

# Unpaid Care Work of women in relation to the care of vulnerable household members in Sri Lanka

- A Policy Review



Norwegian Embassy  
Colombo



## Unpaid Care Work of women in relation to the care of vulnerable household members in Sri Lanka:

A Policy Review

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# LIST OF ABBREVIATIONS AND ACRONYMS

<b>AAIB</b> Agriculture and Agrarian Insurance Board	<b>EIP</b> Economically Inactive Population	<b>GDP</b> Gross Domestic Product	<b>NCPD</b> National Council for Persons with Disabilities	<b>PSPS</b> The Public Servants' Pension Scheme	<b>SPPS</b> Self-employed Persons Pension Scheme
<b>CBSL</b> Central Bank of Sri Lanka	<b>EPF</b> Employees' Provident Fund	<b>HRCSL</b> Human Rights Commission of Sri Lanka	<b>NSE</b> National Secretariat for Elders	<b>PWD</b> Persons With Disabilities	<b>UCW</b> Unpaid Care Work
<b>CEDAW</b> Committee on the Elimination of All Forms of Discrimination against Women	<b>ETF</b> Employees' Trust Fund	<b>ICES</b> International Centre for Ethnic Studies	<b>NSPD</b> National Secretariat for Persons with Disabilities	<b>RCCI</b> Rehabilitation Centre for the Communication Impaired	<b>UN</b> United Nations
<b>COVID-19</b> Coronavirus disease 2019	<b>FMPS</b> Farmers' Pension and Social Security Benefit Scheme	<b>ILO</b> International Labour Organization	<b>PHSRC</b> Private Health Sector Regulatory Council	<b>SDG</b> Sustainable Development Goals	<b>USAID</b> United States Agency for International Development
<b>CRPD</b> Convention on the Rights of Persons with Disabilities	<b>FSHPS</b> Fishermen's Pension and Social Security Benefit Scheme	<b>NCE</b> National Council for Elders	<b>PSPF</b> Public Servants' Provident Fund	<b>SLBFE</b> Sri Lanka Bureau of Foreign Employment	<b>W&amp;OP</b> Widows, Widowers and Orphans Pension Scheme
<b>EAP</b> Economically Active Population					<b>WMC</b> Women and Media Collective

# INTRODUCTION

**Women typically spend disproportionately more time on unpaid care work (UCW) than men as a result of gendered social norms that view unpaid care work as a woman's prerogative.**

**Women across the world spend an important part of their day on meeting the expectations of their domestic and caregiving roles in addition to their paid activities. As Diane Elson (2017) in her seminal work points out, the key reason for the lack of progress in the wage gap is because women continue to have a greater responsibility for “unpaid care and domestic work in families and communities, looking after people, providing for their daily needs, and caring for children, frail elderly people, people who are ill, or living with disabilities”.**

**Across Sri Lanka women and girls straddle the cultural and social norm of domestic and care activities being solely the woman's role. The role of women as primary caregivers in their households is not financially quantified or defined in productive economic terms in Sri Lanka. The Labour Force Survey 2020 categorizes ‘engaged in housework’ as one reason for economic inactivity which includes UCW of the majority of women. This approach ignores the reality that EAP consisting of a majority of men are able to engage in active employment because the women in their households act as caregivers for the young, the elderly, and PWD. Women in the EAP have often the added responsibilities of UCW within the household and of their community roles. The COVID-19 pandemic has increased the productive burdens of women together with their reproductive and community responsibilities.**

**There are no state policies which acknowledge and recognize that families who care for elderly and disabled family members require support. Neither does the state provide any assistance for such families. This disregard of families has left caring of elderly and PWD family members very much in the private sphere, and by extension the responsibility of women in the family.**

The general perception of the concept of ‘care’ is not necessarily being associated with ‘work’; therefore no economic value is attached to such work. In economics, ‘work’ has pecuniary connotations as it is defined as activity that brings in monetary income. Accordingly, women who are included in the labour force often have the triple burden of responsibilities in their productive, reproductive, and community roles

Unpaid Care Work (UCW), which is an essential element of society, includes daily household chores as well as caring for minors, elderly, and disabled family members. Traditionally these tasks are performed by women. However, those who perform UCW are not counted in the labour force in many countries, despite their critical contribution to the economy. The Sri Lanka Labour Force Survey of 2020, estimates that out of the Economically Active Population (EAP) of 8.5 million persons, women account only for approximately 2.8 million (34%).<sup>1</sup> At the same time, out of 8.3 million of the Economically Inactive Population (EIP) approximately 6 million (73.5%) were women.<sup>2</sup> Out of those categorized as EIP (both women and men) 45.3% are found to be ‘engagement in housework’. The percentage of women within this category is a staggering 60.3%, whereas that percentage is only 3.7% for men.<sup>3</sup>

The above categorization is associated with the general perception of the concept of ‘care’ not necessarily being associated with ‘work’; therefore, no economic value is attached to such work. Rather, it is often portrayed in terms of altruism and selflessness rooted in the family where women are seen in the key role of care givers.<sup>4</sup> In economics, ‘work’ has pecuniary connotations as it is defined as activity that brings in monetary income.<sup>5</sup> Caroline Moser’s gender analysis framework categorizes women’s work across three spheres, which recognizes the additional roles women assume without divesting existing roles. Accordingly, women who are included in the labour force often have the triple burden of responsibilities in their productive, reproductive, and community roles.<sup>6</sup> It is found that when combined with unpaid work, women work longer hours than

<sup>1</sup> All persons who are/were employed or unemployed during the reference period of the Sri Lanka Labour Force Survey re referred to as Economically Active Population (EAP). See Department of Census and Statistics, “Sri Lanka Labour Force Survey Annual Report – 2020,” 7, accessed March 7, 2022, <http://www.statistics.gov.lk/LabourForce/StaticInformation/AnnualReports/2020>

<sup>2</sup> Ibid, 8

<sup>3</sup> Ibid, 12

<sup>4</sup> Kottegoda, S. “Keynote: Importance of Recognising Unpaid Care Work. Bringing Unpaid Care Work from the Private to Public Arena – Through the ‘Empowerment’ Looking Glass,” Women and Media Collective, accessed March 7, 2022, <https://womenandmedia.org/keynote-importance-of-recognising-unpaid-care-work/>.

<sup>5</sup> Ibid

<sup>6</sup> Anusha Ban, “Triple Burden of Women: Conflicting Gender Norms,” The Himalayan Times, March 2, 2018, <https://thehimalayantimes.com/opinion/triple-burden-women-conflicting-gender-norms> “The reproductive role of a woman includes care and maintenance (childbearing, rearing and caring) the productive role relates to activities that generate income and the community management role is mostly concerned with functions related to community level activities, domestic work, healthcare etc.”

men in general.<sup>7</sup> Assessing the economic contribution of women must mandatorily take into consideration the ‘reproductive’ work in addition to work done for monetary remuneration (productive work), without which no household functions, and no workers would be able to engage in ‘productive’ work.<sup>8</sup> Unfortunately, historically UCW has not been addressed by policymakers nor has such work been captured within official statistics, leaving an incomplete and unequal picture of women’s participation in the labour force, and women caregivers not employed in remunerated work vulnerable to economic hardship.

Recent attempts at global policy and programme level recognize and increase visibility of UCW. The inclusion of UCW in the Sustainable Development Goals (SDG) is one important manifestation of this recognition. Target 5.4 under Goal 5 of the SDG on Gender Equality seeks to recognize and value unpaid care and domestic work in order to address persistent gender inequalities in UCW as a necessary element for inclusive growth and development.<sup>9</sup>

It is also recognition of the economic value of UCW and women’s contributions to the economy.<sup>10</sup> This recognition has also cast new light on the importance of UCW during the COVID-19 pandemic,

as has been recognized by international development actors.<sup>11</sup> The pandemic has further exacerbated the triple burden of women which they may endure well beyond the lifespan of the pandemic.<sup>12</sup> Even though it highlighted that UCW is essential for

the society and needs to be addressed, women and care work are glaringly absent from stimulus packages and emergency measures announced by states in Asia, including Sri Lanka during the pandemic.<sup>13</sup>

## 1.1 Contextual analysis– women as care-givers of the elderly and the disabled family members

Against the backdrop of UCW in general is the specific role of women as carers in households vis-a-vis elderly and disabled family members who require long-term care. Despite the absence of comprehensive global statistics due to this being an overlooked area, women are the primary care-givers for most elderly and disabled family members. Feminization of aging is observed on the demand side of elderly care, with women accounting for the majority of beneficiaries.<sup>14</sup>

In Sri Lanka, the last Census in 2012 recorded 2.5 million elderly persons. A subsequent study in 2015 estimated the over 65 years to be 9.4% of the total population and projected to rise to 21% by 2045. In 2016, Dissanayake<sup>15</sup> projected that the aging population in Sri Lanka will be 5.1 million by the year 2037, equivalent to a 103% increase in the aging population within a span of 25 years. As such, Sri Lanka is one of the fastest aging

<sup>7</sup> Rania Antonopoulos, “The Unpaid Care Work–paid Work Connection,” in Working Paper No. 541 (Levy Economics Institute of Bard College, 2008), 20, <https://www.econstor.eu/bitstream/10419/31491/1/584728263.pdf>.

<sup>8</sup> See note 4

<sup>9</sup> “Unpaid Work,” ILOSTAT (blog), accessed March 7, 2022, <https://ilostat.ilo.org/topics/unpaid-work/>.

<sup>10</sup> Anarkalee Perera, “Unpaid Care Work: The Overlooked Barrier in Women’s Economic Empowerment,” Groundviews (blog), September 14, 2017, <https://groundviews.org/2017/09/15/unpaid-care-work-the-overlooked-barrier-in-womens-economic-empowerment/>.

<sup>11</sup> See Esuna Dugarova, “Unpaid Care Work in Times of the COVID-19 Crisis: Gendered Impacts, Emerging Evidence and Promising Policy Responses,” 19, accessed March 7, 2022, [https://www.un.org/development/desa/family/wp-content/uploads/sites/23/2020/09/Duragova.Paper\\_.pdf](https://www.un.org/development/desa/family/wp-content/uploads/sites/23/2020/09/Duragova.Paper_.pdf), UN Women, “COVID-19 and the Care Economy: Immediate Action and Structural Transformation for a Gender-Responsive Recovery,” Policy Brief No.16, accessed March 7, 2022, <https://www.unwomen.org/sites/default/files/Headquarters/Attachments/Sections/Library/Publications/2020/Policy-brief-COVID-19-and-the-care-economy-en.pdf>, United Nations, “Policy Brief: The Impact of COVID-19 on South-East Asia,” July 2020, <https://www.unescap.org/sites/default/d8files/2020-07/SG-Policy-brief-COVID-19-and-South-East-Asia-30-July-2020.pdf>, UN Women, “Whose Time to Care? Unpaid Care and Domestic Work during COVID-19,” accessed March 7, 2022, [https://data.unwomen.org/sites/default/files/inline-files/Whose-time-to-care-brief\\_0.pdf](https://data.unwomen.org/sites/default/files/inline-files/Whose-time-to-care-brief_0.pdf).

<sup>12</sup> Helen Jaqueline McLaren et al., “Covid-19 and Women’s Triple Burden: Vignettes from Sri Lanka, Malaysia, Vietnam and Australia,” *Social Sciences* 9, no. 5 (May 2020): 87, 2, <https://doi.org/10.3390/socsci9050087>.

<sup>13</sup> “Women’s Unpaid and Underpaid Work in the Times of Covid-19 | Oxfam in Asia,” accessed March 14, 2022, <https://asia.oxfam.org/latest/blogs/womens-unpaid-and-underpaid-work-times-covid-19>.

<sup>14</sup> Razavi, S., “Long Term Care for Older People: The Role of Unpaid Care Work,” 2, accessed March 7, 2022, [https://www.un.org/development/desa/ageing/wp-content/uploads/sites/24/2017/11/Razavi\\_Paper\\_EGM\\_UCW-Older-Persons.pdf](https://www.un.org/development/desa/ageing/wp-content/uploads/sites/24/2017/11/Razavi_Paper_EGM_UCW-Older-Persons.pdf).

<sup>15</sup> Dissanayake, L. and Weeratunga M. K., “Features, Challenges and Opportunities of Population Ageing: Sri Lankan Perspective,” UNFPA Sri Lanka, November 28, 2016, 1, <https://srilanka.unfpa.org/en/publications/features-challenges-and-opportunities-population-ageing-sri-lankan-perspective>.

countries in South Asia<sup>16</sup> assisted by common aging factors such as the decline in fertility and mortality rates and the resultant increase in life expectancy, accompanied by socio-economic developments.<sup>17</sup> Elderly people may “experience a decline in intrinsic capacity as they age, due to chronic diseases, injuries, or cognitive decline that inhibits their ability to live independently”<sup>18</sup>, therefore requiring long term care. Feminization of aging is a reality in Sri Lanka as evidenced by the projected life expectancy at birth for males and females, where women are expected to outlive men by six years on average, and women comprising both the majority of the population and the aging population.<sup>19</sup> This raises concerns of the ability of older women to secure care for themselves, especially if they had been unpaid caregivers with no security for old age.

At the same time, approximately 1.7 million persons in Sri Lanka live with a disability, which equals to around 10% of the population.<sup>20</sup> The Labour Force Survey 2020 reveals that 8.6% of the EIP are inactive due to a physical illness or disability. Men comprise 16.6% and women 5.7% of persons with disabilities. The overall approach to disability by authorities places emphasis on their dependency, thus denying enjoyment of their rights and restricting participation in society.<sup>21</sup>

There is an absence of adequate and affordable elder and disability care services in Sri Lanka. The monthly allowances granted by the Samurdhi poverty alleviation programme and old-age and disability allowances<sup>22</sup> are inadequate<sup>23</sup> to cover even the basic necessities of the recipients taking into consideration the rapidly escalating costs of living.<sup>24</sup> Other operational challenges also hinder the effectiveness of these programmes.<sup>25</sup> Even where market based care services are available the rising costs of living and inflation<sup>26</sup> have impacted the incomes of families, making paid care further out of reach. The decline in economic capacity results in the care of these persons falling on families. Additionally, due to cultural norms and practices, women are expected to shoulder care work at home. The traditional reliance on the family for care is also strained by the changing nature of ‘family’ due to changes in demographics and modernization.<sup>27</sup>

Social expectations and consequent social organization of care is one of salient factors in the reproduction of gender based inequalities as seen in women’s economic participation, political representation, as well as access to leisure time and self-care.<sup>28</sup> It also adversely affects the quality of life and living standards of a household, when a woman has to or is expected to choose caregiving over economic activity.

<sup>16</sup> Asian Development Bank, “Growing Old Before Becoming Rich Challenges of an Aging Population in Sri Lanka” (Asian Development Bank, December 2019), 1, <https://www.adb.org/sites/default/files/publication/557446/aging-population-sri-lanka.pdf>.

<sup>17</sup> See note 15

<sup>18</sup> Asian Development Bank, “Country Diagnostic Study on Long-Term Care in Sri Lanka,” 2, (Manila, Philippines: Asian Development Bank, July 2021), <https://doi.org/10.22617/TCS210218-2>.

<sup>19</sup> UNFPA, Fertility and Nuptiality: Thematic Report Based on Census of Population and Housing 2012 (Colombo, Sri Lanka: United Nations Population Fund, 2017), 9, [https://srilanka.unfpa.org/sites/default/files/pub-pdf/UNFPA%20Ageing%20Monograph%20Report\\_0.pdf](https://srilanka.unfpa.org/sites/default/files/pub-pdf/UNFPA%20Ageing%20Monograph%20Report_0.pdf).

<sup>20</sup> Disability Organizations Joint Front, “The State of Economic, Social and Cultural Rights of Persons with Disabilities in Sri Lanka,” April 2017, 5, <https://ices.lk/wp-content/uploads/2017/06/The-State-of-Economic-Social-and-Cultural-Rights.pdf>.

<sup>21</sup> Disability Organizations Joint Front, “Submission for the Review of the Situation of Persons with Disabilities in Sri Lanka UN Universal Periodic Review - Sri Lanka 2017 Third Cycle, 28th Session 2017,” March 2017, 4, <https://www.ohchr.org/Documents/Issues/Disability/RightAccessJusticeArticle13/CSO/DisabilityOrganizationsJointFrontSrilanka.pdf>.

<sup>22</sup> All these allowances fall short of the required minimum expenditure per person per month to fulfill the basic needs. See “Official Poverty Line by District : January 2022” (Department of Census and Statistics), accessed March 7, 2022, <http://www.statistics.gov.lk/povertyLine/2022>. See also 2.2.2. below for more information on these programmes.

<sup>23</sup> The Samurdhi allowance in 2022 ranges from Rs. 1900/= to Rs. 4500/=, the Senior Citizen Allowance in 2022 is Rs.2500/=, and the disability allowance is Rs.5000/=.

<sup>24</sup> The average cost of living and the national poverty line for January 2022 was estimated as Rs.5908/= with Eight districts recording costs of living above the average cost of living source: “Official Poverty Line by District : January 2022” (Department of Census and Statistics), accessed March 7, 2022, <http://www.statistics.gov.lk/povertyLine/2022>.

<sup>25</sup> See 2.3. below

<sup>26</sup> See Central Bank of Sri Lanka, “Consumer Price Inflation” (Central Bank of Sri Lanka), <https://www.cbsl.gov.lk/en/measures-of-consumer-price-inflation>- The National Consumer Price Index recorded a 12.9% year-on-year core inflation rate or January 2022, the highest since November 2008.

<sup>27</sup> K.D.M.S. Kaluthantiri, “Ageing and the Changing Role of the Family in Sri Lanka” (Australia, The University of Adelaide, 2014), 2, <https://hekyll.services.adelaide.edu.au/dspace/bitstream/2440/93498/3/O2whole.pdf>. Also see 2.1 below

<sup>28</sup> See note 7, 17



## 1.2 Purpose and Objective

The objective of this study is to conduct a desk review of social protection and social care policies relevant to the elderly and Persons With Disabilities (PWD) in Sri Lanka, to inform research on UCW of women in relation to the care of vulnerable household members. The policy review is conducted as part of the project titled “Creating Change: Cross Sectoral Interventions for Social Transformation” implemented by the Women and Media Collective (WMC) with the financial support from the Royal Norwegian Embassy.

## 1.3 Methodology

The study aims to comprehensively capture the social protection and social care policies relevant to the elderly and PWDs in Sri Lanka. Taking a qualitative approach, the Study therefore employed a desk review research as a means to understand the policy approaches and programmes in place. The desk review entailed analyzing information through government documents such as laws, regulations, policies; scholarly articles; international and national research studies; media articles; online sources; and other publicly available documents, to identify and assess social protection and social care policies relevant to the elderly and PWDs in Sri Lanka in order to inform research on UCW of women in relation to the care of vulnerable household members.

## 1.4 Definitions

**Elderly** is defined as people aged 65 years and over. According to the most recent Demographic and health Survey of Sri Lanka (2016) the elderly population in Sri Lanka accounts for 10% of the total population.<sup>29</sup>

Based on the definition contained in Article 1 of the Convention on the Rights of Persons with Disabilities (CRPD), for purposes of this study, **Persons With Disabilities (PWD)** include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.

The International Labour Organization (ILO)<sup>30</sup> identifies **Social protection programmes** as the set of policies and programmes designed to reduce and prevent social risks throughout the life cycle such as poverty, vulnerability, and social exclusion. The World Bank identifies 3 types of Social protection and labor interventions:

1. Social safety net/social assistance programmes: non-contributory interventions designed to help individuals and households cope with chronic poverty, destitution, and vulnerability. Examples include unconditional and conditional cash transfers, non-contributory social pensions, food and in-kind transfers, public works, and fee waivers.

<sup>29</sup> See Sri Lanka Demographic and Health Survey Report- 2016 <http://www.statistics.gov.lk/Health/StaticInformation/DemographicAndHealthSurvey-2016FullReport>

<sup>30</sup> “Social Protection (Partnership for Improving Prospects for Forcibly Displaced Persons and Host Communities (PROSPECTS)),” accessed March 14, 2022, <https://www.ilo.org/global/programmes-and-projects/prospects/themes/social-protection/lang-en/index.htm>.

There is an absence of adequate and affordable elder and disability care services in Sri Lanka. The monthly allowances granted by the Samurdhi poverty alleviation programme and old-age and disability allowances are inadequate to cover even the basic necessities of the recipients considering the rapidly escalating costs of living.

2. Social insurance programs: are contributory interventions that are designed to help individuals manage sudden changes in income because of old age, sickness, disability, or natural disaster. Examples include contributory old-age, survivor, and disability pensions; sick leave and maternity/paternity benefits; and health insurance coverage.
3. Labor market programs: could be contributory or non-contributory programmes designed to help protect individuals against loss of income from unemployment or help individuals acquire skills and connect them to labor markets. Examples are unemployment insurance, early retirement incentives, training, employment intermediation services, and wage subsidies.

All three types of is it possible to move this section to the previous page because it is a continuation of what is said above.

**Unpaid Care Work (UCW)** is all unpaid services provided within a household for its members, including care of persons and housework. While voluntary community work is also considered UCW such work is not included within the definition for purposes of this study. UCW includes both personal care (also called direct care) and care related activities such as preparing meals, shopping, and cleaning which are preconditions to caregiving. “These activities are considered work, because theoretically one could pay a third person to perform them”.<sup>31</sup> The specific focus of this study will be to identify the social protection policy framework and programmes related to the elderly and PWD to determine the impact of those on UCW of women in relation to caring for the elderly and PWD family members.

<sup>31</sup> Gaëlle Ferrant , Luca Maria Pesando and Keiko Nowacka, “Unpaid Care Work: The Missing Link in the Analysis of Gender Gaps in Labour Outcomes” (OECD Development Centre, December 2014), 3, [https://www.oecd.org/dev/development-gender/Unpaid\\_care\\_work.pdf](https://www.oecd.org/dev/development-gender/Unpaid_care_work.pdf).

# FINDINGS

A high level of out-of-pocket expenditure does not automatically translate in to ineffective financial protection for the poor. However, this forces the elderly and PWD within middle income households to be dependent on their families for healthcare expenses, which expenses are often sourced through loans or similar means, burdening these families. If the elderly and PWD family members within these families require nursing assistance, often women of the household take on the responsibility in order to save costs, necessitating the hitherto employed women to leave the workforce completely and undertake UCW.

## 2.1 Unpaid Care Work of women in Sri Lanka- A brief analysis of the legal and policy situation

The legal and policy framework in Sri Lanka pay scant attention to the UCW of women. The Constitution of Sri Lanka recognizes as a fundamental right, equality of persons. It also provides for affirmative action under Article 12 (4) which states that ‘Nothing in this Article shall prevent special provision being made, by law, subordinate legislation or executive action, for the advancement of women, children or disabled persons’. This provision recognizes that affirmative action may be required where groups of citizens are considered to be underprivileged or requiring of greater protection. However, no affirmative action has been considered to support women undertaking UCW. Employers have not definitively developed flexible working arrangements to capture this female labour component engaged in UCW, which can be productive both at home and in the economic sphere. There are also no state policies which acknowledge and recognize that families who care for elderly and disabled family members require support. Neither does the state provide any assistance for such families. This disregard of families has left caring of elderly and PWD family members very much in the private sphere, and by extension the responsibility of women in the family.

As in most developing countries, the role of women as primary caregivers in their households is not financially quantified or defined in productive economic terms in Sri Lanka. The definition of Labour in the Labour Force Survey does not include 'housework', thereby denying the economic value of it and leaving UCW outside economic activity. The Labour Force Survey 2020 categorizes 'engaged in housework' as one reason for economic inactivity which includes UCW of the majority of such women.<sup>32</sup> This approach ignores the reality that EAP consisting of a majority of men are able to engage in active employment because the women in their households act as caregivers for the young, the elderly, and PWD. Women in the EAP have often the added responsibilities of UCW within the household and of their community roles. The COVID-19 pandemic has increased the productive burdens of women together with their reproductive and community responsibilities.<sup>33</sup>

South Asia has the lowest proportions of elderly people living alone, likely reflecting the strong family norms in this regions, as well as poverty disallowing the establishment of separate households.<sup>34</sup> It is observed that the region, including Sri Lanka is likely to have older men living with other adult women, often their spouses or children, reflecting strong cultural and societal norms about women's responsibility for care.<sup>35</sup> In Sri Lanka a larger proportion of elders live alone in the estate sector than in the other sectors.<sup>36</sup>

At the same time, due to the non-comprehensive coverage of public elderly care services in the country, households in need of elderly care with economic means either have to opt for private market based care, or if such is not economically viable due to the high costs involved in private nursing care, have to rely on family members who are often women, to care for the elderly. The concept of family in the traditional Sri Lankan society was understood to be that of an extended one comprising inter-generational members occupying the same household.<sup>37</sup> Together, these members performed most societal functions, including caregiving for vulnerable family members. However, with demographic changes, globalization, urbanization, and industrialization a shift towards more nuclear families from the traditional extended families can be observed in Sri Lanka.<sup>38</sup> This shift, coupled with out-migration of young people and changes in perceptions regarding care responsibilities due to the generation gap within families, has contributed to reducing the number of women in a household available to care for family members.<sup>39</sup>

In relation to PWD, Kumara & Gunewardena observe that "even though multidimensional poverty is relatively low in Sri Lanka, the difference in multidimensional poverty levels between households with and without the disabled is high".<sup>40</sup> They further suggest that the severity of poverty among households with disabled members

<sup>32</sup> Note 1

<sup>33</sup> Note 12

<sup>34</sup> Note 14, 8

<sup>35</sup> Ibid

<sup>36</sup> Note 18, 9

<sup>37</sup> M.A.C.G Wijesundara, "An Exploratory Study on the Influence of Globalization on the Modern Sri Lankan Family Unit: The Evolution of the Extended Family," *Journal of Society & Change* XIV, no. 1 (March 2020): 49-66, 55

<sup>38</sup> Ibid, 57

<sup>39</sup> Note 27, 132

<sup>40</sup> Kumara Thusitha and Dileni Gunewardena, "Disability and Poverty in Sri Lanka: A Household Level Analysis," 2015.

is also higher than in the other households. Due to financial constraints, lack of availability, and challenges in access to public or state funded disability care services the care of these PWD within households, invariably falls on women. Perera<sup>41</sup> opines that in Sri Lanka “the needs of persons with disabilities are privatized as a burden to their families and friends”, which means in the absence of public sector and of comprehensive and appropriate preventive, curative, and rehabilitative care provided to PWD, families have to shoulder the responsibility of care.

UCW also increases the vulnerability of women providing care. While women in the formal labour force may be entitled to a contributory or non-contributory pension scheme upon retirement, women are more vulnerable to the loss of income because their labour force participation is half of that of men. Therefore, women engaged in fulltime UCW are often financially dependent for their basic needs on other family members who receive income through employment or other investments. At the same time, due to longer, labour intensive working hours and absence of safety measures, women engaged in UCW, whether full time or in addition to paid work, face the risk of injury and long-term side effects. Additionally, demands made on women’s time by caregiving and housework prevents women from participating in political or cultural life of the community.<sup>42</sup>

At 8.6% of all government expenditure, Sri Lanka has one of the highest government health spending in the South Asian region even though health expenditure as a percentage of the Gross

Domestic Product(GDP), which is at 1.7% could improve.<sup>43</sup> While the Government of Sri Lanka is responsible for over 40% of current health expenditures which is one of the highest percentages in the region, out-of-pocket expenditures represent over half of the health expenditure.<sup>44</sup> A recent Study finds that a high level of out-of-pocket expenditure does not automatically translate in to ineffective financial protection for the poor. These expenses are mostly incurred by richer households.<sup>45</sup> However, this forces the elderly and PWD within middle income households to be dependent on their families for healthcare expenses, which expenses are often sourced through loans or similar means, burdening these families. If the elderly and PWD family members within these families require nursing assistance, often women of the household take on the responsibility in order to save costs, necessitating the hitherto employed women to leave the workforce completely and undertake UCW.

Even though other policies such as the 1993 Cabinet approved Women’s Charter of Sri Lanka, the main policy document of the government on the rights of women, call for increased labour force participation and creating an enabling environment for women to take on employment, it does not address women’s engagement in UCW as a root cause of low labour force participation of women. The Charter calls for equal opportunities in employment, access to training, right to social security, and the right to leave and of re-entry after a period of leave. Yet, these guarantees overlook the fact that women undertake UCW due to cultural norms and the lack of adequate, affordable, and accessible services for the care of the elderly and PWD.

<sup>41</sup> Binendri Perera, “The Perpetual Marginalization of People with Disabilities,” Groundviews (blog), December 3, 2021, <https://groundviews.org/2021/12/03/the-perpetual-marginalization-of-people-with-disabilities/>.

<sup>42</sup> Ramani Gunatilaka, “To Work or Not to Work? Factors Holding Women Back from Market Work in Sri Lanka” (ILO- Asia Pacific Working Paper Series, October 2013), [http://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/---sro-new\\_delhi/documents/publication/wcms\\_250111.pdf](http://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/---sro-new_delhi/documents/publication/wcms_250111.pdf).

<sup>43</sup> Carolina Bloch, “Social Spending in South Asia—an Overview of Government Expenditure on Health, Education and Social Assistance” (International Policy Centre for Inclusive Growth (IPC-IG) and UNICEF, 2020), 27, <https://www.unicef.org/rosa/media/10016/file/Social%20spending%20in%20South%20Asia.pdf>.

<sup>44</sup> Ibid, 28

<sup>45</sup> Ibid, 29

The National Committee on Women established under the Charter is empowered to evaluate the impact of all legislative and development policies on the rights and responsibilities of women; entertain and scrutinize complaints of gender discrimination and channel such complaints to the relevant authorities for necessary action; and to provide policy advice on matters relating to the status of women. This mandate of the Committee could accommodate policy interventions to lessen the burden of UCW of women and facilitate an enabling environment for women's work force participation. Even though the issue of UCW has been raised by the Committee, no comprehensive proposals have yet been made in this regard.

## **2.2 Legal and policy framework on the care and protection of the elderly and PWD in Sri Lanka**

The legal and policy framework on the social protection of the elderly and PWD in Sri Lanka comprise several legislation, policies, and programmes geared towards addressing issues ranging from the recognition of individual rights to subsistence and healthcare provision. The objective is to assess the efficacy of the legal and policy framework in relation to the social protection of the elderly and PWD in order to determine the extent to which it reduces dependence on families for support and enable independent living. An efficient and effective legal and policy framework reduces the burden of UCW of women within the family while the lack of effectiveness adversely impacts the unpaid care burden of women.

Disability rights activists point out that despite regulations, PWD are not able to benefit from cultural activities and entertainment, fully access healthcare, education, and employment opportunities due to continued physical accessibility issues. The lack of necessary access results in PWD being confined to their homes or immediate communities and having to invariably rely on families for care.

## 2.2.1 Relevant legislation and policies

### ► Legal and policy framework specific to PWD

Sri Lanka ratified the **United Nations Convention on the Rights of Persons with Disabilities (CRPD)**<sup>46</sup> on the 8th of February 2016. The Disability Organizations Joint Front in its 2017 shadow report to the UN Committee on Economic, Social and Cultural Rights titled “The State of Economic, Social and Cultural Rights of Persons with Disabilities in Sri Lanka” observes as follows:

“While this is an important milestone for persons with disabilities and for the country to begin formulating legislation and provisions in line with this – the ground realities of deprivation, poverty and discrimination experienced by persons with disabilities continue.”<sup>47</sup>

Sri Lanka has not acceded to the Optional Protocol to the CRPD which provides for a complaints mechanism for individuals and groups to submit complaints to the Committee on the Rights of Persons with Disabilities in the event of a violation of the rights of PWD.<sup>48</sup> By ratifying the Convention Sri Lanka has undertaken to recognize the right of PWD to social protection without discrimination on the basis of disability, and to take appropriate steps to safeguard and promote the realization of this right, including measures to ensure access to social protection programmes and poverty reduction programmes especially for women and girls with disabilities and the elderly with disabilities.<sup>49</sup> **Article 12(4) of the Constitution of Sri Lanka** recognizes that

<sup>46</sup> UNGA, Convention on the Rights of Persons with Disabilities adopted on 24 January 2007, A/RES/61/106

<sup>47</sup> Note 20, 6

<sup>48</sup> Ibid

<sup>49</sup> Article 28 of the CRPD

affirmative action could be taken where groups of citizens are considered to be underprivileged or require greater protection, which includes ‘disabled persons’.

However, evidence suggests institutional, material, and cultural barriers including lack of coordination among ministries, a lack of institutional memory, and a lack of knowledge and capacity to address disability rights hinder the full implementation of the Convention in Sri Lanka.<sup>50</sup> As a result, PWDs face many challenges such as barriers to access healthcare, formal education, vocational training, transport, and economic opportunities.<sup>51</sup> Female PWD face several barriers particular to women. The International Centre for Ethnic Studies (ICES) in its shadow report on Women Living with Disabilities to the Committee on the Elimination of Discrimination against Women (CEDAW Committee) in 2017 identified several issues particular to women with disabilities such as non-representation at national decision making fora; barriers to formal education, transport, and infrastructure; and the need for customized and high quality assistive devices.<sup>52</sup> Cumulatively, the implications of the failure to fully implement the CRPD on the UCW of women are significant. This failure is also an indirect repudiation of the obligations of the state to provide an enabling environment for PWD to lead independent lives with dignity, thereby pushing them towards the private sphere to rely on the women in the family, whose UCW is not recognized as important by the state.

The **Protection of the Rights of Persons with Disabilities Act No. 28 of 1996** establishes the National Council for Persons with Disabilities (NCPD) (See 2.2.3 below for a brief commentary on the efficacy of the NCPD). The Council is empowered to take a range of actions from recommending and implementing schemes to promote the welfare and protection of PWD, to implementing rehabilitation programmes, provision of services necessary for PWD, and education and vocational training necessary for employment. The Act contains equality and non-discrimination provisions only in relation to recruitment for employment, admission to educational institutes, and physical access to public places. But, it does not guarantee the full range of rights in the CRPD.<sup>53</sup> The interpretation of PWD contained in the Act i.e. “any person who, as a result of any deficiency in his physical or mental capabilities, whether congenital or not, is unable by himself to ensure for himself, wholly or partly, the necessities of life” is rather restrictive and vague. It is also not compliant with the CRPD definition. Therefore, the Act in its entirety does not sufficiently protect the rights of PWD including access to social protection which would enable dignity and independence of PWD. The approach of the legislation to disability as a condition of dependency indirectly places the responsibility of care of PWD on families, in the face of the lack of adequate facilities for PWD to live independently and the high costs involved in private care facilities where necessary. The legislation also overlooks the need to enable provision of support to families caring for PWD. The Disability Rights bill drafted in 2006 and updated in 2016 which was to

<sup>50</sup> Adriana Cefis, “Barriers to Implementing the Convention on the Rights of Persons with Disabilities in Sri Lanka” (Colombo, Sri Lanka: International Centre for Ethnic Studies, 2018), 62, <https://ices.lk/wp-content/uploads/2018/12/Barriers-to-Implementing.pdf>.

<sup>51</sup> Note 20

<sup>52</sup> International Centre for Ethnic Studies, “Women Living with Disabilities in Sri Lanka- Report Submitted to the Committee on the Elimination of Discrimination Against Women- 66th Session (13 February–3 March 2017)” (Colombo, Sri Lanka, January 2017), <https://ices.lk/wp-content/uploads/2017/01/ICES-Disability-Shadow-Report-31-Jan-17.pdf>.

<sup>53</sup> Note 21



replace the 1996 Act has not been approved by Parliament despite the significant passage of time since 2006, while the process of drafting and the contents have drawn criticism from activists.<sup>54</sup>

The Rehabilitation of the Visually Handicapped Trust Fund was established by way of the **Rehabilitation of the Visually Handicapped Trust Fund Act, No. 9 of 1992**. The Fund is audited for compliance by the Auditor General as required by the Constitution of Sri Lanka. The fund was established to promote education and vocational training facilities for visually impaired or blind children by way of creating employment opportunities and providing financial assistance for self-employment and guidance as necessary. Facilities for marketing the products manufactured are also provided. Further, the fund provides assistance in securing housing and implements activities for the beneficiaries. The Trust Fund also has as one of its objectives the power to take action to eliminate conditions that prevent visually handicapped persons gaining equal rights and equal opportunities.<sup>55</sup> The 2019 audit of financial statements carried out by the Auditor General observes that among other issues, no activities have been carried out to provide housing facilities for the visually impaired persons to enable them to follow academic courses or vocational training or to provide marketing facilities for goods manufactured by the visually impaired persons, due to a dearth of funds.<sup>56</sup> As these are two of the main objectives of the Act, the effectiveness of the Fund in improving the lives of the visually impaired PWD by facilitating their economic independence, is left in doubt.

**National Policy on Disability for Sri Lanka of 2003** was introduced in response to a call from the disability rights movement to remedy the previous lack of a clear policy that enabled PWD to exercise their rights and responsibilities, guaranteeing for them an equitable share of available resources. The policy makes provision for work and employment including free choice of employment and reasonable accommodation of PWD by employers; inclusion in poverty alleviation social safety nets and social security programmes implemented for the economic, social and political empowerment of those who are poor; vocational training and skills development; educational and higher educational opportunities; improved access to quality health and rehabilitation including early detection of disabilities in children and necessary interventions; social security without discrimination on par with all citizens of Sri Lanka; appropriate assistive devices and technology; provision of inclusive decision making mechanisms; and participation in public and political life. The Policy discourages strategies that would segregate PWD from the communities and recommends community-based rehabilitation to promote and protect the rights and responsibilities of PWD by including them in civil society and in development and welfare programmes at all levels. While the Policy is reasonably comprehensive in addressing issues pertaining to PWD, it fails to identify and address the issues of home-based and community care and attendant opportunity costs for caregivers of PWD. Information on the implementation of the Policy is conspicuously scarce, which may be due to the lack of full implementation. However, if the provisions of the Policy are fully

<sup>54</sup> Note 55, 53

<sup>55</sup> Asian Development Bank, "Disabled People and Development - Sri Lanka Country Report" (Asian Development Bank, June 2005), 8, <https://think-asia.org/bitstream/handle/11540/6143/Disabled%20people%20and%20development%20-%20Sri%20Lanka%20country%20report%20Jun05.pdf?sequence=>.

<sup>56</sup> Auditor General, "Visually Handicapped Trust Fund - 2019 Audit Statement" (National Audit Office, Sri Lanka, 2020), 4, [https://naosl.gov.lk/web/images/audit-reports/upload/2019/FUNDS\\_19/3\\_VII/Visually-Handicapped-Trust-Fund--2019--E.pdf](https://naosl.gov.lk/web/images/audit-reports/upload/2019/FUNDS_19/3_VII/Visually-Handicapped-Trust-Fund--2019--E.pdf).

implemented, the dependency of PWD on family reduces thereby lessening the care burden on women engaged in UCW, which creates more opportunities for women to be part of the work force.

**Disabled Persons (Accessibility) Regulation No.1 of 2006** as amended by the Regulation dated 18th September 2009, requires public buildings, public places, and places where common services are available, to be designed for easy and safe access by PWD. It further requires all existing public buildings to comply with the regulations through necessary modifications within 11 years from when the Regulations became operative. PWD friendly public works assist in reducing dependency on others including caregivers, thereby enhancing the quality of life of PWD and lessening the care burden of unpaid care workers. The Human Rights Commission of Sri Lanka (HRCSL), an independent Commission monitoring the human rights situation conducted a national disability access audit of public institutions in 2017. The audit identified certain improvements necessary to enhance accessibility to the premises of public institutions which resulted in some of the institutions implementing the recommendations made in the audits immediately and others undertaking to incorporate the recommendations in the following years.<sup>57</sup> However, disability rights activists point out that despite these regulations, PWD are not able to benefit from cultural activities and entertainment, fully access healthcare, education, and employment opportunities due to continued physical accessibility issues.<sup>58</sup> The lack of necessary access results in PWD being confined to their homes or immediate communities and having to invariably rely on families for care.

**Public Administration Circular No. 27/88 of 18 August 1988** allocates 3% of the vacancies in the public sector to PWD and instructs all ministries, departments, and corporations to implement the circular. The recruits must however possess the qualifications required by the approved scheme of recruitment and their disability should not hinder the performance of duties.<sup>59</sup> However, disability rights activists deny that provisions of this circular are effectively implemented while also advocating for a higher quota of opportunities for PWD.<sup>60</sup> It is observed that the cursory provisions in the Circular does not take into consideration the situation of disability and attendant limitations which require accommodation if the contents are to be given actual effect, indicating that the circular may only be paying lip service to the rights of PWD. The lack of comparable legal provisions for the private sector to provide PWD employment opportunities also requires attention.

Access to Education is important for persons to benefit from further vocational training and employment opportunities in the labour market. Under **Article 27(2) (h) of the 1978 Constitution** the State is obligated to ensure “the complete eradication of illiteracy and the assurance to all persons of the Right to universal and equal access to education at all levels”. However, this is only a Directive Principles of State Policy which is non-justiciable and therefore lacks the force of enforceable law. Compulsory education up to the age of 14 was introduced through **Gazette notification No. 1003/5 of 25 November 1997** which came into effect in January 1998. This age was extended to 16 years by way of **Gazette notification No. 1963/30 dated 20 April 2016**. Despite this compulsory law

<sup>57</sup> HRCSL, “Human Rights Commission of Sri Lanka - Annual Report 2017” (HRCSL, 2017), 22, <https://www.hrcsl.lk/wp-content/uploads/2020/01/English-2017.pdf>.

<sup>58</sup> See note 14 and Sarah Hannan, “Barrier-Free Access in Public Spaces | Proper Access Still Blocked,” *The Morning - Sri Lanka News*, October 11, 2020, <http://www.themorning.lk/barrier-free-access-in-public-spaces-proper-access-still-blocked/>.

<sup>59</sup> Public Administration Circular No. 01/9 dated 29 January 1999 and Public Administration Circular No. 27/88 of 18 August 1988, <http://citizenslanka.org/wp-content/uploads/2017/05/01-1999e.pdf>.

<sup>60</sup> Note 20, 9

which extends to children with disabilities, 34% of such children have not received any form of education. The desk review reveals that severely handicapped children with multiple and intellectual disabilities abstain from attending schools mainly due to a lack of expertise and resource constraints in providing education to PWD both in the public and private education systems.<sup>61</sup> Added to this, the lack of accessibility to public transportation due to financial constraints or lack of infrastructure development especially in rural areas, further deny access of PWD to schools and other educational institutions.

The HRCSL issued an important recommendation regarding disability access to higher education institutions in 2018.<sup>62</sup> It found violations of Articles 11 and 12(1) of the Constitution and recommended compensation to the victim while emphasizing the obligation of the state to ensure equal access to education for all without discrimination. The recommendation further directed the University Grants Commission to promote a disability inclusive education within universities in line with international standards and domestic laws and policies and provide training on disability rights and inclusion for academic and non-academic staff of universities and other public servants. No further information is available to ascertain whether the recommendation of the HRCSL was implemented. However, continued non-implementation of such directives hampers physical access to higher education institutions thereby violating basic human rights of PWD. Disability access friendly educational institutions empower PWD through

the provision of educational opportunities which in turn lead to economic opportunities, enabling independence and autonomy of PWD.

### ► Legal and policy framework specific to the elderly

The **Protection of the Rights of Elders Act No. 09 of 2000** as amended in 2011 establishes the National Council for Elders (NCE) tasked with the promotion and protection of the welfare and the rights of elders in Sri Lanka and to assist them to live with self-respect, dignity, and independence. While the Act calls for the NCE to encourage the establishment of welfare centres and day care centres for the elderly and introduce health insurance and other services necessary, Section 13 of the Act stipulates that one function of the NCE is to recommend programmes to strengthen the family unit based on the traditional values of Sri Lanka and to take appropriate measures to inculcate in the younger generation, their duties towards elders. Part II of the Act mandates children to provide care for their parents including the payment of maintenance.<sup>63</sup> Accordingly, the state only undertakes to provide appropriate residential facilities to destitute elders without children or the elderly who have been abandoned by the children. The changing nature of the concept of ‘family’ as discussed in 2.1 above places the onus of care of the elderly on the fast dwindling number of women within a household able to care for the elders. It is noted that the statutory reliance on the family and community for the care of elders places an unfair responsibility on the women who

<sup>61</sup> Yolanthika Ellepola, “Talkingeconomics - Sri Lanka’s Invisible Children: The Need for Inclusive Education for Children with Special Needs,” accessed March 7, 2022, <https://www.ips.lk/talkingeconomics/2016/04/25/sri-lankas-invisible-children-the-need-for-inclusive-education-for-children-with-special-needs/>.

<sup>62</sup> HRCSL, “Human Rights Commission of Sri Lanka - Annual Report 2018” (HRCSL), 55, accessed March 7, 2022, <https://www.hrcsl.lk/wp-content/uploads/2020/01/Annual-Report-2018-English.pdf>.

<sup>63</sup> Sections 15, and 25-30 of the Act

One function of the NCE is to recommend programmes to strengthen the family unit based on the traditional values of Sri Lanka and to take appropriate measures to inculcate in the younger generation, their duties towards elders. It is noted that the statutory reliance on the family and community for the care of elders places an unfair responsibility on the women.

are traditionally expected to take on the role of caregivers. This in turn reduces economic opportunities for the women providing care and increases the triple burden women have to bear. The legal and policy framework should establish how responsibility will be shared between the state, the individual, and the family.<sup>64</sup>

**National Charter for Senior Citizens and National Policy for Senior Citizens Sri Lanka** adopted by the Cabinet of Ministers in March 2006 is based on the recommendations of the 2nd World assembly on Aging held in Madrid. This Charter sets out the rights and responsibilities of Senior Citizens of Sri Lanka, reinforcing the values of independence, dignity, participation, self-fulfillment, and a good quality of life. It also contains a complementary statement of Senior Citizens responsibilities towards the family, care givers, health care professionals and the caring institutions, in responsibly exercising their rights without interfering with the well-being of rights of other senior citizens or providers of care. The Charter contains the essential norms against which the quality of care, health and welfare programs for senior citizens, care givers or health professionals need to be assessed.<sup>65</sup> Importantly, it also considers social, economic, and political consequences of population ageing, the analysis of which leads to the fuller integration of older people into society.<sup>66</sup> The Policy specifically includes the elderly in all poverty reduction strategies, which acknowledges the importance of economic independence for the elderly in order to preserve their dignity and live without economically relying on their families. Further commitments include facilitating job opportunities for women; preventing discrimination in employment and pension

<sup>64</sup> Silvia Stefanoni and Camilla Williamson, "Review of Good Practice in National Policies and Laws on Ageing" (UNFPA and HelpAge International, October 2015), ii, <https://www.helpage.org/download/56150b0176b2a>.

<sup>65</sup> "National Charter for Senior Citizens and National Policy for Senior Citizens Sri Lanka," 2006, 24, <https://www.povertyportal.lk/resource-library/national-charter-for-senior-citizens-and-national-policy-for-senior-citizens-sri-lanka-730a311cbbd026865ba0ab4cb818fbef.html>.

<sup>66</sup> Camilla Williamson, "Policy Mapping on Ageing in Asia and the Pacific Analytical Report" (UNFPA and HelpAge International), accessed March 7, 2022, <https://www.helpage.org/download/55c2288abe5b6>.

schemes; enhance support for unpaid carers in the family through measures to alleviate the burden placed on carers, the majority of which are women; and eliminating all forms of discrimination against women.<sup>67</sup> The Charter and Policy are considered a good practice example in the Asia Pacific region.<sup>68</sup> However, there is no evidence to confirm that the Policy is fully implemented. The deficiencies of effective implementation nullify the utility of the content, especially in reducing the care burden on the family and by extension UCW of women in the family.

The **National Elderly Health Policy of 2017** acknowledges that the prevalence of non-communicable diseases, isolation, lack of dignity and independence, economic instability, and inadequate social security systems negatively affect the health of the elderly and that the present healthcare system is not adequately orientated towards elderly healthcare which requires long term care, stronger rehabilitative services, day-care services, and home-based care. One of the goals of the policy is to ensure a comprehensive package of health care services are available to the elderly to maintain optimal health including preventive, curative, palliative, rehabilitative, and long term care.<sup>69</sup> The Policy however reinforces the traditional family support system albeit acknowledging that the family care system maybe overburdened. Notably, it recognizes the importance of the provision of day care facilities for elders where families are unable to provide round the clock care.<sup>70</sup> It includes strategies for optimum institutional and human resource provision, research and training in elderly care, and advocacy for disability prevention in old age.

### ► **Legal and policy framework with crosscutting relevance for the elderly and PWD**

Sri Lanka Social Security board was established by **Social Security board Act No. 17 of 1996** as amended by Act No. 33 of 1999. The objective of the Act was to establish pension and Social Security benefits for those engaged in self-employment, informal sector, and other Non-Government pensionable sector during their old age and in the event of disability. Even though the legislation has established pension schemes for certain categories of persons, inadequacy of the payments and other operational challenges plague the schemes. (See 2.2.2 below for further information on these pension schemes)

In addition to the above laws and policies, several national health policies make reference to the provision of healthcare services to the elderly and PWD in order to improve their lives. Accordingly, the **Sri Lanka National Health Policy 2016 – 2025** recognizes that the identification and early detection of disability could minimize the severity of disabilities that may occur prior to, during and after the birth. The policy further identifies as a preventive health goal the need to improve the health status and reduce dependency of the Elderly and PWD. It also recognizes the need for high quality curative care, and requires the delivery of comprehensive Accident & Emergency services at all levels of health care in order to reduce preventable mortality and disability related to Accidents and emergencies in Sri Lanka. As a rehabilitative goal, the policy

<sup>67</sup> Ibid, 26

<sup>68</sup> Ibid

<sup>69</sup> Sections 2.1.1 to 2.1.5 of the National Elderly Health Policy of 2017

<sup>70</sup> Ibid, Section 2.3.3

identifies the need to provide community based comprehensive rehabilitative care for the people with disabilities to enable them to self – support their daily activities.

Additionally, the **National Strategic Framework for the development of health services 2016 – 2025** identifies the non-availability of elderly and disable friendly environment, lack of awareness on active healthy ageing, lack of intra and inter sectoral collaboration on elderly care, lack of specialized service centres or specialists in elderly care, lack of proper attitudes among young generation with regards to elders as issues related to ageing of population. It also recognizes the importance of palliative care for the elderly and reducing environmental barriers for PWD in order to improve the quality of life of these persons.

Further, **National Health Strategic Master Plan 2016 – 2025 Vol. III Rehabilitative Services** acknowledges that the lack of necessary support services can make PWD overly depend on family members and can prevent both the PWD and family member from becoming economically active and socially included. This holds true for the elderly as well. Hence, the master plan requires improving quality health care for the elderly and PWD through improvement of health facilities, diseases prevention and health promotion, guidance to implement district level

activities on promotion of Elderly health care including capacity building, sensitization of health care persons on elderly and PWD health through advocacy, the establishment of Elderly Friendly units in hospitals, and ensuring availability of adequate human resources and financial support for these services.

The overall health policy does not contain measures to take health services to the elderly and PWDs through the facilitation of community mobile clinics, surgeries, or similar strategies. This is exacerbated by the lack of human resources in the healthcare sector to deliver community services. The lack of such measures places a burden on the vulnerable beneficiaries to find transport and associated expenses to access hospitals. Families of these persons too are burdened as they are the primary caregivers and responsible for the wellbeing of their vulnerable family members. Additionally, the demand for long term care for the elderly is increasing, while the formal long term care service provision is extremely inadequate to even meet the existing demand. This has created a significant gap between the need for care and the supply of it, exacerbated by policy makers underappreciating the need for long term dedicated care for the elderly.<sup>71</sup>

<sup>71</sup> Note 18, 15

## 2.2.2 Social protection programmes

Social protection programmes available to the elderly and PWD encompass a variety of programmes ranging from cash and in-kind transfers to pensions, insurance schemes, and livelihood development programmes. However, the efficiency and effectiveness of these programmes vary due to certain challenges such as adequacy, accessibility, affordability, and quality.

### ► Pension and income transfer schemes

#### For formal sector workers

Sri Lanka does not have a universal pension scheme covering the entire elderly population in the country. Available pension schemes cover only a portion of the elderly population. **The Public Servants' Pension Scheme (PSPS)**, implemented by the Department of Pensions is a non-contributory scheme and the largest social insurance programme in Sri Lanka. The eligibility criterion is service in a pensionable post with a minimum of 120 months of service. The PSPS is a defined benefit scheme where the monthly pension is calculated as a percentage of the final salary, in proportion to the period of service. Other benefits available under the PSPS are a death gratuity to dependents and a lump sum gratuity to public servants who become incapacitated due to accidents while on duty.

In the event of the death of a public servant, the dependents are entitled for a pension under the **Widows, Widowers and Orphans Pension Scheme (W&OP)** which is a mandatory contributory

scheme under the PSPS. Spouses and dependent children are thus entitled to receive this pension. Children with disabilities are entitled to receive the pension in the event of the death of a public servant irrespective of their age.

For public servants who are not eligible for the PSPS, the **Public Servants' Provident Fund (PSPF)** is available. This is a defined contributory pension scheme to which government sector employees on temporary contracts are also eligible. Members contribute 8% of their salary while the government contributes 12% of the salary.

The **Employees' Provident Fund (EPF)** and the **Employees' Trust Fund (ETF)** are the main retirement benefit schemes for formal private sector employees. The EPF is a defined contribution scheme with employees and employers contributing 8% and 12% of the member's gross earnings respectively. It does not rely on government contributions or subsidies. Members are eligible to claim their retirement benefits as a lump sum upon reaching the age of retirement of 55 years for males and 50 years for females. EPF benefits can also be claimed prior to this by members when migrating or by females permanently leaving the workforce upon marriage. The primary purpose of the EPF Scheme is to ensure that the members have security during old age. However, this scheme does not offer its members a pension or any regular periodic income after they retire and often the interest accruing from the investment of the lump sum yield low replacement income not comparable to the wages earned by the member.<sup>72</sup> Further, it is

<sup>72</sup> Ravi P. Rannan-Eliya Vindya Eriyagama, "Assessment of the Employees' Provident Fund in Sri Lanka," Research Studies: Demographic Transition and Pension Series No. 3 (IPS & ILO, August 2003), 14, [https://www.ips.lk/wp-content/uploads/2017/11/05\\_Assessment-of-the-employee-ips.pdf](https://www.ips.lk/wp-content/uploads/2017/11/05_Assessment-of-the-employee-ips.pdf).

observed that the EPF scheme has limited coverage because most of the two-thirds of workers in the informal sector are excluded from the benefits, which results in retirees sometimes living below the poverty line or undertaking informal work to compensate for the loss of income.<sup>73</sup>

ETF is a mandatory contributory scheme where the employer has to contribute 3% of the total monthly earnings. ETF could be claimed upon cessation of employment regardless of the age. In addition, the ETF also offers health and education related welfare benefit schemes. All members are covered by a life insurance scheme and a permanent disablement scheme which provides financial assistance due to loss of employment from disability.

The **Agrahara insurance** is available to pensionable government employees. It includes a disability cover up to Rs.600,000. The Sri Lanka Bureau of Foreign Employment (SLBFE) offers an **insurance scheme for Sri Lankan migrant workers** aged 18–65 years and registered with the SLBFE. Premiums are deducted from the registration fee. Benefits are given in the event of repatriation (due to harassment, illness, accident etc.), death whilst working abroad, and death in Sri Lanka within 3 months of arriving, and permanent or partial disability.<sup>74</sup> The SPPS scheme provides disability benefits in the event of total or partial disability.<sup>75</sup>

The non-contributory nature of the PSPS is a matter of concern as it accounts for approximately 56%<sup>76</sup> of the social protection expenditure. A 2014 study by Tilakaratna and Jayawardana demonstrates that over 80% of the total social protection expenditure is allocated for formal sector workers which include state sector workers, but only 20–30% of the total elderly population receives retirement benefits.<sup>77</sup> The disproportionality between the percentages of budgetary allocations as against the elderly population receiving retirement benefits calls for a re-evaluation of the PSPS and other pension schemes available to formal sector workers. The vast majority of the elderly population remaining outside retirement benefit schemes increases their economic vulnerabilities and increases their dependency on families.

<sup>73</sup> René Leon Solano, "Sri Lanka Must Increase Its Efforts to Protect and Promote the Human Capital of the Elderly," October 1, 2021, <https://blogs.worldbank.org/endpovertyinsouthasia/sri-lanka-must-increase-its-efforts-protect-and-promote-human-capital-elderly>.

<sup>74</sup> Sri Lanka Bureau of Foreign Employment, "Benefits of the Insurance Coverage," accessed March 7, 2022, <http://slbfe.lk/page.php?LID=1&PID=110?>

<sup>75</sup> Sri Lanka Social Security Board, accessed March 7, 2022, <http://ssb.gov.lk/english.html>.

<sup>76</sup> Ganga Tilakaratna Sahan Jayawardana, "Social Protection in Sri Lanka: Current Status and Effect on Labor Market Outcomes," in SARNET Working Paper No.3, 2015, 21, [https://www.researchgate.net/profile/Ganga-Tilakaratna/publication/316542698\\_Tilakaratna\\_G\\_and\\_S\\_Jayawardana\\_2015\\_'Social\\_Protection\\_in\\_Sri\\_Lanka\\_Current\\_Status\\_and\\_Effect\\_on\\_Labour\\_Market\\_Outcomes'\\_SARNET\\_working\\_paper\\_No\\_3\\_South\\_Asia\\_Research\\_Network\\_for\\_Employment\\_and\\_Social\\_links/5902f043a6fdcc8ed51a986/Tilakaratna-G-and-S-Jayawardana-2015-Social-Protection-in-Sri-Lanka-Current-Status-and-Effect-on-Labour-Market-Outcomes-SARNET-working-paper-No-3-South-Asia-Research-Network-for-Employment-and-Soci.pdf?\\_sg%5B0%5D=FUR7OSVNrTqspKtnvMjBfDynKLg6GMW6vFrV2yP7sbqgTEBV4vGsuUMWdiS64bryCHNC0OPhLPdij8-rifAA2A.v9j2plu8n9UxuqIU9o-mU6UcldQusgMb8LMS3OdzW07htikWEgor4LzZVb6cUOIR8u-3okhcRAMOO2ZzwXc9Q&\\_sg%5B1%5D=6ZxkO7W-RRVOoAkqKmAmMp5Qo-Fou-O-zXuN9K-YYBL5gQclAEqQhn-4UXDdt4-Rq7F7IE9C.JKQf6CEbSLpMyOIAWSh5UIXaPlvWuI2Pr\\_dp.v9j2plu8n9UxuqIU9o-mU6UcldQusgMb8LMS3OdzW07htikWEgor4LzZVb6cUOIR8u-3okhcRAMOO2ZzwXc9Q&\\_iepl=](https://www.researchgate.net/profile/Ganga-Tilakaratna/publication/316542698_Tilakaratna_G_and_S_Jayawardana_2015_'Social_Protection_in_Sri_Lanka_Current_Status_and_Effect_on_Labour_Market_Outcomes'_SARNET_working_paper_No_3_South_Asia_Research_Network_for_Employment_and_Social_links/5902f043a6fdcc8ed51a986/Tilakaratna-G-and-S-Jayawardana-2015-Social-Protection-in-Sri-Lanka-Current-Status-and-Effect-on-Labour-Market-Outcomes-SARNET-working-paper-No-3-South-Asia-Research-Network-for-Employment-and-Soci.pdf?_sg%5B0%5D=FUR7OSVNrTqspKtnvMjBfDynKLg6GMW6vFrV2yP7sbqgTEBV4vGsuUMWdiS64bryCHNC0OPhLPdij8-rifAA2A.v9j2plu8n9UxuqIU9o-mU6UcldQusgMb8LMS3OdzW07htikWEgor4LzZVb6cUOIR8u-3okhcRAMOO2ZzwXc9Q&_sg%5B1%5D=6ZxkO7W-RRVOoAkqKmAmMp5Qo-Fou-O-zXuN9K-YYBL5gQclAEqQhn-4UXDdt4-Rq7F7IE9C.JKQf6CEbSLpMyOIAWSh5UIXaPlvWuI2Pr_dp.v9j2plu8n9UxuqIU9o-mU6UcldQusgMb8LMS3OdzW07htikWEgor4LzZVb6cUOIR8u-3okhcRAMOO2ZzwXc9Q&_iepl=).



### For informal sector workers

Although around 60% of the workforce is employed in the informal sector, coverage of social security programmes for informal sector workers is limited. Certain voluntary contributory pension and insurance schemes are available for specific groups of informal sector workers. These are:<sup>78</sup>

1. Farmers' Pension and Social Security Benefit Scheme (FMPS) offered by the Agriculture and Agrarian Insurance Board (AAIB)
2. Fishermen's Pension and Social Security Benefit Scheme (FSHPS) provided by the Ministry of Fisheries.
3. Pension and Social Security Benefit Schemes for other employees offered by the Ministry of Finance and Planning.
4. Self-employed Persons Pension Scheme (SPPS) (Surakuma) for those not eligible for a government pension under the Social Security Board (Amendment) Act No. 33 of 1999
5. Sarawathi pension scheme for artists provided by the Tower-Hall Foundation and the Department of Cultural Affairs
6. Helaweda Rekawarana pension scheme for Ayurveda physicians provided by the Department of Ayurveda
7. Sipsavira pension scheme for Handicraftsmen provide by the National Craft Council
8. Kamdiriya pension scheme for the rural industries sector offered by the Ministry of Rural Industries and Development of Self-employment

9. Randalu pension scheme for Small scale tea growers and allied employed provided by the Small Tea development Authority
10. Ransalu pension scheme for Weavers of cloth of hand operated machines offered by the Ministry of Hand Weavers
11. Randiya pension scheme for people involved in Kithul products provided by the Ministry of Traditional Industry and Small Enterprises Development

However, these schemes suffer from a number of issues such as low coverage, inactive membership, low level of benefits, high administration costs, and weak financial sustainability, making these less efficient retirement benefit schemes.<sup>79</sup> A significant fraction of informal sector workers and women engaged in UCW have also by and large been left out of monetary benefits schemes, increasing their vulnerability to economic destitution and dependence on extended family for support and care. The Finance Minister proposed the establishment of a contributory pension scheme for senior citizens who do not currently receive pensions in his Budget Speech- 2022.<sup>80</sup>

<sup>77</sup> Ibid

<sup>78</sup> Ashani Abayasekara, "Pension Coverage in Sri Lanka" (The 14th Pension Experts Meeting, Seoul, Korea, June 13, 2019), [https://ips.lk/wp-content/uploads/2019/06/PPT\\_Pensions-in-SL1\\_FINAL\\_AA.pdf](https://ips.lk/wp-content/uploads/2019/06/PPT_Pensions-in-SL1_FINAL_AA.pdf).

<sup>79</sup> Ibid

<sup>80</sup> "Budget Speech- 2022," 26, accessed March 7, 2022, <https://www.treasury.gov.lk/api/file/91c69189-9b2f-4ab2-8e90-53213a60cddd>.

## Income transfers to the elderly and PWD from low-income households

Under the **income transfers to poverty stricken elderly scheme**, those aged 70 or above without income are entitled receive Rs. 2000/= from the National Secretariat for Elders (NSE). Circular No. NSE/EL/O1/2018 of the NSE sets out the relevant procedure and eligibility criteria. Spouses aged 70 and above of recipients are entitled to receive this income upon the death of the original recipient. The National Secretariat for Persons with Disabilities (NSPD) provides a **monthly allowance** of Rs. 3000/= for identified **low-income families with disabled persons**. The key shortcoming of this scheme is the low coverage of eligible persons due to budgetary constraints. In addition, under the **“Wedihiti Awarana Kepakaru”** Scheme destitute elders can obtain Rs. 500.00 per month from a sponsor. Any resident, Institution, or company can be a sponsor. There are many impediments to accessing these benefits. The primary concern is the inadequacy of monetary benefits received through these programmes. The cash transfers under many of the social protection programmes are insufficient to cover even the basic needs of individuals let alone families. Currently, assistance is also only provided for a segment of the eligible elderly and PWD populations who have requested assistance due to budgetary concerns, leading to a disproportionate distribution of retirement benefits. The application process for PWD to claim these benefits is also cumbersome and results in the claimants being dependent on several layers of government, while the selection process is mired in political patronage and discrimination. PWD in the estate sector do not access benefits due to difficulties in navigating the

predominantly Sinhala speaking bureaucracy, low levels of literacy, and geographic location of estates which makes physical access to government entities cumbersome.<sup>81</sup> PWD have also had to face difficulties accessing the authorities to claim their social protection payments during the COVID-19 pandemic related lockdown periods.<sup>82</sup>

## Private pension and insurance schemes

A regional Study finds that voluntary health insurance and other private sources of health expenditure are not widespread in the South Asian region including Sri Lanka.<sup>83</sup> Private wealth management companies and insurance providers offer a variety of voluntary contributory pension schemes and insurance schemes for persons of all income levels. Often however, these are only accessed by members of middle and upper -middle income households. Lower middle income households and the poor do not access these.

### ► Elders’ homes and PWD care homes

The rapidly aging population in Sri Lanka has increased the demand for aged-care services. Protection of the Rights of Elders Act and the 2011 Amendment require all elderly care service providers to register with the National Council for Elders. The provincial Departments of Social Services conducts supervision, classification, and evaluation of these homes. At present there are a total of 349<sup>84</sup> elders’ homes monitored by the provincial departments of social

<sup>81</sup> Note 20, 10

<sup>82</sup> Note 46

<sup>83</sup> Note 48, 24

<sup>84</sup> “List of Elders Homes,” accessed March 7, 2022, <file:///C:/Users/User/AppData/Local/Temp/Elder%20homes%202021.pdf>.

services out of which the majority is managed by non-governmental organizations such as Sarvodaya and HelpAge or private entities.<sup>85</sup> There are also a few fee-levying homes for the elderly run by private individuals or companies.

Several private companies and government entities provide home-based nursing care for elderly persons for a fee. These service providers are required to annually register with the Private Health Sector Regulatory Council (PHSRC) through the Provincial Director of Health Services as a private medical institution as per the Private Medical Institutions (Registration) Act, No. 21 of 2006 and the Extraordinary Gazette No. 1489/18 of 22 March 2007.<sup>86</sup> Service providers must operate according to the guidelines issued by PHSRC, which is authorized to shut down any service provider that does not comply with the guidelines. An estimated 25 home nursing care service providers operate in Sri Lanka, the exact number of which is unknown due to the deficiencies in monitoring and regulating the industry. Their services are usually not affordable for lower-income families.<sup>87</sup>

It is observed that new regulations are being drafted to address the inefficient registration and monitoring process of residential homes and home nursing care services for elders.<sup>88</sup> Improving the quality and governance of all these facilities is important at the same time as ensuring wider coverage and more affordability in accessing these services, in order to improve the quality of life of the elderly

residents and reduce dependency on the family. An attitudinal shift in society towards elderly care homes as a viable alternative to caregiving at home is also necessary, perhaps aided by policy amendments.

The majority of care homes for PWD in Sri Lanka are run on a voluntary basis. Non-governmental organizations such as Prithipura communities, Daya Nivasa, Sandeepani Home, run care homes for PWD from marginalized and economically deprived backgrounds. These organizations are required to register with the provincial Departments of Social Services. The supervision, classification, and evaluation of all care homes for PWD are the responsibility of the said Departments. These homes rely on charitable donations, which is often inadequate to cover the maintenance expenses of such places. The Department of Social Services manages a Shelter for Intellectually Deficient Boys without Parents or Guardians. Residential facilities including food and medical facilities are offered free of charge.<sup>89</sup> The NSPD operates the Victoria Home for the severely disabled incurables. Due to the inadequacy of public funding allocated for the maintenance of these homes, authorities rely on donations to sustain the places. The lack of funding affects the quality of services provided and therefore the quality of life of the residents.

<sup>85</sup> Note 81

<sup>86</sup> Note 18, 31

<sup>87</sup> Ibid, 27

<sup>88</sup> Ibid, 32

<sup>89</sup> See "Caring of Mentally Retarded Persons," Department of Social Services, accessed March 7, 2022, [https://www.socialservices.gov.lk/web/index.php?option=com\\_content&view=article&id=25&Itemid=134&lang=en](https://www.socialservices.gov.lk/web/index.php?option=com_content&view=article&id=25&Itemid=134&lang=en).

### ► Other services to the elderly and PWD

A variety of other services provided by state and non-state actors are available for the elderly with varying degrees of success and efficacy. **Elder's Identity Cards** issued by the NSE gives the holder priority in government & private sector services, additional interest on fixed deposits, and discounts on pharmaceuticals. However, evidence suggests that often the Identity card is not given any recognition nor is the elderly given any concessions or benefits by virtue of possessing the card.<sup>90</sup> **Day care centres for elders** operated by government entities and non-for profit entities provide a venue for elders to engage in discussion on various subjects, religious activities, exercise, and recreational activities during the day. Currently, the NSE operates 662 day-care centers nationally through provincial department of social services and provides financial assistance up to Rs. 25,000 to each of these centres.<sup>91</sup> HelpAge Sri Lanka, Sri Lankadhara Society, and other non-governmental organizations also support day-care centers. Most often the elders availing of these services are from economically marginalized groups. Some organizations such as the Sri Lankadhara Society provide elders with an allowance for transport to the venue and medical expenses, bridging an accessibility gap to such care facilities.<sup>92</sup> Further, **Divisional level elders committees** are formed under the guidance of the NSE to facilitate access to services of elders and solicit their views to inform policy. The extent of the coverage of these centres and committees and the efficacy are unclear.

The NSE also facilitates **health schemes** such as the “Arogya” medical aid scheme which provide financial assistance of Rs. 25,000/- to elders from low-income families suffering from cancer, kidney disease, and heart diseases and the “Suwasahana” elderly illness programme which provides financial assistance to cover the costs of surgery and hospitalization for residents of registered elders’ homes. Elders fulfilling the eligibility criteria are required to apply to these schemes but assistance will be provided only to the extent permitted by budgetary allocations which leaves many who need assistance without aid. The Provincial Departments of Social Services also provide medical and surgical assistance,<sup>93</sup> which are vulnerable to the same limitations as above. Further, the area offices of the Medical Officer of Health conduct **non-communicable disease clinics** in their area which the elderly can access. However, these clinics are not specific to the elderly.<sup>94</sup> The Ministry of health, private companies through their Corporate Social Responsibility (CSR) arms, and non for profit organizations conduct **outreach eye camps and cataract screening camps** in underserved or rural areas on an ad-hoc basis.<sup>95</sup> While Ophthalmic drugs are available in public hospitals free of charge, advanced and costly drugs are only available in limited stocks. Therefore, the elderly who require eye care have to rely on donors to cover the costs of surgery and medication.<sup>96</sup> The adequacy, elder-friendly accessibility, and quality are common challenges seen in all these services, which highlight the need for comprehensive and affordable provision of care to the elderly for them to lead independent lives. Such provision will lessen the burden of care placed on the families of the elderly and enable the workforce participation of women caregivers.

<sup>90</sup> Note 18, 19

<sup>91</sup> Ibid, 26

<sup>92</sup> See “Sri Lankadhara Society - The Elders Day Care Centre,” accessed March 7, 2022, [https://srilankadhara.org/inner\\_pages/elders\\_day\\_care\\_centre.html](https://srilankadhara.org/inner_pages/elders_day_care_centre.html).

<sup>93</sup> See “Services and Projects provided by the Department,” Department of Social Service- Western Province, accessed March 7, 2022, [http://ssd.wv.gov.lk/en/?page\\_id=828](http://ssd.wv.gov.lk/en/?page_id=828), “Services for the Disabled,” The Department Of Social Welfare, Probation and Child Care Service Affairs, accessed March 7, 2022, <http://www.socialproba.cp.gov.lk/en/social-welfare-services/services-for-the-disabled.html>.

<sup>94</sup> Note 18, 24

<sup>95</sup> See examples “Free Eye Check-Up Camp - Gift of Vision by JKF and CCS,” Elephant House, accessed March 7, 2022, <https://www.elephanthouse.lk/corporate/sustainability/community-development/health.html>, “Suwanetha - The Only Dedicated Eye Hospital in Sri Lanka,” Suwanetha Eye Hospital, accessed March 7, 2022, <https://suwanethaeyehospital.com/>, “Services for Elders,” Sahanaya Resource and Information Center - SRIC, accessed March 7, 2022, <https://sric.lk/page/services-for-elders/16>.

<sup>96</sup> Ministry of Health, “Vision 2020 Sri Lanka the Right to Sight National Programme for Prevention of Blindness Sri Lanka- Comprehensive Eye Care Plan 2013 - 2017 Five Years,” accessed March 7, 2022, <https://www.iapb.org/wp-content/uploads/2020/10/Sri-Lanka-Action-Plan-2013-17.pdf>.

Due to the inadequacy of public funding allocated for the maintenance of these homes, authorities rely on donations to sustain the places. The lack of funding affects the quality of services provided and therefore the quality of life of the residents.

Further, the Ministry of Health and some non-governmental organizations conduct community programmes to **train caregivers for Elderly & PWD**, which are however limited in reach. For instance, the home care volunteers program conducted by HelpAge Sri Lanka trains volunteers to visit and monitor elders who live in their area. They in turn provide information to the Office of the Medical Officer of Health in the area about elders in need of care and reach out to HelpAge Sri Lanka if an elderly person requires an assistive device.<sup>97</sup> The Ministry also has several **rehabilitation centres** attached to government hospitals around the country. The majority are mental rehabilitation units while the Rheumatology & Rehabilitation Hospital at Ragama provides rehabilitation services to patients referred from government hospitals around the country. State provided rehabilitation services suffer from several deficiencies including poor accessibility in the peripheries, human and financial resource constraints, and poor follow-up care which affects effective rehabilitation of patients.<sup>98</sup> The lack of habilitation programmes for children with disabilities is a serious concern because without early interventions the severity of disabilities increase and may lead to secondary disabilities with the progression of time.<sup>99</sup>

**Community Based Rehabilitation Programme** of the Department of Social Services and the NSPD provide a range of assistive devices to low-income elderly persons and PWD. Provision of assistive devices is important as those could help the elderly and PWD become independent in their daily living and improve their quality of life, thereby lessening the care burden on the family. However, generally assistive devices are relatively costly, making

<sup>97</sup> Note 18, 26

<sup>98</sup> "National Objectives for Development of Physical Rehabilitation Care in Sri Lanka" (Ministry of Health), 4, accessed March 7, 2022. [http://www.health.gov.lk/moh\\_final/english/public/elfinder/files/publications/publishpolicy/x2\\_Physical%20Rehabilitation.pdf](http://www.health.gov.lk/moh_final/english/public/elfinder/files/publications/publishpolicy/x2_Physical%20Rehabilitation.pdf).

<sup>99</sup> Note 21, 9

them unaffordable for many individuals, even for middle-income individuals.<sup>100</sup> The devices provided by the Department are in limited supply which leaves many deserving individuals without necessary support.

The above programme also provides many services to PWD such as direct provision of rations, infrastructure facilities, **skills development** and vocational training for unmarried PWD aged 16–35 years, **livelihood development**, and facilitating better access to services. However, the quality, currency, and availability of the skills development programmes are questioned by disability activists as those do not reflect current market demands and are not available in sufficient quantity for all PWD in need to access. The lack of supportive technology and communication facilities for PWD is another barrier to benefit from these trainings.<sup>101</sup> Not for profit non-governmental entities offer **educational opportunities** such as the Menhandy School for the Exceptional child, Rehabilitation Centre for the Communication Impaired (RCCI), and Chitra Lane School for children with special needs<sup>102</sup> and **vocational training** for PWD. While the education institutions are non-fee levying, limited geographic reach and lack of financial capacity to afford transport costs to the venues prevent most deserving children from accessing these institutions. Therefore, their full time care often becomes the responsibility of the family while they also miss out on benefiting from the life skills such educational opportunities equip them with, enabling independent living. Private sector too offers skills training facilities such as the Specialised Training and Disability Resource Centre of the Employers Federation of Ceylon established

to train persons with diverse disabilities and enhance their capacity for employment.<sup>103</sup> Some of the private sector training opportunities are fee-levying, creating an accessibility barrier for PWD with financial constraints.

The NSPD carries out a **self-employment assistance programme** for disabled persons from low-income families whose monthly income is less than Rs. 6000. Selected beneficiaries are provided with financial assistance, subject to a maximum of Rs. 25,000. Conventional self-employment assistance particularly for disabled women by both the government and non-governmental organizations fail primarily due to limited markets, difficulties in securing financial facilities from banks or micro-credit schemes due to their disability, and inadequate training while also detracting from providing financial stability and secure wage employment.<sup>104</sup>

Additionally, the following one time allowances are also available to eligible PWD: Rs. 250,000 for the construction of a new house, Up to Rs. 25,000 for self-employment and up to Rs. 20,000 for surgeries, for medicine and traveling up to Rs. 20,000, and educational assistance of up to Rs. 10,000.<sup>105</sup> However, restrictive eligibility criteria, issues with geographic coverage, accessibility challenges, and the insufficiency of the allowance, political patronage, and discrimination have adversely impacted the efficacy of these services as evidenced by repeated submissions to international monitoring bodies by disability rights organizations.<sup>106, 107</sup>

<sup>100</sup> Note 18, 29

<sup>101</sup> Note 20, 8

<sup>102</sup> See <http://menhandy.org/about.html>, <http://www.rccisl.org/About-Us.html>, <https://chitralane.lk/>

<sup>103</sup> “Disability Resource Centre – The Employers’ Federation of Ceylon,” The Employers Federation of Ceylon, accessed March 7, 2022, <https://employers.lk/disability-resource-centre/>.

<sup>104</sup> Note 57, 5

<sup>105</sup> “Services for Persons with Disabilities,” State Ministry of Samurdhi, Household economy, Micro finance, Self -Employment business development, accessed March 7, 2022, [http://stateminsamurdhi.gov.lk/web/index.php?option=com\\_content&view=article&id=30&Itemid=151&lang=en#payment-of-rs-5-000-00](http://stateminsamurdhi.gov.lk/web/index.php?option=com_content&view=article&id=30&Itemid=151&lang=en#payment-of-rs-5-000-00).

<sup>106</sup> Notes 20 and 21

<sup>107</sup> [http://stateminsamurdhi.gov.lk/web/index.php?option=com\\_content&view=article&id=30&Itemid=151&lang=en#payment-of-rs-5-000-00](http://stateminsamurdhi.gov.lk/web/index.php?option=com_content&view=article&id=30&Itemid=151&lang=en#payment-of-rs-5-000-00)

### 2.2.3 Responsible institutions

The state Ministry of Samurdhi, household economy, micro finance, self-employment business development is the nodal ministry for the NCPD and NSPD. Despite the stated objectives of establishing the NCPD as an independent decision making entity, and inclusive of PWD, care-givers, and disability rights advocacy organizations, the NCPD is viewed as limited and ineffective in policy formulation and the promotion of disability rights by PWD and activists.<sup>108</sup>

The State Minister of Primary Health Care, Epidemic, and COVID Disease Control is the nodal ministry for the NSE and the Department of social services. The Department was previously under the Ministry of Social Empowerment. Many non-governmental organizations such as HelpAge Sri Lanka and Sarvodaya, are involved in assisting the Social Services Department's Community-Based Rehabilitation programme.

Provincial Departments of Social Welfare, Probation, and Child Care Services maintain and monitor elder's homes. They also assist PWD with assistive devices, self-employment training, and financial and infrastructure facilities.

The PSPS and the W&OP are administered by the Department of Pensions. The EPF is administered by the Department of Labour with the fund managed by the Central Bank of Sri Lanka (CBSL). The ETF is administered by the Employee Trust Fund Board. Other Ministries

administer different pension schemes for select categories of persons. The SLBFE is responsible for the insurance scheme for migrant workers.

The Ministry of Health is responsible for the implementation of all national health related policies and ensuring the elderly and PWD have access to quality healthcare which would improve their quality of life and reduce dependency. The Ministry of education and the Ministry of Higher Education and Highways are responsible for the implementation of education related policies which will enable inclusive access to education for PWD.

Additionally, an array non-governmental organizations and private sector entities provide social protection programmes and services to the elderly and PWD such as International Sri Lanka and the Sarvodaya Shramadana Movement.

The overall institutional structure for the protection and provision of services to the elderly and PWD suffer from the lack of a multi-sectoral approach to elderly care and disability, instead having adopted a siloed approach. A national coordination mechanism with a presence in local administrative units for the provision of services to the elderly and PWD is absent, which hinders access to services and information necessary to lead less dependent lives. The lack of a robust accountability mechanism for the supervision of the social protection programmes and to prevent fraud and corruption further exacerbates the limitations of these programmes.

<sup>108</sup> Note 20, 5

## 2.2.4 Sources of funding and expenditure trends

The majority of funding for government institutions to implement activities comes from the national budget as allocated for each entity based on projected expenditure expectations submitted in the previous budget year. However, government entities rely on donor assistance to cover shortfalls in expenditure and implement additional programmes. Donors could be intergovernmental organizations such as the United Nations (UN) agencies, the World Bank, and the Asian Development Bank; bi-lateral donors such as the British High Commission, the United States Agency for International Development (USAID); or international non-governmental organizations.

Contributory pension and insurance schemes are financed through members' contributions while the private sector service provision is profit orientated and therefore fee-levying. Non-governmental organizations raise their own funds mostly through individual and organizational donors in order to provide services to beneficiaries.

The 2022 budget has allocated Rs. 312.6 Million for pensions, and service compensation for deaths and injuries of soldiers.<sup>109</sup> The Social Welfare & Safety net expenditure of the government in 2020 was Rs. 14,258 Million which included Rs. 6,575 Million for assistance to elderly persons, Rs. 1,571 Million on social care for parents of deceased soldiers, and Rs. 1,460 Million on assistance to Differently Abled Persons and kidney patients. The overall expenditure increased to Rs. 15,613 Million in 2021 with Rs. 6,589 Million spent for assistance to elderly persons, Rs. 1,519 Million on social care for parents of deceased soldiers, and Rs. 4,411 Million on assistance to Differently Abled Persons and kidney patients.<sup>110</sup> The latter is a sharp increase from the expenditure in 2020, the reasons for which are unexplained. A comparison of these figures with the expenditure in 2013<sup>111</sup> highlights the fact that expenditure in relation to elders has not increased significantly (Rs. 1,586 Million in 2013) in stark contrast to the fast changing elderly demographic in the country. Therefore, the many social protection challenges the elderly face, which adversely affect their ability to live independently and lessen the care burden on families may be attributed to the inadequate allocation of financial resources by the State to provide such services. Conversely, assistance to PWD have increased exponentially from Rs. 353 Million in 2013 to Rs. 4, 411 Million in 2021. Despite such increase, as discussed in the preceding sections, PWD face many challenges in accessing services and living independently, raising concerns regarding the efficient utility of such budgetary allocations for the improvement of living standards of PWD.

<sup>109</sup> "Budget Highlights," Ministry of Finance, accessed March 7, 2022, <https://www.treasury.gov.lk/web/budget-highlights/section/social%20protection>.

<sup>110</sup> "Fiscal Management Report 2022" (Ministry of Finance, November 12, 2021), 34, <https://www.treasury.gov.lk/api/file/546a705a-2fc2-4a9f-a78b-b686693c3aab>.

<sup>111</sup> "Fiscal Management Report 2015" (Ministry of Finance and planning, October 24, 2014), 39, <https://www.treasury.gov.lk/api/file/O75fd729-658f-4572-9ddc-943ca6fa6fa8>.



A national coordination mechanism with a presence in local administrative units for the provision of services to the elderly and PWD is absent, which hinders access to services and information necessary to lead less dependent lives. The lack of a robust accountability mechanism for the supervision of the social protection programmes and to prevent fraud and corruption further exacerbates the limitations of these programmes.

The budgetary allocations to improve bus services to remote areas have dropped from Rs.4,600 Million in 2020 to Rs.2,900 Million in 2021, impacting the ability of the elderly and PWD of remote areas from improved accessibility to services. However, Rs. 9,204 Million was spent to improve efficiency, capacity, and connectivity of the transport network generally, which has a positive impact on access to services.

The most significant cross-cutting issue with regards to funding for services to the elderly and PWD is the perennially inadequate funds allocated for such activities. Social protection and welfare expenditure have to compete with other development priorities to secure necessary funding, which hinders adequate service provision to the elderly and PWD. This situation in turn burdens the private sphere with attendant costs of securing such services, straining household incomes and on one hand affecting the quality of lives of families and, on the other hand the lives of the elderly and PWD family members.

## 2.3 General poverty alleviation policies and programmes

The Samurdhi programme is the main and the largest social protection initiative for the poor in Sri Lanka. The long term goal of the programme is to eradicate poverty through the integration of the poor into the mainstream economic and social structures. Samurdhi beneficiaries account for 23% of the population, highlighting the extent of poverty in Sri Lanka.<sup>112</sup> The programme currently implements 10 main development programmes. i.e. livelihood Development Programme, Marketing Promotion Programme, Social Development Programme, Community Based Organizations Programme, Information Technology Programme, Training and Capacity Development Programme, Media Programme, Community Based Banking Programme, Social Welfare Programme, and the Social Security Programme.

According to the Department of Samurdhi Development, the general criteria for the selection of families who are entitled to receive the cash transfer includes: (i) levels of education; (ii) health; (iii) economic situation; (iv) total of assets; (v) housing conditions and; (vi) demography of the family. Nevertheless, no clear indicators for the selection of the beneficiaries are published by the Department.<sup>113</sup> Sri Lanka spends less than 1% of GDP on social assistance, most of which is spent on unconditional cash transfers such as the Samurdhi allowance, than on other programmes.<sup>114</sup> The largest proportion of the Welfare expenditure is thus allocated for

the Samurdhi programme. The expenditure for this programme in 2020 was Rs. 35,087 million, which increased to Rs. 38, 844 million in 2021. Over a period of a decade, the main poverty alleviation budget was Rs.13,084 for the Samurdhi programme in 2013. Perhaps as a result of increased funding, Sri Lanka's social assistance programme has the second largest impact on poverty in the South Asian region at 31%.<sup>115</sup>

However, multiple studies of the Samurdhi programme argue that while the programme itself is an important social security/ safety net programme that has contributed to poverty reduction, the programme faces many limitations to effectively target potential beneficiaries such as the inadequacy of the allowances and the process of distribution based on self-reported income.<sup>116</sup> The beneficiaries of the Samurdhi programme are further affected as the net cash value received by the beneficiaries is much lower than the amounts stipulated due to deductions for compulsory savings, social security fund, and housing fund, leaving scant amounts for subsistence. In his budget speech 2022, the finance minister shared the proposed strategy of the government to encourage Samurdhi beneficiaries to rethink their consumption patterns and inculcate a savings and investment culture, leaving Samurdhi relief for the most deserving in society.<sup>117</sup> Political interference is a major issue, which lead to the exclusion of poor households.<sup>118</sup>

<sup>112</sup> B. Skanthakumar, "Budget 2022: Brace for Austerity," SSA Sri Lanka, January 4, 2022. <http://ssalanka.org/budget-2022-brace-austerity-b-skanthakumar/>.

<sup>113</sup> Sánchez Ramos, Karen Melissa and Karimi, Abdul Matin, "Social Protection in Sri Lanka: An Analysis of the Social, Economic and Political Effectiveness of the Samurdhi Program," Munich Personal RePEc Archive (MPRA) Paper No. 102558, July 24, 2020, 6, [https://mpra.ub.uni-muenchen.de/102558/1/MPRA\\_paper\\_102558.pdf](https://mpra.ub.uni-muenchen.de/102558/1/MPRA_paper_102558.pdf).

<sup>114</sup> Note 48, 39

<sup>115</sup> Ibid, 16

<sup>116</sup> Brian Walsh and Stephane Hallegatte, "Socioeconomic Resilience in Sri Lanka Natural Disaster Poverty and Wellbeing Impact Assessment," Policy Research Working Paper 9015, 2019, 26 <https://documents1.worldbank.org/curated/en/173611568643337991/pdf/Socioeconomic-Resilience-in-Sri-Lanka-Natural-Disaster-Poverty-and-Wellbeing-Impact-Assessment.pdf>.

<sup>117</sup> Note 88, 62

<sup>118</sup> Note 123

# CONCLUSIONS AND RECOMMENDATIONS

Legal and policy framework in Sri Lanka is not equipped to comprehensively address the issues of social protection and care of the elderly and PWD with a view to reducing the dependence on families for support. Even though considerable funds are allocated through the national budget for social protection programmes, this funding is inadequate. A national coordination mechanism is required. Further, there is inadequate support services to access the programmes. Therefore, there is an urgent need to develop comprehensive laws, policies, and programmes to address the gaps in the social protection programmes for the elderly and PWD in Sri Lanka. This necessitates moving away from social protection policies and adopting social care policies that recognize the importance of the wellbeing of all people in a community and incorporate UCW into the development agenda.

With a rapidly aging population and feminization of aging, Sri Lanka has to grapple with issues relating to elderly care, including those of vulnerable women who do not have any security for old age as a result of being burdened with UCW. At the same time, the overall approach to disability by authorities is one of dependency, which denies PWD enjoyment of their rights. Due to the absence of adequate and affordable care for the elderly and PWD family members, care of these persons become the responsibility of the families. Resulting from cultural norms and practices, and financial concerns, women are expected to be the primary care-givers for most elderly and disabled family members. Women in the work force who are simultaneously responsible for the care of vulnerable family members then have the triple burden of their productive, reproductive, and community lives. However, UCW of women is not considered 'labour' and women engaged solely in UCW are considered part of the EIP. Therefore, UCW of women must necessarily be calculated in assessing the economic contribution of women without which no household functions efficiently.

The legal and policy framework in Sri Lanka pay scant attention to the UCW of women. It is also not equipped to comprehensively address the issues of social protection and care of the elderly and PWD with a view to reducing the dependence on families for support. Therefore, inevitably the care of the elderly and PWD is being pushed to the private sphere and by extension increasing the burden of responsibility on women in the family. Despite the reliance on families to provide care and assistance there are also no state policies which acknowledge and recognize the need for support to families who care for elderly and disabled family members nor are any assistance measures provided for such families. This has increased the UCW

of women in the family. The changing face of modern families has also necessitated revisiting the traditional reliance on families, particularly on women for the care of vulnerable family members as the number of women in a household available to care for family members has dwindled.

The legal and policy framework relating to social protection of the elderly and PWD in Sri Lanka require revisiting. Where the framework is adequate, the issue of barriers to effective implementation due to a variety of factors remains. Several key gaps in the social protection programmes in Sri Lanka vis-à-vis the elderly and PWD could be observed. Even though considerable funds are allocated through the national budget for social protection programmes, this funding is the perennially inadequate. Social protection and welfare expenditure have to compete with other development priorities to secure necessary funding, which hinders adequate service provision to the elderly and PWD. Lack of coordination among different departments and the duplication of programmes lead to the overlap of beneficiaries, which in turn may result in the exclusion of other eligible persons. Budgetary Constraints further restrict them from expanding the coverage of the programmes both in terms of beneficiaries

and benefits. Healthcare expenditure is also less than required to provide sufficient comprehensive care to the elderly and PWD. Limited budgets translate into limited human and material resources necessary for the implementation of programmes. The non-inclusion of the majority of informal sector workers in social protection schemes is also a limitation of the current social protection system, leaving such persons vulnerable to economic vagaries. The siloed approach to elderly and PWD care of the overall institutional structure, which adversely impact the provision of services require the establishment of a national coordination mechanism with a presence in local administration to strengthen the provision of services to the elderly and PWD.

Further, social protection programmes also suffer from inadequate support services to access the programmes. Under-developed/funded transport systems, language barriers, water and sanitation issues, and technological barriers have become issues that are increasingly restricting access to education, healthcare, and other social protection services. The elderly and PWD experience these barriers more acutely due to their inherent physical and cognitive limitations.

These limitations raise concerns regarding the ability of the social protection system to cater to the needs of the elderly and the PWD but more importantly, it also raises concerns regarding the impact of such deficiencies on UCW. Therefore, there is an urgent need to overcome the stagnation of laws and policies and to develop comprehensive laws, policies, and programmes to address the gaps in the social protection programmes for the elderly and PWD in Sri Lanka. This necessitates moving away from social protection policies and adopting social care policies that recognize the importance of the wellbeing of all people in a community and incorporate UCW into the development agenda. The Social care approach, in contrast to social protection, emphasizes the 3Rs framework conceptualized by professor Diane Elson<sup>119</sup>, which comprises:

- **Recognition** (of the role of care in society and increase visibility of the contribution of carers),
- **Reduction** (of UCW for women to in order to facilitate women to engage in formal employment and in social and political activities), and
- **Redistribution** (of responsibility, time, and resources to ensure that the burden of UCW is shared more equitably between women and men, government and the private sector, communities and households)

The above framework offers practical suggestions for addressing the uneven UCW burden. It aims to “strengthen women as economic actors while acknowledging that an adequate level of care and other social reproduction activities are essential for the well-being of society and the sustainability of human development”.<sup>120</sup> This approach is necessary in order to reduce their dependence as well as to reduce the burden of UCW within the household. Further, a policy framework which recognizes the economic value of UCW and includes measures that support families and women with caregiving responsibilities will improve the quality of life of women caregivers, encourage and enable their workforce participation, and increase their political participation and community engagement.

The following recommendations are made based on the above findings and conclusions:

<sup>119</sup> Professor Diane Elson, Essex University, conceptualized the framework of the three interconnected dimensions of policy towards UCW. See: Anna Fälth and Mark Blackden, “Unpaid Care Work”, Policy Brief- Gender Equality and Poverty Reduction 01, 2009, 8 <https://www1.undp.org/content/dam/undp/library/gender/Gender%20and%20Poverty%20Reduction/Unpaid%20care%20work%20English.pdf>

<sup>120</sup> Swedish International Development Cooperation Agency (SIDA), “Quick Guide to What and How: Unpaid Care Work- Entry Points to Recognise, Reduce and Redistribute”, Women’s Economic Empowerment Series, 2 <https://www.oecd.org/dac/gender-development/47565971.pdf>

### Recommendations:

- Undertake a comprehensive and extensive review of existing social protection laws, policies, and programmes relevant to the elderly and PWD in order to identify shortcomings, challenges, and lessons learnt for the future.
- Develop laws, policies, and programmes modelled on the 3Rs framework for a meaningful comprehensive and universal social care system with appropriate institutionalized monitoring mechanisms. Such developments would pave the way for the recognition of the full range of rights and emphasize the dignity and independence of the elderly and PWD, and effectively address the gaps identified in the existing system.
- Recognition (component of the 3Rs framework) of UCW by assigning a monetary value to UCW and taking this into account when designing social care systems and in calculating labour force participation in order to incentivize family-carers and provide them with the necessary care. This may take the form of a system of cash allowances for unpaid care workers with appropriate monitoring to prevent abuse, adequate training for the caregiver, respite care (short breaks from caregiving), and flexible work arrangements for family-carers participating in the work force.
- Ensure the universal provision of accessible, affordable, and quality infrastructure that enhances access to social protection services and reduces the reliance on families and the burden of UCW.
- Improve the availability and affordability of home-based and residential institutionalized care services and comprehensive elderly and disability care within the public health system through the provision of adequate resources, which may positively impact women caregivers rejoining the workforce and their economic empowerment.
- Advocate for and adopt a multi-sectoral approach to implementing social protection/care programmes for the elderly and PWD with feasible and effective coordination mechanisms for the delivery of services and dissemination of information.
- Establish a robust and accessible accountability mechanism to review eligibility for different social protection/care schemes; reduce fraud and corruption; and supervise the implementation of the programmes.

# ANNEXURES

## Bibliography

### A

Abayasekara, Ashani. "Pension Coverage in Sri Lanka." Presented at the 14th Pension Experts Meeting, Seoul, Korea, June 13, 2019. [https://ips.lk/wp-content/uploads/2019/06/PPT\\_Pensions-in-SL1\\_FINAL\\_AA.pdf](https://ips.lk/wp-content/uploads/2019/06/PPT_Pensions-in-SL1_FINAL_AA.pdf).

Antonopoulos, Rania. "The Unpaid Care Workpaid Work Connection." In Working Paper No. 541. Levy Economics Institute of Bard College, Annandale-on-Hudson, NY, 2008. <https://www.econstor.eu/bitstream/10419/31491/1/584728263.pdf>.

Asian Development Bank. "Country Diagnostic Study on Long-Term Care in Sri Lanka." O ed. Manila, Philippines: Asian Development Bank, July 2021. <https://doi.org/10.22617/TCS210218-2>.

———. "Disabled People and Development- Sri Lanka Country Report." Asian Development Bank, June 2005. <https://think-asia.org/bitstream/handle/11540/6143/Disabled%20people%20and%20development%20-%20Sri%20Lanka%20country%20report%20Jun05.pdf?sequence=>.

———. "Growing Old Before Becoming Rich Challenges of an Aging Population in Sri Lanka." Asian Development Bank, December 2019. <https://www.adb.org/sites/default/files/publication/557446/aging-population-sri-lanka.pdf>.

Auditor General. "Visually Handicapped Trust Fund - 2019 Audit Statement." National Audit Office, Sri Lanka, 2020. [https://naosl.gov.lk/web/images/audit-reports/upload/2019/FUNDS\\_19/3\\_VII/Visually-Handicapped-Trust-Fund--2019--E.pdf](https://naosl.gov.lk/web/images/audit-reports/upload/2019/FUNDS_19/3_VII/Visually-Handicapped-Trust-Fund--2019--E.pdf).

### B

B. Skanthakumar. "Budget 2022: Brace for Austerity." SSA Sri Lanka, January 4, 2022. <http://ssalanka.org/budget-2022-brace-austerity-b-skanthakumar/>.

Ban, Anusha. "Triple Burden of Women: Conflicting Gender Norms." The Himalayan Times, March 2, 2018. <https://thehimalayantimes.com/opinion/triple-burden-women-conflicting-gender-norms>.

Bloch, Carolina. "Social Spending in South Asia—an Overview of Government Expenditure on Health, Education and Social Assistance." International Policy Centre for Inclusive Growth (IPC-IG) and UNICEF, 2020. <https://www.unicef.org/rosa/media/10016/file/Social%20spending%20in%20South%20Asia.pdf>.

"Budget Speech- 2022." <https://www.treasury.gov.lk/api/file/91c69189-9b2f-4ab2-8e90-53213a60cddd>.

### C

Cefis, Adriana. "Barriers to Implementing the Convention on the Rights of Persons with Disabilities in Sri Lanka." Colombo, Sri Lanka: International Centre for Ethnic Studies, 2018. <https://ices.lk/wp-content/uploads/2018/12/Barriers-to-Implementing.pdf>.

Central Bank of Sri Lanka. "Consumer Price Inflation." Central Bank of Sri Lanka, n.d. <https://www.cbsl.gov.lk/en/measures-of-consumer-price-inflation>.

Chitra Lane School for children with special needs <https://chitralane.lk/>

Circular No. NSE/EL/01/2018 of the NSE

### D

Department of Census and Statistics. "Sri Lanka Labour Force Survey Annual Report - 2020." <http://www.statistics.gov.lk/LabourForce/StaticInformation/AnnualReports/2020>.

Department of Social Services. "Caring of Mentally Retarded Persons." [https://www.socialservices.gov.lk/web/index.php?option=com\\_content&view=article&id=25&Itemid=134&lang=en](https://www.socialservices.gov.lk/web/index.php?option=com_content&view=article&id=25&Itemid=134&lang=en).

Department of Social Service- Western Province. "Services and Projects Provided by the Department." [http://ssd.wp.gov.lk/en/?page\\_id=828](http://ssd.wp.gov.lk/en/?page_id=828).

Disability Organizations Joint Front. "Submission for the Review of the Situation of Persons with Disabilities in Sri Lanka UN Universal Periodic Review - Sri Lanka 2017 Third Cycle, 28th Session 2017," March 2017. <https://www.ohchr.org/Documents/Issues/Disability/RightAccessJusticeArticle13/CSO/DisabilityOrganizationsJointFrontSrilanka.pdf>.

———. "The State of Economic, Social and Cultural Rights of Persons with Disabilities in Sri Lanka," April 2017. <https://ices.lk/wp-content/uploads/2017/06/The-State-of-Economic-Social-and-Cultural-Rights.pdf>.

Disabled Persons (Accessibility) Regulation No.1 of 2006

Dissanayake, L. and Weeratunga M. K., "Features, Challenges and Opportunities of Population Ageing: Sri Lankan Perspective."

UNFPA Sri Lanka, November 28, 2016. <https://srilanka.unfpa.org/en/publications/features-challenges-and-opportunities-population-ageing-sri-lanka-perspective>.

Dugarova, Esuna. “Unpaid Care Work in Times of the COVID-19 Crisis: Gendered Impacts, Emerging Evidence and Promising Policy Responses,” 19. [https://www.un.org/development/desa/family/wp-content/uploads/sites/23/2020/09/Duragova.Paper\\_.pdf](https://www.un.org/development/desa/family/wp-content/uploads/sites/23/2020/09/Duragova.Paper_.pdf).

## E

Ellepola, Yolanthika. “Talkingeconomics - Sri Lanka’s Invisible Children: The Need for Inclusive Education for Children with Special Needs.” <https://www.ips.lk/talkingeconomics/2016/04/25/sri-lankas-invisible-children-the-need-for-inclusive-education-for-children-with-special-needs/>.

Elephant House. “Free Eye Check-Up Camp - Gift of Vision by JFK and CCS.” <https://www.elephanthouse.lk/corporate/sustainability/community-development/health.html>.

Extraordinary Gazette No. 1489/18 of 22 March 2007

Extraordinary Gazette No. 1003/5 of 25 November 1997

Extraordinary Gazette No. 1963/30 dated 20 April 2016

## F

Fälth A. and Blackden M., “Unpaid Care Work”, Policy Brief- Gender Equality and Poverty Reduction 01, 2009, <https://www1.undp.org/content/dam/undp/library/gender/Gender%20and%20Poverty%20Reduction/Unpaid%20care%20work%20English.pdf>

“Fiscal Management Report 2015.” Ministry of Finance and planning, October 24, 2014. <https://www.treasury.gov.lk/api/file/075fd729-658f-4572-9ddc-943ca6fa6fa8>.

“Fiscal Management Report 2022.” Ministry of Finance, November 12, 2021. <https://www.treasury.gov.lk/api/file/546a705a-2fc2-4a9f-a78b-b686693c3aab>.

Ferrant , Gaëlle., Pesando, Luca Maria. and Nowacka, Keiko. “Unpaid Care Work: The Missing Link in the Analysis of Gender Gaps in Labour Outcomes.” OECD Development Centre, December 2014. [https://www.oecd.org/dev/development-gender/Unpaid\\_care\\_work.pdf](https://www.oecd.org/dev/development-gender/Unpaid_care_work.pdf).

## G

Gunatilaka, Ramani. “To Work or Not to Work? Factors Holding Women Back from Market Work in Sri Lanka.” ILO Asia- Pacific Working Paper Series, October 2013. [http://www.oit.org/wcm5/groups/public/---asia/---ro-bangkok/---sro-new\\_delhi/documents/publication/wcms\\_250111.pdf](http://www.oit.org/wcm5/groups/public/---asia/---ro-bangkok/---sro-new_delhi/documents/publication/wcms_250111.pdf).

## H

Hannan, Sarah. “Barrier-Free Access in Public Spaces | Proper Access Still Blocked.” The Morning - Sri Lanka News, October 11, 2020, sec. Printed Focus/Spotlight. <http://www.themorning.lk/barrier-free-access-in-public-spaces-proper-access-still-blocked/>.

HRCSL. “Human Rights Commission of Sri Lanka - Annual Report 2017.” HRCSL, 2017. <https://www.hrcsl.lk/wp-content/uploads/2020/01/English-2017.pdf>.

———. “Human Rights Commission of Sri Lanka - Annual Report 2018.” HRCSL. <https://www.hrcsl.lk/wp-content/uploads/2020/01/Annual-Report-2018-English.pdf>.

## I

International Centre for Ethnic Studies. “Women Living with Disabilities in Sri Lanka- Report Submitted to the Committee on the Elimination of Discrimination Against Women- 66th Session (13 February-3 March 2017).” Colombo, Sri Lanka, January 2017. <https://ices.lk/wp-content/uploads/2017/01/ICES-Disability-Shadow-Report-31-Jan-17.pdf>.

ILOSTAT. “Unpaid Work.” Accessed March 7, 2022. <https://ilostat.ilo.org/topics/unpaid-work/>.



**K**

Kaluthantiri, K.D.M.S. "Ageing and the Changing Role of the Family in Sri Lanka." The University of Adelaide, 2014. <https://hekyll.services.adelaide.edu.au/dspace/bitstream/2440/93498/3/O2whole.pdf>.

Kottegoda, S. (2017) "Keynote: Importance of Recognising Unpaid Care Work. Bringing Unpaid Care Work from the Private to Public Arena – Through the 'Empowerment' Looking Glass." <https://womenandmedia.org/keynote-importance-of-recognising-unpaid-care-work/>.

**L**

"List of Elders Homes." <file:///C:/Users/User/AppData/Local/Temp/Elder%20homes%202021.pdf>.

**M**

McLaren, Helen Jaqueline, Karen Rosalind Wong, Kieu Nga Nguyen, and Komalee Nadeeka Damayanthi Mahamadachchi. "Covid-19 and Women's Triple Burden: Vignettes from Sri Lanka, Malaysia, Vietnam and Australia." *Social Sciences* 9, no. 5 (May 2020): 87. <https://doi.org/10.3390/socsci9050087>.

Menhandy School for the Exceptional child, <http://menhandy.org/about.html>

Ministry of Finance. "Budget Highlights." <https://www.treasury.gov.lk/web/budget-highlights/section/social%20protection>

Ministry of Health. "Vision 2020 Sri Lanka the Right to Sight National Programme for Prevention of Blindness Sri Lanka- Comprehensive Eye Care Plan 2013 – 2017 Five Years." <https://www.iapb.org/wp-content/uploads/2020/10/Sri-Lanka-Action-Plan-2013-17.pdf>.

**N**

National Charter for Senior Citizens and National Policy for Senior Citizens Sri Lanka

National Health Strategic Master Plan 2016 – 2025 Vol. III Rehabilitative Services

National Policy on Disability for Sri Lanka of 2003

National Strategic Framework for the development of health services 2016 – 2025

"National Objectives for Development of Physical Rehabilitation Care in Sri Lanka." Ministry of Health. [http://www.health.gov.lk/moh\\_final/english/public/elfinder/files/publications/publishpolicy/x2\\_Physical%20Rehabilitation.pdf](http://www.health.gov.lk/moh_final/english/public/elfinder/files/publications/publishpolicy/x2_Physical%20Rehabilitation.pdf).

**O**

"Official Poverty Line by District : January 2022." Department of Census and Statistics. <http://www.statistics.gov.lk/povertyLine/2022>.

**P**

Perera, Anarkalee. "Unpaid Care Work: The Overlooked Barrier in Women's Economic Empowerment." *Groundviews* (blog), September 14, 2017. <https://groundviews.org/2017/09/15/unpaid-care-work-the-overlooked-barrier-in-womens-economic-empowerment/>.

Perera, Binendri. "The Perpetual Marginalization of People with Disabilities." *Groundviews* (blog), December 3, 2021. <https://groundviews.org/2021/12/03/the-perpetual-marginalization-of-people-with-disabilities/>.

Private Medical Institutions (Registration) Act, No. 21 of 2006

Public Administration Circular No. 01/9 dated 29 January 1999

Public Administration Circular No. 27/88 of 18 August 1988

**R**

Razavi, Shahra. "Long Term Care for Older People: The Role of Unpaid Care Work." [https://www.un.org/development/desa/ageing/wp-content/uploads/sites/24/2017/11/Razavi\\_Paper\\_EGM\\_UCW-Older-Persons.pdf](https://www.un.org/development/desa/ageing/wp-content/uploads/sites/24/2017/11/Razavi_Paper_EGM_UCW-Older-Persons.pdf).

Rehabilitation Centre for the Communication Impaired (RCCI), <http://www.rccisl.org/About-Us.html>

Rehabilitation of the Visually Handicapped Trust Fund Act, No. 9 of 1992

**S**

Sánchez Ramos, Karen Melissa and Karimi, Abdul Matin. "Social Protection in Sri Lanka: An Analysis of the Social, Economic and Political Effectiveness of the Samurdhi Program." *Munich Personal RePEc Archive (MPRA) Paper No. 102558*, July 24, 2020. [https://mpra.ub.uni-muenchen.de/102558/1/MPRA\\_paper\\_102558.pdf](https://mpra.ub.uni-muenchen.de/102558/1/MPRA_paper_102558.pdf).

State Ministry of Samurdhi, Household economy, Micro finance, Self employment business development. "Services for Persons with Disabilities." [http://stateminsamurdhi.gov.lk/web/index.php?option=com\\_content&view=article&id=30&Itemid=151&lang=en#payment-of-rs-5-000-00](http://stateminsamurdhi.gov.lk/web/index.php?option=com_content&view=article&id=30&Itemid=151&lang=en#payment-of-rs-5-000-00).

Sahanaya Resource and Information Center – SRIC. “Services for Elders.” <https://sric.lk/page/services-for-elders/16>.

Social Security board Act No. 17 of 1996

“Social Protection (Partnership for Improving Prospects for Forcibly Displaced Persons and Host Communities (PROSPECTS)).” <https://www.ilo.org/global/programmes-and-projects/prospects/themes/social-protection/lang--en/index.htm>.

Solano, René Leon. “Sri Lanka Must Increase Its Efforts to Protect and Promote the Human Capital of the Elderly,” October 1, 2021. <https://blogs.worldbank.org/endpovertyinsouthasia/sri-lanka-must-increase-its-efforts-protect-and-promote-human-capital-elderly>.

Sri Lanka Bureau of Foreign Employment. “Benefits of the Insurance Coverage.” <http://slbfe.lk/page.php?LID=1&PID=110?>

“Sri Lankadhara Society – The Elders Day Care Centre.” [https://srilankadhara.org/inner\\_pages/elders\\_day\\_care\\_centre.html](https://srilankadhara.org/inner_pages/elders_day_care_centre.html).

Sri Lanka Demographic and Health Survey Report- 2016 <http://www.statistics.gov.lk/Health/StaticallInformation/DemographicAndHealthSurvey-2016FullReport>

Sri Lanka National Health Policy 2016 – 2025

Sri Lanka Social Security Board <http://ssb.gov.lk/english.html>.

Stefanoni, Silvia. and Williamson, Camilla., “Review of Good Practice in National Policies and Laws on Ageing.” UNFPA and HelpAge International, October 2015. <https://www.helpage.org/download/56150b0176b2a>.

Suwanetha Eye Hospital. “Suwanetha – The Only Dedicated Eye Hospital in Sri Lanka.” <https://suwanethaeyehospital.com/>.

Swedish International Development Cooperation Agency (SIDA), “Quick Guide to What and How: Unpaid Care Work– Entry Points to Recognise, Reduce and Redistribute”, Women’s Economic Empowerment Series, 2, <https://www.oecd.org/dac/gender-development/47565971.pdf>

## T

The Department Of Social Welfare, Probation and Child Care Service Affairs. “Services for the Disabled.” <http://www.socialproba.cp.gov.lk/en/social-welfare-services/services-for-the-disabled.html>.

The Employers Federation of Ceylon. “Disability Resource Centre – The Employers’ Federation of Ceylon.” <https://employers.lk/disability-resource-centre/>.

The Constitution of Sri Lanka 1978 as amended

The National Elderly Health Policy of 2017

The Protection of the Rights of Elders Act No. 09 of 2000

The Protection of the Rights of Persons with Disabilities Act No. 28 of 1996

Thusitha, Kumara, and Gunewardena, Dileni. “Disability and Poverty in Sri Lanka: A Household Level Analysis,” 2015.

Tilakaratna, Ganga. and Jayawardana, Sahan. “Social Protection in Sri Lanka: Current Status and Effect on Labor Market Outcomes.” In SARNET Working Paper No.3, 2015. [https://www.researchgate.net/profile/Ganga-Tilakaratna/publication/316542698\\_Tilakaratna\\_G\\_and\\_S\\_Jayawardana\\_2015\\_'Social\\_Protection\\_in\\_Sri\\_Lanka\\_Current\\_Status\\_and\\_Effect\\_on\\_Labour\\_Market\\_Outcomes'\\_SARNET\\_working\\_paper\\_No\\_3\\_South\\_Asia\\_Research\\_Network\\_for\\_Employment\\_and\\_Socia/links/5902f043a6fdcc8ed511a986/Tilakaratna-G-and-S-Jayawardana-2015-Social-Protection-in-Sri-Lanka-Current-Status-and-Effect-on-Labour-Market-Outcomes-SARNET-working-paper-No-3-South-Asia-Research-Network-for-Employment-and-Soci.pdf?\\_sg%5B0%5D=FUR7OSVNrTqspKtnvMjBfDynKLg6GMW6vFrV2yP7sbqgTEBV4vGsuUMWdiS64bryCHNCOPhLPdlj8-rifAA2A.v9j2plu8n9UxuqqIU9o-mU6UclDQusgMb8LMs3OdzwO7htikWEgor4LzZVb6cUOIR8u-3okhcRAMOO2ZzwXc9Q&\\_sg%5B1%5D=6ZxkO7W-RRVOoAkqKmAmMp5Qo-Fou-O-zXuN9K-YYBL5gQcIAEqQhn-4UXDdt4-Rq7F7IE9CJKQf6CEbSLpMyOIAWSh5UIXaPivWul2Pr\\_dp.v9j2plu8n9UxuqqIU9o-mU6UclDQusgMb8LMs3OdzwO7htikWEgor4LzZVb6cUOIR8u-3okhcRAMOO2ZzwXc9Q&\\_iepl=](https://www.researchgate.net/profile/Ganga-Tilakaratna/publication/316542698_Tilakaratna_G_and_S_Jayawardana_2015_'Social_Protection_in_Sri_Lanka_Current_Status_and_Effect_on_Labour_Market_Outcomes'_SARNET_working_paper_No_3_South_Asia_Research_Network_for_Employment_and_Socia/links/5902f043a6fdcc8ed511a986/Tilakaratna-G-and-S-Jayawardana-2015-Social-Protection-in-Sri-Lanka-Current-Status-and-Effect-on-Labour-Market-Outcomes-SARNET-working-paper-No-3-South-Asia-Research-Network-for-Employment-and-Soci.pdf?_sg%5B0%5D=FUR7OSVNrTqspKtnvMjBfDynKLg6GMW6vFrV2yP7sbqgTEBV4vGsuUMWdiS64bryCHNCOPhLPdlj8-rifAA2A.v9j2plu8n9UxuqqIU9o-mU6UclDQusgMb8LMs3OdzwO7htikWEgor4LzZVb6cUOIR8u-3okhcRAMOO2ZzwXc9Q&_sg%5B1%5D=6ZxkO7W-RRVOoAkqKmAmMp5Qo-Fou-O-zXuN9K-YYBL5gQcIAEqQhn-4UXDdt4-Rq7F7IE9CJKQf6CEbSLpMyOIAWSh5UIXaPivWul2Pr_dp.v9j2plu8n9UxuqqIU9o-mU6UclDQusgMb8LMs3OdzwO7htikWEgor4LzZVb6cUOIR8u-3okhcRAMOO2ZzwXc9Q&_iepl=)

## U

UN Women. “COVID-19 and the Care Economy: Immediate Action and Structural Transformation for a Gender-Responsive Recovery.” Policy Brief No.16. <https://www.unwomen.org/sites/default/files/Headquarters/Attachments/Sections/Library/Publications/2020/Policy-brief-COVID-19-and-the-care-economy-en.pdf>.

UN Women. “Whose Time to Care? Unpaid Care and Domestic Work during COVID-19.” [https://data.unwomen.org/sites/default/files/inline-files/Whose-time-to-care-brief\\_O.pdf](https://data.unwomen.org/sites/default/files/inline-files/Whose-time-to-care-brief_O.pdf).

UNFPA. *Fertility and Nuptiality: Thematic Report Based on Census of Population and Housing 2012*. Colombo, Sri Lanka: United Nations Population Fund, 2017. [https://srilanka.unfpa.org/sites/default/files/pub-pdf/UNFPA%20Ageing%20Monograph%20Report\\_O.pdf](https://srilanka.unfpa.org/sites/default/files/pub-pdf/UNFPA%20Ageing%20Monograph%20Report_O.pdf).

UNGA, Convention on the Rights of Persons with Disabilities adopted on 24 January 2007, A/RES/61/106

United Nations. “Policy Brief: The Impact of COVID-19 on South-East Asia,” July 2020. <https://www.unescap.org/sites/default/d8files/2020-07/SG-Policy-brief-COVID-19-and-South-East-Asia-30-July-2020.pdf>.

## V

Vindya Eriyagama, Ravi P. Rannan-Eliya. “Assessment of the Employees’ Provident Fund in Sri Lanka.” Research Studies: Demographic Transition and Pension Series No. 3. IPS & ILO, August 2003. [https://www.ips.lk/wp-content/uploads/2017/11/O5\\_Assessment-of-the-employee-ips.pdf](https://www.ips.lk/wp-content/uploads/2017/11/O5_Assessment-of-the-employee-ips.pdf).

## W

Walsh, Brian. and Hallegatte, Stephane. “Socioeconomic Resilience in Sri Lanka Natural Disaster Poverty and Wellbeing Impact Assessment.” Policy Research Working Paper 9015, 2019. <https://documents1.worldbank.org/curated/en/173611568643337991/pdf/Socioeconomic-Resilience-in-Sri-Lanka-Natural-Disaster-Poverty-and-Wellbeing-Impact-Assessment.pdf>.

Wijesundara, M.A.C.G. “An Exploratory Study on the Influence of Globalization on the Modern Sri Lankan Family Unit: The Evolution of the Extended Family.” *Journal of Society & Change* XIV, no. 1 (March 2020): 49–66.

Williamson, Camilla. “Policy Mapping on Ageing in Asia and the Pacific Analytical Report.” UNFPA and HelpAge International. <https://www.helpage.org/download/55c2288abe5b6>.

Women’s Charter of Sri Lanka 1993

“Women’s Unpaid and Underpaid Work in the Times of Covid-19 | Oxfam in Asia.” <https://asia.oxfam.org/latest/blogs/womens-unpaid-and-underpaid-work-times-covid-19>.



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