

**National Strategic Plan for Early Childhood Development  
(Newborn to Pre-First Graders)  
In Accordance With the Government Policy  
2012 - 2016**

**Office of the Education Council  
Ministry of Education**

372.1 Office of the Education Council  
O 691 N National Strategic Plan for Early Childhood Development  
(Newborn to Pre-First Graders) In Accordance With the Government  
Policy 2012 - 2016, Bangkok : 2012  
54 p.  
I. Childhood - - Policy and Strategy II. Title

**National Strategic Plan for Early Childhood Development (Newborn to  
Pre-First Graders) In Accordance With the Government Policy 2012 - 2016**

**OEC Publication :** No. 43/2012

**Copyright** © 2012 by Office of the Education Council  
Ministry of Education  
Royal Thai Government  
All rights reserved

**Published by** Office of the Education Council  
Sukhothai Road, Bangkok 10300  
Thailand  
Tel. (662) 668-7123 ext. 2512, 2514, 2518  
Fax : (662) 243-1129  
Web Site : <http://www.onec.go.th>

**Printed by** Prigwan Graphic Co., Ltd.  
90/6 Soi Jaransanitwong 34/1  
Jaransanitwong Road, Arunamarin,  
Bangkoknoi, Bangkok 10700  
Tel. (662) 424-3249, (662) 424-3252  
Fax : (662) 424-3249, (662) 424-3252

## Foreword

Pursuant to the meeting of the National Committee on Early Childhood Development (NCECD) on January 4, 2012, and the workshop on early childhood on March 16, 2012, the Chairman of the Committee (H.E. the Prime Minister) has concurred with the priority given to early childhood development. As a result, a succinct government policy has been announced to the effect that: in 2012-2016, urgent measures will be taken to ensure continuous all-round development of quality for all in early childhood (newborn to pre-first graders). The Ministry of Education has been assigned to coordinate with other ministries/agencies concerned for preparation of the National Strategic Plan for Early Childhood Development (Newborn to Pre-First Graders).

The Office of the Education Council (OEC), as secretariat of the NCECD, has consequently organized consultative meetings and workshops for preparation of the National Strategic Plan in collaboration with the principal ministries and agencies concerned. These include Ministry of Public Health, Ministry of Interior, Ministry of Social Development and Human Security, and Ministry of Justice. On August 27, 2012, the National Strategic Plan was submitted to the NCECD, which gave its approval, and decided to forward the National Strategic Plan for consideration of the Council of Ministers.

In compliance with the government policy 2012-2016, the OEC has published the National Strategic Plan for Early Childhood Development (Newborn to Pre-First Graders) to serve as guidelines for all concerned for preparation of plans/projects for early childhood development in Thailand.



(Dr. Anek Permvongseni)  
Secretary-General  
The Education Council

## CONTENTS

	<b>Page</b>
<b>Government Policy on Early Childhood Development</b>	<b>5</b>
<b>Strategy 1:</b> All children receive essential services for development of their full potential	<b>7</b>
<b>Strategy 2:</b> Iodine and early childhood development	<b>27</b>
<b>Strategy 3:</b> Early childhood rearing	<b>35</b>
<b>Strategy 4:</b> Mechanism for early childhood development	<b>45</b>

## Government Policy on Early Childhood Development

The National Committee for Early Childhood Development (NCECD), as its meeting 1/2555 on January 4, 2012, gave its approval to the following principles:

**Principle 1:** Importance of those in early childhood; and

**Principle 2:** State policy covering urgent measures to allow all those in early childhood (newborn to pre-first graders) to receive continuous all-round development of quality in accord with their age.

### **Principle 1: Importance of those in early childhood**

- 1) Brain and learning development at highest rate in life span;
- 2) Profitable investment;
- 3) Attrition of inequality and creation of social justice;
- 4) Initiation of life foundation / building blocks; and
- 5) Period in life in need of special care for rearing.

**Principle 2: State policy** covering urgent measure to allow all those in early childhood (newborn to pre-first graders) to receive continuous all-round development of quality in accord with their age

1. Concerned ministries informed of policy and necessary measures; accelerate policy implementation through concrete actions in cooperation with Ministry of Education; and

2. Minister of Education coordinates and integrates actions of all ministries responsible for child development of all age groups. Concrete operational guidelines will be prepared in detail; outcome of performance monitoring will be duly reported to the NCECD.

As programme secretariat, the Office of the Education Council (OEC) consequently organized workshops on early childhood development as required for implementing the Prime Minister's policy directive. Representatives of agencies concerned were invited to participate in the workshops for preparation of the National Strategic Plan for Early Childhood Development (newborn to pre-first graders), which includes the following strategies:

Strategy 1: All children receive essential services for development to their full potential;

Strategy 2: Iodine and early childhood development;

Strategy 3: Early childhood rearing; and

Strategy 4: Mechanism for early childhood development.

For each strategy, stipulations are made regarding its goals, problems, targets, operational guidelines and principal responsible agencies/ supporting bodies. This Strategic Plan will be implemented in 2012-2016 as mandated by the State Policy. Details of the respective strategies are as presented below.

## **Strategy 1: All children receive essential services for development to their full potential**

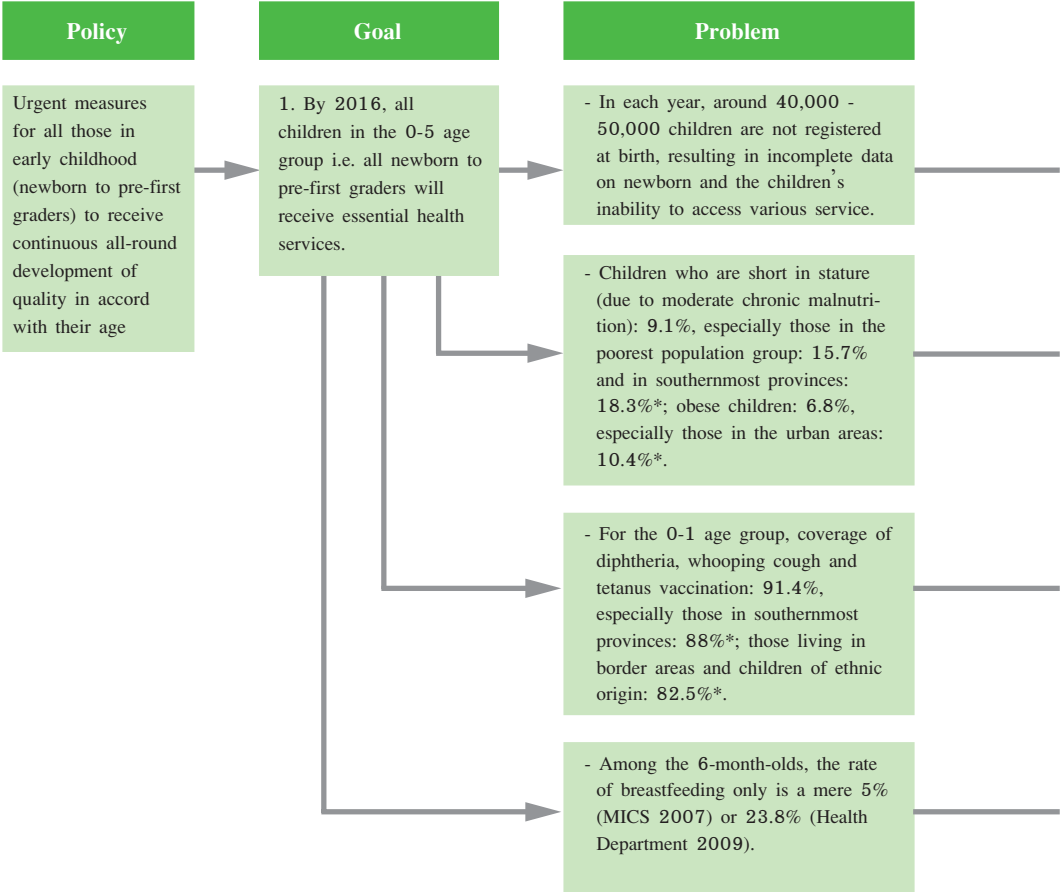
**Policy:** Urgent measures for all those in early childhood (newborn to pre-first graders) to receive **continuous all-round development** of quality in accord with their age

### **Goals:**

1. By 2016, all children in the 0-5 age group i.e. all newborn to pre-first graders will receive essential health services;
2. By 2016, 90% of all newborn to pre-first graders will develop in accord with their age;
3. By 2016, all children in the 3-year age group to pre-first graders will be enrolled in any category of early childhood development institutions, if deemed appropriate; and
4. By 2016, all 6-year-olds will be enrolled in Grade 1 as stipulated in the Compulsory Education Act.

**Definition:** All those in early childhood means the newborn to pre-first graders; they include children in general, those disadvantaged and disabled as well as children of foreign origin living in Thailand.

**Strategy 1: All children receive essential services for development to their full potential**



\* MICS data 2007



## Target and operational guideline

**1.1 Target: By 2016, percentage of all children born in Thailand with birth registration will be increased from 93% to 97% through the following measures:**

- 1) Expand on-line birth registration system for linking that of hospitals nationwide to the population registration system; and 2) Increase measures to promote birth registration of children born in poor families or in remote areas, as required by the law.

**1.2 Target: By 2016, prevalence of moderate chronic malnutrition will be reduced to 5%, 10% among the poorest population group; obesity will be reduced to 5%; the following measures will be taken:**

- 1) Health workers or health volunteers regularly visit expecting women, postnatal mothers and children of the 0-5 age group for follow-up and advice;
- 2) Closely observe and strengthen physical growth and nutrition of those in early childhood in villages, communities and nurseries; and
- 3) Provide prenatal care of quality through regular visits to ensure would-be mothers' healthy nutrition and foetus' desirable growth, weight of newborn should exceed 2,500 grammes.

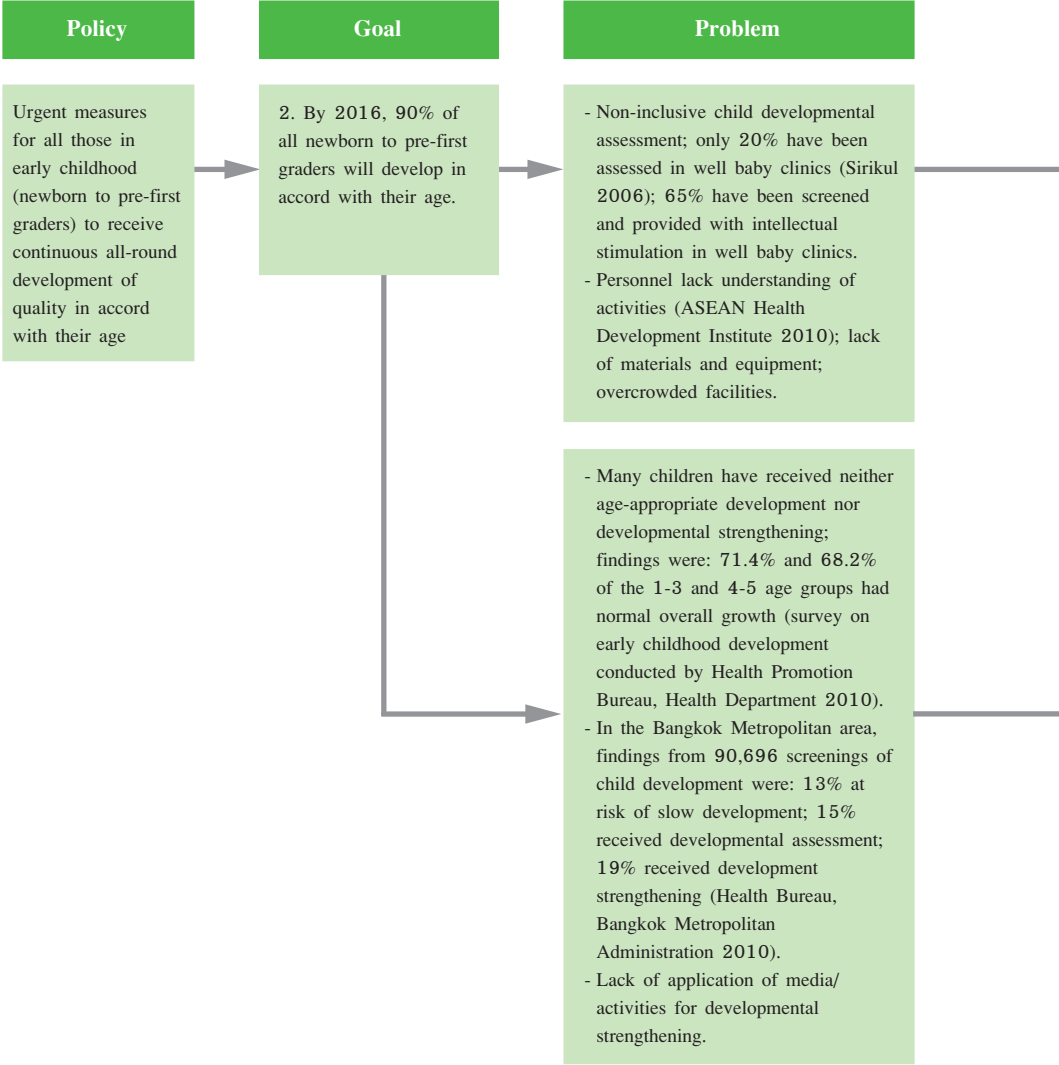
**1.3 Target: By 2016, 100% of the children receive all essential vaccines through the following measures:**

- 1) Press upon agencies concerned to strengthen services and follow-up on vaccination; and
- 2) Increase measures to ensure universal vaccination for children in border areas and those of foreign origin.

**1.4 Target: By 2016, 30% of the children are given breastfeeding only during the first 6 months through the following measures:**

- 1) Mothers fully and profitably avail of the right for 3-month maternal leave;
- 2) Fathers in the civil service are allowed to have a consecutive 15-day paternal leave to assist in postnatal care;
- 3) Health workers or health volunteers regularly visit postnatal mothers for purposes of follow-up and giving advice: 6 months for cases of breastfeeding only, and 2 years or more for breastfeeding plus age-appropriate nutrients;
- 4) Encourage setting up breastfeeding corners in offices/day-time nurseries in work places;
- 5) Push forth legislation on marketing of baby and child foods and related products for protection of the children: 6 months for cases of breastfeeding only, and 2 years or more for breastfeeding plus age-appropriate nutrients;
- 6) Encourage early initiation of breastfeeding within 1 hour of birth;
- 7) Support awareness-raising among parents and general public of the importance of 6-month breastfeeding only; disseminate warning on possible risks and dangers for formula-drinking babies;
- 8) Transform all clinics offering midwifery and delivery services and well baby clinics into child-friendly ones; and
- 9) Provide necessary training for doctors and nurses for acquisition of knowledge, understanding and skills in breastfeeding; also include breastfeeding in the curriculum of their courses of study.

**Strategy 1: All children receive essential services for development to their full potential**



## Target and operational guideline

### 1.5 Target: By 2016, 90% of the children will receive developmental assessment through the following measures:

- 1) All children will receive services along the line provided by well baby clinics as advocated by the Royal College of Pediatricians of Thailand (e.g. assessment of various aspects: development and behavior, growth, nutrition, health screening, risks, sight, vision, audition, dental health care; provide knowledge and advice along the practices of parental schools; child rearing in families by parents/guardians, and any abnormality observes will be referred to responsible specialists);
- 2) Well baby clinics provide screening and intellectual stimulation for the children's benefit;
- 3) Set up system for transferring data on children's health status and development; create systems of case managers, data transferrers, health workers; and
- 4) Prepare operational guidelines for assessment and developmental strengthening of children at risk.

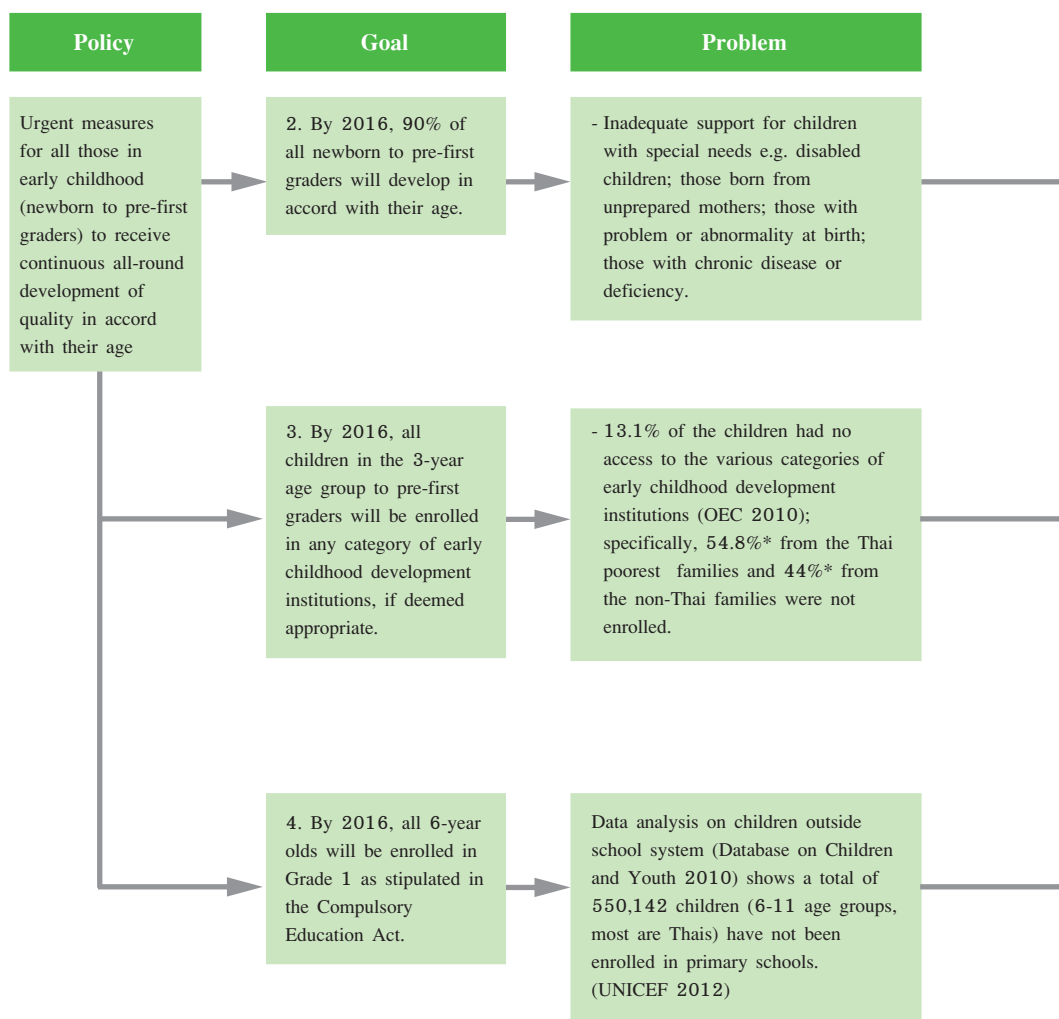
### 1.6 Target: By 2016, 95% of the 0-3 age group will receive developmental strengthening through the following measures:

- 1) In cooperation with parents, childcare providers and teachers, stimulate and promote exertion of capacities of children in this age group in accord with their age;
- 2) Provide parents with knowledge and skills in child rearing of quality;
- 3) Prepare manuals covering overall operational guidelines for parents, childcare providers and teachers concerning concrete actions for intellectual development; and
- 4) Provide media to promote development of newborn (gift bags), and train parents on use of these media.

### 1.7 Target: by 2016, 95% of the 3-year age group to pre-first graders will receive developmental strengthening through the following measures:

- 5) In cooperation with parents, childcare providers and teachers, stimulate and promote exertion of capacities of children in this age group in accord with their age;
- 6) All types of child development centres are required to develop the children's thinking and intellectual skills;
- 7) All types of kindergartens are required to develop the children's thinking and intellectual skills;
- 8) Develop media, toys, books etc. to stimulate the children's intellectual development;
- 9) Set up clinics at tambon level to promote child development; and
- 10) Develop capacities of personnel so as to be able to observe and provide necessary care for children at risk (health volunteers, childcare providers, kindergarten teachers, teaching assistants, health workers).

**Strategy 1: All children receive essential services for development to their full potential**



\* MICS data 2007

## Target and operational guideline

### 1.8 Target: Increase appropriate services and support for children with special needs through the following measures:

- 1) Strengthen capacities of provincial and district hospitals, enabling them to provide initial care for children with special needs and transfer them to specialized centres if necessary;
- 2) Prepare manuals and provide training for parents for acquisition of knowledge on necessary care for children with special needs;
- 3) Personnel development on essential care for children with special needs (health workers, childcare providers, kindergarten teachers, teaching assistants); and
- 4) Health workers and education officials provide regular follow-up and support for parents.

### 1.9 Target: By 2016, 80% of the 3-5 age group in remote areas, those in the poorest population group or from non-Thai families have access to services of the various categories of early childhood development institutions through the following measures:

- 1) Local agencies concerned provide support and promoting enabling all children in the area to benefit from age-appropriate development of quality to their full potential in early childhood development centres or other facilities;
- 2) Increase the number of child development centres run by local administration organizations to cover all areas, particularly remote regions;
- 3) Strengthen capacities of teachers taking care of the children; and
- 4) For Thai children without Thai nationality, the authorities should consider granting Thai nationality to those whom they know full well that they are Thais, as well as foreign children born in Thailand.

### 1.10 Target: 99% of the 6-year-olds have access to primary education through the following measures:

- 1) Provide clarification to primary school teachers, childcare providers, school administrators and parents concerning criteria for age of enrolment as stipulated in the Compulsory Education Act; and
- 2) Urge educational institutions, child development centres, kindergartens and parents to enroll all 6-year-olds in primary schools.

### Strategy 1: All children receive essential services for development to their full potential

Policy	Goal	Problem	Target and operational guideline	Principal responsible agency / supporting body
1. Urgent measures for all those in early childhood (newborn to pre-first graders) to receive continuous all-round development of quality in accord with their age	1. By 2016, all children in the 0-5 age group i.e. all newborn to pre-first graders will receive essential health services.	- In each year, around 40,000 - 50,000 children are not registered at birth, resulting in incomplete data on newborn and the children's inability to access various services.	<b>1.1 Target: By 2016, percentage of all children born in Thailand with birth registration will be increased from 93% to 97% through the following measures:</b> 1) Expand on-line birth registration system for linking that of hospitals nationwide to the population registration system; and 2) Increase measures to promote birth registration of children born in poor families or in remote areas, as required by the law.	<b>Principal responsible agencies</b> - Ministry of Interior - Ministry of Public Health - National Health Security Office (NHSO), Thailand

Policy	Goal	Problem	Target and operational guideline	Principal responsible agency / supporting body
		<p>- Children who are short in stature (due to moderate chronic malnutrition): 9.1%, especially those in the poorest population group: 15.7% and in southernmost province: 18.3%*; obese children: 6.8%, especially those in the urban areas: 10.4%*.</p>	<p><b>1.2 Target: By 2016, prevalence of moderate chronic malnutrition will be reduced to 5%, 10% among the poorest population group; obesity will be reduced to 5%; the following measures will be taken:</b></p> <p>1) Health workers or health volunteers regularly visit expecting women, postnatal mothers and children of the 0-5 age group for follow-up and advice;</p> <p>2) Closely observe and strengthen physical growth and nutrition of those in early childhood in villages, communities and nurseries; and</p> <p>3) Provide prenatal care of quality through regular visits to ensure would-be mothers' healthy nutrition and foetus' desirable growth, weight of newborn should exceed 2,500 grammes.</p>	<p><b>Principal responsible agencies</b></p> <ul style="list-style-type: none"> <li>- All health service institutions</li> </ul> <p><b>Supporting Bodies</b></p> <ul style="list-style-type: none"> <li>- National Health Security Office (NHSO), Thailand</li> <li>- Ministry of Public Health (Health Dept., Disease Control Dept., Medical Sciences Dept., Mental Health Dept., Office of the Permanent Secretary)</li> <li>- Bangkok Metropolitan Administration (Medical Sciences Bureau, Health Bureau)</li> <li>- Ministry of Defence</li> <li>- Private hospitals</li> <li>- Royal Thai Police</li> <li>- Local administration organizations</li> <li>- Universities</li> <li>- The Royal College of Pediatricians of Thailand</li> </ul>

\* MICS data 2007

Policy	Goal	Problem	Target and operational guideline	Principal responsible agency / supporting body
		<p>- For the 0-1 age group, coverage of diphtheria, whooping cough and tetanus vaccination: 91.4%, especially those in southernmost provinces: 88%*<sup>1</sup>; those living in border areas and children of ethnic origin: 82.5%*.</p>	<p><b>1.3) Target: By 2016, 100% of the children receive all essential vaccines through the following measures:</b></p> <p>1) Press upon agencies concerned to strengthen services and follow-up on vaccination; and</p> <p>2) Increase measures to ensure universal vaccination for children in border areas and those of foreign origin.</p>	<p><b>Principal responsible agencies</b></p> <ul style="list-style-type: none"> <li>- Public and private agencies</li> <li>- Health Dept.</li> <li>- Ministry of Justice</li> <li>- Ministry of Social Development and Human Security</li> </ul> <p><b>Supporting Body</b></p> <ul style="list-style-type: none"> <li>- Ministry of Labour</li> </ul>
		<p>- Among the 6-month-olds, the rate of breastfeeding only is a mere 5% (MICS 2007) or 23.8% (Health Department 2009).</p>	<p><b>1.4) Target: By 2016, 30% of the children are given breastfeeding only during the first 6 months through the following measures:</b></p> <p>1) Mothers fully and profitably avail of the right for 3-month maternal leave;</p> <p>2) Fathers in the civil service are allowed to have a consecutive 15-day paternal leave to assist in postnatal care;</p>	<p><b>Principal responsible agencies</b></p> <ul style="list-style-type: none"> <li>- All health service institutions</li> </ul> <p><b>Supporting Bodies</b></p> <ul style="list-style-type: none"> <li>- Thai Breastfeeding Center</li> <li>- Mass media and communication and information media</li> <li>- Ministry of Labour</li> </ul>

\* MICS data 2007



Policy	Goal	Problem	Target and operational guideline	Principal responsible agency / supporting body
			<p>3) Health workers or health volunteers regularly visit postnatal mothers for purposes of follow-up and giving advice: 6 months for cases of breastfeeding only, and 2 years or more for breastfeeding plus age-appropriate nutrients;</p> <p>4) Encourage setting up breastfeeding corners in offices/day-time nurseries in work places;</p> <p>5) Push forth legislation on marketing of baby and child foods and related products for protection of the children: 6 months for cases of breastfeeding only, and 2 years or more for breastfeeding plus age-appropriate nutrients;</p> <p>6) Encourage early initiation of breastfeeding within 1 hour of birth;</p>	

Policy	Goal	Problem	Target and operational guideline	Principal responsible agency / supporting body
			<p>7) Support awareness-raising among parents and general public of the importance of 6-month breastfeeding only; disseminate warning on possible risks and dangers for formula-drinking babies;</p> <p>8) Transform all clinics offering midwifery and delivery services and well baby clinics into child-friendly ones; and</p> <p>9) Provide necessary training for doctors and nurses for acquisition of knowledge, understanding and skills in breastfeeding; also include breastfeeding in the curriculum of their courses of study.</p>	

Policy	Goal	Problem	Target and operational guideline	Principal responsible agency / supporting body
<p>Urgent measures for <b>all those in early childhood</b> (newborn to pre-first graders) <b>to receive continuous all-round development of quality in accord with their age</b></p>	<p>2. By 2016, 90% of all newborn to pre-first graders will develop in accord with their age.</p>	<p>- Non-inclusive child developmental assessment; only 20% have been assessed in well baby clinics (Sirikul 2006); 65% have been screened and provided with intellectual stimulation in well baby clinics. - Personnel lack understanding of activities (ASEAN Health Development Institute 2010); lack of materials and equipment; overcrowded facilities.</p>	<p><b>1.5 Target: By 2016, 90% of the children will receive developmental assessment through the following measures:</b> 1) All children will receive services along the line provided by well baby clinics as advocated by the Royal College of Pediatricians of Thailand (e.g. assessment of various aspects: development and behaviour, growth, nutrition, health screening, risks, sight, vision, audition, dental health care; provide knowledge and advice along the practices of parental schools; child rearing in families by parents/guardians, and any abnormality observed will be referred to responsible specialists); 2) Well baby clinics provide screening and intellectual stimulation for the children's benefit;</p>	<p><b>Principal responsible agencies</b> - Legal administration organizations (Provincial administrations organizations, district administration organizations, municipalities and Pattaya City) - Bangkok Metropolitan Administration - Educational service area offices - Universities - Border patrol police schools <b>Supporting Bodies</b> - Office of the Private Education Commission - Ministry of Social Development and Human Security - Educational service area offices</p>

Policy	Goal	Problem	Target and operational guideline	Principal responsible agency / supporting body
			<p>3) Set up system for transferring data on children's health status and development; create systems of case managers, data transferers, health workers; and</p> <p>4) Prepare operational guidelines for assessment and developmental strengthening of children at risk.</p>	<p>- Local Administration Dept. - Ministry of Labour</p>
		<p>- Many children have received neither age-appropriate development nor developmental strengthening; findings were: 71.4% and 68.2% of the 1-3 and 4-5 age groups had normal overall growth (survey on early childhood development conducted by Health</p>	<p><b>1.6 Target: By 2016, 95% of the 0-3 age group will receive developmental strengthening through the following measures:</b></p> <p>1) In cooperation with parents, childcare providers and teachers, stimulate and promote exertion of capacities of children in this age group in accord with their age;</p> <p>2) Provide parents with knowledge and skills in child rearing of quality;</p>	<p><b>Principal responsible agencies</b></p> <p>- Health service institutions - Ministry of Public Health (Health Dept., Mental Health Dept.) - Universities - Bangkok Metropolitan Administration - Private organizations</p> <p><b>Supporting Bodies</b></p> <p>- Local administration organizations</p>

Policy	Goal	Problem	Target and operational guideline	Principal responsible agency / supporting body
		<p>Promotion Bureau, Health Department 2010).</p> <p>- In the Bangkok Metropolitan Area, findings from 90,696 screenings of child development were: 13% at risk of slow development; 15% received developmental assessment; 19% received developmental strengthening (Health Bureau, Bangkok Metropolitan Administration 2010).</p> <p>- Lack of application of media/activities for developmental strengthening.</p>	<p>3) Prepare manuals covering overall operational guidelines for parents, childcare providers and teachers concerning concrete actions for intellectual development; and</p> <p>4) Provide media to promote development of newborn (gift bags), and train parents on use of these media.</p>	<p>- Thai Health Promotion Foundation</p> <p>- National Health Security Office (NHSO), Thailand</p> <p>- Private organizations concerned</p>
			<p><b>1.7 Target: by 2016, 95% of the 3-year age group to pre-first graders will receive developmental strengthening through the following measures:</b></p> <p>5) In cooperation with parents, childcare providers and teachers, stimulate and promote exertion of capacities of children in this age group in accord with their age;</p>	<p><b>Principal responsible agencies</b></p> <p>- Local administration organizations</p> <p>- Bangkok Metropolitan Administration</p> <p>- Educational service area offices</p> <p>- Private organizations</p>

Policy	Goal	Problem	Target and operational guideline	Principal responsible agency / supporting body
			<p>6) All types of child development centres are required to develop the children's thinking and intellectual skills;</p> <p>7) All types of kindergartens are required to develop the children's thinking and intellectual skills;</p> <p>8) Develop media, toys, books etc. to stimulate the children's intellectual development;</p> <p>9) Set up clinics at tambon level to promote child development; and</p> <p>10) Develop capacities of personnel so as to be able to observe and provide necessary care for children at risk (health volunteers, childcare providers, kindergarten teachers, teaching assistants, health workers).</p>	

Policy	Goal	Problem	Target and operational guideline	Principal responsible agency / supporting body
		<p>- Inadequate support for children with special needs e.g. disabled children; those born from unprepared mothers; those with problem or abnormality at birth; those with chronic disease or deficiency.</p>	<p><b>1.8 Target: Increase appropriate services and support for children with special needs through the following measures:</b></p> <p>1) Strengthen capacities of provincial and district hospitals, enabling them to provide initial care for children with special needs and transfer them to specialized centres if necessary;</p> <p>2) Prepare manuals and provide training for parents for acquisition of knowledge on necessary care for children with special needs;</p> <p>3) Personnel development on essential care for children with special needs (health workers, childcare providers, kindergarten teachers, teaching assistants); and</p> <p>4) Health workers and education officials provide regular follow-up and support for parents.</p>	<p><b>Principal responsible agency</b></p> <ul style="list-style-type: none"> <li>- Ministry of Public Health</li> </ul> <p><b>Supporting Bodies</b></p> <ul style="list-style-type: none"> <li>- Ministry of Social Development and Human Security</li> <li>- Ministry of Interior</li> <li>- Ministry of Education</li> </ul>

Policy	Goal	Problem	Target and operational guideline	Principal responsible agency / supporting body
	3. By 2016, all children in the 3-year age group to pre-first graders will be enrolled in any category of early childhood development institutions, if deemed appropriate.	- 13.1% of the children had no access to the various categories of early childhood development institutions (OEC 2010); specifically, 54.8%* from the Thai poorest families and 44%* from the non-Thai families were not enrolled.	<b>1.9 Target: By 2016, 80% of the 3-5 age group in remote areas, those in the poorest population group or from non-Thai families have access to services of the various categories of early childhood development institutions through the following measures:</b> 1) Local agencies concerned provide support and promotion, enabling all children in the area to benefit from age-appropriate development of quality to their full potential in early childhood development centres or other facilities; 2) Increase the number of child development centres run by local administration organizations to cover all areas, particularly remote regions; 3) Strengthen capacities of teachers taking care of the children; and	<b>Principal responsible agencies</b> - Local administration organizations (Provincial administration organizations, district administration organizations, municipalities and Pattaya City) - Bangkok Metropolitan Administration - Educational service area offices - Universities - Border patrol police schools <b>Supporting Bodies</b> - Office of the Private Education Commission - Ministry of Social Development and human Security

\* MICS data 2007



Policy	Goal	Problem	Target and operational guideline	Principal responsible agency / supporting body
	4. By 2016, all 6-year olds will be enrolled in Grade 1 as stipulated in the Compulsory Education Act.	Data analysis on children outside school system (Database on Children and Youth 2010) shows a total of 550,142 children (6-11 age groups, most are Thais) have not been enrolled in primary schools. (UNICEF 2012)	4) For Thai children without Thai nationality, the authorities should consider granting Thai nationality to those whom they know full well that they are Thais, as well as foreign children born in Thailand.  <b>1.10 Target: 99% of the 6-year-olds have access to primary education through the following measures:</b> 1) Provide clarification to primary school teachers, childcare providers, school administrators and parents concerning criteria for age of enrolment as stipulated in the Compulsory Education Act; and 2) Urge educational institutions, child development centres, kindergartens and parents to enroll all 6-year-olds in primary schools.	- Educational service area offices - Local Administration Dept. - Ministry of Labour  <b>Principal responsible agencies</b> Office of the Basic Education Commission



## **Strategy 2: Iodine and early childhood development**

**Policy:** Urgent measures for all those in early childhood (newborn to pre-first graders) to receive continuous all-round development of quality in accord with their age.

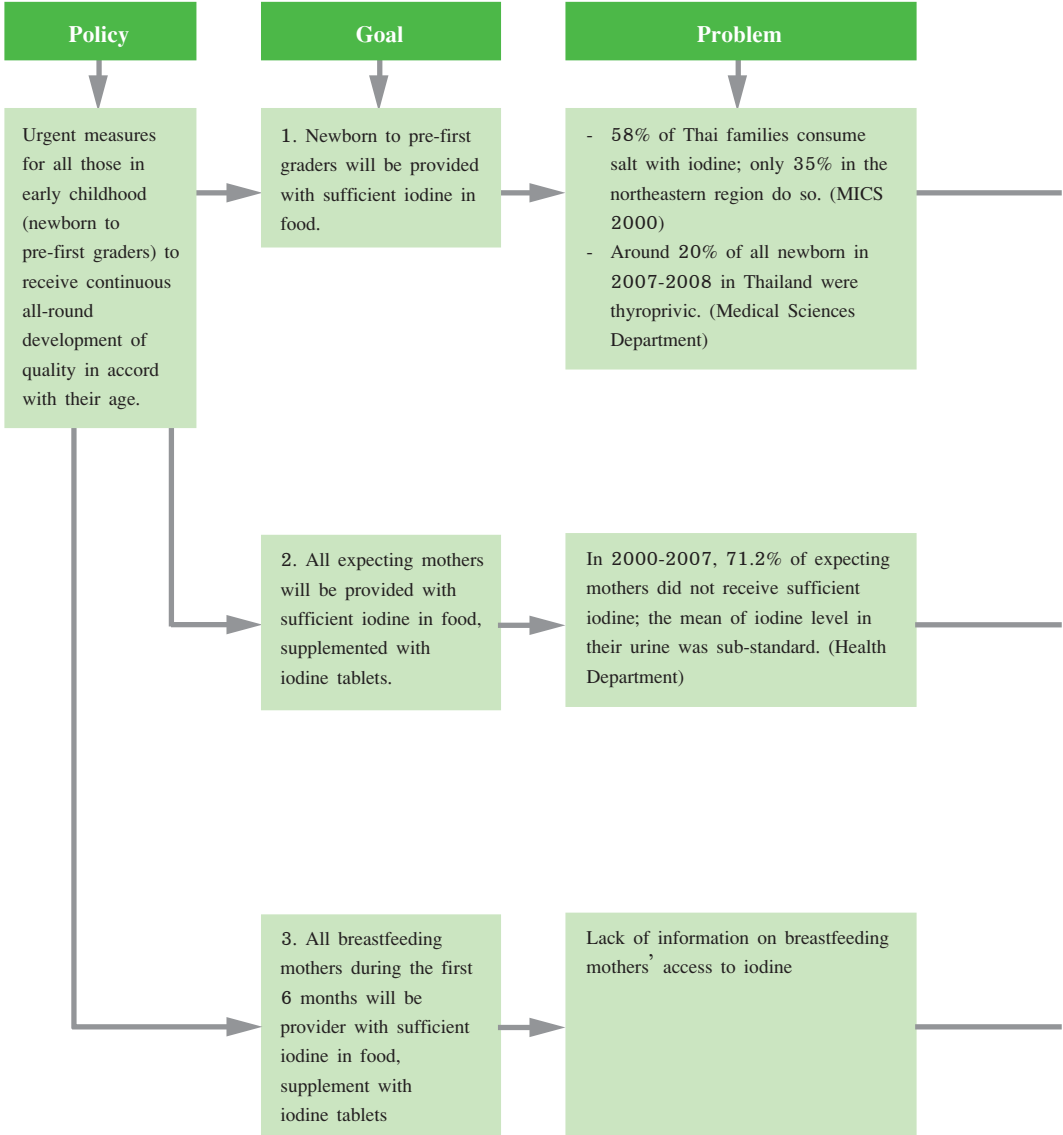
**Goals:**

1. All newborn to pre-first graders will be provided with sufficient iodine in food;
2. All expecting mothers will be provided with sufficient iodine in food, supplemented with iodine tablets; and
3. All breastfeeding mothers during the first 6 months will be provided with sufficient iodine in food, supplemented with iodine tablets.

**Definition:**

- Each iodine tablet contains 150-200 microgrammes.
- Universal salt iodization means iodization of salt for both human and animal consumption, including salt for food industry to ensure sufficient iodine consumption of all Thai people.

## Strategy 2: Iodine and early childhood development



## Target and operational guideline

**2.1 Target: 1. 90% of all households will consume sufficient iodized salt; 2. Thyroprivia among newborn will be reduced to less than 3%. By 2016, the above targets will be reached through the following measures:**

- 1) Food and Drug Administration will oversee standard for iodized salt production, and will ensure rigorous and continuous enforcement of relevant legal provisions;
- 2) Households will use iodized salt for children's nutrition in observance of the standard set by Ministry of Public Health as announced;
- 3) Closely observe and monitor iodine consumption for expecting mothers, newborn and those in early childhood; and Increase legal measures to ensure use of iodized salt in animal feed industry.
- 5) International-standard salt iodization will be required of producers of salt for consumption, with state support for procurement of the necessary equipment.

**2.2 Target: Through the following measures, 90% of expecting mothers will receive sufficient iodine during pregnancy (Mean of iodine level in pregnant women's urine is in the range of 150-249 microgrammes per litre):**

- 1) As the main measure, expecting mothers will consume iodized salt in food in observance of the standard set by the Ministry of Public Health as announced;
- 2) As a supporting measure, Government Pharmaceutical Organization will produce iodine supplement tablets for continuous distribution nationwide;
- 3) All health service institutions will observe the rights and accrued benefits of expecting mothers through continuous distribution of sufficient iodine supplement tablets;
- 4) Launch campaigns and make arrangements for expecting mothers to receive prenatal care right from early pregnancy;
- 5) Closely observe and monitor expecting mothers' iodine consumption; and
- 6) Conduct a research project on expecting mothers' consumption of iodine supplement tablets in order to assess the situation and determine the necessity to continue with the supplementary measure.

**2.3 Target: Through the following measures all breastfeeding mothers will receive sufficient iodine during the first 6 months**

- 1) All will consume iodized salt in food in observance of the standard set by the Ministry of Public Health as announced;
- 2) All will receive iodine supplement tablets from provincial public health offices, Health Bureau of Bangkok Metropolitan Administration and Pattaya City; and
- 3) Conduct a research project on these breastfeeding mothers' consumption of iodine supplement tablets in order to assess the situation and determine the necessity to continue with the supplementary measure.

## Strategy 2: Iodine and early childhood development

Policy	Goal	Problem	Target and operational guideline	Principal responsible agency / supporting body
Urgent measures for all those in early childhood (newborn to pre-first graders) to receive continuous all-round development of quality in accord with their age.	1. Newborn to pre-first graders will be provided with sufficient iodine in food.	<ul style="list-style-type: none"> <li>- 58% of Thai families consume salt with iodine; only 35% in the northeastern region do so.</li> <li>- Around 20% of all newborn in 2007-2008 in Thailand were thyroprivic. (Medical Sciences Department)</li> </ul>	<p><b>2.1 Target: (1) 90 % of all households will consume sufficient iodinated salt;</b></p> <p><b>(2) Thyroprivia among newborn will be reduced to less than 3%.</b></p> <p><b>By 2016, the above targets will be reached through the following measures:</b></p> <p>1) Food and Drug Administration will oversee standard for iodinated salt production, and will ensure rigorous and continuous enforcement of relevant legal provisions;</p> <p>2) Households will use iodinated salt for children's nutrition in observance of the standard set by Ministry of Public Health as announced;</p> <p>3) Closely observe and monitor iodine consumption for expecting mothers, newborn and those in early childhood;</p>	<p><b>Principal responsible agencies</b></p> <ul style="list-style-type: none"> <li>- Health Dept.</li> <li>- All health service institutions</li> </ul> <p><b>Supporting Bodies</b></p> <ul style="list-style-type: none"> <li>- Government Pharmaceutical Organization</li> <li>- Food and Drug Administration</li> <li>- Medical Sciences Dept.</li> </ul>

Policy	Goal	Problem	Target and operational guideline	Principal responsible agency / supporting body
			<p>4) Increase legal measures to ensure use of iodized salt in animal feed industry; and</p> <p>5) International-standard salt iodization will be required of producers of salt for consumption, with state support for procurement of the necessary equipment.</p>	<p><b>Principal responsible agencies</b></p> <ul style="list-style-type: none"> <li>- Health Dept.</li> <li>- Medical Sciences Dept.</li> <li>- Ministry of Industry</li> <li>- Ministry of Agriculture and Cooperatives</li> </ul> <p><b>Supporting Bodies</b></p> <ul style="list-style-type: none"> <li>- All health service institutions</li> <li>- Food and Drug Administration</li> <li>- Medical Sciences Dept.</li> </ul>
	<p>2. All expecting mothers will be provided with sufficient iodine in food, supplemented with iodine tablets.</p>	<p>In 2000-2007, 71.2% of expecting mothers did not receive sufficient iodine; the mean of iodine level in their urine was sub-standard. (Health Department)</p>	<p><b>2.2 Target: Through the following measures, 90% of expecting mothers will receive sufficient iodine during pregnancy (Mean of iodine level in pregnant women's urine is in the range of 150-249 microgrammes per litre):</b></p> <p>1) As the main measure, expecting mothers will consume iodized salt in food in observance of the standard set by the Ministry of Public Health as announced;</p>	<p><b>Principal responsible agencies</b></p> <ul style="list-style-type: none"> <li>- Health Dept.</li> <li>- Government Pharmaceutical Organization</li> <li>- All health service institutions</li> </ul> <p><b>Supporting Bodies</b></p> <ul style="list-style-type: none"> <li>- National Health Security Office (NHSO), Thailand</li> </ul>

Policy	Goal	Problem	Target and operational guideline	Principal responsible agency / supporting body
			<p>2) As a supporting measure, Government Pharmaceutical Organization will produce iodine supplement tablets for continuous distribution nationwide;</p> <p>3) All health service institutions will observe the rights and accrued benefits of expecting mothers through continuous distribution of sufficient iodine supplement tablets;</p> <p>4) Launch campaigns and make arrangements for expecting mothers to receive prenatal care right from early pregnancy;</p> <p>5) Closely observe and monitor expecting mothers' iodine consumption; and</p> <p>6) Conduct a research project on expecting mothers' consumption of iodine supplement tablets in order to assess the situation and determine the necessity to continue with the supplementary measure.</p>	



Policy	Goal	Problem	Target and operational guideline	Principal responsible agency / supporting body
	3. All breastfeeding mothers during the first 6 months will the provider with sufficient iodine in food supplement with iodine tablets	Lack of information on breastfeeding mothers' access to iodine	<p><b>2.3) Target: Through the following measures all breastfeeding mothers will receive sufficient iodine during the first 6 months</b></p> <p>1) All will consume iodized salt in food in observance of the standard set by the Ministry of Public Health as announced;</p> <p>2) All will receive iodine supplement tablets from provincial public health offices, Health Bureau of Bangkok Metropolitan Administration and Pattaya City; and</p> <p>3) Conduct a research project on these breastfeeding mothers' consumption of iodine supplement tablets in order to assess the situation and determine the necessity to continue with the supplementary measure.</p>	<p><b>Principal responsible agencies</b></p> <ul style="list-style-type: none"> <li>- Health Dept.</li> <li>- Government Pharmaceutical Organization</li> <li>- All health service institutions</li> </ul> <p><b>Supporting bodie</b></p> <ul style="list-style-type: none"> <li>- Thai Breastfeeding Center</li> </ul>



### **Strategy 3:**

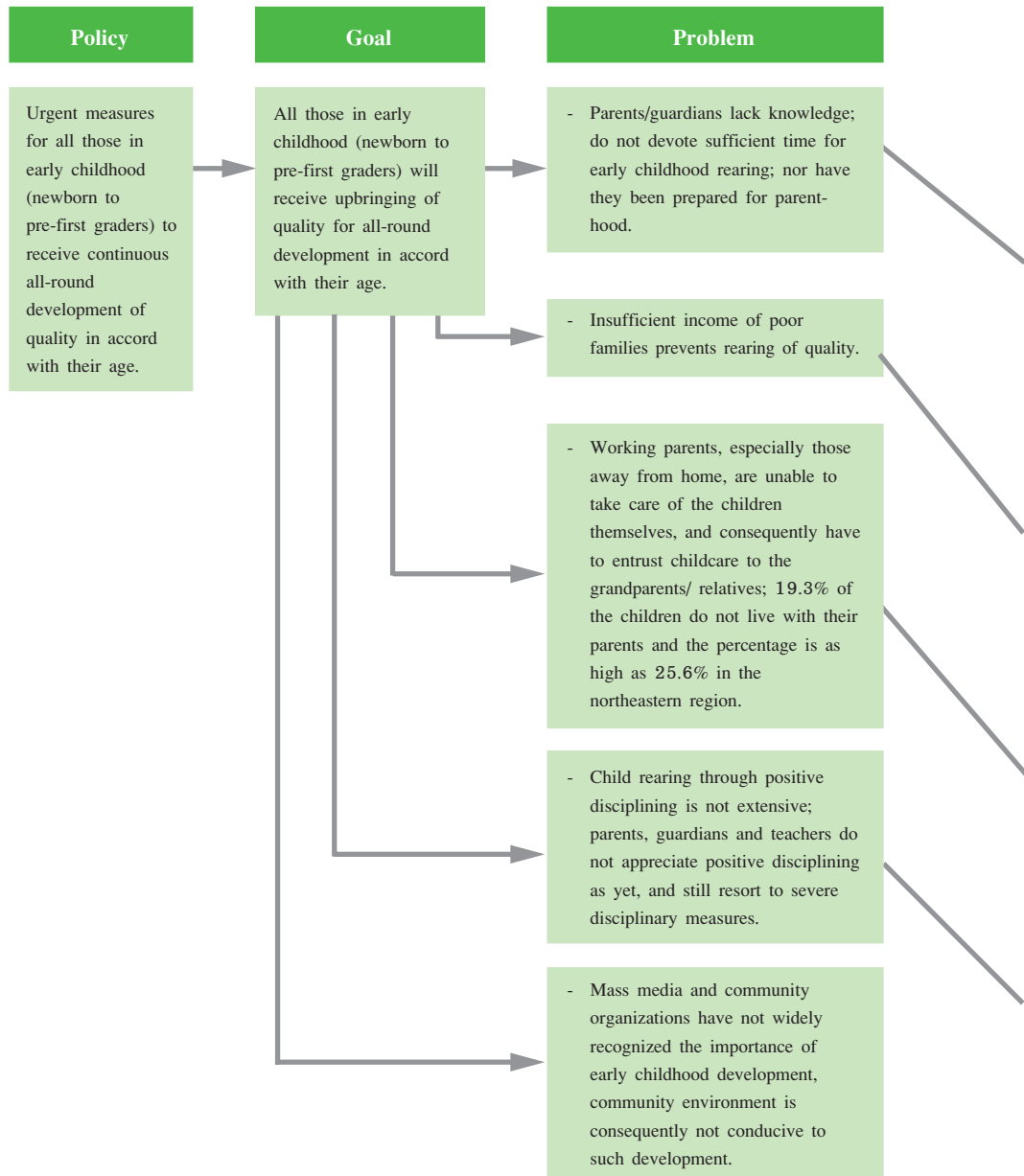
#### **Early childhood rearing**

**Policy:** Urgent measures for all those in early childhood (newborn to pre-first graders) to receive continuous all-round development of quality in accord with their age.

**Goal:** All those in early childhood (newborn to pre-first graders) will receive upbringing of quality for all-round development in accord with their age.

**Definition:** Early childhood rearing means continuous close attention of parents, guardians, childcare providers and teachers to the children's upbringing in various aspects: well-being, health, safety; interaction through chatting, playing and educating with loving kindness, so that the children will grow up through all-round development in accord with their age.

### Strategy 3: Early childhood rearing



## Target and operational guideline

### **3.1 Target: Parents/guardians will have knowledge and skills in promoting child development through the following measures:**

- 1) Prepare a manual on early childhood development, rearing methodology, and activity guidelines in accord with the children's age for the benefits of parents, guardians, childcare providers and teachers;
- 2) Provide training on child rearing and development in accord with the children's age for the benefits of the newlyweds, expecting mothers and husbands receiving prenatal care; and provide periodic check-ups for the children;
- 3) Disseminate child rearing information in local languages for easy understanding;
- 4) Personnel development, both officials and local volunteers, for providing support and visits to children and childcare providers at home; and
- 5) In the lower secondary education curricula, include learning area of family studies and skills in providing care for children and the elderly.

### **3.2 Target: Parents/guardians will have capacities and supporting resources for child rearing and developmental strengthening through the following measures:**

- 1) Policy for providing parents with funding support for child rearing especially for those in the poorest population group; and
- 2) Projects in support of parents with special needs or those in difficult situations e.g. teenage parents, female inmates and young girls in welfare institutions, remand homes etc..

### **3.3 Target: Working parents will have more time for looking after their children through the following measures:**

- 1) Encourage mothers to benefit from maternity leave as stipulated in the legal provisions;
- 2) Expedite legislation on paternal leave, thus allowing fathers to also provide postnatal care;
- 3) Provide or support provision of daytime services for developmental childcare for toddlers while the parents are at work; such services should be offered in workplaces capable of providing commendable childcare; and
- 4) Measures/projects in support of grandparents entrusted to take care of their grandchildren, who will thus be well taken care of.

### **3.4 Target: Families adopt positive disciplining in child rearing more extensively through the following measures:**

- 1) Educate parents on child rearing through positive disciplining and reasoning instead of criticism, reprimand, threat, physical punishment and harm;
- 2) Launch campaigns and disseminate information on positive disciplining through mass media as well as strengthen such movements through social media; and
- 3) Strengthen knowledge, attitudes and skills of personnel concerned on positive disciplining, so as to be able to serve as role models and provide parents with useful advice.

### Strategy 3: Early childhood rearing

Policy	Goal	Problem	Target and operational guideline	Principal responsible agency / supporting body
Urgent measures for all those in early childhood (newborn to pre-first graders) to receive continuous all-round development of quality in accord with their age.	All those in early childhood (newborn to pre-first graders) will receive upbringing of quality for all-round development in accord with their age.	- Parents/guardians lack knowledge; do not devote sufficient time for early childhood rearing; nor have they been prepared for parenthood.	<p><b>3.1 Target: Parents/guardians will have knowledge and skills in promoting child development through the following measures:</b></p> <p>1) Prepare a manual on early childhood development, rearing methodology, and activity guidelines in accord with the children's age for the benefits of parents, guardians, childcare providers and teachers;</p> <p>2) Provide training on child rearing and development in accord with the children's age for the benefits of the newlyweds, expecting mothers and husbands receiving prenatal care; and provide periodic check-ups for the children;</p> <p>3) Disseminate child rearing information in local languages for easy understanding;</p>	<p><b>Principal responsible agencies</b></p> <ul style="list-style-type: none"> <li>- Ministry of Social Development and Human Security</li> <li>- Ministry of Public Health (Health Dept., Mental Health Dept., Medical Sciences Dept., Office of the Permanent Secretary)</li> <li>- Office of the Education Council</li> <li>- Office of the Basic Education Commission</li> <li>- District offices, Bangkok Metropolitan Administration</li> </ul> <p><b>Supporting Bodies</b></p> <ul style="list-style-type: none"> <li>- Local administration organizations</li> </ul>

Policy	Goal	Problem	Target and operational guideline	Principal responsible agency / supporting body
			<p>4) Personnel development, both officials and local volunteers, for providing support and visits to children and childcare providers at home; and</p> <p>5) In the lower secondary education curricula, include learning area of family studies and skills in providing care for children and the elderly.</p>	<ul style="list-style-type: none"> <li>- CSR (private business corporations)</li> <li>- Educational institutions</li> <li>- Universities</li> <li>- Thai Health Promotion Foundation</li> <li>- Ministry of Education (Office of the Basic Education Commission, Office of the Vocational Education Commission, Office of the Non-Formal and Informal Education Commission, Office of Boy Scout and Girl Guide Affairs)</li> <li>- Ministry of Justice</li> <li>- Mass media and communication and information media</li> <li>- Royal College of Paediatricians of Thailand</li> <li>- National Institute for Child and Family Development</li> <li>- Ministry of Labour</li> </ul>

Policy	Goal	Problem	Target and operational guideline	Principal responsible agency / supporting body
		- Insufficient income of poor families prevents rearing of quality.	<p><b>3.2 Target: Parents/guardians will have capacities and supporting resources for child rearing and developmental strengthening through the following measures:</b></p> <p>1) Policy for providing parents with funding support for child rearing, especially for those in the poorest population group; and</p> <p>2) Projects in support of parents with special needs or those in difficult situations e.g. teenage parents, female inmates and young girls in welfare institutions, remand homes etc..</p>	<p><b>Principal responsible agency</b> Office of the National Economic and Social Development Board</p> <p><b>Supporting Bodies</b> - Ministry of Public Health - Ministry of Social Development and Human Security</p>
		- Working parents, especially those away from home, are unable to take care of the children themselves, and consequently have to entrust childcare	<p><b>3.3 Target: Working parents will have more time for looking after their children through the following measures:</b></p> <p>1) Encourage mothers to benefit from maternity leave as stipulated in the legal provisions;</p>	<p><b>Principal responsible agencies</b> - Public and private organizations - Ministry of Social Development and Human Security</p>



Policy	Goal	Problem	Target and operational guideline	Principal responsible agency / supporting body
		to the grandparents/ relatives; 19.3% of the children do not live with their parents and the percentage is as high as 25.6% in the northeastern region.	<p>2) Expedite legislation on paternity leave, thus allowing fathers to also provide postnatal care;</p> <p>3) Provide or support provision of daytime services for developmental childcare for toddlers while the parents are at work; such services should be offered in workplaces capable of providing commendable childcare; and</p> <p>4) Measures/projects in support of grandparents entrusted to take care of their grandchildren, who will thus be well taken care of.</p>	<ul style="list-style-type: none"> <li>- Ministry of Public Health</li> <li>- Ministry of Labour</li> <li>- Local administration organizations</li> </ul> <p><b>Supporting Bodies</b></p> <ul style="list-style-type: none"> <li>- Mass media and communication and information media</li> <li>- Ministry of Industry (Industrial estates)</li> </ul>
		- Child rearing through positive disciplining is not extensive; parents, guardians and teachers do not appreciate positive disciplining as yet, and still resort to severe disciplinary measures.	<p><b>3.4 Target: Families adopt positive disciplining in child rearing more extensively through the following measures:</b></p> <p>1) Educate parents on child rearing through positive disciplining and reasoning instead of criticism, reprimand, threat, physical punishment and harm;</p>	<p><b>Principal responsible agencies</b></p> <ul style="list-style-type: none"> <li>- Office of the Education Council</li> <li>- Ministry of Public Health</li> <li>- Office of the Basic Education Commission</li> <li>- Local administration organizations</li> </ul>

Policy	Goal	Problem	Target and operational guideline	Principal responsible agency / supporting body
			<p>2) Launch campaigns and disseminate information on positive disciplining through mass media as well as strengthen such movements through social media; and</p> <p>3) Strengthen knowledge, attitudes and skills of personnel concerned on positive disciplining, so as to be able to serve as role models and provide parents with useful advice.</p>	<p><b>Supporting Bodies</b></p> <ul style="list-style-type: none"> <li>- Ministry of Social Development and Human Security</li> <li>- Quality Learning Foundation</li> <li>- Thai Health Promotion Foundation</li> <li>- Royal College of Paediatricians of Thailand</li> <li>- National Institute for Child and Family Development</li> <li>- Ministry of Education</li> <li>- Mass media and communication and information media</li> <li>- Ministry of Labour</li> <li>- Ministry of Justice</li> <li>- Universities</li> <li>- Private sector organizations</li> </ul>

Policy	Goal	Problem	Target and operational guideline	Principal responsible agency / supporting body
		<p>Problem</p> <ul style="list-style-type: none"> <li>- Mass media and community organizations have not widely recognized the importance of early childhood development, community environment is consequently not conducive to such development.</li> </ul>	<p>Target and operational guideline</p> <p><b>3.5 Target: Society and pertinent media will contribute to creation of environment conducive to early childhood development through the following measures:</b></p> <ol style="list-style-type: none"> <li>1) Production of creative media for those in early childhood, parents and childcare providers; monitoring to ensure beneficial application of creative media by child development centres, schools and different mass media, focusing in particular on TV broadcasting;</li> <li>2) Dissemination of model methods for early childhood rearing, which take into account children's nature in the context of Thai society; support provision of creative space in community for the children's benefits;</li> </ol>	<p>Principal responsible agencies</p> <ul style="list-style-type: none"> <li>- Ministry of Education (Office of the Education Council, Office of the Private Education Commission, Office of the Basic Education Commission)</li> <li>- Ministry of Public Health (Health Dept., Mental Health Dept.)</li> <li>- Universities</li> <li>- Local administration organizations</li> <li>- Private sector organizations</li> <li>- Thai Health Promotion Foundation</li> <li>- Mass media and communication and information media</li> </ul>

Policy	Goal	Problem	Target and operational guideline	Principal responsible agency / supporting body
			<p>3) Communication and cooperation between homes and schools/child development centres for instilling basic moral and ethical values, and preventing and solving behavioural, mental and social problems, so as to strengthen appropriate development in all aspects; and</p> <p>4) Organization of teaching-learning activities appropriate to the children's all-round development; these activities will be organized in order of priority, step by step and go on a continuous basis; no negligence which is detrimental to the children's safety and deprives them of learning opportunities.</p>	<ul style="list-style-type: none"> <li>- Public Relations Dept. and Thai PBS</li> <li>- Training institutions for teachers and childcare providers</li> </ul> <p><b>Supporting Bodies</b></p> <ul style="list-style-type: none"> <li>- Ministry of Social Development and Human Security</li> <li>- Quality Learning Foundation</li> <li>- Royal College of Paediatricians of Thailand</li> <li>- National Institute for Child and Family Development</li> <li>- Ministry of Labour</li> <li>- Ministry of Justice</li> <li>- Ministry of Culture</li> <li>- Religious organizations</li> <li>- Women's networks</li> <li>- Parent-teacher associations</li> </ul>

## **Strategy 4:** **Mechanism for early childhood development**

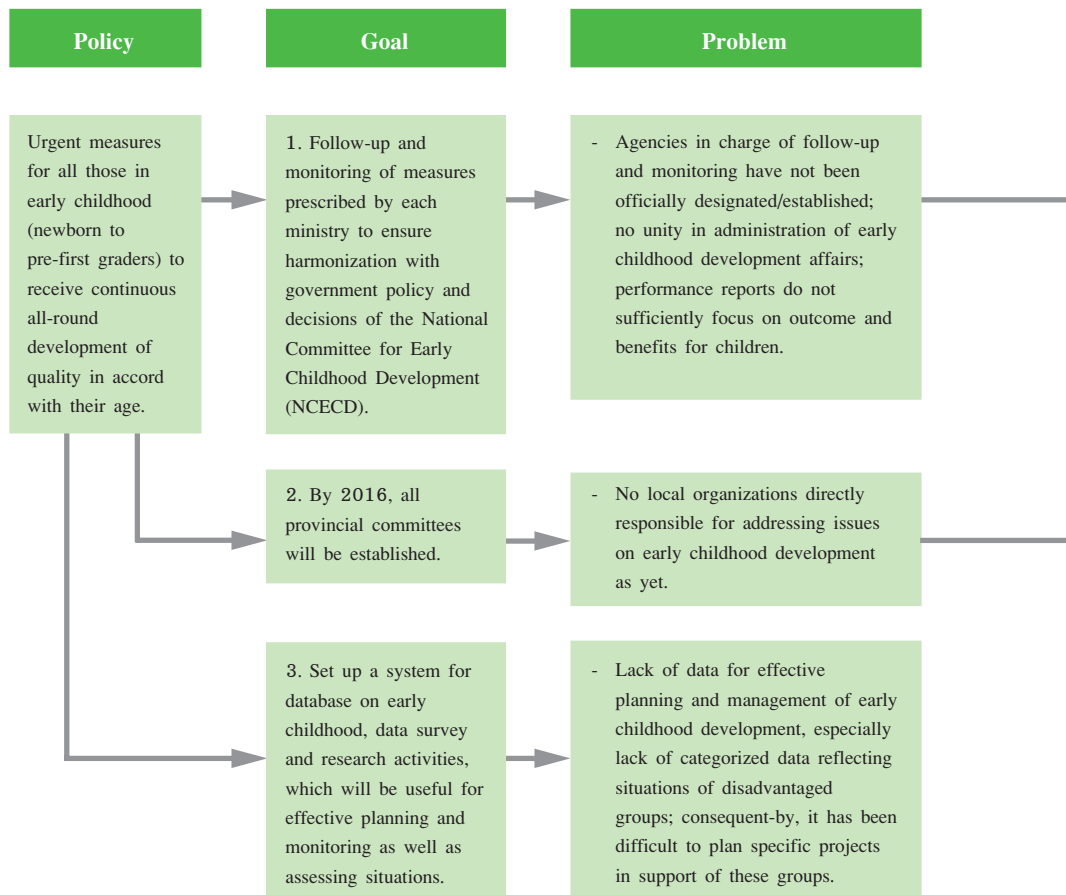
**Policy:** Urgent measures for all those in early childhood (newborn to pre-first graders) to receive continuous all-round development of quality in accord with their age.

**Goals:**

1. Follow-up and monitoring of measures prescribed by each ministry to ensure harmonization with government policy and decisions of the National Committee for Early Childhood Development (NCECD);
2. By 2016, all provincial committees will be established; and
3. Set up a system for database on early childhood, data survey and research activities, which will be useful for effective planning and monitoring as well as assessing situations.

**Definition:** Mechanism for early childhood development includes the National Committee for Early Childhood Development and the Sub-Committee for Advancing Strategy for Early Childhood Development, serving a Think Tank and coordinating with local agencies for translation of policies into practices at area/provincial level.

## Strategy 4: Early childhood rearing



## Target and operational guideline

**4.1 Target: Follow-up and monitoring of achievements of various ministries and agencies for perception of changes, based on prescribed indicators through the following measures:**

- 1) Sub-Committee for Advancing Strategy for Early Childhood Development follows-up and monitors implementation of the various measures set; and
- 2) Principal agencies report on achievements and outcome, based on prescribed indicators.

**4.2 Target: Promoting establishment of committees responsible for early childhood development at provincial, district and tambon levels**

At the provincial level, the Sub-Committee of the NCCYD will have its responsibilities expanded to include early childhood development at local level, with the requirement to submit reports on its performance to the NCCYD at least once a year.

### Strategy 4: Early childhood rearing

Policy	Goal	Problem	Target and operational guideline	Principal responsible agency / supporting body
Urgent measures for all those in early childhood (newborn to pre-first graders) to receive continuous all-round development of quality in accord with their age.	<p>1. Follow-up and monitoring of measures prescribed by each ministry to ensure harmonization with government policy and decisions of the National Committee for Early Childhood Development (NCECD).</p> <p>2. By 2016, all provincial committees will be established.</p>	<p>- Agencies in charge of follow-up and monitoring have not been officially designated/established; no unity in administration of early childhood development affairs; performance reports do not sufficiently focus on outcome and benefits for children.</p> <p>- No local organizations directly responsible for addressing issues on early childhood development as yet.</p>	<p><b>4.1 Target: Follow-up and monitoring of achievements of various ministries and agencies for perception of changes, based on prescribed indicators through the following measures:</b></p> <p>1) Sub-Committee for Advancing Strategy for Early Childhood Development follows-up and monitors implementation of the various measures set; and</p> <p>2) Principal agencies report on achievements and outcome, based on prescribed indicators.</p> <p><b>4.2 Target: Promoting establishment of committees responsible for early childhood development at provincial, district and tambon levels</b></p>	<p>Office of the Education Council serves as secretariat of the Sub-Committee for Advancing Strategy for Early Childhood Development; emphasis will be made on such issues to be included in the periodic reports to be submitted to the Sub-Committee by responsible ministries/agencies.</p> <p>National Committee for Children and Youth Development (NCCYD)</p>



Policy	Goal	Problem	Target and operational guideline	Principal responsible agency / supporting body
	3. Set up a system for database on early childhood, data survey and research activities, which will be useful for effective planning and monitoring as well as assessing situations.	- Lack of data for effective planning and management of early childhood development, especially lack of categorized data reflecting situations of disadvantaged groups; consequently, it has been difficult to plan specific projects in support of these groups.	At the provincial level, the Sub-Committee of the NCCYD will have its responsibilities expanded to include early childhood development at local level, with the requirement to submit reports on its performance to the NCCYD at least once a year.  <b>4.3 Target: Set up reliable data system to support planning, monitoring and evaluation through the following measures:</b> 1) Support survey on children's data with analyses based on population group, area and family status e.g. MICS, data survey on children and youth; 2) Set up database system on early childhood, integrating pertinent data from all sectors; and 3) Analyse situations on early childhood development; conduct research or survey on prevalence of knowledge, perceptions, attitudes and practices regarding early childhood development in Thailand.	<b>Principal responsible agencies</b> - Ministry of Information and Communication Technology (National Statistics Office) <b>Supporting Bodies</b> - Ministry of Interior - Ministry of Education - Ministry of Public Health



Order of the National Committee on Early Childhood Development  
No 1/2551

Subject: Appointment of the Sub-Committee to Drive Forth  
the Strategy for Early Childhood Development

---

With a view to efficiently driving forth the strategy and planning for early childhood development, leading to concrete accomplishments and benefits desired,

By virtue of Section 8 (6) of the Regulation of the Office of the Prime Minister on Early Childhood Development 2008, there shall be established a Sub-Committee to Drive Forth the Strategy for Early Childhood Development. Membership and powers and duties of the Sub-Committee are as follows:

**1. Membership**

1.1 Mrs. Saisuree Chutikul	Chairperson
1.2 Assoc.Prof. Nichara Ruangdaraganon	Member
1.3 Miss.Woranart Raksakuthai	Member
1.4 Mrs. Siripon Kanshana	Member
1.5 Prof. Sirikul Isaranurak	Member
1.6 Mr.Yongyud Wongpiromsarn	Member
1.7 Miss. Ratanotai Plubrukarn	Member
1.8 Assoc.Prof.Nittaya Kotchabhakdi	Member
1.9 Assoc.Prof.Sirote Pholpuntin	Member

- |   |                                   |
|---|-----------------------------------|
| 1.10 Mr. Somporn Chibangyang  | Member                            |
| 1.11 Mrs. Subhawadee Harnmethee   | Member                            |
| 1.12 Mrs. Suthathip Thajchayapong                                       | Member                            |
| 1.13 Assoc.Prof. Sompong Chitradub                                      | Member                            |
| 1.14 Mr. Sanphasit Koompraphant   | Member                            |
| 1.15 Mrs.Panpimol Wipulakorn  | Member                            |
| 1.16 Asst.Prof. Usanee Anuruthwong                                      | Member                            |
| 1.17 Director, Educational Standards<br>and Learning Development Bureau | Member and Secretary              |
| 1.18 Mrs. Tipsuda Sumethsenee   | Member and Assistant<br>Secretary |

## **2. Powers and duties**

- 2.1 To draft operating plans of the National Committee on Early Childhood Development 2009, 2010, 2011 and 2012;
- 2.2 To submit research project proposals on early childhood development; and
- 2.3 To carry out other tasks assigned.

Effective as of this date.

Given on November 10, 2008

Sgd. Chaovarat Charnvirakul  
(Mr.Chaovarat Charnvirakul)  
Deputy Prime Minister  
Chairman of the National Committee  
On Early Childhood Development

**Agencies Responsible for Preparation  
of the National Strategic Plan  
for Early Childhood Development  
(Newborn to Pre-First Graders)  
In Accordance With the Government Policy 2012 - 2016**

---

**1. Ministry of Social Development and Human Security**

- 1) Department of Social Development and Welfare
- 2) Office of Welfare Promotion, Protection and Empowerment of Vulnerable Groups
- 3) Office of Women's Affairs and Family Development

**2. Ministry of Public Health**

- 1) Department of Health
- 2) Department of Mental Health

**3. Ministry of Interior**

- Bureau of Local Cooperation and Development
- Department of Local Administration

**4. Ministry of Education**

- 1) Office of The Basic Education Commission
  - Bureau of Academic Affairs and Educational Standards
- 2) Office of the Permanent Secretary
  - Office of the Private Education Commission
- 3) Office of the Education Council
  - Education Standards and Learning Development Bureau

**5. Ministry of Labour**

- Department of Labour Protection and Welfare

**6. Ministry of Culture**

- Office of the Surveillance Cultures  
Office of the Permanent Secretary

**7. Ministry of Justice**

- Department of Juvenile Observation and Protection

**8. Ministry of Industry**

- Bureau of Policy and Strategy  
Office of the Permanent Secretary

**9. Royal Thai Police**

- Border Patrol Police Bureau

**10. Bangkok Metropolitan Administration**

- 1) Department of Social Development
- 2) Department of Education

**11. Private Sector and Non Governmental Organizations**

- 1) United Nations Children's Fund (UNICEF Thailand Country Office)
- 2) Thai Breastfeeding Center

### Project Advisor

1. Dr. Saisuree Chutikul
2. Dr. Anek Permvongseni Secretary-General of The Education Council
3. Mrs. Tipsuda Sumethsenee Director of Education Standards and Learning Development Bureau

### Translated By

Mrs. Srinoi Povatong

### Edited By

Assoc.Professor Dr. Nichara Ruangdaraganon  
Scholar Member of the National  
Committee for Early Childhood Care  
and Development

### Officers responsible for the Project

1. Mrs. Arunsri Laongkaeo Education Officer,  
Senior Professional Level
2. Ms. Somporn Promdee Education Officer,  
Professional Level
3. Ms. Kornkamol Chungsamran Education Officer,  
Professional Level
4. Ms. Maneerat Krungsaenmuang Education Officer,  
Practitioner Level

### Typed By

Mrs. Nitchakamon Duangman Education Officer,  
Professional Level

