

Summary

This section identifies **existing laws, standards and/or design guidelines** available from government ministries / departments/ agencies responsible (transport, roads, urban planning) that support, or potentially hinder, **creating environments that protect and enable people to be physically active**. In addition, contributions from other sectors responsible for creating active environments (health, sport, education, local/municipal governments) are included.

Broad provisions are available by different acts and laws in the urban planning, transport, road safety sectors which allow promotion of PA to the public. Specific laws and actions particularly directed at improving PA were limitedly identified in the laws and standards.

The **urban planning** sector has developed guidelines supported by the Ministry of Health to have open recreational spaces during construction of new buildings/ infrastructure. Recommendations are currently revised at school health policy to improve school design environment to support PA and active transport. The local governments have initiated individual projects to make active cities. Still provisions are not identified for parks or sports and recreation facilities to be freely accessible to the public.

Transport and road safety which is regulated by the Road Development Authority and Motor Traffic Act allow provision for the health and safety of the public, but specific laws and regulations for pedestrian walking and cycling are yet to be included. Provisions for speed limits, drink driving are available, but Implementation difficulties were noted.

Ministries of health, sport and education have on-going communications individually and in some instances with above sectors to improve PA promotion environment /infrastructure.

2.1 Laws and design standards in place to create an active environment

A. Urban and town planning

2.1.1 Urban Development Authority Planning & Development Regulations 2021

Urban Development Authority is the Sri Lankan government agency responsible for planning and implementation of economic, social and physical development of the urban areas. The authority was established by an Act of parliament bearing No 41 of 1978. The main policies and plans related to urban management, setting up of human settlements and sustainable housing expansion in Sri Lanka are as follows:

National Physical Planning Policy and Plan – (2030)

- National Policy on Air Quality Management of 2002
 - The National Energy Policy of 1997
 - National Transport Policy of 1991
 - National Environment Policy of 2003
 - Land Use Policy of 2009
 - Local Government Policy
- According to the regulations during development of a new building an open space should be provided inside or around the proposed building and 10% of land should be allocated for recreational facilities/open spaces. Where an open space is provided in a building as an alternate access to such building, for maintenance of such building or separating it from adjoining properties, such open space shall be not less than 1.0m in width. Also 50% of the open space of the land should be used for green gardens or to maintain green shade except the hard landscape.
 - The Directorate of Estate & Urban Health of the Ministry of Health have perused this draft regulation and provided inputs to bridge the gaps in urban developments in relation to having open spaces for physical activity promotion. Presently Urban Development regulations are being updated to include a section on walking paths in urban areas (Ref 2.1.5).

Ref: Urban Development Authority Planning & Development Regulations, 2021. Available at: <https://www.uda.gov.lk/cms/storage/acts/mcK3c2YfvS.pdf>.

2.1.2 Town and Country Planning Ordinance

Relevant stakeholder: National Physical Planning Department.

The Town and Country Planning Ordinance have set apart lands for the purpose of natural reserves, public parks and open spaces which will promote PA.

- There are local, city-level or municipal council policies and projects to develop walkways and green spaces to promote walking and cycling.
Examples for city level programme:
 - Colombo - Healthy Cities program
 - Jaffna - healthy cities initiative including a focus on city level physical activity
 - Jayawardanapura – Making an Active City –walking pathways and open gyms
- However, local government level policies are not available for identification and development of existing open spaces in a specific local government area and providing free access to the public.
- It was identified that there are places and spaces with facilities to engage in physical activities which are not open to the public, playgrounds in schools, gymnasiums, healthcare institutions etc.

Ref: Town and Country Planning, Chapter 605, Available at:
<http://extwprlegs1.fao.org/docs/pdf/srl37912.pdf>, (Accessed 20 May 2021)

The National Physical Planning Department was established after The Town & Country Planning (Amendment) Act was unanimously approved by the Parliament. Available at:
<http://extwprlegs1.fao.org/docs/pdf/srl37912.pdf>, (Accessed 20 May 2021)

B. Transport and Road Safety

2.1.3 Road Development Authority (RDA) Act

The Road Development Authority established under the above act is responsible for the construction, care, maintenance and improvement of motorways and main roads. Sri Lanka's road network is classified into National, Provincial, Pradeshiya Saba, Local Authority roads and roads built under numerous development projects (e.g. under major irrigation schemes and hydro power complexes) according to their functionality and administrative responsibility.

- **Road safety assessments:** Road Safety Unit RDA has compiled road safety assessment guidelines for roads.
- **Speed limits:** RDA decides the speed limit for roads when designing the roads.
- **Walking /cycling infrastructure:** At present there is no provision in the RDA act for establishment of separate cycling lanes or specific regulations for walking infrastructure development during build of new roads.

Ref: Road Development Authority Act No: 73 of 1981. Available at: [ROAD DEVELOPMENT AUTHORITY Act, No. 73 of 1981 \(rda.gov.lk\)](http://www.rda.gov.lk)

National Road Master Plan (NRMP) 2018-2027 (Final draft) presents the integral nature of road development, giving special emphasis to road safety, and public transport facilitation while adhering to environmental safeguard and catering to social obligations
https://www.rda.gov.lk/supported/noticeboard/publications/NRMP_2018-2027/NRMP2018-2027_Draft-final.pdf

2.1.4 Motor Traffic Act

- The National Council for Road Safety functions under the Ministry of Transport and Civil Aviation by the Motor Traffic (Amendment) Act No. 5 of 1998 is the highest body concerned with road safety matters and regulations in Sri Lanka. **Speed limits:** The Motor Traffic (Speed Limits) Regulations, No. 1 of 2012 of Motor traffic act sets out the speed limits for roads depending on the type of road and type of vehicle. Speed limits are displayed through roadside markings. No specific speed limits are mentioned near schools and recreational areas.
- **Dink/drugs while driving:** Under the provisions of the Motor Traffic Act "Driving under the influence of liquor & drugs" is an offence. However, at present Sri Lanka police has only the equipment to measure whether a person is under the influence of alcohol. Equipment to measure drug levels of drivers is not available.
- **Use of mobile phones while driving:** This is limited to usage of hands-free unit only. Monitoring the adherence to this rule is done by traffic police officers and a camera monitoring system is not available.
- **Reduce the impact of motorized vehicles:** At present there are no laws or policies designed to reduce the impact of motorized vehicles in urban areas such as having congestion charges, low vehicle emission zones, car-free streets or zones or other limitations on vehicle use.

- Regulations are available with regards to vehicle emissions, but is not enacted due to lack of availability of equipment
- It is not a legal requirement to have pedestrian or cycle lanes in Sri Lanka. Providing space to them within the current road infrastructure is difficult due to lack of space. However there have been several discussions among the Sri Lanka Police, RDA and UDA with regards to establishing separate pedestrian and cycle lanes.

Ref:Motor Traffic Act, Available at: [G 016234 \(E\) I\(I\) Motor Traffic Act.pmd \(rda.gov.lk\)](http://www.rda.gov.lk/G016234(E)I(I)MotorTrafficAct.pmd)

C. Contribution from other government organisations

I) Health

2.1.5 Urban Health Guidance Framework, Ministry of Health

- The Estate & Urban Health Unit, Ministry of Health, Sri Lanka is in the process of developing a guiding framework on Health in Urban Planning & Design (2021). This document intends to provide technical guidance on how to incorporate concepts of health into urban planning and developments in order to improve the quality of life of people living in urban settings. It essentially includes guidelines on spaces and places for residents to be physically active and walkable.
- The framework consists of 12 domains. Promoting healthy lifestyles and creating spaces for physical activity are included as separate items under the 7th domain: Health & Services and 8th domain: Community spaces. The framework and the tools aim to advocate the urban planners and local authorities to incorporate the concepts in urban developments and assess relative levels of health promoting liveability of urban areas.

2.1.6 The Rights of Persons with Disabilities Act (No. 28 of 1996)

This act guarantees physical accessibility to public places for persons with disabilities. In addition, the Supreme Court, on 27 April 2011 gave a landmark order to boost the inherent right of disabled persons to have unhindered access to public buildings and facilities.

Ref: The Gazette of the Democratic Socialist Republic of Sri Lanka (Extraordinary), No : 1,467/15-2006 October 17

: <https://www.ilo.org/dyn/natlex/docs/ELECTRONIC/47403/96809/F888786967/LKA47403.pdf>.

II) Education

2.1.7 Education Sector

Sri Lanka has about 4 million school children distributed across 10,144 schools. Health promotion is a vital and positive means of enforcement for early action against exposure to risk factors of NCDs in schools one of the components includes promotion of physical inactivity. The Ministries of Health and Education have jointly adopted the concept of Health Promoting schools.

Ref :Gen Circular 01/37-2007 (I),Ministry of Health .Available at:

<https://fhn.health.gov.lk/images/FHB%20resources/School%20Health/circular/School%20Health%20Programme%20%20circular%202016%20-%20English.pdf>

Establish schools as health promoting settings is also emphasized in the **National Plan of Action for Children IN Sri LANKA (2016-2020)** : Page 66

<https://www.endviolence.org/sites/default/files/paragraphs/download/National%20plan%20of%20action%20for%20children%20in%20Sri%20Lanka%202016-2020.pdf>

- Circular 34/2016 by the Ministry of Education provides guidance on national norms and standards for school infrastructure. According to the circular it is a must for all government schools to have a playground. However private schools are not governed by the Ministry of Education and hence are not obligated to abide by this circular.

Ref: Circular 24/2016, Ministry of Education. Available at:

<https://moe.gov.lk/wp-content/uploads/2020/07/op123-02012017154720-1.pdf>.

Availability of a website was developed known as 'Yovun Piyasa', to provide youth friendly health information related to NCDs and their risk factors at this website which could be used to strengthen and empower youth to develop healthy behaviours in relation to tobacco and alcohol use, physical activity and healthy diet

Website address:

http://yowunpiyasa.lk/index.php?option=com_content&view=article&id=75&Itemid=247&lang=en#how-should-i-eat-as-an-athlete-to-keep-me-feeling-good-and-looking-good-while-giving-optimum-performance

- Public are not allowed to school playgrounds for security reasons. The States Ministry for Rural Sports and Infrastructure Development is supporting building sports facilities. It is expected these facilities can be used by children from other schools as well. Some schools in Colombo give facilities such as swimming pools to general public use.

2.1.8 Guidelines and Standards for Childcare Institutions in Sri Lanka, 2013, National Child Protection

Authority

Guidelines and Standards for Childcare Institutions in Sri Lanka, 2013, set forth standards for childcare institutions. The guideline states that all childcare institutions must encourage and facilitate children to develop and practice appropriate leisure activities. There should be a safe outdoor play area or an area nearby which could be accessed regularly for play activities. Adequate number of outdoor play equipment should be available, and they should be regularly checked for any hazards.

Available at: [guidelines and standards for childcare institutions in Sri Lanka.pdf \(childprotection.gov.lk\)](#)

GAPS IDENTIFIED

- Inadequate legal provisions to promote physical activity were observed across all settings.
 - No provision for establishment of separate cycling lanes in road designs
 - No laws enabling use of facilities to engage in physical activities by the public
 - No laws specifying the land allocation for spaces to be physically active
 - No laws requiring urban developments to prioritise access by walking or cycling
 - No laws that allow government/private employees to use facilities or paid work time to be physically active

- Implementation gaps of available legal frameworks/institutional guidelines
 - Regulations and standards for school building design and facilities does not apply to private and international schools
 - Unavailability of equipment to assess illicit drug use by drivers is not available

- Lack of monitoring systems to assess level of implementation of the existing laws or guidelines
- Lack of human resources to plan transport facilities and towns that promote physical activity of public

RECOMMENDATIONS

- Revise existing legal provisions/formulate new regulations for;
 - Establishment of separate cycling lanes in road designs
 - Safety helmets for cyclists
 - Enabling use of facilities to engage in physical activities by the public
 - Specifying the land allocation for spaces to be physically active
 - Requiring urban developments to prioritise access by walking or cycling
 - Allowing government/private employees to use paid work time to be physically active

- Establish a working group on physical activity to identify Implementation gaps of available legal frameworks/institutional guidelines and advocate to relevant sectors for action
- Strengthen law enforcement with regards to;
 - Vehicle emissions, sound pollution, driving under influence of drugs
 - Introduction of a demerit system to road safety offenders
- Training on road safety when obtaining driving licence
- Build capacity of transport planners and town planners on making public transport more available, accessible and user friendly and making towns more conducive to promote physical activity among the public

SECTION 3

ACTIVE PEOPLE

Summary

This section identifies existing **programs and services** supporting and enabling people of all ages (children, adults, older adults) and abilities (clinical and least active populations, people with disabilities) to participate in physical activity (PA). What is already being implemented and by whom (Health care, Education, Sport, Workplaces, Local governments) is discussed. This enables identifying gaps, learning, improvement, scaling, revision or replacement of current initiatives and focus on areas where greater attention is needed.

In Health care settings: Assessment and counselling of **all adults** (both healthy and selected chronic diseases populations) on increasing physical activity and reducing sedentary behaviour was done through Healthy Lifestyle Centres (HLCs) of the Ministry of Health. HLCs are conducted as part of the central curative health care system through primary care medical doctors and trained health care staff. National PA guidelines adopted from global WHO PA guidelines, terms of references and training manuals for staff on continuing professional development and processes are in place. Specialist clinicians in sports and exercise medicine are involved in implementation/as a point of referral. Further collaboration of other relevant medical specialists is yet to be included. There is no law/policy requiring a medical clearance prior to engaging in any types of physical activity programs in the general public but cleared by clinicians are available on referral. Circular by ministries of Health and Education is available for medical clearance of school children before participation in competitive sport.

Older adults: There are well established government supported networks of elderly/older adult committees functioning at provincial, district, divisional and village levels. National level programs were not identified to promote PA in this group while institutional level programs are conducted.

Least active populations, pregnant and post-partum women: There are no national health programmes or services specifically targeted at increasing PA in the least active populations such as women, indigenous communities, displaced persons, vulnerable communities and people at risk of poor mental health and, pregnant and post-partum women. Subnational and institutional level programs are conducted by health, sport, education, professional organisations and local governments.

Across Education sector and Children: Ministry of Education has included initiatives to improve fitness and physical wellbeing of all school children apart from conducting competitive sport festivals. The primary and secondary school curricula have included physical education (PE) as a subject and participation in 1-2 non-competitive sports is made compulsory. Challenges in implementation and monitoring are noted. Further multi-stakeholder discussions are conducted in revision of school health policy to increase the quality and quality of PE, improve time for PA before/during/ after school, active travel and to improve school environment to promote PA. The Ministry of Health via the School Health Promotion Programme monitors the school health activities. The Child Health Development Record (CHDR) , the government document which monitors the health of every child from birth, has included a section to advise/promote PA. No national initiatives are available specifically to promote active play in children in childcare settings. Tertiary and university education which has growing opportunities for PE needs streamlining with clear career paths, national health agenda and lifelong health/ PA promotion.

Workplaces: There are no national programmes or services for employers and employees in government and private sectors to be physically active during or outside the working hours. Institutional level programs are available.

Whole-of-community initiatives: Through the preventive arm of the Ministry of Health (Medical office of Health, Health Promotion Bureau, Family Health bureau) programs are initiated connecting the state health care with state and professional organisations, community and social care providers as appropriate; across community, workplace and, schools settings. Central coordinated mechanisms for monitoring and implantations of these whole-of-community initiatives that stimulate engagement by all stakeholders and optimize a combination of policy approaches are still not evident.

Across SPORT sector: Apart from conducting national competitive sport programs; Ministry of Sports has invested nationally/district level on infrastructure, sports clubs and sports trainers to promote sport participation at community level. National level sporting programs/events targeting 'all communities' are not available. National sporting bodies have national/subnational programs for children (also ministry of education) and adults living with disabilities but not specifically for less active children and all older adults (for healthy aging). Some sporting associations conduct competitive sport events for older adult age groups.

At City level: Local government/ city-level and community organisations driven initiatives are available at a couple of major cities that aim to specifically promote PA. Plans are available to introduce to other selected cities.

3.1 Existing programmes, services and initiatives to promote active people

3.1.1 Health Sector

3.1.1.1 Directorate of Non-Communicable Diseases, Ministry of Health

a) Healthy Lifestyle Centres (HLC) programme

The Healthy Lifestyle Centres (HLC)s were established in 2011 for proactive identification of risk factors related to Non-Communicable Diseases (NCDs) and to improve access to specialized care for those with a higher risk of cardiovascular disease (CVD), thereby reducing the risk of cardiovascular disease (CVD) events. There are 1008 functioning HLCs mainly located at the primary healthcare institutions across the country. Eligible participants include all persons aged 35 and above and persons aged between 20-34 years having risk factors for NCDs, recruited mainly by self-referral or through appointment by public health staff and health volunteers. Clinic sessions are conducted at least once a week or more depending on the available resources. Outreach clinics are also conducted to improve the employed population.

The main service offered includes the assessment of risk factors for NCDs. Behavioural risk factors (Smoking, Alcohol use, Physical Activity, Unhealthy Diet) are assessed through history. Physical assessment (Body Mass Index, Waist circumference, Waist to height ratio, Blood Pressure, Oral and Breast Examination) and biochemical assessment (blood sugar -Fasting or Random, Total cholesterol, Serum creatinine when available) are performed to assess biological risk factors. Then the 10 year Cardiovascular disease (CVD) risk is assessed. Referral to appropriate clinic/institution is done according to the health condition of the participant. Lifestyle modification guidance provided at HLC includes advice and brief interventions on physical activity, cessation of smoking and alcohol and healthy diet.). Primordial and primary preventive programmes such as health education sessions, exercise programmes, Yoga programmes are also conducted. Medical Officer NCD (focal point) attached to Regional Director of Health Services offices supervise and monitor the functioning of HLCs at district level and Directorate of NCD monitor and provide technical guidance for conduct of HLCs. Directorate of NCD, Ministry of Health is the central level programme manager for the Healthy Lifestyle Centres (HLC) programme. Trained HLC staff has successfully trained HLC attendees on how to improve the physical activity level at home. Trained volunteers (such as community leaders) have initiated exercise programs/active groups with the local community. The HLC attendees are also motivated to utilize facilities available (e.g. walking paths, parks, community open gyms, gymnasias etc.) to be physically active. Given below are some photographs from functional HLC based exercise programs.



b) Health Corner, Ministry of Health



A health corner was established in 2020 in the Ministry of Health premises in order to screen the staff for NCD and risk factors. All the staff is methodically screened by a nursing officer stationed at the health corner and are provided lifestyle modification guidance by a medical officer. Those who require further referral for managing specific disease conditions or risk factors are referred accordingly. This health corner is one entry point for Ministry of Health staff to the physical activity program conducted at Ministry of Health premises.

c) PA program and gymnasium at Ministry of Health

A physical activity program is conducted for 30 minutes, two days per week at the Ministry of Health premises. A circular issued by Secretary Health has permitted Ministry of Health employees to utilize working hours for this purpose. The sessions are conducted by Ministry of Health staff themselves who have been trained by the Sri Lanka Sports Medicine Association. The participants undergo a baseline assessment when recruitment and provide lifestyle modification counselling including dietary advice. They are followed up regularly thereafter to observe improvement in BMI and waist circumference. A gymnasium is being constructed at Ministry of Health premises which will provide more opportunities for the staff to engage in physical activities.

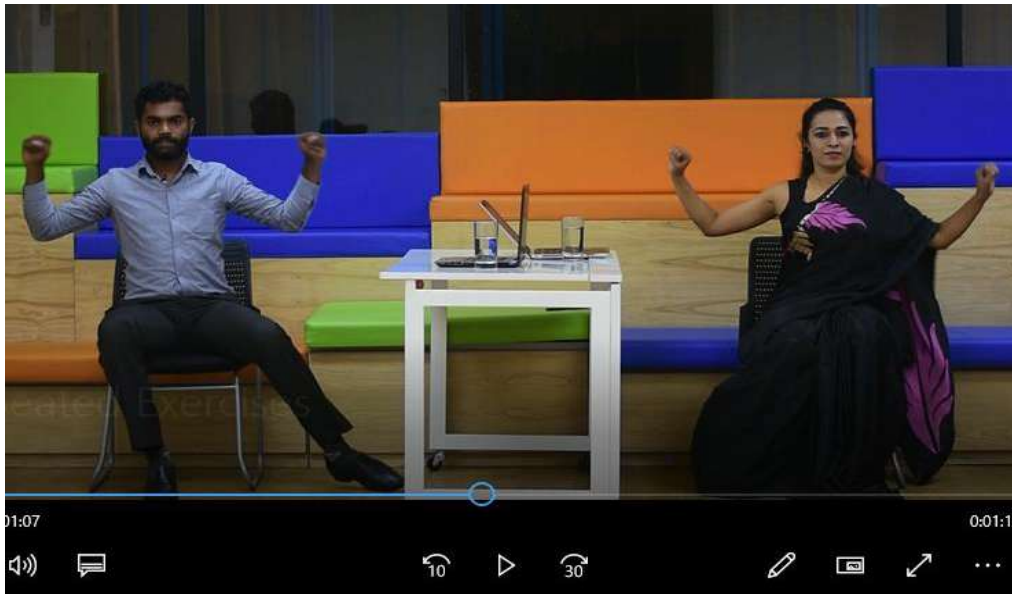
d) Workplace screening

The Directorate of NCD has introduced NCD and risk factor screening to both government and private workplaces where they are provided lifestyle modification counselling including physical activity. Through a circular issued by the Director General of Health Services all heads of government healthcare institutions have been instructed to conduct workplace screening for NCDs and risk factors annually. It is encouraged to start exercise programs at healthcare institutions so that the screened staff can be referred.

There are no national programmes or services for government employees to be physically active during or outside of the working hours. In the private sector, depending on the type of the work most industries have programmes to promote physical activity among their employees, but these programs are mostly conducted after working hours.

e) Promoting active breaks during work hours/meetings

A series of videos has been developed by the Directorate of NCD, Ministry of Health in collaboration with Sri Lanka Sports Medicine Association to promote active breaks during work hours/meetings. They have been disseminated among Medical Officer NCD and various other professionals to be used during meetings.



The videos can be found at;

<https://drive.google.com/file/d/1IWDHRkwclVji7Fx1AAB9X-jMxd2dArDp/view?usp=sharing>

https://drive.google.com/file/d/1Qm2AWTassXvpN_y6v_TS8VnshbYKZDcS/view?usp=sharing

<https://drive.google.com/file/d/1tEpIzPtgwHkKVL1zPIWVF0axMJoi7y6O/view?usp=sharing>

WHO Country office has also developed and disseminated a 3 minute video to be used as the guide for physical activity during meeting breaks.



3.1.1.2 Happy Village Program-Health Promotion Bureau, Ministry of Health

As the centre of excellence in health promotion and health education, the Health Promotion Bureau has taken numerous steps to promote physical activity in the country. There are two flagship programmes carried out by the Health Promotion Bureau in the village settings known as Happy Village programme and Mothers' Support Groups programme. With the target of establishing at least one Happy Village per MOH area, over 300 Happy Villages have already been established across the country. Utilisation of untapped resources in the form of retired elders, pronounced emphasis on

engaging non-health sector stakeholders (eg., Samurdhi, Agriculture, Geama Niladhari etc) and promotion of the community ownership of the programme through active community engagement from the very commencement of the planning stages have resulted in Happy Village Programme being a particularly sustainable endeavour at the grass root level. When considering the Mothers' Support Groups programme there are nearly 7000 Mothers' Support Groups established all over the country reaching the target of at least one active Mothers' Support Group per Public Health Midwife (PHM) area.

The Health Promotion Bureau provides the technical guidance for the happy village project and the Mothers' Support Group programme. At the District level the Health Education Officers play a crucial role in facilitating these programmes. Having recognized the lack of physical activity as one of the major risk factors of non-communicable diseases in the community, the Happy Village programme has dedicated an entire section of its list of example interventions to promotion of physical activity in the community. The list of interventions identified have been categorized into interventions that can be conducted at the household level and at the community level in the interventions table printed and distributed among all established Happy Villages. Inspired by such examples, volunteers organizing regular recreational physical activities at the village level, improving infrastructure for physical activity promotion in the community and advocating the public in villages to increase participation in such activities are a few of the commonly seen interventions in Happy Villages. Although such interventions are often mediated by grass root level healthcare workers, the activities are carried out by volunteers in the community through mobilization of various resources in the community itself, promoting the sense of community ownership of the programmes and thus sustainability.

The key roles of the Mothers' Support Groups at the village level are nutrition promotion and promotion of physical activities. These groups also play a significant role in preventing Non-Communicable Diseases. There are Mothers' Support Groups who conduct the physical activity promotion programmes successfully by calculating the BMI of their members in a frequent manner, followed by a health education session where necessary referrals are done to NCD clinics via area MOH. Mothers' Support Groups organize various activities at the grass-root level for both adults as well as for children. The establishment of playgrounds, playhouses for kids and encouraging traditional games and exercise programmes are several examples. These activities will improve both the physical health and mental wellbeing of the population with an expected behaviour change.





3.1.1.3 School Health Promotion Programme, Family Health Bureau, Ministry of Health

School health promotion programme aims to ensure that all school children are healthy and are empowered to promote their own health, health of their families and the communities while letting them to be optimally benefited from the available educational opportunities. Through the programme different school-based interventions are being introduced, making school children to act as change agents on promotion of physical activities. School children are expected to increase involvement of their families and the community on physical activities during the normal and routine day to day activities..

School health unit has contributed to development of guidelines and circulars on physical activities with special reference to the school children. The unit is in the process of implementing the school health policy and now it is at the final stages. Through the policy, physical activities have been identified as one important strategy in improving school children's health and wellbeing.

At the moment the school health unit acts as the main monitoring body on implementing adequate and continuous physical activity involvement by the school children. Furthermore, it gives hand in hand partnership with vertical and horizontal approaches for promoting physical activities in schools. School health unit of the Family Health Bureau has also conducted an evaluation of health promotion schools.

Ref: Health promoting schools evaluation form available at: [Health Promoting School Evaluation - Sinhala.pdf - Google Drive](#)

3.1.1.4 Directorate of Estate & Urban Health, Ministry of Health

High prevalence of NCD's is seen in the urban sector in Sri Lanka, particularly among urban under settled communities. The Urban sub program of the Directorate launched a pilot project: Urban Champion Program (Nagara Suwa Udaana vadasatahana), in the re-settlement flats in Colombo district, aiming community engagement and empowerment for health promotion. The Urban Champion program was initiated in 21 such settings in Colombo district, of which 19 are in the CMC area and 2 are in Kolonnawa Urban Council area. During the initial health needs assessments done by the flat residents, obesity and NCD's were found to be key health problems they are concerned about. Urban champion groups in these flats identified the need to have regular physical activity promotion sessions in the flats. As a response, together with the trainers of the Sports Ministry and Department of Sports of CMC, the Directorate carried out Training of Trainers sessions on physical activity for Health Instructors of CMC and the flat managers of Urban Development Authority who are assigned for each flat. This program aims to mobilize and engage the target community groups for health promotion including physical activity and reduction of overweight and obesity.



3.1.1.5 Directorate of Youth Elderly and Disabled, Ministry of Health

Directorate of Youth Elderly and Disabled, Ministry of Health is the Directorate responsible for health of elderly sixty years and above. Promotion of physical activities are incorporated into the existing nation and provincial health programmes.

Physical activity promotion for older persons at Elderly homes, Elderly Committees & Elderly day centres

There are well established network of elderly committees functioning at provincial, district, divisional and village levels. Elderly day centres are functioning at village level. There are elderly homes functioning under state sector and under private sector. Physical activities for elderly are given priority at all these places. Health of elderly including promotion of their physical activities are collaborated by the Youth, Elderly and Disability unit, Ministry of Health along with the Medical Officer of Health and their field health staff at community level. Administration of elderly committees are done by the Divisional Secretaries under the guidance of the National Secretariat for elders. They coordinate with elderly committees at village level through elder right promotion officer/social services officers employed at divisional secretariats. Some of these homes and centres have their own programs to promote physical activity among the residents e.g. yoga programs.

There are no national health programmes or services specifically targeted at increasing physical activity in the least active populations such as women, indigenous communities, displaced persons, vulnerable communities and people at risk of poor mental health

3.1.2 Non Health Sector

3.1.2.1 Ministry of Education

A) Department of Physical Education and Sports

The Physical Education and Sports Branch in the Ministry has a mission to generate healthy and efficient Sri Lankans who can successfully adapt to changing trends and be able to love with moral values. Functions of the Branch include:

- Monitoring and coordinating 20 sport schools
- Organizing national school games competition in order to provide opportunities to reach all island level to student who achieve places in divisional, zonal and provincial level sport competitions
- Conducting all island teachers sport competition to assess sports skills of teachers
- Grant approval for teachers and students participating foreign sport competitions
- Organizing training session to update the knowledge of sport teachers

B) School curriculum

The Ministry of Education School Curriculum also promotes physical activity for school children in various ways including:

- Physical Education is compulsory for grades 1-5.
- In grades 6-9, Health and Physical Education is a compulsory subject.
- Grade7 students- scholarship programme for children excelling in sports
- In grades 10-12, Health and Physical Education is an elective subject. However it is on the same subject line as ICT, which many students choose instead to look for jobs in IT.
- In 2020 a change was introduced to the Curriculum at local and national level to:
 - Include education on the traffic light labelling system introduced In 2016 for food; and
 - include a special program introducing the School Health Promotion program developed by the Ministry of Education in collaboration with the Ministry of Health.
- It is proposed in upcoming reforms
 - to make Health and Physical Education a compulsory subject from 6-11 grades,
 - fitness testing for students
 - measurement of BMI and waist circumference at term tests.
- In addition, secondary school children can participate in extra-curricular activities that involve physical activities (Boy scouts, girl guides etc.)
- Children with special needs will be provided sports equipment tailor made for their needs (portable swimming pools, gym balls etc). Nine centres are being developed countrywide to cater to children with special needs.

C) Physical activity for children with special needs (2019)

An all-island sports festival was conducted for the first time for children with special needs in year 2019. The teachers of children with special needs were trained on special sports activities and they trained the children on selected sports. The event was participated by children with special needs from around the country.



3.1.2.2. Sports Sector

3.1.2.2.1 Ministry of Sports

The Ministry of Sports facilitates health and physical well-being of citizens through district level programs conducted by Sports Officers. These officers are attached to divisional secretariat offices. In most of the districts they have established fitness clubs and are doing fitness programs for the general public, government and private sector employees.





The Ministry of Sports has spent Rs.1.5 million per each facility to develop small scale playgrounds/sports facilities in 300 divisional secretariats in 2021. The Ministry of Sports has given funds to develop sports and recreational facilities in 100 schools and each school has been given 3.2 million rupees. At the same time the Ministry steps have taken to improve large scale sports and recreational facilities and each centre has been allocated 5 million rupees.

The Ministry of Sports is in the process of establishing a regulatory body for sports and recreation professionals to enhance the quality of services provided by these professionals by giving them the education and qualifications to safeguard the health of people while improving the fitness level of the people. These regulations will improve the services given at the fitness and health centres. Thereby it is expected more people will be attracted into the fitness industry and more jobs related to industry will be generated with expansion of the industry.

3.1.2.2.2. National Olympic Committee Sri Lanka

The National Olympic Committee of Sri Lanka is affiliated to the International Olympic Committee and was established in 1937. The mission of the committee is “Develop, promote and protect the Olympic movement in Sri Lanka, in accordance with the Olympic Charter”. It is also committed to propagate Sports in Sri Lanka and thereby to achieve unity and brotherhood among the different communities living in Sri Lanka and to promote sportsmanship and healthy competition in the World Sports Arena. In addition, there are national sports federations and sports clubs established for various sports. The National Olympic Committee conducts education program for school children on Olympic values, while supporting their sports development.

