

CPE Obligatory Annexes

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

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CPE Annex 1

Terms of Reference for Country Programme Evaluation

11th Country Programme (2017 to 2021) of Assistance to the Government of Thailand

INTRODUCTION

The United Nations Population Fund (UNFPA) is a UN agency that promotes the rights of every woman, young people and men of a quality life of health and equal opportunity. UNFPA supports the use population data for policies and programmes to reduce disparities and ensure every pregnancy is wanted; every birth is safe; every young person’s potential is fulfilled. UNFPA plays a key role within the United Nations system to address population and development issues with an emphasis on reproductive health, within the context of the International Conference on Population and Development (ICPD) programme of Action, and the Sustainable Development Goals (SDGs) especially Goal 3, Goal 5, and Goal 17.

UNFPA Thailand Country office is planning to conduct the independent Country Programme Evaluation (CPE) of the 11th Country Programme) of Assistance to the Government of Thailand in accordance to UNFPA Evaluation Handbook 2019. As per UNFPA evaluation policy, the CP evaluation will serve 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.

The key audience of this CPE includes partners and stakeholders, as well as UNFPA management and programme staff. The CPE will serve as basis to develop the new Country Programme Development (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 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 the similarity especially in context of implementating the Common Chapter among UNFPA, UNICEF, UNDP, UN Women.

CONTEXT

Thailand key socio-economic and demographic indicators:

Geography: Thailand is bordered with Myanmar and Laos in the north, Myanmar in the west, Laos and Cambodia in the east, and Malaysia in the south.

Population: Population (inhabitants): 69,316,151 as of July 2019, based on the latest United Nations estimates. Life expectancy is 77.74 years with female life expectancy of 81.3 years and male of 74.2 years.

Population composition: Thai population is composed of: 0-14 years: 16.6%; 15-59 years: 64.2%; and 60 years and over: 19.2% (Source: UN, 2019. World Population Prospects: the 2019 Revision)

Government: The Royal Thai Government is a unitary government with a constitutional monarchy.

In 2018, 5.3 percent of parliamentary seats were 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. The GDP per capita (PPP US\$) stands at \$6,594 (World Bank, 2017) with an annual GDP growth rate of 3.9%.

Social indicators:

- Human Development Index Rank: Thailand's HDI value for 2018 is 0.765; 77th ranking out of 189 countries (Human Development Report, UNDP, 2019)
- Gender Inequality index: GII value of 0.393, ranking at 93 out of 160 countries in the 2017 (Human Development Report, UNDP, 2018)
- Gender Based Violence: 15% of women reported intimate partner violence within the past 12 months in 2018, psychological violence was being the most common (60–68%), followed by sexual violence (62–63%) and physical violence (52–65%). In addition, the percentage of women who faced various forms of controlling behaviors varied from 4.6% to 29.3%¹.
- Maternal mortality ratio per 100,000 live births: 21.8 (Thailand Reproductive Health Database, 2017)
- Births attended by skilled health personnel: 99% (Bureau of Health, 2019)
- Adolescent fertility rate (births per 1,000 women aged 15-19): 35 (Government of Thailand and UNFPA, 2019)
- Contraceptive prevalence rate: 78% (Bureau of Health, 2019)
- Unmet need for family planning (% of women in a relationship unable to access): 6% (Bureau of Health, 2019) ---
- People living with HIV, 15-49 years old: 1.1% (Global Fund, 2019)
- Adult literacy (% aged 15 and above): 92.87% (UNESCO, 2015)
- Total net enrolment ratio in primary education, both sexes: 99.63% (UNESCO, 2017)

Thailand Country Context: Development challenges and national strategies

Economic, social and political context of Thailand

¹ Prevalence of Intimate Partner Violence in Thailand; Chuemchit M, Chernkwanma S, Rugkua R, Daengthorn L, Abdullakasm P, Wieringa SE. J Fam Violence. 2018;33(5):315-323).

The country has a population of 66,413,979 latest officially reported by National Statistic Office in 2018 and 69, 316, 151 based on the latest United Nations estimates as of July 2019. Population of the working ages, 15 to 59 years old) is around 66% of the total population or approximately of 43 million and currently of around 10 to 11 million of elder people or 16% of the total population. Out of this, approximately of 32 million is male population and 33 million is the female. Thailand has achieved notable success in economic growth and human development in the last few decades. The country attained the status of an upper middle-income country in 2011. In 2018, according to the World Bank, Thailand had a GDP of 16.316 trillion baht (US\$504.9 billion), the 8th largest economy of Asia and the second-largest economy in Southeast Asia, after Indonesia. Thailand's economy is heavily export dependent.

Thailand's human development index (HDI) of 0.572 in 1990 increased to a significantly higher HDI in 2018 of 0.765 putting the country in the high human development category, and positioning it at 77 out of 189 countries and territories. The twelfth National Economic and Social Development Plan was approved by the government in September 2016, and lays out the vision for Thailand achieving developed country status by 2036. Since Thailand has adopted a decentralised statistical system, many national institutions, including the National Statistical Office (NSO), continue to undertake significant efforts to produce reliable administrative data in their respective sectors. However, data from different sources is not consistently collated and analysed, and its use in policy deliberations and decision-making is limited.

Thailand achieved most of the eight MDGs and made good progress in achieving the MDGs+ that the country had proposed for itself as higher goals by 2015. The SDG 1 of eradicating extreme poverty was achieved ahead of time. However, an estimated 7.9 million people are still living under the poverty line (2017). Compared to the earlier decade, the period from 2015 to 2017 experienced slower growth, due to the fall in agricultural prices. During this period, average household consumption per capita grew, but the household consumption of the bottom 40% of the population shrank. The Gini inequality coefficient is 36.5 (2017).

According to the Thailand Migration Report (2019), the number of non-Thai residents in the country has increased from an estimated 3.7 million in 2014 to 4.9 million in 2018 which includes approximately 3.9 million migrant workers from Cambodia, the Lao People's Democratic Republic, Myanmar and Vietnam. Migrants constitute over 10% of Thailand's labour force and contribute between 4.3 to 6.6 % of GDP. An estimated 64% of regular (registered) migrants are enrolled in public health insurance but this drops to 51% if irregular migrants are included.

Children and the elderly are particularly vulnerable to poverty and those living in poverty remain relatively under-served by government interventions. Thailand has established several income security mechanisms for the elderly, including living allowances, social pensions, and a National Savings Fund, which needs a stronger mechanism to more effectively serve the public.

Disparities also exist within and across regions. The southern border provinces and the North-eastern provinces are notably poorer than other parts of the country. Poverty is a factor of exclusion from education at both primary and secondary level. In Thailand, free education is provided to children for 15

years. According to UNESCO Institute for Statistics (UIS), the primary net enrolment rate for both sexes was 99.63% in 2017. However, retention rates have been on a decrease. The numbers of out of school adolescents is nearly 300,000 (UNESCO, 2017). While the overall out of school rate for primary is four percent, almost seven percent of children from the lowest wealth quintile are not attending primary school. 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.

Situation with regard to Sexual and Reproductive Health and Rights

Thailand's adult survival rates between ages 15-60 is lower than over half of the countries where such data is available. Over the past 15 years, Thailand's prevalence of diabetes and hypertension have tripled and quadrupled, respectively, and combined with high rates of road injuries, has negatively affected adult survival rate. Only 85% of 15-year-olds are expected to live past age 60. The country provides national health insurance to documented migrant workers and is trying to extend those services to undocumented workers. The national health policy has contributed to improved financial protection for patients and an increase of service utilization. Due to the likelihood of revenues from taxation declining and the continuing rise of the population over 60 years, some of whom require constant health care, the country will face increased health costs for an aged population by 2025.

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. Some areas that require attention are early marriage and adolescent pregnancy, and the incidence of unsafe abortion. There are still cultural, social and financial barriers that keep undocumented migrants from accessing SRH services. Further progress to ensure universal coverage to undocumented migrants will require collaboration with government sectors addressed migration and labor policies.

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 currently stands at 1.61 (according to the 2016 Survey of Population Change). This was due to women and couples choosing to have smaller families, which was underpinned by increasing levels of education, and successful family planning programmes which were introduced in the 1970s.

To support the National Population Development Policy, the Ministry of Public Health is developing the 2nd 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 was introduced in 2016 followed by a 10-year National Strategy on Adolescent Pregnancy aiming to reduce teen pregnancy by 2025. The 2nd 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 age 18.

Thailand has partially achieved targets on combating HIV/AIDS, tuberculosis (TB), malaria and other diseases. The country has successfully curbed the HIV epidemic, with the incidence of HIV infection on a steady decline and mother-to-child transmission eliminated. The epidemic continues to spread in key populations – including men who have sex with men, people who inject drugs, and sex workers. As of 2018, 360,000 people in Thailand are receiving anti-retroviral therapy (ART); 85,000 have been treated for TB. The disease burden among key populations is especially high. In the capital Bangkok, HIV prevalence among men who have sex with men is estimated to be as high as 30 percent, compared to a national prevalence rate of 1 percent.

Situation with regard to Population Dynamics

Thailand is 88th in terms of population density, with 132.1 people per square kilometer (342/square mile), based on the 2011 population figures. The last official national census was carried out in Thailand in 2010 and the country's official population was declared at 65,479,453. Current estimates show a 2019 population in Thailand of 69.63 million making it the 20th most populous country on earth (a downgrade from its position as number 19 in 2012).

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. The dependency ratio will increase from 49.3 to 79.1 dependents per 100 adults aged 15-59 according to the NESDC's Report of the Population Projections for Thailand 2010-2040 (Revision), and this will result in a declining workforce, a growing reliance on migrant labour, and an increase in elderly dependents. According to the government, a fertility rate of 1.61 is below the generally accepted level of 2.1 children born per woman necessary to maintain current population levels in the long-term. When the size of the older population increases in the next few decades, there will come a time when the death rate surpasses the birth rate, and the overall population will decline.

Thailand's population is ageing rapidly, yet many people are poorly prepared for old age. Among people over age 60, 34.3 per cent live below the poverty line. Only 15 million out of 40 million workers are in the formal sector with some insurance/pension benefits. The 20-year National Strategy emphasizes concern about ageing and proposes a life-course approach for human capital development. The National Economic and Social Development Council (NESDC) has developed a 20-year National Population Development Policy which has been pending as it needs to be developed in a full alignment to the 20-year National Strategy. The Department of Older Persons, under the Ministry of Social Development and Human Security, provides emergency financial, counselling and shelter assistance to elderly people who face physical harm, or are neglected or exploited. Several policies and budget allocations support people with disabilities. In 2017, there were 1.49 million disabled persons who received subsidies from the Government.

Situation with regard to Adolescents and Youth

As Thailand is an upper-middle-income country, and transiting from a youthful to an ageing society, investing in young people becomes a critical prerequisite for sustainable development. As of 2015, there were 9.2 million youth aged 15 – 24 years in Thailand, and this represents 14 per cent of the total

population. The majority of children and youth attend school; boys and girls attend school in relatively equal numbers, and literacy rates are among the highest in Asia.

However, adolescents and youth continue to face significant challenges in the area of sexual reproductive health and rights. The adolescent birth rate increased by two thirds between 2000 and 2012, from 32 to 54 births per 1,000 adolescents aged 15-19, but, as of 2018, decreased to 35 births per 1,000 adolescents. Married female adolescents 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 married adolescents are not well known.

Nationally, 22 percent of women aged 20- 24 years reported to be married before age 18 years, with the percentage highest in the poorest households. Accessibility and availability of youth friendly services to recognise their sexual and reproductive rights need to be further enhanced. Adolescent mothers tend not to have sufficient self-care knowledge while they are pregnant. Early pregnancy is also linked to dropping out of school that can lead to a lack of education for young women and a tendency for them to fall under the poverty line.

Adolescents and youth still lack the knowledge and basic life skills needed to incorporate safe and healthy sexual practices into their lives. Though reproductive health services for adolescents are available free of charge, uptake remains low. In response to the high levels of adolescent pregnancy, the Royal Thai Government introduced the Prevention and Solution of the Adolescent Pregnancy Problem 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 labor. The Act aims to protect the sexual and reproductive rights of every young person between the ages of 10 and 20 years old. From the preliminary situation review in 2018, young people with disabilities are not well informed and prepared with essential life skills during these ages. Similarly, the review conducted in the same year on the joint initiative between UNFPA and Thai partners in Chiang Mai Province, young people from ethnic groups are also faced with challenges to access adolescent sexual and reproductive health and rights (ASRHR) information and services.

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 being 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. UNFPA has advocated during 2017 and 2018, however, there remain challenges to ensure the policy adoption on youth recommendations towards the ASRHR policy implementations and that the representation of vulnerable young people is granted by National Youth Council, though there is quota for them.

Situation with regard to Gender Equality and Gender Based Violence

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. Women constitute slightly more than half of the country's population. 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 (five-year) women's development plans. The 12th National Economic and Social Development Plan (2017-2021) aligns with SDG 5.

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 victims of gender-based discrimination, and the establishment and management of the Gender Equality Promotion Fund (Government of Thailand, 2018).

Gender equality is another success story from the MDGs. Girls enjoy equal access to quality education as boys do. In fact, they even do better in higher 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. Women in Thailand hold 33 percent of all CEO and Managing Director jobs in the private sector. The global average, meanwhile, is just 15 percent, and the average percentage in the ten nations of the Association of Southeast Asian Nations is 21 percent. The current constitution calls for gender responsive budgeting, on which a pilot project is being implemented in Surat Thani province. Elements of SDG 5 will be incorporated in the Women Development Strategy 2017-2021.

Over the years, significant progress has been made. 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. Women still face many challenges, however. Gender biases in access to health persist. Traditional attitudes and norms saddle women with an unfair burden of unpaid domestic care work, and perpetuate child marriages. The same norms result in women's still low participation in politics and decision-making.

Gender Based Violence (GBV):

Thailand continues to lack reliable data monitoring system to track prevalence of intimate partner violence. A representative cluster sampling study was conducted by Mahidol University using the WHO Multi-Country Study on women's health and domestic violence. It was found that 22 per cent of women disclosed experience of physical or sexual violence, or both by an intimate partner in the last 12 months, and 44 per cent of women disclosed of physical or sexual violence, or both, by an intimate partner². A study conducted in 2018 using the same questionnaire by WHO found that 15 per cent 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. Of the 15% of women who reported intimate partner violence within the past 12 months, psychological violence was the most common (60–68%), followed

² KRITAYA ARCHVANICHKUL, CHURNRURTAI KANCHANACHITRA, WASSANA IM-EM, 2001. *Intimate partner violence and women's health in Thailand*. IPSR Publication supported by WHO.

by sexual violence (62–63%) and physical violence (52–65%). In addition, the percentage of women who faced various forms of controlling behaviors varied from 4.6% to 29.3%.³ Yet, somewhat different selection of respondents and data analysis made the results of these two surveys not comparable. In 2009, the National Reproductive Health Survey had some questions about physical intimate partner violence. Only 2 per cent of the respondents reported to having been physically abused by partners in the previous year. However, it was likely to be under reported due to limitation of data collection without protection of privacy and the questions asked were subjective depending on how the respondents interpret the questions. Other than the survey data, incidence of GBV are collected from service recorded. Thai Health Promotion Foundation reported in their website in 2018 showing that there are around 30,000 cases of women and girls were abused and violated or approximately of around 7 cases per day, and 20 cases reported death. Out of these are girls and young women who are both in and outside the educational system. Through 10,116 One Stop Service Centres nationwide under Ministry of Public Health, there are 247,480 reported from 2004 until recently. Out of this 121,860 are children and 119,331 are women. GBV has been included in 2011-2022 National Health Strategy and 20 years' health plan.

In 2019, women represent 44% of informal workers⁴ and face higher risks of domestic violence during the pandemic. Women migrant workers, particularly those in informal sector, in Thailand and the region, are likely to be disproportionately impacted by increasingly unpredictable and severe travel restrictions, both within and between countries. They may also face a higher risk of infection due to the fact they commonly work as cleaners, domestic workers, healthcare workers, and care takers for at-risk patients. As Thailand closed its land borders, some migrant workers left the country due to fears over economic security and many remain with lack of social protection.

During the COVID 19, in March 2020, there were 154 cases of domestic violence reported through 1300 Hotline administered by Ministry of Social Development and Human Security. The number was slightly higher compared to February 2020 (144 cases) and March 2019 (140 cases).⁵ However, the 1300 hotline provide services on 10 subjects with no counselling service provision. Available data show that less than 40 per cent of the women who experience violence seek help of any sort. Among those who do, most look to family and friends. Less than 10 per cent of those women seeking help seek help from the police. The survey on COVID-19 impact on family conducted by the Department of Women's Affairs and Family Development (DWF), the Ministry of Social Development and Human Security shows the interlinkages between family tension and economic difficulties.⁶ The survey assessed domestic violence while working from home and found that 96% does not use physical violence, 3.1% with mild physical violence and 0.9% with injuries. The survey indicated a sign of family tension, as slightly more than half or 56.4% is able to control their emotions. As the economic impact may lead to domestic violence, the survey shows that only 23.4% does not experience financial difficulties, 61.4% faces financial difficulties

³ Prevalence of Intimate Partner Violence in Thailand; Chuemchit M, Chernkwanma S, Rugkua R, Daengthern L, Abdullakasim P, Wieringa SE.J Fam Violence. 2018;33(5):315-323.

⁴ 'The Informal Employment Survey, 2019', the National Statistical Office.

⁵ <https://www.prachachat.net/general/news-444654>, Prachachat Newspaper, 5 April 2020 (in Thai)

⁶ The survey on COVID-19 impact on family was conducted on 10-13 April 2020 with 2,069 respondents aged above 15 years. The full survey results are available in Thai at <http://www.dwf.go.th/Content/View/10474/1>.

but can still manage household financing and 14.7% has critical financial problems and cannot manage household financing.

The role of external assistance in Thailand

On July 31, 2003, Thailand repaid its outstanding obligations under a standby arrangement made with the International Monetary Fund designed to help it recover from the 1997 Asian Financial Crisis. The payment was made four years ahead of schedule, reflecting Thailand's achievement of macroeconomic and balance-of-payments stability. Since 2002, Thailand is no longer an Economic aid recipient. Instead, Thailand contributed \$60 million in economic aid to the neighbouring countries since 2005.

However, Thailand receives development assistance and support from various assistance 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).

National Progress toward achievement of the Sustainable Development Goals and Fulfilment of the ICPD commitments

The UNFPA Strategic Plan (2018-2021) is the first of three UNFPA plans (including 2022-2026 and 2027-2030) which aims to reach the Sustainable Development Goals (SDGs) by 2030. The plan focuses 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 has committed itself to attaining the SDGs, recognizing the persisting social and economic inequalities as an impediment to its progress to achieving the status of a high-income country. 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.

Ending preventable maternal mortality. The maternal mortality ratio has been well below the international SDG target of 70 deaths per 100,000 live births for some time. In 2016, under the Strategy of Health Development for specific age groups, the Ministry of Public Health set a national maternal mortality goal of not more than 15 deaths per 100,000 live births, equal to levels in developed countries. By 2017, the ratio had already declined to 21.8 according to the Thailand Reproductive Health Database.

Some level of maternal health inequality persists across regions of the country. Bangkok has the lowest maternal mortality ratio at 12.1 persons per 100,000 live births, while the southern region has the highest ratio at 34.4 persons per 100,000 live births. More than half the causes of death are preventable, especially excessive bleeding, high blood pressure, amniotic fluid embolism, sepsis and abortion, factors most likely related to the increasing frequency of Thai women marrying and having children at later ages.

Ending gender based violence and harmful practices. Women and girls continue to be exposed to sexual exploitation, trafficking and violence. The pervasiveness of gender-based violence, particularly domestic and sexual violence, needs to be urgently and comprehensively addressed. A relatively recent study 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. Of the 15% of women who reported intimate partner violence within the past 12 months, psychological violence was the most common (60–68%), followed by sexual violence (62–63%) and physical violence (52–65%). In addition, the percentage of women who faced various forms of controlling behaviors varied from 4.6% to 29.3%.

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. A national population-wide approach to violence prevention should be coupled with efforts to expand and improve existing services. The One-Stop Crisis Centres of the Ministry of Public Health have operated in district hospitals and, since 2013, in community health centres. These should be included in all facilities across the country as they play a key role in responding to violence. It is noted that in Thailand the feminization of ageing will increasingly become an issue for attention. While the 10th UNFPA Country Programme had proposed to address this concern, it was not followed through due to need for stronger directives on ageing in the UNFPA Strategic Plan, 2018-2021.

Ending the unmet need for family planning. In recent years, Thailand's family planning programme quickly expanded service points, used effective communication approaches and provided a range of contraceptive methods. It pioneered innovative approaches such as allowing auxiliary midwives to prescribe oral contraceptives and, later, to insert IUDs. This enabled the programme to grow rapidly despite limitations in the number of higher level health personnel. The work of the Government in providing family planning services was positively augmented by collaboration with community-based distribution programmes.

Married female adolescents have higher levels of unmet need for contraception, at 11.5 per cent, than older married women, at 6.9 per cent. According to UNFPA 2019 data, the contraceptive prevalence rate 15-49 and methods (2019): 78%; modern methods: 76%; unmet need for family planning: 6%; and, the proportion of demand satisfied with modern methods: 90%. Although Thailand has low level of unmet need of family planning, unintended pregnancy is high with about 47% of women aged 15-19 reported that their last birth was unintended. Abortion is illegal, except in three conditions due to rape and adverse effects to the mother's or child health. The incidence of abortion is unknown but is

speculated to be high. The current 11th Country Programme aims to contribute along with partners to reducing by 25% the adolescent birth rate by the end of the programme and the UNPAF cycle.

UNFPA in Thailand is operating in a Middle Income Country (MIC) classified as a Pink country by the UNFPA Strategic Plan Business Model (2018-2021). The activities that may be undertaken include partnerships and coordination, including South to South and Triangular Cooperation; knowledge management; advocacy, policy dialogue and advice; and, supporting an enabling environment for capacity development. Other criteria for operation include the human and funding resources available and the priorities and requests of the government for support. In addition, working within the UN family and through the UNCT, areas of focus are agreed among the UN agencies. Within the UNCT, UN Women takes the lead on issues of gender equality and gender based violence. The 11th Country Programme Document sets out the basis of cooperation between Thailand and UNFPA for 2017-2021, highlighting key priorities as specified in the results and resource table.

Thailand specifically pledged to leave no one behind in its national development. With such commitment, the National Committee on Sustainable Development, chaired by the Prime Minister, was set up as the main institutional mechanism to drive the development progress in order to realise 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. Thailand is now party to seven of the nine core international human rights instruments and five optional protocols. The country also has ratified 17 international labour conventions. The country reports to treaty bodies, and its Human Rights Action Plan includes action in follow up to treaty body reviews and UPR. In October 2019, the Government adopted a National Action on Business and Human Rights. In the current CPD, Thailand and UNFPA have collaborated under South to South and Triangular Cooperation (SSTC) to ensure the speedy achievement of SDGs.

Undocumented migrants are protected under Labour Protection Act B.E.2541 and Occupational Safety, Health and Environment Act B.E.2554 in addition to access to health services under HRC and Health Insurance for Migrants Policy. However, the level of uptake of these services is limited. In the recent years, the RTG has taken some important steps towards regularising migration flows, including migrant registration. Despite these efforts, some challenges remain. Thailand has introduced a “zero tolerance for human trafficking” and has strengthened financial, legal and operational measures to effectively combat human trafficking. Reforms have been implemented in the fishing and seafood sectors.

The eleventh Country programme Document: UNPAF and Thailand Programme 2017-2021

The UN Partnership Framework (UNPAF, 2017-2021) is a strategic document that reflects the partnership between the United Nations Country Team (UNCT) in Thailand and the Royal Thai Government (RTG), in collaboration with other stakeholders. The UNPAF is guided by the analysis of the Common Country Assessment (CCA) that highlighted the opportunities for the UN to support the RTG and other key stakeholders in achieving the national development goals, leaving no one behind. The UNPAF is in line with the 12th National Economic and Social Development Plan (NESDP) for 2017-2021, Thailand’s aspiration to achieve the Sustainable Development Goals (SDGs) by 2030, and the country’s international commitments and obligations, including action on recommendations from the second

Universal Periodic Review (UPR) held in May 2016 as well as other treaty body reviews. The UNPAF was developed through a broad consultative process that involved key RTG counterparts, civil society organisations, the private sector, communities and marginalised populations, other relevant partners, and the UN.

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

UNFPA Thailand (CO) aligns its programme with the UN system-wide efforts in Thailand, as reflected in the United Nations Partnership Action Framework (UNPAF). To implement CPDs, an informal CPAP developed for CPD10th, a strategic framework for CP 11th and programme action plan were developed and implemented.

Table x. 11th CP results and strategies

UNPAF 2017-2021	By 2021, system and process are more effective and equitable and progressively advance people centered sustainable development for everyone		
UNFPA High Compact Commitment	By 2021, adolescent birth rate reduced by 25%⁸		
UNFPA Transformative results	End Preventable Maternal Deaths End Unmet Need for Family Planning End Gender based violence and all kinds of harmful practices		
UNFPA SP Outcome	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.	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.	
Country Programme Outputs	Output1: Strengthened national institutions, systems and enabling environment for promoting youth participation and advancing adolescent sexual and reproductive health and rights 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.	Output 3: Increased national capacity to implement South-South Cooperation and/or triangular initiatives to promote the ICPD agenda.
	Indicators: 1. 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	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	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

⁷ Country Programme Document for Thailand, 7 July 2016

⁸ According to the previous high compact commitment, the unintended adolescent birth rate was to be reduced by 50% by 2021. However, there is only one data source for this variable, and new data is not likely to be available by 2021. Given this, the high compact commitment was revised and reducing the adolescent birth rate was adopted which is in alignment with Thailand’s 10-year National Adolescent Pregnancy Strategy.

	<p><i>implementation of the Prevention and Alleviation of Adolescent Pregnancy Bill</i></p> <p><i>2. 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></p> <p><i>3. Number of media and private partners engaging in advocacy events that promote a positive approach to adolescent sexual and reproductive health and rights</i></p>	<p><i>2. Number of databases with population-based data accessible by users through web-based platforms that facilitate mapping of socioeconomic and demographic inequalities</i></p> <p><i>3. Number of initiatives for public-private cooperation established and convened by UNFPA, utilizing evidence on demographic dynamics.</i></p>	<p><i>resources contributed by Thai Government under triangular initiatives on sexual and reproductive health</i></p>
CP Overarching Strategies	<p>Strategy 1: Policy engagement, rights-based advocacy and capacity building</p> <p>Strategy 2: Strategic media engagement</p> <p>Strategy 3: Private partnerships to leverage programme results</p>		
CP Specific Strategies	<p>Specific Strategy 1.1/Strategy Type 1 Enhance organizational culture and institutional capacity to implement the Adolescent Pregnancy Act</p>	<p>Specific Strategy 2.1/Strategy Type 1 Increase utilization of evidence-based analysis/research for development of policies and strategies that are aimed at reducing adolescent pregnancy, address the needs and rights of young people, or address other emerging population issues, such as ageing.</p>	<p>Specific Strategy 3.1/Strategy Type 1 Strengthen institutional capacity to develop high-quality experience and good-practice “packages” on SRHR and ICPD related issues that can be used for advocacy and sharing with other countries.</p>
	<p>Specific Strategy 1.2 /Strategy Type 1 Increase youth capacity to meaningfully participate in policy dialogue and to advocate for their SRHR.</p>	<p>Specific Strategy 2.2/Strategy Type 1 Develop unified data platforms and mechanisms to track progress of policies and strategies related to youth, SRH and population issues.</p>	<p>Specific Strategy 3.2/Strategy Type 1 Enhance government organisational culture and institutional capacity to effectively manage and implement SSC and triangular support initiatives on SRHR and ICPD related issues.</p>
	<p>Specific Strategy 1.3 /Strategy Type 2 Establish strategic partnerships with selected media partners to promote youth participation, and advance YSRHR.</p>	<p>Specific Strategy 2.3/Strategy Type 3 Initiate public private partnerships to support ICPD related issues, including population dynamics and ageing.</p>	<p>Specific Strategy 3.3/Strategy Type 2 Undertake advocacy to strengthen public awareness of the importance of SSC and/or triangular initiatives on ICPD related issues using mass media and other media platforms.</p>
	<p>Specific Strategy 1.4/ Strategy Type 3 Enhance strategic partnerships with private sector organisations to promote youth participation and advance YSRHR, particularly through corporate social responsibility programmes.</p>	<p>Specific Strategy 2.4/Strategy Type 2 Undertake advocacy to strengthen public awareness of the importance of population dynamics, ageing and other ICPD related issues using mass media and other media platforms</p>	
	<p>Specific Strategy 1.5/Strategy Type 2 Undertake advocacy to strengthen public awareness of the importance of YSRHR, youth participation and other adolescent and youth related issues using mass media and other media platforms</p>		

Overarching strategies:

Strategy 1: Policy engagement, rights-based advocacy and capacity building

Engagement in policy, rights-based advocacy and capacity building is essential for achieving the ICPD agenda, and for achieving national priorities and UNPAF and CP outcomes and outputs. In July 2016, the

Royal Thai Government committed itself to reducing Adolescent Pregnancy through adoption of the Adolescent Pregnancy Act. While this is a major step forward, much remains to be done to implement this act and to ensure that every adolescents and youth are adequately, and appropriately, involved and participate in this process.

For CP Output 1, under strategy 1, the country programme builds institutional capacity for implementation of the AP Act, and using evidence to support development and implementation of other relevant policies and strategies such as the 20 Year National Population Policy, the Second National Reproductive Health Policy, and the National Strategy on Adolescent Pregnancy. Ensuring supports to increase utilization of evidence-based analysis and research for advocacy and development of policies and strategies focused on ICPD related issues such as adolescent pregnancy, the needs and rights of young people, and low fertility and ageing. The CP also advocate for and support adolescent and youth participation in these processes. Efforts made to ensure that adolescents and youth have a voice in the policies that affect them, and to encourage policy makers, policy implementers and practitioners to increasingly listen to and learn from adolescents and youth and finally adopt them to improve the policy implementation.

For CP output 3- South-South Cooperation, usage of evidence to increase resources as well as building institutional capacity for South-South and triangular cooperation on ICPD related issues.

Strategy 2: Strategic media engagement

In recent years, the media sector has grown rapidly in Thailand, and, by 2012, approximately 24 million people had regular access to the internet. Thailand is now considered to be the 3rd most highly connected country in Southeast Asia, and it leads the region in social media use. By mid-2016, Thailand had 41 million Facebook users, 33 million Line users, 16 million YouTube users and 5.3 million Twitter users. While Thai media is considered to be relatively 'free', TV, radio and newspapers have continued to struggle with limited link to years of political instability.

It is in this context that UNFPA seeks to expand its strategic engagement with the media. Media engagement is used as a key cross cutting tool to advocate for change, promote youth participation, advance adolescent sexual and reproductive health and rights and gender equality, and to increase demand for using evidence-based analyses in decision making as well as contribution to increase Thailand's role in South-South Cooperation on ICPD related issues. Strategic engagement with the media is generally expected to lead to greater visibility of UNFPA's contributions to Thailand.

Strategy 3: Private partnerships to leverage programme results and resources

In the world today, the most effective partnerships are often formed across various kinds of non-traditional partners including Civil Society Organisation (CSOs), Academia, High Net-worth, Individuals, and private sectors. Their roles are increasingly important in global development especially private sector. Private sector investment and innovation are major drivers of productivity, economic growth and job creation. The SDG and ICPD agendas, and national development priorities, will not be achieved unless the private sector and other partners are more fully engaged.

Under the private partnerships strategy, UNFPA Thailand CO employs two main approaches: a) Sustainable Private Partnership to empower young people with basic life skills including SRHR; and 2) Public Private Partnerships (PPP) initiative on population dynamics and a life-course approach for ageing

society. With private and strategic partner, innovations are the focused to reflects collective solutions to deal with country' challenges as well as increase resources to invent more initiatives and innovative.

Key Strategic Partners & Stakeholders:

Since the current CPD is the programme based aiming at evidence-based policy changed with right based approach, thus the strategic partners selected 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.

Government strategic partners include:

Department of International Organization under Ministry of Foreign Affairs,
Department of Health under Ministry of Public Health,
National Sciences Innovation and Research under Ministry of Higher Education and Sciences,
Children and Youth Council of Thailand under Ministry of Social Development and Human Security,
Department of Thailand International Cooperation Agency under Ministry of Foreign Affairs,
Bureau of Registrative Administration of Ministry of Interior,
National Statistical Office,
Institute for Public Policy and Development,
Academia include Chulalongkorn university,
Mahidol university and
faculty of nursing under University Chiangmai and Khonkaen,
National Institution of Development Administration (NIDA),
Thailand Development Research Institute and Thai Health Promotion Fund.

Civil Society Organisations and non-governmental organisations include:

Thailand research Institution for development of People with Disability,
Planned Parenthood Association Thailand,
and Raks Thai (CARE)
Thailand Population and Community Development Foundation (PDA),
Thai Health Promotion Foundaion,
Thai Pubic Boardcast Service (TPBS())
The private partners include Dek-D interactive Corporations,
Whizdom Society by Magnolia Quality Development Corporations,
members of UNFPA business coalition,
and Bangkok Bank CO. Ltd.

OBJECTIVE AND SCOPE OF COUNTRY PROGRAMME EVALUATION

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 new United Nations Sustainable Development Cooperation Framework (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.

The evaluation will cover the following three programmatic areas: Adolescent and Youth Sexual and Reproductive Health and Rights; Population and Development, and South-South Cooperation. Gender equality are included in all programmatic areas including the content of knowledge sharing and practices. Moreover, the evaluation will cover 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. The CPD11 has been implemented at the national level, however initiatives 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 approach and inter-generation will be also included. Therefore, at least a province especially YSRH and Rights with Rak Thai Foundation in Chiangmai and 2 partnership initiatives including private partnership with on intergenerational approach and partnership with CSOs on YSRH for young people with disabilities should be selected for evaluation. Sites will be selected based on the discussion with Evaluation team members.

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

The evaluation shall also identify key unintended effects.

The evaluation will be based on the four OECD-DAC evaluation criteria:⁹ (*relevance, effectiveness, efficiency, and sustainability*) and two UNFPA criteria (*value addition and coordination*) and respond to the evaluation questions mentioned in the next section and finalized during the design phase.

METHODOLOGY AND APPROACH

Evaluation Approach

The evaluation will be 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>). The evaluation will be transparent, inclusive, and participatory, as well as gender and human rights responsive. The

⁹ Pages 53-54, Chapter 32019 UNFPA Evaluation Handbook

evaluation will follow the guidance on the integration of gender equality and human rights principles in the evaluation design, focus and process as established in the UNEG Handbook, Integrating Human Rights and Gender Equality in Evaluation - Towards UNEG Guidance. Specifically, CPE will analyse how CP11 advances the rights of targeted populations, particularly women and individuals who are marginalized, and support them to claim their rights. It will also look into the extent of which the CP11 strengthens accountability mechanisms and promotes more transparent review and dialogue for learning and future programming. The evaluation will seek and utilize data disaggregated by age, gender, vulnerable groups, etc., to ensure findings that are gender reflective and targeted.

The evaluation will use a mixed-method approach design as appropriate. The evaluation will utilize a theory-based approach taking into consideration the CP planning documents which reflect the design of the programme including its intervention logic and the results framework. The approach will be based on an analysis of the intended outcomes, outputs, activities and the contextual factors that may have had an effect on the implementation of the Programme. Using a theory-based approach will allow the evaluation team to test the theory of change, that is investigates in detail the expected pathways of change, including the assumptions that underpin the causal chains and linkages between elements of the results chain in the CP's theory of change. The analysis of the programme's theory of change will play a central role in the design of the evaluation, in the analysis of the data collected, in the reporting of findings, and in the development of conclusions and of relevant and practical recommendations. Given the current challenges associated with the COVID 19 pandemic, data collection, stakeholder consultations/validations and dissemination of evaluation results may be conducted through virtual platforms, with close monitoring in place to assure quality of evaluation as guided in the UNFPA Evaluation Handbook.

The evaluation team will follow guidance contained in the Evaluation Handbook: How to Design and Conduct a Country Programme Evaluation at UNFPA (2019) on how to conduct CPEs. The evaluation team will develop the design for the evaluation including the approach, the evaluation criteria and questions contained in a matrix, and methodology for data collection and analysis. The evaluation design will be further developed during the design phase of the exercise and presented in the design report.

Evaluation criteria and preliminary evaluation questions

The CPE shall systematically use the four OECD –Development Assistance Committee (DAC) criteria: relevance, effectiveness, efficiency, and sustainability, as well as added value with and coordination with the UNCT, a criterion specific to UNFPA.

The criterion of relevance brings into focus the correspondence between the objectives and support strategies of the CP, on the one hand, and population needs (with a specific attention given to the needs of the most vulnerable and marginalized), government priorities, and UNFPA global policies and strategies on the other. In particular, it will look into the extent to which the objectives of the UNFPA CP correspond to population needs at country level and were aligned throughout the programme period with government priorities, with strategies of UNFPA and UNDAF.

Assessing the effectiveness, 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, will require a comparison of the intended goals, outcomes and outputs with the actual achievement of terms of

results.

The efficiency criterion-the extent to which CP outputs and outcomes have been achieved with the appropriate amount of resources and captures how resources such as funds, expertise, time and etc., have been used by the CO and converted into the results along the results chain.

The sustainability is related to the likelihood that benefits from the CP continue after UNFPA funding is terminated and the corresponding interventions are closed. Therefore, the sustainability criterion - the continuation of benefits from a UNFPA - financed intervention after its termination, will assess the overall resilience of benefits to risks that could affect their continuation.

The coordination is extended to which UNFPA has been an active member of, and contribute to, the existing coordination mechanism of the UNCT. Aspects of this include: a) record of participation of UNFPA representatives in the UNCT coordination meetings, b) the responsibilities assumed during these meetings, and c) the contributions made.

The added value is related to the main UNFPA's added value and comparative advantage in the country context as perceived by national stakeholders will also be assessed.

Following are the preliminary evaluation questions specific to above criteria:

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?

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 ii) 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.

Efficiency:

- Evaluation question 5: 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?

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 and Bhutan through SSC and in establishing mechanisms to ensure ownership and the durability of effects of such initiatives.

UNFPA Country programme coordination with UNCT and added value:

- Evaluation question 8: i) To what extent has the 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?

The final list of Evaluation Questions will be agreed with the CPE team in the design phase.

Evaluation matrix

To ensure that the collection and recording of data and information is done systematically, evaluators are required to set up and maintain an evaluation matrix. This matrix, will help evaluators to consolidate in a structured manner all collected information corresponding to each evaluation question and to identify data gaps and collect outstanding information before the end of the field phase.

The evaluation matrix will play important but slightly varying roles throughout all stages of the evaluation process and therefore will require particular attention from the evaluators:

- During the design phase, the evaluation matrix will be used to capture core aspects of the evaluation design: (a) what will be evaluated (i.e., evaluation criteria, evaluation questions and related issues to be examined – “assumptions to be assessed”); (b) how to evaluate (sources of information and methods and tools for data collection). In this way, the matrix will also help evaluators and the evaluation manager to check the feasibility of evaluation questions and the associated data collection strategies.
- During the data collection phase of the evaluation, the evaluation matrix will help evaluators to: (a) approach the collection of information in a systematic, structured way; (b) identify possible gaps in the evidence base of the evaluation; and (c) compile and organize the data to prepare and facilitate the systematic analysis of all collected information.
- During the analysis and reporting phase, the evaluation matrix will help evaluators to conduct the analysis in a systematic and transparent way, by showing clear association between the evidence collected and the findings and conclusions derived on the basis of this evidence.

Evaluation audience

Findings, lessons learned and recommendations of the CPE shall be used to assess the achievements of the 11th Country Programme and to inform the development of the 12th Country Programme. For transparency and accountability purposes, the CPE report shall be communicated to all stakeholders including UNFPA staff and the Executive Board, national partners, government, civil society organizations and donors.

Sampling Strategy

The evaluation team will identify a suitable sampling strategy to select, interventions to scrutinize, field visit sites if the circumstances allow and stakeholders to interview and survey. Sampled sites and stakeholders should reflect the full range of interventions under CP11 and priority geographic areas of work. A special attention will be given to include beneficiaries, especially the most marginalized and vulnerable groups, the Country Programme has targeted with its interventions.

Data Collection

Primary data will be collected at the national and sub-national levels through semi-structured interviews, focus group discussions and direct observation during field visits, as appropriate. If the in-country circumstances due to COVID 19 pandemic will not allow face-to-face meetings and field visits, the evaluation team will employ remote data collection methods that can include web-based or cell phone based surveys and individual and/group interviews with key stakeholders, including beneficiaries, to gather information regarding UNFPA performance and interventions in the country. A very high cellphone coverage of the population, including young people, will enable such remote data collection if the situation requires.

Secondary data will be collected through desk review of existing literature (CP mid-term review and other assessments, research conducted by CO and other partners in the country, policy documents, annual reviews/progress reports, human face stories, programme monitoring data and government administrative data). The list of documents is attached in Annex ...

Methods for data analysis

The evaluation matrix will provide the guiding structure for data analysis for all components of the evaluation. The evaluation questions will be used to structure data analysis. The following methods of data analysis and synthesis are encouraged to be 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.
- Content analysis - to analyze documents, interviews, group discussions and focus groups notes to identify emerging common trends, themes and patterns for each key evaluation question, at all levels of analyses. Content analysis can be used to highlight diverging views and opposing trends. The emerging issues and trends provide the basis for preliminary observations and evaluation findings.
- Comparative analysis - to examine evidence on specific themes or issues across different areas of programme implementation. It can be used to identify good practices, innovative approaches and lessons learned.

- Quantitative analysis - to interpret quantitative data, in particular data emerging from programme annual reports, studies and reports, and financial data.
- Contribution analysis - to assess the extent to which the country programme contributed to expected results. The team is encouraged to gather evidence to confirm the validity of the theory of change, and to identify any logical and information gaps that it contained; examine whether and what types of alternative explanations/reasons exist for noted changes; test assumptions, examine influencing factors, and identify alternative assumptions for each pathway of change.

Data triangulation

All evaluation findings should be supported with evidence. Data must be triangulated across sources and methods by cross-comparing the information obtained via each data-collection method (desk study, individual interviews, discussion groups) and double- or triple-checking the results of the data analysis. Evaluators should also cross-compare the evidence obtained through different data sources – e.g., compare evidence obtained through interviews with government staff with those obtained from beneficiaries or from secondary data sources.

Validation

The findings, conclusions and recommendations of the CPE will be validated with multiple stakeholders at different stages. At the end of the field data collection phase, the evaluation team will meet (physically or remotely) with UNFPA CO staff, and with Implementing Partners to share and discuss preliminary findings, conclusions and recommendations. Separate meetings with UNFPA staff and with Implementing Partners will be organized as the time permits in person or via online platforms.

A validation meeting with a wider group of stakeholders, not limited to Implementing Partners and ERG, will be conducted to discuss evaluation findings, conclusions and recommendations before the final report is submitted. This opportunity will allow integrating comments from stakeholders into the final evaluation report. ERG members will review draft reports and participate in validation meetings.

Stakeholder participation

An inclusive approach, involving a broad range of partners and stakeholders, will be taken. Communication with stakeholders with respect to its purpose, the criteria applied, and the intended use of the findings will be ensured at all stages of the evaluation. The evaluation team will perform a stakeholder mapping 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 area in the national context). These stakeholders include representatives from the Government, civil-society organizations, the private-sector, sister UN organizations, other multilateral organizations, bilateral donors, partners from Laos PDR and Bhutan engaged in SSTC, and most importantly, the beneficiaries of the programme. Every effort will be made to include key stakeholders as part of the evaluation process either as sources of data (primary/secondary) or through their representation in the ERG.

EVALUATION PROCESS

The evaluation will unfold in five phases that are outlined below:

1. Preparation phase

This phase will include:

- Drafting the evaluation Terms of Reference;
- Approval of the Terms of Reference by EO;
- Pre-qualification of evaluation team by EO
- Recruitment of the external evaluation team;
- Set up the Evaluation Reference Group;
- Preparation of documents and uploading them in a google drive
- Stakeholders mapping and compilation of list of projects and its key interventions.

2. Design phase

- Conduct desk review of all relevant documents available at UNFPA headquarters, regional office and country office levels regarding the country programme for the period under assessment: 2017-2020
- Develop a stakeholder map – The evaluation team will prepare a map of stakeholders relevant to the evaluation and strength of relationship to programme. The mapping exercise will include state, civil-society stakeholders and other development actors including, sister UN agencies and bilateral donors;
- Review the programme Theory of Change (TOC) – revisit the existing TOC that links planned activities to the intended results of the programme;
- Develop the evaluation matrix – finalize the evaluation questions, identify related assumptions and indicators to be assessed, and data sources (see CPE Handbook);
- Develop a data collection and analysis strategy including all data collection tools and protocols as well as a concrete work plan for the field phase, including division of labor;
- Specify limitations and challenges expected to conduct the evaluation and any mitigation efforts to be taken to overcome these.
- Share with ERG for discussion and finalization of the design report addressing all comments received.
- Clearance of the design report by the Regional M&E Advisor and CO Approval of the design report.

At this stage, the evaluators gain an in-depth understanding of both the UNFPA CP and the country context. Evaluation questions are selected and adapted and the most appropriate method of data collection and analysis are proposed. From a sampling framework of comprehensive stakeholder’s map, the evaluators select a sample of stakeholders to interview or survey during the field phase. The methodological approach to sampling will also be described.

At the end of the design phase, the evaluation team will produce a design report, that will outline the detailed evaluation methodology that takes into account the COVID-19 context, criteria, timeframes and the structure of the final report. The design report must include the evaluation matrix, stakeholders map, final evaluation questions and indicators, evaluation methods to be used, information sources, approach to and tools for data collection and analysis, calendar work plan, including selection of field sites to be visited – prepared in accordance with the UNFPA Evaluation Handbook “How to Design and Conduct a Country Programme Evaluation”. The design report should also present the programme

intervention cause-and-effect logic linking actual needs, inputs, activities, outputs and outcomes of the programme. The design report needs to be reviewed by the evaluation manager and approved by the Regional M&E advisor before the evaluation field phase commences. With the assistance of the evaluation manager, the evaluators perform these tasks in close cooperation with the UNFPA CO personnel, particularly with a view to: (i) refining the evaluation questions; (ii) consolidating the stakeholders mapping; and (iii) identifying additional documentation.

3. Field phase

After the design phase, the evaluation team will undertake a three-week collection and analysis of the data required in order to answer the evaluation questions final list consolidated at the design phase. The Country Evaluation Team will collect primary data through face to face and/or virtual individual interviews, group discussions and focus group discussions, and by way of consulting additional documentation. Team will also collect secondary data during the field phase. Towards the end of the field phase, the evaluators analyze and triangulate the collected data and produce a set of preliminary findings, complimented by tentative conclusions and emerging, preliminary recommendations. These provisional evaluation results are presented to the Evaluation Reference Group and the CO staff during a debriefing meeting to be scheduled at the end of the field phase.

4. Reporting phase

During this phase, the Evaluation Team will continue the analytical work initiated during the field phase, taking into account comments made by the CO staff, partners and Evaluation Reference Group under the leadership of the Evaluation Team Leader.

The evaluators submit a draft final evaluation report to the evaluation manager. The evaluation manager reviews and quality assures draft report; the criteria outlined in the “Evaluation Quality Assessment Grid” will be used to quality assure the report. Upon evaluation manager’s consideration of the draft evaluation report being of adequate quality, the report is shared with the ERG for comments while respecting the independence of the evaluation team in expressing its judgement. Based on the evaluation manager and the reference group’s comments, including comments from the regional M&E adviser, the evaluators proceed with the production of the final evaluation report.

The final report will be cleared by the CO and submitted to the Regional M&E Advisor for approval. The quality of the report will be assessed based on the criteria set out in the Evaluation Quality Assessment grid of the Evaluation Handbook (Annex 6) by the Regional M&E Advisor. Once accepted, the Regional M&E Advisor will submit the final report to EO to conduct the external quality assessment of the evaluation report.

5. Facilitation of use and dissemination phase

During this phase, the evaluation manager, together with the communication and knowledge management officer in the CO, develops and rolls out a communication plan to share evaluation results with country and regional offices, relevant divisions at headquarters and external audiences. The evaluation manager ensures the final report and other evaluation knowledge products are shared with relevant stakeholders and rights-holders through the ERG and through other relevant channels and

communication and knowledge management platforms.

The management of the CO will provide a management response to each evaluation recommendation. Asia and Pacific Regional Office (APRO) will quality assure the response. The final response will be uploaded in the corporate tracking system within six weeks of the finalization of EQA and communication by EO. The CO will be responsible for periodically updating the status of implementing the management response. The CO senior management will be responsible for ensuring that the lessons and evidence emerging from the CPE fully informs the design of the 5th CP. The evaluation report will be posted on the CO website and the evaluation database (together with the evaluation quality assessment document) maintained by the HQ EO.

EXPECTED OUTPUTS/ DELIVERABLES

The Country Evaluation Team will produce the following deliverables:

- an approved design report including (as a minimum): a) a stakeholder map; b) the evaluation matrix (including the final list of evaluation questions and the corresponding judgement criteria and indicators); c) the overall evaluation design and methodology, with a detailed description of the data collection plan for the field phase, data collection tools and protocols;
- a debriefing presentation document (Power Point) synthesizing the main preliminary findings, conclusions and recommendations of the evaluation, to be presented and discussed with the CO and ERG during the debriefing meeting foreseen at the end of the field phase;
- a draft final evaluation report (potentially followed by a second draft, taking into account potential comments from the ERG and UNFPA);
- a power point presentation of the results of the evaluation for the in-country stakeholder workshop;
- an approved final evaluation report, with annexes, based on comments expressed during the in-country stakeholder workshop.
- an evaluation brief, a 2-3-page summary of the key evaluation findings, conclusions and recommendations.

All deliverables will be in English and Thai. An interpreter will translate the final English report into Thai.

WORKPLAN AND INDICATIVE SCHEDULE OF DELIVEABLES

Phases/deliverables	Dates
1. Preparatory phase	
Drafting of the evaluation Terms of Reference by CO	March 30, 2020
Review of the TOR by APRO	May 8, 2020
Constitution of an Evaluation Reference Group (ERG)	May 13, 2020

Review of the TOR by the ERG	May 25, 2020
Approval of the ToR by EO	June 5, 2020
Selection of a team of evaluators;	June 5, 2020
Pre-selection of the team by EO	June 12, 2020
2. Design phase	
Draft design report	July 10, 2020
Final design report	July 17, 2020
3. Field phase	
July 27- August 7, 2020	
4. Synthesis phase	
1st draft final report	August 26, 2020
Stakeholder workshop (may be remote consultation), the exact day to be confirmed	September 1, 2020 (TBC)
2 nd draft report	September 22, 2020
Final review of the evaluation report by APRO M&E advisor based on an EQA and submission of the final evaluation report to EO	October 6, 2020
Final report submission	October 13, 2020
Final report is submitted to EO with EQA drafted by RMEA	November 13, 2020
5. Dissemination and follow-up phase	
Dissemination of the report within the CO and finalizing Management response	January 13, 2021
Integration of recommendations into the new CPD	December 15, 2020

COMPOSITION OF THE EVALUATION TEAM

The roles and responsibilities of each position are the following:

- **A team leader** (international consultant) with overall responsibility for the evaluation process including the production of the final report. S/he will lead and coordinate the work of the evaluation team remotely and will also be responsible for the quality assurance of all evaluation deliverables. In addition, the Team Leader will be responsible for the remote data collection and analysis of data for the Coordination component. She/he will be responsible for putting together the design report, the draft final and the final evaluation reports based on inputs from other evaluation team members.
- **Two team members** (national consultants), who will each assess a specific technical area as specified below and South-South and Triangular Cooperation in their respective areas. Each evaluator will be responsible for drafting key parts of the design report and of the draft final and final evaluation reports, including (but not limited to) sections relating to her/his area of expertise.
- The team might be assisted by a translator/interpreter, according to its needs.

The work of the evaluation team will be guided by the Norms and Standards established by the United Nations Evaluation Group (UNEG). Team members will adhere to the Ethical Guidelines for Evaluators in

the UN system and the Code of Conduct, also established by UNEG. The evaluators will be requested to sign the Code of Conduct prior to engaging in the evaluation exercise.

Qualifications of the evaluation team members:

1. The **Evaluation Team Leader** will be an international expert in monitoring and evaluation of development programmes with:
 - Advanced degree in evaluation, development studies, public health, population and gender studies or any other social science studies
 - At least 10 years' proven experience in conducting evaluations in the field of development for UN organizations or other international organizations, including evaluations of gender programmes
 - Experience in leading complex programme and/or country level evaluations
 - Experience in the Asia region and preferably in -Thailand
 - Strong technical and analytical capacities and demonstrated knowledge of evaluation methods and techniques for data collection and analysis, an understanding of UNFPA mandate or the ICPD agenda
 - Excellent leadership, communication ability and excellent writing skills in English
 - Familiarity with UNFPA or UN
 - Ability to lead a diverse team

The Team Leader will be responsible for:

- Providing overall leadership on the independent evaluation of the UNFPA CPE based on inputs and insights from the other consultants in the evaluation team;
- Responsible for the UN Coordination part of the report;
- Supervising and coordinating the work of evaluation team members and responsible for the quality assurance of all evaluation deliverables including virtual communications with national consultants during the COVID 19 pandemic.
- Developing the design report including the evaluation matrix and the work plan;
- Collecting information, conducting desk reviews of relevant documents and interviews with key stakeholders;
- Compiling the first comprehensive draft of the evaluation report, addressing the comments from ERG to produce the 2nd draft and final evaluation report in line with UNFPA evaluation quality standards;
- Ensuring that all the evaluation team members selected to work under his/her supervision are fully briefed about the whole evaluation process, objectives, methodology framework, evaluation tools, ethical standards, and key milestones/deliverables.

2. **Evaluator for Adolescents and Youth** will be a national consultant who fulfils the following criteria:

- Master's Degree in social sciences and related background with specialized in Adolescent and Youth including ASRHR;

- At least 10 years of previous experience in conducting evaluations, especially in the field of development aid for UN agencies and/or other international organizations evaluations;
- Specialization and significant experience in the area of youth reproductive health and right, adolescent and youth development; and partnership with private sector, civil societies, media, etc. to enable environment on Youth Sexual Reproductive Health and Rights and related issues.
- Familiarity with UN and/or UNFPA mandate and activities;
- Fluency in spoken and written English is required.

The Evaluator for Adolescents and Youth will work with close guidance of the team leader and will be responsible for:

- Developing the Adolescent and Youth related part of the design report including the evaluation matrix and data collection tools;
- Collecting information, conducting desk reviews of relevant documents and interviews and surveys with key stakeholders in the respective area, including South-South and Triangular Cooperation interventions relevant to the Adolescent and Youth programme;
- Act as a national CPE coordinator to assist the evaluation team leader in coordinating data collection in country and in collating collected data information and additional required documents.
- Draft the Adolescent and Youth related parts in the draft and final evaluation reports that meets all of UNFPA's evaluation quality standards;

3. Evaluator for Population and Development will be a national consultant who fulfils the following criteria:

- Master's Degree social sciences and related issues preferable with the population studies with international relations, international cooperation, international development,
- At least 10 years of previous experience in conducting evaluations, especially in the field of Population and Development; and specialization and significant experience in the area of partnership, strategic partnership for resource mobilization and South-South Cooperation;
- Experience in developing private and CSOs partnerships is an asset;
- Familiarity with UN and/or UNFPA mandate and activities;
- Excellent management skills and ability to work with multi-disciplinary and multi-cultural teams;
- Excellent analytical, communication and writing skills;
- Fluency in English is required.

The Evaluator for P&D will work with close guidance of team leader and be responsible for:

- Developing the Population and Development programme related part of the design report including the evaluation matrix and data collection tools;
- Collecting information, conducting desk reviews of relevant documents and interviews and surveys with key stakeholders in the respective area;
- Draft the Population and Development related parts of the draft and final evaluation reports that meets all of UNFPA's evaluation quality standards;

4. An **Interpreter/Assistant** will be a national consultant who meets the following requirements:

- Bachelor's degree in social sciences, English, business administration or any other relevant areas;
- At least 4 years of experience in English interpretation/translation in the development field;
- Profound knowledge of English and skills of written and oral translation to and from Thai language;
- Experience with results based programme management terminology in English and Thai language;
- Relevant knowledge and experiences in national development context;
- Experience in administrative support.

Interpreter/Assistant will be responsible for:

- Assist the team leader with interpretation during the field phase for conducting group/individual meetings and focus group discussions with beneficiaries
- Assist with translation of written documents.
- Assist the evaluation team with general administrative/logistic work, including scheduling meetings, interviews;
- Organize evaluation team meetings as guided by the evaluation team leader when required.

Repartition of workdays among the evaluation team will be the following:

- 45 (forty-five) working days for Team Leader;
- 30 (thirty) working days each for national evaluators
- 20 (twenty) working days for Interpreter/Assistant

Payment of fees will be based on the delivery of outputs, as follows:

- | | |
|--|-----|
| ▪ Upon receipt of the approved design report: | 20% |
| ▪ Upon completion of the field phase | 20% |
| ▪ Upon receipt of the second draft evaluation report: | 30% |
| ▪ Upon receipt of the approved final evaluation report and evaluation brief: | 30% |

Daily Subsistence Allowance (DSA) will be paid per nights spent at the place of the mission following UNFPA DSA standard rates, if field visits will be permitted. Travel costs will be settled separately from the consultant fees.

MANAGEMENT OF EVALUATION

A technical Reference group will provide constructive guidance and feedback on implementation and products of the evaluation, hence contributing to both the quality and compliance of this exercise. Its main tasks will be:

- Provide input to the CPE ToR;

- Provide comments on the design report, including fine-tuning of the evaluation questions;
- Facilitate access of evaluation team to information sources (documents and interviewees) to support data collection; Provide comments on the main deliverables of the evaluation including the draft and final CPE report.

The **Evaluation Reference Group (ERG)** will be composed of the following members:

- Senior Officer, Department of International Organizations, Ministry of Foreign Affairs (MoFA)
- Senior Officer, Ministry of Public Health (MoPH)
- Senior Officer, National Economics and Social Development Council (NESDC)
- Senior Officer, Thailand International Cooperation Agency (TICA), Ministry of Foreign Affairs
- Senior Officer, National Institution of Sciences Research and Innovation
- Representatives of respective country partnered under SSC
- 2 CSO representatives
- 2 Private/Media partners
- 2 Young People from the target communities
- UNFPA Asia Pacific Regional Office Monitoring and Evaluation Advisor
- UNFPA Thailand Country Director/Head of Office
- Resident Coordinator and/or M&E officer of UNRC
- Representative or senior staff of UNICEF

The evaluation manager and the reference group members will communicate mostly via e-mail, although face-to-face and “virtual” meetings (via tele or videoconference) may also be convened.

Roles and responsibilities of Reference Group throughout CPE:

Preparatory phase:

- Provides input to the ToR of the evaluation, including the first selection of evaluation questions to be covered by the CPE.
- Provides input for selection of the team of evaluators

Design phase:

- Contributes to the final selection of the evaluation questions, and provides overall comments on the design report of the CPE

Field phase:

- Facilitates access of the evaluation team to information sources (documents and interviewees) to support data collection.

Reporting phase:

- Provides comments on the main deliverables of the evaluation, in particular the (draft) final report (in this regard, timely distribution of documents by the evaluation manager is essential)

A CO evaluation manager (CPE Focal Point) will manage the evaluation and interact on a day-to-day basis with the evaluation team and who, together with the programme managers for Adolescent and Youth and Population Development and the ERG, will ensure that all the necessary aspects of CP evaluation are well taken into account by the evaluation team.

The evaluation manager will manage the overall evaluation, and will carry out the following functions:

- To ensure consistency throughout the evaluation process (from ToR to dissemination of results and follow-up of recommendations) and assumes day-to-day responsibility for managing the evaluation;
- To coordinate the development of the ToR for the Country Programme Evaluation, with support from APRO;
- To correspond with the ERG members at strategic points throughout the evaluation;
- To provide/facilitate the provision of documents and other resources available in the country office;
- To support the evaluation team in the development of the design report;
- To support all phases of the evaluation and assesses the quality of related deliverables (design report, draft and final evaluation reports)
- To be the first point of contact and bridge the communication between CO staff, senior management, APRO, EO and evaluation team throughout the evaluation.

The UNFPA APRO M&E Adviser will provide guidance and quality assurance throughout the evaluation process and will be responsible for providing substantive input and reviewing the ToR for EO's approval, clearing the evaluation team for submission to EO for pre-qualification, and reviewing and approving the design report and the final evaluation report, and undertaking an EQA for quality assuring the draft final evaluation report.

The UNFPA Evaluation Office will approve the final ToR as well as pre-qualify the evaluation team. The EO will undertake the external Evaluation Quality Assessment of the CPE report.

BIBLIOGRAPHY

Documents/information sources
Programme documents
Country Programme Document, Eleventh Cycle
Country Programme Action Plan(Strategy)
UNPAF Document
UNFPA Strategic Plan (2018-2021)
SIS/MyResults 2017 and 2020 Planning and Reporting Documents
SIS/MyResults 2020 Planning Document
UNFPA Mid-Term Review report 2019
Thailand 12 th National Plan (2017-2021)
Thailand 20 year-population plan
Thailand RH Strategy Plan

Copy of Act for Prevention and Solution of the adolescent Pregnancy Problem, B.E.2559 (2016)
Annual Work plans (2017 and 2018)
Country Office annual report (COARs)
UNFPA Interventions
Table with a list of UNFPA interventions during the period under this review (2017, 2018 and first quarter of 2019)
Evaluation/ reviews reports, other reports for the period under the MTR)
Output 1: Youth and Adolescents, Evaluation and Reviews reports
1. Review of model for youth empowerment in Chiangmai Province
2. Review: Application of I-D Sign, YSRH & Rights Youth Advocate Tool
3. Preliminary review on YSRH & Rights among young people with disabilities
Output 2: Population Dynamics, Evaluation and Reviews reports
1. EEC review report
2. RH Database Website
3. Economic Cost of Adolescent Pregnancy
4. GIS Mapping of Adolescent Pregnancy Data
5. EEC Concept Note
6. Policy Future Lab Concept note
Output 3: South-South Cooperation, Evaluation and Reviews reports
1. Social Returns on Investment for SSC-Triangular Initiative
2. Summary report of SSC Solution Workshop on Safe Motherhood
3. End of SSC Initiative in Laos
Communication
1. Communication Strategy
2. Report on consultation with media think-thank
Partnership and Resource Mobilizations
1. MoUs and Concept notes with Dek-Dee.com, MQDC, KKU, CMU
2. Report of first business sector meeting
3. 2018 and 2020 Partnership planning and report
4. 2018 Resource Mobilization planning and reporting
5. 2019 harmonized action plan Partnership-Resource Mobilization-Communication
6. 2020 Partnership & Resource Mobilization planning and reporting

TOR ANNEXES: (All can be found in the google shared drive)

Annex 1: UNERG/UNFPA Ethical Code of Conduct

<http://www.unevaluation.org/uneqcodeofconduct>

Annex 2: List of Atlas projects for the period under evaluation

#	Project ID Code	Areas and Descriptions	Implementing Partners/Partners
1	THA11COM	Teen Pregnancy Data	Media engagement Strategy to support Output 1 and Output 2 Thailand Public Broadcast Service (TPBS)-Partner Organisation
		Advocacy on Econ Study	
		Futures Lab MoU Signing	
		Editor of ICPD@25 Report	
		Visibility and Advocacy	
		Human Capital for Young People	
		Promote youth voice on SRHR	
		Teen Pregnancy Data	
		Promote voices of young people	
2	THA11PPD	Futures Lab on Ageing	Output 2: Population Development National Economic and Social Development Council (NESDC) Thailand Research Fund (TRF), Eastern Economic Corridor Office (EECO), International Organisations Department under MoFA, Chulalongkorn University (All are PARTNER ORGANIZATIONS)
		Futures Lab on Ageing	
		Futures Lab on Ageing	
		Authors of ICPD@25 Report	
		Population Development Work	
		Conduct TP Economic Cost Study	
		PD in EEC	
		PD in EEC	
		Evidence-based Advocacy	
		ASRH & Rights	
3	THA11PRM	Youth Empowerment	Partnership and Resource Mobilization Strategy for output 1 and output 2 Magnolia Quality Development Community (MQDC), Dek-Dee.Com, group of High Net Worth Individuals, (All are private e partner). Thailand Research for Development to People with Disability (TRIP)- Implementing Partner . Planned Parenthood Thailand Association (PPAT)- Implementing Partner
		ASRH & R for Excluded Youth	
		Fund Raise	
		Collaboration with CSO & Private	
		Fund Raise	
4	THA11SSC	Advocate for Resource	Output 3: South-South Cooperation Thailand International Cooperation Agency (TICA) under MoFA-Partner Organisation. Chiangmai University and Khonkaen University- Implementing Partners
		Solution	
		SSC Solution	
		SSTC Initiative	
5	THA11YPP	Youth Advocacy	Output 1: YSRH & Rights Dept. of Health, National Youth Council, Thai Health Promotion Foundation, RakThai Foundation, Department of Child and Youth Development under MSDHS (All are PARTNER ORGANIZATION)
		Consultancy Fee	

Annex 3: List of Stakeholder by areas of intervention and stakeholder mapping

The stakeholder Mapping Table in the annex compiled by UNFPA Country Office and relates directly to the annual work-plan and ATLAS project data. Additional proposed stakeholders including UN agencies and international and national NGOs

Areas	Stakeholders and partners			Beneficiaries of UNFPA support	If relevant, ATLAS /GPS Project (code and name)
	Government	CSOs	Private sectors		
Output 1: YSRH & Rights					<i>THA 11 (FPA 90) Young People</i>
Intervention 1: Evidence based policy advocacy	Dept. of Health Department of Child and Youth Development under MSDHS Chiang Mai Province	Thai Health Promotion Foundation, Raks Thai Foundation, and Young Leaders		General young people Teen mothers Ethnic young people Young people in poverty	Project ID: THA11YPP, GPS: THA11YPP/APACT THA11YPP/GRANT THA11YPP/JOINT THA11YPP/MPAR THA11YPP/PRINT THA11YPP/TRAIN THA11YPP/RECOM THA11YPP/ADVOCACY THA11YPP/CONSULTANT THA11YPP/YPADVOTRIP THA11YPP/YUVLREP UBRAFTHA/CONSULTANT THA11PRM/EXCLUDED
Intervention 2: Private partnership for enabling environment for youth engagement and participation		Planned Parenthood Association Thailand (PPAT) Thailand Research for Development of People with Disability (TRIP) Rachasuda College for Disability under Mahidol University	Dek-Dee Interactive Co. Ltd. UNFPA Business Coalition members	Young people with disabilities Young people who cannot access to ASRHR information and services Parents and adults working for young people	Project ID: THA11PRM THA11PRM, THA11 TRI, THA11 PPA GPS: THA11PRM/BUSINESSCO THA11PRM/DEKDEE THA11PRM/FUNDRAISE THA11PRM/PWD THA11PRM/CONSULTANT THA11PRM/CORPORATE THA11PRM/OP1PRM THA11PPA/CURRCULUMD EV THA11PPA/E-LEARNING THA11PPA/IECPRODUCTIO N THA11PPA/MONITORING_ PPAT THA11PPA/YSRH_PPAT

						<p>THA11TRI/CONSULT_TRIP THA11TRI/DEVELOP_TRIP THA11TRIGAP_TRIP THA11TRI/MEDIA_TRIP THA11TRI/OPERATING_TRIP THA11TRI/POLICY_TRIP THA11TRI/YOUTH_TRIP</p>
Intervention 3: Media engagement Strategy	National Youth Council	Thailand Broadcast (TPBS)	Public Service	This Able Me	<p>Young people with disabilities</p> <p>Young people who cannot access to ASRRH information and services</p>	<p>Project ID: THA11 COM, GPS: THA11COM/OP1COM THA11COM/MEDIAENV THA11COM/YOUTHADVO THA11COM/YOUTHVOICE</p>
Areas	Stakeholders and partners			Beneficiaries of UNFPA support	<i>If relevant, ATLAS /GPS Project (code and name)</i>	
	Government	CSOs	Private sectors			
Output 2: Population Development					THA 11 (FPA 90) PPD	
Intervention 1: Evidence based policy advocacy	<p>National Economic and Social Development Council (NESDC)</p> <p>Thailand Research Fund (TRF)</p> <p>International Organisations Department under MoFA</p>	<p>College of Population Study, Chulalongkorn University</p> <p>Institution of Population Study and Research, Mahidol University</p>			<p>Policy makers at different levels</p>	<p>Project ID: THA 11 PPD, THA11COM, THA11 SEA GSP: THA11COM/ICPDIO, THA11COM/ICPD25, THA11COM/TPDATA, THA11COM/DATALAUNCH , THA11PPD/AGEINGIC, THA11PPD/AUTHORS, THA11PPD/CONSULTANT, THA11PPD/ECONREPORT, THA11PPD/AUGHORIS THA11PPD/GGP THA11PPD/PDEAR1 THA11PPD/POPWEB THA11PPD/ICPD THA11PPD/COVID THA11PPD/SYMPOSIUM THA11PPD/APPC THA11PPD/EVIDENCE THA11SEA/FABRIC</p>
Intervention 2: Private partnership for public and	Phayao District Administrative Office	Thailand Walking and Cycling Foundation		Magnolia Quality Development	Young people Elder Policy makers in	<p>Project ID: THA 11 PRM GPS: THA11PRM/CORPORATE</p>

private collaboration initiatives	Phayao University	Population Development Association and	Community (MQDC)	selected communities and higher levels	THA11PRM/PPP THA11PRM/CONSULTANT THA11PRM/RMACT, THA11PRM/MATERIAL THA11PRM/MQDC THA 11PRM/TWCF
Intervention 3: Media engagement Strategy		Thailand Public Broadcast Service (TPBS)		General public	Project ID: THA 11 COM, THA 11 PRM GPS: THA11COM/PDPUBLICADVO THA11COM/POPDEV THA11COM/TRANSLATOR THA11PRM/CAMPAIGN THA11PRM/CAMPAIGNFPA
Areas	Stakeholders and partners			Beneficiaries of UNFPA support	<i>If relevant, ATLAS /GPS Project (code and name)</i>
	Government	CSOs	Private sectors		
Output 3: South-South Cooperation					<i>THA 11 (FPA 90) SSC</i>
Intervention 1: policy advocacy	Thailand International Cooperation Agency (TICA) under MoFA	Network of SSC Solutions on Safe Motherhood include: Faculty of Nursing of Chiangmai University Faculty of Nursing of Khonkaen University	ClassWin CO, Ltd. Online interactive class.	Countries faced with high risk on MMR	THA 11 SSC, THA11CMU, THA11KKU THA11COM GPS: THA11SSC/MONITOR, THA11SSC/SSCMAP, THA11SSC/SSCPACK THA11SSC/PACKAGE THA11SSC/POLICYAD THA11SSC/SOLUTION. THA11SSC/TICA, THA11COM/OP3COM THA11COM/SSCPUBLICADVO THA11SSC/IPCAPACITY THA11SSC/TIMOR THA11SSC/MIDWIFERY THA11SSC/EVALUATION THA11CMU/COMMUNITY_CMU THA11KKU/FAST_KKU

TOR Annex 4: A short outline of the structure of both the design and final evaluation report

A) The design/inception report of the evaluation should follow the following structure:

1. Introduction: purpose, objectives and scope of the evaluation
2. Country context
3. UNFPA strategic response and country programme
4. Methodological approach
5. Evaluation phases, work plan, deliverables, management structure and quality assurance
6. Annexes

1. INTRODUCTION: PURPOSE, OBJECTIVES AND SCOPE OF THE EVALUATION

This section should describe and further elaborate on the purpose, objectives and scope of the evaluation presented in the terms of reference.

This section should describe the purpose of CPEs generally and provide a concise overview of the specific objectives of the CPE within the country context.

The scope of the evaluation should be included in this section, consisting of a short and straightforward description of the area of work being evaluated as well as the geographical scope and time frame of the evaluation.

Finally, this section should note that the evaluation was commissioned by the country office, and state the aim of the design report as well as its role in the design phase.

2. COUNTRY CONTEXT

This section should detail the wider country context, including the relevant social, political and economic data, language and cultural traits, demography, geographic location, etc. The situation and development challenges of the country vis-à-vis UNFPA programmatic areas should be included, as should national strategies to respond to these challenges.

This section should also include details of the progress the country is making towards the achievement of relevant internationally agreed development goals (including the SDGs and the ICPD benchmarks).

Finally, information on official development assistance (ODA) and the role of external assistance (currently and over time) should be discussed. The main donors/ODA providers should be included.

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3. UNFPA STRATEGIC RESPONSE AND COUNTRY PROGRAMME

This section should situate the country programme within the broader United Nations system framework and the corporate strategic/normative framework of UNFPA.

The response of UNFPA through the particular country programme should be detailed, including the main elements of the country programme as set forth in the programming documents as well as the underlying intervention logic (i.e., the links among activities, outputs and outcomes). The geographical coverage of the programme, as well as the evolution of the programme over time, should also be explained.

A detailed financial analysis of the programme budget by output and outcome should be included, clearly distinguishing between resource targets set out in the country programme document (CPD) and the actual resources mobilized during the programme cycle. Implementation rates should also be included.

4. METHODOLOGICAL APPROACH

This section should provide a clear and detailed description of the evaluation approach and methodology (i.e., a theory-based approach, outlining the intervention logic leading to a reconstructed theory of change of UNFPA support as appropriate). It should also explain how the methodology is

gender and human rights-responsive (as well as detailing any limitations in implementing a gender- and human rights-responsive evaluation).

This section should include the evaluation questions and the evaluation criteria to which they respond, noting that an evaluation question may correspond to multiple criteria. OECD-DAC evaluation criteria (relevance, effectiveness, efficiency and sustainability) should be used and, as relevant, two additional criteria: added value and coordination with the UNCT. It should also contain an explanation as to why each question was selected.

Consider referring to Annex I of “Integrating Human Rights and Gender Equality in Evaluation – Towards UNEG Guidance” for advice on criteria and questions that are gender- and human rights-responsive.

An evaluation matrix (the primary analytical tool of the evaluation) should be presented, linking the evaluation questions to the evaluation criteria. Evaluation questions should be broken down into assumptions (aspects to focus upon) and attendant indicators. Evaluation questions should be linked to data sources and data-collection methods.

Data-collection and analysis methods and the stakeholders map (including the methodological approach for stakeholder selection) should be included. A description of how gender and human rights were considered vis-à-vis data-collection and analysis methods, as well as stakeholder selection, should also be included. Consider referring to Table 3.2 (Tailoring common methods to address human rights and gender equality) on page 40 of “Integrating Human Rights and Gender Equality in Evaluation: Towards UNEG Guidance” for advice on how best to tailor data-collection methods. The document can be found here: <http://www.uneval.org/document/detail/980>

Finally, any limitations and risks to the evaluation should be discussed. This section should explain data gaps and any issues affecting data quantity and quality. Factors that may restrict access to key sources of information should also be listed. Relevant limitations to implementing a gender- and human rights-responsive evaluation should be included as well.

Mitigation measures to address limitations should be detailed and, in cases where limitations cannot be addressed, a brief explanation on the extent to which the validity and credibility of the evaluation results could be affected should be provided.

B) TEMPLATE 10: THE STRUCTURE OF THE FINAL REPORT

Cover page

- *UNFPA CPE: NAME OF THE COUNTRY*
- *Period covered by the evaluation*
- *FINAL EVALUATION REPORT*
- *Date*

Second page

- *Country map (half-page)*
- *Table (half-page)*
- *Evaluation team*
- *Titles/position in the team Names*

Third page

- *Acknowledgements*

Fourth page

- *Table of contents*
- *Section Title Suggested length EXECUTIVE SUMMARY 5 pages max*

CHAPTER 1: Introduction 1.1 *Purpose and objectives or the CPE 5–7 pages max* 1.2 *Scope of the evaluation* 1.3 *Methodology and process*

CHAPTER 2: Country context

2.1 *Development challenges and national strategies 5–6 pages max*

2.2 *The role of external assistance UNFPA Evaluation Handbook Chapter 7 Toolkit 264 Section Title Suggested length*

CHAPTER 3: United Nations/UNFPA response and programme strategies

3.1 *UNFPA strategic response 5–7 pages max*

3.2 *UNFPA response through the country programme*

3.2.1 *Brief description of UNFPA previous cycle strategy, goals and achievements*

3.2.2 *Current UNFPA country programme*

3.2.3 *The financial structure of the programme*

CHAPTER 4: Findings: answers to the evaluation questions

4.1 *Answer to evaluation question 1 25–35 pages max*

4.2 *Answer to evaluation question 2*

4.3 *Answer to evaluation question 3*

4.4 *Answer to evaluation question X*

CHAPTER 5: Conclusions

5.1 *Strategic level 6 pages' max*

5.2 *Programmatic level*

CHAPTER 6: Recommendations

6.1 *Recommendations 4–5 pages max*

(Total number of pages) 55–70 pages

ANNEXES

Annex 1 Terms of reference

Annex 2 List of persons/institutions met

Annex 3 List of documents consulted

Annex 4 The evaluation matrix

Fifth page: Abbreviation and acronyms; List of tables; List of figures

Sixth page: Key facts table; How to Design and Conduct a Country Programme Evaluation at UNFPA 265

Chapter 1 Chapter 2 Chapter 3 Chapter 4 Chapter 5 Chapter 6 Chapter 7

Annexes

Annex 5: A template of evaluation matrix

TEMPLATE 5: THE EVALUATION MATRIX (Evaluation Handbook Page 256)

EQ1: To what extent ...

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
Assumption 1 (see example in Tool 1)			
<p>Evaluators must fill in this box with all relevant data and information gathered during the field phase in relation to the elements listed in the “assumptions to be assessed” column and their corresponding indicators. The information placed here can stem from: documentary review, interviews, focus group discussions, etc. Since the filled matrix will become the main annex of the final evaluation report, the evaluation team leader and evaluation manager must ensure that all of the information displayed:</p> <ul style="list-style-type: none"> • Is directly related to the indicators listed above • Is drafted in a readable and understandable manner • Makes visible the triangulation of data • Has source(s) that are referenced in footnotes. 			
Assumption 2 (see example in Tool 1)			
Assumption 3 (see example in Tool 1)			
EQ2: To what extent ...			
Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
Assumption 1 (see example in Tool 1)			
Assumption 2 (see example in Tool 1)			
Assumption 3 (see example in Tool 1)			

Annex 6: Evaluation Quality Assessment template and explanatory note

UNFPA Evaluation handbook: (Chapter 7, TEMPLATE 13: EVALUATION QUALITY ASSESSMENT GRID AND EXPLANATORY NOTE, page 268)

The importance of quality assurance throughout the evaluation process

Quality evaluation reports are a crucial element in ensuring UNFPA is accountable for the support it provides to its beneficiaries, enabling it to learn from its past actions to improve future programming. Establishing that all elements of evaluation reports are of high quality is a process that applies to all stages of the evaluation. It begins with the development of the ToR for the evaluation, involves the selection of the evaluation team and, finally, spans the entire evaluation process, from its design to the finalization of the evaluation report.

This chapter provides some guidance on the main quality assurance milestones throughout the implementation of a CPE. It discusses the main tools available to both the evaluators and the evaluation managers to perform their quality assurance.

Key quality assurance milestones

Quality assurance occurs at different points throughout the implementation of a CPE. Each step taken to ensure quality builds on the previous steps, with a view to strengthening the entire evaluation process and the ultimate end product (the final evaluation report). Omissions or gaps in the quality assurance process are difficult and, at times, impossible to correct at a later stage. It is therefore important to approach quality assurance with a clear idea of the issues that need to be checked at each milestone throughout the evaluation process and the criteria to be used to perform a quality check.

While quality assurance is performed for each main deliverable of a CPE, it also occurs on a continuous basis, in particular during the field phase of the CPE:

At the end of the design phase of the evaluation, quality assurance focuses on the design report, as the main product of the design phase of CPEs. The design report defines the scope of the evaluation (in the form of the list of evaluation questions and indicators) and lays out the specific methodology (evaluation matrix, approach and tools for data collection and analysis, etc.). Lapses in quality assurance at this stage have negative implications for the entire evaluation process and products.

Although the field phase is not associated with a key deliverable, quality assurance during this period of the evaluation is meant to ensure that evaluators gather data and information from an appropriate and balanced selection of sources (both documents and interviewees), at the appropriate level of detail. Quality assurance also consists in checking that the data and information are recorded in a consistent manner by the different evaluators.

At the end of the analysis and reporting phase, the object of the quality assurance is the draft final evaluation report. Once the final report is produced and submitted to the evaluation office, it is subject to a quality assessment. Quality depends, in particular, on the reliability of the evidence, the credibility of the evaluation findings, the validity of the conclusions, and the specificity and feasibility of the recommendations.

The evaluation manager is primarily responsible for quality assurance. However, the leader of the evaluation team has a major role to play, as well. The team leader should ensure that all members of the evaluation team deliver high-quality contributions to the main deliverables and provide deliverables (design and final reports) that comply with the quality assessment criteria (as detailed in the EQA grid and explanatory note produced by the UNFPA Evaluation Office – see template ahead).

Please find templates and more explanations in UNFPA Evaluation Handbook 2019, Chapter 7, pages 268-276

Annex 7: Management response template

TEMPLATE 12: MANAGEMENT RESPONSE (Page 267, UNFPA Evaluation Handbook)

UNFPA management response	CPE (from-to): (name of the country)
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Note: The following management response lists the recommendations as they appear in the evaluation report. Please refer to the report for more details on each recommendation. Recommendations may be organized by clusters (e.g., strategic recommendations and recommendations associated with the country programme). Within each cluster, recommendations should be ranked by priority levels (high, medium, low).

Instructions for completing the management response:

- Boxes in white to be completed upon receiving the present request
- Boxes in grey to be completed one year later.

<i>Cluster 1: Strategic recommendations</i>		
<i>Recommendation#</i>	<i>To (e.g., Office of the Executive Director)</i>	<i>Priority level: high, medium, low</i>
<p><i>Management response: Please provide your response to the above recommendation. Where recommendations (or parts of) are not accepted, please provide a detailed justification. Where accepted, please indicate the key actions for implementation:</i></p> <p>.....</p> <p>.....</p>		

<i>Key action(s)</i>	<i>Deadline</i>	<i>Responsible unit(s)</i>	<i>Annual implementation status updates</i>	
			<i>Status (ongoing or completed)</i>	<i>Comments</i>

TOR Annex 8: United nations-approved editing guideline

Standards and guidance for evaluation in the United Nations system:

- *Norms and Standards for Evaluation (2016) - <http://www.unevaluation.org/document/detail/1914>*
- *UNEG Ethical Guidelines - <http://www.unevaluation.org/document/detail/102>*
- *UNEG Code of Conduct for Evaluation in the UN system - <http://www.unevaluation.org/document/detail/100>*

TOR ANNEX 9: Responsibility of the reference group

ESTABLISHING THE REFERENCE GROUP FOR UNFPA Country Programme Evaluations

(UNFPA Evaluation Guidebook, Chapter 2, page 37)

The reference group is a body made up of staff from UNFPA (country office, regional office, headquarters) as well as other relevant stakeholders (representatives from the partner government, non-government organizations, development partners and national experts, as well as other relevant stakeholders).

Establishing a well-balanced reference group helps to ensure that the CPE covers the issues relevant to and important for the key stakeholders of the country programme. The following stakeholders should be represented in the reference groups for CPEs:

- The UNFPA country office whose country programme is covered by the CPE, including staff members from the different sub-programmes/programmatic areas
- The UNFPA regional office with, at least, the regional M&E officer
- National government counterparts and key non-governmental implementing partners, including representatives of marginalized groups and young people.

BOX 2: RESPONSIBILITIES OF THE REFERENCE GROUP THROUGHOUT THE CPE

Preparatory phase:

- Provides input to the ToR of the evaluation, including the first selection of evaluation questions to be covered by the CPE.
- Provides input for selection of the team of evaluators

Field phase:

- Facilitates access of the evaluation team to information sources (documents and interviewees) to support data collection.

Design phase:

- Contributes to the final selection of the evaluation questions, and provides overall comments on the design report of the CPE.

Reporting phase:

- Provides comments on the main deliverables of the evaluation, in particular the (draft) final report (in this regard, timely distribution of documents by the evaluation manager is essential)

In creating the reference group, the evaluation manager must identify the relevant organizations and individuals and prepare a letter of invitation. This letter must explain the role played by the reference group and include the draft ToR. It should be sent by, or on behalf of, the country office representative

TOR Annex 10: Mid-Term-Review Report

Mid-Term Review of the UNFPA Thailand Eleventh Country Programme

Final Report – 23 December 2019

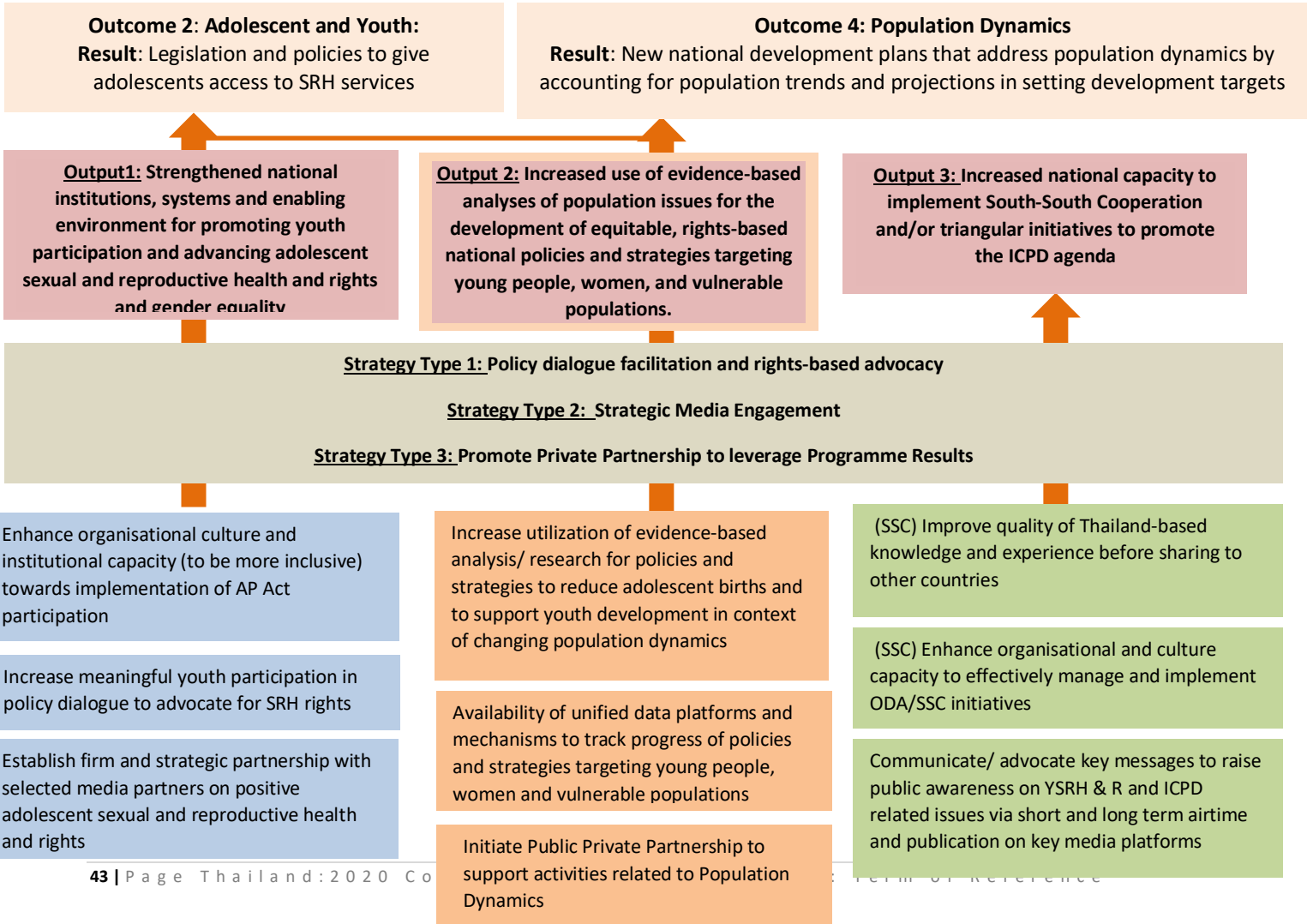
Please note: This MTR report is not attached to the TOR and removed by the ET from the original TOR (with consent from CO) due to the size of the report and since it is not a mandatory document to be with the TOR.

TOR Annex 11: Theory of Change for CP 11th

Theory of Change Tree

By 2021, system and processes are more effective, equitable to progressively advance people centered sustainable development for everyone (UNPAF 2017-2021)

By 2021, 50% of Unintended Adolescent Birth Rate Reduced (High Compact Commitment)



Enhance partnership through cooperate social responsibilities on YSRH & Rights related issues

Communicate/ advocate key messages to raise public awareness on YSRH & R via short and long term airtime and publication on key media platforms

Communicate/ advocate key messages to raise public awareness on YSRH & R and ICPD related issues via short and long term airtime and publication on key media platforms

Strategies, Interventions and Partners for CPAP (2017-2021) for each output

(supporting the theory of change)

Outcome, Output	Key Strategies	Specific Strategies	Interventions (Key Activities to be defined)	Key strategic partners	Strategic partners	stakeholders
Outcome 2 Output 1: Youth and Adolescents	Policy dialogue facilitation and right-based advocacy	<p>Enhance organisational culture and institutional capacity (to be more inclusive) towards implementation of AP Act participation</p> <p>Increase meaningful youth participation in policy dialogue to advocate for SRH rights</p>	<p>Advocacy: Youth representation in the AP Act Committee at the provincial level, consistent with the composition of youth representation in the AP Act National Committee</p> <p>Youth Engagement: Identify and engage youth leaders and network as well as youth-led organizations who have specific interest in YSRHR to advocate for youth's leadership and meaningful participation throughout the process of policy formation, implementation and monitoring</p> <p>Technical Support: Need assessment of the National Council of Children and Youth and build capacity of youth representatives on leadership and civic participation skills (through TVS) and SRHR (through WHAF and P2H)</p> <p>Leverage funding and technical collaboration with Thai Health Promotion Foundation in promoting youth's leadership and meaningful participation</p> <p>Advocacy: Youth's leadership and meaningful participation through engaging the national mechanisms through NHRC's UPR working group and RLPD</p>	<p>Department of Children and Youth, MSDHS</p> <p>National Council of Children and Youth</p> <p>Thai Health Promotion Foundation</p> <p>Thailand Volunteer Service</p> <p>Women's Health Advocacy</p> <p>Path2Health</p>	<p>National Human Rights Commission (UPR Working group)</p> <p>Rights and Liberty Protection Department, Ministry of Justice</p>	Ministry of Interior
	Media Engagement	Media Advocacy	<ul style="list-style-type: none"> Partner with core strategic media to produce quality media materials to 	Media:- MCOT	Media TV 3 and 7	General mass media to

		Public Advocacy	<p>promote the issues</p> <ul style="list-style-type: none"> Communicate/ advocate for key message to raise public awareness 	Thai PBS	Work Point TV KoLs (Key Opinion Leaders)	increase public awareness on the issues
	Private partnership	Advocacy for Private partnership	<ul style="list-style-type: none"> Convince strategic partners to include UNFPA's related indicators in CSR Provide key information regarding the issues. 		Private Partnership: CSR/ISO20006 (CSR-DIW, Stock Exchange, ThaiPat, and ฅ๓๓)	

Outcome, Output	Key Strategies	Specific Strategies	Interventions	Core strategic partners	Strategic partners	stakeholders
Outcome 4 Output 2: Population & Development	Policy dialogue facilitation and right-based advocacy	Increase utilization of evidence-based analysis/research for policies and strategies to reduce adolescent birth rate and to maintain fertility	<ul style="list-style-type: none"> Support studies, reviews, and analysis to track progress of policies and strategies on youth related issues to reduce unintended adolescent births Enhance evidence-based policy dialogue to take action on key issues related to youth development for inclusive and sustainable development given prevailing disparities and inequalities. Explore and utilize lessons learned from other countries to enhance dialogue on policy options how to handle adolescent pregnancy problems in low fertility and rapid ageing context. 	<p>NESDC (for 20 years population policy & production of the next population projection)</p> <p>MOPH (for the National RH Strategy & the RH National Data System development.</p> <p>MSDHS (for Family & Youth Policies to promote gender equality in family and to support most vulnerable populations)</p> <p>Thailand Research Fund</p>	<p>National Health Security Office</p> <p>Parliamentarian Committee on Health</p>	<p>Line Ministries</p> <p>Academia</p>
	Policy dialogue facilitation and right-based advocacy	Availability of unified data platforms and mechanisms to track progress of policies and strategies targeting young people, women and vulnerable populations	<ul style="list-style-type: none"> Support mapping and stock taking of data system for monitoring of policies and programmes to reduce unintended adolescent births and to track changes in fertility trend with special attention on addressing inequalities & vulnerable populations Support a unified and harmonized RH data system to track changes 	<p>NESDC (for 20 years population policy & production of the next population projection)</p> <p>MOPH (for the National RH Strategy & the RH National Data System</p>	<p>Parliamentarian</p> <p>Key players for the long-term National Strategy development.</p> <p>Thai Health Promotion Fund, IHPP, Thailand Research Fund,</p>	<p>- National Statistical Office</p> <p>- Bureau of Policy and Strategy, MoPH</p> <p>- Registration Office, MOI</p>

			<p>specified in related policies and strategies.</p> <ul style="list-style-type: none"> Support production and utilization of next population projections for policy development at national and sub-national level. 	<p>development.</p> <p>MSDHS (for Family & Youth Policies to promote gender equality in family and to support most vulnerable populations)</p> <p>Sub-committee on M&E under the National Committee on Adolescent Pregnancy</p>	<p>National Health Security Office, HITAP, NSO</p>	
Outcome, Output	Key Strategies	Specific Strategies	Interventions	Core strategic partners	Strategic partners	stakeholders
	Private partnership	Initiate PPP Model	<ul style="list-style-type: none"> Identify potential private partner and public organisation to initiate PPP model on family and invest in young people issues. 	Private Partnership: CISCO, Accent. Insurance Company		
Outcome 4 Output 3: South-South Cooperation	Policy dialogue facilitation and right-based advocacy	<p>Improve quality of Thailand-based knowledge and experience before sharing to other countries</p> <p>Enhance organisational and culture capacity to effectively manage and implement ODA/SSC initiatives</p>	<p>Technical Assistance:</p> <ul style="list-style-type: none"> Re-assess the need of countries on population development and SRHR through embassies and COs in the region Identify and work with Thai institution(s) to package know-how/standards on issues identified by countries and, if applicable, build upon the existing network of 11 institutions on making motherhood safer. Collaborate with TICA to build institutional/technical capacity on the need identified from countries through various modalities, such as expert volunteer, secondment, detail assignment mechanism 	<p>- TICA, MoFA</p> <p>- Country Offices</p>	<p>Governments</p> <p>-Thai embassies in demanding countries-</p> <p>-Thai training Institutions on RH, MH, and PD.</p> <p>- OECD Embassies (for financial supports)</p>	<p>- Department of International Organization, MoFA</p> <p>- Office of International Health, MoPH</p> <p>-Department of ASEAN, MoFA</p>

Annex 2. List of Persons/Institutions met

areas	#	Name and title	Representing organization	M /F	CP11 Involvement Nat./Prov./media/Donor/NGO
Output 1: YSRH & Rights	1.	Yothin Thongpawa	President	M	Children and Youth Council of Thailand
	2.	Dr. Wachara Riewpaiboon	Dean	F	Ratchasuda College
	3.	Nattaya Boonpakdee	Director, Children, Youth, and Family section	F	Thai Health Promotion Foundation
	4.	Nipa Chomphupa	Coordinator	F	Raks Thai Foundation
	5.	Rachaya Hantrakoon(+1 person)	The Provincial sub-committee of the AP Act	F	Shelter of Children and Family, MSDH
	6.	Ampai Janlarfa	The Provincial sub-committee of the AP Act	F	Provincial Education Office
	7.	Kanita Kawong (+1 person)	The Provincial sub-committee of the AP Act	F	Provincial Health Office
	8.	Pachareewan Lomluen	Youth rights protectors	F	Youth representative from Muang District
	9.	Natnaree Polyiam	Youth rights protectors	F	Youth representative from Muang District
	10.	Kam-ing Lungsang	Youth rights protectors	F	Youth representative from Fang District
	11.	Somporn Tamma	Youth rights protectors	F	Youth leader of Ethnic group
	12.	Kitichai Tamsri	Youth rights protectors	M	Youth representative from Mae-orn District
	13.	Jinna Poldee	Provincial Chair of CYCT	F	Children and Youth Council of Thailand
	14.	Dararat Roamsuk	Youth rights protectors	F	Youth representative from Muang District
Output 2: Population Development	15.	Dr. Rossarin Gray	Associate Professor	F	IPSR
	16.	Jinangoon Rojananan (+ 4 persons)	Deputy Secretary-General	F	NESDC
	17.	Oarawan Sutthangkul	Deputy Director General	F	NSO
	18.	Peerayuth Sanukul	Director of RH Bureau	M	Department of Health, MoPH

		(+2 persons)			
	19.	Krissana Jirawatsathit	Deputy Director General	F	NSO
Output 3: South-South Cooperation	20.	Siriphone Sakulku	SRH Programme Coordinator	F	UNFPA Laos
	21.	Pakvilai Srisaeng	Dean, Faculty of Nursing	F	KKU
	22.	Wattawit Gajaseni (+2 persons)	Deputy Director-General	M	TICA
	23.	Sengmany Khambounheuang	Deputy Director, Department of Health Professional Education	F	Ministry of Public Health, Lao PDR
Media engagement for Output 1 & Output 2	24.	Napasohg Santisuntornkun	Co-founder	M	Dek-Dee Interactive Co. Ltd.
	25.	Chalarntorn Yothasamutra	Research and News Reporter	F	Thai PBS
	26.	Kim Chaisukprasert	Senior Editor, Citizen Journalist	F	Thai PBS
Partnership & RM for output 1 & output 2	27.	Pannin Sumanasrethakul	Director, Foresight Research	F	Future Tales Lab, MQDC
	28.	Articha Naraworawat	Director	M	TRIP
	29.	Somjet Srikanok (+2 persons)	Executive Director	M	PPAT
UNCT	30.	Gita Sabharwal	UN Resident Coordinator	F	UNRC
	31.	Thomas Davin	Representative	M	UNICEF
	32.	Vipunjit Ketunuti (Jacqui)	Country Programme Coordinator for Thailand and Lao PDR	F	UN Women
	33.	Patchara Benjarattanaporn	Country Director	F	UNAIDS
	34.	Renaud Meyer	Resident Representative	M	UNDP Thailand
	35.	Marcela Sauzo	Representative for UNFPA Malaysia Country Office	F	UNFPA Malaysia
	36.	Najib Assifi:	Country Director	M	UNFPA
	37.	Lovita Ramguttee	Deputy Resident Rep.	F	UNDP Thailand
UNF	38.	Wassana Im-em	Head of Office	F	UNFPA Thailand CO

	39.	Duangkamol Ponchamni	National Programme Officer,	F	UNFPA Thailand CO
	40.	Kullwadee Sumalnop	Communications Specialist	F	UNFPA Thailand CO
	41.	Adhipat Warangkanand	Consultant - RM & Partnership	M	UNFPA Thailand CO

Annex 3. Stakeholder Map

STAKEHOLDER MAPPING BY INTERVENTION – Adolescent and Youth	
Intervention 1 Advocacy and youth engagement	Stakeholder
The development of “Empowering Young People as Advocates for Sexual and Reproductive Health and Rights to Monitor the Implementation of Adolescent Pregnancy Act and Its Strategy – A Pilot Model in Chiang Mai Province” which aimed to pilot on increasing youth meaningful participation in the implementation of the AP Act at the provincial level	<ul style="list-style-type: none"> – Programme Officer-SRH UNFPA – Rak Thai – the provincial sub-committee of the AP Act. – Youth representatives of Children and Youth Council (CYC). – Thai Health Promotion – AP Act’s national committee –
Development of networking and developing youth leaders including vulnerable youth and members of the national and provincial youth council to be equip in the implementation of the AP Act	<ul style="list-style-type: none"> – Programme Officer- UNFPA – the provincial sub-committee of the AP Act. – Youth representatives of Children and Youth Council (CYC). – Thai Health Promotion – AP Act’s national committee –
The development of the representatives of CSO on the Youth Council represent marginal-ized group	<ul style="list-style-type: none"> – Programme Officer- UNFPA – the provincial sub-committee of the AP Act. – Youth representatives of Children and Youth Council (CYC). – The organizations on youth living with disabilities –
Interventions 2 : Technical support	Stakeholders
Series of YSRH and Rights developed and produced by private partner (Dek-dee.com) to promote implementation of AP Act.	<ul style="list-style-type: none"> – Dek.Dee . com officers – Programme Officer- UNFPA – The committee of AP act –
The development of “I D-Sign: Advocacy Training Manual on Sexuality, Gender, and Human Rights for Young People” to assist national and subnational youth representatives to be able to monitor the effectiveness of the Prevention and Solutions of Adolescent Pregnancy Problems Act 2016.64	<ul style="list-style-type: none"> – I D-Sign project officers – Programme Officer- UNFPA – Rak Thai – the provincial sub-committee of the AP Act. – Youth representatives of Children and Youth Council (CYC). – AP Act’s national committee
Need assessment compiled from youth around the country for sexual and reproductive rights protection.	<ul style="list-style-type: none"> – Programme Officer- UNFPA – Representatives of Children and Youth Council (CYC) – Thai Health Promotion – Thai PBS

Intervention 3: Media Advocacy	
Implementation to engage the strategic media and private partners in advocacy to YRHR	<ul style="list-style-type: none"> – Thailand Public Broadcast Service (TPBS) – MCOT – Dek.Dee.com – Programme Officer- UNFPA –
Intervention 3 Advocacy for Private partnership	
Development of Leverage funding and technical collaboration with strategic partners in promoting youth's leadership and meaningful participation	<ul style="list-style-type: none"> – Thai Health Promotion Foundation – Programme Officer- UNFPA
STAKEHOLDER MAPPING BY INTERVENTION – Population Development	
Intervention 1: Evidence based policy advocacy	Stakeholders
Development of the future lab on aging's concept note	<ul style="list-style-type: none"> – Programme Officer-PD – Government: National Economic and Social Development Council (NESDC) – CSO: College of Population Studies, Chulalongkorn University – Private sector: Magnolia Quality Development Community (MQDC)
Author and editor of the ICPD@25 report in which the significance of life-course perspective to be integrated into low fertility and population aging is highlighted	<ul style="list-style-type: none"> – Programme Officer-PD – National Economic and Social Development Council (NESDC) – CSO: College of Population Studies, Chulalongkorn University
Review of the East Economic Corridor (EEC) Special Economic Zone and its potential impact on population development focusing on human capital development addressing a life-course ageing	<ul style="list-style-type: none"> – Programme Officer-PD – Eastern Economic Corridor Office (EECO)
Conducting a study to assess economic cost of early pregnancy in Thailand	<ul style="list-style-type: none"> – Programme Officer-PD – IP: Thailand Development Research Institute (TDRI)
Development of a central web-based RH database to track progress of the implementation and to provide evidence to support research and policy-making at both national and local levels	<ul style="list-style-type: none"> – Programme Officer-PD – IP: Department of Health
Development of GIS data to identify the location of teen mothers	<ul style="list-style-type: none"> – Programme Officer-PD – CSO: IPSR, Mahidol University

Development of a new panel survey to address low fertility and population aging	– Programme Officer-PD
Intervention 2: Private partnership for public and private collaboration initiatives	Stakeholders
Development of partnerships between public and private sectors to increase their participation and funding for UNFPA interventions	<ul style="list-style-type: none"> – Programme Officer-Khun Duangkamol – Government: Phayao District Administrative Office – CSOs: <ul style="list-style-type: none"> • Thailand Walking and Cycling Foundation • Population and Community Development Association (PDA) – Private company: Magnolia Quality Development Community (MQDC)
Intervention 3: Media engagement Strategy	
3.1 Increasing communications with media on teen pregnancy data to build public awareness and increase their support to tackle the issue	<ul style="list-style-type: none"> – Programme Officer-Communication Specialist – IP: Thailand Public Broadcast Service (TPBS)- Partner Organisation
STAKEHOLDER MAPPING BY INTERVENTION – South-South Cooperation	
Intervention 1: Policy advocacy	Stakeholder
Conducting the SROI report with Thai Government to increase financial contribution for SSC initiatives	<ul style="list-style-type: none"> – Programme Officer-Khun Duangkamol – Thailand International Cooperation Agency (TICA) under MoFA
Development of SSC solution platform on Safe motherhood with network of Thai institutions	<ul style="list-style-type: none"> – Programme Officer-Khun Duangkamol – Thailand International Cooperation Agency (TICA) under MoFA – CSOs: <ul style="list-style-type: none"> • Chiangmai University • Khonkaen University
Organizations of SSTC Solution Meetings and Workshops on Safe Motherhood from preventable causes, HPV Vaccine, and HIV/AIDs policy	<ul style="list-style-type: none"> – Programme Officer-Khun Duangkamol – Thailand International Cooperation Agency (TICA) under MoFA – Private sector: ClassWin CO, Ltd. – Beneficiaries: Participants of <ul style="list-style-type: none"> • SSTC Solution Meeting and Workshop on Safe Motherhood from preventable causes • TICA Connect: UNFPA SSTC Good Practice • HPV Vaccine workshop • HIV/AIDS policy workshop
STAKEHOLDER MAPPING BY INTERVENTION – Adolescent and Youth	
Intervention 1 Advocacy and youth engagement	Stakeholder

<p>The development of “Empowering Young People as Advocates for Sexual and Reproductive Health and Rights to Monitor the Implementation of Adolescent Pregnancy Act and Its Strategy – A Pilot Model in Chiang Mai Province” which aimed to pilot on increasing youth meaningful participation in the implementation of the AP Act at the provincial level</p>	<ul style="list-style-type: none"> – Programme Officer-SRH UNFPA – Rak Thai – the provincial sub-committee of the AP Act. – Youth representatives of Children and Youth Council (CYC). – Thai Health Promotion – AP Act’s national committee –
<p>Development of networking and developing youth leaders including vulnerable youth and members of the national and provincial youth council to be equip in the implementation of the AP Act</p>	<ul style="list-style-type: none"> – Programme Officer- UNFPA – the provincial sub-committee of the AP Act. – Youth representatives of Children and Youth Council (CYC). – Thai Health Promotion – AP Act’s national committee –
<p>The development of the representatives of CSO on the Youth Council represent marginal-ized group</p>	<ul style="list-style-type: none"> – Programme Officer- UNFPA – the provincial sub-committee of the AP Act. – Youth representatives of Children and Youth Council (CYC). – The organizations on youth living with disabilities –
<p>Interventions 2 : Technical support</p>	<p>Stakeholders</p>
<p>Series of YSRH and Rights developed and produced by private partner (Dek-dee.com) to promote implementation of AP Act.</p>	<ul style="list-style-type: none"> – Dek.Dee . com officers – Programme Officer- UNFPA – The committee of AP act –
<p>The development of “I D-Sign: Advocacy Training Manual on Sexuality, Gender, and Human Rights for Young People” to assist national and subnational youth representatives to be able to monitor the effectiveness of the Prevention and Solutions of Adolescent Pregnancy Problems Act 2016.64</p>	<ul style="list-style-type: none"> – I D-Sign project officers – Programme Officer- UNFPA – Rak Thai – the provincial sub-committee of the AP Act. – Youth representatives of Children and Youth Council (CYC). – AP Act’s national committee
<p>Need assessment compiled from youth around the country for sexual and reproductive rights protection.</p>	<ul style="list-style-type: none"> – Programme Officer- UNFPA – Representatives of Children and Youth Council (CYC) – Thai Health Promotion – Thai PBS
<p>Intervention 3: Media Advocacy</p>	

Implementation to engage the strategic media and private partners in advocacy to YRHR	<ul style="list-style-type: none"> – Thailand Public Broadcast Service (TPBS) – MCOT – Dek.Deer.com – Programme Officer- UNFPA –
Intervention 3 Advocacy for Private partnership	
Development of Leverage funding and technical collaboration with strategic partners in promoting youth's leadership and meaningful participation	<ul style="list-style-type: none"> – Thai Health Promotion Foundation – Programme Officer- UNFPA
STAKEHOLDER MAPPING BY INTERVENTION – Population Development	
Intervention 1: Evidence based policy advocacy	Stakeholders
Development of the future lab on aging's concept note	<ul style="list-style-type: none"> – Programme Officer-PD – Government: National Economic and Social Development Council (NESDC) – CSO: College of Population Studies, Chulalongkorn University – Private sector: Magnolia Quality Development Community (MQDC)
Author and editor of the ICPD@25 report in which the significance of life-course perspective to be integrated into low fertility and population aging is highlighted	<ul style="list-style-type: none"> – Programme Officer-PD – National Economic and Social Development Council (NESDC) – CSO: College of Population Studies, Chulalongkorn University
Review of the East Economic Corridor (EEC) Special Economic Zone and its potential impact on population development focusing on human capital development addressing a life-course ageing	<ul style="list-style-type: none"> – Programme Officer-PD – Eastern Economic Corridor Office (EECO)
Conducting a study to assess economic cost of early pregnancy in Thailand	<ul style="list-style-type: none"> – Programme Officer-PD – IP: Thailand Development Research Institute (TDRI)
Development of a central web-based RH database to track progress of the implementation and to provide evidence to support research and policy-making at both national and local levels	<ul style="list-style-type: none"> – Programme Officer-PD – IP: Department of Health
Development of GIS data to identify the location of teen mothers	<ul style="list-style-type: none"> – Programme Officer-PD – CSO: IPSR, Mahidol University

Development of a new panel survey to address low fertility and population aging	– Programme Officer-PD
Supporting production and utilization of the next population projections for policy development	– Programme Officer-PD – National Economic and Social Development Council (NESDC)
Support reviews of other countries' experience and lesson learnt on how they handled adolescent pregnancy	– Programme Officer-PD – MSDHS – Thailand Research Fund
Intervention 2: Private partnership for public and private collaboration initiatives	Stakeholders
Development of partnerships between public and private sectors to increase their participation and funding for UNFPA interventions	– Programme Officer-Khun Duangkamol – Government: Phayao District Administrative Office – CSOs: <ul style="list-style-type: none"> • Thailand Walking and Cycling Foundation • Population and Community Development Association (PDA) – Private company: Magnolia Quality Development Community (MQDC)
Intervention 3: Media engagement Strategy	
3.1 Increasing communications with media on teen pregnancy data to build public awareness and increase their support to tackle the issue	– Programme Officer-Communication Specialist – IP: Thailand Public Broadcast Service (TPBS)- Partner Organisation
STAKEHOLDER MAPPING BY INTERVENTION – South-South Cooperation	
Intervention 1: Policy advocacy	Stakeholder
Conducting the SROI report with Thai Government to increase financial contribution for SSC initiatives	– Programme Officer-Khun Duangkamol – Thailand International Cooperation Agency (TICA) under MoFA
Development of SSC solution platform on Safe motherhood with network of Thai institutions	– Programme Officer-Khun Duangkamol – Thailand International Cooperation Agency (TICA) under MoFA – CSOs: <ul style="list-style-type: none"> • Chiangmai University • Khonkaen University
Organizations of SSTC Solution Meetings and Workshops on Safe Motherhood from preventable causes, HPV Vaccine, and HIV/AIDs policy	– Programme Officer-Khun Duangkamol – Thailand International Cooperation Agency (TICA) under MoFA – Private sector: ClassWin CO, Ltd. – Beneficiaries: Participants of <ul style="list-style-type: none"> • SSTC Solution Meeting and Workshop on Safe Motherhood from preventable causes

	<ul style="list-style-type: none"> • TICA Connect: UNFPA SSTC Good Practice • HPV Vaccine workshop • HIV/AIDS policy workshop
Coordination and Added Value	
Coordination	<ul style="list-style-type: none"> - Senior Management staff (UNFPA CO) --RC and relevant UNCT members
Added value	<ul style="list-style-type: none"> - UNCT plus donors, key partners (public and pvt)

Annex 4: BIBLIOGRAPHY

Documents/information sources
Programme documents
1. Country Programme Document, Eleventh Cycle
2. Country Programme Action Plan(Strategy)
3. UNPAF Document
4. UNFPA Strategic Plan (2018-2021)
5. SIS/MyResults 2017 and 2020 Planning and Reporting Documents
6. SIS/MyResults 2020 Planning Document
7. UNFPA Thailand Resource Mobilization Plan for CP11, 2017-2021
8. UNFPA Mid-Term Review report 2019
9. United Nations' Development Assistance Framework 2017-2021. Issued as of 07 July 2016.
10. The State of Thailand's Population 2015 "Features of Thai Families in the Era of Low Fertility and Longevity
11. Thailand's 20-year National Strategy (2018-2037)
12. Thailand 12 th National Economic and Social Development Plan (2017-2021)
13. Thailand 20-year National Population Policy (draft)
14. 25 Years after the ICPD: Population and Development for a Sustainable Future in Thailand.
15. UNITED NATIONS Partnership Framework 2017-2021
16. Women and Young Persons with Disabilities : Guidelines for Providing Rights-Based and Gender-Responsive Services to Address Gender-Based Violence and Sexual and Reproductive Health and Rights
17. UNFPA Gender Equality Strategy 2018-2021
18. UNFPA CPE Guidelines:" How to Design and Conduct a Country Programme Evaluation at UNFPA (2019)."
19. UNCT Meeting Minutes
20. The 11th Country Programme Strategy Paper (CPAP) 2017-2021
Annual Work plans (2017- 2019)
1. Country Office annual report (COARs)
UNFPA Interventions
1. Table with a list of UNFPA interventions during the period under this review (2017, 2018 and first quarter of 2019)
2. Overview of the resource allocation for the programmatic areas of CP11, Jan 2017- 28 August 2020
3. Final Indicators Metadata UNFPA Thailand Country Programme Document (11th Cycle) from 2017-2021
Output 1: Youth and Adolescents, Evaluation and Reviews reports
1. Review of model for youth empowerment in Chiangmai Province
2. Review: Application of I-D Sign, YSRH & Rights Youth Advocate Tool
3. The Second National Policy and Strategy on Reproductive Health (B.E. 2560-2569)
4. The 2nd National Child and Youth Development Plan 2017-2021
5. The 2nd National Child and Youth Development Promotion Act 2018
6. Thailand Reproductive Health Strategy Plan (2017-2026)
7. Copy of Act for Prevention and Solution of the adolescent Pregnancy Problem, B.E.2559 (2016)
8. Youth and Covid-19 in Thailand: Socioeconomic impact of the crisis: Summary brief United Nations sub-group on young

people, Institute for Population and Social Research, Mahidol University
9. Thailand Multiple Indicator Cluster Survey, 2012, 2015- 2016, 2019 by National Statistical Office and UNICEF
10. Office of the Civil Service Commission Report in the 2558 B.E. (2015) Fiscal year
11. Women in Business Report 2020: Thailand, Grant Thornton Services Ltd, 2020.
12. Women in Business 2019 Report
Output 2: Population Dynamics, Evaluation and Reviews reports
1. EEC review report
2. EEC Concept Note
3. Economic Cost of Adolescent Pregnancy Report
4. GIS Mapping of Adolescent Pregnancy Report
5. RH Database Website
6. Policy Future Lab Concept note
7. Gender and Generation Survey concept note
8. Comprehensive Policy Framework for a Life-course Approach to Ageing
9. Summary brief: Youth and Covid-19 in Thailand: Socioeconomic impact of the crisis
10. Executive Summary: The Impact of COVID 19 on Older Persons in Thailand
11. World Population Prospects 2019
12. Thailand's 20 years National Strategy 2018-2037
Output 3: South-South Cooperation, Evaluation and Reviews reports
1. Social Returns on Investment for SSC-Triangular Initiative Report
2. Summary report of SSC Solution Workshop on Safe Motherhood
3. End of SSC Initiative in Lao
4. MoUs and Concept notes with KKU and CMU
5. SSC Thailand Package on Population and Development
6. SSC Thailand Package on SRHR
7. UNFPA Cooperate Strategy for South-South and Triangular Cooperation
8. South-South and Triangular Cooperation 2017 Capacity Development-Needs Assessment Survey Report
9. Summary of actual expenditures for SSC year 2017-2019
10. The package of Thailand's Knowledge and Good Practices on ICPD Areas
11. The 2018 Good Practice Competition on South-South Cooperation (SSC): Facilitating Cooperation for Making Motherhood Safer
Communication
1. UNFPA Thailand Communications Strategy for CPD 11, 2017-2021
2. Report on consultation with media think-thank
3. Communication and Advocacy- supporting documents (Website, clip video, news etc.)
Partnership and Resource Mobilizations
1. MoUs and Concept notes with Dek-Dee.com, MQDC, KKU, CMU
2. Report of first business sector meeting
3. 2018 and 2020 Partnership planning and report
4. 2018 Resource Mobilization planning and reporting
5. 2019 harmonized action plan Partnership-Resource Mobilization-Communication

6. 2020 Partnership & Resource Mobilization planning and reporting
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7. Thailand Partnership Plan for CP11

Annex 5: Evaluation Matrix (CPE)

Evaluation Matrix for Outputs 1,2 and 3 and Coordination

Relevance (assumptions under this criteria can be common to all programme areas (AYSRH, PD. SSC)

Relevance brings into focus the correspondence between the objectives and support strategies of the CP, on the one hand, and population needs (with a specific attention given to the needs of the most vulnerable and marginalized), government priorities, and UNFPA global policies and strategies on the other. In particular, it will look into the extent to which the objectives of the UNFPA CP correspond to population needs at country level and were aligned throughout the programme period with government priorities, with strategies of UNFPA and UNDAF.

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?

Evaluation Questions on Relevance

Assumptions to be assessed	Indicators	Sources of Information	Methods and tools for data collection
<ul style="list-style-type: none"> • The needs of most vulnerable population¹ are identified when planning CP 11 • These needs of the marginalized groups were taken into account in the both design and implementation of the CP11 • UNFPA support is aligned with the UNFPA SP and SDG core principles (LNB and reaching the 	<p>Presence of a Needs Assessment/ or study/analysis for design of CP11 (Indicator to show that the needs of the population assessed as part of the design process of CP11, including the identification of vulnerable groups and their SRHR, Youth and other needs)</p> <p>Documentation of Consultation Process when developing CP11th and annual plans</p>	<p>Secondary Data</p> <ul style="list-style-type: none"> - Situation analysis /vulnerability assessment/MTR - Concept note /an original project document/ MOU - CP11 Annual Reports (for disaggregated reporting of results) - Evaluation reports - Proceedings of the consultation process of CPD and Action Plans - National Dev Plans 	<ul style="list-style-type: none"> • Document Review • Face to face Interviews • Group discussion (with vulnerable group representatives) <p>Tools: Semi-structured questionnaires</p> <p>FGD protocols</p>

¹ Vulnerable groups include: adolescent girls in poverty, youth with disabilities, marginal youth, teen mothers, people with disability, informal workers, migrant workers, ethnic minorities, LGBTQI

<p>furthest behind first),</p> <p>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.</p> <ul style="list-style-type: none"> • UNFPA CP11 is aligned with key priorities set by ICPD Programme of Action <p>UNFPA support is aligned with the UN Partnership Framework</p>	<p>(this is an indicator that consultation process took place in developing CP11, priorities and workplans; documentation or evidence of identified vulnerable groups were participated in the developing process)</p> <p>Presence of the interventions supported by UNFPA targeted to adolescents and youth, and the vulnerable, disadvantaged, marginalised population groups including elderly, people living with HIV, victims of GBV, LGBTI, people with disabilities to ensure that findings reflect these groups.</p> <p>Presence of AYSRH issues, as proposed by civil society in the Nairobi commitments national policy frameworks</p> <p>in line with the priorities set by ICPD Plan of Action and national policy frameworks (The 12th National Economic and Social Development Plan (2017-2021), National Population Development Policy, National Strategy on Adolescent Pregnancy) related to UNFPA mandate areas,</p> <p>Follow up actions of the Nairobi Summit (2019) by Royal Thai Government;</p>	<ul style="list-style-type: none"> - UNPAF 2017-2021 - ICPD POA - ICPD25 background papers - -partnership framework <p><i>(The 12th National Economic and Social Development Plan (2017-2021), National Population Development Policy, National Strategy on Adolescent Pregnancy) related to UNFPA mandate areas,</i></p> <ul style="list-style-type: none"> -Meta Data for CPD 11th <p>Primary Data (interview data)</p> <ul style="list-style-type: none"> • (Relevant ministries) • CO staff • Beneficiaries • National Youth Council • AP Act committee • Rak Thai 	
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<p>UNFPA results, key strategies and interventions aligned and contributed to national policies and plans on Population & Development,</p> <p>UNFPA results, key strategies and interventions aligned and contributed to <i>Reproductive Health and Rights for Young People</i></p>	<p>Gender analysis (indicator to show that gender analysis has been conducted and results included in the design of CP11; documentation of how GEEW and GR integrated in the implementation)</p> <p>Presence of UNFPA CP11 priorities or strategies in the United Nations Partnership Framework</p> <p>UNFPA results, key strategies and interventions are aligned with national policies (as mentioned above)</p> <p>Presence of UNFPA results, key strategies and interventions contributed to national policies and plans on Population & Development and <i>Reproductive Health and Rights for Young People</i></p>		
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Effectiveness: Assessing the effectiveness, 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, will require a comparison of the intended goals, outcomes and outputs with the actual achievement of terms of results.

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.

EQ 3 and 4 for Output 1

Outcome 4: Output 1 Strengthened national institutions, systems and enabling environment for promoting youth participation and advancing adolescent sexual and reproductive health and rights and gender equality

Assumptions to be assessed	Indicators	Sources of Information	Methods and tools for data collection
<p>3.1.1 Recommendations on adolescent reproductive health and rights have been raised by youth representatives and adopted by the National Committee</p> <p>3.1.2 CP11 has enhance youth's participation and engagement to bring in SRH issues concerning marginalized groups in the national committee responsible for AP Act.</p> <p>3.1.3 Number of strategic media and private partners have quality engagement in right based advocacy and youth empowerment including YSRH and and rights</p> <p>3.1.4 The engagement of media and private partnerships have <u>created an enabling environment</u> for young people's access to SRHR and voice their demands</p>	<ul style="list-style-type: none"> • Presence of the youth made recommendations on adolescent reproductive health and rights to the National Committee responsible for the implementation of the Adolescent Pregnancy Act . • Presence of 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 • Presence 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 • Evidence of UNFPA CP11 program management that show the capability 	<p>Secondary:</p> <ul style="list-style-type: none"> - CP11 Annual Reports - Evaluation reports - CP11 Mid term review report - Country Programme Document, Eleventh Cycle Country Programme Action Plan(Strategy) - UNPAF 2017-2021 - ICPD POA - ICPD25 background papers - UNFPA gender equality strategies - The minutes of the National committee meeting - Concept note /an original project document/ MOU - Thailand RH Strategy Plan - Copy of Act for Prevention and Solution of the adolescent Pregnancy Problem, B.E.2559 (2016) - the National Youth Development Plan and Policy - Document about National Child and Youth Council - Content and Clips of media material to promote the issue - Review of model for youth empowerment in 	<ul style="list-style-type: none"> • Document Review • Face to face Interviews • Observations (field)

<p>on rights to sexual and reproductive health; and</p> <p>3.1.5 The engagement of media and private partnerships <i>have enhanced the level</i> of youth participations and increased access to YSRH Rights and Information</p> <p>3.2. the outputs contributed to the achievement of the planned outcomes and the degree of achievement of the outcomes, and</p> <p>3.3 Contextual and organizational factors facilitate or hinder the achievement of youth empowerment and YSRH and Right</p>	<p>in youth empowerment and advancing YSRH and Right.</p> <ul style="list-style-type: none"> • Evidences of strategic partners that show the capability in youth empowerment and advancing YSRH and Right. • Evidence of others contextual factors that contribute or hinder the achievement of youth empowerment and advancing YSRH and Right. 	<p>Chiangmai Province</p> <ul style="list-style-type: none"> - Review: Application of I-D Sign, YSRH & Rights Youth Advocate Tool - Preliminary review on YSRH & Rights among young people with disabilities <p>Primary:</p> <p>Government</p> <ul style="list-style-type: none"> - National Youth Council, - Dept. of Health, - Department of Child and Youth Development under MSDHSDEPA-Digital Economic Promotion Agency - Thailand International Cooperation Agency (TICA) under MoFA - International Organisation, MoFA-ICPD <p>Private partners</p> <ul style="list-style-type: none"> - Thailand Public Broadcast Service (TPBS) and Thairath TV, ADAY - Magnolia Quality Development Community (MQDC), Dek-Dee.Com, CSOs - Thailand Research for Development of People with Disability (TRIP) - Planned Parenthood Thailand Association (PPAT) - RakThai Foundation - Thai Health Promotion Foundation <p>Beneficiaries of UNFPA support</p>	
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		<p>Youth representatives from the National Child and Youth Council</p> <p>Young people from vulnerable populations</p>	
<p>4. 1 Strategic partnerships supported by CP11 performed the utilization of evidence based analysis with gender and right based approach to enhance the implementation of AP Act.</p> <p>4.2 UNFPA has established mechanism or platform to ensure inclusive implementation of the AP Act</p> <p>4.3 UNFPA has supported comprehensive sexuality education focusing on gender equality and rights both in and out of school.</p> <p>4.4 UNFPA has facilitated the platform or channel for youth participation and youth organization to engage in policy dialogue and advocacy for their SRHR.</p> <p>4.5 UNFPA has increased the capacity of youth leaders and youth-led</p>	<ul style="list-style-type: none"> • Presence of strategic partnerships utilized the evidence-based analysis with gender and right based approach to enhance the implementation of the AP Act. • Evidence of mechanism and platform to facilitate participation of civil society and youth organizations to ensure evidence based and inclusive implementation of AP Act. • Evidence of initiatives, guidelines, standards for implementation of comprehensive sexual educations focusing on gender equality and rights both in and out of school. • Evidence of platform to facilitate participation of youth leaders, youth organizations in policy dialogue for YSRHR and gender equality. • Evidence of youth participation and youth organization in policy dialogue 	<p>Secondary:</p> <ul style="list-style-type: none"> - CP11 Annual Reports - Evaluation reports - CP11 Mid term review report - Country Programme Document, Eleventh Cycle Country Programme Action Plan(Strategy) - UNPAF 2017-2021 - ICPD POA - ICPD25 background papers - UNFPA gender equality strategies - The minutes of the National committee meeting - Concept note /an original project document/ MOU - Thailand RH Strategy Plan - Copy of Act for Prevention and Solution of the adolescent Pregnancy Problem, B.E.2559 (2016) - the National Youth Development Plan and Policy - Document about National Child and Youth Council - Content and Clips of media material to promote the issue - Thailand 12th National Plan (2017-2021) - Review of model for youth empowerment in 	<ul style="list-style-type: none"> • Document Review • Face to face Interviews Observations (field)

<p>organizations to voice their demand in the AP act committee</p> <p>4.6. UNFPA has mechanism to support excluded and marginalized youth to engage in policy dialogue and advocacy for their SRHR</p>	<p>and advocacy for their SRHR and gender equality.</p> <ul style="list-style-type: none"> Evidence of mechanism to engage excluded and marginalized youth in policy dialogue and advocacy for their SRHR. 	<p>Chiangmai Province</p> <ul style="list-style-type: none"> Review: Application of I-D Sign, YSRH & Rights Youth Advocate Tool Preliminary review on YSRH & Rights among young people with disabilities <p>Primary: CO staffs</p> <p><i>Government</i></p> <ul style="list-style-type: none"> National Youth Council, Dept. of Health, Department of Child and Youth Development under MSDHS DEPA-Digital Economic Promotion Agency Thailand International Cooperation Agency (TICA) under MoFA <p><i>Private partners</i></p> <ul style="list-style-type: none"> Thailand Public Broadcast Service (TPBS) and MCOT Magnolia Quality Development Community (MQDC), Dek-Dee.Com, group of High Network Individuals <p><i>CSOs</i></p> <ul style="list-style-type: none"> Thailand Research for Development of People with Disability (TRIP) Planned Parenthood Thailand Association (PPAT) RakThai Foundation Thai Health Promotion Foundation 	
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		<p>Beneficiaries of UNFPA support</p> <p>Youth representatives from the National Child and Youth Council</p> <p>Young People from the target communities (including young people with disabilities)</p>	
<p>Effectiveness EQ 3 and 4 for Output 2</p> <p>Outcome 4: Effectiveness: For Population and Dynamics (Output 2)</p>			
<p>3.2.1 UNFPA has increased</p> <p>a. availability of population-based data, and</p> <p>b. analytical capacity</p> <p>to explore and measure population dynamics</p> <p>A Population based data is available and analytical capacity increased to assess the demographic developments linkages, and to monitor the progress of national policies and strategies related to youth and SRH</p>	<ul style="list-style-type: none"> • Availability and accessibility of databases on young people, women, and vulnerable populations with advocacy and technical support from UNFPA • Analytical capacity of DoH, CSOs and NSO increased?? • Advocacy and support from UNFPA in generating new surveys and analyses to better understand the population dynamic issues including aging, low fertility and inter-generation 	<p>Secondary Data</p> <ul style="list-style-type: none"> - Situation analysis/MTR - Concept note /an original project document/ MOU - CP11 Annual Reports - CO's annual reports - Eastern Economic Corridor (EEC) review report - RH Database Website - Economic Cost of Adolescent Pregnancy - GIS Mapping of Adolescent Pregnancy Data - EEC Concept Note - Gender and Generation Survey concept note <p>Primary Data</p> <ul style="list-style-type: none"> • Relevant governmental agencies: <ul style="list-style-type: none"> - Department of Health • CSO: <ul style="list-style-type: none"> - College of Population Studies (CPS), Chulalongkorn University - Institute of Population and Social Research (IPSR), Mahidol University • CO staff • NSO 	<p>Document review</p> <p>Key informant interviews (focus Group discussions)</p>

		<ul style="list-style-type: none"> • Beneficiaries: policy makers at different levels <ul style="list-style-type: none"> - Ministry of Social Development and Human Security (MSDHS) - Office of Civil Service Commission 	
<p>3.2.2 UNFPA has built policy makers' awareness to formulate evidence-based policies, and national policies or strategies developed with evidence advocated by UNFPA are in place</p>	<ul style="list-style-type: none"> • Advocacy events for informed policy makers • Evidence that shows policy framework on population dynamics are developed with UNFPA supported data • National policies or strategies incorporated with or developed based on evidence advocated by UNFPA 	<p>Secondary Data</p> <ul style="list-style-type: none"> - Situation analysis/MTR - Concept note /an original project document/ MOU - CP11 Annual Reports - CO's annual reports - Thailand 12th National Plan (2017-2021) - Thailand 20 year-population plan - Act for Prevention and Solution of the adolescent Pregnancy Problem - MoUs and Concept notes with Dek-Dee.com and MQDC <p>Primary Data</p> <ul style="list-style-type: none"> - National Economic and Social Development Council (NESDC) - Thailand Research Fund (TRF) - Thailand Science Research and Innovation (TSRI) - Thailand Research Institute for Empowerment of Persons with Disabilities (TRIP) - DOH - International Organisations Department under (MoFA) and CO staff 	<p>Document review</p> <p>Key informant interviews (focus Group discussions)</p>

<p>3.3.1 UNFPA has built capacity of national institutions in developing high-quality package on SRHR and other CPD-related issues to share with other countries</p>	<ul style="list-style-type: none"> • Evidence that shows implementing partners (i.e. Thai universities) have improved their technical skills to meet with global requirements and standards • Evidence that shows Thailand-based expertise and body of knowledge have been organized and transferred in a systematic manner 	<p>Secondary data:</p> <ul style="list-style-type: none"> • Social Returns on Investment for SSC-Triangular Initiative (SROI) • Summary report of SSC Solution Workshop on Safe Motherhood • End of SSC Initiative in Laos (2015-2017) • Package of Thailand Good Practices on Population & Development and Safe Motherhood • Mid-term Review Report • MoUs and Concept notes with Khonkaen University (KKU) and Chiangmai University (CMU) • CP11 Annual Reports • CO's Annual report <p>Primary data:</p> <ul style="list-style-type: none"> • Relevant governmental agencies: Thailand International Cooperation Agency (TICA) under MoFA-Partner Organisation. • CSOs: <ul style="list-style-type: none"> - CMU - KKU - Network of Thai Institutions on Safe Motherhood including National Nurse Council , Mahidol University (faculty of Nursing), Prince of Songkla University, etc. • CO staff-Thailand and Laos-MH focal point • Beneficiaries: Participants of <ul style="list-style-type: none"> - Laos Midwifery Educations policy makers, trained teachers, health personnel under SSTC –Institutional Capacity Development for Laos Midwifery Education 	<ul style="list-style-type: none"> • Document Review • Key informant interviews (focus Group discussions)
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		<ul style="list-style-type: none"> - SSC Solution Meeting and Workshop on Safe Motherhood from preventable causes - TICA Connect: UNFPA SSTC Good Practice - Study visits: PV Vaccine workshop - HIV/AIDS policy workshop 	
3.3.2 Capacity of Thai government to ensure the transfer of knowledge transferred is relevant and met needs of recipient countries	<ul style="list-style-type: none"> • Existence of need assessment report/ program monitoring report <p>Evidence from Assessment reports indicating the relevancy of the knowledge transfer and capacity of the government to transfer knowledge</p>	<p>Secondary data:</p> <ul style="list-style-type: none"> • Social Returns on Investment for SSC-Triangular Initiative (SROI) • Mid-term Review Report • Need assessment reports <p>Primary data:</p> <ul style="list-style-type: none"> • Relevant governmental agency/beneficiary Thailand International Cooperation Agency (TICA) under MoFA-Partner Organisation. • CO staff 	<ul style="list-style-type: none"> • Document Review • Key informant interviews (focus Group discussions)
3.3.3 Thai government's will to continue South-South Cooperation and/or triangular initiatives to promote the ICPD agendas is increased.	<ul style="list-style-type: none"> • Increased number of countries receiving the packages from Thai government through South-South Cooperation and/or triangular initiatives • Level of financial resources contributed by Thai Government to triangular initiatives on sexual and reproductive health 	<p>Secondary data:</p> <ul style="list-style-type: none"> • Mid-term Review Report • CO's Annual report <p>Primary data:</p> <ul style="list-style-type: none"> • Relevant governmental agencies: Thailand International Cooperation Agency (TICA) under MoFA-Partner Organisation. • CO staff 	<ul style="list-style-type: none"> • Document Review • Key informant interviews (focus Group discussions)
EQ4 for Output 3 (Population Dynamics): evidence generation on life course approach through public-private partnership initiatives.			
Assumptions to be assessed	Indicators	Sources of Information	Methods and tools for data collection

4.3.1 Public and private entities were explored and partnerships were established	<ul style="list-style-type: none"> Number of public and private partners on life-course approach 	Secondary data: <ul style="list-style-type: none"> CO's annual reports CP Annual reports 	<ul style="list-style-type: none"> Document review
4.3.2 Capacity to use life-course approach to generate evidence for policy decision making is built by UNFPA	<ul style="list-style-type: none"> Evidence that UNFPA has contributed to improved capacity to integrate the life course approach into policy analysis Production of reports on policy experimentation based on life course approach 	Secondary data: <ul style="list-style-type: none"> Policy Future Lab Concept note CO's annual reports CP Annual reports Framework on life-course ageing Primary data: <ul style="list-style-type: none"> Relevant governmental agency: NESDC Private sector <ul style="list-style-type: none"> Magnolia Quality Development Community (MQDC)-Document with Future Tales Lab Intergenerational interaction initiative with Maethum Sub district Phayao-Project document with Walk & Bike CO staff 	<ul style="list-style-type: none"> Document review Key informant interviews

Efficiency: The efficiency criterion-the extent to which CP outputs and outcomes have been achieved with the appropriate amount of resources and captures how resources such as funds, expertise, time and etc., have been used by the CO and converted into the results along the results chain.

Efficiency (Common to AYSHR and PD – Outputs 1,2,3)
Evaluation question 5: 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?

Assumptions to be assessed	Indicators	Sources of Information	Methods and tools for data collection
CP11 has sufficient resources to implement activities	<ul style="list-style-type: none"> Budget allocated and spent (by each year) by core and non-core resources 	<ul style="list-style-type: none"> Budget and Expenditure Analysis 	<ul style="list-style-type: none"> Desk work Interviews with KIIs and IPs
CP11 is adequately staffed with appropriate skills to implement activities	<ul style="list-style-type: none"> Program operated with optimal staffing Vacancies filled in a prompt manner 	<ul style="list-style-type: none"> Quarterly status reports SIS Annual reports 	<ul style="list-style-type: none"> Desk Work Interviews with CO , Clusters, Implementing partners

	<ul style="list-style-type: none"> • Programme is fully delivered (SIS annual results are fully achieved) 		
CP11 has used appropriate combination of tools to achieve outcomes in a timely manner	<ul style="list-style-type: none"> • Annual plans, detailed quarterly budget breakdowns / calendar has been observed 	<ul style="list-style-type: none"> • Results Framework • Progress of CP Indicators towards Targets (M&E and RM frameworks) • Annual plan/Quarterly plans 	Desk Work Interviews with CO , Clusters, Implementing partners
CP11 demonstrated accountability to achieve its outcome	<ul style="list-style-type: none"> • Periodic reporting to the Government Partners, Donors • Periodic reporting to Steering Committees of specific/major projects observed 	<ul style="list-style-type: none"> • Partner communication, reports of coordination/reporting meetings, Steering committee meetings 	Desk Work Interviews with CO, Clusters, Implementing partners
<p>Sustainability: The <u>sustainability</u> is related to the likelihood that benefits from the CP continue after UNFPA funding is terminated and the corresponding interventions are closed. Therefore, the sustainability criterion - the continuation of benefits from a UNFPA - financed intervention after its termination, will assess the overall resilience of benefits to risks that could affect their continuation.</p>			
<p>Sustainability (common to AYSRHR and PD – Outputs 1,2,3)</p> <p>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?</p> <p>Evaluation question7: 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>			
Assumptions to be assessed	Indicators	Sources of Information	Methods and tools for data collection
National Policy and regulatory frameworks have been changes to promote gender equality and SRHR of young people, including those from marginalized communities, and to address emerging population issues	Presence of changes in national policy and institutional capacity targeted in gender equality and SRHR of young people, including those from marginalized communities, and to address emerging population issues	Secondary data <ul style="list-style-type: none"> - Concept note /an original project document/ MOU - CP11 Annual Reports - Evaluation reports - the Adolescent Pregnancy Act - Document about National Child and Youth Council - CP11 Mid term review report - Proceedings of the consultation process of 	Document review Face to face Interview Telephone interviews

		<p>CPD and Action Plans</p> <ul style="list-style-type: none"> - UNPAF 2017-2021 - ICPD POA - ICPD25 background papers <p>Primary Data (interview data)</p> <p>Primary:</p> <p>CO staffs</p> <p><i>Government</i></p> <ul style="list-style-type: none"> - National Youth Council, - Dept. of Health, - Department of Child and Youth Development under MSDHS - DIPA, Ministry of Digital Economy and Society - Thailand International Cooperation Agency (TICA) under MoFA <p><i>CSOs</i></p> <ul style="list-style-type: none"> - Thailand Research for Development of People with Disability (TRIP) - Planned Parenthood Thailand Association (PPAT) - RakThai Foundation - Thai Health Promotion Foundation 	
<p>Implementing partners supported by UNFPA have used the lessons and good practices through SSC in developing capacities of midwives and health workers in Laos and Bhutan</p> <p>UNFPA established mechanisms to</p>	<p>The evidence of implementing partners used the lessons and good practices through SSC in developing capacities of midwives and health workers in Laos</p> <p>Evidence of established mechanisms to ensure ownership and the durability of</p>	<p>Secondary data</p> <ul style="list-style-type: none"> - Concept note /an original project document/ MOU - CP11 Annual Reports - Evaluation reports - CP11 Mid term review report - Proceedings of the consultation process of 	

<p>ensure ownership and the durability of effects of SSC initiatives</p>	<p>effects of SSC initiatives that illustrate hand over of activities and demonstrate readiness of stakeholders to replicate activities and adapt programme results in other context</p>	<p>CPD and Action Plans</p> <ul style="list-style-type: none"> - UNPAF 2017-2021 - <p>Primary data</p> <p>Representatives from Lao</p> <ul style="list-style-type: none"> - CO staff - National Youth Council, - Dept. of Health, 	
<p>UNFPA-supported activities to enhance capacities of midwives and health workers in Laos are likely to be embedded in the country's structures with availability of funding to continue trainings, monitoring and follow-up activities</p>	<p>[Policy-level sustainability]</p> <ul style="list-style-type: none"> • Evidence that shows the UNFPA-supported activities have been incorporated into the national policy/programme <p>[Financial sustainability]</p> <ul style="list-style-type: none"> • Availability of funding for continuing the UNFPA-supported activities after the UNFPA support ended 	<p>Secondary data:</p> <ul style="list-style-type: none"> • Social Returns on Investment for SSC-Triangular Initiative (SROI) • Summary report of SSC Solution Workshop on Safe Motherhood • End of SSC Initiative in Laos (2015-2017?) • Lao-based documents on three-year Midwifery Educators training program <p>Primary data:</p> <ul style="list-style-type: none"> • Relevant governmental agency of Laos: TBD • CO staff • Beneficiaries: Participants of the training program (maybe the last batch in 2019) 	<p>Document review</p> <p>Key informant Interview</p>

Coordination and Added Value

The coordination is extended to which UNFPA has been an active member of, and contribute to, the existing coordination mechanism of the UNCT. Aspects of this include: a) record of participation of UNFPA representatives in the UNCT coordination meetings, b) the responsibilities assumed during these meetings, and c) the contributions made.

The added value is related to the main UNFPA's added value and comparative advantage in the country context as perceived by national stakeholders will also be assessed.

UNFPA Country programme coordination with UNCT and added value:

Evaluation question 8:

- i) To what extent has the 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?

Assumptions to be assessed	Indicators	Sources of Information	Methods and tools for data collection
UNFPA CO has actively contributed to UNCT working groups and joint initiatives.	<ul style="list-style-type: none"> -Role played in UNPAF contribution made -Evidence of <u>active participation</u> in UN working groups -Evidence of <u>leading role</u> by UNFPA in the working groups/joint initiatives corresponding to its mandated areas 	<p>Secondary Data Programme Documents, Minutes of UNCT meetings, Minutes of UNPAF outcome groups meetings, Joint Program documents, M&E reports, COAR, UNPAF Annual Reports and reviews, MOUs</p> <p>Primary Data - UNPAF Outcome working groups, UNCT members, CO staff, UNCT Coordinator, UNRC</p>	<ul style="list-style-type: none"> -Document review -News media review <p style="text-align: center;">KI Interviews (Semi-structured interviews)</p> <p style="text-align: center;">(most of these interviews will be held remotely by the team leader)</p>
UNFPA has positioned itself well to enhance the UNCT's preparedness and response to emerging issues in the country	<ul style="list-style-type: none"> -Evidence that UNFPA is an active contributor to UNCT coordination mechanisms and joint initiatives in the area of preparedness and response to emerging issues (eg. COVID-19) -Financial Allocations 	<p>Secondary Data Programme Documents, Minutes of UNCT meetings, M&E reports, UN Agency representatives, financial documents,</p> <p>Primary Data UNCT members, CO staff, UNCT Coordinator, UNFPA CO</p>	<ul style="list-style-type: none"> -Document review -News media review KI Interviews (Semi-structured interviews) <p style="text-align: center;">(most of these interviews will be held remotely)</p>
There is a clear division of tasks amongst the UN agencies at the national level and sub-national levels.	Evidence of a common understanding amongst UN agencies on the division of tasks in terms of the UNFPA mandate and outcome areas of CP11	<p>Secondary Data Programme Documents, Minutes of UNCT meetings, M&E reports, UN Agency representatives, financial documents,</p> <p>Primary Data UNCT members, CO staff, UNCT Coordinator, UNFPA CO, Field Observation)</p>	<ul style="list-style-type: none"> -Document review -News media review <p style="text-align: center;">KI Interviews (Semi-structured interviews) Observation (field)</p>

<p>UNFPA offers unique service to UNDAF :</p> <p>Compared to other UN agencies (such as i.e. UNICEF, UNDP, UNWomen as well as WHO) working in similar programmatic areas; UNFPA has demonstrated specific technical contribution to the country's development agenda</p>	<p>UNFPA role/contribution to national priorities</p> <p>Specific technical skills in CO</p> <p>Status of existing national capacities to contribute to the issues/areas that UNFPA is contributing to.</p> <p>Reference made to UNFPA planning documents, UNCT meetings and discussions minutes.</p>	<p>Secondary Data:</p> <p>Reports, SDG, UNPAF reviews, Documents including Media News-Reports (monitoring, progress reports, meeting minutes)</p> <p>Primary Data</p> <p>UN Agency representatives</p> <ul style="list-style-type: none"> -key informants from implementing agencies -Relevant UN agency for relief and rehabilitation -UNFPA CO staff, IP representatives (relevant ones), -Representatives of other development partners (including relevant NGOs) 	<p>-Document review</p> <p>-News media review</p> <p> KI Interviews (Semi-structured interviews)</p> <p>(most of these interviews will be held remotely)</p>
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<p>UNFPA technical services not available in any other similar agency: National counterparts and other development actors perceive, recognize and recall UNFPA's performance in the country as a contribution that is unique, or inherent to UNFPA.</p> <p>UNFPA has established partnerships with other development partners (external to UNCT) working towards similar goals.</p> <p>Coordination mechanisms existing beyond the UNCT with other relevant development partners</p>	<p>-Specific examples by other development partners about UNFPA contributions that is unique to CO's ability.</p> <p>-Reference to UNFPA contribution in interventions that were not available with other partners</p> <p>-Reference to UNFPA contribution that enhanced the other partners' contribution to the development results</p> <p>-timeliness of UNFPA contribution and quality of response (subjective)</p> <p>-Evidence of active participation in interventions with other development partners contributing to the country assistance in the UNFPA mandated areas</p> <p>Coordination achieved in the outcome areas of UNFPA beyond the UNCT</p>	<p>Secondary Data</p> <p>-Media reports</p> <p>-Beneficiaries (at institutional level)</p> <p>-Donor community, Desk review of the results of any joint cooperation, progress reports, meeting minutes)</p> <p>Primary data</p> <p>UN staff , key IPs, Donors, Implementing agency staff, Strategic partners (donors and policy makers), Interviews within the Government Institutions, UNFPA CO staff</p>	<p>-Document review</p> <p>-News media review</p> <p>KI Interviews (Semi-structured interviews) (most of these interviews will be held remotely)</p>
<p>UNFPA has established, maintained and leveraged different types of partnerships to utilize UNFPA's comparative strengths</p>	<p>Partnerships of UNFPA with government agencies as implementing partners and otherwise</p> <p>Partnerships of UNFPA with civil society agencies as implementing partners and otherwise</p> <p>Partnerships of UNFPA with universities as implementing partners and otherwise</p>	<p>Secondary Data</p> <p>-WPs, COAR, SIS Report,</p> <p>-Reports on joint monitoring</p> <p>Primary Data</p> <p>-Government implementing partners</p> <p>-Other Implementing partners</p> <p>-Development partners</p> <p>-UNFPA staff members</p> <p>-Donor</p>	<p>-Document review</p> <p>-News media review</p> <p>KI Interviews (-Semi-structured interviews) (most of these interviews will be held remotely)</p>

Annex 6: Data collection tool: Semi-structured interviews (for AY, PD, SSC & Coordination)

Criteria/Evaluation Questions For Outcome 2: Output 1 Adolescent and Youth SRH Rights	Key Stakeholders
A: RELEVANCE (Outcome 2: Output 1 Adolescent and Youth SRH Rights)	
<p>National partners/policy level</p> <ol style="list-style-type: none"> 1) How and what priority needs of the most vulnerable population¹ including marginalized groups (adolescents, youth, pregnant women, disability, ethnic group) have been addressed in the national programs? (consistent with CP11 period of Jan 2017 - Jun 2020) 2) How has CP11 aligned with the National sectoral priorities, policies and programmes², UNFPA SP, and SDG principles³ ? 3) What actions have been taken to implement commitment made at the ICPD and Programme of Action of ICPD in Thailand? What are the key priority areas that are relevant for the context of Mongolia? 4) How human rights and gender issues have been considered/ reflected in the design and implementation of the country programme? <p>UNFPA CO</p> <ol style="list-style-type: none"> 1) What and how priority needs of the most vulnerable population including marginalized groups had been addressed at the planning phase of the CP11? Who are the MOST marginalized groups as defined by CO? 2) At what extent UNFPA CO has contributed to the development of national policies and programs such as, Thailand 20 year-population plan , Thailand 12th National Plan (2017-2021, Thailand 20 year-population plan, AP act, SOPs including National health facility standards, the National Youth Development Plan and Policy 3) What was the CO's role? How has CP11 aligned with existing national priorities/programs? 4) How have CP11 and its strategies priorities been aligned with the UN Partnership Framework? Does CO have a Partnership Framework Document? Who worked for the development of this framework and how does partnership work? Who provides TA and to whom? 	<p>Key Informant Interview (KII): Parliament standing on the committee of youth and social policy, Senior officers from MOPH, MSDHS, MoFA, NESDC, The committee of AP act.</p> <p>UNFPA staffs</p> <p>IPs:</p> <ul style="list-style-type: none"> - Thai Health Promotion Foundation - Thailand Research Fund (TRF) - Thailand Science Research and Innovation (TSRI) - Thailand Research Institute for Empowerment of Persons with Disabilities (TRIP)

¹ Vulnerable groups include: the poor, women, children, migrant workers, ethnic minorities, people living with HIV, victims of GBV, LG BTI and people with disabilities (UNDAF 2017-2021);

² **State Policy on Health**, State Policy on Youth, **National RH plan**, National Programme on Youth Development (National program on child development and protection), State policy on population development and **AP act**

³ (LNB and reaching the furthest behind), transformative goals, and business model

<p>5) How has CP11 been aligned with the priorities set by ICPD Plan of Action and national policy frameworks related to UNFPA mandate areas?</p> <p>6) How design and implementation stages of the country programme has considered human rights and gender issues?</p> <p>7) What are the lessons learnt? What are the successes and challenges that should be reflected/addressed in the CP12?</p> <p>Implementing partners</p> <p>1) How has CP11 projects/programmes been integrated with national policies and programs?</p> <p>2) How CP11 projects considered human rights and gender issues?</p> <p>3) How CP11 projects considered the needs of the most vulnerable population including marginalized groups</p> <p>4) What are the lessons learnt? What are the successes and challenges that should be reflected/addressed in the CP12?</p>	
<p>B: EFFECTIVENESS: (Outcome 2: Output 1 Adolescent and Youth SRH Rights)</p>	
<p>National partners/policy level</p> <p>1) What and how have CP11 projects/programmes contributed to establish the national mechanism to promote youth participations and youth organizations including marginalized group ? What was the degree of achievement?</p> <p>2) How have the strategic media and private partners actively engage in right based advocacy and youth empowerment</p> <p>3) How human rights and gender issues have been considered/ reflected in the implementation and reporting results?</p> <p>4)</p> <p>5) What were the main supporting and hindering factors?</p> <p>6) How sustained the results are and what actions were taken at the Ministerial/national and sub national level? (youth representatives, curriculum, model)? Governance?</p> <p>7) What are the lessons learnt?</p> <p>8) How COVID-19 pandemic affected the continuity of the CP6/other donor funded projects/programmes?</p> <p>UNFPA CO</p> <p>9) Have intended programme outputs been achieved? How they have been monitored? How has CO ensured quality of the programming?</p> <p>10) What contributed to the achievement of the planned outcomes and what was the degree of achievement of the outcomes?</p> <p>11) What were UNFPA’s policy and advocacy roles in reaching the planned outcomes?</p> <p>12) How COVID-19 pandemic affected continuity of the</p>	<p>KII: UNFPA focal point, officer in charge of MOPH, MSDHS, MoFA; AP act committee, youth representatives of AP committee;</p> <p>UNFPA staffs (M&E, gender; SRH/RR, finance, procurement);</p> <p>Thailand Research for Development of People with Disability (TRIP) ;Planned Parenthood Thailand Association (PPAT); RakThai Foundation; Thai Health Promotion Foundation</p> <p>Thailand Public Broadcast Service (TPBS) and MCOT, Magnolia Quality Development Community (MQDC), Dek-Dee.Com, group of High Network Individuals</p> <p>Beneficiaries: FGD (8-10 youth representatives in Chiangmai)</p>

<p>CP6/projects and programmes?</p> <p>IPs</p> <p>13) What were the key changes made in the youth development and AYSRHS as a result of CP11/UNFPA projects/programmes? How has it been monitored? Was the change/support systematic?</p> <p>14) What were the main supporting and hindering factors?</p> <p>15) How has COVID-19 pandemic affected continuity of the CP11 interventions/projects/programmes?</p> <p>Beneficiaries</p> <p>16) How often/when/have you ever visited adolescent and youth friendly clinic/comprehensive sexual and reproductive health services? Do you know who supported this initiative?</p> <p>17) What services were they able to receive? What services did they like and didn't like? Did the services meet their needs? Are contraceptive available? Were their confidentiality been protected? Are they respected while receiving services?</p> <p>18) How human rights and gender issues have been considered/ reflected in the service delivery? Are girls and boys treated the same way?</p> <p>19)</p> <p>20) What suggestions do you have to improve the services?</p> <p>21) How have you ever voiced your demand on AYSRH in the youth council?</p> <p>22) How have you been the youth representatives in the national/ subnational committee?</p> <p>23) What suggestions do you have to improve the mechanism to promote youth participations?</p>	
<p>C. EFFICIENCY (Outcome 2: Output 1 Adolescent and Youth SRH Rights)</p>	
<p>National/policy level</p> <p>1) Does CP11 have sufficient resources to implement activities? How is it essential to the implementation of the national program/policy?</p> <p>2) How do you evaluate UNFPA CO's staffing portfolio and their appropriate skills to implement activities?</p> <p>3) How has UNFPA CO demonstrated accountability to achieve its outcome? What are the evidences?</p> <p>UNFPA CO</p> <p>1) Does CP have sufficient resources to implement activities?</p> <p>2) How has UNFPA CO demonstrated accountability to achieve its outcome? What are the evidences?</p> <p>3) Human resources: has UNFPA CO adequately staffed who possess required skills to implement activities?</p> <p>4) ?</p>	<ul style="list-style-type: none"> - KII: MOPH, MSDHS, MoFA, NESDC, The committee of AP act; UNFPA staffs (M&E, gender; SRH/RR, finance, procurement) ; Thai Health Promotion Foundation - Thailand Research Fund (TRF) <p>Thailand Science Research and Innovation (TSRI)</p>

<p>5) What are the evidence of CP11' s accountability to achieve its outcome?</p> <p>IPs</p> <p>1) Does CP11/UNFPA CO have sufficient resources to implement planned activities? How important these activities are to the implementation of the national program/policy?</p> <p>2) How do you evaluate UNFPA CO's staffing and their skills?</p> <p>3) How has UNFPA CO demonstrated accountability to achieve its outcome? What are the evidences? Can you provide examples?</p>	
<p>D: SUSTAINABILITY (Outcome 2: Output 1 Adolescent and Youth SRH Rights)</p>	
<p>National/policy</p> <p>1) How effective is the partnership that has forged as a result of CP11? What are the areas of collaboration as far as UNFPA mandate areas are considered? How about advocacy and policy level interventions?</p> <p>2) How has UNFPA supported IPs to strengthen their ownership, capacity and sustainability of CP11 and its projects?</p> <p>3) Was there structure (TWG?) that ensured sustainability of the CP11 results?</p> <p>UNFPA CO</p> <p>4) How effective is the partnership that has forged as a result of CP6? What are the areas of collaboration as far as UNFPA mandate areas are considered? How about advocacy and policy level interventions?</p> <p>5) How has UNFPA supported IPs to strengthen their ownership, capacity and sustainability of CP11 and its projects?</p> <p>6) Was there structure (TWG?) that ensured sustainability of the CP11 results?</p> <p>IPs</p> <p>1) How has sustainability of the UNFPA supported projects maintained as far as planning, budget allocation and human resources are concerned?</p> <p>2) What were the achievements?</p> <p>3) What were the supporting and hindering factors as far as sustainability is concerned?</p> <p>4) What are the suggestions for the CP12 (priority areas)?</p>	<p>KII: Parliament Standing Committee on Youth and Social policy, Education, Culture and Sciences; Senior officers from MOPH, MSDHS, MoFA, NESDC, The committee of AP act.</p> <p>UNFPA staffs (M&E, gender; SRH/RR, finance, procurement)</p> <ul style="list-style-type: none"> - Thai Health Promotion Foundation - Thailand Research Fund (TRF)
<p>E. Coordination with development partners and Added value 9 Outcome 2: Output 1 Adolescent and Youth SRH Rights)</p>	
<p>National/policy</p> <p>1) What is the UNFPA's added value in the country context? Please provide some examples. (Evidences)</p> <p>Donor</p> <p>1) What is UNFPA's added value in the country context? (Evidence)</p> <p>2) What were UNFPA's main responsibilities/roles? How UNFPA</p>	<ul style="list-style-type: none"> - KII: MOPH; MSDHS, MoFA, NESDC; Parliament Standing Committee on Social Policy, Education, Culture and Science;; UNFPA staffs (M&E, gender; SRH/RR, finance, procurement); Thailand Research Fund (TRF)

<p>increased its value?</p> <p>3) What is UNFPA's added value in the country context?</p> <p>IPs</p> <p>1) What is UNFPA's added value in the country context? (Evidence)</p>	<p>Document review:</p> <p>-Government development reports, UNDAF progress report; UNFPA SP, Annual reports (UNFPA)</p>
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<p>Criteria/Evaluation questions (for Outcome 4 Population Dynamics/Output 2)</p>	<p>Key stakeholders/data collection mode</p>
<p>A: RELEVANCE (for Outcome 4 Population Dynamics/Output 2)</p>	
<p>National partners/policy level</p> <p>5) How and what priority needs of the young people, women and vulnerable population⁴ have been addressed in the CP11?</p> <p>6) How has CP11 aligned with the national priorities, strategies, policies and programmes and the UNFPA SP and SDG principles⁵?</p> <p>7) What actions have been taken to implement commitment made at the ICPD and Programme of Action of ICPD in Thailand? What are the ICPD's key areas prioritized for Thailand?</p> <p>8) To what extent human rights and gender issues have been addressed/reflected during the phases of design and implementation?</p> <p>UNFPA CO</p> <p>8) What and how priority needs of the young people, women and vulnerable population had been addressed at the planning phase of the CP11?</p> <p>9) At what extent UNFPA CO has contributed to the development of key national policies and programs such as the 20 year-national strategy, the 12th National Plan (2017-2021, Adolescent Pregnancy Problem Act, the 20-year Population Policy?</p> <p>10) What was the CO's role? How has CP11 aligned with existing national priorities/programs?</p> <p>11) How have CP11 and its strategies priorities been aligned with the UN Partnership Framework? Did CO have a Partnership Framework Document? Who developed this framework and how does partnership work?</p> <p>12) How has CP11 been aligned with the priorities set by ICPD Plan of Action and national policy frameworks related to</p>	<p>KII: National Economic and Social Development Council (NESDC), Thailand Research Fund (TRF), Department of Health (DoH), MSDHS</p> <p>UNFPA staffs</p> <p>IPs: Chulalongkorn University, IPSR Mahidol</p>

⁴ Vulnerable groups include: the poor, women, children, unemployed youth, elderly, herders, landless or land poor, migrant workers, ethnic minorities, people living with HIV, victims of GBV, LG BTI and people with disabilities (UNDAF 2017-2021);

⁵ (LNB and reaching the furthest behind), transformative goals, and business model

<p>UNFPA mandate areas?</p> <p>13) How design and implementation stages of the country programme has considered human rights and gender issues?</p> <p>14) What are the lessons learnt? What are the successes and challenges that should be reflected/addressed in the CP12?</p> <p>Implementing partners</p> <p>5) How have CP11 and its strategies priorities been aligned with of key national policies and programs such as the 20 year-national strategy, the 12th National Plan (2017-2021, Adolescent Pregnancy Problem Act, the 20-year Population Policy?</p> <p>6) How has CP11 projects/programmes been integrated with national policies and programmes?</p> <p>7) How CP11 projects considered human rights and gender issues?</p> <p>8) How CP11 addressed the need of young people, women and vulnerable people?</p> <p>9) Are there any other areas/aspect that should be included in the CP11? If yes, what are they?</p>	
<p>B: EFFECTIVENESS: (for Outcome 4 Population Dynamics/Output 2)</p>	
<p>National partners/policy level</p> <p>1) How CP11 contribute to improve the country’s capacity to monitor situation of SRH and the progress of the programme to reduce teen pregnancy?</p> <p>2) To what extent CP11 has advocated to improve the country’s capacity to explore and assess the demographic developments linkages, and to utilize the country’s body of knowledge to support the policy formulation?</p> <p>3) How has the information advocated by UNFPA guided decisions at different stage of the policy development process?</p> <p>4) Has the mechanism to utilize and integrate evidence into policy development established?</p> <p>5) How the life course approach has been so far incorporated into the policy frameworks? What are barriers and challenges in doing so?</p> <p>6) How has the strategic media been used to increase public awareness on high adolescent fertility and rapid ageing?</p> <p>7) On a scale of 1-5, 1 indicates poorly achieved and 5 indicates highly achieved. How would you rate the achievement of the UNFPA in evidence-based policy advocacy?</p> <p>UNFPA CO</p>	<p>KII: NESDC, TRF, International Organisations Department under MoFA, Thailand Development Research Institute (TDRI), DoH, MSDHS, Phayao District Administrative Office</p> <p>UNFPA staff</p> <p>IPs: Chulalongkorn University, IPSR Mahidol, EECO, Thailand Walking and Cycling Foundation, Population and Community Development Association (PDA), Magnolia Quality Development Community (MQDC), Thailand Public Broadcast Service (TPBS)</p>

<p>8) Have intended programme outputs been achieved? How they have been monitored? How has CO ensured quality of the programmes?</p> <p>9) What contributed to the achievement of the planned outcomes? What were UNFPA’s policy and advocacy roles in reaching the planned outcomes?</p> <p>10) What were the main supporting and hindering factors for UNFPA to achieve the outcomes?</p> <p>11) What are your suggestions to improve the achievement of the outcome?</p> <p>12) How COVID-19 pandemic affected continuity of the interventions/ programmes?</p> <p>IPs</p> <p>13) What were the key changes made in monitoring the progress of policies and programmes to reduce adolescent pregnancy? How the databases supported the monitoring? How were the data unified? How regularly the data are updated? So far what impact has been observed?</p> <p>14) Did you observe that the policies/programmes on SRH and population issues have been increasingly formulated based on evidence? If yes, please indicate documents?</p> <p>15) Do you think the policies related to aging and fertility should be formulated based on life-course principle? Do the available studies provide sufficient evidence? If not, what evidence do you think is needed?</p> <p>16) What are constraining and facilitating factors for (1) promoting the utilization of evidence to policy development and (2) forging partnerships between private and public sectors?</p> <p>17) In your opinion, how effectively has the media been used to increase public awareness on adolescent pregnancy/rapid ageing? Did you observe any change?</p> <p>18) What suggestions do you have for UNFPA to improve the partnerships between public and private sectors?</p> <p>19) How has COVID-19 pandemic affected continuity of the UNFPA interventions/projects? What suggestion do you have to mitigate the impact?</p>	
<p>C. EFFICIENCY (for Outcome 4 Population Dynamics/Output 2)</p>	
<p>National/policy level</p> <p>4) Does CP11 have sufficient resources to implement activities? How is it essential to the implementation of the national program/policy?</p> <p>5) How do you evaluate UNFPA CO’s staffing portfolio and</p>	<p>KII: National Economic and Social Development Council (NESDC), Thailand Research Fund (TRF), Department of Health (DoH), MSDHS</p>

<p>their appropriate skills to implement activities?</p> <p>6) How has UNFPA CO demonstrated accountability to achieve its outcome? What are the evidences?</p> <p>UNFPA CO</p> <p>6) Does CP11 have sufficient resources to implement planned activities?</p> <p>7) How has UNFPA CO demonstrated accountability to achieve its outcome? What are the evidences?</p> <p>8) Human resources: has UNFPA CO adequately staffed who possess required skills to implement activities?</p> <p>9) What are the evidence of CP11' s accountability to achieve its outcome?</p> <p>IPs</p> <p>4) Does CP11/UNFPA CO have sufficient resources to implement planned activities? How important these activities are to the implementation of the national program/policy?</p> <p>5) How do you evaluate UNFPA CO's staffing and their skills?</p> <p>6) How has UNFPA CO demonstrated accountability to achieve its outcome? What are the evidences? Can you provide examples?</p>	<p>UNFPA staffs</p> <p>IPs: Chulalongkorn University, IPSR Mahidol, Thailand Walking and Cycling Foundation, Population and Community Development Association (PDA), Magnolia Quality Development Community (MQDC)</p>
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D: SUSTAINABILITY (for Outcome 4 Population Dynamics/Output 2)

<p>National/policy</p> <p>7) How sustainable is the partnership that has created by UNFPA? What are the areas of collaboration as far as UNFPA mandate areas are considered? How about advocacy and policy level interventions?</p> <p>8) How has UNFPA supported IPs to increase their ownership, capacity and sustainability of the projects?</p> <p>9) Is there any mechanism to ensure sustainability of the CP11 results?</p> <p>UNFPA CO</p> <p>10) How sustainable is the partnership that has created by UNFPA? What are the areas of collaboration as far as UNFPA mandate areas are considered? How about advocacy and policy level interventions?</p> <p>11) How has UNFPA supported IPs to increase their ownership, capacity and sustainability of the projects?</p> <p>12) Does the government have any mechanism to ensure sustainability of the CP11 results?</p> <p>IPs</p> <p>1) How has sustainability of the UNFPA supported projects maintained as far as planning, budget allocation and human resources are concerned?</p> <p>2) What were the achievements?</p> <p>3) What were the supporting and hindering factors as far as sustainability is concerned?</p>	<p>KII: National Economic and Social Development Council (NESDC), Thailand Research Fund (TRF), Department of Health (DoH), MSDHS</p> <p>UNFPA staff</p> <p>IPs: Chulalongkorn University, IPSR Mahidol, Thailand Walking and Cycling Foundation, Population and Community Development Association (PDA), Magnolia Quality Development Community (MQDC)</p>
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4) What are the suggestions for the CP12 (priority areas)?	
E. Coordination with development partners and Added value (for Outcome 4 Population Dynamics/Output 2)	
<p>National/policy</p> <p>1) How has UNFPA coordinated with other UN agencies that work with the same target populations or the same goals? Is such coordination accelerating the achievement of interventions/programme or benefit the country in any other aspects besides its objectives? If yes, please provide examples.</p> <p>2) What is the UNFPA's added value in the country context? Please provide some examples. (Evidences)</p> <p>IPs</p> <p>1) What is UNFPA's added value in the country context? (Evidence)</p>	<p>KII: National Economic and Social Development Council (NESDC), Thailand Research Fund (TRF), Department of Health (DoH), MSDHS</p> <p>IPs: Chulalongkorn University, IPSR Mahidol, Thailand Walking and Cycling Foundation, Population and Community Development Association (PDA), Magnolia Quality Development Community (MQDC)</p>

Criteria/Evaluation questions (for Outcome 4 Population Dynamics/Output 3)	Key stakeholders/data collection mode
A: RELEVANCE ((for Outcome 4 Population Dynamics/Output 3)	
<p>National partners/policy level</p> <p>15) How the SSC/SSTC under CP11 corresponds to SDG core principles, transformative goals, and ICPD?</p> <p>16) How the SSC/SSTC under CP11 is in line with the national strategies/policies in relation to international development cooperation?</p> <p>UNFPA CO</p> <p>17) How the UNFPA SP and SDG core principles, transformative goals, and ICPD had been addressed at the planning phase of the CP11?</p> <p>18) To what extent the SSC/SSTC under CP11 has enhance international development cooperation?</p> <p>19) How the new modality of SSC/SSTC (demand-based driven; true partnership and result-based approach) have been incorporated into the design and implementation of the CP11?</p> <p>20) How design and implementation stages of the SSC/SSTC under CP11 and the country programmes have considered human rights and gender issues?</p> <p>21) What are the lessons learnt? What are the successes and challenges that should be reflected/addressed in the CP12?</p> <p>Implementing partners</p> <p>22) How have CP11 been aligned with the national</p>	<p>KII: Thailand International Cooperation Agency (TICA)</p> <p>UNFPA staff</p> <p>IPs: Chiangmai University (CMU), Khonkaen University (KKU)</p>

<p>strategies/policies in relation to international development cooperation?</p> <p>23) How CP11's SSC projects considered human rights and gender?</p> <p>24) Are there any other areas/aspect with respect to SSC/SSTC should be included in the CP11? If yes, what are they?</p> <p>Beneficiaries (Lao country)</p> <p>25) What you have learnt from the midwifery training courses?</p> <p>26) Were there any difficult topics on LSE/CSE to teach for students? (Teachers)</p> <p>27) Can you suggest any other activities you would like to participate?</p> <p>28) What are your perceptions about the youth development programmes supported by UNFPA (probe, what the programmes are)</p>	
<p>B: EFFECTIVENESS: (for Outcome 4 Population Dynamics/Output 3)</p>	
<p>National partners/policy level</p> <p>20) How had the SSC/SSTC under CP11 improved the government's capacity to validate needs and demands of participating countries?</p> <p>21) How had the SSC/SSTC under CP11 improved the government's capacity to leverage and upgraded Thai-based knowledge and good practice on safe motherhood to meet global requirements and standards?</p> <p>22) To what extent had UNFPA supported the development of a 'package' of Thailand's experience and technical knowledge on population development?</p> <p>23) On a scale of 1-5, 1 indicates poorly achieved and 5 indicates highly achieved. How would you rate the achievement of the UNFPA SSC/SSTC?</p> <p>UNFPA CO</p> <p>24) Have intended programme outputs been achieved? How they have been monitored? How has CO ensured quality of the programmes?</p> <p>25) What contributed to the achievement of the planned outcomes?</p> <p>26) What were UNFPA's policy and advocacy roles in reaching the planned outcomes?</p> <p>27) What were the main supporting and hindering factors for UNFPA to achieve the outcomes?</p>	<p>KII: Thailand International Cooperation Agency (TICA)</p> <p>UNFPA staff</p> <p>IPs: Chiangmai University (CMU), Khonkaen University (KKU), Private sector: ClassWin CO, Ltd.</p> <p>Beneficiaries: Lao participants of Midwifery training workshop</p>

<p>28) On a scale of 1-5, 1 indicates poorly achieved and 5 indicate highly achieved. How would you rate the achievement of UNFPA SSC/SSTC?</p> <p>29) What are your suggestions to improve the achievement of the outcome?</p> <p>30) How COVID-19 pandemic affected continuity of the interventions/ programmes?</p> <p>IPs</p> <p>31) how effectively has the Thai-based experience and good practice been collected and managed?</p> <p>32) How actively do the participating countries cooperate in different stages of the SSC/SSTC interventions?</p> <p>33) How have the interventions/training programmes been evaluated and followed-up? Do the participating countries have adequate knowledge and skills to do so?</p> <p>34) What suggestions do you have for UNFPA to strengthen (1) he results from the trainings, (2) cooperation and support?</p> <p>35) What are constraining and facilitating factors for implementing SSC to promote ICPD agendas?</p> <p>36) How has COVID-19 pandemic affected continuity of the UNFPA interventions/projects? What suggestion do you have to mitigate the impact?</p>	
<p>C. EFFICIENCY (for Outcome 4 Population Dynamics/Output 3)</p>	
<p>National/policy level</p> <p>7) Does CP11 have sufficient resources to implement activities related to SSC/SSTC?</p> <p>8) How had the government supported the activities in terms of finance? How likely the support would be increasing in the future?</p> <p>9) How do you evaluate UNFPA CO's staffing portfolio and their appropriate skills to implement activities?</p> <p>10) How has UNFPA CO demonstrated accountability to achieve its outcome? What are the evidences?</p> <p>UNFPA CO</p> <p>5) Does CP11 have sufficient resources to implement planned activities?</p> <p>6) What are the main sources of financial support to implement the SSC/SSTC activities?</p> <p>7) How has UNFPA CO demonstrated accountability to achieve its outcome? What are the evidences?</p> <p>8) Human resources: has UNFPA CO adequately staffed who possess required skills to implement activities?</p> <p>9) What are the evidence of CP11' s accountability to achieve its outcome?</p>	<p>KII: Thailand International Cooperation Agency (TICA)</p> <p>UNFPA staff</p> <p>IPs: Chiangmai University (CMU), Khonkaen University (KKU), Private sector: ClassWin CO, Ltd.</p>

<p>IPs</p> <p>10) Does CP11/UNFPA CO have sufficient resources to implement planned activities? How important these activities are to the implementation of the national program/policy?</p> <p>11) How do you evaluate UNFPA CO's staffing and their skills?</p> <p>12) How has UNFPA CO demonstrated accountability to achieve its outcome? What are the evidences? Can you provide examples?</p>	
<p>D: SUSTAINABILITY (for Outcome 4 Population Dynamics/Output 3)</p>	
<p>National/policy</p> <p>13) How sustainable is the activities/interventions/programmes/ that has created by UNFPA? What are the areas of collaboration as far as UNFPA mandate areas are considered? How about advocacy and policy level interventions?</p> <p>14) How has UNFPA CO supported IPs to increase their ownership, capacity and sustainability of the projects?</p> <p>15) Is there any mechanism to ensure sustainability of the CP11 results?</p> <p>UNFPA CO</p> <p>16) How sustainable is the partnership that has created by UNFPA? What are the areas of collaboration as far as UNFPA mandate areas are considered? How about advocacy and policy level interventions?</p> <p>17) How has UNFPA supported IPs to increase their ownership, capacity and sustainability of the projects?</p> <p>18) Does the government have any mechanism to ensure sustainability of the CP11 results?</p> <p>IPs</p> <p>19) How has sustainability of the UNFPA supported projects maintained as far as planning, budget allocation and human resources are concerned?</p> <p>20) What were the achievements?</p> <p>21) What were the supporting and hindering factors as far as sustainability is concerned?</p> <p>22) What are the suggestions for the CP12 (priority areas)?</p>	<p>KII: Thailand International Cooperation Agency (TICA)</p> <p>UNFPA staff</p> <p>IPs: Chiangmai University (CMU), Khonkaen University (KKU), Private sector: ClassWin CO, Ltd.</p> <p>Beneficiaries: Lao participants of Midwifery training workshop</p>
<p>E. Coordination with development partners and Added value (specific to Outcome 4 Population Dynamics/Output 3)</p>	
<p>National/policy</p> <p>3) What is the UNFPA's added value in the country context? Please provide some examples. (Evidences)</p> <p>IPs</p> <p>2) What is UNFPA's added value in the country context?</p>	<p>KII: Thailand International Cooperation Agency (TICA)</p> <p>UNFPA staff</p> <p>IPs: Chiangmai University (CMU),</p>

<p>(Evidence)</p> <p>Beneficiaries</p> <p>3) What is UNFPA's added value in the country context?</p> <p>(Evidence)</p>	<p>Khonkaen University (KKU), Private sector: ClassWin CO, Ltd.</p> <p>Beneficiaries: Lao participants of Midwifery training workshop</p>
<p>Criteria: Coordination & Added Value</p>	<p>Key Stakeholders/data collection mode</p>
<p>Could you please tell me about current UNCT coordinating mechanism?</p> <p>What are the differences in the coordination mechanism now, compared to before (before the reform)</p> <p>How is UNFPA contributing to the coordination mechanism? (probe: UNFPA's contribution to UNDAF (not the details, your perceptions and observations if any), technical contribution, division of tasks and coordination</p> <p>Can you provide examples of evidence that UNFPA has actively contributed to the coordination mechanism of UNCT (probe: leadership, initiatives taken, etc)?</p>	<p>UNFPA Head of Office, RC and relevant UNCT members (key members UNICEF, UNDP, UN Women, WHO)</p> <p><i>(Key Informant Interviews (KII) – held remotely using digital connecting facilities)</i></p>
<p>What is your view about UNFPA's participation in UNCT working groups and joint initiatives? Any examples of such collaborations? Is there a clear division of tasks amongst the UN agencies at the national level and sub-national levels?</p>	<p>UNFPA Head of Office, RC and relevant UNCT members</p> <p><i>KII – held remotely using digital connecting facilities)</i></p>
<p>In your understanding what is the UNFPA's comparative advantage?</p> <p>Do you think the Agency uses it optimally? (probe). Any examples What do you think about UNFPA on establishing, maintaining and leveraging partnerships with UN agencies and other development partners (if you are aware) to utilize UNFPA's comparative strengths? (probe)</p> <p>On partnerships, do you have any partnership (technical cooperation) with UNFPA? (Probe - In the areas of A&Y, SRHR, GBV, PD, SSC etc)</p> <p>Are human rights and gender issues considered/ reflected in these partnerships? Probe for examples: design stage, budgetary allocations, implementation)</p> <p>What is your opinion about the role played by UNFPA in this</p>	<p>UNFPA Head of Office, RC and relevant UNCT members Donors Partners (Public and Private) CSOs, SSC relevant parties UNFPA CO relevant staff</p> <p><i>KII – held remotely using digital connecting facilities)</i></p>

partnership? Any suggestions to improve (if any need)?	
About emerging issues: What is your opinion/understanding or observation about UNFPA's preparedness in and response to emerging issues in the country (eg. COVID19), joint initiatives and leadership role (if any you are aware)?	RC and other relevant UNCT members UNFPA CO relevant staff <i>KII – held remotely using digital connecting facilities)</i>
What is the key Added Value that UNFPA brings to the table compared to other development partners (outside the corporate mandate)?[Probe]	RC and other relevant UNCT members Development Partners <i>KII – held remotely using digital connecting facilities)</i>
Ant other issues you would like to mention, related to what I mentioned before?	RC and other relevant UNCT members Development Partners <i>KII – held remotely using digital connecting facilities)</i>
In relation to what we discussed, what recommendations would you like to offer UNFPA for CP12 (and/or for the remaining period of CP11)?	RC and other relevant UNCT members Development Partners <i>KII – held remotely using digital connecting facilities)</i>