Thailand Social Protection Diagnostic Review

Summary report on child-sensitive social protection in Thailand
Thailand Social Protection Diagnostic Review

Summary report on child-sensitive social protection in Thailand
Acknowledgements

This background study was undertaken by Elayn Sammon, Sebastian Silva-Leander and Fred Merttens of Oxford Policy Management (OPM). The study is a part of the Social Protection Diagnostic Review, carried out by the United Nations Joint Programme on Social Protection for All in Thailand, in partnership with the Royal Thai Government, and funded by the Joint SDG Fund.

The report benefitted from contributions from colleagues at the United Nations Children’s Fund (UNICEF) and the International Labour Organization (ILO), including Sarah Shahyar, Tomoo Okubo, Khwanploy Cheechang, and Siriporn Arunsangsuree from UNICEF, and Nuno Meira Simoes da Cunha, Jittima Srisuknam, and Vasu Thirasak from ILO.

We would like to thank our counterparts and key informants in the Royal Thai Government across miniseries for generously giving of their time and responding to our interview questions and data requests. Finally, we would also like to acknowledge and thank all our other interview respondents outside of government for contributing their time and knowledge to inform the findings of this background paper.
Foreword

The global COVID-19 pandemic has brought to the fore the critical role of social protection in addressing vulnerabilities across the population, especially with regard to children, informal workers, the elderly, women, and migrant workers. The current social protection system does not provide adequate coverage for those in these groups, with many fallen into poverty.

Thailand’s National Strategy (2018 - 2037) and its vision in developing the country aspires Thailand as a developed country with a society that provides opportunities and social equality. The Royal Thai Government and the United Nations therefore acknowledge the importance of a robust, integrated and modernised social protection system as a key development priority for Thailand. Incorporating social protection elements in the country’s national development strategies is essential as it promotes social development, stability, and inclusive growth. Thailand’s current social protection system is relatively well-developed, however, the implementation of programmes and schemes involve multiple ministries and various entities at the national and sub-national levels, hence, there is an urgent need to conduct a study and set guidelines for a more coordinated approach among the entities to achieve higher levels of integration of the social protection systems and synergy. Furthermore, the strengthening of the social protection system will increase the recognition for inclusiveness and adequacy to reduce poverty as well as ensuring sustainable financing for an effective social protection system.

The Royal Thai Government and the United Nations, represented by the Ministry of Social Development and Human Security and the United Nations agencies, including the International Labour Organization (ILO), United Nations Children’s Fund (UNICEF), International Organization for Migration (IOM), and the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women) collaborated under the “United Nations Joint Programme on Social Protection for All in Thailand – Accelerating Progress Towards an Integrated and Modernised Social Protection System for All in Thailand” to develop the Social Protection Diagnostic Review which focuses on providing policy recommendations on social protection with a life-cycle approach and consists of the following background papers presenting the backbone for a forthcoming policy dialogue exercise: (i) Thailand social protection mapping and vulnerability analysis, (ii) Child-sensitive social protection in Thailand, (iii) Expanding access to social security for all workers in Thailand (focus particularly on the extension of coverage to workers in informal employment), (iv) Review of the pension system in Thailand, (v) Social protection for migrant workers and their families in Thailand, and (vi) Social protection gender-impact assessment. A series of consultations took place between March and September 2021 where the findings of the Diagnostic Review were presented, reviewed and discussed among the experts from the government agencies, academia and non-governmental stakeholders.

This report presents the findings of the Social Protection Diagnostic Review in Thailand with regard to Child-Sensitive Social Protection schemes which is an important contribution to the Social Protection Diagnostic Review. This report benefited from the essential contributions of the technical experts from the Ministry of Social Development and Human Security, Ministry of Labour, Ministry of Finance, Ministry of Public Health, Office of National Economic and Social Development Council, Budget Bureau, and Social Security Office.

We sincerely hope that these reports will contribute to a common understanding among related entities of the current and emerging vulnerabilities across the population and how an integrated and comprehensive social protection system can support Thailand’s vision for a resilient and sustainable social and economic development, leaving no one behind.
Foreword

Thailand is one of the world’s fastest ageing countries, with more than 14 per cent of the population projected to be 65 years or older by 2025, a figure which will reach 21 per cent only a decade later. These demographic dynamics pose challenges to the future well-being of the population and the country’s economic productivity and growth. These challenges highlight the need to invest more in children, who are crucial to the present and future prosperity of the country.

Poverty in Thailand is closely linked to life-cycle risks and, while the country has made significant strides in reducing overall poverty over the past several decades, children continue to be more likely to live in poverty than those in the active working age group. In 2019, the poverty rate among children stood at 9.4 per cent, significantly higher than that of the overall population at 6.2 per cent. Therefore, tackling poverty will only be possible if child poverty is tackled.

The COVID-19 pandemic has also presented the country with unprecedented social and economic challenges. The disruption caused by the pandemic has exacerbated inequalities and laid bare vulnerabilities across the population. While everyone has been affected by the socio-economic impacts of the pandemic, families with children have particularly been hit hard. Although lockdown measures affected the income and employment of a large section of the population, the closure of childcare centres and schools placed even greater pressure on the ability of parents to earn a living. As a result, families with children not only bear a higher cost of living, but also have more limited opportunities to earn an income.

Thailand provides social protection to children through various contributory and non-contributory schemes, including the Child Support Grant by the Ministry of Social Development and Human Security, Child Allowances under the Social Security Fund for formally employed parents of young children, and education bursaries through the Education Equity Fund and the Office of Basic Education Council. While these measures are welcome, more could still be done to improve support children and their families.

The Child Support Grant provides a de facto social protection “floor” for children under 6 years of age. Since the landmark adoption of the Child Support Grant in 2015, the scheme has undergone two expansions and is currently benefitting 2.3 million children, more than half of all children under the age of six in Thailand. This is an impressive journey towards achieving universal coverage, as envisaged by the decision of the National Child and Youth Development Promotion Commission on 29 September 2020.

Thailand recognizes the critical role of social protection in protecting people and businesses against the adverse impacts of shocks and stimulating economic recovery. Since the onset of the pandemic, the country has significantly scaled up its investment in social protection. Given the fiscal pressures of a prolonged crisis, it has never been more urgent to ensure that the country can make the most of these investments.

This report highlights the importance of social protection for children as well as the need for more coordination and integration across social protection schemes and with other social services. Children’s well-being can only be achieved through a concerted and comprehensive package of interventions where social benefits are accompanied by a range of other social services.

I hope that the report will complement the ongoing efforts of the Royal Thai Government and provide an evidence base for further dialogue among stakeholders on necessary reforms toward a more integrated and inclusive child-sensitive social protection system.

Kyungsun Kim

Representative

UNICEF Thailand
In Thailand, monetary poverty is strongly related to age and is higher amongst children. In combination with other key deprivations, poverty is concentrated in specific geographic areas and among specific marginalised population groups – children in ethnic minority households and in border areas, double orphans, young children, and children with disabilities are particularly affected. Explicit, tailored strategies are required to address poverty and poor access to social protection amongst children in these key hard-to-reach groups.

Children need expanded social protection coverage and more adequate income security, especially poor children aged 0-17 and prenatal children (whose mothers require adequate maternity benefits). This is especially important for human capital development, which will condition the quality of Thailand’s labour force in the future, and country competitiveness.

This could include making the Child Support Grant (CSG) universal (rather than means-tested), to prevent exclusion errors particularly amongst the poorest, ethnic minority groups, and for children of adolescent mothers. It could also include linking CSG beneficiaries to complementary programmes to address specific risks and vulnerabilities.

Attention should be paid to how social protection can contribute to a reduction in the numbers of out-of-school children, including children with disabilities. Social protection measures should be based on a more detailed examination of the nexus between poverty and school attendance in specific geographic areas and amongst specific populations.

There may be potential to create efficiencies by analysing data on administrative costs of social protection, and by rationalising the Social Security Fund (SSF) and CSG delivery systems (e.g. for payments or in terms of communication between databases).

Overall, to have a positive effect on reducing child poverty and vulnerability, an improved articulation of social protection policy in a single framework is required; that is, a national strategy or vision on social protection that is coherent and which relies on multi-sectoral interventions to address child poverty and vulnerability. This strategy should clearly describe institutional arrangements and improve coherence across different system components, for example contributory and non-contributory, and how these can be made more coherent and child-sensitive to address specific vulnerabilities faced by children and families. This can include investment in tools and measures to enhance child responsiveness of social protection programmes and their integration and coordination across sectors:

- Integrated MIS to improve the core business processes of social protection programmes, including, beneficiary identification systems and registries, monitoring and evaluation arrangements
- Investment in quality and quantity of social work/social services workforce.

Key Messages
# List of abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CSG</td>
<td>Child Support Grant</td>
</tr>
<tr>
<td>EEF</td>
<td>Equitable Education Fund</td>
</tr>
<tr>
<td>ILO</td>
<td>International Labour Organization</td>
</tr>
<tr>
<td>IOM</td>
<td>International Organization for Migration</td>
</tr>
<tr>
<td>KII</td>
<td>Key informant interview</td>
</tr>
<tr>
<td>MSDHS</td>
<td>Ministry of Social Development and Human Security</td>
</tr>
<tr>
<td>NSF</td>
<td>National Savings Fund</td>
</tr>
<tr>
<td>NSO</td>
<td>National Statistical Office</td>
</tr>
<tr>
<td>OECD</td>
<td>Organisation for Economic Co-Operation and Development</td>
</tr>
<tr>
<td>OPM</td>
<td>Oxford Policy Management</td>
</tr>
<tr>
<td>RTG</td>
<td>Royal Thai Government</td>
</tr>
<tr>
<td>SDG</td>
<td>Sustainable Development Goal</td>
</tr>
<tr>
<td>SES</td>
<td>Socio-Economic Survey</td>
</tr>
<tr>
<td>SPDR</td>
<td>Social Protection Diagnostic Review</td>
</tr>
<tr>
<td>SSF</td>
<td>Social Security Fund</td>
</tr>
<tr>
<td>SSO</td>
<td>Social Security Office</td>
</tr>
<tr>
<td>SWC</td>
<td>State Welfare Card</td>
</tr>
<tr>
<td>THB</td>
<td>Thai Baht</td>
</tr>
<tr>
<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
</tr>
<tr>
<td>UNJP</td>
<td>United Nations Joint Programme</td>
</tr>
<tr>
<td>WCF</td>
<td>Workmen’s Compensation Fund</td>
</tr>
</tbody>
</table>
1 Introduction

1.1 Purpose

This report provides a concise summary description of child-sensitive social protection in Thailand. The data is extracted from four in-depth reports of the Thailand Social Protection Diagnostic Review (SPDR):¹

1. Social protection mapping and vulnerability analysis (ILO, UNICEF, IOM, UN Women, 2022)
2. Background study on social protection for migrant workers and their families in Thailand (IOM, 2021)
3. Gender impact assessment (UN Women, 2022)
4. Background Paper – expanding access to social security for all workers in Thailand (ILO, 2022)

Unless otherwise indicated, the primary source for this present report is from the Social protection mapping and vulnerability analysis report.

The focus on children (0-17 years of age) considers exposure to both economic and social risks and takes note that, “Social protection for children must fully consider the environments in which they live … [and this] does not always equate to child-targeted social protection,” (UNICEF, 2019; Mahendru and Tasker, 2020). There is a special interest on Pillar 1 (Health) and Pillar 2 (Basic income security for children) of the ILO Social Protection Floors Recommendation.² However social care services are not within the scope of the SPDR.

1.2 Method

The analysis is based on desk review including the policy and legislative framework, administrative data, and the 2019 Household Socio-Economic Survey – SES (National Statistical Office of Thailand, 2020a), as well as key informant interviews (KII) and covers the five areas below, in line with existing conceptual frameworks used for similar purposes.³

► Needs: The needs of the population that require addressing through social protection instruments, focusing on vulnerability and risks.
► Coverage: The extent to which the needs are covered and addressed by existing social protection programmes. For instance, are disabled individuals receiving disability support?
► Effectiveness: Whether existing social protection programmes are achieving their objectives, in terms of adequacy, equity, efficiency, and impact.
► Sustainability: Assessing the financing of social protection and fiscal policy. Are resources allocated appropriately across the sector? Are social protection programmes sustainable over the long term?
► Coherence: The institutional and legal framework for social protection, and the alignment of these with relevant policies. Are there gaps between what is legislated and what is actually being provided?

The formula for the construction of the poverty line used in the Office of the NESDC Report 2019 was not available to the research team. The SPDR therefore uses the average regional poverty lines for urban and

¹ The SPDR is a comprehensive independent review of the Thailand social protection system that aims to facilitate the generation of a policy reform agenda for a more inclusive, integrated, and coherent social protection system. It has been carried out under the UNJP ‘Social Protection for All in Thailand – Accelerating Progress Towards an Integrated and Modernised Social Protection System for All in Thailand.’


rural areas in 2018. The poverty lines have been adjusted for inflation and expressed in 2019 prices using the regional Consumer Price Indexes as provided by the Ministry of Commerce’s Public Data. The poverty rates presented in the study approximate the NESDC’s estimates.

In the present report we have analysed SES data by five-year age groups. Acknowledging that eligibility for each scheme is determined by age, where appropriate we show the parameters applied by specific programmes for example Child Allowances age 0-6, Nutrition Subsidies age 3-11 etc.
2 Analysis

2.1 Needs

Poverty in Thailand is concentrated in difficult-to-access pockets of geographically and socially marginalised groups. Whilst, according to the 2019 SES, 8.4% of the population lived under the national poverty line, down from over 20% a decade ago, geographic disaggregation shows that the poverty rate is higher in the Southern region (13.7%), with rural poverty concentrated along the borders with Myanmar in the north and Malaysia in the south.

The rural poverty rate is higher than in urban areas. Although less than 1% of the population in Bangkok live under the poverty line, the total urban poverty rate is 6.1% and the rural poverty rate is over 10%. This correlates to a 2019 study which found that multidimensional child poverty rates were higher in rural areas than in urban areas (OPHI, NESDC and UNICEF, 2019).

Higher poverty rates are also seen amongst certain population groups – ethnicity other than Thai, persons with disabilities, and double orphans. The poverty rate for double orphans (26%) is 8 percentage points higher for girls than for boys. Although poverty is measured at the household level, these figures indicate that female orphans tend to live in poorer households than their male counterparts (Figure 1).

Figure 1: Poverty analysis – age, sex, and orphanhood

Source: Authors’ calculations based on SES 2019.
Among children under six years of age, the poverty rate is more than three times higher than among adults aged 46–50 (16.7% vs. 5%). Thus, households with many children or elderly members tend to have significantly higher poverty rates than those with working-age members (Figure 2).

**Figure 2: Female and male poverty rates, by age**

![Graph showing female and male poverty rates by age](image)

Source: Authors’ calculations based on SES 2019

Poverty is strongly correlated with the level of education of the household head – the poverty rate for households headed by persons with no education is 22%. This may explain part of the poverty for the aforementioned groups, since both ethnic minorities and persons with disabilities have high rates of educational deprivation.

The geographic disaggregation of deprivations shows that different regions suffer from different problems. For instance, rates of out of school children are higher in rural (58%) areas than in urban areas (42%). The proportion of out-of-school children is highest in the Central and Northeast regions, at 32% and 21% respectively. However, despite having almost no monetary poverty at all, Bangkok has the second highest proportion of out-of-school children (8.5%). This suggests that specific constraints might be at play in Bangkok, requiring tailored support for marginalised groups there.

Similarly, breakdown by ethnicity shows that different groups suffer from very different problems, requiring different types of support. For instance, among the Mon/Burmese ethnic group, 56.6% children are out of school, even though this group was not among the poorest groups in monetary terms.

Consideration by disability status shows that 19.5% of children with physical disabilities are out of school, compared to 6.9% of children without disabilities. Among children with severe disabilities, girls in the SES sample are more likely than boys to miss out on school (72.6% vs. 54.1%), although the sample size is not sufficiently large to determine whether the conclusion applies to the wider population (Figure 3).

A recent analysis of the Disability Grant reports that around 38% of children with disabilities did not attend school, although no breakdown is provided by type of disability (Thammasat University and UNICEF, 2019).

KIs conducted for this research suggested one of the main groups of out-of-school children is those whose parents move a lot for work, such as construction workers. This can be seen to be corroborated by 2019 data from NSO, which show that out of 195,000 domestic migrants, 43,500 moved from North-eastern to Central region, much higher than other regional migration routes.
Figure 3: Out of school children by severity of disability

![Figure 3: Out of school children by severity of disability](image)

Source: Authors' calculations based on SES 2019.

**Being out of school is also related to child marriage and adolescent pregnancy** which have long-term negative impacts for girls and young women on both learning and income. The 2019 Multiple Indicator Cluster Survey (MICS) reports that one in every five women age 20-24 years were first married before reaching 18 years of age, with a higher prevalence in rural than urban areas (National Statistical Office of Thailand, 2020b).

**Overall, the data confirms that child poverty is multidimensional and to an extent gendered.** For example, adolescent girls in rural areas, and those among the poorest and/or with primary education only, are at a higher risk of early childbearing (Ibid.). As noted, girls with a severe disability are more likely to be out of school than boys. Ethnic minority children and children with disabilities are more likely to live in poverty than Thai children. OPHI, NESDC and UNICEF (2019) report that 23.6% of boys compared to 19.3% of girls experience multidimensional poverty but the intensity of multidimensional poverty is similar across genders.

### 2.2 Coverage

The social protection system in Thailand comprises a set of contributory and non-contributory public schemes which cover an agreed set of basic needs while private contributory schemes provide a complimentary tier for those who want and can afford them.

Whilst only some of these programmes directly target children, they can all, to an extent, be considered protective of the families and households in which the children live, and therefore beneficial to those children (UNICEF, 2019).

#### 2.2.1 Government employees’ social protection programmes

Civil servant and permanent government employees’ benefits cover healthcare for civil servants (1,877,360 as of 2018) and their families, and include a child tuition subsidy, prenatal/maternity care, sickness income compensation, a housing subsidy, survivors’ benefit, a lump-sum retirement payment, and an annuity pension (700,541 pension beneficiaries as of 2019).
Other employees’ social protection programmes include private teacher aid benefits, local government employees’ benefits, and state enterprises employees’ benefits covering around 12 million people.

### 2.2.2 Contributory social protection programmes

According to Social Security Office (SSO) administrative data, in 2019 around 11.7 million people are nominally covered by a contributory social protection programme with a comprehensive set of benefits through the Social Security Fund (SSF) Article 33, as defined in the 1990 Social Security Act. A further 2.1 million people benefit from SSF Articles 39 and 40(3) combined, both of which include a child allowance benefit (Table 2). The coverage rate for those accessing the Child Allowance component of the SSF is 17.2% of the eligible population (See Table 3, below). With the addition of education and nutrition subsidies, around 11 million children benefit (Table 1).

<table>
<thead>
<tr>
<th>Classification</th>
<th>ID</th>
<th>Programme</th>
<th>Number of beneficiaries</th>
<th>Annual value of benefits</th>
<th>Annual expenditure (THB) per beneficiary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child allowance</td>
<td>S5</td>
<td>SSF (A33)</td>
<td>1,092,752</td>
<td>26,994,000,000</td>
<td>19,672</td>
</tr>
<tr>
<td></td>
<td>S6</td>
<td>SSF (A39)</td>
<td>279,467</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>S23</td>
<td>CSG</td>
<td>880,893</td>
<td>4,353,617,200</td>
<td>4,942</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>S5+S6+S23</td>
<td>2,253,112</td>
<td>31,363,846,600</td>
<td>13,920</td>
</tr>
<tr>
<td>Education subsidies</td>
<td>S16</td>
<td>15-year Free Education Programme</td>
<td>5,865,217</td>
<td>37,796,600,300</td>
<td>6,444</td>
</tr>
<tr>
<td></td>
<td>S18</td>
<td>EEF Conditional Cash Transfer Programme</td>
<td>949,941</td>
<td>1,867,602,000</td>
<td>1,966</td>
</tr>
<tr>
<td></td>
<td>S17</td>
<td>Local education empowerment grant</td>
<td>65,0001</td>
<td>132,706,000</td>
<td>2,042</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>S16+S17+S18 for value of benefit</td>
<td>5,865,217</td>
<td>39,796,908,300</td>
<td>6,785</td>
</tr>
<tr>
<td>Nutrition subsidies</td>
<td>S21</td>
<td>Fund for Lunch of Primary School Programme</td>
<td>5,459,7931</td>
<td>22,627,709,700</td>
<td>4,144</td>
</tr>
<tr>
<td></td>
<td>S22</td>
<td>School Milk Nutrition Grant</td>
<td>5,450,1801</td>
<td>10,450,026,475</td>
<td>1,917</td>
</tr>
<tr>
<td>Total</td>
<td>S21</td>
<td></td>
<td>5,459,793</td>
<td>33,077,736,175</td>
<td>6,058</td>
</tr>
</tbody>
</table>

Similarly, according to national socioeconomic survey (SES) data, of 36.2 million non-government employees, 10.4 million (29%) are insured under the SSF while some 25.8 million (71%) are not insured. The SES data enable deeper analysis to be conducted, for example to show that coverage by SSF is dependent on employment status. Workers in higher income quintiles are more likely to be covered by SSF Article 33, whereas the distribution of Article 39 and Article 40 members across income quintiles is relatively flat (ILO, 2022). Educational attainment, highly correlated with income, appears to be providing marginally less protection against being excluded from social security than it did in the recent past (Ibid). Expanding the contributory social protection coverage of those not covered by the current system will enable workers to access a comprehensive and adequate package of benefits, which would both protect their families and improve the sustainability of the social protection system.
Table 2: Overview of Social Security Fund Articles

<table>
<thead>
<tr>
<th>Members, contributions and benefits</th>
<th>Social security (A33/Workmen’s Compensation Fund (WCF))</th>
<th>Social security (A39)</th>
<th>Social security (A40-1/National Savings Fund (NSF))</th>
<th>Social security (A40-2)</th>
<th>Social security (A40-3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly contribution as proportion of employee salary</td>
<td>Employee 5% Employer 5% Government 2.75% (up to THB 15,000) WCF employer contribution 0.2-1% depending on risk level of activity</td>
<td>Member 9%, Government 2.5% (up to THB 15,000)</td>
<td>Member THB 70, Government THB 30 (+ Voluntary contribution for NSF)</td>
<td>Member THB 100, Government THB 50</td>
<td>Member THB 300, Government THB 150</td>
</tr>
<tr>
<td>Healthcare</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Child benefits</td>
<td>Child allowance</td>
<td>Child allowance</td>
<td>No</td>
<td>No</td>
<td>Child allowance</td>
</tr>
<tr>
<td>Active-age benefits</td>
<td>Maternity</td>
<td>Maternity</td>
<td>Sickness income compensation</td>
<td>Sickness income compensation</td>
<td>Sickness income compensation</td>
</tr>
<tr>
<td></td>
<td>Sickness income compensation</td>
<td>Sickness income compensation</td>
<td>Disability insurance</td>
<td>Disability insurance</td>
<td>Disability insurance</td>
</tr>
<tr>
<td></td>
<td>Disability insurance</td>
<td>Disability insurance</td>
<td>Survivors’ benefit</td>
<td>Survivors’ benefit</td>
<td>Survivors’ benefit</td>
</tr>
<tr>
<td></td>
<td>Unemployment insurance</td>
<td>Unemployment insurance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Industrial rehab service</td>
<td>Industrial rehab service</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Survivors’ benefit</td>
<td>Survivors’ benefit</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Old-age benefits</td>
<td>Lump-sum pension</td>
<td>Lump-sum pension</td>
<td>Voluntary lump-sum pension</td>
<td>Lump-sum pension</td>
<td>Lump-sum pension</td>
</tr>
<tr>
<td></td>
<td>Annuity pension¹</td>
<td>Annuity pension¹</td>
<td>Annuity pension² via NSF¹</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sources</td>
<td>SSO, 2019a and 2019b (SSO, 2018c)</td>
<td>SSO (2019a)</td>
<td>SSO⁵</td>
<td>SSO⁵</td>
<td>SSO⁵</td>
</tr>
</tbody>
</table>

Notes: (1) Workers must work or pay contributions longer than a certain period to receive these benefits. (2) NSF can be registered independently from SSF (A40-1). (3) Out of the 3,224,579 SSF A40 members, 1,071,996 (33.24%) were active contributors. (4) The NSF members include both active and in-active contributors. The NSF members may or may not be SSF A40 members. (5) From KII. (6) Estimated using SES 2019.
2.2.3 Non-contributory social protection programmes

Thailand also provides protection via several non-contributory programmes, including both universal, and means-tested programmes. These include universal and categorical programmes for healthcare for all Thai citizens including children, for child education and nutrition, and means-tested programmes for cash allowances for children (Table 3).

The 15-year Free Education Policy provides for free kindergarten, primary, and secondary education for all children, including the children of both regular and irregular migrant workers (IOM, 2021). The Fund for Lunch of Primary School Programme and School Milk Nutrition Grant provide nutrition support for all children aged 3–11 years.5

There is no income security scheme with universal coverage for children. However, the CSG programme provides means-tested social assistance for children living in poverty in the form of a monthly cash transfer to their family.

The Disability Grant is available to both children and adults, although less than half of those eligible (44.4%) have applied for registration (Thammasat University & UNICEF, 2019). Children 0-17 are eligible for THB 1,000 per month and children 0-5 may at the same time be in receipt of the means tested CSG. Significant gaps remain in coverage of the Disability Grant and accompanying social protection services, in part due to challenges with the certification system (Ibid.). As a result, children account for only 5% of those in receipt of the Disability Grant. A higher proportion of males than females with disabilities receive the Disability Grant, likely due to categorisations of disability, and the structural discrimination, negative attitudes and stigma experienced by women and girls with disability (UN Women, 2022).

Figure 4: Persons not receiving any kind of non-contributory social protection, by age

[Graph showing the percentage of males and females not receiving any kind of non-contributory social protection, by age group.]

Source: Authors’ calculations based on SES 2019

---

5 Provision of school lunches is not means tested but many private schools do not provide them, which is why coverage is seen to decrease for each income quintile as you move up the income distribution.
Over 55% of children under five do not receive any form of social assistance. This group stands out in that it has low access to both health insurance and social assistance, as well as being the age group with the highest poverty rate. It is therefore a group that, in principle, requires more protection not less (Figure 4).

Table 3: Select non-contributory schemes in Thailand relevant to children

<table>
<thead>
<tr>
<th>Programme characteristic</th>
<th>Universal Health Coverage</th>
<th>15-year Free Education Policy</th>
<th>Fund for Lunch of Primary School Programme</th>
<th>School Milk Nutrition Grant</th>
<th>CSG</th>
<th>Equitable Education Fund (EEF) Conditional cash transfer</th>
<th>Disability Grant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target group</td>
<td>All Thai people with no other healthcare benefits&lt;sup&gt;6&lt;/sup&gt;</td>
<td>Thai and non-Thai children aged 3–17 years old</td>
<td>Thai and non-Thai children aged 3–11 years old</td>
<td>Thai children aged 0–6 years old in poverty (Annual household income &lt;THB 100,000 per head)</td>
<td>Thai children aged 3–11 years old in poverty (Monthly household income &lt; THB 3,000 per head) and PMT score is 0.91–1.00 (Extremely poor)&lt;sup&gt;2&lt;/sup&gt;</td>
<td>Thai children/ young adults 0-19 with disability certification</td>
<td></td>
</tr>
<tr>
<td>Benefits</td>
<td>Healthcare lump-sum subsidy of THB 3,427 per head</td>
<td>Tuition and school supplies subsidy to schools and children (THB 2,830 for kindergarten, THB 3,563 for primary, THB 5,919 for lower secondary, THB 6,607 for higher secondary, THB 9,210–16,210 for vocational degree per student per year)</td>
<td>THB 20 lunch subsidy to schools per student per day</td>
<td>THB 5 milk subsidy to schools per student per day</td>
<td>Child allowance of THB 600 per month</td>
<td>Cash transfer of THB 3,000 per person per year.</td>
<td>Disability Grant of THB 800 per month</td>
</tr>
</tbody>
</table>

<sup>6</sup> According to Social protection mapping and vulnerability analysis report (2022) 92% of children 0-14 are covered; total population 0-14, 16,824,000 (World Bank staff estimates based on age/sex distributions of United Nations Population Division's World Population Prospects: 2019 Revision) therefore around 15,478,000
2.2.4 Coverage by Social Protection Floor Pillar

Pillar 1 Access to a nationally defined set of goods and services, constituting essential health care, including maternity care, that meets the criteria of availability, accessibility, acceptability, and quality

Healthcare benefits are effectively universal for all Thai citizens; in 2019, 99.9% of people were covered by at least one healthcare benefit. Thus, out of a total population of 66.6 million people, 12.6 million are covered for healthcare under the SSF, 5.1 million are covered under the civil service and state enterprise benefits, 0.6 million are covered under local administrative officer benefits, and just under 0.1 million are covered under private teacher benefits, adding up to around 18.4 million people in total. For those without healthcare coverage under employment or contributory social protection schemes, a majority of some 47.5 million people are registered to the non-contributory Universal Health Coverage programme.

Universal Health Coverage provides healthcare benefits for 73.3% of the population and this includes 91.9% of children under 15 years old. The small proportion of children in this age group not covered tend to be non-nationals or are concentrated in specific ethnic groups – particularly the Mon/Burmese (30.2% of children in this group not covered, compared to 0.6% of the Thai children population), and children under five (UN Women, 2022).

The breakdown of the uninsured population by age shows that lack of access to health insurance is mainly concentrated among persons aged less than five and between 20 and 40 years. Although coverage for women of peak reproductive age (23–39) is somewhat better than for men of the same age, it is still below the health insurance coverage available to other age groups. This is problematic because maternal, newborn and child survival relies on access to healthcare during pregnancy, care and services after birth, preventative and curative services for childhood health conditions, and immunization programmes to help children survive and lead healthy lives.

Pillar 2 Basic income security for children, at least at a nationally defined minimum level, providing access to nutrition, education, care and any other necessary goods and services

The basic income security for children pillar in Thailand includes three key classifications of assistance: child allowance; education; and nutrition (Table 4)
Table 4: Coverage of key social protection programmes for children (2019)

<table>
<thead>
<tr>
<th>Pillar 2: Children</th>
<th>ID</th>
<th>Programme</th>
<th>Age</th>
<th>Eligible population</th>
<th>Number of beneficiaries</th>
<th>Coverage rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child allowance</td>
<td>S5</td>
<td>SSF Article 33</td>
<td>0–6</td>
<td>4,659,730</td>
<td>1,092,752</td>
<td>23.5%</td>
</tr>
<tr>
<td></td>
<td>S6</td>
<td>SSF Article 39</td>
<td>0–6</td>
<td>4,659,730</td>
<td>279,467</td>
<td>6.0%</td>
</tr>
<tr>
<td></td>
<td>S22</td>
<td>CSG</td>
<td>0–6</td>
<td>4,659,730</td>
<td>513,702</td>
<td>11.0%</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>S5 + S6 + S22</td>
<td>0–14</td>
<td>10,947,179</td>
<td>1,885,191</td>
<td>17.2%</td>
</tr>
<tr>
<td>Education subsidies</td>
<td>S16</td>
<td>15-year Free Education Policy</td>
<td>3–14</td>
<td>9,112,250</td>
<td>5,865,217</td>
<td>64.4%</td>
</tr>
<tr>
<td></td>
<td>S17</td>
<td>Local education empowerment grant</td>
<td>6–14</td>
<td>7,032,462</td>
<td>65,000</td>
<td>0.9%</td>
</tr>
<tr>
<td></td>
<td>S18</td>
<td>EEF Conditional Cash Transfer Programme</td>
<td>6–14</td>
<td>7,032,462</td>
<td>949,941</td>
<td>13.5%</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>S16 + S17 + S18</td>
<td>3–14</td>
<td>9,112,250</td>
<td>5,865,217</td>
<td>64.4%</td>
</tr>
<tr>
<td>Nutrition subsidies</td>
<td>S21</td>
<td>Fund for Lunch of Primary School Programme</td>
<td>3–11</td>
<td>6,717,954</td>
<td>5,459,793</td>
<td>81.3%</td>
</tr>
<tr>
<td></td>
<td>S20</td>
<td>School Milk Nutrition Grant</td>
<td>3–11</td>
<td>6,717,954</td>
<td>5,450,180</td>
<td>81.1%</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>S20 + S21</td>
<td>0–14</td>
<td>10,947,179</td>
<td>5,459,793</td>
<td>49.9%</td>
</tr>
</tbody>
</table>

Notes: (1) Eligible population for each programme is by age range only and does not account for other conditions such as income level. (2) Beneficiaries of education and nutrition subsidies may benefit from one or more benefits. (3) The number of beneficiaries of free education excludes students in high school or higher. (4) Refers to intended size of target population; unable to obtain data on actual number of beneficiaries. (5) Other employment related schemes, including the civil service benefits, state enterprise employee benefits, and private teacher aid benefits, also include education subsidy and child allowance. However, we could not obtain data on numbers of beneficiaries. Sources: SSO (2019a); MoE (2019); EEF (2019); School Lunch System (2019); ITCILO (2020); and DLA (KII).

Child allowances

Based on SSO administrative data, the contributory and non-contributory child allowances combined cover approximately 40.5% of children aged 0–6 and 17.2% of all children aged 0–14. Analysis of SES data by 5-year age group shows that over 55% of children aged 0–5 do not receive any kind of social assistance. This is especially problematic as young children have relatively high poverty rates and are more likely to not be covered by healthcare. They are thus a group requiring more social protection rather than less.

The contributory Social Security Fund (SSF) covers almost one-third of children (29.5%) aged 0-6 years old. Other employment and contributory social protection programmes that also provide an in-cash child allowance include state enterprise employee benefits and private teacher aid benefits. Of these, the SSF has the highest coverage.

In 2019, 513,702 children received a cash transfer through the non-contributory CSG. Although 880,893 children were registered under the policy, just under 60% of these actually received the grant. While the programme only aims to help children in households with annual income lower than THB 100,000 per capita, using the actual number of beneficiaries in receipt of the transfers it appears the programme covers 11.0% of all children aged 0 to 6 years old.

---

7 As of September 2020 1,912,098, children were registered with the CSG.
Other programmes to support children tend to be small in size and were they to be included in the above measure of coverage it is unlikely they would significantly increase the overall coverage rate. These include support for children in juvenile care, residential care of different types, and foster care, as well as a child homecare support grant for guardians with difficult conditions and a child subsidy to poor households.

**Education**

Around 7% of children are out of school, with poor children aged 3-17 more likely to be out of school than non-poor children (11.1% vs 6.6%). The 15-year Free Education Policy is designed to ensure universal coverage of basic education for all children. However, there remain a small portion outside the school system, with the highest share of these located in the Central and Northeast regions. Out-of-school children are more likely to be male (55%) than female (45%). Public schools are the main source of education and cover 79% of all children of school age, while children in private schools account for 14%.

Estimates suggest that at least 200,000 migrant worker children are out of school. Although children of migrants are legally entitled to free education under the 15-year Free Education Policy, many are de facto excluded because they face administrative barriers such as difficulties in obtaining the required documentation, for example birth registration, or because of opportunity costs (IOM, 2021).

Although education is supposed to be free, auxiliary costs for schooling range from THB 1,000 to THB 10,000 per student per year. Thus, poverty has a direct impact on schooling for all children by increasing the opportunity cost of going to school. At the same time COVID-19 is also said to have severely impacted out-of-school numbers (OPM, 2020).

Just less than one million of 6–14-year-olds (13.5% of eligible children) receive an annual conditional cash transfer of THB 3,000 through the EEF, while the local education empowerment grant covers 0.9% of that age group.

**Nutrition**

Some four-fifths of children aged 3–11 years old, or half of all children aged 0–14 receive nutrition subsidies. The Fund for Lunch of Primary School Children and the School Milk Nutrition Grant provide food and milk for children in kindergarten and primary schools. Together these programmes provide nutrition subsidies to some four-fifths of children aged 3–11 years old, or half of all children aged 0–14.

A higher proportion of boys receive school meals. We are unable to explain this finding, especially because more girls than boys are enrolled in school (UN Women, 2022).

**Pillar 3 Basic income security, at least at a nationally defined minimum level, for persons in active age who are unable to earn sufficient income, in particular in cases of sickness, unemployment, and disability**

The basic income security for active-aged persons in Thailand includes seven functional classes of benefit: (1) sickness income compensation; (2) unemployment insurance; (3) disability insurance; (4) pre-natal/maternity; (5) housing subsidy; (6) death/survivors' benefit; and (7) assistance for working age people in poverty.

Whilst these benefits do not target children, they can be considered child-sensitive because “measures targeted at parents, grandparents, workers or those without employment are often equally beneficial to children in those households” (UNICEF, 2019).

Employment-related programmes have high coverage among government and private employees and ex-employees. This includes sickness income compensation (covering 38.0% of the active-age population), disability insurance (40.1%), and death/survivors' benefits (40.1%).
The SSF maternity benefit covered 47.5% of all children born in 2019. For maternity, the SSF provides lumpsum fixed amount cash benefits including THB 1,500 for pre-natal healthcare and THB 15,000 per child for delivery in a public hospital, while the civil servant benefits/Government Pension Fund, local administrative officer benefits, state enterprise employee benefits, and private teacher aid benefits cover healthcare directly. Mothers with no employment-related benefits receive maternity healthcare benefits from the Universal Health Coverage but receive no income support for maternity leave. According to the Labour Protection Act (amended 2019) all female employees are entitled to 90 days maternity leave, half of which is to be paid by the employer and half by the SSF.

The Ministry of Finance State Welfare Card (SWC) programme provides benefits to 8,925,758 active-aged persons, equating to a coverage rate of 22.1%. This programme is the largest for those not covered by employment-related or contributory programmes and includes a mix of cash and in-kind transfers to people aged 18 and above with income under THB 100,000 per year. The current design is based on individual (vs. household) registration and does not provide supplementary benefits for those taking care of children. The MSDHS provides further assistance in the form of the Poverty and Destitute Family Support Grant.

Despite needing income security, 81.1% of unemployed persons do not receive any kind of social protection. Unemployed persons largely lack access to both contributory and non-contributory social protection, a gap which consequently affects children in some of those households.

Pillar 4 Basic income security, at least at a nationally defined minimum level, for older persons

Basic income security for older persons in Thailand includes four classes of assistance: (1) lump-sum retirement payment; (2) annuity pension (paid monthly); (3) in-kind support; and (4) assistance for people in poverty.

Approximately 23.5% of children do not live with a biological parent, and of those 80% are cared for by the elderly, mainly grandmothers. This may be because parents have moved out from rural communities to work in cities or in industrial zones (National Statistical Office of Thailand, 2020b; UN Women, 2022). This unpaid care work is often provided by poorer older women who have a lower labour participation rate and are therefore less likely to be in receipt of an annuity pension than men and more likely to receive less in a lumpsum retirement payment. Moreover, these challenges may be exacerbated as a result of the COVID-19 pandemic, where children have returned home because of jobs and school closures. The crisis has been especially difficult for single mothers (Pichaikul et al., 2021).

The majority of Thailand’s older population receive one or both of two monthly cash transfers. These are the Old-Age Allowance (81.7%) and the SWC, which is a mix of cash and in-kind transfers (43.2%). Although the Old-Age Allowance plays an important role in reducing poverty for older persons, there remain concerns about the adequacy of the transfer, which has also been exacerbated in the context of the COVID-19 crisis (UN Women, 2022).
Disability Grant

The social protection needs of persons with disabilities cut across the four pillars of the Social Protection Floor.

The Disability Grant covers just 53.4% of all persons with disabilities, despite its universal status. This is important for children because the disability of a parent can have a significant negative effect on children’s school attendance rates, and because of their caring responsibilities or economic activity outside the home (Mont & Nguyen, 2013; Mizuno, Mitra, & Yamasaki, 2016).

The current disability grant is insufficient by itself to meet the needs of children with disabilities, and particularly those with severe needs. On average the transfer represents 26% of per capita consumption expenditure of households caring for a child with a disability. This means that at a minimum only around one quarter of the child’s needs are covered by the transfer, recognising that individual children’s needs will differ. Most parents reported having to give up work to become full-time caregivers for their children (Thammasat University and UNICEF, 2019) which not only affects household income but has negative impacts on women who are more likely to give up work to provide care (UN Women, 2022).

2.3 Effectiveness

To assess the effectiveness of the social protection sector in Thailand, we focus on four criteria: (1) adequacy; (2) equity; (3) efficiency; and (4) impact. We find that although social protection can mitigate the effects of poverty in children aged 0-15, higher coverage and more adequate income security is required to reduce monetary poverty. Overall, the social protection system in Thailand disproportionately benefits the upper strata of the income distribution and efficiency of expenditure depends on the type and quality of benefits being delivered.

Adequacy: Children need higher coverage and more adequate income security. This can be achieved by:

► Progressively expanding non-contributory assistance in the form of the CSG to make it universal
► Increasing the value of the CSG benefit (for example indexing to inflation so that its value rises over time)
► Reviewing EEF and other education-related support with a focus on children aged 6-17 to ensure synergy with CSG and other child benefits
► Reforming SSF and/or align/rationalise benefit levels and delivery systems so that CSG and SSF child allowances are aligned; for example, a universal child allowance could be provided through CSG but paid through social security delivery systems for those covered by SSF).

Equity: The Thai social protection system disproportionately benefits the upper strata of the income distribution. This is due to the civil service pensions scheme, which mainly covers upper-income households working in the public sector. Non-contributory social protection programmes (such as the CSG, Old-Age Allowance, Disability Grant, and SWC) are unambiguously progressive, meaning that they contribute to redistributing resources toward poorer parts of the population and to reducing inequality. However, as the amounts involved are relatively small, the overall impact of non-contributory social protection transfers on income distribution is fairly modest. Exclusion errors have been noted: for example the CSG suffers exclusion errors of around 30% or more, depending on the measure used (UNICEF, 9th June, 2019; Pitidol & Phattarasukkumjorn, 2019) and in the Disability Grant (ILO, UNICEF, IOM, UN Women, 2022) although further enquiry is needed to assess what degree, if any, these might have on the equity impact of the system overall.

10 This seemingly low coverage is due to the difference in the definitions of disability between those applied by the Disability Grant programme and for this analysis. We calculate the total population of people with disabilities using the National Statistical Office of Thailand (2020) report whose definition of disability is based on the International Classification of Functioning, Disability and Health using the Washington Group questions, whereas the MSDHS uses its own definition based on total loss of function. For example, a person that is blind in one eye would be classified as disabled by the former but not by the MSDHS. Using the MSDHS criteria, the number of people with a disability card is 2,015,385 persons and the coverage is 97.9% (DEP, 2019).
Efficiency: Efficiency of expenditure depends on the type and quality of benefits being delivered. Administrative data from select employment and contributory programmes show that expenditure per person registered ranges from THB 152 for SSF Article 40 to THB 32,867 for the GPF (ILO, UNICEF, IOM, UN Women, 2022). The ratio of the value of benefits to total expenditure of most programmes exceeds 95% for all programmes considered in the report.

Unfortunately, our analysis remains constrained here by lack of data on administrative costs for non-contributory social protection programmes, so we are unable to form conclusions vis-à-vis those.

Impact: The SPDR examines the impact of the social protection system on poverty in Thailand as a whole. Social protection plays an important role directly in mitigating poverty amongst children aged 0-15. Independent evaluation describes early impacts of the CSG after one year including reported improvements in feeding practices and access to essential healthcare (UNICEF, 9th June 2019). Social protection also has a big impact on persons with disabilities, who would be 18.8 percentage points poorer without the Disability Grant, albeit is still insufficient by itself to cover all of the needs (see above) to meet the needs of persons with disabilities. Considering the proportion of children who live with the elderly, social protection is especially important for persons aged 65 and above, without which the poverty rate for this group would be close to three times higher.

Figure 5: Poverty rates (%) with and without social protection, by age

Non-contributory programmes play the key role in achieving this impact, reducing poverty by around 5 percentage points for this group (Figure 5). Even though contributory social protection transfers are much larger than non-contributory social protection transfers, the latter have a greater impact on poverty as they tend to benefit persons who are closer to the poverty line (i.e., more likely to fall into poverty in the absence of social protection).11

The impact of social protection transfers is greatest for persons aged 65 and above. As demonstrated in Figure 5, without social protection the poverty rate for persons in this age group would be 17 percentage points higher than it currently is (26.1% instead of 9.2%). This will benefit the close to one fifth of the child population who live with grandparents (Section 2.2.4, Pillar 4).

2.4 Sustainability

Social protection mapping and vulnerability analysis (2022) presents data to show the overall size and shape of government expenditure on social protection. They show that in 2019 Government expenditure on selected social protection programmes was THB 830.2 billion. Of this, THB 481.8 billion (57.6%) was on contributory and government employment programmes and THB 348.4 billion (42.4%) on non-contributory programmes.

Five contributory and non-contributory social protection programmes account for close to nine tenths (87.6%) of all social protection expenditure i) civil service benefits; ii) universal health coverage scheme; iii) SSF and WCF (health care and child allowance constitutes 44.8% and 23.9% respectively of all SSF expenditure); iv) Old-Age Allowance; and v) SWC Programme. The Civil Service Benefits Schemes constitutes just under half of all Government expenditure on the top five social protection schemes (49.2%) and 43.3% of total Government expenditure (Figure 6).

Civil service benefits account for 74.8% of contributory social protection expenditure and the 15-Year Free Education plan for 78% of the non-contributory expenditure. By contrast the CSG accounts for 1.26% and the Disability Grant 5.4% (0.27% on children) of non-contributory expenditure. Expanding the contributory social protection coverage (of those not covered by the current system) would improve the sustainability of the social protection system. The SPDR social protection mapping concludes that one way the national social protection system can improve sustainably is to incentivise those in the active age population that can afford to contribute toward their protection while allocating non-contributory resources more progressively to the most vulnerable groups (ILO, UNICEF, IOM, UN Women, 2022).

12 The impact on poverty might be slightly overestimated due to the fact that lump-sum payments were not annualised for the equity analysis nor for the impact analysis. This concerns 6% of recipients of retirement pensions. The rationale for not annualising lump-sum payments is that each over-payment for persons who retired in the survey year will be matched by a large number of lump-sum recipients who reported zero retirement income if they retired in earlier years. Assuming that lump-sum payments are evenly distributed across years, the average value would still provide a correct estimate of average annualised retirement payments across the whole population.

13 Data limitations mean that we cannot report total expenditure on social protection as we do not have expenditure information for every single social protection programme identified by this mapping exercise. However, the social protection expenditure reported here is calculated from the 33 largest programmes, including S1, S5-8, S10-23, S26, S28-S29, S33-S40, and S44-46 (see Table 19 in Social protection mapping and vulnerability analysis, 2022), which thus accounts for the lion’s share of total government spending on social protection. It should also be noted that several social protection programmes are operated by government organisations as a part of mandated tasks, and consequently distinct information about the operational costs for these programmes are not available. The operation costs reported here may thus be underestimated.
2.5 Coherence

Policy and legislative framework

There is currently no official definition of social protection in Thailand, nor yet a national social protection policy making explicit an agreed set of overarching objectives or governance structure for the sector.

On the non-contributory side, while some acts are focused on ensuring poor and vulnerable groups, including children, receive appropriate support, they do not necessarily address the causes of vulnerability. Importantly, the CSG is not yet anchored in legislation.

Institutional arrangements

There is no supra-ministerial authority in charge of the whole system and nor is there a single ministry with a defined mandate for social protection. This leads to a complex set of institutional arrangements and relationships that are difficult to coordinate and manage. Particularly pertinent in this regard is the lack of integration of social protection MISs, which leads to inefficiencies and increased costs for both beneficiaries and front-line staff.

Moving forward, and looking at the system as a whole, this may have implications for child-sensitive social protection; for example, on decision making as to children’s receipt of both Universal CSG and/or SSO benefits. Options for reform to bring these two components of the system (contributory and non-contributory child allowances) into alignment will have different implications in terms of costs (financing) as well as incentives.
3 Implications for policy

This report is a concise summary of the SPDR social protection mapping, as it relates to children. Accordingly, we present here a reflection on the implications for child-sensitive social protection policy, which may be useful for consideration as part of broader discussions on reform of the sector that the SPDR hopes to facilitate. Overall, there is a need to think systemically and holistically about social protection. This requires higher level collaboration and coordination and an appropriate mechanism for system-wide discussions.

► The social protection system could be made more integrated by bringing together all the elements of the system under a single national policy framework. This should address the requirement for appropriate institutional mechanisms to discuss and agree policy parameters (value of benefits etc.) between different parts of the system. These could include a national high-level coordination Council with coordination sub-groups by social protection Pillar.

► Because children are overrepresented amongst the poor, the national policy framework should include an explicit focus on how social protection can address children’s multi-dimensional and dynamic poverty, including tailored strategies to address poverty and poor access to social protection amongst key hard-to-reach groups:
  • Poor older persons that are excluded from both Old-Age Allowance and SWC
  • Persons, including children, with a disability
  • Out-of-school children, particularly in rural areas and in Bangkok
  • Double orphans
  • Marginalised ethnic groups and stateless persons, and
  • Migrants.

► The SWC provides an example of how the social protection system can function holistically, in that some parts of the system retain the principle of universality (e.g. Disability Grant and Old-age Allowance) whilst the SWC provides supplementary targeted support for those with higher levels of need (i.e. those falling under a given poverty threshold). However, as the SWC is targeted at the poor, consideration could be given as to how to make it more child-sensitive (e.g. by taking account of dependency ratios in the targeting, and/or in relation to the value of the transfer).

► There is a need to increase both coverage and adequacy of child-related social protection benefits, especially for children with disabilities, poor children aged 0-17 and pregnant women, ensuring synergy across EEF, other education support, CSG and other child benefits. There is then a need to rationalise the SSF child allowance in relation to the CSG in terms of both benefit levels and delivery systems. This could include a review of benefit levels and consideration of indexing benefit levels to cost of living increases (e.g. as measured by consumer price indices).

► Analysis should be conducted to unpack the interactions between the contributory and non-contributory social protection systems, especially focussing on child benefits, to inform a coherent policy direction to maximise efficiency and effectiveness of overall government investments in social protection while minimising the risk of negative consequences of different policy options. There is a need to examine the contributory system to ensure a fair allocation of government resources across different wealth quintiles of the population. Here it is important to consider the level of benefits for SSF child allowances to ensure that they function as an incentive for participation in social security schemes.

► Significant efforts are required to expand coverage of contributory social protection for those of active age who are not currently covered, especially amongst those in the poorest quintiles. This would lead to a higher rate of inclusion of children in the SSF child allowance and more women giving birth benefiting from maternity support.
Equally, coherence across social protection and other social services should be addressed, including formal referral mechanisms to connect relevant social protection recipients with social care and support services, health, education and justice services. This will require particular attention is given to the social welfare workforce as a critical component of a child-sensitive and integrated social protection system.

Integration of social protection Management Information Systems should be strengthened to improve coordination and effectiveness of programme delivery.
Bibliography

DEP (2019) ‘DEP Annual Report: Year 2019’. Bangkok: Department of Empowerment of Persons with Disabilities. https://dep.go.th/th/law-academic/knowledge-base/annual-report/%E0%B8%A3%E0%B8%B2%E0%B8%A2%E0%B8%87%E0%B8%B 2%E0%B8%99%E0%B8%9B%E0%B8%A3%E0%B8%B0%E0%B8%88%E0%B8%B3%E0%B8%9B%E0%B8%B5-2562.


ILO (2022) Thailand Social Protection Diagnostic Review: Background Paper - Expanding access to social security for all workers in Thailand. ILO: Bangkok


UN Women (2022) Thailand Social Protection Diagnostic Review. Gender impact assessment. UN Women: Bangkok
This report provides a concise summary description of child-sensitive social protection in Thailand, extracting data from Thailand Social Protection Diagnostic Review’s (SPDR) four background reports, and addresses the needs, coverage, effectiveness, sustainability, and coherence of the social protection for children.