

Civil Society Organizations and Social Protection of Vulnerable Gender-diverse Persons (LGBTQ+) in Isan, Thailand

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Abstract

The purposes of this study were: 1) to investigate the social protection by civil society organizations (CSOs) provided for vulnerable gender-diverse persons (LGBTQ+) 2) to compare the social protection of vulnerable gender-diverse persons (LGBTQ+) by the formal CSOs and informal CSOs. This research collected information by using the in-depth interview method. There were 7 key informants in total, and they were selected from the formal CSOs and informal CSOs operating in Isan. The gathered information was analyzed according to the thematic analysis approach. The research findings indicated that CSOs provided social protection for the vulnerable LGBTQ+ in Isan via 6 types of social protection: 1) Counselling, 2) Health and sexually transmitted diseases check-up service, 3) Coordination and liaison, 4) Presentation and dissemination of information, 5) Distribution of charitable donations, and 6) Finding the employment opportunities. Each organization engaged in social protection differently, depending on the main organizational objective and personnel's specialization. An organization usually cannot provide all types. Furthermore, the study also found similarities and differences between social protection by formal and informal CSOs in seven domains: personnel, funds, resources (equipment/skill/knowledge), connection and network with other organizations, areas of operation, methods of reaching the target group, and government support.

Keywords: Social protection, Civil society organizations, Vulnerable gender-diverse

Introduction

Social protection is seen as ensuring equality and equity in society. Social protection programs are often designed to address the needs of vulnerable persons, such as people with disabilities, the elderly, children, underprivileged people, and homeless people. They also promote accessibility to state welfare and other assistance since some vulnerable persons cannot access the existing programs despite being eligible (World Bank, 2021). In Thailand, social protection by the state includes monthly allowances, finding employment, schooling and training, temporary accommodation, and public health services (World Bank, 2021). However, the state has not yet directly addressed the equity of gender-diverse persons (LGBTQ+).

A concern is then raised that LGBTQ+ has become a new vulnerable group as they are likely to be unprotected by the state programs (Sawangchan, 2021). Nowadays, there is an increasing number of social movements, especially on online platforms, which emphasize sexual equality and other related issues. Civil society organizations (CSOs) have been proactive since the government seems only to play a limited role. Nevertheless, there is a lack of a systematic study on the role of CSOs in the social protection of LGBTQ+ in Thailand. Thus, this research begins to fill the knowledge gap by investigating the role of CSOs in Isan. It sheds some light on activities in which CSOs have engaged to provide social protection for vulnerable LGBTQ+, and identifies similarities and differences between formal and informal CSOs operating in Isan.

Context and review of literature

Social protection is the provision of assistance before and after confronting the risks (Gomaratut et al., 2018). In 2013, International Labor Organization and the United Nations General Assembly in Thailand indicated that Thailand's social protection is seen in various forms, such as Personnel Pension Funds, Civil Servant Medical Benefit Schemes, Workmen's Compensation Funds, Social Security Funds, Provident Funds, Private School Teachers, Universal Coverage, National Savings Funds, Disability Allowances, Old Age Living Allowance, Migrant Workers Compulsory Health Insurance Schemes, and Universal Education Coverage Policy. These programs are supervised by several ministries and government divisions and operate under different rules and regulations (International Labor Organization and the United Nations General Assembly in Thailand, 2013). Social protection programs can be categorized into 4 types (Gomaratut et al., 2018). This categorization is utilized as an analytical framework for this research.

Table 1 The social protection programs

No.	Type	Definitions
1	Assurance	Assurance consists of social security and health insurance. The government provides social security depending on the professions of beneficiaries, such as welfare for civil servants, private school teachers, employers, and non-agricultural workers. Each profession received different benefits. Civil servants are not covered by social security as they are in different welfare programs, which confer entitlements to receive more benefits than other professions. Private employees need to pay social security contributions, along with the employers and the government. The coverage of social security benefits includes illness, disability, death, childbirth, decrepitude, child support, and unemployment.
2	Labor Protection	Labor protection is to provide many kinds of protection for the workers according to Labor Protection Act B.E. 2541, including minimum wage rate, working hours, child and woman labor rights, and compensations for abused workers. Labor protection is the welfare and responsibility of the employers solely.

No.	Type	Definitions
3	Assistance	Assistance are under the Ministry of Social Development and Human Security supervision. Government assistance is provided mainly to the target groups of orphans, people with disabilities, poor children, disadvantaged women, elderlies, homeless people, panhandlers, disaster victims, people living with HIV/AIDS (PLWHA), hill tribes, and poor communities. The assistances are allowances, temporary accommodations, counseling, giving charitable and consumer goods, job training, and loans. In addition, the allowances are for people who are in disparity and unable to work temporarily due to emergencies, In contrast, people who cannot work permanently, such as people with disabilities and the elderly, are eligible to receive monthly allowances.
4	4. Other Social Services	Other Social Services of the government are generally provided to all people in need in various fields, such as education, training by the Department of Skill Development, allocation of grants for community development by the Community Development Department, and housing development by the National Housing Authority.

Source: Gomaratut et al. (2018)

Despite having the available social protection programs mentioned above, none of these state programs is dedicated to the needs of vulnerable gender-diverse persons (LGBTQ+). In fact, in academia, research about the social protection of vulnerable LGBTQ+ is limited in general, let alone the one that of the social protection by the state. Only a few relevant studies on gender-diverse persons were conducted in Thailand (Poedloknimit, 2020; Senkhaw, 2020; Tanadkha & Akarapongpisak, 2021; Saengmaneejeeranandacha & Sonsuphap, 2020; Chitrabiab, 2020; Kittiteerasack & Sangngam, 2018). Most current research about LGBTQ+ focuses on social movements, causes of discrimination, rights, liberty, and mental needs. For example, Poedloknimit (2020) examined whether Buddhism helped promote social movements on human rights by gender-diverse groups in Thailand. She found that the absence of social acceptance of LGBTQ+ leads to structural violence against LGBTQ+. Therefore, some LGBTQ+ engaged in social movements on human rights promotion. However, Poedloknimit argued that Dharma only helped promote general morality and respect for all people rather than specifically promoting values and beliefs supporting gender diversity.

To explain discrimination against transgender women in Thai society. Senkhaw (2020) identified 3 forms of discrimination against transgender women. First, discrimination against transgender women occurred in the family. Second, discrimination against transgender women has arisen in schools. Third, discrimination against transgender women took place in the workplace. All discrimination led transgender women to adjust by separating from their families, seeking social acceptance by gaining high education and income, ignoring, retaliating by force, choosing freelance jobs, and finding work in an open-minded organization.

The research by Tanadkha and Akarapongpisak (2021) also indicated the causes of the marginalization of LGBTQ+ Net-Idols. The research found that the becoming of a

marginalized group of LGBTQ+ can be caused by many reasons, such as the rules, regulations, norms, and the unclear and unstable laws or policies that protect the rights of LGBTQ+. The marginalized LGBTQ+ could become Net-Idols by building up themselves as a new identity in social media and improving their positive attitudes and characters to maintain and increase their popularity.

Moreover, the research by Saengmaneejeeranandacha and Sonsuphap (2020) showed the opportunities and challenges regarding the rights and equity of LGBTQ+ in marriage and child adoption in Thai society. Their findings illustrated that the great challenge was law. Thailand's law did not allow the legal marriage of LGBTQ+ and child adoption. Nevertheless, the findings indicated that society currently showed open attitudes and acceptance of diverse identities, which offered a supportive environment for promoting the rights and equity of LGBTQ+.

Another research by Chitrabiab (2020) also pointed out the importance of diversity management in Thai organizations and LGBTQ+-related rights and policies in workplace. She found that in two out of five organizations, the employers clearly recognized the equal rights of LGBTQ+. Four factors were identified as the enabling factors the open attitude of workmates and employers, open organizational culture, the absence of specific national laws regarding social protection of LGBTQ+, and more open dynamic in the international and domestic contexts.

In addition, a focus has been paid on mental support for LGBTQ+. The study by Kittiteerasack and Sangngam (2018) emphasized the need to improve mental and psychosocial health among LGBTQ+ children in Thailand. Their findings showed that LGBTQ+ children needed protection through professional practitioner counsel. It was necessary to improve the nursing knowledge of LGBTQ+ children in academics, nursing, and research.

The limited number of existing literature illustrated the importance of investigating further into the social protection of vulnerable LGBTQ+. This research is one of the first attempts to investigate social protection of vulnerable LGBTQ+ in Isan by (formal or legally registered and informal or not legally registered or loosely arranged) civil society organizations, namely Rainbow Sky Association of Thailand, Thai Transgender Alliance (Thai TGA), WMP social foundation, Young Pride Club, Isaan Gender Diversity, FTM Thailand, Togetherness for Equality and Action (TEA), and I Can Do It Thailand.

Methodology

This study was qualitative research and collected information using the in-depth interview method. The number of interviewees was 7 in total, consisting of 4 representatives from formal CSOs and 3 from informal CSOs. In the interview, a semi-structured questionnaire was used to discover the nature of social protection of each organization, such as social protection procedures, ways to reach the target groups of vulnerable LGBTQ+, and sources of funding. There was also room for follow-up questions to allow other relevant and nuanced information to emerge during the interview. The gathered information was analyzed using the thematic analysis approach to indicate the main finding themes discovered from the interviews. These themes were analyzed according to the four categories of the social protection. They

presented the social protection of vulnerable LGBTQ+ by CSOs and compared the social protection of the formal CSOs and informal CSOs.

Findings

This case study found that civil society organizations (CSOs) working with LGBTQ+ did not engage in all four types of social protection (assurance, labor protection, assistance, and other social services). The research findings suggested that CSOs in Isan provided 2 types of social protection assistance and other social services. The CSOs did not engage in Assurance and Labor Protection types of social protection. There were two main research finding themes presented in this section. First, the CSOs' assistance for vulnerable LGBTQ+ included 6 types of social protection – Counselling, Health and sexually transmitted diseases check-up service, Coordination and liaison, Presentation and dissemination of information, Distribution of charitable donations, and Finding employment opportunities. Second, the similarities and differences between social protection by formal and informal CSOs were manifested in 7 domains - Personnel, Funds, Resources (equipment/skill/knowledge), Connection and network with other organizations, Areas of operation, Methods of reaching the target group, and Government support.

1. Social protection for vulnerable gender-diverse persons (LGBTQ+)

There were 6 types of social protection by CSOs provided for vulnerable LGBTQ+. Each organization provides different types of social protection. None was engaged in all types. The organizational objective and personnel's specialization determined type of social protection the organization undertook. The details of social protection types were as follows;

1.1 Counselling

According to the interview information, CSOs helped the vulnerable LGBTQ+ through counseling about various issues, such as law, human rights, health, mental recovery, coping, and family and social adaptation. Each organization chose counseling and information distribution areas differently depending on the organizational objectives and knowledge of personnel. For example, CSOs the health sector provided advice about how to use PrEP (Pre-Exposure Prophylaxis)¹, PEP (post-exposure prophylaxis)², and equipment for the prevention of sexually transmitted diseases, and other compliance and treatment processes. An example from the interview was:

“The CSO worked with LGBTQ+ who worried about unprotected sex or wanted to have a sexually transmitted disease check-up. After the first check-up, the staff would make an appointment to “The CSO worked with LGBTQ+ who worried about unprotected sex or wanted to have a sexually transmitted disease check-up. After the first check-

¹ PrEP (Pre-Exposure Prophylaxis) medicine people at risk for having HIV take to prevent getting HIV from sex or drug use.

² PEP (post-exposure prophylaxis) medicine for HIV prevention after a possible exposure. PEP must be started within 72 hours of the possible exposure to HIV.

up, the staff would make an appointment to follow up (the service receivers) every 3 months. There were plans for preventing HIV³ and Syphilis⁴. If the test were negative, the staff would advise the service receivers to continue their normal lives. If the test were positive, the service receivers would get treatment.”

The interview of Rainbow Sky Association, Ubon Ratchathani (June 11, 2021)

The CSOs that worked on transgender people would provide counseling about the proper way to be transgender: transgender hormone therapy, mastectomy, and surgeries. Knowledge on these topics came from a specialist in transgender and direct experiences of the Facebook fan page of the CSOs. As the interview:

“Approximately 80% of our Facebook followers (service receivers) asked about transgender hormone therapy and which hospital they should go to for transgender surgeries and related treatments. Mostly, they wanted to know about transgender from female to male. Furthermore the other 20% asked for general helps and consultation about their lives as women, men, trans women, and gay.

Moreover, nowadays the information distributed by FTM Thailand is often from Facebook followers who shared their own experiences on, such as changes, concerns, and other results from surgeries. Our page became a community of trans men who could to share their information.”

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The interview of FTM Thailand (July 12, 2021)

1.2 Health and sexually transmitted diseases check-up service

In Thailand, many CSO's were on health issues of LGBTQ+, for example, Rainbow Sky Association of Thailand, M Plus Thailand Foundation, and Swing Thailand Foundation. These organizations operated throughout the country and mostly had a formal organizational structure. They employed staff and had a budget for equipment and procurement and clinical staffs. Health and sexually transmitted diseases check-up service was free for gender-diverse persons. The organizations kept the client records which were classified by the current gender status as the followings:

Table 2 Client Data, October 2020 – May 2021

No.	Type	Amount
1	Men who have Sex with Men: MSM (Gay)	1,043
2	Male Sex Workers: MSW (Gay Sex Worker)	1
3	Transgender: TG	178
4	Transgender Sex Worker: TG-SW	1
5	Female	45
6	Male	44
Total		1,312

Source: The Rainbow Sky Association, Ubon Ratchathani

The CSOs provided several services, including counseling about general health, risk analysis after sex, hormone testing, HIV testing, Syphilis testing the Cluster of Differentiation (CD4) testing, and so on. These services were free of charge. The gender-diverse persons could receive services without limitation several tests unlike that of the government. For example, the tests of CD4 after HIV patients take a medicine provided by public hospitals were limited to twice a year or once every six months, while that by CSO clinics could be conducted whenever needed, as shown in the interview:

“Some people wanted to know whether it the CD4 level, whether it increased or decreased after taking medication for 2-3 months. Normally, public hospitals check only 2 times a year for a person...Here, there was no limit. You could come frequently. Once a month was even possible. It was always free.”

The interview of Rainbow Sky Association, Ubon Ratchathani (June 11, 2021)

Despite the free service, there was a limitation. These tests did not cover all ages. People aged under 15-years-old were not allowed to undergo the check-up (Specimen handling). The clinic preferred to see LGBTQ+ aged under 15 years old the tests at hospitals because most of the under 15 years old. LGBTQ+ come to the clinic unaccompanied by a parent. The CSOs were concerned about consent from the parent. However, the clinics might perform the tests if people under 15 years old LGBTQ+ came with a parent and the parent gave permission. It was considered case by case, as shown in the interview:

“There was a case of a girl aged under 15. We advised her to go to a hospital because we were concerned about the parent’s consent. She did not come with her parents, so it was better to go to a hospital (than we did the test ourselves) ...Our staff would consider case by case. There must be a permission document from the parents”.

The interview of Rainbow Sky Association, Ubon Ratchathani (11 June-2021)

1.3 Coordination and liaison

Some CSOs were engaged in coordination works requiring justice via legal procedures and referred the cases to a specialized organizations experts in the field. The coordination and liaison were involved in issues such as gender equality, rights and liberty, and discrimination, as demonstrated in the interview:

“After received, the case was handled by the case manager. We first considered what they wanted. Some people just wanted their stories to be heard. Then, the case manager would forward the case to the related partners... We will contact the WMP, the Social Justice Foundation, or the Ministry of Social Development and Human Security. If they wanted amelioration, we transferred to counselors and retreated home. Nevertheless, we could give counseling in some cases because TEA staffs could to do so, For some cases wanted to take legal proceedings, we forwarded the cases to lawyers. If some cases that wanted an emergency shelter, we forwarded to the emergency shelter at Don Mueang.”

The interview of Togetherness for Equality and Action (July 13, 2021)

From the interviews, the researchers noticed that CSOs, which provided health and sexually transmitted diseases check-ups, did not forward the clients to other CSOs because most received subsidies and funds from the government and private institute. The number of clients determined the subsidies and funds used to drive the organizational performance. Moreover, provincial CSOs or clinics could only provide health services. For equality and other issues, the provincial CSOs must request additional staff from their headquarters, as manifested in the interview:

“If there were a case about human rights violation in Ubon Ratchathani, we (the Ubon Ratchathani office of the Rainbow Sky Association)

would report and coordinate on behalf of the alleged violated person with the head office of Rainbow Sky Association (in Bangkok) who then would send an investigation team to Ubon Ratchathani to look into the evidence. If it were considered a human rights violation, the head office would proceed with the case and coordinate with the government departments.”

The interview of Rainbow Sky Association, Ubon Ratchathani (June 11, 2021)

In addition to the coordination, some CSOs help put the LGBTQ+ in the government system. For example, the CSOs helped place the LGBTQ+ HIV-positive under treatment schemes in public hospitals, namely going to see the doctor, medicine requisition, follow-ups, and counseling, or in other words, would assist the LGBTQ+ until the last procedure of treatments, as shown the interview:

“There were asking for clients’ contacts and follow-ups. If they lived in another province, we would check whether they could come to collect the medicines from their provincial hospital or if they preferred to collect that from other hospitals far from their hometown to reduce social stigma. In that case, we would give advise about, for example, a medical case transfer and provided supporting staff who accompanied them when collecting the medicine...We were always with them as long as the clients remained worried. We helped to plan their lives to be as normal as possible.”

The interview of Rainbow Sky Association, Ubon Ratchathani (June 11, 2021)

The findings also suggested that there was a small number of LGBTQ+ sought assistance from the WMP, which was well-known and carried out activities continuously. Most the cases of the WMP faced problems related to direct violence. The WMP supported them by taking legal action, as shown in the interview:

“There was a case of a gay who asked for our help as his family member beat him up. He could not tolerate it anymore. So, we helped him prosecute that family member by using the Victims of Domestic Violence Victim Protection law. This case was done.” c

The interview of the WMP (July 10, 2021)

1.4 Presentation and dissemination of information

The interview information suggested that all CSOs used online media to present and disseminate information. However only the Rainbow Sky Association employed proactive face-to-face methods such as field visits in schools and mobile trucks traveling to local communities and villages. The Facebook fan page was the main platform for communication between all CSOs with LGBTQ+, while Twitter, Instagram, Line, and Hornet were additional platforms used by some CSOs. Especially, Hornet was an online dating application, used only by the Rainbow Sky Association to reach the main target group of gays.

“We talked (about health information) to our main target group (gays) both onsite and online. If they were not convenient, the staff would go to their community. The personal information (of the target group) was kept secret. During our visits, we set up a mobile tent to create privacy. Nobody (outside the tent) could hear any conversation (between the target group and the staff). The tent was also kept a decent distance from the busy registration station. (Also) we conducted dissemination of LGBTQ+ related information activities with college students to educate them.”

The interview of Rainbow Sky Association, Ubon Ratchathani (June 11, 2021)

The presentation and dissemination of information through field visits and online platforms were different depending on the purpose and expertise of each organization. Health-focused organizations often disseminate medicines (PrEP: Pre-Exposure Prophylaxis and PEP: Post-Exposure Prophylaxis) and condoms, safe sex, symptoms of sexually transmitted diseases, and self-care for HIV patients. Transgender-focused organizations provided information about transgender hormone therapy, safe transgender operations, and surgeries. The disseminated information was obtained from the experts and direct experiences of gender-diverse persons.

“The information on The Facebook fan page was divided into 2 types. The first one was from the admin page, which interviewed and gained information from doctors, nurses, pharmacists, and medical physicians at clinics. This is from the experts directly. The second one was from Facebook users who were transgender and wanted to share their experiences. We let them create content about their experiences and effects after transgender.”

The interview of FTM Thailand (July 12, 2021)

1.5 Distribution of charitable donations

Most CSOs donated necessary items to prevent sexually transmitted diseases, such as PrEP (Pre-Exposure Prophylaxis), PEP (Post-Exposure Prophylaxis), condoms, and lubricating gels. A person who wanted these items from CSOs and their clinics. These items were free for both gender-diverse and straight persons. If a person resided in another province or could not travel to the clinics, they could request through online platforms informing wanted items, name, address, and phone number. The clinics would then post the wanted items to the person without charge.

“The demand steadily increased, including asking for condoms and health check-ups. We also got requests for condoms from other provinces, to which we delivered the condoms for free. It might take a bit of time though. We covered a cost of 19 baths for posting to any place in the country. We told them it might be late, and they were okay (because) they did not have to pay.”

The interview of Rainbow Sky Association, Ubon Ratchathani (June 11, 2021)

These items that CSOs distributed countrywide did not come from their own funds but from governmental agencies, such as the Thai Red Cross Society, and the National Health Security Office (NHSO), to charitably support LGBTQ+ and other groups.

“These condoms were from the NHSO. Some came from the Thai Red Cross Society. We kept the air-conditioning on all day and night to prevent the condoms from deterioration.”

The interview of Rainbow Sky Association, Ubon Ratchathani (June 11, 2021)

Moreover, some CSOs helped LGBTQ+ entrepreneurs affected by the COVID-19 pandemic with disaster relief packages. The disaster relief packages consisted of dried food and necessary consumables.

“In 2020, there were fundraisings to gather support for the business sectors impacted by COVID-19. At first, we had disaster relief packages. After that, we started a project to help migrant workers, sex workers, and people who live with HIV patients. This was what we did together. It was not engaged between the vulnerable group and the Young Pride. It was emergency assistance.”

The interview of Young Pride Club (June 28, 2021)

However, most CSOs did not give support in the form of money to vulnerable and gender-diverse persons. As explained earlier. They only gave necessary items because the CSOs funds to spend for assistance and, more importantly, wanted to prevent an issue related to the lack of transparency.

“We never gave money because it could raise a lack of transparency transparency as we must report to and follow the donor’s rule. We could not know how they spent money, whether they genuinely spent it on things necessary for their lives. So, it was better to give support in the form of ‘things’.”

The interview of Young Pride Club (June 28, 2021)

1.6 Finding the employment opportunities

According to the interviews, the researchers found that CSOs helped vulnerable LGBTQ+ to find employment. They identified employment opportunities suitable for vulnerable LGBTQ+, including jobs in service, barista, shop keepers, or other full-time jobs that the vulnerable persons could undertake. Moreover, CSOs provided skills training for vulnerable LGBTQ+. For example, CSOs helped LGBTQ+ with vision and hearing impairments to sell products online.

“LGBTQ+, who joined our beauty contest or applied for the Club membership, could sell their goods via our Facebook live. If they wanted to apply for full-time jobs, we would teach them how to write a

resume, so that they could get a job according to Section 33 and benefit from tax allowance or take them to work in factories. We saw that these LGBTQ+ could do online sell by using sign language, so we created this (Online Sales) training to teach them how to sell things in the digital age. Our target group included the normal and hearing disabled. Moreover, we were forming a new program about a tour guide with sign language.”

The interview of I Can Do It Thailand (July 12; 2021)

According to the Transgender-focused CSOs, the employment opportunities for gender-diverse persons were critical as transgender was expensive, and many LGBTQ+ ran out of money during this transgender process, such as during transgender hormone therapy and gender reassignment surgery stage. The CSOs then advise about making extra income, creating a professional resume, and available positions.

“There was a trans man who could not find work because of his trans status. So I asked him to show me his resume, and as soon as I saw it, I knew there were not enough details. I advised him to add more details and apply for a job in a new place. I also sent him a recruitment link. After that, he went for an interview and got that job in Ayutthaya”

“He later told me that the updated resume helped him to get the job. We congratulated our Line group. Often transgender thinks that their trans status causes discrimination. However, in this case, it was because of the resume and interview. So, we trained him about an effective interview.”

The interview of FTM Thailand (July 12, 2021)

2. The similarities and differences between social protection by formal and informal civil society organizations

CSOs had both formal and informal structures and administration styles. Formal CSOs had a clear organizational structure and objectives. They had sufficient funds to organize projects and hire permanent staff. Informal CSOs have a loose structure without permanent staff. Their activities and projects were guided by the expertise of occasional volunteers rather than proper organizational objectives and plans. According to the interview, researchers could separate the similarities and differences between social protection by formal and informal CSOs into 7 domains as the followings.

Personnel: Formal CSOs consisted of permanent staff, which got paid and had a clear duty assigned. On the opposite, informal CSOs needed more permanent staff. Volunteers drove them.

Funds: Formal CSOs could access more funding from governmental and non-governmental sources than informal CSOs. That was because having a well-structured organization and a legal status were the conditions for being eligible to receive funding from most donors.

Resources (equipment/skills/knowledge): Formal CSOs had more resources than informal CSOs. For instance, health-focused CSOs had medical equipment, experts, and staff with proper training. This was different in the case of informal CSOs some staff needed to gain knowledge and skills. The staff's knowledge and skills often depend on their profession. This limited informal CSO's service scope to only some specific groups. For example, the volunteer staff who were teachers could work only in the educational and children-related domains.

Connection and network with other organizations: Both formal and informal CSOs worked closely with other CSOs. If a CSO found a case requiring solutions or interventions different from its specializations, it would refer it to other relevant CSOs in its network. However, the researchers found that only health-focused CSOs did not refer their cases to other CSOs because the number of cases determined the amount of funding they could get from donors, for example, from the National Health Security Office (NHSO).

The operational areas: The operational area of formal civil society organizations was determined by the donors concerned over a fair share of funding. For example, in the case of the formal CSOs working in health and sexually transmitted diseases check-up service, the National Health Security Office (NHSO) assigned the operation area for each formal CSOs to avoid overlapping responsibilities. Usually, the location of formal CSOs was used as the key determinant. This was different in the case of informal CSOs. An informal CSO would work whenever and wherever a request was made by vulnerable persons, who either directly come to the office or be referred from other organizations. There were no conditions regarding the operational areas.

The method of reaching the target group: Formal CSOs more proactively sought to reach the target group than informal CSOs. For instance, to create convenience and easy access to their services, the formal health-focused CSOs set up booths for sexually transmitted diseases check-up services around a Mo Lam stage. They gave advice on how to condoms and lubricating gels at the booths too. Moreover, they also gave prizes, such as beauty clinic vouchers and discounts from department stores. Besides, there used online platforms, such as Hornet, the famous dating application among gays to reach the gay target group. In contrast, informal CSOs seemed to be more passive and wait until the vulnerable persons made direct contact to ask for help or be referred to the informal CSOs by others in the network.

Government support: Some formal and informal CSOs refused to receive support from the government because they did not think that the government prioritized the gender-diverse issue. Also, the processes to access government funding needed to be more complex and complicated, which were seen as a burden for CSOs. However, the CSOs worked in the health and sexually transmitted diseases check-up services still gained support from the government via funds, consumables, and knowledge.

The similarities and differences between social protection by formal and informal CSOs were summarized and presented in the table below.

Table 3 The Similarities and Differences between Social Protection by Formal and Informal Civil Society Organizations

No.	issues	Formal Civil Society Organizations	Informal Civil Society Organizations
1	Personnel	There are permanent staffs that get paid and clear duty assigning.	There is no permanent staffs. Volunteers drive their activities and do not get paid by the organizations.
2	Funds	Formal CSOs could access more funding from governmental and non-governmental sources than informal CSOs.	Informal CSOs could access less funding from governmental and non-governmental sources than formal CSOs.
3	Resources (Equipment/Skill/ Knowledge)	Formal CSOs had more resources than informal CSOs. For instance, health-focused CSOs had medical equipment, experts and staff with proper training.	Some staff needed to gain more knowledge and skills. The staff's knowledge and skills often depend on their profession. This limited informal CSO's service scope to only some specific groups.
4	Connection and Network with Other Organizations	Formal CSOs worked closely with other CSOs. Health-focused CSOs did not refer their cases to other CSOs because the number of cases determined the amount of funding they could get from donors.	Informal CSOs worked closely with other CSOs. Health-focused CSOs did not refer their cases to other CSOs because the number of cases determined the amount of funding they could get from donors.
5	The Operational Areas	The donors' concerns over a fair share of funding determined the operational area of formal civil society organizations.	An informal CSO would work whenever and wherever a request was made by vulnerable persons, who either directly come to the office or be referred from other organizations. There were no conditions regarding the operational areas.
6	The Method of Reaching the Target Group	Formal CSOs more proactively sought to reach the target group than informal CSOs. For instance, to create convenience and easy access to their services.	Informal CSOs were more passive and waited until the vulnerable persons made direct contact to ask for help or be referred to the informal CSOs by others in the network.

No.	issues	Formal Civil Society Organizations	Informal Civil Society Organizations
7	Government Support	Some formal CSOs should have received support from the government. However, the CSOs worked in the health and sexually transmitted diseases check-up services still gained support from the government via funds, consumables, and knowledge.	Some informal CSOs refused to receive support from the government. However, the CSOs worked in the health and sexually transmitted diseases check-up services still gained support from the government via funds, consumables, and knowledge.

Discussion and conclusion

The research findings indicated that CSOs provided the the social protection for vulnerable gender-diverse persons (LGBTQ+) in Isan via 6 types of protection: 1) Counselling 2) Health and sexually transmitted diseases check-up service 3) Coordination and Liaison 4) Presentation and dissemination of information 5) Distribution of charitable donations, and 6) Finding the employment opportunities. The organizational objective and specializations determined the type of social protection. The research findings shed light on specific social protection for LGBTQ+. These types of protection were specific, such as counseling and health and sexually transmitted diseases check-up services. They thus should be recognized in addition to the general categorization of social protection (social assurance, labor protection, social assistance, and other social services) presented in the research of Somporn Gomaratur, Siriporn Sajjanand, and Saneh Dechawongse (2018). The specific social protection programs were responses to the problems LGBTQ+ had been facing. Unlike general social protection, these programs required specialists in the behavior of gender-diverse persons, management, clinics, and guidelines for LGBTQ+'s social protection.

Furthermore, among the first attempts to systematically study the social protection of LGBTQ+, this research highlighted the similarities and differences between social protection of LGBTQ+ by formal and informal civil society organizations into 7 domains. Seven domains included personnel, funds, resources (equipment/skill/knowledge), connection and network with other organizations, areas of operation, methods of reaching the target group, and government support. Notably, having abundant (material and non-material) resources from network partners, such as the government and international organizations, significantly increased the capability of CSOs, as similarly shown in the works of CSOs in other contexts such as healthcare (Saengkaew, 2020; Ungsuchaval, 2016) and peacebuilding and development (Paffenholtz, 2010, 2015). Nevertheless, it is worth noting that this research only gathered information from a limited number of civil society organizations. More studies should be conducted to improve knowledge and a better understanding of the social protection of LGBTQ+ by many other government and non-government actors to create appropriate and effective social protection programs in the future.

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