

**‘Plus 5’ review of the 2002 Special Session on Children and
World Fit for Children Plan of Action
THAILAND**

1.Introduction

Thailand attended the 27th United Nations General Assembly’s Special Session on Children (UNGASS), which was held during the period of 8-10 May 2002 in New York, in order to follow up on progress made by member countries, and formulate future agenda for children.

The Special Session culminated in the adoption by member states of its outcome document known as “A World Fit for Children” as the new agenda for children for the new decade (2000-2010). As a result of the adoption, member countries have obligations to develop, and implement, their National Plans of Action in pursuant of the goals and targets set forth in the document’s Declaration.

Thai delegates presented the outcomes of the Special Session to the cabinet. On the 1st of October 2002, the Cabinet passed a resolution supporting the United Nations’ targets and actions in this regard, calling for the development of Thailand’s National Plan of Action and incorporating this matter into the national agenda. The resolution calls on child and youth organizations to devise ways and means to implement the NPA in co-operation with all sectors of the society and seek support from the public sector, including administrative, legislative and judiciary branches, as well as the private sector, business community, the media, children and youth and international organizations. It also encourages children and youth assemblies, clubs and organizations to formulate their own plans and actions to complement the NPA and make the impact of the Plan more comprehensive. The cabinet designated the Ministry of Social Development and Human Security as the main responsible agency.

In order to prepare draft National Policies and the Plan of Action to internalize “A World Fit for Children”, and to develop the new child and youth agenda for the next ten years (2007-2016), a sub-committee chaired by Dr. Saisuree Chutikul, was established comprising of representatives from various agencies concerned, experts from both the public and private sectors. Approximately 12,000 representatives from child and youth groups aged between 4-22 years old from 43 provinces, organized

various assemblies to gather opinions and suggestions from children themselves as to what constitutes a world or a country fit for children. Recommendations from these assemblies were taken into account in the development of the NPA, which resulted in the expansion of key priorities from the original four as set forth in “A World Fit for Children” to 11 as it was felt would make the NPA more comprehensive. As a result, Thailand’s policies, strategies and plan of action on child development focus on 11 key priorities as follows:

1. Family and children;
2. Physical and psychological health;
3. Safety promotion and prevention of injuries;
4. Children and the impact of HIV/AIDS;
5. Education and children;
6. Children and recreation;
7. Media and children;
8. Culture and religion and children;
9. Child participation;
10. Protection for children in need of special protection measures; and
11. Legislation, rules and regulations concerning children.

These policies and plans present comprehensive and holistic approaches and measures, which take into account the best interests of the child and are consistent with national identity and democratic values under the constitutional monarchy.

2. Major National Actions taken for Children and towards the WFFC targets since 2002

Thailand attaches great importance to the outcome of the 27th Special Session on Children. Accordingly, Thailand’s draft “National Strategy and Plan of Action for a World Fit for Children” for the year 2005-2015 has been formulated on the basis of the framework of the final document adopted by the 27th Special Session, with the addition of certain aspects which are pertinent to the situation in the Thai society. Public hearing processes on the draft National Strategy and Plan of Action are on-going and it is expected that the revised draft would be ready for submission to the Cabinet of Ministers for approval in early 2007.

Thailand's first Millennium Development Goals Report (MDGR) 2004 unfolds a story of success, ambition, and challenges that lie ahead. In the past decade, Thailand has made strides in meeting most, if not all MDGs. Not satisfied with many achievements, Thailand commits itself to a set of more ambitious targets- called MDG plus – that go well beyond the internationally agreed MDGs. However impressive the achievements are, major challenges remain. Persistent disparities among regions and groups within the country, including marginalised and vulnerable groups, need to be addressed. Policies and resources are needed to tackle poverty and below-average health conditions in the Northeast, the remote highland areas of the North, and the three southernmost provinces that lag behind the rest of the country.

Two provincial MDG Reports based on the situation of Mae Hong Sorn and Nakorn Panom, two of the most poverty-stricken provinces in Thailand have been prepared to compare the disparities between these provinces with the rest of the country. Another provincial MDG-report in a southern province will be commissioned and is expected to complete by the end of 2007.

While the overall National Plan of Action functions as the guiding document for child and youth development for the coming decade, many actions for children have been incorporated in the policies and actions of the various involved line ministries. The following sections provide a summary of actions taken, initiatives and moves towards incorporating WFFC-targets and MDG targets for children at national and sub-national levels.

2.1 Promoting Healthy Lives

2.1.1 Promotion of maternal and infant health.

A long series of interventions to further improve the provision of maternal and child health was implemented over the past years. These interventions included, among others,

1) Surveillance and promotion of infant nutrition and development, including:

Thailand has long systematised the follow-up of child malnutrition. The following activities have been on-going and cannot be singled out as activities arising since 2002.

- appraisal of nutritional status and infant growth through weight and height measurements every three months;
- provision of advice and supplemental feeding, including iron supplements, for underweight children;

- promotion of exclusive breastfeeding for at least four months;
 - assessment of child development and provision of counselling on child rearing;
 - Extension of coverage of dental care;
- 2) Immunization against basic diseases recognized by the Department of Disease Control, such as Tuberculosis, Diphtheria, Tetanus toxoids, Pertussis, Measles;
- 3) Counselling on child rearing for parents and child minders;
- 4) Ensuring infant weight at birth in excess of 2,500g and prevention of infants suffering from lack of oxygen, through:
- pre-natal check-up at least four times;
 - provision of maternal and child health booklet to all pregnant women receiving pre-natal check-up;
 - general health check;
 - weight measurement for assessment of nutritional status and provision of supplemental feeding and iron supplements;
 - promotion of dental care;
 - immunization against basic diseases;
- 5) Promotion of healthy lives as a means of HIV/AIDS prevention and control, through:
- Pre- and post-test counselling;
 - Provision of AZT to all pregnant women infected with HIV who want to continue with their pregnancies to reduce the risk of mother-to-child transmission;
 - Provision of AZT and breast milk substitutes up to 12 months for infants born from HIV-infected mothers;
 - Continuing care for pregnant women, mothers and families infected with HIV;
- 6) Surveillance and control of severe Thalassemia, through:
- Pre- and post- test counselling and provision of voluntary OF and DCIP test for pregnant women prior to 16 week stage;
 - Follow-up test for husbands of women who tested positive;
 - Referral service for pregnant women. Examination of foetus for Thalassemia risk.
- 7) Improving maternal health

Since 2002, the Ministry of Public Health has been promoting the Excellent Safe Motherhood Hospital (ESMH) concepts and practices in order to improve the quality of care for pregnant women and babies. Most general and regional hospitals have already passed the “ESMH self-assessment”,

while the rest are still in the process of compliance. In the MDG Report for Thailand (2004), the government points out that further efforts are required to bring down maternal mortality in the far South of the country as well as among ethnic minority groups, particularly in the North of Thailand

2.1.2 Promoting Healthy lives for primary school age children and adolescents (6-18 years old) since 2002.

Thailand aims to enable primary school age children and adolescents in all areas of Thailand to receive the best possible standard of health service, live their lives in a healthy environment, and have necessary life skills to take appropriate care of themselves. Some of the projects include:

- 1) Health Promotion School, encouraging schools to become centres for education and health development: Between 1998 and 2003, 88.1 percent of schools across Thailand joined the project. Out of these, 40 percent have achieved the 10 component-standard endorsed by the WHO;
- 2) Provision of health insurance for all, to enable children to receive medical care and health promotion services, such as physical health check, nutritional surveillance, and immunization;
- 3) Training of student leaders to disseminate knowledge and information on health issues to their peers in school, families and communities. In 2005, this project was implemented in all schools in Thailand, producing 450,000 student leaders;
- 4) Friend Corner Project, addressing the need for counselling service for teenagers on such issues related to reproductive health;
- 5) Prevention and control of nutritional deficiencies, such as iron and iodine deficiencies, resulting in a declining trend in malnutrition;
- 6) Building capacity of local administrative organizations to provide appropriate health care to children.

2.2. Providing quality education for all.

The 1997 Constitution of Thailand stipulates that all Thai people have the right to education. The law concerning at least 12 years of basic education was enacted in 1999 and that all children born in Thailand receive basic education free of charge. In 2000, another law stipulating that all children born in Thailand must have at least 9 years of compulsory education was enacted. To ensure a better start to the lives of

children, the then Prime Minister of Thailand had recommended that early childhood education of three years should be included in the basic education cycle.

The first National Education Act (NEA) of 1999 was therefore enacted to serve as a fundamental law for the administration and provision of education and training based on three principles:

1) Lifelong education, 2) Participation by all segments of society, and 3) Continuous development of bodies of knowledge and the learning process. This law provides the impetus for the present Education Reform in the country.

2.2.1 Resource allocations for education.

Thailand has given significant attention to education, considering it as the foundation of the country's development. Such approach to education can be seen from the fact that the education sector receives the highest budget from the government's allocations. In 2006, around 18% of the total government budget was allocated to the education sector. In addition the budgets from the private sector and the local administrative organizations. Focus is also placed on capacity building of teachers to enable them to apply quality teaching and learning methods which place learners at the centre of the learning process. This is an important milestone to ensure that teachers have the capacity to inculcate quality education into their students.

2.2.2. Providing opportunities for poor and disadvantaged children to receive universal education

The government has laid down comprehensive policies and measures, both long and medium-term, for addressing the problems of poor and disadvantaged children, including guidelines for resource mobilization and management. To comply with the first NEA of 1999, Thailand initiated special programmes to address the disadvantaged groups. These groups include children with disabilities, hill tribe children, migrant children living along the borders, and other groups of underprivileged children. In 2005, the Ministry of Education issued a special policy guideline that aims at enrolling all children into school. Beside, special measures include:

- 1) Scholarship funds for disadvantaged children, totalling 79,000 students;
- 2) Provision of university scholarship (bachelor degree) to students from all districts and sub-districts in the fields responsive to the needs of both the localities and the students themselves.
- 3) Provision of 11,000 scholarships to street children, children with disabilities, orphans and children affected by AIDS.
- 4) Supporting projects addressing the problems and needs of street children, children with disabilities, and orphans.
- 5) Supporting education, in both formal and non-formal schooling systems, for the disabled and disadvantaged:
 - Organization of formal schooling of basic education, and non-formal schooling of continuing education equivalent to basic education, for people with disabilities;
 - Organization of education for students in welfare schools and rendering assistance to disadvantaged children who are out of school by organizing continuing education equivalent to basic education for 1,666,620 children, promoting literacy for 279,083 children and organizing skills training through short-term vocational courses for 669,579 children.
 - Establishment of education funds to increase opportunities for students who lack financial means.
 - Implementation of bicycle on loan project by supporting schools in the acquisition of bicycles which students can borrow throughout their schooling. This is to ensure that distance does not pose any obstacles to access to school.

2.2.3 Education reform and lifelong learning.

Progress was made in education reform and the promotion of life long learning. This included:

- 1) Reforming the process of developing and producing teachers. Efforts have been made to develop capacity of teachers to become “lead teachers” on learning reform and networking, including insuring “master teachers” at pre-school, primary, secondary and vocational levels. Scholarship funds for master degree and PhD are also provided.
- 2) Education Quality Assurance. The Cabinet passed a resolution requiring all educational institutes which offer basic education to establish internal quality assurance.

- 3) Learner-centred approach to teaching and learning. Pilot schools have been developed to implement whole-school learning reform, which is ready for scaling up to at least 2,500 schools under the jurisdiction of the Ministry of Education. A total of 3,697 students with a special talent in sports were assisted to enter 10 sports schools and another 9,440 were accepted into 17 physical education colleges.
- 4) Education organization by families, communities, NGOs and religious institutes.
- 5) Reforming of scientific learning process and strengthening of the foundation for scientific thinking. The period of 2002-2003 saw many initiatives, including a project to promote science and technology in rural schools known as SIRS to lay down scientific foundation for rural youth; development of tools for assessing scientific thinking process (Modified Essay Questionnaire: MEQ); organization of scientific learning sources for youth and the general public by the National Science Museum.
- 6) Promoting learning in the field of science through such activities as allocating scholarship funds in the fields of science and mathematics for secondary school students; sending youths with special talent in the science field to represent Thailand in international competitions; establishing technology clinic networks across educational institutes to act as agents for transferring technological know-how, counselling and dissemination of information in the localities.
- 7) Utilisation of educational media and developing systems of information technology networks with various learning facilities. SchoolNet was established to provide computer networking services for government schools across Thailand, providing them with internet networks and establishing IT networks with the public sector (known as Ginet) whose services reach 76 provinces of Thailand. At present, schools under the jurisdiction of the Office of the Basic Education Committee are able to connect to the internet.

2.3 Protecting children against abuse, exploitation and violence.

2.3.1 The Child Protection Act

The new Child Protection Act of 2003 which came into effect on 30 March 2004. With this Act coming into force Thailand has taken some key steps as follows:

- Enactment of eight and ten regulations and ministerial rules respectively;
- Appointment of competent officials as required in the Act as child protection officers. In 2005, five training courses were organized which saw 280 officials being registered as child protection officers. A further six training courses were planned for 2006 for a total of 360 participants;
- Creation of Child Protection Fund. Since 2005, the government has allocated an annual budget of 30 million baht to enable provinces to provide welfare assistance to children and their families, and to support projects and activities implemented by provincial agencies;
- Supporting Provincial Child Protection Committees in the organisation of planning meetings. In 2005, it was reported that of the 76 Provincial Offices of Social Development and Human Security across Thailand, 48 organized one to three meetings of Provincial Child Protection Committees; 51 out of 76 organized one to four meetings of Provincial Child Protection Sub-Committees; and 42 organized one training on child protection;
- Organization of joint meetings between National and Provincial Child Protection Committees, to facilitate consistent implementation of the Child Protection Act of 2003. In 2006, the National Child Protection Committee planned 12 meetings with 38 Provincial Child Protection Committees. A multidisciplinary team, composed of experts and government representatives, was established and assigned with the responsibilities of conducting inspection visits and exchanging views on the implementation of the Act at the provincial level.

The Ministry of Education has taken steps as follows:

- Enactment of related regulations and ministerial rules;
- Formation of strategies and guidelines in preventing and alleviating behavioural problems of students;
- Establishment of child protection centres in the Ministry and in 175 district offices with a view to promoting and protecting child rights, as well as a campaign to build up networks for the promotion and protection of child rights. The centres are also responsible for taking hotline calls 1579 reporting incidents of child rights violations and grievances.

2.3.2 The National Human Rights Commission and its Sub-Committee on Children, Youth and Families.

The National Human Rights Commission is responsible for inspection, monitoring and reporting of actions or inactions which constitute human rights violations or are not in conformity with the international human rights instruments to which Thailand is a state party. It is also responsible for proposing policies and recommendations on legislative amendments to the parliament and cabinet, as well as supporting researches and studies to disseminate knowledge on human rights. The Commission operates through 20-30 working groups, which were created to cover as wide a range of situations as possible.

The Sub-Committee on Children, Youth and Families plays a significant role in the inspection and facilitation of the implementation of the Convention on the Rights of the Child. The key activities of the Sub-Committee in 2004-2005 were as follows:

- 1) Distribution of questionnaires to, and meeting with, eight government agencies concerned with the promotion and protection of child rights, to gather information and opinions on joint action to make the promotion and protection of child rights better conform to the CRC.
- 2) Conducting inspection and monitoring visits to agencies and institutions responsible for the promotion and protection of child rights, including six police stations, Immigration Office, provincial jails/correction institutes, Child and Youth Observation and Protection Centres, and welfare homes in nine provinces.
- 3) Conducting researches and studies on various issues, including children in the justice system; the situation of and mechanisms for the surveillance and protection of child rights in welfare homes; inspection places of high risk of child rights violations and health dangers; mechanisms for conforming with the Convention on the Rights of the Child; stateless children; children and the media; development of durable approaches and guidelines for the prevention of violence against children; guidelines for the protection and assistance of child labour; Safety promotion and prevention of accidents in children; and the promotion of children, youth and families' participation. The Sub-Committee created a public relations team responsible for disseminating results and findings of these researches to the general public, which it hopes will lead to policy advocacy and implementation.
- 4) Consideration and investigation of complaints. The Sub-Committee considered 10 complaint cases related to children and youth, including such cases as the detention and restraint of children; teachers

and police officers' roles in luring children; extreme punishment by teachers; and application for nationality. It also investigated cases concerning families, such as threats of physical violence made by husbands.

2.3.3 National Plan of Action on the Eradication of the Worst Form of Child Labour.

The NPA contains three main parts, first part concerning comparative study of situations of child labour prior to and post ratification; second part concerning preventive, suppressive and rehabilitative strategies and measures, and how to make the plan effective; and third part concerning a framework for future implementation.

On 11 May 2004 Thailand ratified the ILO Convention No. 138 concerning minimum age for admission to employment of 1973. Thailand set the minimum age of employment at 15 years old. The 10th and 11th Ministerial Regulations were issued to prohibit the employment of children to work in fishing boats and employment of children below 18 years of age to perform work related to carrying or transferring cargo on ships, with the exception of cleaning or binding work.

2.3.4 National Policy and Plan of Action on the Prevention and Suppression of Commercial Sexual Exploitation, and National Plan of Action on the Prevention and Suppression of Trafficking in Women and children.

On 6 August 2004 the Cabinet announced the combating of human trafficking as a national policy. On 14 June 2005 the Cabinet endorsed the creation of Coordination Centres on Human Trafficking at both the national and provincial levels. These centres are responsible for safeguarding information and transfers to assist victims of human trafficking; preparing MOU concerning joint efforts in combating human trafficking, particularly in children and women, among national agencies, bilaterally with Cambodia and Myanmar and at the Greater Mekong Sub-Region level with Cambodia, China, Laos, Myanmar and Vietnam.

2.3.5 Juvenile Justice.

In 2006 Thailand had established juvenile and family courts in all 76 provinces of Thailand. And training courses were organized on care for children in the justice system, including recovery, life skills training and rehabilitation for reintegration.

2.4 Combating HIV/AIDS

2.4.1 Data on children and youth infected with HIV/AIDS

Children infected with HIV/AIDS range from 0-24 years old. From 1984-2005, they numbered 38,279 (epidemiological data from Office of Epidemiology, Department of Disease Control as of 30 April 2005). The Thai Working Group estimated cumulative data of children infected with HIV at 53,400 by 2006.

Table 1 Number of children and youth living with AIDS by age group 2004-2006

Age group	2004	%	2005	%	2006	%
0 -4	12,970	2.27	12,130	2.24	11,222	2.21
5 - 9	8,894	1.55	9,145	1.69	9,155	1.80
10 -14	2,966	0.55	3,720	0.69	4,424	0.87
15 - 19	13,914	2.43	12,447	2.30	11,291	2.22
20 - 24	54,277	9.48	47,924	8.86	42,598	8.38

Source: Bureau of Epidemiology, Ministry of Public Health

Note: The above information is presented in proportion to the overall picture.

According to the above table, the number of children and youth living with AIDS in the 0-4, 15-19 and 20-24 age groups is declining; while that in 5-9 and 10-14 groups is rising. The declining number of children and youth living with AIDS in children 0-4 years old may have been due to the success of the national programme for the prevention of mother-to child transmission of HIV/AIDS and appropriate care given to pregnant women. The rising number of children and youth living with AIDS in the 15-19 and 20-

24 age groups could be explained by possible lack of caregivers and immaturity in looking after oneself in terms of health care and prevention of HIV/AIDS, as well as opportunistic diseases.

2.4.2 Access to anti-retroviral drugs for children infected with HIV/AIDS

Data from the programme for the prevention of mother-to-child transmission of HIV/AIDS under the Health Promotion Bureau, Department of Health, between October 2004-September 2005, suggested that from a total of 2,047 infants born from HIV-infected mothers, 2,025 or 98.9 percent received anti-retroviral drugs. Only 22 infants or 1.1 percent of this number did not receive the drugs. Report on the distribution of AZT for children prepared by the Department of Disease Control as of 31 March 2005 suggested that 5,000 infected children received AZT.

2.4.3 Budget for the prevention and alleviation of AIDS

Data from the National Plan of Action for the Prevention and Alleviation of AIDS for 2005 budget year revealed that 500 projects for the prevention and alleviation of AIDS were being implemented. These projects consumed a total of 1,601,616,200 Baht. Main activities focused on prevention of infection, care and treatment for infected people, management of AIDS plan, research and development on AIDS.

2.4.4 AIDS policy of the Ministry of Public Health

The policy of the Department of Disease Control under the Ministry of Public Health focuses on caring for HIV-infected people and preventing new infection. Progress made can be summarized as follows:

- 1) Reducing the number of new infections, by setting the following targets:
 - i. In 2004 the number of new infections must not exceed 19,000;
 - ii. In 2005 the number of new infections must not exceed 17,000; and
 - iii. In 2006 the number of new infections must not exceed 15,000.
- 2) Providing care and treatment to 50,000 HIV-infected people and AIDS patients who have CD4 below 200 in 2004. Anti-retroviral drugs were given by the Department of Disease Control and Global Fund.
- 3) Programme for the prevention of mother-to-child transmission of HIV/AIDS, under the responsibility of Health Promotion Bureau, the Department of Health. The programme

focuses on providing voluntary counselling and HIV-testing to all pregnant women. Pregnant women who tested positive will be given anti-retroviral drugs all through their pregnancies and during delivery. Infants born from HIV-infected mothers will be given anti-retroviral drugs and formula, as well as examination for immune resistance against HIV. Mothers, children and their families, including HIV-infected husbands, will be given further care as appropriate.

- 4) Programme to promote universal usage of condoms.

3. Resource allocations for child development

Thailand has given significant attention to child development as suggested by the continuing increase of budgets of both the public and private sector in this regard.

Table 2: Budget allocations from the public sector for the 2002-2005 planning structure.

Unit: million baht

Planning Structure	2002	2003	2004	2005
	Amount	Amount	Amount	Amount
1. Education	180,776.00	191,865.90	209,166.60	215,161.80
2. Health	438.74	59,876.61	92,550.55	70,052.86
3. Children with disabilities	682.62	888.38	955.41	1,179.20
4. Support for families with income below poverty line	106.96	154.96	154.96	154.96
5. Protection of children in need of alternative care and support for service facilities	12.98	12.98	12.98	12.98
6. Support for families	30.40	30.40	56.16	81.92
7. Project and activities for the prevention and protection of children against abuse, trafficking, commercial sexual	-	-	4.06	438.94

exploitation and child labour				
8. Projects and services for ethnic minority and indigenous children	27.96	24.68	27.87	27.01
9. Projects and services for children in armed conflicts	-	-	-	1,287.44
10. Projects and services for abandoned children, including street children	127.93	127.93	198.88	207.40
11. Juvenile justice, treatment, rehabilitation and reintegration (under the jurisdiction of the Department of Child and Juvenile Observation and Protection)	616.34	714.26	915.69	980.88
Total	182,819.93	253,696.10	304,022.96	289,585.39

Note: Exchange rate: one US Dollar for approximately 40 Baht.

- Sources:
1. Ministry of Education
 2. National Statistical Office
 3. The Department of Youth Observation and Protection
 4. The Bureau of the Budget
 5. Bureau of the Empowerment for Persons with Disabilities
 6. Department of Social Development and Welfare
 7. Office of Women's Affairs and Family Development

In addition to the budgets allocated to the sectors at the national level, additional resources for children were allocated through provincial and local governments.

4. Development of monitoring and evaluation systems

Several actions have been taken to further develop monitoring and evaluation systems.

4.1 Thailand's second report to the Committee on the Rights of the Child (2005/2006)

Thailand's second report to the Committee on the Rights of the Child was discussed in January 2006 (concluding observations attached as Annex 1). The CRC noted good progress in:

- Developing new domestic legislation and protection of children from trafficking
- Accession to international instruments (including optional protocols)
- New mechanisms to protect children's rights at national and provincial levels

Nevertheless, the CRC also noted various areas where further improvement would be required. It also advised to further progress towards full enforcement of the laws to ensure full implementation of the CRC and to further address the rights of vulnerable children, such as children of refugees and asylum seekers, children of migrant workers and children in indigenous and minority communities.

4.2 Monitoring and evaluation mechanisms exist at both the national and local levels and periodical Reviews of policies have been conducted.

The Ministry of Social Development and Human Security is responsible for coordinating with concerned agencies. At the national level, these are:

- 1) National Youth commission, responsible for proposing policies and recommendations on children and youth to the cabinet for the development of national plan for the promotion and development of children.
- 2) National Child Protection Committee as required by the Child Protection Act of 2003, responsible for policy, planning, budgeting and measures for welfare assistance, safety protection and behavioural promotion of children.
- 3) National Human Rights Commission, responsible for inspection of complaints; proposing policies and recommendations for legislative amendments to the cabinet; and preparing annual reports of human rights assessment.
- 4) National Committee on Promotion of Social Welfare, responsible for making recommendations to the cabinet on policies, standards and regulations concerning social welfare management.
- 5) National Committee on Prevention and Suppression of Human Trafficking.
- 6) Various sub-committees on children, such as Sub-Committee on Family Development, Sub-Committee on Child Rights, Sub-Committee on Revisions of Laws, Rules and Regulations in Conformity with the Constitution and the Convention on the Rights of the Child.

Key agencies at the local level are:

- 1) Provincial Child Protection Committee, responsible for taking actions and coordination on welfare assistance, safety protection and monitoring and evaluation.
- 2) Provincial Committee for Promotion of Social Welfare, responsible for proposing policies and measures on social welfare management and encouraging public and private agencies to take part in provincial welfare management, as well as monitoring and evaluation of provincial level implementation.
- 3) Development of integrated plan on child development at both the national and provincial levels to ensure that child development is integrated into local planning.

4.3 Monitoring and Evaluation Process.

A sub-committee on monitoring and evaluation was created, comprising representatives from all agencies concerned, from the public and private sectors, and academia. The sub-committee is responsible for monitoring the implementation of the NPA on a three year basis and conducting evaluation at the end of the plan based on the targets and indicators indicated in the NPA.

For monitoring and evaluation purposes, efforts have been made to create a system to collect baseline data on children; conduct researches and studies; analyse and compare data; report the results and findings and make recommendations for future actions, particularly in regards to those that need immediate attention or require special budgets.

Results from the monitoring and evaluation will be presented to the National Youth Commission for information and making adjustments to the Action Plan and targets as appropriate.

The work of this sub-committee will contribute to Thailand's reporting obligations to the United Nations for the CRC in 2009, A World Fit for Children in 2012 and part of the Millennium Development Goals in 2015.

5. Capacity building for agencies concerned and child participation

5.1 Capacity building

- 1) Established a national committee for promoting child development work, consisting of executives of agencies concerned, from both the public and private sectors, non-governmental organizations and civil society. The committee is responsible for supervision, monitoring and evaluation of implementation to ensure that the targets are achieved.
- 2) Disseminated and publicised principles and framework for child development to people concerned, to instil in their minds that child development is a responsibility of every sector of the society.
- 3) Campaigned for integrating child and youth development plans/projects into sub-district development plan to encourage Tambon Administrative Organisations to seriously take part in child development. At present, there are 730 sub-districts or tambon with such plan.
- 4) Organised workshops to integrate plans and activities of agencies concerned to ensure consistency.
- 5) Set as national agenda strategies for child and youth development based on “A World Fit for Children”, calling upon all sectors of the society to take part in developing joint strategies/approaches in tackling urgent problems/issues for 2006-2008.

5.2 Child participation in the formation of national strategies and plan of actions

As a result of the assemblies organized in 2003-2004 for in total 12,000 children and youth across Thailand to express their views on the NPA for “A World Fit for Children”, 146 reports were received.

These reports are summaries of recommendations from children and youth aged 4-22 years in 43 provinces, divided into 146 groups. Various means were used to facilitate this process, including discussions, questionnaires, and dramas reflecting the situation of children in their local areas. Their views focused mostly on issues surrounding themselves and what they have faced. Solutions to these problems were also proposed from their own point of view.

Issues raised in these reports include as follows:

- 1) Schools and education. This was the most talked about issue. The children expressed strongly the desire to have better quality and more ethical teachers and education personnel. They felt that school

curricula and policies on education should benefit all groups of children, be up-to-date and allow children to take part in their development. Many students also felt that severe punishments can decrease students' moral thereby deterring students from achieving good academic performance.

- 2) Family institution. Family is the smallest unit of the society but has the greatest impact on children. Familial problems, such as divorce and lack of loving and caring environment, produce the most harmful impacts on the wellbeing of children. Economic status of family is another issue that the children felt, if improved, would make a lot of difference to their lives.
- 3) Environment. Issues raised in this regard include pollution and garbage in the urban areas and lack of infrastructure in the rural areas. Mostly, children wanted to have more green area and promote environment and wildlife conservation.
- 4) Drugs and vices. Narcotics and other vices, such as alcohol, smoking and gambling, were raised in various angles, from children as drug addicts to families and friends and drugs pushing in communities. Drugs problems touch children in all areas and at all levels.

5.3 Recommendations from children and their wishes

- 1) More participation of children in the society, in terms of expressing their views and recognition by adults based on awareness of their rights. A large number of children and youth have thorough knowledge of child rights.
- 2) Suitable media for children. The media is seen as influential in directing cultural trends. It is seen as both the cause of many problems and as channel for learning. Therefore, the children called for more suitable media for children and control of pornographic materials and harmful media which promote violence.
- 3) Technology. The children placed a lot of importance on modern technology. They wished for all schools and communities to be installed with computers as they are seen as important for their development and socialization.

5.4 Opinions and imaginations of children for Thailand

A World Fit for Children is a world that:

- Is equal and free from discrimination in class, ethnic, gender and age;
- Children are recognized and accepted by adults;

- Has healthy environment and values the spirits of altruism, kindness, consideration for others and honesty;
- Protects and promotes the richness of local cultures and is tolerant of differences.

6. The links between “A World Fit for Children” and the Millennium Development Goals

The Thailand MDG-report (2004) describes that the country has achieved or nearly achieved many of the Millennium Development Goals. However, large disparities remain within its borders. These disparities exist between provinces, but also between various population groups. In the attached summary table (annex 2), some of the most recent indicators regarding monitoring WFFC and MDG-indicators, disaggregated by region are presented. A more detailed report, with results from the 2006 Multiple Indicator Cluster Survey, as conducted by the Thailand National Statistical Office is attached (Annex 3)

Millennium Development Goal	Targets of NPA for “A World Fit for Children” in Thailand	Measurement of progress towards MDG’s and selected WFFC Thailand goals 1)
MDG 1: Eradicate extreme poverty and hunger	<ul style="list-style-type: none"> ● Reduce the number of underweight children of primary school-age to no more than 10 percent from the current rate of 10.75 percent ● Reduce child malnutrition or micronutrient deficiencies to 0 percent (from the current rate of iron deficiency of 5.9 and iodine deficiency of 1.7 percent). ● Ensure that all children aged between 6-18 years old pass international standard health test. 	<p>Indicators:</p> <ul style="list-style-type: none"> ● Prevalence of underweight children under five years of age (%) has dropped from 18.6% in 1990 to 9.3% in 2006. The MDG- target for this indicator has already been achieved. However, underweight varies significantly within the country, with prevalence up to over 20% in some provinces in the Northeast and the far South of the country (MDG-indicator 4) ● Percentage of adequately iodised salt (> 15ppm) stands

	<ul style="list-style-type: none"> ● Ensure that all children access to health-care services whenever needed ● Increase the rate of under-five children meeting standard growth criteria to no less than 95 percent (from the current rate of 91.26 percent). 	<p>at 47.2% (22.6% in the Northeast)</p> <ul style="list-style-type: none"> ● The exclusive breastfeeding rate of 0-5 month olds stands at 5.4% <p>Analysis</p> <p>While the percentage of underweight children has gone down significantly over the past 20 years, still a lot of effort is required to address the issue at local levels and among vulnerable groups such as ethnic minority groups. Recently, also more overweight children are to be found (6.9%), primarily in urban areas (10.4%). In the MDG-report, an MDG-plus target was set to reduce the prevalence of micronutrient deficiency among school aged children. Though a lot of progress has been made, iodine deficiency, among others, remains a point of attention as the target of universal salt iodisation still needs to be achieved.</p>
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<p>MDG 2: Achieve universal primary education</p> <p>MDG 3: Promote gender equality and empower women</p>	<ul style="list-style-type: none"> ● Ensure that all children receive basic education (the current rate of 98.8 percent) ● Ensure equal access to education for boys and girls ● Increase the number of under-five children who have age-appropriate development to no less than 90 percent 	<p>Indicators:</p> <ul style="list-style-type: none"> ● Net primary school attendance accounts for 97.9%, while net secondary school attendance stands at 79.8%. Attendance rates in secondary education vary significantly across the regions ● The literacy rate among 15-24 year old women is 96.4% (MDG-indicator 8) ● The gender parity index for primary and secondary school are 1 and 1.1 respectively. In general, more girls than boys attend secondary education. However, large variations exist between provinces and parts of the country (MDG-indicator 9) <p>Analysis:</p> <p>Though enrolment rates are high, still many children do not enrol or do not enrol timely into primary education. Various groups are facing difficulties in enrolling and staying in primary school. These groups include, among others, ethnic minorities and migrant- and stateless children and especially those living in the more remote provinces of Thailand.</p>
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		<p>Enrolment rates in secondary education are much lower than of primary education. Therefore, Thailand has set an MDG-plus targets for universal lower secondary education (by 2006) and universal upper secondary education (by 2015).</p> <p>Apart from enrolment, enhancing the quality of education remains a point of attention for Thailand</p>
<p>MDG 4: Reduce child mortality</p>	<ul style="list-style-type: none"> ● Reduce the under five mortality rate to no more than 15 per 1,000 live births (from the current rate of 20). ● Ensure universal access to full immunization for all children ● Ensure that all children have access to health care services. ● Ensure regular recording of child development for all children under five years of age. 	<p>Indicators:</p> <ul style="list-style-type: none"> ● Under five mortality rate (MDG-indicator 13) stands at 20 per 1000 live births (IPSR, 2006), while infant mortality rate (MDG-indicator 14) stands at 16.3 (IPSR, 2006) ● Measles coverage (MDG-indicator 15) accounts for 91.4 percent ● 83.3% of all children have received all 8 recommended vaccinations by their first birthday. The current national coverage for DPT is at 91.4 per cent, OPV is at 91.5

		<p>percent, BCG against Tuberculosis is at 98 percent</p> <ul style="list-style-type: none">● The current percentage of children with health records is 88.4% <p>Analysis:</p> <p>Thailand has made good progress in reducing U5MR and IMR in the past decades. However, as indicated in the MDG-report, further advances could be made while targeting vulnerable groups in the population in highland areas and the southernmost provinces (MDG-plus target). Moreover, while measles is not considered to be a major threat anymore, immunisation rates have dropped somewhat in the past years. Around 88% of children receive all recommended vaccinations before their first birthday but there is great variation in immunisation coverage across the country.</p>
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<p>MDG 5: Improve maternal health</p>	<ul style="list-style-type: none"> ● Reduce the maternal mortality ratio to no more than 15 per 100,000 live births ● Ensure access to standard pre-natal care for all pregnant women (the current rate is 77.42). ● Ensure immunization of Pertussis Vaccine for all pregnant women. ● Reduce the number of pregnant women with anaemia due to iron deficiency to no more than 9 percent (from the current 12.89 percent). ● Ensure that pregnant women receive their first pre-natal check-up prior to 12 weeks of pregnancy. 	<p>Indicators:</p> <ul style="list-style-type: none"> ● Maternal mortality rate stands at 24 per 100,000 (MDG-report 2004, MDG-indicator 16). ● Percentage of skilled attendants at delivery (MDG-indicator 17) is 97.3%. Also for this indicator large disparities exist within the country ● Almost all women (97.8%) receive anti-natal care <p>Analysis:</p> <p>Maternal mortality rate were reduced over the past decades. Nevertheless, significant differences exist in rates within the country, with much higher figures among ethnic minority groups, in highland areas and in the far South of the country. For these populations, Thailand has set more ambitious MDG-plus targets. In those areas, the percentage of skilled attendants at delivery was also much lower than in other parts of the country. In those areas, more traditional midwives are still attending. Nevertheless, the coverage of antenatal care is very high in all parts of the country.</p>
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<p>MDG 6: Combat HIV/AIDS, malaria and other diseases</p>	<ul style="list-style-type: none"> ● Ensure that the rate of pregnant women infected with HIV is no more than 1 per cent. ● Ensure that the rate of children below two years of age who got infected with HIV from their mothers is no more than 3 percent. ● Ensure that the number of children infected with HIV with access to AZT drugs is no less than 10 percent. ● Ensure that all pregnant women infected with HIV receive AZT drugs to prevent mother-to-child transmission. ● Ensure that all children affected by AIDS receive medical care and health services. ● Ensure that no less than 30 per cent of children orphaned by AIDS receive care from their relatives. 	<p>Indicators:</p> <ul style="list-style-type: none"> ● Prevalence of HIV among pregnant women has dropped significantly, but remains higher than the target rate ● The percentage of women between 15-49 years old with comprehensive knowledge of HIV/AIDS transmission is 46.6% (MDG-indicator 19b) ● Contraceptive prevalence rate among women 15-49 years old is 71.5% with significant regional variation (75.8% in the northeastern region and 59.9% in the Southern region (MDG-indicator 19c) ● The ratio of school attendance of orphans to school attendance of non-orphans aged 10 – 14 years of age is 1 (MDG-indicator 20) meaning there is no difference between orphans and non-orphans <p>Analysis:</p> <p>While great progress has been made in reducing the number</p>
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		<p>of people with new HIV infection, Thailand remains vigilant regarding the spread of HIV in the population especially among teenagers. Comprehensive knowledge of HIV/AIDS transmission among women remains somewhat low.</p> <p>Though there is no immediate indication that HIV/AIDS affected children are more out-of- school than others, they still face a lot of discrimination and stigma. Stigmatisation and discrimination of HIV/AIDS affected persons remains a serious point of concern within Thailand. The MICS-results, for example, show that nearly 80% of the population agree with at least one discriminatory statement related to HIV/AIDS affected persons.</p>
MDG 7: Ensure environmental sustainability	<ul style="list-style-type: none"> ● Ensure universal access to safe water for all children ● Ensure universal access to adequate and clean sanitation facilities at home, in child development centres and schools. 	<p>Indicators:</p> <ul style="list-style-type: none"> ● The national coverage of population with access to safe water is 95.4 per cent, access in urban areas is 98.8 per cent and in rural areas 94 per cent (MDG-indicator 30) ● The proportion of population with access to improved

	<ul style="list-style-type: none"> ● Ensure 100 percent sanitary management of waste; ● Ensure 100 percent sanitary control and eradication of disease carriers. ● Ensure that all households have hygienic and safe environment. ● Ensure that the ventilation level (air and dust) in children’s accommodations meet the required standard (solid fuel used for cooking is 36.9 percent of households) 	<p>sanitation stands at 99.2% (MDG-indicator 31)</p> <p>Analysis:</p> <p>Access to safe water and improved sanitation facilities is very high within Thailand and the MDG’s related to these topics have already been achieved. Large disparities, however, remain within the country, especially in some provinces in the North as well as some areas in the far South of the country</p>
<p><u>UN Millennium Declaration</u></p> <p>Special assistance to children orphaned by AIDS</p>	<ul style="list-style-type: none"> ● Ensure that no less than 30 percent of children affected by AIDS receive continuing scholarship from the government. ● Ensure that all families affected by AIDS receive vocational skills training and are able to earn income. 	

<p>Protection for people in fragile state</p>	<ul style="list-style-type: none"> ● Reduce the number of children of ethnic minorities without birth certificates. ● Reduce the number of hill-tribe children with no access to social services. ● Increase the number of displaced children with access to social services. ● Increase the number of displaced children successfully returning to their home countries or seeking asylum in the third country. ● Reduce the number of stateless children. ● Reduce the number of children re-entering human trafficking ring. ● Reduce the number of children aged between 15-18 being used in child labour (according to the data from the Ministry of Labour, there were 12,587 children aged between 15-18 being employed in 2005). ● Reduce the number of children repeating 	<p>Indicators:</p> <ul style="list-style-type: none"> ■ Even though the actual figure on the number of children without birth certificate is not readily available due to national security issues, it is estimated to be around 5%. ■ There were 195,813 male and 195,290 female children of hill tribe origin found in high lands of 20 provinces in Thailand (2002 data from the Report of Situation of Children by OPP 2005-2006). Many of these children do not have access to social services. ■ There were approximately 40,000 displaced children aged 0-12 years old found in 2001 (quoted from MOI figures in the Report of Situation of Children by OPP 2005-2006). ■ The number of children repeating wrongdoings stands at about 12% (2006 data from the Juvenile Observation and Protection Department) <p>Analysis:</p>
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	<p>wrongdoings.</p> <ul style="list-style-type: none"> ● Reduce the number of children whose rights under the ILO Convention 182 are violated. 	<p>The number of displaced children (around 40,000) was from 119,364 refugee parents residing in 9 refugee camps. It is estimated that this alarming figure will likely increase.</p> <p>Main issues faced by ethnic minority children and children from other vulnerable groups include difficulties in accessing basic social services as many do not have birth certificates or any evidence to prove that they were born in Thailand.</p> <p>Thailand has been criticised for being a country of origin, gateway and destination of trafficked persons. Thailand is addressing this issue through co-operation among government agencies (GOs), NGOs and the private sector through the National Committee on Combating Trafficking in Children and Women. The victims of trafficking have been provided assistance and the traffickers and exploiters are being arrested and prosecuted. Since 2002, the Committee has drawn up a short-term and long-term strategy to protect and assist trafficked children and women in Thailand and overseas.</p>
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- 1) All data used coming from 'Thailand Multiple Indicator Cluster Survey 2006' unless otherwise indicated
- 2) Most of the analysis is based on text from the Thailand Millennium Development Goals Report (2004) and from analysis of results of the Thailand Multiple Indicator Cluster Survey (2006)

7. Summary of Thailand’s implementation of the NPA for “A World Fit for Children”

Thailand has finalised the preparation of a National Plan of Action ‘A World Fit for Children’ and various initiatives have been undertaken to further implement the components of the NPA. As indicated in section 6, Thailand still faces significant disparities within its borders and further emphasis on sub-national response is required to address the rights of the many of the most vulnerable in society. The results Thailand Multiple Indicator Cluster Survey (2006), as well as other surveys, will further support the formulation of evidence based policies at those levels. Moreover, it is foreseen that the national NPA-process will be replicated in all Thailand’s 76 provinces.

7.1 Actions related to WFFC at the international level

As reported in section 1, Thailand takes the implementation of the WFFC very serious and has participated in various global and regional meetings to further report on implementation. These meetings include:

Activity	Time-frame
1. The cabinet approved a resolution to internalize Thailand’s obligation to “A World Fit for Children”.	1 October 2002
2. Asia-Pacific Ministerial Consultation to present the progress of Thailand’s implementation.	12-14 February 2003
3. The Sixth East Asia and Pacific Ministerial Consultation on Children to review progress made in the implementation of “A World Fit for Children” in Bali, Indonesia.	10-14 December 2003

4. The Seventh South East Asia and Pacific Ministerial Consultation on Children to review progress made in the implementation of ‘A World Fit for Children’ in Siem Raep, Cambodia	23-25 March 2005
5. Sending officials and children’s representatives to attend South East Asian Children’s Conference (SEACC) in Manila City, the Philippines, to review progress made in relation to “A World Fit for Children”.	10-14 December 2006

7.2 Process in developing Thailand’s strategy and National Plan of Action for “A World Fit for Children”

The process of developing Thailand’s strategy and National Plan of Action for “A World Fit for Children” in conformity with the values of Thai society and to be the new agenda for child development for the next ten years (2007-2016) can be summarized as follows:

Activity	Time-Frame
1. Appointment of an ad hoc committee to develop strategies and NPA for “A World Fit for Children”.	April 2003
2. Meeting of ad hoc sub-committee to consider guidelines for the development of NPA and appoint a working group.	April 2003-August 2004
3. Facilitation of child participation in the development of NPA.	July 2003-January 2004
4. Preparation of draft NPA, integrating recommendations from the children.	March 2004
5. The Working Group prepared the first draft of	April 2004

the NPA.	
6. Presentation of the NPA to the Ad Hoc Committee for comment.	April 2004
7. The Working Group adjusted the draft NPA.	May-June 2004
8. Organisation of technical meeting to consider the second draft and make further adjustment. Conducting a public hearing.	July 2004-October 2005
9. Presentation of the third draft to the National Youth Commission for approval.	30 November 2005 10 February 2006
10. Organisation of a national meeting on strategies for child and youth development at the Government House.	30 November 2005
11. Presentation of the draft NPA to the Cabinet for approval.	December 2006
12. Organisation of a meeting to publicise and disseminate the NPA.	December 2006
13. Conducting a workshop for the development of NPA and integrating the work of national agencies concerned.	January 2007
14. Development of integrated plan on children at the provincial and local levels.	March-May 2007
15. Conducting monitoring and evaluation of the implementation of the NPA	March 2007 onwards

7.3 Ensuring concrete implementation of the NPA at the national and local levels.

Thailand has developed various mechanisms to ensure the concrete implementation of the NPA at the national and local levels. These mechanisms include:

- 1) Conducting public relations campaign to disseminate knowledge and information on the NPA to personnel of the public and private agencies, as well as youth groups and the general public through seminars and discussion forum on a regular basis. Radio and internet are also used as

channels for dissemination of the NPA. Notification has been sent to all ministries concerned requesting their cooperation in the development of action plan for 2007-2008 concerning their respective responsibilities, in line with the NPA. The Ministries of Culture and Public Health, and Office of the National Police have notified that they have adjusted their action plans accordingly. The other agencies are still in the preparation stage.

- 2) Organising a national meeting on making child and youth development in line with “A World Fit for Children” on 30 September 2005 at the Government House, chaired by the Prime Minister. The government declared its commitment to invest and mobilize resources for child and youth development.
- 3) Organising meetings with agencies concerned to develop a joint action plan to ensure consistency and effectiveness in child development with greatest possible impact for all children in Thailand.
- 4) Conducting public relations campaign and developing provincial and local action plans in line with the NPA for “A World Fit for Children” (starting March 2007).
- 5) Supporting efforts of the Local Administrative Organizations in child development in the target areas. Ensuring conformity of the local development plans to the NPA and allocating budget for local activities for children and development of learning centres. At present, there are 730 Local Administrative Organisations which are active in child development.