

# Local Resources of Disabled People in Sri Lanka: Action Research on Community-Based Rehabilitation Programme

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**Abstract** This case study examines local resources of disabled people at the individual and social levels in a rural area. The research was conducted in the model administrative division of the national community-based rehabilitation (CBR) programme in Sri Lanka. In this division, the programme began in 1998, and international volunteers started support activities in 2007. The author applied action research after commencing work as a social worker in the local government office in February 2013. Data were based on social work practice in the field level: assessment, planning, implementing and monitoring. This study used data from semi-structured interviews with disabled people, interviews with a social services officer, documents relevant to CBR, and the author's field notes. Data were analyzed with qualitative procedure. The findings suggest that living conditions of disabled people have improved through the development of community workshops and other local resources since 2009. Using interview data, the study reveals individual level elements at each stage: infancy, school age, after school age, turning points and after participation. The significant elements are meeting with a key person and being linked to local resources, developing social support network, and increasing income. The analysis also indicates that the division's CBR programme encounters the challenges: the right to receive education, information sharing and networking, the variety of local resources, sustainable activities, empowerment and leadership, and capacity building. Finally, we discuss implications of these findings and show a new action plan based on the results.

**Keywords** CBR/CBID, Sustainability, Human Rights, Social Work, Qualitative Analysis

## 1. Introduction

Community-based rehabilitation (CBR) was initiated in the 1980s and has been adopted in more than 90 countries

worldwide.<sup>1</sup> According to a joint position paper by the International Labor Organization (ILO), the United Nations Educational Scientific and Cultural Organization (UNESCO) and the World Health Organization (WHO), CBR is defined as “a strategy within general community development for the rehabilitation, equalization of opportunities and social inclusion of all people with disabilities.”<sup>[1]</sup>

Since Richmond<sup>[2]</sup>, an American social work pioneer, spoke of the importance of actions through many parts of the social environment in social work, “local resources” or “social resources”<sup>2</sup> have been recognized as one of the key factors in disability issues as well as community work practices. The concept of “resources” is defined as “[a]ny existing service or commodity that can be called on to help take care of a need...[including] other social agencies, government programs, other professional or volunteer personnel, self-help groups, natural helpers, and individuals in the community.”<sup>[3]</sup>

With regards to using local resources, CBR guideline<sup>[4]</sup> argues that “reducing the dependency on human, financial and material resources from external sources will help ensure greater sustainability.” Whereas the structure of local resources in CBR is unequally mentioned among researchers, Peat<sup>[5]</sup> describes three factors that support CBR from both the internal and external perspectives of a local community: human resources, structural resources and attitudes. Finkenfügel *et al.*<sup>[6]</sup> note, in their review of evaluative articles on CBR, the concept of local resources such as the use of local technologies and the cost effectiveness as an important element in enabling the sustainability of CBR programmes. Mitchell<sup>[7]</sup> also supports the notion that local resources and referral systems are key factors in CBR. The classification of four types of resources in CBR is presented in Table 1. This study mainly focuses on human resources and structural resources inside

<sup>1</sup> CBR practices all over the world have been registered in the database operated by the WHO. (URL: <http://www.who.int/disabilities/cbr/globaldatabase/>, accessed 28 Feb 2014)

<sup>2</sup> In this article, they are described as local resource(s), whereas this term is not standardized. In addition, the concept of local resources has a mutually complimentary relation to the theory of ‘social capital’, which emphasizes the relationships and norms in society.

a community, which are the most important factors for any community development programme.[5]

Although CBR has been studied by various researchers and practitioners, including evaluative researches on the programme (e.g., the evaluation of CBR at the grass roots level in India[8]), the number of studies focusing on the use of local resources in CBR is noticeably low.[6]

In Sri Lanka, CBR was launched as a pilot project in 1981 and has been developed as the national programme since 1994.[9] The practice and effectiveness of CBR in Sri Lanka has rarely been studied and presented, whereas Peiris-John *et al.*[10] review the published literature relating to disability issues and point to the gaps in the existing studies on the living conditions of disabled people.

With the overall objective of identifying and clarifying the progress of the national CBR programme in a rural area in Sri Lanka, the aim of this case study is to examine the local resources of disabled people at the individual and social levels.

## 2. Method

After commencing work in a local government office as a social worker in February of 2013, the author applied action research to social work practice. Action research was developed as “a comparative research on the conditions and effects of various forms of social action, and research leading to social action.”[11]

A mixed-methods approach adopting more qualitative and less quantitative data was used for the action research. This is partly because qualitative data allow for clear and in-depth insights into sensitive issues in CBR, such as life histories, which enable one to extract more useful and effective data.[12] Data were based on social work practice: assessment, planning, implementation and monitoring. For this study, the author used data from semi-structured interviews with disabled people, interviews with a local social services officer, documents relevant to CBR, and the author’s field notes. The research period was from March 01, 2013 to December 10, 2013.

### 2.1. Study Site

The study is conducted in R-division (fictitious name), located in Anuradhapura district. R-division is the model administrative division of the national CBR programme. The population of R-division is estimated at 32,684 as of December, 2012. There are two hospitals, an office of medical officers of health (MOH) and two special needs education classes. In this division, the CBR programme began in 1998, and Japan International Cooperation Agency (JICA)<sup>3</sup> volunteers commenced support activities in 2007.

<sup>3</sup> Established as an Incorporated Administrative Agency under the Act of the Incorporated Administrative Agency, JICA aims to contribute to the promotion of international cooperation as well as the sound development of Japanese and global economy by supporting the socioeconomic development, recovery or economic stability of developing regions.(URL: <http://www.jica.go.jp/english/>, accessed 28 Feb 2014)

### 2.2. Background Information

Background information on the disability issues in R-division was collected from local government documents (e.g., official data of the Ministry of Social Services and documented meetings of the social services section in R-division), documented data which JICA volunteers had collected since 2007 and data from interviews with a local government officer.

### 2.3. Field Notes

Data from field notes, which the author collected through social worker practice, were also used to analyze the realities of the programme.

### 2.4. Interviews

Semi-structured interviews with disabled people who participated in community workshops were conducted in order to clarify the function of local resources and the life histories of the interviewees, and also to generate new ideas to develop local resources. Table 2 presents a list of 11 interviewees. Based on the opinion of the social services officer (SSO), who was the author’s counterpart, interviewees who mainly participated in community workshops were selected.

Two interviewers conducted interviews in Sinhalese which is the native language of the study site. Interviews were guided by semi-structured questions to stimulate discussion (see Appendix1). Free-flowing narrative was encouraged to gain unrestricted opinions on the topic of interest. Participants were briefed about ground rules to ensure confidentiality and the objective of the study. It was emphasized that the discussion was not meant for personal assessment. In the case that disabled people had difficulties to understand and answer the questions, their family caregivers also participated in the interviews to support them.

### 2.5. Data Analysis

Data on background information and field notes were chronologically and descriptively summarized with assistance from the SSO.

The interview data were analyzed with reference to the KJ method[13]. This approach emphasizes the importance of context in analyzing and understanding data. Four raters, including two interviewers, conducted the analysis which consisted of eight steps: carefully transcribing and reading interviews; putting transcribed data onto sticky notes; putting sticky notes on a white board; positioning and grouping similar sticky notes; naming each group; drawing lines between groups in accordance with the relevance; considering appropriate labels; and verifying the traceability of each interviewee.

**Table 1.** Types and examples of resources in CBR

Type	Inside a community	Outside a community
Human resources	disabled people, their family members (caregivers), CBR volunteers/workers, local officers	health and welfare professionals, strategic planners, international volunteers
Structural resources	existing community groups and agencies, local government offices, religious institutions	central government ministries, NGOs/INGOs
Institutional resources	locally agreed upon rules, local services systems	national policy, Convention on the Rights of Persons with Disabilities
Financial resources	local joint funds (own funds), local government budgets	national budget, international funds

Note. Summarized from Peat[4] and Finkenfügel *et al.*[5], while adding examples and “institutional resources”.

**Table 2.** Characteristics of interviewees

No.	Age	Sex	Type of disabilities	Period of participation (years)
1	17	Female	Intellectual disability	3
2	19	Female	Intellectual disability	1
3	19	Female	Traumatic higher brain dysfunction	2
4	22	Male	Cerebral palsy, asphyxia, epilepsy	2
5	23	Male	Epilepsy	4
6	26	Female	Intellectual disability	4
7	26	Male	Auditory disability	1
8	27	Female	Intellectual disability	4
9	30	Male	Epilepsy, intellectual disability	2
10	35	Male	Epilepsy, intellectual disability	3
11	52	Female	Polio	4

## 2.6. Ethical Considerations

This research was conducted on the basis of the ethical guidelines of the Japanese Society for the Study of Social Welfare.<sup>4</sup> The study was approved by the Ministry of Social Services, the local government office and the JICA office in Sri Lanka.

Interviewees were asked to participate after receiving information in their native Sinhalese language. They were assured that refusal to be interviewed would have no impact on the services provided. Family caregivers who helped a disabled person on a regular basis were asked to participate and to consent concerning participation of the disabled person. Consent was also sought on an ongoing basis.

## 3. Results

### 3.1. Overall Assessment of Local Resources

The number of disabled people registered by the local

government office (Divisional Secretariat) was 363 as of December, 2012. The proportion of disabled people in R-division was approximately 1.1% of 32,684 residents in 2012.<sup>5</sup> Because there was no accurate information on disabled people in the local government office, the author organized the information on the basis of types of disabilities, which was collected by JICA volunteers in 2009 (Table 3). The average age was 39.9 years old. The percentage of disabled men (58.4%) was larger than that of disabled women (41.6%). Physical disability reported a majority (68.2%) while psychiatric disability including epilepsy was 5.9%.

According to data from the interview with the SSO, the local resources available to disabled people were extremely limited in 2008. Since the present SSO was assigned in 2008, disabled people, their families, the SSO and JICA volunteers have developed local resources such as community

<sup>4</sup> See the link below for further details. (URL: [http://www.jssw.jp/disclosure/pdf/ethics\\_2011.pdf](http://www.jssw.jp/disclosure/pdf/ethics_2011.pdf), accessed 28 Feb 2014)

<sup>5</sup> According to the WHO and the World Bank[16], 2.9% is the proportion of persons with severe disabilities in the world whilst 15.3% is said to be the average of disabled people in the world. This implies that there are certain numbers of potential/hidden disabled people who are not reflected in statistics although it may not be appropriate to compare two different types of percentages under the same condition.

workshops and CBR village steering committees.

Figure 1 shows a schematic diagram of the stakeholders and local resources in the CBR programme in R-division in 2013. Two SSOs work for elderly people, disabled people and single-parent families at the local government office in R-division. However, there is only one officer in charge of

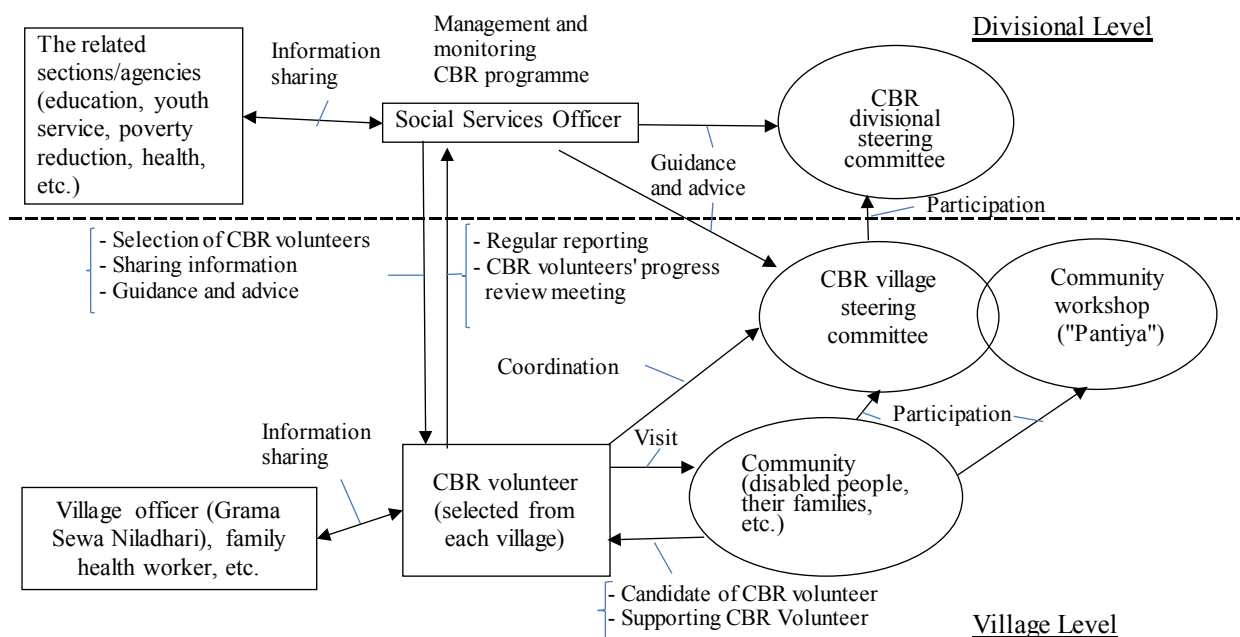
disability issues. The SSO takes charge of wide-ranging activities in the programme (e.g., management and coordination), although it is obvious that a single SSO cannot comprehensively perform all the duties with respect to social services in the vast local administrative division.

**Table 3.** Types of disability identified in R-division\*

Types of Disabilities	Total	% of Total	Male	% of Male	Female	% of Female	Average age
Physical disability	220	68.8	132	60.0	88	40.0	45.8
(including visual, hearing, or speech impairment)	(74)	-	(44)	(59.5)	(30)	(40.5)	(40.8)
(including moving related impairment)	(155)	-	(93)	(60.0)	(62)	(40.0)	(48.4)
Intellectual disability	58	18.1	32	55.2	26	44.8	24.5
Psychiatric disability**	19	5.9	10	52.6	9	47.4	38.2
Multiple disabilities	18	5.6	9	50.0	9	50.0	25.4
Other	5	1.6	4	80.0	1	20.0	24.2
<b>Total</b>	<b>320</b>	<b>100.0</b>	<b>187</b>	<b>58.4</b>	<b>133</b>	<b>41.6</b>	<b>39.9</b>

Notes. \* Data were collected in a survey by JICA Volunteers in 2009.

\*\* Including epilepsy.



**Figure 1.** Relation diagram of CBR stakeholders and main local resources in R-division

CBR volunteers are expected to enroll new disabled people, provide necessary personal support for disabled people, offer advice and guidance to caregivers and hold village steering committees in order to compensate for the shortage of professionals and local government officers. The number of CBR volunteers registered by the local government office was 17, including two disabled people, as of April, 2013. However, the number of disabled people and their families who receive supports from CBR volunteers is limited. CBR divisional steering committee is held once monthly. CBR village steering committees of disabled people are held continually in five villages, once every two months, and community workshops are run in two villages in R-division (see Appendix 2).

In terms of education, eleven disabled children received inclusive education in the Montessori preschools. A total of 19 pupils with disabilities were registered in the two special needs education classes. In addition, through collaborative practices of the SSO and the youth services officer, disabled people participate in youth club events such as a youth camp and a sports festival on a regular basis.

### 3.2. Community Workshop, “Pantiya”

The community workshops (“Pantiya” in Sinhalese) were developed as a unique activity in Anuradhapura district, one of which started in 2009. “Pantiya” was held weekly at a temple or participants’ houses. Seven disabled people regularly participated in “Pantiya” in the initial phase. Activities were developed by the SSO, JICA volunteers, and CBR volunteers who trained at training centers in other districts. The contents of the activities (e.g., occupational activities) were mainly proposed by JICA volunteers in the initial phase. In addition, participants sold products around their houses and in the shop of “Pantiya” in order to collect operating funds.

As of 2013, two “Pantiya” are operated in R-division: one is held once or twice a week at a vacant land of a government office, and the other is held weekly at a temple. The main contents of the activity are the manufacturing of daily necessities which are mainly conceived of by families and the SSO. Totally around 30 members participate regularly in two “Pantiya”. The participants also hold regular meetings and markets. As of June 2013, “Pantiya” are held in only one division in the district, except for R-division.

### 3.3. Living Conditions of Disabled People who Utilize Local Resources

The schematized results presented in Figure 2 are based on the analysis of semi-structured interviews aimed at clarifying life histories relating to the use of local resources. The results reveal individual level elements at each stage: infancy, school age, after school age, turning points and after participation. In total, 14 categories were classified using the KJ method. Significant factors are pointed out as shown below.

First, “Meeting with a key person” such as the SSO and

other supporters in the community is one of the “Turning points” in the lives of the interviewees. Nine interviewees did not meet the SSO or receive any support from the previous SSOs for more than one year after school age before 2009. The average period during which disabled people had been isolated from the community after school age (“Social withdrawal”) was approximately 7.7 years. Taken together with the ratio of disabled people in R-division, as previously mentioned, it is implied that many disabled people have no direct links to local resources.

Secondly, “Pantiya” includes a variety of functions as one of the local resources in R-division (“Improving quality of life”). For example, disabled people develop manufacturing techniques and increase their income by selling products at the weekly market. Respectively, five and nine interviewees stated that their income had increased and that they manufactured products at home. Interviewee No.3 said, *“I am satisfied with my life. If there isn’t our ‘Pantiya’, I have to spend all the time in my house ... I can be skilled in manufacturing activities here.”* In addition, all participants had opportunities to build social support networks with others, and seven interviewees joined the meetings and events in R-division, such as youth clubs and funeral unions, except for those with disability issues. Interviewee No.1 stated, *“Now, I can go to various places! And, I’ve got a lot of friends.”*

Furthermore, two interviewees worked as CBR volunteers (“Candidate of CBR volunteer”) and one interviewee became a salesperson at a shop (“Job”). For instance, interviewee No.5 said, *“I needed somebody’s assistance and help in the past, but ... now it is possible for me to help someone, because I have participated in CBR for many years. If my disabled friends face difficulties that are similar to my experience, I may be able to support them. Because I have the knowledge to do so.”*

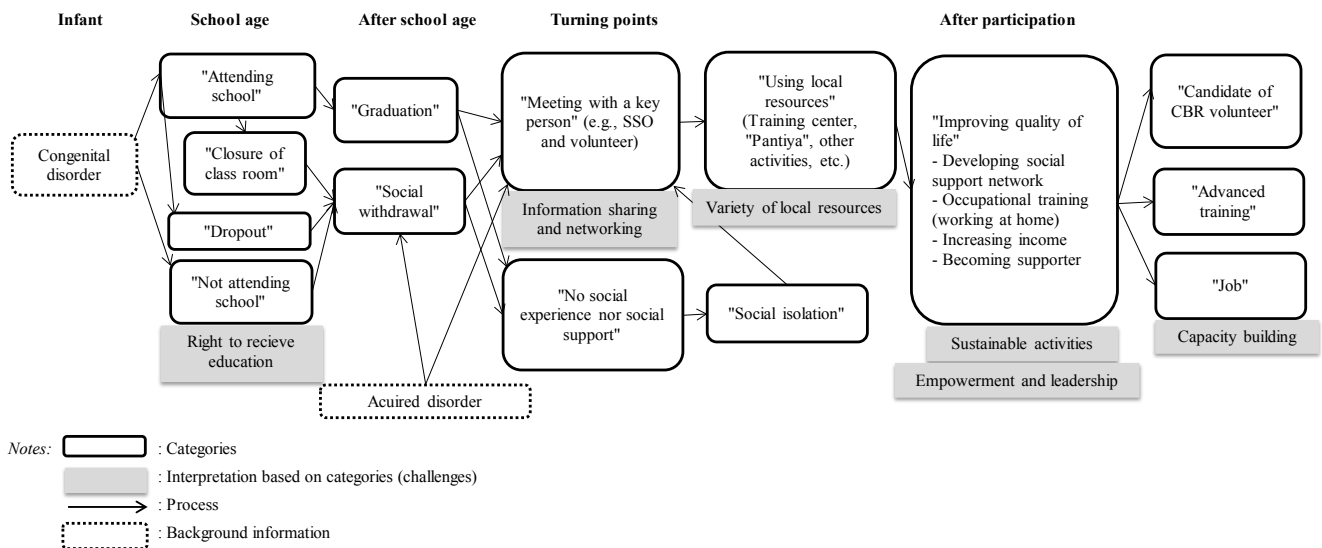


Figure 2. Analysis diagram of the life history in relation to local resources

From the 14 categories, the analysis also indicates that the division's CBR programme encountered challenges relating to the right to receive education, information sharing and networking, the variety of local resources, sustainable activities, empowerment and leadership, and capacity building of the disabled people. Above all, it remains a challenge to enable the community to recognize inclusiveness and the rights of disabled people. Those who dropped out (eight interviewees in "Dropout") and did not attend school (one interviewee in "Not attending school") were interviewed. Reasons for "Dropout" are not only attributed to personal factors but also environmental factors, including the "Closure of class room" for disabled pupils. Similar challenges were revealed in a research by a local NGO[14]. It is necessary to establish an environment and inclusive systems whereby everyone including disabled pupils can equally receive education as a human right.

## 4. Conclusion

### 4.1. Summary

The author found that compared to 2008 when local resource availability to disabled people was extremely limited the living conditions of disabled people have improved through the development of local resources since 2009. In particular, using existent resources (e.g., manufacturing techniques and available places), disabled people, their families and the SSO developed "Pantiya", which can be regarded as an important model of local resources.

The focal point, however, for challenges in R-division is as follows: whereas participants in the "Pantiya" improved their quality of life to a certain extent, a limited number of other disabled people are introduced to the occasion. The number of disabled people registered by the local government office is 363, and only about 10% of this figure participates in "Pantiya". Even though disabled people in some divisions in Anuradhapura district are willing to participate in local resources, the resource levels might be insufficient to match their needs, or it might not be available because of poor or non-existent accessibility conditions. In other words, some people are not connected to local administrative supports despite their needs for services. Two challenges are therefore implied from these considerations.

Firstly, it is necessary to develop more resources, such as "Pantiya", in R-division as well as in other divisions, using existing local resources. It is also essential that disabled people and their families take initiatives to proactively develop local resources as a process of empowerment.

Secondly, building networks among stakeholders is also required for the sake of those who are not connected to local resources including "Pantiya" and schools. For example, it is indispensable for CBR volunteers to undertake active outreach to disabled people isolated from the society. The establishment of referral systems in multi-sectional

cooperation is also valuable in order to promote inclusive community practices.

### 4.2. Action Plan

It is crucial to develop the CBR programme via action research.[15] Based on the analysis, in September of 2013, the SSO and the author wrote up a one-year action plan, which includes indicators aimed at challenging these issues (see Appendix 3). We have conducted support activities in accordance with the plan. The outcomes of the activities will be evaluated a year later, and the progress will be examined on a monthly basis.

### 4.3. Theoretical Implications

This paper focuses on the development and utilization of local available resources in the community, which is one of the key elements in CBR.[4-7] As stated in the literature review, the concept of local resources in CBR is large in scope and can range from human resources[4] to appropriate technologies and financial aspects[5].

This study examined multiple aspects of local resources such as processes of development, interrelationships among human resources (e.g., disabled people, their families and SSOs) and structural resources (e.g., "Pantiya", temples and schools), and the impacts on disabled people's quality of life. Additionally, these factors were analyzed at the individual level as well as the community level, and it would be possible to also explore them at the group and meso-level.

One of the reasons for the concept of local resources having such a wide range of aspects is because it is practice-oriented. As a practical matter, the concept is useful for workers and stakeholders to conduct CBR programmes for the sake of further community development as well as personal assistance. In terms of community work, local people may be able to comprehensively recognize and share local conditions and to obtain synergy among existing local resources in community development through collaborative practices.<sup>6</sup>

Little research, however, has hitherto examined such an approach, likely because of the conceptual ambiguity and difficulties concerning comprehensive measurement within the academic arena. This case study has highlighted the possibilities and values of local resources in CBR issues within academic fields. In particular, qualitative analysis methods and action research will be effective for dealing with the comprehensive concepts at the local level, albeit not limited to these methods only.

### 4.4. Recommendations

The present study is intended to be exploratory in nature and uses a limited sample of the study site in Sri Lanka.

<sup>6</sup> It would be able to discuss from the perspective of the social representation theory[17].

Future studies might explore and develop some of the issues identified in this study, such as developing local resources and improving educational issues in rural areas, by using a larger and more representative sample in Sri Lanka. In particular, the following recommendations are offered for the related research and practice in the field of CBR.

Researches on other CBR practices, which are mainly conducted by local governments in Sri Lanka, will be of value to the field of the issues, because the priorities of the activities and social contexts (e.g., local resources) will be different for various districts and divisions. It goes without saying that it is also important to focus on the financial and institutional resources, which were not analyzed in this article. Finally, it is significant for researchers, practitioners and policy makers including disabled people to assess and evaluate local resources within the programme from the perspective of community-based inclusive development (CBID)[4], which emphasizes the importance of community mobilization, multi-sectional practice and social change. Therefore, a clear guideline for the assessment and evaluation to be used at the fieldwork level requires development.

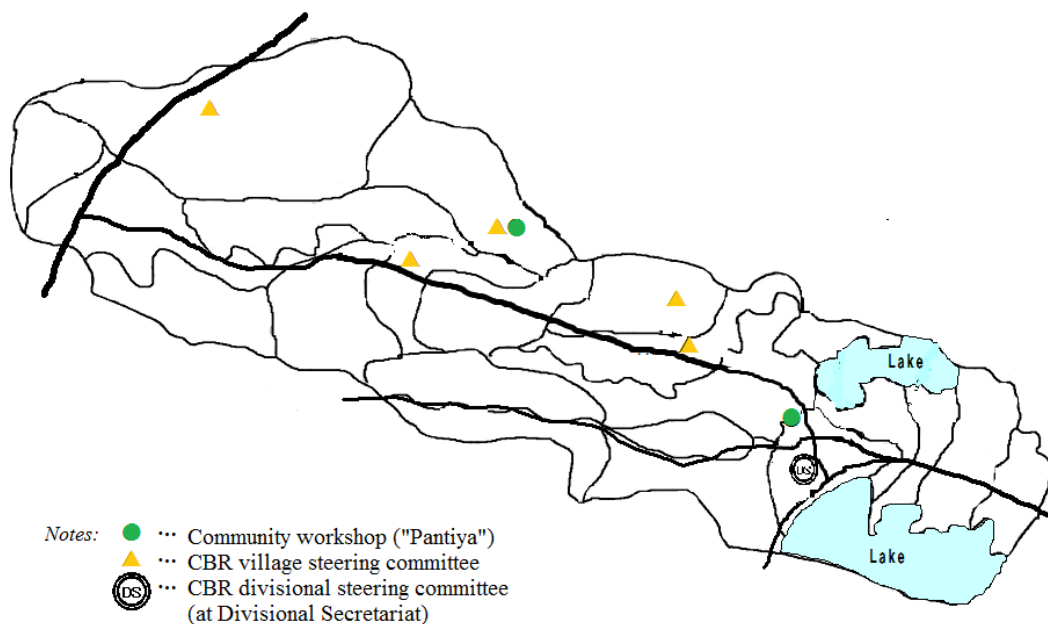
## APPENDIX 1

**Table.** Semi-structured interview guide (Translated in English)

1. Current life conditions
  - (1) Basic information (name, age, family, etc.)

- (2) What is your daily routine? (weekdays/weekends)
  - (3) How often do you go out? (place, frequency, purpose, etc.)
  - (4) What is your favourite thing or activity, and why?
  - (5) What do you want to do in the future?
2. Life conditions before using local resources
    - (1) What was the most unforgettable memory or life event in your childhood? (what, when, etc.)
    - (2) Did you go to school? (school name, whether or not you attended special needs education class, duration etc.) Did you dropout, and why?
    - (3) After graduation, what did you do? (where, when, etc.)
    - (4) Do you have working experience?
  3. Life conditions after using local resources
    - (1) When did you first participate in "Pantiya"?
    - (2) Did you participate in other activities before taking part in "Pantiya"? (what, where, when, etc.)
    - (3) How did you obtain information about "Pantiya"? (from whom, where, when, etc.)
    - (4) What did/do you do in "Pantiya"? (the initial months, this month, etc.)
    - (5) What has been changed in your life after participating in "Pantiya"? (skills, social relationships, income and expenditure, etc.)

## APPENDIX 2



**Figure.** Map of CBR committees and community workshops in R-division

## APPENDIX 3

**Table.** New action plan

Items	Targets	Activities/Tools	Situation as of July, 2013	Indicators
<b>1. Building networking with multi-sections</b>				
1.1. To build a referral system in order to share necessary information regularly with health section	Medical Officers of Health (MOH)	Meetings and referral paper	No case	The number of referral cases
1.2. To share information with mental health institutions	Public mental health institutions	Meetings and home visits	No case	The number of referral cases
1.3. To conduct continually corroborative practice	Education section and youth services section	Special education classes and inclusive events	No clear data	The number of participants
<b>2. Developing local resources</b>				
2.1. To develop leadership and ownership of members of community workshops.	Members of community workshops	Community workshops and meetings	Community workshops were held by SSO's initiative	To be held by PWDs and their families only
2.2. To launch new community workshops in the division	PWDs and their families in R-division	Village meetings and demonstrations of community workshops	2	More than 3 workshops in R-division
2.3. To launch new community workshops in other divisions	PWDs and SSOs in other divisions	Outreach training and monitoring with members of workshops in R-division	1 (except for R division)	More than 5 workshops in the district
<b>3. Improving supportive methods and systems of CBR volunteers</b>				
3.1. To register new PWDs who are not connected to necessary local resources	CBR Volunteers	Visiting whole houses in R-division	363	To increase by 15%.
3.2. To improve support methods of CBR volunteers	CBR Volunteers	Holding workshops for CBR volunteers, and developing support tools	No clear data	Case reports

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