



# Project Information Document/ Identification/Concept Stage (PID)

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Concept Stage | Date Prepared/Updated: 14-Nov-2023 | Report No: PIDC288496

**BASIC INFORMATION****A. Basic Project Data**

Project ID	Parent Project ID (if any)	Environmental and Social Risk Classification	Project Name
P181465		Low	Enhancing Psychosocial Services for Traumatized Persons in Conflict-Affected Areas in Thailand's Deep South
Region	Country	Date PID Prepared	Estimated Date of Approval
EAST ASIA AND PACIFIC	Thailand	14-Nov-2023	
Financing Instrument	Borrower(s)	Implementing Agency	
Investment Project Financing	Department of Mental Health	Thai Health Academy	

**PROJECT FINANCING DATA (US\$, Millions)****SUMMARY**

Total Project Cost	1.10
Total Financing	1.10
Financing Gap	0.00

**DETAILS****Non-World Bank Group Financing**

Trust Funds	1.10
State and Peace Building Fund	1.10

**B. Introduction and Context**

## Country Context

Protracted subnational conflict between the Thai state and Malay Muslim insurgent groups since 2004 has resulted in more than 7,000 deaths and 13,000 injuries. Over 3,000 women have been widowed and more than 9,000 children orphaned. The conflict has led to a decline in socio-economic well-being (e.g., adverse health outcomes, domestic violence, economic hardship), the erosion of trust and relationships among



people, and increased fragility of institutions. Poverty in the southernmost provinces is chronic with rates among the highest in the country. Many groups in the Deep South feel a deep sense of social and economic exclusion, discrimination, and marginalization.

Although decades of economic growth and expansion of state services have resulted in marked gains throughout the country, benefits are spread unevenly. Southern Thailand continues to lag behind the rest of the country on important social indicators. Poverty in the region is chronic and headcounts are above the national average. Access to services is comparatively limited, and government programs are widely perceived as lacking responsiveness to the needs of local communities. Strict security measures that constrain movement and limit economic opportunities have engendered a deep sense of injustice among residents in the region. Despite significant and increased government investment in the area and government policies which are increasingly more tolerant, culturally sensitive and restrained, these measures have to date proved insufficient to reverse the legacy of grievances and resistances. Furthermore, peace-building efforts such as providing funding to civil society organizations working on peace-building, supporting direct financial and social services to victims of violence and peace-dialogues with insurgent groups have yet to gain sustained traction.

#### Sectoral and Institutional Context

World Bank research and experience on the ground reveals that many conflict-affected groups, which include ex-combatants, ex-detainees, orphans and widows, have been traumatized by violence. Only limited numbers, however, receive treatment. This gap is mainly because many of the victims of violence do not trust the government and its services. Some of the non-governmental organizations that provide support to these victims have limited working relations with the government and thus lack sustained funding. Building trust in service providers is a crucial step toward providing effective treatments for affected people. Access to services is further hindered by security-related issues, cultural preferences of local communities, and perceptions that services are not responsive to needs. Lack of access reflects in part the very limited capacity of both government and non-governmental organizations to diagnose trauma and provide effective treatment. Key constraints to the provision of services include the lack of specific curriculums tailored for different types of trauma and impacts experienced by different target populations, the poor quality of trainers and training, and limited human resources, program coverage, and referral mechanisms.

Global research finds that post-traumatic stress disorder and prolonged trauma seriously impact the social harmony of communities and the economic productivity of individuals, thereby increasing the likelihood of recurring cycles of violence. As economic hardship is a central cause of distress, mental health recovery is hastened when economic livelihoods improve. Best practice suggests that integrating psychosocial services with activities that support the livelihoods of affected families can solidify the transition to better psychological well-being.

Since 2020, the World Bank has been supporting the provision of psychosocial services to former combatants, children, and other conflict-traumatized groups in the Deep South by: i) strengthening state and



civil society organizations’ psychosocial service delivery capacity; and ii) providing tailor-made treatment and livelihood support for ex-combatants/ex-detainees and their families informed by global best practice. These efforts are yielding results: A trusted network of government and civil society practitioners (30) is linking national level organizations with regional and local partners. A nascent referral system is bridging the divide between government and a distrustful and traumatized population. Community leaders are challenging the traditional taboo of discussing mental health by empowering local voices. Service providers are increasingly aware of the importance of providing psychosocial services and of linking them to work to support sustainable socio-economic development. These promising early efforts, however, do not reach all of those in need nor do they provide comprehensive and integrated support.

Relationship to CPF

Thailand Country Partnership Framework (CPF) 2019-2024 provides a broad and programmatic engagement on Thailand’s transformation towards greater inclusion, resilience and competitiveness. A key CPF objective is supporting the inclusion of vulnerable groups, particularly in the fragile, conflicted areas of Southern Thailand. Two projects implemented during the CPF contribute to this objective: a pilot Supporting Socio-economic Reintegration initiative focused on supporting the inclusion of vulnerable groups, namely the ex-detainees and ex-combatants and communities in conflict affected areas (2019-2021) and the Addressing Psychosocial Disabilities in Conflict-affected Deep South Project (2021-2023). Building on lessons learned and relationships established during the Bank’s sustained engagement in the region, the proposed project expands the activities initiated under the previous grants. This grant will finance capacity-building for frontline psychosocial practitioners in both government and civil society organizations engaged in peace-building efforts in Southern Thailand.

C. Project Development Objective(s)

Proposed Development Objective(s)

The Project Development Objective is to strengthen the capacity of providers to deliver psychosocial services in the three conflict-affected provinces of the Deep South of Thailand and design modalities for integrating these services with livelihoods support for the sustained socio-economic well-being of the victims of trauma.

Key Results

Expected outputs include:

Component I (Recipient Executed): Enhancing the capacity of the network of frontline psychosocial service practitioners	
Activity I A. Develop psychosocial training curriculum informed by an international	4 training modules developed (one for each target group)



conference.	4 infographics to raise awareness 1 international conference
1. Activity I B. Provide targeted psychosocial training to: i) school counselors, ii) NGOs supporting traumatized women & children, iii) Community health volunteers, and iv) NGOs working with ex-combatants/ex-detainees	4 training courses conducted for four different groups of thirty persons (four times per group) 120 practitioners trained Network of practitioners expanded
A Activity I C. Provide practitioners with field experience.	2,400 traumatized individuals reached (20 traumatized individuals per practitioner) data will be disaggregated by gender, age, types of trauma, and other relevant characteristics.
Activity I D. Strengthen expanded network of practitioners and develop referral system guidelines.	3 workshops conducted (one per province) Guidelines for referral system strengthen.
Component III (Recipient and Bank Executed): Project Management, Monitoring and Evaluation and Knowledge Sharing	
Activity III A. International workshop.	1 international learning and sharing workshop
Activity III B. Project Management, monitoring and evaluation.	Project Operations Manual produced Quarterly reports and final evaluation prepared.



The expected outcome is a mechanism for delivery of effective psychosocial services in conflict-affected areas is established and ready to be scaled up using existing resources.

This outcome will be measured by:

1. Stronger partnership (trust) among all key stakeholders, especially state and civil society organizations, in addressing conflict trauma: Number of government and civil society organizations that a report willingness to work together to address conflict-related trauma.

2. Larger network of psychosocial practitioners that provide wider range of coverage for individuals and their families:

Number of network members, Types of services delivered.

3. Recommended modalities for a combined psychological and livelihood support are proposed that can be adjusted and scaled up in the conflict affected areas as appropriate.

#### D. Preliminary Description

##### Activities/Components

The project is comprised of three components. Component 1 and part of Component 3 are Recipient Executed.

**Component I (Recipient Executed Grant):** This component will enhance the capacity of the network of frontline practitioners to extend coverage of psychosocial services to key traumatized groups, namely ex-combatants, children, widows, and conflict-affected communities. These frontline practitioners, an intentional combination of government and CSO employees, will continue to provide these improved services in their ongoing work.

- Activity I A: Develop tailored psychosocial training curricula for school psychological counselors; NGOs working to support traumatized women and children; community health volunteers; and NGOs working to support ex-combatants and ex-detainees in cooperation with the World Health Organization (WHO), the International Committee of the Red Cross (ICRC), and Doctors without Borders (DWB). An international conference brining experts from these organizations from different countries will be organized. The design of the curriculum will be informed by the emerging findings of the social and economic needs assessment to be conducted under component II (see below).
- Activity I B: Provide a series of first aid psychosocial trainings to the same four groups: school psychological counselors in all three provinces (30 persons); NGOs working to support traumatized



women and children (30 persons); community health volunteers (30 persons); and NGOs working to support ex-combatants and ex-detainees (30 persons).

- Activity I C: Support field experiences for practitioners as part of the training. Each trained practitioner would organize two meetings with their traumatized groups and report back on their experiences and lessons to the Project trainers. It is expected that 120 trained practitioners will reach more than 2,000 traumatized individuals with mental health support. These individuals will also learn more about the extended network of practitioners on whom they can rely for further support.
- Activity I D: Expand and strengthen the network of mental health practitioners and the referral system (three workshops – one for each province). A previous WB-supported project initiated a network of 30 trained practitioners (mostly from communities) who still need constant coaching from psychiatrists and other specialists as well as a basic referral system. Thirty practitioners, however, are not sufficient to cover the needed support in the areas. Thus, this grant will support the inclusion of 120 newly trained practitioners in the network. All practitioners in the expanded network will receive continuous coaching, direct support, and support through the strengthened referral system. It is expected that this expanded network and referral system will be adequate to provide needed assistance to the target groups.

**Component II (Bank Executed Grant):** This component will provide technical support to the project by exploring approaches to integrate psychosocial services and livelihood support to promote economic, mental health, and psychosocial well-being.

**Component III: Project Management, Monitoring and Evaluation and Knowledge Sharing:**

**Recipient executed activities:** Project management under the Thai Health Academy, would include appointing project staff to oversee procurement, finance, meetings, logistics, and regular reporting on project progress. An independent consultant will be hired to evaluate the overall project and process for results and lessons learned. An international workshop with practitioners from other countries facing conflict and violence (e.g., the Philippines, Myanmar, and Afghanistan) will be organized to share experience gained and lessons learned at the end of the grant support.

[1] There are numerous government-financed local funds such as village funds, women’s empowerment funds, and poverty reduction funds.

Environmental and Social Standards Relevance

E. Relevant Standards

ESS Standards

Relevance



ESS 1	Assessment and Management of Environmental and Social Risks and Impacts	Relevant
ESS 10	Stakeholder Engagement and Information Disclosure	Relevant
ESS 2	Labor and Working Conditions	Relevant
ESS 3	Resource Efficiency and Pollution Prevention and Management	Not Currently Relevant
ESS 4	Community Health and Safety	Not Currently Relevant
ESS 5	Land Acquisition, Restrictions on Land Use and Involuntary Resettlement	Not Currently Relevant
ESS 6	Biodiversity Conservation and Sustainable Management of Living Natural Resources	Not Currently Relevant
ESS 7	Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities	Not Currently Relevant
ESS 8	Cultural Heritage	Not Currently Relevant
ESS 9	Financial Intermediaries	Not Currently Relevant

#### Legal Operational Policies

Safeguard Policies	Triggered	Explanation (Optional)
Projects on International Waterways OP 7.50	No	
Projects in Disputed Areas OP 7.60	No	

#### Summary of Screening of Environmental and Social Risks and Impacts

The environmental risk rating is low. Potential environmental risk and impact from the Project is expected to be negligible. The Project will provide technical assistance that focuses on developing mental health curricula for specific vulnerable groups and delivering face-to-face training. Activities will be conducted indoors and will not involve any civil works. Aspects covered under the recipient-executed technical assistance will be related to psychosocial issues with the aim to strengthen the capacity of the identified groups. The social risk is classified as Low. The project will finance activities related to development of curriculum for psychosocial interventions for different victim-survivor groups, training of psychosocial counselors and providing field experience and use the skills and knowledge gained from the training. In addition, an international learning workshop will be organized to gather international best practices, and a learning dissemination. The project will not finance construction works. Whilst the project aims to deliver a range of benefits, project activities have the potential to generate minimal, predictable, mitigatable social risks and impacts, that are low in magnitude. Social risks and impacts anticipated for this project include: (a) risks of exclusion of some beneficiary groups/institutions and therefore related to limited stakeholder engagement; (b) risks related to the labor and working conditions of project workers and (c) risk of Sexual Exploitation and Abuse and Sexual Harassment (SEA/SH) in relation to training and working conditions. These risks and impacts are low, and they are for the most part predictable and possible to mitigate during the lifetime of the project. This risk rating takes into consideration the lack or minimal familiarity and ES capacity of THA, which will be assessed during preparation. The anticipated risks can be mitigated through appropriate actions/risk management





plans. The project shall also apply intentional and differentiated approaches in the stakeholder engagements, training, and counseling services that is appropriate to the cultural context, inclusive to marginalized groups, and generate meaningful participation. This will include among others, the use of local dialect, women-only discussions, one-one-on-one sessions, neutral venues, maximizing support groups and champions (NGOs and survivor associations), and most importantly, observance of confidentiality of information.

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### Borrower/Client/Recipient

Borrower :	Department of Mental Health
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### Implementing Agencies

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