論文

Relationship between the Policy and Practice of Community-Based Rehabilitation: A case study from Sri Lanka

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地域に根ざしたリハビリテーションにおける政策と実践の関係性 ―スリランカの事例―

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Abstract

In South Asia, it is necessary to strengthen the systems of disability-inclusive development by implementing a strategic policy of community-based rehabilitation (CBR). The aim of this study is to examine stakeholder-influenced implementation dynamics and the gaps between CBR policy and practice in Sri Lanka, thereby revealing the challenges facing the systems. Drawing on the policy analysis triangle, this study analyses four components―the actors, context, process, and content―using related documents. Although the CBR programme is a government-led policy that uses international concepts, its practice appears to be a synthesis of top-down implementation and bottom-up practices. This study also reveals an underdeveloped system of capacity development and gaps between the planned policy and the actual practices. Finally, it argues that promoting the participation of disabled people and developing the capacity of human resources and institutions are key aspects of inclusive development.

Keywords: policy analysis triangle, capacity development, systems strengthening

論文要旨

南アジアでは地域に根ざしたリハビリテーション（CBR）の戦略的政策の実施によりインクルーシブ開発にかかるシステム強化が求められている。本論の目的は多様なステークホルダーが関与するスリランカの CBR における政策と実践の間のダイナミクスとギャップを分析し、そのシステムが直面する課題を明らかにすることである。ドキュメントを用いて政策分析トライアングルにより関与者、文脈、内容、過程の四側面を分析した。政府主導の政策でありながらボトム・アップのアプローチとの統合が見られる一方で、能力開発のシステムの課題や、計画された政策と実際の実践との間のギャップが明らかとなった。
キーワード　政策分析トライアングル、能力開発、システム強化

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1. INTRODUCTION

Given that social exclusion is a key issue for disabled people in South Asia, the promotion of their empowerment and inclusion will require the strengthening of systems of community-based inclusive development (CBID) through the policy and practice of community-based rehabilitation (CBR) (Klasing 2007; World Health Organization [WHO] 2013).(1) CBR is defined as '*a strategy within general community development for the rehabilitation, equalization of opportunities and social inclusion of all people with disabilities*' (ILO, UNESCO & WHO 2004: 2). A strategic approach to CBR, related policies based on the needs of disabled people, and evidence of feasibility and cost-effectiveness are ideally used to strengthen disability-inclusive systems, in collaboration with various stakeholders (Balabanova, McKee & Mills 2011; Buse, Mays & Walt 2012; Campbell & Ikegami 1998). Studies of the relationship between CBR policies and practices suggest that strengthening these systems will have a significant impact (Kuipers & Hartley 2006; Kuipers, Wirz & Hartley 2008; Hartley & Okune 2008) as implementation gaps between planned policies and their achieved results are a common issue (e.g. Haines, Kuruvilla & Borchert 2004; Ridde 2008). It is therefore important to consider the nexus between the macro level of CBR policies and the meso and micro levels of their practical implementation throughout the region.

The government of the Democratic Socialist Republic of Sri Lanka, where this case study was conducted, has officially implemented CBR projects and programmes since the early 1980s, when CBR emerged as a global strategy (Kumara 2016; Ministry of Social Services 2012a; Ministry of Social Services and Social Welfare 2008). The purpose of the Sri Lanka's CBR programme is defined as: '*empowering disabled persons with knowledge and skills to enable them to enjoy their rights and perform their duties and responsibilities in national development within the prevailing socio-economic system and creating opportunities through the ongoing social development programmes*' (Ministry of Social Empowerment and Welfare 2016: 22).

Sri Lanka was selected for this analysis of CBR policy and practice for the following reasons. First, the government has implemented a national CBR programme with community-based activities for a long period of time, which makes

it a suitable case for exploring the relationship between national-level policy and grassroots-level practice. Indeed, the WHO (2013) selected Sri Lanka as one of its regional case studies in the South-East Asian region, where several governments were implementing CBR. Second, Sri Lanka's domestic circumstances, where a 26-year civil war only ended in 2009, provide a valuable context for examining the CBR's impact on various issues that are unlikely to be managed well (Higashida, Soosai & Robert 2017; Peiris-John et al. 2014).

It is crucial for stakeholders to understand how CBR is carried out in practice under Sri Lanka's planned policy, and for them to contribute their own policy perspectives in order to support a disability-inclusive society. This study aims to examine stakeholder-influenced implementation dynamics and the gaps between CBR policy and practice in Sri Lanka, with the overall purpose of revealing the challenges facing the system as it moves toward realising CBID. The study is guided by the following research questions: 'How has the national CBR policy been implemented at the grassroots level in Sri Lanka?' and 'What challenges do the actors and systems currently engaged with disability issues face?'

2. METHODS

2. 1 Methodology and Focus

This study uses a policy analysis triangle with a relational approach perspective (Buse, Mays & Walt 2012; Walt 1994; Walt & Gilson 1994). This framework has been applied to many public health studies as it is a convenient and comprehensive approach (e.g. Etiaba et al. 2015; May et al. 2014; Moshiri et al. 2016). The policy analysis triangle can help to explore the neglected place of politics in health-related policies, and can reveal the complex interactions between multiple factors (Buse, Mays & Walt 2012). The policy analysis triangle has been used in this study as a framework for understanding the implementation of CBR, including its implementation dynamics and gaps.

The policy analysis triangle focusses on four aspects of policy, namely, the actors, context, process, and content. Theoretically and visually, the context, process, and content are positioned at each corner of the triangle, whilst the actors are located

in its centre. Instead of considering each component separately, the dynamics amongst the four components are analysed, together with the variations in each component (Buse, Mays & Walt 2012).

The reasons for using the policy triangle analysis when considering Sri Lankan CBR are as follows. First, many actors, including disabled people, community volunteers, non-governmental organisations (NGOs), and policymakers, are involved in CBR. This makes this approach ideal for analysing the complex relationships between factors, including power relationships, sociocultural phenomena, and norm dynamics (Campbell 2011; Finnemore & Sikkink 1998). In the case of Sri Lanka, the CBR policy is a national programme with a community-based approach at the divisional level.(2) This structure suggests that each actor has a different positionality and activities, which can be analysed using the policy analysis triangle and a relational approach. Second, this approach, whilst considering the complex socio-political dynamics and contexts, provides implications for the development of policies and related systems (Buse, Mays & Walt 2012). This is also significant as the literature points to the necessity of revealing the neglected aspects of disability issues and promoting disability-inclusive development in Sri Lanka (Peiris-John et al. 2014).

Narrowing the focus on each component is important for case studies due to the broad perspective of the framework. This study focusses on recent CBR implementation and practice under the national CBR programme, rather than carrying out an in-depth analysis of early policy formulation in the 1980s and 1990s, or in the historical context of colonisation (Campbell 2009; 2011; Herath 2017). Drawing on the triangle's framework, this study analyses the following aspects: 1) the 'actors', who are stakeholders in the implementation of CBR policies, ranging from individuals to organisations; 2) the 'context', which includes factors that can potentially influence policies, whether directly or indirectly, such as the sociocultural and administrative backgrounds underpinning aspects of CBR implementation; 3) the 'process', which is the historical dynamics of policies, including time-series and events that occurred when CBR policy was being developed and implemented; and 4) the 'content', which refers to the actual and substantial details of CBR policy implementation, including the activities of actors at the national and grassroots levels.

2. 2 Data Collection and Analysis

Government documents retrieved online, together with related sources such as booklets, guides, and research papers, were used to analyse CBR policy. In addition, the field reports of five Japanese social workers (JSWs) of the Japan Overseas Cooperation Volunteers (JOCVs)[3] who were dispatched to Sri Lanka between 2011 and 2016 with responsibility for supporting CBR, together with my own field notes (made during field practice and research from February 2013 to January 2015, from May 2016 to July 2016, and from December 2017 to January 2018) were used to analyse the policy implementation and community-based practices. Additional data were collected during the fieldwork period by means of key informant interviews with CBR stakeholders in Sri Lanka, including central government officers in the Department of Social Services.

The policies and practices of CBR were analysed with a focus on the actors, context, processes, and content, and on the dynamics between these components. The first step was to identify actors with links to CBR implementation and practices at both the national and the community levels. The second step was to identify the contexts and processes that influence CBR policy and its implementation. The final step was to analyse the content employed by the actors in circumstances related to the context and processes.

This research project was approved by the Research Ethics Review Committees at the relevant academic institutions, including Osaka University.

3. FINDINGS

3. 1 Actors

This section provides an overview of the stakeholders' involvement in the implementation of the CBR programme, whilst also revealing issues related to the other three components of the policy triangle. The Ministry of Social Services [MSS] and the renamed ministries, and the Department of Social Services, have played an important role in the implementation of the CBR programme at the national level. Disabled people, their families, disabled people's organisations (DPOs), non-

professional community volunteers, and frontline officers are the key actors at the district and divisional levels. Other stakeholders, such as NGOs and international organisations, have also been involved in Sri Lanka's CBR programme.

At the national level, the MSS, the renamed ministries,(4) and the Department of Social Services, particularly its CBR unit, have implemented the programme, taking responsibility for budget management, planning, monitoring, and training. They have also taken responsibility for coordinating multisectoral programmes with other ministries and departments. The Ministry of Health may have relatively strong ties to the MSS (Ministry of Health 2014) and has, for example, carried out the early identification of disabled children since the 1980s (Foundation for International Training [FIT] 2002; WHO 1982; 2012). These two ministries were previously integrated under one Minister of Health and Social Services for a short time, but the current separate system, with its vertically divided administrative structure, has weakened the relationship (WHO 2012).

The National Institute of Social Development (NISD)―formerly the Sri Lanka School of Social Work(5)―has been administratively placed under the ministry responsible for social services. It was one of main actors in CBR before the nationalisation of the programme which was handed over to the ministry in the early 1990s (Herath 2014). The NISD now offers diploma, Bachelor's, and Master's degree courses in social work. However, researchers point out that the educational system is not closely related to the provision of professional human resources for the government sector,(6) despite offering students field-training programmes at NGOs and the government sector, and courses that some frontline workers have taken (Attanayake 2016; NISD 2017; Subramaniam, Hatta & Vasudevan 2014).

At the divisional level, a CBR core group(7) that includes social services officers (SSOs) and other frontline officers is responsible for CBR activities, in cooperation with local stakeholders (Kumara 2016; Higashida 2015; WHO 2013). As of August 2014, 472 officers were assigned to CBR across the country, although they have multiple responsibilities apart from CBR (August 2014 field notes). These local government officers are expected to have knowledge and skills acquired through on-the-job and off-the-job training,(8) which is coordinated by the ministry and department responsible for social services. The SSOs, who have CBR as one of

their responsibilities, are expected to conduct multisectoral activities with other sectors at the divisional level. These sectors include Medical Officers of Health (MOH), zonal education offices and schools, the government sections in charge of cultural and religious affairs, the Samurdhi Authority that conducts poverty reduction and development programmes, and 'Grama Niladhari' who provides first-contact public service counters for villagers (MSS 2012a).

Disabled people and their families may theoretically be involved at any level of the programme, although not all disabled people necessarily participate in the programme. The positionality of disabled people varies, such as advocates and beneficiaries (Rifkin & Kangare 2002). Disabled people are encouraged to participate in empowerment and collective activities, such as DPOs and self-help groups. There are various kinds of DPOs and related groups, including self-help ('Swashakthi') groups supported by SSOs in each division. With regard to the number of beneficiaries, 55.1% of the 106,900 disabled people identified by government sectors were supported through CBR as of 2007 (WHO 2013). However, the reliability of this figure and the nature of the impact are uncertain; other reports suggest that there may only be low-level community participation opportunities for disabled people in rural areas (Higashida 2017).

Community volunteers and leaders are important contributors to the CBR programme, but the system of capacity development is often underdeveloped. The MSS reported in 2012 that 8,127 volunteers and 7,827 community leaders had been trained to conduct CBR activities (MSS 2012b). Community volunteers are recruited from villages by SSOs and other frontline officers. Although it is possible for all villagers to be appointed, including elderly, young, disabled people, and their family members, it is elderly committee members who are most likely to work as volunteers (Higashida 2014; WHO 2013). Given that young volunteers tend to leave their villages in search of job opportunities, the appointment of elderly volunteers may be a realistic solution (WHO 2013). Their supportive activities are coordinated by CBR related officers, in particular SSOs. However, according to my 2014 field notes and the reports of three JSWs in 2014–2016, the community-based activities run by CBR volunteers are largely inactive. In several divisions, the CBR volunteers have been officially registered by name, but have not been given any substantial activities.[(9)]

This information suggests that the system may be unsustainable and inactive when it comes to capacity development.

Other stakeholders, particularly NGOs, have also been involved with CBR at the grassroots level. For example, Sarvodaya (an organisation whose mission is discussed in the following section), FRIDSRO, Navajeevana, the Association of Women with Disabilities (AKASA), ChildFund Sri Lanka, and the Sri Lanka Spinal Cord Network (SLSCoN) have supported the CBR programme for limited periods of time in specific places (WHO 2013; December 2017 field notes). In post-conflict areas, other NGOs, such as VAROD, have implemented active CBR programmes during and after the civil war that ended in 2009 (Higashida, Soosai & Robert 2017).

International organisations, including the WHO and the United Nations Children's Fund (UNICEF), have played important roles in helping to shape and implement Sri Lanka's CBR policy, especially in the initial and development stages. In fact, one of the eight experts on the WHO's disability prevention and rehabilitation committee was Dr Padmani Mendis from Sri Lanka, who served as a member of the relevant advisory committee for over two decades from 1979 onwards (WHO 1981). The impact of international actors on the shaping of policies related to CBR and disabilities is discussed in the sections on process and content.

3. 2 Context

This section discusses the multi-dimensional context. It notes the partnership between government-led systems and the private sector, and touches upon the sociocultural context in Sri Lanka. It also explores the problems caused by the limited range of disability data available in the country.

Sri Lanka has introduced government-led systems, although the private sector has also been active in many arenas, as exemplified by the health and social welfare systems. According to some reports, Sri Lanka has created good health and welfare systems and has achieved relatively high results. These include lower infant and maternal mortality rates and a higher literacy rate than some other South Asian countries (McNay, Keith & Penrose 2004; Palafox 2011; Rannan-Eliya & Sikurajapathy 2008). Early government investment in the health and social sectors, which was supported by external funding, such as contributions from international

organisations and bilateral aid,[10] created a foundation for the present system. Sri Lanka's CBR policy is a government-led initiative that cooperates with NGOs and DPOs, in alignment with the WHO's CBR guidelines (MSS 2012a), although the CBR programme is not necessarily implemented or carried out in the same way as the majority of health and welfare systems, as discussed in the following sections.

At the grassroots level, indigenous knowledge, community support, traditional sociocultural phenomena, and religious activities provide a significant context that the actors, including local government sectors and NGOs, can incorporate into CBR practices (Miles 2002; Vasudevan 2014). First, many mutual-help activities and groups have been facilitated by government sectors within communities, although some of them have proved unsustainable and have re-developed by themselves. One of the most famous groups is the Women's Bank (Women's Bank of Sri Lanka, no date). A pilot project of women's mutual help groups was promoted by the National Housing Development Authority (NHDA) in the late 1980s. Community assistants ('Praja sahayaka') were recruited by the NHDA, but some of them later became independent of the authority as they found it difficult to conduct mutual help activities within a governmental framework. They continued to develop these groups by themselves and established a cooperative bank. Building on the traditional community finance system of savings and credit[11] and a microcredit scheme, the Women's Bank improved the members' own lives. Second, Sri Lanka has diverse religions and ethnicities that have associations with development programmes. Approximately 74.9% of the total population is Sinhalese, the majority of whom are Theravada Buddhists, followed by Sri Lankan and Indian Tamils (15.6%) and Sri Lankan Moors (9.3%), amongst other groups (Department of Census and Statistics [DCS] 2012). Although the literature reveals that some aspects of religion, including concepts of charity and Karma, can have a negative impact on the lives of disabled people (Liyanage 2017), many actors incorporate religious and indigenous knowledge and activities into community-based development programmes, which is discussed in the section on content. Third, traditional activities and indigenous knowledge remain prevalent in rural areas (Higuchi 2002; Vasudevan 2014). One example is 'Shramadana' which is also associated with religious thought and practice. 'Shramadana' is a system whereby

local people share their labour and voluntarily give resources to other community members. The principle of ‘Shramadana’ and the philosophy of Mahatma Gandhi underpin the ‘Sarvodaya’ movement, which provides development programmes (Chandraratna 1991; Perera 1995). The Sarvodaya Suwasetha Sewa Society, for instance, initiated CBR programme in 1985 and has worked in cooperation with the national programme since 2003 (Sarvodaya Suwasetha Sewa Society Ltd 2016).

Accurate and readily available data on disability issues in Sri Lanka remain limited (Weerasinghe & Jayatilake 2015). According to the census (DCS 2012), approximately 8.7% of the population experience some type of functional difficulty, including vision loss (61.6%), difficulty walking (45.4%), hearing loss (24.0%), reduced cognition (21.2%), self-care (12.2%), and/or communication issues (11.2%). In addition, 111,079 disabled people were recorded on the CBR unit’s database as of August 2017 (December 2017 field notes). The Indian Ocean earthquake and tsunami in 2004 and the 26-year civil conflict were expected to cause many people to develop physical and psychiatric disabilities (Campbell 2009; Higashida, Soosai & Robert 2017), but accurate data on war-related disabilities are unavailable. Although the literature reveals an association between disability and poverty in the Sri Lankan context (Kumara & Gunewardena 2017; Higashida 2017), reliable and valid data on disability issues and CBR achievements also remain limited (MSS 2012a; December 2017 field notes). The problem of limited CBR data appears to be associated with a lack of monitoring and evaluation, as the following section discusses.

3. 3 Process

As Table 1 demonstrates, disability issues are linked to various events and legal systems, and are influenced by international actors. This section analyses the historical processes of CBR and its related sub-systems at the national level. It distinguishes between the following: 1) an interactive process with international norms in the 1980s; 2) a development process involving disability-related legal systems in the 1990s and 2000s; and 3) recent changes in the administration, budget allocation, and monitoring systems of CBR in the 2010s.

Pilot CBR projects officially commenced in Sri Lanka in the early 1980s.[12] The WHO's primitive CBR manual, which was partly translated into Sinhalese, was tested in a rural area by two students from the Sri Lanka School of Social Work in 1981. A survey of child mental health problems was conducted within the primary healthcare system in 1982 (Herath 2014; WHO 1982). Another pilot project focussed on teacher training in the Anuradhapura and Kalutara districts in the early 1980s, and had received UNICEF's support since 1984 (UNICEF 2003).[13] Together with some other events, such as a WHO interregional CBR consultation held in Colombo in 1982 (WHO 1982), these interactive processes reveal the influence of international actors on the formation of Sri Lanka's CBR policy and practice.

Disability-related policies and regulations have been developed in Sri Lanka since the 1990s, as CBR became a national programme in the early 1990s. The efforts of disabled people, and particularly the National Council for Coordinating the Work of Disability Organizations,[14] led to the adoption of the Protection of the Rights of Persons with Disabilities Act in 1996 (Mendis 1997). DPOs and other stakeholders, including Dr Mendis who chaired the drafting committee, helped to establish the National Policy on Disability in 2003. This policy states that CBR is '*a vehicle for the implementation of many strategies listed in this disability policy*' (Ministry of Social Welfare 2003: 33). Indeed, the national CBR programme covered all 25 districts of the country in 2014, with an increased coverage from 19 and 22 districts in 2002 and 2013 respectively (FIT 2002; MSS 2013; WHO 2013), although the National Action Plan for the Protection and Promotion of Human Rights pointed out the '*[i]nadequate community-based rehabilitation programmes for people with disabilities'* (Government of Sri Lanka 2012: 128). Some other national frameworks and policies, such as Mahinda Chintana, a 10-year (2006–2016) national development plan (Ministry of Finance and Planning 2005; 2010), have provided financial assistance to low-income households with disabled members (Campbell 2013).

In recent years, policy guidelines associated with the CBR programme have changed frequently. The name and structure of the ministry in charge of CBR changed from the 'Ministry of Social Services' in 2014 to the 'Ministry of Social Empowerment and Welfare' in 2016, and to the 'Ministry of Social Empowerment,

Welfare, and Kandyan Heritage' in August 2017, and others. Significantly, the competent authority for administering the CBR programme was demoted from the ministry level to the department level in 2014, with the potential loss of strong administrative power. According to an interview with a central government officer, the department sought to strengthen the relationship between provincial and central government officers in keeping with the government's decentralisation policy (December 2014 field notes). However, the department continued to maintain CBR's 'national' programme status in order to promote multisectoral implementation amongst ministries and investment by international organisations and donors (December 2017 field notes).

The recent budget allocated for the CBR programme has not changed drastically. Based on the ministry's annual reports from 2012 to 2017 (Appendix 1), approximately 2–5% of the annual budgetary provision was expected to be allocated to the CBR programme; this ranged from Rs. 7.7 million (Sri Lankan Rupees) in 2012 to Rs. 13.3 million in 2015.(15) There are also other budgetary schemes for disabled people, such as a monthly allowance (Rs. 3,000) for low-income families with disabled members under the governmental development framework (Mahinda Chintana). The budgeted monthly allowance for this scheme, at Rs. 523.0 million in 2013 and Rs. 935.9 million in 2015, was larger than the CBR programme's budget. This indicates that the amount of direct financial welfare is significantly greater than that of the CBR.

The monitoring system still appears to be under development. The ministry and department responsible for social services has attempted to develop new systems, such as the CBR Management Information System (CBR MIS) in 2013 (WHO 2013), but this has not yet been implemented (December 2017 field notes). The draft national CBR plan for 2012–2016 included a plan for improving the monitoring system, and some monitoring committee meetings were held. However, the range of strategies available for monitoring and evaluating the impacts of CBR—for example, the impacts on promoting the participation of disabled people and on increasing the income of disabled people and their household members—appears to be undeveloped (MSS 2012a).

Table 1. History of disability issues in Sri Lanka

Year	Legislation/Policy	Notes	National Level Events
16C–17C		Traditional medicine, including Ayurveda and horoscopes, was already in use.[1)]	
1863	Ceylon Lunacy Ordinance	Compulsory segregation policy[2)]	Colonised by Britain (1796–1948)
1912	First education programme for disabled children[3)]	Established by a British Christian association	
1948			Independence proclaimed as 'Ceylon'
1956	Mental Disease Act		
1958			Sinhala Only Act
1966	Major revision of Mental Health Ordinance	Shift from hospitalisation to community-based psychiatry and rehabilitation[4)]	
1968	Establishment of psychiatric training course	University of Colombo[5)]	
1972			Renamed 'Sri Lanka'. Changed to 'Democratic Socialist Republic of Sri Lanka' in 1978.
1979	Introduction of community-based rehabilitation (CBR) into Sri Lanka	Some undocumented attempts by actors, including Dr Padmani Mendis	
1981	The prototype CBR manual was tested in villages in Sri Lanka.	The manual was partly translated into Sinhalese.[6)]	
1982	WHO interregional consultation for CBR held in Colombo.	The meeting was inaugurated by the Ministry of Health.[6)]	
	Survey of child mental health problems within the primary health care system		
1983			Start of the civil war
1984	Pilot project focusing on teacher training	Sponsored by UNICEF since 1984	
1988	Public Administration Circular No. 27/88	To allocate 3% of job opportunities in the public sector to disabled people	
1993	Ratification of the Asian and Pacific Decade Declaration		
1994	National CBR programme[7)]	Approved as a national programme in 1992 and handed over to the ministry responsible for Social Services in 1994	
1996	Protection of the Rights of Persons with Disabilities Act No. 28 of 1996	The National Council for Coordinating the Work of Disability Organizations submitted the proposal in 1994. [8)]	
	Social Security Board Act, No. 17 of 1996	Benefit scheme for self-employed people	
1999	Social Security Board (Amendment) Act, No. 33 of 1999;		
	Ranaviru Seva Act, No. 54 of 1999	For the care and rehabilitation of the armed forces and police	
2003	National Policy on Disability[9)]		
	Protection of the Rights of Persons with Disabilities (Amendment) Act, No. 33 of 2003		
2004			Indian Ocean earthquake and tsunami
2005	Mental Health Policy	Policy from 2005 to 2015[10)]	
2007	Federation of Visually Handicapped Act		
2009			End of the civil war
2011	National Action Plan for the Protection and Promotion of Human Rights 2011–2016	'Inadequate community-based rehabilitation programmes'	
2012	Draft of CBR five-year action plan[11)]	Not implemented	
2013	National action plan for disability	Drafted by the Ministry of Social Services and the Ministry of Health	
2015	100 day programme[12)]	Due to the regime change	
2016	Ratification of the Convention on the Rights of Persons with Disabilities (CRPD)	Signed in March 2007	

Note: This table was created by the author using the following sources: 1) Kuruppuarachchi & Rajakaruna (1999); 2) 加藤 [Kato] (2009); 3) Campbell (2011); 4) WHO (2011); 5) Ranasinghe et al. (2011); 6) WHO (1982); 7) FIT (2002); 8) Mendis (1997); 9) Ministry of Social Welfare (2003); 10) Mental Health Directorate (2005); 11) Ministry of Social Services (2012a); 12) Minister of Social Services, Welfare and Livestock Development (2015)

3. 4 Content

The actual practice of CBR, as implemented by the actors at the macro, meso, and micro levels, has been influenced by the context and processes. An analysis of the content demonstrates that Sri Lanka's CBR programme is based on international frameworks, which is combined with indigenous knowledge and practical approaches in some divisions. The relationship between policy and practice is also discussed below, with a focus on the similarities and differences between them.

The ministry responsible for social services has incorporated international CBR frameworks, including international disability norms (Campbell 2011), into its policies and practical guidelines at the national level. The WHO's CBR manuals (e.g. Helander, Mendis & Nelson 1980), for instance, were translated into Sri Lanka's national languages — Sinhalese and Tamil — and published by the ministry in cooperation with FRIDSRO. They were intended to train CBR stakeholders, such as community volunteers and SSOs (Photo 1).(16) In addition, the CBR unit adopted the term 'CBID', which was introduced by the WHO et al. (2010), in some reports published after 2015. The ministry also attempted to integrate concepts found in the WHO's CBR guidelines and the World Report on Disability (WHO & World Bank 2011) into the National Action Plan for Disability. This was supported by the WHO in the drafting process and approved by the Cabinet of Ministers in 2013 (MSS & Ministry of Health 2013; WHO 2016), although a lack of implementation has been observed (December 2017 field notes).

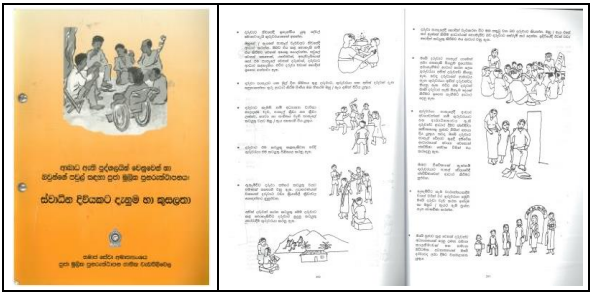

Photo 1. Text for community workers in CBR

Note: Courtesy of MSS. This manual was published in 2012 and is entitled 'CBR for disabled people and their families: Knowledge and skills for an independent life'.

Data concerning the number of beneficiaries and the budget allocated for each activity reveals the content of the CBR programme at the national level. Table 2 presents the number of beneficiaries in 2013–2016, along with the national programme components. 'Home-based rehabilitation' has the largest number of beneficiaries on average, followed by 'referrals to physiotherapy services' and 'referrals to self-employment support'.

The content of the CBR programme at the district and divisional levels often differs from the central government's data concerning beneficiaries and budget allocations. For example, the SSOs reported on the monthly performance of CBR activities in the North-central Province (Appendix 2). In a CBR model area in the province, a report written by an SSO, who was awarded the Anuradhapura district's Grand Prize in 2013/2014, emphasised the importance of community workshops ('Pantiya') and a religious programme to promote empowerment and inclusion (Higashida 2015).

This demonstrates that socio-cultural and religious activities based on community relations have often been integrated into bottom-up practices at the divisional level. Community workshops have been developed by CBR stakeholders as a unique social investment activity in collaboration with the JOCVs in the Anuradhapura district, and have been included alongside the recommended CBR activities in that province (Higashida, Illangasingha & Kumara 2015). The participants manufacture daily necessities, as an occupational activity, and sell these products in order to obtain a small income. The villagers support such activities and hold occasional events, some of which may be considered as 'Shramadana' (Photo 2). Similar community workshops have been launched and held in other districts (JSW's Report 2016; December 2017 field notes). Religious activities also appear to be common in grassroots CBR programmes across the country. For example, SSOs encourage disabled people to participate in religious activities, such as 'Sil samadan weema', which is a common religious event for Theravada Buddhists (Higashida 2016; 2017).

Table 2. The number of beneficiaries of the national CBR programme

	2013	2014	2015	2016	Average (2013–2016)
Home-based rehabilitation	6,427	6,743	8,121	5,571	6,716
Socialisation	1,414	2,074	2,543	1,935	1,992
Number of children referred to pre-schools	1,143	561	597	711	753
Number of children referred to schools	727	371	737	655	623
Number of children referred to special schools	991	538	694	629	713
Referrals to physiotherapy services	4,623	2,916	3,731	2,040	3,328
Referrals to vocational training	1,339	1,182	1,344	592	1,114
Referrals to employment opportunities	643	569	563	404	545
Referrals to self-employment support	2,725	2,138	2,573	1,077	2,128
Number of direct beneficiaries	114	55	309	101	145
Empowering Swashakthi (self-help) groups	17	744	378	1,136	569

Note: This table was created by the author using open documents from government sectors, including performance and progress reports from 2013 to 2016.

Photo 2. Ground-breaking ceremony at a community workshop with disabled people, local government officers, and villagers, amongst others (July 2014).
Note: I obtained the participants' permission to take and use this photo.

However, some SSOs and JSWs reported seeing almost no special CBR activities in certain rural areas (JSWs' reports from 2015 and 2016; 2015 field notes; December 2017 field notes). As noted in the section on the actors, in some divisions the CBR volunteers were registered but not given regular activities. The SSOs proceed with arrangements to provide welfare services—for example, by constructing a new house and providing a monthly allowance of Rs. 3,000 to low-income households with disabled members—yet some SSOs rarely conduct any community-based activities in their divisions.(17) The overall status of the activities implemented across the country has not been revealed, but one needs to consider the possibility that these policies may have lost their substance.

Whilst the ministry and department responsible for social services have run the CBR programme in collaboration with NGOs, the activities of the NGOs appear to diverge from the governmental programme. For example, VAROD has conducted social investment programmes for disabled people in post-conflict areas in order to compensate for the lack of government livelihood support (Higashida, Soosai & Robert 2017; WHO 2012). It has used the micro-credit scheme and traditional customs to increase the household income of disabled people and their families, and has established and facilitated community rehabilitation committees (Higashida, Soosai & Robert 2017).(18) Likewise, AKASA has implemented unique programmes, such as organising disabled women's groups, promoting advocacy in society, and conducting research on Sri Lankan disability issues (AKASA 2011; Campbell 2009).

4. DISCUSSION

This section summarises the study's main findings, revealing a complex set of dynamics between Sri Lanka's CBR policy and practice, including its policy implementation gaps. It then discusses the challenges facing the CBR actors and the disability-related systems in Sri Lanka.

4. 1 Main Findings: The Implementation of CBR

This study sought to reveal the relationship between policy at the national level and practice at the community level in Sri Lanka's CBR programme. It has shed light on neglected aspects of policy implementation by using the policy analysis triangle and

a relational approach. Focussing on the actors, context, processes, and content, the study has discovered a complex relationship between policy and practice, and has revealed the Sri Lankan approach to CBR. Whilst the country's CBR programme, which has been influenced by international norms and powerful actors, has been a government-led policy, the style of its approach appears to have been a synthesis of top-down implementation and bottom-up practices (Sabatier 1986). For example, the ministry's reports on the beneficiaries of the CBR programme demonstrate the prioritisation of individual interventions, such as home-based rehabilitation and referrals to the social and health sections. By contrast, some stakeholders in the divisions have emphasised the importance of the bottom-up and collective programmes, including sociocultural and religious activities and social investment practices. This illustrates the synthesis between the national programme and bottom-up practices that mobilise local human resources and adopt indigenous approaches.

In addition to this approach, the context and processes in Sri Lanka suggest that the actors play a significant role in implementing and practicing CBR. The national programme was implemented by the MSS and the renamed ministries from the 1990s onwards. It uses international concepts, whilst NGOs have contributed to CBR in some rural areas. The administration responsible for the CBR programme was recently demoted from the ministry level to the department level, although it remains a national programme. Therefore, the current implementation of the CBR programme across the country depends on the efforts of local actors, such as the frontline officers, disabled people, and NGOs in each province, district, and division.

The findings also reveal some issues that affect CBR in Sri Lanka. This study observed implementation gaps, such as the underdeveloped system for developing human resources and the gap between the planned policy and the conducted practices. Indeed, the system of training and personnel allocation appeared underdeveloped. Some reports have also indicated that the CBR volunteers and SSOs are inactive at the grassroots level for multiple reasons, such as inadequate training and a lack of incentive. Although some disabled people have made an effort to promote their inclusion and empowerment, the extent to which disabled people have been encouraged to participate at the grassroots level across the country remains unclear (Higashida 2017). This uncertain situation is associated with another challenge,

namely, the system of accurately monitoring and evaluating a programme that is still in the process of development.

4. 2 Key Challenges Facing CBR: Focus on Actors

Based on these findings, this section discusses the challenges facing the actors in CBR and other disability-related systems in Sri Lanka. The key challenges include promoting the participation of disabled people, developing the capacity of human resources, and enhancing institutional functioning. These challenges are discussed both in relation to international concepts and in relation to local contexts.

The participation of disabled people in every aspect of development programmes is fundamental to the simultaneous achievement of empowerment and inclusion (久野[Kuno] & Seddon 2003). In terms of the CBR programme, the involvement of disabled people and DPOs is crucial at the micro, meso, and macro levels (Rifkin & Kangare 2002; WHO et al. 2010). Sri Lanka's government-led programme has worked to establish and support self-help groups, CBR steering committees, and national councils for disabled people, whilst the DPOs and the disabled people themselves have sought to promote inclusive systems (Mendis 1997). These governmental commitments appear to reflect the national approach to promoting community development and mobilisation. There are, for instance, similar cases in which government sectors have promoted marginalised community groups, as happened in the case of the women's mutual help groups (Cassim et al. 1982; Women's Bank of Sri Lanka, no date). However, the substantial involvement of disabled people in planning, monitoring, and evaluating the CBR programme remains uncertain. Moreover, researchers have pointed out a similar issue, namely, the lack of any mechanism for implementing other disability-related acts (Campbell 2009; 2011; Liyanage 2017). Although the conflict of interests between disabled people and the government actors may be the result of the government-led programme, I would argue that policies based on the voices and involvement of the most marginalised disabled people and DPOs are needed, and must be promoted at every level of the CBR programme.

The stakeholders in particular government sectors face the challenge of creating opportunities to develop the capacities of disabled people in order to achieve

empowerment and inclusion in the local contexts. It is imperative to strengthen the systems of education and to provide essential staff to manage the CBR programme and other disability issues in order to promote the full participation of disabled people in society (Mendis 1995). The main human resources in the CBR programme in Sri Lanka are the SSOs and the other frontline officers who play key roles in providing opportunities for disabled people's capacity development at the divisional level. The SSOs are not required to have specialised qualifications, such as a Bachelor's degree in Social Work, and they rarely receive related practical training or academic education. This is realistic given the limited number of officers with relevant educational and professional experience. There are, however, some challenges that should be addressed. Researchers argue that the NISD and other institutions should bridge the gaps between education and the provision of human resources in the field (Attanayake 2016; Subramaniam, Hatta & Vasudevan 2014). In addition, strengthening Sri Lanka's educational and research systems in order to explore and develop its style of CBR and social work could lead to significant differences from the internationally standardised or westernised approaches (Campbell 2011; Herath 2017). Although Sri Lanka may utilise international norms and frameworks, it is necessary to explore 'community-based' practices with indigenous and contextualised approaches, which are exemplified by sociocultural and religious activities (Herath 2014; Herath 2017; Higashida 2016; Subramaniam, Hatta & Vasudevan 2014; Vasudevan 2014).

This indicates that capacity development is not only related to individuals, but also to institutions and systems (Hosono et al. 2011); therefore, the institutional capacity of the government sector, which includes adequate investments, is important in order to ensure sustainable and inclusive development (Asia Development Bank 2005; Buse, Mays & Walt 2012; Linder & Peters 1989). Mendis (2016) suggests that the National Disability Commission (NDC) should be established within the president or prime minister's secretariat. This would be in keeping with the National Action Plan for Disability to promote inclusive policies, but it has not been realised. By contrast, for more than two decades, the national programme has been planned and implemented by the MSS and the renamed ministries, and the competent authority has been demoted to the Department of

Social Services. The existing systems for implementing, monitoring, and evaluating the national CBR programme are unlikely to be sufficient or effective (MSS 2012a; December 2017 field notes). Given these circumstances, the national-level blueprint appears to be unclear. I therefore argue that a substantial and feasible CBR policy is required for further development, regardless of how many international stakeholders and powerful contributors are involved in Sri Lankan CBR. This would include strategies for promoting disabled people's participation,[19] improving the monitoring system, strengthening the institutional capacity, and establishing the NDC.

A partnership with other stakeholders is also essential for the actors. As the Department of Social Services promotes the multisectoral approach to CBR that is recommended worldwide (WHO 2012; WHO et al. 2010), another key challenge involves promoting collaborative programmes between the various sectors. These include the ministries and departments related to education, health, employment, and transportation.[20] The government sector must also develop collaborations with NGOs that have conducted unique programmes, and have contributed to CBR and promoted the inclusion and empowerment of disabled people at the grassroots level. The sharing of knowledge and skills amongst these actors is another challenge that can potentially enhance disability-inclusive systems.

5. CONCLUSION

This study has found the implementation dynamics and the gaps between the planned policy at the national level and the conducted practices at the grassroots level in terms of CBR in Sri Lanka. It has also revealed a synthesis between the top-down implementation and bottom-up practices of the CBR programme. Based on these findings, this paper argues that strengthening the system that enhances capacity development and promotes participation is indispensable to achieving sustainable and inclusive development throughout the country. In other words, it argues that more attention should be focussed on institutional capacity and the functioning of the government sector. This study has some limitations, such as the limited range of the data used for the analysis, which may cause inaccurate information. I therefore advise future researchers to examine the relationship using various data sources.

Researchers and practitioners could also examine the extent to which strategic policies can strengthen systems related to the disability issues. Because Sri Lanka has achieved rapid development, particularly since the end of the war in 2009, the changing socio-economic environment and technological innovations must also be considered when working to develop an alternative Sri Lankan CBR style.

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Notes

(1) In this sense, this study could be placed into the field of Kyosei studies (e.g., 中村 [Nakamura] 2016).

(2) Sri Lanka consists of nine provinces, which are divided into 25 districts that are subdivided into 331 Divisional Secretary's divisions or DS divisions (hereafter referred to as 'division(s)'). The divisions are further subdivided into Grama Niladhari administration divisions (http://www.pubad.gov.lk/web/index.php?option=com_content&view=category&id=19&layout=blog&Itemid=65&lang=en accessed 9 January 2018).

(3) JOCVs are generally dispatched to developing countries for two years. Given the ethical considerations, I confirmed the availability of their reports for this study with the Japan International Cooperation Agency (JICA) in advance (https://www.jica.go.jp/english/).

(4) The name and structure of the ministry has changed frequently. The current name as of December 2017 is the 'Ministry of Social Empowerment, Welfare, and Kandyan Heritage'. This study uses tentative terms, such as the ministry (and department) responsible for social services. See the section on process (3.3).

(5) An NGO established the Institute of Social Work in 1952. It was developed as a government institute and renamed the Ceylon School of Social Work in 1964 and the Sri Lanka School of Social Work in 1972. The NISD was established in 1992 and the School of Social Work was brought under the NISD (http://www.nisd.lk/web/

index.php/en/component/content/article/105-sri-lanka-school-of-social-work.html accessed 9 January 2018).

(6) According to the NISD's (2017) report based on a brief survey, the employment percentage of graduates who obtained Bachelor of Social Work from the institute in 2012/2016 is 74%. Whilst 54% of them obtained a job opportunity at a local or international NGO, 22% found employment in the government sector. In terms of therapists, the School of Physiotherapy and Occupational Therapy, run by the National Hospital of Sri Lanka, implements a field-training programme at the community level (Peat 1997).

(7) According to central government officers, it is not now called 'CBR core group (officer)' due to a recent change of the CBR policy (December 2017 field notes). This study tentatively focusses on SSOs.

(8) According to the Hill Country Disabled Group (no date), 18-day training sessions were provided for these officers at some point in the 2000s. A central government officer stated that they are considering restarting the training for SSOs and other CBR stakeholders, although 21-day training sessions for the CBR core group officers had previously been implemented (December 2017 field notes).

(9) There are many possible reasons for inactive practices, such as difficulties in allocating one's own time to the activities, inadequate incentives, a lack of public recognition of CBR, and no continual training, amongst others. In addition, central government officers stated that they did not have any plans to conduct specific training sessions for community volunteers due to the development of self-help groups and the inactive functioning of the volunteers. However, they acknowledged that some volunteers have continued to conduct good practices at the grassroots level (December 2017 field notes).

(10) For instance, the JICA signed a Record of Discussions on technical cooperation project for supporting the promotion of inclusive education in November 2017.

(11) It is called 'Seettu' in Sinhalese.

(12) According to Dr Padmani Mendis, interviewed on 5 January 2018, there were many undocumented engagements by actors, including herself. For example, her engagement with NGOs, such as Sarvodaya, started in Sri Lanka in 1979.

(13) This is simply a description of the facts, but an in-depth evaluation is required. Some interviewees stated that UNICEF's engagement was unsuccessful because the main financial support was only provided to students. This led to a research-oriented approach without sufficient practice (December 2017 and January 2018 field notes).

(14) The National Council for Coordinating the Work of Disability Organizations was renamed and reorganised as the National Council for Persons with Disabilities in 1996. More than half of its members are required to be the disabled people appointed by the Minister.

(15) This included the allocated budget for the ministry, the NISD, the National Secretariat for Persons with Disabilities (NSPD), the Department of Social Services, and the National Secretariat for Elders. It excluded recurrent expenditure on other major and special programmes, and the budget of the Department of Divineguma Development.

(16) The CBR unit is now planning to publish new CBR guidebooks that are in keeping with the Sri Lankan context for CBR stakeholders, such as related officers, volunteers, and disabled people (December 2017 field notes).

(17) This issue is related to the nature of social services, which are theoretically different from social work, especially in the Sri Lankan context (Subramaniam, Hatta &

Vasudevan 2014). Although the SSOs are expected to conduct community-based activities under the national CBR programme, their general responsibilities apart from CBR appear to provide direct social services for needy people.

(18) VAROD is considering handing over their CBR activities, such as the coordination of self-help groups (CRCs: community rehabilitation committees) to the local government sector towards sustainable implementation (January 2018 field notes).

(19) A provincial government sector responsible for social services in the North Central Province, for instance, has introduced a new policy to provide an allowance for disabled people who participate in community workshops in some divisions. This could be used to cover these participants' transportation costs in order to promote their participation (December 2017 field notes).

(20) Some good practices that address the challenges in Sri Lanka have been reported. The livelihood section of the CBR guidelines, for example, introduces the case of the Employers' Federation of Ceylon, which promotes employment opportunities for disabled people in collaboration with an international NGO (WHO 2010 et al.).

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Appendix 1. Estimated budget allocation for CBR

(Sri Lankan Rupees: million)

Year	2012	2013	2014	2015	2016	2017
Total	**7.69**	**9.00**	**9.00**	**13.30**	**10.00**	**12.00**
Conducting training for core group officers, volunteers, and community leaders, including sign language training for officers	2.06	2.00	1.50	1.50	N/A	N/A
Providing assistive devices to needy disabled people, and constructing toilets and ramps, etc.	1.60	2.00	2.00	1.00		
Conducting district CBR monitoring committees, core group progress review programmes, provincial assistance review programmes, and motivation programmes for volunteers	0.60	0.60	0.50	N/A		
Printing CBR handbooks and relevant documents	0.30	0.30	0.20	1.00		
Providing money for the administration; following-up and monitoring CBR programmes at district and division levels	0.54	0.51	0.30	3.31		
Conducting district/divisional monitoring programme	0.45	0.45	0.50	N/A		
Conducting training programmes to produce assistive devices for disabled people	0.50	0.50	N/A	N/A		
Motivation programmes for the volunteers	0.84	0.84	0.50	1.00		
Diversification programmes for self-help groups and a job fair	0.80	1.80	3.50	N/A		
Selecting the divisional secretariat division from each district and establishing the role model CBR programme	N/A	N/A	N/A	1.99		
CBR review workshop	N/A	N/A	N/A	0.15		
25th CBR Anniversary Celebration programme	N/A	N/A	N/A	2.00		
Providing job opportunities and vocational training within the divisional secretariat and motivation programmes for owners	N/A	N/A	N/A	1.35		

Note: This table was created by the author using documents on the planned annual budget of the government sectors, including performance reports, progress reports, and plans of action from 2012 to 2017. The 2016 and 2017 data came from the estimated total budget because detailed data were unavailable, possibly due to the sector responsible for CBR changing from the ministry to the department.

Appendix 2. The items included in CBR monthly reports in Anuradhapura

Number of home-based rehabilitation	Conference (times)
Social participation (times)	・Self-help groups (CBR committee)
Number of referrals to Montessori	・Family committee
Number of referrals to mainstream classes	・CBR volunteer meeting
Number of referrals to special support classes	・Divisional multisectoral conference
Number of referrals to doctors	・Other village meeting
Number of referrals to vocational training	Training (times)
Number of referrals to employment opportunities	・For government officers
Number of community workshops held*	・For CBR volunteers
Self-employment support expenses	・For disabled people
	Event (times)
	・Religious
	・Health-related
	・Leisure and social interaction
	・Other

Note: Adapted from Higashida (2015). The CBR-related activities were extracted from lists written in Sinhalese. Some words have been paraphrased to clarify their meaning. *This item was added after the start of community workshops in the R-division in May 2014.