

Urban Poverty and Governance in Thailand

-A case study of Bangkok

By

Reena Marwah and Pongsak Hoontrakul^π

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Introduction

With a well-developed infrastructure, a free-enterprise economy, and pro-investment policies, Thailand one of East Asia's best performers from 2002-04, could only do so because it appears to have fully recovered from the 1997-98 Asian Financial Crisis. Boosted by increased consumption and strong export growth, the Thai economy grew 6.9% in 2003 and 6.1% in 2004 despite a sluggish global economy. **Thailand grew by 5 percent in 2006, slightly better than 4.5 percent in 2005, and is projected to be 4.3 percent in 2007.**¹

Table - 1 : Thailand Basic Economic Data

GDP	171.996 billion USD (2005)
GDI per capita	2720 USD per year (2005)
GDP annual growth	6.3% (2003), 5.0% (2006)* , 4.3% (2007)*
Inflation Rate	1.8% (2003), 4.7% (2006)
Unemployment Rate	0.69 millions persons or 2.0% of the total labour force at the end of 2003

*Thailand Economic Monitor, Nov. 2007, The World Bank.

Note: Fiscal year of Thailand is from October 01 to September 31.

Thailand's basic economic data for 2005 shown in Table 1 brings out the low level of inflation and unemployment. Besides, Thailand's overall poverty is low, but it is still significant in poorer regions and rural areas.

The Thai Government, in its policy objectives, recognizes the importance of enhancing the share of the poor in overall growth so as to raise the quality of growth.²

^π The contents of this paper in part or in whole are entirely those of the authors and do not represent the views and opinions of Sasin of Chulalongkorn University and any organization associated with the authors. Comments are welcome. All correspondence is directed to Pongsak Hoontrakul, Senior Research Fellow, Sasin-GIBA, Chulalongkorn University, Sasa Patasala Building, 8th floor, Soi Chulalongkorn 12 (2), Phayathai Road, Bangkok 10330, Thailand. Private Tel. (662) 954 1689 ; Fax (662) 954 1690 ; Email : Pongsak@Hoontrakul.com URL : www.Pongsak.Hoontrakul.com

1 Thailand Economic Monitor April 2007, The World Bank.

2 Theoretically, higher national growth transmits to poorer regions and to the poor generally even if not in the same proportion, but a lower growth rate also generally transmits as lower increase in the poor's income.

It also recognizes that increased public expenditures in poorer regions can contribute to that objective, as well as better training and education of the urban labor force to facilitate their movement into higher productivity occupations. Thus increasing the annual average rate of growth to 5.5-6 percent and improving its equity can ensure both a better quality of life and a higher rate of overall growth.³

Theoretical and Methodological Framework

In this study of Urban Poverty and Governance in three cities of Bangkok, Shanghai and Delhi⁴ an extensive review of literature has been undertaken in addition to making use of the questionnaires and interviews for field investigation. This part of the paper takes into consideration studies by Thai Scholars and academics as well as the responses received through interviews of policy makers, NGO representatives, community leaders, voluntary workers and the poor themselves.

The United Nations has considered “good” governance as an essential component of the **Millennium Development Goals** [MDGs], because “good” governance establishes a framework for fighting poverty, inequality, and many of humanities’ other shortcomings⁵. The **Urban Governance Index** (UGI) has been created to answer to these needs, including that of evaluating the relationship between governance and poverty alleviation⁶.

Ortiz (2001, p.599) in her edited volume on Social Protection in Asia and the Pacific defines social protection as the set of policies and programs designed to reduce poverty and vulnerability by promoting efficient labour markets, diminishing people’s exposure to risks, and enhancing their capacity to protect themselves against hazards and interruptions/loss of income.

The issue of Governance in Thailand and its indicators have been discussed by Deunden Nikomborirak, TDRI, Vol. 22 , No.1 : March, 2007 and Bowornsak (2004)⁷. While the

3 As learnt through the interview with Dr. Pranee Tinakorn, Adviser to the Minister of Finance and Professor, Faculty of Economics, Thammasat University, Bangkok .

4 The study has been undertaken as a collaborative research work funded by the Asian Scholarship Foundation.

5 UN – Department of Economic and Social Affairs- Public Governance Indicators: A Literature Review.

6 The UN-Habitat has disaggregated this index into five principles of “good” governance, such as effectiveness (efficiency, subsidiarity, strategic vision), equity (sustainability, gender equality, intergenerational equity), accountability (transparency, rule of law, responsiveness), participation (citizenship, consensus orientation, civic engagement), and security (conflict resolution, human security, environmental safety). In practice, the UGI embraces 16 indicators, which are based on factual data provided by municipalities and local governments, and grouped into the first four sub-indices (the security index was dropped for statistical reasons). This indicator can be useful to test for “correlation between the quality of urban governance and urban poverty reduction, city competitiveness and inclusiveness” [UN-Habitat 2003].

7 Civil Service Reforms and the Quest for Better Governance: The Thai Experience

Deunden Nikomborirak, TDRI, Vol. 22 , No.1 : March, 2007 -

(Paper presented at the Eighth Annual Global Development Conference on “shaping a New Global Reality: The Rise of Asia and Its Implications,” January 14-16, 2007, Beijing, China)

former has described the role of the State and referred to the IMD indicators⁸ to show that the Thai civil service operates in an environment, marked by corruption and bribery, the latter has emphasized that although administrative rules and procedures are laid down, their interpretation is left to the implementing authority.

As shown by the survey carried out for the purpose of this study, (and according to 1999 survey), the prevalence of bribery in utility services (electricity, telephone, water and railways) was minimal and these services were rated well for the quality of service provision.

This in contrast to the large scale privilege of corrupt practice in land, taxation and police departments as documented by a study by Pasuk P.P. Sangsith and T. Nualnoi⁹.

Governance has been referred to by Deunden Nikomborirakas the exercise of political, economic, and administrative authority in the management of a country's affairs at all levels. It includes the State, the private sector, and civil society. The State creates a political and legal environment conducive to economic and social development, while the private sector generates jobs and creates income. Civil society defends the rights of the people against the potential abuse of power by the State of by large businesses. Thus, good governance – like a three-legged stool – is supported by a good balance of power among the three groups.

According to the perception indicators surveyed by the IMD, corruption and bribery remain widespread in Thailand. These indicators show that the Thai civil service operates in an environment where corruption and bribery are rampant and where bureaucracy is subject to considerable political influence. Nevertheless, these negative factors have not posed serious obstacles to business activity.¹⁰

With respect to Public Service, the IMD assigns Thailand a rating of 2.91, bureaucracy-3.64 and bribery and corruption – 1.88, these indicators show that the public service has to with political interference and the extent of bribery and corruption is also high. This is evident from table 2 below.

Table 2: Civil Service Governance Indicators, 2006

Country	Public Service	Bureaucracy	Bribery and corruption
	The public service is not independent from political interference (=0), and is independent (=10)	Bureaucracy hinders business activity (=0), and does not hinder (=10)	Bribery and corruption exist in your economy (=0), and do not exist

(Dr. Deunden is Research Director for Economic Governance, Sectoral Economics Program, TDRI)

⁸ The Institute for Management Development (IMD), in Lausanne has provided indicators on Government efficiency.

⁹ Pasuk, P.P. Sangsith and T. Nualnoi. 1998. Guns, Girls. Gambling and Ganja: Thailand's Illegal Economy and Public Policy. Bangkok: Silkworm Books.

¹⁰ Civil Service Reforms and the Quest for Better Governance: The Thai Experience Deunden Nikomborirak, TDRI, Vol. 22 , No.1 : March, 2007

			(=10)
India	2.59	2.79	1.69
Thailand	2.91	3.64	1.88
Taiwan*	3.78	3.78	4.48

Source: IMD-world competitiveness year book 2006.

Data for China is not available

In the Thai governance procedures it is clear that most Thai laws do not prescribe clear administrative rules and procedures pertaining to the implementation of the law. Rather, the issue is left to the implementing authority to decide how certain sections of the law are to be interpreted. Politicians are rarely held accountable for corrupt practices as they often make verbal demands and never written ones

It is for this reason that Bowornsak¹¹ (2004) has likened this legal tradition of “Transparency” to the writing of a blank check by the legislative body and giving it to the administrative body.

Regarding procedural rules, the Thai Government theoretically spells out certain “crucial steps” that can lay a firm foundation for the betterment of state governance.¹²

To what extent, these are actually implemented can be better understood later in this paper, when an analysis of the survey is presented.

Poverty and Governance – The linkages

An analysis of the linkages between poverty and governance in Thailand is incomplete without presenting the facts as brought out in the UNDP’s Human Development Report on Thailand. The Report also provides a detailed account of the human achievements aspects related to Education, Health and Standard of Living.¹³ The present study has also relied on the socio-economic surveys of the National Statistical Office of Thailand as well as studies by and interviews of Thai Scholars, Policy makers, Social activists and members of civil society.

A report prepared by researchers of TDRI, NESDB and the Ministry of Science Technology and Environment (2002) on formulation of poverty reduction strategy has imparical tested and shown that economic growth in Thailand generated employment and enhanced earnings, which in turn took more and more people out of poverty over the period 1992 to 1996 and 2000 to 2002.¹⁴

11 Bowornsak Uwanno, 2004, Administrative Law Manual, Bangkok: Thai Bar Association.

12. These rules are:-

Ensure access to public information.

Establishment of clear governance rules for all administrative procedures.

Ensure greater public disclosure of all state rules and regulations pertaining to any administrative procedure, rule or decision.

Allow public participation in key public policies or rules at the policy, rather that the implementing stage. Deunden Nikomborirak, TDRI, Vol. 22 , No.1 : March, 2007.

13 UNDP Thailand Human Development Report 2007.

14 Title of the Report was titled “The Process of Formulating Poverty Reduction Strategies in Thailand”.

Medhie Krongkaew (1994, and 1996) ; Kakwani and Medhie (1996) in the paper titled, *Alienated Life :Socio-economic characteristics of the ultra poor in Thailand* questions the linkages of development and poverty reduction and asserts that there is a group of poor-the ultra poor who continue to be alienated from the developmental achievements of the country.¹⁵

Medhie (January 2006) in *Economic Growth employment and poverty linkages* states that enhancing labour productivity is a way to reduce poverty permanently. He further added that, empowering the poor with better education and training will help to shift manpower from low paid work in the agriculture sector to formal manufacturing sector.

A Special Seminar on poverty organized by CODI and TDRI in 2001, brought together community leaders from poor communities of urban and rural areas of Thailand. Results of surveys were discussed at the Seminar, which was successful in highlighting the responses of communities to the problems of the poor as well as the possible solutions.¹⁶

Viroj NaRanong and Anchana NaRanong address the issue of social protection in health for the poor in Thailand: from *Welfare to Universal Coverage*, from the perspective of governance. The study traces the changes in the health welfare program over the period 1975 to the present and concludes with the assertion that the poor could not be appeased till the Universal Health care coverage program was initiated.¹⁷

Pranee Tinakorn, in her paper titled ‘Fiscal Measures for the Poor in Thailand’ (2007), concludes that although the government has set up several revolving funds to help the poor in various names and forms they are not targeted and it is doubtful that the really poor people can access and benefit from these measures. She recommends that policy measures to help the poor should be based on the following three guidelines : reducing the income gap by targeting transfers, providing social security for health and employment as universal coverage, and providing and enhancing the opportunity for the poor to develop and be able to stand by themselves in the long run with such measures as providing land and capital input and improve the quality of their human capital.¹⁸

The *Policy Challenges for Social Security for Private Employees* by Worawan Chandoevmit brings out the social security mechanism and their coverage for private employees in non-agricultural sector.¹⁹

TDRI’s participatory assessment report of December, 2000 also brings out the effects of the economic crisis in ten communities – four urban and six rural within Bangkok and its vicinity. One of the communities Pattana 70 Rai is located within the Klong Toey. As

15 Researchers from Four Universities collected data on the poor in Thailand for this extensive study..

16 The Seminar was on the theme: *People’s Strategies for Reducing Poverty : From View of Communities* was held in September 2001

17 TDRI Quarterly Review September, 2006, Vol.21, No.3

18 . Pranee Tinakorn is an expert on development issues and is working as Professor at Thammasat University

19 *Worawan Chandoevmit Policy Challenges for the Social Security for Private Employees*. Thailand Development Research Institute Vol 21 No. 4 , December, 2006

the non-governmental organizations have provided assistance to the poor families in the Klong Toey area information received through them was also vital for this study.

‘Bangkok in the Balance’ by Tatsuya Hata, 1996²⁰ brings out the initiatives taken by Duang Prateep and her Foundation in bringing hope to the slum dwellers of Klong Toey. Community leaders have also been instrumental in ensuring that the poor slum dwellers are not deprived of basic facilities and thus information provided by community leaders also provided inputs to the study.

Thailand : Economic Growth, Poverty Reduction and Issues of Governance

Economic growth in Thailand has not been strictly pro-poor although poverty reduction did occur. The report (TDRI, NESDB and Ministry of Science and Technology) has stated that the speed of poverty reduction would have been faster if the government avoided urban biased and sectoral policies that adversely affect income distribution. Thus growth that generates employment together with income for the poor is critical for national success in poverty reduction. And, if labour productivity of the poor and marginal return for the poor becomes higher from economic growth, the implication is an increase in their income and the alleviation of poverty as well as income inequality. .21

The theme of the Thailand Human Development Report 2007 is “Sufficiency Economy and Human Development” and provides insights into the manner in which the Sufficiency Economy in theory can be translated into practical policies and concrete action. It focuses on the application of Sufficiency Economy in a wide range of areas: poverty reduction, rural development, environmental protection, education, corporate social responsibility, sound macro-economic policy making, as well as good governance.²²

The Human Development Report 2007 gives the HDI for Thailand as 0.784 thereby ranking Thailand as 74th out of 177 countries. Other indicators of human development are also shown in Table 3.

Table - 3 : Thailand Human Development Indicators - 2004

Human Poverty Index– 1	9.3
Probability of not surviving past age 40 (%)	9.9
Adult illiteracy rate (%ages 15 and older)	7.4
Life Expectancy	68 for Men : 75 for Women

Table 4 brings out the Human Achievement Index comparing the different provinces in Thailand. Overall, the HAI highlights the pattern of disparity that has persisted over decades. People in Bangkok, Bangkok Vicinity and other regional growth areas enjoy higher levels of human development than people in more isolated provinces. The North

20 Bangkok in the balance has been authored by Mr. Tatsuya Hata, husband of Duang Prateep

21 A report prepared by researchers of TDRI, NESDB and the Ministry of Science Technology and Environment (2002) (pg 45)

22 The Human Development Index is a composite measure of Life Expectancy, Adult Literacy and Standard of Living.

and the Northeast, as well as a few provinces in the deep South, are placed at much lower levels.

Table 4: Human Achievement Index

Top Five Provinces	Bottom Five Provinces
1. Phuket (South)	72. Si Sa Ket (Northeast)
2. Bangkok	73. Kamphaeng Phet (North)
3. Pathum Thani (Bangkok Vicinity)	74. Surin (Northeast)
4. Ayutthaya (Centre)	75. Tak (North)
5. Nonthaburi (Bangkok Vicinity)	76. Mae Hong Son (North)

In addition to the generic ranking of provinces in terms of human achievement, the National Statistical Office (NSO) has been conducting household income and expenditure surveys in Thailand since the early 1960s, and these Socio-Economic Surveys (SES) are now conducted every two years for the whole country through the random sampling method.²³

Different regions exhibit difference characteristics and incidence of poverty. The Northeastern region has been the poorest region followed by the North and the South. The Central region and Bangkok and vicinity are the better-off regions where the incidence of poverty is lowest. See table 5.

Table 5. Thailand Poverty Headcount ratio classified by region, 1996-2006
(Percent of total population)

	1996	2000	2004	2006
Thailand	14.8	21.0	11.2	9.6
Northeast	24.5	35.3	18.6	16.8
North	17.8	23.1	15.7	12.0
South	10.3	16.6	6.0	5.5
Central	6.1	9.0	4.5	3.3
BKK	1.2	1.7	0.8	0.5
Urban	9.9	8.6	4.6	3.6
Rural	22.9	26.5	14.2	12.0

Source: NESDB

*2006 National Poverty Line is 1,386 Baht/head/month

The 2006 poverty line has been defined as 1386 Baht per person per month, bringing it in conformity with the one Dollar a day estimate of the World Bank. The poverty line takes into account the nutritional requirements of individuals, their pattern of food consumption, the prices of food as well the non-food items of consumption.

An overview of the headcount of poor and the incidence of poverty in Thailand over the period 1988 to 2006 is shown in Table 5.

Incidence of Poverty in Thailand – An overview

²³ (Medhie Krongkaew; Paper presented at the seminar organised by the Economic Society of Thailand at Naresuan University, Phitsanulok, 31 July 2003.).

Table 6: Poverty Lines and Poverty Incidence in Thailand, 1988 to 2004.

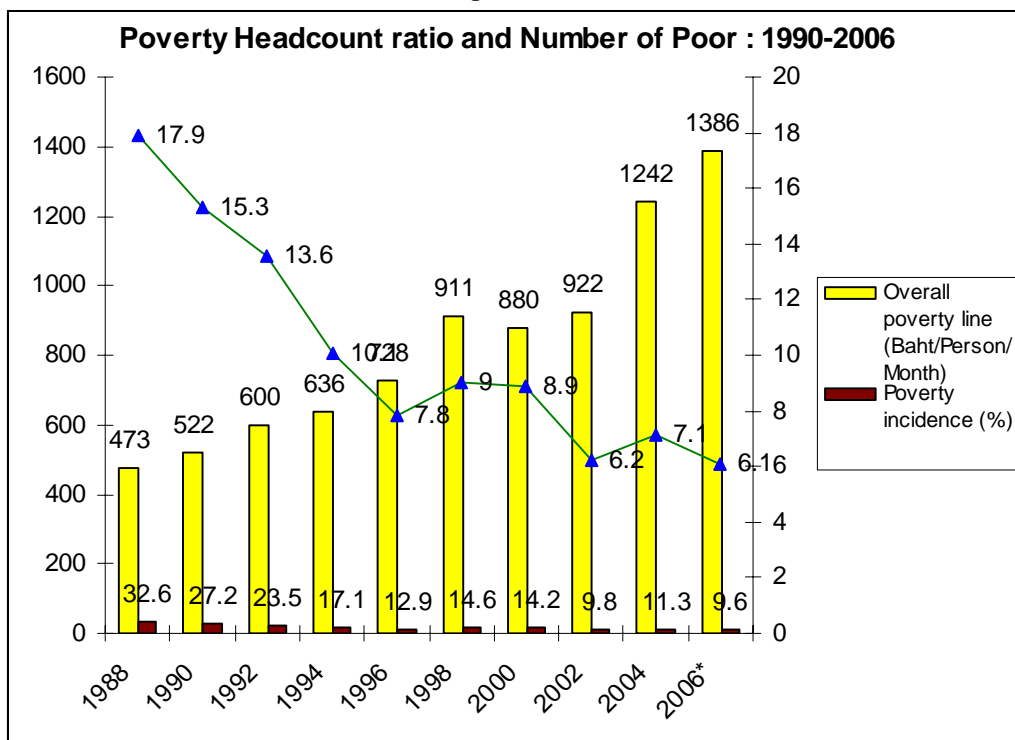
	1988	1990	1992	1994	1996	1998	2000	2002	2004	2006*
Overall poverty line (Baht/Person/Month)	473	522	600	636	728	911	880	922	1242	1386
Poverty incidence (%)	32.6	27.2	23.5	17.1	12.9	14.6	14.2	9.8	11.3	9.6
No. of the Poor (Million)	17.9	15.3	13.6	10.1	7.8	9.0	8.9	6.2	7.1 (Urban – 1 Mn, Rural 6.1 Mn)	6.1

* - Thailand Economic Monitor (2007), The World Bank (pg 11).

Sources: Socio-Economic Surveys (SES) by NESDB, Krongkaew Medhie (2003), UNDP, HDR Thailand – 2007.

The graph below clearly reveals that the poverty headcount ratio declined after 2000, showing the recovery of the Thai economy after the 1997 Asian crisis.

Graph – 1



- Household incomes have risen in line with the economic recovery, and reached an average of 14,963 Baht per month in 2004. However, a significant number still live in absolute poverty, while debt has increased alarmingly, and the overall distribution of income remains uneven.
- In 2006, 6.1 million people or 9.6 percent of the population lived in absolute poverty, having income less than **1,386 Baht per person per month**. Eighty-seven percent of the poor are farmers and farm workers in the rural areas.
- From the official data, it is estimated that the urban poor number one million households.
- An average household spends 88.5 percent of its income on consumption, with very little left for investment and savings. Personal savings dropped from 13.4 percent of income in 1999 to 6.3 percent in 2003.
- The income inequality as measured by Gini-coefficient fell from 0.44 in 1988 to 0.43 in 2004 and to 0.42 in 2006, thus showing a very slight improvement. The rank of Thailand is 78 out of 127 countries.²⁴

Poverty studies²⁵ have underlined the failures from Government policies as an important factor resulting in supply side poverty. In addition, low quality productive inputs or their lack of access as well as shortage or inefficiencies of public services to the poor, have also been emphasised as factors affecting supply side poverty.²⁶

The studies also underline the importance of safety net programmes for the poor in Thailand as whenever the poor in any society are deprived of basic necessities there will be a need for specific programmes which can raise the value of the stock of the human capital through improved quality of education, skills and access to primary health.

A smaller share of public transfers flow to activities that are more beneficial to the poor. While more than half of the poor are working in the agriculture sector, the share of total government expenditure for this sector has been declining continuously from 7 percent in 2003 to 5 percent in 2006. In addition, the government budget allocated to activities which are most relevant to the poor such as education, health, and social security and welfare has also been declining from 39.6% to 38.1% over the same period.²⁷

Issues of Governance and Social Protection in Thailand – An overview

24 World Development Indicator, World Bank (2006).

25 As discussed in the review of literature.

26 (Kakwani and Medhie - 1996, Report CODI and TDRI, September, 2001).

27 Thailand Economic Monitor, 2007 (pg 14)

An obvious limitation of the study is its inability to assess all the diverse aspects of governance. However, an effort has been made to focus on some of the main issues which affect the lives of the urban poor - health, education and employment.

As an introduction to the current development of social welfare and protection systems in Thailand, we want to refer to the recent enactment of two laws in Thailand in 2003. These two laws are the Social Welfare Promotion Act and the Senior Citizens Act . The Program Report on Thailand CDP-SP which was published in June 2002 gives broad perspective of five areas of social protection in Thailand, namely social assistance and transfers, employment services and labour market information, unemployment insurance, occupational safety and health and workmen's compensation, and improvement in socio-economic data and dissemination. In the Promotion of Social Welfare Provision Act, Section 80 of the present Constitution of Thailand stipulates that the state must protect and promote children and youth, gender equality, family cohesiveness, community strength, assist the elderly, the poor the disabled, and the vulnerable to attain good quality of life and self dependence.

The quality of governance affects the poor relatively more than the rich. This has been brought out by the World Development Report 2000/2001, as it documents that the burden of petty corruption falls disproportionately more on poor people. For those without money and connections, petty corruption in public health or police services can have debilitating consequences.²⁸

Health and social security coverage

In the 1970s and the 1990s, when democracy flourished and the economy boomed, the development of social security programs in Thailand became extensive.

The social security mechanisms, in the form of *ex-ante* social risk management mechanisms for Thais, are social insurance and health insurance. These mechanisms cover health care, invalidity, old age, death, survivor, unemployment and child education benefits, as well as child allowances, as shown in Table 6. For health, the Thai people as was learned through the survey, are covered by the mix of compulsory social security system of formal sector workers, the health coverage for government and state enterprise officials, and the national health protection plan under the so-called 30 baht Health Scheme. There are some social assistance programs especially for the elderly people who are without family supports, and those who have the disabled in the family, and those who are afflicted with HIV/Aids, but the coverage is still small by the standards of more developed economics. These types of security mechanisms are administered by different institutions. The Comptroller-General's Office administers social security programs for government employees, while the Social Security Office (SSO), under the Ministry of Labor, does so for private employees in the non-agricultural sectors. The Private School Teachers' Welfare Fund (PSTWF), under the Ministry of Education, administers social security programs for private school teachers. The Ministry of Public Health administers

28 For more details, see World Development Report 2000/2001 Attacking Poverty, The World bank, Washington D.C. Chapter 6.

universal health care for the general population, excluding government and private employees in non-agricultural sectors.

Table 7: Social Security Coverage. By Types of Benefit-

	Health Care	Inval - idity	Death, Old age and survivor	Child allowa nce	Child education	Unemploy- ment
Private employees in non-agricultural sectors	√	√	√	√	√	√
Private school teachers	√	√	√	√	√	√
Government employees	√	√	√	√	√	Permanent employment
State-enterprise employees	√	√	√	√	√	Permanent employment
Private employees in the agricultural sector	√					
Self-employed	√					
Other work cohorts	√					
People not in the labor force	√					

Source - Worawan Chandoevvit, 2006

In general, Thai people enjoy relatively good health. Life expectancy has risen steadily to reach 68 years for men and 75 for women. Most people now have access to health care, especially since the government implemented a scheme of low-cost universal services four years ago, which in November 2006 became free of charge. In 2007 Thailand's first National Health Act has been enacted. (For details see Annex I of the study).

However, three kinds of problems still remain:

- First, disadvantaged groups remain vulnerable, either because of poverty or special conditions such as old age or disability.
- Second, several new and not-so-new health threats come with social change and globalization. These include bird flu, obesity, alcohol usage and the continuing grip of HIV/AIDS.
- Third, the distribution of health services is uneven.²⁹

Thailand began her health welfare program for the poor in 1975 by providing free health care for the poor at the Ministry of Public Health's facilities. Since then, coverage had

²⁹ Worawan Chandoevvit Policy Challenges for the Social Security for Private Employees, Thailand Development Research Institute Vol 21 No. 4 December, 2006.

been expanded to include more and more disadvantaged groups. In 2000, almost one half of the entire population was eligible for the program. The actual number of the cardholders was approximately 20 millions (33% of the population). The annual budget of the program had increased substantially from 300 million baht in 1979 to 8,000 million baht in the year 2000.³⁰

In 2001, however, the program was transformed to the Universal coverage of health care scheme under the slogan "30 Baht to cure every disease," which would cover every Thai citizen who was not currently under any other public insurance schemes such as the Civil Servant Maintenance Benefit Scheme (CSMBS) and the Social Security Program (SS)³¹.

As a universal health-care coverage scheme ("UC" for short), the 30-Baht Scheme covers everyone who is not covered by other government-sponsored forms of insurance, i.e., the Civil Servant (and public enterprise workers') Medical Benefit Schemes (CSMBS), the Social Security Scheme (SSS), the Health Card Scheme, and the Health Welfare for the Poor and the Disadvantaged Scheme (HWPDS). In practice, the latter two schemes were converted to the 30-Baht Scheme. In fact, the way these two schemes were implemented became the foundation of the 30-Baht Scheme.

Besides providing health coverage to persons who are not in the CSMBS or SSS, during its first year of implementation the 30-Baht Scheme was an attempt to reform the health-care financing system; it was aimed at shifting the paradigm that governs the health-service system to place the main emphasis on health promotion and disease prevention.

Since 1975, the low income group was supposed to be eligible for free health care. Before the 30-Baht Scheme, all the poor were theoretically covered by the HWPDS, which provided the "**Low-Income Card (LIC) to a single person who earned less than 2,000 baht (\$50) per month.**" However, many studies consistently found that most of the low-income families did not receive the LIC and the majority of the cards were distributed to people or families that earned more than permitted under the eligibility criteria.³²

As a result of erroneous targeting, a significant number of the poor ended up buying the 500-baht (\$12) health insurance card designated to provide year-round insurance for a family of up to five. According to the Socio-economic Survey (SES) administered by the National Statistical Office (NSO) in 2000, almost one-half (47%) of the poor had the 500-baht health insurance card, more than twice the number of the poor that received the LIC (21%). Although, these figures may include mixed up or misidentified cases, the figures do indicate that **erroneous targeting had been wide-spread.**

30 UNDP HDR Thailand 2007

31 (Viroj NaRanong, Anchana NaRanong) – Social Protection in Health for the Poor. TDRI Quarterly Review, Thailand Development Research Institute, Vol. 21, No.3 : September, 2006

32 Viroj NaRanong, Anchana NaRanong Universal Health Care Coverage: Impacts of the 30-Baht Health-Care Scheme on the Poor in Thailand. (See the authors' review of these studies in Viroj and Anchana 2002, which also indicates that the mis-targeted portions appear to have increased over time.

By its design and coupled with publicity which made its presence known to almost everyone, the 30-Baht Scheme effectively eliminated the major part of the faulty targeting problem – the quota allocation and the information problems – which were rampant before the Scheme was implemented. Under the Scheme, steps were taken to solve the eligibility problems of Thai-national migrant workers who in the past usually had been unable to pass many bureaucratic constraints. **In 2006, the number of non-eligible persons (who include those who do not have Thai nationality) is down from about 5 million (in 2001) to about 2 million.**

The spread of the Universal Health Care Scheme has benefited poor households and universal healthcare coverage has been carried out fairly successfully as is shown by the survey results of this study. Besides, the results of the SES survey also show that the households that were impoverished because of health-care burdens decreased by two-thirds as a result of the expansion of coverage toward universal coverage.³³

However, if the Local Administration Organisations would like to include healthcare coverage as part of their responsibility, they must improve its earning-competence and the central government must supervise the quality of each health-service provider.³⁴

The old age population ratio has increased from 7.2% to 10.4% in 2005 and is expected to rise to 12% by 2010. Thailand is one of the lowest retirement age (55 years) and coupled with falling birth rates, the dependency ratio is significantly rising. The low income groups who do not have enough savings for short terms exigencies and continued to be deprived of old age security suffer from multiple neglect. The Thai government has made provision for a specific law under the Elderly Act.³⁵

Education : Multi layered administration, low standards !

As result of the Government Policy of nine-year compulsory education law and other factors, more children enroll in school, and more stay longer. In 2005, people had an average of 8.5 years of schooling, an increase from 7.6 in 2002. However, there remain questions about differential access, the quality of education, the education level of the workforce, and the mismatch between education and the labor market. As research has shown there is a strong correlation between education attainment and income equality. The following is an analysis of the results of the Thai government policy on Education:-

- Although almost all students from households in the top income quintile now complete nine years of education, only 80 percent in the bottom quintile do.

33 For more details see UNDP HDR Thailand 2007. In terms of poverty reduction, the study compares over time the percentage of people who were impoverished because of health-care expenses, using data from SES.

34 TDRI – March 2007

35 Thais (those 60 and above under this Act will now as a matter of rights, be able to receive occupation and legal advice from the state, receive funeral assistance in time of their deaths, generate tax privileges to their off springs who look after them, and so on. The list of these privileges is still not extensive, but the future prospects are good.)

- Students perform poorly in school especially in mathematics and science. Thai secondary students perform as well on average as students in countries of a similar economic level, but have very few in the top proficiency levels, and rather larger numbers below a minimal acceptable standard: 40–50 percent in the case of mathematics. Performance varies significantly by household income and by location.
- Those with education above primary level accounted for 39.4 percent of the workforce in 2005. Although enrolment in secondary education has increased over the past decade, lack of skills and low labour productivity continue to affect income earning possibilities and also continue to adversely impact Thailand’s competitiveness.
- The top fifth of the population by income receives over half of all public spending on higher education, this has been discussed earlier.³⁶
- Access to education, and its equality, is still variable across the country. Bangkok outperforms the rest of the country, followed by Bangkok Vicinity, the Centre, the East and the South. Northeastern provinces lag behind. This is shown by the Human Achievement Index.³⁷

In an interview of Dr. Kitti Limskul, Associate Professor, Faculty of Economics, Chulalongkorn University, Bangkok, he revealed that there was a need for enhancing the quality of education imparted to the students at the primary and secondary levels. Referring to the education system in Thailand as being “in a state of crisis”, he underlined the imperative for privatization of higher education, as well as enhancing the subsidy per student enrolled in classes one to six. He also recommended reduction of the size of the administrative machinery for education stating that they were five departments within the Ministry of Education. Thai Students did not perform well particularly in subjects like English and Maths, when an assessment was carried out by an external agency through the conduct of a National Test.³⁸

Employment and Social Security

Most people have work in Bangkok and it is the pull of employment possibilities that has resulted in large – scale migration from the North and North east provinces. With the continued economic recovery, unemployment dropped to 1.3 percent and underemployment to 1.7 percent of the workforce in 2005. Female participation in the workforce dropped slightly but still remains high in 2007.

The status with regard to provision of social security is as follows:

³⁶ UNDP Thailand HDR 2007

³⁷ The HAI Education Index is constructed from data on mean years of schooling, upper secondary and vocational enrolment, lower secondary test scores, and lower secondary students per classroom. Bangkok ranks number one in HAI.

³⁸ Dr. Kitti Limskul was formerly the vice Minister of Education of Thailand.

- At present, 8.5 million workers in the formal sector enjoy benefits that cover injuries and illness, maternity, disability, death, child support, old-age pension and unemployment benefits. However, there remain issues about social security provision for the large numbers in the informal sector, and about the high rate of work-related injuries. Samut Prakan and Samut Sakhon in the industrial ring around Bangkok held the worst records. Those in the informal sector – farm, construction and home-based workers – are likely to face a more serious situation due to lack of knowledge, training, and legal protection.
- Around 22–23 million people working in the informal sector have no social security protection except access to the universal health care scheme. The Government is committed to extending social security to this large group, but the scheme needs to be carefully designed to ensure fairness and sustainability.

The situation of employment and social security is better in Bangkok, Bangkok Vicinity and the East compared with the rest of the country.

Housing and living environment

Three-fourths of Thai households live in their own house on their own land. The percentage is higher in the rural than urban areas. Ninety-nine percent of households have safe sanitation, drinking water, and electricity in the dwelling. A high proportion also own basic household appliances such as refrigerators, and electric or gas stoves.

Family and community life

- In 2004, female-headed households accounted for 29.8 percent of all households in the country. In some cases, this reflects women's economic and social freedom, but in most cases it is a result of family breakdown. It places a heavy burden on many women who are alone in trying to make ends meet and raise children. In our survey female headed households outnumbered the male headed households.
- 24.3 percent of all households were headed by the elderly. A large number of them are vulnerable to poverty, and children in these households are likely to miss learning and education opportunities enjoyed by other children.
- In 2005, 18.5 percent of children aged 15–17 were active in the labour force. In 2005, these children work to support their family, in most cases at the expense of their further education.³⁹

Bangkok – The city and its Governance

39 UNDP Thailand Human Development Report 2007

As of the 2000 census, there were 6,355,144 registered residents in the city. However, this figure does not take account of the many unregistered residents and daytime visitors from the surrounding metropolitan area.

In recent years, i.e. since 1999-2000 Bangkok has experienced a large influx of foreign immigrants, long-term residents, and expatriates. A vast majority of the population, 92%, is Buddhist. The rest are Muslim (6%), Christian (1%), Jewish (300 residents), Hindu/Sikh (0.6%), and others.⁴⁰ In the sites surveyed, all but one family were Buddhists.

Table 8: Population of Bangkok

Date	Population of Bangkok
1 April 1990	5,882,411
1 April 2000	6,320,174
1 January 2005	6,642,566
1 July 2007	8,160,522

Bangkok has 50 districts or *khets*, each with a distinct difference in governance. All however, are under the control and authority of the Bangkok Metropolitan Administration. Throughout the years, Bangkok has grown from a city scattered along the river to a metro area that spans as many as six provinces.

Bangkok's poorest districts are spread throughout the city. However, the most concentrated area is just north of the Port of Bangkok at the turn of the Chao Phraya River. **For an area of ten km², the Khlong Toei district houses one of the poorest areas in the country with half-built houses and midrises for immigrants and workers from the northeast Isan provinces.**

The urbanized area of Bangkok in 1974 was already more than twice the size of urbanized Bangkok in the early 1960s (the inner core of old Bangkok and Thonburi), when it began to expand in earnest. By 1984, urbanized Bangkok already covered the fringes of surrounding provinces. In the early 1990s, the areas within a 40 km radius of Bangkok Metropolis filled up quickly with housing estates, commercial establishments, and recreational places, all as a result of the economic boom of the late 1980s.

According to Article 89 of the Bangkok Metropolitan Administration Act 1985 as well as other related laws, the BMA has been authorized to perform the principal functions within its jurisdictional area. These include social development, city planning, environment management, transportation, health and a host of others.

From the present 50 Districts of Bangkok, BMA aims to provide as much service centers as possible to millions of people all around the 1,600 sq.km of Bangkok area. District

⁴⁰ For more details, see Wikipedia (<http://en.wikipedia.org/wiki/Bangkok>)

offices are served as network of BMA's satellite service centers through out the city. At each District office, BMA provides various kinds of city services.

All these service categories are grouped and administered by 10 District's sections, which are distributed all around the District office location. In order to provide more convenience to the people, BMA designs an all in one place service under the name "**one stop service**"⁴¹

The growth benefits

Bangkok is undoubtedly, the economic center of Thailand, dominating the country's economy and dwarfing other urban centers. Development continues to pour in to Bangkok mostly neglecting the rest of the nation. **In 2005, it produced a GDP (PPP) of about USD 220 billion, which accounts for 43 percent of the country's GDP. Its GDP (PPP) per capita is well over USD 20,000, one of the highest in Southeast Asia, although statistics do not reveal the extent of the vast differences in wealth between haves and have nots.**⁴²

The benefits from the growth of big cities are already well known: greater employment opportunities, higher wages and salaries, a lower cost of living owing to scale economies, higher productive capacities owing to spatial agglomeration, more and better social services, more varied cultural and spiritual opportunities, and so on. How true or accurate are these statements for Bangkok?

If the benefits are divided into two or three groups, namely economic, social, and cultural, each can be discussed in turn.

As regards economic benefits, probably the most important benefits deriving from the growth of Bangkok are the income and employment opportunities associated with it. National income statistics from the NESDB have shown that, with only 15.8 per cent of total population in 1988, Bangkok and its vicinity generated more than 50 per cent of the gross domestic product and in 2006, it continued to generate more than two third of Thailand's GDP. Its GDP per capita of 87,032 baht, the highest in the country, was about 10 times that of the Lower Northeast. In terms of household income estimated from income surveys, average household income per capita in the BMR, which was 29,880 baht, was 2.3 times higher than the national average of 12,766 baht, or 4.4 times higher than average household income per capita of a household in the North-east.

41 The first "**one stop service**" center was implemented successfully at Rajathevee District on July 24, 2001. The implementation process will be continued consecutively until covering all 50 Districts. At one stop service center of each District, people can access to most of the city services within one place. The major service categories that are available including, house registration, ID card, environmental impact occupation permits, building permits, notary public, health benefit, public cleansing services, local tax payments, complaint, etc. The concept of "**one stop service**" is quite different from most traditional government offices. It is designed to give more convenience to the people with more pleasant environment of nicely design office and service mind oriented officers. In order to guarantee the equal opportunity to access the services, automatic queuing system is also applied. (Reference: <http://www.bma.go.th>)

42 For more details, see Wikipedia (<http://en.wikipedia.org/wiki/Bangkok>).

As a direct consequence of these income positions, the incidence of poverty was lowest in the BMR. In 1988, only 3.41 per cent of population of the BMR was classified as poor, compared with 23.67 per cent nationwide, and 39.87 per cent in the North-east. In 2006, the poverty headcount ratio had declined to 0.5 percent for Bangkok, with 9.6 percent for Thailand and 16.8 percent in the North East. These are but a few of the concrete and testable indications of the benefits associated with the growth of Bangkok. There is little need to mention other economic facts such as that Bangkok is the financial, commercial, investment, and communications centre of Thailand.

As regards social benefits, the following are some of the benefits that set Bangkok apart from the rest of the country:

- About 12 per cent of the BMR population has access to piped water, compared with 1.2 per cent in North, 1.4 per cent in the South, and 0.9 per cent in the North-east.
- There are on the average 7.0 telephones for every 100 residents of the BMR, compared with 1.4 in the Central region, 1.2 in the North, and 0.5 in the North-east.
- More than 12,800 cm³ of water are supplied per 1,000 people in the BMR, which is more than five times the national average of 2,302 cm³ per 1,000 people.
- There are 2.12 hospital beds per 1,000 BMR residents, compared with 0.38 per 1,000 residents in Sri Saket, the poorest province of Thailand.⁴³

It is not a well-known fact that, until early 1992, Bangkok did not have an official city plan in operation. For this reason, a comprehensive city structure, zoning, building control, public utility layouts, and so on, cannot be drawn up. Although the city administration does have the power to regulate certain aspects of land use, building construction, and zoning, but the system is piecemeal and not well integrated.

Horizontally, the city is spreading along the new roads that are opened up to accommodate the larger urban population and business, industrial, and community demand - typical "ribbon development" that has been going on since the early 1960s when Bangkok started to expand. Vertically, high-rise condominiums, shopping complexes, and business offices began to crop up in the inner part of the city without much coordination with basic ground facilities such as frontage access, drainage, and waste management systems.

The new regional network strategy entails two important recommendations by Douglass and the research team at TDRI. One is the recognition of the necessity and usefulness of the extended BMR concept; and the other is a new urban hierarchy. The extended BMR concept would recognize that the effect of economic growth has spread beyond the five provinces surrounding Bangkok Proper. To begin with, the growth of Bangkok should be

43 UNDP (2007)

extended to cover other provinces further out, as well as the eastern seaboard areas. Then, through improved communications and transportation networks, the effect of growth would be further spread out horizontally to other areas in a network fashion.⁴⁴

KLONG TOEY SLUM : The site of the survey

Until recently, Bangkok developed without planning. Clusters of shacks built by poor migrants from the countryside grew up on waste land near a source of work. Employers had the advantage of a nearby pool of cheap labor; workers had affordable accommodation near the job. However, as the city attracted more workers, the slums became more crowded and more widespread. Since they were not legally recognized, they were not provided with standard utilities. In most cases there was no adequate drainage system or refuse collection and no clean water supply. There were no roads, simply a maze of broad-walks linking the houses with the outside world. There was no play space for the children, and no schools. In any case, many of the children had no birth certificates. This effectively barred them from going to state schools. Added to this, the slum people's houses had been built unofficially and were not registered. Legally, they could be evicted at any time. With no outside help, it eventually became clear that if slums were to be improved, they would have to be improved from within

Klong Toey Slum⁴⁵ is located in Bangkok's largest slum community with more than 80,000 residents in 42 communities. The slum is on land owned by the Port Authority of Thailand. Originally slum dwellers settled on the port land as they helped with the construction of the port in the early nineteen fifties. In fact, the Port Authority needed cheap labour, for which they encouraged emigration of low-skilled workers from the North and North East of Thailand to Bangkok. Slum dwellers continue to work at the Bangkok Port or for shipping companies that have their offices in the area.

Klong Toey Slum is a long-standing slum with a well-established community organization. This has enabled the slum to develop more than many other slums and now most of the wooden walkways have been replaced by concrete paths and the majority of the houses have electricity and mains water supply.⁴⁶

Although the Port Authority, (as was revealed by the representatives of NGOs and communities) , did allocate plots of land 30 kms away to some families in the Klong Toey slum, this plan was not successful as many families sold those plots of land and returned to their original habitat.

44 City economic growth – Have the poor benefitted (Ref - Emerging world cities in Pacific Asia – UNU Publication, Edited by **Fu-chen Lo** and **Yue-man Yeung**).

45 Slums are where many poor migrants from the countryside settle when they migrate to Bangkok and the other large towns in search of work. The slum dwellers are illegally occupying land owned by others as they have no other alternative. They come impoverished to the city and they need a place to live, where they can build a ramshackle shack out of other people's waste material. Bangkok and other towns need low-paid workers and without adequate public housing it is inevitable that these workers and their families will settle in slums, which are affordable places of residence.

46 DPF , 2001-2

The Survey Methodology

A sample of 110 households was identified with the help of community leaders, NGO representatives and volunteers of the UNDP Life Project. **Random stratified sampling** technique was used to ensure that the households from the three chosen communities are mainly from the low income groups. A Government School and a health Center were also visited where focused group discussions were held.

For the survey, a questionnaire was developed which has been used to gather information from the respondents in terms of the information available to them, the quality of public services and their perceptions regarding the change in the effectiveness of social capital in the past five years. The study was also undertaken with the aim of assessing the performance of government departments with respect to the low income households.

The questionnaire comprised of only closed ended questions, some of which were dichotomous and others assessed various parameters used rating scales. For the description of the data collected and presentation of results, both tabular form and graphical representation have been used.

An overview of the communities surveyed and the names of the community leaders are given below in Table 9.

Table 9: Communities surveyed in Klong Toey, Bangkok

S. No.	Community name and name of the leader	Number of Families	Overview of the Communities ⁴⁷
1.	A - KLONG PHAI SINGTHA Community Leader: Mr. Phinchai Phada	(Total number of families: 44, Surveyed: 33): very poor beside the canal	Densely populated communities with crowded housing and flats that rents the land from the National Housing Authority'. The residents are employed as drivers, dock laborers, employees of Private companies. Others are self employed or work as construction labor.
2.	B - SUAN OIY Community Leader: Mrs. Banchop Innan	(Total number of families: 400, Surveyed: 33)- Very Poor	
3.	C - RIMKLONG PHRAKHANONG Community Leader: Mr. Chayan Chan Chalern	Total number of families: 300+, Surveyed: 34)	

⁴⁷ Assistance projects during the Economic Crisis - Received support from the SIF fund (Re-usable Garbage Project – Kaya Lak Kai). Duang Prateep Foundation.- Father Mayer etc. For more details see: The Social Impacts of The Financial Crisis in Thailand - Thailand's Social Investment Project -Submitted to the Policy Steering Committee, Thailand Development Research Insititute, December 2000

Public Services for the Poor in Bangkok

As discussed earlier, the BMA is responsible for the provision of public goods and services to the residents of Bangkok.

Health Services : From 30 baht to Universal Coverage

Distribution of the health infrastructure is highly imbalanced in Thailand. Health personnel continue to be concentrated in Bangkok and urban areas. Bangkok has one doctor per every 879 persons, compared to one doctor per every 7,466 persons in the Northeast and 4,534 persons in the North. In Bangkok, the population per hospital bed ratio is 1 to 224, compared to 1 to 747 in the Northeast and 1 to 503 in the North. Those in the rural areas should be credited for being able to hold up the standard of service under these circumstances.⁴⁸

The 30-Baht Scheme is aimed at providing *universal health-care coverage/insurance* for everyone who is not currently covered by two other government-sponsored insurance programs (i.e. CSMBS and SSS).. This scheme has recently removed the requirement of 30 bahts and has been made free of charge. In addition, all identity card holders above the age of 60 years are entitled to receive a pension of 500 baht per month and free medical service.

Before the introduction of the 30-Baht Scheme, most people in this income group also had the LIC or 500-Baht Health-Insurance Card, both of which designated a gatekeeper hospital that each cardholder would be authorized to visit. Therefore, in this respect, their choices were not significantly altered after those two programs were replaced by the 30-Baht Scheme.⁴⁹

Our findings from the field, i.e. after visiting Klong Toey health center⁵⁰ **Number Forty One**, as well as through information gathered from various focus group discussions and interviews with people from various income groups in the Klong Toey slum and those visiting the Health center, include the following:

- The Center received 60-100 Patients everyday and was providing mainly medical aid related to maternal and infant health. Patients visiting the health center stated that the Center lacked an adequate number of doctors and trained nurses, as there were only two fulltime doctors, 3 part-time doctors and 12 nurses. According to the Administrator of the health centre **there was a requirement of at least 5 full-time doctors.**

48 UNDP Thailand Human Development Report – 2007.

49 Viroj NaRanong, Anchana NaRanong* (*Senior Research Specialist, Sectoral Economics Program, Thailand Development Research Institute (TDRI); and Associate Professor and Associate Dean, School of Public Administration, National Institute for Development Administration (NIDA), respectively.)

50 In all there are 68 health centers in Bangkok.

- About 60-100 people receive treatment every day, which includes various services like family planning, child and infant care etc. The health center staff reported that due to the shortage of qualified doctors and nurses the patients would merely be prescribed treatment for minor ailments; for major ailments the poor would be referred to the hospitals viz. Chulalongkorn hospital, Chalanklung Pracharat and Kluanamthai hospital.
- In Bangkok where there are drugstores nearby, patients with a mild illness (based on their own assessment) would buy medicines from the drugstores (or grocery stores, for common drugs), as it would be cheaper and less time-consuming than going to a hospital or clinic.
- The poor tend to go to their designated hospital, in the hope that the hospital would refer them to a larger hospital if needed.
- Some patients would occasionally switch from the Health Center to a private clinic/hospital.⁵¹ Those visiting the Health centers without an Identity card were not entitled to free treatment.
- A number of dwellers in the low-income communities in Bangkok complained that they had several bad experiences with treatments received at a private hospital that participated in the 30-Baht Scheme. According to some of the respondents, they preferred to buy some medicine at a nearby drugstore than go to the hospital 4-5 kilometers away if they did not think that their illness was severe. However, when they eventually decided to go to the hospital, the screening doctors there did not take their illnesses seriously, and asked them to go home after giving them some common drugs.⁵²

Thus, it was perceived that although the poor welcomed the 30 baht health scheme and later the Universal coverage free health scheme, they continue to be concerned about the inadequacies of hospitals and health personnel; more so in the small public hospitals. The Government should therefore aim at providing universal and equal access to good quality health care for all, especially for the poor.

The members of the communities would rely on Bangkok Public Health Centers or private clinics.

SURVEY RESULTS

The data collection has the following components :

- **Information collected from 110 households belonging to three communities**

51 Viroj NaRanong, Anchana NaRanong Universal Health Care Coverage: Impacts of the 30-Baht Health-Care Scheme on the Poor in Thailand .

52 Interview of patients at the Health Centre No. 41.

(mainly poor households) in Klong Toey

- **Information received through visit to health center no. 41, the one most frequented by the residents of Klong Toey**
- **Information received through the survey of a School set up mainly for the low income households of Klong Toey**
- **Information received through the UNDP life volunteers, staff of Duang prateep Foundation and community leaders.**
- In all 110 heads of families from three communities of Klong Toey slums were surveyed. The households in the Klong Toey communities were mainly poor, even by standards of the entire Klong Toey slum.
- Female headed households are 54 % in comparison to male headed households which are 46 %.
- The average family size was 4 or 5 members, with 75 % of the married respondents having two or more children. There was a situation where some single mothers or grandparents looked after the grandchildren.
- 99 % of those surveyed were Buddhists and only 1 % were Muslims.
- 79 % of the respondents had migrated to Bangkok in search for jobs mainly from the North-Eastern States and from the vicinity of Bangkok.
- 90 % of the respondents have been living in Klong Toey slums for more than 10 years.
- 57 % owned the houses they live in and 43 % lived on rent.

Education

In Bangkok, the education system is managed both by the Ministry of Education, which looks after the secondary level education and the Bangkok Municipal Authority which has the responsibility of providing Primary Education.

75 % of the households whose children attended school used the government facilities, while 25 % of children studies in the educational institutions managed by voluntary organizations.

(The Duang Prateep Foundation that runs a school for the 3-5 years age group was surveyed and it was perceived that the children were provided with all benefits of free education. The Government school in Klong Toey that was visited was providing

education up to class 9 and had a student strength of 1100. The name of the school is: Rongruan Chumchon Mubaan Prathana. Ms. Pim Phromtakol, the Director of the school – Wathathong Secondary School, explained that the children belonged to low income families, are provided with three sets of uniforms per year, free textbooks and meals.

The school is supported by the Bangkok Metropolitan Authority. This was the only school in Klong Toey which provided education up to Class 9, although there were three other schools imparting education up to class 5. The main problem, in the opinion of Ms. Pim, was the high incidence of dropouts, especially from junior classes, as the parents are construction laborers, who need to move from one place to another in search of work, pull their children out of school. In fact, most children from the poor households, Ms. Pim stated were unable to reach secondary school.

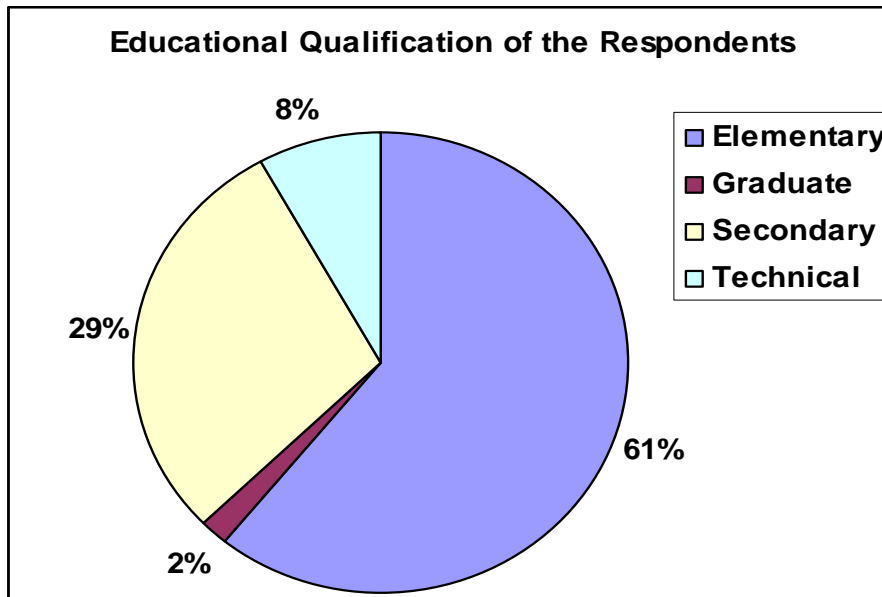
The survey results with respect to education of households surveyed is given below:

Table No.10.....

(1) Elementary – upto class 5	(2) Secondary Upto class 10 or 12	(3) Graduate	(4) Technical	(5) Any Other – non formal training
67	32	2	9	0

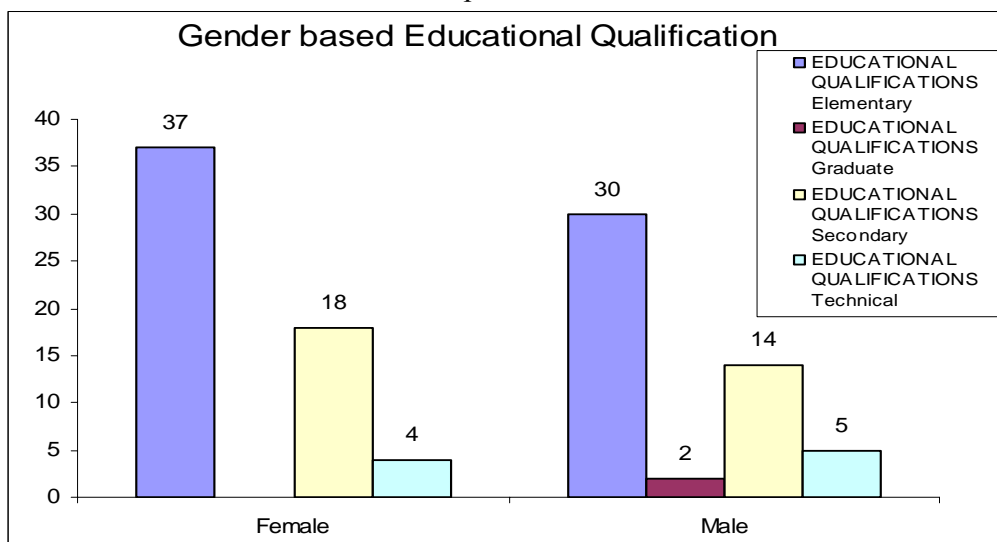
The same results are shown as Figure 1. This provides an overview of the educational qualifications of the heads of households surveyed. While 70 % of the respondents reported having received only primary education, about 25 % had received secondary education. The number of graduates among the respondents was a disappointing low number (only 2 of the sample size of 110). Less than 10 % of the heads of families had received some technical education. This is reflective of the fact that low income households can ill afford to spend time and resources for higher education.

Graph – 2



It is heartening to note that with respect to gender analysis of the educational status of respondents, more women have attained elementary and secondary education. The number of graduates and those with technical education were a small minority. Only 9 respondents reported having technical education from the sample of 110. This shows that that are students who have the urge to study further and go in for higher education but the low income levels of their family do not permit it.

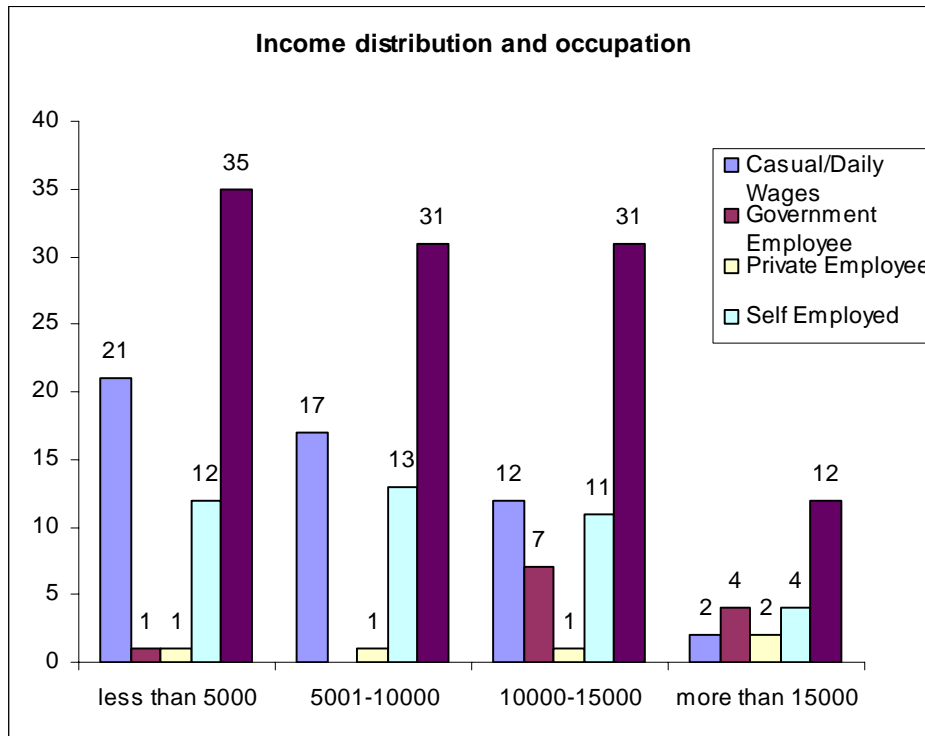
Graph – 3



As is evident from figure 3, there were very few households among those surveyed whose monthly incomes were above 15,000 baht; the majority being in the income groups of less than 5,000 and between 5,000-10,000 bahts.

20 % of the total respondents were casual workers, though 45 % of the household heads were receiving their income as casual workers. A third of those surveyed comprise the **ultra poor**.⁵³

Graph - 4



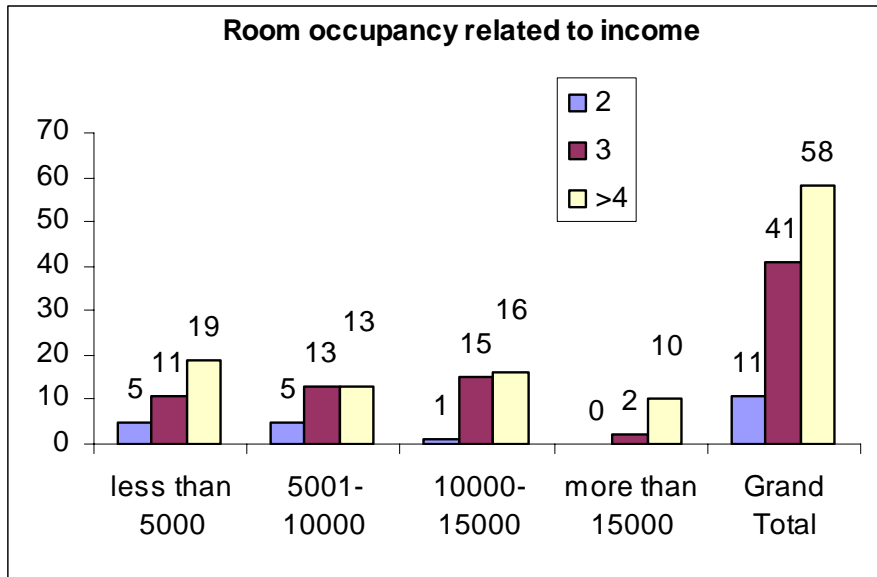
Government jobs were the privilege of **only 12 of the respondents**, majority of these being in the income group of 10,000-15,000 bahts. Here it is pertinent to add that skill development remains a key factor in promoting equity. This would be possible through higher education and training facilities. With the shrinking of the public sector the formal sector jobs are also the domain of the highly educated.

An insight into the housing conditions provides a glimpse of the high occupancy per room, as more than 50 % households reported more than four persons per room.

96 % of the respondents lived in brick houses, with the remaining 4 % in temporary shelters.

Graph – 5

⁵³ The term ultra poor was coined by Medhie to describe those who were significantly below the official poverty line of Bangkok



The causative factors were identified (based on discussions with volunteers and community leaders) as:

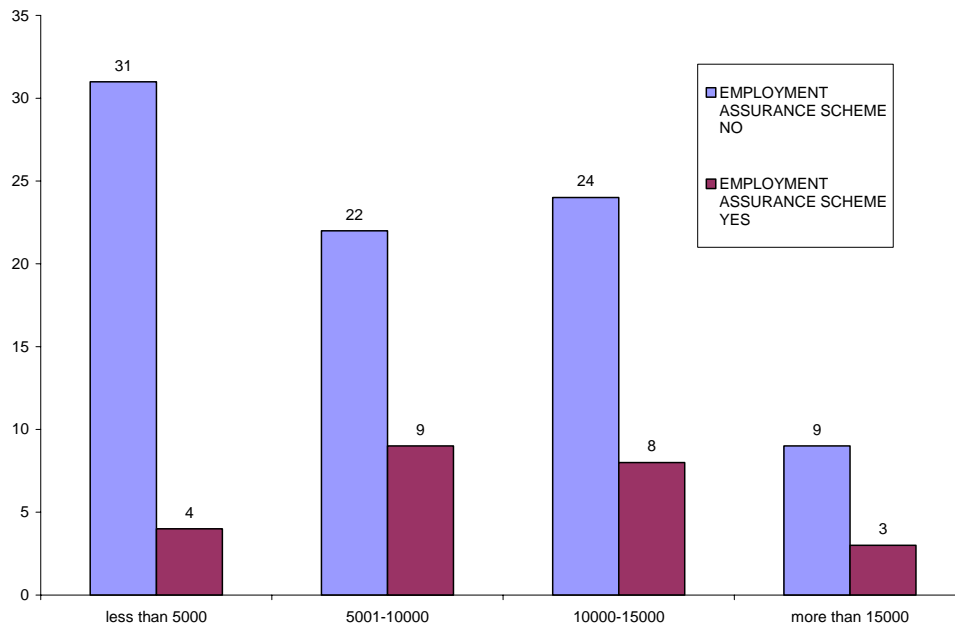
- a) Subletting for supplementing income
- b) High demand for housing in Klong Toey due to proximity of market places and hotels, where opportunities for working are manifold.

Relating income levels with the number of occupants per room in the figure, it is difficult to bring out a correlation of significance. However, as expected, the highest number of occupants per room is in the case of the lowest income group.

Further, drinking water availability is not an issue for the residents of Klong Toey as 70% of the households received water through the taps fitted in their houses. 10 % relied on community hand pumps and 7 % on public water taps.

Graph - 6

Awareness of Employment Assurance Scheme

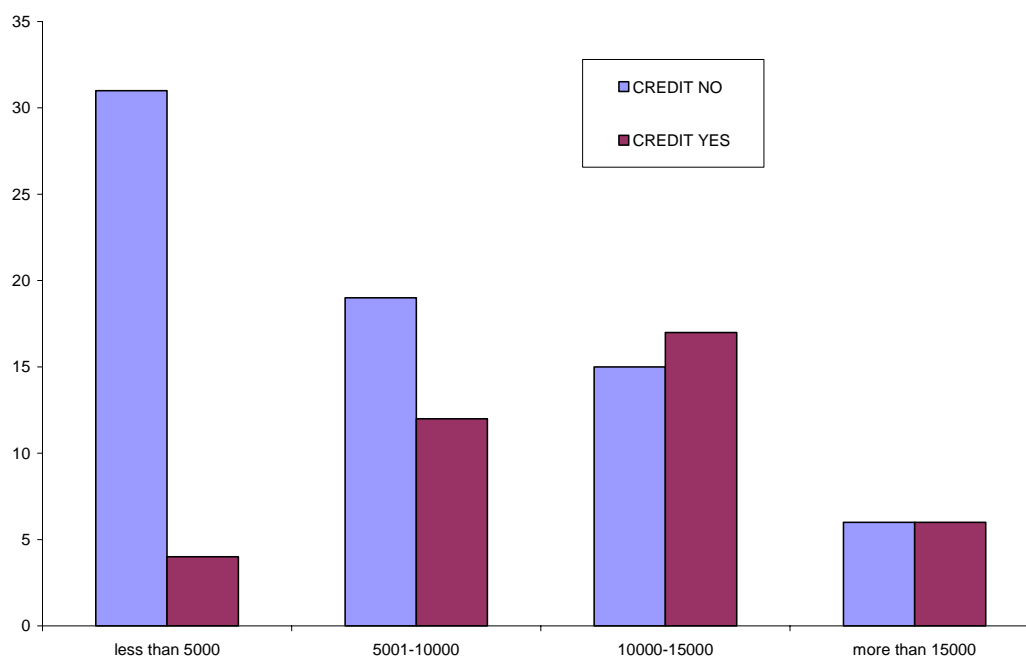


Governance in Bangkok

As it is the Bangkok Metropolitan Authority which provides the majority of the public services, the survey results are reflective of the capacity of the administration to ensure provision of information regarding the benefits as well as the perceptions of the poor in accessing and evaluating them

Graph -7

Awareness of Credit Schemes



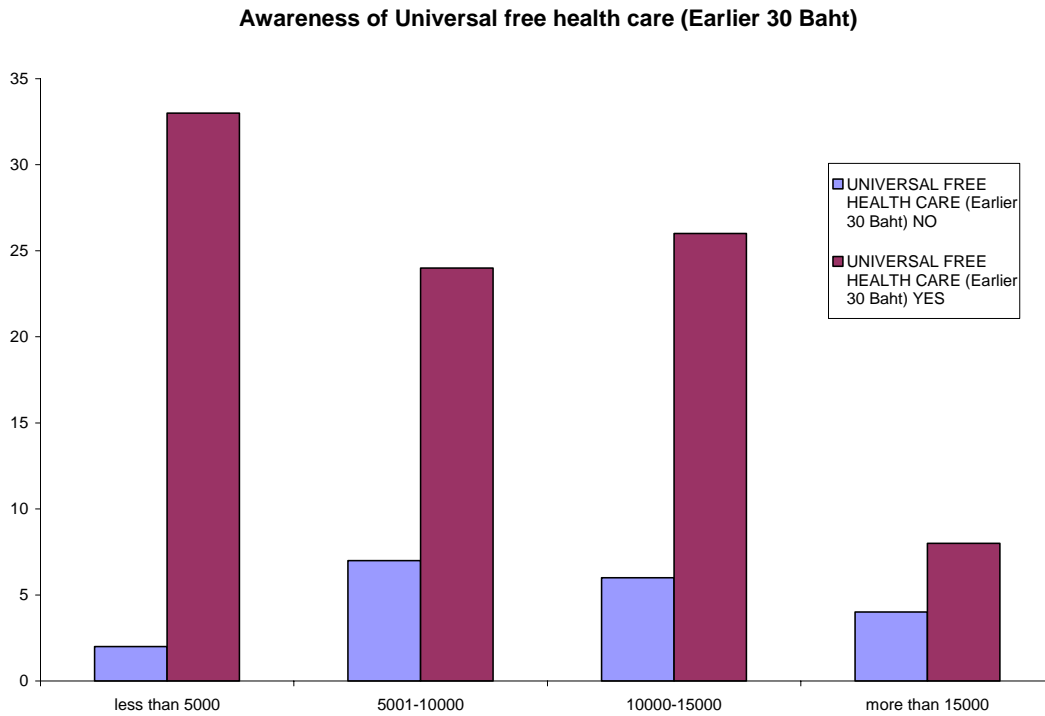
Awareness of Government Schemes

A majority of the low income households were unaware of any credit facilities as being available to them. See figure 6. However, as income levels rise, awareness levels improve, showing a positive correlation with income.

While the majority of the respondents were aware of the universal free health care facilities, there were 15 % families who expressed ignorance. However, most of those in the lowest income group were aware of the medical facilities and frequently accessed them too.

Respondents were only aware that their children could receive free education and were able to receive medical care from Public Health Centers free of charge. The social safety net system, particularly from the NGO sector has coverage mainly for AIDS patients and people with disabilities.

Graph - 8



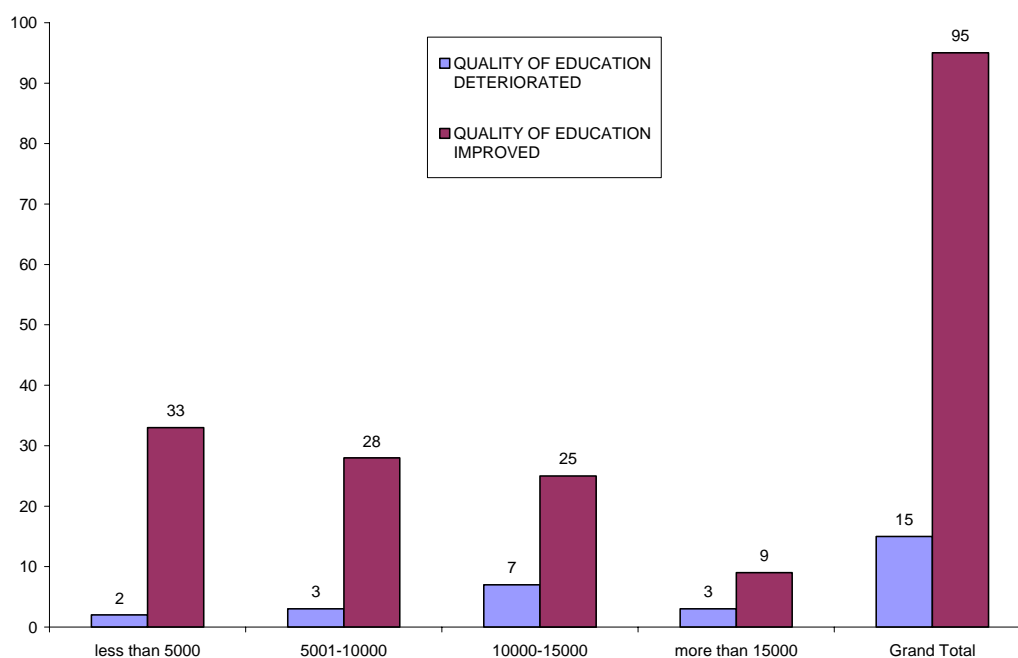
Regarding employment assurance and insurance schemes, 70- 75 % expressed complete ignorance and were unaware of any government support in this area. Family planning schemes and facilities are being made available through the health care centers as was evident by visits to Health Care Center no. 41.54

The benefits of midday meals were being accessed by almost 80 % of the children of families whose children were attending schools run by the BMA.

54 In all there are 68 health centers in Bangkok.

Graph - 9

Quality of Education



Quality of Education – Perception of change in the last 5 years.

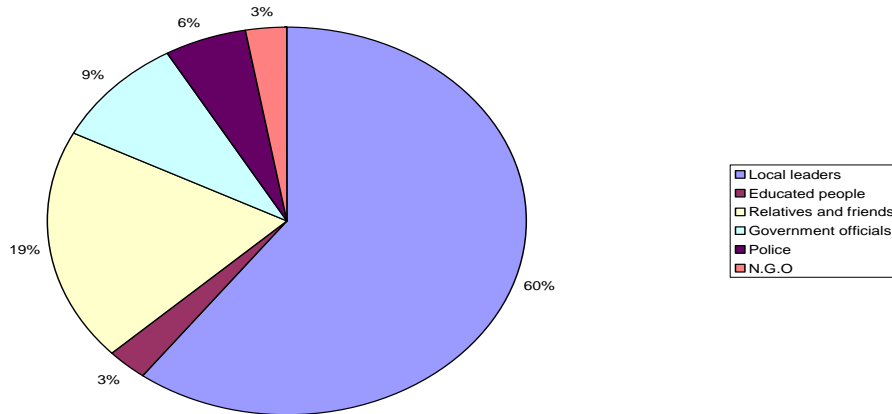
Majority of the respondents; more than 90 %, stated that the quality of education had improved in the last 5 years. This does not bring out the fact that the quality of education as compared to other Asian countries, especially India, leaves much to be desired.⁵⁵

There is a positive correlation between those perceiving an improvement with lower income levels, as they continue to be ignorant of required standards and are mainly concerned with receiving the benefits of subsidized education alongwith the uniform and meals for their children.

⁵⁵ As revealed by Dr. Bhanupong Nidhiprabha, Associate Professor, Faculty of Economics, Thammasat University, and Dr. Pranee Tinakorn, Adviser to the Minister of Finance and Professor, Faculty of Economics, Thammasat University, Bangkok

Graph -10

Whom do you mainly rely upon



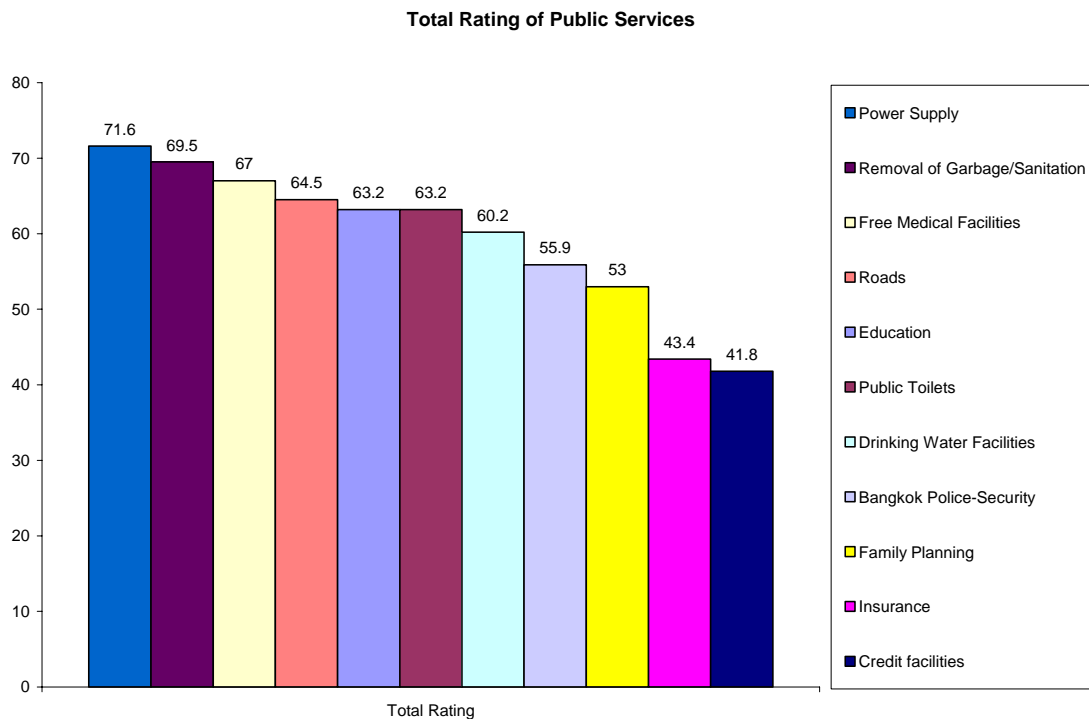
Behavior of Government

It is pertinent to note that the majority of the respondents stated that public transport, power supply, quality of roads, access to power supply and water had improved over the last 5 years.

However, it was with respect to the attitudes of political leaders that the answer was in the negative. People believe that the political leaders do not keep the promises they make.

Whether the poor could rely on government officials, the response is indicated below and the low trust factor is a clear pointer in this regard. However, this is in stark contrast to the faith in local community leaders reposed by the poorest households.

Graph – 11: Rating of Public Services



Rating the public services on a scale of 1 to 10 ranging from Very Good to Very Poor, the results show that provision of credit and insurance facilities have received the lowest rating; the highest having been assigned to power supply, though provision of free medical facilities was also assigned a rating of 67 by the respondents. Garbage removal and sanitation have also received a fairly high rating – 69.5.⁵⁶

Sanitation / Removal of Garbage : A unique initiative

The Duang Prateep Foundation, a non governmental organization, launched a project named **rubbish exchange for eggs**, to support the Klong Toey communities. The project was also aimed at keeping environment clean, adding income as well as providing educational fund for kids. At that time 100-150 residents would queue up everyday with heaps of garbage. This was a project which was initiated by the leader of the 70 Rai community – Mr. Wollop, at the time of the 1997 crisis.⁵⁷

An unaddressed issue : Frequent fires in Klong Toey

From discussions with volunteers and community leaders, it was revealed that fires are frequent in the slum areas and in 2006, there were five major fires. As a result, the DPF has on it premises a 24 hour fire tender for the purpose. (This is because Klong Toey

⁵⁶ Respondents were asked to rate their perceptions about the quality of different services and facilities on a five point semantic differential scale of 1 to 5- 1 indicating very good service delivery level and 0 indicating very poor. (1.0 =v. good; 0.75=good, 0.5=average, 0.25=poor , 0=v. poor)

⁵⁷ September 21, 1997 – Egging them on in **The Sunday Nation**.

needs such a service within the slum. Bangkok traffic makes it difficult for BMA to provide timely help).

Table No.11 The Urban Poor and Provision of Services in Bangkok

	Formal		Informal	
	Individual	Group Based	Individual	Group / community based
Health Care	Universal Health Coverage		For AIDS patients at Mercy Care Foundation and other charitable organizations.	
Health Insurance	Only for Govt. employees; no scheme for the poor; can get treatment in hospitals			
Elderly (above 60 years of age)	500 baht pension			
Education	Primary education is free in Government schools with midday meals, uniform and limited books.		Nursery children receive free education at DPF school	
Credit facilities	Krung Thai Bank – no special concession for the poor		From relatives and friends	Community may extend help on a case by case basis
Drinking water		BMA		
Sanitation and garbage removal		BMA		The Eggs for Garbage exchange program at the time of the 1997 crisis
Fire fighting and safety		BMA		Duang Prateep Foundation has a fire tender in service round the clock
Bangkok Police	Easily accessible to all by calling numbers 191 or 123; may need to be paid bribe as they are poorly paid.	The police are aware of the local communities and some corrupt officers may need to be appeased with bribes for the conduct of unlawful activities 58		
Transport		Department of Land Transport under the Ministry of Transport; BMA's Traffic and Transport Department. ⁵⁹		Tempo travelers used for transporting school children.

In Bangkok, the focus is more on aesthetics and provision of such facilities as based on parameters of "what looks more modern" or "what would make us look wealthier to others".

58 As revealed by Professor Songchit Pullarp, Advisor Royal Thai Police.

59 Re: Bangkok BRT cancelled (doesn't make driving easier)

Carlos F. Pardo SUTP carlos.pardo@sutp.org

SUMMARY

1. Absolute poverty has been declining in Thailand after 2000, signaling recovery from the effects of the 1997 Asian crisis.
2. It was primarily the crisis which prompted increasing focus of policymakers on issues of social protection for the vulnerable : the poor and the elderly and the installation of a certain system of social protection in addition to state subsidized health care programs, but the coverage of this social protection is still quite thin. Erroneous targeting affected the coverage of the low income card scheme. This was replaced by the 30 Baht Scheme for free health care is meant to have universal coverage. However with identity issues of migrants, both from within Thailand and outside) 2 million persons were non eligible in 2006. Government transfers have tended not to favour the less well-off, as it has been noted that the government budget allocated to activities, which are most relevant for the poor such as, education, health and social security and welfare has also been declining and is 38% in 2006.
3. A glimpse of the Thai economy clearly reveals that Bangkok which accounts for more than two thirds of the GDP the country is the benchmark for the policymakers in terms of projecting the development of the country; showcasing its arsenal of wealth in terms of the physical infrastructure and capacity for attracting foreign investors and tourists alike.
4. Informal work opportunities in the form of pavement vendors and hawkers, attract migrants from the North and North East regions of Thailand.
5. Since there is no effective control on land use in Bangkok, the development and urbanization of Bangkok have brought about a haphazard, free-for-all pattern of land use. Residential houses are mixed with commercial buildings and factories, all of various shapes and sizes.
6. With employment opportunities and a vision of better standard of living, pulling people towards Bangkok, it was perceived that a significant number families behind in villages and north east. Our survey captured this reality as more than 100 of the 110 respondents belong to the category of the working population, who send remittances to their families in the villages. The household heads of the low income families were either daily wage casual construction workers or self employed.
7. The majority – three fourth of the respondents reported ignorance with respect to government initiatives regarding employment assurance schemes. This is because the employment scheme provides compensation to retrenched employees in the formal organized sector. This compensation is equivalent to 50 % of the last salary drawn for upto 180 days. No compensation is accessible by the informal sector workers.

With respect to provision of other public services, the highest rating was accorded to power supply and sanitation facilities, although sometimes, higher than regular charges for informal electricity and water connections had to be paid

8. The lowest rating was accorded to the provision of credit and insurance facilities. Security was also becoming a matter of concern, as was evident from the survey.
9. The majority of the respondents reported relatively high levels of satisfaction with respect to education and health facilities. This is despite the fact that the quality of education and health services received is low; however, as people's expectations are low; they appear satisfied. In such a situation, improving the quality of education and health facilities too, particularly where the low income households are themselves not complaining, will be more difficult to achieve.

Conclusions, Policy implications and Suggestions

The urban worker and informal sector continued to be deprived of formal sector security provisions. There is an imperative for enhancing programmes of social assistance for the poor through improved targeting and provision of employment in the organized formal sector. .

Higher levels of education among the low income groups would help them to benefit in terms of short terms coping strategies and to take them from a state of vulnerability to self sufficiency. **In practical terms for improving the quality of education, there is a need for greater community management of schools and demand-side subsidies to poor people, but with continuing stress on nationally determined curricula and certification. In the case of Thailand, there is a need for revamping the entire curricula, but not without providing the requisite skills to the teaching community, in addition to making teaching itself a more lucrative proposition.**

In order to prepare a more detailed master plan for the provision of social welfare for the Thai people under these and other laws, many government agencies are now involved in drafting the 5 Year Strategic Plan for the Promotion of Social Welfare in Thailand which will start in 2007 and will end in 2011. The focus of this plan will be 'Welfare for All'.

1. Poverty Reduction Diagnostics

	Objective	Reform Measures Taken
A.	Improve quality of life for the poor both in the urban and rural areas by enhancing self-reliance and creating opportunities to improve the local economy	<p><i>Measures taken over last 6 months and their significance</i></p> <ul style="list-style-type: none"> • The 2006 national poverty line was announced. It is 1,386 Baht/person/month, and the 2006 poverty headcount ratio was 9.6. The income inequality as measured by the Gini-coefficient fell by 1.69 percent from 0.426 in 2004 to 0.418 in 2006. • Promoting self-dependence using community development mechanism under the name of “Good Living and Happiness Society Strategy” has been implemented. The implementation started in February 2007. Currently, 55,400 projects are under implementation (out of 66,415 projects approved) with the total cost of 4,187.62 million baht (from the total of 5,000 million baht). More than 95 percent of the approved projects have been implemented by communities, while another 2 percent have been implemented by the government agencies. Forty percent of the approved budget was used for sufficiency economy plan, 26 percent for community development and opportunity creation plan, 12 percent for rehabilitation of natural resource, 2 percent for assisting vulnerable people and senior citizen, and 20 percent for the provisions of basic services. <p><i>Measure to be taken in the next 6-12 months</i></p> <ul style="list-style-type: none"> • In fiscal year 2008, the government plans to allocate 15,000 million baht budget for “Good Living and Happiness Society Strategy”. Ninety percent of the FY2008 budget will be allocated based on provincial data on (a) population size, (b) per capita income, and (c) poverty headcount ratio. Note that each province will first obtain an equal of amount of fund. The additional amount is determined by criteria (b) and (c) above.

4. Social Protection

	Objectives	Reform Measures Taken
A.	Develop social insurance mechanisms for the elderly and those affected by unemployment, work related injuries or other shocks to income.	<p><i>Measures taken in the last 6 months and their significance</i></p> <ul style="list-style-type: none"> □ The Cabinet, on June 12, 2007, approved the draft Social Security Promotion Act. The draft focuses on strengthening local communities and civil societies. In this regard, local communities and civil societies will be encouraged to promote social security locally, and to respond to local needs. It is expected that networks of community social security will be established and operated on a sustainable basis. Government’s local administration units will cooperate and support the establishment and operation of these

		<p>networks of community social security.</p> <p>☐ The Cabinet, on July 10, 2007, approved the draft of new Social Security Act. The draft Act includes amendments of the previous Acts, making it appropriate and responsive to current social and economic needs in Thailand. The amendments include potential extension of the Social Security Scheme (SSS) to cover labor in the informal sector, and provide more flexible benefits to members of the SSS.</p>
B.	<p>Establish a safe work environment through standards and enforcement and increase labor market efficiency by facilitating job matches and placement.</p>	<p><i>Measures taken in the last 6 months and their significance</i></p> <p>☐ The Cabinet, on March 20, 2007, approved the draft Establishment of the Labor Court and the Labor-Case Judging Methods Act. According to the Act, the Labor Court will be given the authority to judge Employee-Employer Violation cases.</p> <p>☐ The Cabinet, on June 12, 2007, approved the national strategy for Thai Wisdom and the Well-being of the Thai Way of Life for the years 2007-2011. One of the aims of the strategy is to strengthen the health system and enhance human resources development for local practitioners and practioners of traditional Thai medicine.</p> <p>☐ The Cabinet, on June 12, 2007, approved the amendments of the draft Safety, Health, and Environment in the Workplace Act. The Draft will be submitted to the National Legislative Assembly for consideration.</p>
C.	<p>Provide effective poverty alleviation and social assistance programs for those with limited or no other means of support</p>	<p><i>Measures taken in the last 6 months and their significance</i></p> <p>☐ Thailand's first National Health Act 2007 was enacted. According to the Act, the health of children, women, disabled persons, elderly persons, socially deprived persons as well as groups of people with specific health characters shall be relevantly and appropriately promoted and protected. Moreover, the National Health Commission is formed, with mandatory functions to: 1) prepare the statute of national health system as the policy guideline for formulating policy, strategy, and implementation on national health; 2) organize national health assembly and support health assembly in a specific locality or on a specific issue; 3) provide, promote or support the process of healthy public policies and strategies development for continuity of performance of activities and public participation from all sectors; 4) give suggestions or advices related to policies and strategies on health to the Council of Ministers, and to follow-up the implementation of such suggestions or advices, as well as to disclose such implementation to the public including prescribing rules and procedures on monitoring and evaluation in respect of national health system and the impacts on health resulting from public policies, both in the level of policy making and implementation.</p>

Annexure - II

PROJECT ON URBAN POVERTY AND GOVERNANCE

Results of the Survey - Urban slums Questionnaire – Thailand - (May, 2007)

I. Personal Information

1. Name of the head of the household: 110 _____

2. Age. _____

3. Sex. : (1) Male: 51 (2) Female: 59

4. Marital status: (1) Married: 98 (2) Unmarried: 12

5. If married, no of children:

(1) 1 child	(2) 2 children	(3) more than 2 children	(4) None
17	79	2	12

6. (Religion)

(1) (Buddhism)	(2) (Islamism)	(3) (Christian)	(4) (Other)
109	1	0	0

7. (Domicile)

(1) (Northeastern)	(2) (Northern)	(3) (Southern)	(4) (Province near Bangkok /Circumference/Bangkok)	(5) (Other)
38	10	0	62	0

8. Reasons for migration:

(1) Family	(2) Employment	(3) Marriage	(4) Business	(5) Indebtedness	(6) Other
9	97	0	4	0	0

9. When did you migrate?

(1) 1-5 years ago	(2) 6-10 years ago	(3) >10 years
3	5	104

10. How long have you been living in the slum/tenement? :

(1) Less than 3 years	(2) 3 to 5 years	(3) 6 - 10 years	(4) More than 10 years

0	5	5	100
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11. Ownership status:

(1) Owned	(2) Rented	(3) Floating- no house
90	17	3

12. Occupation of the Head of family?

(1) Government Employee	(2) Private Employee	(3) Self Employed	(4) Casual/Daily Wages	(5) Domestic worker	(6) Any Other
13	5	40	52	0	0

13. Monthly household income?

(1) Below Rs. 5000	(2) Rs 5001-10000	(3) Rs 10001-15000	(3) > Rs 15001
35	31	32	12

14. Any special benefits:

(1) Card Holder	(2) Senior Citizen	(3) Widow benefit	(4) Children Education
90	8	0	12

II Housing Status

1. No of persons per room:

(1) Upto 2	(2) 3 to 4	(3) More than 4
11	41	58

2. Housing conditions:

(1) Brick house	(2) Temporary construction
105	5

3. Availability of drinking water.

(1) Own tap consumption	(2) Public water taps	(3) Community hand pump	(4) Ltd time consumption	(5) Any other
90	3	15	2	0

4. Have you been displaced due to some ongoing project?

(1) Yes	(2) No
1	109

5. If yes, have you been provided with compensation of any sort?

(1) Monetary	(2) Plot of Land	(3) Housing Unit	(4) Employment	(5) Any Other
0	3	0	0	107

III Educational status of the head of the family.

1. Educational qualifications:

(1) Elementary – upto class 5	(2) Secondary Upto class 10 or 12	(3) Graduate	(4) Technical	(5) Any Other
67	32	2	9	0

2. No of children going to school:

(1) 1	(2) 2	(3) >2	(4) None
35	22	7	46

3. Educational institution:

(1) Government	(2) Private	(3) Religious	(4) NGO	(5) Other (No of households whose children not attending school including 12 unmarried)
62	12	0	4	32

4. If enrolled in Government (Benefits/Schemes?):

(1) Uniform	(2) Midday Meal	(3) Stipend/ fee concession	(4) Training	(5) Other
1	82	26	1	0

IV Governance

1. Awareness of Bangkok Municipal Schemes? (Please include a few schemes for the poor)-

	(1) Yes	(2) No
a) Right to information?	96	14

b) One Tambon One product	54	56
c) Employment Assurance Scheme	24	86
d) Universal free health care (Earlier 30 Baht)	91	19
e) Welfare	37	73
f) Credit	39	71
g) Insurance	42	68
h) Family Planning	49	61

2. If benefited, then under which scheme? (Please write names of programs, if any)

(1) Right to infor matio n	(2) OTOP	(3) Fund for Education	(4) Housing Project	(5) Welfare for old	(6) Othe rs	(7) No bene fit
73	2	7	3	2	8	15

3. Access to public services- rating:

	(1) (1) V. Good	(2) (.75) Good	(3) (.50) Average	(4) (.25) Poor	(5) (0) V. Poor	Total Rating
a) Education	5	58	38	8	1	
b) Public Toilets	4	61	34	11	1	
c) Free Medical Facilities	9	66	26	9	0	
d) Drinking Water Facilities	2	72	15	11	10	
e) Removal of Garbage/Sanitation/	15	63	25	7	0	
f) Roads	2	72	24	12	0	
g) Power Supply	5	87	16	2	0	
h) Bangkok Police- Security	10	41	31	21	7	
i) Credit facilities	0	29	32	33	16	
j) Insurance	1	34	30	25	20	
k) Family Planning	1	44	40	17	8	

Rating – V. Good = 1; Good = 0.75; Average = 0.5, Poor = 0.25, V. Poor = 0

3. Access to public services- rating in percentage (=100) responses:

	(1) (1) V. Good	(2) (.75) Good	(3) (.50) Average	(4) (.25) Poor	(5) (0) V. Poor	Total Rating
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a) Education	4.5	39.5	17.3	1.8	0.0	63.2
b) Public Toilets	3.6	41.6	15.5	2.5	0.0	63.2
c) Free Medical Facilities	8.2	45.0	11.8	2.0	0.0	67.0
d) Drinking Water Facilities	1.8	49.1	6.8	2.5	0.0	60.2
e) Removal of Garbage/Sanitation/	13.6	43.0	11.4	1.6	0.0	69.5
f) Roads	1.8	49.1	10.9	2.7	0.0	64.5
g) Power Supply	4.5	59.3	7.3	0.5	0.0	71.6
h) Bangkok Police-Security	9.1	28.0	14.1	4.8	0.0	55.9
i) Credit facilities	0.0	19.8	14.5	7.5	0.0	41.8
j) Insurance	0.9	23.2	13.6	5.7	0.0	43.4
k) Family Planning	0.9	30.0	18.2	3.9	0.0	53.0

Rating – V. Good = 1; Good = 0.75; Average = 0.5, Poor = 0.25, V. Poor = 0

4. Perceptions of performance of government departments

	(1) Very Good (1)	(2) Good (.75)	(3) Average (.50)	(4) Poor (.25)	(5) Very Poor (0)
a) Water supply	2	78	14	5	0
b) Electricity supply	4	74	13	3	0
c) Bangkok Police	5	56	23	14	1

V. Reliability of Social Capital

1 Perception of change in last 5 years

	(1) Improved	(2) Deteriorated
a) Roads	80	21
b) Quality of education	70	12
c) Basic Education	57	10
d) Power supply	94	4
e) Public transport	85	14
f) Public health services	74	5

g) Water	73	7
h) Sanitation	73	7
i) Attitudes of political leaders	34	44
j) Behavior of the government towards informal sector	30	47

2. When you need help and guidance, which do you rely upon?

(1) Local leaders	(2) Educated people	(3) Relatives and friends	(4) Government officials	(5) Police	(6) N.G.O	(7) Any other
56	3	24	8	5	3	0

Annexure - III

The community leaders who were interviewed included:

1. Mr. Phinchai Phada, Leader of Community Klong Phai Singtha : (total number of families: 44, surveyed: 30+): Very poor beside the canal.
:
2. Mrs. Banchop Innan, Leader of Community Suan Oiy: (total number of families: 400, surveyed: 30+)
3. Mr. Chayan Chan Chalern, Leader of Community Rimklong Phrakhanong: (total number of families: 300+, surveyed: 30+).

Other Community Leaders and Activists, who provided inputs to the study included:

Ms. Wanpen Siliyong Sawad, (working for the poor under UNDP projects) and Mr. Sumon Chalernsai (leader of all Khlong Toey and other organizations)

The study received useful comments, inputs and perceptions from the following:

Dr. Kitti Limskul, Associate Professor, Faculty of Economics, Chulalongkorn University, Bangkok.

Dr. Bhanupong Nidhiprabha, Associate Professor, Faculty of Economics, Thammasat University, Bangkok.

Dr. Pranee Tinakorn, Adviser to the Minister of Finance and Professor, Faculty of Economics, Thammasat University, Bangkok.

Dr. Srawooth Paitongpong, Senior Researcher Specialist, TDRI Foundation, Bangkok.

Dr. Suthiphand Chirathivat, Faculty of Economics, Chulalongkorn University, Bangkok.

Dr. Supphawut Manochantr, Assistant General Secretary, Duang Prateep Foundation, Klong Toey, Bangkok.