CHILD PROTECTION RISKS DUE TO FLOODING IN THAILAND

October–December 2011

Inter-Agency Child Protection Rapid Assessment Report

Child Protection Sub-Cluster, Thailand
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Contents

Acknowledgements 5
Acronyms 5
Introduction and background 6
Executive summary 8
Methodology 10
   Sampling and geographical scope 12
   Assessment teams 13
Analysis and interpretation 14
   Migrant population analysis 14
Limitations and challenges 15
   Sampling 15
   Assessment teams 15
   Translation and operationalization of terms 16
Key findings and recommendations 17
   Separation from parents and usual care givers 17
   Key findings 17
   Recommendations 20
   Threats to children’s physical safety and security 20
   Key findings 21
   Recommendations 24
   Psychosocial wellbeing and children’s coping mechanisms 25
   Key findings 25
   Recommendations 28
   Community support mechanisms 29
   Key findings 29
   Recommendations 30
   Information sharing and needs 31
   Key findings 31
   Recommendations 32
   Sexual violence 32
   Key findings 32
   Recommendations 35
Annexes 36
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### Acronyms

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<th>Acronym</th>
<th>Description</th>
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<tr>
<td>CP</td>
<td>Child Protection</td>
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<td>CPRA</td>
<td>Child Protection Rapid Assessment</td>
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<td>CPWG</td>
<td>Child Protection Working Group</td>
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<td>DO</td>
<td>Direct Observation</td>
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<td>DR</td>
<td>Desk Review</td>
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<td>KI</td>
<td>Key Informant</td>
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<td>KII</td>
<td>Key Informant Interview</td>
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<td>MOJ</td>
<td>Ministry of Justice</td>
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<td>MSDHS</td>
<td>Ministry of Social Development and Human Security</td>
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Introduction and background

In early October 2011, Tropical Storm Nalgae and continuing monsoon rains since July brought heavy rain and widespread flooding to Northeast, North and Central Thailand. By November 2011, 27 out of 77 provinces were flooded or partially inundated and have been declared “disaster areas”, with a total of 65 provinces affected. Floodwaters at that time have reached Bangkok’s northern and eastern suburbs and six northern and western districts of the city, reaching critical levels in some areas and resulting in the relocation of thousands of people. The 2011 flood emergency in Thailand has been described as “the worst flooding in Thailand’s history”.

Floodwaters receded in most areas in December 2011. Most of the 65 provinces flooded or partially affected, started moving into recovery and rehabilitation phase as of December. However, some areas, including Bangkok, Ang Thong, Ayuthaya, Lopburi, Saraburi, Suphanburi, Nakhonpathom, Pathumthani, Nonthaburi and Samutsakhon, remained flooded until the end of December 2011.

The severity of the floods prompted the Royal Thai Government to launch a full-scale response to the situation, overseeing the management of rescue and relief operations together with the military and various ministries of the Government. This included the Ministry of Social Development and Human Security (MSDHS), the government body responsible for the situation of children and women, particularly in safeguarding children and providing protection response to this emergency. At the height of the floods, the Government set up over 1,700 emergency shelters nationwide with capacity to accommodate 800,000 people. Although many people moved into these shelters, the majority of those affected chose to remain in the flooded areas, staying in either makeshift shelters, small gathering points, or in their homes.

By the end of the year’s flooding disaster, more than 13 million people in four (4) million households were estimated to have been affected. Sixty-five (65) of the country’s 77 provinces were inundated causing 750 deaths including 98 children, almost all due to drowning (Annex 1). According to the World Bank, total damages and losses is estimated at more than US$45 billion.

Until December 2011, the assessments that were carried out during the initial phase of the flood response were mainly agency-specific and multi-sectoral. These led to the recognition on behalf of CP Sub-Cluster members that an assessment of the protection risks for children needed to be conducted not only to inform the recovery phase, but also to allow for a more systematic review of the response during the emergency. An inter-agency child protection assessment was therefore designed to provide actors with a necessary common reference point for the recovery phase in terms of identified child protection risks and priorities. The information produced through this exercise could also inform longer term child protection systems strengthening work.

The main objectives of this inter-agency rapid assessment were to: determine post-flood scale of the needs and protection risks for children affected by the flooding; and to determine potential and actual capacities within the communities and service providers to respond to the existing risks and needs. The specific aim is for the assessment findings to enable actors within the Government of Thailand as well as the humanitarian community to have a better understanding of the protection risks for children in the aftermath of the flooding, to identify appropriate responses to issues and concerns identified, as well as to provide recommendations for strengthening child protection services.
Executive summary

Thailand’s worst flooding in its history in 2011 has affected more than 13 million people in an estimated 4 million households. Sixty-five (65) of the country’s 77 provinces were inundated causing 750 deaths including 98 children, almost all due to drowning. Until December 2011, the assessments that were carried out during the initial phase of the flood response were mainly agency-specific and multi-sectoral. These led to the recognition on behalf of CP Sub-Cluster members that an assessment of the protection risks for children needed to be conducted not only to inform the recovery phase, but also to allow for a more systematic review of the response during the emergency. Specifically the assessment is expected to enable actors within the Government of Thailand as well as the humanitarian community to have a better understanding of the protection risks for children in the aftermath of the flooding, to identify appropriate responses to issues and concerns identified, as well as provide recommendations for strengthening child protection services.

The assessment was conducted in four (4) provinces: Ayuthaya, Chainat, Pathumthani and Bangkok. A group of 12 assessment teams were organized to cover 60 tambons/kwaengs in the four provinces. A tool developed by the global CPWG was adapted to the Thailand context and used for this exercise. This assessment tool includes a few basic components such as desk reviews key informant interviews, direct observations and site reports. The assessment was conducted in January 2012.

The assessment covers the following areas: separation from usual caregivers; threats to children’s physical safety and security; psychosocial wellbeing and children’s coping mechanisms; community support mechanisms; information sharing and needs; and sexual violence.

Key findings showed that most separations of children were voluntary with 86% of the sites reporting that interim care solutions were made and these were done in the realm of relatives and family friends, within the same community or in other communities not affected by the floods. For the physical safety and security of children, sites reported that incidental risks to children may include encounter with unsafe objects (e.g. electrical cables), poisonous animals and traffic accidents. When asked about violent risks to children, drug related crime and activities (36%) and domestic violence (29%) were reported more than other issues. The results also suggest that children below 14 years are more likely targets of such violence. Meanwhile, unsafe physical surroundings were reported as the main source of worry among caregivers regarding their children. Majority of the sites reported that ‘going back to school’ was the main coping mechanism used in the post-flood situation. Reports also show that the community leaders (which include natural leaders) were believed to be the source of support to children in most areas. While the assessment found that television (38%) was the most frequently used source of information during the flooding, broadcasting speakers and radios were also reported as means of accessing information. The majority of the sites believe that most sexual violence happens at home and/or at friend’s house. At the same time, 85% of the sites reported that victims of sexual violence would turn to parents, friends and family members for support, which suggests that sexual violence is dealt with as a purely domestic issue.

Based on the results of the assessment, the following recommendations were agreed upon through consultation with different child protection actors in Thailand:

- Ensure that separated children are reunited with their families; the root causes of voluntary separation should be further investigated to be able to effectively prevent them in future disasters.
- Help children use their time more constructively in post disaster contexts to avoid initiation into drug related activities. It is recommended that child friendly spaces (in case schools are not in session) are immediately made available and geared towards all ages. Other programmes can piggyback on the foundation of child friendly spaces, non-formal and formal education systems to limit the idle time children have on their hand in such contexts.
- Improve the communication with the communities regarding the role of social workers and evacuation centre staff in the event of future disasters.
- Ensure timely and effective distribution of information materials regarding relief items, compensation, functioning services and evacuation centres.
- The first issue to tackle about sexual violence does not seem to be service delivery, but rather breaking the cycle that traps this problem within domestic boundaries. This should be integrated in on-going programmes separate from disaster response.
Methodology

The child protection rapid assessment, a tool developed by the global CPWG, was adapted to the Thailand context and used for this exercise. It is a qualitative, cross-sectional assessment that uses purposive sampling. This assessment tool includes a few basic components such as desk reviews, key informant interviews, direct observations and site reports.

A. Instruments

Desk review and tool adaptation

The first round of tool adaptions to the Thailand flooding emergency context was made through a consultative meeting of the concerned agencies participating and contributing to the child protection rapid assessment. Then the adaptation was refined based on the information collected during the desk review. The government, stakeholders and other informed organizations provided relevant information that had been collected, including population estimates, severity of damage and available services for children. The CPRA chapter on “Children and armed forces and groups” was excluded from the toolkit, as it was not relevant to the context and location of this assessment. Service-oriented questions were added to assess the availability of post-flood child protection services. The recall period was also changed to “since the flooding of 2011.”

Key informant interviews

The assessment teams selected the key informants using a list of criteria defined in the CPRA guide. A key informant was any adult who could provide information or opinion about child protection issues, as specified in the adapted tools. Key informants were identified based on their roles in community and whether the team was confident they could provide a representation of the views or situation of children within selected sites. Another criterion was whether the key informant’s personal experience was representative of the community. The team also attempted to avoid interviewing key informants that had an overwhelming “agenda” that would drastically shape their answers. Additional criteria for the demographic profile of the key informants stated that at least two of the key informants should work directly with children in some capacity on a daily basis, while at least one of the key informants should hold some overall responsibility for the population. Gender balance of the key informants was also considered.

Direct observations

The CPRA used direct observation to triangulate the findings from the key informant interviews. Team members followed the direct observation form to conduct both structured and unstructured observation. The guide describes the direct observation method as comprised of structured and unstructured observations. The former is also known as “looking for” what was not there, such as lack of safe toilets for children. The unstructured portion included looking into issues such as where children congregate in a site, or if there were services for children in the site.

Site reports

In order to maintain consistency between data collection, analysis, interpretation and reporting, the key informant interviews and direct observations were compiled into “site reports.” At the end of each day, the team gathered together to compile the reports. The team leader asked questions from the site report and discussed the information gathered from the key informant interviews and direct observations. If certain issues were mentioned multiple times in the different key informant interviews, the team would compare with the direct observations to create a ranked set of answers. For instance, if two key informants reported “caretakers sending their children to live with relatives,” the team would discuss both the frequency of reporting as well as the source of information to decide which would get ranked higher.

B. Training of the assessment teams:

The Thailand assessment team consisted of 4 provincial leaders, 12 team leaders and 20 assessors. All the assessment teams went through a three-day training on the CPRA including a brief CP introduction, interview and record keeping techniques, the use of the three assessment forms, the various methodologies to collect the data while ensuring confidentiality. On the third day of the trainings, the teams engaged in a field-testing of the tool. The Chainat and Ayuthaya teams visited a site in Ayuthaya and practiced conducting interviews, direct observations and compiling a site report. The Pathumthani and Bangkok teams practiced using the tool in Pathumthani. The team leaders were responsible for reviewing the questionnaires in field; ensuring high data collection quality and assist in any questions or queries coming from the team on the implementation of the assessment.

C. Data collection

The data was obtained from the key informants and direct observations conducted in 60 sites. The teams arrived to preselected sites and first gained permission from the community leaders before conducting key informant interviews and direct observations. The key informants were selected by either a recommendation from a community leader or by purposively finding desired key informants such as teachers, social workers, health workers and other informants that might have information about the state of children in the community.

D. Data processing

The data collected from the field was reviewed and checked by a technical advisor based in
Bangkok. The technical advisor entered the data into a Microsoft Excel tool that is a part of the CPRA toolkit, adapted for the Thai context. The outputs of the Excel file are the graphs included in this report.

**Sampling and geographical scope**

As mentioned before, the CPRA was a cross-sectional qualitative assessment that uses purposive sampling. It was agreed that the unit of measurement would be the community, which is defined as the smallest municipal unit for which data was available to the team. Accordingly, during the desk review phase of the CPRA planning, the sample frame was decided to be the Tambons (in rural areas) and Kwaengs (in Bangkok urban areas) in the four provinces of Chainat, Ayuthaya, Pathumthani and Bangkok. Nearly all of the sites visited (92%) were flooded for at least one month prior to the visit by the assessment teams. There were 206 key informants interviewed, including teachers, social workers, community leaders and religious leaders.

Among the millions of people affected by the floods, it is estimated that about 600,000 of them are migrant workers. These workers are found in a variety of sectors, industrial, agricultural, and service. During the flooding, language and communication barriers made it a challenge for humanitarian groups to locate the migrant families and provide timely assistance. Access to essential information about this community is also very limited as information is often only available in Thai. During the floods, the issue of migrant families being unable to access relief supplies as they did not have the necessary registration records, IDs, and work permits was discussed in several meetings among the concerned migrant networks and the responsible government agencies. Since many of the affected migrants did not have the legal papers, it was likely that some of them were not able to access relief assistance. This vulnerability of migrant families was deemed to be greater than other families due to their particular situation, out of the norm of Thai society. This was also the case for migrant children.

For the purposes of the assessment, since the issue of migrant workers is of a significant scale in Thailand, it was agreed at the planning phase that they have different sets of needs. Since no data was available at the sampling stage to allow the team to take the migrant population into account for the selection of sites, proxy indicators were established. These proxy indicators were in the form of three related questions (see annex 21). Questions did not directly ask if there were migrant workers in the community because of the sensitivity of the issue. Rather, proxy questions were formulated based on the assumption that migrant workers were naturally attracted to areas with high concentration of industrial activities. These questions helped the analysis team establish whether or not the visited site could be categorised as a potential migrant worker hub.

**Assessment teams:**

Assessment teams were selected primarily from the staff of participating organizations namely Ministry of Social Development and Human Security, Friends-International, Plan International, Save the Children, World Vision and UNICEF.
Analysis and interpretation

The process of analysis and interpretation of the data collected involved multiple levels. The first level of analysis and interpretation was carried out by the assessment teams during the process of compiling site reports. Subsequently, site reports were entered into the data management tool, which produced the primary analysis. Based on the preliminary analysis data collection supervisors and coordinators from participating agencies were involved in the initial interpretation of the results. Further analysis, including cross-variable analysis, followed. The final level of interpretation was in the form of a validation workshop, where results were presented to MSDHS representatives from the departments and provinces involved, sub-cluster members and non-government organizations. Results and interpretations of each chart/graph were discussed and programmatic implications were examined. The results presented in this report are based on the consensus that was produced through a process of in-depth discussions around different considerations and elements including interpretation of results based on the limitations of the assessment, cultural and traditional practices and social norms.

Migrant population analysis:

Key informants in twenty-three (23) out of the 60 visited sites reported that there are factories and industrial estates in their areas and also that either most or some of the workforce consists of migrant workers. For analysis purposes, it was assumed that these areas had a significant concentration for migrant populations. A separate analysis was conducted in areas with high concentration of migrant workers and in some areas, significant differences were observed in terms of protection issues for children. It is worth noting that communities that reported non-migrant workforce were 64% urban, while those who reported migrant workers were 65% rural. Therefore, there might be some overlap between this analysis and the urban/rural analysis.

For ease of referencing, those communities that reported higher concentration of migrant workers will be referred to as “migrant worker communities” and those who did not report such a concentration will be referred to as “non-migrant communities.”

Limitations and challenges

Similar to any rapid assessment, the Thailand CPRA process tried to strike the best possible balance between the need for quick turnaround and quality of result. This, together with cultural and environmental limitations, was taken into consideration when analysing and interpreting the data.

Sampling:

The CPRA methodology recommends the unit of measurement to be at the site level, and the assessment team in Thailand adopted this. However, the definition that was selected for the community remained at the smallest municipal unit for which data was available to the team. In the Thai context this translated into Tambon (in rural areas) and Kwaeng (in Bangkok urban areas). Tambons and Kwaengs are quite large with average population estimates at 12,500. This could mean that the opinions of some of the selected KIs do not necessarily represent the situation of the entire population of the Tambon/Kwaeng, but rather, a small segment of it. Due to time and resource limitations, only four (4) provinces were selected for this exercise, which makes it harder to extrapolate the results to the entire affected area. The selection also was based on provinces where participating organizations had either an existing programmes or were severely affected by flooding, which could introduce a selection bias to the results.

Assessment teams:

The Thailand Child Protection Rapid Assessment was characterized by predominantly female assessors and team leaders (73%). This was mainly due to the availability of more trained female staff within participating agencies and their familiarity with the issues in child protection. High number (63%) of female key informants was also a characteristic of this
exercise. Assessment teams with all female members showed a tendency to select more female KIs as compared to assessment teams with a majority of male members. This might partly explain the high number of female KIs selected. In addition, the agreed qualifications of key informants would lead to a high probability that the selected key informants would be females because those who are working for and with children are usually women.

Some of the assessors did not have child protection and/or assessment experience. Despite the 3-day training organized for all the teams, a lack of in-depth understanding of CP issues might have reduced the capacity of the assessment teams to extract the best possible answers from the key informants, or perhaps made it difficult for them to discern which questions needed further probing and details.

Translation and operationalization of terms:

During the interpretation of results, it became clear that some of the terms used in the formulation of questions in Thai language did not reflect the originally intended meaning. An example is the term “violence.” The way this was understood in Thai seems to suggest environmental risks to children rather than human violence. During the interpretation process, attempts were made to note all such potential miscommunications and take them into account in the report.

Key findings and recommendations

> Separation from parents and usual care givers

The Hotline 1300 was established to receive urgent calls/reports and provide assistance to callers around the country. Assistance provided is mostly counseling, medical referrals and information on other concerns gathered through the hotline. Analysis of the received calls shows that, from the ten (10) main categories of concern, 7.4% of them were issues referring to the lack of care from parents or caregivers, resulting from the separation of children from their immediate families. According to the 2011 report of the hotline, of the 1,300 calls received in 2011, there were 3 main issues related to children; misbehavior of children (37.50%), lack of proper care to children (19.91%) and neglect of children (18.30%). The majority of the calls were made in Bangkok.

Since in most emergencies one of the more immediate emerging child protection issues is separation of children from their usual caregivers, two sections of the KI questionnaire were dedicated to this topic. The first section exclusively dealt with patterns and scale of separation as well as the existence of unaccompanied children. The second section addressed the issue of care for separated and unaccompanied children.

Key findings:

Fifty-three per cent (53%) of the 60 sites visited reported that separation of children from their usual caregivers occurred during the post emergency phase (Graph 3). This was highest in Bangkok (at 67% of sites). Analysis of rural versus urban sites revealed that rural areas generally reported separation of children at a lower rate (47% of rural sites versus 60% of urban sites). Forty-one per cent (41%) of sites that reported separation believed that more girls were separated from their caregivers than boys, while 41% believed there was no major difference and 19% reported more boys being separated.

4 2011 Annual Report of DSDW (Ministry of Social Development and Human Security) 1300
Child Protection Risks Due to Flooding in Thailand

It is noted that in Bangkok, 18% of sites reported that there were children who have lost their parents as a result of the flooding (i.e. drowning or other direct causes of flooding). This was not reported by sites in other participating provinces. In Chainat, a difficult transport situation was cited as the main cause of separation in 29% of sites, which is a significantly higher percentage than all other provinces. Moreover, the issue of street children was reported by more sites in Bangkok in comparison to the other provinces.

When asked about the presence of unaccompanied children, only 12% of the sites acknowledged their existence (Graph 6). Further analysis showed that in both Bangkok and Pathumthani provinces, 20% of sites reported that there were unaccompanied children who were separated from their parents due to flooding.

Similarly, unaccompanied children found in Bangkok were adolescents or young people who were able to stay voluntarily on their own. Most of them were seen in urban areas where communication and transportation were convenient.
When asked about separation of children due to floods, migrant worker communities reported “yes” in 65% of sites, while non-migrant communities only reported “yes” in 45% of sites. Migrant communities also reported separation of infants and very young children in 45% of sites, whereas non-migrant communities reported this phenomenon only in 19% of sites.

The leading cause of death was drowning, accounting for 94.5% of the deaths among children (Annex 1).\(^5\)

This highlights risks to children, also evident in normal times. According to the National Injury Survey of Thailand (2006) drowning is the leading cause of death in children aged one year and over in Thailand, causing nearly 2,650 deaths every year. A child is seriously injured every two minutes in Thailand; injuries leave a child disabled every few hours; and 16 children die every day from injuries. Overall, drowning and road traffic accidents (RTA) are the leading killers of children aged 1–17. Injuries from animals, mainly rabies from dogs and poisonous snake bites, are the third leading cause of fatal child injury in the country, and the fourth leading cause of injury morbidity. Road traffic accidents are the biggest killer for adolescents.\(^6\)

According to the Ministry of Justice’s (MOJ) Juvenile Observation and Protection Department, nationally the number of young offenders increased by 41.3% between 1997 and 2007 (30,668 cases to 51,128 cases) but has decreased since then with 44,057 cases in 2010. Most juvenile offence incidents involved drugs, followed by property theft or damage. The number of young people charged with possession or use of firearms and explosives has also increased steadily, from 933 cases in 2001 to 2889 in 2010.\(^7\) While the majority of juvenile offenders are above the age of 14 (83%), the number of juvenile offenders between the ages 7 to 14 doubled from 4,313 to 8,888 between 2003 and 2007.\(^8\)

Key findings:

In response to the question about incidental risks to children during the flood, the majority of sites reported unsafe objects, danger from crocodiles and poisonous snakes, and traffic accidents as the main causes of harm to children. In rural areas, snakes were the highest reported risk whereas in urban sites, unsafe objects were reported most.

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<th>Are there unaccompanied children in this community as the result of flooding?</th>
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<td>Yes</td>
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While from this assessment one cannot determine how many separated and unaccompanied children there are, the analysis suggests that most separations are voluntary. Parents send their children off to family and friends for protection. There also seems to be an age bracket when children are more likely to be sent off to or left behind with relatives. That age group is 5-14 years old (Annex 4). Forty-one per cent (41%) of sites reported that separation happens mostly among girls in comparison with boys who have a higher chance of being separated (Annex 5). This might be due to the perceived vulnerability of girls, resulting in families’ unwillingness to voluntarily separate their daughters as compared to their sons.

**Recommendations**

- While separation does not seem very alarming, more investigation is required to ensure that these children who were reported as separated, are safely reunited with their families. The root causes of such voluntary separation should also be further investigated to determine whether they could be prevented in the case of future disasters through better government and NGO support.

- In the 7 sites that reported the presence of unaccompanied children, an investigation should be carried out to determine the fate of those children.

- The Hotline system and procedure should be strengthened, especially during emergencies.

**> Threats to children’s physical safety and security**

As of 15 December 2011, 98 children had reportedly died in the flood, most of them in Ayuthaya, Phichit and Nakhonsawan. Two-thirds of the child casualties were boys.

\(^{5}\) UNICEF 2011
\(^{6}\) Thai National Injury Survey 2006
\(^{7}\) Juvenile Observation and Protection Department 2012, cited in Bangkok Post 22.01.2012
\(^{8}\) The Juvenile Observation and Protection Department, Ministry of Justice, 2008.
Sixty per cent (60%) of sites visited reported that violence happens infrequently in their respective sites. Another 24% reported that violence only happens a few times a week. Only four (4) sites reported that violence happens frequently. While it is difficult to determine the accuracy of these claims for these specific sites, it was suggested that KIs might have a tendency to underreport or underestimate the level of violence in their communities as a way of protecting themselves (since they are often in charge in their communities) and the reputation of their community. Also, KIs were not asked whether there was an increase of violence during or after the flood, however, according to staff of the One Stop Crisis Centers (OSCC) in Chai Nat and Bangkok, and of the Reception Home in Nonthaburi, the number of child protection cases and violence increased during the flood due to stress experienced by parents and guardians. Other locations such as OSCC in Pathumthani reported lower number of cases but this could have also been due to some difficulties in accessing the OSCC during the flood.10

When asked about violent risks to children, four categories of issues, drug related activities and crimes (36%); domestic violence (29%); criminal acts (21%); and sexual violence (10%) were reported by key informants. All these four categories, however, appear to be directly or indirectly linked with drugs.

Fifty-two per cent (52%) of sites reported boys being more of a target for violence as opposed to 18% who reported girls are more frequently targeted by violence (Annex 7). This might be explained by the fact that boys tend to be more involved in drug related activities which is the most frequent reported source of violent risks to children.

Children under 14 years were reported as being targets of violence in 76% of the sites as opposed to 24% who believed older children are more at risk. The response to this question is likely reflecting the perception of KIs regarding the vulnerability of children to violent risks rather than actual incidents of violence affecting children.

Meanwhile, violent risks were reported to be high at home in 37% of migrant worker communities, while this issue was reported only in 21% of the non-migrant sites.10

While at first it seems surprising that drowning was not cited as the most common risk given the statistics on drowning as the leading cause of child causalities during the flood and annually, this could highlight the fact that many more cases of non-fatal injuries to children occur that have been recorded. More than three-quarters of all non-fatal injuries (77 %) in the national survey were due to road traffic accidents, falls, animal bites, and sharp objects which would be in line with the findings. However the high reports of danger from animals could also be influenced by the great media attention on escaped crocodiles and poisonous snakes which might have made KIs more aware of these risks and incidents.

Home was reported by KIs in 39% of sites as being the most probable place where incidental risks cause harm to children. This can also be linked to exposure as people and children were forced to stay more in their homes during the floods, causing it to be the most reported environmental risk. The second and third highest reported places where children are at risk were evacuation centres and on the road.
Thirty-two per cent (32%) of sites reported that they would contact the police if they witness violence against children. Normally, such cases are then referred by the police to child protection services such as OSCC. However, interviews with OSCC staff found that referral systems were disrupted or very difficult during the floods.\(^{11}\) Twenty-five per cent (25%) of sites also reported that they would act themselves, highlighting the fact that there is a sense of responsibility within those communities toward this issue. Contacting the village headman is another frequently reported way KIs deal with violence against children, but mostly in rural areas (25%). It is surprising to see how few of the sites reported the hotline as a way of addressing violence against children.

Children were reported to be involved in acts of violence more in urban areas than in rural areas (Annex 8.1 and 8.2). Overall, 50% of sites reported engagement of children in acts of violence. Of these sites, majority referred to gang activities and looting and pillaging as examples of acts of violence perpetrated by children since the flood (Annex 9). This is consistent with national statistics on the type of juvenile offences committed (see above).

Since the flooding, the majority of reported risks for children in the assessed areas were drug-related, while gang activities were reported as a common avenue through which children get involved in violence. According to the MOJ’s Juvenile Observation and Protection Center, the number of children arrested for drug offences in 2011 nationally accounted for 33.25% of all drug crimes last year, up from 21% in 2010.\(^{12}\) Hence the involvement of children in these kinds of activities was likely to be a problem already. But the extra time children and adolescents had on their hands during the flooding and lack of opportunities to engage in constructive activities within formal and/or informal educational settings might have partly exacerbated this trend. Together with the reported importance of friends and school for children coping with the disaster, this calls for a systematic response to engage children and especially youth in emergencies in the future.

**Recommendations**

1. Being initiated into drug related activities can have negative effects on a child or young person’s development and safety beyond the period that follows an emergency. Therefore specialized programmes should be included in future response plans to help children and adolescents use their extra time in a constructive manner, while having the opportunity to play and be with their friends. Such programmes can provide children with a protective environment that prevents their initiation into drug related activities. These programmes can piggyback on the foundations of child friendly spaces and/or formal education systems.

2. Over half of sites reported that they would contact the police or village headman in case they witness an act of violence against children. However it was not clear what happened to these cases after they had been reported to the police especially given that that normal referral system was reportedly severely disrupted by the flood. This needs further investigation and might need further programming to sensitize police and village headmen on how to deal with child protection cases including being sensitive to the feelings of the child and his/her psycho social needs.

3. Only about one third (34%) of Thai children ever learn to swim. For children aged five and over, those who know how to swim simply do not drown. However, children younger than five who are too young to learn to swim, account for more than half of all drowning (53%).\(^{13}\) For these children, prevention requires increased supervision, especially as infants develop into toddlers and begin to move around.

4. Many evacuations sites visited during the flooding were not safe for children, with hazardous objects, lack of protection, and lack of activities for children which resulted in children and youth often left to roam around and play for example in dangerous flood waters. Protection could be improved by using play pens or door barriers for very young children, and fences or other barriers around water bodies for older, more adventurous children. These measures need to be instigated in conjunction with greater awareness among officials, care givers, as well as children themselves about hazards and risks to children in emergencies.

5. As most risks were reported to occur at home, this might require greater outreach programmes during emergencies to increase people’s awareness of risks to children around the house and provide more outreach services such as mobile units.

**> Psychosocial wellbeing and children’s coping mechanisms**

Since psychosocial issues deal with the most personal feelings of persons affected, it is difficult to capture the reality of the level of impact on children without their direct participation. Since the rapid assessment did not include direct interaction with children, the following results should be considered as the psychosocial state of children from an adult perspective.

**Key findings:**

Key informants were invited to share their perception of what the worries and sources of stress for children were. In response, quite a wide range of responses from “not being able to go back to school” to “being separated from friends” were reported. Fear for physical safety was also reported. There was no single response that was consistently reported across all or a majority of sites.

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\(^{11}\) CP field monitoring report (UNICEF)

\(^{12}\) Juvenile Observation and Protection Department 2012, cited in Bangkok Post 22.01.2012

\(^{13}\) National Injury Survey Thailand 2006
Twenty-three per cent (23%) of sites reported unsafe physical surroundings as the main source of worry for caregivers regarding their children (Graph 10). All the other answer options were reported at around or less than 15% of the sites. Typically, lack of food, loss of personal belongings and lack of shelter were also reported as causes of worry as these are common scenarios during disasters.

When asked about the worries of caregivers themselves in the period after the flooding, key informants in 63% of sites reported loss of property and/or livelihood as the main factors (see Annex 11). During the flooding, friends plus the sports and playing seem to be the primary resource for children dealing with problems resulting from the disaster. This resonates with one of the higher issues reported by KIs as a source of stress, i.e. being separated from their friends. Going to school was reported very low in the response levels in relation to this question, which can be explained by the fact that schools were not in session at time when the flood hit. It is also noteworthy that Child Friendly Spaces (CFSs) were reported only in 3% of visited sites. Although the understanding the concept of CFS may not be clear to the KIs, further investigation on this issue may benefit future CFS projects, should they become necessary in the future.
Key findings:

Reports from sites that were visited show that community leaders (a category that also include natural leaders) are believed to be the source of support to children in many cases (Annex 12). However, what came as a surprise was how few sites reported social workers and evacuation centre staff as a source of support for children (two options combined were reported in 5% of sites). While this is most likely due to a confusion between these two options and a more frequently reported option of “government staff,” it is concerning if true. Social workers and evacuation centre staff are publicly funded resources that should be used by the public in time of stress and difficulty.

> Community support mechanisms

The CPRA also attempts to capture the existing support mechanisms for children and their caregivers in order to generate a solid evidence base for effective and efficient programming. Several questions were presented to the KIs to capture these.

Recommendations

>> Child Friendly Spaces (CFS) and schools provide a secure environment in which children can safely interact with each other. Results show that children affected by flooding give high importance to playing and engaging in sports activities, in addition to spending time with friends. It is recommended that schools and child friendly spaces (in case schools are not in session) are immediately made available on the onset of emergency such as floods. This can be done in a way that would respond to both the needs that came of this section (psychosocial wellbeing) and the previous section (threats to children’s physical safety and security).

When asked about the post-flooding period, the majority of sites reported that the main coping mechanism is school attendance. This was when schools were resumed after a short delay from the normal schedule.14

14 Classes normally start around the first week of November, but because of the floods, classes actually started the first week of December and in some areas, the second week of December.
rural sites (77%) and higher in urban settings (87%). This figure dropped significantly after the flooding subsided (Annex 14). Meanwhile, 91% of visited non-migrant communities reported that children were involved in income generating activities after the flooding. This figure falls to 74% in migrant workers communities.

Given that involvement of children in income generating activities is deemed as a positive activity for children during school recess, this is not surprising. However, more investigations may be required to find out if such activities were potentially harmful to children’s wellbeing.

**Recommendations**

>> Better communication with the population regarding the role of social workers and evacuation centre staff is recommended.

>> During future emergencies, attempts should be made to ensure that children’s involvement in income generation does not put their development, wellbeing and safety in jeopardy.

>> Any programmes to address protection of children should involve the community leaders as natural source of support for children.

> Information sharing and needs

As part of the move towards more effective humanitarian response, information sharing with the affected population is being considered a hallmark of any successful humanitarian response. Therefore, it is necessary to know what means of information sharing is used by the affected population. Information regarding information gaps from the population’s perspective was also collected to inform future response.

**Key findings:**

While TV was reported by 38% of visited sites (the most frequent) as the main source of information during flooding, broadcasting speakers, radios and government officials were also reported in several of the sites (Annex 15). Interestingly, phones and internet were rarely cited as the source of information for communities.

**Graph 12:** What were the main information gaps reported during the first month of the flooding?

Graph 12 shows how information on food and relief items as well as information on how to gain compensation was reported as unavailable by many communities within the four provinces that were visited. Also information on where to move to and where to find services were reported as missing in some sites.
Recommendations

> Advocate with the government to ensure timely dissemination of information regarding distribution of relief items, compensation, functioning services and evacuation centres. Such information should be primarily communicated to the affected population through TV, radio and broadcasting speakers.

> As a preparedness measure, a list of local TV and radio stations with contacts of their key personnel could be recorded and shared with relevant government and non-governmental bodies.

> Sexual violence

It is often hard to acquire reliable information on sexual violence based on interviews with people of any given community. It is not only a sensitive topic, but also has many different definitions across cultures, societies and societal roles. Therefore it is expected that KIs might have understood the questions in different way and therefore responded to them based on their diverse perceptions. But in the absence of reliable statistics on cases of sexual violence, KIs are the best available source for this issue in each given community.

Key findings:

The majority of sites that reported sexual violence as an issue believed that most sexual violence happens at home and/or at friend’s house. This result becomes even more significant when we take a look at what the response assessors got when asked on who the victims of sexual violence turn to for help (Annex 18). Eighty-five per cent (85%) of those sites that responded to this question reported that victims of sexual violence would turn to parents, friends or other family members. This implies that sexual violence is being dealt with as a domestic concern and very rarely makes it outside of the household.

However, an actual case was found during the assessment, where a KI reported that there was a confirmed case of sexual violence which happened in an evacuation centre. The victim was a female first grader sexually abused by her uncle. This happened in Muang, Pathumthani.

Sixty-three per cent (63%) of sites reported that more girls are being sexually abused as compared to boys while 25% of sites reported the opposite (Graph 15). While the existence of sexual violence against boys came as no surprise, the admittance of this phenomenon by KIs was deemed noteworthy. Another finding that reinforces this phenomenon is that when asked if children victim of sexual violence would seek help, 40% of the sites reported “no” (Annex 17). This can partly be explained by the fact that it seems the family would not want...
this to go outside of the household. In nearly an equal number of sites KIs suggested that they do not even know of places where a child could get help if she/he falls victim to sexual violence (Annex 19).

Fifty-eight per cent (58%) of sites that responded to the question of age distribution of sexual violence reported that most sexual violence is against children over 14 (Annex 16). However, in urban areas equal number of sites reported under 14 years and over 14 year-old children being most affected (44% each) while in rural areas 77% believed that over 14 year-old children are most affected by sexual violence. This implies that this could be due to a higher tendency of rural parents to leave their adolescents behind in their communities when they migrate in search of work, which leaves them more vulnerable.

The idea that sexual violence is dealt with as predominantly a domestic issue within these communities is further reinforced by the results shown in Graph 16. Thirty-seven per cent (37%) of sites reported that they would bring the issue back to the parents. Another noteworthy information in this graph is the fact that only one (1) site mentioned calling hotline as a way of responding to a case of sexual abuse of children (also see Graph 8 for a similar result in the case of violence against children).

In areas with migrant worker population, 39% of sites reported an increase in cases of sexual violence. Meanwhile, 22% of sites with migrant workers reported that sexual violence happens mostly when travelling, while 6% of non-migrant sites report sexual violence. Among the sites with migrant worker population, only 35% reported that victims of sexual violence would seek help. However, areas with non-migrant workers reported this at 71% of sites.

Recommendations

>> Any programming in the area of sexual violence should take into account the tendency of families to deal with this issue as something that should be confined within the boundaries of the household. In other words, the first issue to tackle about sexual violence does not seem to be service delivery, but rather breaking the cycle that traps this problem within domestic boundaries.

>> Findings show that children victims of sexual violence do turn to their parents for support. It is important that parents are informed and made aware of sensitivities involved in dealing with such issues and that the capacity of parents on counselling and appropriate interventions is developed.
Annexes

Annex 1 Tables of Child Deaths

<table>
<thead>
<tr>
<th>No. of Deaths of Children in 46 Provinces as of 15 December 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
</tr>
<tr>
<td>0 - 5</td>
</tr>
<tr>
<td>6 - 11</td>
</tr>
<tr>
<td>12 - 17</td>
</tr>
<tr>
<td>Unidentified</td>
</tr>
<tr>
<td>Total</td>
</tr>
<tr>
<td>Grand Total</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Causes of Death</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drowning</td>
</tr>
<tr>
<td>Boys</td>
</tr>
<tr>
<td>Girls</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>No. of Child Deaths (by Province)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kamphaengphet</td>
</tr>
<tr>
<td>Chiang Mai</td>
</tr>
<tr>
<td>Tak</td>
</tr>
<tr>
<td>Nakhonsawan</td>
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<tr>
<td>Phichit</td>
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<tr>
<td>Phitsanulok</td>
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<tr>
<td>Phrae</td>
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<tr>
<td>Phetchaboon</td>
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<tr>
<td>Mae Hong Son</td>
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<td>Sukhothai</td>
</tr>
<tr>
<td>Chainat</td>
</tr>
<tr>
<td>Nonthaburi</td>
</tr>
<tr>
<td>Nakhonpathom</td>
</tr>
<tr>
<td>Pathumthani</td>
</tr>
<tr>
<td>Lopburi</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

Annex 2 Are there reports of parents who do not know where their children are?

<table>
<thead>
<tr>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>0%</td>
</tr>
</tbody>
</table>

Annex 3 Have there been reports of infants or very young babies who have been separated from their usual caregivers?

<table>
<thead>
<tr>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>0%</td>
</tr>
</tbody>
</table>

Annex 4 Age distribution of separation

<table>
<thead>
<tr>
<th>Separated children are mainly under 5</th>
<th>Separated children between 5 and 14</th>
<th>Separated children older than 14</th>
<th>No clear difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>0%</td>
<td>100%</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

Child Protection Risks Due to Flooding in Thailand
Child Protection Risks Due to Flooding in Thailand

**Annex 5**

**Gender distribution of separation**

- Percentage

- More girls than boys are separated: 50%
- More boys than girls are separated: 30%
- No clear difference: 20%

Response rate = 62%

**Annex 6**

**What are the places where environmental risks are reported to be high for children?**

- Percentage

- At home: 50%
- In evacuation centre: 30%
- In temple: 20%
- On the road: 10%
- On the way to school: 5%
- On the way to work: 0%
- At the market: 0%
- On the way to market: 0%
- In the temporary makeshift shelter: 0%

**Annex 8.1**

**Are there children in this area who have been or are committing acts of violence (Urban sites only)?**

- Percentage

- Yes: 70%
- No: 30%

**Annex 8.2**

**Are there children in this area who have been or are committing acts of violence (Rural sites only)?**

- Percentage

- Yes: 70%
- No: 30%

Note: This question was asking KIs to report their observations.
Child Protection Risks Due to Flooding in Thailand

**Annex 15**

What are the most commonly used sources of information in the community?

*Note (annex 15): there were 7 other answer options related to this question which were reported at less than 3% of sites and were removed from this version of the graph due to their perceived insignificance.*

**Annex 16**

Age distribution of victims of sexual violence

*Note (annex 15): there were 7 other answer options related to this question which were reported at less than 3% of sites and were removed from this version of the graph due to their perceived insignificance.*

**Annex 17**

If a child or an adolescent suffers from sexual violence, would she normally seek help?

**Annex 18**

Whom do they normally turn to for help?

*Note (annex 18): there were 10 other answer options related to this question which were reported at less than 3% of sites and were removed from this version of the graph due to their perceived insignificance.*

**Annex 19**

Do you know of places where people who live in this Tambon/Kwaeng can get help if they suffer from sexual violence?

**Annex 13.1**

Can children also seek help in that place?