

### 3. Administration and Policy on Disability

#### 3-1. Administration on Disability

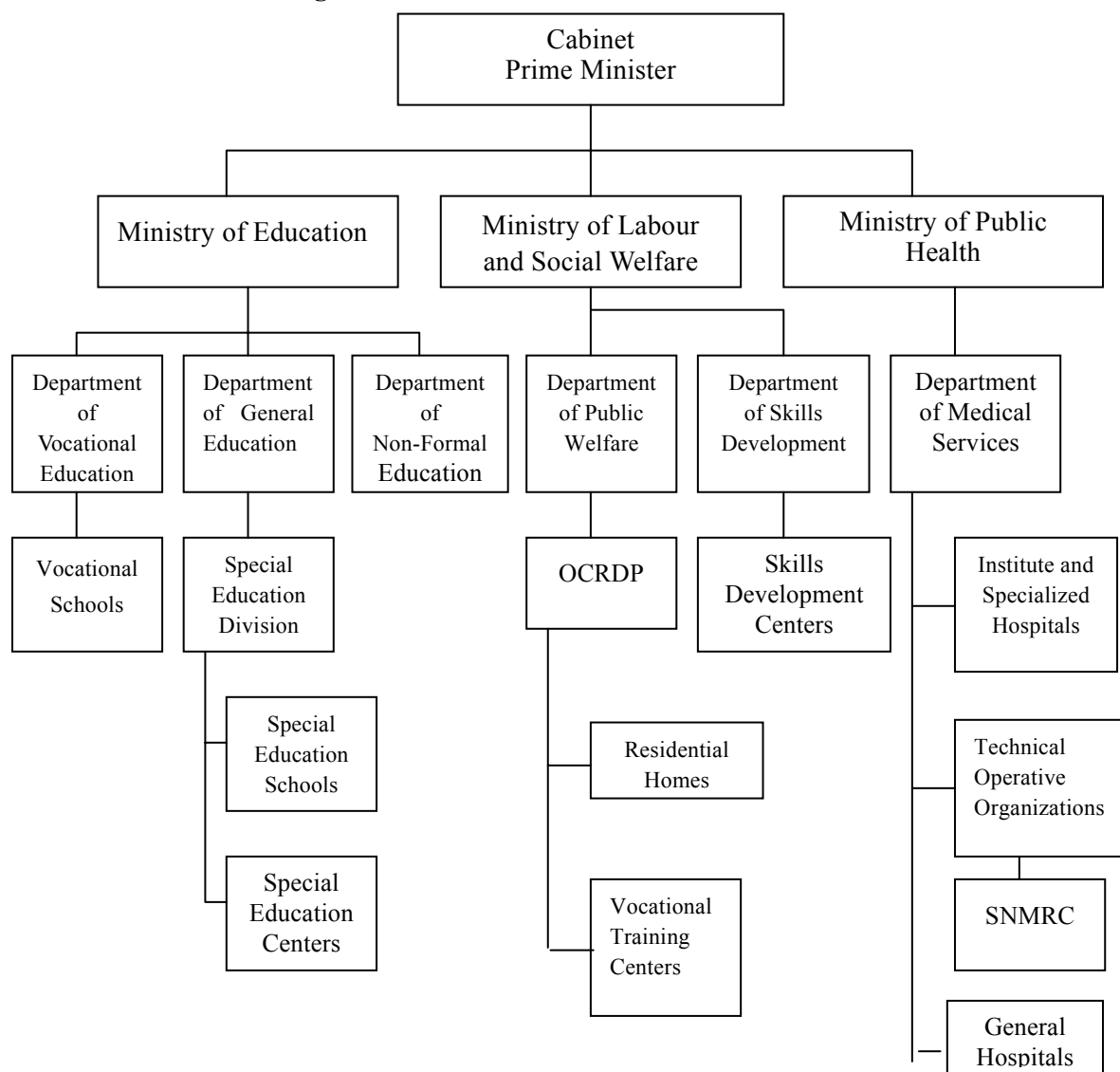
\* See Annex 1 for a list of governmental organizations

#### Central Government

【Organizational chart】

CHART1

Organizational Chart of the Central Government



**【Disability-related Central Governmental Organizations】**

【Name】	【Description】
Ministry of Labour and Social Welfare	Services regarding vocational and social rehabilitation.
Ministry of Education	The Special Education Division (SED) is responsible for special education and integrated persons with disabilities.
Ministry of Public Health	Medical services for person with disabilities

<b>【Availability of national coordination committee】</b> Available	
<b>【Committee name】</b>	The Committee for Rehabilitation of Disabled Persons
<b>【Plan and implemented activities】</b> Plans including legislation, leadership training, vocational training, CBR etc. See Annex 3 for details.	

Chart 1 shows three ministries and the divisions that directly offer services for persons with disabilities under their exclusive staff and budget. These ministries and divisions play a main role in terms of special knowledge and technology on welfare and rehabilitation for person with disabilities. Among the three, the Ministry of Labour and Social Welfare has the most important role in that it offers vocational and social rehabilitation services.

The Office of the Committee for Rehabilitation of Disabled Persons (OCRDP) was set up to act as the central administrative office on person with disabilities social welfare. Under the supervision of the office, 9 residential homes and 8 vocational training centers have been opened especially for persons with disabilities. Vocational training in skills development centers under the Department of Skills Development is also available. Among Departments under the Ministry of Public Health, the Department of Medical Service supervises institutes of medical technology and specialised hospitals, of which Sirindhorn National Medical Rehabilitation Center (SNMRC) provides comprehensive rehabilitation for persons with disabilities with the best facilities and technical skill in Thailand.

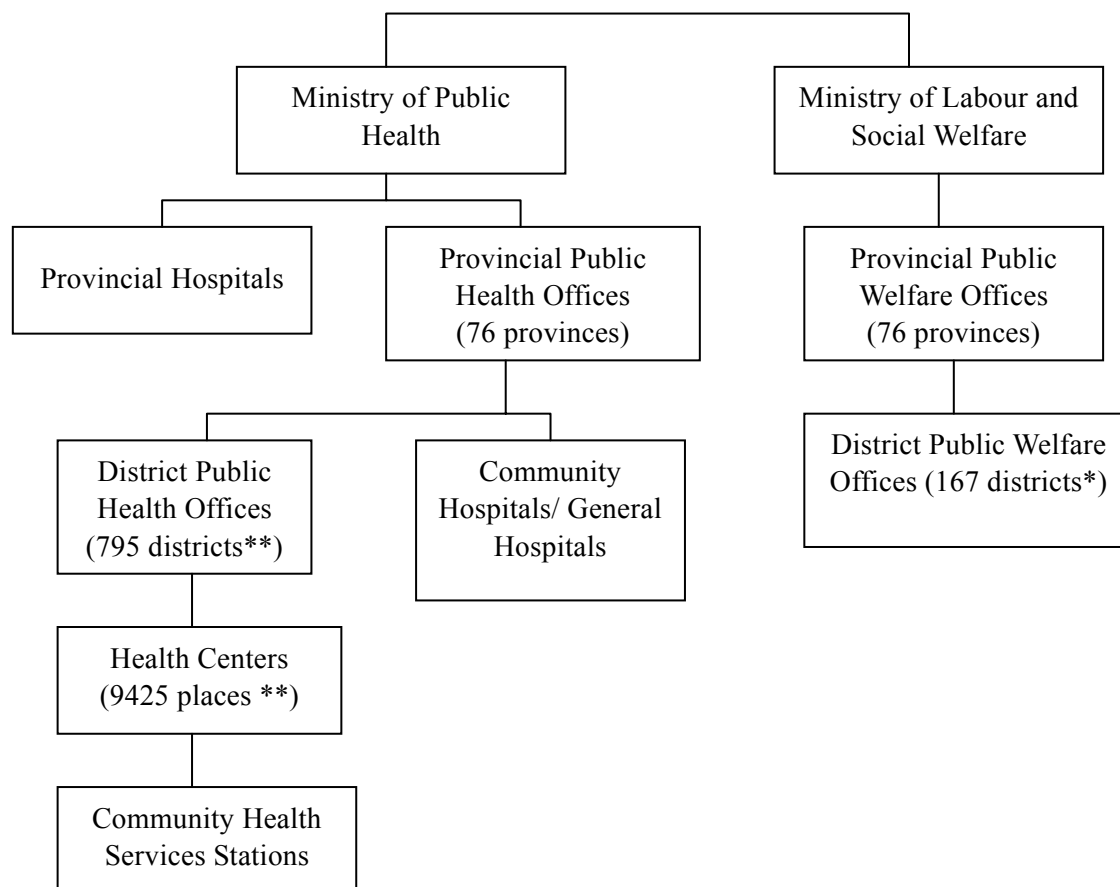
The Special Education Division (SED) is responsible for the education of persons with disabilities. Children with physical, intellectual or mental disabilities, children in hospitals with chronic diseases and disadvantaged children are provided educational opportunities by SED.

**Local Government**

【Organizational chart】

**CHART 2**

**Organizational chart of the Local government responsible for the welfare of Persons with Disabilities**



Source: \*Annual Report of Department of Public Welfare, Ministry of Labour and Social Welfare, 1998.

\*\*Annual Report of Department of Health, Ministry of Public Health, 1999.

**【Disability-related Local Governmental Organizations】**

<b>【Name】</b>	<b>【Description】</b>
Provincial/District Public Health Office	Administration and registration in each province/district.
Provincial/District Public Welfare Office	Administration and registration in each province/district.

The local government system responsible for person with disabilities welfare is shown in Chart 2. Every province has a Provincial Public Health Office (PPHO) and Provincial Public

Welfare Office (PPWO). Each province is divided into approximately 10-15 districts, but each district does not necessarily have a District Public Health Office or District Public Welfare Office. PPHO and PPWO administer their district offices. For registration purposes, persons with disabilities are required to go to the District Public Welfare Office where they are registered as a resident (with the exception when they are working or living in other districts).

Under the District Public Health Office, there are health centers at the sub-district level. Health centers are popular places for villagers to receive medical treatment. They are also health information and knowledge resource centers and provide information on the prevention and management of disabilities. Registered persons with disabilities have the right to free medical care or rehabilitation in provincial, regional and other public hospitals. A Community Health Services Station is made up of village health volunteers who have a basic knowledge of medicine and first aid. In many CBR projects implemented by governmental organizations or NGOs, village health volunteers are required to identify the situation of person with disabilities in their village and persuade persons with disabilities to register.

### 3-2. Laws and Regulations on Disability

<b>【Title】</b>	Rehabilitation of Disabled Persons Act B.E. 2534
<b>【Year legislated】</b>	1991
<b>【Purpose】</b>	
<b>【Description】</b>	<p>The first law in Thailand assuring public welfare for persons with disabilities and referring to rights of person with disabilities. The contents are summarised as follows:</p> <ul style="list-style-type: none"> <li>• Establishment of the Committee for Rehabilitation of Disabled Persons</li> <li>• Establishment of the Person with Disabilities registration system</li> <li>• Establishment of a revolving fund called the Rehabilitation Fund for Persons with Disabilities</li> <li>• Establishment of an employment system to allot persons with disabilities to private companies</li> <li>• Supply of medical rehabilitation services for free</li> <li>• Improvement of accessibility to public buildings, transportation or other public services.</li> </ul>

<b>【Title】</b>	Ministerial Regulation B.E. 2537 no. 1 to no. 4
<b>【Year legislated】</b>	1994
<b>【Purpose】</b>	

<p><b>【Description】</b></p> <ol style="list-style-type: none"> <li>1. A person with disabilities quota for private companies and penalty to be paid by employers or owners of companies who don't hire persons with disabilities. The penalty is paid to the Rehabilitation Fund for Disabled Persons.</li> <li>2. To designate the criteria for classifying disabled persons.</li> <li>3. To establish medical rehabilitation service and allocate fund for treatment, care and equipment.</li> <li>4. To make person with disabilities accessibility a standard requirement in plans for all new construction, renovation and expansion of buildings and facilities used by the public, including public transportation, educational facilities, public housing and theme parks.</li> </ol>
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<b>【Title】</b>	Constitution of the Kingdom of Thailand B.E. 2540
<b>【Year legislated】</b>	1997
<b>【Purpose】</b>	
<p><b>【Description】</b></p> <p>This new Constitution includes innovative contents on human rights in chapter 3 “Rights and Liberties of the Thai People”(section 26-65).</p> <p>Section 28: Human rights and liberties.</p> <p>Section 30: Equality of all persons and prohibition of unjust discrimination.</p> <p>Section 43: Right to receive fundamental education for the duration of not less than twelve years without charge.</p> <p>Section 52: Right to receive standard public health service. Indigent persons shall have the right to receive free medical treatment from State public health centers, as provided by law.</p> <p>Section 55: Rights of disabled or handicapped persons to receive public conveniences and other aids from the State, as provided by law.</p> <p>Section 80, Chapter 5 on ‘Directive Principles of Fundamental State Policies’. Covers the duty of the State to provide aids to the elderly, the indigent, the disabled or handicapped and the underprivileged to improve their quality of life and ability to be independent.</p>	

### 3-3. Policies on Disability

<b>National Development Plan</b>	
<b>【Title】</b>	The Eighth National Economic and Social Development Plan
<b>【Period】</b>	1997-2001
<p><b>【Items on Disability】</b></p> <p>Thailand is currently proceeding with the country’s Eighth National Economic and Social Development Plan (1997-2001), emphasizing human resource development. A set of policy guidelines for the socio-economic development of disabled persons has been incorporated. Measures included are to prevent disabilities and to extensively develop the life of disabled</p>	

persons so that they live in society on an equal footing with non-disabled people. The measures also cover rehabilitation plans to help them adjust to co-existing with other people in an increasingly competitive society. The Thai government's ultimate goal is to allow disabled persons to receive the benefits of its development policies in all fields, namely, education, human resource development, employment, health care and communications. This will lead to the achievement of its national development goal and the reduction of the so-called "social burden."

### **3-4. Measures on Disability**

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#### **Prevention, Identification and Early Intervention**

【Current situation】

##### **1. Prevention**

According to a 1996 NSO survey, congenital anomalies, sickness, traffic accidents and home and farm accidents were the major causes of disabilities in Thailand. But this data lacks qualitative and quantitative accuracy. The Ministry of Public Health is now organizing surveys to update information on disabilities.

A few decades ago, malnutrition, bad hygiene and wars were regarded as the main causes of disabilities in developing countries. In Thailand, this situation has improved, but disabilities caused by traffic and labor accidents are on the rise, which is partially due to rapid urbanization. In spite of police campaigns to control drunk driving and to force drivers to wear seat belts and helmets when on motorcycles, awareness of traffic rules is still low. As for work-related accidents, an increase can be seen not only at factories and construction sites, but also on farms. Reports claim that the misuse of agricultural machinery is increasing with increased agricultural mechanization.

<b>【Policy/program title】</b>	Primary Health Care
<b>【Implementation year】</b>	Since 1970's
<b>【Description】</b>	The community level public health care was established in the 1970's. In rural areas out of reach of medical services, the government built health centers at the sub-district level. One sub-district has about 9 villages on average, which means one health center with a few staff persons or nurses take care of villagers from 9 villages. In order to compensate for this lack of manpower, Village Health Volunteers (VHV) with knowledge on first aid and medicine were selected to work for the village. Information, knowledge and skills regarding public health are transferred from the Provincial Hospital, to District Hospital then to Health Center and finally to VHV. Primary health care has been introduced to villages by VHV under the supervision of health center. Compared with other developing countries, Thailand has made considerable progress in PHC since its introduction in the 1970's.

<b>【Policy/program title】</b>	OPV Vaccination
<b>【Implementation year】</b>	Since 1977
<b>【Description】</b>	According to the survey of the Department of Contagious Disease Control, the number of OPV vaccinated children under 1 year old exceeded 90% in 1992. As polio is a major cause of disability, preventative vaccination is conducted.

<b>【Policy/program title】</b>	Survey of iodine deficiency and malnutrition
<b>【Implementation year】</b>	Since 1990
<b>【Description】</b>	The Department of Health, under the Ministry of Public Health, has conducted yearly survey on iodine, Vitamin A and other nutrition deficiencies to prevent disabilities caused by malnutrition.

<b>【Policy/program title】</b>	Compulsory seat belt use
<b>【Implementation year】</b>	Since 1995
<b>【Description】</b>	Seat belt use in personal vehicles was made mandatory a few years after helmets were made compulsory for motorcycle drivers.

Identification and early intervention has been inhibited by a lack of knowledge on the part of personnel involved in person with disabilities welfare. Persons with disabilities must go to a public hospital to be examined by a doctor before being registered. The doctor provides a medical certificate on the type and level of disability. Persons with disabilities are then requested to give this certificate to the Public Welfare Office, which then decides the type of

services that are to be provided. However, many doctors are not familiar with disabilities and are unable to diagnose them accurately. This is in spite of seminars and handbooks provided doctors on the criteria for diagnosing disability by the Sirindhorn National Medical Rehabilitation Center. There is currently no established standard for diagnosing disability.

For effective early intervention, VHV and those in the community require greater knowledge, as many parents know little about their children's disabilities.

<b>【Policy/program title】</b>	Registration system
<b>【Implementation year】</b>	1994
<b>【Description】</b>	Registration of persons with disabilities commenced in 1994. Along with promotional activities to facilitate registration, identification and early intervention were also considered.

<b>【Policy/program title】</b>	Health Center and Village Health Volunteer
<b>【Implementation year】</b>	
<b>【Description】</b>	Most CBR projects in Thailand take advantage of the public health system. VHVs work on disability identification and referral to hospitals. Some villages where the government or NGOs have introduced CBR, have succeeded in effectively utilizing VHVs. However, in most of villages, despite an established public health system, there is a lack of relevant knowledge among staff in Health Centers, VHVs and even among hospital doctors.

### **Medical Services and Rehabilitation**

Rehabilitation policies and the National Rehabilitation Plan for Disabled People is as follows.

<b>【Policy/program title】</b>	The National Rehabilitation Plan for Disabled People
<b>【Implementation year】</b>	1997-2001
<b>【Description】</b>	<p>The National Rehabilitation Plan 1997-2001, drawn up by the Office of the Committee for Rehabilitation of Disabled Persons, under the Ministry of Labour and Public Welfare (in consultation with relevant government and non-governmental agencies), aims to enable people with disabilities to earn their own living, live independently and participate in society as fully as possible. It completes the Eighth National Economic and Social Development Plan in providing policy guidelines on occupational, medical, educational and social rehabilitation. The visions and the desirable goals are as follows:</p> <p>[1] Visions</p> <ul style="list-style-type: none"> <li>- To promote “the best health condition” among persons with disabilities</li> <li>- To support and sustain individual person with disabilities potential and talent</li> <li>- To build up a “good citizens” image among persons with disabilities by encouraging them to recognize their appropriate rights, duties and privileges.</li> </ul>

- To support self-reliance based on solid employment
- To sustain equal human dignity and pride among persons with disabilities and others in the community.
- To launch campaigns focussing on at all segments of society, from the individual family to the national population, to create a positive attitude toward persons with disabilities.

[2] Desirable Goals

- To closely monitor and eventually prevent disabilities from manifesting during pre- and post-deliveries and during pregnancy.
- To give persons with disabilities access to medical and rehabilitation services at the earliest stages and to provide them with appropriate and adequate information so that they can assume active roles in society.
- To allow persons with disabilities to have access to all levels of education in accordance with their physical and mentally abilities.
- To provide persons with disabilities with appropriate rehabilitation programs to survive and sustain their human dignity.
- To allow persons with disabilities to access national social rehabilitation and welfare programs
- To promote positive attitudes towards persons with disabilities at all levels of society and to promote an appropriate self-image and understanding of roles among persons with disabilities

**【Current situation】**

According to the Rehabilitation Act of 1991, registered persons with disabilities are entitled to medical rehabilitation services free-of-charge. Institutions that can provide these services are hospitals under the Ministry of Public Health, the Ministry of University Affairs, the Ministry of Defence, the Ministry of Interior and the City of Bangkok. Large hospitals are equipped with skilled staff and equipment for medical rehabilitation, most of the district-level hospitals are not able to provide medical rehabilitation services.

Sirindhorn National Medical Rehabilitation Center (SNMRC) is the only institution that can provide inclusive rehabilitation services for persons with disabilities in Thailand. SNMRC provides medical treatment for in- and out-patients, physiotherapy and occupational therapy. It also provides training and counselling for persons with disabilities in independent living, training for medical rehabilitation and it cooperates with hospital and assists other disability-related organizations. In addition to SNMRC, hospitals with adequate human and physical resources for medical rehabilitation are the Radsin Hospital, under the authority of the Ministry of Public Health, the King Mongkut and Veterans General Hospital, under the

Ministry of Defence, the Police Hospital, under the Ministry of the Interior, etc.

Residential care homes are located mostly in the Pakkred District in Nonthaburi Province. Four out of the 9 homes are in Pakkred, with the other 5 homes scattered in neighbouring provinces around Bangkok. Common problems in these homes are manpower shortages and limited capacities.

<b>【Policy/program title】</b>	Rehabilitation of the Disabled Persons Act
<b>【Implementation year】</b>	1991
<b>【Description】</b>	
Registered persons with disabilities have the right to receive medical rehabilitation and advice relating to occupational and vocational training, based upon their physical condition and employment potential.	

<b>【Policy/program title】</b>	Ministerial Regulation No.3
<b>【Implementation year】</b>	1994
<b>【Description】</b>	
Registered persons with disabilities are entitled to receive medical rehabilitation services such as:	
<ol style="list-style-type: none"> <li>1. Diagnostic services, laboratory inspection and other types of special examinations,</li> <li>2. Counselling,</li> <li>3. Medicine,</li> <li>4. Surgery,</li> <li>5. Medical rehabilitation and nursing care,</li> <li>6. Physiotherapy,</li> <li>7. Occupational therapy,</li> <li>8. Behavior therapy,</li> <li>9. Psychotherapy,</li> <li>10. Social services,</li> <li>11. Speech therapy,</li> <li>12. Audiotherapy, hearing and communication therapy,</li> <li>13. Use of assistive devices and support services for disabled persons, free-of-charge, in public hospitals.</li> </ol>	

Under the Ministerial Regulations of BE 2537 (1994), issued under the authority of the Ministry of Public Health, the provision of assistive devices is a part of medical rehabilitation services<sup>6</sup>. Registered persons with disabilities have the right to be supplied repaired and

<sup>6</sup> Information retrieved from <http://www.dinf.org/doc/intl/z15/z15002p2/z1500201.html>

maintained assistive devices free-of-charge. The two core policies of SNMRC, the central agency in charge of implementing this regulation are:

- (a) To give full support to Persons with Disabilities in the supply, repair and maintenance of assistive devices, and
- (b) To support the production of assistive devices within the country by both governmental and non-governmental organizations using appropriate technology, in order to decrease imports.

At present, SNMRC is working on establishing standards for assistive devices and standards for service provision. Much of the need for assistive devices in Thailand is met through the import of raw materials, components, and machine tools from the US and Germany. Prostheses, wheelchairs (wooden and metal) for level propulsion, crutches and walkers are produced within Thailand.

However, in the UN ESCAP conference, it has been pointed out that, in 1995, the Government distributed assistive devices to only 30 % of registered persons with disabilities. Financial problems and a lack of technicians limit production of these devices. Also, research in using appropriate technology for lower-cost, high-quality local production, has just begun.

NGOs have played a vital role in the production and distribution of assistive devices, especially to rural areas. NGOs are exempted from import duties and taxes by presenting an official document stating that the organization is working with the government.

Unfortunately, this can be time-consuming.

Repair and maintenance are mainly undertaken by assistive-device production workshops, including workshops in hospitals or workshops in rural areas. Otherwise, people with disabilities do repairs themselves. The Association of the Physically Handicapped of Thailand, located in Nonthaburi Province, provides wheelchair and level propulsion repair and runs a maintenance center.

There are three main distribution mechanisms: public hospitals (under the Ministry of Public Health), Provincial Public Welfare Offices (under the Ministry of Labour and Social Welfare), and local community-based rehabilitation (CBR) projects. Under the Rehabilitation of Disabled Persons Act, persons with disabilities who register with the Public Welfare Office (in

each provincial capital) can also request assistive devices in areas where government has budgeted for them. Doctors examine persons with disabilities and decide what assistive devices they think people require. Then prosthetic or orthotic technicians or experts produce the devices according to the doctors' requirements. However, as many persons with disabilities are not registered because of inaccessible or costly transportation, a lack of information, and so on. This is especially true in rural areas. CBR projects, run primarily by NGOs, could be a vehicle in providing assistive devices to rural persons with disabilities as some projects have workshops, or their staff can coordinate work with related agencies to obtain such devices.

Registered persons with disabilities in need of assistive devices, such as wheelchairs, crutches and prostheses, are entitled to receive them free-of-charge from SNMRC, Public Welfare Offices, or hospitals under the jurisdiction of the Ministry of Public Health. However, rural persons with disabilities must wait a long time in order to receive these devices, as applications may be rejected due to a lack of devices.

<b>【Policy/program title】</b>	Ministerial Regulations of BE 2537
<b>【Implementation year】</b>	1994
<b>【Description】</b>	The provision of assistive devices is designated as part of medical rehabilitation services. Registered persons with disabilities can request the supply, repair and maintenance of assistive devices free-of-charge.

<b>【Policy/program title】</b>	Governmental announcement of tax exemptions for imported equipment for Persons with Disabilities
<b>【Implementation year】</b>	1997
<b>【Description】</b>	The Ministry of Finance exempts import and value added taxes on wheelchairs and other persons with disabilities equipment.

### Education

<b>【Policy/program title】</b>	Beginning of education for children with disabilities
<b>【Implementation year】</b>	1939 to 1961

**【Description】**

Primary education for visually disabled children (1939)

An American missionary opened the first school for visually disabled persons in Bangkok in 1939.

Primary education for children with hearing disabilities (1951)

The Department of General Education launched a pilot project in Somnat temple in Bangkok.

Establishment of the Special Education Division (SED) under the Department of General Education (1952)

The Ministry of Education set up the SED, which is responsible for the education of children with disabilities and disadvantaged children.

Primary education for children with intellectual disabilities (1957)

SED started special education for intellectually disabled children.

Establishment of a special school for physically disabled children (1961)

The Foundation for the Welfare of the Crippled opened the Srisawan School, a special school for physically disabled children. This was in response to the increase number of children with physical disabilities due to polio.

**【Current situation】**

According to a NSO Health and Welfare Survey, the total number of persons with disabilities in Thailand was 1,024,100 in 1996. Among them, school-aged (7-19 years old) children with disabilities accounted for 155,300, of those, only 11,292 received education in 1998, according to a SED report. This means that only 7.3 % of school-age children with disabilities receives education. This is believed to be due to an insufficient number of schools accepting children with disabilities, a lack of facilities, limited teacher skills, as well as lack of supervision within the schools. Under this regulation, children who are not able to perform the basic functions of daily life are excluded from education. Until recently, pre-school training was only provided in schools attached to the teacher college affiliated with Ratchapat University and at a few private institutions managed by NGOs.

Therefore, SED opened five new Special Education Centers that conduct pre-school training and research on disability. In 1999, there were 41 special schools, 5 special education centers, 17 integrated schools for children with intellectual disability, 3 for children with hearing disability, 20 for children with visual disability, 12 working in cooperation with NGOs or Department of Public Welfare, and 11 SED schools in hospitals for children with chronic diseases and intellectual disability.

The Christian Foundation for the Blind in Thailand, which is active in the North-East region

in Thailand, has established 3 centers for the promotion of integrated education through Braille instruction, production of Braille materials and preparatory education for enrolment in regular schools (Braille study and self-subsistence training). The centers also promote integrated education by providing management of boarding schools for children with disabilities enrolled in normal schools and by training teachers to teach hearing and visually impaired students. The larger goal of the Foundation is the promotion of integrated education in the North-East and North regions in Thailand. At the Sethsatian School for the Deaf, which is the nation's first school for the hearing impaired, there is a hearing-impaired educational service center and Secretariat for the Foundation for Deaf in Thailand. There is also a 2-year preschool, 6-year primary school, 3-year junior high school and 3-year high school, which provide a base of education to hearing impaired persons.<sup>7</sup>

As for higher education, Ratchasuda College of Mahidol University is the only institution with courses for people with visual or hearing disabilities and where bachelor degrees are available to them

Special education is currently under reform. Previously, special education meant the segregation of persons with disabilities in boarding schools, but recent education programs have emphasized integrated education. Education of parents, production of special education materials, life-skills training and adaptation of applied techniques are some areas that are worthy of attention.<sup>8</sup>

<b>【Policy/program title】</b>	National Education Plan
<b>【Implementation year】</b>	1977
<b>【Description】</b>	The 1977 National Education Plan defines special education as education for children with visual, hearing, intellectual and learning disabilities and chronic diseases.

<b>【Policy/program title】</b>	Reform of the Disabled Persons Act
<b>【Implementation year】</b>	1991

<sup>7</sup> JICA, Thailand Indonesia Project Formulation Study (PWD welfare measures) Japanese material p20

<sup>8</sup> JICA, Thailand Indonesia Project Formulation Study (PWD welfare measures) Japanese material p17

<p><b>【Description】</b> The Act guarantees compulsory education, vocational, or higher education, in accordance with the National Education Plan, or whichever appropriate, through special or regular educational institutes. The Ministry of Education’s Technology Center provides support for registered persons with disabilities, as deemed necessary.</p>
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<b>【Policy/program title】</b>	Year of Education for Person with Disabilities
<b>【Implementation year】</b>	1999
<p><b>【Description】</b> The Ministry of Education launched a campaign to increase persons with disabilities educational opportunities and to promote integrated education in regular schools and non-formal education.</p>	

<b>【Policy/program title】</b>	National Education Act
<b>【Implementation year】</b>	1999
<p><b>【Description】</b> Under this Act, the equality of opportunity for persons with disabilities throughout the 9 year compulsory education period was guaranteed.</p>	

### **Social Service**

#### **【Current situation】**

There are various policies and regulations on person with disabilities registration and disability. However, in reality the number of persons with disabilities who are able to use governmental disability-related services is very limited. First of all, persons with disabilities must be registered in order to benefit from free medical care and assistive devices, but some persons with disabilities have difficulty to get access to registration offices, while others have not understood the necessity of registration due to lack of information and knowledge. In addition, despite persons with disabilities having the right to benefit from transportation and other facility services, in some cases there are barriers in terms of infrastructure, no accessible service points nearby, or a family, community or other cultural background may inhibit the social participation of persons with disabilities, making it hard to access such services. Thus, wide implementation of existing policies and laws is necessary to not only eliminate physical barriers, but also mental barriers for persons with disabilities so that they can benefit from existing services.

#### **1. Accessibility**

Although the Rehabilitation Act in 1991 included sections regarding accessibility, it took some time to enact detailed enforcement regulations. The regulation obliges public facilities

to be barrier-free, but inaccessible transportation remains a big problem for persons with disabilities. Even in Bangkok, most pavements do not have ramps for wheelchairs or block signs for the visually impaired persons and the situation is worse in rural areas. Regulations regarding persons with disabilities accessibility were implemented in 1999. Public buses have high steps and the newly-opened Skytrain has only 5 stations equipped with elevators. The other 18 stations have long stairways to platforms.

## 2. Regional Differences

There are no social welfare or public health offices in some rural districts, which makes it difficult for persons with disabilities to register or utilize government services. At the same time, despite adequate rehabilitation facilities in urban areas, regional hospitals and facilities lack medical rehabilitation facilities. On employment, there are persons with disabilities employment promotion policies, but there are very few rural companies that are able to provide employment opportunities to persons with disabilities. In order to narrow regional differences and particularly to improve accessibility in rural areas, support for facilities, employment opportunities, and self-employment (including small-scale credit and vocational training) is important.

The provision of living allowances for impoverished persons with disabilities started in 1994 and the number of persons with disabilities receiving this allowance is increasing every year. In 1999, the total number of persons with disabilities throughout the country receiving 500 Baht<sup>9</sup> per month was 15,000. However, the number of poor persons with disabilities requiring such assistance is believed to be much larger.

<b>【Policy/program title】</b>	Living allowances for Persons with Disabilities in need
<b>【Implementation year】</b>	1994
<b>【Description】</b>	Living allowances for persons with disabilities in need

<b>【Policy/program title】</b>	Payment for sign language interpretation service
<b>【Implementation year】</b>	1995
<b>【Description】</b>	Governmental regulations determine the fees for sign-language interpretation services (500-1000 Baht per a day). This is meant to expand communication opportunities.

<sup>9</sup> 1 Baht = 3.037 yen (as of 31 March 2002)

### **Vocational Training and Employment Promotion Services**

#### **【Current situation】**

The Office of the Committee for Rehabilitation of Disabled Persons launched a service to provide interest-free loans for registered persons with disabilities in 1995. Those who wished to operate their own small enterprise were required to apply to the Provincial or District Public Welfare Office for loans up to 20,000 Baht. They were required to pay the loan back within 5 years. By February 2000, 12,744 persons with disabilities had benefited and the total money loaned was 244,808,225 Baht. Loans were used for a variety of ventures, such as grocery shops, clothing stores, music tape shops, second hand shops, agriculture, stockbreeding, motorcycle or electrical machine repair businesses, barbers, hairdressers, music bands, traditional massage shops, tailors, weavers, and laundry shops.

The 1991 Rehabilitation Act set a quota, which was implemented by Ministerial Regulation No. 1. Private companies with more than 200 employees are required to employ one disabled person per 200 employees and to supply 1 percent of the jobs to persons with disabilities for every 100 employees over 200 employees. Exemptions are allowed only where employers could not provide work suitable to persons with disabilities and had received approval from the Department of Public Welfare. If employers did not fulfil their quota, they were required to pay a fine on an annual basis using the yearly rate of

$(\frac{1}{2} \times \text{minimum wage of the area}) \times 365 \times (\text{their quota} - \text{the number of employed persons with disabilities})$ .

However, compliance with the quota is purely voluntary. The scheme has no mechanism for enforcement. This fact was reflected in low implementation rate. In 1998, the total number of workplaces employing persons with disabilities was only 428, while the total number of workplaces with more than 200 employees, or workplaces obliged to hire Persons with Disabilities, was 5,675. The number planning to employ persons with disabilities was 1,076 and 398 expressed their intention of employing persons with disabilities. NGOs involved in promoting employment opportunities for persons with disabilities have appealed to the government enactment and enforcement of penalties for non-compliance.

As for employment in public sector, the Cabinet Resolution on the Provision of Opportunity to Work was created in 1997 to promote the employment of persons with disabilities in the

public sector. This initiative has boosted the public sector's lead over the private sector in terms of persons with disabilities employment. However, as quotas are not applied to the public sector as they are in the private sector, there is some doubt about the effectiveness of this policy.

As for vocational rehabilitation, there are 8 vocational training centers operated by the OCRDP. Trainees aged 17 to 40 take vocational training courses for 3-12 months without tuition. Most of the centers have free accommodation and meals for the trainees. At present, 3 centers have computer-training courses that are very popular among applicants. However, a limited budget and a limited quality and quantity of training are inadequate to meet the needs of the labor market.

<b>【Policy/program title】</b>	Rehabilitation of the Disabled Persons Act
<b>【Implementation year】</b>	1991
<b>【Description】</b>	Establishment of a fund called the "Fund for Rehabilitation of Disabled Persons" in the Office of the Committee for the Rehabilitation of Disabled Persons.

<b>【Policy/program title】</b>	Cabinet Resolution on Provision of Opportunities to Work
<b>【Implementation year】</b>	1997
<b>【Description】</b>	A cabinet resolution to provide Persons with Disabilities with job opportunities within both the government and public enterprise sectors.

### **Community-based Rehabilitation (CBR)**

#### **【Current situation】**

CBR was introduced in the 1980's by NGOs. The Foundation for Handicapped Children (FHC) is the forerunner in this field. So far, FHC has introduced CBR into 6 areas, and its 2<sup>nd</sup> project since 1988 in Nongbualamphu province has attained a good reputation.

SNMRC, which has a specialized CBR unit, has been introducing CBR to rural areas since 1990. CBR projects by SNMRC are carried out using the existing public health system, which consists of Provincial Public Health Offices (PPHO), District Public Health Offices (DPHO), hospitals, health centers and village health volunteers (VHV). After selecting a project site, normally one or two provinces, SNMRC holds CBR training courses for representatives from PPHO, hospitals and health centers. During this training, CBR ideas, methods, knowledge

of disabilities and practical rehabilitation skills, such as physiotherapy, are transferred to the trainees. The trainees bring these experiences back to their home locations. They become facilitators of CBR, acting as conduits for the transmission of knowledge and skills to the communities.

Facilitators must take the time and effort to convince the community to implement CBR. But in reality, SNMRC training course participants are public office or medical institutions staff who already have numerous duties. They cannot spare enough time for CBR. As CBR requires eager facilitators in order to be effective, SNMRC training courses and dissemination methods must be reviewed.

CBR should be carried out in unison with social services, vocational rehabilitation and education. But at present, CBR in Thailand is concentrated on the medical side. SNMRC CBR does not go beyond medical rehabilitation outreach as it utilizes the existing public health system under the Ministry of Public Health. Moreover, it is difficult to make other public offices or institutions under other Ministries take part in CBR.

SNMRC is now trying to assume the role of cooperation and coordination center for information exchange among NGOs and the government, while arranging CBR training seminars.

CBR is an effective approach for improving rural accessibility, but Thailand's CBR is said to be an enlargement of hospital or health center out-reach services at best. At the same time, there is a limit to CBR worker and doctor training provided at the Sirindhorn National Medical Rehabilitation Center. Comprehensive training of CBR personnel, including medical, social, vocational, educational aspects as well as awareness, knowledge and understanding amongst CBR administration staff is necessary for CBR promotion.

<b>【Policy/program title】</b>	CBR project by FHC
<b>【Implementation year】</b>	1986
<b>【Description】</b>	FHC started the first large-scale CBR project in Nakhon Rachasima Province.

<b>【Policy/program title】</b>	CBR project by SNMRC
<b>【Implementation year】</b>	1990

<b>【Description】</b> SNMRC started a CBR project in Nakon Patom Province in cooperation with the Save the Children Fund.
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<b>【Policy/program title】</b>	Publication of a newsletter on CBR
<b>【Implementation year】</b>	1991
<b>【Description】</b> The Ministry of Public Health, National Council for Social Welfare of Thailand, Save the Children Fund, IMPACT and Handicap International publish a joint newsletter. (No publication now)	

<b>【Policy/program title】</b>	CBR project by McKean Rehabilitation Center
<b>【Implementation year】</b>	1992
<b>【Description】</b> The McKean Rehabilitation Center started a CBR project in Chiang Mai with financial support from the Ministry of Public Health.	

<b>【Policy/program title】</b>	National CBR Conference in Thailand
<b>【Implementation year】</b>	1995
<b>【Description】</b> SNMRC and Save the Children Fund arranged a conference to create opportunities for the exchange of experiences among people working on CBR and to develop a network between these organizations.	

<b>【Policy/program title】</b>	CBR project by SNMRC and HI
<b>【Implementation year】</b>	1996-1999
<b>【Description】</b> The latest CBR project by SNMRC was started in Phayao and Chumpon provinces in cooperation with Handicap International.	

<b>【Policy/program title】</b>	CBR training by the Department of Public Welfare
<b>【Implementation year】</b>	1999
<b>【Description】</b> The Department of Public Welfare organized training for District Public Welfare Office staff in Chiang Mai province.	

### **Communication Tools**

#### **【Current situation】**

No information available.

**3-5. Experts and Workers in the Field of Disability**

【Job title】	【Training system】			【Qualification】
	School	No. of Students	Year	
Teacher (Special education)	<ul style="list-style-type: none"> <li>Rajabhat Institute (6 colleges)<sup>10</sup></li> <li>Srinakharinwirot University (the only Master's Program in Special Education in Thailand)</li> </ul>		4 years	Qualified by government.
Physiotherapist	Chulalongkorn University	130	4 years	Qualified by government.
	Khon Kaen University	169		
	Chiang Mai University	165		
	Mahidol University	227		
		26 (M)		
	Srinakharinwirot University	154		
	Rangsit University (private)	n.a.		
Huachiew Chaiermprakiet University (private)	n.a.			
Occupational Therapist	Chiang Mai University	182	4 years	Qualified by government.
Social Worker	<ul style="list-style-type: none"> <li>Thamasat University</li> <li>Huachiew Chaiermprakiet University (private)</li> </ul>		4 years	No qualification.
Assistive Device Technician	SNMRC	15~20	3 years	
	SNMRC (Apprenticeship scheme)	10 each time	7 weeks	

Notes: (M)=Master's Program. Numbers of undergraduate students studying PT and OT were those in 1998.

<sup>10</sup> The Rajabhat institute has 6 colleges offering special education courses out of its 53 colleges.

## 4. Disability-related Organizations and Activities

### 4-1. Activities by Disability-related Organizations

\*See Annex 1 for the list of organizations

#### **Current State of Organizations**

The Department of Public Welfare and the Association of the Physically Handicapped of Thailand supported the establishment of provincial disabled people's clubs around the country. These clubs primarily provide leadership-training courses. The government provides some financial support and personnel to these clubs.

Disability-related NGOs operating in Thailand can be divided into two categories. One category is NGOs whose members are persons with disabilities themselves, and the other, NGOs focused on service provision. A typical example of the former is DPI-Thailand, which is the largest umbrella organization of persons with disabilities, with 12,000 members nationwide. DPI-Thailand consists of the following four associations.

- Association of the Physically Handicapped of Thailand
- Thailand Association of the Blind
- National Association of the Deaf in Thailand
- Association for the Retarded in Thailand

Typical service-provider NGOs include the Foundation for Handicapped Children, the Redemptorist Vocational School for Disabled Persons, the Skill Development Centre for the Blind, CBM and Daughter of Charity. Service-provision NGOs provide services directly to persons with disabilities, and cover local districts, particularly the rural areas. More than 100 such service-provider-type NGOs are said to exist in Thailand.<sup>11</sup>

### 4-2. Cooperation Projects on Disability Organized by International Donors and Others

\* See Annex 2 for the list of projects

#### **Assistance by Multilateral/Bilateral Organizations and International NGOs**

UNESCO works with the government and NGOs on education for children with disabilities. It held a workshop on special needs education in 1993, and implemented an integrated education

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<sup>11</sup> JICA (1999), Report on the Thematic Evaluation of JICA's Support for Persons with Disabilities in Thailand, p39.

project in 1997 with Save the Children UK, where 24 children with disabilities were integrated into 8 schools. Ever since, UNESCO has worked with NGOs such as the Christian Foundation for the Blind Thailand and the Foundation for Handicapped Children on integrated education projects. It has also held seminars on teaching methods and promoted and distributed UNESCO's guidelines on the acceptance of children with disabilities into normal classes.<sup>12</sup>

FAO conducts technical agricultural training courses for persons with disabilities. FAO is currently involved in a technical training pilot project with the Thai government on mushroom growing which is in particularly high demand.<sup>13</sup>

The International Labor Organization (ILO) also implements a personnel-training program for government administrative officers.<sup>14</sup>

UK's VSO (official dispatch of volunteers) and Germany's CBM have sent personnel to public institutions and NGOs.<sup>15</sup>

In terms of international NGOs, Disabled Peoples' International (DPI), an international NGO of persons with disabilities, moved its Asia-Pacific head office from Manila, Philippines to Bangkok, Thailand in April 1999. This move has thrust Bangkok into the center of persons with disabilities activities in the Asian and Pacific region. Other international NGOs operated by persons with disabilities themselves, such as the World Blind Union (WBU) and the World Federation of the Deaf, have their own member organizations and activities. Rehabilitation International (RI) is an influential international NGO of professionals in Europe and the U.S.. It has no notable operations in Thailand.

The manufacture of orthotics and assistive devices is carried out by organizations such as Handicap International, Help Age International, CBM (Christian Blind Mission), Helen Keller International and Save the Children Fund. It is expected that persons with disabilities

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<sup>12</sup> JICA, Thailand Indonesia Project Formulation Study (PWD welfare measures) Japanese material p61

<sup>13</sup> JICA, Thailand Indonesia Project Formulation Study (PWD welfare measures) Japanese material p62

<sup>14</sup> JICA (1999), Report on the Thematic Evaluation of JICA's Support for Persons with Disabilities in Thailand, p40.

<sup>15</sup> JICA (1999), Report on the Thematic Evaluation of JICA's Support for Persons with Disabilities in Thailand, p40.

organizations and professional NGOs will cooperate with one another in the future to systematically develop a global support system for persons with disabilities.<sup>16</sup>

### **Assistance by Japan**

According to the OCRDP, Japan is the largest government-based donor in the field of person with disabilities support. At the private-sector level, this study has confirmed that cooperation has been extended on a small scale by several organizations, including the Asahi Shinbun Social Welfare Organization, the Shimizu Foundation, the Japan Federation of the Deaf, FHCY<sup>17</sup>, Human Care Association and the Asia Disability Institute.<sup>18</sup>

One of JICA's main projects in the field of disability is the Industrial Rehabilitation Centre, IRC, which started in 1983. Project-type technical cooperation was implemented over 7 years in the fields of medical and vocational rehabilitation. Facilities were provided in order to promote vocational independence of those physically disabled as a result of work accidents. Japanese volunteers (JOCV) are also active in this field. There were 4 JOCV in special education teaching, occupational therapy, and industrial rehabilitation, dispatched to Thailand as of December 2001. Although the ratio of disability-related projects within Japan's grant assistance for grassroots projects remains small, it has grown gradually in recent years. Support for NGOs in the regions, and not only Bangkok, have also been actively implemented.<sup>19</sup>

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<sup>16</sup> JICA (1999), Report on the Thematic Evaluation of JICA's Support for Persons with Disabilities in Thailand, p32.

<sup>17</sup> The former "Yokohama Liaison Office for the Foundation of Handicapped Children." Carries out international cooperation activities for disability welfare in developing countries in Asia.

<sup>18</sup> JICA (1999), Report on the Thematic Evaluation of JICA's Support for Persons with Disabilities in Thailand, p40.

<sup>19</sup> JICA, Thailand Indonesia Project Formulation Study (PWD welfare measures) Japanese material p62

## 5. References

**This report is edited based on the main source which was drafted by a local consultant.**

### **Main source:**

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### **Other references:**

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