

Forgotten Voices

Women with disabilities in post-war Sri Lanka's development and peace-building agenda

This report presents the learning from a study conducted by the International Centre for Ethnic Studies to identify the barriers to participation experienced by women with disabilities in mainstream processes of development and reconciliation efforts in Sri Lanka. The study results from a larger initiative by the International Centre for Ethnic Studies (ICES), Handicap International (HI) and Women's Development Centre (WDC) to facilitate the participation of women with and without disabilities from the grassroots in post-war Sri Lanka's development programs and reconciliation processes. The geographical focus of the interventions were the districts of Kilinochchi and Kandy where the reasons for and the nature of disability among women differed; majority of disability being war-related in Kilinochchi and in Kandy reasons for disability being due to birth impairment, medical negligence / delays or domestic violence.

In Sri Lanka, women make up 52% of Sri Lanka's total population but, within this category, the population of women with disabilities is not known. Disability related statistics in Sri Lanka is not up to date nor disaggregated by types, degrees, gender and ethnicity. However, in 2014 the Ministry of Health conducted a National Blindness, Visual Impairment, Ocular Morbidity and Disability survey where it was stated that the prevalence of disability is 'significantly higher in females than in males' (especially among lower socio-economic strata and in rural districts), while there were no reported differences by ethnicity.

METHODOLOGY

The premise for this study is defined by Article 6 of the UNCRPD¹ on women and girls with disability as being "subject to multiple discrimination" and its preamble (e) which recognizes that "disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others". The study attempts to understand the degrees of marginalization experienced by women with disabilities and therefore how layers of marginalization deprive them of opportunities to be included in Sri Lanka's development interventions and discriminated from processes of reconciliation and transitional justice.

The study explored the lived experiences of 23 women with disabilities in the Kandy district and 22 in the Kilinochchi district. **In the Kandy District**, of the 23 respondents, 9 women are with visual impairment caused by reasons from late diagnosis in childhood, administration of wrong eye drops and medical negligence; 4 women with physical disability caused by polio at childhood, 2 women with spinal cord injury – one due to birth related accident and the other

¹ <http://www.ohchr.org/EN/HRBodies/CRPD/Pages/ConventionRightsPersonsWithDisabilities.aspx#6>

due to surgical accident in adulthood; 1 woman experienced paralysis from her knee down due to administration of wrong medicine and severe allergic reaction to the medicines; 4 women experienced physical disability due to birth impairments; 1 woman was with hearing impairment and learning disability (although not professionally diagnosed); 1 reported to have a psychological disability by the WDC volunteer (but not professionally diagnosed), and 1 respondent was a mother and care-giver of a 14 years old boy with disability.

Of the 22 respondents **in the Kilinochchi District**, 18 of the respondents' disabilities are war related and of the 18, two are vision impaired, 9 have lower limb impairments, two have spinal injuries and five have multiple impairments (both lower limb impairment and upper limb impairment). Two of the 18 also have shrapnel embedded in their bodies, which are invisible disabilities, but cause them pain. Two respondents' disabilities are due to polio of whom one was also further disabled in the war. Two respondents' disabilities are non-war related with one due to a road accident and the other due to accidental poisoning which was later aggravated due to lack of medical facilities during displacement. Though psychological impact of disability was not a focus of the study, all respondents mentioned that they were psychologically affected by their disability.

The study employed three types of qualitative research instruments – (i) key informant interviews (ii) focus group discussions among community based formal and informal women's groups and (iii) in-depth interviews among selected women with disabilities in each district. The sample for the research was identified firstly through a purposive sampling method and thereafter snowball sampling. The study is limited to women with physical impairment and vision impairment.

The Timeline for the Data collection was from June 2016 to March 2017.

Multiple layers of discrimination lead to disempowerment

The evidence from the study illustrates that women with disability encounter greater

degrees of discrimination and barriers to self-determination and dignity. The layers of barriers experienced by women with disabilities have been categorized first as exclusion in social dimensions such as exclusion from education. Although education is considered a fundamental tool for empowerment, there were significant gaps in educational attainment among women with disabilities primarily due to resource gaps, displacement during war, negative attitudes of society and educators and non-accessible infrastructure.

EXCLUSION FROM EDUCATION

In Kandy, of the 23 respondents, only 3 women with vision impairment had attended a Special School for their education. 3 respondents have had no schooling. To give a breakdown of respondents who have achieved Tertiary level qualification – 1 woman with disability was qualified in Association of Accounting Technicians and Part II of Chartered Accountancy, 1 woman with vision disability had graduated from special school into University and completed a BA degree, and the third woman had completed a BA degree in dancing prior to becoming

paralyzed knee down due to allergic reaction to medicine and therefore she is resigned to engage in handicraft making as a source of income generation.

“The school in my village is not accessible and because I use a wheelchair, I found it challenging to continue attending after grade 6 I stopped schooling. But I have skills and would like to enroll in mainstream vocational training because the subject scope is wider than what is available for persons with disabilities. But mainstream vocational training programs require a minimum educational qualification of grade 10 O/L certificate. It is not by my fault that I could not complete an education up to grade 10” - Sama²

In Kilinochchi, of the 22 respondents, half of them had completed the GCE Ordinary Level Examination. Only two respondents had not attended school due to poverty and family related problems. One vision impaired respondent had had access to education in braille. Though none of the respondents had access to tertiary education, four of them had pursued computer courses, one a Montessori diploma, two courses in nursing and one a course in administration. Two are also pursuing higher studies in management and accountancy. One respondent who was accepted into a tertiary institution was not allowed to pursue higher education by her family.

“I studied up to grade 10. I was 15 when I lost my leg so that was the end to grade 10. It took two years for me to fix an artificial limb... It is not a question of whether I wanted to continue to study or not. The conditions were not good. One day we would be here and the next day there. So even children who studied well couldn't study. I stayed at home because I had lost my leg, but there were children who had hands and legs who stayed at home without going to school because of the bad conditions of the time” - Vinotha

Another social dimension in which women with disabilities in the study demonstrated marginalization was either exclusion from membership in community based organizations (CBOs) or tokenistic participation in disabled peoples' organizations (DPOs). It was also demonstrated that DPOs at village level are limited in their scope and function, dominated by male members and mandates controlled by respective Social Service Officers appointed by the government. Furthermore, mainstream village based community groups for women such as Women's Rural Development Societies (WRDSs) were not mandated to include women with disabilities into their membership. A primary objective of WRDSs is to support livelihoods through credit schemes. This in principle marginalizes women with disabilities because they were far more deprived in their income and therefore did not hold financial empowerment to enter into revolving fund commitments. Thus, barriers to inclusion in mainstream community based development organizations and livelihood support groups have deprived women with disabilities the opportunity to benefit from Sri Lanka's development strategies, interventions and from being consulted in reconciliation and transitional justice rhetoric. This is due to the

² All names of respondents have been changed and pseudonyms are used in place.

fact that often times, national, provincial and district level development interventions are routed to communities through community based mainstream groups. In terms of reconciliation processes, awareness raising and transitional justice rhetoric and efforts too, civil society organizations have a practice of consulting with existing mainstream community based organizations and groups, and rarely consults with minority organizations such as disabled people's organizations.

EXCLUSION FROM CIVIC PARTICIPATION

In Kandy 7 respondents did not participate in a DPO or CBO. 6 respondents were members of either Women's Groups (introduced by local NGO/CSO) or Samurdhi and Sanasa societies. 9 respondents participated in DPOs of which 4 were office bearers including one who was a President. What was observed in Kandy was that the 4 respondents holding office in DPOs had been identified by a national disability rights organization about 8-10 years ago and had received capacity building and leadership training over the years, including rights education. Those respondents demonstrated a different level of activism and leadership compared to other respondents.

All the respondents in Kandy also narrated that they feel isolated and lonely, and that it is when they participate in DPOs and are able to meet with peers that there is a sense of 'belonging'. Of the 23 respondents in Kandy, four women who acquired disability later in their adult life echoed that 'acquiring an impairment later in life was far more difficult, as you have to adjust to a completely new life and challenges. And that the impairment compelled them to withdraw from the familiar and the routine and that there was no-one to address their frustration and even anger at times about the injustice.

"SSO sometimes organizes awareness programs in our DPO where resource persons are invited to speak to us – but because I am hard of hearing, I don't find them useful. I merely sit in."- Kamani

"Some members in the DPO come until they are able to get into the list and receive the 3000 LKR disability allowance and then drop out. There is no meaningful empowerment in DPOs for persons with disabilities" - Sumana

In Kilinochchi, five respondents were members of a government DPO, three members of NGO led DPOs and one a member of a CSO led DPO. Four of the respondents were holding office in DPOs two as Presidents and two as Secretaries. It must be noted that while the NGO led DPOs are functioning regularly, most of the government led DPOs are either at the stage of formation or have broken apart after formation. The reasons given by the women are that there is no proper guidance given on how to run the DPO, internal politics and competition among office bearers, no proper schemes to motivate the functioning of the DPOs and the issue of transport. Only three women from the sample were members of WRDSs. Women with disabilities are unable to attend WRDS meetings regularly due to transport issues and are unable to contribute to savings groups due to lack of personal income.

Like in Kandy, psychological wellbeing and happiness was also seen as a function of DPOs. A few women stated that they did not have opportunities to talk about the personal challenges they faced, such as the difficulty in finding marriage partners. A member of a recently formed women's DPO said "We were able to share our longings. We have a lot of yearnings. Women with disabilities have no love, no marriage, society doesn't think about them and their needs. This is an important issue to consider."

"There isn't one (DPO) here, but there is one in Kilinochchi that involves all villages (a district DPO). I went for the meeting, but there are bigger people, men, so they don't involve us. We are women and small ones so we elect them" – Shanthi

"There is a WRDS in my area and they have called me, but I don't go because I don't have an income to contribute to the savings group. I can't ask my family for money. If I had my own money, I could go" - Sudharshini

Access to Health services and Rehabilitation services plays a crucial role in enabling women with disabilities to facilitate functionality and independence. Despite Sri Lanka's achievements in health indicators and effective public health outreach, disability inclusive and disability specific health services continue to be poor in the country. In the war affected North especially, where a concentration of war related disability is experienced, the availability of adequate rehabilitation clinics, assistive devices and technology provision is weak or absent. In the other parts of the country, public health services and outreach are not equipped to service the health concerns and especially rehabilitation and fitting of prosthesis and orthosis due to an absence of skilled and trained human resources in the related fields and due to absence of financial resources. Further, a continuing obstacle for wholistic health achievements for persons and women with disability is largely due to the portfolio of 'disability' being assigned to the Ministry of Social Empowerment and Welfare with poor linkages and absence of coordination among other Ministries such as Health, Education, Transportation, Urban Development, Justice and Labor – to name a few lead Ministries.

EXCLUSION FROM ADEQUATE HEALTH SERVICES & REHABILITATION

In Kandy, a majority of the respondents had sought and continue to seek government funded medical care. Medical care interventions and assistive devices technology supported by NGO's, Religious Organizations and Private medical care is less because the number of NGO/INGOs facilitating disability specific medical and rehabilitation interventions in the district is less compared to Kilinochchi. Furthermore, private medical facilities are not affordable to respondents being from lower middle class and/or poor strata. The 2 vision impaired respondents who had not sought any medical services stated they were impaired by birth and were not aware if parents sought medical interventions. And the 2 respondents with psychological and learning disability had not been assessed by a professional as reported by them and a family member.

"As a blind person I am invited to celebrate the 'white cane' day every year and we are all given a white cane complimentary by the government. But the standard and quality of the white cane is poor."

– *Kalyani*

“Although we claim to be implementing Community based rehabilitation, the outreach is not sufficient. Politicians are happy with token activism that is visible, measurable and will win them popularity.”

- *Erosha*

In Kilinochchi, a majority of the respondents who require prostheses continue to seek NGOs for support for assistive devices despite the availability of government services. The respondents reiterated the fact that they were dissatisfied with the process involved in obtaining prostheses from government hospitals, attitudes of hospital staff, the language barrier and also the fact that they are more familiar with these NGOs as they were the first points of contact immediately after becoming disabled. Some of them still travel to Mannar and Mankulam to obtain prostheses. Nine women with disabilities did not seek medical services or go to clinics because they do not require replacement if prostheses.

“There is no proper care in hospitals. There is no special section for persons with disabilities. There is only a separate place to replace limbs. In this day of Google and information, you would expect doctors to explain to you what is wrong and why. They just prescribe medicine without telling us what is wrong. Now, I go to the pharmacy instead of the hospital because interest is not taken at hospitals. Everyone feels that there is no point in going to hospital”

-*Malathi*

“It is very difficult to access medical services. Transport is an issue. Even if you manage to go, you have to wait in a queue. Those days, it was easy to buy crutches through (Name of Organization Withheld), but now it is difficult. Now you can’t get readymade braces for legs. The hospital custom makes it and it is uncomfortable. If I want to change my prostheses, the hospital makes the excuse that it hasn’t got spoiled yet and that I can still use them.”

-*Amirtha*

A common barrier faced by both women with disabilities in Kilinochchi and Kandy which impedes them from engaging in economic, social and political activities, is access to transport. Absence of disability friendly transportation opportunities have resulted in discriminating women with disabilities from the early stages of their lives to the present day, because an accessible built environment and disability inclusive transportation options are an imperative requirement to facilitating social, and economic opportunities. All the women in Kandy and Kilinochchi stated that they face barriers to mobility on a daily basis because of lack of appropriate transport facilities. They all claimed that the sticker which assigns a seat on the bus for the ‘disabled’ is decided arbitrarily as in some busses it is the second seat, on some it is the third and on some it is further towards the middle section of the bus.

It is evident that one layer of discrimination spirals into co-related discriminations where women with disabilities who are marginalized in accessing education in childhood, and further have had no access to appropriate rehabilitation interventions hold very few opportunities at engaging in income generating activities. One disadvantage propels other disadvantages and exacerbates vulnerabilities experienced by women with disability. Firstly poor educational attainment discriminates them from rewarding income generating opportunities, secondly absence of fitting rehabilitation services and assistive devices

coupled with structural and attitudinal barriers resign women with disabilities to conventional types of livelihood options, poorly designed government welfare schemes or no means of income and dependency on a care-giver.

EXCLUSION FROM ECONOMIC OPPORTUNITIES

In Kandy, the 3 respondents in formal employment had tertiary level education. Of the 7 in the informal sector, 6 were engaged in home based craft making and spices packing while 1 had her own small outlet which sold accessories. Of the 3 respondents who were unemployed and without social protection, 2 were from the poorer category of the sample; one member of the household received Samurdhi and the other respondent became impaired 3 years ago and could not continue her livelihood whereby she is currently unemployed. Of the total sample, only 4 respondents reported receipt of the 3000 LKR disability allowance. 1 woman had received assistance by an NGO with a grant for her livelihood and to renovate her house. Of the 5 respondents who reported they were supported by a Family member, 2 were receiving their deceased father's pension, 1 financial assistance from a brother who was overseas, 1 taken care by her sister and niece and 1 receives alimony from her divorced husband.

“Financial opportunities and schemes are limited for women with disability. Financial institutions should overlook the disability and assess the skill, entrepreneurship of applicants and their financial management acumen when granting a loan. I was able to obtain a bank loan because of my father's standing as a government officer. But what happens with other women with disabilities who are skilled entrepreneurs? They have no opportunities to expand their enterprises because of not being eligible for or granted with bank loans.”- Sudarshi

“When I was standing at our gate, there was a lorry which was selling ekel brooms and so I made the contact and supplied to them. But only for two months - they did not come again.”- Windya

In Kilinochchi, the eight respondents in formal employment had varied qualifications with a minimum of education up to Grade 7. Two women respondents in Kilinochchi whose husbands also have disabilities stated that they did not qualify for the Rs. 3000 allowance because they did not fulfill the 'head of household' criteria. One respondent said that she did not qualify for the Rs. 3000 allowance because her mother was receiving Samurdhi and the PMA (public assistance monthly allowance). It must also be noted that six of the respondents were receiving small incomes from a mix of sources such as home based livelihood and government assistance and/or NGO/Philanthropy. For women with disabilities in Kilinochchi who have completed secondary education and or received vocational training, their barriers lie in access to livelihoods whereby they face exclusion not only from society which views women with disabilities as unemployable and ill-suited for employment, but also from state institutions which provide 'difference-blind', one size fits all livelihood support that is often more a burden than a source of income for these women. Thus, women with disabilities who were once nurses, accountants or computer operators before or during the conflict find themselves rearing chickens, goats or cows or sewing garments in the post-war context. Furthermore, such livelihood support is provided with little or no training on management and marketing of products whereby the livelihood activities are short lived. The interviews revealed that in designing livelihood interventions, the state needs to collect proper data on the existing

skills women with disabilities possess and livelihood advice and schemes provided accordingly. For these women, access to livelihoods is an issue of social justice linked to reconciliation.

“The govt should give WWDS a permanent job. We got affected because of the war between the govt and their opponents. The govt should give us a permanent salary from its funds. Giving us a monthly allowance of Rs. 3000 and making small donations will not work. Persons with disabilities, whether they are educated or not, should be given an ordinary job in government institutions. It was the general public that was affected in a war between the two sides. So they should introduce schemes.” – Arulmadi

“Our SSO, said “If we mention the word livelihood support, your people come running”. I was hurt by this statement. I am single and can manage with my income, but women (with disabilities) with children can’t and they need livelihood support” - Bhavani

Article 29³ of the UNCRPD advocates that persons with disabilities including women with disabilities should be guaranteed the ability to ‘effectively and fully participate in political and public life on an equal basis with others’ and including the right and opportunity to vote. However, among visually impaired women there was an absence of independence when exercising their vote because they had to rely on a presiding officer at the polling station to cast their vote. The non-availability of polling cards in braille or any other form of accessible voting system compelled women with disabilities to report absent at polling stations or trust a presiding officer to cast their preferred vote. Women with physical disability often experienced barriers to accessing the venue of the polling station, especially because of the tendency to host polling stations in school classrooms which posed structural barriers.

EXCLUSION FROM POLITICAL PARTICIPATION

In Kandy

“I have voted twice from what I remember. I could not vote last year (2015 parliamentary elections) because it was difficult to go down this slope” - Kanchana

“I have voted. I go to the polling booth with my brother. Once there, I depend on a presiding officer. On just one instance my father asked the presiding officer to show him the ballot paper to ensure that he had marked the vote I had requested. And it had been accurate.” - Kalyani

“I think with new technology it is important to introduce online voting for persons with disabilities, postal votes and ballot papers in braille so that we may exercise our franchise independently.” - Manik

In Kilinochchi

“Yes, I always go to vote. I go to the public hall. I don’t have any problems, but there is no ramp so wheelchair users struggle to vote. But, they do come to vote despite this. They are carried with difficulty.” -Sudharshini

“Yes, I go to vote, but I am not given priority. We also have to wait in the queue to vote” - Malar

³ <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/article-29-participation-in-political-and-public-life.html>

Rights based rhetoric and practice is yet an aspiration in Sri Lanka's governance and service delivery design. Civil society organizations have played and continue to play a dominant role in creating rights awareness and in advocating for rights, and especially the rights of minorities.

Persons with disability are known to be the largest minority in Sri Lanka with a reported 1,617,924⁴ population in the year 2006. And within this minority population, women with disability are likely to face greater degrees of vulnerabilities and discrimination heightened by the economic, social and political exclusions they encounter – as evidenced in this report.

Disability rights are known to have been under the radar in Sri Lanka's recent history of rights advocacy and, disability rights advocacy has largely been concentrated within a handful of DPOs and a consortium of national level DPOs, with not so significant visibility or results. The rights of women with disabilities have not witnessed inclusion in the wider civil society advocacy and activism around women's rights. Therefore, the rights of women with disabilities can be regarded as one of the least recognized and advocated for. Therefore, on the premise that women with disabilities had minimum opportunities for rights awareness and advocacy for their rights, the study included questions on the level of rights knowledge among the respondents.

In Kandy it could be observed that 9 of the 23 respondents demonstrated knowledge of disability rights especially informed by the UNCRPD. They were less aware of the national law on disability of 1996 and had not referenced the law for any form of advocacy. However, of the 9 women, 4 demonstrated higher levels of activism and were versed at referencing the CRPD specially to advocate for accessibility improvements and access to loan schemes. A notable observation is that the 9 women had been identified and selected about ten years ago, by a civil society organization in Kandy which was a leading disability rights organization and disability service/rehabilitation organization holding a national reputation for effective community based rehabilitation interventions. And so, the difference in leadership and confidence in the 9 women compared to other respondents in Kandy can be attributed to long term capacity building interventions by the civil society organization. It was also observed that the 9 women demonstrated activism in forming linkages with other women with disabilities and in providing them with guidance and rights awareness when needed. However, even among the 9 women with disabilities only 2 women knew and had heard about the National Action Plan on Disability (NAPD). And a general view among women respondents was that there was no visible implementation of a rights based law for women with disabilities and the services continued to have a patron-client attitude which gave government service providers a superiority attitude towards disabled women.

“I had heard of the NAPD back in 2014 but am not aware the implementation status and outcome. We were consulted for Accessibility topic. In my opinion, despite a disability law and a national action plan, there is no effective implementation.”- *Nelum*

“There is no sign language interpretation in the justice system. Those with vision impairment don't have eye witness accounts or are not able to describe perpetrators. There are no facilities in the justice

⁴ <https://unstats.un.org/unsd/demographic-social/meetings/2016/bangkok--disability-measurement-and-statistics/Session-6/Sri%20Lanka.pdf>

system to enable women/girls with disability to report and take legal action against sexual harassment and violence.”- **Wathsala**

“I cannot resort to legal action because I am a single woman now and I also don’t have the financial strength to go into litigation. Sri Lanka’s law favors men and it is not easy for a single woman to go into a legal battle against a doctor.”- **Shirani**

In Kilinochchi, of the 22 women respondents, only one was not aware of the rights of persons with disabilities. Six women explained that while they had heard of the UNCRPD, they did not have the ability to explain all its provisions. One respondent equated the rights of persons with disabilities to the rights of all citizens. For another respondent it was about accessibility to public buildings and transport. All the respondents, except one expressed that they were knowledgeable about women’s rights. However, it was noted that the women’s understanding of women’s rights varied in degree.

Like in Kandy, the six women who demonstrated knowledge about women’s rights and the rights of persons with disabilities were exposed to several capacity building workshops from various organizations, women’s and religious groups and were active in their local village societies, educating and advocating for the rights of women and persons with disabilities. Individual women mentoring other women in their localities was also seen as a source of empowerment as expressed by four respondents. Two respondents also explained how their exposure to training on women’s rights had enabled them to have conversations with their husbands on equality whereby they were eventually able to seek employment and balance power relationships within the home. For most of the women, however, actualizing their rights was hindered by institutional barriers as illustrated by the quotes below.

“Women have knowledge about their rights, but there isn’t anyone to fulfil their needs. The Social Services Department has a lot of responsibility and needs to take up these responsibilities. They should be committed to their profession. Most women with disabilities seek their help and return dejected... There is no use in us knowing our rights and begging for our rights. The awareness of MPs, Urban Council members, heads of government departments, the DS, the GA and government authorities with decision making powers should be raised to specially consider our needs. We go and knock on their doors, but there is no one to open.” – Subajini

“Those in politics are also men. So they don’t understand the problems faced by women. They just assume what women go through. But if there was proportionate representation of women in politics, then women’s issues will be taken into consideration and women will gain equality.” - Menaka

Another dimension was also to enumerate awareness about good governance at large and the opinions of women with disabilities about Sri Lanka’s justice processes and their experiences of accessing justice. It was hypothesized that if women with disabilities were already deprived of education, economic opportunities and therefore scored low levels of empowerment, this in turn could exclude them from mainstream processes of Sri Lanka’s reconciliation and transitional justice efforts. The study inquired into the levels of awareness among the respondent women with disabilities about reconciliation as a concept and their opinions about post-war Sri Lanka’s context in trialing transitional justice efforts and building peace and reconciliation.

In Kandy, a majority of the women viewed reconciliation to be 'end of war and presence of a secure environment for all'. Their conception of reconciliation was poor. Of the 23 women, there were 6 women who narrated their experiences of the 1983 ethnic riots and how their Tamil neighbors had been targeted, and 2 women who were Tamil themselves claimed having experienced displacement. In response to transitional justice measures, 2 women had strong opinions that the government was only giving attention to building the North and that other parts of the country were neglected. There was opinion that other forms of injustices and deprivations such as what is experienced by women with disabilities have not been addressed by the government. One woman respondent referenced the JVP insurgency and opined that there were injustices and disappearances related to the JVP that should also be addressed as part of the government's commitment to restoring justice to families and individuals who suffered the disappearance of family members.

"There are many women left widowed because of the war. They suffered in silence but now there are forums / systems to express themselves. But most women do not have the exposure nor grooming to speak at such forums and articulate themselves clearly." - Yasawathie

"Women are differently affected by war because women's safety is compromised and more vulnerable during war. Women can be more involved in peace building but they need to be given the skills and tools and their knowledge must be enhanced to be able to contribute towards peace building dialogues." - Windya

"I am not aware of what reconciliation is. In our village there are about 5 Tamil families. We don't discriminate. Even during an emergency if they need a small loan, they visit me freely and request a quick loan and we give. After the war, there is a feeling of protection, we feel safe."- Samanthi

Reconciliation in Kilinochchi takes a more complex form and is linked to the rule of law and access to social justice. Most importantly for the women with disabilities interviewed, it is linked to safety from gender based violence in both public and private spheres, protection from the law, demilitarization, access to employment and a decent standard of living, and access to information about missing persons, all of which were lacking in Kilinochchi. All of the women expressed an entitlement to the above as they were victimized by the war. One woman noted that it is the government's duty to ensure that people are compensated for the losses (material and corporal) incurred due to the war and that this should not be done out of a sense of charity. She also stated that it is important for the government to consult the grassroots on their opinions and that such activities should not be tokenistic. It is important to note that most of the women interviewed were unfamiliar with the term 'reconciliation' in Tamil, but were knowledgeable about the concept when explained. Only six women, who had been exposed to awareness raising programs held by NGOs were able to speak about all the issues related to reconciliation in the District.

"Those days the Movement kept everything under control. Now the military lets anything happen here because we are only Tamils "These are Tamil's, aren't they?" Those days we did not hear of child abuse, but now it has become a normal occurrence." - Sudharshini

"Reconciliation is a problematic term when we use it here. Reconciliation connotes that a community that was once united encounters problems and then they are brought back to a state of unity... Some women said "But, Sinhalese and Tamils were not united even during the British period. They had

problems even then. So don't call it reconciliation, call it conciliation. We have never been united at any time" - Menaka

CONCLUDING OBSERVATIONS

The UN Committee on the Rights of Persons with Disabilities in their observations on Article 6 issued in the General Comments⁵ points that “structural or systemic discrimination is difficult to trace because discrimination is routed in hidden or overt patterns of institutional behavior, cultural traditions and norms, rules and other social structures that lead to unfavorable ‘othering’ of women and girls with disabilities”. In relation to 23 women with disabilities from Kandy and the 22 women with disabilities in Kilinochchi this systemic discrimination can be evidenced through their lived experiences in the dimensions of social, economic and political exclusions, as illustrated in this paper. Further, it is also observed that women with disabilities encounter multiple discriminations, and that their childhood deprivations have resulted in deprivations and lost opportunities in their adult-life. These long standing deprivations and exclusionary practices experienced - by women with disabilities in our study illustrate the weaknesses in the institutional landscape of Sri Lanka’s governance processes and service delivery structures. Further, their lived experiences also highlight the omission of rights of women with disabilities in the larger women’s rights advocacy in Sri Lanka. The macro level policy frameworks have gaps where women with disabilities and their rights and inclusion are not visible. The Women’s Charter in Sri Lanka does not include women with disabilities with reference to rights and principles for women, except in the article which addresses right to Health and Nutrition.

As an illustration, the Women’s Charter of Sri Lanka only holds once reference to disabled women in its sub-section number 13 on Right to Health and Nutrition – “the availability of and access to programmes which will promote and protect the mental and physical health of women, including the provision of proper and humane facilities with regard to medical and psychiatric treatment of patients, and ensure access to social support measures for the elderly and **physically handicapped women**”.

Prevention of Domestic Violence Act no 34 of 2005 does not include provisions for women with disabilities as victims of domestic violence nor any reference to punitive measures/ in the event a woman experiences trauma and impairment as a result of domestic violence.

The institutional landscape in Sri Lanka continues to assign the portfolio of disability to one leading Ministry – the Ministry of Social Empowerment and Welfare – which traditionally focuses on welfare programs and charity. Though Sri Lanka ratified the UNCPRD in February 2016, a rights-based framework and strategy to facilitate self-determination and dignity for persons with disability is yet to be the commitment of government stakeholders. The National Council for Persons with Disability established through the 1996 Disability Rights Act of Sri Lanka is expected to be the main administrative body with the responsibility to take decisions about the community of persons with disability in Sri Lanka. However, during the period of this research, it has been noted that among the 21 members of the NCPD there is an absence of women with disability. Structural and systemic discrimination can also be interpreted as a type of violence against women, where state apparatus could be observed to be the

⁵ <http://www.refworld.org/pdfid/55d332b44.pdf>

first perpetrators of the rights of women with disability. The International Centre for Transitional Justice⁶ identifies the importance of institutional reform as a vital component of a country's post-war transitional justice efforts. For women with disabilities to experience a life of self-assertion and dignity Sri Lanka's institutional landscape and legal framework must be inclusive of and be structured to uphold the rights of women with disabilities.

Therefore, considering post-war Sri Lanka's efforts at reconciliation and transitional justice there should be a commitment towards institutional reform where public service providers are made aware of their role as duty bearers of the rights of citizens and especially the rights of the marginalized. And outdated legal frameworks are reformed to include the rights and entitlements of the marginalized – with reference to our report – specifically the rights of women with disabilities.

Article 33⁷ of the CRPD presents guidelines to state parties to structure state institutions and especially independent human rights monitoring mechanisms to ensure the promotion and protection of the rights of persons with disabilities. Sri Lanka's Disability Rights Act of 1996 pre-dates the UNCRPD and therefore does not reflect a human-rights based legal framework that is in line with the CRPD. It must be especially noted that the 1996 Act does not include specific provisions on rights of women with disabilities. The range of discrimination experienced by women with disabilities outlined in this report also raises the concern that disability should not and cannot be the responsibility of one Ministry but should be a focal area of all Ministries. Most importantly, an independent disability rights monitoring committee or commission must be established by statute in place of the NCPD (which demonstrates several limitations in its governance and decision making, including the absence of women with disability) and that members to this independent committee should be appointed by the President on the recommendation of the Constitutional Commission, to ensure independence and impartiality.



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⁶<https://www.ictj.org/our-work/transitional-justice-issues/institutional-reform>

⁷ <https://www.un.org/development/desa/disabilities/resources/handbook-for-parliamentarians-on-the-convention-on-the-rights-of-persons-with-disabilities/chapter-seven-creating-national-institutions-to-implement-and-monitor-the-convention-3.html>