

NATIONAL POLICY ON DISABILITY 2026

(As of 25 Oct 2026)

Ver. 1.1

(Final Draft for Validation & Approval)

PART I: POLICY FOUNDATION	4
1.0 VISION & MISSION.....	4
<i>Vision.....</i>	4
<i>Mission</i>	4
2.0 RATIONALE	5
3.0 OBJECTIVES.....	6
4.0 TARGET GROUPS AND SCOPE.....	6
5.0 LEGAL AND POLICY FRAMEWORK.....	8
6.0 CONTINUITY WITH THE 2003 POLICY AND RIGHTS-BASED MODERNIZATION	9
<i>Employment and economic participation</i>	Error! Bookmark not defined.
<i>Housing, transport and public services</i>	10
<i>Communication, information and assistive technology</i>	10
<i>Community-based rehabilitation and community-based inclusive development</i>	11
<i>Marginalized groups within the disability community</i>	11
7.0 ALIGNMENT WITH INTERNATIONAL STANDARDS AND THE UNCRPD	11
8.0 TWIN-TRACK APPROACH TO DISABILITY INCLUSION.....	12
<i>Mainstream track:.....</i>	12
<i>Targeted track:.....</i>	13
<i>Integration of both tracks:</i>	13
9.0 GUIDING PRINCIPLES	13
10.0 CROSS-CUTTING ACCESSIBILITY COMMITMENT	14
PART II: POLICY PILLARS.....	15
2.0 PILLAR 1: HEALTH AND WELL-BEING	15
<i>Policy Commitment</i>	15
<i>Strategic Directions</i>	15
Sub-pillar 2. 1.1: Early Identification, Assessment and Referral.....	15
Sub-pillar 2.1.2: Health, Rehabilitation and Habilitation Services.....	15
Sub-pillar 2.1.3: Assistive Technology and Accessibility in Health	15
2.1 PILLAR 2: EDUCATION	ERROR! BOOKMARK NOT DEFINED.
<i>Policy Commitment</i>	Error! Bookmark not defined.
Sub-pillar 2. 2.1: Equal Right to Inclusive Education	16
<i>Strategic Directions</i>	Error! Bookmark not defined.
Sub-pillar 2.2.2: Accessible Communication and Learning Support.....	17
Sub-pillar 2.2.3: Capacity Development and Education Support Services	17
Sub-pillar 2.2.4: Transition to Vocational Education and Employment.....	18
2.3 PILLAR 3: EMPLOYMENT AND INCOME GENERATION	18
<i>Policy Commitment</i>	18
<i>Strategic Directions</i>	18
Sub-pillar 2.3.1: Equal Right to Work and Employment Standards	18
Sub-pillar 2.3.2: Employment Access, Placement and Continuity	18
Sub-pillar 2.3.3: Entrepreneurship, Livelihoods and Financial Access.....	18
Sub-pillar 2.3.4: Supported Employment and Inclusive Labour-Market Systems	19
2.4 PILLAR 4: EMPOWERMENT AND SOCIAL PROTECTION.....	19
<i>Policy Commitment</i>	19
<i>Strategic Directions</i>	19
Sub-pillar 2.4.1: Adequate Standard of Living and Social Protection	19
Sub-pillar 2.4.2: Social Welfare, Benefits and Accessible Payment Systems.....	20
Sub-pillar 2.4.3: Protection, Property Rights and Safeguards	21
Sub-pillar 2.4.4: Integrated Case Management and Referral.....	21
2.5 PILLAR 5: SOCIAL INTEGRATION	21
<i>Policy Commitment</i>	21

<i>Strategic Directions</i>	22
Sub-pillar 2.5.1: Community Inclusion and Public Participation	22
Sub-pillar 2.5.2: Cultural, Religious, Recreational and Linguistic Participation	22
Sub-pillar 2.5.3: Awareness, Community Inclusion and Accessible Spaces	22
Sub-pillar 2.5.4: Inclusive Sport, Recreation and Disaster Risk Reduction	23
2.6 PILLAR 6: ENABLERS FOR INCLUSION	23
<i>Policy Commitment</i>	23
<i>Strategic Directions</i>	24
Sub-pillar 2.6.1: Accessibility, Reasonable Accommodation and Support Services	24
Sub-pillar 2.6.2: Data, Evidence and Privacy	24
Sub-pillar 2.6.3: Legal Capacity, Access to Justice and Protection	24
Sub-pillar 2.6.4: Financial Inclusion and Economic Access	25
Sub-pillar 2.6.5: Cooperation, Standards and Institutional Mainstreaming	25
Sub-pillar 2.6.6: Language, Justice, Identification and Safeguarding Systems	26
3.0 PART III: IMPLEMENTATION, COORDINATION, MONITORING, AND ACCOUNTABILITY	27
3.1 UNCRPD General Obligations Compliance Requirements	27
3.2 National Action Plan	27
3.3 Institutional Responsibilities	28
3.4 Coordination Mechanism	28
3.5 Financing, Budgeting and Resource Tracking	29
3.6 Monitoring, Evaluation, Article 33 Architecture and Accountability	29
3.7 Participation of Persons with Disabilities and OPDs	30
3.8 Data, Research and Learning	31
3.9 Periodic Policy Review and Learning	32

Part I: Policy Foundation

1.1 Vision & Mission

Vision

A Sri Lanka in which all persons with disabilities, in all their diversity, live with dignity, autonomy, equality, safety, independence and full inclusion in society. The State, as the principal duty bearer and ultimate public guardian of rights, shall ensure that persons with disabilities enjoy the full and equal realization of all human rights and fundamental freedoms, consistent with the United Nations Convention on the Rights of Persons with Disabilities. This vision is of an inclusive, accessible and barrier-free nation where disability is recognized as part of human diversity, where protection and well-being are guaranteed by law, and where persons with disabilities participate meaningfully in family, community, cultural, educational, economic, political and public life on an equal basis with others.

Mission

The Mission of this Policy is to establish a comprehensive, enforceable and rights-based national framework through which the State shall respect, protect, promote and fulfil the rights, safety, dignity, autonomy, participation, well-being and social protection of persons with disabilities.

In accordance with the United Nations Convention on the Rights of Persons with Disabilities, the State shall bear the primary legal obligation to adopt legislative, administrative, budgetary, institutional and other measures necessary to remove barriers, prevent discrimination, ensure accessibility and reasonable accommodation, protect persons with disabilities from violence, abuse, neglect and exploitation, and secure equal access to health, rehabilitation, education, employment, social protection, justice, housing, transport, information, communication, culture, recreation, disaster risk reduction and community life.

The Policy shall guide all public authorities, private actors, communities, families, development partners and organizations of persons with disabilities to work through coordinated planning, adequate financing, institutional accountability, independent monitoring and meaningful participation, recognizing the State as the principal duty bearer and ultimate public guardian responsible for safeguarding the rights, well-being and protection of persons with disabilities throughout the life cycle.

1.2 Rationale

Persons with disabilities in Sri Lanka continue to face multiple and intersecting barriers. These barriers arise from inaccessible physical, transport, information and communication environments. They also arise from limited and uneven service provision; stigma and discrimination; fragmented institutional responses; inadequate reasonable accommodation; weak enforcement of rights and standards; limited disability-disaggregated data; and insufficient participation in decision-making. Stakeholder consultations further indicate that these barriers are recurring, cross-cutting and systemic.

They include limited awareness and sensitivity among key stakeholders, state officials, implementing actors and the general public; persistent negative attitudes, stigma and misconceptions; limited understanding of disability as a human rights, development and multisectoral issue; weak coordination between central and local government authorities; overlapping mandates; procedural bottlenecks; fragmented implementation arrangements; and inadequate prioritization of disability inclusion in mainstream planning and decision-making.

Consultation findings also identify persistent gaps in accessibility, communication, mobility and sign language inclusion, including the shortage of trained sign language interpreters, lack of standardized sign language education, inaccessible public buildings and local infrastructure, weak enforcement of accessibility standards, inadequate transport accessibility and limited communication access in essential public services. These barriers particularly affect Deaf and hard-of-hearing persons, persons with physical disabilities, persons with visual impairments and persons requiring communication or mobility support.

Consultation findings also identify administrative complexity and accessibility gaps in social protection systems, including disability allowances, certification, renewal and payment mechanisms, as well as physical, procedural, communication and attitudinal barriers within the justice system. Less frequently raised but important consultation themes also indicate practical barriers in cultural and religious participation, development planning and budgeting, sport, leisure, recreation, community participation and disaster risk reduction.

These barriers restrict equal access to health, rehabilitation, education, employment, income generation, social protection, justice, transport, communication, community life, cultural participation, religious practice, recreation, sport, political participation, public services and safety during emergencies.

This Policy establishes a rights-based, disability-inclusive and cross-sectoral framework. It provides guidance and action for the State, public institutions, private sector entities, non-governmental organizations, development partners, communities and families. It shall guide all relevant actors in ensuring that persons with disabilities are able to exercise their rights equally, safely and independently.

It recognizes disability as resulting from the interaction between persons with impairments and attitudinal, environmental, institutional, communication and social barriers. It affirms the obligation of all sectors to identify, prevent and remove such barriers through coordinated, multisectoral and whole-of-government action.

It further recognizes that disability inclusion must not be treated as an ad hoc welfare response or the responsibility of social services institutions alone, but as a national development priority that must be integrated from the outset into policy, planning, budgeting, implementation, monitoring, evaluation and accountability systems.

The Policy is informed by field-level stakeholder consultations and policy-level review, which emphasize the need for improved governance, coherent service delivery, inclusive education, social protection, independent living, safeguarding, data systems, international cooperation and sustained participation of persons with disabilities and their representative organizations.

1.3 Objectives

- Ensure that persons with disabilities enjoy all human rights and fundamental freedoms without discrimination.
- Create an inclusive, accessible and barrier-free society that enables independent living, participation and equal opportunity.
- Strengthen disability-inclusive services in health, rehabilitation, education, employment, social protection, justice, accessibility, communication, financial inclusion, cultural and religious participation, sport, recreation, community life and disaster risk reduction.
- Mainstream disability inclusion into national, provincial, district and local planning, budgeting, implementation, monitoring and reporting.
- Ensure meaningful participation of persons with disabilities and their representative organizations in policy design, implementation, monitoring and review.
- Strengthen legal, institutional, financial, data and accountability systems required for the effective implementation of disability rights.
- Promote family support, community-based support, safeguarding, independent living and protection from violence, abuse, neglect and exploitation.

1.4 Target Groups and Scope

This Policy applies to all persons with disabilities in Sri Lanka, including children, youth, women, men and older persons. It covers persons with long-term physical, sensory, intellectual, psychosocial, neurodevelopmental, learning, communication, neurological, chronic health-related or multiple impairments who, in interaction with attitudinal, environmental, institutional, communication or other barriers, may experience restricted full and effective participation in society on an equal basis with others.

For policy planning, service coordination, data collection and identification of appropriate support, disabilities may be classified under the following broad categories:

1. **Physical disabilities:** Physical and musculoskeletal impairments affecting movement, coordination, strength or endurance, including limb-related disabilities, neuromuscular disorders, paralysis, joint and bone-related disabilities, functional loss arising from damage to or removal of body organs, and relevant congenital, genetic or chromosomal conditions.
2. **Sensory disabilities:** Impairments affecting vision or hearing, including low vision, blindness, cerebral visual impairment, partial hearing loss and deafness. Classification shall consider functioning after the best available correction or treatment.
3. **Deaf blindness:** Combined hearing and vision loss that creates distinct functional and communication barriers and requires specialized, targeted interventions and support. It includes congenital and acquired deaf blindness.
4. **Intellectual disabilities:** Conditions, generally originating during childhood or the developmental period, that affect intellectual functioning and adaptive behaviour, including general intellectual disability and associated genetic syndromes.
5. **Psychosocial or mental health disabilities:** Long-term or recurring mental, emotional or behavioural conditions that substantially affect daily functioning and participation, including schizophrenia-spectrum, mood, anxiety-related, personality and neurocognitive disorders.
6. **Neurodevelopmental disabilities:** Conditions arising during the developmental period that affect personal, social, educational or occupational functioning, including autism spectrum disorder, regressive neurodevelopmental disorders, attention-deficit/hyperactivity disorder, developmental coordination disorders and global developmental delay.
7. **Specific learning disabilities:** Neurologically based processing difficulties that significantly affect reading, writing, mathematics or related educational achievement despite otherwise typical intellectual ability, including dyslexia, dyscalculia and dysgraphia.
8. **Communication and speech disabilities:** Conditions affecting speech clarity, fluency, voice, or expressive and receptive language, including language disorders, stuttering, articulation and voice disorders, mutism, dysarthria and aphasia or dysphasia.
9. **Neurological disabilities:** Chronic, progressive, acquired or episodic conditions affecting the brain, spinal cord or nervous system and significantly limiting functioning, including seizure disorders, cerebrovascular conditions, progressive neurological disorders, acquired brain or spinal injuries, and neurocutaneous or neurological spinal disorders.

10. Chronic health-related disabilities: Long-term health conditions not adequately covered by another category that cause significant functional limitations in daily living, education, employment or social participation. Classification shall be based on functional impact rather than diagnosis alone and may include metabolic, immunological, chronic pain or fatigue, multisystemic, post-infectious, cardiorespiratory, haematological and genetic blood conditions.

11. Multiple disabilities: The significant co-occurrence of impairments falling within two or more of the preceding categories where no single category is predominant.

These categories are intended to support inclusive planning and access to appropriate services and shall not be applied as rigid, exhaustive or exclusionary labels.

The scope of this Policy also extends to persons who acquire disabilities later in life; war-affected persons with disabilities; landmine and explosive-ordnance victims; persons with invisible or episodic disabilities; and persons requiring higher levels of support. It further extends to families, parents, guardians, caregivers and organizations of persons with disabilities.

The Policy applies to public and private institutions, non-governmental and civil-society organizations, employers, education and training institutions, service providers, professional bodies, financial and media institutions, local communities and development partners involved in disability-inclusive development, service delivery, protection, planning, financing, monitoring and accountability.

1.5 Legal and Policy Framework

This Policy shall be read and implemented in accordance with the Constitution of Sri Lanka, the Protection of the Rights of Persons with Disabilities Act No. 28 of 1996, the National Policy on Disability for Sri Lanka, 2003, the United Nations Convention on the Rights of Persons with Disabilities, the Convention on the Rights of the Child, the Sustainable Development Goals, the Anti-Personnel Mine Ban Convention and relevant national laws, policies and applicable international human rights principles and commitments. Sri Lanka's ratification of the UNCRPD requires implementation through legislative, administrative, policy, budgetary, institutional and other measures that give practical effect to disability rights across all sectors and all levels of government.

The Policy affirms that persons with disabilities are entitled to the full and equal enjoyment of all rights and freedoms. It recognizes the right to liberty and security of person. It provides that disability shall in no case constitute a ground for unlawful or arbitrary deprivation of liberty. Where a person with a disability is deprived of liberty pursuant to a lawful process, such person shall be entitled to safeguards in accordance with international human rights law on an equal basis with others. These safeguards include reasonable accommodation, accessible procedures and appropriate support.

Existing legal and policy commitments on accessibility, communication, mobility, sign language inclusion and disability rights shall be implemented as enforceable obligations rather than merely declaratory commitments, with clear institutional responsibility, compliance tracking, remedies and consequences for non-compliance by public authorities and private entities.

Legal recognition, standardization and regulation of sign language and interpretation services shall be pursued in consultation with Deaf sign language users, interpreters, institutions teaching sign language and users of interpretation services, including consideration of legislative reforms necessary to recognize the sign languages used in Sri Lanka as legitimate languages for public communication and service access.

Disability is a cross-cutting human rights and developmental priority. Accordingly, this Policy applies across all sectors and at all levels of government. All existing and subsequently enacted or adopted laws, regulations, by-laws, rules, policies, standards, circulars, guidelines, plans, programmes, budgets and administrative measures that affect, concern or have implications for persons with disabilities shall be interpreted, developed, reviewed and implemented consistently with this Policy and Sri Lanka's applicable international obligations.

The State shall take all necessary legislative, administrative, policy, budgetary, fiscal, institutional and other measures to give practical effect to disability rights. These measures shall include reviewing and, where necessary, amending, repealing or replacing provisions and practices that discriminate against persons with disabilities or create barriers to their equality, accessibility, reasonable accommodation, inclusion, autonomy, participation, protection or access to remedies.

This Policy supersedes and replaces the National Policy on Disability for Sri Lanka - 2003. It builds upon the foundations and lessons of the 2003 Policy while establishing an updated, comprehensive and rights-based national framework aligned with Sri Lanka's current domestic and international obligations.

1.6 Continuity with the 2003 Policy and Rights-Based Modernization

This Policy shall be understood as the next generation of Sri Lanka's disability policy framework. It builds on the National Policy on Disability for Sri Lanka, 2003, which emphasized disability, poverty and social exclusion; equal citizenship and participation in national development; education, vocational training, employment, housing, transport, health, social security, communication, assistive devices, information technology, sports, mass media, community-based rehabilitation, research, legislation and implementation monitoring; and partnership with persons with disabilities, families, communities, non-governmental organizations and the private sector.

This Policy modernizes those commitments considering Sri Lanka's ratification of the United Nations Convention on the Rights of Persons with Disabilities, the Convention on the Rights of the Child, the Sustainable Development Goals, the Anti-Personnel Mine Ban Convention and other relevant human rights and development commitments. It converts

broad policy aspirations into a rights-based, enforceable, adequately financed and measurable framework grounded in dignity, autonomy, equality, accessibility, inclusion, participation and accountability.

The Policy shall therefore move beyond declaratory commitments by requiring clear legal duties, institutional accountability, disability-inclusive budgeting, enforceable accessibility standards, reasonable accommodation systems, disability-disaggregated data, independent monitoring and structured participation of persons with disabilities and their representative organizations.

This approach preserves the social-development orientation of the 2003 framework while fully embedding UNCRPD standards in national implementation.

Disability, poverty and social exclusion

Disability inclusion shall be integrated into poverty reduction, livelihood development, social protection, housing, public services and local development programmes, recognizing that disability-related exclusion is both a cause and consequence of poverty.

Whole-of-life education and skills development

The Policy shall retain the 2003 focus on primary, secondary, non-formal, higher and vocational education, while strengthening inclusive education, reasonable accommodation, accessible examinations, transition planning, career guidance, digital learning and lifelong learning.

Employment and economic participation

The Policy shall move beyond placement targets by creating supported employment, job coaching, reasonable accommodation, accessible workplaces, entrepreneurship support, inclusive public procurement, financial inclusion and labour-market transition pathways.

Housing, transport and public services

Accessible housing, roads, pavements, public buildings, service counters, water and sanitation, transport and local infrastructure shall be treated as core determinants of independent living and community inclusion.

Communication, information and assistive technology

Braille, sign language, captioning, easy-to-understand information, accessible digital services, interpretation services, assistive devices, information technology, repair and maintenance systems, affordability and user training shall be strengthened.

Community-based rehabilitation and community-based inclusive development

Local-level identification, referral, rehabilitation, habilitation, family support, peer support, community participation and service coordination shall be strengthened through community-based rehabilitation and community-based inclusive development models.

Marginalized groups within the disability community

Targeted measures shall address the situation of women, children, youth, older persons, persons with intellectual disabilities, persons with psychosocial disabilities, persons with severe or multiple disabilities, war-affected persons, rural communities, estate and plantation communities and persons requiring higher levels of support.

Mass media, culture and attitude change: Mass media, public education, cultural institutions, religious institutions, schools and community leaders shall play a strong role in reducing stigma, challenging stereotypes and promoting dignity, autonomy and respect for diversity.

Research, legislation and monitoring: Research, legal reform, implementation monitoring and evaluation shall be treated as core policy functions, supported by indicators, reporting cycles, enforcement mechanisms, public transparency and independent oversight.

Partnership-based implementation: Government institutions, OPDs, civil society, professional bodies, academia, communities, the private sector and development partners shall work through defined responsibilities, quality standards, ethical safeguards and accountability arrangements.

The analysis of continuity and modernization shall guide all subsequent interpretation of this Policy. It requires legal harmonization across laws, regulations, by-laws, circulars, administrative procedures and institutional policies; enforceable accessibility through binding standards and corrective measures; transparent reasonable accommodation procedures; an Article 33 implementation architecture with government focal points, an empowered coordination mechanism, independent monitoring and full OPD participation; disability-inclusive budgeting; ethical disability-disaggregated data; safeguarding combined with support for autonomy; inclusive disaster risk reduction and climate resilience; international cooperation aligned with national priorities; and periodic participatory policy review.

1.7 Alignment with International Standards and the UNCRPD

This Policy shall be interpreted and implemented consistently with the United Nations Convention on the Rights of Persons with Disabilities. It adopts a human rights-based understanding of disability and affirms that persons with disabilities are rights holders,

while the State and other public and private actors are duty bearers. The Policy therefore requires a shift from charity, welfare and medicalized approaches toward equality, autonomy, accessibility, participation, accountability and inclusive development.

The purpose of this Policy shall be to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity.

All laws, regulations, customs, administrative practices, institutional procedures and service delivery arrangements that discriminate against persons with disabilities, including through denial of reasonable accommodation, shall be reviewed, amended, repealed or replaced where necessary.

All public authorities and institutions shall act consistently with disability rights obligations and shall ensure that disability inclusion is taken into account in all policies, plans, programmes, budgets, procurement systems and public services.

Measures shall be taken to eliminate discrimination by private persons, organizations, employers, service providers and enterprises, including through enforceable accessibility requirements, reasonable accommodation duties, awareness raising, monitoring and remedies.

Universal design, accessible technologies, assistive technology, accessible information, mobility support, personal assistance, communication support and other forms of support shall be promoted, made affordable and progressively available across sectors.

Training on disability rights, accessibility, reasonable accommodation, respectful communication, safeguarding and inclusive service delivery shall be mandatory for professionals and staff working in public services and in disability-relevant sectors.

Economic, social and cultural rights shall be progressively realized to the maximum of available resources, while immediate obligations such as non-discrimination, reasonable accommodation, accessibility planning, participation and protection from violence, abuse and exploitation shall be implemented without delay.

1.8 Twin-Track Approach to Disability Inclusion

This Policy shall apply a twin-track approach to disability inclusion. Disability inclusion shall be mainstreamed across all national, provincial, district, divisional and local development systems, while targeted disability-specific measures shall be provided where they are required to achieve substantive equality, autonomy, participation and independent living.

Mainstream track:

All general laws, policies, programmes, budgets, infrastructure, services, data systems and accountability mechanisms shall include persons with disabilities from the outset through universal design, accessibility, reasonable accommodation, inclusive

procurement, disability-disaggregated data, OPD participation and enforceable standards.

Targeted track:

Disability-specific measures shall be provided to address disability-related costs, individualized support needs, communication needs, assistive technology, rehabilitation and habilitation, personal assistance, supported decision-making, social protection, accessible transport, community-based support, interpretation services, disability-specific safeguards and targeted outreach to marginalized groups.

Integration of both tracks:

Targeted services shall not replace mainstream inclusion, and mainstream inclusion shall not be used as a reason to withdraw disability-specific support. Both tracks shall be planned, financed, implemented and monitored together so that persons with disabilities can access ordinary systems with the supports required for equal participation.

1.9 Guiding Principles

The National Policy on Disability shall be founded upon the following guiding principles. These guiding principles shall apply across all policy commitments of this policy.

- Respect for inherent dignity, individual autonomy, freedom to make one's own choices and independence of persons.
- Non-discrimination, equality before and under the law, equal protection of the law and effective remedies.
- Full, effective and meaningful participation and inclusion in society.
- Respect for difference and acceptance of persons with disabilities as part of human diversity and humanity.
- Equality of opportunity, including substantive equality and reasonable accommodation.
- Accessibility, universal design, inclusive procurement and barrier-free environments, information, communication, transport and services.
- Equality between women and men, and protection from intersectional discrimination affecting women, girls and other marginalized groups with disabilities.

- Respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities.
- Legal capacity, supported decision-making, privacy, liberty, security of person and protection from violence, abuse, neglect and exploitation.
- Meaningful participation of persons with disabilities and their representative organizations in all decisions that affect them.
- Community-based support, independent living, family support, safeguarding, accountability and access to justice.
- Evidence-based planning, transparency, coordination, sustainability and whole-of-government responsibility for disability-inclusive development.

1.10 Cross-Cutting Accessibility Commitments

Accessibility, reasonable accommodation, assistive technology, mobility support, communication support, personal assistance, care support, referral support, disability-inclusive data, safeguarding, gender responsiveness, age responsiveness, intersectionality, child protection, OPD participation, inter-sectoral coordination, financing, enforcement and accountability shall constitute mandatory cross-cutting obligations under this Policy.

These obligations shall be integrated into all six policy pillars, and into planning, budgeting, implementation, monitoring, evaluation and reporting processes, including cultural institutions, heritage sites, places of worship, sport and recreation systems, leisure facilities, community spaces, public buildings, transport systems, digital systems, communication systems and disaster management systems.

Particular attention shall be given to women and girls with disabilities, children, older persons, persons with psychosocial, intellectual and developmental disabilities, Deaf persons, hard-of-hearing persons, blind persons, persons with visual impairments, non-verbal persons, persons with mobility support needs, persons in rural, estate and plantation communities, and other marginalized groups.

Disability awareness, stigma reduction, reasonable accommodation, institutional coordination, disability-inclusive planning, accessibility enforcement, communication access, mobility rights, sign language inclusion, accountability and meaningful participation of persons with disabilities shall be treated as practical obligations for all duty bearers and not as optional or supplementary measures.

Part II: Policy Pillars

These are the policy pillars identified from stakeholder consultative reports:

- Health and Well-being
- Education
- Employment and Income Generation
- Empowerment and Social Protection
- Social Integration
- Enablers for Inclusion

2.1 Pillar 1: Health and Well-being

Policy Commitment

The State and relevant duty bearers shall ensure that persons with disabilities have equal, timely and affordable access to quality disability-inclusive health, rehabilitation, habilitation, mental health, assistive technology and well-being services. These services shall be available throughout the life cycle. They shall include preventive, promotive, curative, rehabilitative and palliative care.

Strategic Directions

Sub-pillar 2.1.1: Early Identification, Assessment and Referral

1. The State and relevant health authorities shall expand early identification, screening, intervention and referral services. These services shall be expanded through primary health care, schools, community-based services and outreach programmes.
2. A unified, transparent, timely and decentralized disability assessment and certification system shall be established. It shall be linked to services and entitlements.

Sub-pillar 2.1.2: Health, Rehabilitation and Habilitation Services

3. Rehabilitation, habilitation, allied health, psychosocial support, mental health, family counselling and community-based rehabilitation services shall be strengthened.

Sub-pillar 2.1.3: Assistive Technology and Accessibility in Health

4. A national assistive technology system shall be developed. It shall cover assessment, prescription, procurement, subsidies, quality standards, user training, repair, maintenance and replacement.
5. Access to health services shall be improved for children, women and older persons. It shall also be improved for persons with psychosocial disabilities, persons with intellectual and developmental disabilities, persons in rural and estate communities, and persons in conflict-affected or underserved areas.

6. Health personnel, allied health professionals, community workers and caregivers shall be trained. The training shall cover disability-inclusive care, communication, referral and safeguarding.

7. Health infrastructure, information, equipment, emergency services and communication channels shall be made accessible to all persons with disabilities.

2.2 Pillar 2: Education

Policy Commitment

The State and relevant education authorities shall guarantee persons with disabilities the right to inclusive, equitable, accessible, affordable and quality education and lifelong learning, without discrimination and on an equal basis with others. This right shall be ensured at every level and through all modes of education. Reasonable accommodation, individualized support, accessible communication, assistive technology, qualified personnel and barrier-free learning environments shall be provided to enable enrolment, participation, learning, retention, transition, progression and successful movement into employment and community life. Education systems shall promote disability rights, respect for diversity, dignity and social inclusion.

Strategic Directions

1. The right of persons with disabilities to education shall be guaranteed without discrimination and on an equal basis with others.
2. Inclusive, accessible, affordable and quality education and lifelong learning shall be strengthened across early childhood, primary, secondary, vocational, higher, non-formal, informal, online and distance education.
3. Physical, communication, digital, institutional, financial and attitudinal barriers to enrolment, participation, learning, retention, transition and progression shall be identified and removed.
4. Reasonable accommodation, individualized support and accessible learning environments shall be provided at every level of education.
5. Disability rights, dignity, diversity and social inclusion shall be incorporated into curricula to reduce stigma and promote respectful attitudes from an early age.

Sub-pillar 2. 2.1: Equal Right to Inclusive Education

The State and relevant education authorities shall ensure inclusive, equitable, accessible and quality education and lifelong learning opportunities for persons with disabilities at all levels. These levels include early childhood, school, vocational, higher, non-formal, informal, online and distance education. Appropriate support shall be provided to enable

learning, participation, retention, transition and progression. Disability-inclusive content, diversity education and awareness on inclusion shall be incorporated into school curricula in order to promote respectful attitudes, reduce stigma and strengthen social cohesion from an early age.

Sub-pillar 2.2.2: Accessible Communication and Learning Support

1. Alternative communication courses shall be introduced and expanded. These include Sign Language, Braille and the use of assistive devices. Sign language education shall be formally structured and standardized at national level through curricula, instructional guidelines, quality assurance mechanisms, learning outcomes and teacher capacity development that respect linguistic integrity and reduce inconsistent sign use across regions and institutions.
2. Transition plans for special school education shall be prepared. Home-based education, itinerant teachers and assisted special schools shall be strengthened.
3. Education plans shall be formulated according to disability. This shall be done by linking health and education sectors through education, health and care planning.
4. Reasonable accommodation, technical support services, assistive technology, adapted teaching, accessible learning materials and inclusive evaluation mechanisms shall be provided across school education, examinations, vocational education and higher education. Procedures for requesting, assessing, approving and implementing accommodations shall be timely, transparent and rights-based, and all relevant laws, regulations, by-laws, circulars, examination procedures, institutional policies and administrative guidelines shall be reviewed to ensure consistency with inclusive education standards.

Sub-pillar 2.2.3: Capacity Development and Education Support Services

1. Parents, siblings, guardians, early childhood teachers, schoolteachers, university lecturers, advisors, residential institution administrators and all education-related stakeholders shall be trained and supported.
2. Teacher training curricula, teacher professional competency frameworks, integrated education knowledge and sign-language-trained teachers in schools shall be expanded. Universities shall be encouraged to introduce undergraduate and postgraduate programmes, research initiatives and professional training in disability studies, disability-inclusive development, inclusive education, rehabilitation, accessibility and related fields.
3. Educational support service providers shall be strengthened. These include teacher assistants, sign language interpreters, classroom support personnel, counsellors and therapists.
4. Accessible school infrastructure, transport, sanitation, digital platforms, learning materials and student support services shall be ensured.

Sub-pillar 2.2.4: Transition to Vocational Education and Employment

1. Vocational education and transition from education to employment shall be strengthened. This shall be done through career guidance, work placements, apprenticeships and job coaching.

2.3 Pillar 3: Employment and Income Generation

Policy Commitment

The State, employers and relevant institutions shall promote, protect and facilitate the right of persons with disabilities to decent work and fair employment. They shall also promote, protect and facilitate livelihood development, entrepreneurship, self-employment, vocational skills development, access to finance and sustainable income generation. This shall be done on an equal basis with others and shall include measures that create equal opportunities for young persons with disabilities to develop their talents, leadership, entrepreneurship, creativity, civic engagement and participation in youth life.

Strategic Directions

Sub-pillar 2.3.1: Equal Right to Work and Employment Standards

1. The right of persons with disabilities to work shall be recognized, protected and promoted. This shall be done on an equal and fair basis with others.
2. The 3% employment quota for persons with disabilities in public and private sectors shall be implemented, monitored and periodically reviewed.
3. Transition centers and professional support services for access to employment shall be maintained and strengthened.
4. Accessible, safe and healthy working conditions shall be ensured. Minimum standards for reasonable accommodation shall also be ensured.

Sub-pillar 2.3.2: Employment Access, Placement and Continuity

1. Labour rights, trade union rights, placement services, technical and vocational guidance and continuity at the workplace shall be ensured.
2. Fair access to foreign employment shall be improved. This shall be done through accessible training, application and recruitment processes.
3. Employer incentive programmes and inclusive recruitment practices shall be developed and promoted.

Sub-pillar 2.3.3: Entrepreneurship, Livelihoods and Financial Access

1. Entrepreneurship, innovation, self-employment and income-generating programmes shall be established and strengthened. This shall include family support for self-employed

persons and targeted inclusive livelihood pathways for persons with disabilities in rural, estate and plantation communities.

2. Access to credit, financial markets, financial literacy, insurance, pension scheme participation, supply-chain coordination and Public-Private Partnerships shall be ensured, including through reasonable accommodation, accessible procedures and targeted support for independent living, entrepreneurship, income generation and poverty reduction.

3. Opportunities to gain experience in the open labour market shall be promoted.

Sub-pillar 2.3.4: Supported Employment and Inclusive Labour-Market Systems

1. Supported employment services, apprenticeships, internships and job-matching mechanisms shall be established and expanded.

2. A National Disability Inclusive Employment Support Centre shall be developed. It shall be developed through an appropriate public-private partnership model.

3. Inclusive employers shall be recognized and supported. Disability-inclusive human resource practices shall be strengthened.

2.4 Pillar 4: Empowerment and Social Protection

Policy Commitment

The State and relevant institutions shall strengthen empowerment, independent living, social welfare, safety, protection, legal recognition, financial inclusion, family support and community-based support systems for persons with disabilities and their families. Social protection shall be treated not only as income support, but as a rights-based mechanism for promoting dignity, autonomy, poverty reduction, disability-related cost recognition, social participation and inclusion. Particular attention shall be given to persons facing heightened risk, exclusion, dependency or multiple forms of disadvantage, including children with disabilities, elderly persons with disabilities, persons with psychosocial and neurodivergent disabilities, war-affected persons with disabilities, persons requiring higher levels of support and persons at risk of neglect, exploitation, violence, degrading treatment or property loss.

Strategic Directions

Sub-pillar 2.4.1: Adequate Standard of Living and Social Protection

1. An adequate standard of living and social protection shall be promoted for persons with disabilities without discrimination. Disability allowances, social welfare facilities, benefits and targeted support measures shall mitigate poverty, offset disability-related costs, reduce socioeconomic vulnerability and support dignity, autonomy and social

participation.

2. Independent functioning, independent living and access to family, community-based, home-based and, where necessary, appropriate institutional support services shall be ensured, including trained caregivers, accessible facilities, assistive devices, rehabilitation support, health and social care coordination, insurance, pension-related support and social protection measures that promote dignity, safety and inclusion.
3. The empowerment of persons with disabilities, families, parents, guardians, caregivers and representative organizations shall be strengthened.
4. Safeguards shall be provided against harmful situations, including neglect, discrimination, violence, degrading treatment, exploitation, abuse, unsafe care practices, undue influence and property loss. These safeguards may arise within family, care, guardianship, institutional, community, education, health, social protection or service delivery settings and shall apply equally to children with disabilities, with disability-specific reasonable accommodation and coordinated child safeguarding responses.
5. Disability inclusion shall be integrated into the policies, programmes and action plans of government institutions.
6. Networks of persons with disabilities and organizations representing them shall be strengthened.
7. Access to social welfare facilities, disability benefits, disability allowances, community-based support, insurance and other social protection schemes shall be ensured, with targeted outreach, beneficiary education and differentiated support for persons with disabilities and families in rural, estate and plantation communities, low-income contexts and other underserved areas.

Sub-pillar 2.4.2: Social Welfare, Benefits and Accessible Payment Systems

1. Application, disability assessment, medical certification, eligibility verification, renewal and payment procedures for disability-related benefits shall be streamlined, simplified, decentralized where appropriate and made accessible. Alternative and periodic certification approaches shall be recognized for stable, long-term or lifelong disabilities to reduce unnecessary administrative burden.
2. Shared databases, inter-agency coordination, integrated communication channels, outreach, beneficiary education, transparent eligibility criteria, flexible administrative timelines, information sharing and grievance mechanisms shall be strengthened across health services, social welfare authorities, Divisional Secretariats, local government institutions and other relevant agencies.
3. Beneficiary choice in payment systems shall be adopted. Persons with disabilities shall be able to choose the most appropriate and accessible method of receiving disability allowances and social protection grants, including bank-based payment, direct payment

through Social Protection Officers at Divisional Secretariat level, or other accessible mechanisms where required.

4. The accessibility of banks, ATMs and digital financial services shall be progressively improved through physical access, accessible counters, assistive services, communication support, reasonable procedural accommodation, accessible digital interfaces and safeguards to ensure that banking-based disbursement does not exclude beneficiaries who require alternative payment modalities.

Sub-pillar 2.4.3: Protection, Property Rights and Safeguards

1. Institutionalized persons, orphaned children and children under probation shall be protected. This includes protection in relation to inherited property and personal assets.

2. Legal mechanisms shall be ensured for guardianship, supported decision-making, transfer and distribution of property, confirmation of property rights for persons with disabilities who do not have guardians, and protection from misuse, dispossession or exploitation. Legal and administrative reforms shall examine appropriate trust-based arrangements, advanced directives and protective oversight mechanisms while respecting autonomy, dignity, legal capacity, will and with preferences, equality and non-discrimination.

Sub-pillar 2.4.4: Integrated Case Management and Referral

1. Integrated case management and referral systems shall be developed. These systems shall link social protection with rehabilitation, education, employment, child protection, elderly care, victim assistance, psychosocial support, neurodivergent support and community support services.

2.5 Pillar 5: Social Integration

Policy Commitment

The State and relevant public, private and community actors shall promote and facilitate the full, effective and meaningful participation of persons with disabilities in family, community, cultural, religious, recreational, sporting, civic, political and public life without discrimination. This pillar addresses social participation, belonging, recognition and inclusion, including equal access to cultural materials, cultural activities, cultural institutions, heritage sites, places of worship, leisure spaces, community recreation, beaches, parks, cinemas, sports venues and youth spaces. It also recognizes the right of young persons with disabilities to preserve and express their identity as young people and to participate in youth life, leadership, recreation, culture, sports, civic engagement and community life on an equal basis with others. Cross-cutting systems and support measures are provided under Pillar 6: Enablers for Inclusion.

Strategic Directions

Sub-pillar 2.5.1: Community Inclusion and Public Participation

1. Community inclusion, social recognition and equal participation in family and community life shall be promoted, including through community-based inclusive support ecosystems, peer support, community-based rehabilitation, community-based inclusive development, trained community volunteers and support groups for persons with psychosocial, neurodivergent and other disabilities.
2. Meaningful participation in public, civic and political life shall be ensured. This shall include accessible electoral processes, voter education in accessible and multilingual formats, accessible polling infrastructure, reasonable accommodation, independent voting, political literacy and representation in decision-making spaces.

Sub-pillar 2.5.2: Cultural, Religious, Recreational and Linguistic Participation

1. Participation in cultural life, religious life, recreation, leisure and sport shall be promoted at local, district, provincial, national and international levels, consistent with the right of persons with disabilities to access cultural materials, cultural activities, cultural sites and public recreation on an equal basis with others.
2. The cultural and linguistic identity of persons with disabilities shall be recognized and promoted. This includes sign language, Braille and accessible communication.
3. Participation in societies, associations, public forums, national ceremonies, community organizations, religious and cultural institutions, tourism-related activities and international affairs shall be strengthened through accessible information, communication support, reasonable accommodation, inclusive service procedures and OPD participation.

Sub-pillar 2.5.3: Awareness, Community Inclusion and Accessible Spaces

1. Awareness, sensitization and community education shall be promoted. This shall reduce stigma and build inclusive attitudes.
2. Accessibility standards and practical inclusion guidelines shall be applied to cultural, religious and community spaces, including monuments, museums, theatres, libraries, tourism services, places of worship, parks, beaches, cinemas and sports venues. These measures shall include step-free access, accessible toilets, seating, signage, way-finding, ticketing and visitor information; captioning, sign language interpretation, audio description and accessible print and digital formats where required; accessible counters and queues; reasonable accommodation procedures; staff and faith-leader training; and sustained awareness, education and behaviour change initiatives to reduce stigma, challenge harmful stereotypes and promote respect for the dignity, autonomy and contributions of persons with disabilities.

Sub-pillar 2.5.4: Inclusive Sport, Recreation and Disaster Risk Reduction

1. Para sport and inclusive recreation shall be decentralized and resourced. This shall include continuous community- and school-based talent identification, provincial and district training pathways, accessible parks, playgrounds, beaches, community centres, youth spaces, gyms and sports facilities, qualified coaching, safe sport measures, adapted equipment, transport support, accessible changing and toilet facilities, nutrition and athlete welfare support, mentorship and reasonable accommodation systems that enable persons with disabilities, including young persons and athletes outside the national pool, to participate with dignity, confidence and independence.
2. Coaching, equipment, community participation pathways, sport for leisure, sport for rehabilitation, inclusive clubs, competition exposure and representation at national and international levels shall be supported through partnerships among sports authorities, the Paralympic Committee, education and health sectors, provincial and local authorities, community organizations and OPDs.
3. OPD participation in disaster management structures shall be formalized at national, provincial, district, divisional and community levels. Accessible early warning, risk communication, evacuation, transport, shelters, relief distribution, registration, protection, recovery and continuity of essential supports shall be ensured, including multi-channel alerts, sign language interpretation, captions, visual signage, easy-to-understand formats, accessible shelter facilities, protection from sexual and gender-based violence, access to sexual and reproductive health services, continuity of assistive devices, medication and essential medical equipment, and safeguards against inappropriate institutionalization during emergencies.

2.6 Pillar 6: Enablers for Inclusion

Policy Commitment

The State and relevant duty bearers shall establish, maintain and strengthen the cross-cutting systems, standards, services, safeguards and institutional conditions necessary for persons with disabilities. These measures are necessary for persons with disabilities to exercise their rights equally, safely, independently and with dignity across all sectors. They include disability identification, privacy protection, data systems, child safeguarding, victim assistance, international cooperation, South-South cooperation, workforce development, quality assurance, regulatory support, inclusive service systems, disability-inclusive development planning and budgeting, cultural and religious accessibility, inclusive recreation, disability-inclusive disaster risk reduction and mechanisms for policy coherence.

Strategic Directions

Sub-pillar 2.6.1: Accessibility, Reasonable Accommodation and Support Services

1. Universal accessibility of public spaces, government buildings, Divisional Secretariat offices, hospitals, banks, infrastructure, local pathways, pavements, ramps, housing, water, electricity, toilet facilities, transport, information, communication, digital systems and emergency services shall be ensured and enforced through design-stage review, building approval processes, certification, Certificate of Conformity review, post-construction audits, inspections, corrective action and consequences for non-compliance through an administrative mechanism. Accessibility provisions shall be usable independently and safely, including for persons with physical disabilities, persons with visual impairments, Deaf and hard-of-hearing persons and persons requiring mobility or communication support.

2. Reasonable accommodation, assistive technology, mobility aids, communication support, personal assistance, care support, referral support and other support services shall be provided across sectors. Mobility support shall include accessible public transport, adapted vehicles, priority systems, safe pedestrian routes, accessible pathways and measures to reduce reliance on costly private transport such as three-wheelers for essential travel to health, education, employment, social services and public institutions.

Sub-pillar 2.6.2: Data, Evidence and Privacy

1. Disability-inclusive and disability-disaggregated data systems, statistics-based approaches, research, disability classification, administrative data consolidation, confidentiality, privacy protection and evidence-based planning shall be strengthened across sectors and levels of government. These systems shall support development planning, budgeting, cultural and religious accessibility, sport and recreation planning, disaster risk assessments, beneficiary identification, service availability mapping, monitoring of disability-related allocations and outputs, and identification of geographic disparities. Injury surveillance and victim assistance data systems shall also be improved to identify and record mine and explosive ordnance victims, disability-related data, geographic location, age, gender, type of impairment, support needs and access to services, in order to support evidence-based planning and international reporting obligations.

Sub-pillar 2.6.3: Legal Capacity, Access to Justice and Protection

1. Legal capacity, access to justice, accessible legal procedures, safeguards, reasonable accommodation before the law and protection of liberty and security of person shall be ensured. Justice-sector facilities and procedures, including courts, police stations, detention facilities, legal aid offices, complaint mechanisms, investigations, hearings and enforcement processes, shall be physically, procedurally, communicationally and attitudinally accessible to persons with disabilities. Universal design principles shall be applied to justice-sector infrastructure, including ramps, elevators, accessible toilets,

tactile signage, clear wayfinding, accessible waiting areas and safe movement routes, with priority attention to provincial and local-level institutions.

2. Financial inclusion, accessible banking, credit facilities, financial literacy, insurance, digital safety and access to financial markets shall be promoted.

Sub-pillar 2.6.4: Financial Inclusion and Economic Access

1. Persons with disabilities shall be protected from exploitation, violence, abuse, neglect, cybercrime, unsafe care practices and disaster or emergency risks.

Sub-pillar 2.6.5: Cooperation, Standards and Institutional Mainstreaming

1. Public-sector, private-sector, non-governmental, academic, international and South-South cooperation shall be strengthened. This shall include technology exchange, knowledge sharing, technical assistance, resource mobilization, research collaboration, university partnerships, development partner coordination and disability-inclusive financing through relevant national, regional and United Nations platforms.

2. Disability-inclusive standards, professional training, capacity development, ethical guidance, workforce alignment, sustained awareness, sensitization and behaviour change initiatives shall be developed across all sectors to address stigma, misconceptions and limited understanding of disability rights and inclusion. Mandatory induction and continuous professional development modules on disability inclusion, diversity, reasonable accommodation, accessibility, safeguarding, respectful engagement, equality before the law and inclusive justice practices shall be introduced for government officials, frontline service providers, disability service personnel, law enforcement officers, lawyers, judges, court staff, legal aid providers, victim and witness support officers and other justice-sector personnel.

3. Line ministries, departments, private institutions and non-governmental organizations shall be required to include disability commitments in institutional plans, annual action plans, budgets, standards and implementation frameworks. Regulatory and quality assurance guidelines for disability-related services shall be practical, clear, monitored and aligned with sector realities, and shall be supported by simplified registration processes, financial support, institutional strengthening and operational resources where appropriate. National guidelines on disability-inclusive development planning shall be developed and issued with practical steps, tools, templates, minimum standards, inclusion checkpoints and decision-making criteria for use by all ministries and implementing agencies.

4. Inter-sectoral coordination, Public-Private Partnerships, financing, monitoring, evaluation, accountability and structured participation of persons with disabilities and representative organizations shall be promoted, including through clear mandates, dedicated resources, accessible consultation processes, streamlined institutional procedures, defined referral pathways and mechanisms to reduce duplication, procedural delays and implementation gaps. Inter-ministerial and intra-ministerial implementation mechanisms shall be established with designated disability focal points

across national and sub-national institutions. Coordination shall connect the National Council for Persons with Disabilities, the National Secretariat for Persons with Disabilities, planning and finance authorities, cultural affairs institutions, religious affairs authorities, tourism bodies, sports authorities, disaster management authorities, provincial and local authorities and OPDs as relevant.

Sub-pillar 2.6.6: Language, Justice, Identification and Safeguarding Systems

1. Sign language shall be recognized as a linguistic and cultural right. Sign language education, interpreter accreditation and interpretation services shall be formalized, standardized and regulated through nationally recognized frameworks. Minimum qualification requirements, ethical standards, competency benchmarks, ongoing professional development, assessment mechanisms, fair remuneration and professional recognition shall be established. Interpretation services shall be available on demand across public systems, including legal, health, administrative, education, police, social service and emergency settings. Remote and video interpretation may be used to complement, but not replace, the development of a sustainable professional interpretation workforce. Communication access shall also be ensured for blind persons, Deaf persons, hard-of-hearing persons and non-verbal persons, including through independent and non-witness interpreter roles where required in judicial proceedings.

2. Access to justice shall be strengthened through accessible courts, police stations, detention facilities, legal aid services, legal information, procedural accommodation, victim and witness support and disability-rights training for justice-sector personnel. Legal documents, court notifications, complaint procedures, public legal information and information on rights and remedies shall be provided in accessible formats, including Braille, large print, easy-to-read materials, sign language interpretation and other appropriate communication supports. Dedicated legal aid, advocacy and victim and witness protection services shall be developed or strengthened for persons with disabilities, including accessible alternative venues for testimony or evidence submission, confidentiality safeguards, assistive technologies, communication support and disability-sensitive support throughout reporting, investigation, court proceedings and enforcement of outcomes.

3. Voluntary disability-specific identification systems shall be established to support dignified, priority and equitable access to services, particularly for persons with invisible disabilities. These systems shall include informed consent, privacy safeguards, data protection, confidentiality protocols, secure data systems, need-to-know disclosure rules and direct linkage to social protection, welfare schemes, service delivery and planning.

4. Safeguarding systems, independent living support, personal assistance, community-based mental health and social care, elderly care, family support, victim assistance, reintegration support, youth inclusion and workforce development shall be strengthened. Victim assistance shall be applied equitably and without discrimination to all eligible war-affected persons with disabilities, including landmine and explosive ordnance victims, with strengthened outreach, awareness, community sensitization and access to rehabilitation and support services.

Part III: Implementation, Coordination, Monitoring, and Accountability

3.1 UNCRPD General Obligations Compliance Requirements

Implementation of this Policy shall be assessed against the State's general obligations under the UNCRPD and the implementation lessons of the National Policy on Disability for Sri Lanka, 2003.

Each responsible institution shall demonstrate that it has adopted appropriate legislative, administrative, budgetary, programmatic and other measures to give effect to disability rights; reviewed and removed discriminatory laws, regulations, customs and practices; integrated disability rights into all policies and programmes; ensured conformity of public authorities with disability rights obligations; addressed discrimination by private actors; promoted universal design, assistive technology and accessible information; trained relevant professionals and staff; and converted policy commitments into measurable actions, institutional responsibilities, timelines, budgets, indicators, remedies and public reporting.

3.2 National Action Plan

A National Action Plan shall be developed, adopted and implemented for the purpose of operationalizing this Policy. The National Action Plan shall specify institutional responsibilities, timelines, indicators, budgetary requirements, coordination arrangements, reporting obligations, enforcement measures and accountability mechanisms for each policy pillar and strategic direction.

It shall include practical actions to address recurring and cross-cutting barriers identified including lack of awareness, stigma, fragmented inter and intra coordination, fragmented implementation, inadequate reasonable accommodation, weak enforcement, unclear institutional responsibility, procedural bottlenecks and insufficient prioritization of disability inclusion.

It shall also address priority implementation areas including voluntary disability identification, inclusive education and reasonable accommodation, accessibility standards, communication access, mobility rights, sign language legal recognition, standardized sign language education, interpreter accreditation, on-demand interpretation services, accessible transport and local infrastructure, social protection and independent living, disability allowances, accessible grant disbursement, social welfare delivery, access to justice, justice-sector infrastructure accessibility, accessible legal information, legal aid, procedural accommodation, victim and witness support, disability-sensitive complaint and investigation procedures, child safeguarding, elderly care, psychosocial and neurodivergent support, victim assistance, workforce development, regulatory quality assurance, research collaboration, international development cooperation, South-South cooperation, cultural and religious accessibility,

disability-inclusive development planning and budgeting, sport, leisure and recreation inclusion, and disability-inclusive disaster risk reduction.

It shall further provide for phased implementation, periodic review, revision, corrective action and institutional follow-up.

3.3 Institutional Responsibilities

Responsibility for implementation shall rest with the relevant line ministries, departments, provincial councils, local authorities and other competent institutions within their respective mandates. Each responsible institution shall integrate disability-related commitments into institutional plans, annual action plans, budgets, standards, procurement processes and implementation frameworks. Disability inclusion shall be recognized as a core institutional responsibility across all sectors rather than as a residual function of social protection or social services institutions alone. Institutions shall take proactive measures to integrate disability inclusion into planning and decision-making from the outset. Clear lines of responsibility shall be established to prevent the diffusion of accountability across institutions and levels of government. A high-level national task force or equivalent implementation mechanism shall be established under appropriate central government leadership to provide strategic oversight, resolve inter-institutional barriers, support policy coherence, monitor implementation progress and ensure institutional follow-up on corrective measures, until implantation and implementation monitoring mechanisms are established and fully operational in line with Article 33 of the UNCRPD.

3.4 Coordination Mechanism

A national coordination mechanism shall be established or strengthened to ensure coherence, alignment and accountability. It shall cover the public sector, private sector, non-governmental sector, organizations of persons with disabilities, professional bodies, academia, communities, development partners, international agencies and South-South cooperation partners. Disability focal points shall be designated, resourced and capacitated at national, provincial, district, divisional and local levels. They shall support implementation, coordination and reporting. Coordination mechanisms shall address duplication of functions, overlapping mandates, diffused responsibility, procedural bottlenecks and implementation gaps across institutions. Clear institutional responsibilities, referral pathways, communication channels, escalation procedures and reporting arrangements shall be established to ensure timely, efficient, uninterrupted, disability-sensitive and inclusive service delivery across national, provincial, district, divisional and local levels. Inter-ministerial and intra-ministerial coordination mechanisms shall be established, informed by local and international best practice, to ensure adequate resource allocation, systematic implementation monitoring and coherent action across accessibility, communication, mobility, sign language inclusion, social protection, financial access and access to justice. Coordination between health services, social welfare authorities, Divisional Secretariats, local government institutions, justice-sector institutions, legal aid providers, financial institutions and OPDs shall be

strengthened to reduce duplication, processing delays, inconsistent guidance and service exclusion. A national framework for international development cooperation on disability inclusion shall be developed to improve alignment, avoid fragmentation, mobilize resources and promote coordinated technical assistance. The coordination mechanism shall also support practical alignment among cultural affairs, religious affairs, tourism, sports, local government, disaster management, planning and finance authorities to integrate accessibility, reasonable accommodation and OPD participation into sectoral implementation.

3.5 Financing, Budgeting and Resource Tracking

Adequate, dedicated and traceable financing shall be ensured for implementation of this Policy. Public institutions shall incorporate disability inclusion requirements into their institutional action plans, annual and medium-term budgets, including identifiable disability markers (dedicated budget heads), dedicated allocations, output indicators and expenditure tracking for both mainstream and targeted disability-inclusion measures.

Ministries, departments and agencies shall allocate resources for accessibility improvements, OPD participation, inclusive service delivery, awareness and sensitization programmes, reasonable accommodation, data systems, monitoring, social protection, disability allowances, accessible payment systems, beneficiary outreach, legal aid, advocacy support, victim and witness support, justice-sector accessibility, accessible legal information, assistive technologies, specialized services, justice-sector staff training, sign language education, interpreter accreditation, interpretation services, accessible transport, local infrastructure upgrades, workforce development, operational support, quality assurance, cultural and religious accessibility, sport and recreation inclusion, disaster risk reduction and targeted interventions for marginalized groups.

Disability-inclusive budgeting shall be linked to public reporting, performance indicators, progressive allocation benchmarks and corrective action where resource gaps prevent effective implementation. Financial and regulatory support measures may include tax concessions, simplified registration processes, practical monitoring guidelines and resource mobilization through national and international cooperation where appropriate.

3.6 Monitoring, Evaluation, Article 33 Architecture and Accountability

Multi-sectoral and independent monitoring, evaluation, reporting and accountability mechanisms shall be established and maintained in line with the United Nations Convention on the Rights of Persons with Disabilities, including Article 33 on national implementation and monitoring. Government focal points, an empowered coordination mechanism, an independent monitoring framework and full OPD participation shall be formalized, resourced and linked to reporting, corrective action and public accountability. The roles of government focal points, coordination mechanisms, independent monitoring bodies, and the existing National Council for Persons with

Disabilities, the National Secretariat for Persons with Disabilities and OPDs shall be clarified and resourced.

Monitoring mechanisms shall operate independently from implementing authorities to ensure impartiality, credibility and public trust. They shall be transparent, inclusive and action-oriented, with findings made publicly available and with authority to recommend, require or trigger corrective measures where implementation gaps or violations are identified.

Monitoring shall include accessibility standards, Certificate of Conformity processes, design-stage review, construction compliance, post-construction audits, transport accessibility, local pathway accessibility, communication access, sign language legal recognition, standardized sign language education, interpreter accreditation, availability and quality of interpretation services, mobility rights, reasonable accommodation, implementation of existing laws and policies, social protection delivery, disability allowance access, certification and renewal processes, grant disbursement mechanisms, accessible banking, access to justice, justice-sector infrastructure accessibility, legal aid, advocacy services, victim and witness support, accessible legal information, accessible complaint procedures, procedural accommodation, disability-sensitive investigations and compliance by public and private entities. Monitoring shall also include disability-inclusive budget allocations, expenditure tracking, disability-disaggregated data, complaints, remedies, user satisfaction, public reporting, compliance tracking, grievance mechanisms, corrective measures, periodic review and transparent follow-up on implementation progress. Consequences for non-compliance and institutional follow-up mechanisms shall be established so that monitoring does not remain symbolic.

3.7 Participation of Persons with Disabilities and OPDs

Persons with disabilities and their representative organizations shall be enabled to participate meaningfully, safely, regularly and continuously in implementation, monitoring, evaluation and review at all relevant levels. Structured and resourced OPD participation shall be institutionalized at national, provincial, district, divisional and local levels, including through clear consultation mandates, adequate notice, accessible venues, reasonable accommodation, interpretation, communication support, travel support and compensation where appropriate.

Consultations shall be systematic rather than ad-hoc and shall include OPD participation in policy formulation, programme design, budgeting, implementation, monitoring, evaluation, enforcement review and corrective-action processes.

Deaf sign language users, freelance and professional interpreters, users of interpretation services and institutions teaching sign language shall be consulted in the development of sign language legislation, standards, education curricula, accreditation systems and interpretation service models.

OPDs shall be involved in the design, implementation and monitoring of accessibility standards, communication access, sign language inclusion, mobility rights, social protection schemes, disability allowance procedures, payment systems, accessible

banking, access-to-justice reforms, legal aid, victim and witness support, cultural, religious, recreational, sport, development planning, budgeting and disaster risk reduction measures, including accessible feedback and complaints mechanisms at relevant sites and institutions.

Consultations shall be multilingual, accessible and inclusive of marginalized groups, including women and girls with disabilities, children and youth, older persons, persons with psychosocial, intellectual and developmental disabilities, Deaf persons, blind persons, hard-of-hearing persons, non-verbal persons, persons using Braille or augmentative and alternative communication, persons in rural, estate and plantation communities, and persons affected by poverty, displacement or other forms of exclusion.

3.8 Data and Evidence based Learning

Disability-disaggregated data systems, research, administrative data consolidation, capacity building, policy learning and evidence-based implementation shall be strengthened across all sectors.

Data systems shall be aligned across national, provincial, district and local institutions to support comparable, timely and reliable information on disability, gender, age, location, service access, barriers and outcomes.

They shall support the identification of implementation bottlenecks, service delivery gaps, disparities in access, patterns of exclusion, enforcement failures and compliance gaps, and shall guide resource allocation, policy reform and programme improvement.

Data systems shall also support victim assistance planning and international reporting, including improved identification and recording of mine and explosive ordnance victims where relevant.

Data shall be used to map access to public buildings, Divisional Secretariat offices, local pathways, transport systems, communication services, sign language interpretation, interpreter availability, interpreter accreditation, social protection benefits, disability allowance applications, certification and renewal processes, payment modalities, banking accessibility, legal aid services, justice-sector facilities, accessible legal information, complaint procedures, investigation processes, victim and witness support, procedural accommodation, cultural and religious sites, leisure and recreation facilities, sport services, accessible shelters, early warning systems and disaster response services, and to monitor disability-inclusive budget allocations, outputs, enforcement actions and corrective measures.

The collection, storage, sharing and use of data shall respect confidentiality, privacy, dignity, informed participation and ethical standards.

Data shall support planning, budgeting, monitoring, reporting, service improvement, public accountability, academic research, knowledge exchange and evidence-based policymaking.

3.9 Periodic Policy Review and Learning

This Policy shall be subject to periodic review through an accessible, inclusive and participatory process. The process shall involve persons with disabilities, organizations of persons with disabilities, relevant government institutions, civil society, service providers, employers, professional bodies, academia, development partners and international cooperation stakeholders. The review process shall assess implementation progress, policy coherence, coordination, enforcement, service delivery, resource allocation and rights protection across the life cycle.

It shall identify gaps and challenges, including recurring cross-cutting barriers such as low awareness, stigma, weak coordination, fragmented implementation, procedural bottlenecks, inadequate accountability, gaps in child safeguarding, barriers to reasonable accommodation, weak enforcement of accessibility standards, communication access gaps, shortage of trained sign language interpreters, lack of standardized sign language education, interpreter accreditation gaps, lack of on-demand interpretation services, sign language legal recognition gaps, transport and mobility barriers, inaccessible local pathways, social protection administrative complexity, disability allowance access barriers, inaccessible payment systems, banking accessibility gaps, access-to-justice barriers, inaccessible justice-sector infrastructure, inaccessible legal information, inadequate legal aid, inadequate advocacy support, insufficient procedural accommodation, victim and witness support gaps, attitudinal and institutional barriers in the justice sector, exclusion from victim assistance, inadequate support for independent living, gaps in cultural and religious accessibility, weaknesses in disability-inclusive development planning and budgeting, uneven access to sport, leisure and recreation, disability-related disaster risk reduction gaps and emerging needs of young persons, elderly persons, war-affected persons and persons with psychosocial and neurodivergent disabilities.

It shall recommend amendments, revisions, enforcement improvements or corrective actions necessary to strengthen disability-inclusive development and rights protection.