



**Executive Board of the
United Nations Development
Programme, the United Nations
Population Fund and the United
Nations Office for Project Services**

Distr.: General
29 September 2011

Original: English

First regular session 2012

1 to 3 February 2012, New York

Item 7 of the provisional agenda

UNFPA – Country programmes and related matters

UNITED NATIONS POPULATION FUND

Final country programme document for Thailand

Proposed indicative UNFPA assistance: \$11.5 million: \$9.5 million from regular resources and \$2 million through co-financing modalities and/or other, including regular, resources

Programme period: Five years (2012-2016)

Cycle of assistance: Tenth

Category per decision 2007/42: C

Proposed indicative assistance by core programme area (in millions of \$):

	Regular resources	Other	Total
Reproductive health and rights	4.2	1.0	5.2
Population and development	4.0	0.8	4.8
Gender equality	0.8	0.2	1.0
Programme coordination and assistance	0.5	-	0.5
Total	9.5	2.0	11.5

I. Situation analysis

1. Thailand is a lower middle-income country with a population of 65.4 million. In the early 1970s, Thailand sought to reduce population growth by promoting family planning, a policy that was remarkably successful. During the last 10 years, however, the Government has shifted the focus of its National Economic and Social Development Plan to maintain fertility at replacement level.

2. The total fertility rate dropped from 2.4 children per woman in 1989 to 1.5 children per woman in 2005. If this trend continues, population decline is likely to begin within the next 10 years. Although the size of the population is not expected to change dramatically, major changes in the population structure have already occurred, including a downward trend in the birth rate and in the share of the working-age population, and the rapid ageing of the population.

3. With 11.5 per cent of the population older than 60, the proportion of the elderly is expected to double in the next two decades. This has implications for family structure and for gender roles with regard to the care and income security of the elderly, and for the strength of the national economy.

4. The country has made progress in achieving universal reproductive health. Since 1990, the maternal mortality ratio has ranged from 49 to 63 maternal deaths per 100,000 live births. More than 98 per cent of births in every region take place at institutional facilities, with the assistance of skilled birth attendants.

5. The contraceptive prevalence rate for modern methods for women of reproductive age has been approximately 80 per cent during the past 10 years, with the lowest rate (72.1 per cent) in the south of the country. However, the adolescent birth rate increased from 31.1 to 50.1 births per 1,000 women aged 15-19 years from 2000 to 2009.

6. Ninety-two per cent of men and women aged 15-19 have received information on sexual and reproductive health in school. However, a rising number of adolescent pregnancies, the increased use of emergency contraception and the high rates of unsafe abortion suggest a need to improve the provision of comprehensive sex education, including education on gender issues, and to increase access to sexual and reproductive health services.

7. To address adolescent pregnancy, the Ministry of Public Health recently revised the national reproductive health policy and introduced the first national reproductive health plan, 2010-2014. The Ministry of Social Development and Human Security developed a national plan to address the social issues associated with adolescent pregnancy. The Ministry of Education has played a crucial role in providing sex education for children and young people in formal and informal education.

8. There is a need to coordinate and consolidate the efforts of line ministries and relevant agencies to ensure that all young men and women have access to sexual and reproductive health information, counselling and services in order to prevent adolescent pregnancy.

9. The re-emergence of HIV infection among populations that are most at risk, including men in high-risk groups and sex workers who are not based in brothels, is of concern. Access to and the utilization of HIV-prevention services among these groups are limited, due to stigma and limited user-friendly services. The National AIDS Committee is in the process of developing a new strategic plan, 2012-2016, in alignment with the 'zero' targets set by the Joint United Nations Programme on HIV/AIDS (no new infections, no AIDS-related deaths, and no discrimination).

10. Thailand has made progress in achieving reproductive health targets at the national level. However, access to health services among some population groups is a concern. More than 150,000 displaced persons have lived in temporary camps

along the Thai-Myanmar border since 1984. Their access to reproductive health services depends on inputs from non-governmental organizations that are operating in a resource-constrained environment.

11. There are over one million registered migrant workers in Thailand, and an estimated two million unregistered workers. The decline in the share of the working-age population suggests that Thailand will continue to require migrant workers to support its labour market. However, there are no policies in place to ensure the delivery of social and health services to unregistered migrants and their families, who are not covered under the national universal health-care programme.

12. Thailand uses a decentralized statistical system. Although the National Statistical Office is the main data producer for the country, other line ministries and agencies also have their own data and information management systems. The result has been an increasingly fragmented national statistical system that constrains the development and implementation of sound development policies that support government efforts to promote a fairer society.

13. There is a need to support the National Statistical Office in fulfilling its coordination role with respect to statistical data, and to support relevant line ministries in accessing and utilizing reliable data to develop policies and programmes.

14. In past years, government authorities as well as the general public have become more responsive to the problem of violence against girls and women. In 2004, the Ministry of Public Health expanded one-stop-service crisis centres to every province to ensure that women and girls have access to counselling and treatment services as well as to social and legal assistance.

15. In 2007, Thailand passed the Domestic Violence Victim Protection Act. By 2008, more than 26,000 women and children had received services from one-stop-service crisis centres.

However, inconsistencies in the quality of care provided and the limitations of the multisectoral coordination mechanism responsible for implementing the Act remain key challenges.

II. Past cooperation and lessons learned

16. The ninth UNFPA country programme, 2006-2011, sought to improve maternal health in targeted underserved areas, promote male involvement to improve maternal health, and expand coverage of reproductive health and HIV-prevention services to youth and to sex workers. The programme also supported data collection and promoted the utilization of data for policy development.

17. A review of the impact of demographic change in Thailand and its policy implications provided evidence for the development of a new population policy. To respond to population ageing, the programme promoted multisectoral collaboration among line ministries and relevant agencies.

18. The programme also promoted South-South cooperation by sharing good practices and lessons learned among 13 countries of the region. This cooperation focused on maternal and child health, youth sexual and reproductive health, the prevention of HIV infection, and population ageing.

19. The evaluation found that, although the current programme was relevant to national needs and priorities, it focused on the project level. Therefore, the overall results did not contribute sufficiently to key national development goals. The evaluation recommended that UNFPA should focus more on knowledge management, policy advice and the need to foster ownership of the programme by government entities.

III. Proposed programme

20. The proposed programme is consistent with the national priorities of Thailand as identified in the eleventh National Economic and Social Development Plan, 2012-2016, and the outcomes

of the United Nations Partnership Framework. The overall goal is to bring about major changes in the areas of population and development, and reproductive health by: (a) addressing policy gaps; (b) using sound, evidence-based practices for planning and policy development; (c) translating policies into action; (d) facilitating sustainable development; and (e) promoting collaboration among line ministries and relevant agencies.

Reproductive health and rights component

21. This component contributes to joint partnerships under the United Nations Partnership Framework on human rights and access to justice, strategic information, social protection, and international cooperation.

22. Output 1: Strengthened policies and programmes to promote rights-based reproductive health, especially among displaced persons and international migrants. The programme will: (a) advocate and support the integration of reproductive rights into policies and strategies of the national human rights protection system; (b) advocate the amendment of policies to ensure expanded coverage of reproductive health programmes to include international migrants, especially non-registered migrants and their families; (c) enhance mechanisms to allow non-governmental organizations to work collaboratively with the Government on policies and measures to improve access to reproductive health services for displaced persons and international migrants; and (d) enhance the engagement of vulnerable populations and civil societies in promoting reproductive rights.

23. Output 2: Enhanced policies and mechanisms to increase the utilization of sexual and reproductive health and HIV services by young people and the most vulnerable populations. The programme will: (a) enhance multisectoral collaboration and support the translation of policies into programmes with adequate resources and monitoring plans in order to improve sexual and reproductive health, in response to adolescent pregnancies and the re-emergence of HIV in the

most vulnerable populations; (b) advocate the amendment of laws and regulations that impede the utilization of sexual and reproductive health services by young people and the most vulnerable populations, including men in high-risk groups and sex workers; (c) advocate the modification of the existing family planning programme to address the unmet need for modern contraception, especially among young people; and (d) enhance the engagement of young people and the most vulnerable populations in policy and programme development.

24. The programme will also: (a) promote data collection and the utilization of strategic information to facilitate evidence-based policies and programmes to reduce the unmet need for sexual and reproductive health services for young people, migrants and the most vulnerable populations; and (b) promote international cooperation in the region on knowledge management and the transfer of knowledge and technical expertise to strengthen sexual and reproductive health services, especially within the context of the initiative for the integration of Association of Southeast Asian Nations by 2015.

Population and development component

25. This component contributes to joint partnerships under the United Nations Partnership Framework on strategic information, climate change, social protection, and international cooperation.

26. Output: Enhanced capacity of line ministries to collect and utilize data and strategic information for policies and programmes to address emerging population issues at national and subnational levels. The programme will: (a) strengthen coordination across line ministries to produce consistent statistics, including gender-disaggregated data and gender statistics at national and subnational levels, to track progress in achieving national priorities; (b) support the development of evidence-based policies and programmes to ensure social and economic security for older persons, taking into consideration the feminization of ageing and

gender inequalities; (c) provide technical support to line ministries in the analytical review and utilization of data to support policy changes on emerging population issues; and (d) promote the effective use of information and communication technology tools for the dissemination of data to the public and to policymakers.

Gender equality component

27. This programme will contribute to joint partnerships under the United Nations Partnership Framework in human rights and access to justice.

28. Output: Strengthened health-sector response to gender-based violence within the multisectoral framework. The programme will: (a) support the coordination of multisectoral agencies to respond to gender-based violence as a public health issue; (b) support the improvement of standards and protocols for one-stop-service crisis centres for the victims of gender-based violence; (c) support the integration of gender-based violence into the curricula of selected health-sector training institutions as a pilot programme; and (d) expand and build the capacity of master trainers to train service providers to use national standard protocols, and to sensitize relevant health-sector staff on issues related to gender-based violence.

IV. Programme management, monitoring and evaluation

29. UNFPA will work jointly with the United Nations country team to implement and monitor the joint partnerships. A joint committee, chaired by the Government and the United Nations, will provide guidance to implement and oversee the programme. This committee will be responsible for programme management and results.

30. The Ministry of Foreign Affairs will serve as the government coordinating authority and will be responsible for the implementation of the UNFPA country programme.

31. UNFPA will undertake midyear reviews as well as annual reviews of the programme in

conjunction with the monitoring and evaluation mechanisms of the United Nations Partnership Framework. In addition, UNFPA will conduct a country programme evaluation in the fourth year of the programme cycle.

32. UNFPA and the United Nations country team will continue to strengthen national monitoring and evaluation capacity by providing technical support and by coordinating the efforts of partner organizations.

33. The Thailand country office consists of a representative, an assistant representative, and programme, operations and support staff required to manage the programme. The Asia and the Pacific regional office in Bangkok, Thailand, will assist in identifying technical resources and provide quality assurance.

RESULTS AND RESOURCES FRAMEWORK FOR THAILAND

<p>National priorities: (a) social protection; (b) human rights and access to justice; (c) strategic information; (d) international cooperation; and (e) climate change</p> <p>United Nations Partnership Framework outcomes: (a) people are aware and exercise their rights under the strategy for societal welfare; (b) vulnerable groups are increasingly legally empowered and protected; (c) unified, harmonized and well-coordinated national statistical and information systems are in place; (d) there is increased and effective international cooperation based on a harmonized national development cooperation policy; and (e) climate change adaptation is mainstreamed in the development agenda</p>				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Reproductive health and rights	<p>Outcome: By 2016, universal access to high-quality reproductive health and comprehensive HIV-prevention services, especially for young people and the most vulnerable populations, is achieved</p> <p>Outcome indicators:</p> <ul style="list-style-type: none"> • Adolescent birth rate Baseline: 50.1 births per 1,000 women aged 15-19 years (2009) • Contraceptive prevalence rate for modern methods among displaced persons along the Thai-Myanmar border Baseline: 20% (2009) • Percentage of women whose last pregnancy was unintended Baseline: 16% of women aged 15-49 and 32% of women aged 15-19 (2009) • HIV-prevalence rates for sex workers Baseline: 2.8% for female sex workers; 14.2% for male sex workers • HIV-prevalence rate for men in high-risk groups Baseline: 13.5% (2009) • HIV-prevalence rate for migrant workers Baseline: 1.3% (2009 data from 10 provinces) <p>Note: There are no specified national targets; they will be aligned with regional targets, which are yet to be developed</p>	<p>Output 1: Strengthened policies and programmes to promote rights-based reproductive health, especially among displaced persons and international migrants</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • Number of UNFPA-identified policies and programmes incorporating the reproductive rights of displaced persons and international migrants Policy baseline: 0; Target: 2 on HIV and reproductive health Programme baseline: 0; Target: 1 on reproductive health • Number of national human rights mechanisms that incorporate reproductive rights Baseline: 0; Target: 2 (National Human Rights Commission, and the Master Plan of Human Rights Protection and Liberty) • Number of UNFPA-identified camps for displaced persons with functional collaboration between governmental agencies and non-governmental organizations to improve the access to and quality of reproductive health services Baseline: 0; Target: 3 camps in Tak and Maehongson <p>Output 2: Enhanced policies and mechanisms to increase the utilization of sexual and reproductive health and HIV services by young people and the most vulnerable populations</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • A functioning multisectoral coordination mechanism at national and subnational levels is in place to reduce unsafe sex among adolescents Baseline: 0; Target: 1 coordination mechanism at national level among line ministries, and 30% of provincial coordination mechanism in place • Number of UNFPA-identified, evidence-based policies for increased utilization of sexual and reproductive health and HIV services by adolescents and the most vulnerable groups. Baseline: 0; Target: 3 policies for adolescents, sex workers, and men in high-risk groups 	<p>Ministries of: Education; Interior; Justice; Public Health; and Social Development and Human Security; National AIDS Commission; National Health Security Office; National Human Rights Commission; National Reproductive Health Committee; National Statistical Office; Thai Health Promotion Foundation</p> <p>United Nations country team</p> <p>Groups addressing the most vulnerable populations; non-governmental organizations; universities; youth groups</p>	<p>\$5.2 million (\$4.2 million from regular resources and \$1 million from other resources)</p>

Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Population and development	<p>Outcome: Increased availability and utilization of demographic data for evidence-based decision-making and for policy and programme formulation, monitoring and evaluation in support of the Thailand national development strategy</p> <p>Outcome indicators:</p> <ul style="list-style-type: none"> • Availability and consistency of population projections <p>Baseline: 4 population projections with different population sizes; Target: agreement on the national population projection for the period 2012-2050</p> <ul style="list-style-type: none"> • Number of evidence-based policies developed in a timely manner to reduce social inequalities <p>Baseline and Target: to be determined with the Government</p>	<p>Output: Enhanced capacity of line ministries to collect and utilize data and strategic information for policies and programmes to address emerging population issues at national and subnational levels</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • Number of unified and standardized statistics on reproductive health and on population and development obtained through the UNFPA-coordinated multisectoral coordination mechanism <p>Baseline: 0; Target: to be determined with the Government</p> <ul style="list-style-type: none"> • Number of policies that apply evidence-based decision-making to formulate and monitor policies and programmes <p>Baseline: 0; Target: 3 (policies on population, older persons and reproductive health)</p> <ul style="list-style-type: none"> • Number of policies and programmes on older persons that are evidence-based, address the feminization of ageing and gender inequalities, and social and economic security <p>Policy baseline and Target: to be identified with the Government</p> <p>Programme baseline and Target: to be identified with the Government</p>	<p>Ministries of: Finance; Health; Interior; Labour, and Social Development and Human Security; National Economic and Social Development Board; National Statistical Office; non-governmental organizations; Thai Health Promotion Foundation; United Nations country team; universities</p>	<p>\$4.8 million (\$4 million from regular resources and \$0.8 million from other resources)</p>
Gender equality	<p>Outcome: Strengthened national capacity to respond to gender-based violence, especially among women and girls facing domestic violence</p> <p>Outcome indicator:</p> <ul style="list-style-type: none"> • Percentage of districts in which women have access to improved domestic violence services <p>Baseline: 0%; Target: 30%</p>	<p>Output: Strengthened health-sector response to gender-based violence within the multisectoral framework</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • Percentage of health-service delivery points that have adopted national standard protocol including referral system for the one-stop-service crisis centres <p>Baseline: 0; Target: 70%</p> <ul style="list-style-type: none"> • Number of institutions certified to provide pre-service training on gender-based violence for health service providers <p>Baseline: 0; Target: 6 institutes</p> <ul style="list-style-type: none"> • Number of certified master trainers within the one-stop-service crisis centres providing in-service training <p>Baseline: 0, Target: 1 to 2 master trainers per 12 regional health centres</p>	<p>Ministries of: Health; Justice; and Social Development and Human Security; National Statistical Office</p> <p>Non-governmental organizations; universities</p>	<p>\$1 million (\$0.8 million from regular resources and \$0.2 million from other resources)</p> <hr/> <p>Total for programme coordination and assistance: \$0.5 million from regular resources</p>