

**Expert Group Meeting on Effective Data Generation  
for the Incheon Strategy Indicators  
Bangkok, 6-7 November 2013**

**Country Brief**

Country name: **Sri Lanka**

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1. On the availability of national baseline data for the Incheon Strategy Indicators as reported in the ESCAP survey

The fourteenth Census of Population and Housing was conducted on 21<sup>st</sup>. March, 2012. The Census enumeration was able to carry out completely in 25 districts after 30 years. This includes all the 25 districts in Western, Central, Southern, North Western, North Central Uva, Sabaragamuwa, Northern, and Eastern Provinces.

The information about disabilities was collected in this Census through a census schedule. The questions in relation to disability were asked from all persons covered by census. Only physical disabilities were covered in the previous Censuses conducted in 1946, 1963 1981. From 2001 census onward, physical and mental disabilities are covered. In 2012, census schedule includes six types of disabilities as per the Washington Group Recommendation. This report presents the population of Sri Lanka, its growth, and the distribution of the population by district, based on the information gathered at the Census.

**Types of disabilities covered**

Following types of disabilities were covered during the Census conducted in 2012.

- (i) Seeing (even with the use of glasses if they are used)
- (ii) Hearing (even with the use of hearing aids if they are used)
- (iii) Walking a short distance or up/ down about 12 steps in a stairway)
- (iv) Cognition (remembering and concentrating)
- (v) Day-to-day self-care such as getting dressed, washing etc.
- (vi) Communication in their own language due to physical or mental reasons

The 2012 census data is being processed and it will be published soon. Currently, the census data is available for internal use only.

**Tabulations on disability characteristics**

- (i) Population with difficulties by district, type of difficulty and sex
- (ii) Population with difficulties by type of difficulty, age and sex
- (iii) Population by disability status, sex and sector
- (iv) Population with difficulties aged 5 years and over by educational attainment, age sex and sector
- (v) Population with difficulties aged 15 years and over by economic activity status, age, sex and sector

The census could not provide some institutional data and individual data under census ordinance. Further it is impossible to provide detailed disintegrated data on disability in the census since there is limitation in cooperating disability questions in the data collection.

## 2. Country practices of data collection

### Data Collection

The department of census and statistics collect data under the census ordinance every ten years. After the discussion with the relevant data users, the Department of census design set of data questions for data collection. The Secretariate for Persons with Disability which comes under the Ministry of Social Services helped to the Department of census in finalising of set of questions with regard to disability in 2012 census

The following set of questions was used for data collection on disability during 2012 census.

**P14 Physical and mental difficulties**

Inquire on difficulties in the domains Seeing, Hearing, Walking, Cognition, Selfcare, Communication and mark the correct answer.

	No difficulty 1	Difficult 2	Not possible at all 3
(a) Seeing (even with the use of glasses if they are used)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Hearing (even with the use of hearing aids if they are used)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Walking a short distance or up/down about 12 steps in a stairway	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Cognition (remembering and concentrating)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Day-to-day selfcare such as getting dressed, washing etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) Communication in their own language due to physical or mental reasons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The census data is collected from all persons in the country to identify persons with disabilities.

## **Data Processing**

The collected census data is processed in accordance with the international norms and practices by the Department of census by using accepted statistical methods.

### **Data dissemination:**

First, the Department of Census and statistics release basic information by processing of 5 percent sample of census blocks. Accordingly 2012 census provides some indicators about persons with difficulties. They are,

- Rate of persons with disabilities in employment to the general population in employment
- Proportion of persons with disabilities who participate in vocational training as a proportion of all people trained
- Primary/secondary education enrolment rate of children with disabilities

## **3. Achievements and lessons learnt**

The major achievement was to include questions about persons with disabilities in the Census data collection in 2012. It provides some data and better sample frame for further study of person with disabilities.

This 2012 census covered all persons in the country. Further the 2012 census analyze the disable data with other census questions (migration, vocational qualification, employment, education level, literacy, Non economic activity etc.)

However the data and indicators produced under the 2012 census not satisfied all users of disabilities data since it did not produce detailed integrated data in this regard. There for it is necessary to a conduct special survey about person with disabilities in order to collect micro data and produce more indicators in the subject area.

## **4. Major challenges to improve the availability and quality of data**

Some of data for census is collected from administrative reports of relevant institutions. But they are not maintain data correctly. Some of them don't have updated data. Then we have to do detail survey using primary data source. It will be time consuming process and costly. From the existing data in 2012 census, it is difficult to produce all indicators describe in the incheon strategy indicators.

In future should conduct sample survey about person with difficulties and it can collect micro data also.

The classification of types of disability used by the Ministry of Social Welfare for programme development encompasses people who have visual, speech, hearing, mobility, intellectual, and psychiatric disability and disability arising as a result of epilepsy and other causes. It also encompasses multiple disability, which is a combination of two or more of these various disabilities in a single individual. The civil conflict, which was ongoing for nearly three decades, left large numbers, both combatants and civilians, with injury and disability. Their needs have also been taken into account within the scope of survey. Disability data need to address the issues influencing the quality of living of all individuals, whatever their age, in whom various types of disability may be manifested. Issues related to promoting gender equity, whatever age or disabilities should be given particular consideration. We should have data of socio economic condition of the persons with disability in order to understand their real socio economic problems and provide effective solutions.

#### 5. National capacity-building needs

Specially the office needs financial support for sample survey.

#### 6. Action plans to improve the availability and quality of disability data

There is no any specific plan currently to conduct survey/ data collection county-wide. Since, the data and indicators produced under the 2012 census are not satisfied all the users of disabilities, it is necessary to conduct special survey about person with disabilities in order to collect micro data and produce more indicators in the subject area.

Disability is not only a human rights issue but it is also a development issue because of higher disability prevalence in lower income countries and because disability and poverty reinforce and effect one another. Disability may lead to lower living standard and poverty through lack of access to education, employment, earnings, and increased expenditures related to disability. The number of people who experience disability will continue to increase due to ageing populations, and a global increase in chronic health conditions. National patterns of disability are influenced by trends in health conditions and environmental and other factors – such as road traffic crashes, natural disasters, conflict, diet and substance abuse.

Disability disproportionately affects marginalized, disadvantaged or at-risk populations such as women, older people, and people who are poor. Children from poorer households, indigenous populations, and those in ethnic minority groups are also at significantly higher risk of experiencing disability. The disability was very high among the persons of 20-54 age group in the total disabled Population. The lowest number of disabled persons was found for 0-4 age group. The disabilities were more prevalent among males than females up to age 75 and the

pattern reverse thereafter.

Persons with disabilities face widespread barriers in accessing services such as those for health care (including rehabilitation), education, employment, social services including housing and transport. These barriers include inadequate legislation, policies and strategies; lack of service provision; problems with the delivery of services; negative attitudes and discrimination; lack of accessibility; inadequate funding; and lack of participation in decisions that directly affect their lives.

To support the collection of appropriate and internationally comparable data on disability, and promote multi-disciplinary research on disability.

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