary Education pointed out that special training should be given to the ordinary classroom teacher as well.

According to the family survey, the percentage of the CwDs, who are not engaging in learning at home (41%) demonstrated that most of the families have only one or two devices and they have to be shared with parents and other siblings. CwDs are given less priority for using it than other siblings. Some parents do not have a device and they need to use a neighbor's device to get involved in the activities.

(7) Problems and challenges faced by teachers and education officers during COVID

The teachers and education officers have their problems, which are the challenges for the sustainability of the services. Most of the teachers are engaging with these online activities spending

their own money for data. Some teachers are also facing signal issues and some teachers do not have devices and internet facilities. Teaching by Zoom and WhatsApp are new to them and need more training and awareness creation among them for more effective utilization. All the teachers are not providing learning opportunities to children with CwDs in the same manner and commitment. There is limited face-to-face monitoring or guidance by the education officers.

5.2. Health Care Services and Infection Prevention and Control

Impact of the COVID pandemic on the families with CwDs from a health care services point of view was studied by the first part of this section. Second part covers the aspects on infection prevention and control. Most important issues faced by the CwDs are identified, similar ones are grouped together and listed as Key findings of the study and discussed in this chapter.

Areas covered include, continuation of services received before the pandemic in relation to health care, medicinal drugs and long-term medication, whether there were instances where they were not able to visit hospitals when needed. In the second part of the study whether the children had any problems in practicing infection prevention and control (IPC) protocols and observing other measures of prevention are discussed. Did any health workers visit them at home and guided them? How did the CwDs and families knew about COVID? Were any health workers available to be contacted during the pandemic? Did any CwDs infected with COVID? and knowledge and willingness for vaccination against COVID are also covered.

Key findings and discussion on the issues during or emerged due to COVID

(1) Continuation of medical care, other services, and long-term medication during the pandemic:

Results of the survey indicated that before the pandemic 68% of the sample were receiving various forms of health care. Out of them, the majority of CwDs were receiving medical and physiotherapy services. Only 35% of the sample indicated that they were able to continue the medical and other services. 65% indicated that they could not access the facilities they wanted.

In Kurunegala, the families also revealed that due to the pandemic a child could not go for his physiotherapy sessions at Rheumatology and Rehabilitation Hospital (RRH) at Ragama. They indicated that there were no transport facilities to go anywhere. The parents have also not been provided any information about the availability or non-availability of such services. The parents have not taken children to hospital due to fear of contracting COVID infection from the hospital or from health workers. Parents were reluctant to invite the midwife to the household due to risk of contracting COVID from her (Table 21)

According to results of the family survey, Table 76 shows 63 families of CwDs needed a long-term medication before COVID. There were about 9 children suffering from epilepsy and about five children suffering from Thyroxine deficiency in the sample on long term medication. However, as shown in Table 80, only 45 families obtained medication during the COVID and 18 families could not.

The main reason was indicated as “mobility and financial distress”. The situation was distressing in the estate sector and according to the observations of a midwife. (Table 24).

Lack of mobility was due to poor transport facilities, lockdowns, difficulty in going out on account of the risk of contracting the virus, etc. There was 11% (12 families) of the sample who wanted to take CwDs to a hospital did not do so during the pandemic. The parents also mentioned that during the pandemic the specific clinics were not held. In estate sector, 18% (12 families) had the same problem. This demonstrated that problems are worse in the estate sector. This situation could be so because the government decided to enforce a lockdown and travel restrictions in the beginning. There were no alternate travel arrangements made for those with such medical needs. There is a method available for issuing permits through the divisional Secretary to travel during curfew times for medical needs even across districts. But this was not known to CwDs and their families. It was not facilitated by the local administration.

In view of difficulties and restrictions related to transport, midwives from the estate sector contacted parents of sick/disabled children over the phone and by WhatsApp. However, there were no signals and coverage to some distant estates were poor. Parents also did not respond when they called. Estate sector NGO representatives mentioned that visits by medical personnel or health care workers to CwDs during the COVID pandemic or even at other times was less. In view of loss of income, parents found it difficult to take the children to the nearby government hospital from which they usually receive medical treatment. In this situation we must conclude that the estate sector CwDs would have experienced more difficulties in accessing medical care, rehabilitative treatment or medicinal drugs during the pandemic much more compared to other urban and rural areas of the country. There is no reference to them receiving health education on COVID 19 and any training on the basic methods of COVID prevention during the survey.

(2) Lack of access to medical care, and other clinical services and long-term medication during the pandemic

This demonstrates the needs of vulnerable categories need and the need to maintain relevant services during a time of a disaster like a pandemic. Such decisions should be made at policy level in planning the COVID control programs at the beginning. At the online stakeholder discussion organized by the Study Team to discuss health issues faced by CwDs during the pandemic, the Director of Youth, Elderly, Disabled, and Displaced (YEDD) Directorate of the MoH noted the inability of CwDs to access the needed services and pointed out that transport services in such situations should be organized with the assistance of the social services department. The Director also commented about the difficulties faced by the estate sector CwDs and said that the issue will be brought to the attention of officials managing the Urban and Estate Health Unit of the MoH.

(3) Difficulties in practicing IPC protocols among CwDs

According to the survey 48% of the sample indicated that CwDs had difficulty in practicing infection and prevention protocols (IPC). This shows compliance by CwDs for IPC was not satisfactory. In Buttala, teachers mentioned that it was difficult to train CwDs in practicing IPC protocols (unlike mainstream children). In Kurunegala, most of the parents followed safety regulations the way they understood (prioritized isolation from society rather than washing hands, etc.). According to the results of the survey, word of mouth, TV, social media, and radio were the most common sources of information on IPC protocols in the order of popularity. Radio is the preferred source in the rural and estate areas.

There was also a viewpoint among the families that all CwDs have a status of low immunity and simply by visiting the hospital and meeting health workers they would contract the disease. This matter was studied by the research team further. Relevant research papers are annexed. Scientifically a link between disability and lack of immunity has been observed among Downs syndrome children and among children with autism. Research has shown that genetic factors may be responsible for this link. Relevant research papers are annexed (see **Annex 9** and **Annex 10** respectively). Similar concerns have been expressed by many organizations in UK about the vulnerability of children with Cerebral Palsy during the pandemic due to its effects on the respiratory system. Attached is a research article which critically looks at this subject and effects of the pandemic on caregivers with CwDs having Cerebral Palsy (see Annex 11).

When these facts are considered along with the inability of half the population of CwDs to practice basic measures of COVID prevention we must conclude that an organized health education campaign by health personnel has not taken place among CwDs and their families during the time of the pandemic.

Consultant Community Physician of the Directorate of YEDD mentioned at the online stakeholder discussion that there is a gap in the information flow. It is understood that attitudinal improvements are also needed – advocacy and awareness at ground level should be promoted. To fill this gap apart from service providers, public should do their duty by actively seeking necessary information. Health workers such as PHMs should be empowered. Family health is their responsibility, but they are overburdened and limited in number. Policy level changes should be made to remedy the situation and the NGOs and private sector should get into a partnership to support government and a health education program should be developed in this manner was recommended.

Key findings and discussion on the issues existed before the COVID and continue during COVID

(4) Home visits by health workers

About 95% of the sample indicated that they were not visited by health workers at home. Further, Kurunegala families indicated that they prevented health workers from coming to houses as they felt that they would contract the infection from such health workers (Table 21). The overall situation was

worse in the estate sector. It is already mentioned that families got to know about COVID infection through word of mouth, TV, radio, and social media. This confirms that home visits by health workers have not been effective. In KIIs comments were obtained from health care personnel such as MOHs, PHMs, and PHIs regarding their work related to CwDs during the pandemic. One of the MOHs interviewed mentioned that they were inundated with routine COVID patients and had no time to concentrate on a special category like disabled children. Further, there were no such direction, guidance and protocols received in advance from the higher authorities to do so and hence it was not possible to plan such activities due to the workload (Table 20). One of the midwifes mentioned that they could not attend to problems faced by CwDs because their role is limited to seeing pregnant mothers (Table 19). Midwifes from another MOH area stated that their main obligations are prenatal care, post-natal care, baby and childcare, family planning, youth health and women's health (Tables 19 and 21). Another midwife mentioned that their only responsibility was to check on nutrition and growth of the CwDs other than her regular duties (Table 21). However, the study revealed that CwD related matters are also part of the mandate of the MWs and therefore training and capacity building and ensuring they cover CwDs' health and welfare related issues is an urgent need.

Lack of access to health workers and lack of home visits by health workers and other categories was one of the most important and key findings of the Survey. This is a major challenge the MoH is also trying to grapple with as indicated by the relevant stakeholders. This is not only important for prevention and management of COVID but for the management of such situations in future as well as for improving of CwDs condition in general.

In view of this situation, the research team studied the job description of PHMs, detection of CwDs in the field and further management of such children after identification in detail. General Circular No. 01-26/2006 issued by the MOH is attached as **Annex 12** to clarify this issue. The Circular clearly states in paragraph 8 related to Care of the Infants and Children, clause IV, that the children with special needs should be identified, reported to MOH and followed up by the public health midwife. This aspect has been identified as one of the main gaps in the services during the pandemic. Therefore, measures should be taken to identify CWD's from early years of life through PHM who is responsible to maintain records of every child below 5 years from birth, in her respective area. Since the mothers are under care of PHM till the birth of the baby she should have the data without any failure. Family Health Bureau (FHB) is the main arm of the MoH responsible for Maternal and Child Health Care programs in the country under whom the monitoring and supervision of PHMs falls under.

FHB also has a Unit known as the "Child Development and Special Needs Unit" and its program is described under the background information on health services available for CwDs. National Program Manager (NPM) and Consultant Community Physician of the Unit expressing views on this matter in the online discussion indicated that that though PHMs were trained nationally they have not been empowered to screen and identify CwDs. Currently, there are no services to serve the CwDs even if they are identified in this manner. There is a need to develop such services and then ask the midwives to do the proper screening to identify the CwDs.

Two such programs have now been started in Colombo and Kandy where the multi-disciplinary services headed by a consultant community pediatricians trained in disability care and capable of handling CwDs. Physiotherapists, speech therapists among others are also available. Due to lack of trained staff, these centers are still not available in other districts. It is planned to start similar centers in Gampaha, Galle, and Kalutara next year. In the Kandy, many transport-related issues have been observed. To overcome this difficulty, service delivery has been introduced through tele help system, which needs mainly a smart phone for the CwDs family to access the service (even many low-income families have access to smartphones). Tele help services will be introduced to other areas as well in future.

There is also a plan for the MoH to work in close collaboration with the DoSS to provide better services by early identification of CwDs. Already, DoSS is doing much work in the field and there is a need to avoid duplication and combine the services to have a synergistic effect. NPM stated that they need assistance in the form of technical support to develop human resource (preschool teacher training for inclusive education), funding to maintain staff categories specially therapists to increase tele-help facilities and to provide other equipment for curative centers.

Consultant Community Physician (CCP) for the Central Province (CP) participating in the online stakeholder discussion stated that the findings of the family survey align well with the current ground situation. The CCP said that a reporting system is being developed as a register at MOH level in the CP to document childhood and adult disabilities detected by midwifes in the field. After detection the CwDs, they need to be directed to multidisciplinary care facilities for follow up as mentioned already by the NPM from FHB. Digana Rehabilitation Hospital located in the Central Province is the second largest facility providing such services in the country and currently have a good team of consultant specialists. This hospital should be further developed, personnel wise and facility wise. The issues raised by these medical consultants brings up an important aspect in the caring of CwDs and that is the development of facilities necessary for the treatment and rehabilitation of CwDs once they are identified. There are no such services island wide at present.

The National Strategic Plan for Child Health 2018-2025[81] describes the need for development of such multidisciplinary centers called Child Development Centers at district levels, and to establish referral pathways from primary health care level to these centers and establishment of centers of excellence to cater to specific categories of CwDs. These facilities need to have physical structures, equipment and medical personnel and trained and skilled therapists. Therapists skilled in physiotherapy, speech and language therapy, occupational therapy, child psychiatrists, and psychologists trained in handling learning and behavioral disorders. If this package is to work, there is

[81] https://cutt.ly/JRDCXM9

a need to develop a set of trained care givers who will look after the CwD at home when parents are absent.

The Director General of Health Services issued a circular to all PDHSs and RDHSs on 28 October 2021 referring to a decision by the MoE that all CwDs (list of conditions given in the circular) be registered in the school committees of the respective ZEOs when the CwDs are 3 years old and that all PDHSs and RDHSs should support this program through the MOH system. **Annex 15**. To carry out these instructions, the identification of CwDs by PHMs will have to be regularized and diagnosis of such CwDs by medical personnel at the child development centers must take place.

Currently GoSL is not able to recruit all these therapists in view of restrictions in funding. On the other hand, there are trained therapists currently available who have studied privately and through universities waiting for jobs. Therefore, it is proposed to link up these centers to CBOs through public private partnerships who will be able to raise funding for employment of various therapists to fill the human resource gap. This way the shortage of therapists for the multidisciplinary centers can be overcome. Training of medical officers recruited to work in these centers, providing exposure for them in centers of excellence locally and abroad, training of care givers to facilitate parents to bring CwDs for multidisciplinary centers are also suggested. The VT institutes run by the government could help this project by training the necessary care givers.

(5) Lack of facilities and trained personnel to manage CwDs after identification

Lack of facilities and trained personnel to manage CwDs after identification was recognized as one of the key findings of the study. The Rheumatology and Rehabilitation Hospital (RRH) at Ragama has been described as the premier hospital in Sri Lanka and as a center of excellence to provide physical rehabilitation services. The services available and the improvements needed for the hospital are mentioned in detail under the KIIs section and we interviewed the officials of the RRH, too. The Medical Officer for health promotion of the (RRH) participated in the online stakeholder discussion stated that the hospital has scope to develop and is in need of more facilities. This Hospital could be developed as a center of excellence to provide treatment rehabilitation for a larger population of CwDs as well as facilitate training of medical officers and therapists in physical rehabilitation services. A paediatric rehabilitation unit also need to be established. In view of this situation, it has been recommended that a further study should be done to identify the gaps that exists in the facilities of this hospital and to correct the same.

(6) Health care challenges faced by CwDs and their families in the estate sector

Throughout the Study from the results, it was evident that health care challenges faced by CwDs and their families in the estate sector are very different to that in other urban and rural areas in Sri Lanka. This aspect has been recognized by the MoH, which has a separate unit, the Estate and Urban Health Unit. Description of this unit is given under health care services available for CwDs. Challenges faced by CwDs and their families in the estate sector and its difference to that in other

urban and rural areas in Sri Lanka is identified as one of the key findings of the current study. It is therefore proposed to conduct a survey to identify the root causes of the issues faced by the CwDs and the families in the estate sector and plan a comprehensive interventional strategy taking into consideration the geographical, ethnic, cultural, language issues relevant to the estate sector.

5.3. Household Economies and Social Welfare

Key findings and discussion on the issues during or emerged due to COVID

(1) Rights of the PwDs and CwDs should be protected, and they should not be discriminated in any form

The Protection of the rights of Persons with Disabilities Act No. 28 of 1996 for the promotion, advancement, and protection of the rights of PwDs in Sri Lanka does not fully comply with the UN Convention on the Rights of Persons with Disabilities (UNCRPD). The 1996 Act lacks mechanisms for addressing the coordination and implementation of several provisions of the Act. For example, the NSPD, which was established by this Act, does not have the power to pursue legal action to protect the rights of PwDs and CwDs. Further, as per Article 33 of the UNCRPD, Act lacks an impartial monitoring mechanism.

The Disability Rights Bill (DRB) proposed in 2006 is expected to provide the authority by NSPD to file action in Courts to safeguard the rights of PwDs and CwDs. The DoSS has not been able enact the DRB for almost 15 years. The DRB has been amended more than five times but was tabled in the Parliament to be passed into law. With no finalized provisions on the Bill, enforcing the 1996 Act is the only alternative for PwDs in Sri Lanka to ensure the protection of their rights. Nonetheless, NSPD / DoSS officials confirm that the DRB is in its final stages of being passed into law. Further, the proposed DRB is consistent with the principles of the UNCRPD.

(2) Surviving the pandemic, escaping from deepening poverty, and ensuring equitable opportunities for receiving the allowance for families of CwDs

Due to the pandemic, families of CwDs are experiencing decreasing income and jobs opportunities. The impact of this is severe and unavoidable for these families as they hold additional obligations and expenses associated with medical and rehabilitation due to caring for CwDs at home. Using private transportation to attend hospitals is an additional and unavoidable cost for these families. GoSL provided a COVID allowance of Rs 5,000 for the families who lost their income due to the pandemic. But as per the family survey, 40% of the households of CwDs neither received the COVID allowance nor dry rations from the government. As these families are eligible for the disability allowance of Rs 5,000 per month and this disqualified them from receiving the COVID allowance. However, many families with CwDs do not receive the disability allowance although they are eligible for the monthly disability allowance. At the SSO-level, there is a long waiting list of eligible families. But due to

GoSL's restricted funding, adding a new family to the list of eligible families is extremely difficult. This unfair regulation needs to be resolved immediately. However, based on key informal interviews, NSPD has proposed that the allowance be increased in the National budget for 2022, allowing more eligible families in the waiting list to receive the allowance.

This is far more distressful in the estate sector. Without adequate identification of the number of families with CwDs and PwDs in the estate sectors, majority of them are denied provisions, allowances, and other benefits.

Other key issues that prevent the families of CwDs receiving the allowances they are entitled to, is the lack of updated National data. Accurate and up to date data is required for policy intervention on CwDs and PwDs.

Additionally, families of CwDs have been unable to break free from the welfare mind set and stay submissive to the greater branch of social service by getting such allowances, with no way out to pursue the right-based approach to have an independent economic development and overcoming generational poverty.

Key findings and discussion on the issues existed before the COVID and continue during COVID

(3) Ensure access to public places for CwDs

CwDs and their families are facing inconvenience at public institutions / public places as the majority of the public places lack proper and special consideration and arrangement that is required by the CwDs and PwDs, making these institutions inaccessible for them. They also find it difficult to use public transportation as public vehicles lack the necessary accommodation for PwDs. Most bus stands and railway stations are not accessible facilities for them. These factors make PwDs reluctant to utilize public transportation services that increases their inability to receive medical, educational, and social services they are entitled to and / or joining the workforce. Accessibility in hospitals for CwDs and PwDs also should be improved.

While the Disabled Persons (Accessibility) Regulations, No. 1 of 2006 establishes basic standards and guidelines for the accessibility for PwDs, the provisions of this law are not fully complied with by the authorities in Sri Lanka. Nevertheless, the NSPD and the Department of Buildings have collaborated to examine and modify the gazette notice relevant to the 2006 Accessibility Regulations. Further, in terms of accessibility, the proposed DRB guarantees that the accessibility provisions are fully enforced.

In relation to transportation, the NSPD has requested that GoSL provides a monthly allowance of Rs 1,000 for CwDs to attend school and reduce travel expenses for the families of CwDs. However, it must be approved, and once approved this allowance will be distributed to the eligible CwDs through the provincial and district SSOs. NSPD has provided a feasibility report with favorable outlook for future discussions with the Ministry of Transport and Civil Aviation to develop and arrange a bus service for CwDs to attend schools / centers.

Although there is no special identity card system for PwDs, NSPD states that the Department for the Registrations of Persons has agreed to include a special color code for PwDs on their National Identity Card (NIC) that allows them to be identified as disabled persons. However, this initiative is pending on account of COVID.

(4) Opportunities for vocational training and economic independency

During the pandemic, all vocational training (VT) institutes for CwDs / PwDs that accommodates about 650-700 individuals pursuing 26 VT courses in 9 centers, including the Ranaviru Sevana, remained closed. Although VT centers were not functional, certain VT centers distributed Rs 5,000 worth dry rations to their students. In general, VTCs provide free meals, accommodation, equipment, uniforms, and a daily stipend of Rs 150 for students who enroll in VT courses.

There are very few options for CwDs to be trained in other centers unless they attend these VTCs (operated and managed by DoSS). Limited opportunities are available for disabled persons for vocational training and skills development. The available facilities also are not up to acceptable standard and are unable to meet current labour market requirements for productive employment. Physical inaccessibility, lack of accessible or alternative communication facilities, and lack of teaching methodologies in accessible alternative formats to reach out to disabled trainees in VT institutes are the causes for the low enrolment. Nonetheless, the authorities have amended enrolment criteria to recruit more CwDs to VT centers.

Despite the fact that PwDs are trained through VT centers, they have very restricted job opportunities as employers are reluctant to hire them on account of their disability. This is primarily due to a lack of understanding and awareness among industry professionals and the public. They do occasionally find work, but usually at low wages. Due to the lack of employment prospects, majority of PwDs engage in in self-employment, earning very low income.

While the majority of available training courses are considered outdated, a revision of the vocational curriculum is now underway with the support of the University of Kelaniya University and

ChildFund. With these curriculum revisions, there is a strong possibility that CwDs will acquire skills relevant to the changing needs of employers.

(5) Emergency and community-based and mutual help support network

Some parents of CwDs have lost hope in their children and have given up on schooling or attempts to improve the lives of their children. Due to their disability and being marginalized from the society, some CwDs are depressed and lose hope for the future. These conditions are triggered by the pandemic. Hence, these families with CwDs require mental health and psychosocial support, both of which are generally not available in Sri Lanka. There are no mutual support groups for families of CwDs. Being in the midst of a pandemic, it is even more critical to ensure that families of CwDs are not isolated from in a disaster or emergency. In order to overcome constrains facing by CWD's during any disaster, to access services in all the important sectors to in maintaining activities of daily living including the health sector, a disability support system will be urgently required to be introduced with the collaboration of social services. Preparation to overcome any issue during such situation will be thoroughly addressed and everything will be arranged properly for emergency risk reduction. Especially guardians and caregivers of CWD's should be trained to face and protect their children in such situations.

An app was expected to be designed and deployed with the support of NSPD with the objective of providing protection and mutual assistance for PwDs and CwDs. But its development has been delayed on account of the pandemic. Further, there should be sufficient funds to cover the costs of developing this app. Nonetheless, when the DRB becomes law, a separate commission will be constituted for PwDs and CwDs to hear their grievances. Further, NCPA's National hotline "1929" is available to all children irrespective of their disability. CwDs can also benefit from information and psycho-social assistance extended by NCPA via the hotline.

Child protection tools in Braille have been supplied to all blind schools in Sri Lanka, and a publication on invisible disabilities among children has been published by NCPA in Sinhala, Tamil, and in English.

With regards to the monitoring / tracking of child abuse, NCPA maintains a nationwide database that allows officials such as SSOs, welfare officers, community police, etc., to provide information on CwDs at the grassroot level based on different disabilities. This is a sub-national database within the national database for monitoring vulnerable children in Sri Lanka. Within this NCPA intends to give special attention towards monitoring of disabled children in the estate sector.

In terms of care shelters, Cabinet approval has been granted to construct care shelters in six provinces for CwDs to serve them from birth to death. In 2021, the World Bank has provided funding for this project under the early child intervention program with the goal of establishing care shelters in four provinces in the first phase. Recently, lands in Akurassa, Beruwala, Badulla, and Mullativu have been selected for the construction of these shelters. This is expected to be completed by December 2022, and the next step will be implemented GoSL funds.

(6) Receive proper and continuous rehabilitation services at community level

Majority of CwDs are not identified in their early stages to allow for intervention. Due to the lack of comprehensive early interventions, the disabilities of CwDs can worsen, leading to secondary disabilities. Even when CwDs are identified, they may not attend rehabilitation for a multitude of reasons, including lack of referral and follow-up services, the non-availability of rehabilitation services in the vicinity, and the difficulty of continuing to attend rehabilitation centers and hospitals located far from their homes. Most of these specialized services, such as the Child Guidance Centers and the Rehabilitation Hospitals are normally situated in metropolitan regions and are not situated in rural or estate sectors. The detection and rehabilitation efforts of field officers at the community and field levels are also futile most of the time. Further, CwDs and their families frequently confront significant environmental and communication barriers for rehabilitation services, resulting in non-attendance in future. Although the National Policy on Disability (2003) emphasizes the importance of expanding CBR programs, and the fact that Rural Rehabilitation Committees were established in communities, rehabilitation services or programs are presently in questionable conditions.

(7) Obtain necessary assistive devices such as wheelchairs, braille writers, hearing aids, and audio players and records

Assistive and adaptive devices are tools and equipment that assist people with disabilities to become self-sufficient and contribute to the development of the society. Since assistive equipment are expensive, and partially owing to a lack of data and information with the SSO regarding the families of CwDs and their needs, there is a great unmet need for assistive devices among CwDs and PwDs. Assistive devices, in particular, assist CwDs in integrating into mainstream education and help them transition to higher education. Because they do not have sufficient and essential devices, several families of CwDs gave up on improving their activities for daily living and schooling, making it difficult for PwDs to be integrated to mainstream society.

As of now, assistive devices for PwDs have been distributed by local government authorities, Provincial and District offices. The Provincial SSO, in particular, purchases wheelchairs, spectacles, and other devices to be supplied to PwDs and CwDs. In 2021, NSPD and the DoSS Director have

agreed to provide assistive devices for district offices, and procurement notices to procure devices will be released soon.

6. Conclusions

6.1. Education and Learning

(1) A significant number of CwDs are not enrolled in schools at all and the opportunity has not been created for them to be educated through alternative means. In this situation, the concept of Education for All has not become a reality and the right to education of these children has been violated.

(2) The school attendance rate has dropped due to the COVID pandemic, and CwDs who are eligible to enroll in schools have been delayed from admission to schools.

(3) The percentage of those who are unable to access learning opportunities online or other alternative methods from home during the school closure is much higher.

(4) Most of the parents of CwDs did not have the resources to facilitate online learning. This was due to the lack of internet access, lack of sufficient number of devices that lead to the sharing of devices within the family, financial constraints to spend on data, and inability to help with children's learning. Therefore, most of the parents preferred programs broadcast on TV, radio, and physical copies of learning materials being sent home.

(5) There are parents who think positively about the education of their CwDs, and there is a group which does not have much hope in their CwDs. It is about time to develop parental cooperation, parental awareness programs, and short courses for parents.

(6) The superstitious beliefs that teachers and parents have about CwDs are a barrier to the development of education of these students.

(7) Teachers' awareness of working with CwDs is minimal in catastrophic situations such as COVID. To face disasters in the future, teachers need to be empowered to use new technology, develop attractive learning materials, launch personalized learning programs, evaluate students, and support parents.

(8) Experienced foreign volunteer teachers are needed to work with teachers locally so that they gain practical experience in how to master innovative teaching methods.

(9) Teachers and education officers have made great efforts to continue educating CwDs in this pandemic to the extent possible by spending their own money and working with minimal facilities.

(10) Significant differences were identified in the estate sector compared to the rural and urban sectors in the provision of education and other services.

(11) Teachers and parents do not have a strong belief or clear understanding of COVID prevention health care practices and guidelines implemented in schools.

6.2. Health Care, Medical Services, and Infection Prevention and Control

(1) Lack of access to medical care and other clinical services such as rehabilitation, physiotherapy, speech therapy, medicinal drugs, and long term medication during the

pandemic was highlighted by the families of CwDs and were identified as major problems faced by them during the pandemic. Measures should be taken to avoid such situations by recognizing this gap and planning early. Accessibility in hospitals for CwDs and PwDs should also be improved.

(2) We conclude that an organized health education campaign by health personnel regarding the COVID infection and its control measures has not taken place among CwDs and their families during the time of the pandemic. There is an urgent need to launch such programs particularly before the CwDs start schooling.

(3) Home visits by health workers, their accessibility to CwDs, screening for early detection of CwDs, and referral system for the management of such identified CwDs is poor and measures already identified to correct this situation should be implemented early.

(4) There is a lack of physical infrastructure facilities, trained medical officers, and therapists to manage and rehabilitate CwDs after their identification. Hence, measures to train and deploy such personnel to improve the multidisciplinary health care facilities already proposed by the MoH should be established as early as possible.

(5) The RRH should be designated as a center of excellence for providing physical rehabilitation services and should be developed to accommodate more CwDs and facilitate training of medical officers and therapists. A further study should be done to identify the gaps that exists in the facilities of this hospital and to correct the same. Paediatric rehabilitation unit need to be established at RRH.

(6) Health care challenges faced by CwDs and their families in the estate sector are very different to that of urban and rural areas in Sri Lanka. It is necessary to conduct a survey to identify the root causes of the issues faced by the CwDs and the families in the estate sector and plan a comprehensive interventional strategy taking to consideration, the geographical, ethnic, cultural, and language issues specific to the estate sector.

6.3. Household Economies and Social Welfare

(1) The Disability Rights Bill (DRB) proposed in 2006 and to be enacted to law is expected to provide the authority to NSPD to file action in Courts to safeguard the rights of PwDs and CwDs.

(2) Due to the pandemic, families of CwDs have reported a decrease in income and job opportunities. GoSL disbursed a COVID allowance for people in Sri Lanka but some of the households with CwDs who are receiving disability allowance were disqualified from receiving the COVID allowance.

(3) Families with CwDs and PwDs in the waiting list for disability allowance should receive the allowance immediately.

(4) Issues that prevent the families of CwDs from receiving the disability allowances is the lack of updated national data and the limited awareness of the families on their entitlements and rights.

(5) CwDs and PwDs have difficulty in using public transportation due to the lack of necessary accessibility facilities for them. The bus stands and railway stations lack accessibility for CwDs and PwDs.

(6) A special transportation system must be arranged for CwDs to attend schools or centers.

(7) During the pandemic, VT centers were not functional and some of these centers took the initiative to distribute dry rations to the students.

(8) CwDs and PwDs have limited opportunity for vocational training and skills development. The available facilities also are not up to acceptable standard and are unable to meet current labour market requirements for productive employment.

(9) Although PwDs are trained in VT centers, they have fewer job opportunities because employers are reluctant to hire them because of their disability. Due to a lack of employment prospects, the majority of PwDs engage in self-employment which needs special support and facilitation.

(10) Generally, CwDs and their families are marginalized, and they were not thought of during the pandemic.

(11) There are no mutual help / support groups for families of CwDs. The pandemic made it worse for the families of CwDs and isolated them further from mainstream society. Disaster preparedness and a support system during emergencies should be deployed at field levels.

(12) Limited opportunity for receiving for rehabilitation services due a variety of factors such as the lack of referral follow-up services and the non-availability of rehabilitation services in the community level.

(13) There is an unfulfilled need for assistive devices for CwDs and PwDs. 52 families out of 106 reported that they need assistive devices immediately. The SSOs sometimes do not have information about the exact need of devices for each and every CwDs in their area, or they are unable to provide the CwDs with the type of assistive devices due to limited budget allocation.

(14) The service providers have identified the need to enhance their services for CwDs by expanding Child Guidance Centers and reactivating CBR programs. They are also in need of providing transport facilities, new tools, and equipment for the field officers for improving services for CwDs.

(15) The circumstances are much more distressing in the estate sector. Without adequate identification of the number of families with CwDs and PwDs in the estate sector, majority of them are denied of provisions, handouts, allowances, and other benefits.

7. Key Suggestions

7.1. Cross cutting suggestions

Accessibility, Travelling and Transportation

- Make transport services available for CwDs through coordination between and Ministries of Health, Education, and Social Services to facilitate visiting multidisciplinary care centers and educational centers and hospitals, rehabilitation physiotherapy and speech therapy services and special clinics on a regular basis.
- Maintain the same during curfew hours and at times of restriction of movements following a disaster of this nature.
- Revise existing mechanisms / procedures to increase access to public places for CwDs and PwDs. Implement an action plan to create an inclusive environment conducive for PwDs and CwDs to public places and use public transportation system.
- Establish focal points and help desks in public places in order to provide services to PwDs and CwDs to minimize the inconveniences they encounter.

Accessibility to the public places is a fundamental human right and need to be fulfilled at any cost. And the measures to ensure the accessibility are needed not only for CwDs and PwDs, but elders as well.

Ref: Chapter 5.1 (1) and (2), 5.2 (1), (2) and (4), 5.3 (2) (3) and (4).

Special education pre-school teacher training

- There is a requirement by health services that preschool education for CwDs be further developed with the introduction of teacher training in new techniques, exposing them to such centers in other countries and facilitating volunteers from countries having such experience to visit other schools. This will help improve health outcomes of CwDs in such centers.

Ref: Chapter 5.2 (4) and 5.3 (6)

Rights

- The proposed Disability Rights Bill, drafted in 2006 should made into law immediately. This should be done following the necessary consultation with the relevant stakeholders to ensure the rights of the PwDs and CwDs are protected, allowing the transition to a rights-based approach which aligns well with the UNCRPD.

Ref: Chapter 5.3 (1)

Disaster Management

- Train all stakeholders to protect PwDs and CwDs at times disasters and emergencies. Implementation mechanisms should be included in the Sri Lanka National Disaster Management Program for CwDs and PwDs. Guardians and caregivers of CwD's should be trained to face and protect their children in such situations.

Ref: Chapter 5.1 (2) and (3), 5.2 (2) , (3) and (4), 5.3 (2).

National Data

- Update database of PwDs / CwDs when the national census for 2022 is implemented.
- Conduct a census to collect detailed information on CwDs and PwDs in the estate sector.

Ref: Chapter 5.3 (2), (5) and (7).

7.2. General suggestions

7.2.1. Education and Learning

- NFSE of the MoE, Provincial Departments of Education (PDE) should take census of the students with disabilities who do not go to school and take necessary steps to enroll them in schools and to take appropriate action in consultation with the authorities to provide travel facilities if required. Appoint itinerant teachers to provide home-based learning to severely disabled students. (Ref. Chapter 5.1 (1))
- NFSE and PDE should expedite admission procedures of CwDs into SEUs and mainstream schools and SEUs. (Ref. Chapter 5.1 (2))
- Steps should be taken to expedite the provision of facilities such as internet, signal, and devices for students with disabilities who are unable to pursue distance education from home. Action should be taken to provide facilities form of concessions. (Ref. Chapter 5.1 (3)(4))
- The MoE, PDE, and the NIE should take the lead in expediting the production of attractive radio and television programs suitable for CwDs. (Ref. Chapter 5.1 (3)(4))
- Train and deploy more special educational needs resource teachers by the MoE and PDE to all schools including the estate sector. (Ref. Chapter 5.1 (6)(7))
- Training of teachers on the use of technology, adoption of disabled-friendly distance education methods, preparation of attractive learning materials, preparation of YouTube educational programs, and launch of personalized education programs should be initiated by the NIE, MoE, and PDE. (Ref. Chapter 5.1 (6)(7))
- Services and equipment related to information, communication, and assistive technology suitable for CwDs should be provided by the MoE, PDE, ZEO, and other external institutions. (Ref. Chapter 5.1 (6)(7))
- Develop special IPC protocols and guidelines to suit to different types of disabilities and communicate using different media such as pictures, graphs, cartoons, and exhibit clearly in schools and public places. (Ref. Chapter 5.1 (2) and 3.2 (3))
- The initiation of awareness programs for teachers in all mainstream primary classes, special units, and special schools should be expedited. The main purpose of these programs should be to protect the mental health of CwDs, to train them to follow proper health care practices, to support these children when providing distance education, and to eliminate the myths about these children. These programs should be launched by the NFSE, and the Department of Primary Education of the MoE. (Ref. Chapter 5.1 (2) , (3) and 3.2 (3))
- Parents' awareness programs should start to be empowered to support their children with disabilities in learning at home and to eliminate myths towards disability. For these purposes,

short courses, training sessions on sign language, training sessions on the use of braille should be arranged in a very attractive and simple manner. Responsibilities in this regard should be taken by the NIE, Universities, and the MoE. (Ref. Chapter 5.1 (4) , (5) and (6))

- At the community level, parents of CwDs and mainstream children should be allowed to form parent support groups and help each other. (Ref. Chapter 5.1 (4) , (5) and (6))
- Counseling and guidance programs should be started soon for CwDs and their parents who are depressed due to COVID disaster. (Ref. Chapter 5.1 (1), 5.3 (5))
- The NFSE should develop a learning management system for CwDs that include specialized learning materials. (Ref. Chapter 5.1 (3) ,(4) and (5))
- Schools should communicate well to the parents about the IPC measures implemented at schools. (Ref. Chapter 5.1 (2) and 3.2 (3))
- CwDs should be trained to follow safety measures such as wearing face masks, hand washing, etc. (Ref. Chapter 5.1 (2) and 3.2 (3))

7.2.2. Health Care, Medical Services, and Infection Prevention and Control

- Facilitate inter-provincial travelling during travel restrictions by making the families of CwDs adequately aware that mechanisms are available to obtain permission for such travel through district secretary office for CwDs (medical and health care needs). (Ref. Chapter 5.2 (1) and (2))
- Take appropriate measures to keep pharmacies, distribution services for medicinal drugs and assistive devices open during times of disasters such as the current pandemic and at times of travel restrictions. Seek assistance of NGOs and CBOs to facilitate such services in the rural and estate sectors. (Ref. Chapter 5.2 (1) and (2))
- In order to fill the information gap about COVID infection and its prevention, it is recommended that the MoH develops a special health education program aimed at CwDs and their families with particular emphasis on preventive measures such as distancing and hand washing and to be implemented in partnership with private sector, CBOs and other public organizations. (Ref. Chapter 5.2 (3) and (4))
- Through the MoH, conduct an integrated field level programs with SSOs from the DoSS, officials of MoE, NSPD, other government departments, and NGOs / CBOs to resolve issues faced by CwDs and their families early with CwD as the focus. (Ref. Chapter 5.2 (4))
- Establish a Paediatric rehabilitation unit at the RRH (Ref. Chapter 5.2 (5))
- Improve accessibility in hospitals for CwDs and PwDs (Ref. Chapter 5.3 (3))

7.2.3. Household Economies and Social Welfare

<u>Assistive Devices</u>

- Allocate funds or introduce flexible loan schemes for CwDs to buy assistive devices such as video magnifiers, digital voice recorders, braille writers and displays, screen readers, etc., to be used by CwDs for their studies. (Ref. Chapter 5.3 (7))

Livelihood and Equal Opportunities

- Implement income generation programs, grants, and scholarships for CwDs from low income families. (Ref. Chapter 5.3 (2))
- Expand internet facilities to cover rural and estate sectors for CwDs to facilitate their learning and education during the pandemic. (Ref. Chapter 5.1 (4))

Awareness on Entitlements

- Sensitize officers of local government bodies (e.g., social service officers) as well as CwDs and their families about their entitlements and rights. (Ref. Chapter 5.3 (1), (3) and (7))

Support Network

- Implement a buddy system (mainstream individual connected to a family of CwDs) to strengthen mutual support during an emergency or a crisis. (Ref. Chapter 5.3(5) and (6))
- Create a support network with the SSOs and the families of CwDs in the estate sector to obtain necessary services. (Ref. Chapter 5.3 (5) and (6))
- Empower Swa Shakthi organizations of PwDs at divisional levels. (Ref. Chapter 5.3 (2), (5) and (6))

Country-wide expansion of CGCs

- DoSS is committed to establish at least one CGC per district in Sri Lanka. Since the pioneering CGC at Maharagama has been very successful, the experience of the "Maharagama model" can be replicated easily in other parts in the country. (Ref. Chapter 5.3 (6))

Identification system for CwDs

- One of the strategies to promote disability-inclusion in social welfare programs that a growing number of countries are considering is the creation of a disability identification (DID) card.[82] The card could be used in a variety of settings, from hospitals, schools, to public places, and should enable the holder of the card to either receive deep discounts for purchases / services (e.g. assistive devices, medicine, medical services, etc.,) or given preferential "treatment" in public places such as schools and hospitals. Different types of colors could be used on the cards to indicate the severity of the disability. (Ref. Chapter 5.3 (3))

Re-activate Community-based rehabilitation (CBR) programs

- DoSS is implementing CBR program as one of the main programs for improving delivery of services to CwDs and PwDs. During the interviews with the representatives of DoSS and NSPD, they emphasized a need of re-activate the CBR program through human resource development and awareness creation activities. (Ref. Chapter 5.3 (6))

[82] https://bit.ly/2ZHYs6b

7.3. Policy suggestions

7.3.1. Education and Learning

- Community-Based Rehabilitation (CBR) programs undertaken by the DoSS should be further strengthened to pay special attention to the CwDs in the estate sector. (Ref. Chapter 5.1 (1) and 5.3 (6))
- The State should provide tax relief for assistive devices for children with special educational needs. (Ref. Chapter 5.3 (7)) .
- Strictly enforce the Gazette notification No. 1467/15 issued by the DoSS when designing buildings to ensure accessibility of CwDs in schools and ensure that physical infrastructure designs of existing schools are modified to enhance opportunities for learners with disabilities. (Ref. Chapter 5.1 (1) and 5.3 (3)) .
- In collaboration with international and national organizations, a mechanism should be established to recruit volunteer teachers to work with special education teachers and to share experience. (Ref. Chapter 5.1(7)) .
- Continued professional development to be made mandatory for all teachers, with incentives of career progression attached to the completion of special education pedagogical modules. (Ref. Chapter 5.1(7)) .
- Provide financial grants to support the implementation of IPC protocols at schools / SEUs. (Ref. Chapter 5.1 (2) and 3.2 (3))
- The State should take necessary actions to develop partnerships with local or foreign companies to manufacture assistive technology products for CwDs. (Ref. Chapter 5.3(7)) .

7.3.2. Health Care and Medical Services, and Infection Prevention and Control

- Take a policy decision at government level to consider issues of special needs children and other identified vulnerable categories of the population at the highest level, in planning mitigatory interventions during disasters such as in the COVID pandemic in future. As a policy, allow flexibility at Provincial council or at other regional administrative level to develop creative and relevant solutions suitable to their regions in addressing such emergency needs of such vulnerable categories. (Ref: Chapter 5.1 (2) and (3), 5.2 (2) , (3) and (4), 5.3 (2))
- Take a policy decision at the level of the MoH to develop a specialized health education program for CwDs and families. Child Development and Special Needs Unit of FHB could obtain data on methods used in other countries for health education of special needs children on COVID prevention, managing of COVID infected CwDs, and in developing such a program. (Ref: Chapter 5.2 (4) and (5))
- Review at policy level by the MoH, the gaps already identified in providing services to CwDs through the Medical Officer of Health system, poor identification of CwDs through screening

during home visits by midwifes, lack of referral mechanism for identified CwDs, development of multidisciplinary treatment centers, handling of social issues associated with follow up and expedite and expand the programs currently proposed to address the above mentioned issues. (Ref: Chapter 5.2 (4) and (5))

- Take a policy decision at the level of MoH to develop a separate interventional package to address the issues related to children with special needs in the estate sector. (Ref: Chapter 5.2 (6))

7.3.3. Household Economies and Social Welfare

Vocational Training (VT)

- Increase, modify, and assess VT courses to ensure employability and earning opportunities. Ongoing curriculum revision should be supported and facilitated.
- Improve the quality of VT centers by GoSL and introduce new VT streams based on the preference of PwDs and the market trends / demands for employment. Consider making the existing VT centers inclusive for PwDs, which may be cost effective and increase accessibility rather than establishing new VT centers for PwDs.
- Make VT an integral part of the income generation activity for PwDs.
- Introduce career guidance systems for PwDs (to be done through the SSOs).

Ref: Chapter 5.3 (4)

Equal Opportunities

- Review existing social welfare programs and services to assess their extent of implementation and modify them to increase their coverage, effectiveness, and efficiency for CwDs.
- NSPD to adopt a strategy and action plan taking into account, disability prevalence, service needs, social and economic status, efficacy and inadequacies in current benefits, and environmental and social impediments.
- Ensure that the plan is based on long and short-term goals relating to activities and schedules for implementation, appointing local authorities, and preparing and allocating appropriate resources.

Ref: Chapter 5.3 (2)

Accessibility and Transport

- NSPD, Ministry of Urban Development and Housing, and Ministry of Transport and Civil Aviation need to work together to conduct a need assessment on accessibility gaps within the public places and in public transportation. Eg. although costly, elevators at railway stations to access platforms should be installed soon. Building regulations and codes should include accessibility to CwDs and PwDs and strictly enforced in the building approval process.
- Develop and implement accessible public infrastructure and implement policies to provide discounts, loans, and subsidies for equipment, facilities, etc.

Ref: Chapter 5.1 (1) and (2), 5.2 (1), (2) and (4), 5.3 (2) (3) and (4).

Rehabilitation Services

- Encourage public-private partnerships, particularly with NGOs, and deploy resources at household levels for the rehabilitation of PwDs and CwDs.

7.4. Recommendations to JICA

The Japanese Ministry of Foreign Affairs' Country Assistance Plan to Sri Lanka (January 2018) has as its basic policy to promote quality growth with due consideration of inclusiveness and has identified (1) promotion of quality growth, (2) development assistance with due regard to inclusiveness, and (3) reduction of vulnerability, as priority areas. In the area of (3) reduction of vulnerability, programs for social services (health care, ageing, education, welfare, and social stability) are implemented and planned, which include the following area of cooperation.

JICA's cooperation areas under the objective of "reduction of vulnerability" are as follows:

Health sector

- Support for medical facilities, equipment and personnel training to improve services for the early detection, diagnosis and treatment of NCDs
- Support for the prevention of the spread of COVID
- Measures for the ageing of the population (support for the introduction of medical and nursing care services)

Education and welfare sector

- Support for the education of children with disabilities and support for employment of persons with disabilities to promote their participation in society

Measures to promote social stability

- Support for the fight against illegal drugs and for the empowerment of women

The following recommendations are proposed for consideration of JICA for future activities and projects considering the above-mentioned prioritized program areas.

7.4.1. Education and Learning

(A) Support education and learning of CwDs during COVID – urgent assistance (Ref. Chapter 5.1 (4) , (5) (6) and (7))

There is an urgent need to support the learning of CwDs during COVID. JICA can assist in this by sharing examples and experiences from Japan and third countries with Sri Lankan stakeholders. It would also be effective to include the following activities, for example, to the ongoing technical assistance of "The Project for Strengthening Education for Children with Special Needs through Inclusive Education Approach in Sri Lanka"

(a) Facilitate to develop parents' guides on how to support (online) learning at home during school closure.

JICA can share initiatives and guides for parents in Japan and third countries to understand the changes that may occur when children with learning difficulties, intellectual disabilities, and autism are at home during COVID; and guide them to effectively support their learning at home. Short courses developed by the Department of Special Needs Education, Open University of Sri Lanka can be useful resources in this regard. It is also important to include measures for parents and communities to effectively support the home learning of CwDs in mainstream classes.

(b) Share success stories and useful lessons on how to implement the education with infection control and prevention

Special schools, SEUs, and inclusive classrooms all over the world are facing this problem during COVID, and it is useful to share knowledge and experiences for an effective solution. JICA can introduce not only the examples of Japan but also those in other Asian countries with similar environments to Sri Lanka, through webinars, social media, newsletters, etc. These inputs can be promptly shared among the education offices, teachers, and parents since they are now connected by WhatsApp groups. Infection prevention measures not only in the classrooms but also before and after school, playground, dormitories, and school events and recreation would be useful.

(c) Assist to develop an e-library that includes learning materials for teachers who teach children with CwDs

JICA can facilitate the development of an e-library of learning material and add knowledge and experience of Japanese and third countries to it so that children are motivated and interested in learning during COVID or at home during school closure and support the teachers to produce teaching materials more efficiently. In particular, there is a need for assisting teachers in creating interactive teaching materials and making simple assessments by using WhatsApp and zoom, which are widely used in Sri Lanka.

The above-mentioned assistance is useful not only during COVID but also post-COVID to support teachers and education offices and to facilitate the learning of CwDs. Many CwDs are unable to attend school for various reasons and this can be used to help their learning at home.

(B) Technical cooperation for improving teaching and learning in SEUs, special schools, and inclusive classrooms (medium term cooperation) (Ref. Chapter 5.1 (1), (4) , (5) (6) and (7))

Teachers for CwDs and education offices are seeking technical assistance and tools for improving the teaching and learning of CwDs. They believe that there must be more effective and updated methods of teaching than the traditional ones, and they look for new tools and equipment for this purpose. JICA can consider the following cooperation, by dispatching JICA experts and volunteers or utilizing the scheme of the JICA Partnership Program with Japanese NGOs, professional associations, and the private sector.

(a) Dispatch JICA experts and volunteers for providing technical assistance to share updated knowledge, skills, and learning experiences with teachers in inclusive classrooms, SEUs, special schools, resources centers, and NIE.

JICA volunteers and NGO partnership programs for promoting sports and recreation activities for CwDs would also be recommended. To find out the feasibility of the cooperation, including a need assessment and matching the need with the resources available in Japan, JICA can obtain the opinion of the experts in the field of special education in Sri Lanka, listen to the opinion of the families of CwDs, and opinion of the JICA experts working for the above-mentioned on-going technical cooperation project, who have conducted series of visits to the SEUs and special schools in Sri Lanka recently.

At the time of technical assistance, JICA can consider providing necessary tools and equipment such as audio and video editing software, video cameras, computers to develop video-recorded lessons, teaching materials for online learning to the NFSE of MoE, officers-in-charge of Special Education in Provincial and Zonal education offices, and to the Resource Centers and the NIE.

(C) Infrastructure development for the better learning environment in SEUs, special schools, and inclusive classrooms (medium term to long term cooperation) (Ref. Chapter 5.1 (1), (4) , (5) (6) and (7))

JICA can consider supporting infrastructure development along with the technical cooperation, grant aid/ ODA loan project, or by the SDGs Business Verification Survey scheme to examine whether Japan's experience, advanced equipment, and technology can be introduced for the purpose of improving learning environment of CwDs.

(a) Assist MoE and education offices to identify the needs of infrastructure and techniques required to transform special units/schools into attractive units/schools equipped with equipment that can be used for modern learning, sports, and recreation. Assist them to introduce and effectively utilize types of equipment and tools.
(b) Support to establish model inclusive classrooms for creation of resource rooms equipped with sensory regulation tools, movement, and deep pressure tools, ball chairs, classrooms with the sound-field system, and assistive technology equipment such as Optical character recognition, Paper-based computer pen, read-aloud text on a computer screen, Variable-speed tape recorders, computer built-in AT tools, DAISY (Digital Accessible Information System), Talkitt voice software, Augmentative alternative communication devices, braille typewriters, refreshable braille displays, Finger reader devices, and Adjustable tables and chairs.

7.4.2. Health Care and Medical Services, and Infection Prevention and Control

(A) Extend assistance to YEDD and FHB to conduct health education programs for COVID prevention among CwDs – Urgent (Ref. Chapter 5.1 (2) and 5.2 (3))

According to the family survey, 48% indicated that CwDs had difficulty in practicing IPC protocols. Some SEU teachers mentioned in our interviews that they have difficulty to train CwDs in wearing masks and keep social distance. There is a trend in the families of CwDs to keep them isolated from society rather than train them practicing the IPC, particularly in the estate sector. This is a risk factor to progress the isolation of CwDs in society. However, organized health education campaign to train CwDs and their families in practicing IPC protocols has not taken place during the time of the pandemic.

JICA is recommended to assist the YEDD Directorate and FHB of the MoH to carry out such a special health education program for the CwDs and their families island wide through the provincial preventive health system. This program can be a further improvement of the health education program developed by the MoE with the assistance of UNICEF but modified to suit the CwDs or inclusive of CwDs based on the campaigns conducted by other countries. Messages should be unique to each disabled category. E.g. Those with visual disability and hearing problems need to have different messages and approaches.

JICA's can cooperate with FHB to organize health education programs for field health workers such as PHIs and MWs, as well as SSOs. JICA can share special health education programs for IPC protocol of CwDs and their families conducted in Japan and other countries promoted by schools and disability-related association. MoE officials can join the program to disseminate the knowledge gained in the programs among the teachers and guardians of CwDs.

(B) Facilitate FHB's program of establishing Child Development Centers by supporting partner organizations in providing therapists (Ref. Chapter 5.2 (4))

One of the key findings of the Survey is that, at present, there is no functioning program to identify CwDs In the early years of life or in infancy in the field and to refer them to appropriate institute for rehabilitation, consultation, and medication. There is a high risk that the necessary intervention to the CwDs will not be made in a timely manner before it is too late for corrections. Though the identification of CwDs in the field is a duty of the public health midwife, it is not happening because firstly they are not empowered to do so, and secondly even if they detect them there are no services or places to refer the CwDs.

Therefore, the Special Needs Children's Unit of FHB has started to develop centers with multidisciplinary professionals, named Child Development Centers, in each district, and to establish referral pathways from primary health care level to these centers and establishment of centers of excellence to cater to specific categories of CwDs. However, for these centers to function effectively, medical consultants, medical officers, trained and skilled therapists, those skilled in physiotherapy, speech and language therapy, occupational therapy, child psychiatrists and psychologists trained in handling learning and behavioural disorders are needed. There is a need to develop a set of trained care givers who will look after the CwD at home when parents are absent.

Though medical consultants and medical officers are available through the government health service, they are not in a position to recruit all these therapists in view of limitations in government budget allocation. On the other hand, there are trained therapists currently available who have studied privately and through universities awaiting jobs.

The FHB is expecting to implement the program with a partnership with NGOs and CBOs which can dispatch these trained therapists to the Centers to overcome the shortage.

JICA's cooperation, as a pilot model, would be sought to provide assistance through their grassroot technical cooperation and JICA partnership program to assist these CBOs by providing necessary resources and technical support, especially for the trained therapists to work in the Child Development Centers. Organizations such as PREDO, MENCAFEP (Nuwara Eliya), MARDAP (Manner), Menhandy and Surangani Volunteer Services (SVS) can be potential organizations to work with for this purpose.

(C) Implement a human resource development program to train medical officers and care givers for the child development centers and associated programs (Ref. Chapter 5.2 (4))

In the above-mentioned program of FHB, training of medical officers recruited to work in these centers, providing exposure for them in centers of excellence locally and abroad, training of care givers to facilitate parents to bring CwDs for multidisciplinary centers will also be necessary. JICA's cooperation for training of trainers and group training programs in Japan for the medical officers and care givers would be important to make this program fruitful.

(D) Commission a study on the state and future of CwDs in the estate sector (Ref. Chapter 5.2 (6))

It wase found in the family survey that the education and health care challenges faced by CwDs and their families in the estate sector are different to that in the urban and rural areas in Sri Lanka. This was also confirmed in the online stakeholder consultation workshops. The reasons for this difference have been attributed to the aspects as given below:

- The estate workers are decedents from Indian migrant workers brought during the British rule. Hence their language and culture are different to the rest of the population.
- For a long time, they had not an opportunity to mix with the rest of the population and had not included in the government administration services but managed by plantation companies who are the owners of the tea estates.
- The health service also functioned separately under the plantation companies, and it was only recently that the preventive health services were taken over by the MoH.
- The communities are separated from each other by long distances as each estate has separate housing for their own workers.

- Estate workers are mainly females and when they go to work the small children are kept in the childcare centers (crèches) and looked after by childcare attendants and many of them are not well trained from a health and education perspective.
- In the past, residents of the estates were estate workers, but in recent years, there are residents who work in neighboring villages or migrate abroad since they do not prefer hard work in the estate. They may be in large households, including extended families, in order to continue to live in estate-provided housing[83]. These recent changes have increased the complexity of the socio-economic status of the estate community.

We therefore wish to recommend JICA to conduct an additional survey in this regard to re-confirm the findings and deepen the analysis made by this Survey prior to plan strategies and program for intervention.

(E) Enhance physical rehabilitation services at institutions and a referral and referral reporting system for CwDs (Ref. Chapter 5.2 (5))

Lack of facilities and trained personnel to manage CwDs after identification was recognized as one of the key findings of the study. The Rheumatology and Rehabilitation Hospital (RRH) at Ragama has been described as the premier hospital in Sri Lanka and as a center of excellence to provide physical rehabilitation services. The services available and the improvements needed for the hospital are mentioned in detail under the KIIs section and we interviewed the officials of the hospital, too. This hospital could be developed as a center of excellence to provide treatment and rehabilitation for a larger population of CwDs spread all over the island if equipped with modern communication facilities and other necessary improvements. This will also help to facilitate training of more medical officers and therapists in physical rehabilitation services which is an urgent need.

Therefore, we would recommend JICA to take into account the needs of improvement of physical rehabilitation services at institutions and a referral and referral reporting system for CwDs and PwDs when it plans and implement cooperation for physical rehabilitation for the elders, which is one of the prioritized areas in their country assistance strategy of Sri Lanka.

It is also important for JICA to consider supporting the development of the RRH at Ragama, so that it can play the role as a center of excellence, by using JICA's experience in developing facilities and equipment in numbers of hospitals in Sri Lanka.

We also recommend JICA to conduct a further study to identify the service needs in rehabilitation of CwDs and gaps that exists in the facilities to provide such services at the planning of the above-mentioned assistances.

[83] In order to continue living in estate-provided housing, at least one member of the family must be working for the estate.

7.4.3. Household Economies and Social Welfare

(A) Disability inclusive skill training and vocational education (Ref. Chapter 5.3 (4))

JICA is recommended to work with the DoSS and other stakeholders in the "Project for Promoting Employment Support of Persons with Disabilities in Sri Lanka" with due attention to the policy suggestions of this survey as well as the following:

(a) Guidance for parents of CwDs

There is a strong need for parents of CwDs to be personally guided and encouraged about the opportunity for their CwDs to be economically active in future. It is because parents of CwDs seem to have lower expectations in sending their CwDs to vocational training (48%) than their enthusiasm for sending them to schools/centers (74%, before COVID), for a number of possible reasons: they have not yet thought about it, they do not have information about what courses are available in vocational training, or they have given up on it because of their disability.

There is a lack of role models and a lack of opportunities for parents of CwDs to exchange information with each other. As transport is an issue when CwDs attending schools, it may be difficult for parents to think about sending their children to the vocational training institutes (VTIs) located far away.

(b) Vocational education and skill training during school education

Teachers of SEUs, special schools and education offices confirmed the importance of introducing vocational skill training at schools for older children. Some schools and centers are conducting such program successfully with collaboration of private sector and VTIs.[84]

(c) Disability inclusive vocational training

Explore the possibility of adopting inclusive approaches in vocational training, as it has done in promoting school education. There are a limited number of VTIs for PwDs, but Sri Lanka has an extensive network of mainstream VTIs. It will be an important cooperation to establish a disability inclusive model VTI or a model course with cooperation with DDS, TVEC and VTA.

(d) Recruitment and workplace support

Assist employees at work trials, recruitment, pre and post hiring of PwDs. The Employers' Federation of Ceylon would be an important partner for this purpose. Opportunity for Job-coaching

[84] The Ceylon School for the Deaf and Blind, Ratmalana is sending their students to VTIs regularly, and collaboration with Pizza Hut in their bakery training. However, it was suspended due to COVID. Programs conducted at the Prithipura Communities and The Little Tree Special Needs Children's Center are also useful examples.

and on-the-job training for CwDs in informal sector and close vicinity at their residence also can be promoted.

(e) TOT for marketable workforce in aspirational jobs

Assist conducting training of trainers for bringing up marketable CwPs in well recognized job categories in Sri Lanka, such as banking and financial services, information technology, hospitality, retail and others. Programs of V-shesh in India would be a useful reference.[85]

It is also important and encouraging to dispatch skilled and/or professional PwDs in Japan as JICA experts for this purpose.

(B) Inclusive disaster/ emergency risk reduction Ref: Chapter 5.1 (2) and (3), 5.2 (2) , (3) and (4), 5.3 (2).

As mentioned in the "Cross cutting recommendations" to the GoSL, we believe that there should be a mechanism to protect PwDs and CwDs at times disasters and emergencies, including pandemics. Disaster management is one of the important sectors for JICA's cooperation in Sri Lanka. JICA has supported establishing regional plans for disaster management, conducted seminars/ workshops for stakeholders with collaboration of the Disaster Management Center in Sri Lanka.

For the urgent need of protecting CwDs and PwDs during COVID, JICA can introduce Japanese experiences and measures for the same by the government administration and communities in Japan, by webinars and training programs.

For mid- and long-term cooperation, it is important to include protection and support of CwDs and PwDs into the disaster management plans and training, when JICA implements cooperation programs on disaster management for DMC, DSS and others in future.

(C) Assistance for DoSS for the nationwide expansion of CGC (Ref. Chapter 5.3 (6))

The DoSS and NSPD are aware of the important role played by the CGC in Navinna in the development of CwDs, and plan to establish CGC in several other location of the country. CGC is the organization developed with a support of JICA. Supporting the expansion of the CGCs is a good way to ensure continuity and further effect of the cooperation. JICA is recommended to support the expansion by human resource development through training in Japan, other countries, and Sri Lanka, dispatching experts and volunteer to work with the staff of CGC for technical transfer, and introducing improved tools and equipment.

(D) Re-activation of the community-based rehabilitation (CBR) program (Ref. Chapter 5.3 (6))

[85] https://v-shesh.com/

The survey re-conformed the needs of CBR especially in rural and estate area, where rehabilitation hospitals are not available in vicinity. JICA had successfully assisted development of a CBR program in the country since 1984 and later dispatched a group of JICA volunteers for intensive CBR program to Anuradhapura[86]. DoSS is implementing CBR program as one of the main programs for improving delivery of services to CwDs and PwDs. During the interviews with the representatives of DoSS and NSPD, they emphasized a need of re-activate the CBR program through human resource development and awareness creation activities.

It may be needed because the effect of the technology transfer facilitated by the JICA volunteer program is now weakened due to the generational change of trained personnel since the last JICA intervention.

JICA can support DoSS by conducting fact-finding survey about the current status of the CBR in the country, identifying issues, discussing and formulating measures for re-activation, and considering the dispatch of technical experts and volunteers for developing necessary human resources for the program.

(E) Cooperation for protecting right and enhancing recognition of CwDs and PwDs (e.g., ID card system for PwDs & CwDs) (Ref. Chapter 5.3 (3))

Families of CwDs expressed their wish for the introduction of an ID card for CwDs, which would enable CwDs to access public services and benefits according to their special needs. For example, children with autism, whose difficulties are not distinguishable from their appearance, often have difficulty in getting the necessary assistance in public places and the parents must explain about their CwDs repeatedly to obtain necessary services.

The DoSS has already introduced a system to identify people with disabilities by a special note on their ID cards. JICA can utilize its experience with the Japanese disability certificate system to support the effective operation of this system in Sri Lanka. For example, adding services by certifying and grading people with disabilities, renewing certification, introducing a variety of services, discounts, and prioritization, extending certification to children, and fostering public awareness about the services and the system.

(F) Partnership with NGOs, CBOs, DPOs and the private sector in Sri Lanka (Chapter 5/2 (3)

NGOs, CBOs, and DPOs (Disability Persons' Organization) are playing important role for assisting CwDs and their families. Importance of the partnership with these organizations and the private sector

[86] https://www.hrpub.org/download/20150301/IJRH1-19203049.pdf, https://www.jstage.jst.go.jp/article/cjpt/2008/0/2008_0_E3P2198/_article/-char/ja/, https://www.normanet.ne.jp/~jannet/houkoku/2011/katou.pdf

was emphasized by the government institutions in the online stakeholder consultation workshops. JICA is recommended to involve these organizations and those in private sector when implementing cooperation program in Sri Lanka. It is also important for JICA to support their capacity building.

(G) JICA volunteers for early identification for CwDs (Ref: Chapter 5.2 (4) and 5.3 (6))

The importance of early identification of CwDs and referral to hospitals and rehabilitation centers was emphasized in the KIIs and the workshops. On the other hand, it was pointed out that in the estate sector, MOH services are less accessible and that pre-school teachers and crèche attendants are the important resources in early identification and referrals.

Since JICA has a wealth of experience in dispatching volunteers specialized in pre-school education and social work, it is recommended to consider dispatching such volunteers to work with staff of divisional secretariat, NGOs and CBOs working in pre-school education or PHDT (Plantation Human Development Trust), so that they can give training to and awareness creation among the pre-school teachers and crèche attendants for implementing early identification and referrals of CwDs especially in estate sector.

8. Roadmaps of the Proposed Suggestions and Recommendations[87]

Tables 116 to 120 show tentative timelines for implementing the suggestions and recommendations proposed by the Survey team.

The duration of implementation is either short term (less than or equal to 1 year), medium term (greater than 1 year but less than or equal to 3 years), or long term (greater than 3 years but less than or equal to 5 years). The estimated duration is based on the key informant interviews and the online stakeholder consultation workshops.

The timeline assumes a stable policy environment, no resource constraints, no major calamities such as the COVID pandemic, and no dependencies between the suggestions and recommendations (that is, all the suggestions and the recommendations can be implemented from year 1).

[87] In the roadmaps, DoSS and NSPD are expected to work closely with each other in implementing the suggestions and recommendations. Hence, we have used NSPD / DoSS to indicate that either DoSS or NSPD or both these institutions will lead the implementation of the suggestions

Table 116 roadmap of proposed suggestions for cross cutting issues

Serial #	Proposed cross cutting suggestions	Lead implementing agency / agencies	Y1	Y2	Y3	Y4	Y5
1	Make transport services available for CwDs and PwDs.	DoSS / NSPD					
2	Preschool education for CwDs be further developed.	MoH, MoE					
3	The proposed Disability Rights Bill, drafted in 2006 should made into law immediately.	DoSS / NSPD					
4	Train all stakeholders to protect PwDs and CwDs at times of disasters and emergencies.	DoSS / NSPD					
5	Update database of PwDs / CwDs when the national census for 2022 is implemented.	DoSS / NSPD, Department of Census and Statistics (DCS)					
6	Conduct a census to collect detailed information on CwDs and PwDs in the estate sector.	DoSS / NSPD, DCS					
7	Establish focal points and help desks in public institutions	DoSS / NSPD					

Short-term
Middle-term
Long-term

Table 117 roadmap of proposed suggestions: education and leaning

Serial #	Proposed suggestions	Lead implementing agency / agencies	Y1	Y2	Y3	Y4	Y5
General suggestions							
1	Conduct census of the CwDs who do not go to school and take necessary steps to enrol them in schools	MoE, PDEs					
2	Appoint itinerant teachers to provide home-based learning to severely disabled students	MoE					
3	Expedite admission procedures of CwDs into SEUs and mainstream schools and SEUs.	MoE, PDEs					
4	Expedite the provision of facilities such as internet, signal, and devices for CwDs	MoE, PDEs					
5	Expedite the production of attractive radio and television programs suitable for CwDs.	MoE, NIE, PDEs					
6	Train and deploy more special educational needs resource teachers to all schools including the estate sector.	MoE, PDEs					
7	Train teachers on the use of technology, adoption of disabled-friendly distance education methods, preparation of attractive learning materials, preparation of YouTube educational programs, and launch of individualized education programs	MoE, NIE, PDEs					
8	Provide services and equipment related to information, communication, and assistive technology suitable for CwDs.	MoE, DoSS / NSPD					
9	Develop special IPC protocols and guidelines to suit to different types of disabilities.	MoE, MoH					
10	Expedite conducting awareness programs for teachers in all mainstream primary classes, special units, and special schools.	MoE					
11	Start parents' awareness programs to empower them to support their CwDs in learning at home and to eliminate myths towards disability.	MoE, NIE, universities					
12	Support parents of CwDs and mainstream children to form parent	DoSS / NSPD					

Serial #	Proposed suggestions	Lead implementing agency / agencies	Y1	Y2	Y3	Y4	Y5
	support groups and help each other.						
13	Start counselling and guidance programs soon for CwDs and their parents who are depressed due to COVID	DoSS / NSPD, MoH					
14	Develop a learning management system for CwDs that include specialized learning materials.	MoE					
15	Schools should communicate well to the parents about the IPC measures implemented at schools.	MoE, MoH					
16	Provide training for CwDs to follow safety measures such as wearing face masks, hand washing, etc.	MoE, MoH					
Policy Suggestions							
1	Further strengthen Community-Based Rehabilitation (CBR) programs to pay special attention to the CwDs in the estate sector	DoSS / NSPD					
2	Provide tax relief for assistive devices for children with special educational needs	DoSS / NSPD, MoF					
3	Strictly enforce the Gazette notification No. 1467/15 issued by the DoSS when designing buildings to ensure accessibility of CwDs in schools	DoSS / NSPD, MoF, MoE					
4	Establish a mechanism to recruit volunteer teachers to work with special education teachers and to share experience	MoE, DoSS / NSPD					
5	Make continued professional development mandatory for all teachers, with incentives of career progression attached to the completion of special education pedagogical modules	MoE, NIE, universities					
6	Provide financial grants to support the implementation of IPC protocols at schools / SEUs	MoE, MoH					
7	Develop partnerships with local or foreign companies to manufacture assistive technology products for CwDs	MoE, NIE					

Table 118 roadmap of proposed suggestions: healthcare, medical services, and IPC

Serial #	Proposed Suggestions	Lead implementing agency / agencies	Y1	Y2	Y3	Y4	Y5
General suggestions							
1	Facilitate inter-provincial travelling during travel restrictions by making the families of CwDs adequately aware that mechanisms are available	DoSS / NSPD, MoH					
2	Measures to keep pharmacies, distribution services for medicinal drugs and assistive devices open during times of disasters such as the current pandemic and at times of travel restrictions	DoSS / NSPD, MoH					
3	Develop a special health education program aimed at CwDs and their families with particular emphasis on preventive measures	MoH					
4	Conduct an integrated field level programs with SSOs from the DoSS, officials of MoE, NSPD, other government departments, and NGOs / CBOs to resolve issues faced by CwDs and their families early with CwD as the focus	MoH, MoE, DoSS / NSPD					
5	Establish a Paediatric rehabilitation unit at the RRH	MoH					
6	Improve accessibility in hospitals	MoH, DoSS / NSPD					
Policy suggestions							
1	Consider issues of special needs children and other identified vulnerable categories of the population at the highest level, in planning mitigatory interventions during disasters such as in the COVID pandemic in future	MoH					
2	Develop a specialized health education program for CwDs and families. Child Development and Special Needs Unit of FHB	MoH					
3	Fill the gaps in providing services to CwDs through the Medical Officer of Health system, poor identification of CwDs through screening during home visits by midwifes, lack of referral mechanism for identified CwDs, development of multidisciplinary treatment centers, handling of social issues associated with follow up and expedite and expand the programs currently proposed to address the above mentioned issues	MoH					

4	Develop a separate interventional package to address the issues related to children with special needs in the estate sector	MoH			

Table 119 roadmap of proposed suggestions: household economies and social welfare

Serial #	Proposed Suggestions	Lead implementing agency / agencies	Y1	Y2	Y3	Y4	Y5
General Suggestions							
1	Allocate funds or introduce flexible loan schemes for CwDs to buy assistive devices	DoSS / NSPD, Ministry of Finance (MoF)					
2	Implement income generation programs, grants, and scholarships for CwDs from low-income families	DoSS / NSPD					
3	Expand internet facilities to cover rural and estate sectors for CwDs to facilitate their learning and education during the pandemic	DoSS / NSPD, MoE					
4	Sensitize officers of local government bodies as well as CwDs and their families about their entitlements and rights	DoSS / NSPD					
5	Implement a buddy system (mainstream individual connected to a family of CwDs) to strengthen mutual support during an emergency or a crisis	DoSS / NSPD					
6	Create a support network with the SSOs and the families of CwDs in the estate sector to obtain necessary services	DoSS / NSPD					
7	Empower Swa Shakthi organizations of PwDs at divisional levels	DoSS / NSPD					
8	Countrywide expansion of CGCs	DoSS / NSPD, MoF					
9	Cooperation for protecting right and enhancing recognition of CwDs and PwDs (e.g., ID card system for PwDs and CwDs)	DoSS / NSPD, Department of Registration of Persons					
10	Re-activate community-based rehabilitation programs	DoSS / NSPD					
Policy Suggestions							
1	Increase, modify, and assess VT courses to ensure employability and earning opportunities. Ongoing curriculum revision should be supported and facilitated	DoSS / NSPD					
2	Improve the quality of VT centers by GoSL and introduce new VT streams based on the preference of PwDs and the market trends /	DoSS / NSPD					

Serial #	Proposed Suggestions	Lead implementing agency / agencies	Y1	Y2	Y3	Y4	Y5
	demands for employment						
3	Make VT an integral part of the income generation activity for PwDs	DoSS / NSPD					
4	Introduce career guidance systems for PwDs	DoSS / NSPD					
5	Review existing programs and services to assess their extent of implementation and modify them to increase their coverage, effectiveness, and efficiency for CwDs	DoSS / NSPD					
6	Adopt a strategy and action plan taking into account, disability prevalence, service needs, social and economic status, efficacy and inadequacies in current benefits, and environmental and social impediments	NSPD					
7	Ensure that the above plan is based on long and short-term goals relating to activities and schedules for implementation, appointing local authorities, and preparing and allocating appropriate resources	NSPD					
8	Conduct a need assessment on accessibility gaps within the public places and in public transportation	NSPD / DoSS					
9	Develop and implement accessible public infrastructure and implement policies to provide discounts, loans, and subsidies for equipment, facilities, etc	DoSS / NSPD, MoF					
10	Encourage public-private partnerships, particularly with NGOs, and deploy resources at household levels for the rehabilitation of PwDs and CwDs	DoSS / NSPD					

Table 120 roadmap of proposed recommendations to JICA

Sector	Serial #	Proposed Recommendations to JICA	Y1	Y2	Y3	Y4	Y5
Education	1	Facilitate to develop parents' guides on how to support (online) learning at home during school closure					
	2	Share success stories and useful lessons on how to implement the education with infection control and prevention					
	3	Assist to develop an e-library that includes learning materials for teachers who teach children with CwDs					
	4	Dispatch JICA experts and volunteers for providing technical assistance to share updated knowledge, skills, and learning experiences with teachers in inclusive classrooms, SEUs, special schools, resources centers, and NIE					
	5	Assist MoE and education officers to identify the needs of infrastructure and techniques required to transform special units/schools into attractive units/schools equipped with equipment that can be used for modern learning, sports, and recreation. Assist them to introduce and effectively utilize types of equipment and tools.					
	6	Support to establish model inclusive classrooms for creation of resource rooms					
Health care, medical services, and IPC	1	Extend assistance to YEDD and FHB to conduct health education programs for COVID prevention among CwDs					
	2	Facilitate FHB's program of establishing Child Development Centers by supporting partner organizations in providing therapists					
	3	Implement a human resource development program to train medical officers and care givers for the child development centers and associated programs					
	4	Commission a study on the state and future of CwDs in the estate sector					
	5	Enhance physical rehabilitation services at institutions and a referral and referral reporting system for CwDs					
Household economy and social	1	Disability inclusive skill training and vocational education					
	2	Inclusive disaster/ emergency risk reduction					
	3	Assistance for DoSS for the nationwide expansion of CGC					
	4	Re-activation of the community-based rehabilitation (CBR) program					

Sector	Serial #	Proposed Recommendations to JICA	Y1	Y2	Y3	Y4	Y5
	5	Cooperation for protecting right and enhancing recognition of CwDs and PwDs (e.g., ID card system for PwDs & CwDs)					
	6	Cooperation for protecting right and enhancing recognition of CwDs and PwDs					
	7	JICA volunteer support for early identification for CwDs					

9. Content for Public relations

The Survey Team provided JICA Sri Lanka Office with articles for their social media pages as follows (See Annex 8 for the contents).

(1) July 2021: JICA started “Survey on Covid-19 Prevention of Children with Disabilities” in Sri Lanka.
(2) October 2021: Home visit survey of 106 families of children with disabilities has been completed.
(3) Early November: Online stakeholder consultation workshops (to be published)

Annex 1 Result of the Literature Review with Detail Information

Annex 2 List of the Key Informant Interviews Conducted

Annex 3 Minutes of meetings – Key Informant Interviews

Annex 4 List of the CwDs visited for the interview

Annex 5 Questionnaire for the family survey in English

Annex 6 Questionnaire for the family survey in Sinhala

Annex 7 Questionnaire for the family survey in Tamil

Annex 8 Content for Social Media

Annex 9 Research Paper - Down Syndrome and COVID: A Perfect Storm?

Annex 10 Research Paper - Immune Dysfunction and Autoimmunity as Pathological Mechanisms in Autism Spectrum Disorders

Annex 11 Research Paper - Evaluation of the effects of the COVID pandemic on children with cerebral palsy, caregivers' quality of life, and caregivers' fear of COVID with telemedicine

Annex 12 Revised duty list of the field public health midwife

Annex 13 MoH circular on vaccination of CwDs No EPID/400/n-CoV/Vaccine dated 22/9/2021

Annex 14 Sex-wise analysis of the result of the family survey

Annex 15 MoH Circular of 28 October 2021

Annex 16 Presentation materials and minutes of the discussion of the workshops

Annex 17 Guidelines issued by YEDD of MoH for the disabled community on how to deal with the pandemic