ORIGINAL ARTICLES

COMMUNITY BASED REHABILITATION IN THAILAND: CURRENT SITUATION AND DEVELOPMENT

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ABSTRACT

This article is based on an evaluation research to explore available documents and CBR projects in Thailand and determine the current situation regarding CBR, particularly in terms of the WHO concept. Six methods and units of analysis were completed, including questionnaires for 36 CBR workers via mail, 3 available reports of the CBR seminars and workshops, a focus group discussion with CBR workers, interviews of 2 key informants, visit to 2 community projects and the report of a CBR research project conducted and facilitated by the researcher. The research revealed that most of the rehabilitation projects in the Thai community were outreach services. The evolution of concepts of CBR in Thailand is an ongoing process. Most persons with disabilities participated as members and consumers rather than planners and managers of projects. Lack of budgets and external sources of donors were still critical issues for CBR continuation. There was a diversity of rehabilitation services particularly medical, educational, vocational and social rehabilitation. The positive aspects of CBR, included promoting positive attitude of society and community towards people with disabilities, while the problems of CBR where lack of community concern and lack of financial support or donors.

INTRODUCTION

Research projects on community based rehabilitation in Thailand have been rare. Most CBR projects were not only service projects, but were also supported by external donors i.e.international organisations that provided for a specific disability such as children with disabilities or visually impaired persons (1,2,3).

However, there have been some research projects emphasising specific aspects of CBR. Knowledge and understanding among their parents, medical professionals and teachers of children in rehabilitation in some districts of Nakornrachasrima Province were explored (4). Most samples agreed that children with disabilities should study in regular schools and assistive

technologies must be employed. Kanitta (5) indicated that attitudes toward persons with disability and rehabilitation skills of social workers who work with them in the community social welfare office in Thailand, were appropriate and positive. Lack of budgets, personnel, knowledge and information were identified as the main problems of CBR. Aungkana (6), reported that rehabilitation needs of persons with physical disabilities in the community were medical and social rehabilitation, rather than educational and vocational rehabilitation. A qualitative research was also undertaken to determine how persons with disability in the community used their study styles and how the community participated (7). Participation with and attitudes toward persons with disability in the community tended to be good.

Based on the review of existing research, CBR in Thailand has been only segmental and superficially studied. Surveys with questionnaires were a main strategy for identifying some aspects of CBR in a particular sample, with segmental views (4,5,6,7), whereas, the nature of CBR is multidisciplinary. It should be simultaneously evaluated from both qualitative and quantitative aspects for a holistic view.

There are many laws and policies providing for decentralisation and promotion of human rights and community participation for enhancing the quality of life of persons with disabilities, in Thailand. These include the Rehabilitation Act for disabled persons 1991 (8), the 9th National Social and Economic Developmental Plan (9), the Plan for Enhancing Quality of Life for Disabled Persons 2002-2006 (10). Eventually however, they could not be implemented in a practical manner. This limitation may have resulted from lack of representative and empirical data for formulation of comprehensive plans and rehabilitation services including CBR.

AIM OF THE STUDY

This study aimed to explore available documents and CBR projects in Thailand and determine the actual current situation regarding CBR, covering six issues. These issues are: 1) definition and classification of rehabilitation services in community 2) sectors of participation 3) budgets and sources of donors 4) kinds of rehabilitation services and activities 5) positive and negative aspects of CBR 6) sustainability of projects.

METHODS

Participants and units of analysis

This is a descriptive study comparing the CBR situation of Thailand with the CBR concepts of international agencies i.e. UNESCAP (11) and ILO, UNESCO, UNICEF and WHO (12), in terms of the six issues described earlier.

To meet research objectives and for a better understanding of CBR in a holistic manner, analysis of six units were undertaken. First, there were 36 participants selected with snowball sampling from CBR projects or rehabilitation projects who responded to the questionnaires.

Second, 3 available reports of the CBR seminars and workshops in Thailand during 2000-2003, selected with purposive sampling, were analysed. Third, 4 CBR workers were invited to a focus group discussion. Fourth, 2 key informants were interviewed. Fifth, visits were made to 2 community projects related to rehabilitation. Finally, the evaluation report of a CBR project conducted and facilitated by the researcher was reviewed.

Instruments

The instrument used was a questionnaire and an evaluation guideline which emphasised the CBR concept of UNESCAP (11), along with conceptual issues summarised from other literature from International Labour Organization (ILO), United National ,Scientific and Cultural Organisation (UNESCO), United Nations Children's Fund (UNICEF) and World Health Organisation (WHO) (12), apart from using the direct experience of the researcher (13).

The questionnaire consisted of 22 items with close and open-ended questions, such as: general information such as sex, age, education, and name of workplace (item number 1-4); Disability of participants and their relatives (item number 5-6); Time of experience in community project (item number 7); Sources and amount of budgets (item number 8-9); Roles of participation (item number 10); Numbers and sectors of project participation (item number 11); Kinds of services and target groups (item number 12-13); Motivation for participation in the project (item number 14); Salary and other incentives.(item number 15-16); Positive aspects of project (item number 17); Negative aspects of projects (item number 18); Opportunity of project sustainability (item number 19); Other comments and suggestions regarding CBR (item number 20); Recommended personnel for further CBR informants (item number 21); and need to know the research result (item number 22).

An evaluation guideline which was a brief version of the questionnaire, was used with participants in focus groups to assess rehabilitation services of community projects from available documents. This consisted of the important CBR concepts from item number 5-18. In addition, tape recorders, cassette tapes and field notebooks were used for interviews, focus groups and field visits.

Procedures

Due to a lack of a systematic database of CBR projects and field workers in Thailand, the following procedure was used. A total of 118 CBR and related workers were screened and listed from available documents (i.e. reports of CBR workshops and seminars, brochure, etc.) and information disseminated by the researcher's friends who were CBR workers, managers and coordinators of governmental organisations (GOs) and non-governmental organisations (NGOs). This sample was located in 27 provinces in Thailand and involved approximately 50 rehabilitation projects in the community. The questionnaires and descriptions

of research purpose as well as needs of correspondence, were distributed to the sample by mail. Forty five questionnaires (response rate 38.1%), were returned a month later. There were 7 incomplete questionnaires and 2 invalid responses. Thirty six valid questionnaires were analysed.

A 2 hour focus group discussion was held with 4 CBR field workers for exploration and sharing of experience, feelings, perception of their work particularly motivation, incentive, positive as well as negative aspects, and sustainability of their current programme.

The 2 key informants were informally contacted by telephone to convey the objectives of research and interview. After 2 weeks, one man and one woman were formally interviewed personally and by telephone respectively.

Available reports of 3 seminars or workshops regarding CBR projects held in 2000-2003 (3,14,15), were evaluated in terms of rehabilitation services in the community, then classified into institutional based rehabilitation (IBR), outreach rehabilitation, community based rehabilitation (CBR) and self-help based rehabilitation.

A visit to 2 community projects, described as CBR projects, was undertaken during the last period of research. The criteria of CBR projects in terms of time period of projects, types of agencies and contextual difference was considered for data comparison and led to purposively selecting those 2 particular projects. Projects of participants who returned their questionnaires, were screened and considered. The projects, that met the research objectives, were approached and eventually visited.

The report of participatory action research (PAR) (13) named "Community based rehabilitation in Phuttamonton District: strength and weakness" carried out by this researcher was shared and discussed; particularly the positive and negative aspects of CBR projects.

Data analysis

The data from questionnaires were verified and analysed using the SPSS PC for Windows programme as frequency, percentages, and x^2 test (Chi-square test). The qualitative data from the focus group discussion, interviews, available documents, field visits and direct experience of this researcher were analysed as typology, comparison and analytic induction.

RESULTS

A. Data from questionnaires

Characteristics of participants

Of the 36 participants who responded completely to the questionnaire and involved 33 CBR projects or related projects in 17 provinces of Thailand, 18 were men and 18 were women with a mean age of 37.8 years. 23 graduated with a Bachelor's degree (63.9%), 17 worked

at governmental organisations (GO) (47.2%). 24 were persons without disabilities, including family members (66.7%) (Table 1).

Table 1. General characteristics of participants (n=36).

Characteristics		N	%
Sex :	Male	18	50.0
	Female	18	50.0
Education:	Primary school	4	11.1
	Secondary School	6	16.7
	Bachelor degree	23	63.9
	Master degree	3	8.3
Agency:	GO	17	47.2
	NGO	8	22.2
	DPO or Community	8	22.2
Disability in self or family members:			
	Yes	12	33.3
	No	24	66.7

Profile of field workers known as CBR workers

Of the 36 participants, 22 currently conducted rehabilitation projects in the community (61.1%), 24 had 1-3 year experiences in CBR or related projects (66.7%), 16 were project managers (44.4%) and 20 had routine salaries or other incentives (55.6%). 20 reported that concern to help persons with disabilities (55.6%) was the main reason and motivation for their project participation (Table 2). They also reported that positive aspects of CBR or related projects were promotion of positive attitudes of society towards disabled persons (50%), enhancing quality of life of disabled persons (30.6%), understanding and providing effective services for disabled persons (22.2%), establishing a rehabilitation network in the community (19.4%), accessibility of information particularly human rights, laws and policies regarding disabled persons (19.4%), emotional support for disabled persons and their families (11.1%) (Table 3). They also reported the negative aspects of CBR or related projects as lack of community concern on disability (61.1%), lack of budgets (41.7%), limitation of transportation and service deliveries (25.0%), discontinuity of services and lack of project evaluation systems (16.7%), lack of knowledge and skills for rehabilitation (16.7%), other problems (i.e. no empowerment or psychosocial weakness of disabled

persons, negative attitudes towards disabled persons in families) (22.2%) (Table 4). Promoting and enhancing participation among governmental organizations, particularly sub-district administrative organisations (SAO) and members of the community, for pooling and mobilising resources, establishment of a network of local working groups, and enhancing positive attitudes of their family and community members towards disabled persons, were the important suggestions of this sample. Although the 36 participants reported many negative aspects of their current CBR or related projects, the majority indicated that their current projects would be sustained (60.6%), while the minority indicated no assurance (41.6%) due to lack of participation among governmental organisations particularly sub-district administrative organisations (SAO) and members of the community for pooling and mobilising resources. However, perception of project sustainability (yes and no) compared with other variables such as category of participants (GO and NGO), salary and incentive (yes and no), roles of project participation (manager and member), were not significantly different at .05 level.

Table 2. CBR characteristics of participants (n=36)

		N	%
Experience:	1 year or less	24	66.7
	2-3 years	9	25.0
	4 years or more	3	8.3
Current participation:	Yes	22	61.1
	No	12	33.3
Role of participants:	Manager	16	44.4
	Member	15	41.7
Salary or other benefits:	Yes	20	55.6
	No	16	44.4
Motivation for participation:	Concern for PWD	20	55.6
	Routine job mission	8	22.2
	Other benefits	5	13.9

Table 3. Positive perception of participants about CBR (n=36)

Issues	N	%
Promoting positive attitudes toward PWDs	18	50.0
Enhancing quality of life of PWDs	11	30.6
Understanding problems of PWDs and providing services	8	22.2
Establishing rehabilitation network in community	7	19.4
Access to information regarding disability	7	19.4
Others (i.e. basic health care, emotional support for PWDs,etc.)	5	13.9

Table 4. Negative perception of participants about CBR (n=36)

Issues	N	%
Lack of community concern on disabilities	22	61.1
Lack of financial support or donor organisations	15	41.7
Limitation of transportation and service delivery	9	25.0
Lack of continuity and evaluation system	6	16.7
Lack of skills and knowledge on rehabilitation	6	16.7
Others (i.e. low self empowerment and psychological weakness of PWDs, poverty)	8	22.2

Profile of projects called CBR

The 33 projects belonging to the 36 participants, covered both CBR and other rehabilitation services. 16 were supported by GOs (48.5%),15 were supported with 500 US dollars or less, 6 were supported with 500-1,000 US dollars, 5 were supported with 2,500-4,900 US dollars and 4 were supported with 5,000 US dollars or more. Focusing on sectors of project participation, the majority of projects were run by persons with disabilities (69.7%), governmental officials (60.6%), and family members of persons with disabilities (57.6%). Additionally, projects also were run by governmental officials of sub-district administrative organizations (SAO) (45.5%), members of community (33.3%), non-governmental officials (30.3%), and others (27.3%) i.e. monks, volunteers etc. (Table 5). Most projects provided

all disabled persons in the community with diverse rehabilitation services including basic health care or medical rehabilitation (78.8%), survey and disability registration (72.7), educational rehabilitation (72.7), social and vocational rehabilitation (66.7%) and psychological support for disabled persons and their families (54.5%). Furthermore, training was conducted for CBR workers, in terms of their knowledge and skills relating to rehabilitation and disabilities before services, were implemented (69.7%) (Table 6).

Table 5: Sectors of project participation (n=33 projects)

Groups of sectors	N	%	Mean (persons/ project)
PWD	23	69.7	20.1
GO	20	60.6	6.7
Family member of PWD	18	54.5	8.9
Sub-district administrative organization (SAO)	15	45.5	6.0
Community member	11	33.3	2.6
NGO	10	30.3	3.2
Others (i.e. monks, volunteers)	9	27.3	0.9

Table 6. Kinds of services and activities (n =33 projects)

Activities and services	N	%
Training before services	23	69.7
Health rehabilitation	26	78.8
Survey and register	24	72.7
Social rehabilitation	22	66.7
Vocational rehabilitation	22	66.7
Psychological support	18	54.5

B. Data from focus group

A 2-hour focus group discussion was held with 4 workers from one of the community rehabilitation projects. They were men without disabilities with a mean age of 35.8 and varied community work experiences ranging from 3-12 years. They called themselves CBR workers. They visited, trained in orientation and mobility, encouraged private occupation, coordinated systems for medical, occupational, educational and social rehabilitation for persons with disabilities, particularly persons with visual impairment and their families in the community including promotion of attitudes towards disabled persons of the community. Matching needs to job placement and income, were important for their motivation and project participation. However, they accepted that positive feedback from disabled persons and their families was the second factor supporting their current participation and work. All of them opined the current CBR projects could not be sustained whenever they and their NGOs withdrew from such community projects, due to lack of community networks particularly SAO participation.

C. Data from key informant interviews

2 key informants were interviewed, of whom one man was interviewed personally. He was the pioneer manager of the CBR or community projects in Northeast Thailand. He explained 2 main points of CBR in Thailand. First, the financial supports for the rehabilitation and disability movement including CBR, has shifted from external donors to more internal donors. In the last half decade, of the total budgets, only 20% has been donated by external donors or international NGOs, while 80% has been donated by internal donors or from the country. Unfortunately, societal attitudes that were capitalised for raising funds for persons with disabilities was compassion rather than concern for empowerment of these persons. Second, the empowerment of persons with disabilities and self-help groups has to be promoted carefully so as not to lead to damage their culture, contextual systems and the actual purposes and philosophy of CBR. Workshops and seminars provided in an urban setting probably leads them to distance themselves from their communities and from the CBR concept.

Another interviewee who was a woman and a current CBR manager was interviewed telephonically. Based on her 10-year experience as a manager and coordinator of CBR projects which were supported by NGOs, she stated that promotion of concern for CBR through policy administrators, at a provincial and district level, was an essential strategy for the success of CBR. She has currently changed her approach strategy from individual or disabled person based approach to systemic approach through social networking, particularly stressing on strengths of self-help groups of disabled persons, or their families and policy administrators.

D. Data from available documents

The 3 documents, "Report of seminar on CBR: Dream to Reality." (14), "The seminar of national CBR: collaborative learning and development between community and government." (3), and "Report on workshop for strengthening community based rehabilitation (CBR) movement." (15), were analysed.

All seminars and workshops were held with the collaboration of governmental and non-governmental organisations. Participants were CBR workers/managers, educators, social workers, physicians, nurses and so on. Panel discussion and small group discussions were traditionally held. Most participants usually reported 5 problems in CBR as follows: 1) lack of knowledge and skills regarding CBR and project administration, 2) negative attitudes toward disabled persons in families and the community, 3) lack of collaborative work among agencies and personnel involving rehabilitation services, 4) lack of budget and 5) limitation of transportation and service deliveries. Based on existing documents, of the 15 CBR or related rehabilitation projects reported in those documents, 9, (60%), 3(20%) and 3 (20%) are run by NGOs, GOs, and both respectively. Even though all these projects called themselves CBR, only 5 projects (33.3%) were classified into CBR according to the WHO definition (11,12). Meanwhile, other projects were outreach services (13.3%), co-ordination of institutional based rehabilitation (IBR) (13.3%), IBR and outreach (13.3%), CBR and outreach (6.7%) and self help based rehabilitation or disabled persons organisations (DPOs) (13.3%). (Table 7). Essentially, all projects were supported by resources from outside the community, particularly budgets and project managers. Even though the SAO was emphasised as the main participant or stakeholder of CBR, this was not actually the case on the ground.

Table 7. Classification of projects called CBR (n=15 projects)

Projects	N	%
Donor organisation		
NGO	9	60.0
GO	3	20.0
NGO+GO	3	20.0
Classification		
CBR	5	33.3
Non CBR	10	66.7
Outreach	3	20.0
Co-ordination of IBR	2	13.3
IBR + outreach	2	13.3
Encouragement of DPO	2	13.3
Outreach + CBR	1	6.7

E. Data from visit to 2 community projects related to rehabilitation

A visit and non-participatory observation of 2 community projects that call themselves CBR projects was undertaken. A GO and an NGO in the northeast of Thailand have run one project since 1992. Rehabilitation services of this project included educational, occupational training and medical aspects. Field workers or CBR workers who were trained in terms of rehabilitation knowledge, skills and community approach, were available in particular communities and urban centres. However, this project provided IBR and outreach services rather than CBR as defined by WHO. (11,12). Furthermore, the emphasis was on rehabilitation services for the visually impaired due to the mission statement of the GO and NGO which supported the budget. Contributions and participation of the community were low. However, the principal leader of this project has currently refocused on strength and participation of the SAO through mobilisation of resources in the community. This approach may help to shift from IBR and outreach, to the CBR paradigm eventually.

Another project was run by educators of the Regional Education Centre of Ministry of Education (GO) in the North of Thailand. This project has outreach services and the main activities were home visits, training parents and families of disabled children in the community about early intervention, daily living skills and self help groups basic physical therapy for their children. Even the director of this education centre understood the concept of CBR according to the WHOs definition. He explained that such a concept had more complexity and was difficult to implement as a holistic approach, particularly in mobilising resources in the community. Thus he has started CBR at some grass root level, i.e. disabled children‘s parents and families. He believed that this approach would be effective for initiating CBR and promotion of community participation as well. Nevertheless, participation of other community members and SAO was still low and family concerns about on their disabled children needed to be monitored.

F. Data from direct experiences of researcher as facilitator of a CBR project

In 2002 the author, conducted participatory action research in CBR projects in Phuttamonton District, Nakornpatom Province, Thailand (13). The CBR concept according to UNESCAP or WHO definition (11,12) was tested for actual implementation through 7 voluntary CBR workers, consisting of one nurse, two women officials of SAO, one man with physical disability, two women with physical disabilities and the researcher as facilitator. Financial support came from an agency sponsoring the researcher. After 6 months of research the result showed that this CBR working group could provide home visits to 108 persons with disabilities. They could also provide basic rehabilitation services in the form of psychological support, coordination of vocational rehabilitation and support of a referral system for medical rehabilitation. They had positive attitudes towards CBR which is a valuable ingredient to

enhance the quality of life for all disabled persons in the community. In particular, participants who were disabled, felt more empowered. CBR workers learned more interpersonal skills such as empathic mutual work and partnership among professional groups (a nurse, SAO officials, and researcher) and the disabled group.

Nevertheless, there were also some negative aspects. The leader of these CBR workers, a nurse, wanted to resign as leader and be only a member of the CBR project. She said that she would contribute to other works, which corresponded to the current policies of her agency, as it was difficult to run the CBR project alone. Additionally, CBR workers reported the following as limitations to the sustainability of this CBR project; inadequate service quality and delivery, lack of knowledge and rehabilitation skills of CBR workers, lack of concern and negative attitudes toward disabled persons in their families and community members, no intentional participation of the directors of SAO and lack of financial support. Although, it is currently supported by Thai Research Funds (TRF), this financial support has still been external rather than internal or from within community. Thus, the steps to develop basic participation among all stakeholders have to be repeatedly emphasised.

DISCUSSION

Based on the research results, a conclusion can be drawn covering 6 issues; 1) definition and classification of rehabilitation services in the community 2) sectors of participation 3) budgets and sources of donors 4) kinds of rehabilitation services and activities 5) positive and negative aspects of CBR 6) sustainability of projects.

First, most rehabilitation projects in the community in Thailand were outreach rather than CBR. There were 33% of rehabilitation projects in the community qualifying as CBR acording to the WHO definition. Participants had no greater knowledge or skills related to CBR as compared to those in other countries such as India (16). This shows that the evolution of concepts of CBR in Thailand, is an ongoing process that needs to be shaped and mutually emphasised among the personnel involved in CBR and rehabilitation services, in terms of definition, mission and objectives of CBR. The starting point and strategy for progress in CBR, may vary according to diversity of community contexts and resources, but the aims of CBR should be the same. The personnel who are involved in CBR should understand their role and the tenets of CBR.

Second, sectors of participation corresponded to the recommendation of international agencies in their proportion, but lacked participation quality. Participation of people with disabilities in CBR, or strengthening of disabled people's organisations (DPOs), has been emphasised as the vital part of sustainable CBR (12). Of 33 projects, 23 (69.7%) had people with disabilities participating with the mean of 20.1 persons, but according to field visits and existing data, most persons with disabilities participated as members and consumers, rather than planners

and managers. For instance, of 36 participants who responded to questionnaires, 6 (16.7%) were people with disabilities and only 2 (5.6%) were managers of CBR. Difficulty in operationalising decentralisation and bottom up practices, including interpersonal/social skills of persons with disabilities, may be the barriers to participation in CBR (18).

Third, lack of budgets and external sources of donors were still critical issues for CBR continuity. Poverty at grass root level and the need for incentives such as money and salaries for field workers should be met, before they become providers. Of the 36 participants, 55.6% had routine salaries or other incentives, 77.8% participated in CBR projects due to concern for helping persons with disabilities and routine job mission. In addition, most personnel involved in CBR or rehabilitation projects in the community, indicated that budgets or financial supports were the most common issues threatening continuity and sustainability of CBR. This fact probably illustrates that all participants in CBR were not real volunteers (17,18,19,20), but were "stakeholders". In short, everyone gained some benefits from CBR work. Those benefits might be money, salary, further study, career path development, political position, social image and so on. Thus, the basic assumption that "all are stakeholders", needs to be accepted among CBR workers and participants. Then, they may learn to communicate what benefits they need and how to openly share such benefit. However, this assumption is in contrast to Thai culture. It is difficult for a person to tell others his/her needs, particularly regarding disabled persons.

Fourth, the diversity of rehabilitation services, particularly medical, educational, vocational and social by CBR workers for disabled persons in the community were an outstanding feature of CBR in Thailand. These services were holistic, with a comprehensive approach for all disabled persons as indicated in the CBR definition. CBR approach is still a strategy which, on the one hand, aims to improve coverage rates for those persons with disablity who cannot access institutional based services because of cost constraints, or distance, and on the other hand, aims to extend services from a medical rehabilitation focus, to address all social and employment needs of persons with disability (21,22). However, skills and knowledge of field workers should be matched with their services and needs identified in the project. Inappropriate skills and knowledge may lead to malpractice and ineffective services.

Fifth, positive and negative aspects of CBR are issues for debate in Thailand. Fortunately, at least 6 positive aspects of CBR or rehabilitation service in the community, were determined. Essentially, CBR could create and promote a positive attitude of society and community towards people with disabilities. This component of CBR projects is essential to ensure equalisation of opportunities for people with disabilities, within their own community. (11). CBR is a set of efforts to change community behaviours to enable community members to improve their understanding about disability issues. As a result, the community provides a positive environment and improves the quality of life of disabled persons over a period of

time (23). However, the negative aspects or problems of CBR were lack of community concern about disabilities and lack of financial support or donor organisations, as in other countries in Asia and Pacific regions. (21,23,24,25). These problems may be resolved by promoting positive societal attitudes and community participation, including human and financial resources in CBR projects.

Finally, sustainability of CBR projects in Thailand can be related to the data discussed previously. There were many negative aspects of CBR in Thailand, including lack of budgets, limitation in service deliveries, lack of knowledge and skills of CBR workers regarding disabilities and rehabilitation, negative attitudes toward disabled persons of society, lack of participation and collaboration of local agencies particularly SAO, being initiated and supported by external resources and difference of CBR concept and definition. Fortunately, there were also two main positive issues of CBR in Thailand. First, there have been more than 50 CBR projects or related projects available for persons with disability and their families. This probably implies that the CBR approach is still an effective strategy for increasing community level activity, equalisation of opportunities, promotion of positive attitudes and improving coverage rates for people with disabilities (12,13,22). Second, there has been international, national and local movement regarding human rights, opportunity of equalisation and participation. As a result, CBR in Thailand can become on-going and sustainable.

In addition, CBR in Thailand may be sustainable and have a more effective approach within a short time, if the negative aspects or problems of CBR are also simultaneously solved. National policies have supported CBR projects through The Constitution of the Kingdom of Thailand 1997 (26), The Rehabilitation Act 1991 (8), The 9th Socio-economic National Plan (9) and The Plan of Development Quality of Life of Persons with Disabilities 2002-2006 (10). These policies focused on decentralisation and participation at grass root level in CBR and other rehabilitation projects, but local administrative structures-the Sub-district Administrative Organisations (SAOs) could not practically correspond to the national level. The SAO Act relating to disabilities, particularly Articles 10 and 67, indicated that SAO has to support and develop the quality of life of children, women, elderly and disabled persons. This study also determined that SAOs are the primary local government organisations to implement CBR and become a key point for co-ordination and support of CBR. This recommendation should be communicated and shared between community members and the SAO, in order to further develop the comprehensive work. However, due to decentralisation of administration in Thailand, many missions and activities in the community have to be run by the SAO with limited personnel. Thus collaborative and empathic work as in mutual partnerships, rather than passive and demanding consumers, should be emphasised among stakeholders. Meanwhile at the "micro level", human resources, particularly field workers, should balanced concern about their benefits with acquisition of new skills and knowledge about basic rehabilitation services, and project administration. In short, communication among

partnerships and stakeholders including policy makers, policy administrators or CBR managers and community members should be facilitated. As Turmusani has pointed out (27), participatory action research rather than emanicipatory approach among the stakeholders may be the best solution, right now, for CBR in Thailand.

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Acknowledgement

This study was partially supported by Ratchasuda College, Mahidol University. The author thanks all participants and individuals who provided documents and collaborated for the success of this research, Mr. Somchai Rungsilp and Ms. Kunnika Souysuwan for the useful list of CBR workers and community workers in Thailand, Mr.Sathaporn Mongkornsawat for the field visit, Ms.Arunee limanee and Mr. Chris for reviewing appropriate language, Dr. Kittipat Nonthapatmadol for suggestions and comments on appropriate content. The author thanks the 45 participants, interviewees and researchers of the participatory action research in Phuttamonton District, Nakornpratom Province.

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