

[DRAFT]
STATUS OF VICTIM ASSISTANCE IN THAILAND

Report presented by the

Kingdom of Thailand

to the
Meeting of Standing Committees of the
AP Mine Ban Convention

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General comments

This report is based on the information provided by agencies concerned (i.e., Ministry of Public Health and Ministry of Social Development and Human Security) in 2008 and information obtained from the result of the Mine Victim Survey and Situation Analysis Project conducted between June 2008-April 2009.

Introduction

Thailand has always been committed to assisting victims of landmines. Thailand's victim assistance process is guided by the Master Plan on Victim Assistance and coordinated by the Sub Committee for Victim Assistance, under the National Committee on Humanitarian Mine Action, which is chaired by the Prime Minister.

On 31 March 2003, TMAC Order no. 29/2003 established a Sub Committee for Victim Assistance which is chaired by the Ministry of Public Health. The Sub Committee reports to the National Committee on Humanitarian Mine Action. The Sub Committee comprises relevant agencies including the Ministry of Social Development and Human Security, Ministry of Labour, Ministry of Interior, etc, and other relevant NGOs including Handicap International (Thailand), Thailand Campaign to Ban Landmines, etc. It convenes regularly at least twice a year.

Thailand adopted its Master Plan for Mine Victim Assistance 2007-2011 on 26 February 2007. Implementation of the plan is ongoing. The aims of the Master Plan include: to ensure that landmine survivors receive proper care both physically and mentally as well as financial support and prostheses, so that they can live contentedly in the society; improve their potential in order to strengthen the capability to lead their lives with acceptance from the society; and, the supports from both governmental and non-governmental organizations will be integrated effectively and tangibly.

The Master Plan takes into account Thailand's extensive institutional and legal frameworks to address disability issues and assigns responsibility for implementation to relevant ministries/agencies. Clear delegation of the work fosters a sense of ownership by all agencies involved. The Sub-Committee for Victim Assistance is the mechanism to coordinate the victim assistance issue and ensure progress in implementing the Master Plan. This action plan will ensure that landmine survivors benefit from the various support and services provided by national agencies including the Ministry of Public Health, the Ministry of Social Development and Human Security, the Ministry of Interior and the Ministry of Labour, and also non-government agencies such as the Prosthetic Foundation, General Chatichai Choonhaven Foundation, Association of Persons with Physical Disability International, Handicap International-Thailand, Asian Disaster Preparedness Centre-ADPC, and Catholic Office for Emergency Relief and Refugee-COERR.

One of the key developments on Thailand's victim assistance since 2005 is the completion of the Project on Mine Victim Survey and Situation Analysis in 2009. The Project not only gave rise to a first comprehensive survey on landmine victims which successfully established a first online database on landmine survivors but also created the network of cooperation among the concerned governmental agencies and NGOs. Most importantly, it helps lay the groundwork for a more comprehensive policy and implementation on assisting the landmine victims in Thailand for the years to come.

However, Thailand's main challenge for the victim assistance process is creating greater and long-term coordination between agencies and maintaining the updated database of landmine victims.

While agencies within the capital maintain close coordination, local actors have yet to effectively share information especially on information on persons with disabilities. It is essential that local agencies collectively integrate their systems to provide prompt services. Coordination between the agencies at the headquarters and the local-level must be further strengthened to maintain collective process and system.

Achievements since 2005:

- Thailand adopted its Master Plan for Mine Victim Assistance 2007-2011 on 26 February 2007.
- Thailand completed the Project on Mine Victim Survey and Situation Analysis on April 2009.

Part 1: Understanding the extent of the challenge faced

Since its establishment in 1999, the Thailand Mine Action Centre (TMAC) has become the central organization in implementing and coordinating mine action activities including data collection. There are 27 provinces along the borders which are identified as high-risk mine-affected areas.

Humanitarian Mine Action Units (HMAUs) collect data on landmine casualties, including their current location and demographics, and report to TMAC in standard formats.

Hospitals in mine-affected areas maintain records on the number of landmine casualties admitted for treatment as part of their information management systems.

Data is shared with all relevant authorities such as ministries, national and domestic institutions, NGOs, associations of landmine survivors, donors, and through the TMAC website.

Since 2001 Thailand has utilized the database resulted by the 2001 Thailand Landmine Impact Survey which reported that 346 recent landmine/UXO casualties and 3,122 less recent casualties, including 1,971 people injured and 1,497 people killed. However, it is believed that the figure for less recent casualties was based on estimates rather than verified victims. TMAC has verified 1,358 mine casualties, including 158 people killed and 1,200 injured, in 20 provinces.

The number of new landmine casualties in Thailand has been decreased every year.

Thailand started a programme of data collection on persons with disabilities in November 1994. As of 30 September 2008, 788,520 persons with disabilities have been registered in Thailand; 41.5 percent are physically disabled. Data on the current location and the demographics (e.g., gender, age and type of disability) of persons registered are maintained by the Ministry of Social Development and Human Security (MoSDHS) and can be traced back to the village level of each province. The MoSDHS has provincial-level offices in the country and must cooperate with other local agencies in the mine-affected areas in data collection. However, the accounting for persons with disabilities in Thailand does not generally identify the cause of their disability, including a stepping on landmine.

It is necessary to ensure long-term monitoring and follow-up of survivors. In order to ensure their physical and psychological rehabilitation, a good and up-to-date database on survivors is needed.

In 2008, Thailand began a resurvey of landmine survivors. It was conducted through the Project on Mine Victim Survey and Situation Analysis. The Project was conducted between June 2008-April 2009. The purpose of this Project to survey and establish a database on landmine victims. It is the collaboration between Ministry of Foreign Affairs, Ministry of Public Health, Ministry of Social Development and Human Security, Ministry of Labour, Handicap International (Thailand) and other NGOs active in mine victim assistance. The Project was a combined effort to systemise the accounting of landmine victims in the country, including information on the care and rehabilitation received. The Project allowed Thailand to comprehensively review medical and rehabilitation services provided to persons with disabilities and assess the needs of survivors. In assessing the needs of survivors, it also conducted a satisfaction survey on the country's medical care. As a result of the project, a first comprehensive online database on landmine survivors was created. The Project also provided an opportunity and a forum for relevant agencies to convene regularly and towards the end come together to assess and identify Thailand's current VA situation as well as the challenges. Priorities were also set. As a result, the concerned authorities came up with a more systemized and coordinated future work plan and implementation method for landmine victim assistance. The resulting domestic VA roadmap would be a useful tool for further improvements of the country's medical and rehabilitation services. More importantly, the collective efforts put into this Project gave rise to greater coordination amongst agencies concerned. The new online database on landmine survivors will most likely be maintained by the Ministry of Public Health and TMAC.

The results from the survey are tangible. Thailand now holds the most update number and data on landmine victims. *The survey found that there are only 1,252 survivors in Thailand. This amounts to only 0.002 percent of Thailand's 63 million total population and only 0.065 percent of Thailand's 1.9 million population of persons with disabilities.* This is an exceptionally small number. The findings showed that around 93 percent of survivors are male and 7 percent female. Out of the total 1,252 landmine survivors, 74 percent are registered as physically disabled.

Objectives @ November 2005:

- Increase the registration rate of persons with disabilities by 80 percent with information on the causes of disability.

Achievements since 2005:

- Completion of the Project on Mine Victim Survey and Situation Analysis which produced a first comprehensive survey on landmine survivors. A comprehensive review of Thailand's medical and rehabilitation services for persons with disabilities was also conducted.
- Establishment of a first comprehensive database on landmine survivors.

	Total	Total injured	Injured				Total killed	Killed				Unknown
			Men	Women	Boys	Girls		Men	Women	Boys	Girls	
Pre-2005												
2005												
2006												
2007												
2008												
2009												
Total												

Part 2: Emergency and continuing medical care

The Ministry of Public Health is responsible for immediate medical care, the provision of proper prostheses and assistive devices, physical and mental rehabilitation, diagnosing causes of disability, and registering persons with disabilities.

The health system is divided into 2 levels: at the community level and at the district and central level. At the community level, the Ministry of Public Health supports village health volunteers and communities to establish community health units comprising of community health posts and health centres with a system for expeditious evacuation of persons injured by landmines to hospitals or clinics by ambulances, rescue team vehicles, or helicopters. For a landmine casualty, if he/she is immediately located, they would be taken from the community health units to the nearest hospital within one hour.

At the district and central level, the Bureau of Health Policy and planning are responsible for the health manpower development. It constitutes the tertiary health care facilities, such as general or regional hospitals, university hospitals and large private hospitals. Health care at this level is provided by medical and health personnel with various degrees of specialisation, such as trauma surgeons.

At the community level, there is adequate number of medical and health personnel. At the general or regional hospitals in the mine-affected areas, the infrastructures, equipment and supplies are sufficient to meet the needs.

For emergency care, no individual is denied treatment or services. Services are available equally to, and designed to meet the particular needs of, men, women, boys, and girls and the aged. The government also provides survivors with an allowance to support their necessary emergency medical treatment.

The Ministry of Public Health established the Emergency Medical Services System (EMS) since 1994. To date, the EMS has expanded to all provinces and local communities, including the 27 mine-affected provinces. A comprehensive network of emergency response teams is now in place nationwide. To access the EMS in emergency situations, one can dial the emergency hotline (or

1669). This service is now fully-functioning and easily accessible, perhaps with the exception of very remote communities along the border areas with neighbouring countries. Thailand's emergency response teams comprise 3 levels: First responder (FR), Basic life support (BLS) and Advance life support (ALS). There are various training courses for emergency response team personnel, including the Emergency Medical Training-I (EMT-I) (2-year course); the Emergency Medical Training-Basic (EMT-Basic) (110-hour course); and the First Responder Training (FR) (16-hour course) (trained at the provincial level). There are a total of 7,204 emergency response teams of all levels and a total of 90,949 trained emergency personnel.

In March 2008, the Narenthorn Bureau of Emergency Medical Services, which is in charge of providing primary emergency services to landmine casualties, was transformed into the National Emergency Medical Services Institute. The main objectives of this restructuring are to enhance the effectiveness of both material resources and personnel as well as to exercise the expansion of emergency response teams to cover landmine victims in the mine-risk areas of the country.

Another characteristic rather unique to the Thai health service infrastructure is the availability of National Health Volunteers, comprising 80,000 villagers who have joined the emergency response team on a voluntary basis and who can greatly contribute to the work of the first responder as they have been trained in first aid and psychological support. Together, these emergency response teams work closely with both the Humanitarian Mine Action Unit and provincial/district hospitals in the area to provide assistance to mine victims.

There are public surgical and rehabilitation facilities for landmine casualties in Thailand. The government covers the full cost of hospital treatment, provision of orthopaedic devices, and transport to hospital. There are a total of 25 provincial hospitals, 50 general hospitals, 734 community hospitals and 9,757 community health posts in the 27 mine-affected provinces. 50 percent of all provincial, general and community hospitals provide physical rehabilitation services. All emergency patients including landmine victims receive prompt emergency medical care and are well taken care of in their rehabilitation process.

Objectives @ November 2005:

- Establish coordination offices in the mine-affected areas.
- Organize a workshop on emergency and medical care for mine casualties.
- Increase the number of skilled health personnel and staff at every level.

Achievements since 2005:

- Various workshops on emergency and medical care are being occasionally conducted.
- Established a comprehensive network of emergency response teams nationwide including the establishment of an national emergency hotline service (1669).
- The network and coordination among agencies concerned at local levels are increasingly more systematic and comprehensive under the guidance of the Sub Committee.

	Number of provinces with emergency response capabilities	Number of districts with emergency response capabilities	Number of ambulances	Number of trained first aid responders	
				Men	Women
2005					
2006					
2007					
2008					
2009					

	Number of provinces with trauma	Number of districts with trauma care	Doctors	Trauma specialists	Nurses

	care capabilities	capabilities	Men	Women	Men	Women	Men	Women
2005								
2006								
2007								
2008								
2009								

Part 3: Physical rehabilitation

The Ministry of Public Health is responsible for the provision of proper prostheses and assistive devices, and physical rehabilitation. All provincial hospitals in Thailand are now able to provide prosthetic limbs and physiotherapy free-of-charge for mine survivors.

Greater emphasis has been placed on the physical rehabilitation aspect of victim assistance. Both private and public hospitals in Thailand provide rehabilitation services to people with disabilities, including landmine survivors. Furthermore, a policy of 'proactive services in prosthetics and orthopedics free of charge' works to reach those people with disabilities, including landmine survivors in remote areas throughout the country. It has been adopted by at least two leading medical rehabilitation agencies: the Sirindhorn National Medical Rehabilitation Centre (SNMRC) and the Prostheses Foundation of the late Her Royal Highness the Princess Mother situated in the provinces of Nonthaburi and Chiang Mai respectively.

The SNMRC, under the Ministry of Public Health aims to physically rehabilitate persons with disabilities. It has established the physical rehabilitation one-stop-service mobile unit. The purpose of such mobile units is to 1) work pro-actively to assist persons with disabilities, 2) provide greater access to persons with disabilities in remote areas, 3) encourage participation, and 4) implement government's policy providing one-stop-services. In 2008, the SNMRC conducted 4 regional roaming services at 4 different provinces, 3 of which are mine-affected provinces (Kanchanaburi, Surin, Chumphon). There was a total of 6,360 persons with disabilities who came to receive the mobile units' services. Their services include the manufacturing and fixing of prostheses, basic physical rehabilitation services, persons with disabilities registration services, counseling for persons with disabilities and their families, etc.

The Prosthesis Foundation, with its main objectives to provide free prostheses and train prosthetic specialists, has also been providing roaming services since 1992. Since 1992-2008, during its mobile unit services, they have provided 20,036 leg prostheses free of charge to persons with disabilities. The total number of leg prostheses the Prosthesis Foundation has provided is 22,426. In 2008, the Foundation's mobile units visited 5 provinces, 2 of which are mine-affected areas (Chantaburi and Phitsanulok). Since the SNMRC and the Prosthesis Foundation can be considered leading organisations in this area, they provide training in the manufacturing of prostheses to neighbouring countries such as Laos and Cambodia.

In addition, appropriate training for rehabilitation specialists has been made available, to ensure the development of adequate human resources in the field of physical rehabilitation. The Sirindhorn National Medical Rehabilitation Centre reports that training in physical medicine and rehabilitation is provided in 7 hospitals nationwide, and approximately 35 rehabilitation specialists are trained each year. To date, there are 331 personnel trained in physical medicine; 4,757 trained as physiotherapist; 20 trained as physio-prosthetic therapist; 500 trained as physical activity therapist; and 221 trained as prosthetic technicians. The current number of specialists is not sufficient to meet the needs of assisting persons with disabilities. For example, with the ratio of 1 to 100,000 persons with disabilities, there should be 650 trained personnel on physical medicine. There is a need of 391 more personnel to sufficiently accommodate this group.

The Sirindhorn National Medical Rehabilitation Centre has been designated to be a WHO Collaborating Centre for training in medical rehabilitation and prosthetics-orthotics. In addition to a prosthetics and orthotics school, the centre has departments for physical therapy, occupational therapy and community based rehabilitation.

It normally takes at least 6 months for survivors to access post-acute rehabilitative care, including prosthetics, orthotics and physical therapy, depending on their physical condition. Rehabilitation services are generally provided by the military hospitals and public health centres.

Replacement and adjustment services for assistive devices and self-care training is provided by public institutions and related private organizations. However, some landmine survivors do not access follow-up services due to travel costs.

Aids and equipment are regularly produced by the Prosthetics Foundation and the Chatichai Choonhavan Foundation.

In the past, only general training was available for prosthetic technicians. None were trained by the ISPO trained technicians. However, between April 2006 and March 2010, the Sirindhorn National Medical Rehabilitation Centre aims to meet the standard of ISPO category I and to become an international programme through the recruitment of certified instructors. Training for physical therapy and prosthetics is also provided by the Prosthetics Foundation.

Rehabilitation programmes are part of Thailand's national medical care. Personnel in this area and personnel are available in provincial and general hospitals, including those in mine-affected provinces. Also, they conduct home visits and visits to community health posts. A greater number of workers in this field are still needed.

In 2005, community-based rehabilitation programmes under the Ministry of Social Development and Human Security were expanded to many provinces. The MoSDHS works in close collaboration with the Sirindhorn National Medical Rehabilitation Centre. Nevertheless, there are some remaining problems, such as travel cost from villages to hospitals for medical treatment and rehabilitation programmes, and insufficient supply of necessary devices. TMAC is coordinating with relevant agencies and NGOs to provide sufficient and appropriate services to landmine survivors.

Thailand has a unique community-based rehabilitation (CBR) programme. The CBR projects are supported by social volunteers who help persons with disabilities in their process of rehabilitation. There are a total of 1,910 social volunteers. Their main undertakings include searching for persons with disabilities in the local communities and encouraging them to register with the MoSDHS. They are also present in the communities to give advice, formulate individual rehabilitation plans, provide skills for independent living, and support access to prostheses. Moreover, the social volunteers encourage participation of persons with disabilities within the local community as well as provide occupational training. Importantly, they also encourage involvement from the families of persons with disabilities. The CBR social volunteers project, which started in 2004 has been actively promoted in 75 provinces of Thailand where they are a total of 2,840 volunteers involved. For the 27 provinces heavily affected by landmines, 144,650 persons with disabilities including landmine survivors have received assistance from these social volunteers. With the CBR programmes, landmine survivors and their families are increasingly involved in the planning and rehabilitation interventions.

There is regular country-wide coordination involving all relevant actors.

Objectives:

- Train survivors and their families in self-help physical therapy.
- Achieve comprehensive coordination between all concerned organizations.

Achievements since 2005:

- Enhanced physical rehabilitation services especially the provision of services through mobile units.
- Greater involvement from landmine survivors and their families in providing self-help physical therapy through CBR programmes. Community involvement in assisting physical rehabilitation to persons with disabilities.

	Physical Medicine + Rehabilitation specialists	Prosthetic + orthotic technicians	ISPO-qualified P+O technicians	Physiotherapists	Occupational therapists
2005					
2006					
2007					
2008					
2009					

	Number of centers providing orthopedic services	Number of provinces with orthopedic services	Total number of persons with disabilities accessing services	Gender of persons accessing services				New amputees fitted with prostheses	Total prostheses fitted	Mine/ERW survivors fitted
				Men	Women	Boys	Girls			
2004										
2005										
2006										
2007										
2008										
2009										
Total 2005-2009										

	Total number of persons with disabilities accessing other services	Gender of persons accessing other services				Prosthetic repairs	Wheelchairs	Crutches
		Men	Women	Boys	Girls			
2004								
2005								
2006								
2007								
2008								
2009								
Total 2005-2009								

	Number of centers providing physical rehab services	Number of provinces with physical rehab services	Number of provinces with physical rehab services	Total number of persons accessing services	Total number of persons with disabilities accessing services	Gender of persons accessing services				Physical therapy treatments
						Men	Women	Boys	Girls	
2004										
2005										
2006										
2007										
2008										
2009										
Total 2005-2009										

Part 4: Psychological support and social reintegration

The Ministry of Public Health is responsible for the provision of mental rehabilitation. Such provision has been available since 1972. All provincial hospitals in Thailand are now able to provide psychological rehabilitation free-of-charge for mine survivors. Mental rehabilitation personnel are

present in provincial and general hospitals including those in mine-affected areas. They conduct home visits as well as visit community health posts.

Public health centres, military hospitals and psychiatric hospitals provide counselling to help survivors deal with post-traumatic stress and to adjust to their new situation.

To some degree, hospitals / clinics treating landmine survivors have staff trained in the psychological adjustment process and practical issues including discrimination. To date, there are around 300 psychological specialists trained by medical schools nationwide and such specialists are available at provincial hospitals.

Peer support programmes offering assistance in hospitals / clinics after surgery and after discharge are available, depending on the conditions at each medical institute.

Several agencies are working hand-in-hand to ensure that landmine survivors, as well as their families are treated appropriately and receive the proper psychological support and guidance suited to their needs and status of living, to assist in their social re-integration. The CBR strategy is now widely recognized. Through this strategy, Thailand has emphasized strengthening the skills of health personnel for working with persons with disabilities and the community. As a result, a number of self-help groups for persons with disabilities have been established in certain communities as well. Social volunteers, through CBR programmes, were able to promote change in the perception of the people in local communities on persons with disabilities and encourage greater participation from the latter and their surrounding family members in their reintegration process. Some of the volunteers are persons with disabilities themselves who are willing to assist in fellow persons with disabilities. Such psychological support has helped create greater self-worth for persons with disabilities, changing the perception of 'burden' into 'empowerment.' The CBR programme has involved family members and the community as a whole to promote greater understanding of the needs of persons with disabilities.

Children disabled by landmines have access to educational opportunities in their communities. For those who need a longer period to rehabilitate in hospitals, the provincial special education centre can organise special educational programmes according to needs. Teachers have some training on issues relating to children with disabilities.

An appropriate level of services is available to, and designed to meet the particular needs of, men, women, boys and girls and older persons. Some individuals are denied services due to cost or other reasons.

There is regular country-wide coordination involving all relevant actors.

Objectives @ November 2005:

- Build up a network among all concerned agencies
- Coordination of services at the national level.

Achievements since 2005:

- Greater involvement from landmine survivors and their families in providing psychological support through CBR programmes. Community involvement in assisting persons with disabilities in the social reintegration process.
- Closer coordination on policy and implementation at the national level through regular meetings of the Sub Committee.

	Number of centres providing psychological + social support services	Number of provinces with psychological + social support services	Number of districts with psychological + social support services	Total number of mine/ERW survivors and other persons with disabilities accessing services	Gender of persons accessing services			
					Men	Women	Boys	Girls
2004								
2005								
2006								

2007								
2008								
2009								
Total 2005-2009								

	Number of Psychologists		Number of Psychiatrists		Number of social workers		Number of peer support workers	
	Men	Women	Men	Women	Men	Women	Men	Women
2004								
2005								
2006								
2007								
2008								
2009								
Total 2005-2009								

	Number of centres providing sporting activities for persons with disabilities	Number of provinces with sporting activities for persons with disabilities	Number of districts with sporting activities for persons with disabilities	Number of major cities with sporting activities for persons with disabilities	Total number of persons with disabilities accessing services	Gender of persons accessing services			
						Men	Women	Boys	Girls
2004									
2005									
2006									
2007									
2008									
2009									
Total 2005-2009									

	Number of schools providing inclusive education for children with disabilities	Number of provinces with schools providing inclusive education for children with disabilities	Number of districts with schools providing inclusive education for children with disabilities	Total number of children with disabilities enrolled in school	Gender of children with disabilities enrolled in school	
					Boys	Girls
2004						
2005						
2006						
2007						
2008						
2009						
Total 2005-						

2009					
------	--	--	--	--	--

	Number of new school buildings physically accessible	Number of existing school buildings made physically accessible	Teachers trained on special needs of children with disabilities	Teachers with disabilities employed in schools
2004				
2005				
2006				
2007				
2008				
2009				
Total 2005-2009				

Part 5: Economic reintegration

The Ministry of Social Development and Human Security (MoSDHS) is the implementing agency for vocational rehabilitation programmes for persons with disabilities. The rehabilitation plan consists of:

- 9 vocational rehabilitation training centres for persons with disabilities in various provinces (Samut Prakarn, Nonthaburi, Lop Buri, Chiang Mai, Khon Kaen, Ubon Ratchathani, Nong Khai, and Nakhon Srithammarat) with training provided to all persons with disabilities according to their interest and physical condition;
- Providing vocational training for all persons with disabilities, including landmine survivors, without any specification of the cause of disability;
- Introducing the concept of Community Based Rehabilitation (CBR) to persons with disabilities, depending on their condition and interests.

In 2005, through programmes implemented at 8 vocational development centres, the MoSDHS's Department of Social Development and Welfare provided 1,236 persons with disabilities with vocational development opportunities to improve their living potential, income and self-reliance. There were 11 different courses provided at the centres and 16 courses provided in the community. In 2008, the 9 vocational rehabilitation training centres provided training to a total of 405 persons with disabilities.

Not many mine survivors return to their previous occupations. A 2002 National Statistics Office Survey found that 71.5 percent of persons with disabilities over 15 are unemployed. From the Mine Victim Survey Project, 71 percent of landmine survivors have yet to receive training for economic purposes. At the same time, the survivors view that such trainings are inconsistent with their agricultural livelihoods.

With respect to the sensitization of employers to ensure that landmine survivors and other persons with disabilities are not denied opportunities because of discrimination or stereotypical thinking, Thailand enacted the Rehabilitation for Persons with Disabilities Act BE. 2534 (1991). The Act ensures the employment of persons with disabilities by private enterprises (enterprises with more than 200 employees must employ one person with a disability for every 200 employees). This measure is being strengthened by the recently enacted Persons with Disabilities Empowerment Act 2007. Should enterprises opt not to oblige with the law, they are to contribute to a Rehabilitation Fund. The Ministry of Labour is in the process of taking over responsibility in this area from MoSDHS. There is no information available on the number of landmine survivors being employed in private enterprises in Thailand.

There are tax incentives to encourage private companies to employ persons with disabilities (salaries paid for persons with disabilities can be deducted from tax payments).

Micro-enterprise or other economic development efforts are available to some extent. For example, the Rehabilitation Fund for persons with disabilities has provided no-interest loans of up to 40,000 Baht (about \$975) for persons with disabilities who establish their own income generating activity.

The Ministry of Labour is responsible for promoting opportunities for survivors to work, providing vocational training with professional instructors, coordinating and urging employers to hire qualified persons with disabilities and their families to work, and introducing sources of funds to make their living. The Ministry of Labour's Department of Skill Development (DSD) provides vocational training and re-training opportunities for persons with disabilities as part of its broader skill development programme conducted at Institutes and Regional Institutes for skill development. The DSD also plays a key role in providing recommendations/advice to organizations providing skill training to special target groups, including persons with disabilities. It offers the same skill development training courses for able persons to persons with disabilities. Such courses include training in construction, mechanics, business, etc. The DSD maintains 12 Institutes and 64 provincial training centres.

The Department of Skill Development also provides mobile vocational training which acts as an outreach to those living in remote areas. These units are set up in every province and have become more and more relevant as well as beneficial to persons with disabilities, including landmine survivors.

The Ministry of Agriculture and Cooperation is responsible for designing the vocational training for injured farmers, supporting them with inputs for agriculture, plant seeds, animal breeds, for their vocation such as fishery, herding or farming.

The government provides a monthly subsistence allowance of 500 Baht (about \$12) for each person with severe disabilities during their lifetime. The government also covers the cost of vocational training.

Individuals are not denied services due to cost or other reasons. There is an equal and appropriate extent of services available equally to, and designed to meet the particular needs of men and women.

There is regular country-wide coordination involving all relevant actors, but coordination with the Association of Landmine Disabled Persons is limited.

Objectives @ November 2005:

- Comprehensively provide vocational training for every community with persons with disabilities in the target areas based on the interests of the person and the needs of the job market.
- Greater access for landmine survivors to the Rehabilitation Fund for persons with disabilities, to facilitate self employment opportunities.

Achievements since 2005:

- The MoSDHS has established vocational training centres in various mine-affected areas. Persons with disabilities have access to vocational training centres.
- Persons with disabilities receive monthly financial support and other necessary services ensured by the relevant laws.

	Number of new school buildings physically accessible	Number of existing school buildings made physically accessible	Teachers trained on special needs of children with disabilities	Teachers with disabilities employed in schools
2004				
2005				
2006				
2007				
2008				
2009				

Total 2005- 2009				
---------------------------------	--	--	--	--

	Total number of persons with disabilities accessing vocational training services		Number of landmine survivors (or families of those killed or injured) accessing vocational training services		Number of graduates in employment after training		Number of graduates accessing grants or micro-credit schemes	
	Men	Women	Men	Women	Men	Women	Men	Women
2004								
2005								
2006								
2007								
2008								
2009								
Total 2005- 2009								

Part 6: Laws and public policies

The Government Administration Plan 2005-2009, approved by the Cabinet on 12 April 2005, provides a framework to monitor government performance, and contains the provision of human development and quality of society, the provision of security in life and the promotion of equality and dignity among all citizens, especially persons with disabilities.

The Ministry of Social Development and Human Security (MoSDHS), the Ministry of Education, and the Ministry of Public Health are assigned to promote the interests of persons with disabilities.

The MoSDHS aims to ensure that persons with disabilities have all the rights they are entitled to and opportunities to gain access to services relating to physical rehabilitation, education and occupation such that they can live in the society with dignity similar to those without disabilities. Services include: family welfare assistance which might be cash or in-kind provided for families that have to care for persons with disabilities or for persons with disabilities facing economic-related problems, problems relating to income which is insufficient compared to the cost of living, the costs of medical treatment, household repairs and funds to start income-generating activities; and, vocational training for persons with disabilities aged between 14-40 years old which is provided free-of-charge for persons with disabilities in residential homes or vocational rehabilitation centres located nationwide.

Within the MoSDHS's Department of Social Development and Welfare, the Bureau of Social Welfare Services assists persons with disabilities. Special attention is also provided to persons with disabilities within the Office of Welfare Promotion, Protection and Empowerment of Vulnerable Groups, particularly through the Bureau of Promotion and Protection of the Disadvantaged and the Bureau of Empowerment for Persons with Disabilities. The Bureau of Empowerment for Persons with Disabilities was established in 2007 in accordance with the Persons with Disabilities Empowerment Act 2007 and has direct responsibility for disability issues. Its responsibilities include 1) coordinate policies on persons with disabilities with concerned agencies both locally and internationally, 2) coordinate and maintain information on persons with disabilities, 3) formulate plans to develop the quality of life of persons with disabilities, 4) support the workings of related NGOs and 5) implement policies in accordance with the law.

The Rehabilitation for Persons with Disabilities Act BE. 2534 (1991) aimed to increase the opportunities and rights of persons with disabilities to access medical treatment, education, vocational

training, and employment services as well as social welfare allowances, investment loans, and accommodation for the homeless. The Act also includes measures and tax incentives for concerned agencies to increase and provide facilities and housing for persons with disabilities. Transport facilities have also been improved slightly. The enactment of the Persons with Disabilities Empowerment Act 2007 was to strengthen measures to assist persons with disabilities, which includes anti-discrimination measures.

In the period, 2002-2006, Thailand implemented The Plan to Develop the Quality of Life of Persons with Disabilities. Persons with disabilities and their families participated fully in the formulation process of the plan. The implementation of the plan consisted of 8 strategic areas:

- 1) Promote awareness and constructive attitudes
- 2) Rights and duties
- 3) Capacity development
- 4) Research and development
- 5) Access to information, service, technology, and the environment
- 6) Strengthen the capacity of organizations related to the persons with disabilities
- 7) Promote the participation of persons with disabilities, families and the community
- 8) Promote management integration

Thailand is in the process of implementing the 3rd Plan to Develop the Quality of Life of Persons with Disabilities between the period 2007-2011. The purpose of such plan includes 1) effective management of policies related to persons with disabilities, 2) provide equal opportunities and access to rights to persons with disabilities, 3) support the strengthening of related NGOs, 4) promote awareness, 5) access to information, service, technology and environment.

Most importantly, the Thai Constitution guarantees the right of persons with disabilities in a few provisions

Local authorities have been also empowered, through decentralisation, to take care and develop the quality of life of persons with disabilities. For example, in 2004, management of the welfare and allowances for more than 25,000 persons with disabilities was transferred to local authorities.

On 11 October 2007, Thailand ratified the 1983 ILO Convention on Vocational Rehabilitation and Employment (Disabled Persons) No. 159. To date, Thailand is in the process of passing a Ministerial Regulation and other related legislations to implement the provisions of the ILO Convention, which would revise certain measures to enhance vocational support to persons with disabilities.

Thailand signed the UN Convention on the Rights of Persons with Disabilities on 30 March 2000 and ratified it in July 2008.

Objectives @ November 2005:

- Increase the number of laws which aim to promote and develop the quality of life of persons with disabilities.
- Set up action plans which authorize local authorities to provide comprehensive services for persons with disabilities in their own communities.
- Improve laws related to persons with disabilities, particularly on the right of assurance and protection.
- Stimulate the public and private sectors to implement the laws which aim to facilitate the capacity building process for persons with disabilities.
- Increase the role of local authorities in the tasks related to persons with disabilities.

Achievements since 2005:

- The enactment of the Persons with Disabilities Empowerment Act 2007.
- The signing and ratification of the Convention on the Rights of Persons with Disabilities.
- Thailand maintains a comprehensive set of legislation promoting and protecting the rights of persons with disabilities. This includes relevant national laws and ministerial regulations.

[DRAFT]
STATUS OF VICTIM ASSISTANCE IN THAILAND

Report presented by the

Kingdom of Thailand

to the
Meeting of Standing Committees of the
AP Mine Ban Convention

Geneva, May 2009

General comments

This report is based on the information provided by agencies concerned (i.e., Ministry of Public Health and Ministry of Social Development and Human Security) in 2008 and information obtained from the result of the Mine Victim Survey and Situation Analysis Project conducted between June 2008-April 2009.

Introduction

Thailand has always been committed to assisting victims of landmines. Thailand's victim assistance process is guided by the Master Plan on Victim Assistance and coordinated by the Sub Committee for Victim Assistance, under the National Committee on Humanitarian Mine Action, which is chaired by the Prime Minister.

On 31 March 2003, TMAC Order no. 29/2003 established a Sub Committee for Victim Assistance which is chaired by the Ministry of Public Health. The Sub Committee reports to the National Committee on Humanitarian Mine Action. The Sub Committee comprises relevant agencies including the Ministry of Social Development and Human Security, Ministry of Labour, Ministry of Interior, etc, and other relevant NGOs including Handicap International (Thailand), Thailand Campaign to Ban Landmines, etc. It convenes regularly at least twice a year.

Thailand adopted its Master Plan for Mine Victim Assistance 2007-2011 on 26 February 2007. Implementation of the plan is ongoing. The aims of the Master Plan include: to ensure that landmine survivors receive proper care both physically and mentally as well as financial support and prostheses, so that they can live contentedly in the society; improve their potential in order to strengthen the capability to lead their lives with acceptance from the society; and, the supports from both governmental and non-governmental organizations will be integrated effectively and tangibly.

The Master Plan takes into account Thailand's extensive institutional and legal frameworks to address disability issues and assigns responsibility for implementation to relevant ministries/agencies. Clear delegation of the work fosters a sense of ownership by all agencies involved. The Sub-Committee for Victim Assistance is the mechanism to coordinate the victim assistance issue and ensure progress in implementing the Master Plan. This action plan will ensure that landmine survivors benefit from the various support and services provided by national agencies including the Ministry of Public Health, the Ministry of Social Development and Human Security, the Ministry of Interior and the Ministry of Labour, and also non-government agencies such as the Prosthetic Foundation, General Chatichai Choonhaven Foundation, Association of Persons with Physical Disability International, Handicap International-Thailand, Asian Disaster Preparedness Centre-ADPC, and Catholic Office for Emergency Relief and Refugee-COERR.

One of the key developments on Thailand's victim assistance since 2005 is the completion of the Project on Mine Victim Survey and Situation Analysis in 2009. The Project not only gave rise to a first comprehensive survey on landmine victims which successfully established a first online database on landmine survivors but also created the network of cooperation among the concerned governmental agencies and NGOs. Most importantly, it helps lay the groundwork for a more comprehensive policy and implementation on assisting the landmine victims in Thailand for the years to come.

However, Thailand's main challenge for the victim assistance process is creating greater and long-term coordination between agencies and maintaining the updated database of landmine victims.

While agencies within the capital maintain close coordination, local actors have yet to effectively share information especially on information on persons with disabilities. It is essential that local agencies collectively integrate their systems to provide prompt services. Coordination between the agencies at the headquarters and the local-level must be further strengthened to maintain collective process and system.

Achievements since 2005:

- Thailand adopted its Master Plan for Mine Victim Assistance 2007-2011 on 26 February 2007.
- Thailand completed the Project on Mine Victim Survey and Situation Analysis on April 2009.

Part 1: Understanding the extent of the challenge faced

Since its establishment in 1999, the Thailand Mine Action Centre (TMAC) has become the central organization in implementing and coordinating mine action activities including data collection. There are 27 provinces along the borders which are identified as high-risk mine-affected areas.

Humanitarian Mine Action Units (HMAUs) collect data on landmine casualties, including their current location and demographics, and report to TMAC in standard formats.

Hospitals in mine-affected areas maintain records on the number of landmine casualties admitted for treatment as part of their information management systems.

Data is shared with all relevant authorities such as ministries, national and domestic institutions, NGOs, associations of landmine survivors, donors, and through the TMAC website.

Since 2001 Thailand has utilized the database resulted by the 2001 Thailand Landmine Impact Survey which reported that 346 recent landmine/UXO casualties and 3,122 less recent casualties, including 1,971 people injured and 1,497 people killed. However, it is believed that the figure for less recent casualties was based on estimates rather than verified victims. TMAC has verified 1,358 mine casualties, including 158 people killed and 1,200 injured, in 20 provinces.

The number of new landmine casualties in Thailand has been decreased every year.

Thailand started a programme of data collection on persons with disabilities in November 1994. As of 30 September 2008, 788,520 persons with disabilities have been registered in Thailand; 41.5 percent are physically disabled. Data on the current location and the demographics (e.g., gender, age and type of disability) of persons registered are maintained by the Ministry of Social Development and Human Security (MoSDHS) and can be traced back to the village level of each province. The MoSDHS has provincial-level offices in the country and must cooperate with other local agencies in the mine-affected areas in data collection. However, the accounting for persons with disabilities in Thailand does not generally identify the cause of their disability, including a stepping on landmine.

It is necessary to ensure long-term monitoring and follow-up of survivors. In order to ensure their physical and psychological rehabilitation, a good and up-to-date database on survivors is needed.

In 2008, Thailand began a resurvey of landmine survivors. It was conducted through the Project on Mine Victim Survey and Situation Analysis. The Project was conducted between June 2008-April 2009. The purpose of this Project to survey and establish a database on landmine victims. It is the collaboration between Ministry of Foreign Affairs, Ministry of Public Health, Ministry of Social Development and Human Security, Ministry of Labour, Handicap International (Thailand) and other NGOs active in mine victim assistance. The Project was a combined effort to systemise the accounting of landmine victims in the country, including information on the care and rehabilitation received. The Project allowed Thailand to comprehensively review medical and rehabilitation services provided to persons with disabilities and assess the needs of survivors. In assessing the needs of survivors, it also conducted a satisfaction survey on the country's medical care. As a result of the project, a first comprehensive online database on landmine survivors was created. The Project also provided an opportunity and a forum for relevant agencies to convene regularly and towards the end come together to assess and identify Thailand's current VA situation as well as the challenges. Priorities were also set. As a result, the concerned authorities came up with a more systemized and coordinated future work plan and implementation method for landmine victim assistance. The resulting domestic VA roadmap would be a useful tool for further improvements of the country's medical and rehabilitation services. More importantly, the collective efforts put into this Project gave rise to greater coordination amongst agencies concerned. The new online database on landmine survivors will most likely be maintained by the Ministry of Public Health and TMAC.

The results from the survey are tangible. Thailand now holds the most update number and data on landmine victims. *The survey found that there are only 1,252 survivors in Thailand. This amounts to only 0.002 percent of Thailand's 63 million total population and only 0.065 percent of Thailand's 1.9 million population of persons with disabilities.* This is an exceptionally small number. The findings showed that around 93 percent of survivors are male and 7 percent female. Out of the total 1,252 landmine survivors, 74 percent are registered as physically disabled.

Objectives @ November 2005:

- Increase the registration rate of persons with disabilities by 80 percent with information on the causes of disability.

Achievements since 2005:

- Completion of the Project on Mine Victim Survey and Situation Analysis which produced a first comprehensive survey on landmine survivors. A comprehensive review of Thailand's medical and rehabilitation services for persons with disabilities was also conducted.
- Establishment of a first comprehensive database on landmine survivors.

	Total	Total injured	Injured				Total killed	Killed				Unknown
			Men	Women	Boys	Girls		Men	Women	Boys	Girls	
Pre-2005												
2005												
2006												
2007												
2008												
2009												
Total												

Part 2: Emergency and continuing medical care

The Ministry of Public Health is responsible for immediate medical care, the provision of proper prostheses and assistive devices, physical and mental rehabilitation, diagnosing causes of disability, and registering persons with disabilities.

The health system is divided into 2 levels: at the community level and at the district and central level. At the community level, the Ministry of Public Health supports village health volunteers and communities to establish community health units comprising of community health posts and health centres with a system for expeditious evacuation of persons injured by landmines to hospitals or clinics by ambulances, rescue team vehicles, or helicopters. For a landmine casualty, if he/she is immediately located, they would be taken from the community health units to the nearest hospital within one hour.

At the district and central level, the Bureau of Health Policy and planning are responsible for the health manpower development. It constitutes the tertiary health care facilities, such as general or regional hospitals, university hospitals and large private hospitals. Health care at this level is provided by medical and health personnel with various degrees of specialisation, such as trauma surgeons.

At the community level, there is adequate number of medical and health personnel. At the general or regional hospitals in the mine-affected areas, the infrastructures, equipment and supplies are sufficient to meet the needs.

For emergency care, no individual is denied treatment or services. Services are available equally to, and designed to meet the particular needs of, men, women, boys, and girls and the aged. The government also provides survivors with an allowance to support their necessary emergency medical treatment.

The Ministry of Public Health established the Emergency Medical Services System (EMS) since 1994. To date, the EMS has expanded to all provinces and local communities, including the 27 mine-affected provinces. A comprehensive network of emergency response teams is now in place nationwide. To access the EMS in emergency situations, one can dial the emergency hotline (or

1669). This service is now fully-functioning and easily accessible, perhaps with the exception of very remote communities along the border areas with neighbouring countries. Thailand's emergency response teams comprise 3 levels: First responder (FR), Basic life support (BLS) and Advance life support (ALS). There are various training courses for emergency response team personnel, including the Emergency Medical Training-I (EMT-I) (2-year course); the Emergency Medical Training-Basic (EMT-Basic) (110-hour course); and the First Responder Training (FR) (16-hour course) (trained at the provincial level). There are a total of 7,204 emergency response teams of all levels and a total of 90,949 trained emergency personnel.

In March 2008, the Narenthorn Bureau of Emergency Medical Services, which is in charge of providing primary emergency services to landmine casualties, was transformed into the National Emergency Medical Services Institute. The main objectives of this restructuring are to enhance the effectiveness of both material resources and personnel as well as to exercise the expansion of emergency response teams to cover landmine victims in the mine-risk areas of the country.

Another characteristic rather unique to the Thai health service infrastructure is the availability of National Health Volunteers, comprising 80,000 villagers who have joined the emergency response team on a voluntary basis and who can greatly contribute to the work of the first responder as they have been trained in first aid and psychological support. Together, these emergency response teams work closely with both the Humanitarian Mine Action Unit and provincial/district hospitals in the area to provide assistance to mine victims.

There are public surgical and rehabilitation facilities for landmine casualties in Thailand. The government covers the full cost of hospital treatment, provision of orthopaedic devices, and transport to hospital. There are a total of 25 provincial hospitals, 50 general hospitals, 734 community hospitals and 9,757 community health posts in the 27 mine-affected provinces. 50 percent of all provincial, general and community hospitals provide physical rehabilitation services. All emergency patients including landmine victims receive prompt emergency medical care and are well taken care of in their rehabilitation process.

Objectives @ November 2005:

- Establish coordination offices in the mine-affected areas.
- Organize a workshop on emergency and medical care for mine casualties.
- Increase the number of skilled health personnel and staff at every level.

Achievements since 2005:

- Various workshops on emergency and medical care are being occasionally conducted.
- Established a comprehensive network of emergency response teams nationwide including the establishment of an national emergency hotline service (1669).
- The network and coordination among agencies concerned at local levels are increasingly more systematic and comprehensive under the guidance of the Sub Committee.

	Number of provinces with emergency response capabilities	Number of districts with emergency response capabilities	Number of ambulances	Number of trained first aid responders	
				Men	Women
2005					
2006					
2007					
2008					
2009					

	Number of provinces with trauma	Number of districts with trauma care	Doctors	Trauma specialists	Nurses

	care capabilities	capabilities	Men	Women	Men	Women	Men	Women
2005								
2006								
2007								
2008								
2009								

Part 3: Physical rehabilitation

The Ministry of Public Health is responsible for the provision of proper prostheses and assistive devices, and physical rehabilitation. All provincial hospitals in Thailand are now able to provide prosthetic limbs and physiotherapy free-of-charge for mine survivors.

Greater emphasis has been placed on the physical rehabilitation aspect of victim assistance. Both private and public hospitals in Thailand provide rehabilitation services to people with disabilities, including landmine survivors. Furthermore, a policy of ‘proactive services in prosthetics and orthopedics free of charge’ works to reach those people with disabilities, including landmine survivors in remote areas throughout the country. It has been adopted by at least two leading medical rehabilitation agencies: the Sirindhorn National Medical Rehabilitation Centre (SNMRC) and the Prostheses Foundation of the late Her Royal Highness the Princess Mother situated in the provinces of Nonthaburi and Chiang Mai respectively.

The SNMRC, under the Ministry of Public Health aims to physically rehabilitate persons with disabilities. It has established the physical rehabilitation one-stop-service mobile unit. The purpose of such mobile units is to 1) work pro-actively to assist persons with disabilities, 2) provide greater access to persons with disabilities in remote areas, 3) encourage participation, and 4) implement government’s policy providing one-stop-services. In 2008, the SNMRC conducted 4 regional roaming services at 4 different provinces, 3 of which are mine-affected provinces (Kanchanaburi, Surin, Chumphorn). There was a total of 6,360 persons with disabilities who came to receive the mobile units’ services. Their services include the manufacturing and fixing of prostheses, basic physical rehabilitation services, persons with disabilities registration services, counseling for persons with disabilities and their families, etc.

The Prosthesis Foundation, with its main objectives to provide free prostheses and train prosthetic specialists, has also been providing roaming services since 1992. Since 1992-2008, during its mobile unit services, they have provided 20,036 leg prostheses free of charge to persons with disabilities. The total number of leg prostheses the Prosthesis Foundation has provided is 22,426. In 2008, the Foundation’s mobile units visited 5 provinces, 2 of which are mine-affected areas (Chantaburi and Phitsanulok). Since the SNMRC and the Prosthesis Foundation can be considered leading organisations in this area, they provide training in the manufacturing of prostheses to neighbouring countries such as Laos and Cambodia.

In addition, appropriate training for rehabilitation specialists has been made available, to ensure the development of adequate human resources in the field of physical rehabilitation. The Sirindhorn National Medical Rehabilitation Centre reports that training in physical medicine and rehabilitation is provided in 7 hospitals nationwide, and approximately 35 rehabilitation specialists are trained each year. To date, there are 331 personnel trained in physical medicine; 4,757 trained as physiotherapist; 20 trained as physio-prosthetic therapist; 500 trained as physical activity therapist; and 221 trained as prosthetic technicians. The current number of specialists is not sufficient to meet the needs of assisting persons with disabilities. For example, with the ratio of 1 to 100,000 persons with disabilities, there should be 650 trained personnel on physical medicine. There is a need of 391 more personnel to sufficiently accommodate this group.

The Sirindhorn National Medical Rehabilitation Centre has been designated to be a WHO Collaborating Centre for training in medical rehabilitation and prosthetics-orthotics. In addition to a prosthetics and orthotics school, the centre has departments for physical therapy, occupational therapy and community based rehabilitation.

It normally takes at least 6 months for survivors to access post-acute rehabilitative care, including prosthetics, orthotics and physical therapy, depending on their physical condition. Rehabilitation services are generally provided by the military hospitals and public health centres.

Replacement and adjustment services for assistive devices and self-care training is provided by public institutions and related private organizations. However, some landmine survivors do not access follow-up services due to travel costs.

Aids and equipment are regularly produced by the Prosthetics Foundation and the Chatichai Choonhavan Foundation.

In the past, only general training was available for prosthetic technicians. None were trained by the ISPO trained technicians. However, between April 2006 and March 2010, the Sirindhorn National Medical Rehabilitation Centre aims to meet the standard of ISPO category I and to become an international programme through the recruitment of certified instructors. Training for physical therapy and prosthetics is also provided by the Prosthetics Foundation.

Rehabilitation programmes are part of Thailand's national medical care. Personnel in this area and personnel are available in provincial and general hospitals, including those in mine-affected provinces. Also, they conduct home visits and visits to community health posts. A greater number of workers in this field are still needed.

In 2005, community-based rehabilitation programmes under the Ministry of Social Development and Human Security were expanded to many provinces. The MoSDHS works in close collaboration with the Sirindhorn National Medical Rehabilitation Centre. Nevertheless, there are some remaining problems, such as travel cost from villages to hospitals for medical treatment and rehabilitation programmes, and insufficient supply of necessary devices. TMAC is coordinating with relevant agencies and NGOs to provide sufficient and appropriate services to landmine survivors.

Thailand has a unique community-based rehabilitation (CBR) programme. The CBR projects are supported by social volunteers who help persons with disabilities in their process of rehabilitation. There are a total of 1,910 social volunteers. Their main undertakings include searching for persons with disabilities in the local communities and encouraging them to register with the MoSDHS. They are also present in the communities to give advice, formulate individual rehabilitation plans, provide skills for independent living, and support access to prostheses. Moreover, the social volunteers encourage participation of persons with disabilities within the local community as well as provide occupational training. Importantly, they also encourage involvement from the families of persons with disabilities. The CBR social volunteers project, which started in 2004 has been actively promoted in 75 provinces of Thailand where they are a total of 2,840 volunteers involved. For the 27 provinces heavily affected by landmines, 144,650 persons with disabilities including landmine survivors have received assistance from these social volunteers. With the CBR programmes, landmine survivors and their families are increasingly involved in the planning and rehabilitation interventions.

There is regular country-wide coordination involving all relevant actors.

Objectives:

- Train survivors and their families in self-help physical therapy.
- Achieve comprehensive coordination between all concerned organizations.

Achievements since 2005:

- Enhanced physical rehabilitation services especially the provision of services through mobile units.
- Greater involvement from landmine survivors and their families in providing self-help physical therapy through CBR programmes. Community involvement in assisting physical rehabilitation to persons with disabilities.

	Physical Medicine + Rehabilitation specialists	Prosthetic + orthotic technicians	ISPO-qualified P+O technicians	Physiotherapists	Occupational therapists
2005					
2006					
2007					
2008					
2009					

	Number of centers providing orthopedic services	Number of provinces with orthopedic services	Total number of persons with disabilities accessing services	Gender of persons accessing services				New amputees fitted with prostheses	Total prostheses fitted	Mine/ERW survivors fitted
				Men	Women	Boys	Girls			
2004										
2005										
2006										
2007										
2008										
2009										
Total 2005-2009										

	Total number of persons with disabilities accessing other services	Gender of persons accessing other services				Prosthetic repairs	Wheelchairs	Crutches
		Men	Women	Boys	Girls			
2004								
2005								
2006								
2007								
2008								
2009								
Total 2005-2009								

	Number of centers providing physical rehab services	Number of provinces with physical rehab services	Number of provinces with physical rehab services	Total number of persons accessing services	Total number of persons with disabilities accessing services	Gender of persons accessing services				Physical therapy treatments
						Men	Women	Boys	Girls	
2004										
2005										
2006										
2007										
2008										
2009										
Total 2005-2009										

Part 4: Psychological support and social reintegration

The Ministry of Public Health is responsible for the provision of mental rehabilitation. Such provision has been available since 1972. All provincial hospitals in Thailand are now able to provide psychological rehabilitation free-of-charge for mine survivors. Mental rehabilitation personnel are

present in provincial and general hospitals including those in mine-affected areas. They conduct home visits as well as visit community health posts.

Public health centres, military hospitals and psychiatric hospitals provide counselling to help survivors deal with post-traumatic stress and to adjust to their new situation.

To some degree, hospitals / clinics treating landmine survivors have staff trained in the psychological adjustment process and practical issues including discrimination. To date, there are around 300 psychological specialists trained by medical schools nationwide and such specialists are available at provincial hospitals.

Peer support programmes offering assistance in hospitals / clinics after surgery and after discharge are available, depending on the conditions at each medical institute.

Several agencies are working hand-in-hand to ensure that landmine survivors, as well as their families are treated appropriately and receive the proper psychological support and guidance suited to their needs and status of living, to assist in their social re-integration. The CBR strategy is now widely recognized. Through this strategy, Thailand has emphasized strengthening the skills of health personnel for working with persons with disabilities and the community. As a result, a number of self-help groups for persons with disabilities have been established in certain communities as well. Social volunteers, through CBR programmes, were able to promote change in the perception of the people in local communities on persons with disabilities and encourage greater participation from the latter and their surrounding family members in their reintegration process. Some of the volunteers are persons with disabilities themselves who are willing to assist in fellow persons with disabilities. Such psychological support has helped create greater self-worth for persons with disabilities, changing the perception of 'burden' into 'empowerment.' The CBR programme has involved family members and the community as a whole to promote greater understanding of the needs of persons with disabilities.

Children disabled by landmines have access to educational opportunities in their communities. For those who need a longer period to rehabilitate in hospitals, the provincial special education centre can organise special educational programmes according to needs. Teachers have some training on issues relating to children with disabilities.

An appropriate level of services is available to, and designed to meet the particular needs of, men, women, boys and girls and older persons. Some individuals are denied services due to cost or other reasons.

There is regular country-wide coordination involving all relevant actors.

Objectives @ November 2005:

- Build up a network among all concerned agencies
- Coordination of services at the national level.

Achievements since 2005:

- Greater involvement from landmine survivors and their families in providing psychological support through CBR programmes. Community involvement in assisting persons with disabilities in the social reintegration process.
- Closer coordination on policy and implementation at the national level through regular meetings of the Sub Committee.

	Number of centres providing psychological + social support services	Number of provinces with psychological + social support services	Number of districts with psychological + social support services	Total number of mine/ERW survivors and other persons with disabilities accessing services	Gender of persons accessing services			
					Men	Women	Boys	Girls
2004								
2005								
2006								

2007								
2008								
2009								
Total 2005-2009								

	Number of Psychologists		Number of Psychiatrists		Number of social workers		Number of peer support workers	
	Men	Women	Men	Women	Men	Women	Men	Women
2004								
2005								
2006								
2007								
2008								
2009								
Total 2005-2009								

	Number of centres providing sporting activities for persons with disabilities	Number of provinces with sporting activities for persons with disabilities	Number of districts with sporting activities for persons with disabilities	Number of major cities with sporting activities for persons with disabilities	Total number of persons with disabilities accessing services	Gender of persons accessing services			
						Men	Women	Boys	Girls
2004									
2005									
2006									
2007									
2008									
2009									
Total 2005-2009									

	Number of schools providing inclusive education for children with disabilities	Number of provinces with schools providing inclusive education for children with disabilities	Number of districts with schools providing inclusive education for children with disabilities	Total number of children with disabilities enrolled in school	Gender of children with disabilities enrolled in school	
					Boys	Girls
2004						
2005						
2006						
2007						
2008						
2009						
Total 2005-						

2009					
------	--	--	--	--	--

	Number of new school buildings physically accessible	Number of existing school buildings made physically accessible	Teachers trained on special needs of children with disabilities	Teachers with disabilities employed in schools
2004				
2005				
2006				
2007				
2008				
2009				
Total 2005-2009				

Part 5: Economic reintegration

The Ministry of Social Development and Human Security (MoSDHS) is the implementing agency for vocational rehabilitation programmes for persons with disabilities. The rehabilitation plan consists of:

- 9 vocational rehabilitation training centres for persons with disabilities in various provinces (Samut Prakarn, Nonthaburi, Lop Buri, Chiang Mai, Khon Kaen, Ubon Ratchathani, Nong Khai, and Nakhon Srithammarat) with training provided to all persons with disabilities according to their interest and physical condition;
- Providing vocational training for all persons with disabilities, including landmine survivors, without any specification of the cause of disability;
- Introducing the concept of Community Based Rehabilitation (CBR) to persons with disabilities, depending on their condition and interests.

In 2005, through programmes implemented at 8 vocational development centres, the MoSDHS's Department of Social Development and Welfare provided 1,236 persons with disabilities with vocational development opportunities to improve their living potential, income and self-reliance. There were 11 different courses provided at the centres and 16 courses provided in the community. In 2008, the 9 vocational rehabilitation training centres provided training to a total of 405 persons with disabilities.

Not many mine survivors return to their previous occupations. A 2002 National Statistics Office Survey found that 71.5 percent of persons with disabilities over 15 are unemployed. From the Mine Victim Survey Project, 71 percent of landmine survivors have yet to receive training for economic purposes. At the same time, the survivors view that such trainings are inconsistent with their agricultural livelihoods.

With respect to the sensitization of employers to ensure that landmine survivors and other persons with disabilities are not denied opportunities because of discrimination or stereotypical thinking, Thailand enacted the Rehabilitation for Persons with Disabilities Act BE. 2534 (1991). The Act ensures the employment of persons with disabilities by private enterprises (enterprises with more than 200 employees must employ one person with a disability for every 200 employees). This measure is being strengthened by the recently enacted Persons with Disabilities Empowerment Act 2007. Should enterprises opt not to oblige with the law, they are to contribute to a Rehabilitation Fund. The Ministry of Labour is in the process of taking over responsibility in this area from MoSDHS. There is no information available on the number of landmine survivors being employed in private enterprises in Thailand.

There are tax incentives to encourage private companies to employ persons with disabilities (salaries paid for persons with disabilities can be deducted from tax payments).

Micro-enterprise or other economic development efforts are available to some extent. For example, the Rehabilitation Fund for persons with disabilities has provided no-interest loans of up to 40,000 Baht (about \$975) for persons with disabilities who establish their own income generating activity.

The Ministry of Labour is responsible for promoting opportunities for survivors to work, providing vocational training with professional instructors, coordinating and urging employers to hire qualified persons with disabilities and their families to work, and introducing sources of funds to make their living. The Ministry of Labour's Department of Skill Development (DSD) provides vocational training and re-training opportunities for persons with disabilities as part of its broader skill development programme conducted at Institutes and Regional Institutes for skill development. The DSD also plays a key role in providing recommendations/advice to organizations providing skill training to special target groups, including persons with disabilities. It offers the same skill development training courses for able persons to persons with disabilities. Such courses include training in construction, mechanics, business, etc. The DSD maintains 12 Institutes and 64 provincial training centres.

The Department of Skill Development also provides mobile vocational training which acts as an outreach to those living in remote areas. These units are set up in every province and have become more and more relevant as well as beneficial to persons with disabilities, including landmine survivors.

The Ministry of Agriculture and Cooperation is responsible for designing the vocational training for injured farmers, supporting them with inputs for agriculture, plant seeds, animal breeds, for their vocation such as fishery, herding or farming.

The government provides a monthly subsistence allowance of 500 Baht (about \$12) for each person with severe disabilities during their lifetime. The government also covers the cost of vocational training.

Individuals are not denied services due to cost or other reasons. There is an equal and appropriate extent of services available equally to, and designed to meet the particular needs of men and women.

There is regular country-wide coordination involving all relevant actors, but coordination with the Association of Landmine Disabled Persons is limited.

Objectives @ November 2005:

- Comprehensively provide vocational training for every community with persons with disabilities in the target areas based on the interests of the person and the needs of the job market.
- Greater access for landmine survivors to the Rehabilitation Fund for persons with disabilities, to facilitate self employment opportunities.

Achievements since 2005:

- The MoSDHS has established vocational training centres in various mine-affected areas. Persons with disabilities have access to vocational training centres.
- Persons with disabilities receive monthly financial support and other necessary services ensured by the relevant laws.

	Number of new school buildings physically accessible	Number of existing school buildings made physically accessible	Teachers trained on special needs of children with disabilities	Teachers with disabilities employed in schools
2004				
2005				
2006				
2007				
2008				
2009				

Total 2005- 2009				
---------------------------------	--	--	--	--

	Total number of persons with disabilities accessing vocational training services		Number of landmine survivors (or families of those killed or injured) accessing vocational training services		Number of graduates in employment after training		Number of graduates accessing grants or micro-credit schemes	
	Men	Women	Men	Women	Men	Women	Men	Women
2004								
2005								
2006								
2007								
2008								
2009								
Total 2005- 2009								

Part 6: Laws and public policies

The Government Administration Plan 2005-2009, approved by the Cabinet on 12 April 2005, provides a framework to monitor government performance, and contains the provision of human development and quality of society, the provision of security in life and the promotion of equality and dignity among all citizens, especially persons with disabilities.

The Ministry of Social Development and Human Security (MoSDHS), the Ministry of Education, and the Ministry of Public Health are assigned to promote the interests of persons with disabilities.

The MoSDHS aims to ensure that persons with disabilities have all the rights they are entitled to and opportunities to gain access to services relating to physical rehabilitation, education and occupation such that they can live in the society with dignity similar to those without disabilities. Services include: family welfare assistance which might be cash or in-kind provided for families that have to care for persons with disabilities or for persons with disabilities facing economic-related problems, problems relating to income which is insufficient compared to the cost of living, the costs of medical treatment, household repairs and funds to start income-generating activities; and, vocational training for persons with disabilities aged between 14-40 years old which is provided free-of-charge for persons with disabilities in residential homes or vocational rehabilitation centres located nationwide.

Within the MoSDHS's Department of Social Development and Welfare, the Bureau of Social Welfare Services assists persons with disabilities. Special attention is also provided to persons with disabilities within the Office of Welfare Promotion, Protection and Empowerment of Vulnerable Groups, particularly through the Bureau of Promotion and Protection of the Disadvantaged and the Bureau of Empowerment for Persons with Disabilities. The Bureau of Empowerment for Persons with Disabilities was established in 2007 in accordance with the Persons with Disabilities Empowerment Act 2007 and has direct responsibility for disability issues. Its responsibilities include 1) coordinate policies on persons with disabilities with concerned agencies both locally and internationally, 2) coordinate and maintain information on persons with disabilities, 3) formulate plans to develop the quality of life of persons with disabilities, 4) support the workings of related NGOs and 5) implement policies in accordance with the law.

The Rehabilitation for Persons with Disabilities Act BE. 2534 (1991) aimed to increase the opportunities and rights of persons with disabilities to access medical treatment, education, vocational

training, and employment services as well as social welfare allowances, investment loans, and accommodation for the homeless. The Act also includes measures and tax incentives for concerned agencies to increase and provide facilities and housing for persons with disabilities. Transport facilities have also been improved slightly. The enactment of the Persons with Disabilities Empowerment Act 2007 was to strengthen measures to assist persons with disabilities, which includes anti-discrimination measures.

In the period, 2002-2006, Thailand implemented The Plan to Develop the Quality of Life of Persons with Disabilities. Persons with disabilities and their families participated fully in the formulation process of the plan. The implementation of the plan consisted of 8 strategic areas:

- 1) Promote awareness and constructive attitudes
- 2) Rights and duties
- 3) Capacity development
- 4) Research and development
- 5) Access to information, service, technology, and the environment
- 6) Strengthen the capacity of organizations related to the persons with disabilities
- 7) Promote the participation of persons with disabilities, families and the community
- 8) Promote management integration

Thailand is in the process of implementing the 3rd Plan to Develop the Quality of Life of Persons with Disabilities between the period 2007-2011. The purpose of such plan includes 1) effective management of policies related to persons with disabilities, 2) provide equal opportunities and access to rights to persons with disabilities, 3) support the strengthening of related NGOs, 4) promote awareness, 5) access to information, service, technology and environment.

Most importantly, the Thai Constitution guarantees the right of persons with disabilities in a few provisions

Local authorities have been also empowered, through decentralisation, to take care and develop the quality of life of persons with disabilities. For example, in 2004, management of the welfare and allowances for more than 25,000 persons with disabilities was transferred to local authorities.

On 11 October 2007, Thailand ratified the 1983 ILO Convention on Vocational Rehabilitation and Employment (Disabled Persons) No. 159. To date, Thailand is in the process of passing a Ministerial Regulation and other related legislations to implement the provisions of the ILO Convention, which would revise certain measures to enhance vocational support to persons with disabilities.

Thailand signed the UN Convention on the Rights of Persons with Disabilities on 30 March 2000 and ratified it in July 2008.

Objectives @ November 2005:

- Increase the number of laws which aim to promote and develop the quality of life of persons with disabilities.
- Set up action plans which authorize local authorities to provide comprehensive services for persons with disabilities in their own communities.
- Improve laws related to persons with disabilities, particularly on the right of assurance and protection.
- Stimulate the public and private sectors to implement the laws which aim to facilitate the capacity building process for persons with disabilities.
- Increase the role of local authorities in the tasks related to persons with disabilities.

Achievements since 2005:

- The enactment of the Persons with Disabilities Empowerment Act 2007.
- The signing and ratification of the Convention on the Rights of Persons with Disabilities.
- Thailand maintains a comprehensive set of legislation promoting and protecting the rights of persons with disabilities. This includes relevant national laws and ministerial regulations.