Leave no one behind

Community-driven urban development in Thailand

Nausica Castanas, Ploy Kasama Yamtree,
Batan Yoswadee Sonthichai
and Quentin Batréau

iied   Tar-Saeng

About the authors

Nausica Castanas, researcher, Tar-Saeng Studio, Bangkok.
Email: nausica.castanas@gmail.com

Ploy Kasama Yamtree, community architect, Tar-Saeng Studio.
Email: pyamtree@gmail.com

Batan Yoswadee Sonthichai, community architect, Tar-Saeng Studio.

Quentin Batréau, PhD student, Sciences Po, Centre de Recherches Internationales (CERI), Paris.

Produced by IIED's Human Settlements Group

The Human Settlements Group works to reduce poverty and improve health and housing conditions in the urban centres of Africa, Asia and Latin America. It seeks to combine this with promoting good governance and more ecologically sustainable patterns of urban development and rural-urban linkages.

About our partner

Tar-Saeng Studio is a community architecture studio that works with communities across Thailand to design low-cost products, interiors, architecture, public spaces, and community planning that are accessible to all, regardless of age or ability. Using participatory approaches, it creates space to address the needs of the elderly and people with disabilities, especially those living in poverty or on low-incomes. It aims to build urban resilience through inclusive design processes and to make universal design accessible to all in Thailand.

Acknowledgements

This paper examines community participation in housing projects for low-income communities in Thailand and how they have sought to 'leave no one behind'. Baan Mankong, the government slum upgrading programme, is unique in how it has institutionalised participation. Housing projects funded by international funders, community savings or small government subsidies also use participation in their design and implementation. Simultaneously, new concepts like universal design promote an inclusive experience, taking into account the needs of all community members, irrespective of age and ability. Six case studies are presented here, focusing on central and underprivileged homes in the programme, the renovation of homes for vulnerable people, and the design of communal spaces.

Contents

Acronyms and abbreviations

CODI	Community Organizations Development Institute
CSMBS	Civil Servant Medical Benefit Scheme
HSRI	Health Systems Research Institute
IHPPD	Institute of Health Promotion for People with Disability
JSDF	Japanese Social Development Fund
MDGs	Millennium Development Goals
SDGs	Sustainable Development Goals
SSS	Social Security Scheme
SUP	Community-Based Livelihood Support for the Urban Poor Project
THPF	Thai Health Promotion Foundation
UCDO	Urban Community Development Office
UCS	Universal Coverage Scheme

Summary

The Sustainable Development Goals (SDGs) and post-2015 agenda aim to eradicate poverty and 'leave no one behind'. Yet despite this worldwide commitment, no concrete action has been agreed on. Vulnerable populations in low-income urban settings – particularly those with disabilities, the elderly, the chronically poor and the chronically ill – are being left behind.

In the absence of sufficient state provisions targeting these vulnerable populations, community organisations have stepped in to ensure that these people are taken care of and ensure that no one is left behind. This working paper examines the role of community participation in housing projects for low-income communities in Thailand and how they have included provisions to leave no one behind in practice.

Community participation is at the heart of housing projects for low-income communities in Thailand. Baan Mankong, the government slum upgrading programme, is unique in how it has institutionalised participation. According to the Community Organizations Development Institute (CODI),

> *The program channels government funds, in the form of infrastructure subsidies and soft housing and land loans, directly to poor communities, which plan and carry out improvements to their housing, environment, basic services and tenure security and manage the budget themselves.*

The financing model of Baan Mankong, using soft loans and revolving funds together with community savings, allows poor people to negotiate and acquire land to live on, be it in their current location or at a new site (see Section 4). All loans are made at community level and need to be repaid within a maximum of 15 years. Housing projects funded from other sources – be it by international funders like the World Bank or small-scale projects targeting individual houses using community savings or small government subsidies – also use a similar level of participation in the design and implementation phases. Participation, in turn, has allowed community actors to step up to ensure that their most vulnerable members are included. In fact, they take it upon themselves to target and even fund projects that allow vulnerable people to improve their housing. Simultaneously, new design concepts like universal design – which is centred on broadening accessibility to the built environment – promote an inclusive experience to the built environment, where the needs of all community members, irrespective of age and ability, are taken into account, both in the design and the building process. The central tenant of the philosophy is to forgo the assumption that all users of a given object or space are alike – specifically young, able-bodied adults – and instead to design keeping in mind the whole range of diversity found among human beings. This helps to remove barriers in the interactions between abled-body adults, people with disabilities, older people and children, thus ensuring that the needs of all are included and preventing the segregation of certain groups.

Thailand has a number of provisions in place to provide for both people with disabilities and older people. There is an extensive legal framework guaranteeing the rights of these people, together with a subsidy scheme available to all people with a physical or mental disability, or anyone over the age of 60. Regarding healthcare, the Universal Coverage Scheme (commonly known as the 30-Baht Scheme) has allowed a growing fraction of the population to access healthcare.[1] Community processes, however, remain the cornerstone of the Thai healthcare system: an extensive network of health volunteers covers the entire country. These volunteers collect data on all community members and provide day-to-day care and advice for all those who need it.

This paper examines six projects in Thailand, focusing on central and underprivileged homes in the Baan Mankong programme, the renovation and repair of individual homes for vulnerable people, and the design of communal spaces using universal design:

• Saeng Mueng Mai is the newest Baan Mankong project in Nakhon Sawan. The inclusion of three underprivileged homes has allowed two people with disabilities and one chronically poor family to be included in the new community. Although the participants in these three cases could not participate in the project's community savings group, they were incorporated in the project by a deliberate effort.

---

[1] This health scheme aims to ensure equitable healthcare access for even the poorest citizens in Thailand. Participants can access registered health services for a flat fee of 30 baht per consultation. For those who fall into exemption categories, such as children under 12, those aged over 60 and the very poor, the services are free.

- Similarly, the Baan Mankong project in Bang Bua incorporated three central homes: the ground floor housed older people with no family, while the renters on the upper floors assisted them with their daily needs. These older people were already part of the community before the upgrading process, but would not have been able to be included in the project as they are unable to participate in the savings group. Their new homes have also ensured that their needs are catered to on a daily basis, thus guaranteeing they are not left behind.

- In the Baan Mankong community of Saeng Mook Da, community members use different sources of funding to repair and renovate the homes of older people, those with disabilities or the chronically poor. The funding often becomes available at the municipal level, and is then channelled through the community to reach those who need it most.

- In Gao Liew, funding from the Japanese Social Development Fund (JSDF) and the World Bank for post-flooding reconstruction following the 2011 floods was directed to the community through the municipality. This project targeted the chronically poor, as well as older people and those with disabilities. The project included participation at every level and not only brought about an improvement of these people's living conditions, but also allowed community members to gain new skills.

- In Tarn Nam Korn, universal design has been used to design a community park, which can be used by people of all ages and abilities. This project has not been realised yet as there is insufficient funding.

- In Rim Nam, the renovation of a walkway bordering the community has been completed using universal design. However, the execution of the project highlighted the problem of using a new design philosophy, as community builders disregarded many of the ideas stemming from the community workshops to impose their own vision.

In all these cases, communities have used information from mapping or surveys to target their most vulnerable populations. The cases also highlight important links between communities and the local government, as well as the level of cooperation between the local health volunteers, community leaders and community builders.

However, the need for sustainable government funding for these projects is paramount. The state has a responsibility to provide for those at risk of being left behind, irrespective of the safeguards already provided by community initiatives.

1

Introduction

Even as countries develop, some people are left behind. This is particularly true for those most vulnerable living in low-income urban settings, in particular people with disabilities, older people, the chronically poor, and the chronically ill. These vulnerable populations should be protected by the government, yet an estimated 15.5 per cent of the urban population of Thailand lives in slums (Bhatkal and Lucci, 2015). Even among these low-income urban populations, vulnerable groups are at a greater risk of being left behind, as they face more obstacles to employment, thus resulting in an increased risk of living in poverty.

The post-2015 Development Agenda marked a shift from the aspiration to halve world poverty to eradicating it in all its forms, while achieving sustainable development. Building on the progress made by the Millennium Development Goals (MDGs), there was a growing recognition that while progress was made, it was not necessarily reaching everyone in the same way. The concept of leaving no one behind was seen as one of the five transformative shifts necessary to achieve that target (UN, 2015a). The MDGs were criticised for being top-down, which was seen by many as the reason why marginalised people were not being reached, even though aggregate indicators on poverty showed a clear decrease in absolute terms (Abed, 2013).

The Sustainable Development Goals (SDGs) are the most ambitious attempt of their kind. A list of 17 goals, with an accompanying 169 targets, they broaden the scope of reach to make practical and achievable goals. With a target to eradicate poverty for everyone, the SDGs encompass the idea of leaving no one behind at their very core, specifically mentioning people with disabilities and older people in six goals and eight targets. The targets themselves illustrate the versatility necessary to achieve this new development agenda (Box 1).

While it is clear that older people and people with disabilities are targeted by the SDGs, no provisions have been put forward on how to do so. In the absence of guidelines, it is important to look at projects that already have an element of leaving no one behind, to draw lessons which can be replicated at the national and international level.

Friedman *et al.* (2013) pointed out that the post-2015 Agenda should have the imperative to include communities in the decision-making process. They stressed the importance of the input of different communities in guaranteeing that the policies put forward meet people's actual needs, tailored to different realities, where impact can be correctly measured. Moreover, by including communities in this process, there is an increase in trust between people and their local government, which can be held accountable, and an empowerment of communities who see that their contributions are valued.

Community participation has been the norm in Thailand both in healthcare provisions and housing. The experience of housing and slum upgrading in Thailand is a particularly powerful example of how participation ensures that no one is left behind by instilling a sense of responsibility within a community. This is reinforced by the introduction of universal design in various projects around the country, aiming to ensure that all users can benefit from the space in the same way. Through various case studies, we present different projects that have incorporated the needs of four vulnerable groups – older people, people with disabilities, the chronically ill and chronically poor – in housing projects aimed at low-income populations.

BOX 1. THE SDGS AND LEAVING NO ONE BEHIND

Goal 2: End hunger, achieve food security and improved nutrition and promote sustainable agriculture

2.2 By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and **older persons.**

Goal 4: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all

4.5 By 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including **persons with disabilities**, indigenous persons and children in vulnerable situations.

4.a Build and upgrade education facilities that are child, **disability** and gender sensitive and provide safe, non-violent, inclusive and effective learning environments for all.

Goal 8: Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all

8.5 By 2030, achieve full and productive employment and decent work for all women and men, including for young people and **persons with disabilities**, and equal pay for work of equal value.

Goal 10: Reduce inequality within and among countries

10.2 By 2030, empower and promote the social, economic and political inclusion of all, irrespective of age, sex, **disability**, race, ethnicity, origin, religion or economic or other status.

Goal 11: Make cities and human settlements inclusive, safe, resilient and sustainable

11.2 By 2030, provide access to safe, affordable, accessible and sustainable transport systems for all, improving road safety, notably by expanding public transport, with special attention to the needs of those in vulnerable situations, women, children, **persons with disabilities** and **older persons.**

11.7 By 2030, provide universal access to safe, inclusive and accessible, green and public spaces, in particular for women and children, **older persons** and **persons with disabilities**.

Goal 17: Strengthen the means of implementation and revitalise the global partnership for sustainable development

17.18 By 2020, enhance capacity-building support to developing countries, including for least developed countries and small island developing states, to increase significantly the availability of high-quality, timely and reliable data disaggregated by income, gender, age, race, ethnicity, migratory status, **disability**, geographic location and other characteristics relevant in national contexts.

Source: UN (2015b)

We begin with an analysis of the existing legal provisions for these four groups in Thailand, as well as the government subsidies and a review of the Thai healthcare system. This is followed by an examination of the Baan Mankong, the Thai slum-upgrading programme which has institutionalised participatory processes in housing. We then evaluate the concept of universal design, which promotes accessibility for all, notwithstanding of age or ability, and is in line with the leave no one behind agenda. Lastly, we examine six case studies in three Thai provinces, illustrating the concept of leaving no one behind, where community participation ensures that those who are most vulnerable are taken care of.

2

Methodology

In this paper, we rely on the findings of fieldwork we conducted in Thailand in August and September 2016. We initially undertook a review of the existing literature, focused on the government provisions for vulnerable groups, the government structures responsible for working with communities and the existing programmes (for example, the Baan Mankong). The literature review was conducted both in English and Thai for the findings to be comprehensive.

The case studies were selected to present different approaches and different types of projects that have an element of leaving no one behind. Our team had worked with four of the communities (Saeng Mueng Mai, Gao Liew, Tarn Nam Korn, Rim Nam); Bang Bua was selected following the literature review and interviews with the Community Organizations Development Institute (CODI). Lastly, Saeng Mook Da was proposed during a focus group with member of the Saeng Mueng Mai community, as they highlighted all the different initiatives that were carried out there to ensure the inclusion of the most vulnerable community members.

The cases studies highlight different funding methods, as well as an array of approaches to participatory housing: from the government Baan Mankong programme to smaller projects led by Thai architect studios, and even projects funded by international organisations like the World Bank.

To gather information, we organised a focus group with each community (Table 1). The meetings were attended by community leaders and we aimed to always include health volunteers, as well as leaders of vulnerable groups, such as elderly groups (where applicable). We contacted the community leaders and facilitators either directly or through the architects that had worked with them on the projects we examined. The smallest meeting comprised three participants, while the largest one was attended by 30 community members. We also conducted interviews with the government agencies and architects who implemented these projects (Table 2). These interviews were conducted with one to six people at a time. All discussions were conducted in Thai with simultaneous translation in English; all the information was also transcribed into English using notes and recordings.

Table 1. Community focus groups

COMMUNITY	POPULATION	LOCATION	FOCUS GROUP
Saeng Mueng Mai	71 HH	Nakhon Sawan	30 participants
Saeng Mook Da	262 HH	Nakhon Sawan	30 participants
Gao Liew	355 HH	Nakhon Sawan	6 participants
Tarn Nam Korn	183 HH	Chiang Rai	7 participants
Rim Nam	34 HH	Chiang Rai	13 participants
Bang Bua	105 HH	Bangkok Metropolitan Area	3 participants

Table 2. List of interviewees

ORGANISATION	INTERVIEWEE	POSITION
CODI	Ms Ratchara Iedsiriphun	Central and Western Region Office, director's assistant
CODI	Ms Sirima Suehar	Head officer, Central and Western Region, Baan Mankong and Land Department
CODI	Ms Hataiwan Ruengyos	Architect, Central and Western Region
CODI	Mr Pongsakorn Sornsong	Field officer, Central and Western Region
CODI	Mr Piyanate Khetsamutr	Head officer, Central and Western Region (previously head of design and construction unit)
CODI	Mr Yosakrai Masa	CODI architect, World Bank project
IHPPD	Ms Praew Eiamnoi	Project manager
IHPPD	Ms Apsorn Jindapong	Project manager
HSRI	Ms Paranat Suksut	Health policy analyst

3

Legal framework: leaving no one behind in Thailand

There are several legal texts in Thailand which can serve as a foundation to move forward the leave no one behind target of the SDGs. First is the Thai constitution. Though the document has gone through numerous iterations, all have included sections promoting the rights of older people, people with disabilities, the impoverished and the underprivileged (Bualar, 2010; Ekachampaka and Wattanamano, 2010; Jitapunkul and Wivatvanit, 2008; Karcharnubarn, 2010). The most recent constitution, approved by referendum in 2016, states in Article 27 that:

All people are equal before the law and shall enjoy equal protection under the law. […] Unjust discrimination against a person on the grounds of the difference in origin, race, language, sex, age, disability, physical or health condition, personal status, economic or social standing […] or any other ground shall be prohibited.

Furthermore, Article 71 on the promotion of family includes the following passage:

The State shall provide assistance to children, youth, women, the elderly, people with disabilities, the impoverished and the underprivileged to enable them to live in good quality conditions, and shall protect them from violence or unfair treatment, as well as providing the injured therefrom with treatment, rehabilitation, and remedy.

These constitutional guarantees have led to the development of several five-year plans. The most relevant to the leave no one behind target have been the National Socio-Economic Development Plans, the National Public Health Plans, the National Plans for Older People, and the National Persons with Disabilities' Quality of Life Development Plan (Bowornwathana, 1984; Ekachampaka and Wattanamano, 2010; Jitapunkul and Wivatvanit, 2008; Wibulpolprasert, 1991).

The Thai constitution enshrines the principle of equal rights for all, and several laws have promoted these rights in practice. For example, the Older People Act (Knodel *et al., 2013)* passed in 2003 and revised in 2009, guarantees the right of the elderly to a decent life.

According to the National Statistics Office (2007), there are two million people with disabilities in Thailand, and a lot has been done to protect their rights. The Persons with Disabilities Empowerment Act passed in 2007 (Ito, 2010) replaced the Rehabilitation of Disabled Persons Act of 1991 (Bualar, 2010). It offers strong anti-discrimination mechanisms and creates a quota system to promote the employment of people with disabilities. The Persons with Disabilities Education Act passed in 2008 promotes education for people with disabilities.

The legal arsenal to protect equal rights for all is therefore present in Thailand. However, it must be noted that many laws related to old age and disabilities have little substance or redistributive content. They only consist of government-mandated campaigns which might do little more than allow governments to say that action has been taken (Jitapunkul and Wivatvanit, 2008). Even when practical mechanisms are present in the laws, they are not always designed in a way that favours their target public. Bualar (2010) explains for example that the employment quotas created by the Persons with Disabilities Empowerment Act of 2007 were undermined by the low sanctions devised for companies not respecting the law. Moreover, even when efficient mechanisms are in place, implementation is often a problem. Ito (2010) relays that the quality of education facilities opened to people with disabilities is often low, and that defence of their rights can be challenging, particularly for people with speech or hearing impairments, or with mental disabilities, as government officers are not properly trained to deal with such citizens.

Beside the limitations of many of the laws promoting equal rights for all, many of the principles enshrined in the constitution are upheld through redistributive policies, such as the country's pension and healthcare systems. Thailand's healthcare system has been extensively reformed in the past two decades. These reforms have targeted the poorest, to the point that the World Bank classified the Thai healthcare system as one of the most pro-poor of the region (O'Donnell et al., 2007). The largest reform took place in the early 2000s, and led to the creation of three complimentary schemes: the Civil Servant Medical Benefit Scheme (CSMBS), the Social Security Scheme (SSS) and the Universal Coverage Scheme (UCS) (Somkotra and Lagrada, 2009). The UCS, commonly known as the '30-Baht Scheme', is open to all Thais, and allows them to access care in public hospitals for the nominal price of 30 baht, the equivalent of US$0.85. This scheme has allowed many to access healthcare for the first time and reduce the share of people with no medical coverage to less than 4 per cent in less than a decade (Somkotra and Lagrada, 2009). The scheme did exclude a certain number of heavy and costly procedures, but an evaluation by Yiengprugsawan et al. (2010) concluded that after the inclusion of antiretroviral treatment for AIDS/HIV in the scheme in 2003 and renal dialysis in 2008, this problem had been mostly resolved. For the authors, the scheme's remaining limits were mostly access to hospitals in rural areas, especially for older people or people with disabilities (ibid).

A more clear-cut shortcoming of the Thai healthcare system concerns people with disabilities. Beside treatment, they often struggle to find employment and are in need of financial support. However, benefits granted to them have not followed inflation, becoming largely inadequate (Ito, 2010), and are not received automatically, leading to gaps in coverage, especially in the countryside (Table 3).

An important feature of the Thai healthcare system is its reliance on a large network of community-based health volunteers. The programme was launched in 1979 after series of local experiments (Bowornwathana, 1984; Wibulpolprasert, 1991). It provides training and incentives to community members so that they can assist medical personal with awareness campaigns, home monitoring and drug delivery. The volunteers are supervised by local authority health officers. In 2010, there was an estimated one million health volunteers across Thailand (Treerutkuarkul, 2008; Jongudomsuk and Srisasalux, 2012). They have been proven to be at least as effective as professional health providers in several settings, including against infantile diarrhoea (Lee et al., 1991) and tuberculosis monitoring (Akkslip et al., 1999, Phomborphub et al., 2008).

The other area of government spending on vulnerable populations is the Thai pension system. It has been deeply reformed since the end of the 1990s, motivated by the realisation that Thailand is a fast-ageing country since the radical drop in its fertility rate since the 1960s (Jitapunkul and Wivatvanit, 2008; Jitsuchon et al., 2012, Karcharnubarn, 2010; Knodel and Chayovan, 2008; Knodel et al., 2013). To face the challenge of meeting the needs of a quickly increasing elderly population, many different schemes have been introduced in the past three decades. Jitsuchon et al. (2012) count eight different – yet sometimes overlapping – pension programmes covering different parts of the population.

The programme that has had the most significant impact on poverty is the universal social pension created under Article 11(11) of the Older People Act of 1993 (Jitapunkul and Wivatvanit, 2008; Knodel and Chayovan, 2008; Pfau and Atisophon, 2009; Suwanrada, 2008). The universal social pension became available to all Thai citizens over the age of 60 in 2009, bringing the share of older people receiving the benefit from 25 per cent in 2007 to 90 per cent in 2011 (Knodel et al., 2013). The government subsidies for older people – under the universal social pension – and people with disabilities are summarised in Table 3.

Table 3. Government support for vulnerable people in Thailand

UNIVERSAL PENSION (AMOUNT ACCORDING TO AGE)	
60–69 years' old	600 THB/month (= US$17.17[2])
70–79 years' old	700 THB/month (= US$20.04)
80–89 years' old	800 THB/month (= US$22.90)
90 years old and older	1,000 THB/month (= US$28.62)
OTHER TYPES OF GOVERNMENT SUPPORT	
HIV-positive	500 THB/month (= US$14.32)
People with disabilities[3]	800 THB/month (= US$22.90)

Source: Ministry of Social Development and Human Security, 2015; Banpru City, 2014.

While the provision is small compared to the national minimum wage of 300 baht per day (the equivalent of US$8.41), the Thai pension system has done a lot to alleviate poverty amongst the elderly (Ministry of Labor, 2010). According to Jitsuchon et al. (2012), the pension system offered to civil servants has essentially ended poverty after retirement for this category of workers. However, the same researchers point out that government benefits represent a fraction of the income of older people. Suwanrada (2008) estimates that pensions (including private pensions) represent on average less than 5 per cent of the income of those who are 60 or older, while support from relatives represents more than 50 per cent and work nearly 30 per cent. Knodel et al. (2013) report that in 2011, after the expansion of the government old-age benefits, that pensions were the main source of income for only 6 per cent of those over 60, far behind work (35 per cent) and relatives (42 per cent).

Community initiatives have developed to complement government schemes for those who need them most. One such community initiative launched in hundreds of communities is the Welfare Fund, where community members save 1 baht per day in a communal fund (Suwanrada, 2008). Subscription to the fund gives users access to a range of health and old age-related benefits, including maternity benefits, partial coverage in case of hospitalisation, a pension of up to 1,200 baht/month and more. Such community funds are attractive because they are available to even the very poor (ibid). These schemes have also been credited for providing urban poor populations with a sense of security for the first time (UN Habitat, 2009a).

Whether it is for care of people with disabilities or older people, government schemes have come to play an increasingly important role in the past decades, particularly through the 30-Baht Scheme. Nevertheless, a significant share of daily care is still done by health volunteers in each individual community.

Paranat Suksut, health policy analyst at the Health Systems Research Institute (HSRI) stressed the importance of community processes in the Thai healthcare system during our interview. The health volunteer system was launched in 1962 and immediately focused on participatory community processes, for the following reasons:

- The World Health Organization aimed to expand access to health services to everyone, including in rural areas,

- The Thai national health policy at the time also targeted rural areas,

- People already lived in communities and took care of one another by doing activities together. In Thai society, and across the country, there were already existing traditions of people doing things collectively, which served as very good base to push forward participatory community processes in development.

Training community members who did not need to travel was viewed as the best way to achieve these goals, especially when trying to target isolated populations. Health volunteers aim to create funding, committees and groups to ensure that everyone is reached. Nowadays, there needs to be a minimum of ten health volunteers per town, village or community; all health volunteers

receive 600 baht (the equivalent of US$18.84) to cover their operational costs. However, this amount is often insufficient.

It is important to note that the volunteers do not get paid for the work they do: they undertake the work out of an interest in helping those in need, particularly older people, people with disabilities, the chronically ill, people who are bed-ridden and the chronically poor. In essence, the health volunteer system incorporates in practice the elements of leaving no one behind through community-led processes.

This emphasis on community processes, however, should not allow the government to shirk its obligation towards its citizens. It is the state's responsibility to ensure that adequate healthcare is provided to all Thai citizens, irrespective of the setting in which they live.

4

Community participation in housing projects in Thailand

Housing projects in Thailand have also used community participation to ensure no one is left behind, particularly in urban settings.

In 2003, 8.25 million urban dwellers lived in poor-quality housing across 5,500 urban poor communities in Thailand. Of those 5,500 communities, 3,700 had insecure land tenure: 70 per cent of their residents rented the land with no secure rental contracts, while the remaining 30 per cent squatted on public land. The threat of eviction was a main concern for these communities, and over 70 per cent of the residents could not afford conventional housing, be it through the market or using existing government programmes (Boonyabancha, 2005). By 2008, 728,639 households faced insecure housing conditions, while the actual squatter population was estimated at 3 per cent of the total population, at over 1.76 million people[4], while the percentages of renting and squatting remained very similar (Pornchokchai, 2008; CODI, 2008; Marome and Supreedee, undated).

Thailand has had a national slum-upgrading programme since the late 1970s, implemented by the National Housing Authority, which reached an estimated 30,000 to 50,000 households through the 1970s and 1980s. In 1992, the Urban Community Development Office (UCDO) was created with US$30 million in available funds, and the emphasis was placed on community organisations: the UCDO had a mandate to 'support community organisations with loans for new housing, housing improvements, settlement upgrading and income generation' (Boonyabancha, 2005: 2–3). This stemmed from the realisation that the benefits of Thailand's economic growth in the previous decades had not reached the poorest groups of society. The UCDO fostered the creation of community savings groups around the country, and created a more participatory model of slum upgrading with cooperation between different communities and strong ties with interest groups, local government and academics (Bhatkal and Lucci, 2015; UN Habitat, 2009b; Archer, 2010; Boonyabancha, 2005).

[4] While there is a substantial change between the percentages of squatter populations between 2003 and 2008, this might be due to the different language used in different publications. While the 2008 numbers deal with squatter populations, the 2003 number include anyone living in poor quality housing.

In 2000, the UCDO merged with the Rural Development Fund to become the Community Organizations Development Institute (CODI). CODI was set up as an independent government organisation, under the auspice of the newly formed Ministry of Social Development and Human Security. Building on the success of the UCDO, CODI was thus granted more freedom to act, and its model of supporting community savings groups was accepted all by (UN Habitat, 2009a).

CODI's mandate to support and empower communities is most frequently illustrated by the Baan Mankong programme, which was set up in 2003 and specifically targeted urban low-income communities living in insecure housing conditions. Savings groups are central to the working of the Baan Mankong programme. According to the CODI website, 'the Baan Mankong Program ("Secure housing" in Thai) puts Thailand's slum communities (and their community networks) at the centre of a process of developing long-term, comprehensive solutions to problems of land and housing in Thai cities' (CODI, 2016a; UN Habitat, 2009a).

CODI's funding comes directly from the national government, and is channelled through community committees. This direct relation ensures that communities are empowered and acquire management capabilities (Boonyabancha, 2009; Archer, 2010; UN Habitat, 2009a).

Participation is a central feature of the Baan Mankong programme. As per the rules of CODI, the communities need to set up a savings group, managed at community level, and all the families in the communities need to participate. The upgrading projects themselves are planned by the communities, and they are carried out in collaboration with the local authorities. Another important outcome has been the creation of a community network spanning all of Thailand, linking together participating communities, known as the National Union of Low-income Communities (NULICO) (Bhatkal and Lucci, 2015; Boonyabancha, 2009; UN Habitat, 2009a).

The process itself is noteworthy: the first step is a citywide survey of all the urban poor communities. The participation is open to outside actors, who are encouraged to engage. Some cities have witnessed the creation of city development committees, directly overseen by the mayor or other city officials, while in other cities the organisation is significantly looser (UN Habitat, 2009a; 2009b; Boonyabancha, 2009). This flexibility, at all levels, is one of the main and most important characteristics of Baan Mankong.

The participating community then needs to set up a cooperative: this is important as the cooperative will need to manage the loan, and the land will be acquired or leased collectively for a minimum of 15 years. The idea of a collective land lease was not easy to understand at first, but it is now an accepted part of Baan Mankong (Boonyabancha, 2005; 2009).

Baan Mankong is the first of its kind for several reasons. Firstly, it is the first time that a model of flexible financing has been implemented at national level. More importantly, it is remarkable for the fact that the funds are made available directly to the communities, who are the ones making all important decisions about their future, managing and implementing the programme (Bhatkal and Lucci, 2015; Boonyabancha, 2005).

In fact, the Baan Mankong programme has changed more than housing for the participating communities. Through the negotiating process and by acquiring land at a community – rather than individual – level, it strengthens social relations and creates more resilient communities (Boonyabancha, 2009). As Boonyabancha notes, 'the housing project is not an end in itself but, rather, the beginning of more community development, in which a group of poor people can live together and can continue to address the real issues of their poverty as a matter of course' (2009: 311).

The Baan Mankong programme has also challenged the way that slum upgrading is done. It questions the perception of poor people as beneficiaries, waiting for government handouts. Instead, it views the poor as decision makers, capable of finding solutions to the problems they face and able to manage their finances and projects (Archer, 2010; Boonyabancha, 2009; UN Habitat, 2009a).

The Baan Mankong approach is now used as a model for low-income housing. From 2003 to 2011, 858 projects have been carried out in 277 cities, covering 1,546 communities (CODI, 2016b), offering their residents improved housing and security of tenure. The percentage of housing using permanent materials rose from 66.2 per cent in 2000 to 84.3 per cent in 2010; similarly, the residents of Baan Mankong communities have enjoyed greater access to funding and increased incomes (Bhatkal and Lucci, 2015).

Boonyabancha (2005: 7) noted that the Baan Mankong programme is unlike any other government initiative specifically because of its flexibility:

> *The program is 'demand-driven by communities' rather than supply-driven by government agencies or contractors, since it supports only communities that are ready to implement their own improvement projects and allows a great variety of responses, each one tailored to a community's needs, priorities and possibilities. Communities decide how to use their infrastructure subsidy, which land to buy or lease, what type of housing they like and can afford, etc. […] while an architect is provided to assist the community with housing planning.*

While the conditions of the Baan Mankong are designed to be accessible for urban poor populations, CODI realised the importance of including what they called 'underprivileged' or 'central' homes into their projects: these are usually rows of houses provided free of charge to certain members of the community who cannot participate in the savings group.

During our interview with CODI architects and planners, they stressed that CODI always planned to include central homes and underprivileged homes into their projects. Central homes have been a part of Baan Mankong projects since the inception of the programme in 2003, while underprivileged homes were added from 2008 onwards. There are two distinct periods for CODI central homes: from 2003 to 2009, communities would get 150,000 baht to build a central home. In 2009, they decided to include other stakeholders as contributors. The amount was reduced to 25,000 baht and the local authorities were asked to match that amount; the same budget is available for underprivileged homes. Communities are asked to contribute either monetarily or by providing labour. A key difference between central and underprivileged homes is that while both are free to use by the beneficiaries, central homes are owned by the community. They are usually made available to older people who cannot support themselves; if they pass away, the home is vacant until a new beneficiary is chosen by the community. Underprivileged homes on the other hand can be owned by the people residing in them, provided they can participate in savings activities and actively participate in the community.

The idea of central homes was first introduced when the survey they undertook informed CODI that some people could not participate in the savings group, a necessary precondition to be part of the Baan Mankong project. CODI therefore deemed central homes to be crucial: if someone cannot participate in the Baan Mankong programme, they would be completely invisible in Thai society and they could never be helped. The only condition they set is that central homes would only be made available when dealing with existing communities being upgraded, not when new communities are created. This was done to ensure that the people in the central homes would be accepted in the community. The design of both central and underprivileged homes is not fixed: it depends on the materials available in each community, and the needs that people have.

While the Baan Mankong under CODI is the most notable example of housing upgrading using participation, it is far from being the only one. Various types of government funding are channelled through the local government to reach directly poor communities. These tend to be area specific and vary throughout the country. An example is the Queen's Fund in Nahom sub-district: government funds from the Ministry of the Interior are allocated to the local government, which in turn contacts community committees to find beneficiaries who:

- Live in their hometown,

- Have insufficient income,

- Have good relations with their community,

- Participate in community activities,

- Do not take drugs or gamble, and

- Are grateful to their parents.

Once suitable recipients are found, the funds are released and cover the design, construction and labour costs (Nahom Subdistrict, 2011). Such small initiatives are typical in Thailand and will be examined more extensively in the case studies.

Similarly, international funding has also been directed to communities. An example is the World Bank funding that was used for post-flood reconstruction in Nakhon Sawan, which will be examined further in the case studies. When it comes to dealing with communities, participation is now the norm in Thailand, and this has ensured that vulnerable populations are not left behind.

5

Inclusion by design: universal design in Thailand

The philosophy of universal design is slowly being introduced in Thailand to ensure everyone – including vulnerable populations – is included. The term 'universal design' was coined by Mace in 1985, who gave it the following definition:

Universal design is an approach to design that incorporates products as well as building features which, to the greatest extent possible, can be used by everyone (Mace, 1985 as quoted in Iwarsson and Ståhl, 2003).

The concept gained momentum in the 1990s and has been integrated into many classic design handbooks and architecture courses, but has yet to reach the mainstream, especially in housing.

Universal design has at its core the idea of leaving no one behind. By building for everyone, rather than adjusting what has been built once a user needs it, it is an all-encompassing design philosophy that includes everyone in society, old or young, able-bodied or not.

In Thailand, the Thai Health Promotion Foundation (THPF) has an entire division focusing on vulnerable populations. They play a crucial role funding and connecting different partners across Thailand to promote the building of appropriate living environments for Thai people, (Galbally *et al.*, 2011).

The Institute of Health Promotion for People with Disability (IHPPD) has developed a partnership with different universities to train its students in architecture in universal design. The IHPPD also partnered with us and our colleagues at Tar-Saeng Studio, an architecture studio with a focus on promoting the concept and practice of universal design in all geographical areas of Thailand to create more independent living possibilities, and appropriate living environments for all. Tar-Saeng Studio uses its extensive network to take universal design outside the scope of traditional politics, using participatory processes to join together people from different sectors and communities in order to find solutions for long-term planning and healthy living. The studio utilises the network of health volunteers to push the concept of universal design, and link different communities together into a strong network (Yamtree and Sonthichai, 2016).

Through our work with Tar-Saeng Studio, we have found a number of obstacles to the use of universal design in Thailand. While some work has been done using this concept, there have not been enough publications and the concept is still relatively unknown. Moreover, funding from local government includes a number of rules and guidelines which are often impossible to follow. This means that in practice, architects who wish to promote universal design with communities cannot access available government funding. However, working

with community health volunteers who are held in high esteem often provides a bridge to reach communities directly and train them on the concept.

CODI has only recently been introduced to universal design, which is why there have not been many cases studies. CODI, through the Baan Mankong, has a long-term view, aiming to improve the life of all urban dwellers. Universal design therefore fits well with this programme, as it would ensure that the needs of vulnerable people are met, but also that the houses built now can serve in the future, as families get older and mobility becomes more difficult. This is particularly crucial in Thailand as the population is ageing rapidly. CODI has now started training community builders in universal design, but we did not find any concrete plans by CODI to systematically use universal design in their future projects.

6

Leaving no one behind in practice: case studies

Communities in Thailand are far from homogenous: they are distinct in everything from size, demographics and geography to wealth and living conditions. In our research, we focused on lower-income communities, to understand how the urban poor still managed to include their most vulnerable people in various housing projects. We chose case studies that highlighted different provisions, but also different mechanisms through which they incorporated elements of leaving no one behind. We therefore present six case studies, in three districts (Table 4). The case studies fall in three categories:

- Central and underprivileged homes built in the Baan Mankong programme,

- Renovation and repair of individual homes for vulnerable people, and

- Design of communal spaces using universal design.

Table 4. Key characteristics of the studied communities

NAME	LOCATION	NUMBER OF HOUSE-HOLDS	TYPE OF PROJECT	PROGRESS OF CON-STRUCTION	PROCESS FOR IDENTI-FYING BENE-FICIARIES	FUNDING SOURCE	PROJECT CATEGORY
Saeng Mueng Mai	Chum Saeng, Nakhon Sawan	71	Baan Mankong	Not started	Baan Mankong community mapping and survey; open call for applications	CODI and community savings group	Under-privileged homes in Baan Mankong programme
Bang Bua	Bangkok	229	Baan Mankong	Finished	Baan Mankong community mapping and survey; open call for applications	CODI and community savings group	Central homes in Baan Mankong programme
Saeng Mook Da	Chum Saeng, Nakhon Sawan	262[5]	Soldiers' Fund	Finished	Health volunteer survey; beneficiaries voted by the community	Soldiers' Fund	Renovation and repair of individual home(s)
Gao Liew	Nakhon Sawan	355	World Bank	Finished	Health volunteer survey; beneficiaries voted by the community	World Bank, Japanese Social Develop-ment Fund	Renovation and repair of individual home(s)
Tarn Nam Korn	Chiang Rai	183	Tar-Saeng Studio, Baan Mankong	Not started	Community mapping and design workshops	Commun-ity savings; still negotiat-ing further funding	Community space using universal design
Rim Nam	Chiang Rai	34	Tar-Saeng Studio	Finished	Community mapping and design workshops	Leftover CODI funding after Baan Mankong	Community space using universal design

[5] There is a disparity in the number of households reported in the community survey – 275 households – and the local authority survey – 262 households. This is due to the fact that the community survey considers the number of structures, some of which are abandoned. For the scope of the paper, we will therefore only consider the 262 occupied households.

6.1 Baan Mankong and underprivileged homes in Saeng Mueng Mai

Chum Saeng is a small town in Nakhon Sawan currently undergoing changes, as six new government projects have been approved. These include the construction of a new railway and the widening of the neighbouring street, which requires the relocation of over 60 households. Through the Baan Mankong programme, a new site is being designed.

6.1.1 Background

Table 5. Key characteristics of Saeng Mueng Mai

Location	Chum Saeng, Nakhon Sawan
Number of households	71
Type of project	Baan Mankong
Project category	Underprivileged homes in Baan Mankong
Progress of construction	Not started
Funding source	CODI and community savings group

Saeng Mueng Mai is the location of the latest Baan Mankong project. This project has not yet started and the community does not live together for the moment. There is therefore no centralised demographic information on this community. Saeng Mueng Mai, or 'new city of light', will have a total of 71 households, which incorporates the affected households as well as the extended families of other community members. Out of the 71 houses, three are underprivileged homes. The community indicated that CODI should support the creation of such underprivileged homes when dealing with relocations, especially in cases where community members would lose their home due to the relocation but could not afford a new one.

CODI requires that all new communities save together for a minimum of a year before approving a Baan Mankong project. Each family in Saeng Mueng Mai saves 150 baht per month divided between a normal savings fund, a welfare fund and a secure land-savings group. The families selected to occupy the underprivileged homes do not participate in the savings group as they cannot afford to.

6.1.2 Selection process

When the new Baan Mankong project was announced, CODI opened a call for people and families interested in being part of the new community but who could not afford the minimum savings necessary to participate.

Once the three beneficiaries were pre-selected, a team comprising CODI architects and people from the local Baan Mankong network contacted the community leaders in the communities where these three families were currently residing. They visited each community with the aim of verifying that these families were indeed eligible for the underprivileged homes, and their standing within the community. The other 68 families who will be part of Saeng Mueng Mai were asked to approve the selection.

The final recipients are as follows:

- Two have mobility issues and live alone, and

- One is a grandmother with her four grandchildren who have lost both parents.

These underprivileged homes are row houses[6] and the families need to comply with the following conditions:

- They cannot sell the house,

- They cannot sublet the house,

- They cannot invite more family members to live with them (from other provinces, for example),

- If the entire family passes away, the house is returned to the community who can start the selection process of finding a new family, and

- The family needs to participate in the savings group.

6.1.3 Successes and challenges

This case is a great example of leaving no one behind. The government infrastructure project will go forward irrespective of the will of the community, since the express train from Bangkok to Chiang Mai is a priority for the national government. The subsequent relocation of the community would have left these three households in great difficulty, or even homeless since they could not afford the minimum saving requirements. By building the underprivileged homes, their existence within the community is ensured. The selection process is also noteworthy as its democratic and participatory nature safeguards against issues arising at a later stage: the selection is open to popular vote and the new community must agree to subsidise these families. Nevertheless, the process could lead to discrimination in cases where deserving recipients are not well liked within their community. It would, however, be unacceptable to ask for people to finance a decision they disagree with.

---

[6] Row houses are two or more attached houses, for residential use, of no more than three storeys.

6.2 Baan Mankong and central homes in Bang Bua, Bangkok

Table 6. Key characteristics of Bang Bua

Location	Bangkok Metropolitan Area
Number of households	229
Types of livelihoods	80% working in formal economy
Average income	Thai minimum wage: 300 baht per day (US$8.41)
Type of project	Baan Mankong
Project category	Central homes in Baan Mankong
Progress of construction	Finished
Funding source	CODI and community savings group

Table 7. Demographics of Bang Bua

Children	100
People with disabilities	0
Older people	89
Chronically ill people	0
Chronically poor people	2
Total number of households in Bang Bua	229

6.2.1 Background

The Bang Bua community in Bangkok is considered by many to be the crown jewel of the Baan Mankong programme. In 2003, it was the first upgrading project of the twelve slums along the Bang Bua canal. It was one of the early cases that proved that the Baan Mankong programme could help urban poor communities negotiate a long-term lease on their land to avoid eviction. Bang Bua is located on land owned by the Treasury Department and the community negotiated a 30-year renewable lease. The upgrading of the 229 households in the community is considered highly successful and is often cited as an example both in Thailand and internationally (see for example UN Habitat, 2009b; ACHR, 2011; Wungpatcharapon and Tovivich, 2012).

6.2.2 Selection process

Bang Bua also received attention as it included two central homes: the community used their savings, matched with a subsidy from CODI, to build these three-storey houses. The ground floor is made available to older people with no families, while the other two floors are rented to community members who were renting rooms in Bang Bua before the upgrading process and did not qualify for a new house under the Baan Mankong. The occupants of the two top floors agree to tend to the daily needs of the older people living on the ground floor.

Under the Baan Mankong scheme, community-wide mapping was undertaken. The mapping together with the surveys served as the basis to select the older people who could benefit from these houses. They found three, none of whom had a family, and the selection was put to a vote to the community.

As of 2016, the older people residing in the central homes have all passed away. The ground floors are currently rented out, until new community members are in need. Once a community member considers that someone could benefit from living in the central home, a meeting will be called to vote on the decision as the homes are owned by the community.

6.2.3 Successes and challenges

The case of the central homes highlights two important aspects of leaving no one behind. The community comes together to take care of their most vulnerable people who cannot support themselves, contributing their own financial resources to do so: first off, older people are provided with shelter, but they also receive daily help from their neighbours. The community emphasises the importance of tending to the older people in the community, very much in line with the Asian tradition of taking care of elders.

6.3 Alternative funding for individual home renovations in Saeng Mook Da

Table 8. Key characteristics of Saeng Mook Da

Location	Chum Saeng, Nakhon Sawan
Number of households	262
Type of project	Soldiers' Fund
Project category	Renovation of individual homes
Progress of construction	Finished
Funding source	Soldiers' Fund

6.3.1 Background

Saeng Mook Da, or 'natural element of light' is located in Chum Saeng, Nakhon Sawan. The community has gone through the Baan Mankong programme and is very organised. Since the upgrading finished, the community has been finding and using different funds to support older people or people with disabilities with no family or income, since these people struggle to make any further repairs to their housing.

During our fieldwork, we could not gather reliable demographic data on Saeng Mook Da (number of people with disabilities, older people, chronically ill people and chronically poor people). This is due to the fact that there is a new community leader who did not yet have all the necessary information.

The community uses four principal sources of funding to leave no one behind:

• The interest of the loans from their savings group,

• The Queen's Fund,

• The Soldiers' Fund, and

• Donations from the government's Social Welfare Department, channelled through the municipality.

The first type of funding is done directly at community level, while the latter three require the participation of the municipality before reaching the community committee. The Queen's Fund funnels funds from the Ministry of Interior, while the Soldiers' Fund uses funds from the local soldiers' organisation; the recipients do not need to be affiliated to the military.

6.3.2 Selection process

The selection process to use the latter three funding sources is the same. When money becomes available, the municipality informs the community leaders, who call a community meeting. The meetings are open to everyone in Saeng Mook Da to inform them of the amount or the programme available. Potential beneficiaries are chosen by the community, and a committee is designated to verify that the selected recipients are appropriate. People's income or lack thereof is checked against the information stemming from the surveys conducted by health volunteers. The municipality does not help with funding, but does provide technical assistance for the construction, and help with the inspection of materials.

6.3.3 Successes and challenges

Using alternative funding even after undergoing the Baan Mankong is a valuable illustration of local efforts to leave no one behind. This funding has allowed several vulnerable people and families to be reached. During our field visit, we visited the house of an elderly couple (both over 80) who experience difficulties with mobility. Their only income is the government subsidies they receive. They previously lived in a tin shack but 35,000 baht was donated from the Soldiers' Fund, with some extra funding from the municipality, to build them a one-room house with a bathroom. Their son-in-law is a builder so he undertook the construction once the money was allocated.

This case also highlights the good relations between the Saeng Mook Da community members and the Nakhon Sawan municipality. It is essential to note that the local authority directly contacts community leaders when funding becomes available, rather than directly undertaking the renovations. This demonstrates the local government's faith in community processes as a means to leaving no one behind, and the trust in the community's expertise in choosing worthy recipients.

However, the community pointed out that there are sometimes issues over the choice of beneficiaries, since some families believe they should be selected. However, the Nakhon Sawan municipality is very well organised, and more funding is usually available at a later date. So far, serious disagreements have always been avoided through negotiations in the community meetings.

The fact that this funding is very dependent on opinions of community members is once again a problem and can lead to tensions within the community. When asked how funding could become sustainable, the community members told us that the government should ensure there is always funding available for this type of project.

6.4 World Bank grants for individual home repairs in Gao Liew

Table 9. Key characteristics of Gao Liew

Number of households	355
Types of livelihoods	Farming (sugarcane, rice, coriander)
Average income	150 baht per day (≅ US$4.21)
Type of project	World Bank, SUP
Project category	Repair of individual homes and infrastructure
Progress of construction	Finished
Funding source	World Bank, Japanese Social Development Fund

6.4.1 Background

2011 witnessed the worst floods on record throughout Thailand: 884 people died and a further 13.6 million people were affected; 65 provinces were categorised as disaster zones, and the total losses were estimated by the World Bank at US$45.7 billion (Emergency Operation Center for Flood, Storm and Landslide, 2012; Impact Forecasting LLC, 2012).

In 2013, to assist with post-flood reconstruction, the World Bank and CODI created the Community-Based Livelihood Support for the Urban Poor Project (SUP) with funding from the Japanese Social Development Fund (JSDF). A US$3 million grant was approved to support the project, which aimed to assist 3,000 households in 50 communities over five provinces: Bangkok, Nonthaburi, Pathum Thani, Ayutthaya and Nakhon Sawan.

One of the selected communities is Gao Liew in the Gao Liew district in Nakhon Sawan. Gao Liew, which means 'nine turns', takes its name from the nine turns of the river in this area. In 2011, the community was badly affected by the flooding. By 2013, several households had already repaired their lodgings, but many families lacked the means to do so. These were the families targeted by the SUP.

The funding was used for house repairs, but also for improving infrastructure. The funding reached the community through the municipality; while the municipality did not provide further funding, they provided technical assistance, for example inspecting the materials and construction quality, and estimating costs.

6.4.2 Selection process

The Gao Liew project is divided between two main villages: Gao Liew 1 and Gao Liew 4. In turn, Gao Liew 4 has two small sub-villages: Neon Yai Pad 4 and Lam Yang. Community participation was required since the inception of this project, and different phases of public consultation ensured that the community agreed with the proposed work. The SUP in Gao Liew 1 targeted 34 out of a total of 105 households. Four households included members with a disability: two have a mental disability, one is blind and one faces mobility issues. All the households included older people (over 60), and two included chronically poor people. Lastly, ten households included members who were chronically ill, suffering from diabetes, high blood pressure, high cholesterol, and heart disease.

Table 10. Demographics of SUP project, Gao Liew 1

Number of households targeted by SUP	34
Households including people with disabilities	4
Households including older people	34
Households including chronically ill people	10
Households including chronically poor people	2
Other	21
Total number of households in Gao Liew 1	105

The SUP in Gao Liew 4 targeted 20 out of a total of 250 households: 11 in Neon Yai Pad 4 and nine in Lam Yang. In Lam Yang, two households included people with disabilities: one person was disabled due to his age (over 90) and one person was paralysed. In Neon Yai Pad 4, two households included people with mobility issues, while four households included older people (over 60 and over 80).

Table 11. Demographics of SUP project, Gao Liew 4

	NEON YAI PAD 4	LAM YANG
Number of households targeted by SUP	11	9
Households including people with disabilities	2	2
Households including older people	4	1
Households including chronically ill people	–	–
Households including chronically poor people	–	–
Other	33	188
Total number of households in Gao Liew 4	50	200

The SUP specifically targeted:

- Households affected by the flood where vulnerable people resided, and

- Households of chronically poor people, even if their houses were not affected by the flood.

The selection process for this project was very transparent, and included community participation from the beginning. The project and the available funding was announced through the municipality. A first meeting was organised with the communities to discuss the scope of the project, the operational partners, the source of funding and the process. Community leaders were then asked to go through the basic information for each family in their respective community (including income, job, health and chronic illness, if they could work, income per year per family, how many people in the family can work, how many older people reside in each house and how many children, and if there are

people with disabilities in the family). This information was already available through the canvasing and surveys done by health volunteers. They chose households which included vulnerable members to benefit from the project.

As a next step, community leaders, together with CODI architects, visited the pre-selected households to check how the flood had affected them. As mentioned, when the selected household was deemed chronically poor, if the house needed repairs these were approved even if the repairs were needed before the flooding.

Using the information and the field visit, the grant recipients were selected and publicised on the community announcement board for approximately two weeks, allowing for transparency. If any community members disagreed with the selection, they could voice their objections in the scheduled community meetings, leading to a public vote. If no one objected, then voting was foregone. The selection was further discussed in a second community meeting, as well as the funding for any infrastructure project that was deemed necessary.

After each community had chosen its grant recipients, all the necessary documentation was compiled and a meeting at the municipality was organised to make a public announcement. Other villages were invited to participate, leading to public discussions about the situation in different parts of the municipality. Once all the information is made public, the community worked on the design and cost estimations for each house, with the technical assistance of the municipality and the main assistance of the World Bank and CODI architects. The cost estimation and the materials were once again publicised on the community announcement board, allowing for any further objections to be heard and debated.

In Gao Liew 4, part of the funding was used for infrastructure upgrading, specifically to build 1,535m of water-supply pipe and a 580m concrete road.

In each community, four working groups were selected – a building management committee, a financial committee, a social committee and an information committee – as well as a community committee and a community facilitator. This ensured community participation but also allowed the participants to build their capabilities in project and finance management.

6.4.3 Successes and challenges

The community mentioned that the SUP was an active step towards an inclusive society, where everyone has shelter and food, and can support one another. They were also pleased with the knowledge they gained, in fields as varied as accounting and knowledge of the strength of concrete, which could be useful in the future. This project also proved to them that it is much cheaper to undertake the construction themselves than hire a contractor.

When asked whether they would disagree with the fund being used by families who did not actively participate in communal activities, the community members we interviewed unanimously confirmed that they would still help these families. They said that they all lived together and should help one another no matter what the obstacles may be.

They found it essential to include people from the poorest households in the process and in the various committees to showcase the inner workings and complexity of the selection and working process. This avoided possible dissatisfaction with the length of the project stemming from a lack of understanding.

Moreover, the community members of Gao Liew 1 said that the SUP allowed them to voice their problems and concerns with members of the Gao Liew 4, and vice versa: they were sharing the adversities and issues they were facing as they arose, such as difficulties in managing people, dealing with disagreements, and issues with the land. This made them feel supported in their process and created a strong network between the two communities.

The community members also pointed out that the municipality should play a role in providing funding for projects like this one, if this process was to become sustainable, to take care of all the people in need in these communities.

Universal design was used in some of the houses that were renovated, particularly houses including vulnerable people. Yosakrai Masa, the CODI architect working on the SUP project with the World Bank, mentioned in our interview that the main obstacle to using universal design is that people, including people with disabilities, do not always see the relevance of it. He mentioned that universal design needs to be made mainstream if it is to become sustainable.

6.5 Using universal design for a community park in Tarn Nam Korn

Table 12. Key characteristics of Tarn Nam Korn

Location	Chiang Rai
Number of households	183
Types of livelihoods	Sellers, employees
Type of project	Tar-Saeng Studio, Baan Mankong
Project category	Communal space using universal design
Progress of construction	Not started
Funding source	Community savings; still negotiating further funding

Table 13. Demographics of Tarn Nam Korn

People with disabilities	6
Older people	13
Chronically ill people	0
Bed-ridden people	0
Total number of households in Tarn Nam Korn	183

6.5.1 Background

In 2014, Tar-Saeng Studio organised workshops with ten communities in the Baan Mankong network in Chiang Rai to introduce the concept of universal design. Tarn Nam Korn, or 'Nam Korn River' is one of the two communities which decided to use their funds to test universal design in practice.

This community is highly organised, with six active community groups:

- An elderly group, with 20 members,

- A youth group,

- A health specialists' group, with 4 members,

- A security volunteers' group, which safeguards the community,

- A women's group called the Wives' Group, which supports all community events by preparing food etc, with 15 members, and

- A vulnerable people's group, divided in four sub-groups:

  - A group for people with disabilities, with 6 members

  - A group for older people who are dependent, with 20 members, 13 of whom are dependent older people,

  - A group for chronically ill people, and

  - A group for unemployed people.

The health volunteers play an active role in taking care of the people in the vulnerable groups. While there are no chronically ill people, they have set up the group to take care of future cases. The people with disabilities in this community are well taken care of by their families, so the work of the volunteers consists of visits to provide specific advice on rehabilitation and to ensure all their needs are met. Finally, they play a more active role in the lives of the dependent older people, assisting them with trips to the hospital etc. The volunteers also organise a meeting with a doctor every month, to show older people how to take care of themselves, exercise and so on.

6.5.2 Selection process

This case is different as it involves the renovation of an open community space, rather than a house. Tar-Saeng Studio worked with Tarn Nam Korn on the design of a community park using the principles of universal design. The community proposed using a budget of 10,000 baht to implement the project, funded by their collective savings.

Tar-Saeng organised participatory design workshops with the community, and a new committee was formed to take over the project. In line with the ideals of universal design, the committee included children, people from the youth group, middle-aged people and older people. It is noteworthy that the idea to set up this new team was taken collectively by the community, as they saw the potential of universal design and of the project. Tar-Saeng Studio then helped with the cost estimation and the technical drawings. However, the proposed site being quite big, the funding the community managed to put together has been insufficient. Over the past two years, they have attempted to involve the municipality to help with funding.

6.5.3 Successes and challenges

Tarn Nam Korn is very focused on healthy living, mostly around the following three tenets: environmental protection through effective garbage collection, clean food and exercise. In 2016, the community received a grant from the municipality to spend on these three issues. They managed to complete the project under budget, with a surplus of just under 20,000 baht. They now plan to use the good standing they have with the municipality given their effective budget management to negotiate using this surplus to complete the community park project.

The community members emphasised that completing this project would be an essential improvement to the lives of older people. They noted that when elderly residents are collectively taken to hospital by the health volunteers, there is a noticeable improvement in their mood as they leave their house and socialise. They can talk about their issues with one another; some face the same health concerns and they can talk to others who understand what they are going through. The community iterated that completing the park project would allow them to have a space to come together, without having to wait for hospital visits. Using universal design would also ensure that the park is accessible but without segregating them: older people can sit with others, including people with disabilities and children, allowing for a more inclusive society.

The community drew attention to the participatory process used during the various workshops for this project. In particular, they enjoyed that everyone could participate and pitch ideas, while also learning new skills in the process. This project also required the collaboration of people from different backgrounds, particularly people with a health or building background. This is particularly important to ensure that no one is left behind as different and sometimes opposing views and priorities are expressed and taken into consideration.

This case illustrates the issue of the lack of sustainable funding for projects aiming to leave no one behind. While the community is engaged and wants to move forward with the creation of the open space, the lack of funding has stalled this project for two and a half years. Negotiations with the municipality can be tenuous, especially for projects that are not considered essential.

6.6 Using universal design for a public walkway in Rim Nam

Table 14. Key characteristics of Rim Nam

Location	Chiang Rai
Number of households	34
Types of livelihoods	Sellers, employees, farmers (corn)
Type of project	Tar-Saeng Studio
Project category	Communal space using universal design
Progress of construction	Finished
Funding source	Leftover CODI funding after Baan Mankong

Table 15. Demographics of Rim Nam

People with disabilities	2
Older people	7
Chronically ill people	0
Bed-ridden people	1
Total number of households in Rim Nam	34

6.6.1 Background

As with Tarn Nam Korn, Rim Nam is a community in Chiang Rai that volunteered to use universal design for a project they had worked on with Tar-Saeng Studio.

Rim Nam, or 'along the river', had a budget surplus after the completion of the Baan Mankong programme in their community; specifically, they had 400,000 baht from CODI's public utility budget, which can be used for roads, street lights and further improvements of public infrastructure. They wanted to use this funding to upgrade a public road bordering their community. Their main concern was safety as there is a dangerous three-way crossing, with no lighting or fences, where many motorcyclists fall into the river.

6.6.2 Selection process

Tar-Saeng introduced the concept of universal design and used a participatory approach. The process started with community mapping: they walked around their community and documented their resources, everything from their sacred tree to the houses of the health volunteers and the houses of older people, people with disabilities and children. This was important to see what they already have, and to make sure that they can cater to everyone in their community. They then held design workshops which included the participation of children and older people. They pushed for the inclusion of herb gardens in the project and other creative ideas. During the workshop, the men and women were separated, and, as a whole, the women had more creative ideas for the use of the space.

6.6.3 Successes and challenges:

In this community, the two people with disabilities as well as all the older people are in employment, and there are no chronically ill people. The community's idea of an inclusive society thus focuses on environmental concerns as well as social inclusion: they believe that everyone needs to be responsible, participating in waste management for example. However, they stressed that it is essential for everyone to feel included and equally important in the community. The community mentioned that they felt empowered by the participatory processes used in the Baan Mankong and in the Tar-Saeng Studio project, and the fact that they were part of different networks, linking them to the local government, the university and other organisations.

In this project, there was a gap between the theoretical understanding of universal design and its use in practice. The project was built by community builders with no further consultation. The focus was thus kept on safety, and universal design principles were not well incorporated. This raises the issue of a lack of different perspectives and participation past the design process, which has proven problematic. The ideas of women, children and older people were not taken into account in the finalised product. Moreover, it has highlighted the struggle of promoting new ideas to professionals: the community builders were reluctant to use universal design, seeing it as too technical compared to the techniques they already knew and used.

7

Conclusions and recommendations

The case of Thailand serves as an illustration of some important features that any attempts to leave no one behind should encompass.

The importance of strong community networks is paramount. In Thailand, communities are placed at the heart of development efforts. Whether in relation to housing – through the Baan Mankong programme for example – or health – through the health volunteer system – communities play a central role. Community networks develop particularly in settings where state, NGOs and other actors lack the will or capacity to act effectively to ensure that the most vulnerable populations are cared for. A focus on communities can foster a culture of inclusion and collective responsibility, which reduces the probability that people are left behind.

Throughout our research, we found selfless actions taken by the urban poor, to safeguard those worst off. Whether it is free housing for the poorest amongst them, or collective loans taken to allow older people or people with disabilities to remain within the community, the urban poor are looking out for those they themselves have identified as most vulnerable. There is an inherent understanding that even in conditions of poverty and urban slums, some are worse off than others. It is important for the government to have schemes targeting the urban poor, but the understanding that even these minimal entry conditions exclude some is tackled by a collective responsibility to help them out.

Equally, participatory processes allow the urban poor to steer development, housing and health in the way that they see fit. The case studies examined all have an element of leaving no one behind. However, there is no one-size-fits-all solution. What we did find is that participatory processes, through community committees and meetings open to all, allow communities to target vulnerable people. However, they do so in markedly different ways. Central and underprivileged homes within the Baan Mankong programme allow older people, people with disabilities, the chronically poor and chronically ill to upgrade their housing and remain within the community, even when they cannot afford to do so. In these cases, the community takes communal loans to incorporate these vulnerable people into the project. Universal design, on the other hand, looks at how an inclusive society allows for everyone to participate in designing spaces where they can interact with no barriers. Lastly, projects like the SUP sponsored by the World Bank or the use of the Soldiers' Fund in Saeng Mook Da illustrate how external grants can be directly channelled to those who need it most. What is common to all these projects is the idea that communities need to be facilitated to find the solutions that work best for them, rather than having a project imposed upon them.

Savings groups are vital in creating cohesive communities. It is the basis upon which further networks can be built. When communities save together, they have a vested interest in the decision-making process, since their own funds are in question. More importantly, they get to know and trust the people they live with. They are more than neighbours; they become a community in the truest sense of the word. This makes for an inclusive society, where people genuinely care for the wellbeing of others, and take actions to ensure that no one is left behind.

It is also noteworthy that, irrespective of the source of funding, the processes we observed were markedly similar. People with disabilities, older people, the chronically ill and the chronically poor were identified using data stemming from community mapping and surveys. These were either undertaken for the Baan Mankong programme or by health volunteers. The resulting census data, available to use by communities, ensures that community leaders, health volunteers and community members know who among them are at risk of being left behind, which in turn allows them to steer any available support towards them. Mapping and surveys are therefore the starting point in efforts to leave no one behind.

These processes need to be supported by the government, at both financial and policy level. In all of the communities we visited, people unanimously pointed to the fact that the government needs to step in if funding for these projects is to become sustainable. The government could also promote the skills training that occurred in several of the aforementioned projects, be it in in construction or project and financial management. While it is arguable that a strong social network would in any case take care of its vulnerable people, the case of Thailand shows that government funding can go a long way towards lifting people out of extreme poverty. Through loans and grants, the Thai government directly targets communities. Housing loans are never taken at a personal level; rather, community loans are approved, making people plan and live together. This fosters cooperation and social responsibility. If there are issues with repayment, communities work together and watch out for those who are trailing behind. More importantly for our research, it allows the urban poor to look out for those most vulnerable by recognising that an inability to participate in savings activities does not mean that these people are not valued by their communities. Government funding has allowed several of the projects we examined to become a reality, and can therefore not be disregarded.

The Baan Mankong programme is a successful government initiative to reach poor populations. Nevertheless, the case studies here demonstrate that meeting even minimal requirements to participate can be unfeasible for some community members. The responsibility for these people is shouldered by the rest of the community, but sustainable government funding is needed to reach those most vulnerable. Nevertheless, an argument can be made for maintaining community participation in the process, since it seems to ensure that these people are well integrated and cared for within the community in the cases examined.

The same can be said of international funders. The World Bank project in Gao Liew is a valuable example of international money – through the Japan Social Development Fund, World Bank and CODI – being channelled through the local government to reach communities. The process used illustrates an understanding of the importance of participation. It is very telling that this allowed for a maximum number of poor people to be reached by a relatively small budget. Participation also allows for transparency at all levels, from the amount granted to the project to its use, through every stage. Community approval of the budget and the target families is also noteworthy when taking into consideration that the entire community can be categorised as poor.

Both the creation of the Baan Mankong programme and the introduction of universal design in different ongoing and future project in Thailand show that different actors can push for certain initiatives. While participating communities need to adopt these ideas if they are to become mainstream, the initial push can come from either government agencies – like CODI for the Baan Mankong and the idea of collective loans and leases – or from non-state actors, professionals and other organisations – like Tar-Saeng Studio and the IHPPD for promoting universal design in Thailand. These actors need to take the necessary time and resources to build trust in the communities, explain the novel ideas and train communities on the ground.

The case studies presented here also illustrate that it is essential to have a multi-disciplinary and holistic approach when tackling the target of leaving no one behind. While all the projects we have outlined dealt with construction, they included a wide range of actors. In the World Bank project in Gao Liew, the main group of people organising the process came from a health background who used the information they already had on the community to find the appropriate design for each house, for the construction and cost estimation,

while those in Chiang Rai came from health and construction backgrounds. Having people from different backgrounds working together with architects on these projects means that the design should correspond to the actual needs of the community, and should ensure that the most vulnerable people are included. In the end, this makes for much more sustainable projects.

Another key component is building partnerships with the municipality and local authorities. In the case studies we explored in all three provinces, whenever funding became available at the municipal level, the local authority contacted communities to take the projects forward. In none of the examples we looked at did the municipality directly undertake a project. This is a testament to the level of trust that has been built between communities and the local government, perhaps as a result of the success of the Baan Mankong.

Nevertheless, the existence of these networks and community actors does not mean that the government does not have a role to play. When asked about the ways in which society could become truly inclusive, with sustainable projects being undertaken to ensure that no one is left behind, all community members and leaders pointed to the need for government funding and support. The state has a responsibility to all citizens, including those in low-income in urban settings. Necessary actions need to be taken at national and regional level to ensure that people in these communities have the means to make a decent living and live in an acceptable environment. The fact that low-income community members take care of one another does not in turn mean that they can be safely forgotten by the state.

References

Abed, FH (2013) 'Listening to grassroots'. In: N. Samarasinghe and United Nations Association UK (eds.) *Global development goals: 'leaving no one behind'*. London: Witan Media Ltd.

ACHR (2011) Interactive Bang Bua canal guide book. Bangkok: ACHR, CODI, CAN.

Akkslip, S, Rasmithat, S, Maher, D and Sawert, H (1999) Direct observation of tuberculosis treatment by supervised family members in Yasothorn Province, Thailand. *The International Journal of Tuberculosis and Lung Disease* 3: 1,061–1,065.

Archer, D (2010) Empowering the urban poor through community-based slim upgrading: the case of Bangkok, Thailand. Empowering the Urban Poor, 46th ISOCARP Congress 2010. www.isocarp.net/Data/case_studies/1648.pdf

Banpru City (2014) **การลงทะเบียนขอรับเบี้ยยังชีพ (ผู้สูงอายุ/คนพิการ)**. www.banprucity.go.th/?page_id=504

Bhatkal, T and Lucci, P (2015) Community-driven development in the slums: Thailand's Experience. London: Overseas Development Institute. www.developmentprogress.org/publication/community-driven-development-slums-thailands-experience

Boonyabancha, S (2005) How upgrading of Thailand's informal settlements is spear heading a community-driven, city-wide, integrated social development process. Paper for Arusha Conference, New Frontiers of Social Policy, December 2005.

Boonyabancha, S (2009) Land for housing for the poor – by the poor: experiences from the Baan Mankong Nationwide Slum Upgrading Programme in Thailand. *Environment and Urbanization* 21, 309–329. http://eau.sagepub.com/content/21/2/309

Bowornwathana, B (1984) Implementing public health policies in rural Thailand. *Contemporary Southeast Asia* 5: 451-463.

Bualar, T (2010) Disability rehabilitation policy in Thailand: explaining why it has come under fire. *Journal of Asian Public Policy,* 3: 111–117.

CODI (2008) The slums survey in Thailand (**ผลการสำรวจข้อมูลชุมชนแออัด**).

CODI (2016a) Baan Mankong collective housing. www.codi.or.th/housing/aboutBaanmankong.html

CODI (2016b) Results: Statistics January 2011. www.codi.or.th/housing/results.html

Ekachampaka, P and Wattanamano, N (2010) Thailand health profile report 2008–2010. In: Ministry Of Public Health (ed) *Thailand health profile reports.* Bangkok: Ministry of Public Health.

Emergency Operation Center for Flood, Storm and Landslide (2012) Flood, storm and landslide situation report.

Friedman, Flores, W, Brolan, C, Hill, P, Hussain, S, Mulumba, M, Latif, LA, Eggermont, N and Gostin, LO (2013) Community engagement. In: N. Samarasinghe and United Nations Association UK (eds) *Global development goals: 'leaving no one behind'*. London: Witan Media Ltd

Galbally, R, Fidler, A, Chowdhury, M, Tang, KC, Good, S and Tantivess, S (2011) Ten-year review of Thai Health Promotion Foundation. http://en.thaihealth.or.th/RESOURCE_CENTER.html

Impact Forecasting LLC (2012) 2011 Thailand floods: event recap report. http://tinyurl.com/2011-thai-floods-LLC

Ito, N (2010) Convention on the rights of people with disabilities and perspectives of development assistance: a case study of Thai disability policy. *Asia Pacific Disability Rehabilitation Journal* 21: 43–59.

Iwarsson, S and Ståhl, A (2003) Accessibility, usability and universal design – positioning and definition of concepts describing person-environment relationships. *Disability and Rehabilitation* 25: 57–66.

Jitapunkul, S and Wivatvanit, S (2008) National policies and programs for the aging population in Thailand. *Ageing International,* 33: 62–74.

Jitsuchon, S, Skoufias, E and Wiener, M (2012) Reducing elderly poverty in Thailand: the role of Thailand's pension and social assistance programs. Bangkok: The World Bank

Jongudomsuk, P and Srisasalux, J (2012) A decade of health-care decentralization in Thailand: what lessons can be drawn? www.searo.who.int/publications/journals/seajph/issues/seajphv1i3p347.pdf?ua=1

Karcharnubarn, R (2010) Variations in health status of the elderly in Thailand. University of Leeds. http://tinyurl.com/Karcharnubarn-2010

Knodel, J and Chayovan, N (2008) Older people in Thailand: a demographic, social and economic profile. *Ageing international,* 33: 3–14.

Knodel, J, Prachuabmoh, V and Chayovan, N (2013) The changing well-being of Thai elderly: an update from the 2011 survey of older people in Thailand. *College of Population Studies, Chulalongkorn University.* https://deepblue.lib.umich.edu/handle/2027.42/100344

Lee, W, Stoeckel, J, Jintaganont, P, Romanarak, T and Kullavanijaya, S (1991) The impact of a community based health education program on the incidence of diarrheal disease in southern Thailand. *Southeast Asian Journal of Tropical Medicine and Public Health* 22: 548–556.

Mace, R (1985) Universal design, barrier-free environments for everyone. Los Angeles: Designer West.

Marome, WA and Supreedee R (undated) Thai incremental housing experience. web.mit.edu/incrementalhousing/WUF-Rio/pdfs/networkSessionThailand_Marome.pdf

Ministry of Labor (2010) Minimum wage. www.mol.go.th/en/employee/interesting_information/6319

Ministry of Social Development and Human Security (2012) ประกาศกระทรวงการพัฒนาสังคมและความมั่นคงของมนุษย์. dep.go.th/sites/default/files/files/law/185.pdf

Ministry of Social Development and Human Security (2015) หลักเกณฑ์การขึ้นทะเบียนรับเบี้ยยังชีพผู้สูงอายุ, คนพิการ, ผู้ป่วยเอดส์หรือโรคภูมิคุ้มกันบกพร่องขึ้นทะเบียนรับเงินเบี้ยยังชีพผู้สูงอายุ www.m-society.go.th/ewt_news.php?nid=15283

Nahom Subdistrict (2011) The Queen's Fund. http://tinyurl.com/queens-fund-2011

National Statistics Office (2007) Survey on health and welfare. In: National Statistics Office (ed.) *Survey on health and welfare.* Bangkok: National Statistics Office.

O'Donnell, O, Van Doorslaer, E, Rannan-Eliya, RP, Somanathan, A, Adhikari, SR, Harbianto, D, Garg, CC, Hanvoravongchai, P, Huq, MN and Karan, A (2007) The incidence of public spending on healthcare: comparative evidence from Asia. *The World Bank Economic Review* 21: 93–123.

Pfau, WD and Atisophon, V (2009) The impact of the National Pension Fund on the suitability of elderly pensions in Thailand. *Asian Economic Journal* 23: 41–63.

Phomborphub, B, Pungrassami, P and Boonkitjaroen, T (2008) Village health volunteer participation in tuberculosis control in southern Thailand.

Pornchokchai, S (2008) Housing finance mechanism in Thailand. Nairobi: UN-Habitat.

Somkotra, T and Lagrada, LP (2009) Which households are at risk of catastrophic health spending? Experience in Thailand after universal coverage. *Health Affairs* 28: 467–478.

Suwanrada, W (2008) Poverty and financial security of the elderly in Thailand. *Ageing International* 33: 50–61.

Treerutkuarkul, A (2008) Thailand's unsung heroes. In: World Health Organization (ed.) *Bulletin of the World Health Organization.* Web: World Health Organization. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2647352/

UN (2015a) Sustainable development knowledge platform: Sustainable Development Goals. https://sustainabledevelopment.un.org/?menu=1300

UN (2015b) A new global partnership: eradicate poverty and transform economies through sustainable development. The report of the High-Level Panel of Eminent People on the post-2015 Development Agenda. www.post2015hlp.org/the-report

UN Habitat (2009a) Community development fund in Thailand: a tool for poverty reduction and affordable housing. Nairobi: UN Habitat. http://unhabitat.org/books/community-development-fund-in-thailand

UN Habitat (2009b) Slum upgrading facility: exchange visit to CODI in Thailand. Nairobi: UN Habitat. https://coconutcurry.wordpress.com/2011/02/16/slum-upgrading-facility-exchange-visit-to-codi-in-thailand-un-habitat

Wibulpolprasert, S (1991) Community financing: Thailand's experience. *Health Policy and Planning* 6: 354–360.

Wungpatcharapon, S and Tovivich, S (2012) Baan Mankong at Klong Bang Bua community guidebook. Bangkok: ACHR, CODI, CAN.

Yamtree, K and Sonthichai, Y (2016) DAD: Differently-abled design, Thailand. Health Systems Research Institute. https://www.hsri.or.th/researcher/media/printed-matter/detail/7312

Yiengprugsawan, V, Kelly, M, Seubsman, S-A and Sleigh, AC (2010) The first 10 years of the universal coverage scheme in thailand: review of its impact on health inequalities and lessons learnt for middle-income countries. *Australasian Epidemiologist/Australasian Epidemiological Association* 17: 24.

This paper examines community participation in housing projects for low-income communities in Thailand and how they have sought to 'leave no one behind'. Baan Mankong, the government slum upgrading programme, is unique in how it has institutionalised participation. Housing projects funded by international funders, community savings or small government subsidies also use participation in their design and implementation. Simultaneously, new concepts like universal design promote an inclusive experience, taking into account the needs of all community members, irrespective of age and ability. Six case studies are presented here, focusing on central and underprivileged homes in the programme, the renovation of homes for vulnerable people, and the design of communal spaces.

IIED is a policy and action research organisation. We promote sustainable development to improve livelihoods and protect the environments on which these livelihoods are built. We specialise in linking local priorities to global challenges. IIED is based in London and works in Africa, Asia, Latin America, the Middle East and the Pacific, with some of the world's most vulnerable people. We work with them to strengthen their voice in the decision-making arenas that affect them – from village councils to international conventions.

iied

Knowledge
Products