

**YANGON UNIVERSITY OF ECONOMICS
DEPARTMENT OF APPLIED ECONOMICS
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**DISABILITY STATUS AND PHYSICAL REHABILITATION
SERVICES IN KAYIN STATE: ISSUES AND CHALLENGES**

**KYAWT THIDA AUNG
EMPA - 40 (20th BATCH)**

JUNE, 2025

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A thesis submitted in partial fulfillment of the requirements for the
degree of Master of Public Administration (MPA)

Supervised by

U Khun Maung Gyi
Associate Professor
Department of Applied Economics
Yangon University of Economics

Submitted by

Kyawt Thida Aung
Roll No. 40
EMPA 20th Batch
(2023 – 2025)

JUNE, 2025

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This is to certify that this thesis entitled “**DISABILITY STATUS AND PHYSICAL REHABILITATION SERVICES IN KAYIN STATE: ISSUES AND CHALLENGES**”, submitted as a partial fulfilment towards the requirements for the Degree of Master of Public Administration has been accepted by the Board of Examiners.

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Dr. Tin Tin Htwe
(Chairperson)
Rector
Yangon University of Economics

.....

Dr. Cho Cho Thein
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.....

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(Examiner)
Professor/ Head
Department of Applied Economics
Yangon University of Economics

.....

Dr. Thet Mon Soe
(Examiner)
Lecturer
Department of Applied Economics
Yangon University of Economics

.....

U Khun Maung Gyi
(Supervisor)
Associate Professor
Department of Applied Economics
Yangon University of Economics

JUNE, 2025

ABSTRACT

This study aims to assess the current status and availability of rehabilitation services for persons with disabilities (PWDs) in Kayin State and explores the challenges they face in accessing these services. A descriptive mixed-methods design was used, incorporating structured questionnaires with both closed-ended (quantitative) and open-ended (qualitative) questions. The survey included 305 respondents—80 service providers and 225 service users (PWDs). Findings reveal significant barriers to access service, including security issues, limited awareness of available services, and inadequate infrastructure. Non-governmental organizations are key actors in service provision. Challenges identified by service providers included funding limitations for long term support, security constraints, shortages of rehab professional, and weak coordination among stakeholders. According to the study results, it is suggested to strengthen disability rights, increase government funding, enhance coordination among stakeholders and expand community-based rehabilitation services in remote and conflict-affected areas to improve service access for persons with disabilities in Kayin State.

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LIST OF ABBREVIATIONS

AAR Japan	Association for Aid and Relief, Japan
ASEAN	The Association of Southeast Asian Nations
CBOs	Community Based Organizations
CBR	Community-Based Rehabilitation
CSO	Civil Society Organizations
CWDs	Children with Disabilities
DMIS	Data Management Information System
DPOs	Disable People Organizations
DPR	Disability Prevalence Rate
DSW	Department of Social Welfare
EAOs	Ethnic Arms Organizations
EHOs	Ethnic Health Organizations
HI	Humanity & Inclusion
HORC	Hpa-an Orthopaedic Rehabilitation Centre
ICRC	International Committee of the Red Cross
IDP	Internally Displaced Persons
IE	Inclusive Education
INGOs	International Non-Government Organizations
ISPO	International Society of Prosthetics and Orthotics
KYA	KyaingTong Physical Rehabilitation Centre
LSHTM	London School of Hygiene and Tropical Medicine
MCPD	Myanmar Council of Persons with Disabilities
MFPD	Myanmar Federation of Persons with Disabilities
MHPSS	Mental Health and Psychosocial Support
MIMU	Myanmar Information Management Unit
MoD	Ministry of Defense
MoH	Ministry of Health
MPA	Myanmar Physiotherapy Association
MPHA	Myanmar Physically Handicapped Association
MPOS	Myanmar Prosthetics and Orthotics Society
MRCS	Myanmar Red Cross Society

MSNA	Multi-Sectoral Needs Assessment
MSPO	Myanmar School of Prosthetics and Orthotics
MYI	Myitkyina Physical Rehabilitation Centre
NGOs	Non-Government Organizations
NRH	National Rehabilitation Hospital
OOSC	Out of School Children
OPD	Organization of Persons with Disabilities
PMR	Physical Medicine and Rehabilitation
PRC	Physical Rehabilitation Centre
PWDs	Persons with Disabilities
SHG	Self-Help Group
TLMM	The Leprosy Mission Myanmar
UMTY	Yangon University of Medical Technology
UNCRPD	The UN Convention on the Rights of Persons with Disabilities
UNHCR	United Nations High Commissioner for Refugees
UPH	University of Public Health
UXO	Unexploded Ordnance
VACs	Victim Assistance Centres
WHO	World Health Organization

CHAPTER I

INTRODUCTION

1.1 Rationale of the Study

The World Health Organization (WHO) estimates that 1.3 billion people, 16% of the world population, have major impairments, and 80% of them live in developing countries. Disability affects 1 in 6 Asian and Pacific people, or 690 million. Population aging, chronic diseases, climate-related disasters, and other factors will increase this amount (UNESCAP, 2018). Around 90 million disabled Southeast Asians face every day attitudinal, communicative, environmental, and institutional challenges that prohibit them from fully participating in their communities. (2024 Agenda Asia). Hires of Persons with Disabilities (PWDs) are hesitant due to concerns about their capacity to accommodate them rather than their ability to work.

Only 33% of severe disabled persons globally receive disability benefits, according to the World Social Protection Report 2020-2022. Africa is least covered (9%), whereas Europe and Central Asia are most (70%). COVID-19 has intensified economic and social marginalization for disabled people. ASEAN declarations and laws, such as the ASEAN Human Right Declaration and ASEAN Enabling Masterplan, support disability rights. While promoting societal inclusion and disability rights, authorities should emphasize the huge economic potential of real economic participation.

Persons with disabilities are marginalized and exclusive from social activities with peoples' attitudes towards disability for several decades. PWDs face day-to-day challenges to access public spaces, to improve accessibility and inclusion. The rehabilitation programmes are crucial for PWDs to facilitating recovery and achieving the best outcome. It optimizes functioning and reduces disability and help regain, maintain, or improve physical, mental, and sensory abilities. Unmet rehabilitative needs exist. Rehabilitation services are unavailable to over 50% of persons in various low- and middle-income nations. Emergencies like wars, catastrophes, and pandemics increase rehabilitation demands and interrupt services. (WHO, 2024)

The 2021 MIMU Analytical Brief Report found that Myanmar has a larger percentage of disabled people than other Asian nations, and this is anticipated to rise due to poverty, an aging population, and poor support systems. Kayin State, like Ayeyarwady, Rakhine, and Magway, has a high disability rate. Kayin has a lower population than Ayeyarwady, but 17% of the population is disabled. Kayin has a higher Disability Prevalence Rate (DPR) than the national average of 12.8%, according to the 2019 Myanmar Intercensal Survey. This suggests Kayin State needs inclusive services and specific support for disabled people.

Kayin state faced the internal conflict for several years after 1948, independent. That is one of the causes that made the people disable due to conflict related cases such as mine, explosive ordnance etc. That impact the daily life of effected communities even the conflicts have ended long time ago. Now adays, the escalating of conflict worse the existing situation again. In addition, the preference of disabilities increases not only for conflict but also for aging, non-communicable disease such as diabetes, hypertension and road traffic accidents etc. For persons with disabilities, the rehabilitation process is very important to continue their mobility and to reduce dependency on the family and care givers after disability. In this case, the roles of assistive devices are crucial to survive and socially inclusive in the community for PWDs.

Assistive devices play a crucial role in empowering individuals with disabilities. The proper assistive devices such as prostheses, orthoses, wheelchairs, walking aids, hearing aids and white sticks enable them to reduce dependency on family members, in most cases to work effectively, earn an income to support their families, and significantly enhance their quality of life. By providing greater independence and accessibility, assistive devices help foster personal growth, societal inclusion, and improved well-being. In Myanmar, the rehabilitation services for persons with disabilities is essential. However, the service is still limited compared to the population. Most of the services are available in urban areas and difficult to access from PWDs from rural and remote areas. This study aims to examine the issue and challenges faced by PWDs especially persons with physical disabilities in Kayin State to receive necessary rehabilitation services.

1.2 Objective of the Study

The objectives of this study are to assess the current status and availability of rehabilitation services for Person with Disabilities in Kayin state and to examine the issues and challenges that they encounter in accessing these necessary services.

1.3 Method of Study

The method used in this study is descriptive, mixed-methods design incorporating structured questionnaires with both closed-ended (quantitative) and open-ended (qualitative) questions. The primary data was collected through structured questionnaires and the secondary data was collected from government departments, INGOs, NGOs, DPOs, other publications, papers, internet websites and thematic reports on disability by the Union of Myanmar.

The questionnaires are designed for two targeted groups (Service Providers, related government departments, Disable People Organizations) and (Service Users/ Persons with Disabilities and Care givers).

1.4 Scope and Limitation of the Study

There are 7 townships in Kayin state. However, due to conflict situation and limited access to conduct survey, the remote data collection methods (phone interviews and online survey) were used in some townships such as Thandaunggyi, Pharpon and Kawakerik. The survey covered a total of 305 respondents, 80 service providers/ DPOs/ other relevant stakeholders and 225 persons with disabilities (150 for those who have received services and 75 for those who have not received services). As the number of persons with disabilities varies across townships, the proportional sampling method was used based on population size across the Kayin state.

This study mainly focuses on physical disabilities and does not represent other types of disabilities such as intellectual disability, visual impairment and hearing impairment.

1.5 Organization of the Study

This research has five chapters. Chapter 1 outlines the study's motivation, aim, method, scope, limitations, and organization. Chapter 2 reviews disability literature, rehabilitation programs, obstacles, and policies and rights for disabled people. Chapter 3 presents the overview of the disability's status and rehabilitation services provision in Myanmar generally and particularly in Kayin state and issues & challenges. Chapter 4 analyzes the survey results. Chapter 5 describes the finding and suggestion of the study.

CHAPTER II

LITERATURE REVIEW

2.1 Concepts and terminologies related to Disability

The UN Convention on the Rights of Persons with Disabilities (UNCRPD) defines people with disabilities as those who have ‘long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others’ (UNCRPD, 2006, p. 4).

Disability is any condition that makes it harder to accomplish particular things or have equal access in society. Disability might be cognitive, developmental, intellectual, mental, physical, sensory, or a combination. Wikipedia contributors. (20 March 2019)

Environment greatly impacts disability experience and severity. Inaccessible facilities often prevent disabled people from fully and equally participating in society. Addressing these limitations and helping disabled people daily can improve social engagement.

Assistive technology is the application of structured knowledge and skills to assistive goods, systems, and services, according to the WHO. Health technology includes assistive technology. Assistive technology includes assistive goods, systems, and services. It supports the inclusion, participation, and engagement of people with disabilities, older people, communicable and noncommunicable diseases (including neglected tropical diseases), mental health conditions, and gradual functional decline or loss of intrinsic capacity. Assistance goods help families and societies as well as individual users' health, well-being, involvement, and inclusion.

Assistive goods aim to increase independence and well-being by maintaining or improving functioning. They help individuals live healthy, productive, independent, and dignified lives and engage in school, work, and civic life. (World,2024) Assistive items include hearing aids, wheelchairs, glasses, prosthesis, memory aids, and more. These products can prevent or minimize secondary health issues including lower limb amputation in diabetics while boosting independence and well-being. They can also minimize carer

burden and formal health and support services. Additionally, access to proper assistance can boost societal and economic growth.

Despite the global demand and advantages of assistive devices, access is limited. Addressing this unmet demand is crucial to achieving the Sustainable Development Goals and the Convention on the Rights of Persons with Disabilities.

WHO defines rehabilitation as “a set of interventions designed to optimize functioning and reduce disability in individuals with health conditions in interaction with their environment”. Rehabilitation can include preparing an amputee to use a prosthetic, making, fitting, and refitting it, prescribing medicine to reduce spasticity in a child with cerebral palsy, teaching a blind person to use a white cane, etc.

Rehabilitation is an investment that benefits people and society. It can shorten hospital stays, cut costs, and prevent re-admission. Rehabilitation reduces the need for financial or caregiver support by helping people work or stay at home.

Community-Based Rehabilitation (CBR) improves the quality of life for disabled persons and their families and ensures their community engagement. WHO created CBR to promote community-based rehabilitation services for people with disabilities, but it has since expanded into multisectoral community-based inclusive development. Around 90 nations use CBR. Many studies revealed that CBR is cost-effective, accessible, community-sensitive, adaptable, and suitable in resource-poor situations. Evidence shows it empowers disabled individuals and their communities. CBR involves disabled individuals in community development to promote rehabilitation, equality, and social inclusion. It allows the UN Convention on the Rights of Persons with Disabilities to be implemented. CBR is implemented by people with disabilities, their families, disabled people's organizations (DPOs), other community stakeholders, including NGOs, and relevant governmental bodies, especially those responsible for health, education, vocational, and social services. CBR employs local strengths and mechanisms to fill community service gaps and mobilize local talent and resources. (WHO, 2017)

2.2 Challenges of Persons with Disabilities

Many people in every country lack access to assistive goods despite the expanding number of people who need them. Over 2.5 billion individuals require assistive goods worldwide. (WHO, 2022)

The WHO and UNICEF Global report on assistive technology (2022) shows significant access disparities. Some high-income nations have 90% access to assistive

devices, whereas some low-income countries have 3%. These gaps are caused by excessive costs, lack of finance, availability, awareness, and skilled staff. Both low- and high-income countries face problems. Few nations have a national assistive technology strategy or program; thus the private sector provides goods. In high-income nations, assistive items are typically rationed or not included in health and welfare plans, resulting in large out-of-pocket costs for users and their families. People may rely on sporadic contributions or charity services, which often entail low-quality or unsuitable items. Some wealthy people buy from pharmacies, private clinics, or workshops. In these situations, users are frequently not trained in how to use the device safely and lack follow-up visits to verify it fulfills their needs and works properly.

WHO believes everyone has the right to the best health. This goal requires assistive technologies to help disabled, elderly, and ill people live healthy, dignified lives and participate in society. The 2030 Agenda for Sustainable Development prioritizes well-being and universal health care and promises to leave no one behind. The Convention on the Rights of Persons with Disabilities (CRPD) stresses strengthening and expanding comprehensive habilitation and rehabilitation services and programs, notably in health, employment, education, and social services. It also advocates international cooperation to increase worldwide access to assistive technology as a human right. Articles 26 and 32 of UNCRPD.

Most handicapped people in India reside in rural regions, where accessibility, availability, and cost-effectiveness of rehabilitation treatments are key concerns. Researching disability burden, relevant intervention options, and their implementation in India is difficult. Kumar et al. (2012)

Cambodia reported 3.44 million disabled persons, 24.4% of the 5+ age group. Disabled people were elderly, female, and rural. UNESCO, CDRI (2024). Disabled Cambodians confront inequality and discrimination in school, healthcare, work, social protection, justice, public transit, and violence and other rights abuses. (open.undp.org)

Laos has about 160,000 (2.8%) disabled individuals. Illness, accident, and congenital flaws cause disability in Laos, as in other underdeveloped nations. In Lao PDR, disability prevalence is greater in distant locations (3.33% in rural areas without roads, 2.86% in rural areas with roads, 2.48% in urban areas) and among varied ethnic groups. In both rural and urban regions, those over 10 with impairments had lower labor participation and higher unemployment than those without disabilities. Youth and women with disabilities were barred from school, vocational training, and employment. UNFPA (2020)

Many disabled women experience many discriminations. Cultural conventions around gender, sexuality, and disability sometimes cause stigma, reliance, and limited opportunity. Violence and harassment were widespread, with education and income affecting coping. Higher-educated and wealthier women sought legal action, whereas poorer women, especially in rural regions, endured in silence. (Aye Lei Tun, 2016)

2.3 Overview of Social Protection of PWDs

Policies and initiatives that prevent poverty, vulnerability, and social exclusion are called social protection. Included are non-contributory universal or poverty-targeted benefits and contributory social insurance. Rights-based approaches prioritize legal and effective coverage for everyone. Social protection is essential for persons with disabilities for economic security, social inclusion, and access to basic needs. Persons with Disabilities are facing challenges such as Discrimination, Poverty and Lack of services in around the world. The main gap findings are lack of income support, limited access to healthcare and assistive devices and social services are often underfunded or inaccessible.

Inclusive social protection promotes equality, accessibility, and non-discrimination. Discrimination against disabled individuals is a pervasive issue that affects their ability to participate fully in society. Social stigma, exclusion from education and employment, and lack of legal protections. Disabled people are still viewed as incapable or unworthy of the same opportunities as others.

A consistent international framework oversees the construction, growth, and maintenance of social security systems worldwide (ILO 2021c).

The international normative framework has expanded the right to social security for disabled individuals and States' responsibility to protect it. It sets minimal protection standards and a plan for achieving them. Disability- All disabled persons have access to healthcare, financial security, and disability-related expenditures through an inclusive social protection system. Disaggregated disability data should be collected and surveyed to improve social protection system monitoring.

The Convention on the Rights of Persons with Disabilities (CRPD) is the leading UN disability rights convention. The CRPD took effect in 2008. It promotes, protects, and ensures PWDs' equitable pleasure. The CRPD is often cited as the main disability protection law. It includes 50 articles. The CRPD stresses the need of social protection in enabling disabled individuals to fully participate and participate throughout their lives.

ASEAN pledged to promote and preserve disability rights and dignity in the 2011 Bali Declaration. It stresses their full and effective engagement in ASEAN politics, economics, society, and culture. To include people with disabilities in all sectors of society, the declaration asks for inclusive policies, equitable opportunities, and barrier reduction.

ASEAN Leaders, representing Member States and their people, proclaimed the 2011–2020 ASEAN Decade of Persons with Disabilities to promote disability-inclusive development. It is stressed that disability affects all aspects of ASEAN development.

The ASEAN Enabling Masterplan 2025 promotes and protects disability rights across ASEAN. ASEAN member nations and associated organizations are working together to include disability in community-building and policymaking. It builds on the Bali Declaration (2011) and the ASEAN Decade of Persons with Disabilities (2011–2020) and closely follows the UN Convention on the Rights of Persons with Disabilities. It seeks to empower, incorporate, and include disabled people in all aspects of regional life. (ASEAN, 2021)

2.4 Review on previous studies

A systematic review by Mlenzana et al. (1990–2010) examined barriers to and facilitators of rehabilitation services for people with physical disabilities. From 19 initially identified articles, only six met the inclusion criteria—five qualitative and one quantitative study. The review found that common barriers included health professionals' limited understanding of disability-related rehabilitation and inadequate communication about the rehabilitation process. Conversely, facilitators involved professionals demonstrating confidence, responsiveness, and effective engagement during consultations. Despite the limited number of studies, the review highlights critical gaps in service delivery and emphasizes the need for improved awareness and communication among health professionals to enhance the effectiveness of rehabilitation services.

Ahmad et al. (2013) compared national prevalence and wealth-related inequalities in disability across 49 countries from all income categories using 218,737 World Health Survey (2002–2004) respondents. Significant impairment was defined as scores exceeding 40 on a composite score (0–100). Wealth was quantified by a household economic status index, while inequality was evaluated using slope and relative indices. Disability prevalence was greater in low- and lower-middle-income nations and disproportionately affected the poorest wealth quintiles in all countries. In 43 of 49 nations, pro-rich inequality was statistically significant, with more inequality in high- and upper-middle-income countries.

The findings show that disability monitoring should include equality components to help the poorest.

Martin (2014) examined labor market participation among Canadians aged 25-64 with various physical or mental disabilities, analyzing employment factors and job characteristics. The study confirmed that persons with disabilities are less likely to be employed than those without disabilities, even after accounting for age and education. Education significantly reduced employment disparities, as university graduates with mild or moderate disabilities had similar employment rates to graduates without disabilities. However, differences in employment characteristics, such as occupation, industry, and income (especially for men), persisted, though they were smaller among university graduates. Additionally, 12% of persons with disabilities reported experiencing employment discrimination in the five years preceding the survey.

Naw Hmwe Hmwe Tun (2014) studied the importance of both medical and social rehabilitation for Persons with disabilities to be able to participate in society for their living. The study found that distant residents have more trouble getting rehabilitation. People with impairments are more likely to be unemployed and earn less when employed. Severity of impairment worsens job and income prospects. The study reveals that PWDs need rehabilitation to rejoin society. Assistive devices support PWDs to live and participate in the community and the quality of the assistive devices should be expanded and produced to be more effective and affordable.

Abdi et al. (2016) conducted a qualitative study to identify challenges in providing rehabilitation services for persons with disabilities (PWDs) in Iran. Using purposeful sampling, 21 participants were selected, and data were analyzed with MAXQDA version 10. The study identified six key barriers: poor knowledge of rehabilitation, negative societal attitudes, insufficient support for PWDs, accessibility issues, challenges faced by providers, and financial constraints. Addressing these challenges is crucial for policymakers, service providers, and families to integrate rehabilitation effectively into the healthcare system. A structured rehabilitation plan is necessary to improve service provision for PWDs.

Julien (2016) conducted a needs assessment of persons with disabilities in Rakhine State, Myanmar, using a representative sample stratified by sex and age, with snowball sampling identifying over 400 participants. The study employed both quantitative and qualitative surveys. Key findings revealed that persons with disabilities in Rakhine State face significant challenges, including unmet needs in health services (75%), limited access to vocational training due to their disabilities, and a high unemployment rate, making them

vulnerable to extreme poverty. Additionally, the study highlighted low awareness of disability rights (6%) and minimal affiliation with community-based organizations (CBOs) or disabled persons' organizations (DPOs).

A 2017 study by LSHTM and UPH Yangon on "The Impact of Physical Rehabilitation on the Lives of Persons with Physical Impairments in Myanmar" examined how rehabilitation affects physical functioning, economic status, and quality of life. Both the Myanmar Red Cross Society's Hpa-An Orthopedic and Rehabilitation Centre (HORC) and the Myanmar Ministry of Health's National Rehabilitation Hospital in Yangon (NRH) discovered cases. The mixed-methods study includes qualitative interviews and a case-control study with 108 physically disabled people and 104 matched controls. Disability reduced functionality, income, quality of life, health expenses, and independence at baseline. Though quality of life remained worse than for people without disabilities, physical functioning, productivity, and income increased dramatically after 12 months of therapy. The report advocated extending rehabilitation programs, including livelihood assistance, and improving quality of life tools.

Mar Lar Soe (2019) studied to assess the socio-economic situation of landmine victims in Kayah State and explore the causes and impacts on their livelihoods. Using a descriptive method, the research was based mainly on primary data collected through 106 individual interviews with landmine victims and 10 Key Informant Interviews with government officials, INGOs, and LNGOs, conducted between June and July 2019. A snowball sampling method and structured questionnaires were used for data collection. The findings revealed that medical costs, rehabilitation, and assistive devices place a heavy financial burden on victims, leading to debt, stigma, and social discrimination. Although landmine incidents have decreased since the 2012 ceasefire, the study recommends that support for victims be integrated with livelihood and vocational programs through collaboration among government and non-governmental actors to enhance accessibility and inclusion.

Dilshan et al. (2023) explored how experiences of disability, including autonomy, daily challenges, and access to public spaces, differ between residents of Yangon, Myanmar's capital, and peripheral areas such as Mandalay, Ayeyarwady, and Shan. Using the social model of disability, the study found that individuals living outside Yangon face significantly greater disabling experiences due to political and economic factors. The authors emphasized disability as a dual social issue, with **micro-level barriers** (e.g., daily

challenges addressed through assistive technologies like text-to-speech apps) and **macro-level barriers** (structural inequalities requiring policy interventions). They argued for future research to address both levels to effectively mitigate disabling barriers.

Nwe Ni Win (2023) analyzed the socio-economic and demographic factors affecting employment status among disabled persons aged 15-64 in Myanmar, using data from the 2019 MICS survey, which included 37,672 individuals (16,969 males and 20,703 females). The study employed descriptive statistics, Pearson's chi-square test, and binary logistic regression. Key findings indicate that male disabled persons with physical or combined sensory and physical disabilities are less likely to be employed than those with sensory disabilities. Higher education attainment (high school vs. graduate level), receiving support for disabled people, and lack of participation in community activities negatively impact employment status, while community involvement positively influences it. Therefore, encouraging higher education attainment, particularly among individuals, is essential for improving employment opportunities.

CHAPTER III

OVERVIEW OF DISABILITY'S STATUS & REHAB SERVICES

3.1 Overview of Laws, Policies and Rights for PWDs in Myanmar

Myanmar has a limited but significant early history of disability-related laws and protections, dating back to the colonial era. The Workmen's Compensation Act of 1923, adapted from British India law and later amended in 2005, was applied to compensate workers for injury or disablement. In 1958, the Disability Employment Act became the first law specifically addressing employment for persons with disabilities. This Act provided limited employment protections and marked an early legislative step toward promoting the workforce participation of persons with disabilities.

Myanmar has established a comprehensive legal and policy framework to promote and protect the rights of persons with disabilities, in alignment with international standards such as the UN Convention on the Rights of Persons with Disabilities (CRPD).

(a) 2008 Constitution, Article 32(A)

The Constitution mandates the Union to care for the disabled, alongside mothers, children, orphans, and the aged, reflecting a foundational commitment to social protection for PWDs. (2008 Constitution of Myanmar)

(b) Ratification of the CRPD (2011)

Myanmar signed and ratified the CRPD on 7 December 2011, committing to guarantee the human rights and fundamental freedoms of persons with disabilities and to adopt a rights-based approach to disability inclusion.

(c) Rights of Persons with Disabilities Law (2015) and Bylaws (2017)

The 2015 Law establishes the legal rights of PWDs, including non-discrimination, equal participation in society, access to education, health, employment, and social protection. It also adopts the CRPD's definition of disability and mandates reasonable accommodation and accessibility in public spaces, communication, and information. (Pyidaungsu Hluttaw Law No. 30/2015 - Law on the Rights of Persons with Disabilities). The 2017 Bylaws clarify the roles and responsibilities of the National Committee on the Rights of Persons with Disabilities and other implementing bodies.

(d) National Education Law, Article 37

The 2014 National Education Law ensures that persons with disabilities have the right to education through special education programs and services, and mandates inclusive education in cooperation with the National Committee on the Rights of Persons with Disabilities.

Special schools and programs are established for children with various disabilities, and the law guarantees access to education at all levels, including early childhood and lifelong learning.

(e) Institutional Framework

National Committee on the Rights of Persons with Disabilities was formed in 2017 to oversee and coordinate policy implementation, including representatives from government ministries, the Myanmar National Human Rights Commission, organizations of persons with disabilities, and civil society.

(f) Five-Year Strategy for the Rights of Persons with Disabilities (2022–2027)

Ministry of Social Welfare, Relief and Resettlement has developed and launched the 5-year strategy (2022-2027) for the rights of the disabled in September 2022. This strategy, aligned with the ASEAN Enabling Masterplan 2025 and the Myanmar Sustainable Development Plan, Law and Bylaws of the Right of Persons with Disabilities, National Social Protection Strategies, and Social Security Law, covers six priority areas of Health, Education, Work and Employment, Social Protection, Disasters and Other Emergency Situations and Accessibility. It emphasizes cross-cutting themes such as advocacy, communication, and the protection of women and children with disabilities and inclusion into the community and to live with dignity.

(g) Myanmar National Rehabilitation Strategic Plan 2019-2023

In September 2019, Ministry of Health & Sports and Ministry of Social Welfare & Resettlement together launched Myanmar’s national strategy for rehabilitation, with the support of WHO and partners. This strategy responds to the significant unmet need for rehabilitation that exists across the country. It focuses on key priorities, i.e. increasing access to services, strengthening rehabilitation workforce and expanding access to assistive products. The strategic plan (WHO, 2019) has five core objectives:

- strengthen rehabilitation leadership, planning, generation of information & evidence
- expand access to quality rehabilitation care along a continuum, including specialized rehabilitation

- increase access to assistive products
- strengthen, expand rehabilitation workforce
- integrate rehabilitation across health services.

The Myanmar Federation of Persons with Disabilities (MFPD), formerly called the Myanmar Council of Persons with Disabilities (MCPD), was established on 30 March 2016 under the 2015 Rights of Persons with Disabilities Law. It works to promote and protect the rights of persons with disabilities, in line with the UN Convention on the Rights of Persons with Disabilities (UNCRPD), which Myanmar ratified on 7 December 2011. A new Executive Committee was formed on 30 August 2021 as part of a reform process in response to the political situation. In collaboration with interim governance structures, MFPD emphasizes the need for strategies that advance disability inclusion such as embedding disability rights in future constitutional frameworks and ensuring equal access to information, education, and services tailored to the specific needs of persons with disabilities.

3.2 Disability Status in Myanmar

Before 2009, Myanmar had no precise disability data. Department of Social Welfare (DSW) and The Leprosy Mission International performed the First Myanmar National Disability Survey in 2009. The 2024 Multi-Sectoral Needs Assessment (MSNA) in Myanmar found that nearly a third of households have at least one disabled person, with 13-17% of individuals having a mild, moderate, or severe impairment and 3% having a moderate or severe disability.

3.2.1 Types of Disability in Myanmar

According to the WHO, around 15 to 16% of people in the South-East Asia Region live with a disability, with severe disability in about 15.6% of the population. The 2021 MIMU Analytical Brief Report indicated that Myanmar has a higher proportion of persons with disabilities compared to other Asian countries. Myanmar's disability prevalence rate of 12.8% (2019) is relatively high compared to many ASEAN countries, where national estimates are often below 10%. Although it falls slightly below the regional average of around 15 to 16%, it remains higher than most individual country rates in the region. According to the 2019 inter censal survey of Ministry of Population, type of disabilities is

classified as 6 categories of seeing, hearing, walking/climbing steps, remembering/concentrating, self-care and communication.

Table 3.1 Type of Disabilities

Age group and Sex	Total population		Prevalence rate by type of disability (percent)						
	Total	With any of the six disabilities	Disability prevalence rate	Seeing	Hearing	Walking/ Climbing steps	Remembering/ Concentrating	Self-care	Communication
UNION	46,463,285	5,968,986	12.8	6.3	2.4	5.4	4.4	1.9	1.6
Male	21,599,083	2,510,548	11.6	5.5	2	4.4	3.9	1.9	1.5
Female	24,864,202	3,458,439	13.9	6.9	2.6	6.3	4.9	2	1.6

Source: 2019 inter-censal survey

According to the data from table 3.1, total population of PWDs in Myanmar is 5.9 million and prevalence rate is 12.8 percent. In addition, the rate was higher among females (13.9%) than males (11.6%). The most common types of disabilities indicated across both sexes are difficulties in seeing (6.3%) and walking or climbing steps (5.4%), with females showing a consistently higher prevalence than males. In particular, 6.9% of females reported seeing difficulties compared to 5.5% of males, and 6.3% reported mobility challenges compared to only 2.4% of males. Other disability types such as remembering/concentrating (4.4%), hearing (2.4%), self-care (1.9%), and communication (1.6%) were reported at lower rates, though females also reported slightly higher levels in these categories. The disability rate is 13.1 percent in rural areas and 12.3 percent in urban areas, indicating that people living in rural areas have higher rates of disability.

Table 3.2 Disability prevalence rate by State/Region

State/Region	Total population		Disability prevalence rate
	Total	With any of the six disabilities	
UNION	46,463,285	5,968,986	12.8
Kachin	1,421,335	126,467	8.9
Kayah	274,458	29,729	10.8
Kayin	1,394,545	231,931	16.6
Chin	434,771	89,692	20.6
Sagaing	4,825,519	463,913	9.6

Tanintharyi	1,274,646	147,753	11.6
Bago	4,405,382	553,243	12.6
Magway	3,482,645	593,010	17
Mandalay	5,651,062	574,486	10.2
Mon	1,725,611	262,771	15.2
Rakhine	2,914,271	505,503	17.3
Yangon	7,210,592	896,242	12.4
Shan	4,814,943	415,135	8.6
Ayeyawady	5,561,248	963,663	17.3
Nay Pyi Taw	1,072,257	115,449	10.8

Source: 2019 inter-censal survey

The table (3.2) showed disability status, disability prevalence rate of the population aged 5 years old and over. According to the data, Chin State has the highest disability prevalence rate at 20.6%, followed by Rakhine and Ayeyawady Regions, both at 17.3%, and Magway Region at 17.0%. Other states with high prevalence include Kayin (16.6%) and Mon (15.2%), all exceeding the national average of 12.8%. In contrast, the lowest prevalence is observed in Shan State at 8.6%, followed by Kachin at 8.9% and Sagaing at 9.6%. The Union-wide disability prevalence rate is 12.8%. Several states/regions are above this rate (e.g., Kayin, Chin, Mon, Rakhine, Ayeyawady, etc.) and others are below it (e.g., Shan, Kachin, Kayah, etc.). These figures indicate significant regional disparities in disability prevalence across Myanmar.

3.2.2 Services and programs for PWDs by government in Myanmar

In Myanmar, the social need for PWDs has increasing in recent years. It much worse due to the significant impact of the political situation and global pandemic COVID-19. In Myanmar, there are many public and private organizations who provide the necessary services for disable people. In public sector, the Ministry of Social Welfare, Relief and Resettlement plays a crucial role in addressing the needs of persons with disabilities through initiatives like disability registration and classification. The classification and registration of PWDs has done 2022-2023 fiscal year in four specific locations: Pobbathiri Township in Nay Pyi Taw Union Territory, Hlaingtharya Township in the Yangon Region, Hpa-an Township in Kayin State, and Hopong Township in the Pa-O Self-Administered Zone of

Shan State (South) to ensure that individuals with disabilities are properly identified, registered, and provided with appropriate support and services.

According to the National Committee on the rights of PWDs report 2023, the Early Childhood Intervention process is being carried out in accordance with the Disability Classification and Registration process for persons with disabilities (PWDs). Over 6,000 have applied for registration, 5,574 have been issued registration cards after an assessment of their degree of disability.

Under the Ministry of Social Welfare, Relief and Resettlement, two Departments: Department of Social Welfare and Department of Rehabilitation are performing as focal Department in providing social welfare and rehabilitation services of persons with disabilities as well as more responsibility on community-based rehabilitation (CBR). Under the department of social welfare, there are eight institution and 1 training center are opened for PWDs as follows:

- Two Schools for Children with Disabilities (Yangon and Mandalay)
- Two Schools for the Blind (Yangon and Sagaing)
- Two Schools for the Deaf (Yangon and Mandalay)
- Vocational Training School for Adults with Disabilities (Yangon)
- Disabled Care Center for Children (Yangon)
- ICT Training Center (Yangon)

3.3 Institutions in Physical Rehabilitation Sector in Myanmar

The need for rehabilitation and caregiving services for persons with disabilities is steadily increasing across Myanmar. Both public and private organizations are actively engaged in providing these essential services. Several professional associations are also contributing significantly to the rehabilitation sector in Myanmar.

(i) Myanmar School of Prosthetics and Orthotics (MSPO)

With the sponsorship of the Nippon Foundation, Exceed Worldwide in Myanmar implemented the Myanmar School of Prosthetics and Orthotics (MSPO), based at the Yangon University of Medical Technology in (UMTY), with clinical placement at the National Rehabilitation Hospital in Yangon. The school is under the Department of Human Resources for Health, Ministry of Health. The bachelor's degree lasted 4 years; Year-one curriculum is common for all students, undergoing a basic education in relevant subjects; Year-two student, choose their field of study between physiotherapy, laboratory, imaging, prosthetics-orthotics, and health information. Year three and four are specific to the chosen

field. The UMT provides Bachelor's degree of Medical Technology (Prosthetics & Orthotics), or B. Med. Tech (P&O) for shorten, which is accredited at International Society of Prosthetics & Orthotics (ISPO) category II level.

(ii) Department of Physiotherapy

Under UMT, the Department of Physiotherapy plays an important role to produce the qualified physiotherapists who will serve the community according to the needs of country and to update and maintain the educational standards of the Physiotherapy at the International level.

There are 811 graduates with Bachelor degree in physiotherapy and 59 graduates with Master degree in physiotherapy from the University of Medical Technology, Yangon as of January 2023. (umty.edu.mm). The total estimated practising physiotherapists in the country is 350 and as of 75% is female according to 2024 data from Myanmar Physiotherapy Association.

(iii) Myanmar Medical Association (MMA)

The Myanmar Medical Association (MMA), founded in 1949, has over 16,000 medical doctor memberships and approximately 15,000 other members are involved in academic and technical activities with the Association. MMA has 33 specialty societies including Physical Rehabilitation and over 80 branches throughout the country.

(iv) Myanmar Prosthetics and Orthotics Society (MPOS)

The Myanmar Prosthetics and Orthotics Society (MPOS) was founded in 2012 with the aims of enriching the lives of people with disability by promoting the professional services and providing advanced prosthetic devices, promoting the local professional training for orthotic and prosthetic treatment, making a standard norm of the quality of prosthetic devices, the technology exchange and cooperation between international and local prosthetic and orthotic society and technicians. MPOS was found as a community association which represents all the prosthetic and orthotic technicians and is organized in accordance with the laws of the Department of Home Affairs, the Republic of the Union of Myanmar.

MPOS has been inactive since 2021 after military intervention and there has been no attends to reactivate the society.

(v) Myanmar Physiotherapy Association (MPA)

Myanmar Physiotherapy Association (MPA) has been officially recognized as a registered association by the Ministry of Home Affairs since 2013. The MPA has been a full member of World Physiotherapy since 2019. Total members of the MPA as of December 2020 are 840. 27% of physiotherapists in Myanmar are members of the Myanmar Physiotherapy Association in 2024. (World Physiotherapy, 2024)

3.4 Overview of Physical Rehabilitation Sector in Myanmar

In Myanmar, there are 23 Physical Medicine and Rehabilitation (PMR) Departments across 38 tertiary hospitals, however the number of corresponding rehabilitation beds is low, which limits the specialized rehabilitation provision available. Across the country there is only one specialist rehabilitation hospital, the National Rehabilitation Hospital (NRH) in Yangon. While NRH plays a crucial role, it cannot serve as a true national center due to the long travel distances that make it inaccessible for most people across the country. There are 11 Physical Rehabilitation Facilities in nationwide as shown in table (3.3). All of the facilities listed below have been significantly impacted by the country's political situation since 2021.

Regarding rehab professionals, according to World Physiotherapy (2024), there are only 0.06 physiotherapists per 10,000 population in Myanmar. In addition, the number of Prosthetics & Orthotics profession working in the rehabilitation sectors in Myanmar also low, under 30 around the country. (MPOS, 2024)

Table 3.3 Physical Rehabilitation Facility in Myanmar

Sr.	Name of facility	Organization Run by	Capacity
1.	Prosthetic and Orthotic Department, National Rehabilitation Hospital	Ministry of Health (MOH)	NRH has 100 beds for all clients
2.	Prosthetic and Orthotic Department, Mandalay Orthopedic Hospital	Ministry of Health (MOH)	MOH has 500 beds for all clients
3.	Prosthetic and Orthotic Department, Mandalay General Hospital	Ministry of Health (MOH)	MGH has 1500 beds for all clients
4.	Myitkyina Rehabilitation Center , Myitkyina Hospital, Kachin State	Ministry of Health (MOH)	54 beds
5.	Kyaing Tong Rehabilitation Center, Kyaing Tong Hospital, Shan State	Ministry of Health (MOH)	35 beds
6.	Hpa-an Orthopaedic Rehabilitation Centre (HORC)	Myanmar Red Cross Society (MRCS)	52 beds
7.	TLMM Orthopaedic Workshop, Sittwe	The Leprosy Mission Myanmar (TLMM)	Guest house for clients
8.	TLMM Orthopaedic Workshop, Taungoo	The Leprosy Mission Myanmar	26 beds
9.	Defence Services Rehabilitation Hospital (DSRH) Yangon	Ministry of Defence	300 beds
10.	Pyin Oo Lwin No. (1) Military Hospital-PRC	Ministry of Defence	700 beds
11.	Aung Ban No. (2) Military Hospital-PRC	Ministry of Defence	700 beds

Source: 2024 ICRC PRP report

The coverage area of each facility based on its capacity and functionality. The existing rehabilitation services are not enough compared to needs of services in the country.

The ICRC Physical Rehabilitation Programme in Myanmar, established in 1986 for more than 30 years, is a well-recognized and long-lasting program. It has a great history of providing prosthetic devices to both wounded soldiers and civilian landmine survivors. The

ICRC has been providing assistance to people affected by armed conflicts and other violence in the states of Kachin, Kayin, Kayah, Rakhine and Shan and in the Mandalay region. In addition, the ICRC's second largest operation in Asia is in Myanmar.

In 2023, 4,700 people with physical disabilities received the necessary care, including physiotherapy and fitting of assistive devices, at five physical rehabilitation centres supported by the ICRC. About 540 people also participated in activities promoting social inclusion, including vocational training, business skills training and wheelchair basketball. People living in remote areas had access to physical rehabilitation services through outreach, a mobile repair workshop run by HOCR to provide assistive devices repair service supported by the ICRC. (source: ICRC Annual Report- Volume II, 2023- p285)

In 2024, ICRC PRP has been supporting 6 PRCs (KYA, MYI, NRH, TLMM Taungoo and Sittwe and HOCR) with materials and technical advice, capacity building and formal education. ICRC provided the technical and materials support for making prosthetic feet to 2 centres (NRH and HOCR). In 2024, 4880 people with disabilities including 1818 people affected by explosive hazards were supported through physical rehabilitation programme. (www.icr.org)

3.5 Rehabilitation Services in Kayin State

Karen State, renamed Kayin State, is in southeastern Myanmar. Kayin State borders Mandalay Region, Shan State, Kayah State, Mon State, Bago Region, and Thailand to the north, northeast, west, and east. Karen people—a large umbrella identity that comprises Sgaw, Pwo, and Pao ethnic groups with distinct customs and incomprehensible languages—dominate the land. Kayin State residents have traditionally relied on agriculture, including rice, rubber, sugarcane, coffee, cardamom, and seasonal fruits and vegetables. Hpa-An is the capital of the state. The region is bordered by mountains, including the Dawna Range, which runs from north-northwest to south-southeast, and the southern end of the Karen Hills located in the northwest. The state's principal rivers include Thanlwin, Thaungyin, Gyaing, and Attaran. (Wikipedia)

Table (3.4) Estimated Population per Township

Township	Under 15 years			Between 15 to 64 years			Above 65 years			Total		
	Males	Females	Both sexes	Males	Females	Both sexes	Males	Females	Both sexes	Males	Females	Both sexes
Hpa-an	73917	76081	149998	127607	143577	271184	10189	15562	25751	211713	235220	446933
Hlaingbwe	46781	46846	93627	80762	88409	169171	6449	9583	16032	133992	144838	278830
Thandaunggyi	17497	16224	33721	30206	30619	60825	2414	3318	5732	50117	50161	100278
Pharpon	19482	17296	36778	33634	32640	66274	2686	3538	6224	55802	53474	109276
Kawkareik	38105	39937	78042	65784	75367	141151	5253	8169	13422	109142	123473	232615
Kyarinseikkyi	45405	44203	89608	78385	83415	161800	6259	9042	15301	130049	136660	266709
Myawady	38437	34942	73379	66358	65941	132299	5298	7147	12445	110093	108030	218123
Total population in Kayin	279,624	275,529	555,153	482,736	519,968	1,002,704	38,548	56,359	94,907	800,908	851,856	1,652,764

Source: Kayin State Immigration Office, Ministry of Immigration and Population, 2025

The table 3.4 describes the estimated population per township in Kayin State for the second quarter of 2024-2025 Fiscal Year. Total population is 1,652,764, males are 48% and females are 52%. Hpa-an township has the largest population, with 446,933 people, while Thandaunggyi township has the smallest population, with 100,278 people.

3.5.1 Disability Status in Kayin State

According to the 2019 Inter-Censal Survey, Kayin ranks fifth in terms of disability prevalence, with a rate of 16.6%, following Chin, Rakhine, Ayeyawady, and Magway. This is higher than the national average of 12.8%.

Table 3.5 Disability status, prevalence rate and type by District in Kayin state

State/Region and District	Total population		Prevalence rate by type of disability (percent)						
	Total	With any of the six disabilities	Disability prevalence rate	Seeing	Hearing	Walking/ Climbing steps	Remembering/ Concentrating	Self-care	Communication
KAYIN	1,394,545	231,931	16.6	8.6	3	8.1	6.4	2.1	1.7
Hpa-An	750,048	172,070	22.9	12.3	4	11.7	9	2.6	2.3
Pharpon	34,176	5,425	15.9	6.7	2.4	4.5	8.5	2.3	1.1
Myawady	172,747	14,558	8.4	3.3	1.3	3.6	3.1	1.1	0.8
Kawkareik	437,574	39,878	9.1	4.4	2	4.1	3.2	1.8	1

Source: 2019 Inter Censal Survey appendix table disabilities

In Kayin, 16.6% of 5-year-olds and older have impairments, according to the 2019 Inter Censal Survey of Ministry of Immigration and Population. From the six impairment kinds, trouble seeing (8.6%), walking/climbing steps (8.1%), and remembering/concentrating (6.4%) are the most prevalent. Hearing difficulties and communication issues are less common, while self-care difficulties show the lowest

prevalence across most areas. Among districts, Hpa-an district is the highest disability prevalence rate (22.9%) and Myawady was the lowest rate (8.4%). This distribution suggests that visual impairments and mobility-related disabilities are the most significant concerns in the population, highlighting a need for targeted eye care services, assistive mobility devices, and physical rehabilitation programs. Meanwhile, cognitive and communication-related challenges, though less frequent, still require appropriate support systems.

Table 3.6 Field census by type of disabilities in 2023-2024 Fiscal Year

Sr	Township	Number of disabled people enumerated population		
		Male	Female	Total
1	Hpa-an	1236	1023	2259
2	Hlaingbwe	699	516	1215
3	Myawady	231	151	382
4	Kyainseikkyi	84	68	152
5	Pharpon	59	28	87
6	Thandaunggyi	165	103	268
7	Kawkareik	84	72	156
	Total	2558	1961	4519

Source: Department of Social Welfare, Kayin state (2025)

The Department of Social Welfare (DSW) is playing a leading role in addressing the needs of persons with disabilities. According to the type of disabilities, the data collection in the field level and data entry in Disability Management Information System (DMIS) was performed in 2023-2024 fiscal year. The table showed total 4519 PWDs data (Male 2558 and Female 1961) was enumerated to be entered into DMIS. Hpa-an is one of the townships that the classification and registration of Persons with Disabilities (PWDs) has done in 2022-2023 fiscal year.

In addition, DSW performs the provision of disability grants to 890 people who have been received the disability registration cards with the amount of 30,000 kyat per person in 2023-2024 fiscal year. In accordance with the Disability Rights Law, the Kayin State

Government restructured nine state-level committees and sub-committees on the rights of persons with disabilities on 20 March 2023, with the aim of implementing disability rights and ensuring full protection for persons with disabilities.

3.5.2 Role of other stakeholders in Kayin state

In Kayin State, a variety of organizations and institutions including government departments, NGOs, INGOs, Organization of Persons with Disabilities (OPDs), Ethnic Health Organizations (EHOs), and the Red Cross are actively involved in providing disability-related assistance. Their services include victim assistance, physical rehabilitation, education, livelihood support, and disability awareness initiatives. These collective efforts have helped lessen the burden on families and communities caring for persons with disabilities (PWDs). However, despite these contributions, significant gaps in service coverage and accessibility remain to be addressed. The following are the primary service providers who provide the rehabilitation services for PWDs in Kayin State.

(a) Hpa-an Orthopaedic Rehabilitation Centre (HORC)

HORC run by Myanmar Red Cross Society (MRCS) with the support of the International Committee of the Red Cross (ICRC) is playing a significant role providing rehabilitation services for PWDs. HORC has inaugurated in 2003 with the purpose of providing physical rehabilitation services to the persons with physical disabilities from its catchment areas, notably Kayin State, Mon State, Kayah State, Tanintharyi Region and Kayah State. Any persons with physical disabilities living in HORC coverage area regardless of gender, religion, ethnicity or status are entitled to receive HORC's services. The services are provided with free of charge. The service includes Prostheses & Orthoses including gait training, Physiotherapy, Mental Health & Psychosocial Support (Mhpss), Medical/surgical treatment if necessary, Lodging, Food, Transport Reimbursement, Societal inclusion (Microeconomic Initiatives- MEI & Education support) and referrals services.

In addition, HORC mobile team has performed the outreach Mobile Repair services to provide the prosthetic repair service in the field level to reduce the visit time to centre for PWDs. Moreover, the PWDs benefitted the minor repair service through community repairmen trained by HORC to provide minor repair service at the community level. HORC usually organizes Paralympic sports events for PWDs as part of its disability inclusion activities to commemorate the International Day of Persons with Disabilities.

Table 3.7 Physical Rehabilitation Services provided by HORC (2015-2024)

Description	Year									
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
No. of Service users who received rehabilitation services	2784	2981	3510	3747	3149	1801	1832	2644	2915	2832
No. of prostheses delivered	544	484	476	577	711	381	410	580	652	570
No. of orthoses delivered	33	84	112	107	131	99	98	186	211	217
Number of service users who received services through the mobile repair service program."	1350	1381	1471	1549	140	753	522	1049	1092	1092
No. of Service users who received service through communities repairmen	180	246	319	406	342	324	486	556	698	753
No. of crutches and / or other walking aids delivered	1227	1106	907	1047	642	258	553	667	1044	869
No. of wheelchairs delivered	26	79	94	65	86	35	51	122	98	84
No. of prosthetic feet manufactured	2587	3169	2696	3279	2923	754	1684	2893	2566	2656
Mental Health & Psycho Social Support- Mhpss (started in 2020)						25	166	350	260	357

Source: Hpa-an Orthopaedic Rehabilitation Centre (HORC), 2025

The table represents the rehabilitation service provided by HORC per year. The centre provides services for 5 States and Regions notably Kayin, Kayah, Mon, Tanintharyi and Eastern Bago. The data showed the increase of demands year by year except 2020, 2021 and 2022 during Covid-19 pandemic period. The services included not only centre level but also in field level such as mobile outreach visit and community-based repairmen services. In addition, Mental Health & Psycho social support (Mhpss) services are introduced in 2020 that is one of the essential services for PWDs.

(b) Humanity & Inclusion (HI)

Humanity & Inclusion (HI) is an independent, impartial aid organization that supports people with disabilities and other vulnerable groups in contexts of poverty, conflict, exclusion, and disaster. It addresses urgent needs, enhances living conditions, and promotes dignity and fundamental rights.

(i) HI in Myanmar

The organization's first operations commenced in 2008 in response to Cyclone Nargis. These efforts were primarily focused on emergency relief and were concluded at the end of the response phase. In 2013, HI resumed its presence in the country following a new exploratory mission, with an initial focus on humanitarian my action.

(ii) HI Activities in Kayin State

HI helps landmine and conflict bomb victims and disabled individuals with rehabilitation and psychological care. HI raises awareness of mine and explosive remnants of war threats to assist people defend themselves.

Victim Assistance Centers (VACs) have been established in three townships notably Kawkareik and Thandaunggyi townships in Kayin State and Kyaukkyi township in Eastern Bago. These centers are staffed by managers and supported by teams of community volunteers, many of whom are survivors or people living with disabilities themselves. The VACs serve as drop-in centers for assessment, referral, rehabilitation, psychosocial support, and peer-to-peer counseling. At present, HI has been operating VACs in 4 townships, one in Kayin state, Kawkareik townships and 3 in Eastern Bago region Taungoo, Shwekyin and Kyaukkyi townships respectively.

Table 3.8 Key HI Activities in Kayin State

Activity Area	Description
Victim Assistance & Rehabilitation	Physical/psychosocial rehabilitation, peer counseling, VACs in two townships (Kawkareik and Thandaunggyi)
Risk Education	Community-based mine/ERW risk education, volunteer training
Early Identification/Intervention	Screening and support for young children and pregnant women
Livelihood & Social Inclusion	Access to healthcare, education, income generation, and inclusive community development
Partnerships & Engagement	Collaboration with MPHA, community volunteers, and local authorities

Source: (www.hi.org)

(c) Association for Aid and Relief, Japan (AAR Japan)

AAR Japan, a neutral and independent international NGO, helps the neediest worldwide. Since 1979, AAR Japan has worked in Emergency Response, Disability and Development, Mine Action, Health, and Awareness Raising.

(i) AAR Japan in Myanmar

AAR Japan founded its Myanmar office in 1999 and the vocational training facility for disabled persons in 2000. AAR Japan trains persons with physical impairments from infantile paralysis (polio) or accidents in sewing, hairdressing, beauty, and computing. More than 80% of AAR Japan graduates were employed from 2016-2022. The training center reopened in September 2022 after being shuttered since March 2020 due to COVID-19. (2020 Annual Report, AAR Japan)

In Kayin State, AAR Japan established its office in 2013 and has been supporting persons with disabilities through community-based rehabilitation.

(ii) Activities in Kayin State

AAR Japan performs various activities in Kayin state as follows:

Promotion of Community-Based Rehabilitation (CBR)

The initiative was undertaken in Hlaingbwe and Kyain-Seikgyi townships to help disabled people and their families cope with daily life. The project finished in September 2020. Direct beneficiaries included 623 disabled people, while indirect beneficiaries included 26,400 others (2,400 family members, 24,000 local inhabitants). (source: AAR Japan 2020 Annual report)

Economic Empowerment for PWDs in conflict-affected areas and urban areas.

The initiative targeted four Kayin townships (Hpa-an, Hlaingbwe, Myawaddy, and Kawkareik) to enable disabled people to participate in financial services and livelihood activities, diversify their income, and improve their life skills. The project directly benefited 700 PWDs and indirectly 2,800 disabled family members.

Inclusive Education (IE) Support Project

AAR Japan implemented a three-year project to support Children with Disabilities (CWDs), Out of School Children (OOSC), and their families in accessing learning opportunities. The project started in 2020 in 8 villages of Hpa-an township. The project aimed to strengthen IE support network at the project schools and introduce the project method widely to stakeholders in aid agencies, NGOs and CSOs.

The total population of the project site is approximately 12,650. Of this, around 3,230 individuals include children with disabilities (CWDs), out-of-school children (OOSC), students enrolled in the project schools, persons with disabilities (PWDs), and the family members of the CWDs, OOSC, and PWDs. The remaining 9,420 are family members of students attending the project schools and other community members living in the villages. In the first two years, the project focused on empowering community members and developing a Community-Based Rehabilitation (CBR) model. A community network was

established to promote awareness, provide basic welfare services, and support Self-Help Group (SHG) activities for CWDs and OOSC. In the final year, AAR Japan strengthened community capacity to ensure the sustainability of these initiatives and engaged with education-related and disability-focused organizations in Kayin State to enhance learning opportunities.

Livelihood support for PWDs and caregivers (ongoing project)

The project intended to the persons with disabilities and care givers from 2 villages of Hpa-an township to provide livelihood support such as livestock, mushroom cultivation, opening green grocery shop etc. The project targeted to 80 beneficiaries and care givers.

CHAPTER IV

SURVEY ANALYSIS

4.1 Survey Profile

All townships within the four districts of Kayin State were included in the study. Hpa-An, Hlaingbwe and Thandaunggyi townships are under Hpa-An district and Kawkareik and Kyainseikgyi are under Kawkareik district.

The state has experienced decades of armed conflict, resulting in prolonged instability and a significant number of internally displaced persons (IDPs), particularly in border areas. The long-standing conflict has also led to landmine and unexploded ordnance (UXO) contamination, which remains a major cause of disability. Persons with disabilities (PWDs) in Kayin State face numerous challenges in accessing rehabilitation services, as such services are primarily concentrated in major towns and urban areas. Additionally, transportation barriers especially in remote areas like Pharpon and Thandaunggyi, which are characterized by rugged terrain and reliance on water routes further limit service accessibility.

4.2 Survey Design

This chapter present the analysis of issue and challenges to receive rehabilitation services in Kayin state. In this analysis, a survey is explored by using simple random sampling method to study issue and challenges of sample PWDs in Kayin state. The study used a descriptive cross-sectional design, utilizing both qualitative and quantitative methods to explore the issues and challenges faced by service providers and persons with disabilities (PWDs) in accessing rehabilitation services in Kayin State. Open-ended questions were included in the surveys.

Two sets of structured questionnaires were used one for service users/ PWDs and one for service providers. The online google form was used to collect the data from service providers. However, the conducting survey for service users/ PWDs was very challenging due to present political situation across the Kayin State especially in Myawady, Thandaunggyi, Pharpon, Kawkariek and Kyainseikgyi townships with limited

communication channels such as mobile phone and internet connection problem. In this regard, the surveys were conducted both online and in person method for PWDs with the support of community volunteers and disability partners from each township. The data collection was carried out between May and June in 2025 both Service Providers and Service Users.

For PWDs, the survey questionnaires were separated by section for those who have been received the rehabilitation services and the second group, for those who have not received the rehabilitation services to identify key issues and challenges faced by them to access services.

4.3 Survey Result for Persons with Disabilities

The survey questionnaire was categorized into five sections. The first section was general information about the PWDs such as age, marital status, education, occupation, type of disability, cause of disability. The second section covered Awareness and Access to Rehabilitation Services to identify how the PWDs aware and access to services. The third part focused on Impact of Rehabilitation Services to find out how the rehab services impact on persons who have been received services. The fourth part stated Challenges for Those who has not received services to manage their activities of daily living and the last session was Recommendations for Improvements for rehabilitation services.

The collected data was analyzed both quantitatively and qualitatively through various analytical tools including tables and percentages where applicable. The survey findings revealed that the rehabilitation services is vital for the PWDs and the issues and challenges faced by service users and highlight the significant situation of the rehab services in Kayin State.

4.3.1 General Information about the respondents

Due to political situation and limited accessibility to most of the townships in Kayin state, the targeted quantity of 300 PWDs (for the person who has been received rehabilitation services 150 and for those who has not received services 150) was reduced to 225. The former quantity of 150 remain the same but the latter was halved to 75. The survey covered all 7 townships of the Kayin state but mainly focused on physical disability.

Table 4.1 Number of Survey Data collected by township

Sr.	Township	Number of persons with disabilities data collection			%
		M	F	Total	
1	Hpa-An	26	17	43	19
2	Hlaingbwe	31	17	48	21
3	Thandaunggyi	20	4	24	11
4	Kawkareik	23	14	37	16
5	Kyainseikgyi	19	4	23	10
6	Myawady	16	4	20	9
7	Pharpon	21	9	30	13
	Total	156	69	225	100

Source: Survey Data (2025)

4.3.2 General Information about respondents

The table showed the general information of total 225 respondents. Among them, 156 were male and 69 were female.

Table 4.2 General Information of Respondents

Sr. No	Description	Frequency	%
1	Gender		
	Male	156	69.3
	Female	69	30.7
	Total	225	100.0
2	Age Group		
	Under 15	12	5.3
	15 to 24	28	12.4
	25 to 34	41	18.2
	35 to 44	34	15.1
	45 to 54	43	19.1
	55 to 64	46	20.4
	65 and above	21	9.3
	Total	225	100
3	Marital Status		
	Single	88	39.1
	Married	119	52.9
	Divorced	6	2.7
	Widower/Widow	12	5.3
	Total	225	100
4	Education Status		
	No formal education	32	14.2
	Primary school	105	46.7
	Middle school	63	28.0
	High school	13	5.8
	University students	5	2.2
	Graduate	7	3.1
	Total	225	100
5	Current Occupation		
	Farmer/Fisherman/Gardener	34	15.1
	Employee (government, NGO, private)	16	7.1
	Own Business	16	7.1
	Dependent	39	17.3
	Casual Labor	85	37.8
	Shop keeper/vendor	19	8.4
	Other (religious, student, retire)	16	7.1
	Total	225	100
6	Type of Disabilities		
	Physical/Walking/climbing step	216	96.0
	Seeing	1	0.4
	Hearing	2	0.9
	Remembering/Concentration	1	0.4
	Communication	1	0.4
	Self-care	4	1.8
	Total	225	100

7	Cause of Disability		
	Congenital (from birth)	32	14.2
	Disease/Illness (diabetes, CP, gangrene, stroke)	42	18.7
	Accident/Injury	51	22.7
	Conflict-related Injury	97	43.1
	Aging-related Condition	3	1.3
	Total	225	100
8	Duration of Disability:		
	Since birth	32	14.2
	Less than 5 years	89	39.6
	Between 5 and 10 years	36	16.0
	10 years and above	68	30.2
	Total	225	100

Source: Survey Data (2025)

The table illustrated the maximum age group of the respondents were 55-64 (20.4%), followed by 45-54 (19.1%). The minimum age group was under 15 representing (5.3%). In terms of marital status, the majority were married (52.9%) and the minority were divorce (2.7%). Regarding education, out of the total respondents, the majority (46.7%) had completed primary education. The next most common level was middle, with 28.0%, followed by no formal education at 14.2%. The least were university students with (2.2%). Concerning occupation, the maximum respondents are casual labourer representing (37.8%) seconded by unemployed/dependent (17.3%). The minimum groups were employee, own business and others occupation by (7.1%) each.

The table continued type of disabilities of respondents. As the survey mainly focused on physical rehabilitation services in Kayin state, most of the respondents representing physical disabilities (96%) while the lowest representing parts (0.4%) were seeing, remembering and communication difficulties respectively

With regard to cause of disabilities, the most commonly cause is conflict related injury representing (43.1%) of total respondents and the second most was due to disease (22.7%). The fewest (1.3%) reported aging related condition.

The largest part of respondents (39.6%) has been living with a disability for less than 5 years, showing a significant number of relatively recent cases. In the meantime, (30.2%) have had a disability for 10 years or more, and 16.0% reported living with a disability for 5 to 10 years. A smaller group (14.2%), have had a disability since birth.

4.3.3 Awareness and Access to Rehabilitation Services

The session evaluates how the PWDs aware and access to rehabilitation service, what challenges to get services.

Table 4.3 Awareness on Rehabilitation Services

Description	Frequency	%
Are you aware of rehabilitation services in your State/area/ township?		
Yes	172	76
No	53	24
If yes, how do you know about the service?		
Community members	38	22
Peer groups	47	27
Organization of Persons with Disabilities (OPDs)	31	18
NGOs, INGOs	32	19
Government Departments	20	12
EHO	4	2

Source: Survey Data (2025)

The table stated the awareness on the rehabilitation services by PWDs in Kayin state. Most of the respondents aware on services representing (76%) while the rest (24%) did not aware on the services. The figures illustrate rehabilitation services are existing in Kayin state for a long time and the people noticed on it. Regarding how they know about services, the highest portion, 27% of respondents illustrated they knew about through peers groups. This showed the good relationship among peers groups by sharing of useful information. The second portion was known by NGOs, INGOs (19%) representing the role of NGOs, INGOs in rehabilitation services, followed by the role of OPDs representing (18%). It is noted that few respondents (2%) received about services information through EHOs.

Table 4.4 Situation on access to Rehabilitation Services

Description	Category	Frequency	%
Have you received any rehabilitation or assistive services?	PWDs who know about the services and received service	150	67
	PWDs who know about the services but do not receive service	22	10
	PWDs who neither know about service nor receive service	53	24

Source: Survey Data (2025)

The table expressed the situation of receiving rehabilitation services by PWDs. Among 225 respondents, 76% represented they know about the services. However, only 150 respondents received services representing 85% of 172 respondents. For the rest, who did not know and receive service were 24% of 225 respondents. The respondent who have not received service even they know about service or not, were combined and it showed 34% of total 225 respondents.

Table 4.5 Type of services received

Category	Frequency	%
Type of services received (N=150)		
Prostheses, Orthoses	126	84
Physiotherapy	107	71
Occupational therapy	3	2
Assistive devices (e.g., wheelchairs, crutches, walking frame)	109	73
Other referral services (e.g hospital)	5	3
Vocational training/ Livelihood opportunity (hair dressing, tailoring, machine maintenance services etc.)	10	7

Source: Survey Data (2025)

Services received by most of the respondents (84%) was prostheses and orthoses followed by assistive devices service provision (73%). The figure showed the significant needs of assistive devices for PWDs. The third highest was Physiotherapy services

representing (71%). The occupational therapy service showed the least service representing 2%. It did not mean the service is not needed but highlighted the limitation of rehab professionals in these services.

Table: 4.6 Rehabilitation services received by (For the persons who have received rehabilitation services)

Description	Category	Frequency	%
Where do you get your services? (For the persons who have received rehabilitation services)	INGOs/NGOs/ Red Cross	126	84.0
	OPDs	9	6.0
	Government	11	7.3
	Private	1	0.7
	Abroad	3	2.0
	Total	150	100.0
When did you receive the present services?	Types of Organization	Respondents	%
	Under 6 months	24	16.0
	Between 6 m to 1 yr	33	22.0
	Between 1 to 3 yr	40	26.7
	3 yrs and above	53	35.3
	Total	150	100

Source: Survey Data (2025)

The table pointed out most of the services are provided by INGOs/NGOs/Red Cross representing (84%) of total respondents. It showed the roles of these organizations playing in the rehabilitation fields in Kayin state. As it is attached with Thai border, 2% of respondents stated they received services from abroad, especially from Thailand.

Regarding length of time receiving services, the maximum group (35.3%) presented they received the present service for 3 years and above. The second was followed by (26.7%) who received between 1 year and 3 years. The minimum group (16%) presented they

received service under 6 months. It expressed the services were received 3 years and above and still using the services by most of the respondents.

Table 4.7 Cost of services

Description	Respondent	%
Costly	1	0.7
Low Cost	2	1.3
Free of Charge	147	98
Total	150	100

Source: Survey Data (2025)

The table showed that the services were received mostly with free of charges reported by 98% of respondents.

Table 4.8 Visit times to the rehabilitation centres/units for necessary services

Description	Frequency	%
Do you regularly visit to the rehab centre for necessary services?		
Yes	65	43
No	85	57

If yes, how many times do you visit? (N=65)

Every 6 months	6	9
Once a year	20	31
Whenever need of service	39	60

If No, what are the reasons? (N=85)

Description	Respondent	%
Travel cost is too expensive	29	34
The location to reach rehab centre is too far	33	39
Unable to make time to travel/ not enough time/ busy with others jobs	13	15
There are community repairmen services available near my area	24	28
Community-Based Rehabilitation (CBR) services are available near my area	9	11
No one can accompany me (for those who cannot travel alone)	8	9
Security concerns/ not save to travel	45	53

Source: Survey Data (2025)

The table indicated more than half of the respondents (57%) did not go back to the rehab centres/organizations for necessary services. However, for those who visited to the centre expressed their regular visit representing (60%) whenever in needs of service as it is important to maintain the quality of assistive devices for more functioning.

The rest 85 respondents who did not regularly visit to the rehab centres or organizations, the table provided the reason why it was. The highest number of categories why they did not visit was due to security concerns representing (53%) of total respondents. It is highlighted the political situation of Kayin state. The second highest reasons were very far to access stating (39%) of respondents. According to the observation from the figures provided by service providers section (table 4.21), most of the service areas are in Hpa-an township of Kayin state. It is evident that the PWDs from other townships of Kayin state has some difficulties to access rehab services.

The table also pointed out the role of community repairmen who provide minor repair services to assistive devices and CBR which were presented by (28%) and (11%) respectively. A few respondents (9%) reported that they cannot visit regularly as they cannot travel alone, dependent on family members or care givers.

Table 4.9 Respondents' perception on the quality and usefulness of assistive devices

Particulars	Mean	S.D
Service Users' perception on quality and usefulness of the assistive devices that they use (e.g., prostheses, orthoses, crutches, walking aids, etc.)	4.62	0.51

Source: Survey Data (2025)

This result suggests a high level of satisfaction among 150 users of assistive devices. The mean value of 4.62 indicates that, on average, participants rated their experience between “Satisfied” and “Very Satisfied,” leaning closer to “Very Satisfied.” Furthermore, the relatively low standard deviation reflects low variability in responses, implying that most participants had consistently positive perceptions regarding the quality and effectiveness of the assistive devices they used.

4.4.3 Impacts of rehabilitation services for those who have been received services

This section explains how rehabilitation services affect the daily lives of persons with disabilities (PWDs) who have received proper rehabilitation support.

Table 4.10 Impacts of rehabilitation services on those who have received services

Description	Category	Frequency	%
How have rehabilitation services improved your daily life?	Improved mobility	144	96.0
	Increased independence	123	82.0
	Better access to education	10	6.7
	Better employment opportunities	83	55.3
	Other (self-esteem, helping to others, social inclusion)	9	6.0
Compared to your abilities before receiving rehabilitation services, how would you rate your current abilities after receiving the services?	Category	Frequency	%
	Much Worse	0	0.0
	Somewhat Worse	1	0.7
	No Change	2	1.3
	Somewhat Improved	38	25.3
	Much Improved	109	72.7
	Total	150	100
How often do you participate in social activities after receiving of services?	Never	5	3.3
	Rarely	31	20.7
	Sometimes	43	28.7
	Regularly	52	34.7
	Often	19	12.7
	Total	150	100.0
How long have to wait to get services?	Less than 3 months	27	18.0
	Between 3 and 6 months	66	44.0
	About a year	49	32.7
	Between 1 and 3 years	5	3.3
	3 years and above	3	2.0
Total	150	100.0	

Source: Survey Data (2025)

According to the findings, the majority of respondents (96.0%) reported improved mobility as a key outcome of receiving rehabilitation services. Additionally, 82.0% indicated increased independence in their daily lives. Over half of the respondents (55.3%) experienced better employment opportunities as a result of the support received. However, only 6.7% mentioned improved access to education, and 6.0% reported other benefits such as enhanced self-esteem, the ability to help others, and greater social inclusion. Compared to abilities before and receiving rehabilitation services, 72.7% responded much improved and 25.3% mentioned improved. It is revealed that almost 100% of respondents feel confident on their abilities and capabilities after receiving services. In addition, the result showed most of the respondents participating social activities regularly and sometimes with the ratio of (34.7%) and (28.7%) respectively.

44% of respondent expressed the waiting time to get services between 3 and 6 month which is the most common result followed by about a year with (32.7%). Only few respondent (2%) expressed they have to wait for 3 years and above.

Table 4.11 Experience on Receiving of Rehabilitation Services

Description	Frequency	%
16. Did you experience any difficulties during the period of receiving the services?		
Yes	19	13
No	131	87
Total	150	100

If yes, please describe? (N=19)

Description	Frequency	%
Difficulty with accommodation/food	5	26
Difficulty understanding the instructions given by the service providers	4	21
Poor health or lack of strength to perform the required exercises	5	26
Difficulty complying with the rules/regulations of the service provider or organization	2	11
Others	3	16

Source: Survey Data (2025)

Most of the respondent said they do not face any difficulties to receive service representing 87% of total respondents.

4.3.5 Challenges for Those Without Services (For those who haven't received services)

This section stated that challenges that encounters by the PWDs in their daily lives as they have not received any necessary rehabilitation services.

Table 4.12 Reason on not accessing services

Description	Category	Frequency	%
What was the reason you did not receive the service?	Lack of awareness or knowledge about the service	57	76.0
	The service cost is too high	26	34.7
	Transportation difficulties in reaching the service location	31	41.3
	No community-based rehabilitation services available in my area	17	22.7
	Safety and security concerns during travel	45	60.0
	Personal unwillingness to receive service or reluctance to go outside	4	5.3
	No available services for hearing impairment	1	1.3
Description	Category	Frequency	%
What kind of difficulties do you face in your daily life due to not receiving the service?	Difficulty with mobility	74	98.7
	Difficulty in getting employment	45	60.0
	Difficulty in accessing education	4	5.3
	Dependence on others	67	89.3
	No significant difficulties	3	4.0
	Others (social stigma, health problem, economic problem, exclusion, lack of confidence)	11	14.7

Source: Survey Data (2025)

The most significant barriers to accessing rehabilitation services included lack of awareness about available services (76.0%) and safety and security concerns during travel

(60.0%). Transportation difficulties (41.3%) and high service costs (34.7%) were also commonly reported challenges.

The most commonly reported challenges were difficulty with mobility (98.7%) and dependence on others for daily activities (89.3%). Difficulty in gaining employment was also significant, affecting 60.0% of respondents. Other challenges such as social stigma, health issues, and economic problems were reported by 14.7%, while only a small percentage noted difficulties in accessing education (5.3%) or no significant difficulties (4.0%).

Table 4.13 Main barriers that prevent from accessing the services

Description	Category	Frequency	%
What are the main barriers that prevent you from accessing the services	High service cost	2	2.7
	No service-providing organizations nearby	7	9.3
	Limited access to necessary information	19	25.3
	Difficult to assess rehab services for persons with disabilities living in remote or conflict-affected areas	44	58.7
	Social stigma or discrimination	2	2.7
	No available of special need services for other type of disabilities	1	1.3
	Total	75	100

Source: Survey Data (2025)

The most commonly reported barrier to accessing rehabilitation services was difficulty in reaching services for persons with disabilities living in remote or conflict-affected areas (58.7%). Limited access to necessary information was also a significant challenge, reported by 25.3% of respondents. Other barriers such as the absence of nearby service-providing organizations (9.3%), high service costs (2.7%), social stigma (2.7%), and lack of services for specific types of disabilities (1.3%) were mentioned less frequently.

Table 4.14 Support needed to access the services

Description	Category	Frequency	%
What kind of support do you need to actually access the services?	Expansion of community-based rehabilitation (CBR) services	51	68.0
	Financial support related to the services (e.g., travel costs, service fees)	47	62.7
	Transportation arrangement to assess rehab centre	23	30.7
	Home-based or mobile service delivery	25	33.3
	Strengthen referral systems to service-providing locations	47	62.7
	Sharing of information/knowledge about the services	39	52.0
	Expand of service for all types of disabilities	1	1.3

Source: Survey Data (2025)

The most commonly suggested improvement was the expansion of community-based rehabilitation (CBR) services, mentioned by 68.0% of respondents. Financial support for travel and service fees (62.7%) and strengthening referral systems (62.7%) were also highly recommended. Additionally, 52.0% emphasized the need for better information sharing about available services. Suggestions such as home-based or mobile service delivery (33.3%) and transportation arrangements (30.7%) were also noted. Only 1.3% suggested expanding services for all types of disabilities.

4.3.6 Recommendation for Improvements

Table 4.15 Key Actors Responsible for Enhancing Rehabilitation Service Access

Description	Category	Frequency	%
In your opinion, who should take the main responsibility for addressing the challenges in accessing rehabilitation services	Government	57	25.3
	Donor organizations/ Non-government organizations	77	34.2
	Organization of Persons with Disabilities	20	8.9
	Community	4	1.8
	Yourself	66	29.3
	No response	1	0.4
	Total	225	100.0

Source: Survey Data (2025)

A total of 225 responses were collected regarding the sources of support or involvement. The largest proportion of respondents (34.2%) identified donor organizations or non-government organizations as their main source. This was followed by those who relied on themselves (29.3%), and government support (25.3%). A smaller percentage reported support from organizations of persons with disabilities (8.9%), while only 1.8% cited the community as their source. A negligible number (0.4%) did not respond to the question. Overall, the findings suggest that external organizations and self-reliance are the most significant sources of support among respondents, with limited involvement from the community

Table 4.16 Key Recommendations for Enhancing Rehabilitation Services

Description	Category	Frequency	%
What recommendations would you like to give to the government or donor organizations to improve rehabilitation services?	Increase government budget allocation for rehabilitation (e.g., funding, skilled staff, basic infrastructure, assistive devices, etc.)	93	41.3
	Provide more capacity-building training programs for rehabilitation service providers	26	11.6
	Strengthen disability-related policies and legal frameworks	36	16.0
	Improve transportation systems, infrastructure, and equipment to be more accessible for persons with disabilities	95	42.2
	Integrate rehabilitation services into the basic health care system	61	27.1
	Ensure the participation of persons with disabilities and listen to their voices in implementation and decision-making processes related to disability issues	75	33.3
	No responses	2	0.9

Source: Survey Data (2025)

The survey results indicate that the top priorities for improving rehabilitation services for persons with disabilities are enhancing accessible transportation and infrastructure (42.2%), and increasing government budget allocation for rehabilitation, including funding, skilled staff, and assistive devices (41.3%). Additionally, a significant number of respondents emphasized the importance of ensuring the participation of persons with disabilities in decision-making (33.3%) and integrating rehabilitation services into the basic health care system (27.1%). Strengthening disability-related policies (16.0%) and providing more capacity-building training for service providers (11.6%) were also noted, while only a very small proportion did not respond (0.9%). Overall, the findings highlight the need for both systemic improvements and inclusive approaches to better support persons with disabilities.

Table 4.17 Factors that help improve access to rehabilitation services

Description	Category	Frequency	%
Which factors could help improve your access to rehabilitation services? (Please select the appropriate options)	Expansion of rehabilitation services in nearby townships	57	25.3
	Financial support for the services	77	34.2
	Conducting awareness-raising activities and sharing information about rehabilitation services among the public	20	8.9
	Strengthening necessary referral and follow-up care systems	4	1.8
	Promoting disability awareness programs among the public	66	29.3
	Providing home-based or mobile rehabilitation services in remote and conflict-affected areas	1	0.4
	Others (please specify:	225	100.0

Source: Survey Data (2025)

Table expressed that the most frequently suggested measure to improve rehabilitation services is providing financial support (34.2%), followed by promoting disability awareness programs among the public (29.3%) and expanding rehabilitation services in nearby townships (25.3%). A smaller proportion of respondents recommended conducting awareness-raising activities and sharing information about rehabilitation services (8.9%), while very few emphasized strengthening referral and follow-up care systems (1.8%) or providing home-based or mobile rehabilitation services in remote and conflict-affected areas (0.4%). These results highlight the need for increased funding, greater public awareness, and expanded service coverage to effectively support persons with disabilities.

Table 4.18 Factors to improve access to services

Description	Category	Frequency	%
Which factors could help improve your access to rehabilitation services? (Please select the appropriate options)	Promoting awareness on disabilities and or rehabilitation services	12	20.7
	Financial support from the governments	20	34.5
	Long-term Sustainability of Services	6	10.3
	Prioritization of Remote Areas	6	10.3
	Strengthening of disability rights for better disability inclusion	8	13.8
	Monitoring & Evaluation (M&E)	3	5.2
	Security and Accessibility Issues	2	3.4
	Inclusive Service Coverage	1	1.7
	Total	58	100.0

Source: Survey Data (2025)

As final part of questionnaires for PWDs, the table summarized the suggestions regarding disability issues provided by 58 respondents in voluntarily. Over one-third (36.4%) of respondents emphasized the need for financial support from the government. Promoting awareness on disabilities and or rehabilitation services also emerges as strong priorities, representing (20.7%) and followed by Strengthening of disability rights for better disability inclusion on education, work and social benefit with the percentage of (13.8%). The remaining feedback focuses on service sustainability, rural access, and community-level monitoring.

4.4 Survey Result for Service Providers

The survey questionnaire was categorized into four sections. The first section was general information about the organization such as type of organization, area of operations, type of services, respondents professional and length of services. The second section covered Accessibility and Demand for Services. The third part focused on Challenges in Service Delivery and the final part was Recommendations and Future Improvements for rehabilitation services.

The collected data was analyzed both quantitatively and qualitatively through various analytical tools including tables and percentages where applicable. The survey findings are analyzed and shown a comprehensive understanding of the issues and challenges faced by service providers in Kayin State.

4.4.1 General Information about the respondents

The total numbers of respondents for service providers questionnaires are 80. Among them 38 (47%) are male and 42 (53%) are female.

Table 4.19 Types of Organizations of Respondents

Sr.	Types of Organization	Frequency	%
1	Organization of Persons with Disabilities (OPD)	7	8.8
2	International Non Government Organizations/ United Nation Organization (INGOs/UNs)	28	35.0
3	Non Government Organization/ Civil Society Organizations/ Community-based organization (NGOs/CSOs/CBOs)	11	13.8
4	Ethic Health Organization (EHO)	3	3.8
5	Government Departments	2	2.5
6	Red Cross Organization (RC)	29	36.3
		80	100

Source: Survey Data (2025)

The table showed total 80 respondents from 6 different types of organization participated in the survey. The respondents from Red Cross Organizations is the most (36.3%) and the least was from Government Department (2.5%).

Table 4.20 Areas (s) of operation in Myanmar

Sr.	Areas (s) of operation in Myanmar	Frequency	%
1	Kayin	68	85.0
2	Kayah	29	36.3
3	Mon	37	46.3
4	Eastern Bago	27	33.8
5	Tanintharyi	36	45.0
6	Yangon	17	21.3
7	All states and Regions	10	12.5
8	Other state and region	11	13.8

Source: Survey Data (2025)

The table showed the areas of operation by organization in Myanmar. According to the table, Kayin is the most operated by organization (85%) and (12.5%) represent the organizations that are working all areas of the country. There are few organization who works on other areas of including Kachin, Rakhine, Shan, Mandalay, Magway and Chin which represents (13.8%) of total respondents.

Table 4.21 Areas of operation in Kayin state

Sr.	Townships	Frequency	%
1	Hpa-an	42	52.5
2	Hlaingbwe	33	41.3
3	Kawkareik	33	41.3
4	Kyainseikgyi	21	26.3
5	Pharpon	21	26.3
6	Myawady	19	23.8
7	Thandaung	22	27.5
8	All townships	31	38.8
9	Border area	7	8.8

Source: Survey Data (2025)

The table illustrates the areas of operation by organizations in Kayin State. Among the 7 townships, Hpa-an has the highest number of respondents, with 42 respondents

operating there (52.5%). In contrast, Myawady has the fewest, with 19 respondents (23.8%). Additionally, 7 respondents (8.8%) reported operations in the Thai–Myanmar border area. It is also notable that 31 respondents (38.8%) reported activities covering all townships of Kayin State.

Table 4.22 Types of services provided by Organizations

Sr.	Types of Services	Frequency	%
1	Education & Empowerment (Education, Livelihood, Social inclusion, Vocational Training, Disability Rights Movement)	46	57.5
2	Rehabilitation & Health Services (Physical Rehabilitation Services, Assistive Devices, Prostheses & Orthoses, Community-Based Rehabilitation (CBR), Health, Mental Health & Psychosocial Support (Mhpss))	63	78.83
3	Protection & Legal Support (Gender-Based Violence (GBV) and Child Protection, Legal Support)	27	33.8
4	Support Systems (Referral Services, Social Welfare, financial support, community support, disability grants)	49	61.3
5	Other (Restore Family Link, Coordination, IDP support)	3	3.9

Source: Survey Data (2025)

Table 4.4 presents the types of services provided by organizations working in Kayin State. The most commonly provided service is Rehabilitation & Health Services, reported by 63 respondents, representing 78.83% of the total. Support System such as referral services, social welfare, financial and community support, and disability grants are the second most frequently provided, with 49 respondents (61.3%). Education & Empowerment services, including livelihood programs, vocational training, social inclusion initiatives, and the disability rights movement, are provided by 46 respondents (57.5%). Protection & Legal Support, including gender-based violence (GBV) prevention, child protection, and legal assistance, are reported by 27 respondents (33.8%) while only 3.9% deliver other services such as coordination, internally displaced persons (IDPs) support, and family link restoration.

Table 4.23 Respondents' profession in their organizations

Sr.	Type of Profession	Sub-role	Frequency	%
1	Management & Administration	Top Management	6	7.5
		Middle Management	13	16.3
		Admin / HR / Finance / Logistics	12	15
2	Health & Rehab Professionals	Physiotherapist	12	15
		Prosthetist & Orthotist	7	8.8
		MHPSS / Social Worker	2	2.5
		Other Health Profession (e.g., Dr/Nurse)	4	5
3	Field & Community Staff	Field Staff	14	17.5
		Volunteer	3	3.8
4	Other Professionals	Inclusion / Coordination Roles	7	8.8
	Total		80	100

Source: Survey Data (2025)

Table 4.5 shows the professional roles of the 80 respondents within their respective organizations. The largest group (31 respondents, 38.8%) is involved in Management & Administration, including top and middle management, as well as administrative, HR, finance, and logistics roles. Health & Rehabilitation Professionals describe 25 respondents (31.3%), with physiotherapists being the most common, followed by prosthetists/orthotists, MHPSS workers, and other health professionals such as doctors and nurses. Field & Community-Level Staff are 17 respondents (21.3%). The remaining 7 respondents (8.8%) are Other Professionals, including advisory, technical, coordinating and inclusion roles.

Table 4.24 Length of services provided by Organizations to PWDs

Sr.	Length of services	Frequency	%
1	Less than 1 year	3	3.8
2	Between 1 and 5 years	15	18.8
3	Between 5 and 10 years	19	23.8
4	Above 10 years	43	53.8
	Total	80	100

Source: Survey Data (2025)

The table represents the majority of organizations serving persons with disabilities (PWDs) have been providing services for over 10 years, accounting for 53.8% of respondents (43 out of 80). A smaller proportion, 23.8% (19 respondents), have offered services between 5 and 10 years, while 18.8% (15 respondents) have done so for 1 to 5 years. Only 3.8% (3 respondents) reported providing services for less than 1 year. More than half of the organizations have been helping people with disabilities for over 10 years, indicating long term commitment with a lot of experiences to support PWDs in Kayin State.

4.4.2 Accessibility and Demand for Services

To assess the accessibility of rehabilitation services for PWDs and to measure demand for rehabilitation services, questionnaires were prepared related to services provided, service demand, causes, human resource availability, barriers and measures to be overcome. The results were shown in following table.

Table 4.25 Numbers of PWDs served per month

Sr.	Types of Organization	Frequency	%
1	Less than 50	41	51.2
2	Between 50 and 100	29	36.3
3	Between 100 and 200	3	3.7
4	Above 200	7	8.8
	Total	80	100

Source: Survey Data (2025)

The table presents the number of persons with disabilities (PWDs) served by

organizations per month. The majority of respondents (51.2%) reported that their organizations serve less than 50 PWDs monthly. The second most common range is between 50 and 100 PWDs, reported by 36.3% of respondents. Only a small percentage (3.7%) serve between 100 and 200 individuals. A limited number of organizations (8.8%) reported serving more than 200 PWDs per month, indicating the high-capacity service provision is still limited compared to the potential demand.

Table 4. 26 Analysis of Demands on Services

Description	Frequency	%
Is the demand for rehabilitation services increasing?		
Yes	78	97.5
No	2	2.5
If yes, what factors contribute to the increased demand?		
Aging population	18	22.5
Rising Prevalence of Non-Communicable Diseases (NCDs) e.g Diabetes, Hypertension	35	43.8
Increase Public Awareness on rehabilitation	39	48.8
Injuries from Conflicts, Disasters, and Accidents	72	90
Shortage of Trained Personnel and Infrastructure	46	57.5
Noncompliance with the Law	1	1.3
Difficult to access services	1	1.3
Increase of IDPs	1	1.3

Source: Survey Data (2025)

The survey results indicate that injuries resulting from conflict, disasters, and accidents are the main cause of increased demand for rehabilitation services, as reported by 72 respondents (90%). The second highest is shortage of trained personnel and infrastructure reporting by 46 respondents (57.5%). Additionally, the rising prevalence of NCD also remarkable, noted by 35 respondents (43.8%). The result highlights the increase of conflict related injuries, and accidents in Kayin state years in recent years, contributing to the growing need for rehabilitation services.

Table 4.27 Agreement on enough rehabilitation professionals

Particulars	Mean	S.D
Respondents' Agreement on Whether There Are Enough Rehabilitation Professionals in Their Service Areas	2.34	1

Source: Survey Data (2025)

The survey result, mean score 2.34 suggests that, on average, the respondents tend to disagree with the statement that there are enough rehabilitation professionals in their service areas. The standard deviation was 1.00, suggesting a moderate level of variability in responses. The low mean indicates perceived insufficiency of rehabilitation professionals, which could reflect workforce shortages, uneven service distribution, or high demand in the area.

Table 4.28 Barriers for PWDs in accessing services

Sr.	Description	Frequency	%
1	Distance/transportation issues to access service	73	91.3
2	High service costs	42	52.5
3	Lack of awareness about available services	43	53.8
4	Social stigma/discrimination	24	30.0
5	Limited availability of specialized services	46	57.5
6	Security concerns	4	5.0
7	Limited coverage areas for service	2	2.5
8	Poverty	2	2.5

Source: Survey Data (2025)

The table shows the most significant barrier preventing persons with disabilities (PWDs) from accessing rehabilitation services is distance and transportation issues, reported by 91.3% of respondents. Other major challenges include limited availability of specialized services (57.5%) for severe disabilities cases, lack of awareness about available services (53.8%), and high service costs (52.5%). Social stigma and discrimination were also noted by 30% of respondents. Less frequently mentioned barriers include security concerns (5%), limited coverage areas to get service (2.5%), and poverty (2.5%) reflecting the obstacles affecting service accessibility.

These findings highlight the multiple, interrelating challenges that PWDs face in accessing essential rehabilitation services. To overcome these challenges, the following table showed the measure taken by organization to improve services accessibility.

Table 4.29 Measure taken by organization to improve service accessibility

Sr.	Category	Frequency	%
1	Awareness & Information Dissemination	15	18.75
2	Outreach, Mobile & Home-Based Services	13	16.25
3	Coordination, Networking & Partnership	20	25
4	Financial, Transport & Assistive Support	7	8.75
5	Capacity Building, Implementation & Monitoring	7	8.75
6	No Response	18	22.5
	Total	80	100

Source: Survey Data (2025)

The table indicates the measures to be taken to improve service accessibility for PWDs proposed by respondents. 18 Out of 80 participants did not respond. The results of the rest 72 respondents are categorized into 5 sessions based on the answers. 15 respondents highlighted on activities such as awareness, dissemination session and health education on rehabilitation services that focus on increasing knowledge and sharing information about available services. Another 13 stated that the importance of direct service delivery such as outreach, mobile and home visit closer to the communities to improve access. Improving collaboration between different actors to deliver better services is also common, according to the 25% of respondents. The other 8.75% of respondents highlighted on food, transport, medical and assistive devices support to overcome financial barriers and mobility challenges. The rest 8.75% pointed on the capacity building training for staff and volunteers, strengthening service systems, Monitoring & Evaluation (M&E) and ensuring quality respectively.

Table 4.30 Financial status of organizations

Analysis on financial status of organization	Yes		No	
	Respondent	%	Respondent	%
Does your organization have enough funding to sustain and expand rehabilitation services in your area?	20	25	60	75

Source: Survey Data (2025)

The table shows that only 20 out of 80 respondents (25%) reported having sufficient funding to sustain and expand rehabilitation services in their area, while the majority 60 respondents (75%) indicated a lack of adequate funding. This highlights a significant challenge faced by organizations in continuing and expanding rehabilitation services for persons with disabilities in Kayin state.

4.4.3 Challenges in rehabilitation services delivery

To evaluate the challenges encounter by the service providers to provide the rehabilitation services, questionnaires were prepared that are interrelated each other such as challenges for providing service at the centre level, field level and coordination issue with the related authorities. The results were shown in following tables.

Table 4.31 Challenges facing in providing rehab services

Description	Category	Frequency	Percentage
What are the biggest challenges you face in providing rehabilitation services?	Funding and financial constraints	63	78.8
	Shortage of skilled personnel/ trained professionals	47	58.8
	Inadequate facilities, assistive devices and equipment	39	48.8
	Limited accessibility to remote/conflict-affected areas	70	87.5
	Transportation issues for service users	54	67.5
	Limited community awareness about rehabilitation services	46	57.5
	Coordination issues with government/other organizations	29	36.3
	Policy and regulatory barriers	29	36.3
Lack of monitoring and evaluation systems	15	18.8	

Source: Survey Data (2025)

The table shows limited accessibility to access remote or conflict affected area is the biggest issues faced by most of the service providers representing (87.5%) due to political and geographical situation of our country. The second important issue is funding mentioning (78.8%) as most of the rehabilitation services are provided by international, non-government organizations, red cross and other stakeholder with free of charges or little cost services. According to (67.5%) of the respondents, transportation issues for service users is also significant challenges and followed by shortage of skilled personnel/ trained professionals and limited community awareness about rehabilitation services with the amount of (58.8%) and (57.5%) respectively. Lastly, 15 respondents (18.8%) describe the lack of monitoring and evaluation systems is needed to be considered.

Table:4.32 Challenges facing to reach PWDs in rural or conflict affected area

Description	Category	Frequency	Percentage
What challenges do you face in reaching persons with disabilities in rural or conflict-affected areas?	Financial and logistical limitations	52	65.0
	Safety and Security Concerns	77	96.3
	Communication Barriers (telephone line, local language)	65	81.3
	Weak data and referral system	42	52.5
	Poor infrastructure and accessibility	39	48.8
	No response	1	1.3

Source: Survey Data (2025)

The table reported the main challenges of organizations in providing rehabilitation services to persons with disabilities include safety and security concerns (96.3%), communication barriers such as unreliable telephone lines and local language issues (81.3%), and financial and logistical limitations (65.0%). Additionally, over half of the respondents mentioned weak data and referral systems (52.5%), while nearly half reported poor infrastructure and accessibility (48.8%). Only one respondent (1.3%) did not present any answer. These findings highlight the many barriers that delay effective service delivery in Kayin state.

Table 4.33 Impact on the quality of services

Particular	Mean	S.D
Challenges that affect the quality of rehabilitation services that provides	3.69	1.03

Source: Survey Data (2025)

In response to the question, "To what extent do these challenges affect the quality of rehabilitation services you provide?", the analysis of 80 respondents reveals a mean score of 3.69 with a standard deviation of 1.03. This result indicates that, on average, rehabilitation service providers perceive the challenges they face as having a moderate to significant impact on the quality of services they are able to deliver. There is a general agreement that the quality of rehabilitation services is notably influenced by the existing challenges.

Table: 4.34 Issues in coordinating with government departments/ local authorities

Description	Frequency	%
Do you experience inconveniencies in coordinating with government departments/local authorities regarding your work?		
Yes	42	52.5
No	38	47.5
If yes, what are the main issues?		
Delays and Approvals	8	25.0
Access Limitations & Travel Restrictions	6	18.8
Weak Communication & Coordination	5	15.6
Administrative & Policy Barriers	4	12.5
Capacity & Systemic Constraints	4	12.5
Incomplete Response	5	15.6

Source: Survey Data (2025)

Regarding experience in coordinating with government departments or local authorities for related work activities, more than half of the respondents (52.5%) described they have some inconveniences while the rest (47.5%) said no difficulties. For those who said yes, 32 responses collected and the table showed the results. 8 out of 32 respondents (25%) highlighted they have difficulties to get approval such as needs a lot of documents to submit, waiting for long or not receiving approvals. Another (15.6%) pointed out weak communication and coordination with local authorities. 18 Out of 80 participants did not respond. Moreover, 4 respondents said that it was difficult to reach villages due to restricted

areas and travel restriction especially mixed control areas. Furthermore, another 12.5% described the procedure and policy related issue such as permission for service provision, barriers on process etc. The rest result of (15.6%) were incomplete and did not consider in the list.

4.4.4 Recommendations and Future Improvements to improve rehab services

For improvement of rehabilitation services in Kayin state, the analysis on policy changes, recommendation and improvements were evaluated in the following session as shown in tables.

Table 4:35 Analysis on support needed to improve services

Description	Category	No. of Respondents	Percentage
What support do you think is needed to improve rehabilitation services?	Increased funding from government/INGOs	69	86.3
	More training programs for rehabilitation professionals	58	72.5
	Improved infrastructure and facilities	59	73.8
	Public awareness campaigns on rehabilitation services	67	83.8
	Better integration of rehabilitation into primary healthcare	58	72.5
	Strengthened referral and follow-up systems	55	68.8
	National level awareness on rehabilitation	1	1.3
	Strengthen social service system for longer term sustainability	1	1.3
	Opening social support training courses for persons with disabilities.	1	1.3

Source: Survey Data (2025)

Among the 80 respondents, the majority emphasized the need for increased funding from the government and INGOs (86.3%) and public awareness campaigns (83.8%) to improve rehabilitation services. Other key support areas identified included improved infrastructure and facilities (73.8%), more training programs for rehabilitation professionals (72.5%), better integration of rehabilitation into primary healthcare (72.5%), and strengthened referral and follow-up systems (68.8%). A few respondents also highlighted the need for national-level awareness, stronger social service systems, and social support

training courses for persons with disabilities, although these were less frequently mentioned (1.3% each).

Table 4.36 Policies or system changes that help to improve rehab service delivery

Description	Thematic Area	No. of Respondents	%
What policies or system changes would help service providers deliver better rehabilitation services?	Policy Reform & Political Will	16	34.78
	Service Expansion & reinforce system for more accessibility to services (Mobile outreach, home visit etc.)	21	45.65
	Human Resources & Capacity Building	19	41.30
	Infrastructure & Equipment (Facilities, Internet, Devices)	13	28.26
	Financial Support	12	26.09
	Coordination & Multisectoral Collaboration	14	30.43
	Public Awareness & Inclusion (Community Education, Rights)	15	32.61
	Legal Frameworks (Disability Rights Laws, SOPs, Regulations)	9	19.57
	Monitoring, Quality & Accountability	6	13.04

Source: Survey Data (2025)

To improve the delivery of rehabilitation services, respondents identified several key policy and system changes. The most commonly suggested area was Service Expansion and Accessibility (45.65%), highlighting the need for mobile services and rural or remote outreach. This was followed by Human Resources and Capacity Building (41.30%), emphasizing the importance of trained rehabilitation professionals and to increase the availability. Policy Reform and Political Will (34.78%) highlighted the strengthening of government commitment and policy frameworks. To promote inclusive service delivery and to increase disability rights, inclusive practices in communities and to reduce stigma, (32.61%) stated the Public Awareness and Inclusion. Coordination and Multisectoral Collaboration (30.43%) were also seen as important for enhancing cooperation across health, education, and social sectors to create an enabling environment for service provision.

Other priorities included improving Infrastructure and Equipment (28.26%) including internet access and necessary facilities , ensuring adequate funding and reducing financial barriers were reported by (26.09%).The establishment and enforcement of Legal Frameworks related to disability rights and service standards were followed by (19.57%), and to developing systems to track and improve service standards strengthening were pointed as Monitoring, Quality, and Accountability mechanisms by (13.04%) of respondents.

These findings highlight the need for a comprehensive and dynamic approach that addresses policy development, infrastructure improvements, human resources, and community engagement to ensure sustainable enhancement of rehabilitation service delivery in Kayin state.

Table 4.37 Respondents’ feeling on cooperation and coordination

Particulars	Mean	S.D
Respondents’ feeling on cooperation and coordination among service providers	3.49	0.84

Source: Survey Data (2025)

The table presents respondents’ perceptions of cooperation and coordination among service providers, with a mean score of 3.49 and a standard deviation of 0.84. This suggests that, on average, respondents rated the level of cooperation and coordination between service providers as slightly above moderate. The moderate standard deviation indicates some variation in responses, but not wide dispersion, reflecting a generally collaboration is seen in a positive light, there remains room for improvement in achieving stronger coordination among service providers.

Table 4.38 Recommendations for improvement

Description	Thematic Area	Frequency	%
What are your recommendations for improving rehabilitation services for persons with disabilities in Myanmar?	Awareness & Community Engagement	30	40.5
	Service Delivery & Accessibility	26	35.2
	Human Resources & Technical Capacity	19	25.7
	Policy, Rights & Governance	23	31.2
	Finance & Infrastructure	18	24.3
	Coordination & Data Systems	16	21.6

Source: Survey Data (2025)

Total 74 respondents provided their recommendation for improving of service deliveries for PWDs not only in Kayin State but also in Myanmar. The highest priority area is Awareness & Community Engagement (40.5%), indicating the need to raise public understanding and involve communities more actively. Service Delivery & Accessibility (35.2%) also ranks high, emphasizing the importance of reaching to vulnerable populations who are really in needs of rehabilitation services. Policy, Rights & Governance (31.1%) reflect ongoing needs for strong policy frameworks to strengthen disability rights, social protection, for all-inclusive society.

Human Resources & Technical Capacity (25.7%) indicate the role of skillful professionals and technical expertise in rehabilitation field to provide the quality of services for PWDs. Finance & Infrastructure also remain important, though slightly lower in prioritization as most of the rehab services rely on international donors and organization that is a high risk for long term sustainability. Coordination among government, implementing partners and OPD also under consideration presenting (21.6%) of respondents in addition the importance of Data Systems to analyze the needs and further intervention for PWDs.

As a final point for service providers, an open-ended question was included to gather additional comments and suggestions. A total of 21 respondents provided their input, which has been categorized and summarized in the table below.

Table 4. 39 Additional comments or suggestion

Description	Category	Frequency	%
Any additional comments or suggestions?	Education, vocational training & Livelihood Opportunities for PWDs	4	19.0
	Outreach Services, funding & Accessibility of services	6	28.6
	Participation, Representation & Policy strengthening for disability rights	4	19.0
	Emergency Response & Future Preparedness	3	14.3
	Availability and appropriateness of Assistive Devices & Equipment	2	9.5
	Information, dissemination and awareness for Service information	2	9.5

Source: Survey Data (2025)

A total of 21 respondents provided additional comments and suggestions. The majority focused on the need to strengthen rehabilitation services and accessibility (28.6%), emphasizing the importance of community-based rehabilitation services, increased funding, and outreach to conflict-affected areas. Around 19.0% of respondents highlighted the need for education and livelihood opportunities, such as inclusive education, vocational training, and financial support. An equal share (19.0%) also stressed policy improvement and active participation of persons with disabilities (PWDs) and their representative organizations in planning and implementation processes. Emergency response and preparedness was raised by 14.3%, reflecting concerns about the increasing number of PWDs due to armed conflict and natural disasters. Other areas of concern included the availability and suitability of service provision including assistive devices (9.5%), and the need to improve information dissemination and service accessibility (9.5%), ensuring PWDs are aware of and can access the services they need.

CHAPTER V

CONCLUSION

5.1 Findings

The survey focuses on the issues and challenges faced by persons with disabilities to access physical rehabilitation services in Kayin state and the questionnaires were arranged for both PWDs and service providers and organizations who provide services to PWDs. According to the survey result of PWDs, most of the respondents are male representing (69.3%). The maximum age groups was from 45 to 64, representing 39.5% of total 225. In terms of education, the highest number of respondents are primary level (46.7%) and followed by the middle school level at (28.0%). The graduate was significantly low with 3.1%. It expressed the PWDs had limited education access compared to people without disabilities.

With regard to occupation, the casual labour are the highest groups of respondents (37.8%) of total 225 respondents, followed by dependent (17.3%). PWDs who can run own business was low rate with (7.1%). Compared to the occupation condition of the PWDs who has received rehabilitation service and who has not, it was found out more casual labor and dependent in the second group.

As per survey result, the majority reason on cause of disabilities is conflict related cases (43.1%) and followed by accident/injury (22.7%). In addition, the duration with disability under 5 year is highest group representing (39.6%). It was revealed that the disability causes by conflict related incidents and accidents were higher during these years.

Regarding service provision, most of the service providers are INGOs/NGOs and Red Cross society, stated by 76% of total respondents and most received the service free of charge. Most of the organization are providing services more than 10 years. The study found that service providers play a crucial role by delivering long-term, free services to persons with disabilities. However, most of the available services are urban and cities particularly in Hpa-an township. Myawady, Pharpon and Kyainseikgyi have the least access to services. On the other hand, as the disability is cross cutting issue that should be integrated into all

aspects of humanitarian efforts, the service providers are addressing to fill the gap by providing the referral service through the established network.

Regarding access to service provision, the first group (those who had received services) reported that although they had accessed services, they did not visit the centers or organizations regularly due to security concerns and financial difficulties. The same challenges were reported by the second group, who had not received services. In addition, the limitation to get the information about available services was one of the most issues for the second group to access services. Both groups pointed out to provide mobile services and home visit especially in conflict affected areas, to provide reasonable accommodation and infrastructure, promoting awareness on disabilities and rehabilitation services. Moreover, they insisted government support on disability related issues in terms of disability rights, better access to education and employment opportunities, social benefit including disability grants.

To address the challenges faced by persons with disabilities (PWDs), most respondents identified donor organizations as participating the leading role, followed by their own individual responsibilities, with the government rated third. This highlights the prominent role of donor organizations in providing rehabilitation services and indicates a lack of strong trust in government support.

In terms of impact on services, the first group expressed the rehab service make changes their lives such as improvement of mobility, increased independency and better access to education and employment opportunities and more social inclusion. On the other hand, the second group faced negative impact because of without receiving services. In addition, few respondents pointed out limitation to access necessary services for other types of disabilities such as seeing and hearing.

Regarding the challenges in delivering services, the service providers expressed the demands of services are increasing significantly stated by 97.5% of total service providers though their monthly capacity to offer service is less than 50 PWDs, which was 51.2% of total 80 respondents. The challenges included not enough rehab professions to provide necessary services, funding issues for long term sustainability mentioning by the majority of respondents (75%) on lack of adequate funding, limited accessibility to provide services in remote and conflict affected areas, coordination issues with related local authorities to get approval for service provision. Some measures to overcome these challenges included promoting greater awareness of rehabilitation services, conducting outreach and home visits

to reach the community level, and coordinating among partners, including OPDs, to strengthen referral networks.

5.2 Suggestions and Recommendations

According to the findings and analysis on this survey, the PWDs in Kayin state face several challenges that hinder to receive the necessary services. However, the role of service providers also crucial to fill the huge gaps of service needs, with free of charges services. It is still many PWDs who did not aware on rehabilitation service that showed the proper dissemination and awareness program from both implementing partners and government.

To address the challenges, according to the findings, the alternative service provisions in remote and conflict affected areas is vital as most of PWDs concerns on the security issues on the way to access services places. To provide reasonable accommodation and barrier free infrastructure for PWDs also to handle in priority. To offer better services for the PWDs, the coordination and cooperation among partners and government are mandatory part that needs to strengthen by both parties.

According to the findings, data collection and record-keeping related to disabilities are weak and incomplete. It is challenging to obtain accurate and reliable data. It is recommended establishing comprehensive database set up with proper management system and standardized procedure. This will make sure the availability of accurate data on PWDs and to identify their needs effectively.

The funding issues also need taking into account as most of the service providers including OPDs are rely on international organizations and donors that obstruct long term sustainability on service provision. It is recommended to strengthen the role of government in disability issues by providing budget allocation on assistive devices, disability rights and benefits. One of the most important highlights raised by both PWDs and Serve providers is strengthening the disability rights, reinforcing laws and policy for better access of education, occupation, vocational and livelihood opportunities and essential social needs.

By advocating these issues to all stakeholder including government departments, local authorities, and EAO the community's awareness of disability issues will increase, leading to improved conditions for persons with disabilities in Kayin State and greater inclusion in society. Moreover, the increased advocacy by implementing partners to the local governments and EAOs were recommended to improve accessibility to the conflict affected areas and for better understanding on the needs of rehabilitation services and ensuring more effective support.

Additionally, according to the findings, the developing of local OPDs in each and every township of Kayin state with the support of government and MFPD is suggested for better action for the benefit of PWDs.

REFERENCES

AAR Japan 2020 Annual report

Abdi, K., Arab, M., Khankeh, H., Kamali, M., Rashidian, A., Farahani, F., & Shemshadi, H. (2016). Challenges in Providing Rehabilitation Services for People with Disabilities in Iran: A Qualitative Study. *British Journal of Medicine and Medical Research*, 13(4), 1–11. <https://doi.org/10.9734/bjmmr/2016/23337>

AGENDA Asia. (2024, June 29). *Advancing disability rights in ASEAN: A closer look at the mid-term review process*. <https://www.agendaasia.org>

ASEAN Publication: Bali Declaration on The Enhancement of The Role and Participation of The Persons with Disabilities in ASEAN Community and Mobilisation Framework of the ASEAN Decade of Person with Disabilities (2011 – 2020)

ASIA, A. (2024, June 29). *Advancing Disability Rights in ASEAN: A Closer Look at the Mid-Term Review Process*. AGENDA - General Election Network for Disability Access. <https://www.agendaasia.org/advancing-disability-rights-in-asean-a-closer-look-at-the-mid-term-review-process/>

Aung Kaung Myat (2020), A Study On The Challenges Of Disabled Workers (Case Study: Physical Disabled Workers in Hlaing Tharyar Township and South Dagon Township), Master Of Development Studies Programme, YUE

Aye Lei Tun (2016), “Experiences And Expectations Of Interpersonal Relationships: Women With Impairment In Myanmar”

Committee on the Rights of Persons with Disabilities Submitted by : Myanmar Federation of Persons with Disabilities and Myanmar Disabled People Organizations DPOs Report Reflecting on the State Implementation of UNCRPD Initial Report The Republic of the Union of Myanmar. (n.d.). Retrieved July 22, 2025, from <https://mili.org.mm/wp-content/uploads/2018/10/Myanmar-crpd-shadow-report-1.pdf>

Constitution of the Republic of the Union of Myanmar (2008). Ministry of Information. <https://www.burmalibrary.org/en/constitution-of-the-republic-of-the-union-of-myanmar-2008>

Crosta, N., Ajmone Marsan, G., & Maulidina Sabrina, L. (2023, November 16). *Inclusion for All: Why people with disability matter for the ASEAN digital economy*. SEADS. Retrieved July 19, 2025, from <https://seads.adb.org/articles/inclusion-all-why-people-disability-matter-asean-digital-economy>

- Disability inclusion strategy for the Humanitarian Response in Myanmar - Myanmar. (2024, December 13). ReliefWeb. <https://reliefweb.int/report/myanmar/disability-inclusion-strategy-humanitarian-response-myanmar>
- Fernando, D. L., Galpaya, H., Hurulle, G., & Mobley, C. (2023). Disability and Place of Living: Experiences of Disability, Accessibility, and Inequality in Four Regions of Myanmar. *SSRN Electronic Journal*. <https://doi.org/10.2139/ssrn.4336570>
- Handicap International. (2018). *Myanmar Projects* [PDF]. Handicap-International Deutschland. Retrieved July 19, 2025, from https://www.handicap-international.de/sn_uploads/country/Handicap-International-Myanmar-Projects.pdf
- Handicap International. (n.d.). *Myanmar*. HI – Handicap International. Retrieved July 19, 2025, from <https://www.hi.org/en/country/myanmar>
- Helpful Professor. (2025). *Socioeconomic status examples (top influencing factors)*. <https://helpfulprofessor.com/socioeconomic-status-examples/>
- Hosseinpoor, A. R., Stewart Williams, J. A., Gautam, J., Posarac, A., Officer, A., Verdes, E., Kostanjsek, N., & Chatterji, S. (2013). Socioeconomic Inequality in Disability Among Adults: A Multicountry Study Using the World Health Survey. *American Journal of Public Health*, *103*(7), 1278–1286. <https://doi.org/10.2105/ajph.2012.301115>
- Humanity & Inclusion. (n.d.). *Myanmar*. <https://www.hi.org/en/country/myanmar>
- International Committee of the Red Cross. (2023). *ICRC annual report 2023* <https://www.icrc.org/en/report/icrc-annual-report-2023>
- International Committee of the Red Cross. (2023, June 19). *Myanmar: New centre brings physical rehabilitation services to northern Myanmar*. ICRC Newsroom. <https://www.icrcnewsroom.org/story/en/228/myanmar-new-centre-brings-physical-rehabilitation-services-to-northern-myanmar>
- International Committee of the Red Cross. (2024). *Myanmar: Operational facts and figures, January–December 2024*. <https://www.icrc.org/en/report/myanmar-operational-facts-figures-jan-dec-2024>
- International Committee of the Red Cross. (2024). *Myanmar: PRP Annual Report*
- Julien Zwang. Persons with Disabilities in Rakhine State, Myanmar, a Needs Assessment Study. 2016. hal-01509366
- Kumar, S. G., Roy, G., & Kar, S. S. (2012). Disability and Rehabilitation Services in India: Issues and Challenges. *Journal of Family Medicine and Primary Care*, *1*(1), 69–73. <https://doi.org/10.4103/2249-4863.94458>

Mar Lar Soe, (2019), A Study On Socio-Economic Situation Of Landmine Victims In Kayah State, EMDevS, Department of Economics: Yangon University of Economics.

Measuring access to assistive technology using the rapid Assistive Technology Assessment (rATA) Global Deployment Plan. (n.d.). Retrieved January 23, 2025, from <https://www.who.int/docs/default-source/assistive-technology-2/rata-master-training/20201027-global-deployment-plan-final.pdf>

Mlenzana, N. B., Frantz, J. M., Rhoda, A. J., & Eide, A. H. (2013). Barriers to and facilitators of rehabilitation services for people with physical disabilities: A systematic review. *African Journal of Disability*, 2(1). <https://doi.org/10.4102/ajod.v2i1.22>

Myanmar Information Management Unit (MIMU). (2021, August). Disability in Myanmar (2014–2019): A MIMU analytical brief. <https://themimu.info>

Myanmar International TV. (2022, May 10). *Efforts for disabled: 5-year strategy introduced for rights of disabled*. <https://www.myanmaritv.com/news/efforts-disabled-5-year-strategy-introduced-rights-disabled>

National Committee on the Rights of Persons with Disabilities, Annual Report 2023

Naw Hmwe Hmwe Tun. (2014). A Study on Rehabilitation Services for Persons with Disabilities in National Rehabilitation Hospital. EMDevS Thesis (Unpublished), Department of Economics: Yangon University of Economics.

New Ni Win (2023). “Employment status of disable persons in Myanmar”, Master of Economics (Statistics), Yangon University of Economics.

Pyidaungsu Hluttaw Law No. 41/2014 - National Education Law

The Impact of physical rehabilitation on the lives of persons with physical impairments in Myanmar: Research Report. (2017). <https://www.lshtm.ac.uk/media/23466>

The Rights of Persons with Disabilities Law (2015) https://myanmar-law-library.org/IMG/pdf/rights_of_the_persons_with_disabilities_law_2015_.pdf

The Washington Group on Disability Statistics. (2025). Washingtongroup-Disability.com. <https://www.washingtongroup-disability.com/about/definition-of-disability>

Turcotte, M. (n.d.). *Insights on Canadian Society Persons with disabilities and employment*. <https://www150.statcan.gc.ca/n1/pub/75-006-x/2014001/article/14115-eng.pdf>

UNESCO, CDRI (2024). Information Needs Assessment for Persons with Disabilities in Cambodia. Phnom Penh

- United Nations. (2006). *United nations convention on the rights of persons with disabilities*.
https://www.un.org/disabilities/documents/convention/convention_accessible.pdf
- United Nations Development Programme. (n.d.). *Programme to promote disability inclusion (PPDI)*. UNDP Cambodia. <https://www.undp.org/cambodia/projects/programme-promote-disability-inclusion-ppdi>
- United Nations Population Fund (UNFPA) Lao PDR. (2020, December 16). *Towards better inclusion of people with disability rights in Lao PDR*. UNFPA Lao PDR. <https://lao.unfpa.org/en/news/towards-better-inclusion-people-disability-rights-lao-pdr>
- WHO, Community-Based Rehabilitation (<https://iris.who.int/bitstream/handle/10665/279966/WPR-2017-DNH-005-factsheet-03-cbr-eng.pdf?sequence=4>)
- Wikipedia Contributors. (2019, March 20). *Disability*. Wikipedia; Wikimedia Foundation. <https://en.wikipedia.org/wiki/Disability>
- World Health Organization. (2023, May 5). *Rehabilitation*. <https://www.who.int/news-room/fact-sheets/detail/rehabilitation>
- World Health Organization. (2024, January 2). *Assistive Technology*. Who.int; World Health Organization: WHO <https://www.who.int/news-room/fact-sheets/detail/assistive-technology>
- World Physiotherapy. (2024). *Myanmar: Country report 2024*. <https://world.physio/sites/default/files/2025-04/AMC2024-Myanmar.pdf>
- World Social Protection Report (2020-2022)

APPENDICES

APPENDICE 1: Survey Questions for Service Providers

Survey Title: Accessibility and Impact of Physical Rehabilitation Services for Persons with Disabilities in Kayin State

Thank you for participating in this study. Your responses will help improve rehabilitation services for persons with disabilities. These questions are intended to be answered by service providers in order to know the issues and challenges faced by service provision in Kayin state. All of your information will be kept confidential.

Section A: General Information

1. Name of Organization (Optional):

2. Gender Male Female

3. Type of Organization/Institution:

DPOs

INGOs/ UNs

Private

NGOs/CSOs/ CBOs

Government Departments

Red Cross

Ethic Health Organization (EHO)

Others (please specify: _____)

4. Areas (s) of operation in Myanmar: (Please tick all that apply)

Kayin

Kayah

Mon

Tanintharyi

Eastern Bago

Yangon

All states/ regions

Others (please specify: _____)

5. Areas (s) of operation in Kayin State: (Please tick all that apply)

Hpa-an

Hlaing Bwe

Kawkareik

Kyain-Seikyi

Pharpon

Myawady

Thandaunggyi

All townships

Border area

6. Type of Service your organization Provided (Please tick all services your organization provided under the relevant categories below)

Education & Empowerment (Education, Livelihood, vocational training, disability rights movement)

Rehabilitation & Health Services (Physical Rehabilitation Services, Assistive Devices, Community-Based Rehabilitation (CBR),Health,Mental Health & Psychosocial Support (Mhps))

Protection & Legal Support (Gender-Based Violence (GBV) and Child Protection , Legal Support)

Support Systems (Referral Services, Social Welfare ,financial support, community support, disability grants)

Other (please specify): _____

7. Your profession in your organization:(please tick only one)

Management & Administration

- Top Management (Board of Directors, Executive Committee)
- Middle Management (Manager, Coordinator)
- Admin / HR / Finance / Logistics

Health & Rehabilitation Professionals

- Physiotherapist
- Prosthetist & Orthotist
- MHPSS / Social Worker
- Other health professional (e.g Doctor / Nurse)

Field & Community-Level Staff

- Field Staff
- Volunteer

Other (please specify): _____

8. How long have your organization been providing services to persons with disabilities?

- Less than 1 year
- 1-5 years
- 5-10 years
- Above 10 years

Section B: Accessibility and Demand for Services

9. How many persons with disabilities do your organization serve in a month?

- Less than 50
- between50-100
- 101-200
- More than 200

10. Is the demand for rehabilitation services increasing? Yes No

If yes, what factors contribute to the increased demand? (Please tick all that apply)

Aging population

Rising Prevalence of Non-Communicable Diseases (NCDs) e.g Diabetes, Hypertension

Increase Public Awareness on rehabilitation

Injuries from Conflicts, Disasters, and Accidents

Shortage of Trained Personnel and Infrastructure

Others (please specify _____)

- Communication Barriers (telephone line, local language)
- Weak data and referral system
- Poor infrastructure and accessibility
- Other (please specify: _____)

16. "To what extent do these challenges affect the quality of rehabilitation services you provide?" (Please select one option below) (5 points Likert's Scale)

- 1: Not at all 2: Slightly 3: Moderately
- 4: Significantly 5: Extremely

17. Do you experience inconveniencies in coordinating with government departments/local authorities regarding your work?

- Yes No

If yes, what are the main issues? (e.g., *delays in approvals*) _____

Section D: Recommendations for Future Improvements

18. What support do you think is needed to improve rehabilitation services? (Please tick all that apply)

- Increased funding from government/INGOs
- More training programs for rehabilitation professionals
- Improved infrastructure and facilities
- Public awareness campaigns on rehabilitation services
- Better integration of rehabilitation into primary healthcare
- Strengthened referral and follow-up systems
- Other (Specify: _____)

19. What policies or system changes would help service providers deliver better rehabilitation services?

20. How do you feel about the cooperation and coordination among service providers in your area? (Please select one option below)

- Very poor Poor Fair
- Good Excellent

21. What are your recommendations for improving rehabilitation services for persons with disabilities in Myanmar?

22. Any additional comments or suggestions?

End of Survey – Thank You for Your Participation!

APPENDICE 2

Survey Title: Accessibility, Challenges and Impact of Rehabilitation Services for Persons with Disabilities in Kayin State

Thank you for participating in the study on the availability, challenges, and impact of rehabilitation services for persons with disabilities in Kayin State.

These questions are intended to be answered by persons with physical disabilities and their family members. Your responses will help improve and strengthen physical rehabilitation services. All of your information will be kept confidential.

Section A: Personal Information

1. Name (Optional): _____
2. Age: _____
3. Gender: Male Female Other
4. Marital Status: Single Married Divorced Widow/Widower
5. Village/ Ward: _____ Village Tract: : _____
6. Township: _____
7. Education Level: No schooling Primary level Middle level High school graduate Post graduation Other
8. Occupation Farmer/Fisherman/Gardening Government employee Own business Work abroad Casual labor Student Others (Specify: _____)
9. Type of Disability: Physical (walking/climbing steps) Seeing Hearing Cognitive Communication Self-Care
10. Cause of Disability:
 - Congenital (from birth)
 - Disease/illness (Diabetes, gangrene, stroke)
 - Accident/injury
 - Conflict-related injury
 - Aging-related condition
 - Other (please specify)

11. How long have you been living with your disability?

- Since birth
- Less than 5 years
- Between 5 and 10 years
- 10 years and above

Section B: Awareness and Access to Rehabilitation Services

12. Are you aware of rehabilitation services in your State/area/ township? Yes No

13. If yes, how do you know about the service?

- community members
- peer groups
- Organization of Persons with Disabilities (OPDs)
- NGOs, INGOs
- Government Department
- Other (Specify: _____)

14. Have you received any rehabilitation or assistive services? Yes No

o If yes, which services? (Check all that apply)

- Prostheses, Orthoses

- Physiotherapy
- Occupational therapy
- Assistive devices (e.g., wheelchairs, crutches, walking frame)
- Other referral services (e.g hospital)

- Vocational training/ Livelihood opportunity (hair dressing, tailoring, machine maintenance services etc.)
- Other (Specify: _____)

15. Where do you get your services? (For the persons who have received rehabilitation services)

- Red Cross
- INGOs/NGOs
- Organization of Persons with Disabilities (DPOs)
- Ethic Health Organizations (EHOs)
- Government Institution
- Other (Specify: _____)

16. When did you receive the present services?

Under 6 months between 6 m to 1 yr between 1 to 3 yr 3 yrs and above

17. The expenses of your services you received is? Costly Low cost Free of charge

18. Do you regularly visit to the rehabilitation centre for your follow up services?

Yes No

(18.a) If yes, how many times do you visit? (please choose one)

every 6 months once a year whenever need of service other (please specify

(18.b) If No, what are the reasons? (please check all that apply)

Travel cost is too expensive

The location is too far

Unable to make time to travel/ not enough time/ busy with others jobs

There are community repairmen services available near my area

Community-Based Rehabilitation (CBR) services are available near my area

No one can accompany me (for those who cannot travel alone)

Others (please specify: _____)

19. How do you feel about the quality and usefulness of the assistive devices you use (e.g., prostheses, orthoses, crutches, walking aids, etc.)?

Very dissatisfied Dissatisfied Neither Satisfied nor Dissatisfied Satisfied

Very Satisfied

Section C: Impact of Rehabilitation Services (*For those who received services*)

20. How have rehabilitation services improved your daily life?

Improved mobility

Increased independence

Better access to education

Better employment opportunities

Other (Specify: _____)

21. **Compared to your abilities before receiving rehabilitation services, how would you rate your current abilities after receiving the services?**

Please rate each item below using the following scale:

1 – Much Worse

2 – Somewhat Worse

3 – No Change

4 – Somewhat Improved

5 – Much Improved

22. How often do you participate in social activities after receiving of services?

Never Rarely Sometimes Often Very Often

23. How long have to wait to get services? Less than 3 months Between 3 and 6 months one year Between 1 and 3 year 3 year and above

24. Did you experience any difficulties during the period of receiving the services?

Yes No

If yes, pleas describe:(choose the suitable ones)

Difficulty with accommodation/food

Difficulty understanding the instructions given by the service providers

Poor health or lack of strength to perform the required exercises

Difficulty complying with the rules/regulations of the service provider or organization

Others (please specify: _____)

Section D: Challenges for Those Without Services (*For those who haven't received services*)

25. **What was the reason you did not receive the service?**

Lack of awareness or knowledge about the service

The cost is too high

Transportation difficulties in reaching the service location

No community-based rehabilitation services available in my area

Safety and security concerns during travel

Personal unwillingness to receive service or reluctance to go outside

Others (please specify: _____)

26. What kind of difficulties do you face in your daily life due to not receiving the service?

Difficulty with mobility

Difficulty in getting employment

Difficulty in accessing education

Dependence on others

No significant difficulties

Others (please specify: _____)

27. **What are the main barriers that prevent you from accessing the services?**
- High service cost
 - No service-providing organizations nearby
 - Limited access to necessary information
 - Face challenges in accessing rehab services for persons with disabilities living in remote or conflict-affected areas
 - Social stigma or discrimination
 - Others (please specify: _____)

28. **What kind of support do you need to actually access the services?**
- Expansion of community-based rehabilitation (CBR) services
 - Financial support related to the services (e.g., travel costs, service fees)
 - Transportation arrangement
 - Home-based or mobile service delivery
 - Strengthen referral systems to service-providing locations
 - Sharing of information/knowledge about the services
 - Others (please specify: _____)

Section E: Recommendation for Improvements

29. In your opinion, who should take the main responsibility for addressing the challenges in accessing rehabilitation services? (Select only one)
- Government
 - Donor Organizations/ INGOs
 - DPOs
 - Community
 - Yourself
 - Other (Please specify _____)

30. **What recommendations would you like to give to the government or donor organizations to improve rehabilitation services? (Please select the appropriate options)**
- Increase government budget allocation for rehabilitation (e.g., funding, skilled staff, basic infrastructure, assistive devices, etc.)
 - Provide more capacity-building training programs for rehabilitation service providers
 - Strengthen disability-related policies and legal frameworks
 - Improve transportation systems, infrastructure, and equipment to be more accessible for persons with disabilities
 - Integrate rehabilitation services into the basic health care system

Ensure the participation of persons with disabilities and listen to their voices in implementation and decision-making processes related to disability issues

Others (please specify: _____)

**31. Which factors could help improve your access to rehabilitation services?
(Please select the appropriate options)**

Expansion of rehabilitation services in nearby townships

Financial support for the services

Conducting awareness-raising activities and sharing information about rehabilitation services among the public

Strengthening necessary referral and follow-up care systems

Promoting disability awareness programs among the public

Providing home-based or mobile rehabilitation services in remote and conflict-affected areas

Others (please specify: _____)

32. Please share any other suggestions you have related to disability issues.

End of Survey – Thank You for Your Participation!