

**1999**

**Report on Thematic Evaluation**

**on JICA's Support for Persons with Disabilities in Thailand**



**October, 2000**

**Planning and Evaluation Department**  
**Japan International Cooperation Agency (JICA)**

The Articles described on this report are based on the opinions of the Evaluation Study Team,  
not of JICA.

## Preface

The United Nations' declaration of 1981 as the "International Year of Disabled Persons" as well as the Economic and Social Commission for Asia and the Pacific's (ESCAP) establishment of the "Asian and Pacific Decade of Disabled Persons" in 1992 are representative examples of the international community's efforts to support persons with disabilities (PWDs). As part of the international community, JICA has also been working to enhance its operations for the disabled.

This thematic evaluation, using JICA's past support for the disabled in Thailand as a case study, was the first JICA evaluation to be conducted in this area. The evaluation's objective was to identify lessons learned and make recommendations to improve future JICA support for PWDs.

In an effort to improve the quality and objectivity of its evaluations, JICA has been emphasizing the inclusion of the "perspective of beneficiaries". In this evaluation as well, emphasis was placed on the "perspective of PWDs". JICA was fortunate to have, as its evaluation team leader, a disabled person with prominent expertise in this field. In addition, team members heard the opinions of some 200 PWDs during the study.

Furthermore, in order to feed back the results of its evaluation, JICA, in August of this year, held a highly successful seminar in Thailand that focused mainly on presenting the evaluation results and lessons learned to an audience of key stakeholders.

We expect that the lessons and recommendations obtained through this evaluation will prove to be an extremely valuable reference source and will make a significant contribution to planning future JICA cooperation in this field.

In the course of the evaluation, we benefited greatly from the cooperation offered to us by many people in both Thailand and Japan. We, at JICA, extend our heartfelt gratitude for their timely assistance and believe that it is through the commitment of such talented individuals that progress will continue to be made in expanding the economic and social opportunities available to persons with disabilities.

October 2000

Yushu Takashima

Vice President

Japan International Cooperation Agency

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Cover page: Scene of swimming rehabilitation by Ms. Noriko Sato, JOCV (Dispatched JOCV placed at Pakkred Home for Children with Disabilities, field of expertise is Youth activities)

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## List of Acronyms

JICA	Japan International Cooperation Agency
JOCV	Japan Overseas Cooperation Volunteers
JPCM	JICA Project Cycle Management
PDM	Project Design Matrix
IRC	Industrial Rehabilitation Center
NGO	Non-governmental Organization
CBR	Community Based Rehabilitation
DPI	Disabled Persons' International
DPI-Thailand	Council of Disabled People of Thailand
ESCAP	Economic and Social Commission for Asia and the Pacific
RI	Rehabilitation International
DTEC	Department of Technical Economic Cooperation
PWDs	Persons with Disabilities

## **ABSTRACT**

### **CHAPTER 1 OUTLINE OF EVALUATION**

#### **1-1 Objectives, background and characteristics of evaluation**

(1) Objectives of evaluation

The objectives of the thematic evaluation on JICA's support for persons with disabilities (here in after referred to as "PWDs") in Thailand are to review JICA's past cooperation projects to support PWDs in Thailand with a view to "realizing the goals of full participation and equality of PWDs," to learn lessons and suggestions as to how to improve future cooperation activities for realizing these goals: and to feed back the lessons and recommendations to the planning and implementation of future cooperation projects to support PWDs.

(2) Background and history behind the implementation of this project

In the international community, the United Nations General Assembly proclaimed 1981 as "the International Year of Disabled Persons," and the years from 1983 to 1992 as "the United Nations Decade of Disabled Persons," while the period 1993-2002 was declared as "the Asian and Pacific Decade of Disabled Persons" by the Economic and Social Commission for Asia and the Pacific in 1992. Thus, the international community has strengthened its supporting structure to realize the goals of full participation and equality of PWDs. Reflecting such international trends, the "Long-Term Programme for Government Measures for Disabled Persons" and the "New Long-Term Programme for Government Measures for Disabled Persons" were drawn up in 1982 and 1992 respectively in Japan. They set forth the fundamental direction and specific plans which Japan should adopt with regard to measures for PWDs, and indicated promotion of international cooperation as one of the areas which Japan should focus on.

JICA has been providing cooperation in the field of supporting PWDs mainly through project-type technical cooperation, acceptance of trainees and dispatch of Japan Overseas Cooperation Volunteers. In keeping with the above-mentioned international trends and Japan's movements toward strengthening their structures for supporting PWDs, JICA has been studying and reviewing its policies and methods for future cooperation with the aim of realizing the goals of "full participation and equality" of PWDs. It conducted basic studies in 1996 and 1997, and has been regularly holding internal review meetings since July 1998.

If JICA aims to establish a structure to realize the goals of "full participation and equality" of PWDs in social life, it should develop one based on its past experiences. However, it has no experience in evaluating its projects in the field of supporting PWDs. Therefore, JICA decided to conduct this evaluation.

Thailand has been selected for the case study, because JICA has already implemented certain cooperation projects in the field of supporting PWDs in Thailand, and expects to step up its cooperation

in this field in Thailand as the nation plays a central role in the Indochina region.

(3) Characteristics of the evaluation

In addition of the fact that “it is the first evaluation in the field of supporting PWDs,” the evaluation is characterized by the following three points.

1) Emphasis was placed on the viewpoint of PWDs:

Since cooperation activities and various studies have been planned and conducted so far mainly by non-PWDs who were “service providers,” and PWDs as consumer did not take part in them in many cases, it placed emphasis on the PWDs` viewpoint. For this reason, an expert with disability who has variety of disability-related experiences internationally, was appointed to head the evaluation team, and in the field study, about 200 PWDs provided their views through interviews or questionnaire surveys.

2) NGOs were also covered in this study, and the possibility of collaboration between NGOs and JICA was reviewed:

Since there are many NGOs in Thailand efficiently providing services that meet the PWDs` needs, major NGOs were covered for this evaluation to examine more efficient further cooperation between JICA and NGOs. In view of this, a researcher of international disability-related NGOs was appointed as the sub-leader.

3) The study was conducted in Thai:

The study was conduct in Thai in order to collect information through interviews and questionnaire surveys.

## **1-2 Evaluation framework**

With “the realization of the goals of full participation and equality of PWDs” as the final goal for the support for the PWDs, the evaluation was conducted based on the framework given below.

(1) Present conditions of PWDs

The evaluation team needed to grasp the present conditions of PWDs from statistical data and a questionnaire survey (133 respondents with disabilities) and to identify problems to solve in order to realize the goal.

(2) Present measures to support PWDs

The team decided to gain understanding with respect to support for PWDs, on international trends, policies and projects of the Thai government, and activities of NGOs.



(3) Evaluation of JICA's past cooperation projects

1) The team also evaluated the major JICA cooperation projects, including the projects for the Industrial Rehabilitation Center (project-type technical cooperation/grant-aid cooperation), outcome of the technical training programmes in Japan (77 trainees) and dispatch of Japan Overseas Cooperation Volunteers (hereinafter referred to as JOCV) including Senior Volunteers a total of 10 members, using the following method.

a) Industrial Rehabilitation Center: IRC (project-type technical cooperation/grant assistance)

The Industrial Rehabilitation Center was evaluated by JICA Project Cycle Management Method (hereinafter referred to as JPCM method) with respect to five criteria (efficiency, effectiveness, relevance, impact and sustainability) through a field study and a questionnaire survey on PWDs who received the training course at the Center.

b) JOCV projects and technical training programmes

The team conducted the questionnaire survey to institutions which received JOCV and Thai former trainees. Based on those results, the evaluation has been made mainly from the view points of effectiveness.

In addition, group interviews have been conducted with 9 JOCV who were still on duty at the time of evaluation and 20 Thai former trainees in order to deeply grasp and understand the needs of improvements of the both the JOCV projects and the technical training programmes.

2) Based on the results of surveys "Present conditions of PWDs", "Present measures to support PWDs" and "Evaluation of JICA's past cooperation project" the team evaluated the entire JICA's cooperation from the view points of realization of participation and equality of PWDs.

(4) Lessons and recommendations for future JICA cooperation

The evaluation team extracted lessons and recommendations for direction of future cooperation, improvement of formulation and implementation of projects of JICA from the findings of the above studies.

### **1-3 Members of the evaluation team and evaluation period**

The evaluation team consisted of six members including Ms. Yukiko Nakanishi (President, Asia Disability Institute) as a leader, Mr. Akiie Ninomiya (Professor, School of Policy Studies, Kwansai Gakuin University) as a sub-leader, two JICA staff, and two consultants.

The period of evaluation study was from August 11 to August 28, 1999. During the period, the team conducted several studies on self-help organizations of PWDs, governmental organizations concerned, NGOs and so forth.

## **CHAPTER 2 PRESENT CONDITIONS OF PWDS IN THAILAND**

### **2-1 Statistical data on PWDS**

There are not sufficient statistics on PWDS yet in Thailand, and especially the conditions of PWDS living in rural areas are virtually unknown. In addition, there are significant discrepancies among the statistics used in ministries and agencies. The Committee for Rehabilitation of Disabled Persons, the Department of Public Welfare of the Ministry of the Labor and Social Welfare, currently uses the statistics compiled by the National Public Health Foundation of the Ministry of Public Health. These statistics indicate that the population of PWDS in Thailand reached 4,825,681 in 1996, which accounted for 8.1% of the total population of the country.

A review of PWDS by age group shows that the ratio of PWDS in the age group of 60 or over and in the 20-29 age group is as high as approximately 20% each. Compared with the age distribution of total population, the age group of less than 10 shows a considerably small figure, indicating a low survival rate for children with disabilities.

The statistics on the ratio of PWDS by type of disability compiled by the National Public Health Foundation indicate that persons with physical disability account for more than half, followed by persons with visual disability who account for about 20%, and these two types of disability alone constitute three quarters of the total.

In developed countries, there is a conspicuous tendency to show a significantly large ratio for mental disability or internal disorders (functional disorders of internal organs such as kidney malfunction and respiratory malfunction). In contrast, Thailand has a very low ratio for these types. This is presumably because people are identified as PWDS only when their disabilities can be visually recognized. The Ministry of Public Health reported that as far as the category of mental and intellectual disabilities is concerned, although they started to provide services in some areas, there are not many specialists and the existence of disabilities itself has not been recognized.

### **2-2 Conditions of PWDS**

The team delivered questionnaires to about 680 persons who actually have disabilities in order to grasp circumstances surrounding PWDS “from their own viewpoint,” and to find out their needs. 133 effective responses were obtained. The effective response ratio was approximately 20%.

Many of the respondents sampled for this questionnaire survey belong to a group of highly educated people fortunate to have a job, vocational training and social participation opportunities. Thus, this survey indicates that they have attained a high degree of independence in their daily lives, and actively participate in social activities. However, even for these people who belong to such a blessed group, the greatest wish is to attain economic independence, and to secure a job to achieve it. This survey also revealed the fact these PWDS who enjoy a relatively favorable environment strongly feel that they can

lead a meaningful life by participating in activities for supporting other PWDs, in addition to participating in activities that interest them. These findings also revealed that there has been a growing tendency for PWDs in Thailand to seek self-realization and social participation, and that PWDs themselves can be important human resources for empowerment of other PWDs without contending themselves with their position to receive protection.

## **CHAPTER 3 PRESENT MEASURES TO SUPPORT PWDS**

### **3-1 Present measures to support PWDs**

The Thai government has been implementing measures to support PWDs in line with the international trends, made progress in developing relative laws, and secured basic human resources, facilities and funds to a certain extent at the central level. It has become clear that advanced institutions for supporting PWDs have been playing a model role, and a system for supporting their services is being developed. At the central level, NGOs have been carrying out flexible activities to promptly respond to the needs in collaboration with public institutions, and thus playing an important role in the field of supporting PWDs. These achievements are extremely remarkable even in the Indochina region, and Thailand as an advanced nation in the field of supporting PWDs is expected to give a significant impact on the neighboring countries in the future.

As indicated by the results of the questionnaire survey conducted on PWDs (Chapter 2, 2-2), the team learned that the chief concern of PWDs was “securing a job” and “activities for supporting PWDs” to attain economic independence and self-realization. Measures to assist them to achieve these goals are being required, such as creation of job opportunities, improvement of physical and social environment within and outside their workplaces including transportation, activities to educate the public in general including employers and support to activities of PWDs themselves.

The Thai government has set forth priority areas with respect to their measures for supporting PWDs, including quantitative expansion of basic rehabilitation services to PWDs such as medical care and education, upgrading of vocational training to achieve economic independence and creation of job opportunities. For these goals, improvement of accessibility of public transportation and streets and buildings to achieve these goals. These priority areas are in agreement with the requests made by PWDs as mentioned earlier.

### **3-2 Three basic points of view for future measures to support PWDs**

In discussion of the results of this study so far, the team proposed that it is important to take notice of the following three basic points of view in order for the Thai government to effectively push forward with its measures for supporting PWDs, from the viewpoint of the PWDs.

(1) Promotion of participation of the PWDs concerned

Both public institutions and NGOs should encourage independent participation of the PWDs concerned to realize higher-quality activity services for supporting PWDs. It is required to establish a mechanism that allows PWDs to participate in all phases including programme formulation and project implementation.

(2) Strengthening support to PWDs in local areas

How to secure human resources, facilities and funds is considered to be a central theme for strengthening support to PWDs at local levels. The full technical and manpower cooperation of organizations managed by PWDs and other NGOs is indispensable for providing higher-quality services in local areas with limited funds.

(3) Public awareness of PWDs on the part of citizens, as well as workers for/with PWDs

As a prerequisite to achieving the above (1) and (2), it is necessary to facilitate understanding of disability on the part of citizens without disabilities, and officials working for institutions for PWDs. The Thai society has a better understanding of PWDs owing to the establishment of the new Constitution, activities of organizations operated by PWDs, and opening of the FESPIC Games in the beginning of last year. It is necessary, though, to continue to encourage them to strengthen their understanding on PWDs.

## **CHAPTER 4 EVALUATION OF JICA'S PAST COOPERATION PROJECTS**

### **4-1 Project-type technical cooperation projects/grant assistances "Industrial Rehabilitation Center (IRC)"**

(1) Overview of Evaluation

The result of evaluation by the evaluation team can be summarized as follows.

- 1) IRC plays a core role in the nation's policy for the employment of PWDs as a pioneer in the field of vocational rehabilitation for those who suffered injuries in industrial accidents.
- 2) IRC has rehabilitated many trainees, and those who have completed its training are highly satisfied with its services.
- 3) The level of technical skills on the part of IRC Director and staff is high among government agencies, and they are making use of the results of technology transfer by Japan.
- 4) IRC has a considerable ripple effect on other agencies and high sustainability.
- 5) IRC has accepted domestic and foreign observation teams and many trainees from educational institutions for PWDs, and thereby has spread technologies transferred from Japan extensively

in Thailand and in other Asian countries.

(2) Problems to be solved in the future

IRC's problems to be solved in the future, and their possible solutions can be summarized as follows.

- 1) In order to reflect the needs of PWDs directly in IRC's activity menus, it is necessary to build a system that enables PWDs to positively participate in decision-making process and operations concerning its activities.
- 2) In order to flexibly respond to the needs of trainees themselves and the needs of industry, it is necessary to thoroughly review the training programme at regular intervals.
- 3) It is necessary to establish a system for providing follow-up services for those who completed training at IRC.
- 4) To provide more multi-layered services, IRC has to have close relationships with other institutes for PWDs to exchanges of trainees, exchanges of information, exchanges of new techniques and mutual access to their facilities.

#### **4-2 JOCV projects (including Senior Volunteers)**

(1) Overview of evaluation results

It has been learned that JOCV have high aspirations, make efforts to adapt themselves to the receiving institutions, and eagerly provide their services, and the institutions that received JOCV are fairly satisfied with their services. A visit made by the team to an institution revealed a situation where JOCV came up with various ideas in the institution insufficiently provided with facilities and equipment, served as role model, and contributed to improvement in awareness of PWDs and in morals on the part of the staff of the institution. In addition, JOCV built a self-help group "Disability Support Group" to support one another through activities of their voluntary.

(2) Problems to be solved in the future

- 1) There are cases where a JOCV is not sent to a country she/he desired, or the expertise of a JOCV does not coincide with the field of expertise required by the receiving institution. It was pointed out that this would lead to a misunderstanding or a recognition gap on the part of both the accepting institution and the JOCV. As a possible solution to this problem, applicants for JOCV should express their priority with respect to host countries, types of job, and receiving institutions so that this information will be reviewed for consideration of assignment.
- 2) To provide more detailed information to JOCV, JICA has to strengthen the efforts to collect information and compile relative data stored within JICA.

- 3) A system for performing a hand-over ceremony at the time of dispatching JOCV should be strengthened, and the JICA Office should study the possibility of upgrading its monitoring system after dispatch.
- 4) To assist JOCV for their valuable activities, JICA should support the development of network among JOCV and between JOCV and experts.
- 5) Regarding the lack of ability to speak Thai, it is basically necessary for volunteers themselves to make continued efforts to acquire a working knowledge of the language. Due to the lack of understanding and low awareness on the part of receiving institutions, it is necessary for JOCV to make continued efforts to understand the Thai society, and to take initiatives to increase understanding on their roles and the need to support PWDs.

#### **4-3 Technical training programmes**

##### **(1) Summation of evaluation**

In general, the ex-trainees are highly satisfied with the training, and the training results are highly utilized and diffused extensively to the surroundings. This may be viewed against the background of the fact that there is a shortage of human resources in the field of supporting PWDs in Thailand, while opportunities for human resources development is considered to be limited. It is also learned that there is extremely great demand for new techniques and information in the field of supporting PWDs.

##### **(2) Problems to be solved in the future**

- 1) In order for trainees to obtain greater results from training, it is necessary for them to participate in the courses that match the characteristics of the trainees (whether they have disabilities or not, whether they are staff members working in the service providing department or in the administrative department). To this end, it is essential to take necessary steps at the time of recruitment, such as defining the requirements more explicitly. In addition, it is also important to set up well-thought-out programmes, such as combined-type of lectures for both disabled and non-PWDs, practical training by kinds of disabilities, or learning for case studies and researches with many fields of expertise.
- 2) With respect to the present content of training, many of the ex-trainees desired practical training and visits to institutions that would immediately help them with their duties. Therefore, their needs should be gotten at periodically, and the content of training should be reviewed. Since techniques that require the latest material/equipment and budget may not be utilized in many cases after the trainees return to Thailand, it is necessary to consider providing training mainly in techniques that can be actually put into practice in developing countries including Thailand.
- 3) Since there tends to be a shortage of the latest information in the field of supporting PWDs in Thailand, many of the respondents requested that the latest information should be provided after training, and that in-country training should be held. To this end, JICA must work in

the future to develop a follow-up system for ex-trainees such as expanding opportunities for in-country training and providing latest information continuously.

- 4) Although various kinds of disability-related projects are being implemented within JICA, these projects are separately operated with no collaborations. If each project is well communicated, more effective cooperation outcomes can be yielded.

#### **4-4 Overall evaluation**

JICA started off its cooperation in the field of supporting PWDs with project-type technical cooperation and grant aid cooperation for IRC in FY1983. In those days, the general public in Thailand had a very low awareness of PWDs, and it can be said that the government virtually provided no services to support PWDs. JICA rendered remarkable services when it constructed a full-fledged facility for vocational rehabilitation of PWDs at the dawn of a new age. As the awareness of PWDs on the part of the general public in Thailand has started to grow with the enactment of the Act for Rehabilitation of Disabled Persons in 1991 and declaration of “the Asian and Pacific Decade of Disabled Persons” started in 1993, IRC contributed to the diffusion of the concept of vocational rehabilitation of PWDs. Particularly, the fact that IRC has achieved a self-sustaining growth in response to the growing domestic demand in Thailand demonstrates the validity of the cooperation.

With the popularization of rehabilitation of PWDs in Thailand, demand for human resources development in the field has been growing significantly since the early 1990s. About this time, JICA started to accept administrators, staff members of institutions and PWDs from Thailand on a full-scale basis as trainees, and has contributed to training of pioneering leaders and introduction of advanced techniques and systems in the field of supporting PWDs. In addition, JICA has played a significant role not only in sending its JOCV and Senior Volunteers to institutions for PWDs in Thailand and transferring techniques to the staff of such institutions, but also in improving understanding and morals of workers related to PWDs.

As explained above, it can be said that JICA has greatly contributed to the development of basis for supporting PWDs in Thailand through its support to PWDs in various schemes covering such fields as education, medical care, vocational rehabilitation and social participation.

## **CHAPTER 5 LESSONS FOR FUTURE JICA COOPERATION**

### **5-1 Direction of cooperation**

The following three points have been confirmed in Chapter 2 “Present conditions of PWDs” and Chapter 3 “Present measures to support PWDs.”

- (1) In keeping with the international trends, the Thai government is organizing a system for supporting PWDs in order to realize the equalization of opportunities for PWDs, and the direction of its policy is valid.
- (2) To realize it, it is important to promote activities not only of the government, but also of organizations of PWDs and of other NGOs, and it is essential to involve the entire society.
- (3) Fundamental human resources, facilities and financial resources required to support PWDs are secured to some extent at the central level.

Therefore, JICA should focus its cooperation policy on expanding support to PWDs in rural areas where progress has been slow in providing support, and should also provide cooperation in collaboration not only with the government, but also with organizations of PWDs, and other NGOs to realize Thai government policies mentioned in Chapter 3.

Since Thailand is a center of Indochina in terms of social and economical aspects, it has a significant influence on its neighboring countries. In addition, it is ahead of its neighboring countries in the field of supporting PWDs. Therefore, provision of support to “PWDs in the neighboring countries with Thailand as its core” forms an important framework for efficient and effective provision of cooperation in supporting PWDs not only in Indochina, but also in the Asian and Pacific region. And collaboration with Economic and Social Commission for Asia and Pacific (ESCAP) that has long experience in supporting PWDs in the region and NGOs will be highly beneficial in forming and implementing cooperation projects in line with such framework.

## **5-2 Cross-cutting lessons learned about project formation and implementation**

Cross-cutting lessons learned about project formation and implementation are as follows.

- (1) Participation of PWDs in cooperation and development of environment for the participation

A disability itself is a specialty, and PWDs know the needs of PWDs better than anyone else. PWDs have active role in effectively educating other PWDs. They can serve as role model. As a matter of fact, NGOs participated by PWDs in their action planning and implementation are efficiently carrying out activities that meet the needs of PWDs, and thus activity providers and recipients are both positive. Therefore, in order to efficiently implement cooperation projects that satisfy the needs of PWDs, it is necessary for JICA to allow PWDs in both Thailand and Japan to actively participate in all the stages of a project cycle, including project formation, implementation, monitoring and evaluation. And it is important to study and provide the conditions that facilitate participation of PWDs.

Collaboration with Japanese and Thai organizations of PWDs will be effective in providing conditions that facilitate active participation of PWDs in cooperation.



(2) Consideration for PWDs in cooperation

In order to realize the goals of full participation and equality of PWDs, it is necessary to incorporate point of accessibility in various aspects of social and economic activities, and thus it is necessary for JICA to study and effect disability-friendly environment mainly through development study and grant-aid cooperation with respect to the development of infrastructure and facilities (ESCAP already drew up the guidelines for non-handicapping environment to promote the development of infrastructure and environment with the cooperation of JICA experts).

(3) Collaboration with NGOs

Since JICA should tackle many cooperation themes, it cannot be expected to increase the annual amount of cooperation in the field of supporting PWDs in the future, and is required to work out the way to effectively use the present amount of cooperation. On the other hand, as mentioned earlier, there are a large number of excellent NGOs in Thailand that efficiently provide services that meet the needs of PWDs.

JICA provides inter-governmental technical cooperation, and thus its counterpart organization for implementation of a cooperation project is a government agency in principle. However, since it has an important task to work out the way to effectively utilize the present amount of cooperation as mentioned above, it should collaborate with NGOs and make use of their know-how. Since manifestation of cooperation effect varies greatly depending on whether there is an established utilizing system in a counterpart organization accepting our cooperation particularly for small scale cooperation such as the JOCV and Senior Volunteer dispatch, JICA should actively respond to a request for dispatch from NGOs.



## **MAIN BODY**



# CHAPTER 1 OUTLINE OF EVALUATION

## 1-1 Objectives, background and characteristics of evaluation

### (1) Objectives of evaluation

The objectives of the Thematic evaluation on JICA's support for persons with disabilities (hereinafter referred to as "PWDs") in Thailand are to review JICA's past cooperation projects in the field of supporting PWDs in Thailand with a view to "realizing the goals of full participation and equality of PWDs"; to learn lessons and suggestions as to how to improve future cooperation activities for realizing these goals; and to feed back the lessons and recommendation to the planning and implementation of future cooperation projects in the field of supporting PWDs.

### (2) Background and history behind implementation of this project

In the international community, the United Nations General Assembly proclaimed 1981 as "the International Year of Disabled Persons," and the years from 1983 to 1992 as "the United Nations Decade of Disabled Persons," while the period 1993 - 2002 was declared as "the Asian and Pacific Decade of Disabled Persons" at the 1992 ESCAP General Meeting. Thus, the international community has strengthened its supporting structure to realize the goals of full participation of PWDs in social life<sup>Note 1</sup>. Reflecting such international trends, the "Long-Term Programme for Government Measures for Disabled Persons" and the "New Long-Term Programme for Government Measures for Disabled Persons" were drawn up in 1982 and 1992 respectively in Japan. They set forth the fundamental direction and specific plans which Japan should adopt with regard to measures for PWDs, and indicated promotion of international cooperation as one of the areas which Japan should focus on.

JICA has been providing cooperation in the field of supporting PWDs mainly through project-type technical cooperation, acceptance of trainees and dispatch of Japan Overseas Cooperation Volunteers. In keeping with the above-mentioned international trends and Japan's movements toward strengthening their structures for supporting PWDs, JICA has been studying and reviewing its policies and methods for future cooperation with the aim of realizing the goals of full participation and equality of PWDs." It conducted basic studies in 1996 and 1997, and has been regularly holding internal review meetings since July 1998.

If JICA aims to establish a structure to realize the goals of "full participation and equality of PWDs," it should develop one based on its past experiences. However, it has no experience in evaluating its projects in the field of supporting PWDs. Therefore, JICA decided to conduct this evaluation.

Thailand has been selected for this case study, because JICA has already implemented certain cooperation projects in the field of supporting PWDs in Thailand, and expects to step up its cooperation in this field in Thailand as the nation plays a central role in the Indochina region.

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<sup>Note 1</sup> In Japan, "full participation and equality" are referred to as "normalization".

### (3) Characteristics of evaluation

Besides being characterized by the fact that “it is the first evaluation in the field of supporting PWDs,” this evaluation is characterized by the following three points.

#### 1) Emphasis was placed on the viewpoint of PWDs:

Since cooperation activities and various studies have been planned and conducted so far mainly by non-PWDs who were “service providers,” and PWDs who were “service recipients” did not take part in them in many cases, the team decided to place emphasis on the viewpoint of PWDs in this evaluation. For this reason, an expert with disabilities who has variety of disability-related experiences internationally was appointed to head the evaluation team, and in the field study, about 200 PWDs provided their views through interviews or questionnaire surveys.

#### 2) NGOs were also covered in this study, and the possibility of collaboration between NGOs and JICA was reviewed:

JICA is involved in project-type technical cooperation between governments; it normally conducts a study on government agencies. However, since there are many NGOs in Thailand efficiently providing services that meet the needs of PWDs. Therefore, major NGOs were covered for this evaluation to examine future more efficient cooperation between JICA and NGOs. In view of this, a researcher of international disability-related NGOs was appointed as the sub-leader.

#### 3) The study was conducted in Thai:

Not so many people understand English in Thailand, and therefore it is necessary to conduct a study in Thai in order to collect information through interviews and questionnaire surveys. Thus, two people who understand Thai were assigned as mission members, and conducted interviews and questionnaire surveys in Thai.

## **1-2 Evaluation framework**

“The realization of the goals of full participation and equality of PWDs” is the final goal for the support for PWDs, and the evaluation was conducted based on the framework given below (Fig. 1-1).

### (1) Present condition of PWDs

The evaluation team needed to grasp the present conditions of PWDs from statistical data and a questionnaire survey (133 respondents with disabilities) and to identify problems to solve in order to realize the goal.

### (2) Present measures to support PWDs

The team decided to gain understanding with respect to support for PWDs, on international trends,

policies and projects of the Thai government, and activities of NGOs.

(3) Evaluation of JICA's past cooperation projects

1) Japan has implemented cooperation projects for supporting Thai PWDs as described later in 1-5. The team decided to evaluate JICA projects for the Industrial Rehabilitation Center (project-type technical cooperation/grant aid cooperation), outcome of the technical training programme in Japan (77 trainees) and dispatch of Japan Overseas Cooperation Volunteers (hereinafter referred to as JOCV) including Senior Volunteers, a total of 10 members, that form the nucleus of the cooperation projects, using the following method.

- Industrial Rehabilitation Center (project-type technical cooperation/grant aid cooperation)

The team evaluated the project for the Industrial Rehabilitation Center by JICA Project Cycle Management Method (hereinafter referred to as JPCM method) with respect to five criteria (efficiency, effectiveness, relevance, impact and sustainability) through a field study and a questionnaire survey on PWDs who received the training course at the Center.

- JOCV projects and technical training programmes

The team conducted the questionnaire survey to institutions which received JOCV and Thai former trainees. Based on those results, the evaluation has been made mainly from the view points of effectiveness.

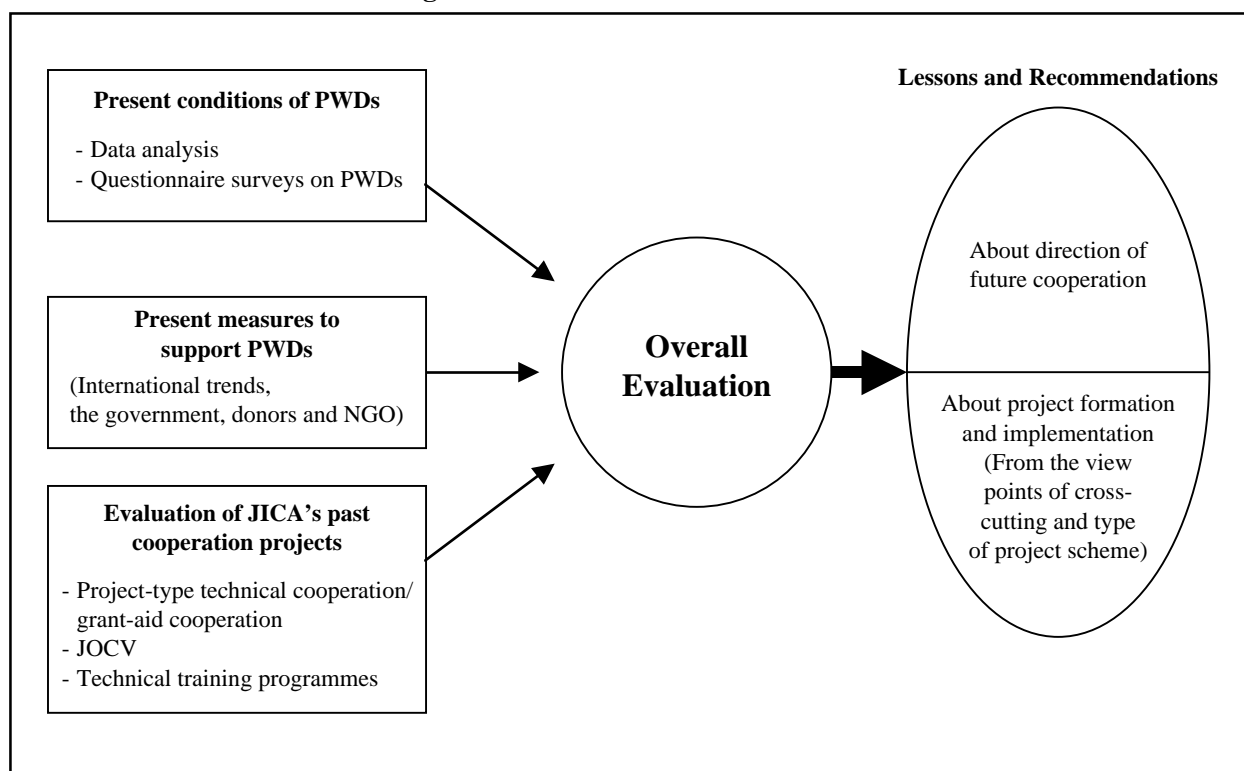
In addition, group interviews have been conducted with 9 JOCV who were still on duty at the time of evaluation and 20 Thai former trainees in order to deeply grasp and understand the needs of improvements of the both the JOCV projects and the technical training programmes.

2) Based on the results of surveys "Present conditions of PWDs", "Present measures to support PWDs" and "Evaluation of JICA's past cooperation projects", the team evaluated the entire JICA's cooperation from the view points of realization of participation and equality of PWDs.

(4) Lessons and recommendations for future JICA cooperation

The evaluation team extracted lessons and recommendations for direction of future cooperation, improvement of formulation and implementation of projects of JICA from the findings of the above studies.

**Figure 1-1 Framework of evaluation**



**1-3 Members of the evaluation team**

Role	Name	Position/Organization	Field study period
Leader	Ms. Yukiko Nakanishi	President, Asia Disability Institute	Aug. 11 - 18, 1999
Sub-leader	Mr. Akiie Ninomiya	Professor, School of Policy Studies, Kansei Gakuin University	Aug. 11 - 20, 1999
Member	Mr. Naoto Okawa	Staff, Office of Evaluation and Post-project Monitoring, JICA	Aug. 11 - 25, 1999
Member	Ms. Mari Furukawa	Associate Specialist, Indo-china Division, Regional Dept., JICA	Aug. 11 - 28, 1999
Member (Consultant in Japan)	Ms. Makiko Komasa	Consultant, Sekkei Keikaku Architects, Inc.	Aug. 11 - 28, 1999
Member (Local consultant)	Ms. Yuriko Saito	Consultant, IC NET Inc.	Aug. 11 - Oct.15, 1999



#### 1-4 Field study schedule

	Date	Time	Organizations visited	Important persons interviewed
1	Aug. 11 (Wed)	15:35 15:30 19:00	TG623 Mr. Ninomiya, Sub-leader, arrived. TG641 Ms. Nakanishi, leader, and other members arrived. Meeting with DPI Asia-Pacific Regional Council	Sen. Narong, Mr. Topong
2	12 (Thurs)	9:30  14:00  16:00	Meeting with JICA Thailand Office  Discussion with Council of Disabled People of Thailand (DPI-Thailand) Visit to DPI Asia-Pacific Regional Office	Deputy Resident Representative Mr. Umezaki Mr. Wiriya, Representative  Sen. Narong, Representative
3	13 (Fri)	9:00   14:00	Discussion with The Office of the Committee for Rehabilitation of Disabled Persons, the Department of Public Welfare, the Ministry of the Labor and Social Welfare Skill Development Center for the Blind	Ms. Surapee, Secretary-General  Rev. Velardo, Director
4	14 (Sat)	12:00 13:00	Team meeting Exchange of views with JOCV members concerning support services for PWDs	
5	15 (Sun)	7:30 9:00  14:00	Team meeting Exchange of views with ex-participants in JICA training programmes concerning support services for PWDs: Morning session -ditto-: Afternoon session	
6	16 (Mon)	9:00 12:00  16:00	Pakkred Home for Disabled Children ESCAP  Sirindhorn National Medical Rehabilitation Center	Ms. Kannikor, Director Ms. San, Mr. Takamine, Officials in charge Dr. Pattariya, Director
7	17 (Tue)	10:00 19:00	Discussion with Industrial Rehabilitation Center (IRC) Report to the Japanese Embassy and JICA Thailand Office	Ms. Ruanerrong, Director Mr. Okumura, Secretary, and Mr. Iwai, Secretary
8	18 (Wed)	10:50 9:00 13:00	Ms. Nakanishi, Team Leader, left for Japan on TG640. APHT's Wheelchair Repair Clinic Silent World Craft Center	Mr. Soros, Manager Mr. Surachet, Manager
9	19 (Thurs)	10:00	Pattaya Redemptorist Vocational School for the Disabled Persons	Mr. Supornnum, Schoolmaster
10	20 (Fri)	9:15	Mr. Ninomiya, Sub-leader, left for Japan on TG728. Team meeting	
11	21 (Sat)		Team meeting, and rearranged the schedule.	
12	22 (Sun)	10:30 16:00	Meeting to rearrange the schedule Thammasat University	Mr. Wiriya, Associate Professor
13	23 (Mon)	8:30 9:30 11:00	Discussion with Industrial Rehabilitation Center (IRC) Dainichi Color Inc. Discussion with Industrial Rehabilitation Center (IRC)	Ms. Reanerrong, Director Mr. Itano, President
14	24 (Tue)	9:00 13:00 15:00	Team meeting Pakkred Home for Disabled Children Foundation for Handicapped Children	Ms. Chantira, Social Worker Mr. Somchai, Manager
15	25 (Wed)	10:50 14:00 16:30	Mr. Okawa, team member, left for Japan on TG640. Somdet Chao Phraya Hospital Bureau of Mental Health Development, the Department of Mental Health, the Ministry of Public Health	PT Ms. Sirikul Ms. Suchada, Director
16	26 (Thurs)	9:30  15:00	Discussion with Sirindhorn National Medical Rehabilitation Center Royal River Hotel	Ms. Nipapan, ILU Chief  Sen. Narong
17	27 (Fri)	9:00 13:00 15:00	Committee for Rehabilitation of Disabled Persons Discussion with Industrial Rehabilitation Center (IRC) Report to JICA Thailand Office	Ms. Kanungnit Ms. Nawarat
18	28 (Sat)	10:50	Ms. Furukawa and Ms. Komasa, team members, left for Japan on TG640.	

## **1-5 Japan's past cooperation projects in the field of supporting PWDs in Thailand**

### **(1) Project-type technical cooperation projects and grant aid cooperation**

JICA's cooperation was provided in founding the "Industrial Rehabilitation Center (IRC)" and developing an organization for operating it through project-type technical cooperation and grant aid cooperation in order to facilitate vocational independence of PWDs as a result of industrial accidents that have increased in Thailand with the change of its industrial structure.

JICA provided the project-type technical cooperation from FY1983 to FY1990, follow-up cooperation in FY1991, and aftercare service in FY1996. The Japanese government granted 1,090 million as grant aid cooperation in order to prepare necessary facilities and equipment of IRC in FY1983.

Major services of IRC include providing vocational rehabilitation and medical rehabilitation for persons who suffered disability in industrial accidents and doing research and development of both rehabilitation.

### **(2) Dispatching experts and JOCV**

Up until now, JICA has dispatched four long-term experts, eight short-term experts and 19 JOCV members including two senior volunteers as shown in Table 1-1.

Most of them were dispatched after 1992, and the number of people dispatched has increased in recent years (see Table 3-5). JOCV members were sent mainly to schools for disabled children (10 members), and to other institutions including institutions for disabled adults/children (4 members), a hospital (3 member) and a NGO (2 members).

### **(3) Technical Training programmes**

A total of 77 trainees participated in training programme in the field of supporting PWDs that were carried out in Japan from FY1985 to FY1999 (of which 4 trainees participated twice, thus the real number of participants was 73). The number of training courses which they participated in was 12 as shown in Table 1-2.

"Training for rehabilitation of PWDs and for leaders of PWDs" was provided as an in-country training programme for three days from March 19 to 21, 1999. 180 persons from the Thai government and PWDs' organizations participated in this programme, which was implemented by the Ministry of Labor and Social Welfare. In addition, "Disabled Peoples' International (DPI) Seminar" was held in May 1998 as the third country training programme, for which Council of Disabled people of Thailand served as the implementation organization.

### **(4) Community empowerment programme**

In collaboration with NGOs, JICA started to launch a "community empowerment programme" aimed at bringing benefits directly to the poor class in FY1998. As its first year project, "the Foundation for Handicapped Children(FHC)" in Thailand acted as the counterpart agency, and held an "education

seminar” for families that have members with disabilities, and a “personnel training seminar” for public servants involved in public health and education, once for each, based on the theory of Community Based Rehabilitation (CBR) <sup>Note 2</sup>. The amount of support funded for this project was 1.3 million bahts.

(5) Grant-aid for grass-root projects

Grass-root grant-aid projects provided by the Japanese government are shown in Table 1-3. They are characterized by the fact that the government directly granted NGOs performing in local areas.

**Table 1-1 Past dispatch of long-term experts, senior volunteers and JOCV members in connection with projects for supporting PWDs**

<Long-term experts separately dispatched>

	Assignment	Assigned to	Dispatch period	
1	Prostheses and assistive devices	Department of Labor, the Ministry of Interior	Apr. 1992	Mar. 1993
2	Prostheses and assistive devices	Industrial Rehabilitation Center	Apr. 1995	Apr. 1997
3	PWDs' access to public facilities	ESCAP	Aug. 1995	Mar. 1998
4	Vocational rehabilitation	Department of Public Welfare, the Ministry of Labor and Social Welfare	Oct. 1998	Oct. 2000

<JOVC: Senior volunteers>

	Assignment	Assigned to	Dispatch period	
1	Social worker	Sirindhorn National Medical Rehabilitation	Nov. 26, 1997	Nov. 25, 1998
2	Training on education for PWDs	Center	Nov. 26, 1997	Feb. 15, 1999

(JOVC: Japan overseas cooperation volunteers)

	Assignment	Assigned to	Dispatch period	
NGO	1	The Foundation for Handicapped Children (FHC)	Dec. 11, 1996	Mar. 10, 1999
	2		Dec. 6, 1998	Dec. 7, 2000
Schools for disabled children	3	Amnatcharoen Welfare School	April 6, 1993	April 5, 1995
	4	Nongsomboon Welfare School	July 14, 1993	Mar. 31, 1996
	5	Chonburi School for the Deaf and Dumb	July 14, 1993	July 13, 1995
	6		July 14, 1999	July 13, 2001
	7	Nakhon Sawan Special Education School	Dec. 5, 1994	Mar. 20, 1998
	8	Nonthaburi School for the Deaf and Dumb	July 9, 1996	July 8, 1998
	9	Lopburi Specail School	July 9, 1996	July 8, 1998
	10	Seasatian School for the Deaf and Dumb	July 14, 1998	July 13, 2000
	11	Roburi School for the Deaf and Dumb	July 14, 1998	July 13, 2000
	12	Thungmahamek School for the Deaf	July 14, 1999	July 13, 2001
Institutions for disabled children/adults	13	Pakkred Home for Mentally Disabled Babies	July 14, 1998	July 13, 2000
	14	Pakkred Home for Disabled Children	July 14, 1996	July 13, 2000
	15		July 14, 1999	July 13, 2001
	16	Phrapradeeng Home for Disabled Adults	July 14, 1998	July 13, 2000
Hospital	17	Department of Medical Care Service, Ministry of Public Health	Aug. 5, 1987	Aug. 4, 1989

Note 2 Community Based Rehabilitation (CBR): In a narrow sense, it refers to a community care method that utilizes community resources in a combined manner so that people with disabilities can live in the community on an equality with people without disabilities. The theory was constructed mainly by WHO as an effective method for supporting disabled persons in developing countries. Efforts are currently being made to diffuse the theory mainly in developing countries.

**Table 1-2 Technical training programmes provided in Japan**

Course description	Number of trainees accepted
Course for training rehabilitation specialists	8 persons
Course for training leaders of disabled persons	10 persons
Techniques for assisting disabled persons in gaining independence	2 persons
Course for training medical rehabilitation specialists	2 persons
Course for training on policy for supporting disabled persons	6 persons
Course for training on education of disabled persons	5 persons
Course for training on engineering used to manufacture prostheses and assistive devices	4 persons
Course for training instructors in esophageal vocalization	7 persons
Course for training leaders for deaf persons	5 persons
Course for training on techniques for supporting visually disabled persons	5 persons
Course for training on welfare for intellectually disabled persons	7 persons
Course for training sports instructors for physically disabled persons	8 persons
Other	8 persons
Total	77 persons

**Table 1-3 Past grass-root grant-aid projects**

Fiscal year	Project title	Organization name	Implemented in	Japanese yen
1993 (H.5)	Project for vocational training and education for intellectually disabled persons	Foundation for the Welfare of the Mentally Retarded in Thailand	Bangkok	5,073,736
1994 (H.6)	Project for vocational training for disabled persons	Foundation for the Support and Development of Disabled Persons	Bangkok	5,512,000
1995 (H.7)	Project for rehabilitation of disabled persons in Sriboonruang and for disability prevention model city	Sriboonruang Hospital	Nong Bua Lamphu	5,121,088
1996 (H.8)	Project for training center for teachers and instructors for joint integrated education of disabled children	Baan Rak Kindergarten School	Bangkok	9,580,981
1996 (H.8)	Flying wheelchair project	Redemptorist Vocational School for the Disabled Persons	Pattaya	9,639,278
1998 (H.10)	Project for construction of vocational training center for visually disabled persons	Foundation for the Employment Promotion of the Blind	Bangkok	9,552,236
1998 (H.10)	Project for toy library for disabled persons	North Child Development Center	Chiang Mai	9,205,534
1998 (H.10)	Project for loaning Braille typewriters for visually disabled students	The Christian Foundation for the Blind	Bangkok	7,548,342
1998 (H.10)	Project for construction of gymnasium for disabled persons	Sirindhorn National Medical Rehabilitation Center	Bangkok	9,982,800

Source: Japanese Embassy in Thailand

## CHAPTER 2 PRESENT CONDITIONS OF PWDs

### 2-1 General situation concerning PWDs

#### (1) Attitude toward PWDs

In the teachings of the Orthodox Buddhism, which is the state religion of Thailand, whether a person has a blessed fate or an ill fate is believed to be determined by “his deeds in his previous lifetime,” and therefore a disability is still strongly recognized particularly in rural areas as the result of evil deeds committed by the person suffering the disability. Accordingly, while people take pity on PWDs with feelings of mercy, they also entertain deep-rooted feelings of shame toward PWDs, and people who have a disabled person in their families tend to make efforts to hide him or her from others. In contrast, since the fate of a person in the future life is determined by “his deeds in this life,” it is the custom for Thai people to practice “danbun (striving after virtue)” in the hope of achieving happiness in the future life; people frequently make contributions, offer oblations, and present offerings not only to temples and Buddhist monks, but also to welfare institutions for PWDs, orphans, elderly people and so on.

#### (2) Statistical data on PWDs

There are not sufficient statistics on PWDs yet in Thailand, and especially conditions of PWDs living in rural areas are virtually unknown. This has to be viewed against the background of the fact that there is still a persistent tendency among people who have a disabled person in their families, as mentioned above, to hide him or her from other members of their communities, making it difficult to find out the actual conditions of PWDs. In addition, there are significant discrepancies among the statistics used in ministries and agencies, and the Committee for Rehabilitation of Disabled Persons (refer to 3-2), which belongs to the Department of Public Welfare of the Ministry of the Labor and Social Welfare, and supervises policies for PWDs, currently uses the statistics compiled by the National Public Health Foundation of the Ministry of Public Health. These statistics indicate that the population of PWDs in Thailand reached 4,825,681 in 1996, which accounted for 8.1% of the total population of the country<sup>Note 3</sup>.

A review of PWDs by age group (Table 2-1) shows that the ratio of PWDs in the age group of 60 or over and in the 20-29 age group is as high as approximately 20% each. As compared with the age distribution of total population, the age group of less than 10 shows a considerably small figure, indicating a low survival rate for disabled children.

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<sup>Note 3</sup> “The Report of the Health and Welfare Survey” (1996) of the National Statistical Office shows that the population of disabled people in Thailand is 1,097,800, and accounts for approximately 1.8% of its total population. The total population of Thailand as of July 1997 was estimated at 59.45 million (Source: Thailand/Indochina Project Formation Survey). According to the Office of the Committee for Rehabilitation of Disabled Persons, the prompt report on the questionnaire survey recently conducted by the Department of Public Welfare estimates the total number of disabled persons in the nation to be 300,000.

**Table 2-1 Number of PWDs by age group**

(In thousands of persons)

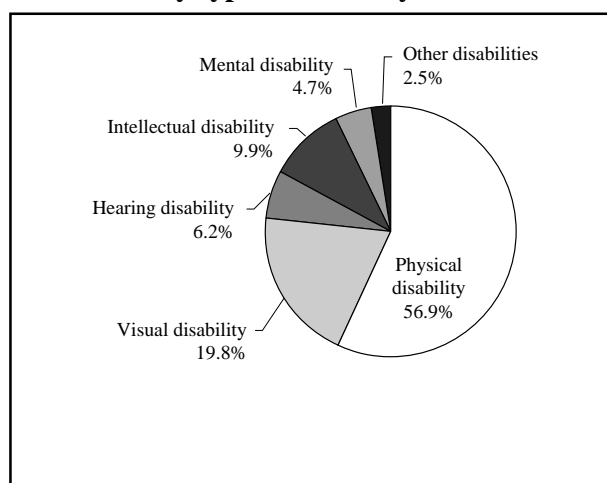
	10 or below	10-19	20-29	30-39	40-49	50-59	60 or over	Total
Population of PWDs	103.3 9.4%	190.1 17.3%	218.6 19.8%	158.0 14.3%	107.1 9.7%	104.0 9.4%	220.2 20.0%	1,101.3 100.0%
Total population	13,754.5 24.1%	11,140.3 19.5%	11,371.1 19.9%	8,320.1 14.6%	5,209.8 9.1	3,729.4 6.5%	3,521.2 6.2%	57,046.41 100.0%

Source: "Report of the Health and Welfare Survey 1991" by the National Statistical Office

The statistics on the number of PWDs by type of disability compiled by the National Public Health Foundation indicate that physically disabled persons account for more than half, followed by visually disabled persons who account for about 20%, and these two types of disability alone constitute three quarters of the total (Fig. 2-1).

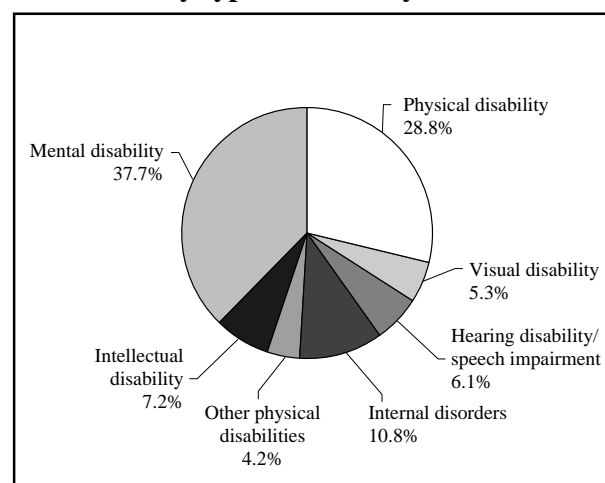
As can be seen in Fig. 2-2 "Percentage of PWDs in Japan by type of disability," there is a conspicuous tendency among developed countries to show a significantly large ratio for mental disability or internal disorders<sup>Note 4</sup>. In contrast, Thailand has a very low ratio for these types. This is presumably because people are identified as PWDs only when their disabilities can be visually recognized. The Ministry of Public Health reported that as far as the category of mental and intellectual disabilities is concerned, although they started to provide services in some areas, there are not many specialists and the existence of disabilities itself has not been recognized<sup>Note 5</sup>.

**Figure 2-1 Percentage of PWDs in Thailand by type of disability**



Source: The Committee for Rehabilitation of Disabled Persons (1996)

**Figure 2-2 Percentage of PWDs in Japan by type of disability**



Source: FY 1996 "Fact Finding Survey on Physically Disabled Persons" conducted by the Department of Health and Welfare for PWDs, Minister's Secretariat of the Ministry of Health and Welfare

Note 4 Functional disorders of internal organs such as kidney malfunction and respiratory malfunction.

Note 5 There are 376 psychiatrists in the whole country, and the ratio of a psychiatrist to 100,000 population is 0.61. (According to the survey conducted by Somdet Chao Phraya Hospital in April 1998).

## 2-2 Conditions of PWDs

The team delivered questionnaires to about 680 persons who actually have disabilities in order to grasp circumstances surrounding PWDs “from their own viewpoint,” and to find out their demands. 133 effective responses were obtained. The effective response ratio was 20%<sup>Note 6</sup>.

As the team expected difficulty in random-sampling PWDs to conduct the questionnaire survey in Thailand, the survey was conducted with the full-scale cooperation of “Council of Disabled People of Thailand (DPI-Thailand; refer to 3-1 (2)),” which is the largest domestic organization for PWDs in Thailand. And the Committee for Rehabilitation of Disabled Persons (refer to 3-2 (1)), the institutions visited by the team and JOCV were also cooperated to distribute the questionnaires. Therefore, in reviewing the results of the questionnaire survey, it is necessary to take the basic attributes of the respondents into full consideration.

### (1) Basic attributes of respondents

Although the respondents range widely in age from 4 to 65<sup>Note 7</sup>, many of them are in their 20s-40s. Regarding their academic backgrounds, those who graduated from high school or higher educational institution account for 50%, and college graduates constitute 20%. These figures are higher than the national average in Thailand (18% for high school graduates, and 15% for college graduates<sup>Note 8</sup>). This is presumably because the questionnaire was distributed mainly through DPI-Thailand, an organization that carries out activities for protecting rights and supporting PWDs, and many of the respondents are fortunate to have a better financial state and enjoy opportunities to receive an education and participate in social life. As for type of disability, persons with physical disability account for nearly 60%, followed by persons with a hearing disability and persons with visual disability, each of which constitutes about 20%. These figures are close to the national averages shown in Fig. 2-1. Registered PWDs<sup>Note 9</sup> account for a little less than 90% of the total, which is considerably higher than the national average (5%). With regard to the distribution of their domiciles, about half of respondents live in urban areas, while a quarter of them live in rural areas, and another quarter live in places that are unknown.

When asked about their rehabilitation experiences, about 65% of respondents indicated that they had experience in medical rehabilitation, while not so many of them (35%) answered that they had experiences in vocational rehabilitation. Regarding “types of necessary support on a daily basis” (more than one selection), although a little more than 50% of respondents chose “I need no support,” a little more than 40% of them replied that they needed some kind of support. Asked when they need assistance, many physically disabled persons replied that they needed assistance when they “move from one place

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<sup>Note 6</sup> The response rate is extremely high for a questionnaire survey targeted at PWDs.

<sup>Note 7</sup> For child under school age, their parents answered the questions.

<sup>Note 8</sup> In 96-97. Data from “The State of the Worlds Children”

<sup>Note 9</sup> See 3-2(2).

to another.” When questioned whether services necessary for them to lead a life are being provided, the majority of respondents selected “they are being provided,” whereas those who chose “they are not being provided” accounted for as large as 40%.

## (2) Job/income source

The exact figures for “whether you have a job or not,” was not obtained because respondents had varied definitions of “job” as indicated by the fact that even those who were receiving vocational training at the institutions were divided between “I have a job” and “I do not have a job<sup>Note 10</sup>.” The most widely selected response to the question “places where you spend weekdays” was “workplace” (more than 30%), followed by “school,” cited by nearly 30% of respondents. This indicates that approximately 60% of respondents have a job or go to school. The most popular response to the question about the specific nature of their jobs (multiple choice)<sup>Note 11</sup> was “sheltered workshop for PWDs” (26%), followed by “self-employment” (15%). Those who selected “more than 20 days per month” for the question about their average actual working days account for about 60% of the total, which indicates that many of them work almost fulltime. The most popular response to the question as to their complaint about work was “small income,” selected by nearly 40% of them.

The most popular response to the question about “type of occupation desired by PWDs” (Table 2-2) was “self-employment,” cited by about 40%, followed by “sheltered workplace that is understanding toward the disability you have” and “employee of an ordinary company.” This indicates that they have a considerably high expectation about employment.

When questioned about their source of income needed to make a living, approximately 40% of respondents selected “income earned by myself” and “income earned by my family” respectively. This indicates that under the present circumstances, it is difficult for even those respondents who belong to a blessed group of people to gain economic independence.

## (3) Social conditions

Approximately 60% of respondents spend weekdays in their workplaces or schools. Those who go out almost everyday account for more than 40%, and if the percentage of respondents who selected “I go out 3-5 days a week” is added to this figure, the majority of respondents go out more than three days a week. On the other hand, every one out of four respondents selected “I go out 1-2 days a month,” and thus we cannot ignore the fact that there are PWDs who have difficulty in going out.

More than 80% of all respondents chose “I can go out by myself,” but many of them cited “I have difficulty in getting on the bus” that is the principal means of public transportation, “I have

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<sup>Note 10</sup> Other examples of respondents who gave an obscure response include those who cited a “reason for not working” because the amount of their earnings did not reach the amount sufficient to make a living, respondents receiving vocational training who gave an answer to such questions as “types of job” and “average actual working days per month,” and respondents who selected “working” and also gave a response to “what type of occupation do you wish to have.”

<sup>Note 11</sup> It should be noted that some of the respondents who are not working answered this question as well.



difficulty in walking along the street,” and “high transportation expenses” when asked about “what difficulties do you encounter while you are out” (Table 2-3).

A review of their participation in organizations for PWDs and of their participation in the activities of such organizations shows that nearly 80% chose “I take part in activities of an organization for PWDs.” If the percentage of those who cited “I am a member but not an active member” is added to this figure, nearly 90% of respondents take part in activities of some kind of organization for PWDs. This could be due to the basic attributes of the respondents.

**Table 2-2 Type of occupation desired by PWDs**

(Multiple choice, %)

	Number of persons	Percentage (%)
Self-employment	52	39.1
Employee of ordinary company	24	18.0
Workshop for PWDs	21	15.8
Temporary job, part-time job, a side job suited for the disability you have	13	9.8
Workplace that is understanding toward the disability you have	1	0.8
Workplace provided with a dormitory	29	21.8
Other	0	0.0
Have no plan to work.	1	0.8
No answer	5	3.8
Total	146	109.8

**Table 2-3 Difficulties encountered by PWDs while they are out**

(Multiple choice, %)

	Number of persons	Percentage (%)
Have no one to take care of me	18	13.5
Have difficulty in walking along the road	38	28.6
Have difficulty in getting on the bus	55	41.4
Have difficulty in reading information displayed on the bus	12	9.0
High transportation expenses	36	27.1
Feel uneasy about the gaze of other people	31	23.3
So crowded with people that I come near to bumping into them	2	1.5
Other	31	23.3
No answer	8	6.0
Total	231	173.7

(4) Future considerations and requests

The team will sort out free responses to the four questions, “what is it that you most enjoy now,” “what is the most serious issue that concerns you now,” “what kind of life do you wish to lead in the future,” and “what is needed to realize your dreams,” and present the problems as “future considerations.”

Many respondents chose “issues related to income, finances” (33 respondents) and “issues related to a lack of support to PWDs” (32 persons) for the question “what is the most serious issue that concerns you now” (Table 2-4). As the specific “issues related to my income,” they cited “small income” or “no income.” In connection with “issues related to a lack of support to PWDs,” more than one

response were cited concerning “public transportation facilities and difficulty in moving from one place to another,” “poor access to the administration,” and “lack of services needed for a living.”

To the question “what would you like to do in your life in the future” (Table 2-5), many replied that they wish to lead a social life after achieving economic independence though “work other than self-employment, vocational training” (52 persons) and “self-employment” (23 persons). Although many PWDs wish to be self-employed now (Table 2-2), it can be said that many of them really desire to have wider options including work other than self-employment. The most popular response to “what is needed to realize your dreams” (Table 2-6) was “fund provision and loans,” followed by “things related to vocational training and work.”

The above findings underline the fact that what PWDs desire most now is support to their employment to achieve economic independence, and also revealed a strong demand for development of a supporting system on the part of administrative bodies, and for understanding of PWDs in the entire society, including “public support from government agencies and institutions” and “understanding and aid from supporters and communities.”

To the question “what is it that you most enjoy now” (Table 2-7), respondents cited “things related to hobbies and life” at the top of the list, followed by “things related to job,” and “things related to support to PWDs.” To the answer about “hobbies and life,” 23 respondents cited sports. Sports are not only good physically and mentally for PWDs, but also play the role in educating the public in general on understanding of PWDs. It is extensively pointed out that since the success of sports event for disabled persons the “FESPIC Games” held in Thailand in January 1999, the public in general has gained a better understanding of PWDs. It is very important to promote these activities that will make PWDs feel happy, and lead to empowerment.

In addition, there are several PWDs who participate in their communities through activities for supporting PWDs, and thereby feel that they are leading a meaningful life. This is exemplified, for example, by the fact that many respondents find significance in supporting other PWDs, and thus cited “giving advice to PWDs,” “became able to teach aurally PWDs by taking a non-formal education course,” “visiting PWDs in the local community,” “engaged in work related to PWDs” and “supporting persons with a disability of a higher grade of the severity than my own disability.”

**Table 2-4 What is the most serious issue that concerns you now**

(Multiple choice, %)

	Number of persons	Percentage (%)
Issues related to income, finances	33	24.8
Issues related to a lack of support to PWDs	32	24.1
Issues related to work	21	15.8
None	10	7.5
Issues related to living	9	6.8
Issues related to studies	3	2.3
Other (human relationships)	13	9.8
No answer	21	15.8
Total	142	106.8

**Table 2-5 What would you like to do in your life in the future**

(Multiple choice, %)

	Number of persons	Percentage (%)
Something related to job other than self-employment, vocational training	52	25
Something related to support to PWDs	23	18.8
Something related to self-employment	16	17.3
Something related to living, family	10	12.0
Something related to education, academic qualifications	20	7.5
Other	12	15.0
No answer	39.1	9.0
Total	158	118.8

**Table 2-6 What is needed to realize the dreams of PWDs**

(Multiple choice, %)

	Number of persons	Percentage (%)
Funds and loans	32	24.1
Vocational training and job	15	11.3
Official support from government agencies, institutions	16	12.0
Understanding and aid from supporters and community	13	9.8
Mental matters	10	7.5
Education	7	5.3
No description	7	5.3
Other	13	9.8
No answer	28	21.1
No answer	2	1.5
Total	143	107.5

**Table 2-7 What is it that you most enjoy now**

(Multiple choice, %)

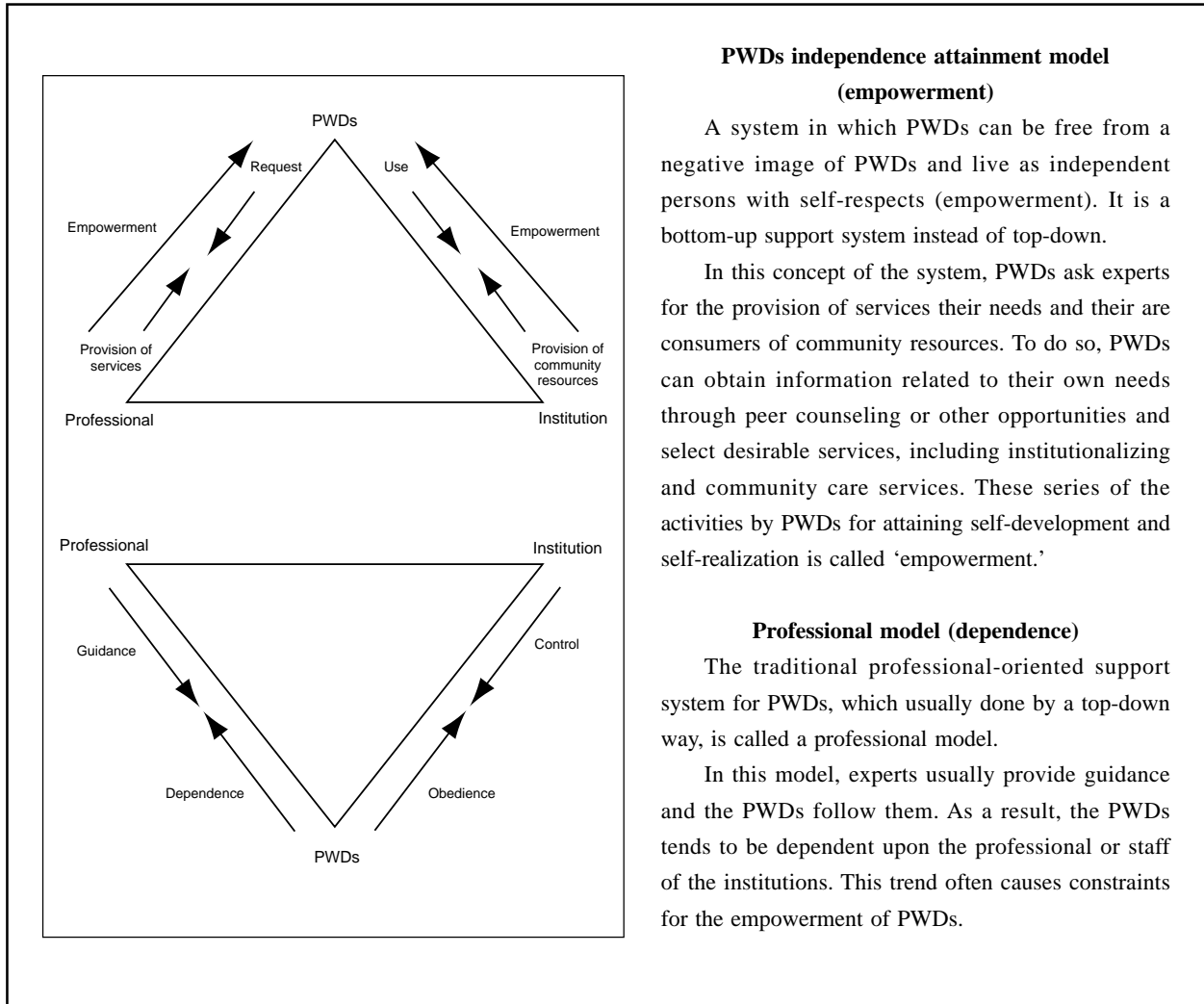
	Number of persons	Percentage (%)
Things related to hobbies and life	72	54.1
Things related to job	25	18.8
Things related to support to PWDs	20	15.0
Things related to studies	4	3.0
Other (degree of satisfaction, achievement in awareness or obscure responses)	8	6.0
No answer	19	14.3
Total	148	111.3

**(5) Conclusion**

Since many of the respondents sampled for this questionnaire survey belong to a group of highly educated people fortunate to have a job, vocational training and social participation opportunities, they have attained a high degree of independence in their daily lives, and actively participate in social activities. However, even for these people who belong to such a blessed group, the greatest wish is to attain economic independence, and to secure a job to achieve it. This survey also revealed the fact which PWDs who enjoy a relatively favorable environment strongly feel that they can lead a meaningful

life by participating in activities for supporting other PWDs, in addition to hobbies. These findings also revealed that there has been a tendency for PWDs in Thailand to seek self-realization and social participation, and that PWDs themselves can be important human resources for empowerment of other PWDs (refer to “BOX I: PWDs independence attainment model and professional model”)

**BOX I PWDs independence attainment model and professional model**



**PWDs independence attainment model (empowerment)**

A system in which PWDs can be free from a negative image of PWDs and live as independent persons with self-respects (empowerment). It is a bottom-up support system instead of top-down.

In this concept of the system, PWDs ask experts for the provision of services their needs and their are consumers of community resources. To do so, PWDs can obtain information related to their own needs through peer counseling or other opportunities and select desirable services, including institutionalizing and community care services. These series of the activities by PWDs for attaining self-development and self-realization is called ‘empowerment.’

**Professional model (dependence)**

The traditional professional-oriented support system for PWDs, which usually done by a top-down way, is called a professional model.

In this model, experts usually provide guidance and the PWDs follow them. As a result, the PWDs tends to be dependent upon the professional or staff of the institutions. This trend often causes constraints for the empowerment of PWDs.

## CHAPTER 3 PRESENT MEASURES TO SUPPORT PWDS

### 3-1 International trends

#### (1) UN/ESCAP trends

The United Nations adopted and proclaimed the Declaration on Rights of Mentally Retarded Persons at the 1971 General Assembly and the Declaration on Rights of Disabled Persons at the 1975 General Assembly, and proclaimed 1981 as “the International Year of Disabled Persons”. A series of these resolutions by the United Nations provided the international community with an opportunity to address support to PWDs as an important issue. Furthermore, the UN took positive action toward “realizing the equalization of opportunities of PWDs” when it proclaimed the years from 1983 to 1992 as “the United Nations Decade of Disabled Persons.”

In the Asian and Pacific region, Economic and Social Commission for Asia and the Pacific (hereinafter referred to as ESCAP) declared the period 1993-2002 as “the Asian and Pacific Decade of Disabled Persons” followed “the United Nations Decade of Disabled Persons.” At the same time, it adopted “the Proclamation on the Full Participation and Equality of PWDs in the Asian and Pacific Region” and formulated the Agenda for Action covering 12 specific themes (Table 3-1).

**Table 3-1 12 areas covered in ESCAP agenda for action**

(1) National coordination	(2) Legislation	(3) Collection of information
(4) Public awareness activities	(5) Accessibility and communication	(6) Education
(7) Vocational training and employment	(8) Prevention of causes of disabilities	(9) Rehabilitation services
(10) Assistive devices	(11) Formation of self-help organizations	(12) Regional cooperation

Source: ESCAP

ESCAP assists various countries to develop laws related to PWDs, and related laws concerning PWDs have already been enacted in many countries including China, Fiji, India, Indonesia, Japan, Pakistan, Philippines, Korea, Sri Lanka and Thailand. As its important goal for this decade, ESCAP has set up the target of improving accessibility of PWDs, and has been carrying out the Project for “Promotion of Non-handicap Environment for Disabled Persons<sup>Note 12.</sup>”

“The Asian and Pacific Decade of Disabled Persons” also extensively addresses the gender problem of PWDs. When addressing the gender problem, ESCAP focuses on two parties, persons who looks after PWDs and disabled women themselves.

<sup>Note 12</sup> Barrier-free pilot site have been completed in three cities, Beijing, Bangkok and New Delhi, and a guideline is being formulated. As a result of this, there has been a new move in China, India and Thailand; China is reviewing its design regulations, India developed their own guideline based on the UN guideline, and Thailand is developing a bill for accessibility. Future efforts should be directed to improve the guidelines, and seek cooperation and coordination among the countries concerned for the global standardization of this guideline.

ESCAP requires that the governments of member nations, international organizations including the United Nations, PWDs in the Asian and Pacific region and all other people, bodies and organizations involved in support to PWDs should work together to carry out such activities. NGO representatives participated in the Subcommittee on Disability-related Concerns of the “Regional Interagency Committee for Asia and the Pacific Region” that was set up in 1986, and major NGOs participated in the meeting<sup>Note 13</sup> to review the progress of the implementation of the Agenda for Action of “the Asian and Pacific Decade of Disabled Persons” held twice so far to evaluate activities of each nation, and played an important role. Collaboration among the three parties, governments, international organizations and NGOs, will be important in the field of supporting PWDs in the Asian and Pacific Region in the future as well.

## (2) Moves of international NGOs

In December, 1981 or the year proclaimed as the International Year of Disabled Persons, “Disabled Peoples’ International (DPI),” an international NGO of PWDs, was established with participation of PWDs from 67 countries. DPI is an organization that promotes empowerment of PWDs, including liberating PWDs from a negative image of their own disabilities and assisting PWDs to lead an independent living. DPI divides the world into five regions<sup>Note 14</sup> and Thailand belongs to the “Asia-Pacific Region.” The head office of the Asia-Pacific Region moved from Manila, Philippines to Bangkok, Thailand in April 1999, and Bangkok has just begun to go into action as the center of activities by PWDs in the Asian and Pacific region.

Other international NGOs operated by PWDs themselves, such as the World Blind Union (WBU) and the World Federation of the Deaf, have their own member organizations and positively carry out their activities. The Rehabilitation International (RI) is an international NGO of professionals influential in Europe and the U.S., with such participants as doctors, engineers and other learned men involved in support to PWDs, but it has no noticeable operations in Thailand. Active operations are carried out by such organizations of specific experts as Handicap International, a manufacturer of orthoses and assistive devices, Help Age International, which is for elderly people, CBM (Christoffel-Blinden Mission<sup>Note 15</sup>) and Helen Keller International, organizations that support visually PWDs, and Save the Children Fund, an organization for children. It is expected that NGOs of PWDs and NGOs of professionals will cooperate with one another, and systematically develop a global-scale supporting system in the future.

The number of PWDs in the world is estimated at about 600 million; about 60% of them live in

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<sup>Note 13</sup> The third Meeting is scheduled in November 1999 to review approaches of each country.

<sup>Note 14</sup> 1) Europe region, 2) North America-Caribbean Sea region, 3) Africa region, 4) Latin-America region, 5) Asia-Pacific region

<sup>Note 15</sup> ‘Christian Foundation for the Blind’ in English. A Christian NGO of Germany which has a head office in Khonkaem. It is especially well-known for its CBR activities in the northern part. It carries cross-sectional activities in the fields of medical care, vocation and education.

the Asia-Pacific region, and about half of which, i.e. more than 150 million are said to be women<sup>Note 16</sup>. It is also estimated that 65-80% of PWDs live in rural areas, but it is assumed that more than 90% of facilities and services available to PWDs are concentrated in urban areas, and less than 10% of them are available in rural areas. Accordingly, governments, NGOs and international organizations all recognize the importance of self-supporting activities of NGOs for PWDs in rural areas. In addition, since CBR<sup>Note 17</sup> has achieved remarkable results especially in rural areas of the Asian and Pacific region, it is anticipated that CBR will be diffused and strengthened by NGOs.

### **3-2 Policies of Thai government for PWDs**

#### **(1) High-ranking project**

The Thai government implements its policies for PWDs in line with the above-mentioned international trends (refer to Table 3-5). The first law related to PWDs “Rehabilitation of Disabled Persons Act B.E.2534: hereinafter referred to as the Rehabilitation Act) was enacted in November, 1991, and relative ministerial ordinances were enacted in 1994 by the Ministry of Labor and Social Welfare and the Ministry of Public Health. In addition, the “new constitution” that declares “human-centered development” was promulgated in October, 1997, whereby “the rights of equal opportunities and full participation in social life for every disabled person” was guaranteed under the law for the first time in Thailand. In response to these moves, PWDs started to have a much stronger awareness, and have been more actively involved in political participation, thereby have become a powerful driving force<sup>Note 18</sup>.

The policies for PWDs have been implemented by “the Committee for Rehabilitation of Disabled Persons” (hereinafter referred to as the Rehabilitation Committee)<sup>Note 19</sup>, an advisory body organized under the Ministry of Labor and Social Welfare, in collaboration with each ministry and agency concerned. The Office of the Committee for Rehabilitation of Disabled Persons (hereinafter referred to as the Office of Rehabilitation Committee) is established within the Department of Public Welfare of the Ministry.

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<sup>Note 16</sup> This paragraph is taken from “Disable People and NGOs in Asia” (authored by Ninomiya Akiie Henry, published by Akashi Shoten)

<sup>Note 17</sup> See 1-5 (4).

<sup>Note 18</sup> Significant was the success achieved by DPI-Thailand, the Foundation for Handicapped Children and other 40 organizations in making the government to accept the contention of disabled people after working as a group and pressuring the government during the revision of the Constitution in 1997 and the revision of the Education Act in 1999.

<sup>Note 19</sup> The Minister of Labor and Social Welfare chairs the Committee, and members include a vice minister from each of the Ministry of Defense, the Ministry of Labor and Social Welfare, the Ministry of Education, the Ministry of Public Health and the Ministry of Universities, Director of the Department of Budget, Director of the Department of Medical Service of the Ministry of Public Health, Director of the Department of Public Welfare of the Ministry of Labor and Social Welfare, Director of the Department of General Education of the Ministry of Education and persons of learning and experience appointed by the Minister (less than six persons; more than two disabled persons should be included).

Article 12 of the Rehabilitation Act<sup>Note 20</sup> specifically requires the government and non-governmental organizations to work together to formulate and implement policies for PWDs.

The present Director of the Department of Public Welfare has laid down a course to actively promote the partnership particularly with organizations for PWDs, and the Office of the Rehabilitation Committee ensures that it formulates and implements policies in collaboration with NGOs at all times<sup>Note 21</sup>.

On the other hand, public bodies are beginning to develop a tendency to approach organizations of PWDs for collaboration. At the Sirindhorn National Medical Rehabilitation Center (hereinafter referred to as Sirindhorn RC), government officials in charge, and representatives of public institutions, organizations of PWDs gathered to attend the “Seminar on Independent Living,” which was held for two days from August 16 and 17, 1999. It was the first attempt ever made by public institutions in the field of supporting PWDs to invite the parties concerned from different types of organizations and hold an event aimed at spreading the activities for supporting independent living, and thus it is expected that promotion of services for supporting independence will gain momentum in the future.

## (2) Programmes for supporting PWDs

### 1) Disabled persons registration system

Under the provision of the Rehabilitation Act, PWDs are allowed to register themselves as a disabled person. PWDs can register themselves at the Public Welfare Office placed under the jurisdiction of the Ministry of Labour and Social Welfare located in the area where they live by submitting a certification of disability issued by a doctor. Disabilities are classified into Grade 1 to Grade 5 according to the severity, and various supporting services are provided only for persons with a severe disability of Grade 3, 4 or 5. As of the end of June, 1999, the number of registered PWDs is 214,920, or less than 5% of all PWDs. This is because, in addition to the institutional background that provision of supporting services is limited to persons with disability of Grade 3, 4 or 5, there are not many doctors capable of determining the grade of a disability, and the existence of registration system itself is not known in rural areas, and even if PWDs know about the system, many of them feel that they do not have many benefits by registering themselves.

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<sup>Note 20</sup> Article 12 “The Office of Rehabilitation of Disabled Persons shall, in performing operations concerning rehabilitation of disabled persons, secure coordination and cooperation with the domestic and foreign government agencies and non-governmental organizations concerned, and guarantee the right of disabled people to obtain support specified in Article 15.”

<sup>Note 21</sup> More specifically, before the revision of the Education Act in August 1998, DPI Thailand drew up a detailed guideline for revising the Educational Act, provided administrators in charge of education, school masters and disabled people with seminars to improve their understanding, and provided guidance on practical knowledge, thus offering theoretical and technical services to administrative organs. Representatives of service-provider-type NGOs including the Foundation for Handicapped Children, Redemptorist Vocational School for Disabled Persons and Skill Development Center for the Blind not only participated in the policy-making phase of the government, but also fed back know-how accumulated through their activities to the administrative organs.



Under the Rehabilitation Act, registered PWDs are entitled to receive services including 1) medical rehabilitation and welfare devices (specified by ministerial ordinances), 2) education<sup>Note 22</sup>, 3) vocational training and consultation, 4) daily necessities, equipment/instruments for social participation, 5) support to human rights lawsuits and access to government agencies. They are also entitled to benefits including 1) livelihood aid to poor households (500 bahts/month)<sup>Note 23</sup>, 2) a loan to start business (20,000 bahts, to be repaid over 5 years/free of interest), and 3) a special emergency benefit (2,000 bahts/each time; less than 3 times a year). However, what is really happening is that any of the services will be suspended immediately due to a shortage of government revenue when their allocated budget has been used up, and the services are not always provided for all PWDs in need of such services.

## 2) Medical rehabilitation of PWDs

Medical rehabilitation of PWDs plays an important role in improving the condition their disabilities, and promoting their independence, and is to be provided for registered PWDs free of charge in Thailand as mentioned earlier.

Medical rehabilitation is provided at a total of 130 public and private hospitals, but only hospitals of prefectural or higher levels (92 hospitals across the nation in 1997) are provided with actually needed equipment and personnel.

“Sirindhorn National Medical Rehabilitation Center” (hereinafter referred to as Sirindhorn RC), which was established under the jurisdiction of the Department of Medical Service of the Ministry of Public Health in 1992, plays a central role in medication rehabilitation. In addition to providing medical examinations, physical therapy and occupational therapy for outpatients and inpatients, Sirindhorn RC has an “independent living unit” for inpatients. As the core institution for national medical rehabilitation, it carries out research, studies and personnel training programmes.

As for medical rehabilitation for people who suffered injuries in industrial accidents, the “Industrial Rehabilitation Center (IRC),” established in 1985 with the cooperation of JICA provides medical rehabilitation for vocational rehabilitation, and is a model institution in this field.

## 3) Education of PWDs

The Report of the Health and Welfare Survey conducted by the National Statistical Office indicates that of the PWDs in Thailand, the school-age population (7-19) is 155,300, of which 11,292 persons go to school. This represents a mere 7.3% of the total school-age population, which

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<sup>Note 22</sup> The revision of the Education Act in August 1999 entitled all people with disabilities, whether they are registered or not, to 12 years of basic education without tuition fees.

<sup>Note 23</sup> “The assistance” should not target all the poor families with members who have handicaps. It should be limited only to the families with members who have severe handicaps and can not participate in the rehabilitation programs for self-reliance.

is extremely low<sup>Note 24</sup>. Since provision of education opportunities is a fundamental prerequisite to the realization of the goals of participation of PWDs in social life and of the equalization of opportunities for them, the Thai government is currently giving the highest priority to expansion of education opportunities for PWDs.

The Ministry of Education proclaimed the year 1999 as the “Year for Education of Disabled Persons,” and put the “New Education Act” into force in August of the same year, thereby guaranteed the right of all PWDs to receive an education free of tuition fees and to receive an education suited to personal traits and environment of individuals. More specifically, it increased the number of Special Education Schools<sup>Note 25</sup> from the present 24 to 37, and plans to set up one school in each of all 76 provinces in the future. It has also come up with a plan to enhance the functions of “Special Education Centers” that assist ordinary schools to provide education for PWDs. It plans to increase the number of “Special Education Centers” from five (5 provinces) to eight (8 provinces) within this year, to train teachers who educate PWDs, and to enhance its function in the field of developing and distributing teaching materials. The new Education Act has enabled PWDs who have difficulty in attending an educational institution to receive an education at home, and thus education opportunities are expected to expand dramatically for PWDs. Of all PWDs, only about 40,000 or so (approx. 8%) have received an education so far. The goal of these plans is to increase this number to 80,000-100,000 all at once this year.

#### 4) Employment of PWDs

The number of PWDs in the working-age (15-60) population of Thailand is estimated at 1,400,000 (1996)<sup>Note 26</sup>. The larger number of PWDs is engaged in commerce than in any other industries (Table 3-2), and most of them are considered to be self-employed. The Thai government introduced an “employment quota system” in 1994 in order to increase employment opportunities for PWDs, and thereby requires companies that employ more than 200 persons to employ one disabled person for every 200 employees. They may pay compensation to Rehabilitation Fund of Disabled persons instead of employing PWDs. However, as can be seen in Table 3-3, the number of companies that employ PWDs under the system in 1998 was only 428 out of 5,407 companies to which the system applied (7.9%). 520 out of 5,407 companies (9.6%) paid the compensation to the Rehabilitation Fund of Disabled persons instead of employing PWDs, while 1,474 companies (27.3%) were exempt from payment of the compensation on the grounds that they were accepting applications or they accepted applications but could not find applicants who met the requirements.

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<sup>Note 24</sup> In this connection, “The State of the World’s Children” indicates that the average school attendance rate (the ratio of the number of students who actually go to school to the school-age population) in Thailand during 90-94 is 100% for elementary school and 38% for junior high school.

<sup>Note 25</sup> They correspond to Japanese schools for disabled children, schools for the deaf and schools for the blind.

<sup>Note 26</sup> Indicated by the 1996 survey conducted by the National Public Health Foundation of the Ministry of Public Health

The remaining 2,985 companies (55.2%) failed to comply with the law. If all the affected companies had employed PWDs as required, they would have created employment opportunities for 16,111 PWDs. Since the system lacks penal regulations, it is pointed that over half of companies have been against the law in both employment the PWDs or payment of the compensation.

**Table 3-2 Industries PWDs are engaged in (Dec., 1998)**

(Persons)

Occupation	Physical disability	Hearing disability	Visual disability	Intellectual disability	Psychiatric disability	Total
Commerce	3,150	220	688	34	9	4,101
Agriculture	2,626	189	274	83	9	3,181
Technical industry	1,618	75	155	5	1	1,854
Total	7,394	484	1,117	122	19	9,136

Source: The Committee for Rehabilitation of Disabled Persons

**Table 3-3 Status of employment of PWDs at companies**

Classification		1995		1996		1997		1998	
		Number of companies	Number of employees	Number of companies	Number of employees	Number of companies	Number of employees	Number of companies	Number of employees
1	Companies that employ PWDs	163	480	368	604	737	1,811	428	1,063
2	Companies that advertise for help	644	1,287	509	1,017	408	815	398	958
3	Companies that advertise for help but have not employed PWDs	1,199	7,928	1,044	9,283	1,026	9,322	1,076	9,748
4	Companies that failed to meet the legally required employment ratio, and thus paid compensation to the Foundation for Rehabilitation of Disabled Persons	223	560	485	1,274	469	1,324	520	1,086
Total number of companies that comply with the law, and the ratio of this number to total number of companies		2,229 (47.2%)		2,406 (4.2%)		2,640 (51.8%)		2,422 (44.8%)	
5	Companies that violates the law (that failed to meet the legally required employment ratio, and failed to pay compensation)	2,491	6,678	2,584	5,200	2,461	5,698	2,985	12,855
Total number of companies that failed to comply with the law, and the ratio of this number to total number of companies		2,491 (52.8%)	(51.8%)	2,584 (48.2%)	(55.2%)	2,461		2,985	
Total number of companies with more than 200 employees.		4,720	12,055	4,990	12,798	5,101	15,063	5,407	16,111

Source: The Committee for Rehabilitation of Disabled persons

\* Number of employees: The above 1 represents the number of disabled persons employed, and 2-5 indicate the number of disabled persons to be employed under the employment quota system.

The Office of Rehabilitation Committee writes to the affected companies once a year to urge them to gain an understanding of the encouragement of employment of PWDs, and makes an effort to ensure that both labor and management are fully aware of employment of PWDs at the event "Labor Day" held every other month. It also holds an event to commend companies officially for their contribution to employment of PWDs on the occasion of "The International Day for Disabled Persons" celebrated on December 3, thereby carries out education activities to enhance

extensive employment of PWDs at companies.

As regards promotion of employment of PWDs at government agencies, there has been no discrimination against PWDs in the employment of public servants, and 2,000-3,000 PWDs are being employed. However, public-service corporations and public corporations are behind in their employment of PWDs. There had been regulations, which it should be improper to have PWDs at work until the cabinet resolution was passed in 1997.

5) Promotion of accessibility

The Accessibility Act was enacted on March 10, 1998 with a view to promoting accessibility of PWDs. This Act requires buildings of public organizations to be barrier free, and also requires the existing buildings to be improved. However, each ministry is held responsible for the enforcement of the law, and all the ministries concerned have not made much progress since they have difficulty in securing the required budget. A law, that requires private facilities to be barrier free, is also under development.

6) More actively operating NGOs related to PWDs

According to the Office of Rehabilitation Committee, disability-related NGOs operating in Thailand can be divided into two categories in terms of their nature. One is NGOs whose members are PWDs themselves, and the other NGOs aiming at providing services.

A typical example of the former is DPI-Thailand, which is the largest umbrella organization of groups of PWDs 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 of Thailand

Many of the core members of each association are relatively middle-class PWDs (parents of disabled children in the case of the Association for the Retarded of Thailand) who live around Bangkok. Although core members of all the Associations of DPI-Thailand except the Association for the Retarded of Thailand are PWDs, they receive an education, find a relatively good job, and actively participate in social life, thereby serve as a role model, and encourage empowerment of other PWDs. Many of the DPI officials are well-informed. They not only convey the voice of the PWDs to the government but also serve as its important partners as they provide suggestions on its policies and assistance in formulating its guidelines. DPI-Thailand and the four Associations have set the chief goal of increasing as many disabled members as possible in the future, and focus on organizing PWDs living in rural areas<sup>Note 27</sup>.

Since the promulgation of the new Constitution, persons who have disabilities have developed awareness of their rights, and NGOs have been formed by people who suffer disabilities. However,

the organizing rate is low, and particularly in rural areas, PWDs are not virtually organized. Still, with their positive statements and campaigns in urban areas, NGOs are beginning to have a significant influence on the promotion of policies for PWDs, including the elimination of legislative discrimination.

Typical service-provider-type NGOs include the Foundation for Handicapped Children, Redemptorist Vocational School for the Disabled Persons<sup>Note 28</sup>, Skill Development Center for the Blind, CBM<sup>Note 29</sup> and Daughter of Charity. The main activity of service-provider-type NGOs is to provide services directly to PWDs, and they are characterized by their activities covering relatively local districts, particularly rural areas. It is said that there are more than 100 such service-provider-type NGOs in Thailand. “The NGO Support Section” of the Department of Public Welfare is acquainted with their activities, and donations are accepted at “the Research and Planning Section” of the Department.

As explained above, various types of NGOs carry out activities from the viewpoint of PWDs, using different approaches from their own standpoint, to realize the goal of full participation of PWDs in social life and to improve their living conditions, and thus serve as a valuable social resource for improving the environment needed to support PWDs in Thailand.

#### 7) Supporting PWDs in local areas

The Office of Rehabilitation Committee reports that uniform-level systems for supporting PWDs have been established in the Metropolitan area and major local urban areas. On the other hand, since support has seldom reached PWDs, particularly those in rural areas, the Office is planning to set about in earnest supporting PWDs in the country.

Nothing is more necessary than promotion of registration of PWDs. For PWDs in local communities who are unable to go to a public health center, and thus cannot have their disabilities officially recognized, the method of dispatching “home registration teams (medical teams)” is employed. With great success of this method in promoting registration, it is expected to be extended to other areas in the future.

The Rehabilitation Committee has just begun to encourage the formation self-help groups of PWDs in local communities with the belief that it should provide services desired by PWDs themselves, rather than to force services onto them. For this reason, it provides groups of PWDs

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<sup>Note 27</sup> In order to build the organization into a nationwide network, DPI-Thailand divided the entire nation into eight regions (each of the four regions, namely, Northern, Northeastern, Central and Southern blocks are subdivided into two regions). Since establishing all of the four disability-specific Associations, it is setting up local branches of DPI Thailand. Thus far, it has founded local branches in five places including Chiang Mai. Each of the Associations is also independently working to organize disabled persons in local areas. The Association of the Physically Handicapped of Thailand, for example, has established association branches in 24 provinces so far, and has set the goal of founding a branch in 36 provinces. The National Association of the Deaf in Thailand has four regional groups in the nation.

<sup>Note 28</sup> The school is operated by disabled people, but is classified into the latter category because it actually provides services.

<sup>Note 29</sup> See footnote of 15.

being organized in local communities with financial assistance so that they can be fully organized. If the number of organized groups of PWDs increases in local communities, the number of registered PWDs will increase, which is expected, in turn, to make it easier to grasp their needs.

In reality, however, basic data on PWDs in local communities, which are a prerequisite for implementing support measures, are limited. Although two sample surveys have been conducted in local communities so far, precise number of PWDs and their living conditions are still unknown. It is pointed out that in general, it is difficult to secure sufficient funds in Thailand for social statistics research which is a prerequisite for formulating and implementing policies, and that there are not many experts in such research. The present situation indicates that they have just started to make efforts to give an awareness of rights to PWDs in local communities, particularly those in rural areas, to provide them with a support system, and to grasp their actual conditions for these purposes.

### (3) Other supporting organizations and fund raising

According to the Office of the Rehabilitation Committee, Japan is the largest donor in the field of supporting PWDs on a government-based level. On a 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>Note 30</sup>, Human Care Association and Asia Disability Institute.

Other than Japan, only UK's VSO (official dispatch of volunteers)<sup>Note 31</sup> and Germany's CBM send personnel to public institutions and NGOs. As for UN organizations, the International Labor Organization (ILO) implements a personnel training programme for government administrative officers. The Food and Agriculture Organization (FAO) is implementing "Mushroom Production Training Project" in the Province of Ubon Ratchathani located in the northeastern part of the country in collaboration with the Department of Public Welfare<sup>Note 32</sup>.

Almost no requests for equipment or financial support came from the government institutions and NGOs the team visited during the evaluation hearing. The team had the impression that many NGOs<sup>Note 33</sup> accepted contributions from companies and individuals in Thailand, and thus could almost secure the minimum funds required.

Judging from these, the team assumes that although the governments of industrialized nations and international organizations provide some form of cooperation in the field of supporting PWDs of Thailand, most of the institutions for supporting PWDs are provided by the Thai government and NGOs, and

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<sup>Note 30</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>Note 31</sup> In 2000, VSO will be sent to strengthen the regional organizations of DPI Thailand.

<sup>Note 32</sup> Implemented from June, 1998 to October, 1999. Required a budget of US\$183,000, which was financed by FAO in full.

<sup>Note 33</sup> Skill Development Center for the Blind, Redemptorist Vocational School for Disabled Persons, FHC, Wheelchair Maintenance Clinic.

funds needed to support PWDs can be raised to certain extent in urban areas. However, how to raise funds to support PWDs in rural areas should be addressed in the future.

### **3-3 Overview of institutions for PWDs**

The evaluation team observed and assessed public institutions for PWDs and institutions for PWDs operated by NGOs to find the actual conditions of institutions that provide services for PWDs in Thailand from the viewpoint of participation of PWDs and reflection of their needs. The team screened institutions that had experiences as relatively pioneering institutions for our study, and finally selected three public institutions, “Industrial Rehabilitation Center (hereinafter referred to as IRC),” “Pakkred Home for Disabled Children,” and “Sirindhorn RC” and five NGO institutions, “Skill Development Center for the Blind,” “Wheelchair Maintenance Clinic,” “Silent World Craft Center,” “Redemptorist Vocational School for the Disabled Persons” and “Foundation for Handicapped Children (FHC).”

The team assessed the operations and activities of each institution in terms of “reflection of the needs of PWDs,” “staff arrangement,” “inputs and results,” “programme after completion of training,” and “potentiality,” and summarized the results in Table 3-4.

The operations and activities of the institutions shown in Table 3-4 can be summarized as follows, with particular emphasis on comparison between the public institutions and the NGO institutions.

#### **(1) Reflection of the needs of PWDs**

At the NGO institutions, many PWDs participate in their decision-making organs and implementation of activities. Especially in those institutions which are operated by PWDs are involved in almost all decision-making and implementation of activities. Thus, those institutions are developed and provided services from the viewpoint of PWDs. Moreover, participation of PWDs in decision-making and programme implementation results in a significant empowerment effect. In contrast, in public institutions, almost no PWDs participated in their operation and implementation.

#### **(2) Staff arrangement**

As compared with the public institutions, the NGO institutions show a higher percentage of staff directly involved in services (staff who provide services directly to PWDs) than that of staff indirectly involved (administrative and other departments), and achieve great results with the small number of staff. As compared with the public institutions, the NGO institutions have a better understanding of PWDs, and their staff’s awareness is high.

#### **(3) Inputs and results**

As compared with the public institutions, the NGO institutions receive more PWDs despite their limited revenue, and thus their financial efficiency is said to be higher than that of the public

organizations<sup>Note 34</sup>.

(4) Programme after completion of training

A review of institutions that provide vocational training indicates that the NGO institutions have an alumni association, and self-help activities are well-established among graduates, whereas such a programme is carried out only unofficially at the public institutions. A follow-up service provided after completion of training is established as a programme at the NGO institutions, but such a service is provided only unofficially at the public institutions.

(5) Potentiality

The NGO institutions are flexible in carrying out each of their activities, and promptly respond particularly to the industrial needs with regard to the training menu of their vocational training programme, whereas the public institutions somewhat lack flexibility in some areas. The NGO institutions actively work together with various kinds of domestic and foreign organizations in the public and private sectors, and thus are expanding their activities, whereas the public institutions provide techniques and information only when requested to do so as core institutions in the field of supporting PWDs, and thus remain passive in their attitude.

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<sup>Note 34</sup> Although NGO institutions can select service recipients, the public institutions are responsible to receive any persons with severe or multiple disabilities.



**Table 3-4 Evaluation of institutions for PWDs**

		Public institutions						NGO		
Institution name	IRC	Pakkred Home for Disabled Children	Sinidhorn RC	Skill Development Center for the Blind	Wheelchair Maintenance Clinic	Silent World Craft Center	Redemptorist Vocational School for the Disabled Persons	Foundation for Handicapped Children		
Type of organization	Service provider	Service provider	Service provider	Service provider	Organization of disabled persons	Organization of disabled persons	Service provider	Service provider		
Participation of PWDs in decision-making	No	No	Unknown	No	Yes	Yes	Yes	A very few participants		
Participation of PWDs in project implementation	A very few participants	No	A very few participants	Yes	All	Almost all	Almost all	—		
Ratio of staff directly involved in services to staff indirectly involved	Approx. 1:2	Approx. 1:4	Approx. 5:1	Approx. 1:1	Approx. 4:1	Unknown	Approx. 7:3	Approx. 3:2		
Staff's awareness	High	Average	A little high	High	Extremely high	High	Extremely high	Extremely high		
Annual budget	Approx. 25 million bahts	Unknown	Approx. 119 million bahts	Approx. 3 million bahts	600,000-700,000 bahts	Approx. 600,000 bahts	Approx. 12.70 million bahts	Approx. 5 million bahts		
Actual activities	<Annual average from 1995-1998> Number of persons admitted: 180 Number of persons who completed vocational preparatory training: 115.5 Number of persons who completed vocational training: 286 Employment rate: Approx. 95%	Currently 450 persons are admitted	Monthly average number of outpatients: 959; Monthly average number of patients admitted: 18.3	Average number of persons admitted: 80; Total number of graduates: 500	Manufactures approx. 100 wheelchairs a year	Current number of trainees: 4 persons	Admits approx. 200 persons annually; Total number of 1,200 graduates; Employment: 100%	Daycare three times a week; Home visit once a week; Brought benefits to a total of nearly 2000 persons through CBR		
Alumni association	Unofficial programme - yes	Unknown	—	Yes	—	—	Yes	—		
Follow-up programme	Unofficial programme - yes	Unknown	—	Yes	—	—	Yes	—		
Flexibility in responding to social needs	Slightly high	Slightly low	Average	High	Slightly high	Average	High	High		
Partnership with other organization	Not so active	Not so active	Slightly active	Slightly active	Active	Slightly active	Extremely active	Extremely active		

Note: [—] represents not-applicable items

### 3-4 Summarization of measures to support PWDs

#### (1) Validity of measures to support PWDs

As explained so far, Thailand has been implementing measures to support PWDs in line with the international trends, made progress in developing relative laws, and secured basic human resources, facilities and funds to a certain extent at the central level. It has become clear that advanced institutions for supporting PWDs have been playing a model role, and a system for supporting their services is being developed. At the central level, NGOs have been carrying out flexible activities to promptly respond to the needs in collaboration with public institutions, and thus play an important role in the field of supporting PWDs. These achievements are extremely remarkable even in the Indochina region, and Thailand as an advanced nation in the field of supporting PWDs is expected to have a significant effect on the neighboring countries in the future.

As indicated by the results of the questionnaire survey conducted on PWDs (Chapter 2, 2-2), the team learned that the chief concern of PWDs was “securing a job” and “activities for supporting PWDs” to attain economic independence and self-realization. Measures to assist them to achieve these goals are being required, such as creation of job opportunities, improvement of physical and social environment within and outside their workplaces including transportation, activities to educate the public in general including employers and support to activities of PWDs themselves.

The Thai government has set forth priority areas with respect to their measures for supporting PWDs, including quantitative expansion in the field of basic rehabilitation of PWDs such as medical care and education, upgrading of vocational training to achieve economic independence on the part of PWDs and creation of job opportunities. For these goals, improvement of accessibility to public transportation facilities and streets and buildings to achieve these goals. These priority areas are in agreement with the requests made by PWDs as mentioned earlier.

#### (2) Three basic points of view for implementation of future measures to support PWDs

In consideration of the results of this study, The team proposed that it is important to take notice of the following three basic points of view in order for the Thai government to effectively push forward with its measures for supporting PWDs from the viewpoint of the PWDs. Specific techniques in connection with reviewing each of the basic points are also listed.

##### 1) Promotion of participation of the PWDs concerned

Both public institutions and NGOs should encourage independent participation of the PWDs concerned to realize higher-quality activity services for supporting PWDs. It is required to establish a mechanism that allows PWDs to participate in all phases including project formulation and implementation.

- Providing PWDs with full information
- Expanding the network of PWDs

- Training leaders of PWDs
- Corroborate with organizations of PWDs to achieve the above goals
- Getting acquainted with the means of communications such as sign language translation and Braille for hearing and visually disabled persons
- Employing PWDs as staff members of the institution for PWDs
- Participating of PWDs in the decision-making process of organization that supports PWDs (particularly public institution)
- Providing support to collaboration between NGOs and public institutions and between NGOs run by PWDs and NGOs run by service-providers.

## 2) Strengthening support to PWDs in local areas

How to secure human resources, facilities and funds is considered to be a central theme for strengthening support to PWDs at local levels. The full technical and manpower cooperation of organizations managed by PWDs and other NGOs is indispensable for providing higher-quality services in local areas with limited funds.

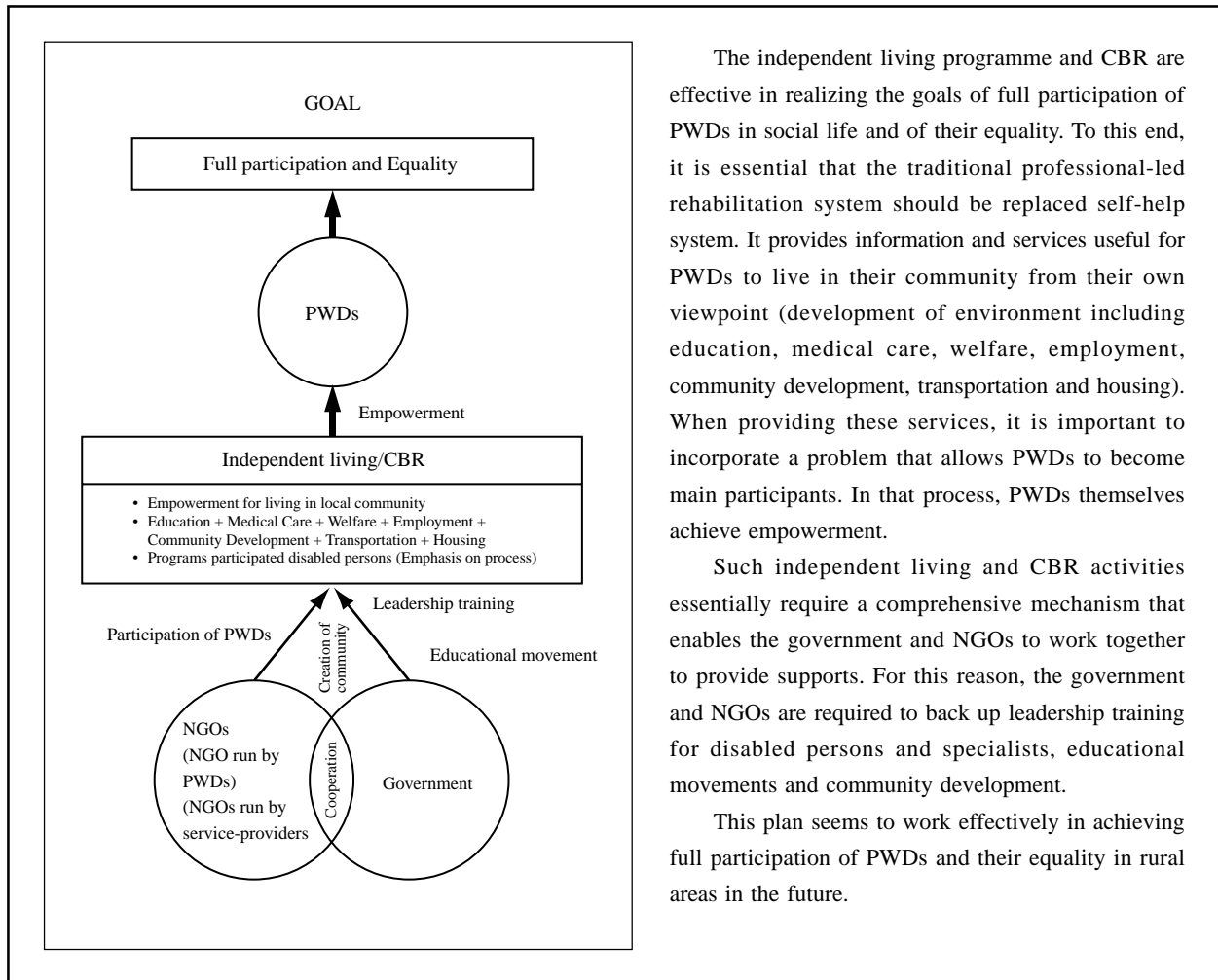
- Grasping the actual conditions and needs of PWDs in local areas
- Providing support to establishment of organizations operated by PWDs
- Providing support to local NGOs
- Providing support to establishment of a network, including between NGOs and governmental organs, and between NGOs managed by PWDs and NGOs run by service-providers
- Expanding CBR activities
- Improving accessibility to medical care, education and occupation

## 3) Promotion to Public awareness of PWDs on the part of citizens, as well as workers for/with PWDs

As a prerequisite to achieving the above 1) and 2), it is necessary to facilitate understanding of PWDs on the part of citizens without disabilities, and officials working for institutions for PWDs. They have a better understanding of PWDs owing to the establishment of the new Constitution, activities of organizations operated by PWDs, and opening of the FESPIC Games in the beginning of this year. It is necessary, though, to continue to encourage them to strengthen their understanding of PWDs.

- Education through national events (for example, by holding sports and other events for PWDs)
- Re-education of officials working for institutions for PWDs
- Implementation of joint projects of public institutions and NGOs
- Transmission of proper image of PWDs by mass media

## BOX II Conceptual diagram showing support to empowerment of PWDs



The independent living programme and CBR are effective in realizing the goals of full participation of PWDs in social life and of their equality. To this end, it is essential that the traditional professional-led rehabilitation system should be replaced self-help system. It provides information and services useful for PWDs to live in their community from their own viewpoint (development of environment including education, medical care, welfare, employment, community development, transportation and housing). When providing these services, it is important to incorporate a problem that allows PWDs to become main participants. In that process, PWDs themselves achieve empowerment.

Such independent living and CBR activities essentially require a comprehensive mechanism that enables the government and NGOs to work together to provide supports. For this reason, the government and NGOs are required to back up leadership training for disabled persons and specialists, educational movements and community development.

This plan seems to work effectively in achieving full participation of PWDs and their equality in rural areas in the future.

**Table 3-5 History of policies and measures for supporting PWDs in the international community and Thailand, and JICA's cooperation**

	Trends in the UN, Asia and Pacific	Laws/programmes	Institutions/organizations related to PWDs	JICA cooperation		Acceptance/dispatch record							
				FY		T	V	E					
'40			08 Mekaen Rehabilitation Center was founded.										
'60			41 PraPradaeng Home for Disabled Persons (Present Welfare Center for Disabled persons) was founded. 60 National council of social Welfare was founded. 63 Nonthaburi Vocational Training Center was founded. 66 Goodwill Industry was founded. 69 An Alumni association of the school for the Deaf was founded.										
'70	78 WHO proposed CBR.	74 Workmen's Compensation Foundation was established.	Activities of self-help groups initiated in 70s-80s. 70 Pakkred Home for Disabled Children was founded. 78 Skill Development Center for the Blind was founded.										
'80	81 International Year of Disabled Persons 81 Disabled persons' International (DPI) was founded. 83 UN Decade of Disabled Persons (83-92) was declared.		81 National Association of the Deaf in Thailand's Silent World Craft Center was founded. 82 Foundation for Handicapped Children was founded. 83 Council of Disabled persons of Thailand (DPI-Thailand) was founded. 84 Redeemptorist Vocational School for the Disabled Persons was founded. 88 Asean Health Institute founded.			85 IRC project was launched. 85 IRC was established. 85 Acceptance of trainees started 87 Dispatch of JOCV started. 89 IRC Project extension was started.	85	1					
'90	92 ESCAP-Asian and Pacific Decade of Disabled Persons (1993-2002) was declared. 95 ESCAP pilot project "Promotion of Non-handicapping Environment for Disabled Persons and Elderly Persons in the Asian and Pacific Region" 99 DPI Asia-Pacific Regional Office moved to Bangkok.	Nov. 1991 Act for Rehabilitation of Disabled Persons was enacted. 93 Fund for Rehabilitation of Disabled persons was founded. 94 Committee for Rehabilitation of Disabled Persons was founded. 94 Disabled persons registration system was launched. 94 Employment quota system was introduced. 95 CBR National Conference was held. Oct. 96 8th National Economy - Social Development 5-Year Programme (1997-2001) To Human-centered development. 96 Special Education Development Programme 96 Public Health Programme 97 New Constitution was promulgated. 97 National Programme for Rehabilitation of Disabled Persons (1997-2001) 98 Ministerial Ordinances Concerning Accessibility were enacted. Oct. 98 Declaration of Human Rights of Disabled persons of Thailand 99 Year of Education of Disabled persons 99 Education Act was revised.	92 Srinidhorn National Medical Rehabilitation Center was founded. 93 Association of the Physically Handicapped of Thailand's Wheelchair Maintenance Clinic was founded. 97 2 senior volunteers were sent. 97 JOCV self-support group "Disabilities Support Group" was formed.			91 IRC extension project was completed. 92 Dispatch of long-term experts started. 93 94 95 96 97 98	2 5 5 5 9 10 25		1 3 1 3 2 6				
						Total	77	19	4				

Source: Compiled based on the findings of this study.

Note: In the column of "Acceptance/Dispatch record," "T" represents trainees, "V" represents JOCV/senior volunteers, and "E" represents long-term experts. The figures below indicate Fiscal Year and the number of persons accepted or dispatched.

## CHAPTER 4 EVALUATION OF JICA’S PAST COOPERATION PROJECTS

### 4-1 Project-type technical cooperation/grant aid cooperation

#### “Industrial Rehabilitation Center”

##### (1) Evaluation by the JPCM method

The team evaluated the project-type technical cooperation project “Industrial Rehabilitation Center: IRC) (refer to 1-5) by the JPCM method.

JPCM method is a method which formulates and implements a project using a Project Design Matrix (hereinafter referred to as PDM). Monitoring, terminal and Post-project Evaluations will be conducted based on five criteria using PDM. Five criteria are described below.

##### 1) Efficiency

This is to grasp the extent of “results” produced from “input” to the project, and review the content of cooperation, method, cooperation period, timing for introducing inputs, the degree of appropriateness of costs, and collaboration with other donors.

##### 2) Effectiveness

This is to review the achievement level of project purpose that were initially planned or revised in the middle of the project, or their possibility of being achieved in the future.

##### 3) Impact

This is to review positive and negative impact the implementation of the project will have directly or indirectly, including impact that was not predicted initially at the time of planning.

##### 4) Relevance

This is to review whether the project goal is valid or not even at the time of evaluation in light of the needs of the recipient country.

##### 5) Sustainability

This is to review whether the results and development effect brought about by the project have the possibility of achieving self-sustainability after completion of the project from operational and administrative aspects, and financial, techniques and other social aspects of the implementation organization of the recipient country.

**PDM in Relation to the 5 Evaluation Criteria**

	1) Efficiency	2) Effectiveness	3) Impact	4) Relevance	5) Sustainability
Overall Goal			↑↓	↑↓	↑↓
Project Purpose		↑↓	↑↓	↑↓	↑↓
Outputs	↑↓	↑↓		↑↓	↑↓
Inputs	↑↓				↑↓

The IRC project did not apply JPCM method and not use PDM because JPCM method had not been developed at the time of the project. Therefore, during this evaluation period, the team made a PDM for evaluation. The project summary (Overall goal, project purpose, outputs, and inputs) from PDM is shown below.

Overall Goal	To promote social participation for persons with disabilities in Thailand.
Project Purpose	To be employed trainees who completed the vocational training at the IRC.
Outputs	<ol style="list-style-type: none"> <li>1. The necessary facilities and equipment are properly arranged.</li> <li>2. The instructors for the training are trained.</li> <li>3. The curriculums and materials for the training are prepared.</li> <li>4. The administration system is established.</li> <li>5. The supports for finding jobs for trainees are providing.</li> </ol>
Activities	<ol style="list-style-type: none"> <li>1.1. The building of IRC is constructed.</li> <li>1.2. The facilities and equipment for the training is procured, installed and adjusted.</li> <li>2.1. The experts are dispatched and necessary technical transfer is completed.</li> <li>2.2. The counterpart trainings in Japan are implemented.</li> <li>3.1. The curriculums for the training are made.</li> <li>3.2. The teaching materials fitted the training is selected or made.</li> <li>4.1. The plans and regulations for proper administration such as the plan for the allocation of the personnel are made.</li> <li>4.2. The system for recruitment and selection are developed.</li> <li>5.1. The information for the job market is collected.</li> <li>5.2. The supports for entrepreneur is providing.</li> </ol>

For evaluation on IRC, the team conducted series of interview with people concerned and a survey to gather the information. Interviews were conducted with staff from director to practitioners, trainees and ex-trainees of IRC, the officials of the office of Committee for Rehabilitation, and an executive of the company. The surveys on ex-trainees of IRC were conducted and 31 responses were gained.

(2) Results

Based on the study, the evaluation results of the five criteria are summarized in Table 4-1.

(3) Summation

Overall results obtained by the evaluation team with regard to IRC can be summarized as follows.

- 1) IRC plays a core role in the nation's policy for employment of PWDs as a pioneer in the field of vocational rehabilitation for those who suffered injuries in industrial accidents.

- 2) IRC has rehabilitated many trainees, and those who have completed its training are highly satisfied with its services.
- 3) The level of technical skills on the part of IRC Director and staff is high among government agencies, and they are making use of the results of technology transfer by Japan.
- 4) IRC has a considerable ripple effect on other agencies and high sustainability.
- 5) IRC has accepted domestic and foreign observation teams and many trainees from educational institutions for PWDs, and thereby has spread technologies transferred from Japan extensively in Thailand and in Asian countries.

(4) Problems to be solved in the future

IRC's problems to be solved in the future, and their possible solutions can be summarized as follows.

1) Building a system that reflects the needs of PWDs

In order to reflect the needs of PWDs directly in IRC's activity menus, it is necessary to build a system that enables PWDs to positively participate in decision-making process and operations concerning its activities. This may be achieved, for example by allowing representatives of those who completed the training or of trainees in the decision-making body (steering committee, etc.) or by increasing the number of staff members who have disabilities.

2) System for developing training programme

In order to flexibly respond to the needs of trainees themselves and the needs of industry, it is necessary to thoroughly review the training programme at regular intervals. To do this, it is necessary to cultivate the capability of staff and cooperate with other institutions.

3) Establishing a follow-up system for those who completed training

It is necessary to establish a system for providing follow-up services for those who completed training at IRC so that they can have some kind of supports after they leave IRC. IRC can, for example, periodically provide information on new vocational skills and employment, or organize an alumni association so that graduates from IRC can physically support one another. By providing follow-up services, IRC can obtain feedback from graduates, and learn the needs of industry based on their experiences.



**Table 4-1 Summarization of IRC evaluation**

5 items evaluated	Evaluation results	Grounds
Efficiency	High	<ul style="list-style-type: none"> <li>Teaching material and equipment cooperation proceeded as planned.</li> <li>Course curriculum was designed and is being implemented almost satisfactorily.</li> <li>There are no specific problems concerning the content and level of facilities and equipment provided.</li> </ul>
Effectiveness	The initial goals have been achieved.	<ul style="list-style-type: none"> <li>718 persons were newly admitted, and a total of 699 persons found a job over four years from 95-98.</li> <li>Attained an extremely high employment rate of 95% over the period mentioned above. IRC helped 88% of persons seeking job find one.</li> </ul>
Impact	High, positive impact can be recognized.	<ul style="list-style-type: none"> <li>IRC has achieved great results as the first industrial rehabilitation institution in Thailand.</li> <li>Considering the success of this center, there is a plan that the Thai government sets up a similar institution in four places across the nation.</li> <li>IRC accepts a large number of apprentices from educational institutions for PWDs, and is visited by overseas institutions. (Particularly its mental care services including peer counseling is highly rated)</li> </ul>
Relevance	Average	<ul style="list-style-type: none"> <li>The number of persons who would need medical rehabilitation was estimated at 10% of those admitted to the center in its initial plan. However, it turned out that all of them actually needed it, and thus there is a permanent shortage of its medical rehabilitation capacity. Although there is a large need for mental care aimed at providing persons involved in industrial accidents with social rehabilitation, this capacity has been augmented in recent years on an experimental basis by the efforts on the part of Thailand.</li> <li>Although its training programmes have been modified gradually, some of them fail to respond satisfactorily to rapid social changes (industrial changes, and resultant changes in types of job). However, considering all the factors, those who completed the training are highly satisfied with it.</li> </ul>
Sustainability	High	<ul style="list-style-type: none"> <li>Facilities, equipment and teaching materials provided through cooperation have been well-maintained, and actively utilized.</li> <li>Budget from the government is on the increase.</li> <li>Progress has been made in securing and training staff (high stability of counterparts, increased awareness after training).</li> <li>Independently growing. <ul style="list-style-type: none"> <li>Programmes have been changed (newly added programmes reflecting ideas of trainees).</li> <li>Non-formal education was launched.</li> <li>A sports gymnasium was constructed.</li> <li>Extra-curricular activities (birthday parties, club activities) were started.</li> <li>After-care services are provided for those who completed the training and care services are provided to family members though they are not established programmes.</li> </ul> </li> </ul>

Conclusion	<p>The institution has been maintained in good condition, achieved its initial goals, and has been self-sustaining. As a pioneering institution of this kind, it has played a significant social role.</p> <p>On the other hand, some of its training menus do not completely respond to rapid social changes, and the required scale of medical rehabilitation was underestimated at time of planning.</p>
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Suggestions	<p>Almost all necessary facilities and equipment have been provided, and the institution is required in the future to provide services and establish a system for its operation from the viewpoint of PWDs. From the similar perspective, introduction of a programme for after-care services to be provided after completion of training must be reviewed.</p> <p>In addition, it is necessary to educate and train its staff to enable them to develop training programme in such a manner as to respond to rapid social changes. Since there are limitations to the development of programmes within one institution, it should consider cooperation with other institutions, and collaboration with NGOs, particularly with those that are operating in a flexible way.</p>
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Lessons learned	<p>Since vocational rehabilitation for the PWDs from industrial accidents is targeted at those who have completed medical rehabilitation, it is important to take account of the medical rehabilitation programme of the country we are cooperating with when planning to construct an institution for vocational training of PWDs.</p> <p>Although it is difficult to predict social changes, it is necessary to review the planning of a project from various aspects by, for example, obtaining information on social changes industrialized nations have experienced so far, while taking the characteristics of aid providing nation into consideration.</p>
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#### 4) Collaboration with other institutions for PWDs including NGOs

IRC will be able to provide more multi-layered services by collaborating with other institutions for PWDs and promote exchanges of trainees, exchanges of information, exchanges of new techniques and mutual access to their institutions. For instance, they can mutually facilitate improving their services if IRC offers other institutions its know-how on mental care provided at IRC now and introduces a new training programme of other similar institutions. In addition, if it becomes possible for IRC to send its trainees to other institutions, or for companies to accept internship, trainees would be able to receive a variety of vocational training which would be otherwise limited by facilities and equipment of IRC and to acquire the latest techniques of industry. If IRC accepts PWDs who undergo rehabilitation at other institutions or at home as commuting trainees, people more than the regular number of trainees admitted to IRC will be able to derive benefits from its services. In addition, as requested by those who completed training at IRC in the meeting for exchanging views, IRC will be required in the future to assume a flexible attitude and allow its trainees to receive training and go on to an external educational institution of higher grade at the same time.

#### 4-2 JOCV projects (including Senior Volunteers)

17 JOCV (of which 9 are still on duty at the time of evaluation) and two senior volunteers have been sent to Thailand in the field of supporting PWDs by August 1999. In this evaluation, we evaluated the activities of the ten volunteers who already returned to Japan.

In order to learn about the activities of JOCV and Senior Volunteers in the field of supporting PWDs, their issues and problems, and what improvements can be made to make their activities more effective, the team mailed a questionnaire to the institutions which received 10 in total of JOCV and Senior volunteers. And, a meeting with JOCV at the time of evaluation was also held for exchanging views.

(1) Results of questionnaire survey conducted on receiving institutions

The number of JOCV and senior volunteers covered by the survey was 10, and they were assigned to 9 institutions, all of which replied to the questionnaire<sup>Note 35</sup>. Some major findings of the survey will present in this section.

1) Level of skill, ability to speak in Thai, teaching method and communication (Table 4-2)

With respect to “level of skill,” “ability to speak in Thai,” “teaching method,” and “daily communication with colleagues,” although the JOCV and senior volunteers were rated low in their “ability to speak in Thai,” they were, on the whole, highly rated by their receiving institutions.

**Table 4-2 Evaluation of JOCV**

(Persons)

	Good	Not so bad	Average	Not so good	Bad	Total
Level of skill	3	4	3	0	0	10
Ability to speak in Thai	2	3	3	2	0	10
Teaching method	4	3	3	0	0	10
Daily communication with colleagues	5	3	1	1	0	10

2) Contact with PWDs

Concerning whether the JOCV and senior volunteers came in direct contact with PWDs during their work, all of them replied they did, indicating that they were working in the first line where they directly provided services for PWDs. Asked to be more specific about the types of service they provided, 9 of them cited “providing training, etc. for PWDs,” and 2 of them each cited “going out together on a holiday,” and “visiting homes of PWDs,” revealing that some of them not only provided services in workplaces, but also actively involved themselves in associating with PWDs.

A public institution visited by the team reported that JOCV invented a plaything by using her resource and limited facility and equipment, thereby changed the attitude of disabled children who had been indifferent to everything when she was successful in attracting their interest, and increased the number of the staff members who apparently stimulated by her attitude and became more active in communicating with PWDs<sup>Note 36</sup>.

<sup>Note 35</sup> As for the survey method, a questionnaire was faxed to each institution from JICA Thailand Office, and was returned to JICA Thailand Office via fax or mail.

<sup>Note 36</sup> Director Kannikor Yuprapat of the Pakkred Home for Disabled Children made the following evaluating remarks about JOCV member when she was on duty: she comes up with different ideas to attract the attention of disabled children, such as introducing Japan and other countries of the world and putting up an activity schedule on the bulletin board. As part of sports rehabilitation, she has led a group of 50 children in total on six days a week to a swimming pool, and has started to coach them at swimming, and this idea of hers has been welcomed by the children. We have acted on her suggestion, and turned an unused classroom (approx. 100 sq. meters) that we had employed as quarters into a playroom where she freely shapes her ideas into activities. Although it is at the trial stage yet, we simply stuff vinyl bags with newspaper and hang them from the ceiling; the children seem to enjoy playing with these simple inventions. Since she came to the institution, communication between staff and children has improved, and the activities of the entire institution have been revitalized.

3) Provision of equipment

With regard to provision of equipment, 9 out of the 10 were involved. At Sirindhorn RC, the construction of a gymnasium was realized through a grass-root grant aid cooperation due to efforts on the part of the senior volunteers.

4) Overall evaluation

Regarding the extent of satisfaction expressed by the institutions at JOCV and senior volunteers they accepted, six were cited as “satisfied,” one as “satisfied if anything,” and the remaining three as “average.” No one was cited as “dissatisfied,” indicating that the activities of JOCV and senior volunteers were positively evaluated on the whole.

(2) Meeting for exchanging views with JOCV on duty

The actual situation regarding support to PWDs in Thailand and problems encountered when carrying out activities for supporting them that were revealed in a meeting for exchanging views with JOCV on duty are summarized below.

1) Actual situation concerning support to PWDs in Thailand

Although a system for providing medical care, orthoses and education free of charge is being established as a measure to support PWDs in Thailand, in reality, it cannot be used in many cases. The reasons include: PWDs do not know the existence of the system itself because of insufficient publicity efforts on the part of the government; the services are discontinued when the allocated government’s budget has been used up; even if orthoses are delivered, they soon go out of use because no maintenance services are available for them; and public institutions including schools have too many structural barriers to be used. It is also strongly pointed out that the government is behind in providing support for PWDs living in the rural area.

It is also pointed out by JOCV assigned to public institutions that since there is a great gap between Thailand and Japan in the content and level of support to PWDs, and understanding of PWDs and awareness of their duties on the part of the staff, even if JOCV try to transfer techniques, they are occasionally refused.

2) Problems encountered when carrying out activities

(a) Case where JOCV are not the specialist requested

Since dispatch of JOCV undergoes a series of processes including recruitment of volunteers based upon a request by a partner-country and selection of volunteers from among applicants, there are cases that the JOCV is not sent to a country he desired or that the expertise of JOCV does not coincide with the field of expertise desired by the receiving institution. Thus, the JOCV will be perplexed in the field he is not familiar with, while the receiving institution will be embarrassed because a specialist whom it has desired was not

sent.

(b) Shortage of information before and after dispatch

It was pointed out that in case there is no predecessor, almost no information is available prior to dispatch on the receiving institution, and he cannot make fully preparations by the time he arrives. There is a difference in Thailand and Japan in technical levels, equipment, working attitude and culture, and information on these matters is also insufficient. There was also a report that when a volunteer requested the JICA office in Thailand to provide information necessary for his activities after his arrival, it took a few weeks; and that he did not know how to access the source of information even if he wanted to obtain information to facilitate cultural understanding, often leaving him in the darkness where he had to grope his own way.

In this regard, JOCV serving in Thailand to support PWDs formed a self-help group so-called “Disability Support Group” in FY1995, and met once a month or so to study, and visit relative institutions. Many of the JOCV who participate in “Disability Support Group” comment that it is very useful in exchanging views on the field of supporting PWDs, and in seeking advice on their problems encountered when carrying out their activities.

(c) Providing the receiving institution with thorough explanation of the purpose of the dispatched JOCV

At present, when sending a JOCV, JICA office, DTEC (Department of Technical Economic Cooperation) and the receiving institution get together and perform a hand-over ceremony in which the volunteer is introduced and explanation about his activities is given. However, there is a report that many of the receiving institutions do not understand the roles of JOCV. One reason was cited: there is a time lag of more than one year between the time when a request is made and the time when the requested volunteer arrives, and as a result, there will be nobody at the institution that made the request who knows about the purpose of the request. Another point cited was that even if the upper levels of the organization understand it, staff members or colleagues of the volunteers do not fully understand it.

(3) Overview of evaluation and problems to be solved in the future

Based on the findings from the two surveys, the overview of evaluation regarding to JOCV and problems to be solved in the future can be summarized as follows.

1) Overview of evaluation

It has been learned that JOCV have high aspirations, make efforts to adapt themselves to the receiving institutions, and eagerly provide their services, and the institutions that received JOCV are almost satisfied with their services. A visit to an institution revealed a situation where JOCV

came up with various ideas in the institution insufficiently provided with facilities and equipment, served as role model, and contributed to improvement in awareness of PWDs and in morals on the part of the staff of the institution. In addition, JOCV built a self-help group to support one another.

2) Problems to be solved in the future

(a) Issues related to coordination between request and dispatched JOCV

There are cases where JOCV are not sent to a country they desired, or the expertise of JOCV does not coincide with the field of expertise required by the country that has made a request for the volunteer or by the receiving institution. It was pointed out that this would lead to a misunderstanding or a recognition gap on the part of both the accepting institution and the JOCV. As a possible solution to this problem, applicants for JOCV should express their priority with respect to host countries, types of job, and receiving institutions so that this information will be reviewed for consideration of assignment.

(b) Provision of sufficient information before and after dispatch

An important issue is to step up our efforts to collect information on receiving institutions, and to compile relative data stored within JICA. An effective method includes providing JOCV with an opportunity to meet with the predecessor to the receiving institution or an ex-volunteer who was assigned to a similar duty in the host country. In addition, we should review the establishment of a system for mobilizing national staffs to collect and update information on the country to which JOCV are assigned to and provide such information for the JOCV. Data which can be obtained from training projects at this time should also be stored to develop an effective database that can be mutually accessed.

(c) Sharing understanding among JICA, JOCV and receiving institutions

A system for performing a hand-over ceremony at the time of dispatching JOCV should be strengthened, and the JICA Office should study the possibility of upgrading its monitoring system after dispatch.

(d) Providing assistance in developing a network that links JOCV in the host country

The development of a network should be reviewed to allow JOCV to provide more useful services. In Thailand, the self-help group “Disability Support Group” plays that role now as an informal organization, and it is necessary, in this connection, to provide assistance in collaboration with experts. Such assistance may include, for example, assistance in providing transportation expenses for JOCV living in the rural area to easily participate in the network, or financial assistance for exchanges of information on the Internet.

(e) Enhancement of self-help efforts on the part of JOCV

The results of the questionnaire survey and interviews with JOCV revealed a communication problem due to the lack of ability to speak Thai. In addition to enhancing the language training programme before and after dispatch, it is necessary for volunteers themselves to make continued efforts to acquire a working knowledge of the language. As regards lack of understanding and low awareness on the part of receiving institutions, it is necessary for JOCV to make continued efforts to understand the Thai society, and take the active initiative and appeal to others around them, and make efforts to patiently explain their roles and obtain understanding.

### 4-3 Technical training programmes

The team conducted a questionnaire survey on a total of 77 ex-trainees from Thailand who participated in training programmes implemented in Japan in the field of supporting PWDs from FY1985 to FY1999, and additionally conducted an interview survey on 20 of them.

(1) Results of questionnaire survey conducted on ex-trainees

The team conducted a questionnaire survey on a total of 77 ex-trainees (of which 4 trainees participated twice; thus, the actual number of trainees was 73), and obtained a response from 61 persons (a return rate of 84%). Major findings will be presented in this section.

Most of the respondents cited “excellent” or “good” on the five-grade evaluation. Particularly, “visit to related institutions supporting PWDs” and “accommodation facilities” were highly rated (Table 4-3).

**Table 4-3 On training programmes (evaluation by classifying into 5 grades)**

(%)

	Excellent	Good	Average	Bad	Extremely bad	No answer
Content of lecture	29.5	54.1	6.6	1.6	0.0	8.2
Quality of instructors	24.6	57.4	9.8	0.0	0.0	8.2
Teaching materials	23.0	44.3	23.0	1.6	0.0	8.2
Visit to related institutions supporting PWDs	52.5	36.1	6.6	1.6	1.6	3.3
Practical training/exercises	24.6	52.5	14.8	0.0	0.0	8.2
Training facilities	37.7	50.8	4.9	0.0	0.0	6.6
Accommodation facilities	49.2	37.7	9.8	0.0	0.0	3.3
Study tour	29.5	41.0	16.4	3.3	1.6	8.2
Association with other trainees	31.1	44.3	11.5	1.6	1.6	9.8
Association with the Japanese people concerned	31.1	44.3	11.5	3.3	0.0	9.8
Home stay	29.5	24.6	13.1	1.6	3.3	27.9
Experience in Japanese culture	23.0	50.8	18.0	0.0	0.0	8.2

Asked about whether they utilize the technique acquired in the training, more than 80% of respondents replied that they were making use of it one way or another. Many of those who responded they were not making use of it cited “shortage of material/equipment” or “shortage of budget” as their reason, revealing the real situation where a shortage of material or budget is a bottleneck in doing something similar to the content of the training in Thailand. Since the requirements with regard to English and experiences in actual work are not specified at the time of recruitment a relatively large number of respondents who received training that did not match with their own duties replied “I cannot utilize the skill because there is no link between the content of training and my duty,” and this is pointed out as well during the interview, which will be discussed later.

With regard to the question about transfer of the technique acquired and diffusion of the knowledge acquired, most of the respondents transfer their acquired technique and diffuse acquired knowledge as about 90% cited “gave a briefing session in workplace,” and about 80% cited “gave guidance directly to colleagues.” In addition, about 60% “compiled a report. All of these indicate that the acquired technique is actively transferred (Table 4-4).

**Table 4-4 Transfer of training techniques and diffusion of knowledge**

(Multiple choices, %)

	Percentage
Gave a brief session in workplace	88.5
Gave guidance directly to colleagues	80.3
Compiled a report	57.4
Held a seminar extensively targeting people in general	27.9
Held a workshop targeting specialists	11.5
Other	42.6
Did nothing in particular	9.8

**Table 4-5 Improvements to be made to training programmes**

(Multiple choices, %)

	Percentage
Circulate recruiting information more broadly so that more people can have a training opportunity	62.3
Continue to provide latest information regularly after training.	60.7
Increase visits to related institutions.	54.1
Increase practical training.	54.1
Provide follow-up training in Thailand after returning.	50.8
Increase training duration.	41.0
Provide more detailed information on the content of training in advance.	39.3
Screen trainees at an earlier date.	27.9
Improve linguistic ability of instructors or interpreters	23.0
Upgrade teaching materials	21.3
Increase hours of classroom lessons	14.8
Improve the means of transportation/make commuting to school more convenient	13.1
Change the time to provide training.	11.5
Make each training facility (accommodation and training facilities) easier to use for PWDs.	11.5
Improve meals and services of accommodation facilities.	9.8
Other	29.5



With regard to the question about improvements to be made to training programmes, the most popular response was “more people can have a training opportunity” cited by more than 60%, while many others voiced their preference for curriculum that provides them with actual experiences rather than lectures as evidenced by such responses as “increase practical training” (approx. 50%) and “increase visit to related facilities” (approx. 50%). These were cited as a high-ranking request by those who replied to the interview survey. As regards follow-up services for trainees after they returned to Thailand, many ex-trainees cited “continue to provide latest information regularly” (approx. 60%) and “provide follow-up training” (approx. 50%) (Table 4-5).

(2) Meeting for exchanging views with ex-trainees

In order to learn how ex-trainees evaluate the training programme, the team held a meeting to exchange views with 20 ex-trainees (8 PWDs and 12 persons without disabilities), and asked them to give their views mainly on “results” “transfer of results” and “improvements to be made” with respect to JICA training.

Some of the responses of ex-trainees differed largely depending on whether they have disabilities or not, and Table 4-6 shows the views of PWDs and the views of people without disabilities separately. This section will present distinctive views common to PWDs and persons without disabilities, and distinctive views of each of them.

1) Distinctive views common to PWDs and persons without disabilities

The distinctive view common to PWDs and persons without disabilities with respect to “transfer of training results” is that they reformed their awareness after they witnessed the well-developed institutional framework and environment surrounding PWDs, high awareness on the part of PWDs, and realization of social participation by PWDs in Japan. With respect to “transfer of training results,” they transfer training results in one form or another within their institutions or organizations. With regard to “improvements to be made” to training, those cited by many respondents include a request for increasing opportunities for on-site practical training and for social intercourse with on-site staff, a request that all teaching materials should be translated into either English or Thai, and distributed before lectures, a request that a leeway should be given to schedule the timetable so that there would be some time for review during the training, and a request that third-country training should be provided so that as many PWDs and the parties involved in supporting PWDs as possible can participate.

2) Distinctive views of persons without disabilities

The distinctive views of persons without disabilities include staff’s high awareness and skills on the scene of supporting PWDs with respect to “grates training results.” With respect to “improvements to be made,” they pointed out in connection with training course setting that it is desirable to have different courses for staff in the service providing department and for staff in the

administrative department, and that DTEC does not always select right persons. As regards the content of training, many people came up with a request for training that matches their own duties, and for visits to both public institutions and NGOs. With respect to follow-up services after they return to Thailand, they cited support to the establishment of a network that links ex-trainees and continued provision of the latest information.

3) Distinctive views of PWDs

The distinctive view of PWDs with respect to “greatest training result” is that they were greatly empowered through association with Japanese PWDs. With respect to “transfer of training results,” they distinctively cited an example where the transfer of training results developed into collaboration between a Thai group of PWDs and a Japanese group of PWDs. With respect to “improvements to be made,” they pointed out in connection with the training course setting that since curriculum designed for each type of disability may be effective in some cases, they desire to have a well-thought-out curriculum such as a separate programmes within one course for PWDs and persons without disabilities, in connection with the content of training that they desire to have an opportunity to associate with Japanese PWDs, that they desire to learn techniques and training they can practice without expensive material and equipment, in connection with upgrading of communication tools, that they desire upgrading teaching materials and auxiliary equipment for visually handicapped persons and aurally PWDs. Other requests include provision of support to development of opportunities for technical transfer by PWDs.

(3) Overview of evaluation and problems to be solved

The overview of evaluation and problems to be solved obtained from the findings of the above two surveys can be summarized as follows.

1) Overview of evaluation

In general, the ex-trainees are highly satisfied with the training, and the training results are highly utilized and diffused extensively to surrounding persons concerned. This may be viewed against the background of the fact that there is a shortage of human resources in the field of supporting PWDs in Thailand, while opportunities for human resources development is considered to be limited. It is also learned that there is extremely great demand for new techniques and information in the field of supporting PWDs.

2) Problems to be solved in the future

(a) Well-thought-out course setting

In order for trainees to obtain greater results from training, it is necessary for them to participate in courses that match the characteristics of the trainees (whether they have disabilities or not, whether they are staff members working in the service providing department

**Table 4-6 Evaluation of training by ex-trainees (by persons with/without disabilities)**

represents items common to people with/without disabilities.

Evaluation	Respondent classification	
	Without disabilities	With disabilities
Greatest training results	Learned about well-developed institutional framework and environment surrounding PWDs. In particular, impressed and motivated by staff's high awareness and high levels of training skills. Strongly impressed by the realization of economic independence and social participation on the part of PWDs.	Learned about well-developed institutional framework and environment surrounding PWDs. In particular, empowered by general public's awareness of PWDs, and high awareness of PWDs themselves. Strongly impressed by the realization of economic independence and social participation on the part of PWDs.
Transfer of training results	<Transferring training results in some way>  Reported within the institution or organization to which I belong. - Contributed to programme reform in the institution to which I belong. - Gave a lecture and seminar in other institutions.	<Disabled trainees are empowering PWDs of Thailand>  Reported within the institution or organization to which I belong. - Activity for educating other organizations. - Transmission via mass media (radio, publication). - Gave a seminar. - Developed into collaboration with Japanese organizations for PWDs (National Association of the Deaf in Thailand and Japan Federation of the Deaf).
Improvements to be made	1) Training course setting - The degree of satisfaction increases in the following order: group - country-specific setting - individual. - It is desirable to have different courses for staff in the service providing department and for staff in the administrative department. - DTEC does not always select right persons.	- Disability-specific curriculum is effective in some cases.
	2) Content of training - Desire to have training that matches my own duty. Provide an opportunity for on-site practical training and for social intercourse with on-site staff. - Prior adjustment of visit to/explanation of institutions to be inspected or visited (to avoid duplication). - Include both public institutions and NGOs in institutions to be visited.	Provide an opportunity for on-site practical training and for social intercourse with on-site staff. - Want to have more opportunities to exchange views with Japanese PWDs - Provide instructions in techniques and training that can be learned without expensive materials and equipment.
	3) Upgrading communication tools Want to have all teaching materials translated in English or Thai.  Distribute teaching materials before lectures if possible.	Want to have all teaching materials translated in English or Thai. - Consideration must be given to provide translation into Braille and in large print for visually disabled persons, and teaching materials on floppy disks for aurally PWDs. - Improve the quality of sign language translation. Distribute teaching materials before lectures if possible.
	4) Follow-up after returning to Thailand - Provide support for construction of an ex-trainee network . - Continuously provide latest information.	
	5) Others Provide leeway to schedule training, and give time to review and absorb what I have learned during training. Provide training opportunities in Thailand so that as many interested people as possible can participate.	Provide leeway to schedule training, and give time to review and absorb what I have learned during training. Provide training opportunities in Thailand so that as many interested people as possible can participate. - There are not many opportunities to transfer technology. Request JICA to create such opportunities.

or in the administrative department). To this end, it is essential to take necessary steps at the time of recruitment, such as defining the requirements more explicitly.

The trainees show a higher degree of satisfaction with individual setting, country-specific setting, and group setting in that order, and are more satisfied with separate settings for PWDs and people without disabilities than with a combined setting for people without disabilities and PWDs. They also show a high degree of satisfaction with a course for each type of disability than a course for combined types of disability. However, providing a course for mixed types of disability has certain advantages as it allows people without disabilities to deepen their recognition of PWDs, and also allows people with a different type of disability to deepen their recognition of people with another type of disability. Furthermore, the new approach for the rehabilitation training directed by the group of the experts from the various fields rather than a single field is attracting more attentions recently in Japan. Thus, it is desired to prepare a new menu for more flexible rehabilitation courses that will be composed of choices of combinations of programs adopting various kinds of viewpoints. For example, it is expected to set up courses, such as seminars mixed disabled and non-PWDs, practical trainings separated by kinds of disabilities, or discussions conducted by experts from the various fields.

(b) Content of practical training

With respect to the present content of training, many of the ex-trainees desired practical training and visits to related institutions supporting PWDs that would immediately help them with their duties. Therefore, their needs should be grasped periodically, and the content of training should be reviewed. Since techniques that require the latest material/equipment and budget may not be utilized in many cases after trainees return to Thailand, it is necessary to consider providing training mainly in techniques that can be actually put into practice in developing countries including Thailand.

(c) Development of a follow-up system

Since there tends to be a shortage of the latest information in the field of supporting PWDs in Thailand, many of the respondents requested that the latest information should be provided after training, and that in-country training should be held. To this end, we must work in the future to develop a follow-up system for ex-trainees by providing more opportunities for third-country training and by continuously providing the latest information.

(d) Coordination within JICA with respect to disability training

Currently, disability-related projects of various kinds are being implemented within JICA, and as mentioned in connection with JOCV in 4-2, these projects are separately operated with no collaboration between JOCV and other technical supporting programme and various

training courses. If these are coordinated successfully, data within JICA can be pooled and shared. Whether we successfully sort out requests of the trainees, learn about high priority areas in Thailand, and understand the situation in Thailand concerning funds and equipment depends on our efforts to pool information not only from trainees but also from experts sent to Thailand, JOCV, and various evaluation projects, and to develop a system that allows everyone to use such information anytime, and to share information and resources.

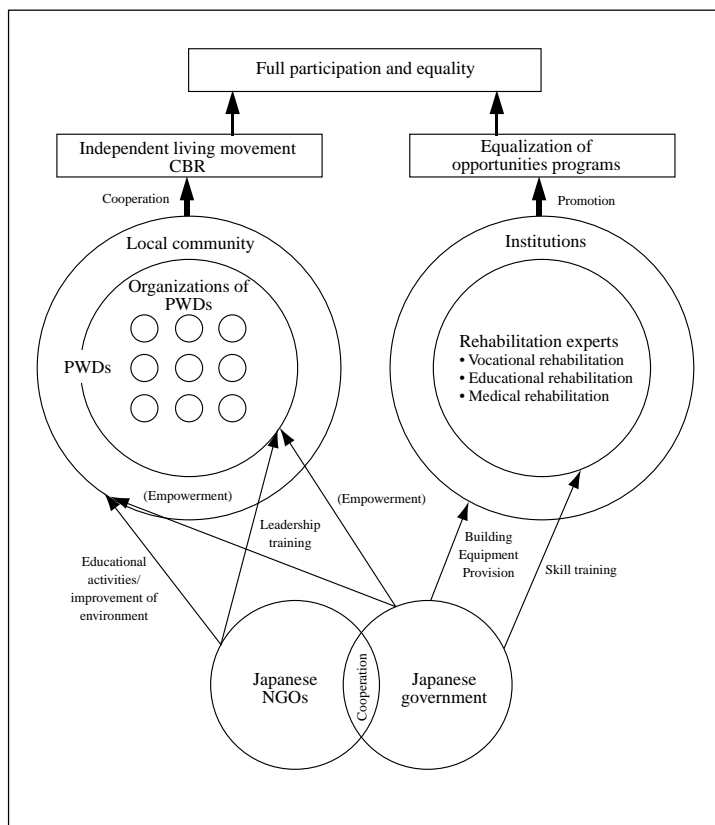
#### **4-4 Overall evaluation**

JICA started off its cooperation in the field of supporting PWDs with project-type technical cooperation and grant aid cooperation for IRC in FY1983 (refer to Table 3-5). In those days, the general public in Thailand had a very low awareness of PWDs, and it can be said that the government virtually provided no services to support PWDs. JICA rendered remarkable services when it constructed a full-fledged facility for vocational rehabilitation of PWDs at the dawn of a new age. As the awareness of PWDs on the part of the general public in Thailand has started to grow with the enactment of the Act for Rehabilitation of Disabled persons in 1991 and declaration of “the Asian and Pacific Decade of Disabled Persons” in 1993, IRC contributed to the diffusion of the concept of vocational rehabilitation of PWDs and in technical development. Particularly, the fact that IRC has achieved a self-sustaining growth in response to the growing domestic demand in Thailand demonstrates the validity of the cooperation. Moreover, it contributed to promote economic independence of PWDs, which PWDs desire most based on the survey in Chapter 2, through providing opportunities of vocational and social rehabilitation.

With the popularization of rehabilitation of PWDs in Thailand, demand for human resources development in the field has been growing significantly since the early 1990s. About this time, JICA started to accept administrators, staff members of institutions and PWDs from Thailand on a full-scale basis as trainees, and has contributed to training of pioneering leaders and introduction of advanced techniques and systems in the field of supporting PWDs. In addition, JICA has played a significant role not only in sending its JOCV and Senior Volunteers to institutions for PWDs in Thailand and transferring techniques to the staff of such institutions, but also in improving understanding and morale of workers related to PWDs.

As explained above, it can be said that JICA has greatly contributed to the development of basis for supporting PWDs to realize the goals of full participation and equality of PWDs in Thailand through JICA’s various schemes covering each field of educational, medical, vocational and social rehabilitation.

### BOX III Structure required for cooperation between the Japanese government and NGOs



The Japanese government should build a cooperation system in partnership with Japanese disability-related NGOs (non-governmental organizations) in order to achieve the goals of full participation and equality on the part of Thai people with disabilities. It provides PWDs of Thailand with assistance in leadership training through in-country training or third-country training. It provides empowerment for PWDs of Thailand by obtaining the cooperation of Japan's "NGOs for independent living of disabled persons." In addition, it promotes independent living and community based rehabilitation (CBR) in local communities in Thailand through educational campaigns and environmental improvement.

At the same time, it provides rehabilitation professionals of Thailand with technical training, as well as with facilities, buildings and equipment as required, thereby supports and promotes the programs of Thai government for equalization of opportunities.

## **CHAPTER 5 LESSONS FOR FUTURE JICA COOPERATION**

### **5-1 Direction of cooperation**

The following three points have been confirmed “Present conditions of PWDs” in Chapter 2 and “Present measures to support PWDs” in Chapter 3.

- (1) In keeping with the international trends, the Thai government is organizing a system for supporting PWDs in order to realize the equalization of opportunities for PWDs, and the direction of its policy is valid.
- (2) To realize it, it is important to promote activities not only of the government, but also of organizations of PWDs and of NGOs, and it is essential to involve the entire society.
- (3) Fundamental human resources, facilities and financial resources required to support PWDs are secured to some extent at the central level.

Therefore, JICA should focus its cooperation policy on expanding support to PWDs in rural areas where progress has been slow in providing support, and should also provide cooperation in collaboration not only with the government, but also with organizations of PWDs, and NGOs.

Since Thailand is a center of Indochina in terms of social and economical aspects, it has a significant influence on its neighboring countries. In addition, it is ahead of its neighboring countries in the field of supporting PWDs. Therefore, provision of support to “PWDs in the neighboring countries with Thailand as its core” forms an important framework for efficient and effective provision of cooperation in supporting PWDs not only in Indochina, but also in the Asian and Pacific region. And collaboration with ESCAP that has long experience in supporting PWDs in the region and NGOs will be highly beneficial in forming and implementing cooperation projects in line with such framework.

### **5-2 Cross-cutting lessons learned about project formation and implementation**

Cross-cutting lessons learned about project formation and implementation are as follows.

- (1) Participation of PWDs in cooperation and development of environment for the participation

A disability itself is a specialty, and PWDs know the needs of PWDs better than anyone else. Active PWDs are very effective in educating other PWDs by serving as a role model. As a matter of fact, NGOs participated by PWDs in their action planning and implementation are efficiently carrying out activities that meet the needs of PWDs, and thus activity providers and recipients are both positive. Therefore, in order to efficiently implement cooperation projects that satisfy the needs of PWDs, it is necessary for JICA to allow PWDs in Japan and in Thailand to actively participate in all the stages of a project cycle, including project formation, implementation, monitoring and evaluation, and it is

important to study and provide the conditions that facilitate participation of PWDs.

Collaboration with Japanese and Thai organizations of PWDs will be effective in providing conditions that facilitate active participation and participation of PWDs in cooperation.

(2) Consideration for PWDs in cooperation

In order to realize the goals of full participation and equality of PWDs, it is necessary to incorporate friendliness in access by PWDs, who are residents, in various aspects of social and economic activities, and thus it is necessary for JICA to study and effect disability friendliness mainly through development study and grant aid cooperation with respect to the development of infrastructure and facilities (ESCAP already drew up non-handicap guidelines for the development of infrastructure and environment with the cooperation of JICA experts).

(3) Collaboration with NGOs

Since JICA should table for many cooperation themes, it cannot be expected to increase the annual amount of cooperation in the field of supporting PWDs in the future, and is required to work out the way to effectively use the present amount of cooperation. On the other hand, as mentioned earlier, there are a large number of excellent NGOs in Thailand that efficiently provide services that meet the needs of PWDs.

JICA provides inter-governmental technical cooperation, and thus its counterpart organization for implementation of a cooperation project is a government agency in principle. However, since it has an important task to work out the way to effectively utilize the present amount of cooperation as mentioned above, it should collaborate with excellent NGOs and make use of their know-how. Since manifestation of cooperation effect varies greatly depending on whether there is an established utilizing system in a counterpart organization accepting on cooperation, particularly for small scale cooperation such as the JOCV and senior volunteer dispatch, JICA should actively respond to a request for dispatch from an excellent NGO.

### **5-3 Project draft plans**

The team proposes the following two project draft plans in line with the direction of cooperation (5-1) and in consideration of the cross-cutting lessons (5-2).

(1) Proposal on Asia-Pacific Center for PWDs (tentative name)

Currently, Thailand has almost no places for PWDs to meet one another, to seek advice or counseling, or to receive specific support aimed at achieving social independence.

Improving the organizing rates of organizations of PWDs, promoting their activities and constructing a network are effective in empowerment of PWDs, in expansion of a system for supporting PWDs, and in making improvements in the social system that stands in the way of social participation of PWDs.



However, there is no base for promoting their activities and for building a network.

Therefore, establishment of a facility that serves as the base for “providing support, promoting activities and building a network” as mentioned above will be very beneficial not only in empowerment of PWDs and formation of organizations of PWDs, but also in the realization of full participation and equality.

Such a facility should be operated and implemented mainly by PWDs themselves, and participation of Thai and Japanese experts with disabilities in the preparatory stage and operation of the facility is indispensable.

The benefits of the Center are expected to extend not only to Thailand, but also to Indochina and then to the Asia-Pacific region in the future. Therefore, it is considered effective to collaborate with ESCAP that has information on and supporting schemes for PWDs in Asia-Pacific from the very beginning.

Thus, it is necessary that the “Asia-Pacific Center for PWDs (tentative name),” the construction of which is currently under review by the Japanese and Thai governments, should be equipped with the viewpoint and function proposed in this draft plan.

(2) Project for human resources development for supporting PWDs (dispatch of a team of experts/ community empowerment programmes)

In the future, it will be necessary to enhance the skill and awareness of people working at the front line in the Metropolitan area, and it will be necessary to spread support itself for PWDs including human resources in rural areas. Thus, the team would like to propose that JICA provides assistance in the efforts on the part of the Thai government to respond to demand for human resources with a scheme that combines dispatch of a team of experts with community empowerment programmes. Expected specific procedures are as follows.

- The Committee for Rehabilitation of Disabled persons shall be appointed as the implementing organization of Thailand.
- Project coordinators having experience in supporting PWDs in regional communities shall be dispatched as a long-term expert.
- The Committee shall take the initiative in grasping and adjusting demand for human resources development for strengthening and supporting the front line of government agencies, NGOs and organizations of PWDs in rural areas, and in formulating a plan for human resources development.
- In accordance with the above plan, the Thai side (the government, NGOs, organizations of PWDs) will provide training for human resources development; by utilizing human resources in the Metropolitan area. JICA shall dispatch short-term experts on a team dispatch scheme as required, and assist the Thai side with the expenses required to provide training on a scheme for community empowerment programmes.

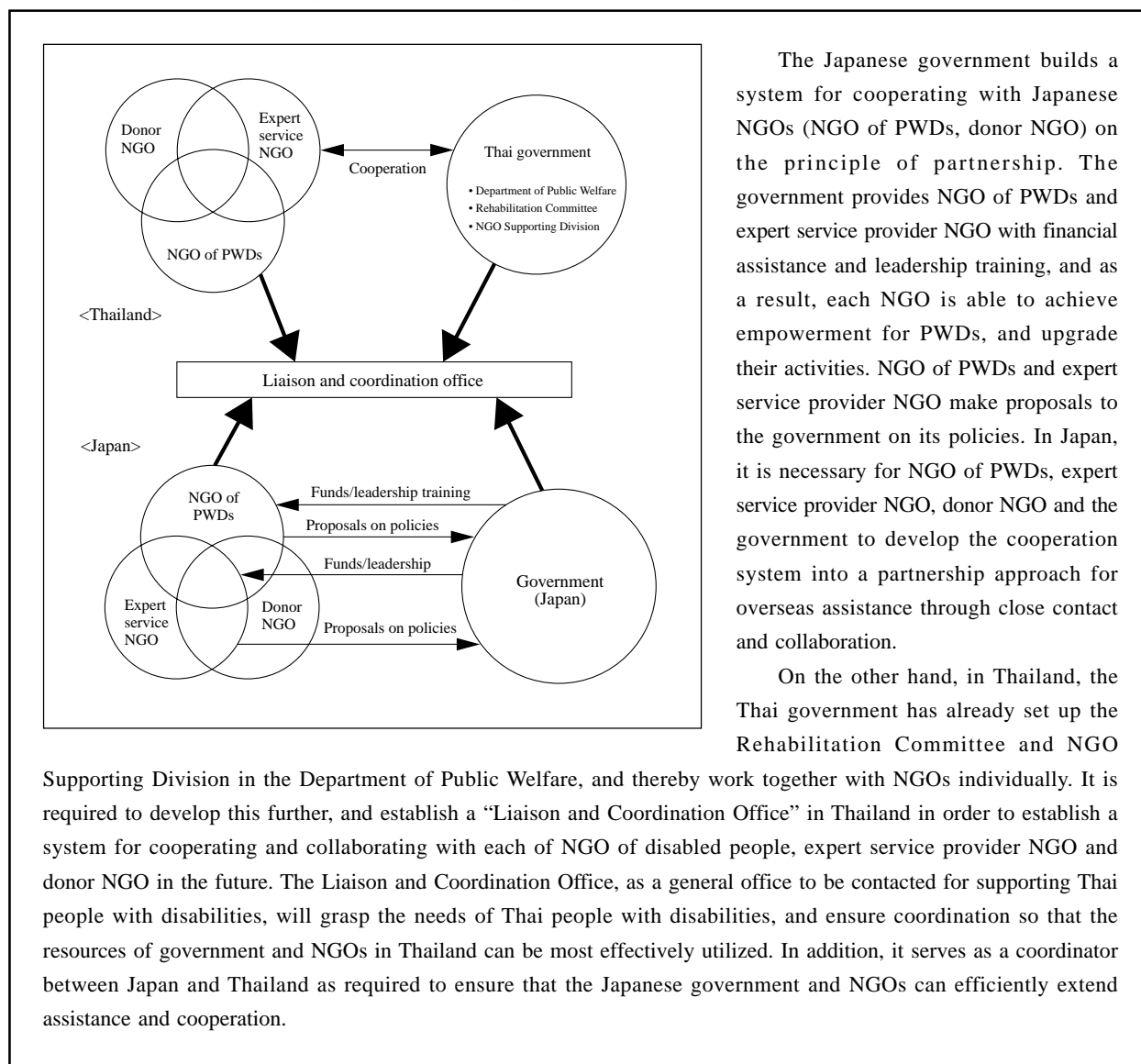
In the field of supporting PWDs, Japanese non-governmental organizations provide a variety of

assistance, mainly in the form of “commodities,” and this project is expected to have the secondary effect of effectively distributing these commodities to places in need of them through a network formed by dispatch of a team linking the government, NGOs and organizations of PWDs.

It is desirable that PWDs should be sent as the above-mentioned long-term and short-term experts with relevant support services including personal assistant and interpreter based on their needs.

Japanese non-governmental organizations have provided a variety of assistance in the field of supporting PWDs, and if such assistance at the grass-root level can be combined with the above scheme, efficient support provided from the viewpoint of PWDs can be expected. Particularly, it is recommended that a project should be formulated based upon the effectiveness of peer counseling programme and independent living programme in the field for supporting PWDs that are growing in Japan.

#### BOX IV Japan-Thailand cooperation structure desirable in the future



The Japanese government builds a system for cooperating with Japanese NGOs (NGO of PWDs, donor NGO) on the principle of partnership. The government provides NGO of PWDs and expert service provider NGO with financial assistance and leadership training, and as a result, each NGO is able to achieve empowerment for PWDs, and upgrade their activities. NGO of PWDs and expert service provider NGO make proposals to the government on its policies. In Japan, it is necessary for NGO of PWDs, expert service provider NGO, donor NGO and the government to develop the cooperation system into a partnership approach for overseas assistance through close contact and collaboration.

On the other hand, in Thailand, the Thai government has already set up the Rehabilitation Committee and NGO

Supporting Division in the Department of Public Welfare, and thereby work together with NGOs individually. It is required to develop this further, and establish a “Liaison and Coordination Office” in Thailand in order to establish a system for cooperating and collaborating with each of NGO of disabled people, expert service provider NGO and donor NGO in the future. The Liaison and Coordination Office, as a general office to be contacted for supporting Thai people with disabilities, will grasp the needs of Thai people with disabilities, and ensure coordination so that the resources of government and NGOs in Thailand can be most effectively utilized. In addition, it serves as a coordinator between Japan and Thailand as required to ensure that the Japanese government and NGOs can efficiently extend assistance and cooperation.