Thailand

Country indicators

- *Conflict period and mine/ERW use:* Thailand is affected by mines and ERW resulting from conflicts along its borders with Cambodia, the Lao People's Democratic Republic, Myanmar, and Malaysia.[1]
- *Estimated contamination:* According to the 2001 Landmine Impact Survey, 2,557km² of suspected mine-affected areas affected more than 500,000 people. In 2009, Thailand estimated 547.9 km² suspected mined areas remained.[2]
- *Human development index:* 78th of 179 countries, medium human development (compared to 76th of 177 in 2004) [3]
- *Gross national income (Atlas method):* US$2,840 – 127th of 210 countries/areas (compared to US$2,463 in 2004).[4]
- *Unemployment rate:* 1.2% (compared to 2.2% in 2004).[5]
- *External resources for healthcare as a percentage of total expenditure:* 0.3% (also 0.3% in 2004).[6]
- *Number of healthcare professionals:* 32 per 10,000 population.[7]
- *UNCRPD status:* Ratified on the Convention on 29 July 2008, its Optional Protocol had not been signed as of 1 August 2009.[8]
- *Budget spent on disability:* Unknown.
- *Measures of poverty and development:* Although Thailand has experienced rapid progress in human development in recent decades, people whose incomes remained tied to the domestic market, such as small-scale farmers, have received fewer benefits and poverty remained a real concern for them. Some 10% of the population was living below the poverty line.[9]

VA country summary

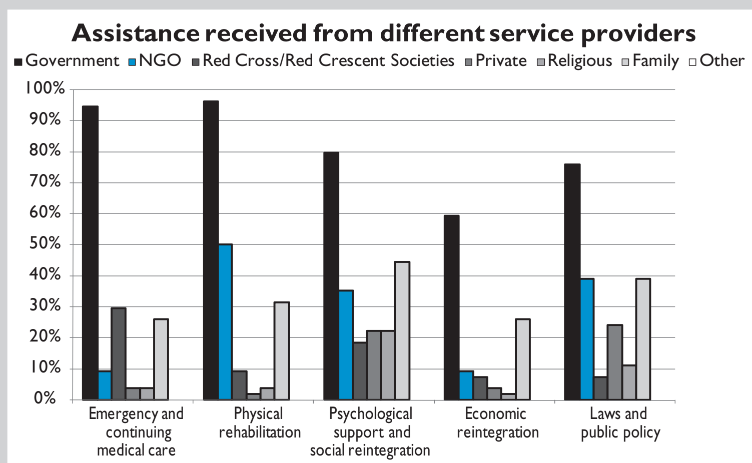
Total mine/ERW casualties to 2009: 4,060			
Year	Total	Killed	Injured
2004	28	7	21
2005	43	4	39
2006	26	4	22
2007	19	0	19
2008	26	3	23
Grand total	**142**	**18**	**124**

- *Estimated number of mine/ERW survivors:* 1,252.[10]
- *VA coordinating body/focal point:* The responsibility for VA coordination changed from the Thailand Mine Action Center (TMAC) in 2004-2007 to the Ministry of Public Health in 2008, as chair of the sub-committee on VA, established under the National Committee on Humanitarian Mine Action.
- *VA plan:* The Master Plan for Mine Victim Assistance 2007-2011 is an inter-ministerial plan to guide the development of individual plans by ministries, but it has few specific goals.
- *VA profile:* Thailand increased services for survivors during 2005-2009 by building on broader frameworks in the health, disability and employment sectors. Throughout the period under review, a community-based rehabilitation (CBR) network improved health centers and hospitals, and a new emergency service network significantly improved medical care for survivors. Healthcare for survivors was generally considered to be adequate in 2009, whereas in 2004 shortages in personnel and supplies had been reported at the community level. The availability of prosthetic and orthotic devices increased because of the better-functioning state system and through NGOs; physical rehabilitation was also largely adequate. Psychological support and economic reintegration services mostly remained inaccessible to survivors or inappropriate for their needs despite being generally more available. Substantial new legislation and policy measures to protect the rights of persons with disabilities were introduced in 2007-2008, but discrimination, especially in employment, remained problematic. Mine/ERW survivors from Myanmar and Cambodia also receive services in hospitals in Thailand's border provinces, and/or from international NGOs (in refugee camps for Burmese refugees). These survivors are not included in Thailand's strategic VA planning. Data collection on new casualties led by TMAC remained inadequate and incomplete throughout 2005-2009. NGOs completed a national mine/ERW survivor survey and needs assessment in 2009.[11]

VA progress on the ground

Respondent profile

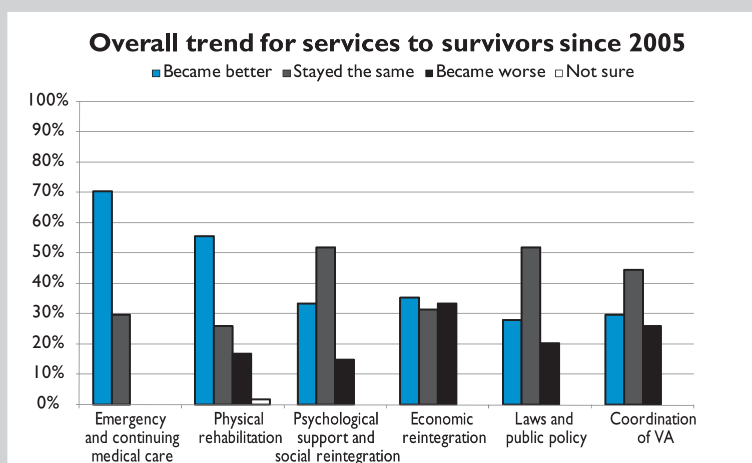
By July 2009, 54 survivors had responded to a questionnaire about VA progress in Thailand since 2005: 46 men, five women and three adults whose gender was not reported. The vast majority of respondents (83%) had started primary school. Only 9% had reached secondary school level and 7% had not received formal education. Some 85% of respondents were heads of households and 87% owned property. Nearly all respondents (94%) lived in villages with limited services and just 4% lived in a large city with a variety of services. All respondents were employed before the incident (83% farmers) but 15% were unemployed afterwards and just 59% remained farmers. Nearly all respondents (96%) found their household income insufficient. This corresponds with the results of the nationwide survivor survey which reported that most survivors are men (93%), living in a rural border province region, with a low education background and having a low monthly household income. Most survivors were civilians.[12]



General findings

Overall, a significant percentage of survivors saw progress in service provision compared to 2005; most progress was definitely seen in medical care and least in economic reintegration. Some 41% of survivors responded that they had received more services in 2009 than in 2005 and 43% reported that services were better than those provided five years ago. Most (63%) believed that services for child survivors were "always" adapted to their age. While female participation was too limited for accurate extrapolation, 81% of respondents thought that services for female survivors were "equal" to those available to male survivors; 13% said services were "better". Of the five female respondents, three said "better" and two said "equal".

Nearly all respondents (91%) had been surveyed by NGOs or authorities in the past five years and almost a quarter (24%) had been surveyed four or more times. Some 46% of respondents thought that this survey activity had resulted in their receiving more services; 39% found they had received more information about services as a result; and the same percentage (39%) said that they had less difficulty obtaining a pension. This last response is concerning given that assistance in obtaining pensions is the key goal of most social support visits paid to survivors.[13]



Emergency and continuing medical care

Most respondents (70%) believed that, overall, healthcare had improved since 2005 and the remaining 30% said services had stayed the same. According to 61%, survivors

"always" received the healthcare they needed and another 26% replied "mostly". Nearly three-quarters (72%) felt that the government provided more support to healthcare. The greatest progress was felt in reducing the cost of services (89% saw improvement). Some 81% of respondents also found that the quality of healthcare had improved and that they could receive services closer to home. Better-trained health staff was seen by 78% of survivors and 74% found that more complex procedures could be carried out. Another 70% reported increased emergency transport and 65% said there were more first aid workers. Practitioners found that healthcare progress was made in similar areas: increased first aid workers and emergency transport, as well as more affordable services.

These responses correspond with Thailand's rapid expansion of primary healthcare services throughout districts of Thailand since 2005, its reform and expansion of the emergency response mechanisms – even though full coverage was only foreseen by 2011. Responses are also indicative of recent infrastructure improvements to village health centers and the development of a health volunteer system. Thailand also invested in training health staff and free medical assistance was provided to registered persons with disabilities.[14] This all resulted in adequate medical care for mine/ERW survivors by 2009, whereas it had still been considered inadequate at the community level in 2004. However, Thailand recognizes that further increases in the number of health staff are still needed.[15]

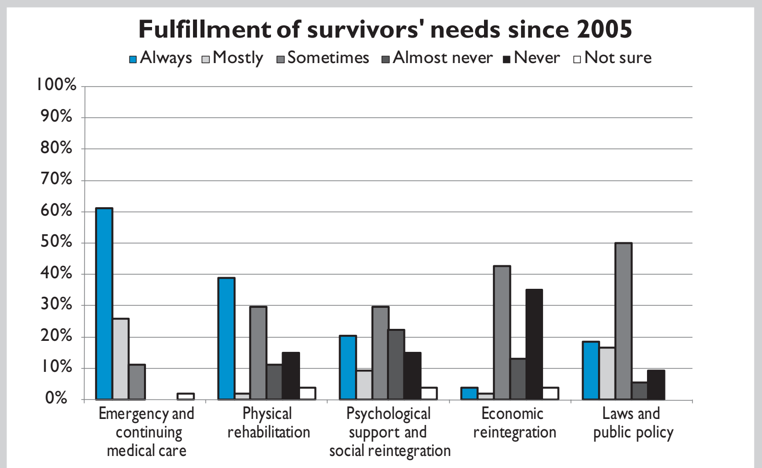
Physical rehabilitation

More than half of respondents (56%) thought that, overall, physical rehabilitation had improved since 2005; 26% said it had stayed the same; and 17% saw a deterioration. Some 39% felt that survivors "always" received the physical rehabilitation they needed and 30% said this was "sometimes" the case. A majority of respondents (63%) believed that the government provided more support to physical rehabilitation in 2009 than in 2005. Most improvement was recorded in the quality (87% agreed) and variety (72%) of mobility devices. Some 70% reported that it was easier to get free replacement devices, that rehabilitation staff was trained better, and that the waiting period to obtain a device had become shorter. More than half of respondents (57%) noted that they could obtain services closer to home or that there were more mobile workshops. Practitioners found that physical rehabilitation for survivors had remained unchanged and that the government had "maintained its efforts."

All public hospitals, mainly supplied by the Sirindhorn National Medical Rehabilitation Center, were capable of providing prosthetic and orthotic devices; some mobile units also existed. In 2007, Thailand also reported that the health system was able to reimburse the cost of treatment for all survivors.[16] However, transportation costs could be prohibitive; for example, the 2009 survivor survey noted that some 43% of respondents saw distance to the centers and transportation costs as a problem.[17] The NGO Prosthetic Foundation also provided free mobility devices through its main center in Chiang Mai and some 16 satellite and mobile workshops; many of those assisted here were unable to get coverage through the national health insurance scheme.[18] In 2009, Thailand stated that studies showed that 67% of people were satisfied with the prosthetic-orthotic assistance they received.[19] However, the survivor survey noted that maintenance of devices was the main concern for survivors due to the long distances to centers.[20]

Psychological support and social reintegration

More than half of the respondents (52%) thought that, overall, psychological support and social reintegration services had remained unchanged since 2005 and 33% saw improvement. Some 30% thought that survivors "sometimes" received the psychosocial services they needed; 22% said that survivors "almost never" received the needed services; but 20% said they "always" did. The greatest progress was not seen in the actual services, but in individual and community attitudes: 67% of respondents felt more involved in community activities and 56% felt more empowered. Just 22% reported more opportunities for psychological counseling and 20% said peer support groups had been created. According to



30% of respondents, there were more social workers. Some practitioners saw improvements mainly because there were more or better-trained psychiatrists, social workers and counselors. It is likely that practitioners, through their work, have more contact with institutions providing psychological support than survivors living in rural communities.

The responses, in part, show that many rural survivors in farming communities are likely unaware of existing psychosocial services or of their importance and would be unlikely to seek this type of assistance. However, psychosocial assistance activities were also limited. A few survivor groups existed and some social inclusion support was provided informally such as during the course of other services in some hospitals and through the CBR network, but was dependent on the awareness and goodwill of the staff.[21] Rather than counseling, the role of social workers and of CBR volunteers is to assist survivors in applying for disability pensions and certificates which give access to medical and social benefits. The lack of psychological support services was a major concern for more than three-quarters of survivors in the national survey.[22]

Economic reintegration

Responses to progress in economic reintegration for survivors since 2005 were split in almost equal thirds: 35% reported progress, 33% deterioration and 31% no change. However, 35% of respondents found that survivors "never" received the economic reintegration assistance they needed and 43% indicated that the needed assistance was "sometimes" provided. Almost all survivors (98%) thought that unemployment was so high that survivors were the last to be chosen for a job. Just under half of all respondents (48%) believed that the government provided more support for economic reintegration. The most progress was seen in the provision of vocational training for survivors and awareness of disability issues among teachers (56% saw an increase). Some 54% found that services were available closer to home. While 35% of survivors believed that they had better access to income-generating and training programs not specifically targeting them, just over a quarter (26%) saw improvement in these programs actually meeting market demand. Only 9% reported that job placement services increased. Although Thailand has strict employment quotas, only 20% thought these were better enforced.[23] Despite intensive state efforts in registering persons with disabilities, including survivors, for pensions (of US$15 per month), only 15% of respondents thought that pensions had improved. Practitioner responses indicated that economic reintegration had improved, mostly in the areas of micro-credit, employment opportunities and vocational training including programs not designed specifically for survivors. Unlike survivors, most practitioners also thought that employment quotas were enforced more often.

The differences between practitioners and survivors probably indicate that, although economic reintegration services have increased, opportunities might not reach survivors in rural areas. The government launched some pilot income-generating projects through the CBR network and vocational training was free for persons with disabilities. However, projects reached limited numbers of survivors and services did not appear to fully address their needs. Additionally, even if survivors found employment, there often was salary discrimination and discriminatory hiring policies also existed.[24] Thailand acknowledged that some 71% of survivors have never received training and that training was inconsistent with their work in agriculture. Thailand also recognized that, despite efforts, coordination with local survivor groups remained limited.[25]

Laws and public policy

Some 52% of respondents reported that, overall, the enforcement of the rights of survivors had stayed the same; and 28% saw improvement since 2005. Half of respondents felt that their rights were "sometimes" respected and 19% said this was "always" the case. A majority of survivors (59%) thought that the needs of survivors were better included in disability legislation and policy; and 52% believed that they had more access to legal recourse when their rights were violated. Half of the respondents also believed that legislation and policies relevant to survivors had been developed, but fewer (39%) thought that legislation was better enforced. Some 44% also agreed that the public was more aware about the rights of persons with disabilities. Yet, only 39% of respondents believed that discrimination against survivors had decreased. Practitioners also noted progress in laws and public policies relevant to survivors but found that the government had "maintained its efforts" rather than increased them.

In 2007-2008, Thailand introduced new laws and made public policy changes with the aim of improving the lives of persons with disabilities. Key among these measures was the Persons with Disabilities Empowerment Act of 2007 and some sections of the Thai Constitution of 2007, which specifically prohibit discrimination and grant access to services to persons with disabilities. In the same year, legal protection for the rights of persons with disabilities was improved as the Ministry of Social Development and Human Security increased the importance of the Office for the Empowerment for Persons with Disabilities.[26] Thailand's signature and ratification of the UNCRPD is reported to have contributed to progress in these areas as well.[27] NGOs and disabled people's organizations were active in raising awareness throughout 2005-2009, and already in 2003 Thailand hosted a series of meetings to facilitate the drafting process of the UNCRPD.[28]

When asked how they would respond if survivors were to say that their situation stayed the same over the last five years, a government representative's answer was pragmatic, stating that if survivors were referring to basic needs or essential services such as food, housing or prostheses, then Thailand would seriously explore further processes for assistance to address those needs. However, if the issues were about more than basic needs Thailand could not act on these, as all people have different expectations.

VA process achievements

Year	Form J with VA	ISC VA statement	MSP VA statement	VA expert	Survivor on delegation
2005	YES	YES	YES	NO	NO
2006	YES	YES	YES	NO	NO
2007	YES	YES	YES	YES	NO
2008	YES	YES	YES	YES	NO
2009	YES	YES	N/A	YES	NO

In 2007, Thailand stated that its "victim assistance programme may not be without its flaws, but we are confident that we are on the right track."[29] As one of the 26 countries with the greatest numbers of survivors and, therefore, the greatest responsibilities, "but also the greatest needs and expectations for assistance," Thailand realized that it was primarily responsible for assisting survivors. But it also believed that Thailand's so-called VA26 status was a way to obtain international technical support and funding to reach appropriate standards of assistance. While Thailand did not find it had received such support, substantial progress has been made, through efficient use and optimization of existing mechanisms, particularly for medical and physical rehabilitation assistance. One government representative thought that a key accomplishment was that while Thailand had improved healthcare for all citizens, it was also able to ensure the same access to services for persons with disabilities (including survivors).

The Thai ministries involved in the VA process also found that it was a useful tool to call for stakeholder meetings and increased information sharing to improve VA. Through the process, the ministries were also able to increase linkages with the broader disability sector and take advantage of developments there.

In 2008-2009, Thailand assumed the role of co-chair of the Standing Committee on Victim Assistance and Socio-Economic Reintegration, which together with its presidency over the Fifth Meeting of States Parties in 2003, seems to have influenced progress in national VA measures.

As part of its commitment to implementing the Nairobi Action Plan, Thailand presented its 2005-2009 objectives in 2005, but there were few objectives and they were not SMART. In February 2007, the Master Plan for Mine Victim Assistance 2007-2011, which had been ready since December 2005, was adopted. This plan was meant to guide relevant ministries in developing their own plans; the 2005-2009 objectives were not actually used.[30] Although the VA master plan lacks strategic detail and timeframes for implementation, it does set some standards for ministries to meet. Reportedly, ministries and NGOs carried out their responsibilities mindful of the master plan in the period between its development and its adoption.[31]

TMAC was initially in charge of coordinating VA. While TMAC did not allocate a budget to VA or implement any service provision, it spearheaded the development of the master plan and convinced government agencies to integrate VA into the National Socioeconomic Development Plan (2007-2011). TMAC also liaised with relevant stakeholders and, to a limited extent, with survivor representatives on these issues. In 2008, coordination responsibilities shifted to the Ministry of Public Health as chair of the sub-committee for VA under the National Committee on Humanitarian Mine Action which had already been established in March 2003. The sub-committee includes representatives from key ministries and NGOs, and meets biannually. It was subsequent to this readjustment that Thailand started to state that coordination had improved.[32]

TMAC's limited coordination and the fact that most developments beneficial to survivors were carried out as part of the broader mechanisms, appear to have influenced survivor responses. Just 28% knew who was in charge of coordinating VA, and just 30% thought that VA coordination had improved. Some 31% thought that survivors had been involved in coordination and 41% indicated that the needs of survivors were taken into account in the plans.

Conclusions

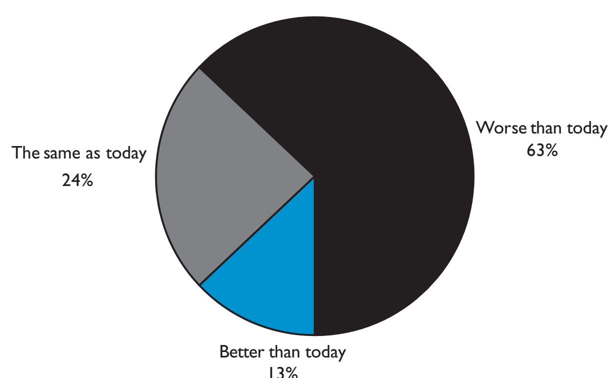
- Services and their availability improved for survivors due to broader initiatives in the health and disability sectors.
- Thailand's participation in the VA26 process led to it feeling the need for increased coordination and the more systematic integration of VA in other relevant frameworks and the ministries' work.
- There were few or no specific projects for survivors, even though they might have been useful in the short term to reinforce the weaker economic reintegration and psychosocial support components.
- Economic and psychosocial services were insufficient and did not appear to address the specific requirements of survivors in rural environments.
- The CBR network was a useful tool for expanding services, but it has not reached its potential for economic reintegration and psychosocial support.
- Survivors and their representatives were not included systematically in activities.
- The national survivor survey is likely to increase the expectations of survivors, and also provides an excellent starting point for implementing further assistance.

Suggestions for the way forward

When asked what they thought their situation will be like in five years, 63% of respondents replied that it would be worse than now; 24% thought it would stay the same; and only 13% thought it would be better.[33] To assist in a better future ahead the following suggestions may be taken into account:

- Use the results of the survivor survey to improve planning and take specific strategic action on the issues identified as problematic by survivors.
- Include survivors and their representatives in planning based on their needs, but also ensure their inclusion in relevant broader coordination and planning frameworks.
- Extend the CBR program to systematically include psychosocial support activities and to involve survivors and local survivor and disabled persons' groups.
- Link the economic reintegration needs of survivors more to existing programs and seek to duplicate useful lessons learned from integration of VA in the health and rehabilitation sectors.
- Build the capacity of local survivor organizations to implement community-based projects.
- Devise a strategy to increase the rural incomes of survivors or to subsidize their costs so that they can withstand market fluctuations.
- Ensure that economic reintegration activities better meet market demand.
- Increase awareness about services and establish stronger referral mechanisms between services.

What do you think your situation will be like in five years?



Chob in his furniture workshop
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In his own words: the life experience of Chob

In their own words…

The priority for VA for the next five years is:

- Provide more support.
- Budgets to start economic projects.
- It's too hard to say any one thing.
- Education for the children of survivors; it is too late for us.
- Donate to demining to release the land for use.
- Grants for children's education.
- Survivors need to have a better income.
- Increase our pensions.
- Give more physical rehabilitation, as there are not enough services now.

In their own words…

If countries really cared about survivors they should:

- Follow up on surveys with the appropriate assistance for survivors.
- Make the 500baht [US$15] monthly pension universally available to all survivors.
- Increase the pension to make it adequate for survivors.
- Get information from survivors and act on it.
- Create a budget for survivors to find work and for their children to study.
- Just do what they said they would do.
- Income and jobs.
- Give special rights for survivors.
- Provide good coordination.
- Push to improve the economic support plan.
- Donate for more physical rehabilitation.
- Take care of the survivors' families.

Chob is a farmer and a carpenter living very close to the Thai-Cambodian border. He lost his leg to a landmine while collecting vegetables almost 15 years ago. Chob received a prosthetic leg from a national NGO after the incident. He does not have the prosthesis repaired or replaced often. The last time he had a new device was three years ago at a local hospital. He noticed improvements in the quality when he went, but it took a long time to make the device. He was not able to make a living while he was waiting for his new leg.

Chob prefers to work for himself rather than face the discrimination he knows exists when working with others. He has been actively involved in a local group in his village maintaining a system of revolving micro-credit loans started by an NGO seven years ago. The group includes several persons with disabilities, some of whom are mine survivors. Over the years, projects have come through the village surveying survivors and offering the hope of vocational training or start-up equipment, but these hopes have always been disappointed. Just one NGO provides basic relief packages to survivors from time to time – Chob received one once. Chob sees that some small practical adaptations would make a big difference to survivors in the area, for example adjustments to motorcycles for those who lost their legs.