



**Evaluation of the UNFPA Eleventh Country Programme  
of Assistance to the Royal Thai Government  
CP11 (2017-2021)**

**FINAL REPORT**

**May 22, 2021**

# Thailand Country Map



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Department of Field Support  
Cartographic Section

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**Disclaimer:** This is a product of the independent evaluation by the above team and the content, analysis and recommendations of this report do not necessarily reflect the views of the United Nations Population Fund (UNFPA), its Executive Committee or Member States. The report is not professionally edited.

## Table of Contents

Abbreviations and Acronyms	i
List of Tables	iv
List of Figures	iv
Annexes	iv
Key Facts Table	vi
Executive Summary	vii
Chapter 1: Introduction	1
1.1 Purpose and Objectives of the Country Programme Evaluation	1
1.2 Scope of the Evaluation	1
1.3 Methodology and Process	2
Chapter 2: Country Context	11
2.1 Development Challenges and National Strategies	11
2.1.1 Development Challenges	12
2.1.2 National Strategies	16
2.2 The role of external assistance	18
Chapter 3: UNFPA Response and Programme Strategies	19
3.1 UNFPA Strategic Response	19
3.2 UNFPA Response through the Country Programme	20
3.2.1 Brief Description of Previous Cycle Strategy, Goals and Achievements	20
3.2.2 Current UNFPA Country Programme	20
3.2.3 The Country Programme Financial Structure	22
Chapter 4: Findings - Answers to the Evaluation Questions	25
4.1 Answer to Evaluation Questions on Relevance	25
4.2 Answer to Evaluation Questions on Effectiveness	29
4.3 Answers to Evaluation Questions on Efficiency	44
4.4 Answers to Evaluation Questions on Sustainability	45
4.5 Answer to Evaluation Questions on Coordination	50
4.5.1 UNCT Coordination	50
4.6 Other Concerns	56
4.6.1 Facilitating and Hindering Factors	56
4.6.2 Good Practices	57
4.6.3 Unintended Outcomes	57
Chapter 5: Conclusions	58
Chapter 6: Recommendations	61
6.1 Strategic Level Recommendations	61
6.2 Programmatic Recommendations	63

## Abbreviations and Acronyms

ABR	Adolescent birth rate
ANC	Antenatal care
AP Act	The Prevention and Solution of the Adolescent Pregnancy Problem Act
APRO	Asia-Pacific Regional Office of UNFPA
CB	Capacity Building
CCA	Common Country Assessment
CEDAW	Convention on the Elimination of Discrimination Against Women
CHD	Center for Health Development
CO	Country Office
COAR	Country Office Annual Report
CP	Country Programme
CP11	Eleventh Country Programme
CPD	Country Programme Document
CPE	Country Programme Evaluation
CPR	Contraceptive Prevalence Rate
CSD	Committee on Sustainable Development
CSE	Comprehensive Sexuality Education
CSO	Civil Society Organization
CYC	The Children and Youth Council of Thailand
DAC	Development Assistance Committee of the OECD
DV	Domestic Violence
EmOC	Emergency Obstetric Care
ET	Evaluation Team
ERG	Evaluation Reference Group
EU	European Union
FGD	Focus Group Discussion
FP	Family Planning
GBV	Gender-based Violence
GE	Gender Equality
HIV	Human Immunodeficiency Virus
HR	Human Resources
ICPD	International Conference on Population and Development
I D-Sign	Name given for “Advocacy Training Manual on Sexuality, Gender, and Human Rights for Young people”
IDA	International Development Association
KKU	Khon Kaen University
LGBTI	Lesbian, Gay, Bi-sexual, Trans-sexual, and Intersexual
LSE	Life Skills Education
MQDC	Magnolia Quality Development Company
M&E	Monitoring and Evaluation
MIC	Middle Income Countries
MDG	Millennium Development Goal
MH	Maternal Health
MMR	Maternal Mortality Ratio
MOFA	Ministry of Foreign Affairs
MOPH	Ministry of Public Health
MSDHS	Ministry of Social Development and Human Security
MOE	Ministry of Education
MSM	Men Having Sex with Men

MTR	Mid-term Review
NCD	Non-communicable Disease
NESDP	National Economic and Social Development Plan
NESDC	National Economic and Social Development Council
NGO	Non-governmental Organization
NCYDP	National Child and Youth Development Promotion
NTA	National Transfer Account
ODA	Official Development Assistance
OECD	Organization for Economic Co-operation and Development
PD	Population Dynamics
P&D	Population and Development
PNC	Post Natal Care
PPAT	The Planned Parenthood Association of Thailand
PPH	Post-Partum Hemorrhaging
PLHIV	People Living with HIV
PMME	Planning Matrix for Monitoring and Evaluation
PO	Programme Officer
RC	Resident Coordinator
RRF	Results and Resources Framework
RBM	Results-based Management
RH	Reproductive Health
SDG	Sustainable Development Goals
SEP	Sufficiency Economy Philosophy
SGBV	Sexual and Gender-based Violence
SISS	Social Indicator Sample Survey
SP	Strategic Plan
SPR	Standard Progress Report
SRH	Sexual and Reproductive Health
SRHR	Sexual Reproductive Health and Rights
SSC	South to South Cooperation
SSTC	South to South and Triangular Cooperation
STI	Sexually Transmitted Infection
SY	Strategic Year
TA	Technical Assistance
TB	Tuberculosis
TL	Team Leader
TICA	Thailand International Cooperation Agency
TFR	Total Fertility Rate
Thai PBS	Thailand Public Broadcast Service
TOC	Theory of Change
TOR	Terms of Reference
TOT	Training of Trainers
TRIP	Thailand Research Institute for Empowerment of Persons with Disabilities Foundation
TWG	Technical Working Group
UNBRAAF	Unified Budget, Results and Accountability Framework
UNDESA	United Nations Department of Economic and Social Affairs
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNPAF	United Nations Partnership Framework
UNDP	United Nations Development Programme
UNEG	United Nations Evaluation Group

UNICEF	United Nations Children’s Fund
UNFPA	United Nations Population Fund
UNSDCF	United Nations Sustainable Development Cooperation Framework
UN Women	United Nations Entity for the Empowerment of Women and Gender Equality
UPR	Universal Periodic Review
VAWG	Violence Against Women and Girls
WHO	World Health Organization
WP	Work Plan
YSRHR	Youth Sexual Reproductive Health and Rights

## List of Tables

Table 1: Thailand's Key facts and Figures .....	vi
Table 2 : The Evaluation Questions.....	4
Table 3: List of Representing Institutions and Number of Stakeholders Met.....	8
Table 4: Adolescent Birth Rate, Early marriage and Unmet Need for Contraception .....	13
Table 5 CP11 Outcomes and Outputs .....	21
Table 6: Overview of the budget (Allocation indicative*) for the programmatic areas of CP11: 2017-2020 (USD) .....	22
Table 7: Resources mobilized (2017 to 2020).....	23
Table 8: Allocation for Implementing Partners.....	23
Table 9: Overview of the Budget and Expenditures by Year, For the period: January 2017 to Aug 31 2020 (All figures are in US Dollars).....	24
Table 10: Output 1 Performance Data.....	30
Table 11: Output 2 Performance Data.....	35
Table 12: Output 3 Performance Data.....	41

## List of Figures

Figure 1: Evaluation Criteria for the CPE.....	3
Figure 2: Population Pyramids – Thailand (2010 & 2020) .....	11
Figure 3: Strategic Direction of UNFPA, The "Bull's eye" .....	19

## Annexes

### Annex Part 1:

1. Terms of Reference
2. List of persons/institutions met
3. Stakeholders Map
4. List of documents consulted
5. Evaluation Matrix
6. Data Collection Tools

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### **Box 1. Structure of the Thailand Country Programme Evaluation (CPE) Report**

This report comprises an executive summary, six chapters, and annexes and follows the structure recommended in the evaluation handbook by the UNFPA Independent Evaluation Office.

Chapter 1, the **Introduction**, provides the background to the evaluation, objectives and scope, the methodology used, and the evaluation process including the limitations encountered. The **second chapter** describes Thailand country context and the development challenges it faces in the UNFPA mandated areas. The **third chapter** refers to the response of the UN system and then leads on to the specific response of UNFPA through its country programme to the national challenges faced by the country in the areas of sexual and reproductive health and rights, Adolescent and youth, gender equality and women's empowerment, including GBV. The **fourth chapter** presents the findings for each of the evaluation question specified in the evaluation matrix (which is annexed); the **fifth chapter** discusses conclusions, and the **sixth chapter** concludes with strategic and programmatic level recommendations based on the conclusions.

As listed above, Annexes 1-6 contain the required documents for CPE (Terms of Reference, List of persons/institutions met, Stakeholders Map, List of documents consulted, Evaluation Matrix, and Data Collection Tools).



## Key Facts Table

**Table 1: Thailand's Key facts and Figures**

Key Facts and Figures		Source
Population		
Population (inhabitants)	69,799,978(July 2020)	2019 Rev of World Population Prospects
Government		
The Royal Thai Government is a unitary government with a constitutional monarchy.		
Seats held by women in national parliament - In 2018, the female representation in national parliaments in Thailand consisted of In Thailand, 5.3 percent of parliamentary seats are held by women down from about 13% in 2009 (Human Development Report, UNDP, 2019)		
Economy		
Thailand's economy is heavily export dependent, for machinery, electronics, foods and wood, chemicals and plastics, and automobiles, among others.		
GDP per capita (PPP US\$)	\$7,808	World Bank, 2019
GDP growth rate	2.1%	World Bank, 2019
Social indicators		
Human Development Index (Rank)	0.765 (77 out of 189 countries)	Human Development Report. UNDP, 2019
Gender Inequality index (Rank)	GII value of 0.377 (84 out of 162countries in 2018)	Human Development Report. UNDP, 2019
Maternal mortality (deaths of women per 100,000 live births)	19.9	Thailand Reproductive Health Database 2018
Births attended by skilled health personnel	99%	UNFPA 2019
Adolescent fertility rate (births per 1,000 women aged 15-19)	35	Government of Thailand and UNFPA 2019 <sup>1</sup>
Contraceptive prevalence rate	78%	UNFPA 2019
Unmet need for family planning (% of women in a relationship unable to access)	6%	UNFPA 2019
People living with HIV, 15-49 years old	1.1%	Global Fund 2019
Adult literacy (% aged 15 and above)	93.77	UNESCO 2018
Gross enrolment ratio in primary education, both sexes	99.77	UNESCO 2018
Sustainable Development Goals (SDGs - to be achieved by 2030): Relevant to UNFPA Thailand Country Programme		
SDG 3. Ensure healthy lives and promote well-being for all at all ages. The SDG Dashboard indicates that the remaining challenges for Thailand are tuberculosis, traffic accident deaths and adolescent pregnancies.		
SDG 4. Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all. The SDG Dashboard indicates that SDG 4 for Thailand faces challenges for secondary achievement rate.		
SDG 5. Achieve gender equality and empower all women and girls. The SDG Dashboard indicates that SDG 5 for Thailand faces challenges to achievement particularly for numbers of women in parliament and female years of schooling. The data for the sub goal for eliminating gender-based violence are not available.		
(Source: <a href="https://dashboards.sdindex.org/profiles/THA">https://dashboards.sdindex.org/profiles/THA</a> , Accessed August 2020.)		

<sup>1</sup> Ministry of Health, Department of Interior – Ministry of Interior, National Statistics Office, Mahidol University and UNFPA (2019). Where are teen mothers: Geographical Information data for situation and trends of adolescent mothers at local areas. <https://thailand.unfpa.org/th/teen-pregnancy-data>

## Executive Summary

### Background

UNFPA Thailand Country Office conducted an independent Country Programme Evaluation (CPE) of the 11<sup>th</sup> Country Programme (CP) of Assistance to the Government of Thailand 2017-2021 in accordance with the UNFPA evaluation policy. The evaluation is an external and independent exercise by an independent team of evaluators, adhering to the guidelines in UNFPA's Handbook on "How to Design and Conduct a Country Programme Evaluation at UNFPA," ethical norms and United Nations Evaluation Group (UNEG) norms and standards. With an indicative amount of \$8 million, CP11 has \$5 million from regular resources and \$3 million from other resources. While the last CP cycle (CP10) did not have a full CPE, this CPE was conducted in 2020 (August to December) by a three-member team, managed by the Country Office (CO), in close collaboration with the Asia and the Pacific Regional Office (APRO) M&E Adviser with oversight from the Independent Evaluation Office of UNFPA Head Quarters (HQ) in New York.

The evaluation covered three programmatic areas: Adolescent and Youth Sexual and Reproductive Health and Rights (AYSRRH); Population and Development (PD), and South-South Cooperation (SSC), with gender equality (GE) integrated in all programmatic areas. Included in the evaluation were all programmatic interventions planned and implemented during the period from January 2017 to July 2020, and cross-cutting areas and strategies such as partnership, resource mobilization and CP communication and advocacy interventions. CP11 has been implemented at the national level, with initiatives at regional and sub national levels.

The key audience of this CPE are government and non-government implementing partners, relevant UN agencies in the country team (mainly RCO, UNICEF, UNDP, UNAIDS, UN Women, , WHO), UNFPA country office staff, UNFPA APRO, UNFPA Headquarters, Executive Board, donors, civil society organizations, academia, and other stakeholders.

### Scope

As a middle-income country, CP11 has been implemented mainly at the national level, however initiatives at regional and sub national such as South-South & Triangular Cooperation (SSTC) initiatives with Thailand's priority countries, partnership initiatives with CSOs at sub national level to create an enabling environment for young people including those with disabilities, and public-private-partnership initiatives on life course approach<sup>2</sup> and inter-generation have also been included. Therefore, the scope was to cover at least a province especially YSRHR with Raks- Thai Foundation in Chiang Mai and two partnership initiatives including private partnership with intergenerational approach and partnership with CSOs on YSRHR for young people with disabilities.

### The Purpose of the Evaluation

Key purposes are to: (i) demonstrate accountability to stakeholders on performance in achieving development results and on invested resources; (ii) support evidence-based decision-making; (iii) contribute important lessons learned to the formulation of the next Country Programme in Thailand. The CPE will serve as the basis to develop the new Country Programme Document (CPD) and will provide key inputs to the identification of areas in which UNFPA can add value to the UN system within the new United Nations Sustainable Development Cooperation Framework (UNSDCF) jointly developed and implemented with the Royal Thai Government. Moreover, the CPE will assist UNFPA to identify the areas of the ICPD Programme of

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<sup>2</sup> *the concept of life course implies age-differentiated social phenomena distinct from uniform life-cycle stages and the life span. ... In contrast, the life course perspective elaborates the importance of time, context, process, and meaning on human development and family life* (Bengtson and Allen 1993). For consistency, the term 'life course' is used throughout this report.

Action that should continue to be prioritized, as well as emerging trends; and will provide elements to strengthen UNFPA's coordination with other agencies with similarity especially in the context of implementing the Common Chapter among UNFPA, UNICEF, UNDP, UN Women.

Given the above purpose, specific objectives of CPE are to:

- a) Provide an independent assessment of the relevance, effectiveness, efficiency, and sustainability of UNFPA support and progress towards the expected outputs and outcomes set forth in the results framework of the CP,
- b) Provide an assessment of the role played by the UNFPA CO in the coordination mechanisms of the United Nations Country Team (UNCT), development and national partners, with a view to enhancing the United Nations collective contribution to national development results as well as its ability to respond to national priority needs, while adding value to the country needs, and
- c) Draw key lessons from past and current cooperation and provide a set of clear and forward-looking options leading to strategic and actionable recommendations in light of SDG 2030 agenda for the next programming cycle, Common Country Assessment (CCA), and UNSDCF.

## The Programme

The country programme (CP11) aligns its programme with the UN system-wide efforts in Thailand, as reflected in the United Nations Partnership Action Framework (UNPAF). UNFPA contributes to UNPAF by playing a role in strengthening people centered sustainable development by committing to high impact interventions to reduce adolescent birth rate (ABR), ending preventable maternal deaths, and ending unmet need for family planning (FP), gender-based violence (GBV) and other harmful practices. UNFPA plans to achieve results by adhering to three key overarching strategies, namely: policy engagement, rights-based advocacy, and capacity building; strategic media engagement; and private partnerships to leverage programme results. UNFPA makes an effort to coordinate with other UN agencies with similar mandates to work jointly to enhance efficiency, effectiveness and sustainability.

Being a Middle-Income Country (MIC), based on need and ability to finance criteria, Thailand is classified as a "Pink country" by the UNFPA Strategic Plan Business Model (2018-2021). The activities undertaken included, keeping to the strategies stated above, partnerships and coordination, including SSTC; knowledge management; advocacy, policy dialogue and advice; and supporting an enabling environment for capacity development. In addition, working within the UN family and through the UNCT, areas of focus are agreed among the UN agencies. The 11th Country Programme Document (CPD) sets out the basis of cooperation between Thailand and UNFPA for 2017-2021, highlighting key priorities as specified in the results and resource table. In the current CPD, the government of Thailand and UNFPA has collaborated under SSTC to ensure the speedy achievement of the sustainable development goals (SDGs).

CP11 aims to achieve two key outcomes and three outputs. The two outcomes focus on Adolescents & Youth and Population Dynamics. The three expected outputs are a) strengthened national institutions, systems and enabling environment for promoting youth participation and advancing adolescent sexual and reproductive health and rights and gender equality; b) increased use of evidence-based analyses of population issues for the development of equitable, rights-based national policies and strategies targeting young people, women, and vulnerable populations and c) increased national capacity to implement South-South Cooperation (SSC) and/or triangular(SSTC) initiatives to promote the ICPD agenda.

## Methodology

Structured around five evaluation criteria, Relevance, Effectiveness, Efficiency, Sustainability, and Coordination, with Gender, Human Rights-Based approach and disability inclusive approach, the evaluation used purposive sampling method applying mixed method approach for data collection both from secondary and primary sources. This included documentary review of CP11 related publications including, but not

limited to research, monitoring and evaluation (M&E) reports, financial and operations systems, structured and semi-structured individual and group face-to-face interviews, on-line interviews, informal and focused group discussions, and field observations. Triangulating the sources and methods of data collection, the evaluation adopted an inclusive approach involving a broad range of partners and stakeholders. Totalling 58 key informants (15 males and 43 females) as respondents including UNFPA CO staff, national and sub-national level development partners, UNCT, and other implementing partners and key stakeholders contributed their input to this evaluation. The evaluation design was validated by APRO and the evaluation reference group (ERG) and CO staff. For validation of the preliminary findings and recommendations, a workshop was held with CO staff and a larger stakeholder groups for their input. Their feedback has been integrated in the report where triangulation could be ensured.

## Conclusions

With a high degree of relevance to the national plans, UNFPA strategic plans, international treaties, and commitments, CP11 has delivered the planned results with the aim of contributing to strengthening the national ownership and sustainability of most of the programme interventions. Evident by the theory of change (TOC), the programme design shows clear linkages between the interventions and outputs, leading to expected outcomes.

Despite limited budget and human resources, UNFPA has shown tremendous effort in terms of its efficiency and effectiveness to achieve results. CP11 has devoted to engaging in policy dialogue, right-based advocacy and capacity building aiming to increase priority on adolescents, especially on vulnerable youth group, in national development policies and programmes. Youth that represent the Children and Youth Council of Thailand (CYC), provide a crucial mechanism for youth engagement in policy dialogue and to advocate for their YSRHR. On the other hand, the participation of youth representatives in the Prevention and Solution of the Adolescent Pregnancy Problem Act (AP Act) committee faces some constraints such as domination by adult members, lack of communication skills and active mentorship.

Coordination among and between ministries and other partners on young people's sexuality remains a challenge, indicating a continued need for convening role for UNFPA. I D-Sign<sup>3</sup> is likely to be the effective intervention to empower youth engagements in YSRHR to monitor the effectiveness of AP Act. The replication of this successful pilot (I D-Sign model) in other areas of the country, by the youth council platform, is considered by stakeholders. However, there is more room for improving the modules in the areas covering gender, rights, and family planning before replicating the modules. Given the increased availability of comprehensive sexual education and SRH service, school role in YSRHR is crucial which needs attention.

UNFPA has successfully identified and established strategic media and private partnerships to promote youth participation to advance YSRHR. Several strategic media, private partners and CSOs have cooperated with the UNFPA mandate. Potential collaborative approaches have been found to prove that UNFPA could promote the YSRHR issues through various partners. There is limited knowledge on SRHR needs and social and cultural barriers exist on these needs among the migrants, mountain people, ethnic groups (for example, field observation of youths working in orange orchards). Some non-traditional IPs may not have a full understanding of how to integrate gender, disability and sexual rights issues when engaging youth in development programmes.

With advocacy and support from UNFPA CO, Thailand has accessible databases and evidence to effectively design policies or measures to address country's key priorities and emerging issues. However, studies on

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<sup>3</sup>I D-Sign: I D-Sign is a "Advocacy Training Manual on Sexuality, Gender, and Human Rights for Young people" as a key tool to assist national and subnational youth representatives to be able to monitor the effectiveness of the AP Act.

particular issues, such as abortion, are still needed. To address the country's dilemmas in population ageing vs. high (yet declining) adolescent pregnancy, UNFPA has attempted to introduce the life-course approach<sup>4</sup> that can tackle both issues effectively at the same time. This attempt is still in its early stage, and serious effort is required by UNFPA to push forward the integration of this concept into the country's policy formulation.

With the support from Thai government, UNFPA's triangular cooperation initiative in Laos PDR has successfully increased the capacity of the midwives, nurses, health workers and midwifery educators in Laos. With this significant contribution—although it is premature to see the change in MMR, the quality of midwifery education as well as educators' competencies have reportedly increased. This would eventually lead to ending preventable maternal mortality with a significant increase in contribution to accelerate lowering MMR in high risk countries. This contribution has also resulted in a long-term partnership among Thai academic institutions, UNFPA Lao PDR and Laos Government.

UNFPA's corporate strengths are well recognized by other UN members for UNFPA's contribution to improving the UNCT coordination mechanism. Value added by UNFPA as a development partner is high, particularly where UNFPA has taken the lead in advocating issues that are high priority for the country and other development agencies (e.g., YSRHR, GBV, Youth issues in general, human rights, SSTC). UNFPA mandate and the professional and technical expertise within UNFPA's CO and the innovative ideas that CO brings to the other UN agencies have been considered as added values. As a continually active member, UNFPA's participation and technical contribution with timely feedback have improved and promoted cohesiveness of UNCT coordination mechanism. UNFPA's leadership is well recognized, and the role played in linking government partners with UNCT members has contributed positively to the work of UNCT. UNFPA contribution in terms of impact assessments, surveys, studies, and joint funding, to name a few, in response to COVID-19 Pandemic has been well accepted and CO continues to offer these services in addition to working on the planned CP11 interventions. The communication strategy of CO seems to contribute only to the improved visibility of UNFPA in Thailand. However, CO seems to have good opportunities and the potential for resource mobilization, any activities related to fund raising can be coordinated with other programmatic and communications activities to optimize the outcomes.

## Recommendations

At a strategic level, UNFPA to continue to operate through strategic partnerships as the key mode of engagement and to continue strengthen relevant strategic partnerships with key government and non-government and private agencies in the remaining period of CP11 through CP12. Given the mode of engagement and programme needs, UNFPA to maintain its leadership and continue to support and assist the government with strategy and policy development.

Operating within the corporate business model (Thailand in "Pink" category<sup>5</sup>), UNFPA is well situated and strategically positioned to continue to offer its advocacy and technical assistance role. However, UNFPA country office is severely short of human resources, but continues to deliver a quality programme. UNFPA as a policy/technical catalyst/convener has established a good reputation and to maintain the trust and

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<sup>4</sup> A sequence of society defined events and roles that the individual enacts over time (Giele and Elder 1998) and Madrid International Plan of Action on Ageing (2002)

<sup>5</sup> Focus is on upstream work to create an enabling environment but can apply service delivery as needed under special circumstances such as humanitarian assistance.

credibility among key stakeholders, including the UN agencies, CP12 needs to address HR capacity issue to offer the expertise expected of and relevant to a “pink” country (upper middle-income country).

UNFPA is working on the transformative development agenda to achieve three zeros and the relevant SDGs by the end of 2030. The SDGs are integrated and indivisible; achieving them will need a more holistic, integrated approach that requires systems thinking, which UNFPA has put into practice joining hands with other UN agencies. For regional cooperation and contributing to the three zeros, SSTC to be continued with success stories from UNFPA experience. With well-recognized achievement of SSTC, the initiatives should be continued in which documentation should be produced and shared. A longer-term review of the triangular cooperation initiative is needed to secure the outcomes and results and to promote further cooperation and support.

With regard to programmatic recommendations, UNFPA’s plan for advocacy to the government for ending GBV and supporting women who are vulnerable to GBV needs to be clearly defined and well-resourced (human resources (HR) and funds) for its implementation. Continue to support and strengthen the focus on targeting marginalized groups that are left behind from current SRHR services for women and men with disabilities, and adolescents and youth living in remote rural areas, to achieve LNOB goal, engaging strategic implementing partners and CSOs. Youth council representatives (YCR) as the youth-led policy advocacy platform should be well strengthened with evidence-based advocacy, communication skills and active mentorship.

With the achievement of AP Act so far and the demands for the protection of adolescents’ right to access sexual and reproductive health service with adequate practices among duty bearers, UNFPA should continue coordinate among and between line ministries and other key players such as professional organisations, academia, and CSOs to ensure the AP Act implementation which currently has some challenges. Target line ministries to be strengthened in this regard are labor, interior and education.

Support for more surveys and research studies, and capacity building to better understand population dynamics and its interlinkage to AYRSHR should be continued. Life-course approach should be well promoted with evidence- based advocacy and communications to increase public awareness. To better understand population dynamics and its interlinkages, UNFPA to support and be engaged in surveys and research studies in partnership with academia and government institutions. Continue and promote life-course approach to ageing. Rich experience gained from SSTC initiatives to be documented and shared regionally and globally.

Revise and test the pilot, I D-Sign model (Advocacy Training Manual on Sexuality, Gender, and Human Rights for Young people) as a key tool to assist national and subnational youth representatives to be able to monitor the effectiveness of the AP Act, addressing gender and rights-based approaches that are not adequately covered before replicating the modules in other areas of the country. To achieve more effective results, it may be useful to orient those IPs dealing with youth, on issues related to gender, rights-based and disability inclusive approaches, engaging more marginalized groups in the programmes.

Given the current pandemic situation the resource situation for programmes may have a negative impact; therefore, resource mobilization could be expanded beyond the coverage on UNFPA visibility, combining with other programmatic and communication activities to maximize outputs.

## Chapter 1: Introduction

UNFPA Country Office conducted an independent Country Programme Evaluation (CPE) of the 11<sup>th</sup> Country Programme (CP) of Assistance to the Government of Thailand in accordance with UNFPA evaluation policy. As an external and independent exercise by an independent team of evaluators, this evaluation adhered to the guidelines in UNFPA's Handbook on "How to Design and Conduct a Country Programme Evaluation at UNFPA", ethical norms and United Nations Evaluation Group (UNEG) norms and standards. Managed by the Country Office (CO) in close collaboration with the Regional Monitoring and Evaluation (M&E) Adviser in the UNFPA Asia and the Pacific Regional Office (APRO) and with oversight from the Evaluation Office (EO) of UNFPA Headquarters, the overall objectives of the CPE are stated below.

### 1.1 Purpose and Objectives of the Country Programme Evaluation

The evaluation serves three main purposes: (i) demonstrate accountability to stakeholders on performance in achieving development results and on invested resources; (ii) support evidence-based decision-making; (iii) contribute important lessons learned to the formulation of the next Country Programme in Thailand. While serving as the basis to develop the new Country Programme Document (CPD), CPE provides key inputs to the identification of areas in which UNFPA can add value to the UN system within the new United Nations' Sustainable Development Cooperation Framework (UNSDCF) that is jointly developed and implemented with the Royal Thai Government. Moreover, the CPE assists UNFPA to identify the areas of the ICPD Programme of Action that should continue to be prioritized, as well as emerging trends; and provides elements to strengthen UNFPA's coordination with other agencies with the similarity especially in context of implementing the Common Chapter among UNFPA, UNICEF, UNDP, UN Women.

The key audience of this CPE includes government and non-government implementing partners, relevant UN agencies in the country team (RCO, UNICEF, UNDP, UNAIDS, UN Women, , etc.), UNFPA country office staff, UNFPA APRO, UNFPA Headquarters, Executive Board, donors, civil society organizations, academia, and other stakeholders.

The overall objectives of the CPE are (i) enhancing the accountability of UNFPA for the relevance and performance of its CP; (ii) broadening the evidence base for the design of forthcoming cycle; and (iii) broadening the evidence base for Country Comprehensive Analysis (CCA) and the designing of the new UNSDCF with the Thai Government.

The specific objectives of CPE are to:

- Provide an independent assessment of the relevance, effectiveness, efficiency, and sustainability of UNFPA support and progress towards the expected outputs and outcomes set forth in the results framework of the CP,
- Provide an assessment of the role played by the UNFPA CO in the coordination mechanisms of the United Nations Country Team (UNCT), development and national partners, with a view to enhancing the United Nations collective contribution to national development results as well as its ability to respond to national priority needs, while adding value to the country needs, and
- Draw key lessons from past and current cooperation and provide a set of clear and forward-looking options leading to strategic and actionable recommendations in light of SDG 2030 agenda for the next programming cycle, CCA, and UNSDCF.

### 1.2 Scope of the Evaluation

The evaluation covered the following three programmatic areas: Adolescent and Youth Sexual and Reproductive Health and Rights; Population and Development, and South-South Cooperation. Gender



equality is integrated in all programmatic areas including the content of knowledge sharing and practices. Moreover, the evaluation covered all programmatic interventions planned and implemented during the period from January 2017 to July 2020, and cross-cutting areas and strategies such as partnership, resource mobilization and CP communication and advocacy interventions. Although most interventions are at the national level, initiatives are included at regional and sub national such as South-South Cooperation initiatives with Thailand priority countries, partnership initiatives with CSOs at sub national level to enable environment for young people including those with disabilities, as well as public-private-partnership initiatives on life course and inter-generational approach. Therefore, one province especially YSRHR with Raks Thai Foundation in Chiang Mai and two partnership initiatives including private partnership with an intergenerational approach and partnership with CSOs on YSRHR for young people with disabilities were selected for the evaluation. Sites were selected based on discussions with the CO staff, validated by ERG.

The evaluation includes five phases, each of them including several steps, of which details are presented in Section 5.

### 1.3 Methodology and Process

#### ***Evaluation criteria and evaluation questions:***

This evaluation is guided by the following standards, among others: Integrating Human Rights and Gender Equality in Evaluation, UNEG Norms and Standards for Evaluation in the UN System, and UNEG Ethical Guidelines for Evaluation (<http://www.unevaluation.org/document/detail/102>) and is transparent, inclusive, and participatory, as well as gender and human rights responsive. Following the guidance on how to integrate gender equality and human rights principles in the evaluation design, CPE analysed how CP11 advances the rights of targeted populations, particularly women and individuals who are marginalized, and support them to claim their rights. Depending on the availability and accessibility of data, the evaluation sought to utilize data disaggregated by age, sex, vulnerable groups including the poor, women, young mothers, children, unemployed youth, elderly, people living with HIV, victims of GBV, LGBTI, people with disabilities, youth with disabilities, and unemployed youth to ensure findings reflect these groups.

The evaluation is based on the four OECD-DAC evaluation criteria: (*relevance, effectiveness, efficiency, and sustainability*) and UNFPA criterion (*coordination*) and responds to the evaluation questions mentioned in the next section and finalized during the design phase.

Following the definitions in the CPE Handbook<sup>6</sup>, Relevance assesses the extent to which the UNFPA country office has correctly analysed and interpreted the ongoing needs in the country; (b) whether and how the UNFPA support strategy has appropriately considered the priorities of the partner government; and (c) whether the country programme is in line with the mandate and priorities of UNFPA as an organization. It also considers the strategic positioning and “niche” of the organization and includes an assessment of the responsiveness (dynamic relevance) in light of changes and/or additional requests from national counterparts, and shifts caused by external factors in an evolving country context.

Effectiveness measures the extent to which CP outputs have been achieved, and the extent to which these outputs have contributed to the achievement of the CP outcomes. To assess this ET reviewed the intervention logic of the country programme. It was not necessary to reconstruct it as CP11 programme logic and the theory of change were clearly explained, and this was further discussed at initial briefing

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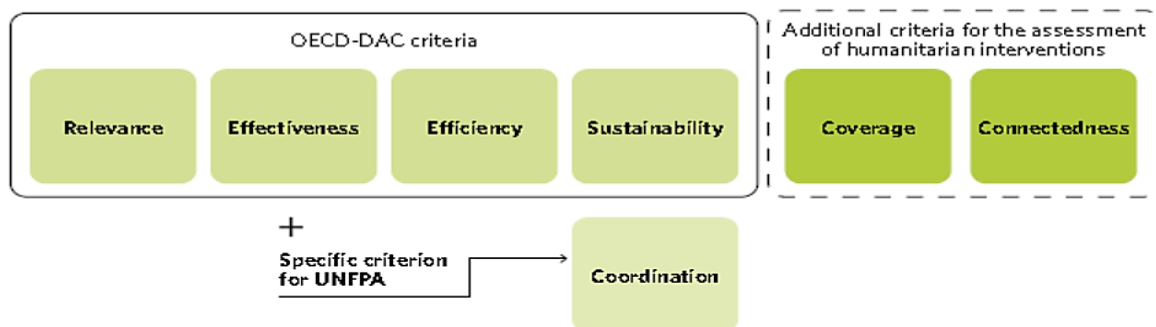
<sup>6</sup> Handbook on “How to Design and Conduct a Country Programme Evaluation at UNFPA” (2019 revised version).



meetings with CO staff. ET assessed: (a) the extent to which the CP outputs have been achieved; and (b) as far as it was possible the extent to which these outputs have contributed to the achievement of the stated outcomes. Efficiency assessed: (a) if UNFPA outputs were developed or produced at a reasonable cost, or over a reasonable time period; (b) the extent to which the country office took advantage of existing opportunities for synergies. Given the timeframe, TOR and the scope of the evaluation, ET did not conduct any cost benefit analysis as part of this evaluation. Sustainability assessed the continuation of benefits from a UNFPA-financed intervention after its termination, linked, in particular, to their continued resilience to risks.

Coordination assessed the extent to which UNFPA has been an active member of, and contributor to, the existing coordination mechanisms of the UNCT. Aspects of this criterion included the record of participation of UNFPA representatives in UNCT coordination meetings (such as minutes of UNCT meetings) and the responsibilities assumed during these meetings; and the contributions made. The assessment of Added Value is related to the main UNFPA's added value and comparative advantage in the country context as perceived by the UN partners as well as national stakeholders.

**Figure 1: Evaluation Criteria for the CPE**



Source: Handbook UNFPA Evaluation Guidelines (2019 version)

Following the TOR (Annex 1), this CPE did not cover the additional criteria on Coverage and Connectedness. As explained above, out of the seven criteria mentioned in Figure 1, only five evaluation criteria were assessed. Eight key evaluation questions (EQs), with several sub-questions, as proposed in the TOR were covered. Availability of recent reviews and evaluations and the feasibility of data collection via face-to-face interviews in the context of COVID-19 were considered in the evaluation process. There was no major limitation due to COVID19 for the national team to conduct field visits for the evaluation. Team Leader (TL) joined the national team in the interviews via zoom. Where it was relevant and necessary, an interpreter was used.

Taking into consideration the tasks of the evaluation as well as time and budget constraints, a non-experimental design was used to answer the evaluation questions. This type of design was also most relevant, given that most of the evaluation sub-questions were descriptive and normative in nature. Following are the questions specific to above mentioned evaluation criteria:

**Table 2 : The Evaluation Questions**

<b>Evaluation Criteria and Evaluation Questions</b>	
<b>Relevance</b>	<p>EQ1. To what extent is the UNFPA support (i) adapted to the needs of the population with emphasis to the most vulnerable and marginalized population groups, such as young people with disabilities (ii) in line with the priorities set by ICPD Plan of Action and national policy frameworks related to UNFPA mandate areas, (iii) aligned with the UNFPA strategic plan in particular Strategic plan principles (leaving no one behind and reaching the furthest behind), transformative goals, and business model and (iv) aligned with the UN Partnership Framework?</p> <p>EQ2. To what extent has UNFPA results, key strategies and interventions aligned and contributed to national policies and plans on Population &amp; Development, Reproductive Health and Rights for Young People, and the National Overseas Development Assistance strategy?</p>
<b>Effectiveness</b>	<p>EQ3. To what extent have i) the intended programme outputs been achieved, ii) the outputs contributed to the achievement of the planned outcomes and the degree of achievement of the outcomes, and ii) what were the factors that facilitated or hindered the achievement of intended results?</p> <p>EQ4. To what extent has UNFPA supported strategic partnerships including academia, civil society and private sector to advance South-South Cooperation across all of its programmatic areas to facilitate (i) the exchange of knowledge to achieve the SDG3, UNFPA transformative result on zero preventable maternal deaths, and build national capacity in Thailand Programme; (ii) an enabling environment for young people to access to YSRHR and voice their demands on rights to sexual and reproductive health; and (iii) evidence generation on life course approach through public-private partnership initiatives.</p>
<b>Efficiency</b>	<p>EQ5. To what extent has UNFPA made good use of its human, financial and technical resources, and has used an appropriate combination of tools and approaches to pursue the achievement of the results defined in the UNFPA CP?</p>
<b>Sustainability</b>	<p>EQ6. To what extent have interventions supported by UNFPA contributed to strengthened policy and regulatory frameworks to advance gender equality and SRHR of young people, including those from marginalized communities, and to address emerging population issues?</p> <p>EQ7. To what extent has UNFPA been able to support implementing partners in developing capacities of midwives and health workers in Laos through SSC and in establishing mechanisms to ensure ownership and the durability of effects of such initiatives?</p>
<b>Coordination</b>	<p>EQ8. i) To what extent has UNFPA country office contributed to the functioning and consolidation of UNCT coordination mechanisms?</p> <p>ii) What is the main UNFPA added value/comparative advantage in the country context as perceived by UNCT and national stakeholders?</p>

Upon deciding to include all evaluation questions proposed in the TOR, ET did a desk review of key documents provided by CO and those identified by the ET, obtaining clarity on specific details from CO staff members. ET prepared evaluation design matrices (Annex 5) covering the eight evaluation questions.

Potential biases could be that we miss some populations with unique characteristics, and these were mitigated by information gathered via secondary sources and interviewing sources who are familiar with these projects and populations.

**Evaluability Assessment and Reconstruction of the programme logic:** The team reviewed the TOC to understand the logical linkages and the objectives behind the interventions. Although the risks, critical assumptions and limitations were not well reflected in the CP11 Programme Logic, the strategic interventions linking the outputs and outcomes were clearly explained. As such reconstruction of programme logic was not required. ET followed the TOC provided by the country office, after understanding the assumptions and limitations in the implementation process of the CP.

## Data Sources and Collection

Based on the selected evaluation questions, the sources of data were both secondary and primary. Primary



**TL's Virtual Participation in Group Meetings:  
Chiang Mai Province**

data collection was through semi-structured interviews, focus group discussions or unstructured interviews, and direct observation during field site visits as appropriate. Secondary data were collected through desk review of existing literature (evaluations, research and assessments conducted by UNFPA CP11 and other partners in the country), annual reviews/progress reports, administrative data, especially in the health sector, and other monitored data, including Education and Gender areas as available. Administration of any on-line survey, although was planned, it was not required as the country situation regards to COVID-19 did not pose any restriction to gather data face to face. When the distance was an issue, ET used audio/video conferencing platforms for interviews. TL participated in interviews and discussions via zoom. Recent reviews and evaluations completed by the CO, and other agencies complemented the data collection.

The type of data was based on a mix of quantitative and qualitative, derived from multiple sources. The evidence in this evaluation included data collected from the field, desk review of documents, direct observations, structured and semi-structured interviews, key informant interviews (KII), and informal group discussions, and secondary sources such as the evaluation and review reports, administrative data and other sources. Desk review included CP-related documentation, relevant national policies, strategies and action plans, national statistics, evaluation and review reports, and monitoring reports (quarterly reports, project-specific reports, annual reports, and trip/mission reports) submitted by IPs and UNFPA staff. The evaluation triangulated data sources, range of different sources/informants as described above, data types –primary, secondary, qualitative and quantitative- and data collection methods stated above.

Detailed lists of documents reviewed and people interviewed are attached to the report (Annex 4 & 2 respectively). ET assessed the extent of beneficiaries (including the representatives of the most vulnerable and marginalized groups) and partners being consulted when designing the CP and during the implementation. ET also assessed how UNFPA has been able to support its partners and the beneficiaries in developing capacities and establishing mechanisms to achieve planned results, ensure ownership, and sustainability of effects. Further, the evaluation assessed the extent to which UNFPA activities were designed in a manner that ensured a reasonable handover to local partners.

The triangulation of data collection is expected to minimize the weaknesses of one method, offset by the strengths of another, enhancing the validity of the data. Validation of the findings and recommendations

was achieved through stakeholder meetings, such as debriefing meetings with UNFPA staff, ERG members and Implementing Partners.

### **Selection of the field sites and Sampling Strategy**

According to the TOR, the evaluation is expected to cover the key programmatic areas on Adolescent and Youth with a focus on Sexual and Reproductive Health and Rights; Population and Development, and South-South Cooperation. Gender equality is included in all programmatic areas including the content of knowledge sharing and practices. Moreover, the evaluation covered all programmatic interventions planned and implemented during the period from January 2017 to July 2020, and cross-cutting areas and strategies such as partnership, resource mobilization and CP communication and advocacy interventions.

**A purposive sample was used:** The criteria in the selection of key stakeholders for CPE are 1) those who are associated with each given output/outcome (i.e., implementing partners including GOs, CSOs, private partners, execution agencies, direct and indirect beneficiaries, and donors), 2) those who are related to interventions/programmes that have been achieved as well as partially achieved (and not achieved), and 3) those engaged in the programme implemented in the capital city of the country (i.e., Bangkok) and a representative province in the region (i.e. Chiang Mai). ET ensured that at least one or more of those who are affiliated with implementing of CP11 interventions were included in the sample for interviews.

There was only one field site where downstream activities took place and the IPs and the beneficiary groups in that province (Chiang Mai) were selected to reflect the interventions Implemented (no sampling needed for site selection). Chiang Mai province covered YSRHR with Raks Thai Foundation and two partnership initiatives including private partnership with intergenerational approach, and partnership with CSOs on YSRHR for young people with disabilities were also selected for evaluation. With respect to the intergenerational approach, 3 CSOs and one private partner are mapped out for interviews. The evaluation team selected a private partner, namely Magnolia Quality Development Community (MQDC), to be interviewed. The selection of MQDC is based not only on the team's time frame and logistics but also on the facts that their initiative project (i.e. Future lab on aging) is relatively new to Thailand and that this private partner has not been interviewed before in the mid-term review (MTR). The insights obtained from MQDC would be especially useful for increasing partnerships with the private sector.

The site visit was finalized by taking into consideration logistics, time frame, and the current COVID-19 situation. Table 3 below provides a cross section of the sample and for the detailed list please refers to Annex 2.

**Data Analysis:** The evaluation matrix provided the guiding structure for data analysis for all components of the evaluation. The evaluation questions were used to structure data analysis. The team used descriptive analysis to identify and understand the contexts in which the programme has evolved, and to describe the types of interventions and other characteristics of the programme. This depended heavily on the availability of secondary data and the time to collect primary data. Descriptive analysis was used to interpret quantitative data - in particular, data emerging from country programme annual reports, studies, surveys, other reports including financial reports. The data collection methods were designed around the assumptions and indicators proposed in the evaluation matrix and considered the most effective ways to collect needed information to answer EQs within the country and programmes' context and limited timeframe. Desk review and analysis included relevant government and UNFPA policy and strategy documents, UNPAF, country programme documents, work plans, Annual Reports, M&E reports, Joint programme documents, mid-term-review (MTR) report, other past reviews, evaluation reports, other selected documents and relevant secondary data. Secondary data were tabulated for descriptive analysis where it was feasible.

Content analysis of documents, interviews, group discussions and focus group interview notes was done to identify emerging common trends, themes and patterns for each key evaluation question, at all levels of analyses. The emerging issues and trends provided the basis for preliminary observations and evaluation findings. Given the nature of the key data collection method in this CPE, major data analysis was mostly limited to content analysis to interpret qualitative data.

Contribution analysis assessed the extent to which the country programme contributed to expected results. The team made use of the TOC focusing on the interventions contributing to the expected outputs and the said outcomes in turn. Although it was not possible to measure how much the contribution was to the outcomes, the strategic direction the CP11 had ensured UNFPA contribution to the achievement of the expected outcomes. Working with other UN agencies, UNFPA contributed to the areas within its mandate to achieve the agreed areas of responsibilities. These are discussed further under the Findings section.

Special consideration was made, where feasible, to include and reflect how boys, girls, men and women, and those belonging to marginalized groups (adolescent girls in poverty, girls aged 10 to 14 years old; young people, particularly adolescent girls discriminated based on their identity, ethnicity, race and sexual orientation, young persons with disabilities, girls who are not in school or are living in areas with high levels of dropout, teenage mothers, or are already married and/or mothers, as specified by the CO staff and IPs) in the CP11 design and implementation. Findings are discussed under relevant sections.

**Data Quality and Validation Mechanisms:** Qualitative data, secondary quantitative data, interview data and other evaluation findings from existing reports were triangulated in making conclusions from the findings. Data quality was maintained by triangulating the data sources and methods of collection and analysis. Validation of preliminary findings as well as the recommendations, by key stakeholders, enhanced the quality of data collected ensuring absence of factual errors or errors of interpretation and no missing evidence that could materially change the findings. ET held follow up discussions with CO programme staff to assure that the data (secondary) used in the evaluation are from valid sources and the reported limitations were taken into consideration when using the secondary data.

**Data Gaps:** No data gaps were identified by the team and disaggregated secondary data, reliable and adequate, were available adequately for the evaluation. As for the people with disabilities (PWDs) are concerned, a series of cross-sectional national survey data was available latest being the data in 2017. Data on abortion was limited; however, this did not impact the conduct of the evaluation.

**Retrospective and Prospective Analysis and the Evaluation Criteria:** The evaluation team assessed the extent to which results have been sustainable, and in cases where expected results have already been generated, the team assessed the prospects for sustainability, i.e., the likelihood that the effects of UNFPA interventions will continue once the funding comes to an end. Questions were formulated to elicit this information; however, this was based on respondents' perceptions. Where interventions have been in effect for over several cycles (maturity), actual effects were observed. Previous evaluation findings and programme documents, CO monitoring and performance data, and field observations were combined with interview data to substantiate ET findings. Relevance and Efficiency were assessed mainly by reviewing the related policy and strategy documents, financial documents and face-to-face interviews with relevant stakeholders.

### Stakeholder Participation:



*Stakeholder Consultations and TL's Virtual Participation*

An inclusive approach, involving a broad range of partners and stakeholders, was followed. The evaluation team did a stakeholder mapping (Annex 3) in order to identify both UNFPA direct and indirect partners (i.e. partners who do not work directly with UNFPA and yet play a key role in a relevant outcome or thematic areas in the national context). These stakeholders included representatives from the Government, civil-society organizations, the private sector, UN organizations, other multilateral organizations, bilateral donors, and the beneficiaries of the programme. Key stakeholders were involved in several vital stages of the evaluation providing input to the design of the evaluation, validating the findings, and contributing

to the future recommendations. The following table

indicates those interviewed by the team and it represents the key informants associated with interventions under CP11.

**Table 3: List of Representing Institutions and Number of Stakeholders Met**

Institution	Male	Female	Total
UNFPA Country Office	1	3	4
UNFPA Laos		1	1
UN Agencies (CD (former & current), RCO, UNICEF, UNAIDS, UNDP, UNWomen	3	5	8
Provincial Level (Chiang Mai)	-	3	3
Provincial health office	-	2	2
Head of Shelter of Children and Family	-	1	1
Provincial Education office			
Department of Health, Ministry of Public Health	2	1	3
Thailand International Cooperation Agency (TICA)	1	2	3
National Statistics Office	0	2	2
National Economic and Social Development Council	2	3	5
Academia: Institute of Population and Social Research, Mahidol University; Faculty of Nursing, Kon Kaen University; Rachasuda College	0	3	3
NGOs and CSOs: MQDC Future Lab	0	1	1
Representative from Laos Government	0	2	2
Media: ThaiPBS, DekDee.com	1	2	3
NGOs and CSOs ( CYCT, TRIP, PPAT, Raks Thai & THPF)	4	6	10
Youth representatives	1	6	7
<b>Total</b>	<b>15</b>	<b>43</b>	<b>58</b>

Note: Detailed list with names in Annex 2

**Ethics and Maintaining the Quality of Evaluation:** Ensuring the protection of respondents' rights, an informed consent was sought before all interviews were made and the data collected were confidentially kept, with no identifiers. Where written consent was not applicable or feasible, verbal agreement was sought. UNFPA CO informed the respondents about the evaluation purpose and the rights, voluntary

participation, and confidentiality of those participating in the evaluation. Conclusions and recommendations show evidence of consistency and dependability in data, findings, judgments, and lessons learned appropriately reflecting the quality of the methodology, procedures, and analysis used to collect and interpret data. The team followed UNEG guidelines and standards, as well as UNFPA's Handbook on "How to Design and Conduct a Country Programme Evaluation at UNFPA" in carrying out the CPE to ensure its quality. From the design stage to the implementation of the CPE, the team ensured, as explained above, that gender concerns and human rights-based approach was integrated.

**Limitations and how ET mitigated them: Sample selection is purposive and** not representative of all the interventions in the province visited thus we cannot generalize the findings to the entire provincial development programme supported by the country office. Stakeholder selection covering all activities/interventions mitigated any biases and did not affect the understanding of the interventions that ET was unable to visit physically. The province served as a pilot and the findings could be used as lessons learned for scaling up with appropriate modifications. TL working remotely from a different time zone did not allow participation in all meetings in the field. Similarly, given the situation on the ground (logistics) it was not easy for ET to conduct several FGDs. To mitigate this ET conducted one FGD and several informal group discussions in the field to gather information. Triangulation of different data sources, data collection methods and TL's participation online, most of the time regardless of the difference in time zone, mitigated the inability to conduct several FGDs and visit more project intervention sites. ET was able to attend to data collection without interruption in the field. CO provided high speed internet connection with the interpreter in all field visits and interviews. TL attended, virtually, most meetings and field visits making it possible to work as a team. Weak internet connection posed some challenges only sometimes, however, in those circumstances, the national team recorded the interviews for TL's review.

National team had to adjust the evaluation work schedule within their other official duties and responsibilities. TL mitigated these by respecting their schedules and meeting them on-line during the hours feasible to them, despite the 12-hour time zone difference, maximizing the use of technology, mobile phone, skype, and WhatsApp etc. Thus, working remotely did not impact briefings with ET and other meetings with stakeholders. To overcome language issues, an interpreter was used where needed.

### **Process Overview**

Of the CPE five phases i) preparation, ii) design, iii) field, iv) reporting, and v) management response, dissemination and follow up, the preparatory phase completed by the CO. The Design Phase included desk review of key documents; stakeholder mapping; analysis of the programme/intervention logic, finalization of the evaluation questions, development of data collection and analysis strategy, and a plan for field phase; preparation of the evaluation matrix and presentation of the design report to the ERG and CO. ET met with UNFPA CO programme teams to go over the outputs and expected results in detail to agree on the indicators to be used and the list of key stakeholders for interviews.

Upon approval of the design report by CO, APRO and ERG, data collection tools (Annex 6) were refined, and field work started.

**The Implementation Phase/Data collection and Analysis Phase:** After the Design Phase, the team-initiated data collection and analysis. Preliminary findings were presented to the CO staff, ERG and a selected audience for validation.



**Reporting Phase:** After the preliminary analysis of data and the debriefing session, the first draft report was reviewed by CO staff, ERG<sup>7</sup>, Regional Office M&E Advisor, and Evaluation Manager for feedback. The final draft was shared with the national stakeholders and CO staff for validation. Discussions were held with CO staff, and revisits to national stakeholders were done as needed to fill the gaps. Evaluation findings, conclusions and recommendations were presented to a larger audience for validation. Finalization of the CPE report was done based on this feedback.

**Preparation of the Management Response and the Dissemination** of the final recommendations will be the CO responsibility. The CPE findings and recommendations will inform the development of CP12. The final report and evaluation quality assessment (EQA) will be posted in the UNFPA evaluation database and the country office will have the results and recommendations uploaded in their website.

**Integration of Gender Equality, Disability, Human Rights in the evaluation:** GE and HR are considered cross-cutting in CP11 and the team attempted to answer all the evaluation questions with a reflection on gender and human rights concerns, while findings under Effectiveness provide detailed information of the CP11 GE strategic outcome. As evident in the design, evaluation questions, selection of interview participants, the overall evaluation methodology and analyses as well as in the conclusions and recommendations the team made an effort to integrate GE and HR concerns as feasible. The evaluation integrated and focused on inclusion of disability in the data collection analysis and in recommendations.

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<sup>7</sup> ERG list and their roles are included in the main TOR attached (Annex 1)



## Chapter 2: Country Context

### 2.1 Development Challenges and National Strategies

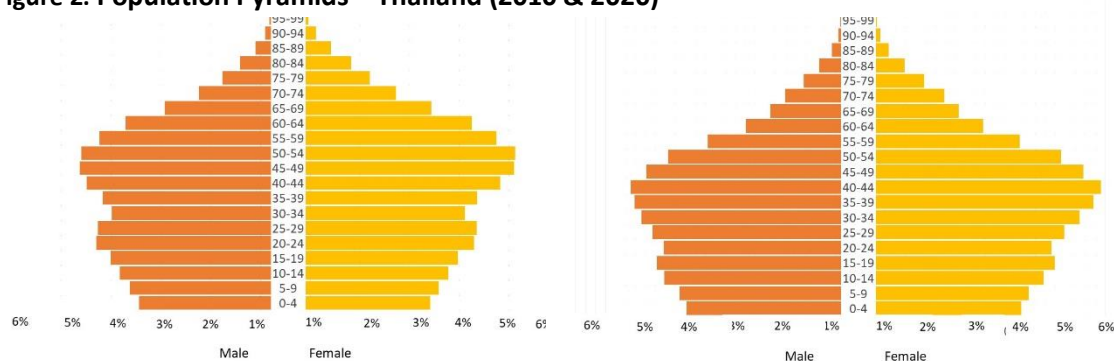
Thailand has achieved notable success in economic growth and human development marked by having the status of an upper-middle-income country in 2011. According to the World Bank, the growth and development of Thailand's economy is highly driven by export. The country's GDP in 2019 was US\$543.7 billion (16.968 trillion Baht) making it the 8<sup>th</sup> largest economy of Asia and the 2<sup>nd</sup> largest economy in Southeast Asia, after Indonesia (World Bank, 2019).

With a human development index (HDI) of 0.572 in 1990, it increased significantly to 0.765 in 2019 resulting in Thailand being categorised as a country with a high human development. In terms of human development index (HDI), Thailand is ranked 77 out of 189 countries and territories (UNDP, 2019). Gender equality is high and girls enjoy equal access to quality education; even having higher enrolment rates in tertiary education. Females now account for 45.65% per cent of the workforce. The percentage of Thai women holding CEO and Managing Director positions is double the world average and higher than any other nation in Southeast Asia. Based on Women in Business 2019 Report, Women in Thailand hold 33% of all CEO and Managing Director jobs in the private sector.

Thailand has achieved a high level of service coverage for sexual and reproductive rights, with Universal Health Coverage. Impressive results were recorded in family planning, maternal health and the response to HIV. Nearly all services are covered under three health insurance schemes and an additional one for migrants, including HPV immunization and HIV treatment. The country has successfully curbed the HIV epidemic, with the incidence of HIV infection on a steady decline and mother-to-child transmission eliminated. Despite these successful records, country has experienced high adolescent birth rate as compared to other countries with the same level of development. Early marriage has also brought a concern, with around 22 per cent of girls being in union or lives with their partner before 18 years.

With a population of 69,799,978 in 2020, United Nations estimates ranks Thailand as the 20<sup>th</sup> most populous country in the world according to World Population Prospects 2019. The population density of the country had continued to increase such that by 2019, it was estimated at 136.6 people/km<sup>2</sup>. In terms of age composition, the working-age adults (15 to 59 years old) comprise around 65% of the total population and about 17% of the total population are older people (60 years old and over). The following two pyramids show the changes in population structure during the past decade (Figure 2).

**Figure 2: Population Pyramids – Thailand (2010 & 2020)**



Source: UN Population Division 2019 Population Projections and Estimates (UN 2019)

### 2.1.1 Development Challenges

Despite growing economic status and achievement of good HDI, Thailand is not without development challenges. Several challenges, specifically related to the UNFPA mandated areas are discussed in this section. A number of national institutions, including the National Statistical Office (NSO), continue to undertake significant efforts to produce reliable administrative data in their respective sectors since Thailand has adopted a decentralised statistical system. However, data from different sources remain inconsistently collated and analysed, and their use in policy deliberations and decision-making had been limited.<sup>8</sup>

Thailand achieved most of the eight millennium development goals (MDGs) and had made good progress in achieving the MDGs+ that the country had committed itself by 2015. The SDG-1 of eradicating extreme poverty had been achieved. However, an estimated 9.9% of the population were living under the poverty line in 2018.<sup>9</sup> Income inequality expressed through the Gini coefficient was 36.4 in 2018. Compared to the earlier decade, economic growth had become slower particularly because of the current COVID-19 outbreak due to the weakened domestic consumption supply chain disruptions, and the general decline in demand which affects trade and tourism. During this period, average household consumption per capita increased, but the household consumption of the bottom 40% of the population decreased.<sup>10</sup>

People living in poverty remain relatively under-served by government interventions. Disparities also exist within and across regions. Poverty is a factor of exclusion from education at both primary and secondary level. The disparity in access to secondary education based on wealth is even more pronounced. The cost of education for poorer families, including opportunity costs, is one of the factors contributing to this.

#### ***Sexual and Reproductive Health and Rights***

Thailand has reached a high level of coverage for sexual and reproductive health services with low point-of-service charges to clients. The universal health coverage (UHC) covers almost all relevant SRH services envisioned in the Programme of Action of ICPD<sup>11</sup>. The largest national survey conducted every three years in 2012, 2015, 2019 by National Statistical Office and UNICEF<sup>12</sup> shows a significant drop in the adolescent birth rate from 60 to 51 per 1000 in 2012 and 2015 respectively to 23 per 1000 in 2019. Early marriage and unmet need for contraception persist with increasing percentages from 2012 to 2019. Access to safe abortion is the least addressed SRH service, official reports suggest that about 30,000 abortions occur each year (including induced, spontaneous and therapeutic), but other estimates go as high as 200,000– 300,000 annually, suggesting that abortion is widely practiced. The continued high prevalence of unsafe abortions is caused from a misconception in Thai society, including among health workers, that abortion is illegal in all circumstances, and due to personal and religious beliefs concerning termination of pregnancy.<sup>13</sup> People

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<sup>8</sup> Human Development Report for Thailand, UNDP, 2019, page 17

<sup>9</sup> <https://www.adb.org/countries/thailand/poverty>, Accessed August 2020.

<sup>10</sup> World bank country profile from <https://www.worldbank.org/en/country/thailand/overview#1>

<sup>11</sup> Tangcharoensathien et al. (2015). Commentary: Thailand: Sexual and reproductive health before and after universal health coverage in 2002. *Global Health*, Vol. 10, No. 2, 246–248.

<sup>12</sup> National Statistical Office and UNICEF (2012, 2016, 2019). Thailand Multiple Indicator Cluster Survey, 2012, 2015- 2016, 2019. Final Report. Bangkok, Thailand

<sup>13</sup> From a report for the UNFPA by HERA (2018) Universal health coverage for sexual and reproductive health in Asia-Pacific.

living in vulnerable situations, especially people with disabilities, ethnic minority groups including migrant workers face barriers of access to sexual and reproductive health services. All these require effective inter-sectoral actions addressing key social determinants of health. Despite increased unmet need for contraception and early marriages (before 18), the adolescent birth rate (ABR) continues to decline drastically and without further studies, this scenario is hard to explain except linking this to abortions. But given the lack of data, there is no firm evidence to link it.

**Table 4: Adolescent Birth Rate, Early marriage and Unmet Need for Contraception**

<b>Crucial reproductive health issues</b>	<b>2012</b>	<b>2015</b>	<b>2019</b>
Adolescent birth rate (per 1000 women aged 15-19 years)	60	51	23
Early marriage (women before aged 18 years)	16.3%	21.3%	20.2%
Unmet need for contraception	6.9%	6.2%	17%

Source: Thailand Multiple Indicator Cluster Survey, 2012, 2015- 2016, 2019 by National Statistical Office and UNICEF

Thailand has been successful in reducing the under-five mortality rate, except in the highlands and three southernmost provinces. The country was not able to reduce by three-quarters the maternal mortality ratio, as in 1990 it was already very low. Thailand has seen significant drops in its fertility rate, which is at 1.5 in 2019 according to estimates shared by the NSO. This was due to women and couples choosing to have smaller families, which were underpinned by increasing levels of education, and successful family planning programmes which were introduced in the 1970s. The country has successfully curbed the (Human Immunodeficiency Virus) HIV epidemic, with the incidence of HIV infection on a steady decline and mother-to-child transmission eliminated. However, the epidemic continues to spread in key populations – including men who have sex with men (MSM), people who inject drugs, and sex workers. As of 2018, the number of persons receiving anti-retroviral therapy (ART) was around 360,000 and those receiving treatment for TB was about 85,000.<sup>14</sup>

### **Population Dynamics**

While the population size of Thailand is not expected to significantly decline for the next two decades, the population structure is expected to change dramatically during this period. This shift in population structure is attributable to several aspects. The total fertility rate of Thailand, which was at 1.5 births per woman in 2019, had been declining in recent decades denoting fewer younger people over time.<sup>15</sup> Also, the older population of the country has continued to increase. With the two key forces, the dependency ratio will increase from 49.3 to 79.1 dependents per 100 working-age adults between 2010 and 2040 according to the NESDC’s Report of the Population Projections for Thailand, 2010-2040 (Revised version). The decline in workforce suggests higher dependence upon international migrant labour. According to the 2019 Thailand Migration Report, there were approximately 3.9 million low skilled workers from Cambodia, Lao PDR, Myanmar and Viet Nam in 2018.<sup>16</sup> The figure is estimated to double to 6.13 million by 2029.<sup>17</sup> As Thailand’s

<sup>14</sup> The Global Fund Data. Retrieved from <https://data.theglobalfund.org/investments/home/THA/-/Governmental>

<sup>15</sup> Population and Housing Statistics – National Statistics Office

<sup>16</sup> The Thailand Migration Report 2019. The UN Thematic Working Group on Migration in Thailand.

<sup>17</sup> UNFPA (2019). 25 Years after the ICPD: Population and Development for a Sustainable Future in Thailand.

natural increase rate is approaching zero, international immigration likely becomes the primary source of population growth for the country in the near future.

Thailand's population is ageing rapidly, yet many people are ill-prepared for old age. About two- third of working population aged 30-59 years old are not covered by pension schemes that would provide them retirement income.<sup>18</sup> Only 15 million out of 40 million workers are in the formal sector with some insurance/pension benefits.<sup>19</sup> Among people over the age of 60 years, 34.3% live below the poverty line. This proportion is likely increased by the COVID-19 pandemic, which may result in greater reliance of older individuals and their family members on the public social support system.<sup>20</sup>

Thailand is one of the upper-middle income countries that experienced the fastest pace of urbanization owing to the economic boom in the late 1980s. The share of population living in urban areas increased from around 29 percent in 1990 to 44 percent in 2010 and surpassed that of rural areas for the first time in 2018. The proportion of urban dwellers is projected to increase to 69.5 percent by 2050. During the same period, it is projected that Thailand will lose 14.7 million rural dwellers.<sup>21</sup> According to the World Bank report, urbanization in Thailand is dominated by the Bangkok urban area.<sup>22</sup> Due to limited access to lands, and high cost of housing, food, transport and utilities, many urban dwellers live in city slums, which accounts for almost a third of all settlements in Bangkok in 2018.<sup>23</sup> In Bangkok, as in big cities elsewhere, floating population has become significant part of the city. For many of the floating population, those who stay but are not registered as residents in Bangkok are not eligible to receive municipal social benefits and services. This is seen as institution obstacles to their survival and development in the city.<sup>24</sup>

### ***Adolescents and Youth***

As Thailand is an upper-middle-income country that is ageing, investing in young people has become a critical prerequisite for sustainable development. In Thai Health Report 2020<sup>25</sup>, the number of Thai youth and adolescents is 12.7 million in 2020, or about one in five Thais (19.1%). Major health challenges among youth and adolescents include traffic accidents, teen pregnancy, stress, and depressions. Suicide in adolescents and youth has become a major concern among mental health professionals in the last two to three year as the number of suicides has been increasing each year. Young people continue to face significant challenges in the area of sexual reproductive health and rights. Female adolescents who are married or in union also have higher levels of unmet need for contraception, at 11.5 per cent, than older married women, at 6.9 per cent. However, the reasons behind this unmet need for contraception in unmarried adolescents are not well known due to methodological issue as it is embarrassing and socially

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<sup>18</sup> College of Population Studies (2018). A Report on Monitoring and Evaluating the Long-term National Plan on Aging (Phase 3).

<sup>19</sup> UNFPA (2019).op. cit., pp. 52-53..

<sup>20</sup> UNESCAP COVID-19 Situation Brief from <https://www.unescap.org/events/older-persons-communities-and-covid-19>

<sup>21</sup> UN. (2018). The World Urbanization Report: 2018 Revision.

<sup>22</sup> World Bank (2015). East Asia's Changing Urban Landscape: Measuring a Decade of Spatial Growth.

<sup>23</sup> Bangkok Metropolitan Authority (BMA). (2018). List of communities in Bangkok.

<sup>24</sup> He et al. (2020). Perception of Urban Public Safety of Floating Population with Higher Education Background: Evidence from Urban China International Journal of Environmental Research and Public Health.

<sup>25</sup> Thai Health 2020: 2 Decades of Thailand Educational Reform: Failures and Successes. Institute for Population and Social Research Mahidol University

stigmatizing to ask unmarried adolescents about their use of contraception.<sup>26</sup> Accessibility and availability of youth-friendly services to recognise the sexual and reproductive rights of people living in vulnerable situations, especially people with disabilities, ethnic minority groups including migrant workers need to be further enhanced.<sup>27</sup>

### **Gender Equality**

Over the years, significant progress has been made in gender equality. Women have more autonomy; exercise greater economic, social and political decision-making; and have more equal opportunities with men in selected domains compared to the past. Thailand has a greater percentage of women in senior leadership positions than both the Asia-Pacific region and the global average.<sup>28</sup> Despite the fact that Thai women hold executive roles in public and private sectors, they are generally still underrepresented, especially in the parliament, government, the judiciary and administration both at national and local levels. Women account for only 23.9 % of high-ranking civil servants, and gender equality in senior leadership positions has risen by just 3% in the last fifteen years.<sup>29</sup> Child marriage is common in Thailand and violates girls "right to health".<sup>30</sup> A review report by UNICEF mentioned factors contributing to child marriage are that pregnant adolescents often get married to 'save face', while arranged child marriage remains the norm in ethnic minority groups. Childbearing out of wedlock is not permissible under conventional Thai norms. A pre-marital sexual relationship leading to an unplanned pregnancy is considered a significant "loss of face". Therefore, pregnant young women are married to a partner to 'save face' or to avoid legal complications. Early sexual debut and unplanned pregnancy are often contributing factors to child marriage.<sup>31</sup>

### **Gender Based Violence (GBV)**

Gender-based violence is enacted under many different manifestations, from its most widespread form, intimate partner violence, to acts of violence carried out in online spaces. Inequalities experienced by a person related to their race, (dis)ability, age, social class, religion and sexuality can also drive acts of violence. However, Thailand continues to lack a reliable data monitoring system to track prevalence of intimate partner violence. A representative cluster sampling study using the WHO Multi-Country found that 22% of women disclosed experience of physical or sexual violence, or both by an intimate partner in the last 12 months, and 44% of women disclosed physical or sexual violence, or both, by an intimate partner. A study conducted in 2018 using the same questionnaire by WHO found that 15% of women had experienced psychological, physical, and/or sexual violence in their life time which suggests that 1 in 6 of Thai women have faced intimate partner violence.<sup>32</sup> Of the 15% of women who reported intimate partner violence within the past 12 months, psychological violence was the most prevalent (60–68%), followed by sexual violence (62–63%) and physical violence (52–65%). It is widely believed that there are still many cases of violence against women that go unreported due to many factors. First is the fear of retaliation from the abusers, who

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<sup>26</sup> Kongsri, S., Limwattananon, S., Sirilak, S., Prakongsai, P. & Tangcharoensathien, V. (2011). Equity of access to and utilization of reproductive health services in Thailand: national Reproductive Health Survey data, 2006 and 2009, *Reproductive Health Matters*, 19:37, 86-97

<sup>27</sup> UNFPA (2019). 25 Years after the ICPD: Population and Development for a Sustainable Future in Thailand

<sup>28</sup> Women in Business Report 2020: Thailand, Grant Thornton Services Ltd, 2020.

<sup>29</sup> Office of the Civil Service Commission Report in the 2558 B.E. (2015) Fiscal year.

<sup>30</sup> UNFPA by HERA (2018) Universal health coverage for sexual and reproductive health in Asia-Pacific

<sup>31</sup> UNICEF (2016) Situation analysis of adolescent pregnancy in Thailand. Synthesis report 2015

<sup>32</sup> Chuemchit, M., Chernkwanma, S., Rugkua, R., Daengthern, L., Abdullakassim, P. & Wieringa, S.E. (2018). Prevalence of Intimate Partner Violence in Thailand. *J Fam Violence*, 33(5):315-323 .

are mostly, the people closest to the survivors. Second, the norms imbedded in the patriarchal society have pushed women into the submissive role of family caretaker and enforced mothers and daughters to endure violence in their homes, for the sake of their families' survival and reputation.

COVID-19 pandemic as social crisis may increase domestic violence against women and child abuse.<sup>33</sup> The Children and Youth COVID online survey<sup>34</sup> suggests that 7.3% of respondents are concerned about violence in the family. Another survey conducted by MSDHS exploring "Thai Family in the COVID-19 crisis"<sup>35</sup> found that 3.1% said they use mild physical violence and 0.9% that they used violence resulting in injuries; but 56.4% respondents felt able to control their emotions under the stressful crisis. However, it is noted that the wider negative economic impact of COVID-19 may heighten domestic violence, given that nearly two-thirds (61.4%) of respondents said that they already face financial difficulties and 14.7% reported having critical financial problems and not being able to manage their household finances. In addition, social factors related to social distancing, stay at home order, that put people more at risk for violence are reduced access to resources, increased stress due to job loss or strained finances, and disconnection from social support systems.

### 2.1.2 National Strategies

The Royal Government of Thailand has committed itself to attaining the global SDGs by 2030. The country uses its own development framework, the Sufficiency Economy Philosophy (SEP) introduced by His Majesty the Late King Bhumibol Adulyadej, to achieve the economic and SDG goals. The SEP incorporates wisdom and integrity with the principles of moderation, reasonableness and prudence, and has been adopted as the core principle of Thailand's National Economic and Social Development Plan since 2002. By eradicating social and economic inequalities, Thailand aspires to achieve the status of a high-income country. Since Thailand has achieved most of the Millennium Development Goals (MDGs), the country is expected by other countries to share its successful good practices. The capacity-building effort has worked its way through a variety of channels including bilateral/trilateral cooperation, South-South cooperation and multilateral frameworks. This effort is in line with the UNFPA Strategic Plan (2018-2021).

To set a clear long-term direction for sustainable development which is stipulated in Section 65 of the Constitution of the Kingdom of Thailand, the Royal Thai Government under Prime Minister General Prayut Chan-o-cha has developed the 20-year National Strategy. The long-term National Strategy (2017-2037) consists of six areas which are security, competitiveness enhancement, human resource development, social equality, green growth and rebalancing, and public sector development. The National Economic and Social Development Council (NESDC) is responsible for translating the National Strategy into 23 Master Plans and the 12th National Economic and Social Development Plan (2017–2021). At least three Master Plans (i.e., #11, #13, #15, and #17) are in line with the UNFPA Strategic Plan (2018-2021) to address the country's major development challenges including social inequalities, and non-inclusive growth, and to promote human

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<sup>33</sup> United Nations Thailand (2020). Social Impact Assessment of COVID 19 in Thailand. Oxford Policy Management.

<sup>34</sup> The survey was conducted jointly by UNICEF, UNDP, UNFPA, and the MSDHS Department of Children and Youth during 27 March – 6 April 2020, with 6,771 respondents, with the majority aged between 15 and 19. The survey results are available at: <https://uni.cf/2XvL6qM> [accessed June 2020]

<sup>35</sup> The survey was conducted by the MSDHS Department of Women's Affairs and Family Development over 10–13 April 2020, with 2,069 respondents aged above 15 years. The full survey results are available in Thai: [www.dwf.go.th/Content/View/10474/1](http://www.dwf.go.th/Content/View/10474/1) [accessed May 2020]

rights protection and human capital development of all. Nonetheless it is noted that the issue on sexual and reproductive health and rights has not been explicitly mentioned in the Master Plans.<sup>36</sup>

In line with the 20-year National Strategy, the NESDC has also developed the 20-year National Policy on Population Development. The proposed policy comprises 3 pillars which are enhancing the quality of giving birth and childhoods, enhancing a productive workforce and supporting active ageing. The policy adopts a rights-based approach to development throughout the life-cycle to ensure that individuals in all age groups are self-reliant within a secure environment and enjoy a high quality of life. As aforementioned, the full development of the policy has been pending until presently.

Thailand specifically pledged to leave no one behind in its national development. With such commitment, the National Committee on Sustainable Development (CSD), chaired by the Prime Minister, was set up as the main institutional mechanism to drive the development progress to realize the SDGs in Thailand. The SDGs stem from, build on, and take forward the principles of the Universal Declaration of Human Rights, which Thailand endorsed in 1948 as one of the first Asian countries, as well as other core human rights treaties.

The Ministry of Public Health is developing the 2<sup>nd</sup> National Reproductive Health Policy focusing on two issues: first, to halve the teenage pregnancy rate by 2025; and second, to support more investment in quality childbirth for all. The Prevention and Solution of the Adolescent Pregnancy Problem Act (AP Act) was introduced in 2016 followed by a 10-year National Strategy on Adolescent Pregnancy aiming to reduce teen pregnancy by 2025. The 2<sup>nd</sup> National Condom Policy is being developed to normalize condom use for dual protection against unwanted pregnancies and HIV infection. Moreover, comprehensive sexuality education, including for out-of-school youth, is under review to reduce unintended pregnancies, violence against women and marriage before 18 years of age.<sup>37</sup>

The government introduced the Prevention and Solution of the Adolescent Pregnancy Problem Act (AP Act). This act has been in place since July 2016 and is jointly implemented by five line ministries including: health; social development and human security; interior; education, and labour. The Act aims to protect the sexual and reproductive rights of every young person between the ages of 10 and 20 years old. A National Committee was subsequently established to develop the National Adolescent Pregnancy Prevention and Alleviation Strategy (2017-2026) which is intended to guide and monitor implementation of the Act and relevant policies. This committee includes a male and female youth representative, and youth representatives have also been included in the 77 sub-national committees. This shift in approach with young people is seen as positive resources with the right to participate in decisions that concern them is a positive step forward and necessary for the success of the Act and the 10-year Strategy.

As a signatory of the Convention against the Elimination of All Forms of Discrimination against Women (CEDAW), Thailand is obligated to develop policies and interventions to achieve gender equality and women's empowerment. The government focal point on gender issues is the Office of Women's Affairs and Family Development under the Ministry of Social Development and Human Security. National guidelines for action are provided by long- and short-term (5-year) women's development plans. The 12<sup>th</sup> National Economic and Social Development Plan (2017-2021) aligns with SDG 5.

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<sup>36</sup> Details of the Master Plans (in Thai) can be found from <http://nscr.nesdc.go.th>. Accessed February 27, 2020.

<sup>37</sup> UNFPA (2019). 25 Years after the ICPD: Population and Development for a Sustainable Future in Thailand.

In 2015, the Gender Equality Act was passed. It outlines the different functions and responsibilities of the Committee on the Promotion of Gender Equality and the Committee on the Investigation of Practices Related to Gender Inequality. The first committee is responsible for formulating policies, procedures and programmes of action for the Government and NGOs at central and local levels. The Act also specifies compensation measures for survivors of gender- based discrimination, and the establishment and management of the Gender Equality Promotion Fund (Government of Thailand, 2018). GBV has been included in 2011-2022 National Health Strategy and 20 years' health plan.

Progress can build on the important reforms already implemented by the Thai Government, which include the revision of the definition of rape in Section 276 of the Criminal Code to cover marital rape, and the promulgation of the Protection of Domestic Violence Victim Act in 2007. The One-Stop Crisis Centres (OSCCs) of the Ministry of Public Health have operated in district hospitals and, since 2013, in community health centres. It is suggested these to be included in all facilities across the country as they play a key role in responding to violence.

## 2.2 The role of external assistance

While Thailand is no longer an economic aid recipient since 2002, the country contributed \$60 million in economic aid to the neighbouring countries since 2005. However, Thailand receives development assistance and support from various agencies, notably the UN and Japan (i.e., grant assistance for grass roots human security). According to the Thai International Development Cooperation figures for October 2016-September 2017, Thailand received approximately US \$47 million from a variety of donors, among them, the UN contributing 27% (\$12.8 million); Japan 25%; NGOs 18% (e.g., in 51 non-profits with various target groups; CARE works through Raks Thai), and the US 16% (e.g., through USAID - an HIV clinic for high-risk people in Chang Rai, cross border issues, and regional assistance using Thai expertise). Others include the European Union; the EU-Thailand cooperation (up until 2013) revolved around two main areas: a cooperation facility for technical assistance and higher education. The Thailand-EU cooperation facility is advancing economic development in the areas of trade and investment, environment and energy, research and technology and good governance. Since 2009, the German Federal Environment Ministry has financed more than 13 bilateral projects with a total value of nearly EUR 50 million (about THB 1.9 billion) in Thailand focusing on mitigating CO2 emissions and helping Thailand to adapt to climate change as well as to protect forest areas and biodiversity, with a new investment of EUR 17.9 million (about THB 690 million) to the Thai Government for the 4-year implementation (2018-2021).



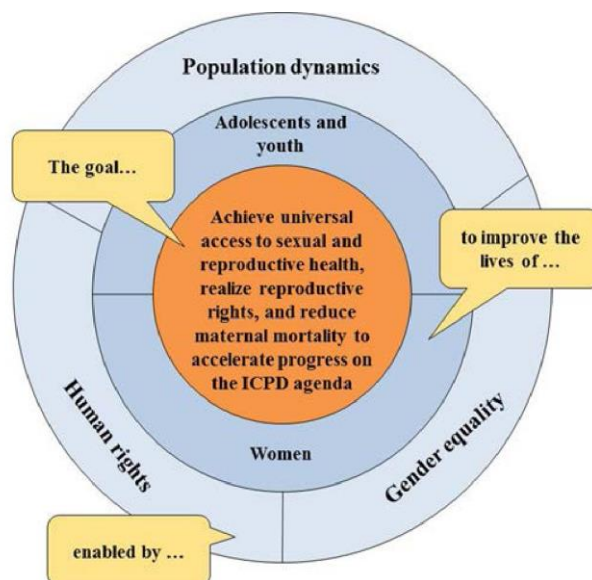
## Chapter 3: UNFPA Response and Programme Strategies

### 3.1 UNFPA Strategic Response

Guided by the global corporate strategy set out in the UNFPA strategic plan, the 2018–2021 Strategic Plan (SP) covers the first of three UNFPA strategic plans leading to 2030. It describes the transformative results that will contribute to the achievement of the SDGs. The 2030 Agenda for Sustainable Development provides an opportunity to promote these transformative results and to implement the Programme of Action of the International Conference on Population and Development (ICPD). By aligning the strategic plan to the SDGs, most directly to Goal 3 (Ensure healthy lives and promote well-being for all at all ages); Goal 5 (Achieve gender equality and empower all women and girls); Goal 10 (Reduce income inequality within and among countries); Goal 16 (Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels); and Goal 17 (Strengthen the means of implementation and revitalize the global partnership for sustainable development), UNFPA plays a unique role addressing developmental issues with an emphasis on sexual and reproductive health (SRH), reproductive rights (RR), and gender equality (GE) within the context of ICPD POA and SDGs, particularly SDGs 3 and 5.

The Strategic Plan 2014-2017 (SP) covered the first year of CP11 (2017) and kept the rest of CP11 in line with SP 2018-2021 and reaffirmed the strategic direction represented by the “bull’s eye.” UNFPA, globally, works around three transformative (“three zeros”) and people-centred results in the period leading up to 2030: (a) an end to preventable maternal deaths; (b) an end to the unmet need for family planning; and (c) an end to gender-based violence and all harmful practices. This is planned to be implemented through: UNFPA “bull’s eye” as shown below, for three consecutive strategic plan cycles. The implementation process will be enabled by evidence and population expertise, with a special focus on empowerment of women and young people, especially adolescent girls, both in

Figure 3: Strategic Direction of UNFPA, The "Bull's eye"



humanitarian and development settings.

The bull’s eye, the overarching goal to achieve universal access to sexual and reproductive health and reproductive rights (SRHR), has brought clarity and focus to the work of UNFPA. SRH and rights (SRHR) are essential for advancing the Sustainable Development Goals, in all UNFPA contexts of operation. UNFPA has taken steps to integrate it into the theory of change, the modes of engagement and the integrated results and resources framework<sup>38</sup>.

UNFPA uses its strategic plan to mobilize and align its institutional strategies to the 2030 Agenda, and, throughout the period of its three strategic plans, the organization will monitor the

17 UNFPA-prioritized Sustainable Development Goal indicators. To achieve these transformative results (“three zeros”), the strategic plan emphasizes the need for strengthened partnerships and innovation.

<sup>38</sup> SP 2018-2021

UNFPA has paid special attention to the humanitarian programming, therefore, the UNFPA Global Response Plan is fully aligned to and part of the UN Secretary General’s three-step plan to respond to the devastating socio-economic impacts of COVID-19. UNFPA’s plan complements the WHO COVID-19 Strategic Preparedness and Response Plan. At the global and regional levels, UNFPA is part of the coordinated UN response under the Inter-Agency Standing Committee (IASC) COVID-19 Global Humanitarian Response Plan.

The section below discusses the programme specific to Thailand.

## **3.2 UNFPA Response through the Country Programme**

### **3.2.1 Brief Description of Previous Cycle Strategy, Goals and Achievements**

UNFPA implemented its 10<sup>th</sup> programme of assistance from 2012 to 2016 with focusing on (a) capacity building to promote rights based reproductive health; (c) enhanced policies and mechanisms to increase the utilization of SRH and HIV service by young people and the most vulnerable population; (d) promoting collaboration among line ministries and relevant agencies, using sound evidence-based practices for planning and policy; and (d) strengthening health-sector response to gender based violence within a multi-sectoral framework. UNFPA CP10’s approach was evidence-led, demand-driven and valuing its partnership.

In the area of youth sexual and reproductive health and rights, UNFPA strategy employed the “3Cs” approach (Create-Convince-Connect)<sup>39</sup> through the key intervention on “3C4Teen Platform for Positive Sexuality of Young people.” In July 2016, the Prevention and Solution of the Adolescent Pregnancy Problem Act got passed with UNFPA’s contribution. Significant aspects of UNFPA’s collaboration with partners – evidence generation, policy dialogue and advocacy, the partnership- have laid the strong foundation for Thailand to implement the Adolescent Pregnancy Act (AP Act). Evidence based policy formulations of 20-year population policy and introduction of new methodologies in preparation for an aging society was noted as one of the achievements of the CP10.

CP10 identified the need to: (a) increase priority on adolescent engagement in policy advocacy for the implementation of the AP Act (b) foster collaboration and coordination among and between ministries and other partners on youth sexual reproductive health and rights (YSRHR); (c) expand partnerships between UNFPA and the private sector for promoting SRH; (d) increase national capacity to implement South-South & Triangular Cooperation (SSTC) to promote the ICPD agenda.

### **3.2.2 Current UNFPA Country Programme**

The country programme (CP11) aligns its programme with the UN system-wide efforts in Thailand, as reflected in the United Nations Partnership Action Framework (UNPAF). UNFPA contributes to UNPAF by playing a role in strengthening people centered sustainable development by committing to high impact interventions to reduce adolescent birth rate, ending preventable maternal deaths, and ending unmet need for FP ad GBV and all kinds of harmful practices. UNFPA plan is to achieve results by adhering to three key overarching strategies, namely: policy engagement, rights-based advocacy and capacity building; strategic media engagement; and private partnerships to leverage programme results. UNFPA makes an effort to coordinate with other UN agencies with similar mandates to work jointly to enhance efficiency, effectiveness and sustainability. The UN Partnership Framework (UNPAF, 2017-2021), the strategic

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<sup>39</sup> Good Practices: UNFPA Thailand 10th Program (2012-2016)

document reflects the partnership between the United Nations Country Team (UNCT) and the Royal Thai Government (RTG), in collaboration with other stakeholders.

As such, CP11 focused on achievement of three main transformative results to address the ICPD priorities: 1) to end preventable maternal mortality; 2) to end gender-based violence and harmful practices; and 3) to end the unmet need for family planning. The most relevant to the ICPD goals are SDGs 3, 4, and 5, discussed below. Thailand is expected by other countries to share its successful good practices to improve health and well-being as target in the SDG 3 as well as reduce preventable maternal death and unmet need for family planning as planned in the 2030 UNFPA Transformative Results.

The 11<sup>th</sup> CPD (2017-2021) was approved by UNFPA’s Executive Board on 7 July 2016 with the indicative assistance of USD 5 Million from regular resources and USD 3 Million from other sources.<sup>40</sup> Two outcomes and three outputs planned under the current CPD, which are specified in Table 6 under the Financial Structure.

UNFPA Thailand, classified as a Pink country by the UNFPA Strategic Plan Business Model (2018-2021), covers three programmatic areas in the country programme: Adolescent and Youth Sexual and Reproductive Health and Rights (AYSRHR<sup>41</sup>), Population and Development (PD), and South-South Cooperation (SSC). Gender equality is integrated in all programmatic areas including the content of knowledge sharing and practices with cross-cutting areas and strategies such as partnership, resource mobilization and CP communication and advocacy interventions. As stated above, CP11 included the areas identified in CP10 and have been implemented at the national level, with some initiatives at regional and sub national levels. South-South Cooperation initiatives with Thailand priority countries, partnership initiatives with CSOs at sub national level to enable environment for young people including those with disabilities, as well as public-private-partnership initiatives on life course approach and inter-generation have been included in CP11. In the current CPD, Thailand and UNFPA have collaborated under South to South and Triangular Cooperation (SSTC) to ensure the speedy achievement of SDGs.

**Table 5 CP11 Outcomes and Outputs**

Outcome	Outputs & Indicators
<p><b>1.SP Outcome 2:</b></p> <p><b>Adolescents and Youth:</b></p> <p>Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and SRH services.</p>	<p><u><b>Output1:</b> Strengthened national institutions, systems and enabling environment for promoting youth participation and advancing adolescent sexual and reproductive health and rights and gender equality</u></p> <p><b>Indicators</b></p> <ol style="list-style-type: none"> <li>1. <i>Recommendations on Adolescent Reproductive Health and Rights, including of girls and young women, and young people from the south, raised by youth representatives and adopted by the National Committee responsible for the implementation of the Prevention and Alleviation of Adolescent Pregnancy Bill</i></li> <li>2. <i>Youth representatives from National Child and Youth Council, including those from southernmost provinces participate in the Committee that develops the National Youth Development Plan and Policy</i></li> <li>3. <i>Number of media and private partners engaging in advocacy events that promote a positive approach to adolescent sexual and reproductive health and rights</i></li> </ol>

<sup>40</sup> Country Programme Document for Thailand, 7 July 2016

<sup>41</sup> AYSRHR and YSRHR terms mean the same and used interchangeably in this report

## 2.SP Outcome 4:

### Population Dynamics:

Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, SRHR, HIV and gender equality.

**Output2:** Increased use of evidence-based analyses of population issues for the development of equitable, rights-based national policies and strategies targeting young people, women, and vulnerable populations

#### Indicators:

1. Number of national policies and strategies developed on population and development informed by evidence-based analysis that address needs of young people, women and vulnerable groups
2. Number of databases with population-based data accessible by users through web-based platforms that facilitate mapping of socioeconomic and demographic inequalities
3. Number of initiatives for public-private cooperation established and convened by UNFPA, utilizing evidence on demographic dynamics.

**Output3:** Increased national capacity to implement South-South Cooperation and/or triangular initiatives to promote the ICPD agenda.

#### Indicators:

1. Numbers of countries that received Thailand-based expertise and experiences on reproductive health, and ICPD related areas under triangular initiatives
2. Percentage of financial resources contributed by Thai Government under triangular initiatives on sexual and reproductive health

Under this business model, UNFPA Thailand engages in policy, rights-based advocacy and capacity building for achieving the ICPD agenda as well as for achieving national priorities contributing to UNPAF, CP outcomes, and outputs. To implement the CP, UNFPA selected strategic partners from those with advocacy capacities to drive changes. Strategic partners and stakeholder analyses conducted during CPD development and later reviewed during implementation. Department of International Organizations under Ministry of Foreign Affairs is UNFPA national counterpart, and Office of National Economic and Social Development Board is national technical partner. Several governmental, non-governmental and civil society organizations are implementing partners.

### 3.2.3 The Country Programme Financial Structure

**Table 6: Overview of the budget (Allocation indicative\*) for the programmatic areas of CP11: 2017-2020 (USD)**

Strategic plan outcome area	Regular Resources		Other Resources		Total	
	planned resources	budget utilization	planned resources	budget utilization	planned resources	budget utilization
SP Outcome 2: Adolescent and Youth	2,500,000	909,222	1,000,000	6,728	3,500,000	915,950
SP Outcome 4: Population Dynamics	2,000,000	1,532,382	1,500,000	26,908	3,500,000	1,559,290
Programme coordination & assistance (PCA)	500,000	158,652	500,000	0	1,000,000	158,652
Total	5,000,000	2,600,257	3,000,000	33,635	8,000,000	2,633,892

Source: UNFPA Thailand Country Office. (Country Programme Document) Note: \* Actual expenditures for each year (2017 to 2020) up to 30<sup>th</sup> August and implementation rates are given in table 9.

At the time of the CPD development CP11 had an indicative allocation (planned resources) of USD 5 million from regular (core) resources and USD 3 million from other (non-core) resources, totaling USD 8 million for

the programme. While this was only an indicative figure, actual budget utilization (USD 2.63 million) up to 31<sup>st</sup> of August 2020, is shown in table 6 above.

With Thailand moving to the country classification category “pink”, there was a shift in the resource distribution as well. Core resources were drastically reduced, especially when the country moved to higher middle-income status and the country had to mobilize other resources. Resources mobilized (as of August 2020) is shown in table 7 below.

**Table 7: Resources mobilized (2017 to 2020)**

Resource Mobilization efforts (2017- 31 August 2020)

Resource mobilization	Amount
Private Individuals - Funds mobilized locally by CO	\$8,470
Small contributions from Government, UN agencies	\$32,686
UNAIDS (received in 2020)	\$30,000
<b>Total</b>	<b>\$71,156</b>

**Table 8: Allocation for Implementing Partners**

Implementing Partners	Total Budget	Total Expenditure
<b>Output 1</b>		
The Planned Parenthood Association of Thailand under the Patronage of Her Royal Highness the Princess Mother (PN4272)	59,420	30,434
Thailand Research Institute for Empowerment of Persons with disabilities Foundation (PN7136)	20,570	14,576
Raks Thai Foundation (PN7333)	20,377	0
<b>Output 2</b>		
Department of Health (PGTH01) (only for 2017)	14,800	14,680
Foundation for SEA Studies (PN7166)	86,949	86,949
Thailand Walking and Cycling Institute Foundation (PN7334)	21,518	2,633
<b>Output 3</b>		
Faculty of Nursing, Chiang Mai University (PGTH06)	6,743	6,743
Faculty of Nursing, Khon Kaen University (PGTH06)	11,551	9,098

In 2017, CO had only one IP with 11 UNFPA staff and currently (August 2020), there are six (6) IPs working with 6 CO staff to implement the programme. The IP's budget and expenditures shown in Table 9 have already been included in Table 6 and 8. Most of IP's expenditures are funded by Regular Resources, except in year 2020 where 71% of UNAIDS funds were allocated to IP. Budget utilization on OR amounting \$33,635 shows data as of 31 August 2020 only.

**Table 9: Overview of the Budget and Expenditures by Year, For the period: January 2017 to Aug 31 2020 (All figures are in US Dollars)**

(RR=Regular Resources, OR=Other Resources; Expen.= Expenditure; IR= Implementation Rate)

	2017			2018			2019			2020 (as of 31 August 2020)*				
Source of Funds	Budget	Expen.	IR	Budget	Expen.	IR	Budget	Expen.	IR	Budget	Expen	IR	Total Budget	Total Expenditure
<b>Regular Resources (RR)</b>	<b>800,000</b>	<b>788,269</b>	<b>98.53%</b>	<b>710,105</b>	<b>687,055</b>	<b>96.75%</b>	<b>786,698</b>	<b>779,247</b>	<b>99.05%</b>	<b>794,531</b>	<b>345,685</b>	<b>43.51%</b>	<b>3,091,334</b>	<b>2,600,257</b>
Output 1 Adol & Youth	323,256	318,065	98.39%	221,760	217,285	97.98%	211,869	209,429	98.85%	299,003	164,443	55.00%	1,055,889	909,222
Output 2 & 3 Pop & Dev	440,425	438,129	99.48%	423,138	412,879	97.58%	508,694	503,560	98.99%	408,066	177,815	43.58%	1,780,323	1,532,382
PCA	36,319	32,075	88.31%	65,207	56,892	87.25%	66,134	66,259	100.19%	87,462	3,427	3.92%	255,122	158,652
<b>Other Res. (OR)</b>	<b>10,450</b>	<b>10,405</b>	<b>99.57%</b>	<b>197</b>	<b>197</b>	<b>99.85%</b>	<b>19,888</b>	<b>18,069</b>	<b>90.85%</b>	<b>37,088</b>	<b>4,965</b>	<b>13.39%</b>	<b>67,623</b>	<b>33,635</b>
Output 1	1,687	1,689	100.10%	0	0		0	0		37,088	5,039	13.59%	38,775	6,728
Output 2 & 3	8,763	8,717	99.47%	197	197	99.85%	19,888	18,069	90.85%	0	-74		28,848	26,908
PCA	0	0		0	0		0	0		0	0		0	0

Source: UNFPA Thailand Country Office.

## Chapter 4: Findings - Answers to the Evaluation Questions

This chapter provides the answers to the key evaluation questions. Key assumptions that were made (refer to Evaluation Matrix) at design stage are assessed using triangulated findings.<sup>42</sup>

### 4.1 Answer to Evaluation Questions on Relevance

**Evaluation Question 1.** To what extent is the UNFPA support (i) adapted to the needs of the population with emphasis to the most vulnerable and marginalized population groups, such as young people with disabilities (ii) in line with the priorities set by ICPD Plan of Action and national policy frameworks related to UNFPA mandate areas, (iii) aligned with the UNFPA strategic plan in particular Strategic plan principles (leaving no one behind and reaching the furthest behind), transformative goals, and business model and (iv) aligned with the UN Partnership Framework?

**Evaluation Question 2.** To what extent has UNFPA results, key strategies and interventions aligned and contributed to national policies and plans on Population & Development, Reproductive Health and Rights for Young People, and the National Overseas Development Assistance strategy?

CP11 has three outputs under two outcomes. Due to the commonalities across all three outputs, the two questions under Relevance criterion are discussed together for these outputs.

**Summary Findings:** The UNFPA CP11 is found to support the key principles of UNFPA SP 2018-2021 on leaving no one behind and reaching the furthest behind first and is relevant to the fulfilment of international commitments and obligations by the government of Thailand for achieving SDGs 3, 4 and 5. The CP11 design was grounded on evidence-based analysis, with considering the needs of the most marginalized population. In designing the program, although target marginalized groups have been identified, however during the implementation certain marginalized youths have not been reached. Those who have been discriminated against based on their identity including people living with HIV, survivors of GBV, LGBTI and migrant workers have not been included in the program implementation.

CP 11 is in line with the government's reproductive health policy to reduce adolescent pregnancies. The national policies which UNFPA has been involved include 1) the National Strategy on the Prevention and Solution of the Adolescent Pregnancy Problem (2017-2026); 2) the National Reproductive Health Policy (2017-2026); and 3) the National Population Policy. All three policies were developed using UNFPA-supported data and research studies. UNFPA has engaged and introduced the novel concept of life course approach to support the government on devising a Population Policy Framework to effectively deal with population ageing and low fertility at the same time.

#### **Key Finding 1: The needs of most vulnerable populations were identified when programming CP 11.**

CP11 was developed through a participatory consultative process with the national stakeholders and partners, and in particular, engaging the vulnerable populations from the deep-south provinces and from the Northern provinces.<sup>43</sup> The needs and concerns of these vulnerable people were addressed

<sup>42</sup> Findings based on KI interviews including CO programme staff, group and focused interviews, observations, document review and general participants' interviews. Only when quotes are used the source is mentioned, otherwise, the findings come from a combination of various source as stated.

<sup>43</sup> UNFPA CO's travel report summary to Chiang Rai visits from 6-7 October 2016 and to Narathiwat visit on 10 October 2016



through regional site visits and consultative meetings to ensure that the recommendations from the hard-to-reach people were incorporated into the Country Programme Strategy Paper (CPAP) 2017-2021<sup>44</sup>. This was done by addressing the needs of vulnerable Thai-Muslim young people, Thai-Muslim adults and various ethnic groups from the southern and the northern provinces of Thailand. The priority needs of the most vulnerable population were stated as the improved accessibility to sexual health information, the preference to have more training courses related to YSRHR, and comprehensive sexual education that is clear and pertinent to the students' needs in schools. Evidence-based analysis, assessments, studies and lessons learnt in evaluations,<sup>45</sup> considering the needs of vulnerable populations were applied in the design of the programmes such as "The ICPD@25 years in Thailand"; the GIS data mapping of teen mothers in Thailand; and the youth voice survey on C-Site application with Thai PBS. CP 11 incorporated the needs of the most vulnerable population in the design process in term of interventions ensuring the inclusive YSRHR programme, youth participation, and the advocacy and public awareness through media channels regarding young people's sexual and reproductive health and rights.

***Key Finding 2: The needs of the most marginalized groups were taken into account in both design and implementation of CP11 with room for inclusion of those that are not currently benefitting from CP11.***

The CP11 program identified target marginalized groups reflected in the metadata of the CP 11 output indicators as young people particularly adolescent girls in poverty, girls aged 10 to 14 years old; young people, particularly adolescent girls were discriminated against based on their identity, ethnicity and race; young persons with disabilities, and girls who are not in school or are living in areas with high levels of dropout; or are already married and/or mothers. The terms of vulnerable and marginalized group are used interchangeably in the metadata sheet<sup>46</sup> and implementation program. The definition of such target marginalized groups has shown that CP11 has integrated gender into the design program since the relevance of girls in vulnerability was highlighted and incorporated into the design program due to their difficulties in having their sexuality recognition and the high rate of adolescent pregnancy. For the implementation, it is observed that CP 11 identified the right strategic partners to reach the marginalized group such as Raks Thai Foundation and Thailand Research Institute for Empowerment of Persons with Disabilities Foundation (TRIP), that could access and support ethnic youth and PWD for their YSRHR respectively. Gender inequality has been cross-cutting with other social vulnerability concerns in the CP 11 implementation. It is noted that youths who have been discriminated against based on their identity including people living with HIV, victims of GBV, LGBTI and migrant workers have not been included in the program implementation.

In response to the needs of marginalized groups, the United Nations sub-group on young people chaired by UNFPA and UNICEF conducted a series of six online surveys to assess the impact of the crisis on vulnerable young people in Thailand. The study generated samples from 6,771 young people across Thailand including vulnerable young people from Thailand's three southernmost provinces, teenage mothers and ethnic minority or stateless youths and youths with disabilities<sup>47</sup>. The surveys emphasized that during the COVID-19 pandemic and lockdown vulnerable youths are falling behind in terms of access to jobs, social support, healthcare and education. UNFPA called for urgent action from the Thai

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<sup>44</sup> The 11<sup>th</sup> Country Programme Strategy Paper (CPAP) 2017-2021

<sup>45</sup> UNFPA (2019). 25 Years after the ICPD: Population and Development for a Sustainable Future in Thailand

<sup>46</sup> CP11 Metadata sheet

<sup>47</sup> Youth and Covid-19 in Thailand: Socioeconomic impact of the crisis: Summary brief



government including UN Sub-groups member to invest more in the human capital development of all youth and ensure that their rights are protected.

***Key Finding 3: UNFPA has facilitated participation of civil society and youth organizations to consult the Government's commitments for the Nairobi summit and the development of Adolescent Pregnancy Act.***

To ensure that youth can become an agent of change for better access to YSRHR, promoting youth leadership and participation of civil society and youth organizations had been the key initiatives of UNFPA. In the program design and implementation, CP11 has facilitated participation of civil society and youth organizations representing marginalized groups in regard to youth representatives from the



***FGD with a Youth Group***

National Child and Youth Council (CYC), and youth leaders to participate in the Committee on Prevention and Alleviation of Adolescent Pregnancy. UNFPA's contribution was on identifying, networking and developing youth leaders including vulnerable youth and members of the national and provincial youth council to equip them with capacity and leadership. UNFPA supported CSO partners such as TRIP, PPAT, Raks Thai Foundation engage in capacity building for marginalized youth groups on YSRHR. A joint project initiated by UNFPA in collaboration with the Thai Department of Health, the Health Promotion Foundation, and the Raks Thai Foundation implemented in Chiang Mai, aimed at empowering young

people including marginalized youth groups to be youth advocates to protect YSRHR as stipulated in Section 5 of the AP Act. The interventions included capacity development of youth leaders and youth-led evidence-based advocacy through the CYC and CSO, at the national and provincial levels, so that they could monitor the implementation of the AP Act in their localities. Based on the interview with youth informants, trained youth could monitor the implementation process of the policy because they knew their rights in the AP Act and the significance of the YSRHR related to their life and wellbeing, thus they were able to voice their needs through social media and, policy recommendation accordingly.

***Key Finding 4: UNFPA support is aligned with the UNFPA SP and SDG core principles (LNOB and reaching the furthest behind first)***

The UNFPA CP11 and activities are found to support the key principles of the 2018-2021 UNFPA Strategic Plan on leaving no one behind (LNOB) and reaching the further behind first and are relevant to the fulfilment of international commitments and obligations by the government of Thailand for achieving SDGs 3, 4 and 5. As per SGD3, UNFPA has taken the leading role in assisting Thailand to reduce teen birth rates. This includes, for instance, the development of GIS mapping of adolescent pregnancy data and a web-based platform to provide key demographic and reproductive data required by the 10-year National Strategy on Adolescent Pregnancy under the Adolescent Pregnancy Act (Please see more details in Key Finding#10). To benefit the lives of vulnerable women in other countries with high MMRs, UNFPA CO has jointly initiated and facilitated the Thai governments and the academic institutions through the SSTC to mobilize and share Thailand's knowledge and skills and good practices in dealing with preventable maternal deaths.

**Key Finding 5: UNFPA CP11 is aligned with key priorities set by ICPD Programme of Action**

Thailand is one of 179 UN Member States that adopted the Programme of Action of the International Conference on Population and Development (ICPD). The current CP11 is aligned well with key priorities set by ICPD Programme of Action. UNFPA CO has supported the government by directly involving in related national committees and boards, such as those on Population and Development and Population Policy to push forward the progress of the ICPD PoA. In 2019, UNFPA successfully advocated the national commitment for ICPD@25 to the Nairobi Summit. The RTG fully endorsed the three main transformative results that address the ICPD priorities including 1) to end preventable maternal mortality; 2) to end gender-based violence and harmful practices; and 3) to end the unmet need for family planning.

With respect to population dynamics, UNFPA CO has shown its strong commitment to increase awareness and integration of the life-course perspective into human-capital development. UNFPA CO has supported a study on economic cost of teen pregnancy that explores, for example, the difference in lifetime income between adolescents who were pregnant during schooling and those who were not. UNFPA has also encouraged the government in applying the life-course<sup>48</sup> perspective to formulate the 20-year National Population Development Policy, albeit it has been pending until presently. More effort to promote the life-course approach has been put through the public-private partnership initiatives (see more in *Key Finding 10*). The persistent promotion of this approach is used by UNFPA as one of the means to increase its relevance on population ageing while enabling UNFPA to maintain its key focus on the overarching goal to achieve universal access to sexual and reproductive health and reproductive rights.

South-South and Triangular Cooperation (SSTC), which is another key focus of CP11, has been employed as a cross cutting theme to accelerate the implementation of the ICPD Agenda in Thailand, and other countries in the region and beyond. UNFPA CO has effectively used SSTC to improve maternal health through the exchange of knowledge, experience, technology and information, and the capacity development between and among developing countries through governments, civil society organizations, academic institutions, national institutions and networks. In addition to the safe motherhood, population dynamics is another key focus of the SSTC. UNFPA CO has worked and collaborated with the Thai government to help other countries realize what they can most benefit from their demographic dividends by sharing a package of good practices on policy responses to the country's first demographic dividend (1970-2010). The package covers policies and laws on the human resources development in a multifaceted manner, including health policies and the development of youth and older persons. This package in turn helps the country to realize what policy is crucial for the second demographic dividend resulting from population ageing.<sup>49</sup>

**Key Finding 6: UNFPA support is aligned with the UN Partnership Action Framework**

The 2017-2021 UN Partnership Action Framework (UNPAF) envisions Thailand to become an inclusive and equitable high-income country that leaves no one behind, and a development partner in the region

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<sup>48</sup> Madrid International Plan of Action (2002).

<sup>49</sup> Information obtained from the package of Thailand's Knowledge and Good Practices on ICPD Areas.

and globally<sup>50</sup>. UNPAF's desired outcome is that, by 2021 (the end of the UNPAF cycle), systems, structures and processes are more inclusive to advance sustainable people-centred and equitable development for all people in Thailand. The result indicators corresponding to the UNFPA mandate include (1) adolescent birth rates to be reduced by 25% of the baseline, (2) maternal mortality ratio to be reduced from 26 to 15 per 100,000 lives, and (3) at least five SSTC initiatives to share Thailand's best practices.

UNFPA country office has not only taken part in the development of this current UNPAF but has actively supported the communication of the UNPAF's targets. For instance, UNFPA has sent out advocacy messages on the positive adolescent SRHR (YSRHR) to media and key opinion leaders to promote the enabling environment. UNPAF's contribution to achieving the expected results has also been shared with public through One-Voice exercise by the UNFPA country office. To increase partnership with other UN Agencies in delivering UNPAF clustered results, a meeting was convened in 2019 to form the UN working group on youth to be led by UNICEF and co-chaired by UNFPA. UNFPA contributed to consultative meetings and think tanks to formulate CCA based on the Population Situation Analysis (PSA) conducted jointly with the government in the year 2020.

#### 4.2 Answer to Evaluation Questions on Effectiveness

**Evaluation Question 3:** To what extent have i) the intended programme outputs been achieved, ii) the outputs contributed to the achievement of the planned outcomes and the degree of achievement of the outcomes, and iii) what were the factors that facilitated or hindered the achievement of intended results?

**Evaluation Question 4:** To what extent has UNFPA supported strategic partnerships including academia, civil society and private sector to advance South-South Cooperation across all of its programmatic areas to facilitate (i) the exchange of knowledge to achieve the SDG3, UNFPA transformative result on zero preventable maternal deaths, and build national capacity in Thailand Programme; (ii) an enabling environment for young people to access to SRHR and voice their demands on rights to sexual and reproductive health; and (iii) evidence generation on life course approach through public-private partnership initiatives.

*Three Outputs under the two outcomes are discussed separately in this section under the Effectiveness evaluation criteria.*

#### **Youth Sexual and Reproductive Health Rights (YSRHR): Effectiveness**

**Outcome 2:** Adolescents and Youth: Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and SRH services.

**Output1:** Strengthened national institutions, systems and enabling environment for promoting youth participation and advancing adolescent sexual and reproductive health and rights and gender equality.

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<sup>50</sup> UNPAF 2017-2021

**Summary of findings (YSRHR):** Three youth recommendations including 1) youth's engagement in providing youth friendly services; 2) opportunity for pregnant adolescent to continue education; 3) youth participation on rights-based peer education have been successfully submitted to the national committee and the provincial committee on AP Act. However, these recommendations have not yet been adopted by the national committee, mainly due to the inability of the voice of young representatives to influence policy and decision making. Thus, although the desired target to increase the capacity and engagement of adolescents and youths in policy advocacy is achieved, the representation of marginalized youth groups has seen some challenges. The implementation of AP Act is still pending as the above recommendations are not yet adopted at the national level. The barriers to youth engagement in the national committee of AP Act have been noted as the lack of communication skills and active mentorship exacerbated by adult dominance in the committee. Challenges exist in the inter-ministerial collaborations as well in ensuring the implementation of AP Act.

The desired target of one third of youth representatives from CYC and youth organizations representing marginalized groups involved in the National Committee of CYC has not been achieved due to the lack of representation from the marginalized groups (Please see the explanation in finding 8.)

Regarding the achievement of media and private partnerships, it is evident that UNFPA has successfully identified and established strategic media and private partnerships to promote youth participation and advance YSRHR. The mechanism of resource mobilizations was found to be the successful collaborations with media and private partners. Policy level agreement and equal partnership mechanisms have been noted as their successful collaborations.

Table 10: Output 1 Performance Data

Output Indicators	Baseline 2017	Target 2021	Performance at the time of Evaluation (Oct/Nov 2020)
<u>Indicator 1:</u> Recommendations on adolescent reproductive health and rights raised by youth representatives and adopted by the National Committee responsible for the implementation of the Prevention and Alleviation of Adolescent Pregnancy Act	2017 (0)	Target: 2 recommendations on: 1) Youth perspectives towards the development of Comprehensive Sexuality Education-CSE, 2) Informed decision making by young people on the access of SRH service. (cited by Meta-sheet)	<u>Result: partially achieved</u> 3 recommendations were proposed by youth representatives to the national committee as 1) youth's engagement in providing the youth friendly services; 2) pregnant adolescent can continue education; 3) youth's participation on rights-based peer education. But those recommendations adopted by the National Committee of AP Act are not evident and remain to be explored further.
<u>Indicator 2:</u> Youth representatives from the National Child and Youth Council, and youth organizations representing marginalized groups participate in the Committee that develops the National Youth Development Plan and Policy	2017 (0)	1/3 Youth Representatives from marginalized groups participate in the Committee that develops the National Youth Development Plan and Policy	<u>Results: not Achieved</u> Less than one third of youth representatives in CYC are youths representing marginalized groups, particularly none of the youths representing marginalized group present in the national committee responsible of AP Act..

<p><b>Indicator 3:</b> Number of media and private partners engaging in advocacy to strengthen public awareness on youth development, including youth participation and their sexual and reproductive health and rights</p>	<p>2017 (1) 1 private partner (Phyathai 2 Hospital)</p>	<p>2021 (5)</p>	<p><b>Results: Fully Achieved</b> 5 out of 5: ThaiRath TV, TPBS, Dek-Dee, ADAY and Partnership on YSRHR for Youth with Disability (TRIP-Rachasuda- PPAT) engaged in contributing to advocating for sexuality and adolescent sexual reproductive health and rights.</p>
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(Source: UNFPA CO – verified by the evaluation team)

***Finding 7: Recommendations on adolescent reproductive health and rights have been raised by youth representatives at the national level and provincial level***

For rights-based reproductive health policy development, the CP 11 has supported building institutional capacity of the Committee on the Prevention and Solution of the Adolescent Pregnancy Problem Act in the implementation process of the Act. The Act aims at protection of adolescents’ rights to access sexual and reproductive health services with adequate referral among duty bearers. CP 11 had conducted evidence-based advocacy to ensure that adolescents and youths have voices in the policies that affect them and to encourage policy makers, policy implementation and practitioners to increasingly listen to and learn from the adolescents and youths.

Youth- adult partnership in terms of needs assessment data collection and policy advocacy which is the basis for meaningful engagement of youth in policy decision making has been encouraged throughout the implementation. CP 11 has developed certain mechanisms in terms of youth led evidence based and advocacy training module to increase the capacity of youth in policy advocacy. UNFPA has initiated “I D- Sign: Advocacy Training Manual on Sexuality, Gender, and Human Rights for Young people” as a key tool to assist national and subnational youth representatives to be able to monitor the implementation of the AP Act. The Children and Youth Council (CYC) has been the target platform to be promoted in the youth empowerment model development. Evidence based advocacy has been used to support youth representatives for policy dialogue and recommendations. A package of youth recommendations has been successfully submitted to the national and the provincial committee on AP Act. The recommendations were made from the systematic and comprehensive data collection representing youth voices with the evidence-based package synthesized from youth-led data collection obtained from over 2,800 youths around the country, via Thai PBS’ C-Site application<sup>51</sup>.

Three youth recommendations focusing youth engagement in services as well as peer education and ensuring pregnant adolescents to continue their education were proposed to the National Committee of AP Act chaired by the Prime Minister and National Child and Youth Development Promotion Act, B.E. 2550 (NCYDP Act) chaired by the Deputy Prime Minister appointed by the PM and to the Chiang Mai

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<sup>51</sup> C-Site platform including websites, web-pages, and Application in IOS and Android to create partners to become a network that drives society with information and knowledge under the participatory information distribution and aims to develop a database for the public (Public Data Resource) based on a variety of networks. UNFPA collaborated with Thai PBS to use this application for the youth voice survey around the country, aimed to promote Thai youth become “ the citizen network” using information and knowledge based for driving better society.

provincial committee responsible for the implementation of the AP Act chaired by the governor. Evidence from the interviews with UNFPA CO and the youth representative in the national committee supported that the recommendations have not yet been adopted by the national committee because young representatives and their voices cannot truly influence policy and decision making. Power asymmetry is apparent in the youth representation in these committees. While CYC representation is only by two youth members in the committee, the rest consist of fourteen adult persons that include the chairperson as Prime Minister, eight ex officio members and five qualified members. In this composition, the two youth members' voices may not be given strong consideration.

Evidence from interviews with youth representatives indicated the challenges of the desired program regarding youth-adult partnership in policy decision making. Youth representatives in the AP Act committee were found to face with some constraints such as adult dominance, lack of communication skills and sustained mentorship.

*"Our limitations occurred in the national committee, I think we are just only two young people, one male and one female, who sit among other adult people who are high profile in the national committee. To speak and make them hear what we want to say is not easy with lots of pressures." (Interview with a key member of CYC)*

*"There are structural barriers in CYC and youth engagement. In fact CYC has MSDHS as the supervisor but in practice throughout the year we occupied with many activities led by the ministry, meaning that we work for MSDHS policy agenda. I would say CYC seems to be the organization under them. What CYC is lacking is the independency. For example, we want to produce a video clip to educate sexual reproductive health rights, but some issues are not allowed and limited." (Interview with youth representatives)*

*"Youth representatives need sustained mentorship. CYC is not only the structural platform but the effective process in implementation that need to be supported and closely supervised. Let them think independently; right or wrong idea would be fine as the adults may have different idea from youth." (key Informant (IP), Raks Thai Foundation)*

***Finding 8: CP11 has enhanced youths' participation and engagement to bring in SRH issues concerning marginalized groups in the national committee responsible for AP Act, however the acceptance of their input at higher level policy making is not evident.***

CP11 focus is to support the Committee on AP Act and capacity development of youth leaders and the systems that support them through the National Children and Youth Council (NCYC) at central and decentralized levels, so that they can monitor the implementation of policy in their localities. The desired target of the program is to promote the proportion of one third youth representatives from the NCYC representing marginalized groups to participate in the committee. Representatives of the CYC are selected as agents of the system and that is required to include the marginalized groups representing at all levels - from sub-district and district level, to the provincial and the national level. Representatives from each level consist of one chair and a maximum of 20 representatives, except the national level that has 26 representatives. At the district level the representatives from marginalized groups are evident, but at the higher level, especially at the provincial and national levels, the proportion of delegates from vulnerable or marginalized groups is not adequate because the selection of marginalized groups was not done by the CYC youth themselves. Marginalized youth is likely to be seen as not qualified enough to be the leader as they have limitations in speaking and sharing their ideas. Thus, the

desired target of CP11 to enhance youths' participation concerning marginalized groups in the national committee responsible for AP Act and the committee for NCYDP Act is not achieved as there are no marginalized youth representatives in those committees.

UNFPA has contributed to equip youth leaders including vulnerable youth and members of the national and provincial youth council with capacity and leadership to be able to monitor implementation of the AP Act. I D-Sign as the pilot model initiated by the UNFPA staff has an important role in empowering young people to advocate and protect their rights according to section 5 of the AP Act. UNFPA has collaborated with the corresponding partners including the Department of Health as the potential policy partner, the Raks Thai Foundation as the implementing partner, and the Thai Health Promotion Foundation as the funding partner for the joint project on "Empowering Youth People as the Advocates for Sexual and Reproductive Health and Rights to Monitor the Implementation of Adolescent Pregnancy Act and Its Strategies".<sup>52</sup> The project implemented in 2017 in six districts of Chiang Mai Province aimed at empowering young people to be youth advocates on YSRHR so that they could advocate for their needs as stated in section 5 of the AP Act, 2016. The project has engaged various adolescent and youth groups: those both in schools and out of schools, those in different workplaces and those marginalized groups such as ethnic and stateless youths together with members of CYC responsible for YSRHR to participate in the activity. It was found that the I D-Sign tool with the mechanism of Training of the Trainers, rights-based approach, dialogue-learning approach, analytical thinking, and youth-led evidence-based advocacy was an effective mechanism to promote systematic learning, advocate for youth rights and enhance the capacity of youth representative which enabled them to become youth rights protectors. Youth representatives supported some these during the discussions.

*"The learning contents were integrated to all activities in which we can practice to think and to analyze. During the training, we got involved with friends, who are said to be marginalized, in group discussions and exchanged ideas; some were afraid to speak about sex; some have limitations in Thai communication; some were not in the school system. These youths did not dare to share their ideas, and we also felt reluctant to talk. But when we shared our ideas with each other, our feelings changed, and we learnt from each other." (FGD with youth representatives)*

Interviews with Government and CSO's stakeholders indicate that the I D-Sign initiated by UNFPA should be scaled up because the I D-Sign is a practical intervention to enhance youth agency and youth leadership in YSRHR and the AP Act implementation. The chair of the CYC has formulated the project to conduct training of the trainers using the I D-Sign, and it is expected to be implemented widely at the provincial level by integrating into their work plans with their own budgets. There is a need to strengthen joint collaboration and coordination with the MSDHS, which is the formal mentor of the CYC to ensure the replication of the model nationwide. CP 11 developed the evidence-based platform on Thailand Reproductive Health Database to track temporal trends back to early 1990s and to export the data to use further. This platform has successfully served as one of the mechanisms to increase engagement of the line ministries via data sharing. However, in the implementation, the non-health line ministries needed to be well informed about YSRHR including a clear set of instructions for implementation, with guidance for all key agencies.

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<sup>52</sup> See Review the Implementation of Solutions and Preventive Measures for Section 5 of the Prevention and Solution of the Adolescent Pregnancy Problem Act, B.E.2559 (2016)



The evaluation team noted that the I D-Sign module did not adequately address gender and rights-based issues as well as family planning educational information. One of the key informants reported: *“I D-Sign should be improved since family planning and being gender rights based is crucial, but we missed this issue in the activity; for example, Thai people discriminated against girls, but not the boys, who possessed condoms. Besides, youths tend to think that the withdrawal method and emergency contraceptive pill are the safest methods for family planning, which is wrong.”* Another explanation noted by a key informant was that gender rights were difficult to communicate under different social and cultural contexts. I D-Sign seemed to be more effective for general youths rather than for marginalized youth groups as the model employed analytical thinking process throughout the activity, and it might limit the understanding of those who do not speak Thai, or have low mastery such as the hill tribes, migrants, and rural populations, the poor youths because they did not effectively learn through the more formal academic set up.

***Finding 9: Number of strategic media and private partners have quality engagement in rights-based advocacy and youth empowerment including YSRHR***

UNFPA CP11 introduces the strategy of “Strategic Media Engagement” to work with key strategic media partners as media allies who champion and advocate for YSRHR in media content. Three consultations with each level of media professionals have been implemented: 1) media think tanks or policy makers in national and professional organizations; 2) senior editors 3) reporters to gain needs and concerns of media partners to design an annual action plan with each prospective strategic media partner to promote the positive YSRHR. The consultations recommended UNFPA to work with the national and professional regulatory bodies to raise awareness of the media professionals and organizations on abiding by the media ethics in respecting the rights of the adolescents including sexual and reproductive rights.

It is evident that UNFPA has successfully identified and established strategic media and private partnership to promote youth participation and advance YSRHR. Five potential media, private partners and CSOs have cooperated with the UNFPA mandate as follow: 1) Dek-Dee.com 2) ThaiPBS 3) Raks Thai 4) The Planned Parenthood Association of Thailand (PPAT) 5) Thailand Research Institution for Empowerment of Persons with Disabilities (TRIP), and Thai Health Promotion partnered on YSRHR for vulnerable youths. Other media partners who engaged included are ThaiRath TV, A DAY and ThisAble.me. Resource mobilizations were found in the partnership mechanism with media and private partners, such as Thai PBS contributed to a two-day workshop to empower youth advocates on public communications for YSRHR in Chiang Mai. This activity led to gain youth voices and promoted youth voice advocacy in the media and in the private sector, MQDC signed MOU with UNFPA on the youth empowerment initiative.

The engagement of media and private partnerships has created an enabling environment for young people’s access to YSRHR and voice their demands on rights to sexual and reproductive health. DekDee.com for example, an online portal company partner advocated YSRHR by providing interactive YSRHR information on a web board in its online platform and developed a series of YSRHR knowledge packages, which effectively allowed more young people to access SRH information and services. The key informants stated that youths feel free to ask and share their ideas in the web board. Thai PBS - a public TV channel, a key media partner has supported the UNFPA mandate by advocating positive YSRHR and media ethics in respecting the rights of the adolescents including the sexual and reproductive rights. The informants mentioned, for example, that the journalists would avoid secondary victimization and



portray survivors as resilient. TRIP has been developing a national guideline of peer approach on YSRHR for young people with disabilities. CP 11 has well established strategic partnership with strategic media and private partners; Thai PBS, DekDee.com, and MQDC thus they have contributed resources and actively engaged in the program throughout the year. Policy level agreement and equal partnership mechanisms have been noted for the successful collaborations.

CP 11 supports the strengthening of the comprehensive sexuality education (CSE) for those in and out of school. UNFPA provided technical support to advocate for utilization of the revised international CSE guideline developed by UN agencies in implementation of CSE according to Article 6 of the AP ACT. UNFPA developed a CSE self-assessment tool for schools including I-D Sign curriculum to equip young people with knowledge, skills, attitudes and values that empowered them to realize gender equality, their rights, and choices and develop respectful social and sexual relationships. As for out of school sexuality education, focusing on social media platforms to facilitate youth access to YSRHR, UNFPA support to Dek-Dee.com to provide interactive sexuality education for youths has been useful, based on feedback received during our field visits. This was commended by the community members as well since there is no avenue for out-of-school youth to be informed of YSRHR related issues.

**Population Dynamics: Effectiveness (Output2)**

**Outcome 4:** Population Dynamics: Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, YSRHR, HIV and gender equality

**Output 2:** Increased use of evidence-based analyses of population issues for the development of equitable, rights-based national policies and strategies targeting young people, women and vulnerable populations

**Summary of findings:** All desired targets are achieved well in advance of 2021. Evidence from UNFPA-supported surveys, studies and unified RH database has been used in the development of the national policies and to monitor the progress of national policies and strategies related to youth and SRH. UNFPA CO has contributed to improved capacities of the Thai government to design the methodology for the next Census, to analyze data and to translate and leverage results to ensure evidence-based policymaking. Great effort is also devoted to generate and translate the life course evidence and its principle into policy and practice. Partnerships with strategic institutions, CSOs, development partners, private sector and academia were successfully established to advance implementation of ICPD agenda in Thailand and to gain support for resource mobilization.

**Table 11: Output 2 Performance Data**

Indicator	Baseline	Target	Performance at the time of Evaluation (Oct/Nov 2020)
<u>Indicator 1:</u> Number of national policies and strategies developed on population and development informed by evidence-based analysis that address needs of young people, women and vulnerable groups	2016 (2)	2021 (3)	Result: Achieved  3 out of 3 policies have been developed based on evidence provided by UNFPA. However, only 2 out of these 3 policies were implemented.

Indicator	Baseline	Target	Performance at the time of Evaluation (Oct/Nov 2020)
<b>Indicator 2:</b> Number of databases with population-based data accessible by users through web-based platforms that facilitate mapping of socioeconomic and demographic inequalities	2016 (0)	2021 (1)	Result: Achieved  A web-based platform has been available since 2018
<b>Indicator 3:</b> Number of initiatives for public-private cooperation established and convened by UNFPA, utilizing evidence on the demographic dynamics	2016 (0)	2021 (2)	Result: Overachieved 3 PPP Initiatives were established: (1) Future Lab with MQDC and National Innovation Agency on Generation for Future, (2) Walk & Bike and Phayao Municipal on Interactive Intergeneration in Phayao Province, and (3) Reckitt Benckiser (RB) and DOH on Safe Births for All

(Source: UNFPA CO – verified by the evaluation team)

**Key finding 10: UNFPA has contributed to (1) increased population-based data to monitor the progress of national policies and strategies related to youth and SRHP, (2) improved national capacities to assess demographic developments linkages, and (3) increased the generation and translation of life-course evidence and its principle into policy and practice. However, further studies are still required to support evidence-based policy development, and continued effort is needed to encourage the governmental agencies and the private sector to generate and utilize the life-course evidence.**

During CP11, UNFPA has provided technical and financial support to the Bureau of Reproductive Health, Department of Health, in order to develop the first comprehensive web-based platform that compiles consolidated demographic and reproductive health data from multiple sources (e.g. population registrar, census and national surveys) as required by the 10-year National Strategy on Adolescent Pregnancy under the Adolescent Pregnancy Act. The platform—Thailand Reproductive Health Database—was successfully released in 2018. It contains a range of key indicators including the 32 output indicators for monitoring the performance of the 10-year National Strategy on Adolescent Pregnancy and facilitates users to track temporal trends back to early 1990s and to export the data to use further.<sup>53</sup> This platform was further developed to connect with other databases of the line ministries responsible for adolescent pregnancy and other agencies within the Ministry of Public Health itself. According to the key informants, the recently developed platform has successfully served as one of the mechanisms to increase engagement of the line ministries via data sharing. Because of the unified database, the government was able to observe a gradual decline in adolescent pregnancy over the past seven years.

Furthermore, seven surveys and three studies have been supported by UNFPA to serve as solid evidence for the development of national policies such as the RH Policy and the National Population Policy. The first six surveys were serial surveys which were carried out very recently to assess the impact of the COVID-19 crisis on youth and vulnerable youth across Thailand. These surveys were under

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<sup>53</sup> <http://rhdata.anamai.moph.go.th/>

an initiative by the UN Sub-group on Young People chaired by UNFPA and UNICEF and jointly supported by other UN agencies including UN Women and UNDP.<sup>54</sup> Another UNFPA-supported survey is the survey of COVID-19 and older persons. The survey provided the missing piece of information on how COVID-19 and lockdown measures have affected well-being of older persons.<sup>55</sup> All surveys collected sex-disaggregated data. Therefore, gender analysis with respect to particular topic of interest can be explored to improve gender sensitivity and equality. The results of these surveys were disseminated to key government agencies through technical forums to be used in the development and monitoring of related policies.

Three studies were undertaken with support from UNFPA: the economic cost of adolescent pregnancy, the GIS mapping of adolescent pregnancy study and the GGS pilot study. The first study examines direct economic cost resulting from school dropout following intentional and unintentional pregnancies among adolescent mothers. The second study aims at providing the geographical information of adolescent mothers at provincial and district levels using data from the 2016 birth registration records and the 2000 and 2010 Population and Housing Censuses. The final study is the pilot study of a panel Generation and Gender Survey (GGS) in which UNFPA aims to provide evidence to support a comprehensive rights-based population policy development and to raise public awareness that low fertility and population ageing are interrelated and should not be viewed separately. The GGS collects information on families, life course trajectories and gender relations. Thailand is the first middle-income country in Asia that has joined the GGS project. All activities undertaken during preparation phase of the pilot survey including the inception report (detailing objectives, strategy and phasing, project structure, institutional arrangements and budget), and questionnaire translation and localization were financially and technically supported by UNFPA. As the repeated panel survey is expensive and time-consuming, the next important step for UNFPA CO is to identify the right government agencies to get involved and secure their buy-in for at least 3 survey rounds within a 10-year period.

In terms of capacity building, technical and financial assistance was provided to the National Statistics Office (NSO). This helped improve data availability and analysis for developing the register-based census in which a single population data system is to be built upon various sources of existing registration databases or administrative records. UNFPA convened and connected with Statistics Korea (KOSTAT) to share experience and to assist the NSO in developing solid methodology for the register-based census in 2018. Because the register-based census requires large preparatory work to be implemented, the 2020 Census was planned to be carried out using the traditional approach of face-to-face interview. However, because of the COVID-19 outbreak in early 2020, the 2020 Census has been postponed until 2023. This situation has allowed the NSO to transform from traditional census taking to using data from registers.

UNFPA's support to generate life-course evidence and to promote the use of the evidence is noteworthy throughout the CP11 period. First, as aforementioned, the UNFPA has supported the study on economic cost of adolescent pregnancy which was developed based on the concept of life-course approach that childhood, adolescence and adulthood are all intertwined as a continuum and what

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<sup>54</sup> Summary brief: Youth and Covid-19 in Thailand: Socioeconomic impact of the crisis. <https://thailand.unfpa.org/en/youth-voice-covid19>; Accessed on December 1, 2020.

<sup>55</sup> Executive Summary: The Impact of COVID 19 on Older Persons in Thailand. <https://thailand.unfpa.org/en/covid-op>; Accessed on December 1, 2020.

occurred in childhood and adolescence can influence outcomes in adulthood. This study showed that women with early pregnancies were likely to earn 2,811 Baht per month less than those without pregnancies throughout the working life course and that girls who left schools permanently would have an income loss of 4,582 Baht per month, while those who resumed their education would lose only 3,936 Baht per month.<sup>56</sup>

Another notable effort to generate the life-course evidence is the continued support provided to the NESDC to produce the National Transfer Accounts (NTA) results regularly and to encourage the translation of NTA into policy and practice among relevant government agencies. The NTA is a well-recognized tool being used in more than 60 countries to provide economic life course evidence on how people at each age produce, consume, share resources, and save for the future which is of great importance for informed policy making. However, the NTA results have been barely translated into the national policy planning as this subject is lesser-known and quite technical among the government staff. With strong advocacy and support from UNFPA, the NTA team was established under the NESDC and the first NTA report was published in 2011, followed by a series of biennial reports until 2017. With the help of input and support from UNFPA, the NESDC has planned to convene a forum in 2021, in which participants from other governmental authorities would be invited to learn about the NTA and how the NTA results can be used for policy formulation and analysis. This forum would be followed by a series of training workshops to share the NTA methodology and application among fellows within the NESDC and from other government agencies.

UNFPA has also made progress in promoting the life course approach through the public-private partnership initiatives. In 2019, MQDC, one of the leading real estate companies, showed their interest to partner with UNFPA on life-course approach, investing in Young People. A concept note was agreed upon and the MoU was signed in 2019.<sup>57</sup> In 2020, the UNFPA has provided financial and technical support to Chulalongkorn University College of Population Studies to conduct a feasibility study of the Panel Survey on Generations and Gender (Known as GGS). The survey applies the life-course approach, focusing on several important transitional socio-demographic events, for example, partnership, childbearing, school-to-work and retirement. To proceed with the main data collection, UNFPA has shared this report with the Department of Health, Ministry of Public Health and National Statistic Office in order to explore the possibility of securing funding and manpower support from relevant government agencies.

***Key finding 11: UNFPA has built policy makers' awareness to formulate evidence-based policies, and the targeted national policies/strategies were developed based on evidence advocated by UNFPA***

Among the many policies and strategies being developed in Thailand, UNFPA CP11 targeted three policies which are 1) the National Strategy on the Prevention and Solution of the Adolescent Pregnancy Problem (2017-2026); 2) the National Reproductive Health Policy (2017-2026); and 3) the National Population Policy. All three policies were developed using UNFPA-supported data and research studies. Two policies, i.e., National Adolescent Pregnancy Policy and National Reproductive Health Policy, have

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<sup>56</sup> Jitsuchon, S. & Methakunavut, N. (2020). The Economic Cost of Early Pregnancies in Thailand. Bangkok: Thailand Development Research Institute.

<sup>57</sup> Information obtained from the 2019 Annual report

been successfully implemented since in 2017, while the other, which is the National Population Policy, is currently under revision and requires continuing technical support from UNFPA.

For the 10-year National Adolescent Pregnancy Policy (2017-2026), UNFPA has continuously engaged with policy makers and key stakeholders in relevant agencies through a series of collaborative studies and consultative meetings. In 2017, a collaborative study between UNFPA and five agencies from three ministries had led to a new way of presenting the adolescent birth data at district level using the Geographical Information System (GIS) to identify vulnerable areas or hot spots with high adolescent births. A following study report, which was later published in 2019 by IPSR with financial and technical supports from UNFPA, showed that hot spots of teen births over 8,000 districts throughout the country had been identified. This evidence is expected to be used for the development of the target-based interventions to reduce teen deliveries at sub-national level. A package of evidence-based recommendations by youth on implementation of the National Adolescent Pregnancy Act had been produced by UNFPA in 2019 and proposed to the National Committee of the AP Act chaired by Deputy Prime Minister. As aforementioned, UNFPA had also been involved in another study on the economic cost of teen pregnancy since the study design stage in 2017 by providing technical inputs and lessons learned from studies conducted in El Salvador and the Philippines. The study report, which has recently been completed in 2020, is planned to be submitted to the National Committee of the AP Act. In addition, the establishment of Independent Advisory Group (IAG) in 2018 to provide evidence-based and strategic advice to the National Adolescent Pregnancy Committee was stemmed from the UK experience shared by UNFPA.

For the National Reproductive Health Policy (2017-2026), UNFPA has continued to provide inputs to the Department of Health in the development of the national action plan. This included the establishment of a unified web-based reproductive health database achieved in 2018. Two other pieces of evidence showing Thailand's significant progress according to the UNFPA support is (1) the acceptance of Ministry of Health to host the International Conference on Family Planning to be held in February 2021, and (2) the country's commitment to the three transformative results and a life-course approach on ageing at the Nairobi Summit on ICPD25 in 2019.

For the National Population Policy, UNFPA technical support had been provided in reviewing the NESDC draft of the 20-year population policy. Written comments were given to NESDC in two rounds of revision of the draft policy. However, the policy has been pending for endorsement by the government until the writing of this report. According to key informants, the reasons for delays were not only due to the strained organizational capacity to finalize the policy revision in view of its workload, but also the unclear direction of the government on fertility issues and solving the economic issues with respect to the changing population dynamics. To assist NESDC to obtain a clearer direction for the population policy, UNFPA has introduced a comprehensive policy framework on life-course ageing which was drafted by a technical expert from the Hong Kong University of Science and Technology with UNFPA support. The framework has not yet been circulated among government entities due to the COVID-19 outbreak in early- to mid-2020 but is scheduled to be released in January 2021. To promote understanding among government agencies of how accumulated experiences can impact the future of health and well-being and thus the likelihood of adopting the life-course approach into the policy framework, more evidence of life transitions and trajectories that link people's early life events to later outcomes should be used for advocacy. In addition, because of the COVID-19 crisis, key informants addressed their expectation to receive technical advice from UNFPA on building resilience for the Thai population to be incorporated into the revised draft policy.

In addition to the three targeted policies, it is evident that UNFPA has advocated the utilization of evidence to develop other evidence-based policies. The utilization of population trends and projection in setting development targets for the 12<sup>th</sup> National Economic and Social Development Plan was strongly encouraged and the report on “Population and Development for a Sustainable Future of Thailand: 25 years after ICPD” was produced in collaboration with NESDC to provide more evidence.

UNFPA’s continuous effort to support evidence, lesson learned and best practices from other countries on population related issues has also resulted in the government staff’s enthusiasm to work harder on the population issue. According to key informants from public sectors who recounted on past meetings, the evidence shared by UNFPA has broadened their viewpoints, making them not fallen behind on important or newly emerging issues. They expressed their appreciation on UNFPA’s advocated evidence that came in as ready-to-use packages.

***Key finding 12: Public and private sectors are provided with information on population dynamics, and successful partnership has been established to work together on population dynamic and its interlinkages to youth and SRH.***

Communication with public and private sectors has been done heavily through media platforms throughout the CP11 programme cycle. A number of materials containing key messages of UNFPA have been produced in various forms such as infographics and news clips, and disseminated through TV channels and newspapers. To further promote the ICPD, common key strategic messages across all produced communication materials were set among the UNFPA CO and communication materials were produced and disseminated by the UNFPA strategic media partners, including Thai PBS, on UNFPA’s social media and at UNFPA’s key events convened regularly all through the CP11 programme cycle.

Great effort has been put forward by UNFPA to initiate the partnership with private sectors throughout the CP11 cycle. Three business coalition-consultative meetings involving more than 35 private companies were organized during 2018-2020. The Partnership and Resource Mobilization (PRM) consultant has been hired to provide expert advice for private partnership.

Three PPP Initiatives were successfully established: 1) Future Lab with MQDC with National Innovation Agency on Generation for Future; 2) Walk & Bike and Phayao Municipal City on Interactive Intergeneration in Phayao Province; 3) Reckitt Benckiser Group Plc. (RB) and DOH on Safe Births for All. In addition, four MOUs were signed with TPBS, Dek-Dee, TRIP-Ratchasuda –PPAT, and Phayao Municipal. With MQDC, the first activity is a mini forum on “Future generations” held on November 24, 2020 with key objectives to raise awareness of the general public on the importance of young generations and at the same time to stress on the young generations that they are important to the society. Future activities are aimed to equip youths with futuristic knowledge. Training programs will be held in 2021 with an expected tangible output on a desirable future concept note proposed by youth participants.

Another innovative effort was made to address the population dynamic issues in the East Economic Corridor (EEC)—one of Thailand’s strategic locations to accommodate direct investments from foreign countries. This effort is evident through a review study supported by UNFPA to assess the impact of the special economic zone on population development in which the recommendation to develop a plan on life cycle human capital development is derived. The initiative has also received attention from MQDC,

although for the time being the MQDC’s priority is on youth empowerment. However, while it appears to be premature to introduce population dynamic and SRHR issues to the EEC at this stage, UNFPA has continued to seek the right partners for co-investment on the initiative. A potential to collaborate with UNIDO (known as the EEC’s key partner) is being explored.

**South-South and Triangular Cooperation: Effectiveness**

**Outcome 4:** Population Dynamics: Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, SRHR, HIV and gender equality.

**Output 3:** Increased national capacity to implement South-South Cooperation and/or triangular initiatives to promote the ICPD agenda.

**Summary of findings:** Two desired targets have been already achieved. UNFPA has devoted their priority to SSTC. UNFPA’s supported SSTC has received strong support from the Thai government and implementing partners. The SSTC initiatives have assisted other countries to achieve the UNFPA transformative goal for ending maternal mortality. Evidence shows the strong rationale for continuing the SSTC initiatives to the next CP plan.

**Table 12: Output 3 Performance Data**

Indicator	Baseline	Target	Performance at the time of Evaluation (Oct/Nov 2020)
Percentage of financial resources contributed by Thai Government under Triangular initiatives on SRH	40% (2016)	> 50% (2020)	Result: Achieved On average-accumulated from 2017-2020 >=50% **2020: 33% **
Number of countries receiving Thailand based expertise and experiences on reproductive health and ICPD related areas under triangular initiatives	2017 (2)	2021 (4)	Result: Overachieved 13 countries

*(Source: UNFPA CO – verified by the evaluation team)*

***Key finding 13: UNFPA has strengthened capacities of national institutions to develop high-quality package on SRHR and other ICPD-related issues to share with other countries and to ensure that the knowledge transferred under Triangular initiatives is relevant and met needs of recipient countries***

UNFPA has contributed to strengthening capacity of six national universities (i.e., Khon Kaen University, Chiang Mai University, Mahidol University, and Prince of Songkla University, School of Nursing of Ramathibodi Hospital, and Thailand Nurse and Midwifery Council) to leverage their knowledge and skills and to ensure alignment with global requirements and standards, such as those upheld by the International Confederation of Midwives (ICM), and WHO. Another comprehensive package on ICPD was also developed to share with other countries in the following areas: 1) Policy Responses to the First Thailand Demographic Dividend (1970-2010), 2) Thailand’s Resources on Population Development Areas, and 3) Universal Coverage Scheme. Additional effort has been made to support these academic institutions in designing courses to share knowledge and know-how and suitable learning modalities (e.g., meetings, short training courses, secondment of staff) for targeted countries.

Advice and support have been continuously provided by UNFPA on the comprehensive management of SSTC among Lao PDR, Thailand and UNFPA to ensure that the initiative is relevant and met-needs. These include (1) validation of needs and demands through the technical support on need assessment studies prior to the commencement of the SSTC initiative in Lao PDR, (2) quality assurance through regular monitoring (e.g., close consultation and on-site visits) to ensure the relevance of the initiative and the achievement of desired outputs, and (3) technical support to measure values that the SSTC has added and social return for the partner countries. The Social Return on Investment study (SROI) was introduced and undertaken after two years of the initiative implementation with support from UNFPA Thailand CO.<sup>58</sup> The SROI did not only well-reflect the effectiveness of the SSTC initiative in Lao PDR, but also supplemented the regular monitoring and evaluation and served as strong evidence on policy advocacy for annual budget allocation to the initiative during the CP11 cycle.

All efforts made by UNFPA were reflected by their partners who work with UNFPA has resulted in insights, lessons learned and good practices leading to better knowledge management for their institutions. The SROI is greatly recognized for its usefulness by TICA which has resulted in the following training workshop on SROI with more than 50 participants from TICA's implementing partners.

In 2019, the CO together with TICA approached the UNFPA Timor-Leste representative to explore the opportunity to become another recipient country under the SSTC initiatives, but concrete action plans were yet to be identified. Continued effort on expanding the SSTC initiatives is evident from the 2020-21 workplan between UNFPA and TICA indicating a budget allocated to explore SSTC opportunities with new countries.

***Key finding 14: UNFPA's SSTC initiatives have supported the exchange of key development solutions between and among countries in the global South to scale up good practices to accelerate the achievement of the SDG3 and UNFPA transformative result on zero preventable maternal deaths, and the Thai government is likely to continue the SSTC initiative support***

With support from UNFPA, one flagship initiative which is the first SSTC solution platform on Making Motherhood Safer from Preventable Causes was organized to share and exchange knowledge and good practice of Thailand to help other countries to achieve UNFPA's transformative goal in ending maternal mortality. By using this platform, a series of workshops were organized in which 12 countries with 46 participants attended and 4 countries were coordinated for study visits.<sup>59</sup> Other recent initiatives include international training workshops on strengthening maternal and newborn health care and the fast-track model to reduce maternal mortality. The benefit of the SSC-Thai Institutions Network on Safe Motherhood to other countries can be implied and is evident from their feedback to keep this platform alive, and to have a solution platform online for the participating countries to update their MMR situation. As aforementioned in the Key finding 13, Thai academic institutions also benefited from their capacity building through the development of high-quality training courses. At the same time, TICA improved its capacity to effectively manage and implement the SSTC initiatives.

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<sup>58</sup> The Effectiveness of UNFPA South-South and Tri-lateral Cooperation (Social Return on Investment Analysis – SROI), 2017, UNFPA and TICA.

<sup>59</sup> The UNFPA's 2019 Annual Report.



Thai government's will to continue SSTC to promote ICPD is evident and provides proof from their appraisals on the SSTC initiatives. UNFPA was selected as the first UN agency to showcase the SSTC initiative in TICA Connect Event hosted by MoFA. Key informants expressed their impression that no other international organizations, except UNFPA, have given their priority on SSTC which is one of TICA's key cooperation networks. A key informant noted *"the strong and long-standing relationship between UNFPA CO and TICA helped pave the way for other UN agencies in partnering with the Thai government."* Another achieved indicator is the continuing financial contribution by the Thai government with not less than 50% throughout the CP11 cycle. However, the government support falls slightly below the target in 2020 because of COVID-19 in which some activities were postponed but is expected to rebound in 2021.

### **Communications Strategy: Effectiveness**

***Key Finding 15: Communications activities have been well-designed and integrated with all programmatic areas and used effectively as the key means to raise public awareness despite lack of financial resource and limited staff***

UNFPA CO's advocacy & communications strategy is aligned with the regional office's communications strategy, with key focuses on (1) building brand/visibility, (2) establishing networks of supporters, and (3) using human stories. Despite limited financial and human resources, UNFPA CO was able to implement communications activities effectively to raise public awareness on the topics targeted. The following examples show how the communications activities were achieved under CP11:

- *Youth engagement:* (1) voices of 3,000 youth packaged into policy recommendations to national committee on AP Act and (2) the voice package used in the UN's Common Country Analysis (CCA) process on youth
- *GBV:* Raise awareness on GBV through partnership with influencers and online media
- *ICPD:* MoPH mentioned to support YSRH service as part of the UHC
- *SSC:* Thai Rath TV broadcasted the successful story on safe motherhood initiative in Lao PDR

The above examples also demonstrate that UNFPA is successful in gaining strong engagement from key public and private media outlets (e.g., Thai PBS, Thai Rath TV, Siam Rath), in Thailand.

Nonetheless, several challenges to implementing communications activities have been observed throughout the implementation of CP11. Media and communication landscape has significantly changed due to digital revolution. In addition to the mainstream media, it is evident that UNFPA has utilized online/social media platforms such as Facebook, Twitter and website to supplement and to increase the size of audience. However, the view counts appear to be relatively limited for the time being. There is limited use of opinion leaders and personal media such as social actors and influencers, which may need further discussions at the higher level.

In terms of key message and its development, changing programme focus and activities have posed significant challenges on the development of key messages and following communications plans and activities. For some issues, such as SRHR related to human capital development as part of the life-course approach, the identification of overarching key messages has been challenging to the CO as this requires a clear direction from the higher level. One key informant emphasized that communication through publication production should not be directly used for public advocacy as it needs clearer and more concise message.

The communication strategy seems to contribute only to the improved visibility of UNFPA in Thailand. As Thailand seems to have increasing potential for fund raising, the activities related to fund raising can be coordinated with other programmatic and communications activities. To improve efficiency, HQ/APRO may need to guide the communication strategy that also covers fund raising activities.

#### 4.3 Answers to Evaluation Questions on Efficiency

**The Evaluation Question 5:** To what extent has UNFPA make good use of its human, financial and technical resources, and has used an appropriate combination of tools and approaches to pursue the achievement of the results defined in the UNFPA CP11?

**Summary Findings:** Despite the limited core funds for CP11 and a small number of CO staff, UNFPA has successfully handled all planned and unplanned activities as seen from the very high implementation rates (as discussed under effectiveness) without any reports on delay (except where CO faced some challenges with RM process). Co-sharing with government and private sector contributions has been actively sought. The shortage of staff was reflected by CO and the IPs. UNFPA strategically maximized the outputs by engaging implementing partners (IP), given the HR shortage in the country office. However, while technical expertise is available, shortage of staff limits the capacity to lead the initiatives. Human resources on gender and youth related areas are not adequate to support the existing staff.

In terms of accountability, monitoring and reporting on delivery of outputs and outcomes of the CP 11 plan have been integrated systematically to the programme implementation plan and conducted on a regular and timely basis to enhance efficiency as well as effectiveness.

**Key finding 16: Despite limited human and financial resources the implementation of CP11 and results achievement was remarkable.**

CO has been able to manage the limited resources (financial and human) as evidenced by the long list of achievements during CP11. The implementation rate and budget utilization rate were at very high levels (>99%). UNFPA was able to implement planned and unplanned activities well with the refinement of resource mobilization approach and active seeking for co-funding and private funding. Flexibility in accommodating unexpected demands with a small staff has been remarkable. However, the ongoing HR realignment during the CP11 has imposed several challenges on the UNFPA CO operations as well as well-being of staff. Hiring consultants as well as outsourcing for technical expertise has helped lessen the impact to some extent as they neither share administrative tasks nor make any decision on behalf of UNFPA. Therefore, some of the work that was assigned to consultants still required attention of existing programme and operation staff. In the fieldwork, the limited number of staff was cited by a few partners to create burden for them sometimes as they had to take over some of the administrative and coordination tasks that should be shared by CO staff.

Despite the long list of achievements, UNFPA CO has limited available financial resource with less than 10% of the total budget allocated to communications activities. In the era of digital transformation, to maintain the UNFPA achievements in terms of public communications requires re-prioritization of the budget allocation.

For UNFPA, while technical expertise is available, shortage of staff limits the capacity to lead initiatives. This was a common issue that was raised by the majority of informants and some even reflected the

need for UNFPA to be assured of the resources, human as well as financial, before committing responsibilities in joint programmes. UNFPA CO had faced situations where plans had to be changed during the course of implementation, affected by strict corporate regulations on resource mobilization, as well as delayed responses (on approvals from higher authorities) leading to change in plans (due to not being able to obtain approval after waiting for long time). However, as stated above, joint initiatives could lead to more sustainable outcomes, based on the ET's assessment.

***Key finding 17: While CP11 has been implemented well with the available staff and with appropriate skills, there is a deficiency in CO HR capacity.***

The evaluations have confirmed the appropriateness of country office structures and the office staff competencies. This is evident by CO staff being recognized by implementing partners to have strong professionalism on subjects they engaged and to be active and approachable for programmatic discussions. Nonetheless, certain limitation was again reflected in terms of available human resource to shoulder the workload, particularly those related to technical issues.

UNFPA strategically maximized the outputs by engaging implementing partners (IP), given the HR shortage in the country office. In 2017, CO had only one IP with 11 UNFPA staff, and currently six IPs and six CO staff produce the results as planned according to the work plan and undertaking additional demands that come on the way.

The lack of program officers responsible for YSRHR and gender equality is noted as key factors contributing to the limited engagement in gender responsive programming on sexual and reproductive health and rights.

***Key finding 18: CP11 has used appropriate combination of tools to achieve outcomes in a timely manner and demonstrated accountability to achieve the expected results***

UNFPA has effectively utilized appropriate combination of tools—such as communications activities, training, hosting and sharing venues for dialogs, resources sharing, detailed joint work plans between UNFPA and implementing partners with regular reviews, and long-term agreement (LTA) modality for hiring contract services—to deliver outputs and outcomes in a timely manner.

In terms of accountability, monitoring and reporting on delivery of outputs and outcomes of the CP 11 plan have been integrated systematically to the programme implementation plan and conducted on a regular and timely basis. All implementing partners submitted their E-Face Forms within the given time and reported achievements through a work plan progress report. The programme budget was monitored, analyzed, and adjusted regularly during the mid-year and year-end CO meetings. Mid-term review evaluation was undertaken in which recommendations from the report were used to adjust the current CP.

#### **4.4 Answers to Evaluation Questions on Sustainability**

***Evaluation Question 6:*** To what extent have interventions supported by UNFPA contributed to strengthened policy and regulatory frameworks to advance gender equality and SRHR of young people, including those from marginalized communities, and to address emerging population issues?

***Evaluation Question 7:*** To what extent has UNFPA been able to support implementing partners in developing capacities of midwives and health workers in Laos through SSC and in establishing mechanisms to ensure ownership and the durability of effects of such initiatives?

**Summary of findings:** Through partnership framework, UNFPA established mechanisms to ensure ownership and the durability of effects of initiatives. These include sharing technical expertise and strategic networking to leverage core competencies of partners, sharing resources and responsibility and high-level dialogue. The initiatives with both media and private partners mark some changes to the current program. UNFPA has received strong support from the Thai government, private and implementing partners in all initiatives of CP11, reflecting the expansion and sustainability of initiatives among partners. It is proved that UNFPA could promote the YSRHR issues through various partners. However, the capacity and technical skills to support gender equality and YSRHR may not be adequately available with current non-traditional IPs to make the results sustainable. Multi-sectoral partnerships are very crucial to ensure the desired outcome for YSRHR and its sustainability. There is room for government IPs to be more responsive to ensure sustainability of initiatives towards advancement of gender equality and SRHR of young people. Support to Implementation of AP Act forms a key part of this.

***Key finding 19: National Policy and regulatory frameworks have been changed to promote gender equality and SRHR of young people, including those from marginalized communities, and to address emerging population issues***

With respect to the strategic upstream initiatives, CP11 has devoted to engaging in policy dialogue, rights-based advocacy and capacity building aiming to increase priority on adolescents, especially on vulnerable youth groups, in national development policies and programmes, particularly to increase the availability of comprehensive sexuality education and SRH services. Three national policies regarding AP Act, RH Act and the National Population Policy together with NCYDP Act have been targeted. The concept of SRHR of young people has been adopted in the national AP Act and RH policy. CP11 has supported building institutional capacity of the National Committee to implement the AP Act by enhancing youth participation and engaging them to bring up YSRHR issues that are of concern to the marginalized groups in the national committee.

The evidence showed that three youth recommendations have been successfully submitted and acknowledged but those have not been adopted by the national committee of the AP Act due to power asymmetry in the policy dialogue between youth representatives and adult members in the national committee. Youth that represent the Children and Youth Council of Thailand (CYC), is a crucial mechanism for youth engagement in policy dialogue and to advocate for their YSRHR. Youths' participation concerning marginalized youth representatives in the national committee responsible for AP Act is not evident due to the lack of leadership recognition. The participation of youth representatives in the AP Act committee is found facing certain constraints regarding adult dominance, lack of communication skills and active mentorship. The continuous support to enhance youth leaderships, particularly marginalized youth representatives, in the national committee is required to ensure that youth groups are actively and effectively involved in policy-making processes. I D-Sign is likely to be the effective intervention to enhance youth agency in YSRHR and AP Act. The replication of this successful pilot (I-D Sign model) to other areas of the country by the youth council platform is considered by the stakeholders, according to their feedback.

Challenges still remain as the policy was not promptly translated into actions. A close monitoring and evaluation scheme to ensure their effectiveness is not evident. Some line ministries are not well responsive as required in the AP Act, for example MoE, Ministry of Labour and Ministry of Interior. The multi-sectoral partnerships are very crucial to ensure the desired outcome for YSRHR and its sustainability.

*“Based on my view, I think the responsible line ministries were not well coordinated to implement the AP Act. For example, the MSDHS provide shelter for youth and adolescents when the unwanted pregnancy problem occurred not deal with the root cause. Some youths may go to the shelter but not all who are in difficulties. Since majority of children and youth are in school and face with SRH and related health problem, school intervention with social workers in school is needed”. (Key Informant, shelter for children and family, Chiang Mai)*

*“Big data on YSRHR with updated and comprehensive picture both in school and out of school locating youth life in different setting is needed. Our data base for adolescent pregnancy of each ministry is not well linked among line responsible ministries. For example, MoPH documented about youth pregnancy when youths visit to the health care systems while MoE has acquired data regarding drop out students without the reason behind.” (Key Informant, Provincial Health Office)*

Thailand has accessible databases and evidence to effectively design policies or measures to address country’s key priorities and emerging issues. It is evident that UNFPA has the leading role to advocate the utilization of evidence to develop crucial evidence-based policies. The national policies which UNFPA has been involved include 1) the National Strategy on the Prevention and Solution of the Adolescent Pregnancy Problem (2017-2026); 2) the National Reproductive Health Policy (2017-2026); and 3) the National Population Policy. All three policies were developed using UNFPA-supported data and research studies. Key population related concepts, such as life-course approach are known to a limited extent among the government staff. Although the policy makers realized that population ageing and low fertility are inseparable, it is challenging in terms of policy implementation as different ministries and agencies are handling each of these two issues separately.

With respect to gender inequality approach in the CP11, gender and right based approach has been addressed during the program formulation, in the strategic framework including the operational definition of the marginalized group with gender concerns. Nevertheless, throughout the program implementation, gender issues have not been well-integrated with certain programmatic areas to ensure gender responsive programming on youth sexual and reproductive health and rights. The implementing partners have pointed the lack of gender concerns in the pioneered project on I D-Sign during its implementation which needs to be improved. The informants stated that gender inequality is difficult to communicate into the practical way with the youths. The revision of I D-Sign is suggested to be applicable for diverse youth group with addressing gender inequality in the module. Regarding media engagement to promoting youth participation and advance ASRHR and gender equality, the achievement of the numbers of media partners contributed to the program implementation was noted. The challenges to advocate gender inequality in the media platform have been observed throughout the implementation of CP11. The key informants mentioned that it is unclear direction in advocacy of ASRHR and gender equality. The media informants reported that raising awareness on gender inequality through media with envisioning to behavioral change need to be the persistent acts. The limited number of UNFPA CO program officers responsible for YSRHR and gender equality should be noted as key factors contributing to the limited engagement ensuring gender responsive programming on reproductive health rights.

Throughout the CP11, young people, particularly adolescent girls in poverty, girls aged 10 to 14 years old; young people, particularly adolescent girls discriminated based on their identity, ethnicity and race; young persons with disabilities, girls who are not in school or are living in areas with high levels of dropout; or are already married and/or mothers, have been the critical targets of the design program and implementation aimed at the changes of national policy and regulatory frameworks to promote

gender equality and YSRHR. Gender inequality has been cross-cutting concerns with other social vulnerability of youths and adolescents. Nevertheless, marginalized youth groups remain the challenge regarding inclusive stakeholder engagement of UNFPA CO which needs to further push the strong effort to meet the desired outcome. The well-established knowledge and strategic partnerships on the marginality concerning YSRHR is needed. It is noted that youth who have been discriminated based on their identity including people living with HIV, victims of GBV, LGBTI, PWDs and migrant workers should be the further focus to achieve LNOB objectives.

***Key finding 20: UNFPA established mechanisms to ensure ownership among partners***

Given a long-term partnership among governments, academic institutes, CSOs and civil society, UNFPA has successfully advocated for co-ownership of the CP11 by strategic partners. With all initiatives implemented in CP11, UNFPA has received strong support from the Thai government and implementing partners. UNFPA has committed to providing policy advocacy and support to Thailand to become an inclusive society that leaves no one behind, and to establish partnership in the domestic, regional and global levels by sharing technical expertise and strategic networks. Informants from public and academic partners spoke highly of the collaborative approach resulting in greater national ownership of all outputs which reflected in the possibility for expansion and sustainability of initiatives among partners.

*“Honestly, more or less money is not an important factor for approaching the partners because UN is very strong in Branding. UN is a brand that most people want to work with, thus raising funds is not difficult. Let's look at the I D-Sign and youth empowerment project, Health Promotion Foundation had fully supported this project for a total of 6 million in 3 years; UNFPA did not pay anything, why it could be done? People believe that if having UN as a partner, the opportunity to push a small project into a big project would be possible. The project would be developed well as UN would connect with the policy partners to scale up the project”. (key Informant from Health Promotion Foundation)*

*“UNFPA is a well-known international organization that has a strong position with technical expertise. Any policy initiatives joined with UNFPA can make a meaningful movement because the stakeholders tend to accept the idea convincing with solid evidence-based analysis. (In-depth interview with a partner from academia)*

One of the key strategies in CP11 is to enhance media and private partnerships to promote youth participation and advance YSRHR, particularly through corporate social responsibility. Documentary evidence and interview feedback from various sources have shown that throughout the CP11 cycle, crucial effort has been put forward by UNFPA to initiate the partnership with private sectors. Three PPP Initiatives regarding population dynamics and ageing were successfully established as noted under the effectiveness section in this report. Four MOUs were signed with TPBS, Dek-Dee, TRIP-Ratchasuda – PPAT, and Phayao Municipal to promote youth participation and advance YSRHR. Besides, the unintended outcome has been observed as 1) Thai PBS initiated youth channel which will present youth voice, concerns and stories. The informant from the media sectors mentioned the possibility to provide the media space for youth representatives and minority groups to voice their needs in promoting YSRHR, and 2) CYC's plans to replicate the I D-Sign program by using their own yearly budget supported by Ministry Social Welfare and Human Development.

These examples of evidence also demonstrate that UNFPA CO is successful in gaining strong engagement from key public and private media outlets (e.g., Thai PBS, Thai Rath TV, Siamrath), in Thailand. High level dialogue with shared value and equal partnership mechanism has been noted for

the successful collaborations. This reflects the potential approach to establish partnership with private sector partners. Thai PBS reported that they will continue to work for promoting youth participation and advance YSRHR after UNFPA's support ends as it is also their mandate.

*“In making partnership with the private sectors, it should start with the mandate of the UNFPA together with social situations and needs, assign the significant agenda with the desired output, then identify the potential partners who are experts in that field” (In-depth interview with a media partner).*

*“UNFPA developed a good network strategy. The partnership works for mutual interested agenda which gives the freedom between UNFPA and media partners. Working in partnership with media is on the proper level meaning that UNFPA has its own role and media partners perform based on our role” (In –depth interview with a media partner).*

**Key Finding 21: Implementing partners were supported by UNFPA Thailand CO in developing capacities of midwives and health workers in Laos PDR.**

Key partners in Thailand include TICA, KKU and a Network of seven Thai Institutions, while those in Laos PDR are the Department of Training and Research under the Lao PDR Ministry of Health. UNFPA Thailand CO assumed the role of a core facilitator to bring resources and technical support to best match the demands and needs of the partner countries, and also served as a co-manager for UNFPA Lao PDR CO and Laos government to smoothen the management of the initiative. This included regular communications to prepare Laos government for the programme and its process, including participatory needs assessment on context and capacity of the health personnel, participatory design and development of the framework of collaboration and action plan, agreement on shared responsibilities during the implementation, and regular monitoring of programme quality. Another crucial role in supporting this initiative was to advocate for TICA to include the initiative in its existing plan and allocate budget accordingly. More than 40% of the total budget (USD 412,000) was contributed by Thailand through TICA. In terms of policy advocacy, regular meetings were conducted with high-level managers of TICA to provide them with updates and advocate for Thailand to prioritize ICPD and related issues. In developing the programme curriculum, UNFPA CO facilitated the Faculty of Midwifery and Nursing of Khon Kaen University to secure a close technical cooperation with the Department of Training and Research of Laos PDR Ministry of Health. Regular monitoring of activities during the implementation stage and the final year of implementation were recommended by UNFPA Thailand CO. The results obtained enabled UNFPA CO to improve the quality of Laos' midwifery workforce as per ICM-WHO midwifery requirements.<sup>60</sup>

**Key finding 22: UNFPA established mechanisms to ensure ownership and the durability of effects of SSC initiatives.**

It is evident that the sustainability concept has been incorporated since the design phase of the SSC initiative.<sup>61</sup> The durability of effects of SSC has been shown that Thai government's will to continue SSTC to promote ICPD is implied from their appraisals on the SSC initiatives. UNFPA was selected as the first UN agency to showcase the SSTC initiative in TICA Connect Event hosted by MoFA. As stated elsewhere

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<sup>60</sup> UNFPA. (2018). Facilitating Cooperation for Making Motherhood Safer. The document submitted to the 2018 Good Practice Competition on South-South Cooperation (SSC).

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in this report, the interviews reflected the expression of key informants that no other international organizations, except UNFPA, have given their priority on SSTC which is one of TICA's key cooperation networks. The strong and long-standing relationship between UNFPA CO and TICA has helped pave the way for other UN agencies in partnering with the Thai government. While it can be implied from active participation and cost-sharing by the host government, to ensure ownership has remained challenging because it depends on several other factors including available budget and the recipient country's priority.

For the UNFPA's initiative in Laos PDR, it seems very likely to be sustained in the long term. This is evident from the SROI report and the interviews that many initiatives were developed based on this preceding initiative as a result of the long-term partnership among Thai academic institutions, UNFPA Laos PDR and Laos Government. While the potential for long-term sustainability is high, some challenges still remain on how these midwives' skills would keep pace with other developments in the field, and how to secure continuing engagement and financial support from Lao government while other health-related issues that are equally or more important are emerging. As some interventions under this initiative may take more than one cycle to see the effect, how UNFPA and TICA would keep track on the long-term outcomes which enable the measurement of durability of the initiative effects remains unidentified.

#### 4.5 Answer to Evaluation Questions on Coordination

**Evaluation Question 8:** i) To what extent has UNFPA country office contributed to the functioning and consolidation of UNCT coordination mechanisms?  
ii) What is the main UNFPA added value/ comparative advantage in the country context as perceived by UNCT and national stakeholders?

##### 4.5.1 UNCT Coordination

**Summary findings (EQ7):** UNCT coordination mechanism, built mainly via each UN agency mandate, provides the platform for collaborative work within UNCT to achieve UNPAF outcome results while responding to the country's emerging development needs as appropriate and feasible. UNFPA has contributed to a number of initiatives to advance UNCT coordination mechanism by participating in working groups, joint programmes, surveys and results monitoring processes. All key UN agencies that responded to the interviews reiterated UNFPA's positive contribution in the country's overall development agenda, effectively improving UNCT coordination mechanism, particularly by strengthening advocacy in several areas that add value to other UN agency members. UNFPA has also made a valuable contribution to the global partnership for development by contributing through SSTC in the regional cooperative interventions.

A few general challenges to effective coordination in general, as identified by the respondents, were inherent poor quality of UNPAF itself, some structural issues within UNCT, and close UN agency mandate. Specifically alluded to UNFPA were the limited capacity of UNFPA's human as well financial resources. Nevertheless, despite these limitations, UNFPA has contributed positively to the functioning and consolidating UNCT coordination mechanism by playing a catalytic role, bridging /linking UNCT and key strategic government partners, participating in joint interventions and results groups, supporting RCO, providing much needed evidence-based data and contributing to UNCT in an advisory and technical capacity and sharing innovative ideas. UNFPA worked in close collaboration with RCO, UNDP, UNICEF, UN Women, and other UN agencies responding to COVID19 pandemic situation in the country and played a key role in contributing to the upcoming UNSDCF.



**Key Finding 23: UNFPA CO has actively contributed to the coordination mechanism of the United Nations Country Team (UNCT)**

Coordination measures the extent to which UNFPA country office contributed to the functioning and consolidation of United Nations Country Team (UNCT) coordination mechanisms. Feedback in this section is from interviews with UNCT key informants, UNCT meeting minutes and other key documents.

The United Nations Partnership Framework (UNPAF) reflects the partnership between the United Nations Country Team (UNCT) and the Government, in collaboration with other stakeholders and lays the foundation for UNCT and the Government partnership to ensure UN contribution to and achievement of the 2030 Agenda of sustainable development. In Thailand, United Nations agencies have worked mainly at the strategic level with some ground level input to support the country to implement the Sustainable Development Agenda 2030 and achieve its 17 goals.

While UNCT provides the platform for UN agencies to collaborate and ensure UNPAF planned results are achieved, before the UN reform, UNCT had been “just a forum” where UN Agencies met to brief each other and report on agency mandated activities. After the reform, “how to collaborate better” had been the focus and the coordinating mechanism had been improved to some extent, working on clear mandates via SDG subgroups. Thematic working groups around the five pillars (People, Planet, Prosperity, Peace and Partnership) had brought the team closer resulting in a better coordination during the UN reform according to a key informant. With the UN system reform and RC in place, and with the upcoming new UNSDCF for the next programme cycle, UNCT is optimistic about further improvements in coordination. While the current UNPAF focuses on one outcome, without a sound indicator tracking system it has not provided a platform to meaningfully measure progress, nor to conduct any contributory analysis to show agency accountability for the results. However, UNFPA has been able to align the country programme (CP11) with UNPAF to achieve results that directly contribute to the UNPAF results indicators evident by the findings presented in previous sections in this report (under Output Effectiveness).

UNFPA is a custodian for several SDG indicators and the contribution made to the SDG assessment report was highly appreciated and acknowledged by UNCT. As a co-chair of the UN sub-group on young people, UNFPA has brought the UN family, the government, academia and youth groups together, an opportunity for other key members the leverage to establish networks. There is unanimous and strong agreement that UNFPA collaborated, cooperated, and contributed positively to the UNCT coordination mechanism. UNFPA extended this beyond UNCT, linking the counterpart national level ministries, initiating a bridge between UNCT and government partners for effective results.

UNFPA contributed to consultative meetings and think pieces to formulate the Common Country Analysis based on the Population Situation Analysis conducted jointly with the government in the year 2020. UNFPA’s close collaboration with RCO, UNDP, UNICEF, UN Women, and other UN agencies (e.g. SDG, People Pillar working groups and response to COVID-19 pandemic), contribution to CCA (with a section on Demographic Shifts) which will be an input to UNSDCF, a substantive partnership via a joint blog, playing a role in UN Communication Group to provide input on amplifying messages, and responding to emerging needs of COVID19 are a few examples, among others, illustrating UNFPA active participation within UNCT.

UNFPA has been an active contributor to the UNCT COVID response in several ways. For example, jointly with UN Women, UNFPA, as co-chair of the UN Sub-group on gender-based violence and

violence in children, collaborated with the UN team to conduct a need assessment and gaps analysis of the gender-based violence in adult, with joint funding from UNFPA, UNDP, UNICEF and UN Women. Results are expected to be presented to the government in early 2021.

Another contribution to UNCT was UNFPA's study on the COVID-19 and older persons. The survey has contributed to a survey design on the subject for the region by ESCAP. UNFPA also contributed to the socio-economic impact of COVID-19 assessment led by UNDP and UNICEF.

Role played by UNFPA in the coordination was highly commended by all respondents. Optimizing its comparative advantage, UNFPA CO has actively contributed to UNCT working groups and joint initiatives. Despite small staff and limited financial resources, UNFPA has used its networks, in-house technical expertise, and global strategic implementing partners, UN joint programmes to achieve results. Based on interviews, document reviews, UNCT minutes and feedback from several UNCT members, it was evident that the current coordination with UNFPA is cordial, professional, effective and very strong. However, it also resonated that this was mainly due to the UNFPA leadership style and the technical capabilities and not contributed solely to an established system as such.

With that said, however, the respondents also pointed out some challenges that may have affected the established good coordination role. Although some factors are not alluded directly to any UNFPA shortcomings, they may have created an environment that caused to dampen UNFPA contribution. Some examples as discussed above are related to: "the design of UNPAF" "UN reform not going far ahead," "structural issues," "lack of clarity and blurred line between agency mandates "(UNFPA, UNICEF and UN Women), etc. Several respondents commented on UNFPA's limited human and financial resources that may create gaps in full realization of UNFPA's strong mandate. However, a key informant was of the view "funding is not a concern for UNFPA." UNFPA, collaborating in joint UN initiatives, for example, co-financed UNDP and UNICEF on the Socio-economic impact assessment of COVID; UNICEF on COVID and young people survey; and UNDP, UNICEF, and UN Women on GBV.

UNFPA strongly believes that rather than implementing these initiatives by a single agency, this approach of (co-funding among agencies) will, in the long run, help secure ownership and enhance partnership among agencies with shared mandate. Although working independently as a single agency is more convenient and straight forward because one does not have to go through different agency rules and regulations, joint initiatives open opportunities to raise funds. However, the amounts raised were said to be rather small for the time and effort it takes but had provided "one voice platform." For UNFPA, while technical expertise is available, shortage of staff limits the capacity to lead initiatives. This was a common issue that was raised by most informants and some even reflected the need for UNFPA to be assured of the resources, human as well as financial, before committing responsibilities in joint programmes. UNFPA had faced situations where plans had to be changed during the course of implementation, affected by strict corporate regulations on resource mobilization, as well as delayed responses (on approvals) leading to change in plans. However, as stated above, joint initiatives could lead to more sustainable outcomes, according to another key informant.

While there was consensus that UNFPA had the technical expertise, the limitation was the size/capacity of the staff and the funds. This, in the long run, could jeopardize UNFPA visibility as well as the ability to fully make use of the strong agency mandate. So far, UNFPA has delivered (as evident from the results discussed under the findings in this report) according to the plan and the expectations can be high to maintain the standards already set. However, given the limited staff to keep the staff motivated to deliver results may become an issue after a certain threshold.

***Key Finding 24: UNFPA has positioned itself well to enhance the UNCT's preparedness and response to emerging issues in the country***

As explained in detail under key finding 23 above (will not be repeated here) it is evident that UNFPA responded to COVID19 situation preparing the future developments based on how the pandemic

affected certain populations. UNFPA played a critical role and took the leadership in developing the Socio-Economic Response Plan with UNICEF and UN Women. GBV is included in the programme after COVID19, as Health sector response to GBV. UNFPA leads with UN Women as co-chair and jointly works with UNICEF on young populations. UNFPA, with other UN agencies conducted COVID-19 Impact on Young People to help prepare response plans.

In addition, there is a campaign #youthagainstcovid in collaboration between UNFPA and the company Prezi. The campaign featured a series of videos focusing on various themes related to the COVID-19 crisis, impact on sexual and reproductive and mental health. It was also expected to showcase concrete actions that young people can take to contain the pandemic and provide support in their communities while respecting precaution measures.

UNFPA plans to continue working on emerging issues responding to COVID-19 situation, addressing those vulnerabilities and persisting social and gender inequalities within CP11 and the emerging new interventions that may come up related to GE.

**Key Finding 25: UNFPA's Comparative advantage, contributed positively to the coordination role**

(Support to this finding can also be seen under EQ8 ii, Added Value and is not repeated here).

*Frequently cited examples of UNFPA strengths by other UN agencies are given below:*

UNFPA mandate itself (YSRHR, Gender, PD), the continued role played on advocacy, continuous working experience in the country with national staff leading, willingness to share ideas (open, transparent, innovative, passionate and quick with feedback on issues discussed at UNCT), and the strong technical expertise in the areas under the Country Programme and the responsible areas under UNPAF were echoed as examples of UNFPA strengths by almost all respondents. In all the discussions with UNCT members, the quality of UNFPA's contribution and the timelines of input received high praise and admiration, particularly given the size of staff and the CP11 work programme.

Not only within UNCT, the government as well as other development partners also recognized and acknowledged UNFPA as a leader that has contributed positively towards linking partners and contributing to development initiatives that are recognized as more robust and sustainable.

**Key Finding 26: There is a division of tasks amongst the UN agencies at the national level and sub-national level, however there are some unclear areas given the similar objectives in some UN agency mandates.**

There appears to be a common understanding amongst UN agencies on the division of tasks in terms of the UNFPA mandate and outcome areas of CP11. There was no apparent duplication, working in sub-groups based on the agency mandate/role. However, less clarity was mentioned in cases where the Agency mandates are close or somewhat similar and overlapping. This was specifically in the areas of youth and gender. Given the cordial and professional relationships with UNCT, this has not created any issues for UNFPA so far. While close and overlapping mandate seemed to be a good opportunity to work together, it can also pose challenges where the responsibilities and accountability are concerned as well as competition for available, but limited funding sources. Nevertheless, given the strong UNFPA leadership, this has not been an issue and it is an opportunity to join with the other UNCT members to offer UNFPA expertise to make the programme more effective and efficient. As stated above, currently, with UNICEF, UNFPA co-chairs the Youth sub-group, and with UN Women, on GBV.

Given the mandate and the advocacy agenda of UNFPA on YSRHR, Gender Equality, GBV, Youth and PD, UNCT members expressed their expectations of UNFPA and following are a few suggestions by some members for UNFPA going forward with the country programme jointly working with UNCT: UNFPA to work on sexual rights (address teenage pregnancy issue): as part of the Country Framework (sexual rights for all) and to address the gaps in the access to SRH care, and documentation of trends and causes related to ABR (in the absence of data on abortion). UNFPA is seen as a champion to address SRHR issues as an “*Advocacy Agency*,” thus contribution to Policy Advocacy within the framework of UN partnership is expected. Although UNFPA is not currently engaged in the HIVAIDS prevention programme, given the increased demand under COVID19 situation, a UNCT member suggested UNFPA to oversee the implementation of the policy work on HIVAIDS prevention “*as policy alone is not effective*” and to “*re-engage in the rights of sex-workers and address within LNOB approach.*”

While accepting the UNFPA mandate to work on Youth and Gender, some UNCT members expressed the concerns regarding the expertise and leadership that need to be strengthened to carry out these agendas. As for GBV, multidimensional, multifaceted approach coordinated by several ministries such as MoPH, MSDHS, Ministry of Justice etc. are required and as such the need for joint programming was emphasized. In this regard, for example, UNDP as an agency working on governance issues could be able to facilitate the participation of Ministry of Justice.

With regards to GBV, UN Women while acknowledging UNFPA’s access to and the familiarity with VAWG data requested support with data as well as Essential Service Package/ESP) as UN Women also experience shortage of human resources. In PD area all UNCT members expect UNFPA to be engaged in the ageing issue focusing on the demographic shifts in the country. UNFPA has already embarked on addressing ageing with the life course approach, as discussed earlier in this report. The feedback from key informants and the document review of past and current programmes provide evidence that there is a clear understanding of the mandate and the willingness to work across the aisle to optimize the strengths of each agency mandate.

**Evaluation Question 8 (ii): UNFPA Added Value in the country context as perceived by UNCT and national stakeholder**

Main comparative strengths and how UNFPA adds benefits to the results of other development actors’ interventions

**Summary findings:** A unique contribution specific to UNFPA as reflected by the respondents was the long years of trusted partnership established with the government and other networks and UNFPA’s ability to link this network successfully with UNCT. “*The Head of Office, a UNCT member, being a national has established a trusted professional relationship with the key government partners and that is a great asset to UNCT.*” To have a deep understanding of both sides-, UN Agency as well as Government development partners is like having “double-lenses” and that was clearly an added value to UNCT which was echoed by several respondents. UNFPA’s strong mandate and its acceptance by the government and other development partners also have added value to the work of other development actors, as evident in the discussions under Effectiveness of the CP11 Outputs.

As an “advocacy agency,” strategically, UNFPA has maintained its strong presence in policy and key decision related functions and is perceived to have its strongest comparative advantage in advocacy specifically in the topics related to YSRHR, Youth in general and SSTC. GBV is a new area in this programme cycle, and it is filling a gap that was identified during MTR further validated and accelerated during the COVID-19 pandemic.

**Key Finding 27: UNFPA adds benefits to the results of other development actors' interventions via its comparative strengths**

Acceptance of UNFPA mandate by the government, strong partnership with the government, strong upstream presence with UNFPA advocacy agenda and pilots on the ground to ensure policies are translated to the local level are recognized and highly acknowledged as UNFPA's added benefits to the development agenda. Support in surveys (data) and research, evidence-based planning, joint programming experience – bringing the development partners together, good coordination and leadership role (UNFPA's role) in institutional capacity development: e.g., support to Chiang Mai, the ability to leverage different types of partnerships are all examples evident from the feedback from the respondents. Within the government as well as other development partners see UNFPA as a leader that has contributed positively towards linking development partners (e.g., public, private, CSOs, NGOs, media). Building strong partnerships was commented by many respondents. The ability to bring multiple strategic partners together and linking with UN agencies to increase the efficiency and effectiveness of the development contribution to the country has been highly valued and UNFPA's leadership was recognized as vital to the UNCT. *"We used to work only with our counterpart ministry, but UNFPA linked us with other ministries a contribution that enhanced my contribution to the development results"* was an example about bridging MOPH and MSDHS. UNFPA managed to bring these ministries together in collaboration with UN Women.

Through the UN-Thailand partnership framework, UN provides policy advice, shares technical expertise, and supports the country to become an inclusive and equitable high-income country that leaves no one behind. For successful results achievement of UNPAF, a strong coordination and a trusted partnership between the government and UNCT is a pre-requisite. Evident from the feedback, from all respondents, it was confirmed that UNFPA has been able to bridge this partnership very professionally, creating a conducive foundation for UNCT to collaborate with the government. In this effort, UNFPA has contributed positively to the establishment of strategic partnerships and networks supporting SSC and SSTC with UNFPA's convening power in bridging partnerships which was cited frequently as the main added advantage to the country. UNFPA, building on past and current programmes, has made valuable contribution to regional partnership for development through South-South and Triangular Cooperation and participation with Laos, Bhutan, Afghanistan, Bangladesh and a few other countries. Laos partnership is discussed in detail under the effectiveness section (output3). UNFPA partnered with TICA in SSC and SSTC coordination and funding with sustainable outcomes, contributing to the government's efforts to establish global partnerships for development, by offering expertise and technical advice. UNFPA has established, maintained, and leveraged different types of partnerships to utilize UNFPA's comparative strengths.

The ability to bring in Global knowledge and technical expertise and the support of APRO (UNFPA Global experience in the development -technical assistance, practical tools, guidelines etc.) and strong advocacy role, specifically on topics related to YSRHR, Youth participation, PD, focusing on disability and rights-based approach were also mentioned as adding value. UNFPA collaborative efforts with civil society, communities, the private sector and government development partners provide a sustainable foundation and provide visibility of the UNCT in addressing the needs of the vulnerable populations, including those with disabilities that not many development agencies have addressed. Establishment of public private partnerships and especially strategic partnership with media partners is also a unique contribution adding value to them who may not have exposed to the development agenda with these specific topics, if not for UNFPA.

In the area of demography, with the demographic shifts in the country with population changes Thailand is now transitioning into an ageing society as a result of a rapid decline in the birth rate and increased life expectancy. As explained in detail under the Effectiveness section, UNFPA has embarked on looking at ageing with life course approach which will add an innovative experience to the development partners.

#### **4.6 Other Concerns**

This section provides feedback from respondents - factors that facilitated or hindered results achievement - as perceived by the respondents as well as the evaluation team.

##### **4.6.1 Facilitating and Hindering Factors**

###### **Facilitating factors**

- UNFPA leadership
- Willingness to work with other partners going beyond the mandate,
- Cordial relationships established with the Government over the decades, strong strategic partnerships, engagement with TICA, being a trusted partner, with convening power
- Continuity of interventions from previous cycles
- National staff as Head of Office: Good balance between UNCT and Government network (“double lenses”)
- Capable staff - Professional and technical expertise, International technical expertise has been well appreciated by the stakeholders and is helpful to learn good practices from other countries.
- Joint programming, close mandate could work positively giving more opportunities to work together
- Equal partnership and common interest mechanism have been addressed by UNFPA and its stakeholders, that may help sustainability of programmes

###### **Hindering factors:**

- HR & financial Resource (overall)
- Limited technical expertise in the areas of responsibilities e.g., youth, gender –and limited financial resources to hire experts). Though well recognized as a trusted international organization with a strong catalytic role in policy process with professional technical assistance, limited number of technical experts may impact the full achievement of results
- Strict regulations (Corporate level)– formalities with fund raising/resource mobilization
- Close mandates may overlap and could hinder visibility as well as opportunities for resource mobilization
- Political agenda under the political unrest affect the commitment of policy decision makers in YSRHR policy and population policy.
- Media stakeholders note the need for a persistent agenda on youth reproductive health rights (YSRHR) by UNFPA
- Limitations in providing updated information; progress of MOU implementation including timely technical support for the media partners is noted by strategic partners.

###### **Challenges under COVID19 pandemic:**

- COVID19- has set back the progress made in (some)UNFPA mandated areas
- additional demands made under COVID 19 (in addition to CP11 planned work)
- TICA engagement may be impacted by the economic situation in the country (due to COVID19), Pandemic’s impact on the Global and country economic status that may affect funding
- Impact on UNFPA resource mobilization efforts (competition within & outside country)

#### 4.6.2 Good Practices

- Youth empowerment with right based approach: I D-Sign has been acknowledged as a good model for youth empowerment and youth participation to engage in policy advocacy by the national and local stakeholders. I D-Sign contains sufficient tools in term of knowledge right based and analytical skill to shed light on YSRHR .These tools can be used by youth to reflect on their YSRHR experiences and to advocate for youth rights based on national Act on YSRHR .
- Evidence based advocacy: Given a leading role as technical expertise in SRHR and population dynamic, plenty of evidence-based analyses that are used as advocacy tools among stakeholders to advocate for right based policy development have been developed. UNFPA's continuous effort to support evidence, lessons learned and best practices from other countries has also resulted in the government staff's enthusiasm to work harder on population issues and right based policy. This policy advocacy should be noted as a good practice example.;
- Private and media partnerships: Ownership approach and corporate social responsibility is a good practice in terms of the collaboration with strategic private partners. UNFPA CO is successful in gaining strong engagement from key public and private media outlets (e.g., Thai PBS, Thai Rath TV, Siamrath) and private partners in Thailand. Coalition consultative meetings and high-level dialogue with shared value and equal partnership mechanism has been noted for the successful collaborations. This is considered a good practice to foster collaboration and leverage the strength and resources; and
- SSTC as the trilateral partnership for safe motherhood: UNFPA is selected by the Thailand Government through TICA as the first UN agency to showcase their outstanding sustainable SSTC initiatives for their TICA-Connect event. UNFPA committed to partner with TICA in SSC and SSTC coordination and funding with sustainable outcomes, contributing to the government's efforts to establish global partnerships for development, by offering expertise and technical advice. The strong and long-standing relationship between UNFPA CO and TICA has helped pave the way for other UN agencies in partnering with the Thai government under the model of trilateral partnerships.

#### 4.6.3 Unintended Outcomes

- Exposure of non-traditional IPs to development work, especially with youth, strengthened IPs capacity to deal with youth issues in remote areas and increased gender sensitivity in the process.
- Youth group sensitization in the process of interview process during the evaluation, giving them an opportunity to reflect on the programme they were involved in.
- Exposure of private and media partners to develop work on YSRHR, raised awareness as YSRHR the social concerns, and the importance of corporate social responsibility.
- The SSTC initiative to improve capacities of midwives and health workers in Laos PDR has led to a stronger partnership between Kon Kaen University Faculty of Nursing and Lao PDR Ministry of Health to work together in revising the national midwifery curriculum in 2020.

## Chapter 5: Conclusions

This section discusses the conclusions made based on the findings related to the three outputs, UNCT coordination, added value, and feedback from stakeholders at validation meetings. Overall, as stated under the section on Current programme, Table 5, there are two key outcomes and three outputs to be achieved in CP11. In the four years of the CP cycle, country office has been able to achieve the results, in some cases over-achieving them despite the unexpected tasks that were added due to the COVID19 pandemic, and some areas with under achievements as mentioned below. Strategic approaches that CP11 applied in achieving the results are commendable given the limited HR capacity.

1. CP11 has engaged in upstream policy dialogue, right-based advocacy and capacity building aiming to increase priority on adolescents, especially vulnerable youth groups, in national development policies and programme. UNFPA has supported youth that represent the Children and Youth Council of Thailand (CYC) through youth- led evidence-based approach and YSRHR based training module (I D-Sign) as a crucial mechanism to engage youth in policy dialogue and to advocate for their YSRHR. (Origin: Findings # 1,2,3,7,8)
2. While the target marginalized groups have been identified in the design of CP11 during the implementation certain marginalized youths who have been discriminated against based on their identity, including people living with HIV, survivors of GBV, LGBTI and migrant workers, have not been included. Moreover, CP 11 has not achieved enhancement of youth participation concerning marginalized groups in the national committee that is responsible for AP Act as evident by the absence of marginalized youth representatives in the national committee of AP Act. Marginalized youth is likely to be seen as not qualified to be the youth leader as they have limitations in speaking and sharing their ideas, thus they have not been selected to be youth representatives in the national committee. (origin: Findings #.2,3,7,8)
3. In CP11, although youth recommendations have been successfully submitted to the national committee and the provincial committee on AP Act, these recommendations have not yet been adopted by the national committee, mainly due to the inability of the voice of young representatives to influence policy and decision making. The barriers to youth engagement in the national committee of AP Act are as the result of adult dominance, lack of communication skill and active mentorship. Challenges still remain as the policy was not promptly translated into actions while some line ministries such as MoE, Ministry of Labour and Ministry of Interior are not yet well responsive as required in the AP Act. Coordination among and between ministries and other partners on young people's sexuality remains a challenge, indicating a continued need for convening role for UNFPA. (origin: Findings #2,3, 7,8,19,20)
4. I D-Sign is likely to be an effective intervention to empower youth engagement in YSRHR to monitor the implementation of the AP Act and an effective mechanism to promote systematic learning, advocate for youth rights and enhance the capacity of youth representative which enabled them to become youth rights protectors. Replication of this successful pilot (I D-Sign model) to other areas of the country by the youth council platform, considered by the stakeholders, is a good idea. However, there is more room for coverage on topics related to gender, human rights, and FP. (origin: Findings # 7, 8, 19, 20)
5. The YSRHR training, data based and system monitoring under AP Act implementation have not been disseminated to school leaders, teachers, including out of school activities. Given the increased



availability of comprehensive sexuality education and SRH services, strengthened school role in YSRHR is crucial for effectiveness and sustainability. Parents of youth to be encouraged to a greater openness on YSRHR at home, for example, LGBTQI experiences being bullied at home and community because of stigmatization. There is limited knowledge on YSRHR needs and social and cultural barrier exist regarding YSRHR among the migrants, different ethnic groups hill tribe people, (for example observation of hill tribe youth workers in an orange orchard during data collection fieldwork). (origin: Findings # 2,7,19)

6. UNFPA has successfully identified and established strategic media and private partnership to promote youth participation and advance YSRHR. These media partners, private partners and CSOs have cooperated working on the UNFPA mandate. Potential collaborative approaches have been found proving that UNFPA could promote the YSRHR issues through various partners. (origin: Findings #8,9)
7. With advocacy and support from UNFPA, Thailand has accessible databases and evidence to effectively design policies or measures to address country's key priorities and emerging issues. However, studies on particular issues, such as abortion, are still needed. To address the country's dilemmas in population ageing vs. high (yet declining) adolescent pregnancy, UNFPA has attempted to introduce the life-course approach that can tackle both issues effectively at the same time. This attempt is still in its early stage, and serious effort, specifically educating on this approach, will be required by UNFPA to push forward the integration of this concept into the country's policy formulation. More evidence to demonstrate the processes conceptualized by the life-course approach is still lacking. Awareness of the public on the benefits of the life-course approach is also not adequate. (origin: Findings #10, 11,12, 15)
8. All-important results on South-South and Triangular Cooperation were achieved in advance of the timeline. Clearly, UNFPA's SSTC initiative in Laos has successfully increased the capacities of Laos midwives, nurses, health workers and midwifery educators which would eventually lead to ending preventable maternal mortality. All involving partners, both in Thailand and Laos PDR, extremely appreciated the UNFPA's active engagement in this. This significant contribution has also resulted in long-lasting partnerships among Thai academic institutions, UNFPA Lao PDR and Laos Government, and good relationships among Thai Government and other UN agencies. (origin: Findings # 13, 14).
9. UNFPA's corporate strengths are well recognized by other UN members for UNFPA's contribution to improving the UNCT coordination mechanism. Active UNCT participation promotes cohesiveness through coordination mechanism. Value added by UNFPA as a development partner is high, particularly where UNFPA has taken the lead in advocating issues that are high priority for the country and other development agencies (e.g., YSRHR, GBV, Youth issues in general, human rights, SSTC). (origin: Findings # 23, 24, 25)
10. UNFPA mandate, the professional and technical expertise within UNFPA CO, and the innovative ideas that CO brings to the other UN agencies add value to the development agenda. As a highly active member, UNFPA's participation and technical contribution, with timely feedback, have improved and promoted cohesiveness of UNCT coordination mechanism with a well-recognized and strong leadership, UNFPA has contributed positively by linking government, non-government, and non-traditional development partners with UNCT members that contributed positively to the work

of UNCT. In general, UNFPA has been a knowledge broker and partner successfully bridging and facilitating various players engaged in the development field. (origin: Findings # 26,27)

11. Despite limited core funds and a small number of CO staff, collaborating with strategic partners, UNFPA has successfully accomplished all planned and unplanned interventions with high implementation rates in a timely manner. The shortage of staff was brought up frequently by CO and the development partners. Hiring consultants as well as outsourcing for technical expertise have helped lessen the workload to some extent, however on the other hand, it increases the administrative tasks and other arrangements requiring time of the programme, administrative, and operations staff of CO. Country office has been maintaining the high quality of the programme, but in the long-run this might not be feasible and possible given the demands that come up with emerging needs in addition to the planned work programme (origin: Findings #16,17,18)
12. UNFPA has undertaken to address GBV in the country, at a later stage in CP11, and the current expertise in the country office is not adequate to fully engage in the multi-sectoral, multi-institutional and multidimensional approach that may be required to address GBV as well as understand its root causes. (origin: Findings #17,19)
13. UNFPA played a key role in contributing actively to the UNCT COVID response. Engaging in UN-sub-groups (e.g., Sub-group on GBV in adults & violence in children, and sub-group on young people) resulting in joint collaborative activities with joint funding and contributing to communication campaigns UNFPA responded to the emerging needs. UNFPA used its technical expertise to design, plan, and conduct COVID 19 impact assessments and led several surveys which provided needed data for evidence-base planning purposes (origin: Findings # 15, 23,24).
14. The communication strategy seems to contribute only to the improved visibility of UNFPA in Thailand. As Thailand seems to have increasing potential for fund raising, the activities related to fund raising can be coordinated with other programmatic and communications activities. (origin: Finding # 15).

## Chapter 6: Recommendations

The following recommendations, at strategic and programmatic level, are based on the evaluation findings and conclusions discussed above and feedback received from key stakeholders. Operating within the corporate business model (Thailand in “Pink” category), UNFPA is well situated and strategically positioned to continue to offer its advocacy and technical assistance role. However, UNFPA country office is severely short of human resources, though CO continues to deliver results according to the work plan.

Pitched at advocacy level, these recommendations are within the responsibility of UNFPA CO, with support from the government, other development partners, APRO and HQ. UNFPA support is mainly in terms of technical assistance, advocacy and capacity building. Implementation of the recommendations may require joint effort of relevant stakeholders, including UN agencies, CSOs and the private sector.

Most recommendations are for CP12, however some design and HR related recommendations may have to be implemented during CP11 (2021 through 2022) in preparation for CP12. The evaluation team does not have information on resource allocation for the action plans. UNFPA is working on the transformative development agenda to achieve three zeros and the relevant SDGs by the end of 2030. SDGs are integrated and indivisible; achieving them will need a more holistic, integrated approach that requires systems thinking, which UNFPA has put into practice joining hands with other UN agencies. Following recommendations are made within this context.

### 6.1 Strategic Level Recommendations

#### **Recommendation 1: (linked to Conclusion #: 1,3,6,8,9,10,)**

##### **Continue Advocacy & Coordination Role and maintain Strategic Partnerships**

Pitched at upstream level, UNFPA has focused on policy, advocacy, technical support and regional cooperation with interventions at downstream level as pilots to ensure that policies are translated to action at local level for replication and scale up. Continue joint programming (in programme areas related to youth and GBV), specifically with UN Agencies, for resource maximization, ownership, enhanced “one voice,” and sustainability.

*Responsibility: Country Office*

*Priority level: High*

#### Action Plan

- a. Continue implementing up-stream level interventions, including advocacy and high-level engagement with the Government to ensure their continued support and commitment to intensified implementation of the ICPD and Nairobi Summit government voluntary recommendations and UNPAF.
- b. Continue to strengthen and maintain strategic partnerships with key government and non-government agencies (to be assessed based on CP12 work programme needs and UNSDCF).
- c. UNFPA is uniquely positioned in Thailand given the presence of RO and other UN regional offices located in Bangkok: leverage this presence given the HR limitations.
- d. Maintain and strengthen the relationship build with UNCT and contribute to the joint programme results achievement to enhance ownership and sustainability of outcomes.
- e. In a context where further resource constraints that can be expected given the challenging times ahead, globally, due to Covid-19 pandemic and other humanitarian situations it is recommended

that UNFPA works jointly, leveraging each agency's strengths and technical expertise. Thus, there is a need to assess UNFPA corporate strengths-, where high impact contributions can be, given the limited HR and financial resources to make the most effective outcomes. This assessment can be helpful in future HR recruitments as well. Additionally, CCA, UNSDCF and new Strategy Plan (2022-2025) may provide the stage to identify how UNFPA can contribute best to the development agenda through CP12.

- f. While maintaining the level of partnerships established, explore more private partnerships for resource mobilization. CO to diversify Resource Mobilization (within as well as outside the country), seek APRO support on RM.
- g. Support and build capacity of local non-governmental and civil society organizations to ensure their participation, commitment to support and implement the policies and advocacy agenda at community level (linkage to upstream and downstream).

**Recommendation 2: (linked to Conclusion #: 3,11,12)**

*HR alignment to ensure UNFPA has adequate capacity to deliver results to maintain high standards set thus far, and to maintain high visibility of the Agency: ensure adequate capacity to maintain its trust and credibility among key stakeholders including the UN agencies. (UNFPA to be relevant to fulfil the needs of a “pink” country (upper middle-income country with advocacy and policy support, and technical expertise in mandated areas, and be a catalyst and a convener)*

*Responsibility: Country Office*

*Priority level: High*

**Action Plan**

- a. Assess HR needs based on priorities of the country work programme plans and attend to filling the gaps. (Existing HR capacity assessments and skill identification – linked to action point (d) under recommendation 1)
- b. Resource mobilization for hiring technical staff and programme continuation where replication may be required in successful program interventions
- c. Assess the work programme priorities for the remaining CP11 cycle given the COVID19 situation may prevail for at least for another one year or more. UNFPA, with limited staff is over stretched to meet the results agreed.
- d. Limited resources do not allow hiring technical experts to fill the gaps. New focus on GBV needs expertise to deliver results. Youth interventions also would need technical expertise and leadership.

**Recommendation 3: (linked to Conclusion #: 8)**

*SSTC –assess the capacity for the continuation of SSTC during CP12 – develop and disseminate “Lessons Learned/Good Practices in SSTC”. A longer- term review of the triangular cooperation initiative is needed to secure the outcomes and results and to promote further cooperation and support.*

*Responsibility: Country Office, APRO, HQ*

*Priority level: High*

**Action Plan**

- a. Disseminate the achievements so far, lessons learned in process – best practices for effective replication, which needs to be developed together with host countries.
- b. Embark on new areas where success has been recorded/reported (e.g., SSTC examples, research into trends in adolescent birth rate or ageing-related policy).
- c. An analysis of political commitment and capacities of different countries to engage in SSTC could

be useful to help inform whether and how UNFPA should or could engage.

## 6.2 Programmatic Recommendations

**As noted above, recommendations include feedback and suggestions from the key informants and other stakeholders**

### **Recommendation 4: (linked to Conclusion #: 12) Gender –Based Violence**

*UNFPA’s plan for advocacy to the government for ending GBV and protecting women who are vulnerable to GBV to be clearly defined and well resourced (both human and financial) for its implementation. The goal of ending gender-based violence is the furthest from being achieved in Thailand and therefore necessarily a priority for achieving transformative goals.*

*Responsibility: Country Office*

*Priority level: High*

#### Action Plan

- a. Other UN agencies and ministries that can contribute to combatting GBV to be engaged from the CP12 design stage. The issue of GBV to be incorporated in all initiatives, programme strategies and outputs (MOPH, MSDHS and Min. of Justice to be engaged).
- b. With the COVID19 pandemic VAW situation is even more alarming and the root causes need to be addressed together with short-term remedies. As the pandemic has disproportionately affected women and girls, who face GBV and domestic violence amid the crisis need to be more focused and targeted in the recovery from the pandemic.
- c. Multisectoral response to GBV requires development of an information management system showing the linkages between different databases to track the response (e.g., police, health service etc.) and to capture data on child marriage and adolescent pregnancies.

### **Recommendation 5: (linked to Conclusion #: 1,2,3,4,5,6)**

*CYC as the youth-led policy advocacy platform should be well strengthened with evidence- based advocacy, communication skills and active mentorship.*

*Responsibility: Country Office*

*Priority level: High*

#### Action Plan

- a. UNFPA to continue working closely with the participating ministries and IPs working with the youth, until their input (recommendations made by the youth) is accepted and adopted to implement the AP Act.
- b. UNFPA to advocate for more collaboration and close working with the Department of Youth and Children under MSDHS as AP Act states MSDHS has the duty as the consultative agency to strengthen CYC on YSRHR.
- c. Maintain to empower CYC, through IPs with the revised I D-Sign tool, as the youth policy advocacy platform for AP Act. Youth representatives in policy advocacy platform need to be intensively strengthened with evidence- based advocacy, communication skill, and active mentorship. To ensure youth engagement in subnational and national committee of AP Act, youth- adult partnership approach should be encouraged and strengthened.
- d. I-D Sign can be scaled up by the youth council representative platform with the ToT mechanism. The revision of I-D sign module to be practical for marginalize groups of youth is needed.
- e. Support and sensitize the IPs to promote participation of marginalized groups in I-D Sign training

with provision of leadership training and policy information to achieve representation and participation of marginalized groups of youth in decision making bodies in the national and subnational committee.

- f. Youth-friendly information and materials concerning YSRHR to be developed by young people themselves, using both traditional and inclusive technology media. The material should be considered accessible to marginalized groups of youth including youth with disabilities. Given the current political situation in Thailand and ever-changing needs and engagement of new generation of young people, UNFPA cannot work alone in YSRHR advocacy but rather to cooperate YSRHR with youth development agenda, continue support for the implementation of holistic youth packaged program and promote youth networks for positive civic engagement in cooperation with relevant stakeholders.

**Recommendation 6: (linked to Conclusion #: 3,6)**

*UNFPA to continue coordinate among and between line ministries to ensure the effectiveness of the AP Act implementation. (Target line ministries to be strengthened are labour, interior and education).*

*Responsibility: Country Office*

*Priority level: High*

**Action Plan**

- a. UNFPA has already established partnerships with potential media and private partners to promote YSRHR. Lessons learnt and good practices of media and private engagement should be collected.
- b. Collaborations with UNESCO as the leading agency on comprehensive sexuality education (CSE) to be a catalyst in speeding up the implementation of CSE programme and gender sensitive programming approach as a platform to change deep-rooted social norms related to gender relations; parents and employers of Youth to be encouraged to a greater openness on SRHR at home and workplace respectively. Comprehensive Sexuality Education in informal education is encouraged.
- c. Since YSRHR issues have various dimensions, advocacy with clear direction and consistent specific agenda of YSRHR is needed.
- d. The YSRHR training, data based and system monitoring under AP Acts implementation should be considered to a greater extent for school leaders, teachers, and out of school activities.

**Recommendation 7: (linked to Conclusion #: 7)**

*Support for more surveys and research studies, and capacity building to better understand population dynamics and their interlinkage to YRSRHR should be continued. Life-course approach should be well promoted with evidence-based advocacy and communications to increase policy makers' and public awareness*

*Responsibility: Country Office, (with NSO, NESDC and APRO)*

*Priority level: High*

**Action Plan:**

- a. Technical Support to NSO for the upcoming Census and other surveys regarding population dynamics (e.g., fertility-related surveys) and to NESDC for the revision of the National Population Policy should be continued.
- b. Collaborations with other government agencies, academic and research institutions that have potential and enthusiasm to conduct national surveys and research studies on population dynamics and their interlinkages to YRSRHR should be explored.
- c. UNFPA should increase its effort to translate evidence and principle of life course approach into policy and practice. This should be done in parallel with increasing awareness and knowledge of

general public to understand that ageing should be looked at as a continuing process across different ages rather than at chronological age of 60 or 65 or pensionable age. APRO would be of great help for CO in tailoring more relevant messages to specific audience or media channels.

- d. More evidence to demonstrate the processes conceptualized by the life-course approach is needed. Support to generate more data to model the processes (for example, fertility decision) conceptualized by the life-course approach should be prioritized. Such data would enable analyses between different areas of the life course, and between past, present and future.
- e. To better understand population dynamics and its interlinkages, UNFPA to support and be engaged in surveys and research studies in partnership with academia and government institutions. Continue and promote life-course approach to ageing. Rich experience gained from SSTC initiatives to be documented and shared regionally and globally.
- f. Clear and concise messages are needed to communicate with the general public on the benefits of the life-course approach.

**Recommendation 8: (linked to Conclusion 1, 2, 4, 5,12)**

*Revise and test the pilot, I D-Sign model (Advocacy Training Manual on Sexuality, Gender, and Human Rights for Young people” as a key tool to assist national and subnational youth representatives to be able to monitor the effectiveness of the AP Act) addressing gender and rights-based approaches that are not adequately covered before replicating the modules in other areas of the country.*

*Responsibility: Country Office*

*Priority level: Medium*

**Action Plan**

- a. I D-Sign module to adequately address gender and rights-based issues as well as family planning educational information.
- b. Gender issues to be focused on and targeted at different social and cultural contexts as relevant and appropriate and communicate in the languages specific to the communities, keeping in mind that some marginalized groups may not speak Thai, or have low mastery such as in the hill tribes, migrants, and rural populations,
- c. Support and coordinate sensitivity orientation to the IPs, as most IPs may not have specific orientation to gender sensitivity and rights-based approaches to development.

**Recommendation 9: (linked to Conclusion # 14:)**

***Expand the communication strategy to go beyond the coverage on improved visibility of UNFPA in Thailand.*** Given the current pandemic situation the resource situation for programmes may have an impact; therefore resource mobilization could be expanded beyond the coverage on UNFPA visibility.

*Responsibility: Country Office, APRO, HQ*

*Priority level: Medium*

**Action Plan:**

- a. As Thailand has a potential for fund raising, the activities related to fund raising to be coordinated with other programmatic and communications activities.
- b. To improve efficiency, HQ/APRO may need to guide the communication strategy that also covers fund raising activities.