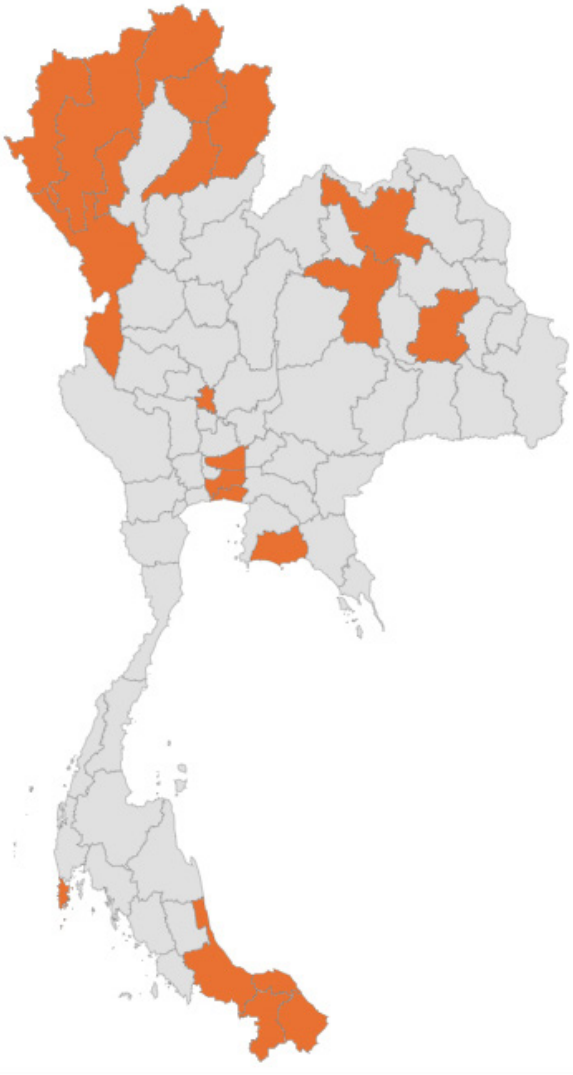
UNFPA Thailand Country Programme Evaluation 2022-2026

EVALUATION REPORT

UNFPA Thailand: Geographical Footprint of Programmatic Engagement

UNFPA Thailand Geographic Intervention



Location
Bangkok
Chiang Mai
Chiang Rai
Khon Kaen
Lamphun
Mae Hong Son
Nan
Narathiwat
Pathum Thani
Pattani
Phayao
Phrae
Phuket
Rayong
Roi Et
Samut Prakan
Singburi
Songkhla
Tak
Udon Thani
Yala

CPE team and manager

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ACRONYMS AND ABBREVIATIONS

ABR	Adolescent birth rate
Ai	Artificial Intelligence
ADB	Asian Development Bank
APRO	Asia-Pacific Regional Office
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CO	Country office
COVID-19	Coronavirus disease 2019
CP	Country programme
CPD	Country programme document
CPE	Country programme evaluation
CYCT	The Children and Youth Council of Thailand
DAC	Development Assistance Committee
DOH	Department of Health
ERG	Evaluation reference group
ESG	Environmental, social, governance (standards)
EUP	Early and unintended pregnancy
FGD	Focus group discussion
FP	Family planning
GBV	Gender-based violence
HIV	Human Immunodeficiency Virus
HRGE	Human Rights, Gender and Equity
ICPD	International Conference on Population and Development
IP	Implementing partner
KII	Key informant interviews
LGBTQI+	Lesbian, gay, bisexual, transgender, queer, intersex
LNoB	Leave no one behind
MoPH	Ministry of Public Health
MSDHS	Ministry of Social Development and Human Security
M&E	Monitoring and evaluation
NESDC	Office of the National Economic and Social Development Council
NGO	Non-governmental organizations
ODA	Official Development Assistance
OECD	Organization for Economic Co-operation and Development
OSCC	One stop crisis centre
PCA	Programme coordination and assistance
PPAT	Planned Parenthood Association of Thailand
RTF	Raks Thai Foundation
SDGs	Sustainable Development Goals
SOP	Standard Operating Procedures
SRH	Sexual and reproductive health
SRHR	Sexual and reproductive health rights
SSTC	South-South and triangular cooperation
TICA	Thailand International Cooperation Agency
ToC	Theory of Change
ToR	Terms of reference
UHC	Universal Health Coverage
UN	United Nations
UNCT	United Nations Country Team
UNEG	United Nations Evaluation Group
UNFPA	United Nations Population Fund
UNSDCF	United Nations Sustainable Development Cooperation Framework
UPR	Universal Periodic Review

Key facts table

Land		Source
Geographical location	South-Eastern Asia (2015)	UN Data https://data.un.org/en/iso/th.html
Land area	513,120 (2023)	World Bank Development Indicators https://databank.worldbank.org/reports.aspx?source=2&country=THA
Demographics		**Source**
Total population size	65,951,179 (2024)	Department Of Provincial Administration, https://stat.bora.dopa.go.th/stat/statnew/statyear/#/TableAge
Population size by sex composition	Male: 32,145,267 Female: 33,805,912 (2024)	Department Of Provincial Administration, https://stat.bora.dopa.go.th/stat/statnew/statyear/#/TableAge
Population size by rural/urban	Rural 45.68% (2024)	World Bank Development Indicators, https://data.worldbank.org/indicator/SP.RUR.TOTL.ZS?locations=TH
Population growth rate	-0.1 (2024)	UN Population Division Data Portal, https://population.un.org/dataportal/data/indicators/4/locations/764/start/1990/end/2025/table/pivotbyindicator?df=7b6bbc40-c076-40a3-b04b-c6ad4adb544f
Life expectancy at birth (disaggregated by sex (M:F)	80 (76:84) (2022)	UNFPA data portal, https://pdp.unfpa.org/
Under 5 mortality rate	11.5267 (2023)	UNICEF Data, https://data.unicef.org/topic/child-survival/under-five-mortality/
Human Development Index index/rank	0.798 (2025)	UNDP Thailand, https://hdr.undp.org/sites/default/files/2025_HDR/HDR25_Statistical_Annex_HDI_Table.pdf
Gender Inequality Index (GII) index/rank	0.288 (2023)	UNDP Human Development Reports, "Gender Inequality Index (GII) – Thailand," accessed July 5, 2025.
Young people		**Source**
Population aged 10-19	7,937,638 (2024)	Department Of Provincial Administration, https://stat.bora.dopa.go.th/stat/statnew/statyear/#/TableAge
School attendance rate (Adjusted net attendance rate for youth of upper secondary school age)	82.90 (2023)	UNESCO Institute for Statistics. "Thailand – SDG 4 Country Profile." Generated April 27, 2025. Table 4.1.4 (administrative out-of-school rate of 13.1% for upper secondary education, implying a net attendance rate of 82.9% for that cohort).

Young people		Source
School completion rate (secondary)	71.20% (2023)	UNESCO Institute for Statistics. "Thailand – SDG 4 Country Profile," April 27, 2025, Table 4.1.2 (upper secondary completion rate: 71.2% in 2023).
Teenage pregnancy rate (Proportion of women aged 15-19 years who have begun childbearing)	25.05 (2024)	WHO Data Platform, https://platform.who.int/data/maternal-newborn-child-adolescent-ageing/indicator-explorer-new/MCA/youth-literacy-rate-population-15-24-years-(-)
Health and fertility		**Source**
Total fertility rate	1.0 (2022)	Thailand MICS, https://www.unicef.org/thailand/media/11356/file/Thailand%20MICS%202022%20full%20report%20(English).pdf
Adolescent birth rate	25.05 (2024)	WHO Data Platform, https://platform.who.int/data/maternal-newborn-child-adolescent-ageing/indicator-explorer-new/MCA/youth-literacy-rate-population-15-24-years-(-)
Contraceptive prevalence rate (modern methods)	70.8 (2022)	Thailand MICS, https://www.unicef.org/thailand/media/11356/file/Thailand%20MICS%202022%20full%20report%20(English).pdf
Unmet need for family planning	3.6 (2024)	UN Population Division Data Portal, https://population.un.org/dataportal/data/indicators/4/locations/764/start/1990/end/2025/table/pivotbyindicator?df=7b6bbc40-c076-40a3-b04b-c6ad4adb544f
Proportion of births attended by skilled health personnel	99.6 (2022)	Thailand MICS https://www.unicef.org/thailand/media/11356/file/Thailand%20MICS%202022%20full%20report%20(English).pdf
Institutional deliveries	99.5 (2022)	ibid
Maternal mortality ratio	34.5 (2023)	WHO Data, https://data.who.int/indicators/i/C071DCB/AC597B1
HIV prevalence rate, 15-49	1.1 (2023)	WHO Data, https://www.who.int/data/gho/data/indicators/indicator-details/GHO/prevalence-of-hiv-among-adults-aged-15-to-49.
HIV prevalence rate, 15-24	Total: 0.3 Male: 0.5 Female: 0.2 (2023)	Thailand MICS, https://www.unicef.org/thailand/media/11356/file/Thailand%20MICS%202022%20full%20report%20(English).pdf https://data.worldbank.org/indicator/SH.HIV.1524.FE.ZS?locations=TH https://data.worldbank.org/indicator/SH.HIV.1524.MA.ZS?locations=TH

Economic		Source
Gross National Income (GNI)	500,135,086,091 US dollars (2023)	UN Data https://data.un.org/Data.aspx?q=thailand&d=SNAAMA&f=grID%3A103%3BcurrID%3AUSD%3BpcFlag%3A0%3BcrID%3A764
Gross domestic product (GDP) per capita	7,182 US dollars (2023)	UN Data, https://data.un.org/Data.aspx?q=thailand&d=SNAAMA&f=grID%3A103%3BcurrID%3AUSD%3BpcFlag%3A0%3BcrID%3A764
GDP growth rate	1.89 (2024)	World Bank Data, https://data.worldbank.org/indicator/NY.GDP.MKTP.KD.ZG?locations=TH
Unemployment rate (disaggregated by sex (M:F))	0.78 (0.74: 0.83) (2024)	ILO Stat, https://ilostat.ilo.org/data/snapshots/unemployment-rate/
Inflation rate	1.23 (2024)	Trade Policy and Strategy Office, https://tpso.go.th/en/document/2501-0000000001
Gini index	0.42 (2023)	World Bank Data, https://data.worldbank.org/indicator/NY.GDP.MKTP.KD.ZG?locations=TH
Major economic activity	Construction, Accommodation and Food Service Activities, Agriculture, Transportation and Storage, Wholesale and Retail Trade, Financial and Insurance Activities, Manufacturing	Office of the National Economic and Social Development Council, https://www.nesdc.go.th/main.php?filename=QGDP_report

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Executive Summary

Purpose, Scope and Intended Audience of the Evaluation

The CPE was conducted to fulfil four interrelated purposes consistent with the 2024 UNFPA Evaluation Policy: (i) to provide oversight and demonstrate accountability to stakeholders for results achieved and on resources used; (ii) to support evidence-based decision-making that inform development, humanitarian and peace responsive programming; (iii) to identify and share good practices and credible evaluative evidence to strengthen organizational learning and performance; and (iv) to empower community, national and regional stakeholders by promoting ownership of results and use of evidence. Specifically, the CPE provides an independent assessment of UNFPA Thailand's 12th Country Programme (2022–2026), analysing achievements, challenges and lessons to inform the design of the next programme cycle.

The UNFPA Thailand Office is implementing within a rapidly evolving political, economic, social, environmental, and demographic landscape. Political transitions have influenced policy continuity, while Thailand's growing global engagement, including its pursuit of OECD accession, creates openings for strengthened cooperation on gender equality and population issues. However, while Thailand's strong Universal Health Coverage framework has enabled significant progress in SRHR, disparities persist in adolescent reproductive health, GBV prevalence, and access to safe abortion and contraception. Demographic shifts, including ultra-low fertility and rapid population ageing, are placing pressure on health, care, and social-protection systems, while gaps in national data systems constrain evidence-based planning. At the same time, the effects of climate change and cross border conflict disproportionately affect women, youth, migrants, and older persons.

UNFPA's CP contributes to the National Economic and Social Development Policy 2022–2026 goal of leaving no one behind, aligning closely with the UNSDCF and UNFPA Strategic Plan. Under national execution led by the Ministry of Foreign Affairs and NESDC, the programme centres on three mutually reinforcing outputs. Output 1 strengthens adolescent and youth SRHR—particularly for marginalized groups using capacity-building, social movements, and digital engagement to expand agency and demand for services. Output 2 advances gender equality and GBV prevention, combining women's empowerment initiatives, policy reform—including UHC coverage for GBV survivors—and institutional capacity strengthening to promote survivor-centred, multisector responses and positive social norms. Output 3 supports population policy and data systems, leveraging demographic modelling, digital platforms like SoSafe, and South–South cooperation to build evidence-driven planning capabilities. UNFPA implements these outputs through partnership with government, youth networks, civil society, academia, and the private sector. Cross-cutting themes—climate

adaptation, humanitarian–development–peace integration, and digital innovation—further shape programming, ensuring the CP remains responsive to Thailand's evolving demographic and social context.

The evaluation covers all country programme's thematic areas—sexual and reproductive health and rights (SRHR), gender-based violence (GBV), adolescents and youth, population dynamics and data—as well as cross-cutting priorities such as human rights, gender equality, disability inclusion, innovation, resource mobilisation, and partnerships including South–South and Triangular Cooperation (SSTC).

It assesses the six OECD-DAC criteria relevance, coherence, effectiveness, efficiency, sustainability and contribution to impact, which was added, across national and subnational interventions implemented between January 2022 and June 2025, with particular emphasis on UNFPA's innovative engagement through new partnerships and SSTC. The main audiences include the UNFPA Thailand CO, the Government of Thailand, implementing partners, rights-holders involved in UNFPA-supported interventions, the United Nations Country Team, the UNFPA Asia and the Pacific Regional Office, and donors.

Methodology

A mixed-methods approach combined qualitative and quantitative evidence to ensure a balanced and credible assessment. Qualitative data were collected through document review, key informant interviews, group discussions and field observations, while quantitative analysis of financial and programme indicators complemented these findings. Triangulation of evidence across sources and methods enhanced validity and reliability of the findings and conclusions.

The evaluation adopted an inclusive, transparent and participatory approach, engaging stakeholders at national and subnational levels. Sampling was purposive and stratified across thematic focus, stakeholder category, geographic representation and implementation modality. Stakeholders were drawn from a comprehensive list of partners, rights-holders and beneficiaries involved in UNFPA-supported interventions. A gender-responsive and feminist lens guided stakeholder selection, and analysis to ensure diversity, equity and power differentials were considered. Participants included representatives from the UN system (7%), UNFPA (14%), Government (3%), Academia (4%), CSOs (13%), rights holders (23%), and the private sector (6%). The methodology upheld UNFPA's principles of transparency, credibility and utility, ensuring robust and actionable findings.

Main findings

Relevance (EQ 1): The CP is highly relevant to Thailand's national priorities and UNFPA's Strategic Plan. It responds effectively to demographic transition—low fertility, ageing and inequality—through rights-based policy support, including the Long-Term Population Development Plan and advocacy against coercive pro-natalist measures. UNFPA's LNoB and RFB approach reached diverse groups such as Muslim youth and adolescent mothers, though coverage of urban poor, migrants and sex workers remains limited. Investments in National Transfer Accounts and the 2025 hybrid census

strengthened the evidence base for population policy and aligned well with government systems, the SDGs and the ICPD Programme of Action.

Coherence (EQ 2): Coherence is assessed as moderate to strong but uneven. UNFPA strengthened system-wide coherence under UN Reform by co-chairing the Gender Theme Group and the UNCT Data and Results Group. Synergies were clearest where evidence, policy and delivery were deliberately linked—for example, integration of GBV services into UHC, population data informing SRHR planning, and South–South and Triangular Co-operation (SSTC) exchanges aligning regional and national priorities. Coordination challenges persist where mandates and data frameworks remain fragmented or downstream pilots have yet to translate into institutional reform.

Effectiveness (EQ 3): Effectiveness is assessed as moderately strong. UNFPA made tangible policy and service-delivery contributions across all outputs.

• SRHR. Youth-friendly services, school-based CSE and community outreach expanded considerably. Youth networks influenced national and provincial policy under the Adolescent Pregnancy Act, with outreach reaching more than 600 000 young people. However, monitoring focuses mainly on participation metrics rather than sustained service use, and privacy safeguards and referral mechanisms remain inconsistent.

• GBV. Integration of survivor services under UHC, updated OSCC Standard Operating Procedures (SOPs) and the piloting of the SoSafe digital platform have improved coordination and referral. Yet the system still relies on informal inter-agency communication, particularly outside Bangkok, affecting timeliness and consistency. Outcome-level data are limited, constraining demonstration of broader results.

• Population and Data. UNFPA's support for NTA, the hybrid census and partnerships with the National Statistical Office and academia institutionalised disaggregated data use and strengthened policy analysis on ageing and fertility. Innovative analytics remain concentrated at central level, and local capacity for application requires further investment.

Across thematic areas, the results chain from advocacy to service uptake is visible but not yet systemic, as the monitoring framework captures mainly outputs. Adaptive learning improved after the Mid-Term Review (MTR) but remains reactive rather than continuous.

Human Rights, Gender and Inclusion (EQ 4): Human -rights and gender perspectives are well integrated across policy and advocacy, though fully gender-transformative and disability-inclusive approaches remain inconsistent. Behavioural and social-norm initiatives—such as SoSafe, CSE, and engagement with religious leaders—show context-specific progress but are still localised. Youth with disabilities have been included in planning and review processes, but tailored materials and systematic outcome tracking are limited. While evidence of shifting attitudes is emerging—particularly around adolescent SRHR, adolescent mothers' right to education, and women's career choices—these changes remain in early stages. Embedding gender-transformative design and outcome monitoring across all outputs would strengthen alignment with UNFPA's transformative results.

Efficiency (EQ 5): Efficiency improved significantly through diversified financing and resource mobilisation. A modest US$5.8 million CPD budget leveraged an additional 34% in in-kind contributions and co-financing from partners such as TICA, ThaiHealth, MOPH, provincial authorities, and private-sector contributors (e.g., Reckitt, Organon). These partnerships expanded implementation reach and reduced transaction costs by aligning delivery with national systems like UHC and OSCC networks. The CO also gained time and cost efficiencies through digital tools (remote monitoring, virtual reviews) and joint planning under the UNSDCF. However, lean staffing, overlapping roles, and heavy administrative procedures for smaller CSO partners reduced time efficiency, highlighting the need for improved workforce planning and streamlined operational support.

Sustainability (EQ 6): Sustainability is moderate. UNFPA established durable mechanisms through the institutionalisation of NTA, the hybrid census and UHC-linked GBV services. Capacity-building of ministries, CSOs and academia enhanced ownership, but many innovations—such as SoSafe, iDesign and social-norm initiatives—remain donor-dependent and require continued UNFPA facilitation and government financing to scale. Sustaining quality standards in sensitive SRHR and GBV areas will depend on maintaining inter-ministerial coordination and integrating domestic budgets for these services.

Impact (EQ 7): Impact orientation is moderate. UNFPA contributed to policy gains, stronger referral pathways, and incremental norm change in SRHR and GBV. The adolescent fertility rate (15–19) has fallen below the national target, with UNFPA plausibly contributing through CSE and youth-friendly services. Pilots such as iDesign, OSCC SOPs, and SoSafe offer scalable models, though national adoption and financing are still pending. Behavioural shifts—greater openness to discussing sexuality and contraception—are emerging but not yet systemic, with stigma and confidentiality concerns limiting help-seeking. A structured, evidence-based social and behaviour change strategy linked to LNOB would strengthen long-term impact.

Conclusion

1. Expanding the CP portfolio exceeded expectations inadvertently shifting focus from upstream policy work to downstream implementation, straining cohesion and capacity to deliver a fully effective, sustainable programme strategy. UNFPA's programme grew significantly through new funding and innovative partnerships, enabling broader outreach and downstream pilot implementation. However, this expansion unintentionally shifted attention away from upstream policy influence, weakened coherence across outputs, and strained capacity to implement a fully integrated strategy. Limited measurement frameworks and fragmented data linkages further reduced the programme's ability to demonstrate comprehensive results.

2. The M&E system and RRF is procedurally in place, but is not capturing programme effects or learning. While the RRF and reporting processes ensured procedural compliance, they did not adequately capture outcome-level change, contribution, or learning. Indicators were output-heavy, under-disaggregated, and insufficiently linked to the Theory of Change. Weak verification systems and limited M&E resourcing constrained UNFPA's ability to demonstrate the effects of pilots and strategic interventions.

3. Sustaining SRHR information and service improvements including for youth requires both policy advocacy and pilot interventions guided by an overarching, evidence-based, well-coordinated strategy. UNFPA contributed meaningfully to adolescent pregnancy prevention, youth-friendly services, CSE, and inclusive SRHR. However, interventions remain fragmented without a unifying framework, and safeguarding, equity, and referral linkages are uneven. Addressing rising STIs, unmet needs of older persons, and structural barriers for marginalised youth require strengthened policy advocacy, clearer models, and robust youth engagement.

4. UNFPA has strengthened GBV case management, coordination and services; further gains require policy advocacy and monitoring for accountability of implementation and government ownership. UNFPA improved GBV case management, policy alignment, and coordination—including GBV integration under UHC and OSCC SOP development. Yet implementation remains uneven across sectors, and accountability mechanisms at subnational level are weak. Sustaining gains requires stronger policy advocacy, monitoring, and government ownership of survivor-centred referral pathways.

5. Targeting the most marginalised and vulnerable populations (LNoB/RFB) and including an HRGE focus requires influencing national inclusion policy for implementation fidelity.
UNFPA effectively targeted ethnic minorities, undocumented populations, LGBTQI+ groups, and persons with disabilities. HRGE principles are visible in programme design but inconsistently applied in practice. Greater policy influence and national inclusion frameworks—paired with stronger

safeguarding, disaggregation, and accountability—are needed to translate LNOB commitments into measurable equity outcomes.

6. Population and development evidence products with a policy advocacy or change purpose requires strategic planning and executed dissemination plans to ensure effectiveness.

UNFPA's leadership in census support, demographic analytics, and NTA has had strong policy impact, informing ageing and social security reforms. Yet many evidence products lack strategic dissemination, structured follow-up, or policy-influencing plans, limiting their uptake. More intentional end-to-end planning is needed to ensure evidence translates into policy change.

7. Innovative financing yields benefits but also requires moving from opportunistic to strategic financing aligned with the CP strategy and focused on impact. UNFPA nearly doubled its resource envelope and diversified funding, including major private-sector contributions. However, heavy reliance on a single corporate donor, uneven funding across outputs, and limited partnership management capacity pose risks. Moving from opportunistic to strategic financing—aligned with evidence and policy influence—is essential for sustainability.

8. UNFPA is an important contributor to UNSCDCF and UNCT coherence, coordination and visibility. Through leadership of the Gender Theme Group and co-chairing the UN Data Group, UNFPA enhanced UNCT coherence, advanced gender equality, and supported a One-UN approach to the census. However, coordination challenges, mandate overlap, and resource asymmetries affected consistent engagement across all UN mechanisms.

9. Sustainability of UNFPA pilots projects requires they address a national priority, demonstrate effectiveness and have government ownership and engagement from the start.

UNFPA's strongest gains—such as NTA, population planning, SOPs, and elements of SoSafe—reflect early and deep engagement with government priorities. Yet some pilots lack robust M&E and clear alignment with national monitoring systems. Institutional uptake requires embedding models in ministries with mandate and reach—especially the Ministry of Interior—to ensure long-term continuity.

Recomendations

1. Strengthen Strategic Coherence, Upstream Influence, and Scalable, Evidence-Based Programming in the next CPD. The next CPD should adopt a sharper and more coherent strategic focus that balances ambition with available resources. This requires systematic portfolio rationalisation and alignment of programme investments and technical support with a clear, upstream-oriented strategy that enables sustainable and scalable interventions. UNFPA should leverage its comparative advantage to strengthen its role as a key policy partner on national priorities such as ageing, the care and silver economy, and demographic planning under the next UNSDCF and CPD. This also includes deeper engagement with MoI, whose provincial oversight and reporting mechanisms are essential for institutionalising coordinated response models like SoSafe. [HIGH PRIORITY]

2. Strengthening Financing Sustainability and Strategic Partnerships. UNFPA should strengthen financing sustainability by developing a domestic financing strategy, expanding government cost-sharing, and mobilising national financing mechanisms and institutional capacities to diversify partnerships—including strategic private-sector engagement on SRHR, ESG and GBV through emerging workplace-equity and ESG frameworks—to enable scalable interventions under the next CPD. [HIGH PRIORITY]

3. Transforming M&E into a Results-Oriented and Learning System. UNFPA's M&E system should shift from a compliance-focused tracker to a results-oriented learning system that demonstrates credible evidence of contribution and equity. [HIGH PRIORITY]

4. Strengthen Access to Integrated SRHR Services across the life course by refocusing the Youth Portfolio to Advance Equitable Access to SRHR Information, Services, and Choice.
UNFPA should consolidate its SRHR and youth programming into a coherent, evidence-informed framework that strengthens policy advocacy, expands equitable access to quality services, and advances government-owned, gradually domestically financed, rights-based implementation or SRHR across the life course. [HIGH PRIORITY]

5. Consolidate GBV Programming through a Comprehensive, Survivor-Centred and Gender-Transformative Approach. The next CPD should consolidate UNFPA's GBV support into a comprehensive, survivor-centred approach that strengthens national coordination, institutional accountability and community inclusion by reinforcing system-wide capacities, improving service quality, and integrating digital and in-person support within national GBV response structures. [HIGH PRIORITY]

6. Strengthen the Focus on Marginalised and Vulnerable Populations through a Human Rights-Based and Inclusive Approach UNFPA should strengthen HRBA and GEWE integration by strategically prioritising a small number of most excluded groups and co-designing inclusive approaches with affected communities to improve disaggregated equity monitoring and build targeted partner capacities, enabling deeper, more sustainable rights-based implementation within realistic resource constraints. [HIGH PRIORITY]

7. Strengthen UNFPA's Strategic Leadership in the new UNSDCF to support UNCT Coordination and Data Governance to address GEWE, population ageing and SRHR under a One-UN approach. UNFPA should strengthen its strategic leadership in the new UNSDCF and UNCT coordination mechanisms to advance gender equality, data coherence, and policy influencing on population ageing and SRHR. [MEDIUM PRIORITY]

8. Position Thailand as a regional SSTC knowledge hub, facilitated by UNFPA. UNFPA Thailand should transition from ad hoc, request-driven South–South and Triangular Cooperation activities to a structured, multi-year framework and pipeline aligned with CPD Outputs and reinforcing Thailand's long-term national development agenda under the CPD and UNSDCF, standardising planning, follow-up and results monitoring, and positioning Thailand —with UNFPA facilitation—as a regional knowledge hub to ensure SSTC functions as a strategic accelerator of evidence-led policy and system-building outcomes rather than standalone project exchanges. [MEDIUM PRIORITY]

Chapter 1

INTRODUCTION

The United Nations Population Fund (UNFPA) aims to "achieve universal access to sexual and reproductive health, realize reproductive rights, and accelerate progress on the implementation of the Programme of Action of the International Conference on Population and Development (ICPD) by focusing on three transformative results." Specifically, UNFPA is dedicated to: (i) end preventable maternal deaths; (ii) end unmet need for family planning; and (iii) end gender-based violence (GBV) and all harmful practices, including female genital mutilation and child, early and forced marriage. UNFPA efforts towards these aims, also contributed directly to the Sustainable Development Goals (SDGs), with an emphasis on 'leaving no one behind' (LNoB) and 'reaching those furthest behind first' (2).

UNFPA has been present in Thailand since 1971, contributing significantly to its development processes. Currently, UNFPA is in its twelfth Country Programme (CP) (2022–2026), providing support to the Government of Thailand to achieve the priorities of its Thirteenth National Economic and Social Development Plan (2023–2027). The current CP is a reflection of the progress made, new and emerging opportunities, and a response to persistent needs that remain, especially among the most vulnerable. In accord with the 2024 UNFPA Evaluation Policy, the UNFPA Country Offices commissioned a Country Programme Evaluation (CPE) in the final penultimate year of its twelfth CP (2022–2026) to assess achievements and inform the next CP cycle.

section 1.1 | Purpose and objectives of the CPE

The CPE has four main purposes, as outlined in the 2024 UNFPA Evaluation Policy: (i) oversight and demonstrate accountability to stakeholders on performance in achieving development results and on invested resources; (ii) support evidence-based decision-making to inform development, humanitarian response and peace-responsive programming; (iii) aggregating and sharing good practices and credible evaluative evidence to support organizational learning on how to achieve the best results; and (iv) empower community, national and regional stakeholders. As defined in the TORs, the **objectives** of this CPE are:

1. To provide the UNFPA Thailand Country Office (CO), national stakeholders and rights-holders, the UNFPA Asia-Pacific Regional Office (APRO), UNFPA Headquarters as well as a wider audience with an independent assessment of the UNFPA Thailand 12th CP (2022-2026) including achievements, challenges and opportunities for future programming.

2. To broaden the evidence base to inform the design of the next programme cycle. The **specific objectives** are:

1. To provide an independent assessment of the relevance, coherence, effectiveness, efficiency, sustainability and impact orientation of UNFPA support

2. To provide an assessment of the role played by the UNFPA Thailand Country Office (CO) in the coordination mechanisms of the United Nations Country Team (UNCT) as per the United Nations (UN) Reform agenda while advocating UNFPA mandates across UN Thailand interventions, with a view to enhancing the UNs collective contribution to national development results.

3. To draw key findings and conclusions from past and current cooperation and provide the Thailand Country office with a set of clear, forward-looking and actionable recommendations for the next programme cycle.

section 1.2 | Scope of the evaluation: thematic, geographic, and temporal

Section 1.2.1 Thematic Scope

The evaluation covers all of the 12th CP thematic areas, which include interventions relevant to: (i) policy and accountability; (ii) quality of care and services; (iii) gender and social norms; (iv) population change and data; and (v) adolescents and youth. In addition, the evaluation covers cross-cutting issues, such as human rights; gender equality; disability inclusion, and transversal functions, such as coordination; monitoring and evaluation (M&E); innovation; resource mobilization and financing for sexual and reproductive health (SRH); and strategic partnerships including South-South and Triangular Cooperation (SSTC). Special emphasis has been placed on impact orientation to capture the unique contribution of UNFPA Thailand CO's innovative engagement both within Thailand through new partnerships, and beyond through SSTC.

Section 1.2.2 Geographic Scope

The evaluation covers all outputs implemented at a national level and at a subnational level in three regions in Thailand: Northern, North-Eastern and Southern
regions.

Section 1.2.3 Temporal Scope

The evaluation covers interventions planned and/or implemented within the time period of the current CP: 1 January 2022-30 June 2025 (until the data collection phase).

Section 1.2.4 Evaluation Questions

In accordance with the methodology for CPEs, the evaluation examines the following six Organisation for Economic Cooperation and Development (OECD)/ Development Assistance Committee (DAC) (DAC evaluation) criteria: relevance, coherence, effectiveness, efficiency, sustainability and impact (orientation).[1] Under each DAC criteria, evaluation questions have been adapted from the terms of reference (ToR) and integrated into the evaluation matrix, which defines what was evaluated, how progress was measured (testing assumptions within the programme Theory of Change (ToC)) and which methods were used to answer each question and sub-question. It also details the tools that were used to collect the data and data sources. The evaluation matrix was developed and expanded based on the evaluation questions in the ToR (Annex 8) and with inputs provided by the evaluation reference group (ERG) members and the Regional M&E Advisor in the design phase.

[1]The evaluation team included a broader definition of the OECD criterion for Impact given the relatively short period of some of the programme activities. Impact Orientation in our evaluation makes an assessment of "Impact" practical and current by: (1) identifying the impact pathways in the ToC before we start, (2) checking plausible contribution with clear assumptions and evidence, (3) using national/administrative data and simple trend/counterfactual checks where possible, and (4) adding equity/LNOB effects. While many CPEs stop at outputs and outcomes; we also test the impact logic step by step.

Specifically, the evaluation team largely retained the intent of the ToR questions but refined and reorganised them for greater clarity, alignment with the ToC, and to ensure all underlying assumptions were captured. One new question was added on coherence, while several TOR questions were merged into existing evaluation questions—for example, partnership-related questions were incorporated into EQ6, and responsiveness to emerging issues was integrated into EQ1. Some ToR questions were translated into specific indicators (e.g., TOR Q5 became indicators 3.1.1–3.1.5, with expanded focus on youth participation). Overall, the revisions ensured questions were more discrete, comprehensive, and methodologically grounded, reflecting feedback from the ERG and UNFPA consultations. The comprehensive evaluation matrix is available Annex 1 and the final evaluation questions for the CPE are provided in Table 1.

Table 1 Evaluation Questions

ELEVANCE
EQ1.To what extent is the country programme adapted to: (i) the needs of diverse populations; (ii) national development strategies and policies; (iii) the strategic direction and objectives of UNFPA; and (iv) priorities articulated in international frameworks and agreements, in particular the ICPD Programme of Action and the SDGs and UN Reform.
A1.1 The country programme is designed to respond to changes in national needs and priorities, including those of vulnerable or marginalized groups, and to shifts and emerging issues, including political, social and technological shifts, climate, change, and demographic changes.
A1.2 The country programme is aligned with national laws, policies and strategies, and the strategic objectives of UNFPA and international frameworks.
COHERENCE
EQ2. To what extent have UNFPA's programme activities and SSTC synergistically contributed to UNFPA's broader strategic outcomes and goals?
A2.1 UNFPA's programmes and activities are internally and externally (with partners) complimentary for advancing UNFPA's broader strategic outcomes and goals.
A2.2 UNFPA programmes demonstrate innovation through South-South and Triangular Cooperation (SSTC) to support regional achievement of UNFPA's broader strategic outcomes
EFFECTIVENESS
EQ3: To what extent have the interventions supported by UNFPA delivered outputs and contributed to the achievement of the outcomes of the country programme?
A3.1. The interventions supported by UNFPA delivered outputs and contributed to the achievement of the outcomes of the country programme.
A3.2 The interventions supported by UNFPA resulted in unintended or unexpected results (positive or negative) that were managed or capitalised on to advance programme aims.
A3.3. UNFPA monitoring and evaluation activities including its results and resource frameworks and indicators capture progress and areas for improvement and are used for course correction.
EQ4. To what extent has UNFPA successfully integrated human rights, gender perspectives and disability inclusion in the design, implementation and monitoring of the country programme?
A4.1 UNFPA successfully integrated human rights, gender perspectives and disability inclusion in the design, implementation and monitoring of the country programme.

EFFICIENCY
EQ5. To what extent has UNFPA allocated adequate financial, human, technical, and other resources to achieving their strategy?
A5.1 UNFPA has used the human, financial and administrative resources as planned and to enhance efficiency.
A5.2 The programme used a set of appropriate policies, procedures and tools to pursue the achievement of the outcomes defined in the country programme.
SUSTAINABILITY
EQ6. To what extent has UNFPA partnerships and support for implementing partners and government – duty-bearers and rights-holders (notably, women, adolescents and youth, older persons) developed local ownership, capacity, and mechanisms to ensure the durability of effects?
A6.1 UNFPA has supported national stakeholders to develop capacity and establish mechanisms to ensure sustainability, including the ability to scale up activities beyond the programme life.
A6.2 UNFPA leveraged strategic partnerships with stakeholders, including traditional and non-traditional national and sub-national government, the private sector, and local and grassroots/ community organizations to advance its mandate to improve SRHR and inequalities of vulnerable and marginalized populations.
IMPACT ORIENTATION
EQ7. To what extent has UNFPA contributed to higher-level development outcomes and catalysed broader change beyond immediate programme outputs?
A7.1 UNFPA-supported interventions have contributed to measurable progress toward relevant UNSDCF outcomes and national development goals, as demonstrated by improvements in sectoral indicators or meaningful changes in the lives of target populations.
A7.2 UNFPA's work has contributed to shifts in social norms, and sustained behaviour change related to SRHR, GBV, and population dynamics.
A7.3 UNFPA's work has catalysed broader change —such as the replication or scale-up of successful models, policy or legislative influence, or integration of innovations into government or partner systems.

The Evaluation Matrix also serves as the basis for data collection and consolidation. An online version of the Matrix is shared in a dedicated drive in an excel format to allow for direct inputting of data from the document review; key qualitative and quantitative data raw data, and transcripts are stored in the same drive for consolidation and analysis using a data analysis software by all team members (see section 1.3.2 below for further details).

section 1.3 | Evaluation approach

Analytical approaches

UNFPA's CP has been designed along change pathways illustrated as a ToC. The CPE adopted a theory-based approach that relies on the CP's explicit ToC – a series of interventions that contribute, along a change continuum to expected outputs and outcomes. The ToC includes causal links between the results, and critical assumptions and contextual factors that support or hinder the achievement of desired changes. The following analytical approaches have also be employed:

- Descriptive analysis to understand the contexts of the programme.
- Content analysis for the qualitative analysis of coded primary and secondary data including documents, interview transcripts, and observations from the field to identify common trends, themes, and patterns for each evaluation question and criteria.
- Comparative analysis to examine findings across different initiatives, themes, or other criteria.

Participatory approach

The CPE took an inclusive, transparent and participatory approach, involving a broad range of partners and stakeholders at national and sub-national levels. Based on an initial stakeholder map provided by UNFPA Thailand, the evaluation team identified stakeholders who have been involved in the preparation and implementation of the CP, and partners who do not work directly with UNFPA, yet play a key role in a relevant outcome or thematic area in the national context. The evaluation team has reviewed and amplified the list to ensure representativity of stakeholders and independence of the evaluation. The evaluation process emphasized inclusion of left-behind and vulnerable groups, ensuring their perspectives were well represented through bothdirect interviews and consultations with implementing partners engaging teen mothers, ethnic minority students, persons with disabilities, Muslim communities in the southern border provinces, and out-of-school youth. Stakeholders engaged in the CPE are listed in Section 1.3.3. In addition, the CPE manager in the UNFPA Thailand CO established an ERG comprised of key stakeholders of the CP (see a full list on page iii) that provided inputs at various stages of the evaluation process.

Adherence to UNEG norms and standards

The evaluation was conducted in line with United Nations Evaluation Group (UNEG) guidance (121). The team, experienced in UN systems, adhered to UNEG Ethical Guidelines, Safeguarding Principles, and Codes of Conduct. UNEG guidance on Integrating Human Rights, Gender Equality in Evaluation (120), and Integrating Disability Inclusion in Evaluations and Reporting (119) was applied to ensure meaningful participation of persons with disabilities and reflection of their voices in findings and recommendations. For example, the team interviewed a disability rights organization to assess how UNFPA-supported activities address disability needs. Although survivors of GBV were not interviewed, the team visited safe spaces and One Stop Crises Centres (OSCC) serving GBV survivors. During these visits, WHO's ethical and safety recommendations for researching sexual violence in emergencies were followed to ensure no harm. Safeguarding measures, including safety and security precautions for respondents, were reinforced through a training session led by the Evaluation Lead during the design phase.

Section 1.3.1 Contribution analysis and theory of change

In the Design Phase, the CPE team reviewed and used the original ToC of the 12th CP. The evaluation team considers the Theory of Change adequately defined for the purpose of the CPE and therefore does not see the need for its reconstruction. The evaluation focuses instead on testing the validity of the CO's hypotheses and causal linkages articulated in the results chain, assessing whether the intended pathways of change have materialised as designed. This approach is consistent with UNFPA CPE methodology, which emphasises testing the robustness and plausibility of the existing ToC rather than redesigning it.

This approach was taken following review of the literature, consulting UNFPA programme staff, and analysing the programme's design and implementation. Based on this analysis, specific evaluation questions were developed to test the programme's assumptions and mechanisms of action (Table 1). In the Field phase, quantitative and qualitative data were collected and analysed to test key assumptions in the ToC.

Findings from the primary and secondary sources were analysed using a variety of approaches, as mentioned above in section 1.3. Descriptive statistics offered insights from the secondary quantitative data, while content analysis of the coded qualitative data and document review facilitated the identification of themes and correlations to inform the findings on relevance, coherence and efficiency. Building on these analytical approaches, the team employed contribution analysis techniques to test hypotheses inherent in the ToC through empirical data and analysis. This facilitated understanding of why the observed results occurred, and the role played by UNFPA along with other external factors. We then further triangulated our evidence-based observations to develop the findings and draw conclusions around the programme's effectiveness, and the validity of its underlying assumptions. The analysis of the ToC served as the basis of the assessment of the effectiveness, sustainability and impact orientation of the programme during the period of the 12th CP.

Section 1.3.2 Methods for data collection and analysis

The evaluation used primarily qualitative methods for data collection, including document review, interviews, group discussions and observations during field visits, as appropriate. Quantitative analysis of financial data and Results Matrix indicator trends complemented the qualitative data to minimize bias and reinforce the validity of findings. Quantitative data has been compiled through desk review of documents, available administrative or survey data and online databases to obtain relevant financial data and data on key indicators that measure change at output and outcome levels. All data has been compiled and either in an on-line qualitative data analysis software using a dedicated project for the CPE, or in an excel Matrix for the document review (see Data Analysis Process below). Triangulation of evidence has been ensured for findings across data collection methods to increase the quality and credibility of the findings and conclusions.

Artificial Intelligence (Ai) has been used to generate images and graphics based on CPE team inputs to improve visuals and avoid the need to use actual photos of the population (where approval for use is required). All visuals that have been aided using Ai have been noted. Ai was also used in the initial search for key facts and background data. The information found through Ai searches were then validated and complimented with information from the document review. No direct Ai generated text is included in this report.

Data collection

The evaluation used both primary and secondary data sources. Primary data were collected through Key Informant Interviews (KIIs) and small group discussions with government representatives, civil society, implementing partners (IPs), the private sector, academia, UN agencies, and donors at national and sub-national levels. Interviews were held individually or in small groups, in person or online, with no compensation provided. Focus Group Discussions (FGDs) with 8–10 participants included duty bearers and rights holders (e.g. students in vocational/non-formal education, ethnic group students, women and girls affected by or at risk of gender-based violence in Southern Thailand, beneficiaries' groups (teachers, health workers)). A planned FGD with teen mothers was replaced by individual KIIs due to access challenges. Secondary data came from an extensive review of documents, including those in the Country Office repository. A summary of the data collection sources can be found below. All KIIs and FGDs began with verbal and written informed consent, including permission for recording. Site visits to a One Stop Crisis Centres (OSCC) were conducted, with observation notes taken but no photographs. Safeguarding and ethical standards—respecting gender, human rights, and accountability—were strictly followed. The data collection tools are available in Annex 7.

Data were disaggregated by gender, age, location, and disability status where possible. Primary data were collected from 4–20 August, and document review continued until 12 September 2025. A 3rd ERG meeting was held on 9 September to validate the finding and provide 2025 feedback for the analysis.

Data analysis process

Primary data has been cleaned and anonymised and saved on a Google folder that only CPE team members can access. KIIs and FGDs in Thai were translated to English and clean transcripts were uploaded and coded in Atlas.ti. The coding was iterative during the data collection phase. Data was coded against a set of pre-defined codes aligned with the evaluation matrix assumptions being tested. Once primary data collection was concluded, and all data was coded in the software, data associated with each code was downloaded for analysis and summarization. These summaries (and their sources) were then compared and contrasted with the quantitative data results, and evidence from the document review catalogued in an excel evaluation matrix sheet for each evaluation question and related assumption for verification. Once the all-evaluative evidence had been reviewed and analysed, the team identified common themes and patterns to help formulate evidence-informed answers to the evaluation questions.

An internal analysis workshop was convened among evaluation team members where we collectively discussed and analysed the findings to ensure triangulation of the results. Analytical approaches were applied during this process. There was also a debriefing meeting with the CO and the ERG at the end of the field phase, where the evaluation team presented preliminary findings. After the debriefing meeting, the evaluation team met to further refine the findings and draft conclusions and recommendations that have been presented to the ERG to further validate the results.

Section 1.3.3 Stakeholders consulted and sites visited

Sampling strategy and approach

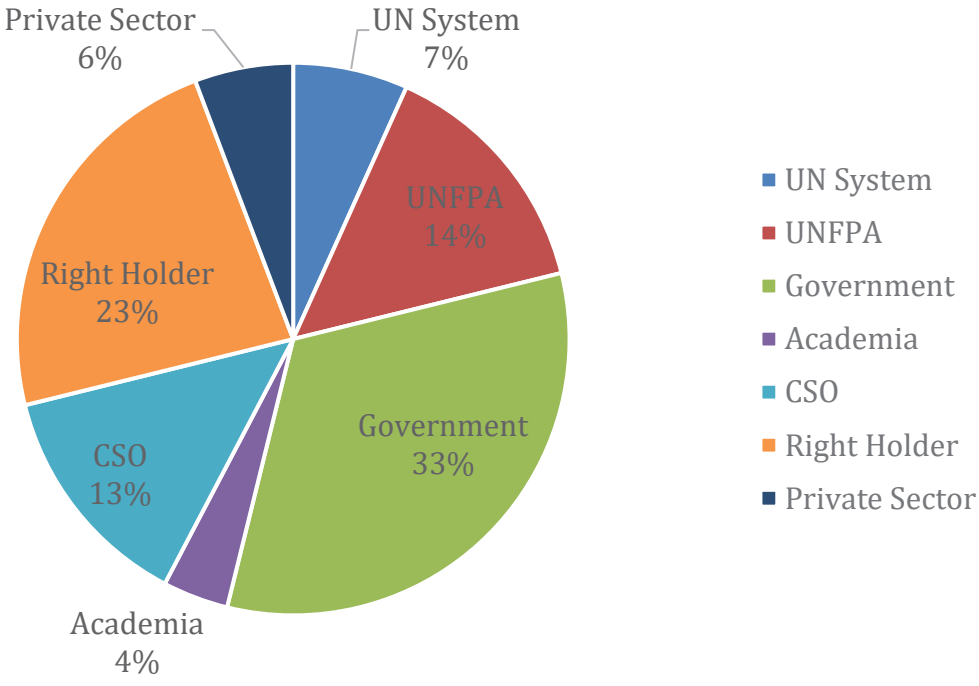
The evaluation applies a purposive and stratified sampling strategy across four dimensions:
1. thematic focus (SRHR, population ageing, GBV, youth engagement), 2. stakeholder category (policy actors, implementers, funders, beneficiaries), 3. geographic representation (North, Northeast, Central, South), 4. implementation modality (direct support, pilots, partnerships, private sector collaboration). The selected stakeholders that are implementing UNFPA pilot programmes (e.g. SoSafe, GBV Protocol and OSCC; iDesign curriculum, community engagement with marginalised groups in the South, etc-.) have been drawn from a comprehensive list of partners and rights holders or beneficiaries across UNFPA Thailand intervention areas. A gender and feminist lens were applied to stakeholder selection. A power analysis was done on the preliminary stakeholder list to ensure the evaluation team would speak to both duty bearers, and rights holders, including those that are marginalised or less empowered to advocate for themselves. For example, the team travelled to Phrae to visit a OSCC and a Phrae Shelter for Children and Families that offered protection and housing for vulnerable children and families to ensure the team had an opportunity to speak to those working more remotely with the most vulnerable adolescents and youth. The evaluators also made efforts to organize discussions with teen moms targeted by these programmes.

For reasons of practicality, the primary site visit took place in Bangkok and Chiang Mai, where all programme areas have IPs and activities, with an additional site visit in Phrae province. To supplement the in-person data collection sites, remote interviews were done with IPs and duty bearers in the Northern (Chiang Mai, Chiang Rai, and Phrae), Southern (Yala, Pattani, and Narathiwat), Northeastern (Khon Kaen) Provinces, and in the Bangkok Metropolitan Region (Bangkok and Nonthaburi). The province and site selection was done in consultation with the CO and with guidance from the ERG (Table 2). In addition, the evaluation team consulted the UNFPA Bhutan and Vietnam COs to gather evidence related to SSTC.

Table 2 Sampling sites and justification

Site	Region	Justification
Chiangmai Chiangrai Phrae	North	In-person visit; active youth-focused and SRHR interventions under private-sector partnership (Reckitt). Strong LNoB focus.
Khon Kaen Loei	Northeast	Illustrates subnational policy integration and uptake of population-related programming.
Yala Pattani, Narathiwat	South	Region of complex gender dynamics and intersectional exclusion; essential for LNoB and gender assessment.
Bangkok Nonthaburi	Central	National-level stakeholders, UN agencies, and government coordination units.

Figure 1 Interview respondents by stakeholder category (%)



Stakeholder consulted

The evaluation team identified 60 potential stakeholders with whom we wanted to interview either through individual or small group and focus group discussions. In the end, the number of individual and small groups discussions far exceeded expectations as opportunities to meet partners were seized by the team as opportunities to expand the knowledge base or validate information gathered. Inversely, the team had some challenges in meeting beneficiaries in FGDs given the online nature of some of the data collection, or the sensitive nature of the topics (where respondents preferred to be interviewed individually).

In total, 103 core stakeholders from the UN system (7%), UNFPA (14%), Government (33%), Academia (4%), CSOs (13%), rights holders (23%), and the private sector (6%) were consulted during the data collection phase (Figure 1). Of all stakeholders consulted, 16.5 percent were male and 83.5 percent were female, reflecting the strong participation of women across implementing partners, rights-holders, and service providers. These include the following representatives:

- UNFPA Leadership and Coordination: Country Director, Head of Office, Programme Analysts.
- UNFPA Regional Office Technical and Programme Specialist on CPD alignment, Humanitarian, SRHR justice coalition and financing for ICPD, and National Transfer Accounts)
- UNFPA Country Offices in the region (Bhutan and Vietnam programme specialist)
- UN Leadership: UN Resident Coordinator (Thailand), the ASRH and Youth International Specialist in Thailand and Other UN (e.g. UNRCO, UN Women, UNDP, UNICEF, UNAIDS, UNHCR, IOM) and International Non-governmental organization (NGO) Partners (e.g. FHI360)
- Government Partners: NESDC (National Planning Agency), Department of Health (DOH) of the Ministry of Public Health (MOPH), Ministry of

Social Development and Human Security (MSDHS), TNSO, The Children and Youth Council of Thailand (CYCT), Ministry of Interior (MOI), Ministry of Foreign Affairs (MFA), local health offices (Chiang Mai, Phrae, Khon Kaen)

• Subnational Actors: programming provinces (Chiang Mai, Chiang Rai, Phrae, Yala, Pattani, Narathiwat, and Khon Kaen)

• Academic Institutions: Institute for Population and Social Research (IPSR)-Mahidol University (MU), College of Population Studies (CPS)-Chulalongkorn University (CU), Faculty of Nursing-Khon Kaen University

• Private Sector and the Media: Reckitt, Organon, Ninja Perfection, Thai PBS World

• Service Providers: OSCC – National coordination and Khon Kaen-based unit, National Health Security Office (NHSO)

• IPs: Department of Health (DOH), Regional Health Promotion Center 1 Chiang Mai (HPC1 Chiang Mai), Raks Thai Foundation; Planned Parenthood Association of Thailand (with sub-partner 'Palang Jo'); Foundation for Older Persons' Development, Center for Girls Foundation, Thailand Research Institute for Empowerment of Persons with Disabilities (TRIP)

• Rights-Holders: Youth, women, and vulnerable groups in sampled provinces

Section 1.3.4 Limitations and mitigations measures

An overview of limitations and risks, along with proposed mitigation strategies that helped to address the limitations, are presented in Table 3.

Table 3 Limitations, risks and mitigation strategies

Limitation or Risk	Mitigation strategies
Quantitative and qualitative data availability could hamper the purposeful sampling strategy that aimed to ensure reach and coverage of the CP interventions.	The evaluators worked closely with the UNFPA and IPs in the provinces to facilitate access to stakeholders. Challenges in meeting beneficiaries who were afraid to participate in person, were conducted individually over zoom (their preference)
Lack of internet connectivity could limit access to some stakeholders for online interviews.	The stakeholder mapping includes sufficient stakeholders to allow for replacements without losing rigor. We also extended the time allocated for data collection to accommodate stakeholders that were difficult to interview due to their busy schedules. The UNFPA CO was a tremendous help in setting up the appointments efficiently.
In provinces with multiple interventions in the thematic areas, attribution to UNFPA CP interventions may be difficult.	The evaluators are cognizant of the other interventions taking place in each of the locations. Triangulation of data sources, and diversity of stakeholders also facilitated contribution /attribution analysis.
Resource and time constraints of the CPE limit the scope of the evaluation.	The evaluators have worked closely with the CPE manager to maximize data collection within the given constraints. Through online interviewing, we were able to ensure the diversity and breadth of the data collection.
Potential bias in internal reporting and self-assessment by IPs.	Triangulation of responses from diverse stakeholders and documentation limited desirability and other bias from self-reporting.
Gaps in stakeholder participation, especially among marginalized and vulnerable populations can be difficult to assure.	Challenges in gathering beneficiaries over concerns for anonymity were resolved with flexibility and understanding. Those that did not want to meet as a group (Teen Moms) or were too busy (government officials) were accommodated by conducting the interviews as individually and remotely.

Chapter 2

COUNTRY CONTEXT

section 2.1 Development challenges and national strategies

Country Context Influencing Programme Implementation

Thailand's development trajectory has been shaped by a combination of long-term structural shifts and more recent shocks, including the Coronavirus disease 2019 (COVID-19) pandemic. These contextual dynamics—spanning the political, economic, social, environmental, and demographic spheres—have important implications for the design, delivery, and effectiveness of the UNFPA Thailand CP (2022–2026).

Political Context

Thailand's political landscape during the current programme cycle has been defined by significant transitionand uncertainty, affecting policy continuity, budget execution, and stakeholder engagement. The 2023 general election resulted in the delayed formation of a new civilian-led coalition government that disrupted parliamentary approval of the national budget, affecting the timeline and predictability of public spending, including for development and social programmes. Concurrently, Thailand sought to elevate its profile in global leadership. It secured a seat on the UN Human Rights Council for the 2025–2027 term, advanced its bid for OECD accession, and pursued free trade agreements with key economies. The country has also maintained a neutral foreign policy stance, expressing interest in cooperating with the BRICS group of emerging economies. These actions signal Thailand's intention to position itself as a constructive and balanced actor in global governance. For UNFPA, this presents an opportunity to strengthen policy dialogue and technical cooperation on human rights, gender equality, and population dynamics— areas that align with Thailand's global commitments and reinforce the country's aspirations for leadership on the international stage.

Economic Context

Thailand attained upper-middle-income country status in 2011, but its growth momentum has moderated in the years following the COVID-19 pandemic. Gross Domestic Product (GDP) contracted by 8.1% in 2020 before recovering gradually —2.6% growth in 2022, 1.9% in 2023, and a projected 2.5% in 2024 (National Economic and Social Development Council (NESDC)). Despite gains, economic output has not fully returned to pre-pandemic levels, and high levels of

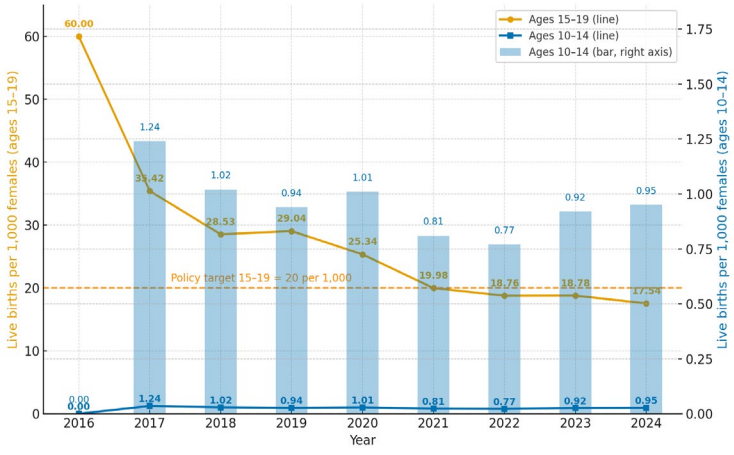
household debt continue to constrain domestic consumption as a driver of growth. Thailand's economic structure is heavily reliant on tourism and export-oriented manufacturing, leaving it exposed to external shocks. Meanwhile, inequality persists between regions, with higher poverty rates in the Northeast and Southern Border Provinces despite a national poverty rate decline to 3.4% in 2024.

Social and Health Context

Thailand has long been recognized for its Universal Health Coverage (UHC), which continues to play a central role in safeguarding public health. UHC includes coverage for reproductive health and safe abortion services, which were expanded in 2023 to permit legal termination up to 12 weeks of gestation upon request, and up to 20 weeks under medical guidance and counselling. This policy reform reflects expanded reproductive rights following the 2020 Constitutional Court ruling and 2021 legislative amendments (18). As of 2024, 17,352 people reportedly received legal abortion subsidy of 3,000 baht per case under the UHC scheme for legal abortion (99). However, access remains uneven: over 90% of healthcare facilities in Thailand do not provide abortion services, highlighting significant gaps in service availability despite legal and policy reforms. Modern contraceptive access under UHC has also been extended to all individuals of reproductive age, further supporting Thailand's commitment to comprehensive reproductive healthcare. Nevertheless, challenges persist. The adolescent birth rate in 2022 was 18 per 1,000 girls aged 15–19 (109). Notably, disparities persist across socioeconomic groups:

The adolescent birth rate (ABR) for ages 15–19 fell from 60.0 to 17.54 per 1,000 between 2016 and 2024, which is now below the national target of 20 per 1,000. For ages 10–14, the ABR has remained low overall (~0.8–1.2 per 1,000); however, the series shows a recent uptick—from 0.77 in 2022 to 0.92 in 2023 and 0.95 in 2024 (Figure 2). The ABR however underestimates the true adolescent pregnancy, yet its year-to-year pattern typically mirrors the pregnancy trend.

Figure 2 Trends in ABR as a proxy for adolescent pregnancy, Thailand 2016-2024



GBV remains a serious and underreported issue. Around 15% of women report having experienced psychological, physical, or sexual violence (128), with higher rates observed among young women and marginalized groups. Data from the Ministry of Social Development and Human Security and the Ministry of Public Health's OSCC highlight persistent service gaps and limited availability of safe shelters. In 2023, the OSCC network recorded over 30,000 GBV-related cases (134), although actual prevalence is likely higher due to stigma and reporting barriers.

An analysis of anonymised administrative data, supported by a counterfactual analysis of pre-trend patterns, shows a declining trend in reported GBV cases between 2017 and 2019, followed by a COVID-19 spike in 2020 and a persistently higher plateau through 2023 (Figure 3). A conservative trend-based counterfactual analysis suggests that, absent the shock, reported incidents would have remained pre-COVID level; instead, they stabilised at an estimated 30–40 per cent higher during 2020–2023 during 2020–2023 (Figure 4). However, this persistent elevation highlights both increased reporting and potentially heightened incidence under prolonged economic strain, slow post-pandemic recovery, and historically high household debt—factors linked to household stress and reduced help-seeking capacity. Consistent with UNFPA's A Survivor-Centred Approach to Monitoring GBV Response Programming (2024), this section presents only proportional and trend-based analysis and omits absolute case counts to uphold confidentiality, informed consent, and "do-no-harm" principles.

[2]Interrupted time-series using a state-space local linear trend fitted to 2016–2019 national admin counts, forecasting 2020–2023 as the "no-shock" path; excess = observed – forecast (95% CI available).
[3]OSCC statistics encompass all forms of violence reported through the Ministry of Public Health system. While not limited to gender-based violence, the majority of cases involve domestic violence, with women and children comprising most survivors. For this evaluation, OSCC case data are therefore used as a reasonable proxy indicator for GBV trends.

Figure 3 Reported GBV cases in Thailand, 2016–2023. Source: OSCC, MOPH.

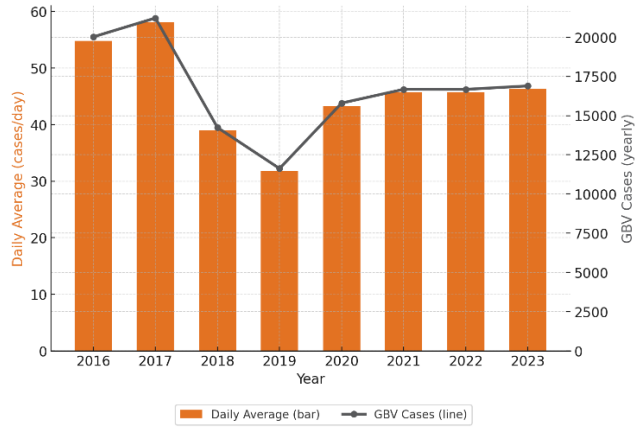
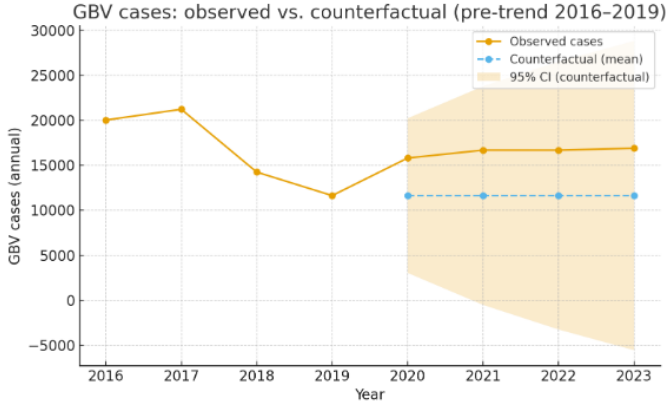


Figure 4 Observed GBV Cases vs. Counterfactual (Pre-COVID Trend), Thailand 2016–2023



Thailand has taken several policy steps to address GBV. The 13th National Economic and Social Development Plan (2023–2027) (9) explicitly prioritizes the creation of a safe and inclusive society, with commitments to protect women and children from violence and exploitation. It promotes the expansion of integrated service systems for survivors and calls for improved coordination among justice, health, and social protection institution. In addition, the national Women's Development Strategy and the National Plan to Eliminate Violence Against Women and Children provide targeted frameworks for prevention,survivor assistance, and legal redress. Despite these policy advances, robust national monitoring systems for GBV remain limited, undermining the effectiveness of response and prevention efforts.

Administrative data were analysed to contextualize the effectiveness of UNFPA's GBV-related interventions and to assess whether system-level protection and service mechanisms were sustained during a period of heightened risk. Figures 13–14 illustrate national trends in reported GBV cases, showing a decline between 2017 and 2019, followed by a sharp increase during the COVID-19 pandemic and a sustained plateau through 2023. A conservative pre-trend counterfactual suggests that, without the pandemic shock, reported cases would have remained near 11,600 per year (around 32 per day). Instead, they stabilised at approximately 16,700–16,900 cases per year (around 46 per day)—an estimated excess of 4,000–5,300 cases annually (+36–45%) from 2020 to 2023. This persistent elevation highlights both increased reporting and potentially heightened incidence under prolonged economic strain, slow post-pandemic recovery, and historically high household debt—factors linked to household stress and reduced help-seeking capacity.

Demographic Trends

Thailand is experiencing rapid demographic transition. Fertility has fallen to 1.08 (2023), far below replacement level, while 20% of the population is already aged 60+, rising to an estimated 28% by 2035. These shifts are straining health, care, and social-protection systems, and population decline is expected within the decade. Migration provides partial relief to labour shortages, yet migrant workers still face barriers to healthcare and social protection.

Thailand has progressively adapted its ageing policies. The First and Second National Plans for Older Persons focused on welfare and empowerment, while the Third Plan (2023–2037) adopts a systems approach emphasising ageing in place, digital inclusion, long-term care, and intergenerational support. The 13th National Economic and Social Development Plan aligns with these priorities and highlights the growing role of migrant workers, with ILO projections suggesting Thailand may need 48,000–55,000 migrant care workers by 2037. At the same time, the Social Security Fund is shifting toward higher-yield investments to address long-term ageing-related pressures.

National Statistical Systems and Institutional Capacity

Thailand's statistical system is decentralised, with ministries producing data independently. Modernisation efforts—such as the NSO's hybrid 2025 Census using administrative records and digital tools—are underway, but fragmentation, inconsistent methodologies, and restrictive interpretations of the Personal Data Protection Act continue to constrain data sharing. These gaps limit disaggregated data for SRHR, GBV, and population dynamics, affecting evidence-based policymaking and UNFPA's ability to support rights-based data systems.

Digital Transformation and Emerging Protection Challenges

Rapid digitalisation has increased exposure to cybercrime, disproportionately affecting women, youth, and older persons. Online scams, fraud, gambling, and harassment exploit gaps in digital literacy and contribute to financial harm, GBV, and mental-health stress. Older persons—central to Thailand's silver economy—are increasingly online but remain highly vulnerable. Integrating digital literacy, financial resilience, and online safety into population and ageing policies is essential to protect these groups.

Environmental Challenges, Disaster Risk and Climate Vulnerability

Thailand remains highly vulnerable to climate and environmental hazards. Recent events—including major floods and Typhoon Yagi—have caused widespread damage, disproportionately affecting women, children, migrants, and older persons. Severe air pollution, especially PM2.5 in the north, further increases health risks. Climate-related disruptions heighten GBV risks, interrupt

Environmental Challenges, Disaster Risk and Climate Vulnerability

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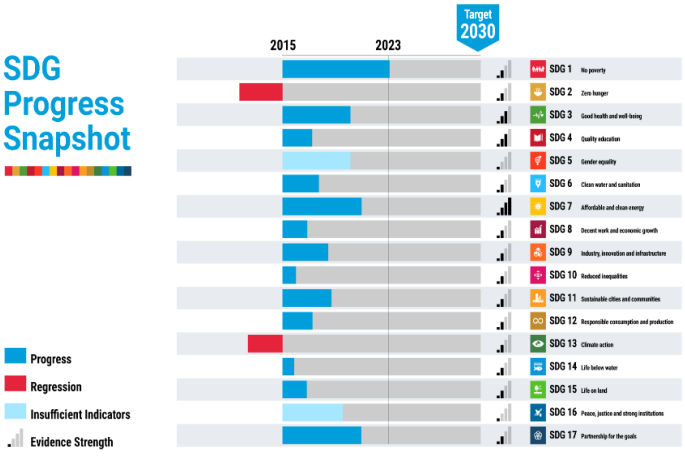
SDG Progress

Thailand has institutionalized the 2030 Agenda through national strategies and oversight mechanisms, including the National Committee on Sustainable Development and a Parliamentary SDG Sub-Committee. Despite strong policy alignment, implementation gaps persist. According to the UNESCAP SDG Gateway (122), 60% of indicators show a progressing trend, while 23% are regressing and 17% remain stagnant, reflecting uneven progress across thematic areas (Figure 5).

Figure 5 SDG Progress Snapshot, Thailand (2015–2023
Source: 2023 UNCT Thailand Annual Results Report



Despite advances, regression in SDG 2 and SDG 13 amplifies risks for young people—nutrition, climate shocks, and disrupted services. Under SDG 3, gains are uneven for adolescent SRH and mental health, with persistent Non-Communicable Disease (NCD) risk factors and out-of-pocket burdens. SDG 5 shows policy momentum, but GBV services remain inconsistently available and gender norms/unpaid care continue to constrain girls' and women's opportunities with gender-data gaps hindering targeted solutions. Addressing SDG 10 disparities will require scaling youth-friendly SRHR/GBV services and strengthening age- and sex-disaggregated monitoring—areas where UNFPA's comparative advantage is clear.

section 2.2 The role of external assistance

Thailand's upper-middle-income status has reduced overall external assistance, with net ODA declining to USD 8.10 per capita (USD 554 million) in 2022. Although aid dependence has decreased, targeted external support remains important for technical innovation, inter-agency coordination, and rights-based programming. According to the Lowy Institute, Thailand continues to receive development finance primarily from Japan, the EU, Germany, Australia, the World Bank, ADB, and UN agencies, with 79% directed to economic infrastructure and the remainder to education, health, environment, and governance.

Gender equality remains a major focus, with around 28% of development finance having gender equality as a significant objective. Donors such as ADB, Australia, and the United States support GBV prevention, women's empowerment, and gender mainstreaming, aligning with SDG 5 and CEDAW commitments. UN agencies continue to play a central normative and policy role. In 2022, Thailand contributed USD 5.4 million in multilateral ODA to UNDP, FAO, and ILO. While UNFPA is not a major ODA recipient, it adds strategic value through technical assistance in SRHR, GBV prevention, population data, and youth engagement, leveraging reforms, pilot innovations, and institutional capacity strengthening.

As an emerging regional development partner, Thailand accounts for 85% of intra-regional finance in Southeast Asia. TICA coordinates technical assistance and knowledge exchange with Cambodia, Lao PDR, Myanmar, and Vietnam, while the Neighbouring Countries Economic Development Cooperation Agency has disbursed over THB 21 billion (USD 600 million) in concessional loans and grants for more than 115 projects since 2005. In 2023, outbound ODA reached USD 67.9 million (0.1% of GNI), reflecting growing commitment to regional cooperation and increasing incorporation of gender and human-rights principles.

For UNFPA, this context requires shifting from a traditional aid role to that of co-developer and regional convener—mainstreaming gender and demographic issues, supporting localisation of global commitments, and facilitating multisectoral partnerships as Thailand assumes its dual role as both aid recipient and provider.

Chapter 3

THE UNITED NATIONS AND UNFPA RESPONSE

section 3.1 United Nations and UNFPA strategic response

UNFPA Thailand has been present in Thailand for over 50 years, contributing to Thailand's development into an upper-middle income country. Currently in its 12th CP, UNFPA Thailand has been a partner for the Government consistently, aligning with national development priorities and goals. The United Nations Sustainable Development Cooperation Framework (UNSDCF) guides the CP in Thailand, which includes three main outcomes (Figure 6):

1. Thailand's transformation into an inclusive economy based on a green, resilient, low-carbon, sustainable development is accelerated.
2. Human capital needed for social and inclusive development is improved through strengthening institutions, partnerships and the empowerment of people.
3. People living in Thailand, especially those at risk of being left furthest behind, are able to participate in and benefit from development, free from all forms of discrimination.

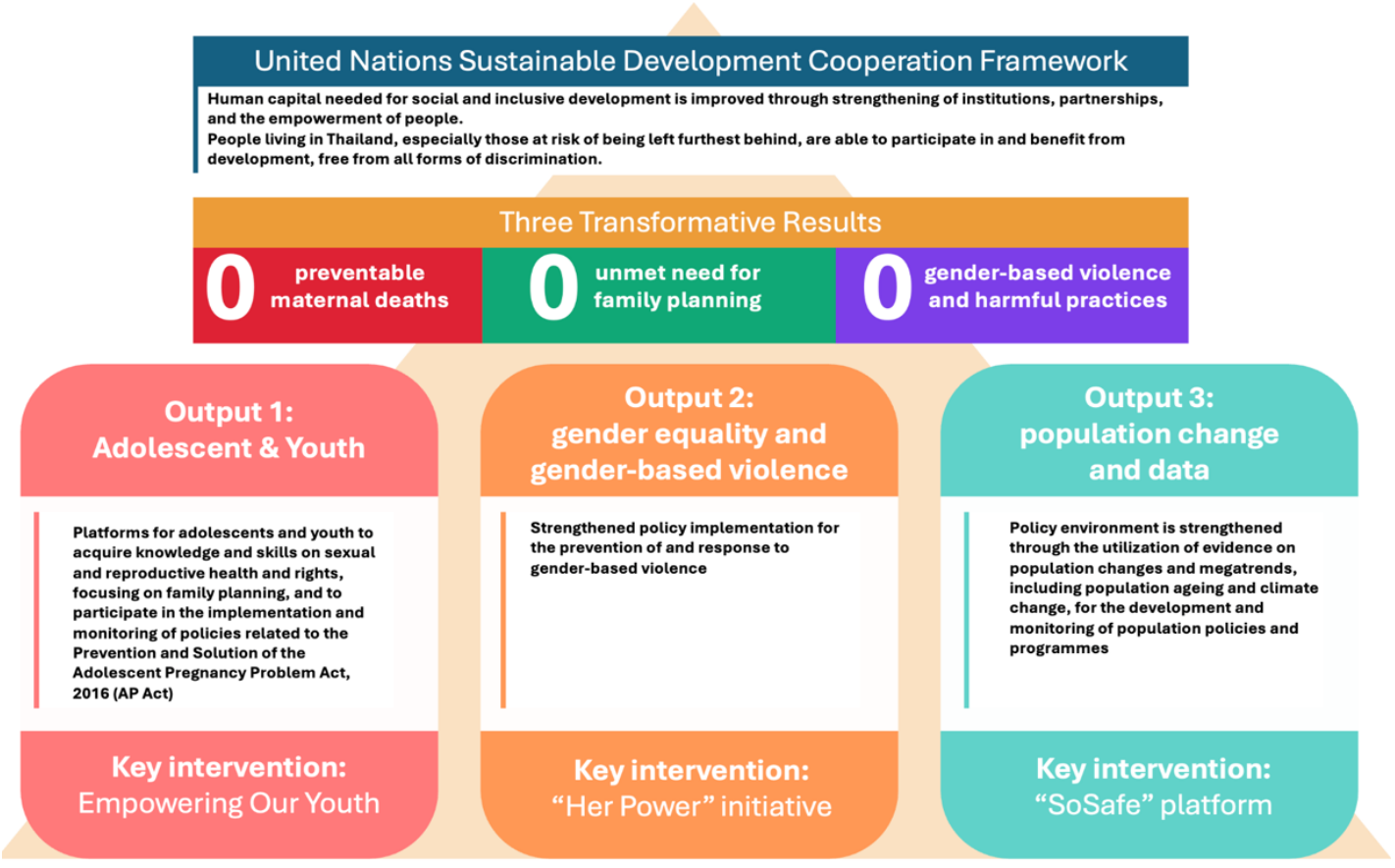
UNFPA Thailand's 12th CP (2022-2026) is aligned with and contributes to two of three UNSDCF outcomes. The CP focuses on SRHR, youth, gender, population and contributes to the UNSDCF outcomes through three outputs, which are outlined in its TOC, including:

a) **Output 1 – SRHR and FP:** The Platforms for adolescents and youth to acquire knowledge and skills on SRHR, focusing on FP, and to participate in the implementation and monitoring of policies related to the Prevention and Solutions of Adolescent Pregnancy Problem Act 2016 (AP Act) are functional.

b) **Output 2 – Gender equality & GBV:** Strengthened policy implementation for the prevention of and response to GBV.

c) **Output 3 – Data, population and development, aging:** Policy environment is strengthened through the utilization of evidence on population changes and megatrends, including population ageing and climate change, for the development and monitoring of population policies and programmes, especially those related to SRHR and GBV across the development- humanitarian continuum.

Figure 6 UNFPA Contribution to the UNSDCF



Thailand's 3 programme outputs align and contribute to two outcomes of the UNFPA Strategic Plan, including 1) reducing unmet needs for FP and 2) reducing GBV and harmful practices among young people, aligning with two of the three transformative results and strategically position UNFPA Thailand within the UN system. By the end of 2030, the UNFPA Thailand CO works towards achieving 0 unmet need for FP and 0 GBV and harmful practices, and the corresponding SDGs. The CP does not focus on maternal health because it is not a critical issue in Thailand given the progress made on Maternal Mortality in Thailand in the last decade. The strategic focus of the Thailand CP corresponds to the government and demographic priorities of Thailand.

Brief description of UNFPA previous programme cycle, goals and achievements

D During the 11th CP (CP11, 2017–2021), UNFPA focused on adolescents and youth, population dynamics, and South-South and Triangular Cooperation (SSTC). The CP11 evaluation urged expansion to include GBV and demographic transition. In response, the 12th CP (CP12, 2022–2026) introduced three strategic outputs: (1) unmet need for FP, (2) GBV prevention and response, and (3) population and development, including ageing and climate resilience—embeddinga life-cycle and intersectional approach. The Mid-Term Review (MTR) of CP12 commended this broader scope but recommended deeper integration of ageing, climate, and vulnerable groups.

Key partners during CP11 included the Ministry of Public Health and the Ministry of Social Development and Human Security for adolescent and youth SRHR; the National Statistical Office and the National Economic and Social Development Council for population data, demographic analysis and evidence generation; and the Thailand International Cooperation Agency, together with MOPH, for South-South and Triangular Cooperation, particularly in SRHR and midwifery exchanges with Lao PDR. Partnerships also extended to youth-led networks, civil society, academia, and private-sector actors supporting advocacy, data utilisation, and knowledge sharing.

CP11 promoted evidence-based policymaking but struggled to translate evidence into policy, prompting recommendations to better communicate research findings. CP12 advanced this agenda through big data, digital tools, and disaggregated data systems for SRHR and population policies. The MTR recognised progress but called for stronger use of data for policy influence.

CP11 addressed demographic shifts but lacked an integrated generational or systems lens. CP12 adopted a life-cycle approach integrating youth, reproductive health, and aging into a single policy narrative, which the CP12 MTR praised while urging stronger application at subnational levels.

GBV, a long-standing priority since 2012, was treated as a cross-cutting issue in CP11 but remained fragmented and under-resourced, requiring a dedicated strategy. In CP12, GBV became a core area integrated with UHC, health systems, and behaviour change strategies. The MTR acknowledged progress but called for stronger local implementation and cross-sector coordination.

On Equity, Inclusion, and LNoB, CP11 narrowed its focus to underserved youth and general populations. The CP11 evaluation recommended systematic inclusion using disaggregated evidence to better target programmes. CP12 expanded inclusion to Lesbian, gay, bisexual, transgender, queer, intersex (LGBTQI+) groups, persons with disabilities, ethnic minorities, and stateless persons. The MTR welcomed this focus and encouraged strengthening youth-led accountability mechanisms to ensure youth engagement in all matters that affect them.

SSTC was institutionalised in CP11, notably through SRHR and midwifery exchanges with Lao PDR. The exchange was successful but required better documentation for scale-up. CP12 built on this by positioning Thailand as a regional hub for SRHR, GBV, ageing, and population data. The MTR urged stronger engagement with ASEAN and institutionalised knowledge sharing.

CP11 expanded partnerships but lacked strategic coherence. The CPE recommended a strategic partnership and resource mobilisation plan, which CP12 implemented through greater private sector, media, and civil society engagement. The MTR recognised progress but emphasised the need for private sector scale-up amid declining core resources.

Prior to CP11, implementation was largely project oriented, lacking system-wide coordination – a point highlighted in the CPE, which saw the need for UNFPA to move towards policy support and away from projects. CP11 began shifting toward policy engagement but was limited by staffing gaps. CP12 expanded programme complexity as Thailand transitioned from aid recipient to development partner, but human resource constraints persisted. The MTR reaffirmed the need for staff investment to enhance operational capacity despite limited resources.

The UNFPA country programme and analysis of the ToC

The CP ToC visualizes UNFPA's programme contributions to the 2022-2026 NESDP goal of LNoB. It also illustrates how the UNSDCF, and UNFPA's Strategic Outcomes contribute to that goal. Strategic Plan and CP Outputs are then highlighted as fully complementary change pathways aiming to contribute to SP and UNSDCF outcomes. As noted above, the existing ToC is logically coherent and did not need reformulation prior to the CPE. Under Thailand's national execution arrangement, the Ministry of Foreign Affairs (MFA) and the National Economic and Social Development Council (NESDC) provide oversight and strategic direction as the government coordination body for the programme, and thus, approved the alignment of the programme to government needs. As noted above, the 12th CP focuses on three critical outputs:

The first output targets **adolescents and youth**, especially among the most vulnerable groups, including young people with disabilities, youth from various ethnicities, youth from poverty backgrounds, and LGBTQI+ young people. This output is delivered primarily in partnership with the Ministry of Public Health (MOPH) as the main implementing partner, working closely with youth networks, civil-society organizations, and education sector actors to ensure reach among vulnerable adolescents and young people. The key intervention Empowering Our Youth advocates for the access to SRHR and FP through capacity building activities, social media, policy advocacy, and online and offline forums.

Accelerators to achieve this output include:

- Strengthening Youth Participation through innovative and digitized platforms
- Engaged young people, women and girls from those left behind and furthest behind first including those from disability, ethnic minority and poverty group in monitoring of FP policy and reflecting demands regarding GBV
- Data and evidence produced on GBV, and adolescent and youth are fully utilized by policy makers to improve GBV and response system, and access to FP services.

Modes of engagement include advocacy and policy dialogue and support between rights holders and policy makers; knowledge management of good practices and lessons learned among key strategic partners; and coordination, partnerships and SSTC to share Thailand's good practices on data and ageing, SRH and GBV.

Strategies focus on: 1) Scaling up demand side intervention; 2) Strengthening social movements, and 3) Increasing agency of girls and women.

The second output focuses on **gender equality and ending GBV**. Implementation is led in partnership with the Ministry of Social Development and Human Security (MSDHS) and the Ministry of Interior (MOI), with the MOPH contributing to multisector GBV response efforts and service-delivery strengthening. The key intervention, the "Her Power" initiative aims to empower women and adolescent girls to reinforce positive norms, while other interventions aim at strengthening existing policies to end GBV, namely UHC packages for GBV survivors, and the development of standard operating procedures (SOP) for OSCC.

Accelerators to achieve this output include:

- Engaged young people, women and girls from those left behind and furthest behind first including those from disability, ethnic minority and poverty group in monitoring of FP policy and reflecting demands regarding GBV
- Humanrights-basedandgendertransformative approaches are fully applied in all interventions to ensure UNFPA transformative results
- Data and evidence produced on GBV, and adolescent and youth are fully utilized by policy makers to improve GBV and response system, and access to FP services.

Modes of engagement are the same as for Output one but expanded to include include technical support to strengthen institutional capacity development of key IPs on adolescent and youth, and increased focus on data and evidence generation on GBV.

Strategies focus on 1) Scaling up demand side intervention; 2) Strengthening social movements, 3) Increasing agency of girls and women, and 4) Promoting positive masculinity.

Output 3 focuses on **population change and data**. Implementation of this output is undertaken in partnership with key government agencies—most centrally the National Economic and Social Development Council (NESDC)—as well as the National Statistical Office, academia, and private-sector entities supporting evidence generation and data-driven policy development. Work under this

output also includes support to population policy analysis, including the use of National Transfer Accounts (NTA) and related demographic-economic modelling to inform national planning. The key intervention, "SoSafe," is a cross-cutting digital platform for social issues impacting women and girls, FP, SRH, prevention of GBV, and social support.

Accelerators to achieve this output include:

• Data and evidence produced on GBV, and adolescent and youth are fully utilized by policy makers to improve GBV and response system, and access to FP services.

• Partnership with the private sector, SSTC, and financing are promoted as key catalysts to achieve UNSDCF goal and UNFPA 3 transformative results.

Modes of engagement include for output 3 also include technical support to strengthen institutional capacity development of key IPs on adolescent and youth, data and evidence and GBV; and coordination, partnerships and SSTC to share Thailand's good practices on data and ageing, SRH and GBV.

The **strategy** focuses on 1) Strengthening policy, legal and accountability.

In addition to the three CP outputs, cross-cutting themes – climate change adaptation, humanitarian -development-peace nexus integration, and innovation in digital platforms – also inform programme activities. Within each change pathway are inherent assumptions that will be tested by the CPE. The assumptions and how they were tested is described for each change pathway in Annex 6. The existing ToC is logically coherent and did not need reformulation prior to the CPE. Findings from the CPE, however, may inform suggestions for revision for the next CP. The ToC is shown in Figure 7.

Analysis of the Programme Theory of Change

The analysis indicates that implementation was broadly consistent with the ToC, with variation by pathway (see Figure 7).

• **GBV pathway.** In the Khon Kaen pilot, survivor -centred SOPs and joint protocols improved case management and referrals, with seamless health–police coordination. Outside the pilot, delays within facilities—particularly at the psychiatric unit—and uneven police coordination were observed.

• **Population & Data pathway.** This pathway shows the clearest evidence of impact orientation: disaggregated analytics are cited in national policy notes and NESDC briefings, indicating that the evidence-to-policy link functions as intended. Remaining gaps include partial sub-provincial and disability disaggregation and timeliness of some administrative series.

• S**RHR/Youth pathway.** Implementation aligns with the ToC but is only partially verified due to: (i) uneven CSE quality and depth (variation in time allocation, teacher preparedness, and content scope); (ii) service-side gaps (youth-friendly standards applied inconsistently; confidentiality and safeguarding not uniformly assured); (iii) weak linkage from platforms/policy to behaviour change (limited evidence beyond coverage that knowledge improves GBV reporting and help seeking, dual protection use, or SRHR service use by adolescents and young people); and (iv) inconsistent application of AP Act provisions (e.g., denial of students' SRH rights, pressure on pregnant students to leave school, and using trained youth leaders to police peers).

• **Accelerators.** Digital participation (A1) and data/evidence use (A4) are operational; in Human Rights, Gender and Equity (HRGE) (A3) is embedded but applied unevenly; LNoB participation (A2) remains ad hoc and would benefit from institutionalisation to make pathways traceable.

Overall, the ToC remains valid and directionally sound, with credible signals where implementation fidelity and evidence use are strongest (GBV pilot; Population & Data). At the same time, verification is constrained in some areas by data quality and disaggregation gaps, uneven institutionalisation of inclusion mechanisms, and variability HRGE in practice. Causal linkages between output and outcomes are distant with many embedded assumptions, in part due to the size of the programme at the start of the 12th programme cycle.

Figure 7 Theory of Change Thailand Programme (2022-2026)

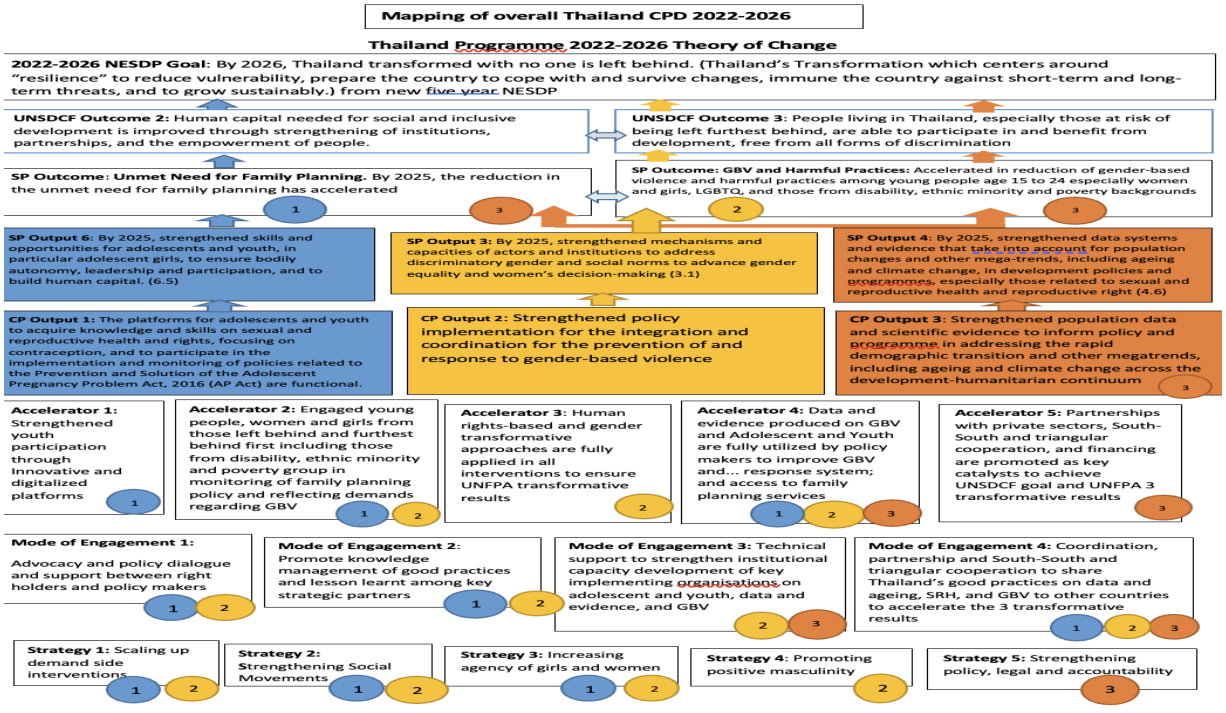


Table 4 Alignment of Programme Implementation with the Theory of Change4

ToC segment	Fidelity	Impact signal	Evidence strength	Evidence notes (what was observed)	Main gaps / deviations
SRHR / Adolescents & Youth (Output→Outcome)	◑	★	Med	Youth digital platforms active with strong uptake; CSE delivered in many schools but uneven quality and coverage; adolescent-friendly service standards partially applied.	Limited disaggregation (10–14 vs 15–19); incomplete supervision records; uneven parent/community acceptance.
GBV prevention & response (Output→Outcome)	✓ (in pilot) / ◑ (national)	★★ (pilot) / ★ (national)	Med–High	Khon Kaen pilot confirms SOPs enhance case management, referral and coordination. Non-pilot provinces report delays within clinical pathways—particularly at the psychiatric unit—and uneven coordination with police.	SOP expansion and sustained supervision outside pilot areas; incomplete referral data fields in some provinces.
Population & Data for Policy (Output→Outcome)	✓	★★	Med–High	Disaggregated analytics and dashboards cited in NESDC/sector briefs; data used in policy & budget notes.	Sub-provincial and disability disaggregation still partial; timeliness gaps in admin series.
Accelerator A1 (Digital youth participation)	✓	★	Med	Digital youth platforms growing; more engagement and referral to services.	Safeguarding and moderation protocols unevenly applied.
Accelerator A2 (LNOB participation in FP monitoring / GBV demand articulation)	◑	–	Low	Community participation observed but not institutionalized; no structured mechanism for LNoB feedback into FP/GBV policy processes.	Lack of formal feedback channels; safeguarding constraints.
Accelerator A3 (HRGE / transformative approaches)	◑	★	Med	HRGE embedded in guidance and training but applied inconsistently across provinces.	Variable capacity; limited onsite HRGE coaching.
Accelerator A4 (Data & evidence use)	✓	★★	Med–High	Evidence-based briefs and dashboards used in decision-making forums; cited in policy outcomes.	Data completeness and timeliness vary across systems.
Modes (advocacy, knowledge, capacity, coordination/SSC)	✓	★	Med	Advocacy and policy dialogue visible; joint outputs and capacity gains documented.	Results not systematically tagged to the mode used.
Outcome → UNSDCF Outcomes (impact orientation)	◑	★	Med	Evidence of contribution through data-informed policy and service improvements in pilots.	Macro-level effects hard to verify due to data limits and shocks.

[4] Note: Fidelity to ToC = □ Consistent | □ Partly | □ Not consistent; Impact signal = □□ strong | □ some | – none/insufficient; Evidence strength = High / Med / Low

The Financial Structure of the UNFPA Country Programme: Alignment of Available Resources with the Country Programme's Planned Budget

The financial implementation of the 12th UNFPA Thailand Country Programme (2022–2026) demonstrates strong alignment with the indicative resource requirements outlined in the approved Country Programme Document (CPD), which projected a total budget envelope of USD 5.8 million. As of mid-2025, actual available financial resources have effectively reached this target (Table 5), supporting programme delivery across all thematic areas.

A breakdown by output area shows that most components remained broadly within the expected budget range, with some deviations. Output 1 (SRHR) notably exceeded its planned budget by 24.0%, reflecting robust implementation efforts and high demand. Output 3 (Population and Development) also slightly overperformed (+5.9%). In contrast, Output 2 (GBV) fell 27.0% below its indicative target, and Programme Coordination and Assistance (PCA) experienced a 47.0% shortfall, indicating shifting budget priorities toward programmatic areas over operational or support functions.

Table 5 Comparison of Planned vs. Actual Resource Allocation by Output Area (2022–2025)

Output	Regular Resources	Other Resources	Total	Actual Resource Allocation	% Deviation
Output 1: SRHR	1,000,000	1,000,000	2,000,000	2,480,424	24.0
Output 2: GBV	1,000,000	500,000	1,500,000	1,095,698	-27.0
Output 3: PD	1,400,000	500,000	1,900,000	2,011,453	5.9
PCA	400,000	0	400,000	211,909	-47.0
Total	**3,800,000**	**2,000,000**	**5,800,000**	**5,799,484**	**0**

Source: UNFPA Thailand Country Office as of 26 June 2025.

Despite overall alignment at the aggregate level, the composition of funding sources diverged from initial CPD expectations. The CPD anticipated approximately USD 2 million from other resources—primarily through private sector engagement. However, actual mobilizedcontributions under this category totalled USD 1.57 million between 2022 and 2025, with major donors including Reckitt (Global and Thailand), Organon, and B.Grimm. This shortfall was effectively offset by increased allocations from regular resources, which reached USD 4.22 million—exceeding the original CPD projection of USD 3.8 million.

Table 6 Annual Budget Allocation by Funding Source and Type (2022–2025)

Fund Source	Type of fund	2022	2023	2024	2025	Total
UNFPA – Core Funding	RR	886,902	865,602	810,142	855,791	3,418,437
UNFPA - Strategic Investment Facility (SIF)	RR	50,000	240,733	260,434	253,989	805,156
Reckitt - Global	OR	0	827,929	226,171	0	1,054,101
Reckitt - Thailand	OR	0	117,488	184,260	120,764	422,512
Organon	OR	0	0	94,428	685	95,113
B. Grimm	OR	0	0	0	4,165	4,165
Suntory	OR	0	0	0	0	0
Total		**936,902**	**2,051,752**	**1,575,436**	**1,235,394**	**5,799,484**

Note: RR= Regular Resources, OR=Other Resources.
Source: UNFPA Thailand Country Office as of 26 June 2025.

A key contributor to this overperformance was the Strategic Investment Facility (SIF), which provided an additional USD 805,156 in non-core regular funding (Table 6). Support from the Strategic Investment Facility (SIF) helped sustain implementation across priority areas, especially where co-financing was limited, and reflected the Country Office's efforts to leverage internal funding mechanisms in alignment with national needs.

Table 7 UNFPA's Mobilized Fund by Funder, 2022-2025

Fund Sources	Amount (USD)
Reckitt - Global	935,162
Reckitt - Thailand	512,868
Organon	99,990
B.Grimm	4,165
Suntory	20,000
Total	**1,572,186**
In-kind contributions	521,564

Source: UNFPA Thailand Country Office as of 26 June 2025.

In addition to financial inputs, the Thai Government provided approximately USD 521,564 in in-kind contributions between 2022 and 2025 (Table 7). This support—primarily in the form of logistical facilitation and technical collaboration—represented an estimated 9.0% of the total cash resources available. These contributions helped reduce operational costs and strengthened national ownership and partnership in programme delivery.

Comparative Analysis: 11th vs. 12th Country Programme

The 12th Country Programme (US$5.8 million) reflects a 26% increase in available resources over the 11th CP (US$4.6 million), with a more diversified and partnership-driven financing structure. While the 11th CP's indicative budget was US$8.0 million, only 57% was realised, underscoring improved realism and resource mobilisation in the 12th CP.

Core (regular) resources declined proportionally from 90.2% to 72.8%, offset by a rise in private-sector contributions from 8.5% to 27.2%, reflecting stronger engagement with partners such as Reckitt and Organon. For the first time, the Thai Government contributed in-kind support (US$0.52 million), and the private sector added in-kind resources equivalent to US$1.23 million (THB 40 million), marking progress toward domestic cost-sharing.

The Strategic Investment Facility (SIF) provided nearly US$0.8 million in catalytic funding, enabling innovation in digital platforms and data analytics. While the funding mix has become more balanced, much of the new financing remains advocacy- or project-based, offering limited flexibility for long-term commitments.

Overall, the 12th CP demonstrates greater resource diversification, stronger domestic engagement, and higher implementation efficiency, signaling UNFPA's transition from donor-dependent delivery to co-financed, partnership-based programming aligned with Thailand's upper-middle-income status.

Table 8 Comparative Funding Structure of the 11th (2017-2021) and 12th (2022-2026) UNFPA Country Programmes in Thailand

Funding Source	12th CP Amount (USD)	Share of Total (%)	11th CP Amount (USD)	Share of Total (%)
UNFPA (RR)	4,223,593	72.8%	4,187,926	90.2%
Private Sector (OR)	1,576,000	27.2%	394,223	8.5%
UN agencies and government fund (OR)	0	0.0%	62,686	1.3%
Total Available Financial Resources	**5,799,593**	**100.0%**	**4,644,835**	**100.0%**
Thai Government (In-kind)	521,564	9.0%	0	0%
Private sector (in-kind)	1,231,600	21.2%	0	0%

Note: - The reported budget for the 12th Country Programme reflects data as of June 2025.
- The 11th Country Programme (2017–2021) had an indicative budget of US$8.0 million (US$5.0 million regular and US$3.0 million other resources), while the actual available budget was about US$4.6 million.
Source: UNFPA Thailand Country Office as of 26 June 2025.

Chapter 4

FINDINGS

section 4.1 | Relevance

Evaluation Question 1. To what extent is the country programme adapted to: (i) the needs of diverse populations; (ii) national development strategies and policies; (iii) the strategic direction and objectives of UNFPA; and (iv) priorities articulated in international frameworks and agreements, in particular the ICPD Programme of Action and the SDGs and UN Reform.

Summary Findings: Relevance is assessed as strong. The CP is aligned with national priorities, UNFPA strategic objectives, and international frameworks, while successfully adapting to diverse population needs and emerging issues.

Key finding 1.1 The CP effectively responds to changing national needs and priorities through comprehensive LNoB programming that reaches diverse populations across all age groups, with notable innovations in digital technology (SoSafe platform) and culturally sensitive service delivery in politically challenging areas. The programme also addresses Thailand's transition towards super-aged society and low fertility, as evidence by the support on Thailand Long-Term Population Development Plan and advocacy for human rights-based fertility policies aligned with ICPD principles. UNFPA Thailand demonstrates particular strength in addressing populations with compound disadvantages (Muslim LGBTQI+ youth, teen mothers). However, coverage gaps for vulnerable urban populations, sex workers, and undocumented migrants requires careful prioritization. Climate change adaptation remains at an emerging stage with assessments completed but not yet translated into systematic emergency preparedness frameworks.

Key finding 1.2 The programme demonstrates effective compliance with UNFPA's three transformative results and ICPD principles. The CP achieves strong alignment with national policies and UNFPA strategic objectives, as evident in the institutionalization of NTA and the support on hybrid census, as well as the support on the Long-Term Population Development Plan (B.E 2565 - 2580) and the shift of population policy direction from pro-natalist approaches to HRBA fertility policies. UNFPA helped Thailand meet its obligations under international human rights conventions through support for addressing UPR recommendations on integrating reproductive rights into national reporting and amplifying the needs of migrants and stateless persons. Through these actions and many others.

For details of the evidence supporting findings in section 4.1, see Evaluation matrix: Assumptions 1.1 and 1.2 (linked to Annex 1).

A1.1 The country programme is designed to respond to changes in national needs and priorities, including those of vulnerable or marginalized groups, and to shifts and emerging issues.

Based on the findings, the evaluation criteria relevance is assessed as strong. The CP is aligned with national priorities, UNFPA strategic objectives, and international frameworks, while successfully adapting to diverse population needs and emerging issues.

Leaving No One Behind (LNoB)

UNFPA Thailand's LNoB programming demonstrates its adaptation to address the needs of diverse populations across all age groups and populations in culturally and politically sensitive areas. The CPD describes and planned activities for adolescents facing compounded disadvantages due to poverty, migration status, disability or minority identity, including through several pilots targeting these groups with tailored outreach. Activities make efforts to be purposively inclusive. Field visits confirmed UNFPA has correctly targeted the most vulnerable – out-of-school adolescents, teen mothers, migrants/ethnic minorities, and youth with disabilities[5]. UNFPA works with embedded Implementing Partners (IPs) with strong local relationships and uses CSE-plus-referral platforms (school packages, Teen Clubs, CSO outreach) to close knowledge and referral gaps[6].

According to UNFPA Thailand, the CO implements programmes to provide SRHR education and information and empower targeted populations across the life course[7]. The strength of UNFPA's LNoB programming lies in reaching the most marginalised populations that are currently not targeted by other agencies. UNFPA, IPs and rights-holders all confirm that UNFPA, together with partners, works on populations with compound disadvantages, including Muslim LGBTQI+ or teen mothers, who face significant stigma and access barriers to SRHR services[8].

UNFPA Thailand prioritises youth engagement and empowerment through comprehensive SRH education, access to contraception, and targeted interventions to address adolescent pregnancy as evident in their work with Teen Clubs (digital SRHR and FP platform) and "Empowering Our Youth" partnership targeting adolescent and adolescent mothers[9]. The LGBTQI+ youth also participated in these programmes. The engagement of youth in these activities ensures that youth perspectives are embedded in policy recommendations[10]. For reproductive-age adults, the programme addresses barriers to desired fertility, supports intergenerational care responsibilities, and ensures reproductive health services extend beyond traditional target groups to include working women's rights to FP and workplace-related SRHR support. One of the key events launched was 2024 "Her Power" initiative that is a policy advocacy campaign that combines SRHR, social norm change, and women's economic empowerment[11] . UNFPA, IPs, donors and other UN agencies state that the UNFPA programme also addresses the SRH needs of older persons while positioning elderly populations as active agents and contributors to support their continued engagement in community development and intergenerational knowledge transfer, as indicated in Policy Brief on Thailand's Population and Development[12] and ICPD30 launch event[13] .

The programme also has a strong focus on populations in culturally and politically sensitive areas and is currently seeking to strengthen their technical assistance in this area. For example, they have recently issued an Invitation for Proposals for technical support for promoting gender equality and ending GBV in the Southern part of Thailand and especially, Southern border provinces[14] . In

[5] KII Government, UNFPA, IP
[6] KII Government, UNFPA, IP
[7] KII UNFPA, Doc. Review: 38 & 23
[8] KII Government, UNFPA, IP; FGD Youth
[9] Doc. Review: 43 & 44
[10] KII UNFPA, IP; FGD youth
[11] Doc. Review: 45
[12] Doc. Review: 41
[13] KII UNFPA, IP, Donor, UN, Doc. Review : 47
[14] KII UNFPA, IP; Doc. Review: 50

this region, where direct UN presence is politically challenging, UNFPA Thailand and IPs adapt programme messaging by using culturally appropriate SRHR language, notably the use of the term, "child spacing" rather than the use of the term "contraception". This adaptation enables continued service provision to Muslim communities where traditional UNFPA messaging might be rejected or politically sensitive, according to UN agencies and IPs[15].

While the programme has admirably targeted the most vulnerable by designing activities to ensure they are specifically reached, implementation results by government and civil society organization partners in the provinces varies. Systematically adapted approaches to ensure the LNoB principles are adhered to but not yet realised in all implementation activities in practice, despite intentions. IPs and UNFPA stakeholders point to a lack of rigorous follow up and measurement of who is being reached, which limits information on the effectiveness of efforts to reach the most vulnerable and LnoB[16] (also see M&E section). Furthermore, due to strategic priorities, the programme demonstrates challenges in comprehensive coverage of vulnerable populations, notably vulnerable urban populations affected by changing urban demographic and migration patterns, as well as culturally and politically sensitive groups (notably sex workers, undocumented migrants, or displaced persons), as noted by UNFPA staff.

> *The country program document identifies only some groups of the population to be our priorities. In this current CPD, it didn't include sex worker [..] illegal migrants [...] displaced persons [...]. Those are vulnerable groups of population as well, and family planning are definitely needed (UNFPA staff).*

Responsiveness to changing political, social or technological shifts and context

UNFPA Thailand demonstrates exceptional responsiveness to technological shifts through development and scaling of the SoSafe digital platform - an online SRHR and GBV information sharing platform that also provides referral. The platform is aligned with Thailand's Digital Government initiative and is built on the existing government systems (Traffy Fondue) and existing government infrastructure[17]. Both the government and UNFPA regard SoSafe as an innovative adaptation to preferences on digital communication to provide accessible reporting mechanisms for sensitive issues like adolescent pregnancy, domestic violence, and GBV, and is planned for adoption across five pilot provinces[18]. While this technological alignment positions UNFPA as a relevant partner in government digitalization while maintaining focus on SRHR and GBV service delivery, strategic positioning of SoSafe among partner organizations is important as the platform is currently misunderstood to replace the existing platforms, notably the 1300 and ESS Help ME, the existing hotlines to report social problems hosted by the MSDHS, as reported by a local government official:

> *"SoSafe is still being used, there are incident reports coming in...It's a tool. SoSafe is considered one mechanism to access quality care. But because right now it's in the testing phase, and the area doesn't yet understand the receiving system. This has to be forwarded - local administration sends it in; we have to explain case by case like this."*
> ***(KII Government)***

[15] KII UNFPA, IP, Government
[16] KII UNFPA, IP; Doc. review 31
[17] KII UNFPA, IP, Government; Doc. Review: 56
[18] KII Government, UNFPA; Doc. Review: 55

Adaptation to climate crisis

UNFPA Thailand's programming demonstrates emerging responsiveness to climate change and climate induced disasters. As climate change poses challenges to SRHR programming, this prompted the need for a concrete contingency planning framework to ensure that SRHR needs are not disrupted. An interview with UNFPA staff revealed how climate change, SRHR services, and maternal mortality are intricately linked. Despite Thailand's low maternal mortality ratio, in the case of flooding, for example, pregnant women might not have access to appropriate SRHR services and had to deliver birth at home, resulting in a maternal mortality case[19]. UNFPA Thailand has been responsive in delivering Reproductive Health (Safe delivery Kits) and Dignity kits during recurring disasters[20]. According to UNFPA and IPs, UNFPA assessed vulnerabilities of hospitals and healthcare facilities in Thailand to the effects of climate induced crisis to support government mitigation of the impact of climate disruptions[21].

Adaptation to demographic shifts

Through partnership with NESDC, Population and Development programming is strongly aligned with national strategies. UNFPA Thailand demonstrated its commitment to ICPD30 agenda to advocate human-rights-based approach to low fertility policy[22]. As a result of its commitment, the government discourse on low fertility shifted from coercive pro-natalist approach to a human-rights-based approach where fertility decision is framed based on individual rights (See section 4.4).

The programme is strategically designed to align with national priorities through its capacity-building partnership with NESDC. The UNFPA and partners highlight that the approach emphasises transitioning from technical assistance for responding to demographic shifts to full government ownership of the process. This positions UNFPA as a facilitator that embeds support within existing government decision-making processes rather than direct implementation[23], as evident in UNFPA Thailand contribution to the development of the Long-Term Population Development Plan (B.E 2565 - 2580) by NESDC[24].

However, during the current CP cycle, Thailand is pressed by the ongoing demographic shift due to rapid transition from ageing to super-aged society status. While the life-cycle approach to ageing was integrated into the draft of the CPD[25], investment into interventions to address the needs of an ageing society remained a challenge given the limited scope and budget of the CPD[26]. Government, UN and academic partners noted that Thailand's unique social protection systems and large informal sector workforce poses as a major barrier for adopting international best-practice models and requires innovative approach to demographic policy[27]. In addition, several IPs and government stakeholders reveal emerging needs in addressing care economy and SRH of older persons, an area identified as having potential with limited specific implementation programs .

addressing care economy and SRH of older persons, an area identified as having potential with limited specific implementation programs[28].

> *"For us, content-wise, apart from helping with the management dimension, this is an opportunity for two things: One, we want to make sure that older people are included, and they are included as part of the story [...] Domestic violence also happens to older people, definitely, and access to information about reproductive health - it's beyond sexual harassment or sexual health" (KII IP)*

[19] KII UNFPA
[20] KII UNFPA, IP, Government
[21] KII UNFPA, IP; Doc. Review: 57
[22] KII UNFPA, Government, IP Doc. Review: 48
[23] KII, Government, Academia, UNFPA; Doc. Review: 54
[24] KII Government, Academia, UNFPA, Doc. Review: 42
[25] Doc. Review: 43
[26] KII IP, Government
[27] KII Government, Academia
[28] KII IP, Academia

A1.2 The country programme is aligned with national laws, policies and strategies, and the strategic objectives of UNFPA and international frameworks.

CPD alignment with national strategies and policies

UNFPA successfully supported the enactment of the Prevention and Solution of the Adolescent Pregnancy Problem Act, B.E. 2559, which mandates coordination among five key line ministries and allows young people to access free contraception under UHC, as highlighted by the Government, UNFPA and other UN Agencies. UNFPA also successfully integrate GBV services into the UHC package, which creates long-term institutional and financial commitment to the issue[29]. The programme co-created SOP for community-based OSCC, which creates multi-ministerial coordination mechanisms to combat domestic violence at the local level, according to the Government, IPs and UNFPA.

Output 3 achieves significant policy alignment and has successfully strengthened national data infrastructure, especially in the support of the hybrid census and the NTA. UNFPA Thailand supported the National Statistical Office in conducting Thailand's first hybrid census and successfully advocated for disaggregated gender data in the census questionnaire[30]. The programme helped institutionalize the National Transfer Account methodology at the National Economic and Social Development Council (NESDC) as an advocacy tool to report demographic situations to the cabinet to inform policy investment in line with the priorities on population ageing[31]. In addition, the government, academics and UNFPA reveal that emerging policy domains on demographic shifts were also considered under Output 3, notably the emerging need on Care Economy and many other agenda items[32].

CPD alignment with UNFPA strategies and international agreements

The programme demonstrates effective compliance with UNFPA's three transformative results and ICPD principles. Output 1 and 2 of the CPD demonstrate strong compliance with the three transformative results, though implementation gaps emerge in translating global guidance into context-specific programming for vulnerable populations[33]. Output 3 is strongly aligned with SP Outcome 4, which positioned Thailand as a regional leader for adaptation to demographic change[34]. UNFPA staff highlight that Output 3 of the CPD is strongly aligned with Outcome 4 of the UNFPA Strategic Plan 2026-2029 on adapting to demographic change through evidence and rights-based policies, which positioned Thailand as a regional knowledge hub in the area.

UNFPA supports the Government of Thailand in meeting its obligations under international human rights conventions[35]. The Thailand CO contributes to the Universal Periodic Review (UPR) process by helping integrate reproductive rights into national reporting, in line with UPR recommendations on improving SRHR access, eliminating gender-based discrimination, and protecting marginalised groups. This includes providing evidence-based SRHR data—maternal health, adolescent pregnancy, contraception, GBV, and vulnerabilities—to inform government reports, offering technical guidance, and contributing to UN submissions that highlight gaps and progress. UNFPA also supports follow-up to SRHR-related UPR recommendations through policy reform, strengthened data systems, and capacity-building of ministries and civil society. Additionally, its role in the 2024 UHC review for GBV services—where it amplified the needs of migrants and stateless persons—reflects its alignment with UPR commitments to "leave no one behind"[36].

[29] KII Government, UNFPA, Doc. Review: 71&72
[30] KII Government, Academia
[31] KII Government, Academia, UNFPA; Doc. Review: 8
[32] KII Academia, UNFPA
[33] KII UNFPA, IP, UN; Doc. Review: 5
[34] Doc. Review: 40
[35] KII UNFPA, UN; Doc. Review : 5
[36] KII UNFPA, Government, UN; Doc. Review: 72

section 4.1 | Conherence

Evaluation Question 2. To what extent have UNFPA's programme activities and SSTC synergistically contributed to UNFPA's broader strategic outcomes and goals?

Summary Findings: Coherence is assessed as moderate to strong but uneven. UNFPA programme activities, UN coordination roles, and SSTC have partially contributed to UNFPA's broader strategic outcomes and goals. to system-wide coherence under the UN Reform and UNSDCF frameworks. The CP is strongest where evidence generation, policy dialogue, and delivery are deliberately linked, and where UNFPA's leadership in joint UN mechanisms (e.g., Gender Theme Group and Data and Results Group) and SSTC platforms aligns national priorities with regional and global agendas. Coherence remains weaker where coordination mandates and interoperable data frameworks have yet to be formalised or where downstream pilots do not yet result in policy influencing or reform or cross-agency uptake.

Key finding 2.1 : Coherence was strongest where UNFPA intentionally linked evidence, policy engagement, and delivery. Internal coherence between Outputs was evident. Output 3 (Population & Data) provided the analytical base for SRHR and GBV work, with lifecycle approach and census tools informing national advocacy and programme design. In Output 2 (GBV), WHO–UNFPA alignment supported integration of survivor services into UHC; in youth SRHR, evidence-led design informed adolescent-pregnancy policy dialogue and outreach reaching over 600,000 youth.

Externally, the CPD aligned with UNSDCF Priority Area 2 on inclusive and transformative human development and Priority Area 4 on governance, federalism, participation, and inclusion. Within the wider UNCT, UNFPA maintained its distinct mandate strategic positioning as the population agency with core technical expertise in SRHR, GBV and population dynamics. UNFPA reinforced UN system coherence under the UN Reform framework—co-chairing the Gender Theme Group with UN Women and the UNCT Data and Results Reporting Group—helping raise the UN Gender Scorecard from 13% to 93% and contributing to the Marriage Equality Act (2025). Some overlap of mandates and parallel programming, between UNFPA and UNICEF in adolescent pregnancy prevention and response, and potentially with UN ESCAP's works on data and evidence for specific SDG areas and policy planning reflected areas of parallel programming, but overall UNFPA was widely recognized by government and UN partners as a trusted leader driving inter-agency collaboration and policy coherence. The evaluation, however, observed instances of overlapping

Key finding 2.2: South–South and Triangular Cooperation has been demand-driven and value-adding when used as an accelerator of country pathways. Exchanges on adolescent SRH (Malaysia/Philippines/Indonesia), midwifery education (Timor-Leste), and NTA/data (Viet Nam) generated practical protocol changes and policy insights, with learning looped back into the domestic programme (often with TICA support.)

For details of the evidence supporting findings in section 4.2, see Evaluation Matrix: Assumptions 2.1 & 2.2 (linked to Annex 1).

A2.1 UNFPA's programmes and activities are internally and externally (with partners) complimentary for advancing UNFPA's broader strategic outcomes and goals.

Based on the findings, the evaluation criteria coherence is assessed as moderate to strong but uneven.

UNFPA Thailand's 12th CP is coherent and contributory overall, with the clearest contributions emerging where evidence, policy engagement and targeted delivery are sequenced by design. The MTR of the 12th CP corroborates this basic pattern and affirms internal and external strategic alignment with the UNSDCF and national priorities, while also noting that the portfolio's expansion into downstream delivery sometimes softened the upstream policy focus envisaged in the CPD, and that coordination and data fragmentation continue to constrain system-level coherence[37].

Internally, the programme's ToC placed Output 3 (Population & Data) as an analytical base for Output 1 (adolescent/youth SRHR/FP) and Output 2 (GBV), and this logic has been visible in practice. Lifecycle/National Transfer Accounts work, hybrid -census preparation, and capacity building with national partners provided the evidence bedrock for advocacy positions and programme choices[38]. UNFPA consistently describe strong operational collaboration across outputs, as highlighted by a staff member:

"we collaborate well across outputs" (KII UNFPA)

However, others also acknowledge the pressure to show visible results:

"...but we should focus our work and avoid repeating strategies with the same partners." (KII UNFPA) 37 KII

This reflects a broader tension: as new financing and visibility opportunities arose, delivery footprints grew, and the narrative thread that presents the portfolio as one integrated, RF anchored country strategy became harder to sustain[39].

Externally, alignment with national systems and the UNSDCF is strong. According to the government and UN counterparts, UNFPA's technical leadership on SRHR/GBV and population analytics is appreciated. Yet partners also point to policy-to-practice gaps and fragmented data architectures that limit consistency at scale—especially for survivor-centred GBV response and youth-responsive SRHR. As one health official summarized:

"Policy is strong, but survivor-centred delivery is uneven without tighter coordination." (KII Government).

UNFPA's partner ecosystem has widened—Thai Health Promotion Foundation and private sector actors (e.g., Reckitt) now complement government and IPs—bringing resources and reach but also necessitating clearer division of labour to preserve coherence[40].

How coherence translates into results is most evident where the sequence from evidence to policy and then to delivery is clearly articulated. In the area of GBV, national standards were benchmarked against WHO and UNFPA guidance. Assurance and document-review evidence identified gaps in coordination and documentation, prompting targeted technical support. Thai translation of standards and training materials facilitated national uptake. Technical discussions with MSDHS and MoPH on benefits coverage and OSCC protocols subsequently informed provincial SOP piloted in Khon Kaen. In 2024, Thailand confirmed UHC for GBV survivor services in line with international standards, with public funds also supporting

[37] KII UN, Government; Doc. Review: 31
[38] Doc. Review: 31&38
[39] KII UNFPA, UN; Doc. Review : 3 1& 38
[40] KII Donor, Private sector; Doc. review 38

mental health, legal aid, and reintegration. This trajectory demonstrates how analytical work informs policy reform and, ultimately, service standards, as highlighted by the Government and UN partners respondents and the document (KII Governments; UN; Doc. review 31&38).

A similar pattern is visible in adolescent/youth SRHR. Evidence from youth consultations—including with teen mothers—and a joint digital-access ToR with UN partners identified barriers to content, access and trust[41]. Those insights fed policy dialogue, including inputs to the AP Act committee, while communications were simplified in response to youth feedback. Delivery then scaled: from a single functioning platform in 2022 to a diversified ecosystem by 2024—Teen Club, SoSafe (UNFPA's digital safety/SRHR initiative), and social channels (TikTok, Facebook, LINE), complemented by in-person models—collectively reaching more than 600,000 young people[42]. UNFPA and several other UN partners highlighted that the deliberate sequencing—insight-led design, policy engagement to legitimize and align, and multi-channel delivery —has strengthened coherence by anchoring outreach in a unified strategy rather than isolated projects[43]. As a partner noted:

"Scale-up worked when the platforms spoke plain language and met young people where they are." (KII UN partner).

On the population and data side, the contribution pathway runs through evidence into policy and planning. NTA/lifecycle analytics, census modernisation guidance and skills transfer to NSO/NESDC provided decision-grade inputs to the 3rd National Population & Development Plan and to national fertility policy deliberations, with ministries leveraging the analysis for ageing, labour and financing debates[44]. UNFPA colleagues underscored the systemic lesson here:

"We need a multi-ministry data mechanism to reduce fragmentation." (KII UNFPA).

The MTR's finding that Output 3 was intended to underpin Outputs 1–2 is thus reflected in practice, even if the visibility of that upstream function is at times overshadowed by downstream delivery[45].

UNFPA CPD coherence with ICPD principles and the UNSDCF

The current CPD aligns directly with UNSDCF Priority Area 2 on inclusive and transformative human development and Priority Area 4 on governance, federalism, participation, and inclusion. Within the wider UNCT, UNFPA maintains its distinct mandate strategic positioning as the population agency with core technical expertise[46]. All programme activities are also grounded on International Conference on Population and Development (ICPD) principles to issues, especially in ensuring a human rights-based approach is used to guide low fertility policy directions, as pointed out by the government, UNFPA and several UN partners.

Output 1 is aligned with the work of UNICEF and other UN agencies; however, areas of overlap exist in addressing youth empowerment and adolescent health. Although UNFPA Thailand effectively leverages programmatic complementarity with sister agencies including UNICEF and UNAIDS to address vulnerable populations and influence national policy frameworks, coordination challenges persist due to overlapping mandates and the need for clearer division of labour in adolescent health programming. UNFPA collaborates strategically with UNICEF on adolescent health issues, with UNFPA positioned to focus on marginalized youth including LGBTQI+ and ethnic groups, while UNICEF leads on adolescent-friendly health services. UNFPA also works with UNAIDS and WHO through the UN Joint Team on Human Immunodeficiency Virus (HIV)/AIDS, developing joint proposals for early diagnosis among young people[47]. According to UNFPA, several UN sister agencies and academia, areas of overlap exist between UNFPA and UNICEF

[41] KII IP, UN; FGD Youth
[42] KII UNFPA, UN; Doc. Review: 38
[43] ibid
[44] Doc. Review: 31&38
[45] Doc. Review: 31
[46] KII UN, UNFPA; Doc. Review: 40 & 93
[47] Doc. Review: 110

in addressing adolescents, as both agencies work on Adolescent Health and sit on the sub-committee of the national committee for managing adolescent pregnancy situations.

Output 2 is aligned with the work of UN Women and United Nations Development Programme on Gender Equality and GBV, but the similar mandate nevertheless creates coordination challenges. UNFPA works with UN Women, the United Nations Development Programme and other UN agencies through the Gender Theme Group to coordinate joint activities, such as the 16 Days of Activism campaigns and providing policy advocacy support during initiatives like the Marriage Equality Bill drafting[48]. UNFPA also collaborates with WHO to integrate healthcare support for GBV survivors into the UHC framework, with WHO providing SGBV technical guidelines and UNFPA pilots and implements programmes, as highlighted by the government, IPs and academic institutions. The mandates of UNFPA and UN Women are quite similar, especially on GBV and Violence against Women, which prompted the immediate need for clarification regarding division of labour on GBV among UN agencies and requires facilitation from Gender Theme Group, according to UNFPA and UN agencies.

Although UNFPA demonstrates its expertise on demographic analysis and aging society[49], significant potential overlaps with regional agencies remains. In addition to UNFPA Thailand's contribution to UN ESCAP's works on data and evidence for specific SDG areas and policy planning, UNFPA Thailand collaborate with many agencies to improve data infrastructure on inclusivity in Thailand, notably its collaboration with IOM on the inclusivity of migrant population, with UNHCR on inclusivity of non-Thai and stateless populations, and with UNICEF on Multi-Indicator Cluster Survey to add UNFPA-relevant questions. Significant collaboration and potential overlap exist between UNFPA and ESCAP, particularly because ESCAP has a wider regional presence and engagement with national authorities on issues directly related to UNFPA's mandate. The convergence between regional and national level approaches to development goals is illustrated by a UN official:

> They will say, *"we have the regional approach", but, at the end of the day, they engage with national authorities, so the rubber hits the road at the national level, at the member state level (KII UN).*

Beyond its alignment with national systems, UNFPA Thailand has played a pivotal role in advancing coherence and complementarity within the United Nations system under the UN Reform framework[50]. The CO has acted as both a technical leader and coordination catalyst, ensuring that SRHR, gender equality, and population workstreams with broader UN prioritiesso that agency mandates are mutually reinforcing rather than duplicative. According to a UN partner, its coordination and technical inputs have helped bridge thematic areas across agencies, particularly on SRHR, gender equality, and data, supporting more integrated and mutually supportive programming that advances collective UN outcomes in Thailand.

UNFPA co-chaired the UNCT Gender Theme Group with UN Women, providing strategic and policy leadership that strengthened the UN system's joint work on gender equality and GBV. The former Joint Team on GBV was subsequently integrated into the Gender Theme Group, allowing for more streamlined coordination and alignment of agency mandates under one unified platform. Under this joint leadership, the UNCT's Gender Scorecard performance improved dramatically—from 13% in 2020 to 93% in 2023—reflecting strengthened institutional compliance and shared accountability for gender mainstreaming. The Gender Theme Group also served as a platform for high-impact joint advocacy, culminating in the passage of Thailand's Marriage Equality Act in 2025, the first in Asia, which stands as a landmark example of coherent UN engagement with policymakers and parliamentarians, according to UN partners.51 In addition, UNFPA co-chaired the UNCT Data and Results Reporting Group, providing technical direction to enhance the

[48] Doc. Review: 51
[49] KII Academia, Government, UNFPA, UN; Doc. Review: 43
[50] KII UNFPA, UN

consistency and quality of system-wide monitoring and reporting. Through its normative expertise in population analytics, UNFPA states they supported inclusion of demographic, gender, and SRHR indicators in UNSDCF results frameworks and annual reporting, thereby reinforcing evidence-based coordination and joint accountability[52].

UNFPA also contributed to interagency engagement on youth empowerment. The CO initially co-convened the UNCT Joint Team on Youth, led by UNICEF, which later became non-functional and was dissolved. UNFPA and other UN agencies indicate that in response, UNFPA helped sustain coordination in this thematic area through innovative platforms such as iDesign and partnerships with the National Youth Council, ensuring continued youth participation in policy discussions and development planning[53]. The evaluation, however, observed instances of overlapping mandates and parallel programming, particularly between UNFPA and UNICEF in adolescent pregnancy prevention and response. Both agencies implemented initiatives targeting similar populations and policy domains, at times without clear differentiation in scope or leadership. This overlap—characterised in the UNSDCF evaluation as "coopetition"—illustrates the complexity of achieving full coherence in domains where agency mandates converge, as highlighted by UN agencies, even as efforts remain broadly reinforcing rather than duplicative[54].

Overall, UNFPA's leadership across coordination mechanisms has significantly advanced UN system complementarity and coherenceand, enhancing the collective impact of the UN system in Thailand. Its normative authority, convening capacity, and technical expertise have strengthened alignment with UN Reform principles and supported the integration of the UN's collective work with Thailand's 13th NESDP. Government counterparts confirm that UNFPA is widely regarded as a trusted partner and, including NESDC, MoPH, NSO, and MFA, expressed an unusually high level of confidence and appreciation for UNFPA's partnership — highlighting its willingness to step in with both financial and technical contributions to address emerging needs and sustain momentum in joint initiatives. Such trust is not commonly expressed toward UN agencies and underscores UNFPA's reputation as a responsive and dependable partner. UN agencies likewise recognize UNFPA as a driver of interagency collaboration and policy coherence, enhancing the visibility, effectiveness, and strategic influence of the UN Country Team as a whole.

A2.1 UNFPA programmes demonstrate innovation through South-South and Triangular Cooperation (SSTC) to support regional achievement of UNFPA's broader strategic outcomes

SSTC further amplifies this coherence. The CP SSTC remains demand-driven and frequently co- financed (often with TICA), positioning Thailand as a knowledge broker while returning usable learning to the domestic programme[55]. Exchanges on adolescent SRH with Malaysia, the Philippines and Indonesia, midwifery education with Timor-Leste, and NTA/data with Viet Nam were cited by counterparts as directly useful:

> *"The exchange with Thai government was directly useful for our ministry—helped us see costs and options," (KII UNFPA).*

IPs also described tangible follow-on changes to case management protocols after exposure to regional practice. At the same time, UNFPA APRO and several COs encouraged a shift from opportunistic brokering toward a multi-year, APRO-led pipeline mapped explicitly to Outputs 1–3, with standardised follow-up and impact/SROI methods to secure and evidence contribution over time[56].

[51] KII IP, UN; Doc. Review : 38
[52] Ibid.
[53] KII UNFPA, UN; Doc. Review : 38
[54] KII UN; Doc. Review : 31
[55] KII UNFPA, Government; Doc. Review: 31&38
[56] KII UNFPA, IP; Doc. Review: 31

SSTC activities are appreciated and considered valuable by UNFPA regional and country offices, UN agencies, and government. SSTC is most appreciated and visible in its contribution to UNFPA's broader strategic outcomes when the programme demonstrates a sequenced evidence, policy and delivery implementation strategy, and then SSTC is leveraged as an accelerator rather than an end in itself. UNFPA's facilitative role has been key to ensuring strategic coherence between Thailand's national systems, regional SSTC partnerships, and the global ICPD agenda. UNFPA provides technical backstopping, policy linkage, and results monitoring, ensuring that SSTC activities remain aligned with the Country Programme's outputs and the UNFPA Strategic Plan. Evidence from SSTC reports and key informant interviews shows that coordination remains relationship-based and project-specific, enabling flexibility and responsiveness to emerging regional needs (KII UNFPA, Government, IPs; Docu. Review 61 & 62). As one respondent from the UNFPA Country Office observed,

"South–South is good to showcase Thailand's good practice. But we will need a lot more of the systematic plans. Right now, we do per request." (KII UNFPA).

This perspective highlights the need to transition from ad hoc, request-driven cooperation toward a more institutionalised and strategic SSTC framework that can sustain coherence and amplify results across the region. Findings from SSTC reports, and supported by the MTR, indicate that the absence of a formalised mechanism for joint monitoring and results documentation continues to constrain institutional continuity and the systematic capture of cumulative results across SSTC initiatives[57].

Despite these operational gaps, SSTC has become an integral component of programme coherence—linking upstream policy dialogue, midstream capacity-building, and downstream application. The Social Return on Investment (SROI) analyses of maternal-health and midwifery SSTC projects demonstrate high social value and cost-effectiveness, validating the alignment of Thailand's technical cooperation with UNFPA's regional outcomes. Evidence across SSTC reports confirms that SSTC enhances the coherence of UNFPA's work by unifying diverse interventions under a shared results framework that connects national expertise to regional and global agendas[58].

[57] KII UNFPA; Doc. Review: 30, 61 & 61
[58] KII UNFPA, Government; Doc review: 30,61 &62

section 4.3 | Effectiveness

Evaluation Question 3. To what extent have the interventions supported by UNFPA delivered outputs and contributed to the achievement of the outcomes of the country programme?

Summary Findings: Effectiveness is assessed as moderately effective. To a moderate extent, interventions supported by UNFPA have been effective in delivering the outputs and contributed to the achievements of the outcomes of the CP. UNFPA successfully advocated for integrated implementation and monitoring of policies and developed strong platforms, with workable GBV coordination and referral models and data informing national strategies. However, uneven translation from engagement to completed care persist, in part because many of the pilot projects are still in their design or early implementation phase. The M&E system does not capture the full results of the programme as the RRF was established prior to the conceptualization and implementation of many of the programme activities, limiting the capture of the results of the causal chain to outcomes or achievement in influence equity.

Key finding 3.1: UNFPA has been effective in expanding access to sexual and reproductive health (SRH) education and ensuring these initiatives are integrated into national policy. Under SRHR and family planning, youth voices have influenced more policies than initially planned, and youth-focused platforms have grown significantly, reaching young people through multiple channels. The strongest results are seen where the full chain of support is in place — from comprehensive sexuality education to confidential referrals and youth-friendly services under universal health coverage. However, progress is limited by inconsistent safeguards for privacy, the lack of a clear peer education strategy and referral model, and monitoring systems that track policy outputs and platform for outreach creation rather than actual service use or continuity of care.

In gender-based violence (GBV) prevention and response, the foundations are strong: coverage under universal health care is confirmed, standard operating procedures for One Stop Crisis Centers have been piloted and updated, and costed strategies to change social norms are being implemented in several provinces. Pilot projects demonstrate that effective coordination and referral systems are achievable.

In the population and data area, UNFPA has supported the creation of a strong evidence base, with national strategies now using up-to-date, disaggregated data that exceed initial targets. However, innovative data analysis tools are still mainly used at the central level. The integration of the Line@SoSafe platform as a tool for life-cycle data offers promise but has yet to be fully institutionalized.

Key finding 3.2: Unintended or unexpected results and management. A push toward implants likely reduced adolescent pregnancies but may have depressed condom use and with it, dual protection, that controls both pregnancy and STI/HIV risk.

Key finding 3.3: The M&E system is functional and used, including timely RRF reporting, quarterly reviews, MTR-driven adjustments, but remains focused on outputs rather than outcomes, with uneven disaggregation, especially 10–14 and disability. Limited verification and quality assurance by UNFPA persist, and weak linkage between results and resources remain.

For details of the evidence supporting findings in section 4.4, see Evaluation Matrix: Assumptions 3.1-3.3 (in Annex 1).

A3.1 The interventions supported by UNFPA delivered outputs and contributed to the achievement of the outcomes of the country programme.

Output 1: Sexual and reproductive health and family planning

Under Output 1, the CPE assesses UNFPA's contribution to increasing access to SRHR information and services, particularly among vulnerable populations and youth. Through pilot projects, the programme tests approaches to expand access to SRHR information for these populations through a variety of strategies. The CPE also examines the extent to which these efforts supported the implementation and monitoring of policies related to Prevention and Solution of the Adolescent Pregnancy Problem Act, 2016 (AP Act) are functional.

Overall Assessment – Output 1 Effectiveness: Moderately effective

UNFPA demonstrated strong performance by ensuring that policies are implemented, however lack of measurement (see section 3.3 below) data limits evidencing results or impact. Wide outreach has been done through youth platforms, contributing plausibly to improved access to SRHR information and services where CSE, referral, and youth-friendly care under UHC function as a continuum. However, the absence of a coherent programmatic framework —particularly a peer education strategy, has led to fragmented implementation. Participation of marginalised youth is documented but not systematically reflected in programme implementation. The portfolio is also under-positioned to address emerging life-course challenges, including rising sexually transmitted infections and plateauing HIV incidence, which may be linked to persistent stigma or inconsistent condom use.

Box 1 Performance Against Output-1 Indicators

Indicator 1.1: The CP surpassed target performance (3 vs 2 policies), showing that youth inputs are now visible in SRHR/FP policy texts. The effectiveness signal here is directional rather than definitive: outcome contribution towards SRHR access, especially for adolescents, and uptake will depend on implementation depth—funded budgets, operational guidance that specifies privacy and confidentiality (especially for ages 10–14), provider practice change through training/supervision, and routine quality assurance.

Indicator 1.2: The programme greatly exceeded the numerical target (32 vs 3), reflecting scale in school-based packages (iDesign), Teen Clubs, CSO outreach, and moderated social channels. These platforms are contributing to demand creation, navigation, and referral to services. The current metric, however, counts outlets rather than use and completion of a referral pathway or uptake of services.

The interventions supported by UNFPA delivered on outputs and partially contributed to the achievement of the UNFPA's Transformative outcomes as shown in Box 1. UNFPA programme activities have moderately contributed to Output 1 related to SRHR and adolescent and youth. An analysis of the performance against the output indicators has been conducted with observations made by the evaluation team of progress towards outcomes (Annex 6).

UNFPA has positively focused on providing SRHR education and information, access to contraceptives and youth-friendly SRH services, including for marginalised and vulnerable groups[59]. Some pilot projects include a woman--centred focus such as in the Southern province. Older persons, however, did not appear to be a specific target of the SRHR interventions beyond creating access to information platforms such as SoSafe, limiting UNFPAs' contribution to a life cycle approach of their programming as envisioned in the CPD and Strategic plan60. Work together with FOPDEV, an implementing partner focused on older people, is an exception in this regard. Together with UN, Government and IP partners, UNFPA has rather invested primarily in youth-led platforms to strengthen SRHR information sharing and education, in particular through the iDesign curriculum and dissemination of information through the Children and Youth Council of Thailand (CYCT) structures[61]. The CO positions I-Design (I-D-Sign) and the "Empowering Our Youth" public–private project as the core youth-engagement channels under Output 1. An analysis of the performance against the output indicators has been conducted with observations made by the evaluation team of progress towards outcomes (Annex 6).

The iDesign curriculum was co-developed together with the Ministry of Public Health, the Thai Love Foundation, ThaiHealth, and the CYCT in the last cycle to empower young people about their SRHR[62]. The curriculum was tested in four districts with the Ministry of Social Development and Human Security which confirmed its commitment to expand the use of the curricula across the country. However, to expand the reach and for it to be adopted in schools, partnership with the Ministry of Education will be required. Since the Ministry of Education is not supportive of talking about youth sexuality in schools but continues to emphasise an academic, knowledge-based approach to sexuality education, there remains hesitancy toward integrating more practical, skills-based youth sexuality content, resulting in uncertain uptake within the education sector[63]. Without the Ministry of Education, sustainability of the curriculum is limited, as highlighted by IPs and United Nations Sister Agencies.

"Some provincial-level agencies resist integrating sexuality education, prioritising academic learning over life skills." (KII IP)

UNFPA also works through the CYCT members to conduct outreach and share SRHR content with other youth members through their Council and in schools. Youth leaders have attended short training workshops on SRHR as the basis of their engagement but have not done further skills building due to limited resources[64]. While CYCT youth leader engagement offers tremendous potential for scale up and reach across the country as CYCT is present in all provinces, the structure and aim of their participation beyond their effective co-creation of the iDesign curricula remains unclear. Currently, those trained deliver SRHR information sporadically to their peers when opportunities arise; and who is reached and whether the information has served their needs is undocumented or reported. The evaluation team observed that fundamental principles of peer education on SRHR including confidentiality and privacy were not articulated by the youth leaders nor some IP representatives during a site visit (CPE observations). At the non-formal school, the youth leaders that were trained were instrumentalised by the teachers to serve as monitors to report on adolescents that are sexually active before age of consent (18 years) resulting in reprimands of the student and stigmatisation by faculty and possibly peers.

[59] KII, Government, IPs; FGD Youth; Doc. Review: 38
[60] KII UNFPA, IPs
[61] KII UNFPA, UN, IPs; Doc Review: 38
[62] KII UNFPA, Government and IPs; Doc review: 38
[63] KII UNFPA, Donors, UN, Teachers, IPs
[64] KII UNFPA, IPs, teachers, private partners; FGDs youth

"We gave examples of incidents that happened at those spots and what the outcomes were. For example, an incident at that spot where students were together and something happened. The outcome might be having to go to the discipline office, parents getting notified, and making agreements about staying or leaving." (FGD Youth)

UNFPA indicated that Teen Clubs, supported by multiple ministries and UN partners, function as safe spaces for young people to exchange knowledge and obtain SRHR information; facilitators and youth leaders identified practical improvements to strengthen facilitation quality, safeguarding, and referral hand-offs[65].

Furthermore, UNFPA works through national systems and embedded civil society organization (CSO) providers to reach adolescents facing barriers to public facilities (KII IPs; Doc Review 38). CSO services are linked to provincial referral networks and use national standards. UNFPA supports government to institutionalise policy and standards, through youth-friendly service readiness in government facilities. The iDesign curriculum is intended to be institutionalized in the schools through advancement in that area is slow (KII UNFPA, Government, IPs). Where civil-society organizations/schools can refer adolescents to facilities that protect privacy and confidentiality, evaluators observed greater confidence to start contraception (including long-acting reversible contraception), improved follow-through for teen mothers (e.g., nutrition, psychosocial support, re-entry to school), and quicker GBV help-seeking[66].

Thailand's UHC benefits finance methods at NHSO-contracted facilities, allowing UNFPA's resources to concentrate on inclusion and quality rather than paying for commodities. In these settings, UNFPA's upstream work (guidance, tools, training) and downstream platforms reinforce each other and plausibly contribute to the Three Transformative Results. However, system challenges in other areas were also evident, including privacy and confidentiality concerns at facilities. The fear of being recognised or overheard discourages adolescents from using services despite free entitlements[67]. Building on a 2021 joint assessment (UNICEF/WHO), stakeholders recommended further work to make Youth-Friendly Health Services consistently youth-responsive[68], a precondition for reducing barriers to access and sustained use once youth are referred. A Baseline Study was also conducted to understand the Knowledge, Attitude and Practice (KAP) of the project target population[69]. The results from the baseline provide the root cause of the challenges or obstacles of adolescent access to SRHR, yet it is unclear how those findings have informed practice.

[65] UNFPA, Teachers, IPs; FGDs Youth
[66] KII Government, IPs; FGD Youth
[67] KII IPs; FGDs Youth
[68] KII UNFPA, IPs; Doc. Review: 17
[69] Doc. Review: 27

Youth engagement

Youth engagement is embedded across **Output 1.** UNFPA programmes emphasise youth-led approaches, ensuring adolescents and young people are not just beneficiaries but co-creators. UNFPA works through national structures and CSO partners, with youth platforms (e.g., Teen Clubs, moderated digital channels) connected to provincial referral networks and government services. The iDesign curricula development is an excellent example of meaningful youth participation. iDesign was developed with youth from the CYCT. Youth leaders received training to conduct a survey among their peers to gather information on youth needs, explore what content is missing and thus, to support development of the curricula[70]. Another example is the design of the SoSafe platform content and materials, which young people were able to co-create from the bottom up. Moreover, UNFPA facilitated engagement of young people in decision -making platforms (e.g., Provincial Committee for Prevention and Resolution of Teenage Pregnancy) where youth participated and could voice their input, build confidence that they can succeed and develop leadership skills going forward[71]. UNFPA also engaged with youth to produce SRHR content on Tik Tok in 2023. This was done through 'boot camps' under the leadership of University Academia at an Art college[72].

Positive anecdotal evidence has been observed. For example, donors and IPs indicate that over 100,000 women and girls were reached with SRH information, and more youth were reported to be using SRH services due to social media outreach (among others) and referral[73]. However, beyond these reports, it remains unclear how many young people were reached (with what content, depth, frequency, and knowledge retention) and who benefitted from programme activities. While IPs, UN partners and UNFPA reported that they observed youth SRHR knowledge increasing through online platforms and peer activities, they also judged the intensity and frequency of engagement as not yet sufficient to shift behaviour at scale. It also remains unclear whether the information increased SRHR demand and access to services as no monitoring or evaluative evidence on increased uptake is currently collected[74].

Youth-leader implementation has been energetic but not always anchored in referral and safeguarding systems, according to IPs and students. Training volumes are high and enthusiasm is clear, yet in several provinces youth leaders report operating without a fully articulated peer-education strategy, consistent safeguarding or a formal, confidential referral pathway into YFHS/GBV/mental-health services[75]. In one school, teachers report using youth leaders informally in ways that resemble discipline rather than mentorship, which can dampen disclosure. IP and teachers highlighted that there is an opportunity to consolidate the role of the youth leaders to be "peer navigators", whose function would be to identify concerns, provide basic information, and initiate a confidential referral to qualified providers with rapid referral. This would require, they note, to ensure routine supervision and safeguarding are in place through IP's ToRs and budgets[76]. This could preserve youth engagement while ensuring sensitive issues are handled by trained professionals.

Limited disaggregation of service and activity data—by age, migrant status, ethnicity, disability, and province—together with weak tracking of referrals, completed visits, and service uptake makes it difficult to verify outcomes or set realistic future targets[77]. Digital engagement through platforms such as SoSafe, Teen Club, TikTok, LINE, and Facebook was used to refine content and outreach channels, while youth feedback from these platforms and consultations helped tailor messages to better meet young people's needs[78]. However, the main information gap remains the lack of outcome-oriented monitoring, as noted under Indicator 1.2, which is essential to confirm whether engagement translates into completed and confidential care (as also noted in the MTR, 2024[79].

[70] KII UNFPA, Teachers, IPs, Private sector; FGDs Youth
[71] KII UNFPA, Government, UN, IPs, private sector; FGD Youth
[72] KII UNFPA, Academia, IPs; Doc Review: 38
[73] KII donors, IPs; Doc review: 38
[74] KII UNFPA, UN, IPs
[75] KII IP, FGD Youth
[76] KII IPs; Teachers; FGD Youth
[77] KII IPs; FGD Youth
[78] Doc Review: 29
[79] Doc Review: 31

Output 2: Gender equality and Gender-based violence

Output 2 assesses UNFPA's contribution to strengthening national and subnational systems for GBV prevention and response. The focus is on how technical support and coordination have advanced survivor-centred services under UHC and the implementation of national standards across sectors and provinces.

Overall Assessment – Output 2 Effectiveness: Moderately effective.

UNFPA contributed meaningfully to strengthening Thailand's GBV prevention and response system through policy engagement that maintained UHC coverage for survivor services, piloting of national SOPs that improved coordination between multi-sectoral GBV prevention and services, and digital innovations such as SoSafe to expand access and referral for targeted populations seeking SRHR including GBV knowledge, information or referral. Achievements are clear at pilot and policy levels, though impact remains partial pending full national adoption.

Box 2: Performance Against Output-2 Indicators

2.1 UHC coverage for GBV services: The "availability" milestone was met (target Yes; result Yes). This represents a system lever now in place; effectiveness hinges on budget execution, inter-ministerial protocols, training/supervision, and routine tracking of time-to-service and survivor experience.

2.2 OSCC operational guidelines and SOPs: The target was met (2 vs 2). Piloting and early adoption (e.g., the Khon Kaen SOP) tightened referral and case management and informed a national update of guidance. Gaps persist in police reporting and specialist services (e.g., psychiatry).

2.3 Provincial norm-change strategies: Breadth exceeded (5 vs 3 provinces) with costed strategies for transforming harmful norms.

UNFPA programme activities have moderately contributed to Output 2 to improve gender equality, and the prevention and response to GBV (see Box 2). An analysis of the performance against the output indicators has been conducted with observations made by the evaluation team of progress towards outcomes (Annex 6).

UNFPA, through the SoSafe platform and by integrating Standard Operating Procedures for GBV case management in OSCCs, has provided access to SRHR information (through SoSafe), and contributed to effective coordination and case management, as well as referral to GBV services[80]. UNFPA has also helped to maintain UHC entitlements (supported NHSO) for GBV services, avoiding a reversion to out-of-pocket, fragmented care. The pilot-scale OSCC SOPs and SoSafe digital pathways supported faster, safer referral as reported in Chiang Mai[81]. The programme is therefore potentially effective at safeguarding the response and building blocks for scale; but change in incidence of GBV cases will follow only if these blocks are institutionalised nationwide and paired with stronger prevention[82]. An analysis of the performance against the output indicators has been conducted with observations made by the evaluation team of progress towards outcomes (Annex 6).

UNFPA supported GBV SOPs that were piloted in Khon Kaen that were greatly appreciated as they provided clear guidance on case management and GBV response, as well as improved coordination between ministries, hospitals, local leaders, and crisis centres[83]. According to providers, the SOPs helped to align multiple agencies (health, justice, social services) and has contributed to ensuring inclusive care, including for LGBTQ+ survivors. The SOPs have demonstrated how an effective referral system can function from community to the OSCC in hospitals in pilot locations, addressing the problem of siloed services[84].

[80] KII UNFPA; Doc Review: 38
[81] KII UNFPA, Government, IPs
[82] KII UNFPA, Government, IPs; Doc. Review: 38
[83] KII IPs, Government, FGD Providers
[84] KII UNFPA, Government, IPs; FGD Providers

Finally, and importantly, UNFPA's SoSafe platform is facilitating reporting of GBV to interconnected resources is providing urgent assistance through referral to the OSCC and the police for case reporting. The platform also provides SRHR information to vulnerable women (mostly) reducing their reliance on personal networks, and confidentiality for individuals when they need it[85].

"When it comes to sensitive situations like GBV cases or rape cases, this platform is very safe. Sometimes it takes people a long time to call the 1300 OSCC hotline, but SoSafe allows them to quickly raise their voice and say their rights are being violated. It takes time for someone to make a phone call, but SoSafe is quick and also provides information. Of course nothing is perfect, but I think it's a way to get voices from the ground very quickly." (KII IP)

IPs highlight that SoSafe has been piloted in small communities and is well appreciated as an effective information source and reporting platform. SoSafe operates as a community-to-hospital referral system to the OSCCs, addressing siloed services and improving coordination, case management and response in pilot sites86. The platform helps to clarify roles across health, social services and police through its referral mechanisms, but response remains uneven where police reporting and specialised clinical services are weak[87]. In larger settings with existing systems, however, the additionality of SoSafe to existing reporting and information platforms is less evident (See Output 3 below for additional information on SoSafe)[88].

Through the SoSafe platform, UNFPA also conducted outreach activities with Teen Moms and community-based information giving sessions with the Muslim population in the Southern region, in Chiang Mai and Phrae. For example, UNFPA's IPs have collaborated with Chiang Mai Social Development and Human Security Office, Health Promotion Hospital and Teen Mom leaders to conduct home visit activity to 26 new teen moms (17 teen moms after pregnancy and 9 teen moms during pregnancy) to distribute visitation gifts and receive information regarding welfare accessibility, such as social welfare and social service model that Khon Wai Sai is developing[89]. In Phrae, the programme is working with teen moms both individually and in peer groups to provide psychosocial support, material gifts (gift basket), facilitation in getting government cash subsidies, re-entry into school, and income generating workshops[90]. UNFPA with ThaiHealth are supporting IPs to conduct community-based awareness raising activities to maximise the effects of these subsidies for those in greatest need.

While some IPs highlight that the community perceptions and response to GBV has improved significantly in recent years, there are fewer reported GBV cases and the police are quick to intervene and resolve issues, others highlight that GBV continues to be considered a family issue rather than a societal problem, that many cases are underreported due to stigma, fear and cultural norms, and that the police occasionally refuses to file reports, as the government and other IPs highlight[91].

[85] KIIs UNFPA, Academia, IPs
[86] KII UNFPA, Government, IPs, Providers
[87] KII Government, Providers
[88] KII Government, UN, Providers
[89] KII Government, IP; FGD Youth
[90] KII UNFPA, Donor, IP
[91] KII IP, FGD Providers

"I have to say that the issue of violence in the three provinces is a problem that remains beneath the surface. If there's sexual abuse or physical assault in this community, whether by community members or family members, they will cover it up. They will keep it hidden. It stays beneath the surface. So, if we don't have proactive groundwork in these areas, we won't have any of this information at all. Therefore, where we can get access, we have local leaders in the area. There won't be any police reports filed, no cases brought forward." (KII IP)

Despite positive appreciation of the work of UNFPA and partners, our analysis of GBV cases shows an unrelenting trend upward of cases – likely due to greater case reporting. The graphs help situate UNFPA's contribution within a stressed system, showing that the overall rise in cases occurred despite continued positive intervention in GBV case management (see Figures 3 and 4, p13-14, in Section 2.1). It was noted that maintenance of UHC for GBV survivor services, supported through UNFPA's policy engagement, represented a critical system safeguard during this period[92]. It ensured continuity of financing and access even as demand pressures grew and reduced the risk of service fragmentation. While other UNFPA-supported innovations—such as the OSCC SOPs and digital innovations such as SoSafe—remained at pilot-scale, their appreciation and potential for scale up cited positively. Evidence suggests they improved coordination in sites were implemented but the available evidence does not support attribution of system-wide effects. Together, the figures and analysis contextualise programme effectiveness, demonstrating that while national GBV prevalence and reporting rose in a challenging environment, UNFPA's contribution helped preserve service access and prevent further fragmentation of the national response system.

Output 3 — Population Development and Data

Output 3 included cross-cutting issues that exceeded the RRF indicator measure. Output 3.1 and 3.2 indicators focus on UNFPA's contribution to strengthen the policy environment through utilization of evidence on population changes and other megatrends, including ageing and climate change, for development and monitoring of population policies and programmes, especially those related to SRHR and GBV across the development-humanitarian continuum. Innovation activities under Indicator 3.2 house a variety of activities including the SoSafe digital platform and climate change activities. Output indicator 3.3 is dedicated to South South and Triangular Cooperation, which the CO has engaged in since the last CP. In addition to these focus areas, the evaluation examined (A3.2) unintended effects of the Output 3 activities, and (A3.3) the M&E system of UNFPA. These later assumptions lie outside the RRF indicators for the Output but are functionally within the activity area.

Overall Assessment – Output 3 Effectiveness: Moderately effective.

Output 3 remains central to UNFPA Thailand's mandate, providing the analytical and policy foundation for demographic resilience and for the SRHR and GBV results achieved under Outputs 1 and 2. While the programme delivered strong technical outputs and maintained policy credibility, its performance was uneven—effective in high-level policy influence and capacity-building, yet constrained by limited institutionalisation, uneven quality assurance, and fragmented follow-through on innovation and research.

[92] KII UNFPA, Government, Donor, IPs

Box 3 Performance Against Output 3-Indicators

• 3.1 National strategies/reports using latest disaggregated data — exceeded (target 2, result 3). Output 3 is functioning as an upstream backbone: up-to-date demographic evidence (ageing, vulnerability disaggregation) fed into national strategies and reports.

• 3.2 Government organisations adopting innovative methods/analytics — not met (target 2, result 1). Uptake beyond central units lagged; tools positioned under Output 3 (e.g., SoSafe as a life-cycle data instrument) are promising but not yet embedded in government workflows.

• 3.3 South–South & Triangular Cooperation (SSTC) — exceeded on exchanges; knowledge export strong, outcome tracking limited (target 3, result 7). Thailand shared multiple practices and hosted exchanges, but post-exchange adoption and results are not systematically tracked and thus difficult to measure impact. Ad hoc outcome evidence exists—notably the SROI (2025) documenting tangible benefits of Safe Birth for All.

UNFPA programme activities have been moderately effective in their contribution to Output 3 performance indicators related to population development and data. An analysis of the performance against the output indicators has been conducted with observations made by the evaluation team of progress towards outcomes (Annex 6).

UNFPA provided technical leadership for the 2025 Population and Housing Census, coordinating a One UN approach that aligned the NSO, relevant ministries, academia, and ICT partners to deliver Thailand's first digital–hybrid census. Training with WorldPop, and international academic training hub on health demographics and geospatial information systems at Southampton University in the United Kingdom, strengthened NSO capacity in spatial modelling, data disaggregation, and data protection, improving readiness for more inclusive and policy-relevant statistics[93]. Despite these advances, data availability for SDG 5 (Gender Equality) remains the lowest among all goals, with only 29 percent of indicators having sufficient data—4 out of 14 indicators are well-covered, 5 insufficient, and 5 lacking data entirely[94]. As co-custodian agencies for SDG 5, UNFPA and UN Women convened two technical workshops with MSDHS that secured high-level commitment to improve gender-data availability, though concrete actions to close the gap have yet to materialise. However, as reported in the National Statistical System Development Strategic Plan, 2023-2027, fragmented data architectures and a lack of an overarching population data-governance framework continue to constrain system-wide coherence[95].

At the policy level, Government partners appreciated UNFPA's sustained technical support to the National Economic and Social Development Council (NESDC) as pivotal in formulating the National Population and Development Plan (2022–2037). The plan repositions Thailand's population policy around "Good Birth, Good Living, and Good Ageing" and explicitly adopts a life cycle and human-rights-based approach, linking fertility, ageing, and social protection under the notion of quality birth, quality living, and quality ageing. While this marks a major policy achievement, the plan's operational frameworks and performance indicators remain incomplete, limiting visibility of implementation progress.

[93] KII UNFPA, Government, UN; Doc review: 38
[94] Doc. Review: 122
[95] Doc. Review: 9

The National Transfer Accounts (NTA) initiative demonstrates sustained policy uptake, informing NESDC's fiscal and social-security models on ageing, fertility decline, and labour-market sustainability. Yet, NTA diffusion beyond central agencies remains limited, reducing its contribution to subnational policy planning and financing[96].

UNFPA's knowledge products—including the Third Demographic Dividend Report, Resilient Health Facilities Study, and Silver Economy Study—expanded Thailand's demographic evidence base but varied in policy impact. The Silver Economy Study offered a timely reframing of older persons as contributors to Thailand's economy, identifying potential in health-care, services, and innovation sectors. It helped introduce the "second demographic dividend" into policy debate but lacked a structured policy uptake mechanism. Similarly, the Resilient Health Facilities Study generated discussion on climate and health system resilience but was not embedded in follow-up policy processes97. However, some UN agency informants noted that UNFPA's consultant-led reports occasionally did not meet quality standards (KII UN), requiring significant revision or validation. This was attributed either to limited internal technical oversight or to staff overextension resulting from frequent visibility activities and missions outside the office, which diverted attention from quality assurance, according to UN sister agencies.

The SoSafe life-cycle digital platform launched in 2024 with six Ministry partners including the leadership of the National Science and Technology Development Agency (NSTDA) is a cross-cutting initiative housed under Output 3 as an innovation platform unique to Thailand. SoSafe is a contributor to youth SRHR awareness raising activities in Output 1, and a primary contributor to Output 2 where it is described in full (see Output 2, p. 42-43 above.)

A significant challenge of Output 3 activities has been resource availability which is highly skewed towards donor supported projects that may not be the highest priority for government. For example, the innovative platform SoSafe emerged as the most resource-intensive component—absorbing over 40% of Output 3 spending (US$699,599 between 2022–2025). It expanded nationwide, signing memoranda of understanding with eight government agencies (health, social development, justice, interior, education, ICT, and administration sectors). This milestone establishes a foundation for institutionalisation however, SoSafe remains donor-dependent, with no government budget allocation or interoperable data integration[98]. Without sustained national ownership and funding, the platform risks remaining a parallel pilot rather than a durable state system.

Based on UNFPA financial data, the evaluation team underscores this imbalance. Output 3 achieved an execution rate of 83.3%, indicating strong absorption, but nearly half of expenditures were channelled to digital innovation, while core policy and ageing-related work remained underfunded. This spending pattern reflects a shift toward high-visibility innovation over institutional and analytical consolidation (See Table 9).

[96] KII Government, Academia, UN
[97] KII UNFPA, IP
[98] KII UNFPA, Government

Table 9: Summary of Financial and Strategic Insights – Output 3 (2022–2025)

Category	Utilised (US$)	% Share of Output 3 Budget	Key Observations	Analytical Insight
SoSafe programme-related costs	699,599	**41.8%**	Largest cost driver; digital innovation dominates portfolio.	High visibility and cross-sector engagement but sustainability risk without budget integration.
Data/statistical capacity-related expenses	439,857	**26.3%**	Core technical investment (Census 2025, NTA, data training).	Demonstrates policy alignment; further diffusion needed to subnational level.
Interventions on ageing and older persons	194,046	**11.6%**	Covers Silver Economy work and ageing-policy dialogue.	Underfunded despite demographic urgency; limited follow-through on study findings.
Other/miscellaneous costs	341,612	**20.4%**	Includes consultant contracts and coordination expenses.	Quality assurance gaps noted; consultant dependence diluted policy credibility.
Total (Output 3)	**1,675,114**	**100%**	Execution rate: **83.3%**	Financial absorption strong but skewed toward digital pilots over systemic policy use.

Source: UNFPA Thailand Country Office as of 26 June 2025.

UNFPA has attempted to document Social Return on Investment (SROI) in Safe Birth for All and SoSafe, primarily for advocacy purposes. SROI, while helpful in communicating perceived value, is not an impact-measurement tool; it is assumption-based and non-causal[99] [100]. The Safe Birth for All SROI ratio of US$35.9 per US$1 invested—about 70% higher than RMNCH benchmarks—suggests possible overestimation. A key funder noted that SROI findings are highly sensitive to subjective assumptions and less reliable than objective metrics such as lives saved or behavioural change[101].

Output 3.3 indicator focused on SSTC. Over the period, UNFPA also advanced South–South and Triangular Cooperation (SSTC), facilitating exchanges on adolescent pregnancy (Indonesia, Malaysia, Philippines), maternal health (Timor-Leste, Nepal, Viet Nam), low fertility (Bhutan), and NTA applications (Viet Nam)102. UNFPA CO partners in SSTC appreciated Thailand's leadership role and expertise, particularly in areas like NTA that other countries offices are struggling to tackle[103]. While the SSTC activities elevated Thailand's standing as a regional knowledge hub on NTA, lack of documentation on positive uptake of shared strategies from the exchanges limited evidence of policy uptake by partner countries. Achievements and challenges of UNFPA CO's SSTC are documented under the Coherence evaluative criteria in A2.2, p37.

[99] Arvidson et al., 2013
[100] Banke-Thomas et al., 2015
[101] KII Donors, Doc. Review: 62
[102] Doc. Review: 38
[103] KII UNFPA; Doc. review: 59

The climate-smart health facility assessment, conducted in Rayong Province in collaboration with FHI 360, was reported by an IP and UNFPA to have advanced the integration of population data with environmental resilience planning104. The initiative supported local authorities in assessing health-facility preparedness under climate stress, ensuring that SRHR and GBV services remain functional amid environmental disruptions. While conceptually relevant and aligned with UNFPA's emerging climate agenda, the activity was implemented in a limited number of facilities and remained largely framed as a technical study. Without structured follow-up, quality assurance, or sustained policy dialogue, its findings gained limited traction in national programming and investment frameworks, reducing its potential contribution to broader health-system resilience.

"During the period when teenage pregnancy rates in ourcountry were high, our department tried to promote semi-permanent contraceptive methods - specifically contraceptive implants - because they have the highest effectiveness and highest continuation rates, and they significantly reduced teenage pregnancies. However, the problem is that implants alone don't protect against HIV and other infections. There might be some contribution to the issue - if people don't use condoms as well, it could lead to increased STDs. Nevertheless, condoms don't protect against all STDs either. Using both methods together would be best. At the same time, education remains important - we need to communicate more about limiting the number of sexual partners, recognising early symptoms, and getting tested "(KII Government).

A3.2 The interventions supported by UNFPA resulted in unintended or unexpected results (positive or negative) that were managed or capitalised on to advance programme aims.

Unintended effects were documented by UN and government partners. UNFPA supported youth-friendly services, often distributed LARC to adolescent girls and pushed for contraceptive implants to reduce teenage pregnancy. According to partners, there is concern that HIV cases are rising in Thailand among particular at-risk group, and that the focus on long-acting reversible contraception (rather than condoms) may have invertedly led to young people not using dual protection105.

Furthermore, the CO's programme period shows clear progress on pregnancy prevention among adolescents, under Output 1. However, Thailand's AFR among young adolescents aged 10-14 years has trended upward over the past years and seen little progress (see Chapter 2.1). UN partners observed that although the absolute numbers are small, any rise among early adolescents is consequential for safeguarding and life-course outcomes and warrants attention[106]. Under-disclosure of SRHR issues in school settings, particularly among early adolescents (10–14 years), remains a recurring constraint. Where confidentiality is uncertain or responses feel punitive, students are less likely to disclose concerns about pregnancy, sexually transmissible infections, or violence.

[104] KII UNFPA, IP; Doc. Review: 58[100] Banke-Thomas et al., 2015
[105] KII UN, Government, Academia
[106] KII UN, Academia

A3.3 UNFPA monitoring and evaluation activities including its results and resource frameworks and indicators capture progress and areas for improvement and are used for course correction.

UNFPA Thailand has an established and well-functioning[107] (see criteria driven analysis below) M&E system that supports routine accountability and compliance with corporate requirements according to UNFPA staff, IPs, documentation and evaluator observation. The system ensures regular reporting against the Country Programme Results and Resources Framework (RRF), with partners consistently submitting updates through standard templates (audit reports, quarterly, and annual progress reports). Midterm and quarterly reviews provide structured feedback loops, allowing adjustments to annual workplans and activity timelines. These mechanisms demonstrate a disciplined, operationally functional M&E culture that ensures minimum standards for performance tracking and reporting.

However, the evaluation finds that the system's utility for learning, strategic decision-making, and demonstration of results remains limited. The Country Programme RRF is largely output-focused, prioritising counts of activities and deliverables rather than behavioural or system-level change. RRF indicators largely track outputs—trainings, sessions, materials distributed—rather than intermediate or outcome-level results such as knowledge gains, behavioural shifts, or quality improvements. Without intermediate indicators, the system cannot explain how outputs contribute to change along the causal pathway to outcomes which are quite distant from the output. Conversely, the "Empowering Our Youth: Access to SRHR and Family Planning for All" project—funded by a UNFPA–Reckitt partnership—relies almost entirely on three high-level outcome indicators (adolescent birth rate, condom use, and anaemia rate) that are slow to change and heavily influenced by external factors[108].

Both frameworks illustrate opposite extremes: one measures short-term activity outputs without capturing transformation, while the other focuses on long-term outcomes too distant for credible attribution within the project timeframe. As acknowledged by UNFPA, there is a need for balanced, multi-tiered results frameworks that integrate intermediate behavioural and service -quality indicators—allowing UNFPA to trackchange along the causal pathway and strengthen adaptive, evidence-based management.

An additional challenge faced by the programme includes reporting on reach to the most vulnerable and marginalised population targeted by the programme. UNFPA reports consistently by age and sex, but disaggregation by disability, ethnicity, and vulnerability remains inconsistent[109]. This reflects a general lack of systematically disaggregated data within national information systems, together with uneven partner capacity to gather and report this information at the project level[110]. While Thailand's statistical system is advanced, administrative datasets do not routinely disaggregate by vulnerability (e.g., disability, migration, or gender identity). At the project level, partners have tools to capture this information but lack technical and financial resources to do so systematically[111]. As a result, it remains difficult to assess whether interventions reach the most marginalised groups, a key pillar of UNFPA's Strategic Plan 2022–2025 commitment to equity and Leave No One Behind (LNoB) principles[112].

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[107] According to the UNAIDS MERG criteria, an M&E system is effective when it (i) detects meaningful change at outcome level, (ii) explains why/for whom change happens, and (iii) is actually used to adjust delivery. Across documents, KIIs, and evaluator observations, UNFPA's M&E system is functional and disciplined. Routine reporting against the corporate RRF is timely, partners are familiar with formats and deliver summaries that keep activities moving. Feedback loops ae incorporated —notably the mid-term review and quarterly reviews—and have been used to revise workplans. These features provide the basic infrastructure for course correction.
[108] Doc. Review: 23, 31, 44
[109] KII UNFPA, Government, UN
[110] KII UNFPA, UN, Academia
[111] KII UNFPA, UN, IPs
[112] KII UNFPA, UN; Doc. Review: 2

A barrier to improving the M&E is the reporting culture within UNFPA, which does not facilitate a learning process, where reporting is geared mainly toward accountability and compliance, with limited emphasis on analytical review and knowledge use[113], though the internal teams do use the data for course correction[114]. The challenge within the system is that the reporting process is compliance -oriented and descriptive, focusing on activity completion rather than analytical reflection on effectiveness or learning. Quarterly and midterm reviews are used primarily for verifying implementation progress, not for interpreting data or exploring lessons. Further, quality assurance and data verification are conducted through internal checks that ensure timeliness and completeness, rather than analytical depth and validation. UNFPA staff and IPs acknowledged there are shortfalls in analytical skills among both staff and IPs, acknowledged there are shortfalls in analytical skills among both staff and IPs, potentially reducing confidence in data accuracy and constraining the use of evidence for strategic resource reallocation.

The evaluation's analytic review of the budget and financial tracking systems revealed that budget tagging and financial tracking are not consistently aligned with results indicators. Expenditure data are aggregated by output category, preventing managers from determining whether funds are directed toward the most impactful interventions. This weakens accountability for efficiency and value for money.

Strengthening analytics of project data with external validation and national systems data is a missed opportunity. Engagement with Thailand's strong national data ecosystem is episodic and project specific. UNFPA relies on secondary data sources (e.g., adolescent birth rate, ANC coverage, school re-entry statistics) but does not systematically triangulate them with programme results. Differences in data definitions, collection cycles, and access restrictions hinder integration and reduce policy traction of evidence[115].

Underlying Factors Affecting M&E Performance

Key informant interviews and document review suggest that current limitations in M&E performance are linked to a combination of institutional, capacity, and behavioural factors.

- **Institutional:** The Country Office does not have a dedicated M&E specialist, and monitoring functions are distributed across programme staff. While this arrangement ensures basic oversight, it can limit consistency, technical depth, and systematic learning across outputs and outcomes.
- **Capacity:** Several implementing partners—particularly smaller CSOs—were reported to have limited technical capacity and systems for data collection and analysis, including for disaggregated monitoring. Within UNFPA, competing programme demands also restrict the time available for analytical work and mentoring of partners.
- **Behavioural:** Informants noted a strong compliance culture, where emphasis on meeting reporting timelines and delivery targets may reduce opportunities for reflection, analysis, and adaptive decision-making. Short reporting cycles and performance pressures may further reinforce this pattern.

[113] KII UNFPA, IPs; Doc. Review: 31
[114] KII UNFPA, IPs
[115] KII Government, Academia, UN

An assessment of M&E effectiveness against the RRF and ToC of the CP was done by the evaluation team using multiple data sources, including document reviews, key informant interviews (KIIs), and a structured scoring exercise based on the functionality of the M&E system of UNFPA, assessed using 12 criteria adapted from the UNAIDS Monitoring and Evaluation Reference Group (MERG) "12-Components" Organizing Framework (See Footnote 11 above) and aligned with the WHO/Health Metrics Network (HMN) Standards for Country Health Information Systems. The assessment found that the UNFPA Thailand's M&E system performs moderately overall (average score: 1.7/3). The system is strongest in areas related to timeliness, completeness, and routine reporting (Score 3), reflecting a well-established compliance culture that ensures regular data submission and oversight. Performance is moderate (Score 2) in strategic alignment, analysis and learning, use for course correction, partner integration, and proportionality, indicating that mechanisms for data review and dialogue exist but are not consistently used to drive strategic decisions. The weakest areas (Score 1–1.5) relate to indicator quality, data disaggregation and LNoB, RRF–resource linkage, and external validation, which together constrain the evaluability of the programme. Overall, the pattern of scores reflects an M&E system that is functional and compliant but analytically limited—effective for tracking implementation progress yet insufficient for demonstrating contribution to outcomes or supporting adaptive management. This analysis, triangulated from documentary and interview evidence, is available in Annex 5[116].

section 4.4 | Effectiveness

Evaluation Question 4. To what extent has UNFPA successfully integrated human rights, gender perspectives and disability inclusion in the design, implementation and monitoring of the country programme?

Summary Findings: Effectiveness is assessed as moderate. UNFPA has been moderately effective in integrating rights, gender and disability inclusion in the design and some implementation activities. Human rights, gender, and disability inclusion have been integrated into the CP design and most implementation activities.

Key finding 4.1: Implementation is strongest in activities that involve training, advocacy, policy development, knowledge sharing through platforms, data generation and reporting Human-rights based language has been integrated into advocacy efforts and CP interventions, such as SoSafe and the youth living with a disability were engaged through networks and supported planning and periodic reviews. However, proactive adaptations, such as tailored materials, for people living with disabilities remain limited. There is a lack of clear evidence of a GTA in programme activities and a holistic, strategic approach to social norm change. Despite some anedotal evidence that individual beliefs and attitudes are changing, it remains unclear whether this is happening at a larger scale, due to insufficient data.

For details of the evidence supporting findings in section 4.1, see Evaluation matrix: Assumptions 4.1 (in Annex 1).

[116]KII UNFPA, Government, IPs, Academia; Doc Review: 23,29,31,67-70

A4.1 **UNFPA successfully integrated human rights, gender perspectives and disability inclusion in the design, implementation and monitoring of the country programme.**

UNFPA has been moderately effective in integrating rights, gender and disability inclusion in the design and some implementation activities[117]. Implementation is strongest in activities that involve training, advocacy, policy development, knowledge sharing through platforms, data generation and reporting. However active implementation and monitoring of core issues such as the right to health (e.g. youth privacy and confidentiality secured through activities and services to reduce barriers to care) or gender transformative programming (e.g. active efforts to shift harmful gender norms with men and boys, and communities) principles was less explicit[118]. Further the system does not collect disaggregated data to show who among the most vulnerable has been reached with programme activities and how inclusion is translated into outcomes[119].

Evidence indicates an effort to integrate a human rights-based approach (HRBA), gender issues and disability inclusion in the design and implementation of CP activities, according to UNFPA[120]. For example, the CPD includes rights language (participation, non-discrimination, accountability) as the framing tenets of the proposed programme design[121]. At national level, UNFPA has successfully collaborated with an IP, and advocated to the government for a rights-based approach related to fertility and away from pronatalist policies, as highlighted by IPs. The iDesign curricula, the SoSafe Platform and social media interventions all also explicitly have a rights-based approach to comprehensive sexuality education and SRHR information sharing. There is also evidence, however, that once activities move beyond policy advocacy, curricula or platform driven content developed by technically skilled IPs with UNFPA support, implementation at local level does not maintain the rights and gender focus to the same degree as was envisioned in the project design. This appeared to be because some IP staff have not been fully trained due to staff turnover and attrition, but also due to limited monitoring and supervision due to resource constraints, as highlighted by both IPs and UNFPA.

There has been some evidence of inclusion of diverse youth, including people living with disabilities in programme activities (see section 4.1 on LNoB). Regular engagement with youth networks is evident that include diverse youth, including youth living with a disability, during planning and periodic reviews. For example, UNFPA partners include LGBTQI+ youth within broader rights-based youth networks, ensuring representation in policy consultations and advocacy platforms. Furthermore, the CO leveraged partnerships to bridge disability-inclusion gaps by engaging organisations of persons with disabilities and integrating accessibility and inclusion modules into youth and women's empowerment programmes. Training for women's and youth groups also engaged LGBTQI+ Muslim youth and other marginalized participants, fostering inclusive dialogue and equitable participation across gender, sexual orientation, and faith communities[122].

However, IPs noticed that proactive adaptations for people with disabilities remain limited. For example, efforts were made to strengthen the inclusive i-Design curricula, and there are further needs to develop supporting materials for young people with hearing impairments and visually impaired youth, that have cost implications[123]. Despite the LNoB commitment, the progress towards SRHR for people living with disabilities remained slow, due to limited partners with mandates on people living with disabilities[124]. This leads to access issues for some people living with disabilities, as an academic partner noted:

[117] KII UNFPA, UN, IPs
[118] KII UNFPA, UN, IPs, Academia
[119] KII UNFPA, IPs
[120] Doc. Review: 23
[121] ibid
[122] FGD Youth and Women
[123] KII UNFPA, IPs
[124] KII UNFPA, Government

"Very serious matters include access to public health services—like contraception—which still has limitations for people with disabilities. Another major future goal is ensuring people with disabilities have the right to make their own sexual choices. Currently, one of the biggest problems is that parents or caregivers sometimes decide to have their child's uterus removed to prevent abuse—or rather, to prevent pregnancy. But this doesn't actually prevent the child from being abused; it only prevents pregnancy." (KII Academia)

Within UNFPA-supported provinces and activities, the programme's inclusive intent is evident, but several delivery dynamics still limit translation to equitable outcomes. It remains unclear and undocumented who is being reached due to a lack of data on disaggregation by ability and location, as well as the functional difficulty of screening consistently[125]. As a result, inclusion is easier to assert than to demonstrate.

The CP acknowledges harmful social norms as a binding constraint[126]. While equality/behaviour-change language appears in programme products, few interventions fully implement a GTA/SBC. The lack of clear evidence of a systematically integrated GTA in the programme activities and a holistic, strategic approach to social norm change. Despite positive tailoring of interventions (e.g., outreach to Muslim women in the South) that show contextual sensitivity, monitoring gaps limit documentation of attributable change. There is mainly anecdotal evidence of how some individual beliefs and attitudes are changing, but it is unclear whether this is happening at a larger scale[127]. For instance, UNFPA highlights human stories that pregnant girls were allowed to return to school and continue their education after having given birth. While some teachers have the impression that women in Thailand can increasingly pursue advanced studies instead of having to take care of domestic work, others state that many women continue to be seen primarily as stay-at-home mothers, limiting their ability to have a career, after they have given birth. That among religious groups, gender norm challenges persist, though some religious leaders seem to be receptive to change.

"Men as Muslim religious leaders allow us to talk about contraception, safe abortion care, and women's rights. They even come out as speakers when we invite them. So I think it's changing a little bit - not complete change because it takes a long time. " (KII IP).

[125] KII UNFPA, IPs
[126] Doc Review: 23
[127] KII IPs, FGDs Youth

section 4.5 | Efficiency

Evaluation Question 5. To what extent has UNFPA allocated adequate financial, human, technical, and other resources to achieving their strategy?

Summary Findings: Efficiency is assessed as moderately efficient. Financial and time efficiency improved markedly and were supported by proactive resource mobilisation (cash and in-kind). However, institutional and human resource limitations reduced the programme's ability to consistently convert resources into optimal outputs. Addressing structural constraints—skills-aligned workforce planning, explicit cost-recovery for partner-specific obligations, continued diversification of funding partners, formalisation of referral protocols, and systematic use of regional technical support—will be essential to unlock further efficiency gains in the next CP.

Key finding 5.1: UNFPA managed its limited resources strategically to sustain delivery throughout the programme cycle. Despite operating much of the period with a lean staff complement, the Country Office maintained essential functions and steadily improved financial and time efficiency. A modest CPD envelope (~US$5.8 million) was leveraged through diverse partnerships and significant in-kind contributions (~US$2.0 million, ≈34%), enabling alignment with nationally led systems such as UHC GBV services and the NSO's data infrastructure. However, efficiency was moderated by persistent staffing gaps, role misalignment, and high partner-specific process costs that absorbed staff time. Continued workforce planning, explicit budgeting for transaction costs, and fuller use of regional technical support would help translate efficiency gains into higher productivity and sustained delivery.

Key finding 5.2: The programme employed appropriateinstitutional mechanisms—joint planning and review processes, digital coordination tools, and robust financial and audit systems—that ensured accountability and alignment with national priorities. These structures provided predictability and fiduciary assurance but were often administratively heavy for a small office and local partners unfamiliar with UN systems. Digital tools such as SoSafe were more effective where leadership and coordination were strong, yet remain to be institutionalised. Overall, UNFPA's systems and procedures were fit for compliance and alignment, though their utility as day-to-day delivery enablers was limited by procedural complexity, variable partner capacities, and constrained staff bandwidth for continuous support.

For details of the evidence supporting findings in section 4.5, see Evaluation Matrix: Assumptions 5.1& 5.2 (in Annex 1).

Based on the findings, the evaluation criteria efficiency was assessed as moderate. The CP was moderately efficient in allocated adequate financial, human, technical, and other resources to achieving their strategy.

A5.1 UNFPA has used the human, financial and administrative resources as planned and to enhance efficiency.

Human Resources and Internal Capacity

Efficiency in the Thailand CP was shaped significantly by the availability, deployment, and alignment of human resources over the evaluation period. While the CO made strategic use of limited human capital to meet delivery demands, persistent staffing constraints, staff transitions, and structural gaps in technical and operational capacity collectively limited the programme's ability to fully achieve efficiency gains.

For an extended portion of the CP cycle, the Thailand CO operated with a very lean core staffing structure—just five staff covering all key functional areas, according to UNFPA staff. This level of understaffing posed immediate and systemic constraints on delivery. Each staff member managed multiple responsibilities across programme, operations, and coordination functions. While this approach enabled the office to sustain basic functions, it came at the cost of time for strategic planning, systematic monitoring, documentation, and adaptive management. Several key informants noted that overburdened staff had limited bandwidth for proactive relationship management, policy dialogue, or downstream partner follow-up—activities critical to maximising programme effectiveness and efficiency[128].

Recent increases in staffing alleviated some bottlenecks, with the staff complement approximately doubling in the latter part of the CP cycle. However, this expansion did not fully address capacity gaps. UNFPA staff, IPs and document review confirm continuing shortages in technical specialisations—especially in GBV, SRHR, and adolescent health—as well as in programme support functions, including data, knowledge management, and M&E. In addition to limited staffing numbers, staff transitions, including retirement and voluntary departure, affected continuity of partnerships, created knowledge gaps, and delayed implementation cycles. Several initiatives slowed due to the need to re-establish relationships with national counterparts, re-orient new personnel, or re-learn institutional procedures. These disruptions increased process costs and weakened institutional memory and the office's capacity to capitalise on prior learning[129]. Another limitation was the absence of structured workforce planning. As roles evolved in response to delivery pressures, task allocation did not consistently align with individual competencies or areas of comparative advantage. Some staff were assigned responsibilities outside their technical domains, leading to variability in output quality and a reactive rather than strategic use of staff time. UNFPA staff and partners consistently highlighted this misalignment as a source of inefficiency That could be addressed through deliberate skills mapping and workforce planning[130].

Moreover, while UNFPA has strong convening power and access to external expertise, the evaluation found that the CO did not consistently leverage technical support available from the UNFPA APRO. In areas such as policy development, digital health, population dynamics, and GBV service strengthening, underutilisation of regional capacity meant missed opportunities to provide timely, high-quality inputs to national processes—limiting both programme efficiency and strategic influence[131].

Finally, UNFPA staff also cited that human resource constraints directly limited the office's ability to maintain a robust monitoring and evaluation function with time and staffing shortages hindering routine follow-up, learning, and documentation. While evaluative exercises provided valuable external insights, the programme lacked systematic, in-house mechanisms for adaptive management were not yet fully developed, which limited the programme's ability to respond and adjust promptly to emerging needs, shifts in the policy environment, or implementation challenges in real time[132]

[128] KII UNFPA, UN, IPs
[129] KII UNFPA, Government, IPs
[130] KII UNFPA, UN, IPs, Academia
[131] KII UNFPA
[132] KII UNFPA; Doc. Review: 31

Human resources were deployed in line with planned allocations, but not in a manner that maximised efficiency. Overstretch, staff transitions, limited internal technical depth[133], and lack of structured alignment of roles to capacities significantly constrained the programme's ability to deliver efficiently and adaptively throughout the CP period. For instance, some staff were assigned dual responsibilities, including monitoring and evaluation functions, without adequate training or technical support, which limited the consistency and analytical quality of reporting[134].

Financial Resource Mobilisation and Use

Against persistent human resource constraints, the CO adopted a proactive, strategic approach to financial efficiency. With a modest CPD envelope (≈US$5.8 million over five years) and limited availability of traditional donor grants in an upper-middle income country setting, the programme broadened its resource base to sustain delivery across key outcome areas and position its work within national systems and institutions. The evaluation identified financing modalities that stretched the available budget: (UNFPA Financial Report, 2025):

- Core (Regular) Resources for foundational and strategic policy work.
- Strategic institutional funding streams.
- Multi-year corporate partnerships with Corporate Social Responsibility components (e.g., Reckitt: US$1.5 million over five years; Organon: ≈US$100,000 per year);
- Public sector engagement through civil society channels and in-kind contributions from domestic partners (e.g., ThaiHealth support to SoSafe via civil society organization implementation, and provincial authorities).

Overall, in-kind support from private and public partners approached ~US$2.0 million—about 34% of total resources—complementing cash financing and enabling sustained work (see Table 9 above). These diverse streams were critical in a tightening funding landscape and contributed to strategic gains. Flagship strands—such as the GBV survivor pathway under UHC, operationalisation of OSCC SOPs, selected adolescent SRHR interventions under the Adolescent Pregnancy Act, and population data systems—benefited from this blended approach. Importantly, resources were steered toward nationally led systems and platforms—notably GBV services within the UHC scheme and the National Statistical Office's population data infrastructure—increasing policy uptake and sustainability and strengthening value-for-money. At the same time, the financial strategy carried trade-offs. Partner-specific requirements—tailored visibility products, communication assets, and donor-specific reporting cycles—introduced higher transaction and management costs[135]. According to UNFPA, these demands required dedicated staff time and reduced flexibility in implementation. In places, delivery became concentrated around a small number of high-visibility initiatives (e.g., SoSafe), elevating funding concentration risk. While SoSafe demonstrates collaboration with ThaiHealth through civil society organization-led implementation, it is not yet a nationally owned platform; uptake remains variable and still in pilot/early institutionalisation. In addition, cost-recovery provisions were not always sufficient to cover reporting and visibility workloads, reducing the net financial benefit of some partnerships. Stakeholders noted the need to budget explicitly for these obligations in future agreements and to continue diversifying the partner base[136].

By UMIC standards, the CP's financial profile was efficient. The office successfully leveraged a blend of core and non-core resources—supplemented by substantial in-kind contributions (~US$2.0 million; ≈34%)—to sustain outcome-oriented programming aligned with national systems. However, elevated process costs and concentration risks underscore the need for explicit cost recovery and continued partner diversification.

[133] KII UNFPA, UN
[134] KII UNFPA, UN, IP
[135] KII Private sector, Donor, IP
[136] KII IP

Time Efficiency and Budget Execution

Time efficiency—how quickly and consistently resources translate into activities and outputs—improved steadily over the CP cycle, reflecting the typical progression from a start-up/preparation phase to full implementation, rather than a shift in standards.

Budget execution provides a clear proxy of progressive improvement, increasing from 62.9 percent in 2022 to 76.1 percent in 2023 and 87.5 percent in 2024, with mid-2025 at 49.5 percent, indicating that the year was on track for full utilisation if the pace continued. This trajectory evidences increasing absorption as workplans and partnerships matured.

Execution varied by modality. UNFPA direct implementation, managing ~54.2% of the total budget over the period, achieved ~70% average execution (2022–mid-2025). Partner-managed budgets (government and CSOs), representing ~18.5% of expenditures, achieved ~85.6%, generally moving funds into implementation more quickly once agreements were live. This pattern suggests that internal transaction steps and bandwidth are key drivers of pace under direct implementation. Execution under the PCA line was strong (~90.7%), indicating that core coordination functions kept pace with programme needs.

Nonetheless, specific frictions affected end-to-end speed of utilisation:

- Staff transitions at CO and partner levels lengthened onboarding and hand-over cycles[137].
- In GBV pathways, —particularly the coordination between health, social, and justice sectors—reliance on personal networks (rather than formal inter-agency protocols) led[138] affected time efficiency, leading to variable implementation speed across provinces, especially outside Bangkok and other urban centres. Still, UNFPA's support through OSCC and SoSafe helped improve referral linkages and collaboration.
- In some cases, primary data collection and follow-up were curtailed due to time/budget limits, mirroring early-cycle constraints[139].

The programme's pace improved markedly and current budget and expenditure trends indicate the programme is on track for full execution. Remaining inefficiencies are primarily operational (coordination gaps, staff transitions, variable referral protocols) and can be mitigated through targeted partner capacity support, formalisation of referral pathways, and sustained staffing continuity.

[137] KII UNFPA, IP
[138] Doc. Review:38
[139] KII UNFPA, UN, Academia

A5.2 The programme used a set of appropriate policies, procedures and tools to pursue the achievement of the outcomes defined in the country programme.

Systems, Tools, and Institutional Procedures

UNFPA Thailand employed institutional mechanisms appropriate to the operating context, meeting compliance and accountability requirements and supporting alignment with national priorities. These included joint planning and review mechanisms (e.g., mid-term reviews, policy dialogues, coordination platforms), digital tools (e.g., SoSafe), and SOP and administrative systems (e.g., Quantum and audit tools)[140].

Structured engagement platforms were viewed positively. National and provincial partners participated in formal reviews and planning processes that helped maintain alignment with evolving national priorities, offered opportunities for course correction, and supported inclusive decision-making. These mechanisms improved coordination among government, civil society, and UNFPA[141]. However, the effectiveness of digital that SoSafe is not yet institutionalised as a nationally owned platform[142].

Corporate financial and administrative systems—particularly under UNFPA implementation—were perceived as burdensome by local CSO partners unfamiliar with UN procedures[143]. While these systems provided reliable fiduciary control, documentation load, approval layers, and vendor registration steps were time- and resource-intensive, sometimes crowding out technical delivery. Given the CO's lean structure, limited bandwidth reduced the ability to onboard partners, troubleshoot digital tools, and ensure provincial coordination protocols were followed consistently. Institutional tools and procedures were fit for compliance and alignment, but their utility as day-to-day enablers of efficiency was tempered by procedural complexity, variable partner capacities, and limited CO bandwidth for sustained support[144].

[140] KII UNFPA, IPs; Doc Review: 38
[141] KII UNFPA, Government, Donors, IPs
[142] KII UNFPA, Government
[143] KII IPs, KII-Government
[144] KII IPs

section 4.6 | Sustainability

Evaluation Question 6. To what extent has UNFPA partnerships and support for implementing partners and government – duty-bearers and rights-holders (notably, women, adolescents and youth, older persons) developed local ownership, capacity, and mechanisms to ensure the durability of effects?

Summary Findings: Sustainability was assessed as low to moderate. To a moderate extent UNFPA partnerships and support for IPs and government developed local ownership, capacity and mechanisms to ensure durability of effects. UNFPA Thailand has established comprehensive mechanisms for sustainability through strategic partnerships and capacity building across governmental, civil society, academic, media, and private sectors. While the CP successfully institutionalized innovations like the NTA, hybrid census, and integrated GBV services into UHC, continued UNFPA presence remains essential for maintaining technical standards and facilitating cross-sectoral coordination in highly sensitive SRHR and GBV programming areas. Limited resources has resulted in less UNFPA presence in the field which potentially compromises full institutionalisation of pilot projects essential for future sustainability.

Key finding 6.1 UNFPA strengthened partner capacities by providing evidence-based national policy advocacy, SOP development for government partners, and local policy development; providing financial and technical support for CSOs in service delivery; and supporting academic institutions in population analysis and midwifery education. However, sustained UNFPA engagement remains crucial as partners benefit from UNFPA's convenor role and technical expertise, with government agencies requiring coordination support and academic institutions needing UNFPA's facilitation for effective research-to-policy communications.

Key finding 6.2 UNFPA Thailand has successfully reframed adolescent pregnancy from an ethical issue to a human capital development barrier, coordinated national and local GBV reporting and referral system, and established itself as Thailand's key population agencies for Output 1, 2, and 3, respectively. From a forward-looking perspective, opportunities exist to expand Output 1 beyond teen pregnancy to emerging issues like contraception choice, drug abuse, and STIs; support comprehensive family planning services to mitigate GBV risks for Output 2; and accelerate its progress on the life-cycle approach to ageing for Output 3.

For details of the evidence supporting findings in section 4.6, see Evaluation Matrix: Assumptions A6.1 & A6.2 (in annex 1).

Based on the findings, the evaluation criteria sustainability was assessed as low to moderate. To moderate extent UNFPA partnerships and support for IPs and government developed local capacity and mechanisms to ensure durability of effects, however local or national ownership of approaches has not yet been achieved.

A6.1 UNFPA has supported implementing partners to develop capacity and establish mechanisms to ensure sustainability.

UNFPA Thailand has contributed significantly to strengthening national capacity for sustained service delivery and coordination beyond policy-level achievements, notably through the integration of GBV services into the UHC system and the support for OSCC to maintain survivor-centred service standards at the provincial level[145]. The transition from service delivery to mainstream policy demonstrates that sustainability depends on institutionalising SRHR and GBV services into well-resourced government bodies rather than through standalone projects[146]. UNFPA Thailand is progressing towards sustainability through upstream policy advocacy as detailed below:

UNFPA's contributions to sustainable partnerships

UNFPA supported upstream and downstream policy advocacy. For upstream advocacy, UNFPA functions as a broker and facilitator using evidence to influence policy development, including supporting the Thailand Long-Term Population Development Plan (2022-2037), and institutionalizing the NTA at NESDC (Doc. review: 40). In addition, UNFPA acts as a convener bringing together officials from multiple ministries (MoPH, MSDHS) for SRHR and GBV coordination (KII UNFPA, Government, Donors; Doc. review 73), while providing policy advice, as evidenced by the implementation of the 2016 Act to Prevent and to Solve Adolescent Pregnancy and the 2007 Domestic Violence Victim Protection Act (Doc.review: 15). In support of the implementation of these acts, UNFPA Thailand supports the development of the Gender-Based Violence Standard Operating Procedures (SOP), in partnership with the Department of Women's Affairs and Family Development, and other key partners (KII UNFPA, Government, Donors, UN, IPs).

At the local level, UNFPA supports sub-national governments to develop bottom-up policies, including the SoSafe platform and climate smart policy development in Rayong, which are institutionalised but not yet mainstreamed into national policy. In addition, government partners require prolonged technical support to ensure the durability of effects at the early stage of institutionalisation. Budgetary and administrative support is still important for local governments to delve deeper into the issue and create sustainable networks of partners for implementation (KII Government, UNFPA).

UNFPA strengthens CSO partners through financial and technical capacity building while helping them develop community-based solutions and curricula, including the youth curriculum iDesign. Partnerships target vulnerable populations including ethnic women, teen mothers, and communities in border or Southern provinces. However, CSO partners require ongoing institutional development support to address structural challenges that affect sustainability. Due to the complex nature of SRHR and GBV issues, CSO partners generally rely on alternative funding sources. Therefore, IPs demonstrated need to comply with not only UNFPA mandates but also the mandates of various funding sources[147]. Despite UNFPA's withdrawal of its direct financial support, SRHR activities are anticipated to continue via other partners and funding mechanisms though alignment with UNFPA's mandates might not be maintained[148].

> *"If they stop supporting us tomorrow, we'd still continue similar programs, even without support, but it may be less. We'd expand to other areas and different targets" (KII IP)*

[145] KII Government, UNFPA
[146] KII UNFPA, UN
[147] KII UNFPA, Donors, IPs
[148] KII Donors, IPs

UNFPA works with national academic institutions (CPS, IPSR, KKU) to conduct population situation analysis, NTA and midwifery education[149]. UNFPA facilitates collaboration between academic institutions and government policy planning bodies like NESDC, inviting academics to serve as consultants and provide thought leadership on aging and rights[150]. However, academic partners require continued knowledge transfer to ensure research is innovative and responds to the needs at the national level. Current partnerships focus primarily on individual and project-specific collaborations rather than building sustained institutional research capacity within academic organizations. Sustained engagement from UNFPA is required for long-term sustainability mechanisms to ensure academic institutions can produce concrete evidence to influence public policy, as noted by academic partners and UNFPA[151].

UNFPA implements high visibility campaigns (ICPD 30 campaign, Her Awards) using celebrities and social media, which allowed UNFPA Thailand to be widely recognized. In addition, UNFPA collaborates with the private sector for resource mobilization and workplace SRHR, as evident in the Coalition for Reproductive Justice in Business. However, the media and private sector require sustained support to maintain SRHR advocacy capacity. While the current engagement models focus primarily on specific campaigns and funding, building independent long-term organisational capacity for sustained SRHR advocacy within partner institutions has yet to be achieved. This would ensure that partners can independently continue SRHR workplace integration and media advocacy beyond collaborative initiatives, that still require UNFPA leadership and presence[152].

UNFPA Thailand's exit strategies to encourage national ownership

UNFPA Thailand prioritizes long-term institutional capacity building, as noted in the successful integration of GBV services under the UHC system[153]. Thailand also gained regional recognition from the institutionalization of NTA under NESDC, which demonstrated Thailand's successful government ownership of population analysis[154]. While UNFPA Thailand recognizes untapped potential in partnering with local government, stakeholders reported that UNFPA Thailand aced in the provision of technical assistance on national policy advocacy, as one government stakeholder highlighted:

> *"The information we received from UNFPA involved a review [of] the 3 main health funds of the country. When they provided this information, it showed us where there were gaps across these 3 rights schemes and where we should enhance benefits or fill gaps, and improve the capacity and effectiveness in helping vulnerable groups access the service system" (KII Government)*

While UNFPA secured partnerships with CSOs for bottom-up policy advocacy, challenges remain in ensuring that CSO partners possess comprehensive technical expertise to maintain program quality standards across specialized areas after UNFPA withdrawal[155].

> *"If they stop supporting us tomorrow, we'd still continue similar programs, even without support, but it may be less. We'd expand to other areas and different targets" (KII IP)*

[149] Doc. Review: 26 & 27
[150] Doc. Review: 54
[151] KII UNFPA, Academia
[152] KII UNFPA, Donors, Media
[153] KII Government, UNFPA
[154] KII Government
[155] KII UNFPA, IP

While UNFPA has been working with the academic sector to promote evidence construction for policy advocacy, such as midwifery education, SSTC, and NTA, academic partners face difficulties in linking technical specialists with policy planners, indicating incomplete preparation for independent research-to-policy influence. UNFPA presence ensures effective communication of technical findings to policymakers:

> *"If there are still gaps or ways forward where UNFPA can support, I think it would be in utilization and communicating [research] data, which is quite technical, the terminology is very technical, to policy makers, that is, linking between technical specialists, including on NESDC's side and our academics, to policy planners who will use it for planning. This is a part that still needs support" (KII Academia)*

While UNFPA Thailand has systematically prepared media and private sector partners for sustained engagement[156], UNFPA presence is important for media advocacy and SRHR messaging. The ICPD 30 campaign successfully mobilized in-kind contributions. The private sector demonstrates commitment to gender equity at work through participation in the Coalition for Reproductive Justice in Business. However, transitioning from campaign-based support to sustained corporate commitment requires UNFPA presence. Private sector partners acknowledge that sustainability requires mutual benefit, and partnerships might be disrupted by business constraints[157]. Media partnerships require UNFPA for SRHR messaging[158].

A6.2 **UNFPA leveraged strategic partnerships with stakeholders, including traditional and non-traditional national and sub-national government, the private sector, and local and grassroots/ community organizations to advance its mandate to improve SRHR and inequalities of vulnerable and marginalized populations.**

Strategic partnerships

UNFPA partnered with governmental and civil society actors to ensure the achievement with Output 1. UNFPA collaborates with the governmental sector on the implementation of Adolescent Pregnancy Act, Teen Moms Benefit Package, and policy planning at the national level. To support implementation of government policy, UNFPA partnered with CSOs in SRHR programming[159]. Partnerships with the private sector on this Output was also achieved, as evidenced by the Coalition of Reproductive Justice in Business, which created a channel for SRHR advocacy and resource mobilization. Partnerships with the Children and Youth Council of Thailand is also an important platform for youth engagement and leadership training, as demonstrated by their capacity to conduct a nation-wide survey on SRHR related to youth. However, additional engagement with the academic sector is needed to leverage adolescent SRH data generation and maximise youth potential in data collection[160].

[156] Doc. Review: 50
[157] KII Donor
[158] KII Media
[159] KII UNFPA, Government, Private sector, IPs
[160] KII Academia, IPs, UN

For Output 2, UNFPA collaborates with the governmental sector on Gender equality and GBV coordination. UNFPA works closely with MSDHS and relevant agencies to strengthen multi-sectoral GBV response through the development of SOP for GBV and implemented through OSCC in many provinces[161]. To ensure concrete achievement, SoSafe was also used as a complementary platform for GBV reporting. To support programmatic implementation, UNFPA partnered with CSOs to implement culturally sensitive GBV contexts in the Southern and Northern provinces[162]. The sensitivity of the topic does not pose as a barrier but become a strength for media advocacy, as evidenced in the use of celebrities to raise awareness of Gender equality, GBV, and HRBA. However, collaboration with the academic sector would be useful in strengthening GBV data systems, as noted by government and IPs[163].

UNFPA collaborates with the governmental sector, CSOs, and the academic sector in achieving Output 3. UNFPA is engaged in many key national plans and data systems, including Thailand Long-Term Population Development Plan and the first hybrid census. UNFPA is also the strategic partner in introducing the SoSafe platform to the national GBV reporting infrastructure under this Output. For programmatic implementation on a super ageing society and care economy, UNFPA strategically collaborates with an IP to not only empower the elderly population but also deliver commitment to end domestic violence and harassment against older persons through SoSafe platform[164]. The collaboration with the academic sector is also important to achieve this Output[165].

UNFPA Thailand's Value Add

For Output 1, UNFPA successfully transformed national narratives on adolescent pregnancy from an ethical issue to a barrier to human capital development, which is important for reframing the implementation of the AP Act166. Despite UNFPA's contribution and achievement, there are still challenges in pushing forward LGBTQIA+ SRHR agenda, which needs to be openly discussed and reported since Thailand passed Marriage Equality Law[167].

For Output 2, UNFPA developed comprehensive service mapping and standard procedures. However, the most significant gap is the lack of national statistics on GBV prevalence in Thailand, as Ministry hotlines, OSCC, and police all report different numbers, which pose an obstacle to provide robust policy advocacy with compelling statistics[168].

For Output 3, UNFPA Thailand is recognized as a key population agency that not only invented population innovations but also have transferred ownership of the innovations to many government agencies[169]. UNFPA is uniquely positioned as the key population agency to advise the government on serious emerging demographic issues like low fertility and ageing based on ICPD principles and HRBA, to promote demographic resilience. The SoSafe platform is also an innovation that demonstrates how government can work synergistically to resolve social problems and how populations of all age groups can be a part of reporting and referral system. The lasting impacts of these activities, notably government ownership or user traffic, are promising but might require time commitment beyond this current CP[170].

[161] KII Government
[162] KII IPs, UNFPA
[163] KII Government, Academia, IPs
[164] KII IPs
[165] ibid
[166] KII UNFPA
[167] KII UNFPA, Academia, Media
[168] KII Government, academics, IPs, UNFPA, UN
[169] KII Government, UNFPA
[170] KII UNFPA, Academia, Government, IP

section 4.7 | Impact Orientation

Evaluation Question 7. To what extent has UNFPA contributed to higher-level development outcomes and catalysed broader change beyond immediate programme outputs?

Summary Findings: Impact orientation is assessed as moderate. UNFPA has moderately contributed to higher-level development outcomes and catalysed broader change beyond immediate programme outputs. UNFPA contributed to policy progress, stronger referral pathways, and localized behaviour shifts, with a clear catalytic effect from models like iDesign, OSCC SOPs, and SoSafe.

Key finding 7.1: UNFPA has contributed meaningfully to Thailand's progress on adolescent pregnancy prevention, SRHR, and GBV, in alignment with UNSDCF outcomes on health equity and gender equality. Adolescent fertility among 15–19-year-olds has fallen below the national target (20 per 1,000), to which UNFPA plausibly contributed by strengthening
youth-friendly services, introducing comprehensive sexuality education, and sustaining multi-ministerialengagement under the Adolescent Pregnancy Act. Supported pilots—such as iDesign, OSCC SOPs, and SoSafe—have enhanced coordination, quality of care, and youth participation, generating tangible benefits for adolescents and survivors in programme areas. However, impact remains uneven, with migrants, early adolescents (10–14), and youth with disabilities still facing barriers, and most innovations not yet institutionalised or fully financed for scale.

Key finding 7.2: Through peer education, school-based CSE, community dialogues, and digital outreach, UNFPA has helped foster greater openness among youth, parents, and teachers to discuss sexuality, contraception, and gender equality. These changes are localised but important, signalling early movement toward more enabling environments for young people to claim SRHR and GBV-related rights. Yet norm change remains incidental rather than systemic, with stigma, gender stereotypes, and confidentiality concerns still constraining help-seeking and disclosure. Embedding a deliberate, evidence-based social-norms and behaviour-change strategy linked to LNoB would strengthen the durability and reach of these gains.

Key finding 7.3: UNFPA has acted as a catalyst for innovation and system strengthening, piloting models with clear potential for replication and national integration. The iDesign curriculum is being incorporated into formal and non-formal education systems, embedding participatory youth engagement in teaching practice. In GBV, the One-Stop Crisis Centre (OSCC) SOPs have informed national guidance and demonstrated how coordinated referral and case management can operate across sectors. The SoSafe platform has shown promise as a digital coordination and referral tool linking community and institutional response, though it remains at pilot stage pending formal government adoption and financing. These initiatives illustrate UNFPA's role in influencing policy and demonstrating scalable models, yet their sustainability and institutionalisation depend on continued inter-ministerial ownership, budget integration, and data-system alignment.

For details of the evidence supporting findings in section 4.7, see Evaluation Matrix: Assumptions 7.1-7.1 (in Annex 1).

A7.1 UNFPA-supported interventions have contributed to measurable progress toward relevant UNSDCF outcomes and national development goals, as demonstrated by improvements in sectoral indicators or meaningful changes in the lives of target populations.

Based on the findings, the evaluation finds the overall impact of UNFPA programming to be moderate, reflecting meaningful contributions in targeted areas while acknowledging limitations in scale and sustainability. UNFPA has moderately contributed to higher-level development outcomes and catalysed broader change beyond immediate programme outputs. UNFPA has contributed in part to measurable progress on the reduction of adolescent fertility, seeded local-level shifts in openness and behaviour, and piloted promising models with system-wide potential related to GBV case management and referral. These contributions have produced visible improvements in the lives of target populations. However, the overall impact remains partial and uneven: equity gaps persist, norm change is not yet sustained, and promising pilots lack institutionalisation

Evidence from annual and quarterly reports, stakeholder interviews and document review shows that UNFPA has contributed—alongside government and other partners—to progress towards Thailand's national development goals and UNSDCF outcomes, particularly in adolescent pregnancy prevention, SRH, and GBV. Since the adoption of the Adolescent Pregnancy Act (2016), Thailand has achieved a marked decline in adolescent fertility, with the birth rate among 15–19-year-olds now below the national target of 20 per 1,000. While this trend reflects broader policy and socio-economic drivers, UNFPA has plausibly contributed through three main pathways: (i) strengthening youth-friendly health services in selected provinces, improving the quality of counselling, confidentiality and referral practices; (ii) supporting the introduction and uptake of comprehensive sexuality education, with innovations such as the iDesign curriculum being taken up by education authorities and civil society partners; and (iii) convening line ministries to sustain political attention to adolescent SRHR despite fiscal constraints. These contributions align with UNSDCF outcomes on human capital development, health equity and gender equality.

A7.2 UNFPA's work has contributed to shifts in social norms, and sustained behaviour change related to SRHR, GBV, and population dynamics.

UNFPA's work has fostered incremental but important changes in attitudes and behaviours, even though activities were not framed as a dedicated social-norms strategy. Through peer education, school-based sexuality education and community dialogues, young people have become more open in discussing sexuality and contraception, teachers and parents in some communities have shown greater acceptance of CSE, and adolescents report increased confidence in seeking SRH services[171]. In GBV prevention, engagement of men, community leaders, and religious figures has gradually reduced stigma around survivor support and opened space for public discussion of violence as a social—not private—issue (FGD Youth and women). In population and ageing work, evidence-based advocacy and public campaigns have helped normalise dialogue on low fertility, gender equality, and shared caregiving, while UNFPA's technical engagement with national partners has consistently promoted a rights-based approach, opposing coercive or pronatalist policy measures that could compromise individual choice[172]. While these are localised and fragile shifts, they represent initial progress in creating environments where young people can more readily claim their rights and access services.

[171] KII IP, Teacher; FGD Youth
[172] KII UNFPA, Government, IPs

A7.3 UNFPA's work has catalysed broader changes such as the replication or scale-up of successful models, policy or legislative influence, or integration of innovations into government or partner systems.

UNFPA has piloted models with the potential to influence national systems. The iDesign tool is being integrated into formal and non-formal curricula, embedding participatory youth engagement in education practice. In GBV, the OSCC SOPs supported by UNFPA provide a foundation for national adoption of standardised case management and referral protocols in the health system. At the community level, the SoSafe initiative demonstrates potential for coordinated prevention and referral across life-course risks. These models illustrate how UNFPA has acted as a catalyst for innovation, although most remain at pilot stage and are not yet fully institutionalised.

Changes in the lives of target populations

Across these three dimensions, UNFPA's work has translated into tangible changes for the lives of adolescents and young people in its supported areas. Young people report greater confidence in seeking SRH information and services; school re-entry support for adolescent mothers has been strengthened in some provinces; and survivors of GBV have benefitted from clearer referral pathways. Adolescents in programme areas experience more coherent linkages between schools, communities and clinics, while youth-led approaches such as iDesign have provided young people with a stronger voice in shaping content and delivery[173].

Limitations to impact realisation

Despite these contributions, several factors constrain sustainability and scale. First, the benefits are unevenly distributed: confidential and youth-responsive services remain patchy, and migrants, younger adolescents (10–14) and young people with disabilities face persistent barriers. Second, evidence gaps weaken replication: systematic documentation of "what works and why" is limited, monitoring is not consistently disaggregated by age, sex or vulnerability, and behavioural outcomes are not tracked over time. Third, norm-change effects remain incidental rather than deliberate, with stigma and gendered expectations continuing to suppress disclosure and help-seeking. Finally, most innovations—such as OSCC SOPs, iDesign and SoSafe—remain at pilot stage, with sustainability and scale-up plans (including institutional ownership, recurrent financing and MIS integration) not yet formalised.

[173] KII UNFPA, IP; FGDs Youth and Women

Chapter 5

CONCLUSIONS

Summary of Conclusions: 12th Country Programme (2022–2026) is **relevant, coherent and moderately effective,** aligning strongly with Thailand's 13th NESDP, the UNSDCF and ICPD PoA. Efficiency in resource mobilisation is positive but not yet strategic. Sustainability and Impact orientation are linked; current programming downstream requires further government engagement; if achieved there is potential for impact.

> **Relevance and Coherence** was evident in UNFPA alignment with Government policy and outreach objectives. UNFPA's policy influence is visible in national frameworks—Long-Term Population Development Plan, HRBA fertility policy, NTA and hybrid census, and GBV integration under UHC.
> **Effectiveness** was highest in policy advocacy and innovation pilots (SoSafe, iDesign, OSCC SOPs); scaling and institutionalisation remain partial.
> **Efficiency** improved through diversified financing (~US$ 5.8 m + 34 % in-kind) but was constrained by limited staffing and output-focused monitoring.
> **Sustainability** is moderate; government ownership of data and GBV systems is growing, yet many innovations still depend on UNFPA's facilitation.
> **Impact** is plausible and visible in declining adolescent fertility, stronger GBV referral systems, and more inclusive data for decision-making.

Key takeaway: The 12th CP laid a strong policy and innovation foundation. The next cycle must focus on **upstream policy influencing, institutionalisation, outcome monitoring, and sustainable national financing** to protect these gains.

Conclusion 1

Expanding Country Programme portfolio exceeded expectations inadvertently shifting focus from upstream policy work to downstream implementation, straining cohesion and capacity to deliver a fully effective, sustainable programme strategy

Linked to: Relevance (Finding A1.2), Coherence (Finding A2.1, A2.2), Effectiveness (Finding A3.1, A3.3), Efficiency (Finding A5.1), Sustainability (Finding A6.1, A6.2), Impact orientation (Finding A7.3)

Associated recommendation: 1, 3

The CP has achieved its ambitions well beyond the original, modest results framework measures, in part because they were under-targeted given the evolving scope of the programme since the drafting of the CPD. Activities and staffing grew through positive and innovative efforts to expand the funding base and address key issues by increasing visibility and outreach to the private sector and national funders. Donor interest encouraged greater investment in downstream implementation to demonstrate impact, which in practice, reduced the relative emphasis on upstream work envisioned originally in the CPD (e.g. policy advocacy) strategy. While the programme continues to contribute to higher-level development outcomes of Thailand (e.g. NTA, adolescent pregnancy reduction), new activities made possible by the expanded funding opportunities are only completing their design phase (e.g. I-Design curricula) or are presenting early pilot results with limited evidence as yet of effectiveness (e.g. SoSafe). Likewise, some research activities have been conducted but funding shortfalls, limited follow-up and further policy influencing activities (e.g. Health facility and climate change report). Equally, when coordination mechanisms remain informal, data systems are fragmented, or downstream pilots are not explicitly connected back to policy-level change, the coherence of the contribution weakens. Lack of a measurement framework to capture the reach and effectiveness (or future sustainability or impact) of the outputs or the resources to conduct regular monitoring, quality assurance or evaluative activities further limits evidence of results achieved. As a result, UNFPA has a diversified programme portfolio which, implemented through cross-output synergies and complementarity, has faced challenges in presenting as a fully integrated CP strategy to deliver on the Thailand focus transformative results of UNFPA — an issue already acknowledged in the last CP evaluation and the MTR.

Conclusion 2

The M&E system and RRF is procedurally in place, but is not capturing programme effects or learning

Linked to: Coherence (Finding A2.1), Effectiveness (Finding A3.1), Efficiency (Findings A5.1, A5.2, Impact orientation (Finding A7.1)

Associated recommendation: 1, 3

The M&E system ensured procedural rigor but has not yet evolved into a results-driven learning and decision-support mechanism. It was operationally sound and timely—RRF updates and partner reporting sustained accountability—yet remained compliance-oriented and output-counting, limiting visibility on outcome-level change, contribution or lessons learned. Evaluation of progress against the Theory of Change of the programme for example is not fully possible. While the ToC captures the desired change pathways from accelerators (or activities) to outputs, how the outputs effectively contribute to the outcomes, given the lack of documented evidence from the activities, is less tangible. The main constraints on M&E effectiveness were output-heavy indicators and under-ambitious targets, insufficient disaggregation and representativeness (especially 10–14 vs. 15–19 and vulnerability groups) a compliance-focused reporting culture that privileges activity descriptions over change narratives, gaps in verification and quality assurance capacity among UNFPA and partners, and a weak link between the RRF and resource allocation. For example, donor facilitated priorities led to a disproportionate distribution of funds to select activities, creating imbalances within the programme portfolio and limited resources for core activities such as M&E. In addition, delays in the release of national administrative datasets—a system-level issue outside CO reporting—reduced the usefulness of evidence for time-bound policy processes. Despite these constraints, tangible advances in population/data policy work, GBV integration within UHC, and ToC-based performance analysis indicate that the building blocks of a results-oriented system exist yet need to be institutionally embedded. Critically, the M&E system remains insufficient to capture the full effect of strong pilot interventions advanced by the programme and other activities and results at the end of the programme period - a missed opportunity to demonstrate comprehensively the full effectiveness of the CP.

Conclusion 3

UNFPA has strengthened GBV case management, coordination and services; further gains require policy advocacy and monitoring for accountability of implementation and government ownership

Linked to: Relevance (Findings A1.1, A12), Effectiveness (Findings A3.1, A3.3, A4.1)

Associated recommendation: 1, 4

UNFPA has made important contributions to advancing SRHR in Thailand. The programme played a central role in supporting key policies such as the Adolescent Pregnancy Act (AP Act) and in strengthening national systems for SRHR education and service delivery under universal health coverage. Through collaboration with government partners and civil society, UNFPA expanded access to SRHR information, trained CYCT youth leaders, and is working to integrate a youth developed, comprehensive sexuality education (CSE) iDesign curricula into both formal and non-formal education settings. These efforts have plausibly contributed to improved access to youth-friendly SRHR services and greater awareness of reproductive rights. Effectiveness was strongest in areas mandated by the CPD, such as policy advocacy related to adolescent pregnancy and inclusion of GBV under UHC (See Conclusion 4). Innovative pilots such as SoSafe, Teen Moms outreach, and SRHR engagement with Muslim communities in the South demonstrate that inclusive, community-based approaches are feasible and impactful.

Despite these achievements, several challenges limit sustained progress. The absence of a coherent programmatic framework, particularly a structured peer education and referral model, has led to fragmented implementation. Safeguarding and privacy remain uneven, and SRHR services continue to face equity gaps due to structural barriers beyond the reach of individual projects. Disaggregated data on adolescent pregnancy are limited, hindering effective targeting, and while LARC uptake has increased, declining condom use has contributed to rising STI rates and plateauing HIV incidence. The programme also remains under-positioned to address broader life-course SRHR issues, including sexual health among older persons and the long-term effects of untreated STIs.

Youth engagement is a strong feature of the programme, particularly through youth-led iDesign CSE development and peer education, with online and peer-led activities expanding SRHR knowledge—though these require greater scale. Beyond curricula development, youth engagement needs a broader, evidence-based strategy with appropriate safeguards, and stronger links between platforms like Teen Clubs and youth-friendly health services. A 2021 UNICEF–WHO–UNFPA assessment found many services are still not fully youth-responsive, underscoring the need for system upgrades, school-clinic integration and better inter-ministerial coordination. The programme has partners and entry points to reach marginalised groups, but greater upstream work is required to expand SRHR access, building on UNFPA's policy-advocacy strengths and youth-sector networks. Further, UNFPA's added value is in its convening power between CSOs and government, less so in funding direct service provision which NGOs can do very well. Sustaining gains will depend on institutionalising youth inclusion through coordinated policies across key ministries, ensuring confidential help-seeking options in schools, minimum standards for youth services, consistent dual-protection counselling, and supportive, non-stigmatizing responses to adolescent SGBV that uphold the intent of the Adolescent Pregnancy Act.

Conclusion 4

Sustaining SRHR information and service improvements including for youth requires both policy advocacy and pilot interventions guided by an overarching, evidence-based, well-coordinated strategy

Linked to: Effectiveness (Findings A3.1), Sustainability (Findings A6.1), Impact orientation (Findings A 7.3)

Associated recommendation: 4,5

UNFPA has successfully helped to improve GBV prevention, case management, coordination, and survivor services in Thailand. The programme's support for national frameworks—such as GBV integration under UHC the development of SOPs for the OSCCs, and initiatives like SoSafe—has strengthened policy alignment, enhanced coordination of services, and improved access to care for survivors. These efforts demonstrate UNFPA's catalytic role in translating policy into coordinated and effective practices with institutional mechanisms, promoting more integrated and survivor-centred service delivery.

Pilot interventions have shown tangible gains. The SoSafe platform is beginning to show effectiveness as an information and reporting tool in some pilot provinces, improving linkages from community responders to hospitals. Similarly, the OSCC SOP enhanced coordination, case management, and responsiveness. While Thailand's GBV policy framework is robust, implementation remains uneven. Coordination across sectors—especially health, justice, and social welfare—continues to be fragmented, and accountability mechanisms are weak at the subnational level. Sustaining advances will require policy advocacy, monitoring and accountability to ensure stronger national ownership, coordination and linkages through a functional referral pathway leading to appropriate health services.

Conclusion 5

Targeting the most marginalised and vulnerable populations (LNoB/RFB) and including an HRGE focus requires influencing national inclusion policy for implementation fidelity.

Linked to: Relevance (Finding A1.1), Effectiveness (Findings A3.1, A4.1)

Associated recommendation: 6

The Country Programme demonstrates comprehensive targeting of marginalised and vulnerable populations. Through CSO partnerships, UNFPA reaches undocumented hill tribe women, ethnic minorities without identification, Muslim populations in southern provinces, LGBTQI+ communities, displaced persons from Myanmar, and people with disabilities. UNFPA's LNoB and Reaching the Furthest Behind (RFB)) approach recognises intersecting vulnerabilities—such as those faced by undocumented ethnic-minority teen mothers, LGBTQI+ persons in conservative provinces, older persons experiencing domestic violence, and people with disabilities. By selecting strategic locations, embedded implementing partners, and entry points like non-formal schools serving ethnic minorities, the programme is well targeted to reach those most in need. However, long-term acceptability, effectiveness, and sustainability depend on local ownership (e.g., by the Health Centre for Ethnic, Marginal People and Migrant Workers) and national policy mandates, monitored locally with strategic partners. Currently, LNoB/RBF efforts are concentrated at provincial and local levels, with limited focus on influencing national inclusion policy.

UNFPA has extensive experience in policy influencing related to HRGE, contributing to key reforms such as the Marriage Equality Act, GBV integration in UHC, and implementation of the Adolescent

Pregnancy Act. HRGE principles are also embedded in programme design through human rights–based approaches, meaningful youth participation, and inclusion of persons with disabilities and LGBTQI+ youth, as well as gender transformative language in programme content. Yet despite strong targeting and HRGE integration, implementation of intersectional, rights-based, and gender-transformative approaches remains uneven. Some partners are less consistent in applying HRGE principles, prioritizing "who" is reached over "how" and "with whom." Gaps were noted in upholding privacy and confidentiality in youth programming.

Efforts to promote gender equality and empowerment through women's groups, social media, and programme messaging are visible, yet lack of a measurement framework limits evidence on behaviour change or SRHR knowledge gains. Some IPs also lack clarity on their intended outcomes, such as increased family planning uptake or reduced GBV. Despite training and monitoring, insufficient indicators and targets weaken HRGE accountability. Strengthening disaggregation, ensuring reasonable accommodation, protecting confidentiality, and linking results to national inclusion policy metrics with light external validation would help translate inclusive intent into measurable equity outcomes.

Conclusion 6

Population and development evidence products with a policy advocacy or change purpose requires strategic planning and executed dissemination plans to ensure effectiveness.

Linked to: Effectiveness (A3.1), Sustainability (6.1, A6.2), Impact orientation (A7.2)

Associated recommendation: 1

UNFPA has a strong reputation and proven track record in population and development, data generation and technical assistance to the government and partners. UNFPA provided critical technical assistance to the 2025 census, including population estimates for hard-to-reach settings such as gated communities, and facilitated a One UN approach that brought together agencies to ensure the census met diverse policy and monitoring needs. This strengthened Thailand's demographic evidence base and enhanced credibility in ASEAN and the UN system. The National Transfer Accounts (NTA) are a strong example of sustained policy uptake, directly informing NESDC's work on social security reform and ageing strategies. A current analysis of census data on the aging population is eagerly anticipated – a credit to the role UNFPA plays in data generation in the country.

CP activities to conduct policy influencing through strategic data collection, analysis and dissemination, strategically targeted towards policy change, however, is less explicit While the CO elaborates the content, general need and utilisation plan for any new evidence product, implementation and dissemination may be condensed to fit resource availability. In such cases, priority is often given to creating the product with the risk of valuable research remaining underutilised, limiting its contribution to policy change and programming. Without stronger quality assurance, structured dissemination, and systematic follow-up through policy dialogue and action planning, the potential impact of such studies is not being fully realised.

In contrast, other analyses — such as the Silver Economy study, Resilient Health Facilities, Youth Friendly Service Assessment, A Situation Analysis of Population Dynamics in Thailand in partnership with College of Population Studies, Chulalongkorn University, and the forthcoming GBV survey — have not been capitalised upon sufficiently presenting missed opportunities. Risk remains that UNFPA produces stand-alone reports unless paired with strategic planning for policy influencing, structured dissemination, policy dialogue, and follow-up action plans.

Conclusion 7

Innovative financing yields benefits but also requires moving from opportunistic to strategic financing aligned with the CP strategy and focused on impact.

Linked to: Coherence (Finding A2.1), Efficiency (Finding A5.1), Sustainability (Finding A6.2)

Associated recommendation: 2

UNFPA has demonstrated strong financial innovation and adaptability in mobilizing and managing resources to advance programme outcomes in Thailand. The 12th Country Programme nearly doubled its resource envelope—from USD 2.9 million to USD 5.8 million—achieving a more balanced mix between core and non-core funding. The expansion of private sector engagement represents a major milestone: one corporate partner contributed USD 1.5 million (25% of the total CPD budget) and USD 1.23 million in in-kind support, marking the highest single private sector contribution secured by any UN agency in Thailand. UNFPA also pioneered a new funding modality by accessing a Thai government foundation through pass-through arrangements, further diversifying its sources of support. These innovations have enhanced UNFPA's visibility, credibility, and preparedness for future partnership models.

Despite these achievements, several vulnerabilities remain. UNFPA's core upstream role—providing technical and policy advice funded through lower-cost core resources—is not directly compromised by the rise of externally funded 'Other Resources' used for higher-cost pilot projects. However, heavy reliance on a single corporate donor creates financial and reputational risk and reduces flexibility. For example, Output 3 funding has been disproportionately channelled to SoSafe (through Other Resources or private-sector funding), while the population and data portfolio—an area where the CO is highly regarded—relies on limited core funds, leaving it underfunded and less visible. Although the internal funding rationale is clear, external partners may perceive an apparent shift away from UNFPA's core mandate toward downstream pilot projects whose effectiveness is not yet proven. New private-sector partnerships also introduce additional expectations that the CO must sustain. Weak donor visibility, reporting delays, and limited evidence dissemination from new projects constrain policy influencing. The absence of a dedicated resource-mobilisation function further limits the CO's ability to strategically cultivate and manage diversified partnerships, placing the burden on senior staff. Cost negotiations often occur case-by-case rather than being standardised at project design, leading to administrative inefficiencies and inconsistent budgeting for accessibility and inclusion. To strengthen long-term financial sustainability, UNFPA must shift from opportunistic to strategic financing—prioritizing diversification, transparency, and institutional learning. Aligning resource mobilisation more closely with evidence generation and policy advocacy will enhance impact and reinforce national ownership of UNFPA-supported initiatives.

Conclusion 8

UNFPA is an important contributor to UNSCDCF and UNCT coherence, co-ordination and visibility

Linked to: Relevance (Finding A1.1), Coherence (Finding A2.1), Efficiency (Finding A5.1)

Associated recommendation: 2

UNFPA Thailand has served as a strategic convener and technical leader in advancing UN coherence under the UN Reform framework. As co-chair of the Gender Theme Group (GTG) with UN Women, it provided sustained policy and technical leadership that strengthened UNCT performance on gender equality and GBV, demonstrated by the Gender Scorecard's improvement from 13 to 93 percent and the successful passage of the Marriage Equality Act in January 2025, achieved through joint UN advocacy. UNFPA also co-chaired the UN Data Group, facilitating the One UN approach to the 2025 Population and Housing Census, supporting data quality improvements, and coordinating analysis and reporting of census results to inform UNSDCF monitoring and national development planning. While the UNICEF-led Youth Joint Team became inactive and was later dissolved, UNFPA maintained strong engagement with youth through I-Design and collaboration with the National Youth Council, which brought youth perspectives directly into policy fora.

At the same time, the UNSDCF evaluation identifies structural and coordination challenges within the UN system. Some UNCT mechanisms were underutilised, and "coopetition"—especially in adolescent pregnancy programming between UNFPA and UNICEF—occasionally blurred mandates. Resource asymmetries also limited UNFPA's ability to sustain coordination beyond its technical leadership. Nonetheless, evidence confirms that UNFPA's leadership and coordination across gender, youth, and population dynamics has significantly enhanced UNCT coherence and visibility, strengthened inter-agency collaboration under the UNSDCF, and demonstrated how normative and technical expertise can translate into collective UN impact on Thailand's national development priorities.

Conclusion 9

Sustainability of UNFPA pilots projects requires they address a national priority, demonstrate effectiveness and have government ownership and engagement from the start.

Linked to: Coherence (Finding A2.1), Effectiveness (Finding A3.1), Sustainability (Finding A7.1, A7.3)

Associated recommendation: 1,3,4,5

UNFPA engaged MSDHS, MOPH, NESDC, NSO, line ministries, and universities to strengthen SRHR/GBV policy and evidence, fostering national buy-in and paving the way for institutionalized governance pathways. Through SSTC, mutually beneficial exchange of knowledge, profiling of national achievements on National Transfer Account (among other thematic topics), and new partnerships were built between UNFPA country offices and government counterparts. Such collaboration yielded strong ownership, as seen in initiatives like the National Population Plan, which features both UNFPA and government logos. When partnership with government agencies such as NESDC is established from the outset—as with the National Transfer Account tool—government appreciation and ownership naturally follow. Crucially, alignment with national priorities drives sustained engagement. The NTA tool, for instance, helps analyse the economic impact of demographic change and gender and intergenerational equity. Similarly, the National Population Plan and related strategies have evolved into government-owned initiatives.

Other efforts, including iDesign, SoSafe, and the OSCC SOPs, support key frameworks such as the Adolescent Pregnancy Act and GBV strategies. These have secured multi-ministry MOUs and government approval (or no objection), though strategic-level engagement remains limited. The Country Office (CO) has advanced the institutionalization of the SoSafe platform through multi-level governance and integration into existing systems (e.g., Taffy Fondue). However, the absence of a systematic M&E framework hinders the ability to aggregate contributions and inform strategic decision-making.

Close collaboration with NESDC has enabled engagement with provincial governors and key line ministries, essential for long-term sustainability. Yet, provincial partnerships alone are insufficient to sustain UNFPA's approaches. The Ministry of Interior (MoI)—though a less prominent partner—plays a pivotal role through national indicators and monitoring frameworks that guide provincial reporting. To ensure institutional uptake, supply-driven initiatives must be embedded upstream with MoI. Engaging MoI to establish or activate national indicators to measure outcomes—such as improvements in case management or referral systems enabled by SoSafe and SOP coordination—is vital for lasting government ownership and sustainability.

Chapter 6

RECOMMENDATIONS

The evaluation presents eight recommendations, including six high-priority and two medium-priority actions, which together outline a strategic path for strengthening the coherence, sustainability, and upstream influence of the next CPD. Given the country office's resource constraints, the set emphasises the importance of consolidating efforts around upstream policy engagement—an area where UNFPA's technical expertise delivers high impact with comparatively modest financial investment, and where national ownership and system-wide change can be most effectively advanced. The recommendations respond directly to findings related to portfolio expansion, fragmented pilots, financing pressures, and uneven institutional integration, underscoring the need to focus on strategic policy leadership, sustainable financing pathways, and stronger alignment with national systems such as the Ministry of Interior's provincial oversight mechanisms. Collectively, they aim to ensure that UNFPA's contributions lead to scalable, equitable, and durable improvements for women, adolescents, and vulnerable populations across Thailand.

1: Strengthen Strategic Coherence, Upstream Influence, and Scalable, Evidence-Based Programming in the next CPD *Priority: High*	Rationale and link to conclusions	*Operational Implications* *Addressed to: UNFPA CP leadership, UNFPA CP technical staff, Government partners*
The next CPD should adopt a sharper and more coherent strategic focus that balances ambition with available resources. This requires systematic portfolio rationalisation and alignment of programme investments and technical support with a clear, upstream-oriented strategy that enables sustainable and scalable interventions. UNFPA should leverage its comparative advantage to strengthen its role as a key policy partner on national priorities such as ageing, the care and silver economy, and demographic planning under the next UNSDCF and CPD. This also includes deeper engagement with MoI, whose provincial oversight and reporting mechanisms are essential for institutionalising coordinated response models like SoSafe.	***Rationale:*** The CP is currently engaged in numerous service delivery activities that extend beyond what is typically expected in a UMIC context. Strategic prioritisation of activities is needed. For example, use of visibility campaigns, while potentially effective in generating interest and funding from both private and public sectors, must be balanced against broader organisational objectives. Likewise, service delivery activities undertaken to demonstrate UNFPA effectiveness at the community level require considerable resources to make an impact. A balance between compelling downstream activities and UNFPA's core responsibility to drive strategic policy influence for long-term sustainable improvements in the ICPD agenda is needed. **Based on conclusion: 1, 2, 3, 6 and 9**	• **Implement a structured portfolio rationalisation process:** Review existing and planned pilots to determine which should be discontinued, consolidated or scaled based on evidence, cost-effectiveness, scalability, alignment with national priorities, and the extent of government ownership and sustainability potential; ensure future proposals undergo systematic demand-led and sustainability screening. • **Develop a policy advocacy strategy:** Formalise coordinated upstream engagement with MoPH, MSDHS, NESDC, NSO, MoE and MoI through shared policy agendas, consistent messaging, and strengthened use of UNFPA's technical credibility to support demographic resilience, SRHR, and GBV system reforms. • **Institutionalise cross-sectoral coordination:** Support government leadership to establish coordination and data-sharing protocols across ministries to ensure new pilots are designed for integration into national systems, with clear sustainability and cost-sharing pathways. • **Ensure scalability of pilot initiatives:** Conduct evidence-based reviews of all pilot projects to determine feasibility for scale-up through government systems; ensure future pilots are designed for sustainability. • **Leverage technical expertise strategically:** Assess technical support needs and optimise use of APRO, HQ, and partner expertise to strengthen programme quality, evaluation, evidence generation, and policy engagement while ensuring efficient use of limited country office capacity. • **Streamline CPD priorities:** Focus the next CPD on a concise set of priorities—consolidating proven interventions while introducing targeted innovations aligned with government priorities and UNFPA's comparative advantage.

2. Strengthening Financing Sustainability and Strategic Partnerships *Priority: High*	Rationale and link to conclusions	*Operational Implications* *Addressed to: UNFPA leadership, UNFPA partnership & resource mobilisation staff, Private-sector partners, CRJB, SET/SEC, ThaiHealth, NESDC, NHSO, MoPH*
UNFPA should strengthen financing sustainability by developing a domestic financing strategy, expanding government cost-sharing, and mobilising national financing mechanisms and institutional capacities to diversify partnerships—including strategic private-sector engagement on SRHR, ESG and GBV through emerging workplace-equity and ESG frameworks—to enable scalable interventions under the next CPD.	***Rationale:*** UNFPA has successfully expanded its funding base during the current CP. Thailand's position as a UMIC and the global downturn in the availability of development financing necessitate continued innovation in partnership and financing modalities. UNFPA will need to harness this challenge by building on recent achievements, including lessons learned regarding time and effort required in seeking new resources to continue to expand its resource base. With the Stock Exchange Commission (SEC) of Thailand moving toward mandatory ESG reporting by 2027, there is a timely opportunity for UNFPA to position SRHR, GBV prevention and gender equality as core components of ESG reporting frameworks, expanding private-sector engagement through initiatives such as the Coalition for Reproductive Justice in Business (CRJB), which promote gender-responsive and SRHR-aligned workplace practices. **Based on conclusion: 1, 2, 7, 8, 9**	• **Develop a domestic financing strategy that expands government cost-sharing:** UNFPA should work with MoPH, MSDHS, ThaiHealth, NHSO and NESDC to define domestic financing pathways for SRHR, GBV and demographic resilience—clarifying which components can transition to government budget lines, pooled mechanisms, co-financing or jointly funded arrangements. In parallel, UNFPA will engage ministries to progressively increase domestic contributions, strengthening institutional ownership and long-term sustainability of SRHR and GBV reforms while reducing reliance on short-term donor funding. • **Expand private-sector engagement through SRHR/ESG/GBV workplace partnership frameworks:** Strengthen collaboration with private companies through emerging workplace partnership frameworks that integrate SRHR, GBV prevention and gender-responsive practices into ESG reporting, aligned with Thailand's shift toward mandatory ESG disclosure by 2027. • **Consider WHO's pull-funding model as an example of innovative domestic financing:** Evaluate the relevance of WHO's pool-funding approach—where government financing expands based on demonstrated effectiveness—to support evidence-driven scale-up in Thailand's health and social systems. • **Apply UNDP's Cabinet-approved flexible partnership model:** Advocate for an umbrella partnership that enables a single Cabinet approval for the overall framework, allowing ministries to contribute funding or expand activities without requiring repeated approvals, thereby enhancing agility and enabling cross-ministerial financing. • **Strengthen internal financing capacity:** Appoint a dedicated fundraising/partnerships staff member to coordinate implementation of a new UNFPA financing strategy, aligned to national priorities, to guide resource mobilisation, partnership management, and risk mitigation. • **Institutionalise domestic financing for SRHR and GBV:** Support the government to embed SRHR and GBV financing within national and subnational budget frameworks—engaging national foundations, budget offices, and planning bodies to institutionalise funding lines for priority SRHR and population issues to ensure that successful models transition from donor-dependent projects to sustained public commitments. • **Diversify and stabilise the funding base:** Expand partnerships beyond a single corporate donor, pursue a mix of public, private, and in-kind contributions, and cultivate new private sector relationships to reduce financial and reputational risk and improve long-term financial flexibility. • **Professionalise partnership management:** Establish structured and transparent systems for documentation, expectation-setting, and regular reporting to maintain donor confidence and ensure consistent, high-quality engagement with all partners.

3: Transforming M&E into a Results-Oriented and Learning System *Priority: [High]*	Rationale and link to conclusions	Operational Implications *Addressed to: UNFPA leadership and technical Staff*
UNFPA's M&E system should shift from a compliance-focused tracker to a results-oriented learning system that demonstrates credible evidence of contribution and equity.	***Rationale:*** The current CP is under targeted resulting in minimal monitoring and reporting because all targets were achieved within the first two years of the CP. Nevertheless, existing and future programme activities require monitoring for accountability, results-driven learning and decision-support mechanisms. Donors (public and private) also need regular reporting on progress towards project aims to justify and guide their investments. **Based on conclusion: 1, 2 and 9**	• **Focus on core outcome indicators** Refine M&E around a small set of intermediate and longer-term outcome and quality indicators aligned with a more concise policy focused ToC. Clarify contribution logic by ensuring each reported result clearly explains what changed, for whom, and why, with concise, contribution-focused narratives instead of list of activities. Prioritise indicators that directly test ToC change pathways. • **Strengthen data quality, disaggregation, and monitoring systems.** Support the government and implementing partners to improve systematic data disaggregation (age, sex, disability, ethnicity, vulnerability) and align with national administrative systems (NHSO, MSDHS, NSO) to reduce duplication and enhance policy relevance. Reinforce monitoring and evaluation systems to track equity, service use and outcomes, and ensure that learning from pilot interventions informs adaptive management and scale-up decisions. • **Institutionalise learning and adaptive management:** Apply regular checks for completeness, timeliness, and internal consistency, supported by national verification systems and selective external validation. Conduct biannual learning reviews linking evidence to programme adjustments and resource allocation. Integrate learning into CPD design and pilot scale-up decisions. • **Invest in M&E capacity:** Ensure sufficiently skilled M&E personnel who are positioned to build capacity for RBM and data use so that UNFPA remains relevant and strategic at the policy level, in its partnerships and financing. • **Avoid SROI as a substitute for results:** Recognise that SROI is assumption-based and non-causal and cannot replace indicator-based evidence of real outcome change. • **Reallocate resources toward analysis and system integration:** Prioritise analytical work, learning, and integration of data systems to strengthen equity assurance, demonstrate value for money, and support scale-up in the next country programme.

4. Strengthen Access to Integrated SRHR Services across the life course by refocusing the Youth Portfolio to Advance Equitable Access to SRHR Information, Services, and Choice. Priority: High	Rationale and link to conclusions	*Operational Implications* *<u>Addressed to</u>: UNFPA SRHR technical team, MoPH, MoE, MSDHS, CYCT and CSOs*
UNFPA should consolidate its SRHR and youth programming into a coherent, evidence-informed framework that strengthens policy advocacy, expands equitable access to quality services, and advances government-owned, gradually domestically financed, rights-based implementation or SRHR across the life course.	***Rationale:*** Thailand is experiencing shifting demographic and SRHR challenges—including population ageing, low fertility, re-emerging HIV, and persistent early and unintended pregnancy among ethnic minorities—requiring targeted, strategic interventions. During CP11, UNFPA piloted multiple models to address these issues; however, youth-focused approaches to preventing EUP remain fragmented, inconsistently evidence-based, and insufficiently embedded within government systems. Promising initiatives such as iDesign, CYCT, and Teen Moms Outreach demonstrate potential but require more clearly defined objectives, stronger institutionalisation, and robust safeguards to ensure effectiveness, equity, and sustainability. CP12 offers a critical opportunity to prioritise and consolidate the models best positioned to advance national SRHR priorities and deliver meaningful impact for SRHR across the life course. **Based on conclusion: 3, 4 and 9**	• **Develop an integrated SRHR and youth strategy:** Create a unified SRHR framework that links policy advocacy, service delivery, and evidence generation across the life course. The strategy should include a focused, evidence-informed youth SRHR framework guiding ACT policy implementation, prioritising early adolescents, adolescent mothers, and youth most at risk, and addressing structural barriers, power dynamics, and rights protections. • **Conduct a structured review of pilot models:** Assess SoSafe, iDesign, Teen Moms Outreach, EUP-prevention, and other SRHR/GBV initiatives with government partners to determine which models are evidence-based, scalable, and ready for integration into national systems. The review should inform a clear portfolio rationalisation process to minimise fragmentation and strengthen strategic coherence. • **Advance institutionalisation and government ownership:** Prioritise scale-up of validated models (e.g., iDesign) through policy advocacy, government adoption, and alignment with national financing and service-delivery structures, while deepening national and subnational coordination to ensure long-term sustainability. Institutionalisation efforts should incorporate feasible, gradual pathways for increased domestic financing in line with Thailand's UMIC trajectory. • **Strengthen youth engagement and social accountability:** Reinforce safeguarded, structured youth platforms—such as CYCT—to ensure meaningful participation, co-creation, and youth-led advocacy, including the use of scorecards and other accountability mechanisms. Strengthen capacities of youth networks to mobilise human and social capital for norm change, stigma reduction, and improved SRHR uptake. • **Broaden policy engagement across the life course:** Expand upstream work on STI prevention, dual protection (LARC + condoms), infertility, and sexual health needs of older persons, aligning SRHR policy influence with Thailand's demographic transition. Include targeted policy dialogue on early adolescence (10–14), digital safeguarding, and continuity of care across the youth ecosystem. • **Leverage UNFPA's strategic convening role:** Coordinate technical expertise from APRO, HQ, and partners to support programme quality, evidence generation, and sustainable integration of SRHR approaches into national systems. Strengthen inter-ministerial coordination across MoE–MoPH–MSDHS to reinforce system-level coherence for youth SRHR. • **Support adolescent responsive service (ARS) capacity strengthening**: Support government to improve ARS quality and readiness—confidentiality, age-appropriate counselling, dual protection, referral completion—particularly for adolescents aged 10–14, ensuring alignment with AP Act implementation. • **Support gradual expansion of domestic financing for youth SRHR**: Identify feasible entry points with MoPH, MoE and MSDHS to progressively increase domestic contributions to scalable SRHR interventions (e.g., ARS training, CSE implementation, youth platforms), reflecting Thailand's UMIC financing transition and its economic capacity.

5: Consolidate GBV Programming through a Comprehensive, Survivor-Centred and Gender-Transformative Approach Priority: High	Rationale and link to conclusions	*Operational Implications* *Addressed to: UNFPA GBV Technical Team, IPs and government (MoPH, MSDHS, MoJ, MoI, Royal Thai Police (RTP)), Provincial multi-sector GBV coordination mechanisms*
The next CPD should consolidate UNFPA's GBV support into a comprehensive, survivor-centred approach that strengthens national coordination, institutional accountability and community inclusion by reinforcing system-wide capacities, improving service quality, and integrating digital and in-person support within national GBV response structures.	***Rationale:*** Persistent harmful gender norms and social constructs perpetuate GBV. GTAs are needed to shift gendered attitudes and norms that contribute to community-level tolerance of GBV. Pilot projects have shown that the use of SOPs for GBV case management improves coordination and management of GBV cases addressing persistent fragmentation across locations. Further engagement is needed to ensure government ownership and coordination of GBV case management using evidence-based SOPs. **Based on conclusions: 4 and 9**	• **Institutionalise national GBV standards and strengthen governance:** Support government endorsement and system-wide adoption of GBV SOPs across all sectors, integrating them into routine provincial planning, monitoring and accountability mechanisms. Reinforce national and subnational GBV governance platforms to ensure coordinated oversight, clear institutional roles, and consistent multi-sector referral performance. Improve coordination among MoPH, MSDHS, MoI, RTP and provincial authorities to reduce referral gaps and ensure timely, confidential, survivor-centred responses—especially in high-burden provinces. • **Scale proven models and integrate digital GBV systems.** Review and document evidence from SoSafe, OSCC and other pilots, and integrate scalable components into national platforms such as the 1300 Hotline and ESS Help Me. Strengthen interoperability between SoSafe, OSCC and provincial dashboards, and transition digital tools into government-owned MIS to enhance sustainability, data protection and integrated case management. • **Strengthen provider competencies and institutional capacity:** Develop and institutionalise a cross-sector curriculum and role-specific competency frameworks to strengthen GTA and SBC application among health, police and social welfare providers. Reinforce supportive supervision systems to ensure survivor-centred, rights-based service delivery. • **Enhance monitoring, accountability and community inclusion.** Integrate quality and outcome indicators—such as survivor experience, response timeliness and referral completion—into national and provincial M&E systems. Deepen community participation through structured feedback mechanisms and stronger linkages between volunteers, women's networks, local actors and OSCCs to ensure interventions remain culturally relevant and responsive.

6: Strengthen the Focus on Marginalised and Vulnerable Populations through a Human Rights-Based and Inclusive Approach Priority: High	Rationale and link to conclusions	*Operational Implications* *Addressed to: UNFPA technical teams, Government, Provincial authorities, CSOs and NSO.*
UNFPA should strengthen HRBA and GEWE integration by strategically prioritising a small number of most excluded groups and co-designing inclusive approaches with affected communities to improve disaggregated equity monitoring and build targeted partner capacities, enabling deeper, more sustainable rights-based implementation within realistic resource constraints.	***Rationale:*** In Thailand the CO has targeted those most in need for SRHR services, including those at high risk of GBV. However, these populations are not homogenous. There is a need to understand the specific barriers these populations face, and how best to reach them with services and prevention. Many face social, cultural and gender barriers that require SBC and GTA approaches that can only be effective if appropriately designed. IPs were also observed as not fully understanding the challenges these populations face, or the rights that young people are entitled to in these contexts. UNFPA must remain vigilant to ensure the LNOB principle is adhered to. ***Based on conclusion:*** **5**	• **Identify those most left behind:** Conduct a situation analysis to determine which marginalised and high-vulnerability groups—especially ethnic minorities, young people at risk of early pregnancy or HIV, and persons living with disabilities—have the least access to SRH services and why. Prioritise a small number of most excluded groups to ensure depth of impact within limited resources. • **Refine targeting based on evidence:** Use generated evidence to sharpen programme focus on populations facing multiple and intersecting vulnerabilities, ensuring interventions address their specific SRH needs and barriers. Apply segmentation and profiling approaches to support precise identification of priority groups. • **Embed HRBA across all programming:** Ensure human-rights-based approaches are explicitly integrated into programme design, delivery, and communications, with measurable inclusion indicators for young people, young persons living with disabilities, and other marginalised groups in line with LNOB commitments. Include HRBA/GEWE checks in routine programme planning and review processes to reinforce consistency across teams. • **Strengthen partner capacity on HRBA:** Assess implementing partners' understanding and application of HRBA principles; provide retraining where needed to ensure consistency and rights-based practice – including GTA training as well (see Recommendation 4 above). Prioritise capacity-building for partners working directly with the most excluded groups to maximise equity gains. • **Enhance monitoring for rights and inclusion:** Reinforce oversight mechanisms to ensure all interventions respect, protect, and fulfil the rights of marginalised populations and uphold UNFPA's commitments to equity and inclusion. Strengthen disaggregated monitoring—age, sex, disability, ethnicity—to track differential access and outcomes for priority LNOB groups.

7: Strengthen UNFPA's Strategic Leadership in the new UNSDCF to support UNCT Coordination and Data Governance to address GEWE, population ageing and SRHR under a One-UN approach. *Priority: Medium*	Rationale and link to conclusions	*Operational Implications* *Addressed to: UNFPA Leadership and technical staff, Government partners (NESDC, MFA), RCO*
UNFPA should strengthen its strategic leadership in the new UNSDCF and UNCT coordination mechanisms to advance gender equality, data coherence, and policy influencing on population ageing and SRHR.	***Rationale:*** Structural and coordination challenges within the UN system have meant that some UNCT mechanisms were underutilised and elements of competition persisted, limiting the coherence and effectiveness of joint work on gender and GBV. At the same time, UNFPA's established leadership roles in the Gender Theme Group and UN Data Group demonstrate its capacity to further strengthen collective UN coordination. Current UNCT leadership has demonstrated commitment to heightening attention on gender, creating an opportunity for UNFPA to strengthen its coordination role within the UNCT and help improve mandate clarity, collaboration, and coherence on gender and GBV across agencies. **Based on conclusion: 1, 8, 9**	• **Strengthen strategic UN leadership:** Maintain consistent senior co-leadership with UN Women in the Gender Theme Group (GTG) to ensure continuity, resources, and follow-up on gender equality and GBV priorities, including institutionalising the Gender Scorecard and sustaining joint advocacy. Reinforce UNFPA's convening role by ensuring regular information flow between GTG workstreams and other UNCT coordination mechanisms to enhance coherence on gender and GBV. • **Enhance data governance and coordination:** Expand the UN Data Group into a formal "UNCT+ Data Group" with ESCAP, the World Bank and the National Statistical Office (NSO) as standing members to align UN and national data systems and reduce duplication. Promote consistent use of shared quality-assurance standards across agencies to strengthen the credibility and comparability of joint UN analytical products. • **Promote a One-UN approach to national data systems:** Work with UN agencies to support national statistical capacity, particularly through coordinated methodological, quality assurance and analytical support for the 2025 Population and Housing Census, ensuring census data feeds into UNSDCF reporting and national monitoring. Encourage joint UN data products where feasible to minimise duplication and enhance the UNCT's collective visibility with national partners. • **Clarify complementary roles across UN agencies:** Define roles in overlapping areas (e.g., adolescent pregnancy, CSE) to enable for joint initiatives or programmes that support a small UNCT to deliver on commitments under a new UNSDCF and CPD and strengthen synergies with other UN agencies. Use work planning discussions and joint theory-of-change processes to operationalise these complementary roles and reduce "coopetition." • **Allocate dedicated resources for coordination:** Ensure sufficient staff time and internal resources for sustained UNCT engagement, data work, and joint policy influence efforts. Strengthen internal cross-team coordination within UNFPA to ensure consistent participation in UNCT mechanisms and reduce fragmentation in institutional representation.

8. Position Thailand as a regional SSTC knowledge hub, facilitated by UNFPA Priority: Medium	Rationale and link to conclusions	*Operational Implications* *<u>Addressed to</u>: UNFPA technical staff, APRO, Government (TICA, & NEDA, NESDC, NSO, MoPH, MSDHS), Participating UNFPA Country Offices, ASEAN and regional partners*
UNFPA Thailand should transition from ad hoc, request-driven South–South and Triangular Cooperation activities to a structured, multi-year framework and pipeline aligned with CPD Outputs and reinforcing Thailand's long-term national development agenda under the CPD and UNSDCF, standardising planning, follow-up and results monitoring, and positioning Thailand—with UNFPA facilitation—as a regional knowledge hub to ensure SSTC functions as a strategic accelerator of evidence-led policy and system-building outcomes rather than standalone project exchanges.	***Rationale:*** SSTC has proven valuable, with exchanges on ASRH, midwifery, and population data cited as useful by regional partners, and it is most effective when implemented through a sequenced pathway from evidence generation to policy influence and delivery. However, the current SSTC portfolio remains largely opportunistic, relationship-driven, and project-specific, with limited follow-up, uneven documentation of results, and no structured mechanism for cumulative learning. Although Thailand has recognised strengths in demographic transition analysis, NTA, and ageing and population policy reforms, these assets are not yet organised into a coherent SSTC pipeline linked to CPD Outputs. APRO, COs, and government counterparts have therefore called for a more strategic and results-oriented SSTC approach that is planned, selective and supported by standardised monitoring to maximise regional value while ensuring alignment with national priorities. **Based on conclusion: 6 and 9**	• **Develop a multi-year SSTC framework and pipeline:** Map SSTC activities explicitly to CPD Outputs, with clear objectives, results pathways, and annual milestones. Ensure the framework reflects Thailand's comparative strengths and aligns with national development priorities under the CPD and UNSDCF. • **Standardise planning and follow-up:** Introduce common templates for SSTC design, pre-engagement needs assessments, post-exchange action plans, and follow-up monitoring. Use a light, standardised checklist to ensure consistency across SSTC engagements. • **Institutionalise joint monitoring and results documentation:** Establish mechanisms with TICA, APRO, and participating COs for coordinated monitoring, documentation of cumulative results, and shared learning. Centralise SSTC documentation to build an accessible repository of lessons and replicable models. • **Use SSTC as an accelerator of domestic programme goals:** Prioritise exchanges that return actionable learning for Thailand's SRHR, GBV, and population/data work, ensuring alignment with national systems and the UNSDCF. Apply a simple alignment test to ensure SSTC does not divert staff time or resources from core CPD deliverables. • **Strengthen evidence and value-for-money analysis:** Apply light SROI, cost-effectiveness, or outcomes-tracking tools to selected SSTC initiatives to demonstrate contribution and support resource mobilisation. Limit SROI to cases where sufficient data exist and where findings can inform decision-making or partnership engagement. • **Leverage Thailand's position as a regional knowledge hub:** Support Thai government institutions and IPs to package and showcase good practices (e.g., ASRH models, midwifery education, NTA/data expertise) through structured, high-quality SSTC offerings. Prioritise Thai experts as primary resource persons to enhance national ownership and reduce reliance on CO staff time. • **Clarify roles across the partner ecosystem:** Define complementary roles for UNFPA, TICA, ThaiHealth, and private sector partners to reduce duplication and sustain a coherent SSTC agenda. Establish simple coordination routines to ensure role clarity and avoid unsystematic expansion of the SSTC portfolio

Annex 1 | Evaluation matrix

ANNEX

Note: The full Evaluation Matrix evidence anonymised database is available upon request.

EQ1.To what extent is the country programme adapted to: (i) the needs of diverse populations; (ii) national development strategies and policies; (iii) the strategic direction and objectives of UNFPA; and (iv) priorities articulated in international frameworks and agreements, in particular the ICPD Programme of Action and the SDGs and UN Reform?		
Relevance		
Assumptions for verification	Indicators	Methods and tools for data collection
A1.1 The country programme is designed to respond to changes in national needs and priorities, including those of vulnerable or marginalized groups, and to shifts and emerging issues, including political, social and technological shifts, climate change, and demographic changes.	1.1.1 Evidence that the programme targets vulnerable populations and marginalized groups – in line with the principles of Leave no one Behind (LNoB). 1.1.2 Evidence of programme responsiveness to changing political, social or technological shifts and context 1.1.3 Evidence of adaptation to climate change 1.1.4 Evidence of adaptation to demographic shifts such as aging and low fertility	• Interviews with UNFPA, Government of Thailand, IPs, donors • Document review, including UNFPA programme documents, annual reports, IP reports
A1.2 The country programme is aligned with national laws, policies and strategies, and the strategic objectives of UNFPA and international frameworks.	1.2.1 The country programme is aligned with national strategies and policies (SRHR and GBV policies) 1.2.2 Evidence that programme activities are aligned with UNFPA strategies 1.2.3 Evidence that programme activities are aligned with international strategies including ICPD, FWCW, and the SDGs.	• Interviews with UNFPA, Government of Thailand • Document review of UNFPA programme documents, national strategies and policies. • Document review of international goals and priorities including SDG targets, ICPD priorities • Review of relevant recommendations the country accepted on UPRC, CEDAW, CRPD, among others

EQ2. To what extent has UNFPA's programme activities and SSTC synergistically contributed to UNFPA's broader strategic outcomes and goals?		
Coherence		
Assumptions for verification	Indicators	Methods and tools for data collection
A2.1 UNFPA's programmes and activities are internally and externally (with partners) complimentary for advancing UNFPA's broader strategic outcomes and goals.	2.1.1 Evidence that UNFPA's programme activities work in complementary to achieve broader aims of the organisation 2.1.2 Evidence that UNFPA's programme activities complement partner activities	• Interviews with UNFPA • Document review, including UNFPA programme documents, annual reports, IP reports
A2.2 UNFPA programmes demonstrate innovation through South-South and Triangular Cooperation (SSTC) to support regional achievement of UNFPA's broader strategic outcomes	2.2.1 Evidence of SSTC sharing showcasing Thailand CO experiences in the region 2.2.2 Evidence of UNFPA CO solicitation for guidance and or use of Thailand CO approaches to be replicated in their own countries	• Interviews with UNFPA Thailand CO and other UNFPA COs involved in SSTC • Document review, including UNFPA programme documents, annual reports, IP reports, media reports, trip reports

EQ3: To what extent have the interventions supported by UNFPA delivered outputs and contributed to the achievement of the outcomes of the country programme?		
Effectiveness		
Assumptions for verification	Indicators	Methods and tools for data collection
A3.1. The interventions supported by UNFPA delivered outputs and contributed to the achievement of the outcomes of the country programme.	3.1.1 Evidence the programme has contributed to increasing access to and use of integrated SRH services 3.1.2a Evidence of empowerment of adolescents and youth to access SRH services and exercise their SRHR as demonstrated and described by adolescents and youth 3.1.2b Evidence of adolescents and youth as *equal partners in co-creating, shaping, and evaluating these programmes.* 3.1.3a Evidence of advancement of gender equality and the empowerment of all women and girls to end Gender-Based Violence (GBV) 3.1.3b Evidence of promotion of GBV-related policies and service coordination through improved norms, standards, and capacity building. 3.1.4 Evidence of increased use of population data in the development of evidence-based national development plans, policies and programmes	• Interviews with UNFPA, Government of Thailand, CSO/NGOs, IPs • FGDs with adolescent girls and boys, and community members • Document review, including UNFPA programme documents, annual reports, IP reports, secondary data (DHS, MICS, etc.)
A3.2 The interventions supported by UNFPA resulted in unintended or unexpected results (positive or negative) that were managed or capitalised on to advance programme aims.	3.2.1 Unintended effects have been documented to contribute to programme outputs or outcomes. 3.2.2 Evidence that unexpected opportunities have been used to advance programme goals.	• Interviews with UNFPA, donors, IPs • FGDs with adolescent girls and boys, and community members • Document review, including UNFPA programme documents, annual reports, IP reports, monitoring reports, donor reports
A3.3. UNFPA monitoring and evaluation activities including its results and resource frameworks and indicators capture progress and areas for improvement and are used for course correction.	3.3.1 Evidence that programme activities have a functional monitoring system in place 3.3.2 Evidence the Results Frameworks and indicators comprehensively cover Programme achievements and have been documented to show progress 3.3.3 Evidence that projects are evaluated per donor requirements	• Interviews with UNFPA, donors, IPs • Document review, including UNFPA programme documents, annual reports, IP reports, monitoring reports, donor reports

EQ4. To what extent has UNFPA successfully integrated human rights, gender perspectives and disability inclusion in the design, implementation and monitoring of the country programme?		
Effectiveness		
Assumptions for verification	Indicators	Methods and tools for data collection
A4.1 UNFPA successfully integrated human rights, gender perspectives and disability inclusion in the design, implementation and monitoring of the country programme.	4.1.1 Evidence that the UNFPA's programme was designed and implemented with a human rights-based approach. 4.1.2 Evidence that UNFPA's programme was designed and implemented to be gender transformative. 4.1.3 Evidence that UNFPA's programme was designed and implemented to be disability inclusive.	• Interviews with UNFPA, UN agencies, Government of Thailand, CSO/NGOs, IPs • FGDs or KII with adolescent girls and boys, PWDs/OPDs and community members • Document review, including UNFPA programme documents, annual reports, IP reports

EQ5. To what extent has UNFPA allocated adequate financial, human, technical, and other resources to achieving their strategy?		
Efficiency		
Assumptions for verification	Indicators	Methods and tools for data collection
A5.1 UNFPA has used the human, financial and administrative resources as planned and to enhance efficiency.	5.1.1 Evidence-based examples of efficient use of financial resources 5.1.2 Evidence-based examples of efficient use of human resources 5.1.3 Evidence of timely delivery of programme outputs and activities	• Interviews with UNFPA, IPs, Government of Thailand • Document review, including UNFPA programme documents, annual reports, IP reports
A5.2 The programme used a set of appropriate policies, procedures and tools to pursue the achievement of the outcomes defined in the country programme.	5.2.1 Evidence of tools used to promote programme quality and learning 5.2.2 Evidence that UNFPA internal processes and systems facilitate achievements of results	• Interviews with UNFPA, Government of Thailand, IPs, NGOs/CSOs. • Document review, including UNFPA programme documents, annual reports, IP reports

EQ6. To what extent has UNFPA partnerships and support for implementing partners and government – duty-bearers and rights-holders (notably, women, adolescents and youth, older persons) developed local ownership, capacity, and mechanisms to ensure the durability of effects?		
Sustainability		
Assumptions for verification	Indicators	Methods and tools for data collection
A6.1 UNFPA has supported national stakeholders to develop capacity and establish mechanisms to ensure sustainability, including the ability to scale up activities beyond the programme life.	6.1.1 Evidence that UNFPA has been supporting capacity building efforts among duty-bearers and right-holders for sustainability. 6.1.2 Government or partner institutions demonstrate improved capacity to plan, implement, scale up, or monitor SRHR, GBV, or population policies and services (e.g., through staff training, SOPs, tools, data systems). 6.1.3 The programme has integrated sustainability in its design and implementation to support national ownership of efforts.	• Interviews with UNFPA, Government of Thailand, IPs, NGOs/CSOs • FGDs with community members • Document review, including UNFPA programme documents, annual reports, IP reports
A6.2 UNFPA leveraged strategic partnerships with stakeholders, including traditional and non-traditional national and sub-national government, the private sector, and local and grassroots/ community organizations to advance its mandate to improve SRHR and inequalities of vulnerable and marginalized populations.	6.2.1 Evidence of strategic partnering to achieve programme goals 6.2.2 Evidence CP adds value to existing activities in the country/locations 6.2.3 Evidence the CO has capitalised on partnering opportunities or created opportunities for advancing their programme	• Interviews with UNFPA, Government of Thailand, CSO/NGOs, IPs • Document review, including UNFPA programme documents, annual reports, IP reports, partnership agreements

EQ7. To what extent has UNFPA contributed to higher-level development outcomes and catalysed broader change beyond immediate programme outputs?		
Impact Orientation		
Assumptions for verification	Indicators	Methods and tools for data collection
A7.1 UNFPA-supported interventions have contributed to measurable progress toward relevant UNSDCF outcomes and national development goals, as demonstrated by improvements in sectoral indicators or meaningful changes in the lives of target populations.	7.1.1 Evidence of positive trends in relevant national or sectoral indicators (e.g., adolescent birth rate, contraceptive prevalence, GBV reporting, maternal mortality, SRHR access) during the programme period, in areas where UNFPA provided sustained support. 7.1.2 Documentation (ToC mapping, contribution analysis, stakeholder interviews) demonstrates that UNFPA-supported activities are plausibly linked to progress under specific UNSDCF outcomes (e.g., Outcome 2 on human capital, Outcome 3 on gender equality). 7.1.3 National or subnational development plans, reports, or policy decisions make use of UNFPA-supported data systems or evidence (e.g., census, population modelling, NTA).	• Interviews with UNFPA, UN Agencies, Government of Thailand, IPs, NGOs/CSOs • FGDs with community members • Document review, including UNFPA programme documents, annual reports, IP reports
A7.2 UNFPA's work has contributed to shifts in social norms, and sustained behaviour change related to SRHR, GBV, and population dynamics.	7.2.1 Community-based organizations or networks (e.g., youth groups, women's groups, community health volunteers) report increased ability to deliver services, raise awareness, or advocate for rights-based issues due to UNFPA engagement. 7.2.2 Observable changes in individual or community behaviours—such as increased contraceptive use, delayed age of marriage, help-seeking for GBV, or male engagement in SRHR—linked to UNFPA-supported interventions. 7.2.3 Increase in the number of peer educators, male champions, or youth influencers engaged in promoting norm change on SRHR or GBV in their communities as a result of UNFPA-supported initiatives.	• Interviews with UNFPA, Government of Thailand, CSO/NGOs, IPs • Document review, including UNFPA programme documents, annual reports, IP reports, partnership agreements
A7.3 UNFPA's work has catalysed broader change—such as the replication or scale-up of successful models, policy or legislative influence, or integration of innovations into government or partner systems.	7.3.1 UNFPA-supported pilot approaches (e.g., comprehensive sexuality education, youth-friendly health services, GBV referral systems) have been scaled up or replicated by government, donors, or other partners—beyond the original target area or population. 7.3.2 Evidence that UNFPA's technical assistance, data, or advocacy contributed to the adoption, amendment, or implementation of laws, national strategies, or sectoral policies related to SRHR, gender equality, population dynamics, or youth rights. 7.3.3 South–South or regional knowledge exchange platforms showcase UNFPA-supported innovations from Thailand as examples for other countries.	• Interviews with UNFPA, Government of Thailand, CSO/NGOs, IPs • Document review, including UNFPA programme documents, annual reports, IP reports, partnership agreements

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Annex 3

List of persons met and their organizational affiliations / institutions

National level						
Stakeholders	Stakeholder category	Country programme output	Role in relation to the country programme	Influence in the country programme	Interest in the country programme evaluation	Role in the country programme evaluation
Country Director & Head of Office	UNFPA	All outputs	Strategic leadership, partnership management, resource allocation	High - Decision-making authority	High - Programme performance assessment	Key informants on strategic direction and achievements
UNFPA Thailand Country Office	UNFPA	All outputs (1, 2, 3)	Overall programme management, coordination, implementation oversight	High - Direct implementation responsibility	High - Organizational accountability and learning	Primary stakeholder; provide documentation, facilitate access, participate in interviews
National Economic and Social Development Council (NESDC)	Government	Output 3	National planning, NTA integration, long-term population development plan	High - National planning authority	High - Evidence of data utilization in planning	Key informant on population data use and policy integration
Ministry of Public Health (MOPH) - Department of Health / Bureau of Reproductive Health	Government	Output 1	Policy development and implementation on SRHR and family planning	High - National policy authority on health	High - Evidence of partnership effectiveness and policy influence	Key informant on policy integration and service delivery
Ministry of Social Development and Human Security (MSDHS)	Government	Output 1, 2	Implementation of AP Act, GBV coordination, youth and older person policies	High - Cross-cutting social development mandate	High - Assessment of multi-sectoral coordination	Key informant on policy implementation and coordination mechanisms
Department of Women's Affairs and Family Development	Government	Output 2	GBV prevention and response coordination	High - Lead agency for GBV	High - Evidence of GBV system strengthening	Key informant on GBV coordination improvements
Department of Children and Youth (DCY)	Government	Output 1	Youth empowerment and adolescent pregnancy prevention	Medium-High - Youth policy implementation	High - Evidence of youth engagement impact	Key informant on youth platforms and participation
Department of Older Persons	Government	Output 3	Active aging and silver economy policies	Medium - Emerging policy area	Medium - Evidence of life-cycle approach integration	Informant on aging-related policy development

National level						
Thailand National Statistical Office (TNSO)	Government	Output 3	National data infrastructure, hybrid census, CRVS	High - Official statistics authority	High - Assessment of data capacity strengthening	Key informant on statistical capacity and innovations
National Health Security Office (NHSO)	Government	Output 2	Universal Health Coverage for GBV survivors	High - Health financing authority	Medium - Evidence of UHC expansion to GBV services	Informant on health service coverage and financing
Thailand International Cooperation Agency (TICA)	Government	Output 3	South-South and Triangular Cooperation facilitation	Medium - SSTC coordination	Medium - Assessment of Thailand's role as knowledge provider	Informant on SSTC implementation and partnerships
Thai Health Promotion Foundation	Government	Output 3	SoSafe platform support and health promotion	Medium - Health promotion financing	Medium - Evidence of partnership effectiveness	Informant on SoSafe partnerships
UN Resident Coordinator Office (UNRCO)	Other UN entities	All outputs	UNSDCF coordination, strategic positioning of UN agencies	Medium-High - System-wide coherence	High - Assessment of UNFPA contribution to UNSDCF	Key informant on UN coordination and complementarity
UN Women	Other UN entities	Output 2	Gender equality programming, Gender Theme Group coordination	Medium - Complementary mandate on gender	Medium - Understanding division of labor and partnerships	Informant on gender coordination and complementarity
UNDP	Other UN entities	All outputs	GESI advisor, development programming	Medium - Complementary mandate	Medium - Understanding UN collaboration	Informant on UN joint programming
UNICEF	Other UN entities	Output 1	Adolescent health and child protection	Medium-High - Overlapping adolescent mandate	High - Clarity on complementarity and coordination	Key informant on adolescent programming coordination
UNAIDS	Other UN entities	Output 1	HIV/AIDS and SRHR linkages	Medium - Technical collaboration on SRHR	Medium - Understanding of SRHR integration	Informant on SRHR-HIV linkages
UNHCR	Other UN entities	Output 3	Statelessness and CRVS issues	Low-Medium - Specific population focus	Low - Limited direct programme involvement	Informant on data and vulnerable populations
IOM	Other UN entities	Output 3	Migration data and research	Medium - Migration-population linkages	Medium - Data collaboration assessment	Informant on migration-related population issues
Planned Parenthood Association of Thailand (PPAT)	NGO / Implementing Partner	Output 1, 2	Community-based SRHR services, GBV response, youth programming	High - Major service delivery partner	High - Assessment of partnership effectiveness and results	Key informant on service delivery and community reach

National level						
Raks Thai Foundation (RTF)	NGO / Implementing Partner	Output 1	Youth empowerment, ethnic minority SRHR programming	Medium-High - Targeted populations	High - Evidence of reaching LNoB groups	Key informant on ethnic minority programming
Foundation for Older Persons Development (FOPDEV)	NGO / Implementing Partner	Output 3	Active aging advocacy, SoSafe platform	Medium - Aging advocacy	Medium - Evidence of life-cycle approach	Informant on older persons programming
Center for Girls Foundation (CFGF)	NGO / Implementing Partner	Output 1, 2	GBV prevention and response for vulnerable girls	Medium - Targeted GBV services	Medium-High - Evidence of GBV service improvements	Informant on GBV services for vulnerable populations
Palang Jo	NGO / Implementing Partner	Output 1, 2	Teen mother support, SRHR services in Northern region	Medium - Targeted support for teen mothers	Medium-High - Evidence of adolescent pregnancy response	Informant on teen mother programming
Thailand Research Institute for Empowerment of Persons with Disabilities (TRIP)	NGO / Implementing Partner	Output 3	Disability inclusion in SoSafe platform	Low-Medium - Disability-specific focus	Medium - Evidence of inclusive approach	Informant on disability inclusion
Reckitt	Private Sector / Donor	Output 1	Private sector partnership, SRHR product access, resource mobilization	High - Major private donor	High - Evidence of private sector engagement model	Key informant on private sector collaboration
Organon	Private Sector / Donor	Output 2	Private sector partnership on women's health and GBV	Medium - Private sector collaboration	Medium - Evidence of innovative financing	Informant on private sector partnerships
Ninja Perfection	Private Sector	Output 2	Brand partnership, in-kind contribution to Her Power campaign	Low-Medium - Communications support	Low - Limited direct programme involvement	Informant on media and communications partnerships
Thai PBS World	Media	All outputs	Media partnership, public awareness	Low-Medium - Communications amplification	Low - Public awareness assessment	Informant on communications reach
Institute for Population and Social Research (IPSR) - Mahidol University	Academia	Output 3	NTA methodology, population research	High - Technical research partnership	High - Evidence of research quality and utilization	Key informant on population research and capacity
College of Population Studies (CPS) - Chulalongkorn University	Academia	Output 3	Population Situation Analysis, demographic research	High - Technical research partnership	High - Evidence of academic collaboration	Key informant on population analysis and data use
Khon Kaen University - Faculty of Nursing	Academia	Output 3	SSTC and SRHR research capacity	Low-Medium - Regional academic partner	Low-Medium - Evidence of regional knowledge transfer	Informant on academic partnerships

National level						
Family Health International (FHI360)	International NGO	Output 3	Climate change and emerging issues	Low-Medium - Emerging issues collaboration	Low - Limited evaluation scope	Informant on emerging issues programming
Children and Youth Council of Thailand (CYCT)	Rights Holders	Output 1	Youth participation and engagement in policy monitoring	Medium - Youth representation	High - Evidence of meaningful youth participation	Key informant representing youth perspectives

Sub-national level						
Stakeholders	Stakeholder category	Country programme output	Role in relation to the country programme	Influence in the country programme	Interest in the country programme evaluation	Role in the country programme evaluation
Regional Health Promotion Center 1 Chiang Mai (HPC1)	Government / Implementing Partner	Output 1, 2	Regional SRHR service coordination and capacity building	High - Regional health coordination	High - Evidence of service delivery improvements	Key informant on regional implementation
One Stop Crisis Center (OSCC) - Khon Kaen and Phrae	Government / Service Provider	Output 2	GBV case management and survivor support	High - GBV service delivery	High - Evidence of GBV response capacity	Key informant on GBV service quality
Provincial Social Development and Human Security Offices	Government	Output 1, 2, 3	Local social protection and vulnerable population support	Medium - Local coordination	Medium - Evidence of multi-sectoral approach	Informant on local coordination mechanisms
Ethnic Youth Leaders	Rights Holders	Output 1, 2	Youth leadership and peer education	Low-Medium - Community influence	High - Evidence of youth empowerment	Informant representing ethnic youth perspectives
Teen Mothers	Rights Holders / Beneficiaries	Output 1, 2	Direct beneficiaries of SRHR and GBV services	Low - Individual beneficiaries	High - Evidence of programme relevance and effectiveness	Key informants representing beneficiary experiences
Students and non-formal education Students	Rights Holders / Beneficiaries	Output 1	SRHR knowledge and skills acquisition	Low - Individual beneficiaries	High - Evidence of youth platform functionality	Informants representing beneficiary experiences
Teachers and School Principals	Beneficiaries	Output 1	School-based SRHR education delivery	Medium - Educational gatekeepers	Medium - Evidence of educational integration	Informant on school-based programming
Southern Muslim youth and women	Rights Holders / Beneficiaries	Output 1, 2	SRHR & GBVknowledge and skills acquisition	Low - Individual beneficiaries	High - Evidence of programming	Informants representing beneficiary experiences

Regional level						
Stakeholders	Stakeholder category	Country programme output	Role in relation to the country programme	Influence in the country programme	Interest in the country programme evaluation	Role in the country programme evaluation
UNFPA Asia-Pacific Regional Office (APRO)	UNFPA	All outputs	Technical support, quality assurance, CPD alignment with Strategic Plan	High - Regional oversight and guidance	High - Regional learning and quality assurance	Key informant on CPD alignment and regional strategies
UNFPA Bhutan Country Office	UNFPA	Output 3 (SSTC)	SSTC beneficiary on SRHR knowledge transfer	Low-Medium - Regional knowledge exchange	Medium - Evidence of SSTC effectiveness	Informant on SSTC learning and knowledge transfer
UNFPA Vietnam Country Office	UNFPA	Output 3 (SSTC)	SSTC beneficiary on NTA methodology	Low-Medium - Regional knowledge exchange	Medium - Evidence of SSTC effectiveness and NTA transfer	Informant on SSTC implementation and capacity building

Annex 4

CPD Output Indicators with integrated analytical notes

#	CPD Output Indicator (full text)	Target	Result (Dec 2024)	Integrated note / assessment (with evidence cues & implications)
1.1	Number of policies related to sexual and reproductive health and rights including family planning that integrated specific recommendation of vulnerable young people.	2	3	Achieved (credible). Evidence of youth inputs reflected in policy texts; outcome contribution depends on implementation depth (budget lines, operational guidance, provider practice), not citation alone. Links to narrative on uneven adolescent-pregnancy declines and the need to prioritise 10–14 safeguards (confidentiality, privacy) and to track implementation, not just citation. *(MTR-verified; ARs; doc-review L–V).*
1.2	Number of functional online and offline youth platforms on family planning and SRHR established at subnational and national levels and accessible by vulnerable young people including those from low-income families, ethnic minority groups and with disabilities.	3	32	Exceeded on volume; quality unproven. Expansion across Teen Club, SoSafe, LINE/TikTok/FB; partners confirm "speak human" helped reach. Current indicator counts outlets, not unique reach, equity, or referral conversion to YFHS. Implication: add metrics for confidential visit completion, dual-protection counselling, disability access; keep Teen Club as hub while growth shifts to social channels. *(MTR-verified caution; KIIs; doc-review L–V).*
2.1	Availability of the Universal Health Coverage package that includes services to survivors of gender-based violence as per international standards.	Yes	Yes	System milestone. Policy lever now in place; effectiveness hinges on budget execution, inter-ministerial protocols, training/supervision, and time-to-service/survivor-experience monitoring. Implication: convert policy to practice through inter-ministerial protocols and OSCC supervision; integrate SoSafe only where it improves response times and safety. *(MTR-verified; AR2024; doc-review L–V).*
2.2	Number of operational guidelines and protocols for One Stop Crisis Centers updated and developed for multi-sectoral response to survivors of gender-based violence as per international standards.	2	2	On target (pilot→early spread). Khon Kaen SOP tightened handoffs and case management; national update completed. Gaps remain in police reporting and specialist services (e.g., psychiatry). Next: standardisation and QA for spread. *(MTR-verified; pilot notes; doc-review L–V).*
2.3	Number of provinces implementing a costed strategy for transforming harmful social norms through evidence-informed and context-adapted interventions.	3	5	Exceeded on breadth. Effectiveness requires GTA/SBCC outcome metrics (attitudes, help-seeking) and continuity financing—beyond strategy existence. *(MTR-verified; doc-review L–V).*
3.1	Number of national strategies and reports on population and development including population ageing that utilised the latest population data disaggregated by key vulnerability criteria including ethnicity, disabilities, and age.	2	3	Exceeded. NTA and hybrid-census preparation informed national strategies—confirming Output 3 as the upstream backbone. Implication: maintain rigorous disaggregation and secure cross-ministry data governance. *(MTR-verified; doc-review L–V).*
3.2	Number of government organizations using innovative methods for generation of population data and analyses of population change and megatrends to inform population policies.	2	1	Not met (adoption gap beyond central units). SoSafe repositioned here as an Output-3 instrument. MOU 28 Mar 2025 among UNFPA, ThaiHealth, FOPDEV and six government bodies (MSDHS, MOI, MOPH, MOE, BMA, NSTDA). Contribution is upstream/enabling—if governed and integrated, SoSafe can produce use-based analytics and shorten time-to-service; without senior sponsorship and integration it risks parallelism. *(MOU notes; ARs; MTR alignment).*
3.3	Number of good practices shared and exchanged between Thailand and other countries through South-South and Triangular Cooperation initiatives to implement ICPD PoA.	3	7	Exceeded on exchanges; outcomes unclear. Move from brokering to a multi-year, Output-linked pipeline with post-exchange impact tracking. *(MTR-verified; doc-review L–V).*

Annex 5 M&E effectiveness against ToC/RRF

Criterion	ToC/RRF Benchmark for Desired Performance	Synthesis of Documentary and Interview Evidence	Score (0–3)	Implication for effectiveness
1. Strategic alignment & evaluability	Indicators map to the ToC pathways for Outcomes/Outputs; baselines & targets set; assumptions/risks explicit.	ToC is clear (Figure 3) and CPD output indicators exist, but many track **activities** rather than causal outcomes (e.g., referrals completed, dual-protection uptake). Baselines/targets present but not uniformly outcome-level.	**2**	Partial ability to test the ToC and demonstrate contribution to Transformative Results.
2. Indicator quality (SMART + equity)	Specific, measurable, auditable outcome & quality indicators; stable definitions.	Indicator set is **modest in scope**; strong on counts, thin on quality/behavioural outcomes; definitions exist but vary across IPs.	**1**	Hard to evidence effectiveness beyond coverage.
3. Disaggregation & LNOB	Mandatory disaggregation (10–14/15–19, sex, geography, vulnerability).	Disaggregation **inconsistent**, especially **10–14** and vulnerability groups; provincial variation not always analysed.	**1**	Limits equity-sensitive effectiveness claims.
4. Data quality & verification	SOPs, spot checks, triangulation with national MIS; handling of missing data.	Basic templates exist; **independent verification limited**; QA varies by partner; some reliance on administrative data without audit.	**1–2**	Confidence in outcome trends is mixed; hampers decisive course correction.
5. Timeliness & completeness	On-time reporting; minimal backlog; rapid availability of key indicators.	**Timely and compliant** reporting to corporate RRF; quarterly reviews occur.	**3**	Enables regular management oversight.
6. Analysis & learning	Reports explain **what changed, why, for whom**; after-action reviews feed learning.	Narratives are **descriptive**; limited variance analysis/lesson capture; mid-term recommendations were used to update workplans.	**2**	Learning happens, but is episodic and shallow on causal insight.
7. Use for course correction (decision utility)	Evidence routinely drives stop/scale and design changes.	**Some course correction** documented (mid-term to workplans); fewer examples of re-prioritisation based on outcome data.	**2**	Adjustments occur, but not yet systematically outcome-driven.
8. RRF ↔ resource linkage	Budgets tagged to results; periodic resources-to-results review.	Budget tagging to outcomes **limited**; reallocation decisions not routinely tied to RRF evidence.	**1**	Constrains optimisation for effectiveness.
9. Partner/system integration	Alignment/interoperability with national MIS; use of national indicators.	Thailand has strong institutions; engagement **selective**, not systematic; opportunities to leverage NSO/academia for QA.	**2**	National ownership/credibility could be higher.
10. External validation & credibility	Third-party/academic/statistical institute assurance for key indicators.	**Limited formal validation** beyond internal reviews.	**1**	Lowers policy traction and evaluability.
11. Risk & safeguarding information	M&E surfaces unintended effects; survivor-safe reporting.	Unintended effects identified in A3.2, but **systematic capture** (e.g., school confidentiality breaches, referral failures) is not routine.	**1–2**	Risks flagged but not consistently tracked as indicators.
12. Proportionality & efficiency	Lean set focused on decision value; low duplication.	Reporting burden reasonable; however indicator set **could be leaner but sharper** at outcome level.	**2**	Opportunity to refocus effort on a few decision-critical outcomes.
Average score			**1.7**	Moderately effective

Note: Scoring uses a 0–3 scale (0=Not met, 1=Limited, 2=Moderate, 3=Strong).
Source: This 12-factor M&E effectiveness rubric draws primarily on the UNAIDS MERG "12-Components" Organizing Framework, and the WHO/Health Metrics Network Framework & Standards for Country Health Information Systems.

Annex 6 | TOC pathways by Output

TOC Pathway and Output 1: Sexual and Reproductive Health (adolescent pregnancy, family planning, CSE and youth engagement) as of December 2024

Assumptions	Activities	Output	CPD Output Indicators	Target	Result	Hypothesis	Outcome	Comment
Govt. especially DOH and national committee is committed to implement AP Act Recognition of roles and participation of young people as the right holders Harmonization of government system and policy as indicated in the Adolescent Pregnancy Problem Act, 2016 (AP Act) Alignment of youth issue under the human capital development in the new NESDP (2022-2026).	• Mapping the available platforms under DOH, THFP, UNICEF, UNESCO, Private Sector's, and CSO's with needs and demands of young people with disabilities, ethnic minority groups, young people living in poverty, LGBTQI. • Advocate DOH, THFP, UNICEF, UNESCO, Private sector's and CSO's to improve access of the online and offline platforms for youth with disability groups, ethnic groups, poverty groups • Technical assistance to improve the content of these platforms in line with CSE standards Existing platforms include TeenClub-DOH, HappiNet-THF, WHIZDOM Society, etc.) and off-line platforms (School Youth Club, Youth Health Friendly Services, etc.) • Partner with THFPS, National Committee on AP Act, and DOH to advocate the adoption of "I-D-Sign" the SRHR youth advocacy tool CYCT under MSDHS. • Partner with youth led group including CYCT, UNCT Youth Panel, Young social entrepreneur groups, young influencers to advocate for inclusive safe-spaces and platforms for all young people including those with disability groups, ethnic groups • Partner with CYCT, THPF, National AP Act Committee, other youth groups to convene high level policy dialogues with youth- to advocate for the inclusive and responsive SRHR policy implementation for all groups of young people including those with disability groups, ethnic groups, poverty groups. • Partner with research institutions and THFP to analyse Adolescent and Youth Sexual Reproductive Health policy implementation gaps under Adolescent Pregnancy Act to underline inclusion and responsiveness of SRHR services to needs and demands of youth with disability groups, ethnic groups, poverty groups. • Partner with THPF, CYCT and key CSOs (Rak Thai Foundation, National AP Act Committee to develop policy briefs with key recommendations to improve SRHR information and services at sub-national level as indicated in AP Act • Partner with THPF, CYCT, National AP Act Committee, CSOs and DOH to document and advocate good practices of inclusive and responsive SRHR information and services through national and sub-national platforms s at sub-national level for youth with disability groups, ethnic groups, and poverty groups.	CP Output 1: The platforms for adolescents and youth to acquire knowledge and skills on sexual and reproductive health and reproductive rights, focusing on family planning and to participate in the implementation and monitoring of policies related Prevention and Solution of the Adolescent Pregnancy Problem Act, 2016 (AP Act) are functional.	1.1 Number of policies related to sexual and reproductive health and rights including family planning that integrated specific recommendation of vulnerable young people.	2	3	If platforms for adolescents nd youth are in place to aquire knowledge and skills on SRHR, then they will change their behaviours. They will access SRH services and use more contraception, which will decrease the unmet meet for family planning.	SP Outcome: Unmet Need for Family Planning. By 2025, the reduction in the unmet need for family planning has accelerated	Achieved (credible). Evidence of youth inputs reflected in policy texts; outcome contribution depends on implementation depth (budget lines, operational guidance, provider practice), not citation alone. Links to narrative on uneven adolescent-pregnancy declines and the need to prioritise 10–14 safeguards (confidentiality, privacy) and to track implementation, not just citation. (Doc, review: 31 & 38).
			1.2 Number of functional online and offline youth platforms on family planning and SRHR established at subnational and national levels and accessible by vulnerable young people including those from low-income families, ethnic minority groups and with disabilities.	3	32			Exceeded on volume; quality unproven. Expansion across Teen Club, SoSafe, LINE/TikTok/FB; partners confirm "speak human" helped reach. Current indicator counts outlets, not unique reach, equity, or referral conversion to YFHS. Implication: add metrics for confidential visit completion, dual-protection counselling, disability access; keep Teen Club as hub while growth shifts to social channels. (Doc review 38-39; KIIs UNFPA, UN partners)

TOC Pathway and Output 2: Performance against GBV output Indicators as of Dec 2024

Assumptions	Activities	Outputs	CPE Output Indicators	Target	Result	Hypothesis	Outcome	Comment
Thai govt. pledged ICPD commitment to provide equal access to quality & comprehensive GBV prevention, information and services to women and girls UNCT gender theme group & sub group already prioritise the improvement of the response system in a collaboration manner Some actors in private sector support PSEA and GBV response system	• Review of policies/programme on GBV prevention and response, including implementation of the OSCC • Development (or revision) of guidelines for strengthening OSCC implementation and health sector response for GBV • Strengthening/establishment of protocol of database collection, analysis, sharing and reporting as per international standards • Innovation on digitalized services and information channels to enhance survivors' accessibility to OSCC within the UHC package • Policy mapping and analysis on inclusion of GBV services coordination in UHC: • Identification of policies/regulations regarding GBV within health sector revision and identification of policy review. • Evidence generation on the situation/ needs/ good practices/ lessons learned on GBV prevention and response • Development of policy briefs and other advocacy materials to support evidence based advocacy for policy change on GBV and its response and reporting system especially during lockdown, GEWE, and • Advocacy activities: high level policy dialogues; public dialogues on GEWE and GBV • Joint UN advocacy; lead the UN thematic group on gender • Develop guidelines for online and offline safe spaces & platforms for out-of-school CSE, life skills, knowledge on SRHR, GBV/ IPV prevention and on available essential service package for right holders at all levels (national & sub-national • Public Awareness raising campaign on GBV prevention. To generate demand for MS services using materials with multi-stakeholder participatory approach on offline and online platforms. Targeting general population esp. men, boys, and all genders. • Support sessions of awareness-raising on GBV prevention & response at sub-national levels in targeted provinces and nationwide to ensure service accessibility by rights holders in formal and non-formal settings (companies, communities, institutions)	CP Output 2: Strengthened policy implementation for the integration and coordination for the prevention of and response to gender-based violence.	2.1 Availability of the Universal Health Coverage package that includes services to survivors of gender-based violence as per international standards.	Yes	Yes	If there is better implemetation of integration and coordination to prevent and respond to GBV, then young people will change their behaviour to challenge harmful gender norms, and more young people know where to get help in case of GBV.	SP Outcome 3: By 2025, the reduction in gender-based violence and harmful practices has accelerated.	System milestone. Policy lever now in place; effectiveness hinges on budget execution, inter-ministerial protocols, training/supervision, and time-to-service/survivor-experience monitoring. Implication: convert policy to practice through inter-ministerial protocols and OSCC supervision; integrate SoSafe only where it improves response times and safety. . (Doc review 38-39)
			2.2 Number of operational guidelines and protocols for One Stop Crisis Centers updated and developed for multi-sectoral response to survivors of gender-based violence as per international standards.	2	2			On target (pilot→early spread). Khon Kaen SOP tightened handoffs and case management; national update completed. Gaps remain in police reporting and specialist services (e.g., psychiatry). Next: standardisation and QA for spread. . (Doc review 38-39; pilot notes).
			2.3 Number of provinces implementing a costed strategy for transforming harmful social norms through evidence-informed and context-adapted interventions.	3	5			Exceeded on breadth. Effectiveness requires GTA/SBCC outcome metrics (attitudes, help-seeking) and continuity financing—beyond strategy existence. . (Doc review 38-39)

TOC Pathway and Output 1: Sexual and Reproductive Health (adolescent pregnancy, family planning, CSE and youth engagement) as of December 2024

Assumptions	Activities	Outputs	CPE Output Indicators	Target	Result	Hypothesis	Outcome	Comment
The government agencies open opportunities for UNFPA to engage in policy dialogues and advocacy related to population change and data The government agencies are willing to allocate resource for evidence generation, gender-responsive and disaggregate data production, and utilization of evidence Strategic partners with resources are willing to engage to work with UNFPA	• Technical support to government agencies on population change and data including census, Generations and Gender Surveys (GGS), civil statistics registration and other surveys by ensuring disaggregated, gender-responsive, and inclusive data to target LNOB (ethnic minority groups, PWDs, LGBTQ, in poverty, young women) • Support to national partners to collect and produce data to monitor and report on SDGs and implementation of actions/recommendations of ICPD PoA, UPR, CEDAW, UPR, and other international commitments made by Thailand. • Mapping of existing guidelines and practices as well as support the review of existing policy/law on data collection, data analysis and dissemination of population data in order to identify gaps and recommendations to enhance the integration of population data. • Technical support to digitize/digital transformation of data, technology and leveraging digital transformation to identify/address national priorities responding to inequalities in Thailand • Technical support to generate and use innovative data tools to create preparedness and resilience in emergencies • Technical support NESDC to incorporate population changes in national population policies and plans, including the revised population policy, NESDP through institutional capacity on NTA and production of policy-focused publication based on NTA results. • Technical support to conduct population policy analysis/policy revision/development with development of policy-focused publication and advocacy papers on demographic changes and the integration for life-cycle approach • Technical support to conduct high level policy dialogues on population changes in Thailand and implication to socio-economic development of Thailand with participation of various stakeholders (including the private sector and the vulnerable and marginalized groups).	CP Output 3: Policy environment is strengthened through utilization of evidence on population changes and other megatrends, including ageing and climate change, for development and monitoring of population policies and programmes, especially those related to sexual reproductive health and rights and gender-based violence across the development-humanitarian continuum	3.1 Number of national strategies and reports on population and development including population ageing that utilised the latest population data disaggregated by key vulnerability criteria including ethnicity, disabilities, and age..	2	3	If the policy environment is strengthend by using evidence on population and changes to influence effective policy making and implementation on core issues such as FP and GBV reduction.	By 2025, the reduction of unmet need for family planning and the reduction in gender-based violence and harmful practices has accelerated.	Exceeded. NTA and hybrid-census preparation informed national strategies—confirming Output 3 as the upstream backbone. Implication: maintain rigorous disaggregation and secure cross-ministry data governance. (MTR-verified; doc-review L–V).
			3.2 Number of government organizations using innovative methods for generation of population data and analyses of population change and megatrends to inform population policies.	2	1			Not met (adoption gap beyond central units). SoSafe repositioned here as an Output-3 instrument. MOU 28 Mar 2025 among UNFPA, ThaiHealth, FOPDEV and six government bodies (MSDHS, MOI, MOPH, MOE, BMA, NSTDA). Contribution is upstream/enabling—if governed and integrated, SoSafe can produce use-based analytics and shorten time-to-service; without senior sponsorship and integration it risks parallelism. (MOU notes; ARs; MTR alignment).
			3.3 Number of good practices shared and exchanged between Thailand and other countries through South-South and Triangular Cooperation initiatives to implement ICPD PoA.	3	7			Exceeded on exchanges; outcomes unclear. Move from brokering to a multi-year, Output-linked pipeline with post-exchange impact tracking. (MTR-verified; doc-review L–V).

Assumptions	Activities	Outputs	CPE Output Indicators	Target	Result	Hypothesis	Outcome	Comment
	• Through innovative platforms and/or initiatives, leverage the participation of private partners in the policy advocacy and dialogues. • Technical support to identify areas with national partners to develop and share lessons learned and best practices for SSTC, scaling up and replication. • Technical support to strengthen institutional capacity on knowledge management on population dynamics and demographic-related issues including climate change. • Enabling network of population development experts to have knowledge exchange and technical discussion • Through South-South Cooperation and Triangular Cooperation initiatives, share Thailand good practices on Population and Development related issues to other countries to accelerate ICPD, UNFPA 3 transformative results and SDGs Maintain business coalition and relations with private partners, government organisations, and donors for resource mobilization							

Annex 7 | Data collection tools

INFORMED CONSENT FORM – KEY INFORMANT INTERVIEW
Evaluation of the 12th Thailand Country Programme

Introduction

Thank you for taking the time for this interview today. I **[name of evaluator]** am here to evaluate the 12th Thailand Country Programme.

The purpose of the evaluation is to provide the UNFPA Thailand Country Office, national stakeholders and rights-holders, the UNFPA Asia Pacific Regional Office, UNFPA Headquarters as well as a wider audience with an independent assessment of the UNFPA Thailand 12th country programme (2022-2026), including achievements, challenges and opportunities for future programming.

During this evaluation, we will be interviewing a broad range of national stakeholders, including the government, United Nations agencies, civil society organisation partners, implementing partners and beneficiaries. You have been selected to participate due to your engagement with the UNFPA country office and its work. We believe your views, as a stakeholder, are important to helping UNFPA improve the programme, and make more significant contributions towards ensuring every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled. The discussion should take about one hour. I have a framework of questions to guide us, but please feel free to add any points that you think are relevant or important.

The information you provide is confidential. We are talking to many people and will use all the information to inform the findings and recommendations of this evaluation. We will not share your name or details with anyone. I will be taking some notes during the interview for my own purposes. The notes/recording will be securely stored in files protected by passwords. Only I and the other members of the evaluation team will have access to the files. These will be destroyed after we have completed the report.
Withdrawal: If you choose to participate in this evaluation, you have the right to withdraw at any point in time without consequence to you. You are free to skip any questions you do not wish to answer or to stop at any time. You may ask any questions you have at any time.

Withdrawal: If you choose to participate in this evaluation, you have the right to withdraw at any point in time without consequence to you. You are free to skip any questions you do not wish to answer or to stop at any time. You may ask any questions you have at any time.

If you have any questions, please contact the lead evaluator:
Dr. Adriane Martin-Hilber, amartinhilber@gmail.com

- Do you have any questions before we get started?
- Do you agree to participate in this interview?

Consent

Do you have any questions about the interview? Do you agree to participate in this interview? Do you agree we record the interview for note taking purposes?

- ☐ Yes
- ☐ No

(If the respondent refuses to participate, try to answer the respondent's queries and motivate them to participate if appropriate. In case of no success, proceed without or reschedule if the non-participation affects the dynamics.)

Date_____ Location_____

Respondent's Code_____

Respondent's Name _____

Organisation _____

Signature _____ (Respondent's Signature)

Interviewer's Name_____ (Interviewer's name)

Signature _____ (Interviewer`s Signature)

Interview Guide UN and UNFPA

Thank you for taking the time to meet with us today. We are conducting an evaluation of UNFPA's 12th country programme in Thailand to understand its key achievements, what works and what does not. Your contribution is highly valued to provide lessons learned and recommendations for future programming.

General question

1. Before we begin, can you briefly describe your work with UNFPA Thailand?

RELEVANCE

EQ1.To what extent is the country programme adapted to: (i) the needs of diverse populations; (ii) national development strategies and policies; (iii) the strategic direction and objectives of UNFPA; and (iv) priorities articulated in international frameworks and agreements, in particular the ICPD Programme of Action and the SDGs and UN Reform.

1. In your view, how does UNFPA's CP address the needs of Thailand's most vulnerable and marginalized populations?
   Probe: Older people, women and girls, LGBTQI community, economically disadvantaged groups, ethnic populations, etc.
   Probe: Which communities are still left behind? Why?

2. Can you give examples of how the UNFPA CP is aligned with and supports Thailand's national SRHR and GBV strategies and policies? Can you also give examples of how the CP aligns with and contributes directly to international strategies and frameworks, such as ICPD or SDGs?

3. How is the CP aligned to UNFPA's three transformative results?

4. How do UNFPA-activities contribute to UNSDCF outcomes (e.g., specific projects or activities, human capital, financial resources, joint programmes with other UN partners)?
   Probe: Ensure M&V populations are included in the UNSDCF

5. How has UNFPA Thailand's CP adapted to changes and challenges in the country?
   Probe: Political, social, and technological shifts, LGBTQI inclusion
   Probe: Demographic shifts, including low fertility and an increased older population
   Probe: Climate change effects, i.e. floods, droughts, monsoons, etc.

COHERENCE

EQ2. To what extent has UNFPA's programme activities and SSTC synergistically contributed to UNFPA's broader strategic outcomes and goals?

6. Do UNFPA's CP thematic areas work synergistically together to achieve the organization's broader objectives? Please give some examples of complementarity between programme areas.
   Probe: Do UNFPA's implementing partners work together across thematic areas to avoid duplication and increase the impact of their efforts?

7. How has UNFPA Thailand shared its experiences with other countries in the region?
   Probe: In person or virtual visits, knowledge exchange workshops, etc.
   Probe: UNFPA-supported innovations showcased to other countries (relates to impact orientation 7.3.3)
   Probe: Examples of other countries using UNFPA Thailand CO approaches in their country
   Probe: How is Thailand a model for other Upper-middle income countries in the region?

EFFECTIVENESS

EQ3: To what extent have the interventions supported by UNFPA delivered outputs and contributed to the achievement of the outcomes of the country programme?
AND
EQ4. To what extent has UNFPA successfully integrated human rights, gender perspectives and disability inclusion in the implementation and monitoring of the country programme?

7. How has UNFPA contributed to improving SRHR in Thailand? Please give examples of what has changed or improved due to UNFPA investments and activities.
   Probe: Examples: Youth have increased access to contraceptives, reduced adolescent pregnancy rates, increased SRHR knowledge, reduced child marriage rates, reduced maternal mortality (also relates to impact orientation 7.1.1&7.2.2)

8. Have adolescent and youth been involved in designing and evaluating UNFPA programme activities? In what ways?

9. How has UNFPA advanced gender equality and contributed to social norm changes in Thailand? (also relates to impact orientation 7.1.1&7.2.2; and effectiveness 4.1.2)
   Probe: Can you give examples of gender norm changes that are happening in part due to the work of UNFPA?
   Probe: Are peer educators and male champions engaged in the programme? Are they promoting norm change on SRHR or GBV? (related to impact orientation 7.2.3)
   Probe: Has there been a change in perceived tolerance of GBV among community members due to UNFPA programming?

10. Has UNFPA contributed to improved management and coordination of GBV cases in Thailand? How?
    Probe: Is an effective case management system in place? Please explain how it has improved.
    Probe: Is GBV case management done to standard?
    Probe: Has the Government made any changes to national GBV policies due to UNFPA programme inputs and support?
    (also relates to impact orientation 7.1.1&7.2.2)

11. Has UNFPA-supported population data to be used by partners like the government or NGO to make decisions or develop strategies and plans?
    Probe: Which partners have been using UNFPA-supported data? What have they used it for? Please provide examples.

12. How has UNFPA integrated human rights principles into the programme specifically?
    Probe: Do you talk about human rights with adolescent and partner organisations, for example in trainings or other activities? What is explained to them? In which areas are Human Rights most often discussed (e.g. GBV, family planning?)

13. How are marginalised and vulnerable populations, especially young people and people living with disabilities included in your programme activities?
    Probe: Have you partnered with organisations of persons with disabilities? Have you partnered with youth-led organisations?
    Probe: Are you reaching marginalised communities, i.e. ethnic minorities with your activities? Have you made any special accommodation for the more marginalised populations? Please give examples.

14. Have you observed any unintended outcomes (either negative or positive) related to UNFPA programme activities? Please give examples.
    Probe: Has UNFPA used any of these unexpected effects to improve their programming or activities? Please explain how.

PARTNERSHIP

15. How has UNFPA developed strategic partnerships to advance its goals?
    Probe: How does UNFPA characterise a "strategic Partnership"? Have IPs been selected, in part, based their potential to be a strategic partner? (also related to efficiency 5.1.2)
    Probe: Have other stakeholders invited UNFPA to be a strategic partner?
    Probe: How does UNFPA add value to what other partners are doing and avoid duplication?
    Probe: Has any of UNFPA-supported pilot project been scaled up by other partners? (also related to impact orientation 7.3.1)

EFFICIENCY

EQ5. To what extent has UNFPA allocated adequate financial, human, technical, and other resources to achieving their strategy?

16. How does UNFPA allocate its financial resources?
    Probe: How does UNFPA ensure their financial resources are maximised (i.e. minimise duplication; joint activities)? Probe: Are funds distributed in a timely manner?
    Probe: Are funds usually fully absorbed by partners? If not, please explain.

17. Does UNFPA have sufficient technical staff to achieve its CP objectives?
    Probe: Are all staff positions currently filled? Does the technical staff have the appropriate expertise for their position?
    Probe: Are there opportunities for internal capacity building? Please provide examples.

18. Are the CP activities implemented according to their annual workplans?
    Probe: What are the causes of delays when they occur – how are such delays being mitigated?

19. Has the programme monitoring been adequate and informative to improve programming? What is working well? What are the challenges?
    Probe: How do you ensure quality and programme learning (M&E frameworks, documentation of lessons learned and course correction, feedback loops?)
    (this relates to efficiency 5.2.1)

Probe: Is data collected and analysed regularly? Probe: Are findings used to improve programming? Please give an example.
Probe: Do the results framework and indicators cover programme achievements?
Probe: Have evaluations been conducted for the donor? For which programme activities?

20. What internal systems help you to achieve results?
Probe: Do UNFPA reporting systems (Quantum Plus, etc) support the achievement of CP objectives? How?

SUSTAINABILITY

EQ6. To what extent has UNFPA partnerships and support for implementing partners and government – duty-bearers and rights-holders (notably, women, adolescents and youth, older persons) developed local ownership, capacity, and mechanisms to ensure the durability of effects?

21. How likely do you think it is that the improvements achieved through UNFPA's programme will be sustained after the programme support ends?
    Probe: Has UNFPA built capacity among IPs, local NGOs, youth, health providers, and other stakeholders to maintain the programme independently of UNFPA support?
    Probe: Do partners show increased capacity and readiness to sustain and scale up the programme activities?
    Probe: Has the programme integrated sustainability in its design? Is there an exit strategy?
    Probe: Does the government show ownership for the activities? Please provide examples.

Closing Questions

Is there anything else that you think is important for us to understand?

Thank you for participating.

Interview Guide (Local) Government

Thank you for taking the time to meet with us today. We are conducting an evaluation of UNFPA's 12th country programme in Thailand to understand its key achievements, what works and what does not. Your contribution is highly valued to provide lessons learned and recommendations for future programming.

General questions

1. Before we begin, can you briefly describe what you and your government agency do and how your work relates to the UNFPA Thailand country programme activities?
2. What do you consider to be the biggest achievement of your collaboration? What has been the biggest challenge?

RELEVANCE

EQ1.To what extent is the country programme (CP) adapted to: (i) the needs of diverse populations; (ii) national development strategies and policies; (iii) the strategic direction and objectives of UNFPA; and (iv) priorities articulated in international frameworks and agreements, in particular the ICPD Programme of Action and the SDGs and UN Reform?

1. In your view, how do the activities you are engaged address the needs of Thailand's most vulnerable and marginalized populations? How are the most disadvantaged involved in the activities?
   Probe: Older people, women and girls, LGBTQI community, economically disadvantaged groups, ethnic populations, etc.
   Probe: Which communities are still left behind? Why?

2. Can you give examples of how the programme is aligned with and supports Thailand's national SRHR and GBV strategies and policies?
   Probe: How has UNFPA's support, technical assistance, advocacy or data contributed to the adoption or change in laws, strategies and policies related to SRHR and GBV?
   (also related to impact orientation 7.3.2)

3. In your perspective, has the programme adapted to changes and challenges in the country during the time you have worked with them?
   Please give concrete examples.
   Probe: Political, social, and technological shifts
   Probe: Demographic shifts, including low fertility and an increased older population
   Probe: Climate change effects, i.e. floods, droughts, monsoons, etc.

EFFECTIVENESS

EQ3: To what extent have the interventions supported by UNFPA delivered outputs and contributed to the achievement of the outcomes of the CP?
AND

4. How has UNFPA contributed to improving SRHR in Thailand? Please give examples of what has changed or improved due to UNFPA investments and activities.
   Probe: Examples: Youth have increased access to contraceptives, reduced adolescent pregnancy rates, increased SRHR knowledge, reduced child marriage rates, reduced maternal mortality (also relates to impact orientation 7.1.1&7.2.2)

5. How has UNFPA advanced gender equality and contributed to social norm changes in Thailand? (also relates to impact orientation 7.1.1&7.2.2; and effectiveness 4.1.2)
   Probe: Can you give examples of gender norm changes that are happening in part due to the work of UNFPA?
   Probe: Has there been a change in perceived tolerance of GBV among community members due to UNFPA programming?

6. Has UNFPA contributed to improved management and coordination of GBV cases in Thailand? How? (also relates to impact orientation 7.1.1&7.2.2)
   Probe: Have any national GBV policies changed, due to UNFPA programme inputs and support?
   Probe: Is an effective case management system in place? Please explain how it has improved.

7. Has UNFPA-supported population data been used by your Government Agency to make planning decisions or develop strategies and plans? If so, please provide examples.
   (also related to impact orientation 7.1.3)
   Probe: What have you used UNFPA-generated the data for? At what level? National? Sub-national?

8. Have you observed any unintended outcomes (either negative or positive) related to UNFPA programme activities? Please give examples.

PARTNERSHIP

9. Has UNFPA developed strategic partnerships with you and other Government Agencies to improve SRHR? Are you satisfied with your partnership?
   Probe: How would you characterise the partnership between you organization and UNFPA? What works well? Is there anything that could be improved?
   Probe: Do you perceive UNFPA as leveraging partnership opportunities with other organizations to improve SRHR and GBV response?
   Probe: How does UNFPA add unique value to the development landscape of Thailand and avoid what other partners are doing?

SUSTAINABILITY

EQ6. To what extent has UNFPA partnerships and support for implementing partners and government – duty-bearers and rights-holders (notably, women, adolescents and youth, older persons) developed local ownership, capacity, and mechanisms to ensure the durability of effects?

10. How likely do you think the improvements achieved through UNFPA's programme will be sustained after the programme support ends?
    Probe: Have you and other government agencies received trainings led by UNFPA? When? What kind of training?
    Probe: Can you describe any changes or improvements your institution has made to better implement or monitor SRHR and GBV policies with UNFPA's help (i.e. introduction of new tools, improvements to data systems, development of SOP)?
    Probe: What do you see as the main barrier to sustain the improvements?
    Probe: Has any of UNFPA-supported pilot projects been scaled up by you or other partners? In which areas?
    (also related to impact orientation 7.3.1)

Closing Questions

11. Based on your experience, what recommendations would you offer for UNFPA's future programming in Thailand?

12. Is there anything else that you think is important for us to understand?

Thank you for participating.

Interview Guide Partners
(academia, private, donor, NGO, other UN agencies)

Thank you for taking the time to meet with us today. We are conducting an evaluation of UNFPA's 12th country programme in Thailand to understand its key achievements, what works and what does not. Your contribution is highly valued to provide lessons learned and recommendations for future programming.

General question

1. Befor1. Before we begin, can you briefly describe what you and your organization do and how your work relates to UNFPA Thailand country programme activities?
2. What do you consider to be the biggest achievement of your collaboration? What has been the biggest challenge?

RELEVANCE

EQ1.To what extent is the country programme adapted to: (i) the needs of diverse populations; (ii) national development strategies and policies; (iii) the strategic direction and objectives of UNFPA; and (iv) priorities articulated in international frameworks and agreements, in particular the ICPD Programme of Action and the SDGs and UN Reform.

1. In your view, how do the activities you are engaged address the needs of Thailand's most vulnerable and marginalized populations? How are the most disadvantaged involved in the activities?
   Probe: Older people, women and girls, LGBTQI community, economically disadvantaged groups, ethnic populations, etc.
   Probe: Which communities are still left behind? Why?

2. In your perspective, has the programme adapted to changes and challenges in the country during the time you have worked with them?
   Probe: Political, social, and technological shifts
   Probe: Demographic shifts, including low fertility and an increased older population

********** *QUESTION 3 FOR UN AGENCY RESPONDENTS ONLY* **********

3. Do you think UNFPA-activities contribute to UNSDCF outcomes (e.g., specific projects or activities, human capital, financial resources, joint programmes with other UN partners)?

4. Are you aware of **UNFPA's technical assistance, data, or advocacy** having contributed to the adoption, amendment, or implementation of laws, strategies, or policies related to SRHR, gender equality, population dynamics, or youth rights?
   Probe: Which ones? Provide examples.

5. How has UNFPA Thailand's CP adapted to changes and challenges in the country?
   Probe: Political, social, and technological shifts, LGBTQI inclusion
   Probe: Demographic shifts, including low fertility and an increased older population
   Probe: Climate change effects, i.e. floods, droughts, monsoons, etc.

EFFECTIVENESS

EQ3: To what extent have the interventions supported by UNFPA delivered outputs and contributed to the achievement of the outcomes of the country programme?

5. How has UNFPA contributed to improving SRHR in Thailand? Please give examples of what has changed or improved due to UNFPA investments and activities.
   Probe: Examples: Youth have increased access to contraceptives, reduced adolescent pregnancy rates, increased SRHR knowledge, reduced child marriage rates, reduced maternal mortality
   (also relates to impact orientation 7.1.1&7.2.2)

6. How has UNFPA advanced gender equality and contributed to social norm changes in Thailand?
   (also relates to impact orientation 7.1.1&7.2.2; and effectiveness 4.1.2)
   Probe: Can you give examples of gender norm changes that are happening in part due to the work of UNFPA?
   Probe: Has there been a change in perceived tolerance of GBV among community members due to UNFPA programming?
   Probe: Are peer educators and male champions advocating for norm change in their communities, due to UNFA-supported initiatives? (related to impact orientation 7.2.3)

7. Has UNFPA contributed to improved management and coordination of GBV cases in Thailand? How?
   Probe: Is an effective case management system in place? Please explain how it has improved.
   Probe: Is GBV case management done to standard?
   (also relates to impact orientation 7.1.1&7.2.2)

8. Has UNFPA-supported population data been used by you or other partners to make decisions or develop reports or plans? Please provide examples.
   (also related to impact orientation 7.1.3)
   Probe: Can you give examples of gender norm changes that are happening in part due to the work of UNFPA?
   Probe: Has there been a change in perceived tolerance of GBV among community members due to UNFPA programming?
   Probe: Are peer educators and male champions advocating for norm change in their communities, due to UNFA-supported initiatives? (related to impact orientation 7.2.3)

9. Have you observed any unintended outcomes (either negative or positive) related to UNFPA programme activities? Please give examples.

********** *QUESTION 10 FOR DONORS ONLY* **********

10. Has the CP been adequately evaluated in line with your requirements?
    Probe: Which programme activities were evaluated?
    Probe: How frequently have they been evaluated? Who conducted the evaluations?
    Probe: Have the findings been used to improve programming?
    Probe: Do the results framework and indicators cover programme achievements?

PARTNERSHIP

11. Has UNFPA developed strategic partnerships with your organization to improve SRHR? Are you satisfied with that partnership?
    Probe: Have you invited UNFPA to be a strategic partner?
    Probe: How would you characterise the partnership between your organization and UNFPA? What works well? Is there anything that could be improved?
    Probe: Do you perceive UNFPA as leveraging partnership opportunities with other organizations to improve SRHR and GBV response?
    Probe: How does UNFPA add unique value to the development landscape of Thailand and avoid what other partners are doing?

SUSTAINABILITY

EQ6. To what extent has UNFPA partnerships and support for implementing partners and government – duty-bearers and rights-holders (notably, women, adolescents and youth, older persons) developed local ownership, capacity, and mechanisms to ensure the durability of effects?

12. How likely do you think it is that the improvements achieved through UNFPA's programme will be sustained after the programme support ends?
    Probe: Has your organization made any changes or improvements to better plan for or implement SRHR, GBV or population services with UNFPA's help (i.e. introduction of new tools, improvements to data systems, development of SOP)?
    Probe (for CSOs): Do you feel better prepared to deliver services, raise awareness, or advocate for rights-based issues due to UNFPA engagement?
    Probe: Does the government show ownership for the activities? Please provide examples.
    Probe: Has any of the UNFPA-supported pilot project been scaled up by you or other partners?
    (also related to impact orientation 7.3.1)

Closing Questions

13. Based on your experience, what recommendations would you offer for UNFPA's future programming in Thailand?
14. Is there anything else that you think is important for us to understand?

Thank you for participating.

Interview guide IPs

Thank you for taking the time to meet with us today. We are conducting an evaluation of UNFPA's 12th country programme in Thailand to understand its key achievements, what works and what does not. Your contribution is highly valued to provide lessons learned and recommendations for future programming.

General question

1. Before we begin, can you briefly describe what you and your organization do and how your work relates to UNFPA Thailand country programme activities?
2. What do you consider to be the biggest achievement of your collaboration? What has been the biggest challenge?

RELEVANCE

EQ1.To what extent is the country programme adapted to: (i) the needs of diverse populations; (ii) national development strategies and policies; (iii) the strategic direction and objectives of UNFPA; and (iv) priorities articulated in international frameworks and agreements, in particular the ICPD Programme of Action and the SDGs and UN Reform?

1. In your view, how do the activities you are engaged with address the needs of Thailand's most vulnerable and marginalized populations? How are the most disadvantaged involved in the activities?
   Probe: Older people, women and girls, LGBTQI community, economically disadvantaged groups, ethnic populations, etc.
   Probe: Which communities are still left behind? Why?

2. In your perspective, has the programme adapted to changes and challenges in the country during the time you have worked with them?
   Probe: Political, social, and technological shifts
   Probe: Demographic shifts, including low fertility and an increased older population
   Probe: Climate change effects, i.e. floods, droughts, monsoons, etc.

EFFECTIVENESS

EQ3: To what extent have the interventions supported by UNFPA delivered outputs and contributed to the achievement of the outcomes of the country programme?

AND

EQ4. To what extent has UNFPA successfully integrated human rights, gender perspectives and disability inclusion in the implementation and monitoring of the country programme?

3. How has UNFPA support contributed to improving SRHR in Thailand? Please give examples of what has changed or improved due to UNFPA investments and activities.
   Probe: Examples: Youth have increased access to contraceptives, reduced adolescent pregnancy rates, increased SRHR knowledge, reduced child marriage rates, reduced maternal mortality (also relates to impact ori-

entation 7.1.1&7.2.2)

4. How has UNFPA support advanced gender equality and contributed to social norm changes in Thailand? *(also relates to impact orientation 7.1.1&7.2.2; and effectiveness 4.1.2)*
   Probe: Can you give examples of gender norm changes that are happening in part due to the work of UNFPA?
   Probe: Has there been a change in perceived tolerance of GBV among community members due to UNFPA programming?
   Probe: Are peer educators and male champions advocating for norm change in their communities, due to UNFA-supported initiatives? (related to impact orientation 7.2.3)

5. Has UNFPA support contributed to improved management and coordination of GBV cases in Thailand? How?
   Probe: Is an effective case management system in place? Please explain how it has improved.
   Probe: Is GBV case management done to standard?

6. Has UNFPA-supported population data been used by you or other partners to make decisions or develop reports or plans? Please provide examples. *(also related to impact orientation 7.1.3)*

7. How has UNFPA integrated human rights principles into the programme specifically?
   Probe: Do you talk about human rights with adolescent and partner organisations, for example in trainings or other activities? What is explained to them? In which areas are Human Rights most often discussed (e.g. GBV, family planning?)

8. Have you observed any unintended outcomes (either negative or positive) related to UNFPA programme activities? Please give examples.
   Probe: Is an effective case management system in place? Please explain how it has improved.
   Probe: Is GBV case management done to standard?
   (also relates to impact orientation 7.1.1&7.2.2)

PARTNERSHIP

9. Has UNFPA developed strategic partnerships with your organization to improve SRHR? Are you satisfied with that partnership?
   Probe: How would you characterise the partnership between your organization and UNFPA? What works well? Is there anything that could be improved?
   Probe: Do you perceive UNFPA as leveraging partnership opportunities with other organizations to improve SRHR and GBV response?
   Probe: How does UNFPA add unique value to the development landscape of Thailand and avoid what other partners are doing?

EFFICIENCY

EQ5. To what extent has UNFPA allocated adequate financial, human, technical, and other resources to achieving their strategy?

10. What activities, implemented by your organization, are funded by UNFPA?
    Probe: Are funds to you distributed in a timely manner? Have there ever been delays that prevented you from implementing activities? How did you address the situation?

11. Does UNFPA have sufficient technical staff to advance SRHR and GBV response in Thailand?
    Probe: Does the technical staff have the appropriate expertise to support you if needed?

12. Are UNFPA's activities implemented according to annual workplans?
    Probe: What are the causes of delays when they occur – how are such delays being mitigated?
    Probe: Do UNFPA reporting systems facilitate programme improvements?

13. Does UNFPA conduct monitoring visits? How are monitoring data used to improve programming? Please give an example.
    Probe: Are data collected and reviewed regularly?
    Probe: Does UNFPA share their monitoring reports with you?
    Probe: How does UNFPA ensure programme quality and learning (M&E frameworks, documentation of lessons learned and course correction, feedback loops?) (this relates to efficiency 5.2.1)

SUSTAINABILITY

EQ6. To what extent has UNFPA partnerships and support for implementing partners and government – duty-bearers and rights-holders (notably, women, adolescents and youth, older persons) developed local ownership, capacity, and mechanisms to ensure the durability of effects?

14. How likely do you think it is that the improvements achieved through UNFPA's programme will be sustained after the programme support ends?
    Probe: Have you, duty-bearers or right-holders received trainings led by UNFPA? When? What kind of training?
    Probe (for CSOs): Do you feel better prepared to deliver services, raise awareness, or advocate for rights-based issues due to UNFPA engagement?
    Probe: What do you see as the main barrier to sustain the improvements?
    Probe: Has the programme integrated sustainability in its design? Is there an exit strategy?
    Probe: Does the government show ownership to continue activities? Please provide examples.
    Probe: Has any of UNFPA-supported pilot projects been scaled up by other partners?

Closing Questions

15. Based on your experience, what recommendations would you offer for UNFPA's future programming in Thailand?
16. Is there anything else that you think is important for us to understand?

Thank you for participating.

Interview Guide Health Worker

Thank you for taking the time to meet with us today. We are conducting an evaluation of UNFPA's 12th country programme in Thailand to understand its key achievements, what works and what does not. Your contribution is highly valued to provide lessons learned and recommendations for future programming.

General question

1. Before we begin, can you briefly describe your work and how you became involved in projects supported by UNFPA Thailand?

RELEVANCE

EQ1.To what extent is the country programme adapted to: (i) the needs of diverse populations; (ii) national development strategies and policies; (iii) the strategic direction and objectives of UNFPA; and (iv) priorities articulated in international frameworks and agreements, in particular the ICPD Programme of Action and the SDGs and UN Reform.

1. In your view, are the services you provide reaching Thailand's most vulnerable and marginalized populations?
   Probe: Older people, women and girls, LGBTQI community, economically disadvantaged groups, ethnic populations, etc.
   Probe: Which communities are still left behind? Why?
   Probe: Was reaching those most underserved populations a focus of the training you received? The work you do?

EFFECTIVENESS

EQ3: To what extent have the interventions supported by UNFPA delivered outputs and contributed to the achievement of the outcomes of the country programme?

AND

EQ4. To what extent has UNFPA successfully integrated human rights, gender perspectives and disability inclusion in the implementation and monitoring of the country programme?

2. With the support/training provided by UNFPA implementing partners and the government, do you think sexual and reproductive health and rights are improving in Thailand? Please give examples of what has changed or improved due to the training and support you received?
   Probe: Examples: Youth have increased access to contraceptives, reduced adolescent pregnancy rates, increased SRHR knowledge, reduced child marriage rates, reduced maternal mortality
   (also relates to impact orientation 7.1.1&7.2.2)

3. In your opinion, are the health services you provide helping to address gender inequality and contributing to changing unequal social norm changes in Thailand?
   (also relates to impact orientation 7.1.1&7.2.2; and effectiveness 4.1.2)

Probe: Can you give examples of gender norm changes that are happening in part due to the work of UNFPA?
Probe: Has there been a change in perceived tolerance of GBV among community members due to UNFPA programming?
Probe: Are peer educators and male champions advocating for norm change in their communities, due to UNFA-supported initiatives? (related to impact orientation 7.2.3)

4. Has UNFPA support to the health services (e.g. Ministry of health, health services) contributed to improved management and coordination of GBV cases in Thailand? How?
   Probe: Is an effective case management system in place? Please explain how it has improved.
   Probe: In your opinion, is GBV case management done to standard?
   (also relates to impact orientation 7.1.1&7.2.2)

5. Have you observed any unintended outcomes (either negative or positive) related to the work you are doing on GBV and SRHR that can be related to UNFPA supported activities? Please give examples.

SUSTAINABILITY

EQ6. To what extent has UNFPA partnerships and support for implementing partners and government – duty-bearers and rights-holders (notably, women, adolescents and youth, older persons) developed local ownership, capacity, and mechanisms to ensure the durability of effects?

6. How likely do you think it is that the improvements achieved with support from UNFPA's programme will be sustained after the programme support ends?
   Probe: Did you receive training that has helped to change service provision sustainability?
   Probe: Have you made any changes or improvements to your work to better plan for or deliver SRHR, GBV or population services with UNFPA's help (i.e. introduction of new tools, training of staff, improvements to data systems, development of SOP)?

Closing Questions

17. Based on your experience, what recommendations would you suggest to UNFPA to continue to improve SRHR and GBV case management in their next phase?
18. Is there anything else that you think is important for us to understand?

Thank you for participating.

Informed Consent Form – Focus group discussions
Evaluation of the 12th Thailand Country Programme

Introduction

Thank you for taking the time for this group discussion today. I [name of evaluator] am here to evaluate the 12thThailand Country Programme.

The purpose of the evaluation is to provide the UNFPA Thailand Country Office, national stakeholders and rights-holders, the UNFPA Asia Pacific Regional Office, UNFPA Headquarters as well as a wider audience with an independent assessment of the UNFPA Thailand 12th country programme (2022-2026), including achievements, challenges and opportunities for future programming.

During this evaluation, we will be interviewing a broad range of national stakeholders, including the civil society organisation partners and implementing partners. As a [name constituency they belong to], you are invited to participate in a focus group discussion. This group will include about 8-10 persons of girls/women/etc. like you.

During the discussion, we would like to ask your thoughts and opinions about your experience; there are no right or wrong answers, so please speak freely.

We have asked to speak with you because your opinions are important in helping UNFPA improve their programme in the future. We are talking to many people. The information we collect will be included in a report with our findings and recommendations.

The discussion should take about one hour, and I have a framework of questions to guide us, but please feel free to add any points that you think are relevant or important.

I do not work for UNFPA; everything you say will be private. We will not share your name or details with anyone. I will be taking some notes during the interview for my own purposes. The notes/recording will be securely stored in files protected by passwords. Only I and the other members of the evaluation team will have access to the files. These will be destroyed after we have completed the report.

Withdrawal: If you choose to participate in this evaluation, you have the right to withdraw from it at any point in time without any consequences to you. You are free to skip any questions you do not wish to answer or to stop at any time. You may ask any questions you have at any time.

If at any time after this group discussion you have any questions, please contact the lead evaluator for the case study: **Dr. Adriane Martin-Hilber, amartinhilber@gmail.com**

Consent

Do you have any questions about the discussion? Do you agree to participate in this discussion? Do you agree we record this session for note taking purposes?

- ☐ Yes
- ☐ No

(If the respondent refuses to participate, try to answer the respondent's queries and motivate them to participate if appropriate. In case of no success, proceed without or reschedule if the non-participation affects the dynamics.)

Date_____ Location_____

Respondent's Code_____

Respondent's Name _____

Organisation _____

Signature _____ (Respondent's Signature)

Interviewer's Name_____ (Interviewer's name)

Signature _____ (Interviewer`s Signature)

Focus Group Discussion Guide for Adolescents and Youth

Thank you for taking the time to meet with us today. We are conducting an evaluation of UNFPA's country programme in Thailand to understand its key achievements, what works and what does not, in the previous Country Programme Cycle. Your contribution is highly valued to provide lessons learned and recommendations for future programming.

General question

1. Before we begin, can you briefly introduce yourselves - your age, what you do (study/work), and where you're from?
2. How do you know about UNFPA and their work in Thailand?

Participant list	***General characteristics***
Participant 1	*Name, age, gender*
Participant 2	*Name, age, gender*
Participant 3	*Name, age, gender*

RELEVANCE

EQ1.To what extent is the country programme adapted to: (i) the needs of diverse populations; (ii) national development strategies and policies; (iii) the strategic direction and objectives of UNFPA; and (iv) priorities articulated in international frameworks and agreements, in particular the ICPD Programme of Action and the SDGs and UN Reform?

1. In your view, are sexual and reproductive health care services meeting the needs of young people in your community?
   Probe: Women and girls, LGBTQI community, ethnic populations, young people living with disabilities, etc.
   Probe: Which communities are still left behind? Why?

EFFECTIVENESS

EQ3: To what extent have the interventions supported by UNFPA delivered outputs and contributed to the achievement of the outcomes of the country programme?

AND

EQ4. To what extent has UNFPA successfully integrated human rights, gender perspectives and disability inclusion in the implementation and monitoring of the country programme?

2. How has UNFPA (or the Implement Partner project they are associated with) contributed to improving SRHR in Thailand? Please give examples of what has changed or improved in your community due to project activities?
   Probe: Examples: Youth have increased access to contraceptives, reduced adolescent pregnancy rates, increased SRHR knowledge, reduced child marriage rates, reduced maternal mortality (also relates to impact orientation 7.1.1&7.2.2)

3. How confident do you feel in making decisions about your own SRH and well-being?
   Probe: What factors help you feel confident in making these decisions? What makes it difficult?
   Probe: Do you feel comfortable in accessing SRH services in your community? How easy or difficult is it for young people in your community to access SRH services? What are some of the challenges?

4. Have you or other young people ever participated in designing or evaluating activities related to health education, life skills, or SRH with UNFPA?
   Probe: What was your experience with that? How well do these programmes address the real concerns and needs of young people?
   Probe: Did you feel that your ideas and concerns were taken seriously and integrated into the activities?

5. How has UNFPA (or the project) advanced gender equality and contributed to social norm changes in Thailand?
   (also relates to impact orientation 7.1.1&7.2.2; and effectiveness 4.1.2)
   Probe: Do you notice differences in how young men and young women are treated regarding SRH issues?
   Probe: Do young women feel heard and empowered to stand up for their concerns and what is important to them?
   Probe: Are there peer educators and male champions in your communities that advocate for women's rights? (related to impact orientation 7.2.3)
   Probe: Do you think people are more accepting of gender diversity? Was this explained and advocated for by the project? Please give an example.

6. Has UNFPA talked to you about human rights, for example in trainings or other activities? What have they explained? In which areas are Human Rights most often discussed (e.g. GBV, family planning?)
   Probe: Do you feel that your rights as young people are respected and protected in your community? Please give examples of how they are protected/ not protected.
   Probe: Is gender based violence tolerated in your community? Was changing social norms that tolerate GBV a part of the project you were involved with? Is it helping to change gender norms?
   Probe: Was contraceptive choice a topic of the project? Do you think young people feel free to pick the contraceptive method they want?

7. Have you observed any unintended outcomes (either negative or positive) related to UNFPA programme activities? Please give examples?

SUSTAINABILITY

EQ6. To what extent has UNFPA partnerships and support for implementing partners and government – duty-bearers and rights-holders (notably, women, adolescents and youth, older persons) developed local ownership, capacity, and mechanisms to ensure the durability of effects?

8. Have you or do you know of other young people who have been involved in trainings led by UNFPA? When? Please describe the kind of training?

Closing Questions

9. What do you think has been most helpful about programmes for young people in your community?
10. What are the main gaps or areas that need improvement?
    Probe: What new challenges do young people face today that programmes should address in the future?
11. Is there anything else you would like to share about your experiences or needs?

Thank you for participating.

Focus Group Discussion Protocol with Community Members

Thank you for taking the time to meet with us today. We are conducting an evaluation of UNFPA's country programme in Thailand to understand its key achievements, what works and what does not, in the previous Country Programme Cycle. Your contribution is highly valued to provide lessons learned and recommendations for future programming.

1. Before we begin, can you briefly introduce yourselves and tell us about your role or involvement in the community?
2. How do you know about UNFPA and their work in your community?

Participant list	***General characteristics***
Participant 1	*Name, age, gender*
Participant 2	*Name, age, gender*
Participant 3	*Name, age, gender*

Section 1: Sexual and reproductive health

1. Thinking about reproductive health services for women and girls, how accessible are these services in your community?
   Probe: What are some of the barriers?
   Probe: How well are the needs of young people met?
   Probe: Are there people in your community who face difficulties accessing health services or social programmes? Who and why?

Section 2: Gender equality and violence prevention

2. How has the situation of women and girls in your community change in recent years?
   Probe: What support is available for women who experience violence in your community? How effective is this support?
   Probe: How well do programmes in your community serve people with disabilities and other marginalized groups?

Section 3: Community ownership and sustainability

3. What health or social programmes have you or your family members participated in or benefited from in recent years?
   Probe: How have these programmes helped your community? Can you share specific examples?

4. How involved is your community in planning and implementing programmes that affect you?

Probe: What local capacity exists to continue these programmes if external support were to end?

Probe: How has your community's ability to address its own health and social needs Changeover time?

Closing Questions

5. What do you consider to be the most significant positive changes in your community related to health and social programmes?
6. What are the main challenges or gaps that still need to be addressed?
   Probe: What new challenges has your community faced in recent years?
   Probe: How well have programmes responded to these changes?
7. What recommendations would you give for future programmes in your community?

8. Is there anything else you would like to share about your community's experiences or needs?

Thank you for participating.

Annex 8 | CPE Terms of reference

1. Introduction

The United Nations Population Fund (UNFPA) is the lead United Nations agency for delivering a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled. The strategic goal of UNFPA is to "achieve universal access to sexual and reproductive health, realize reproductive rights, and accelerate progress on the implementation of the Programme of Action of the International Conference on Population and Development (ICPD) focusing on three transformative results. With this call to action, UNFPA contributes directly to the 2030 Agenda for Sustainable Development, in line with the Decade of Action to achieve the Sustainable Development Goals". [174]

In pursuit of this goal, UNFPA works towards three transformative and people-centred results: (i) end preventable maternal deaths; (ii) end unmet need for family planning; and (iii) end gender-based violence (GBV) and all harmfulpractices, including female genital mutilation and child, early and forced marriage. These transformative results contribute to the achievement of all the 17 Sustainable Development Goals (SDGs), but directly contribute to the following: (a) ensure healthy lives and promote well-being for all at ages (Goal 3); (b) achieve gender equality and empower all women and girls (Goal 5); (c) reduce inequality within and among countries (Goal 10); take urgent action to combat climate change and its impacts (Goal 13); promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels (Goal 16); and strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development (Goal 17). In line with the vision of the 2030 Agenda for Sustainable Development, UNFPA seeks to ensure increasing focus on "leaving no one behind" and emphasizing "reaching those furthest behind first".

UNFPA has been present in Thailand since 1971. Under the twelfth Country Programme (2022–2026), the UNFPA Thailand Country Office provides support to the Government of Thailand in line with national development priorities and needs outlined in the Thirteenth National Economic and Social Development Plan (2022–2026), the United Nations Common Country Analysis (May 2021), and the United Nations Sustainable Development Cooperation Framework (UNSDCF), formerly known as the United Nations Development Assistance Framework (UNDAF).

In accordance with the 2024 UNFPA Evaluation Policy, UNFPA Country Offices are encouraged to undertake CPEs each programme cycle, and as a minimum every two cycles. In Thailand, the evaluation of the twelfth country programme (2022–2026) will assess its performance and examine the various factors that have influenced programme delivery and the achievement of intended results. It will also provide conclusions and actionable recommendations to inform the next programme cycle.

The evaluation will be implemented in line with the UNFPA Evaluation Handbook. The Handbook provides practical guidance for managing and conducting CPEs to ensure the production of quality evaluations in line with the United Nations Evaluation Group (UNEG) norms and standards and international good practice for evaluation.[175] It offers step-by-step guidance to prepare methodologically

[174] Doc Review: 15, 38

[175] UNEG, Norms and Standards for Evaluation (2016). The document is available at https://www.unevaluation.org/document/detail/1914

robust evaluations and sets out the roles and responsibilities of key stakeholders at all stages of the evaluation process. The Handbook includes links to a number of tools, resources and templates that provide practical guidance on specific activities and tasks that the evaluators and the CPE manager perform during the different evaluation phases. The evaluators, the CPE manager, CO staff and other engaged stakeholders are required to follow the full guidance of the Handbook throughout the evaluation process.

The main audience and primary intended users of this evaluation include the UNFPA Thailand Country Office, the Government of Thailand, implementing partners, rights-holders involved in UNFPA-supported interventions (especially women, adolescents, and youth) and the organizations that represent them, the United Nations Country Team, the UNFPA Asia and the Pacific Regional Office, and donors. The evaluation results will also be of interest to other entities, such as UNFPA headquarters divisions, branches, and offices, the UNFPA Executive Board, academia, and local civil society organizations and international NGOs. Evaluation findings will be disseminated in a manner appropriate to the needs of these diverse stakeholders, using both traditional and digital channels.

The CPE manager in the UNFPA Thailand Country Office will manage the evaluation, in close collaboration with the Government of Thailand—specifically the National Economic and Social Development Council and the International Organizations Department under the Ministry of Foreign Affairs—and with the guidance of the regional Monitoring and Evaluation Adviser at the UNFPA Asia and the Pacific Regional Office. An Evaluation Reference Group will provide advice throughout the process. A team of independent external evaluators will conduct the evaluation and produce an evaluation report, in accordance with the terms of reference and the comprehensive guidance contained in the UNFPA Evaluation Handbook.

2. Country Context

It is evident that Thailand is currently undergoing a rapid demographic transition, with the fertility rate decreasing to 1.08 in 2023 and more than 20 percent of the population aged 60 or older. In 2023, for the first time, the number of births fell below the number of deaths. The National Statistics Office and Thailand Board of Investment reported a total population of 66.05 million in 2023, including 8.1 million young people aged 15–24 (12.3 percent), while 44.64 percent are aged 25–54 and 27 percent are 55 years and above. There are about 16.97 million women of reproductive age (15–49), representing around 10 percent of the total population and half of Thailand's 33 million women. Life expectancy is estimated at 83.9 years for women and 79.5 for men. According to the Ministry of Social Development and Human Security, 2,096,931 people (3.17 percent of the population) live with disabilities, with over half of them aged 60 and older.

Thailand has also achieved notable economic growth, earning upper-middle-income country status in 2011. According to the International Monetary Fund, the country's Gross Domestic Product is projected to grow by 2.7 percent in 2024 and 2.9 percent in 2025, translating into an increase in GDP per capita from USD 7,527.38 to USD 7,754.14 over the same period. The 2023–2024 UNDP Human Development Index (HDI) reports that Thailand's HDI rose to 0.803 in 2022, up from 0.797 in 2021 and from the pre-COVID score of 0.801 in 2019. Disaggregated by gender, female HDI is 0.807, exceeding the male figure of 0.798. Despite this notable progress, when Thailand's HDI is discounted for inequality, it declines by 15.2 percent to 0.681.[176]

The World Bank reports that the poverty rate rose from 7.2 percent in 2016 to 9.8 percent in 2018, increasing the number of people living in poverty from 4.8 million to 6.7 million. Higher poverty rates

[176] UNDP, Human development report (2023-24). The document is available at https://hdr.undp.org/content/human-development-report-2023-24

are reported in the three southern provinces. Rural areas show a poverty rate of 10.8 percent versus 0.3 percent in Bangkok. Although Thailand contained COVID-19 relatively well in 2020 and 2021, economic and social imbalances were exposed, with an 8 percent contraction in GDP in 2020 and up to 8.4 million jobs lost, alongside six million farmers at risk from drought. Women and girls face heightened vulnerability as gender inequalities persist.

The 2024 Integrated SDG Insights Report by UNDP indicates that Thailand had halved the number of people living in multidimensional poverty from 961,000 in 2012 to 412,000 in 2019, with a current Multidimensional Poverty Index of 0.002—the lowest in ASEAN.[177] Nonetheless, several SDGs remain off track. Strengthening data collection and management, especially regarding SDG 5 on gender equality, is a priority to improve monitoring of SDG progress and guide policy pathways. The 2024 World Bank Survey report scores Thailand at 74.67 overall, highlighting significant gains in SDG 3 (good health and well-being), SDG 4 (quality education), SDG 10 (reduced inequalities), and SDG 17 (partnerships for the goals). Universal Health Coverage and a network of Village Health Volunteers continue to play vital roles in advancing the
country's health outcomes.

Furthermore, in line with the ICPD30 Report (2024), Thailand has achieved most of the 2030 Agenda and has shown strong progress in fulfilling its commitments to the ICPD Programme of Action. The country provides high coverage for sexual and reproductive health services at low cost to clients, and universal health coverage remains central to its development agenda. However, several challenges persist, as identified in the Common Country Analysis. These include data gaps and limited data utilization in policymaking; a rapidly ageing society, which demands investments in skills development and social protection systems; and persistent inequalities in opportunities and services.

National data indicate that 87 percent of people aged 15–49 have access to family planning, though among ethnic minorities the figure is 43 percent. UNAIDS (2023) places HIV prevalence at 2.2 percent, with overall condom use at 79.5 percent. However, condom use among adolescents aged 15–19 stands at 60 percent. Teenage pregnancy remains a concern (31.3 per 1,000 in 2019)[178] , with early marriage and unmet need for contraception persisting (8 percent of adolecent age 15-19 in 2019)[179]. After pregnancy or abortion, 43.7 percent of women under 20 receive modern contraceptives and 69.46 percent opt for long-acting reversible contraception. Aiming to reduce the adolescent birth rate from 25 to 15 per 1,000 by 2028, the government includes contraceptive benefits in the UHC package for all people of reproductive age. In 2023, abortion was removed from the criminal code for gestational periods up to 12 weeks. There were 19,073 cases of legal abortion under UHC in 2024, as reported by the National Safe Abortion Network.

Compounding these reproductive health challenges, gender-based violence remains high, with around 15 percent of women reporting psychological, physical, or sexual violence and one in six experiencing intimate partner violence—though underreporting suggests higher rates. The absence of robust monitoring systems for reliable GBV data presents a significant challenge for comprehensive policy development and programmatic responses, underscoring the need for improved data collection and gender-responsive interventions.

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[177] UNDP, Integrated SDG Insights Report - Thailand (2024). The document is avalible at https://www.undp.org/thailand/publications/integrated-sdg-insights-report-thailand

[178] Leekuan, P., Kane, R., & Sukwong, P. (2021). Narratives on sex and contraception from pregnant adolescent women in a Northern Province in Thailand: a phenomenological study. INQUIRY: The Journal of Health Care Organization, Provision, and Financing, 58, 00469580211056219.

[179] Ministry of Public Health (2021). Report on the implementation of the national strategy plan for the prevention and resolution of teenage pregnancy, 2017-2026, under the Prevention and Solution of the Adolescent Pregnancy Problem Act, B.E. 2559 (2016), for the fiscal year 2021. https://rh.anamai.moph.go.th/web-upload/7x027006c2abe84e89b5c85b44a692da94/tinymce/kpi65/1-13/1.13-1.14.pdf

3. UNFPA Country Programme

UNFPA has worked with the Government of Thailand since 1971 to enhance sexual and reproductive health and reproductive rights (SRHR), promote gender equality, realize the rights and choices of young people, and strengthen the generation and use of population data for development. The twelfth country programme (2022–2026) aligns with the Thirteenth National Economic and Social Development Plan (2022–2026), the UNSDCF (2022–2026), and the UNFPA Strategic Plan, updated for 2022–2025. It was jointly developed with government, civil society, bilateral and multilateral development partners, the private sector, and academia, emphasizing "leaving no one behind."

UNFPA Thailand implements the country programme through four engagement modes: (a) advocacy and policy dialogue and support between right holders and policymakers; (b) knowledge management of good practices and lessons learned among key strategic partners; (c) technical support to strengthen institutional capacity development of key implementing organizations on adolescent and youth, data and evidence, and gender-based violence; and (d) coordination, partnership and South-South and triangular cooperation, sharing Thailand's good practices on data and ageing, sexual and reproductive health and rights and gender-based violence with other countries, to accelerate the three transformative results. The following key accelerators will be used throughout the interventions: (a) strengthening youth participation through innovative and digitalized platforms; (b) engaging young people, women and girls from those groups furthest left behind first, especially in policy dialogues and knowledge sharing; (c) applying human rights-based and gender transformative approaches; (d) using data and evidence for upstream policy work; and (e) partnerships with the private sector, promoting financing as a key catalyst to achieve results. It aims to prepare Thailand for a rights-based, inclusive ageing society and to advance the 2030 Agenda, the Decade of Action, and the ICPD25 commitments, highlighting multidisciplinary policy responses and innovations in addressing population ageing through life-cycle approaches.

Developed through participatory consultations, the programme targets women, adolescents, youth, persons with disabilities, ethnic minorities, and those in poverty, applying innovative strategies to reach the groups furthest behind. It contributes directly to the Thirteenth NESDP goal on human capital development and UNSDCF outcomes on inclusive development and non-discrimination. It also supports SDG-related climate actions by integrating SRHR and GBV prevention and response into disaster preparedness, wherever applicable.

Aligned with the UNFPA Strategic Plan (2022–2025), programme outputs contribute to (i) reducing the unmet need for family planning and (ii) reducing GBV. The output on adolescents and youth aims to reduce the unmet need for family planning among the most marginalized, while the GBV output strengthens policy implementation. A shared population and development output underpins both outcomes through improved data collection, evidence-based policymaking, and knowledge management, including South–South and triangular cooperation. Although not directly focused on preventing maternal deaths, the programme's interventions on family planning and GBV complement ongoing efforts with the Ministry of Public Health, particularly for at-risk groups such as adolescent mothers.

To address implementation gaps, strengthen institutional capacities, and deepen evidence-based decision-making, the programme invests in policy advocacy, data utilization, capacity-building, and the promotion of knowledge management. The theory of change (Annex A) outlines how these interventions are expected to lead to the intended results. Evaluators will use it to refine evaluation questions and indicators, guide data collection, analyze findings, and shape recommendations for the next country programme.

Evaluations of the previous country programme underscore the importance of engaging young people in policy dialogue, exemplified by their influence on the Prevention and Solution of the Adolescent Pregnancy Problem Act, and the success of the "I D-sign" youth advocacy tool. Capacity-building through bilateral and multilateral channels, including South–South cooperation, was also highlighted as a best practice. Drawing on its strong partnerships with government and civil society, UNFPA provides leadership in sexual and reproductive health and rights, youth engagement, challenging harmful social norms, facilitating South–South cooperation, and strenghening the use of population data for evidence-based planning.

The UNFPA Thailand Country Office (CO) has consistently worked with the National Economic and Social Council, the Ministry of Public Health, and the Ministry of Social Development and Human Security on managing demographic shifts—particularly low fertility and the transition to an ageing society—through rights-based and life-cycle approaches. Technical collaborations noted in the Midterm Review include support for the development of the National Transfer Account, Digital Census, rights-based infertility policy, and the national reproductive health strategy. Innovations such as "SoSafe" the life-cycle digital platform, and localised online and offline platforms have been co-created with government, civil society, and private-sector partners to ensure inclusive access to services. In 2023 and 2024, UNFPA joined private partners and the UNFPA Thailand Champion to launch the nationwide "Her Awards" campaign, promoting gender equality, ICPD objectives, and UNFPA's three transformative results.

The UNFPA Thailand CO remains committed to enhancing coherence with the UN system in Thailand through active participation in interagency working groups on SDGs 3 and 5, co-convening the UNCT Joint Team on GBV with UN Women and the Youth Joint Team with UNICEF, and contributing to the UNCT teams on data and communications. Aligned with the UNSDCF and the Thirteenth National Economic and Social Development Plan (2022–2026), the country programme emphasizes leaving no one behind, prioritizing the most vulnerable populations identified through systematic analyses, including the Common Country Analysis and the Population Situation Analysis. Its core focus lies in improving human capital, fostering inclusive development, and ensuring that those at risk of being left furthest behind can participate in and benefit from the country's progress, free from all forms of discrimination.

The CP has three thematic areas of programming with distinct outputs that are structured according to the two outcomes in the Strategic Plan 2022-2025 aligning with the United Nations Sustainable Development Cooperation Framework (UNSDCF) to which they contribute:

UNSDCF Outcome: Human capital needed for social and inclusive development is improved through strengthening of institutions, partnerships, and the empowerment of people

Related UNFPA Strategic Plan Outcome: By 2025, the reduction in the unmet need for family planning has accelerated.

UNFPA Thailand 12th Country Programme Output: 1 The platforms for adolescents and youth to acquire knowledge and skills on sexual and reproductive health and rights, focusing on contraception, and to participate in the implementation and monitoring of policies related to the Prevention and Solution of the Adolescent Pregnancy Problem Act, 2016 (AP Act) are functional and inclusive

UNSDCF Outcome: People living in Thailand, especially those at risk of being left furthest behind, are able to participate in and benefit from development, free from all forms of discrimination.

Related UNFPA Strategic Plan Outcome: By 2025, the reduction in gender-based violence and harmful practices has accelerated.

UNFPA Thailand 12th Country Programme Output: 2 Strengthened policy implementation to prevent and respond to gender-based violence.

Related UNFPA Strategic Plan Outcome: By 2025, the reduction in the unmet need for family planning has accelerated. By 2025, the reduction in gender-based violence activities/interventions and harmful practices has accelerated.

UNFPA Thailand 12th Country Programme Output: 3 Policy environment is strengthened through utilization of evidence on population changes and megatrends, including population ageing and climate change, for development and monitoring of population policies and programmes.

The UNFPA Thailand CO also takes part in activities of the UNCT with the objective to ensure inter-agency coordination and the efficient and effective delivery of tangible results in support of the national development agenda and the SDGs.

The central tenet of the CPE is the country programme theory of change and the analysis of its logic and internal coherence. The theory of change describes how and why the set of activities planned under the country programme are expected to contribute to a sequence of results that culminates in the strategic goal of UNFPA is presented in Annex A. Change theory will be a critical component of the evaluation methodology. The country programme theory of change explains how the activities undertaken contribute to a chain of results that lead to the intended or observed outcomes. At the design phase, the evaluators will perform an in-depth analysis of the country programme theory of change and its intervention logic. This will help them refine the evaluation questions (see preliminary questions in section 5.2), identify key indicators for the evaluation, plan data collection (and identify potential gaps in available data), and provide a structure for data collection, analysis and reporting. The evaluators' review of the theory of change (its validity and comprehensiveness) is also crucial with a view to informing the preparation of the next country programme's theory of change.

The UNFPA Thailand 12th country programme (2022-2026) is based on the following results framework presented below:

Thailand/UNFPA 12th Country Programme (2022-2026) Results Framework

CPD Goal/vision:		
National Priority (s): Human Capital Development towards Thailand's transformation.	**National Priority (s):** Thailand as a High Opportunity Society.	**National Priority (s):** Thailand as a High Opportunity Society.
UNSDCF Outcome (s): Human capital needed for social and inclusive development is improved through strengthening of institutions, partnerships, and the empowerment of people.	**UNSDCF Outcome (s):** People living in Thailand, especially those at risk of being left furthest behind, are able to participate in and benefit from development, free from all forms of discrimination.	**UNSDCF Outcome:** People living in Thailand, especially those at risk of being left furthest behind, are able to participate in and benefit from development, free from all forms of discrimination.
Related UNFPA Strategic Plan Outcome(s): 1: By 2025, the reduction in the unmet need for family planning has accelerated.	**Related UNFPA Strategic Plan Outcome(s):** By 2025, the reduction in gender-based violence and harmful practices has accelerated.	**Related UNFPA Strategic Plan Outcome(s):** By 2025, the reduction in the unmet need for family planning has accelerated. By 2025, the reduction in gender-based violence activities/interventions and harmful practices has accelerated.
UNFPA Thailand 12th Country Programme Output: 1 The platforms for adolescents and youth to acquire knowledge and skills on sexual and reproductive health and rights, focusing on contraception, and to participate in the implementation and monitoring of policies related to the Prevention and Solution of the Adolescent Pregnancy Problem Act, 2016 (AP Act) are functional and inclusive	**UNFPA Thailand 12th Country Programme Output: 2** Strengthen policy implementation to prevent and respond to gender-based violence.	**UNFPA Thailand 12th Country Programme Output: 3** Policy environment is strengthened through utilization of evidence on population changes and megatrends, including population ageing and climate change, for development and monitoring of population policies and programmes.

CPD Goal/vision:		
Indicators: Output 1 • **Number of policies related to sexual and reproductive health and rights including family planning that integrated specific recommendation of vulnerable young people** **Baseline: 1 (2020); Target: 2 (2026)** • **Number of functional online and offline youth platforms on family planning and SRHR established at subnational and national levels and accessible by vulnerable young people including those from low-income families, ethnic minority groups and with disabilities.** **Baseline: 1 (2020); Target:3 (2026)**	**Indicators: Output 2** • **Availability of the Universal Health Coverage package that includes services to survivors of gender-based violence as per international standards** **Baseline: No (2020); Target: Yes (2026)** • **Number of operational guidelines and protocols for One Stop Crisis Centers updated and developed for multi-sectoral response to survivors of gender-based violence as per international standards** **Baseline: 1 (2020); Target: 2 (2026)** • **Number of provinces implementing a costed strategy for transforming harmful social norms through evidence-informed and context-adapted interventions.** **Baseline: 0 (2020); Target: 2 (2026)**	**Indicators: Output 3** • Number of national strategies and reports on population and development including population ageing that utilised the latest population data disaggregated by key vulnerability criteria including ethnicity, disabilities, and age. *Baseline: 0; Target: 2 (2026)* • Number of government organizations using innovative methods for generation of population data and analyses of population change and megatrends to inform population policies *Baseline: 0; Target: 2 (2026)* • Number of good practices shared and exchanged between Thailand and other countries through South-South and Triangular Cooperation initiatives to implement ICPD PoA *Baseline: 0; Target: 3 (2026)*

UNFPA Thailand 12th Country Programme Intervention Areas: 1) strengthening strategic partnerships to advocate for accessibility and to share experiences amongst stakeholders on improving the quality of rights-based family planning, gender-based violence prevention through addressing discriminatory gender and social norms, and sexual and reproductive health and rights, knowledge and information within the context of comprehensive sexuality education. Interventions are designed for in and out of school youth especially those from vulnerable groups; 2) improving available sexual and reproductive health and rights knowledge and information platforms with a focus on reducing the unmet need for contraception for young people and adolescent pregnancy prevention, through using youth led innovative solutions, digital technologies and rights-based and gender-transformative approaches; 3) linking with prior interventions, generating evidence for policy advocacy to improve access to comprehensive sexual and reproductive health services as indicated by the AP Act for every young person including youth	UNFPA Thailand 12th Country Programme Intervention Areas: Strengthening of the implementation of existing policies, including Universal Health Coverage (UHC), the National Strategy on Prevention and Solution towards Violence Against Children and Women, and the Domestic Violence Victim Protection Act B.E. 2550 (2007) through: 1) evidence-informed policy advocacy for national and sub-national governments on timely and quality implementation of existing commitments to addressing gender-based violence through multi-sectoral coordination mechanism; 2) technical support to strengthen response to survivors of gender-based violence in the UHC package in line with international standards including in humanitarian settings; 3) providing technical support to update operational guidance/ SOP for OSCCto provide comprehensive and multi-sectoral gender-based violence services, including in humanitarian contexts, in line with international standards; 4) supporting community mobilisation for the transformation of harmful gender and social norms for prevention of gender-based violence including against LGBTI based on an evidence-informed cost strategy. This output will be integrated with the output on adolescents and youth in particular in improving quality rights-based family planning, gender-based violence	UNFPA Thailand 12th Country Programme Intervention Areas: 1) strengthening capacities of government partners to generate and incorporate disaggregated population data by key vulnerability criteria to track the progress of NESDP, SDGs, ICPD PoA, CRPD, UPR, CRC and CEDAW and for humanitarian preparedness and response, with a focus on technical support to the upcoming census and relevant population surveys and data digital transformation; 2) strengthening knowledge management and institutional capacities for utilization of innovative data analysis tools for policy making, planning and monitoring of implementation e.g. NTA, linkage with climate vulnerability, and life-cycle and gender transformative approaches, 3) strengthening policy and dialogues on population changes and sustainable/inclusive development with focus on addressing the implications of population ageing and low fertility in partnership with government agencies, academia, the private sector and the marginalized groups; 4) providing technical support to include and strengthen gender-based violence response and sexual and reproductive health and rights into the national preparedness and disaster and climate change related frameworks through the UNCT joint team;

Nota Bene: "Country Programme Intervention Areas" boxes: In bold: Activities that were not initially planned, yet were implemented; in italics: Activities that were initially planned but were not implemented.

4. Evaluation Purpose, Objectives and Scope

4.1. Purpose

The CPE will serve the following four main purposes, as outlined in the 2024 UNFPA Evaluation Policy:

(i) oversight and demonstrate accountability to stakeholders on performance in achieving development results and on invested resources;

(ii) support evidence-based decision-making to inform development, humanitarian response and peace- responsive programming;

(iii) aggregating and sharing good practices and credible evaluative evidence to support organizational learning on how to achieve the best results; and (iv) empower community, national and regional stakeholders.

4.2. Objectives

The objectives of this CPE are:

i. To provide the UNFPA Thailand CO , national stakeholders and rights-holders, the UNFPA APRO, UNFPA Headquarters as well as a wider audience with an independent assessment of the UNFPA Thailand 12th country programme (2022-2026) including achievements, challenges and opportunities for future programming.

ii. To broaden the evidence base to inform the design of the next programme cycle.

The specific objectives of this CPE are:

i. To provide an independent assessment of the relevance, coherence, effectiveness, efficiency and sustainability of UNFPA support.

ii. To provide an assessment of the role played by the UNFPA Thailand CO in the coordination mechanisms of the UNCT as per the UN Reform agenda while advocating UNFPA mandates across UN Thailand interventions, with a view to enhancing the United Nations collective contribution to national development results.

iii. To draw key findings and conclusions from past and current cooperation and provide the Thailand Country office with a set of clear, forward-looking and actionable recommendations for the next programme cycle.

4.3. Scope

Geographic Scope

The evaluation will cover all interventions implemented at a national level and at a subnational level in 3 regions in Thailand: Northern, North-Eastern and Southern regions.

Thematic Scope

The evaluation will cover all 12th Country Programme thematic areas, which include interventions relevant to:
(i) policy and accountability;
(ii) quality of care and services;
(iii) gender and social norms;
(iv) population change and data; and
(v) adolescents and youth. In addition, the evaluation will cover cross-cutting issues, such as human rights; gender equality; disability inclusion, and transversal functions, such as coordination; monitoring and evaluation (M&E); innovation; resource mobilization and financing for SRH; strategic partnerships including South-South Cooperation.

Temporal Scope

The evaluation will cover interventions planned and/or implemented within the time period of the current CP: 1 January 2022- 30 June 2025 (until the data collection phase).

5. Evaluation Criteria and Preliminary Evaluation Questions

5.1. Evaluation Criteria

In accordance with the methodology for CPEs outlined in section 6 (below) and in the UNFPA Evaluation Handbook, the evaluation will examine the following five OECD/DAC evaluation criteria: relevance, coherence, effectiveness, efficiency and sustainability.[180]

Criterion	Definition
Relevance	The extent to which the intervention objectives and design respond to rights-holders, country, and partner/institution needs, policies, and priorities, and continue to do so if circumstances change.
Coherence	Intervention compatibility with other interventions in the country, sector or institution. The search for coherence applies to other interventions under different thematic areas of the UNFPA mandate which the CO implements (e.g. linkages between SRHR and GBV programming) and to UNFPA projects and projects implemented by other UN agencies, INGOs and development partners in the country.
Effectiveness	The extent to which the intervention achieved, or is expected to achieve, its objectives and results, including any differential results across groups.
Efficiency	The extent to which the intervention delivers, or is likely to deliver, results in an economic and timely way. Could the same results have been achieved with fewer financial or technical resources, for instance?
Sustainability	The extent to which the net rights-holders of the intervention continue, or are likely to continue (even if, or when, the intervention ends).

5.2. Preliminary Evaluation Questions

The evaluation of the country programme will provide answers to the evaluation questions (related to the above-mentioned criteria). Reflecting on the country programme theory of change and the results of the CP mid-term review, the country office has generated a set of preliminary evaluation questions that focus the CPE on the most relevant and meaningful aspects of the country programme, which were consulted with the Evaluation Reference Group. At the design phase (see Handbook, Chapter 2), the evaluators are expected to further refine the evaluation questions (in consultation with the CPE manager at the UNFPA Thailand CO and the ERG). In particular, they will ensure that each evaluation question is accompanied by a number of "assumptions for verification". Thus, for each evaluation question, and based upon their understanding of the theory of change (the different pathways in the results chain and the theory's internal logic), the evaluators are expected to formulate assumptions that, in fact, constitute the hypotheses they will be testing through data collection and analysis in order to formulate their responses to the evaluation questions. As they document the assumptions, the evaluators will be able to explain why and the extent to which the interventions did (or did not) lead towards the expected outcomes, identify what are the critical elements to success, and pinpoint other external factors that have influenced the programme and contributed to change.

[180] The full set of OECD/DAC evaluation criteria, their definitions and principles of use are available at: https://www.oecd.org/dac/evaluation/revised-evaluation-criteria-dec-2019.pdf. Note that OECD/DAC criteria impact, but this is beyond the scope of the CPE.

Relevance

1. To what extent is the country programme adapted to: (i) the needs of diverse populations, including the needs of vulnerable and marginalized groups (e.g. women and girls, young people, women and girls with disabilities, indigenous communities, refugees, older persons.); (ii) national development strategies and policies; (iii) the strategic direction and objectives of UNFPA; and (iv) priorities articulated in international frameworks and agreements, in particular the ICPD Programme of Action and the SDGs and UN Reform.

2. To what extent has UNFPA positioned itself as a strategic partner or a partner of choice to stakeholders, including to the government, UNCT, CSOs, development partners and others, for the next five years, building on its technical expertise, comparative advantage and potential opportunities?

3. To what extent has the UNFPA been able to respond to changes in national needs and priorities, including those of vulnerable or marginalized groups, and to shifts and emerging issues including climate change, technological advances, geopolitical trends and political changes and demographic shifts including ageing and low fertility?

Coherence

4. To what extent has UNFPA leveraged strategic partnerships with traditional and non-traditional national, local and grassroots/community organizations (e.g. women's rights activists, youth-led groups, advocacy groups of people with disabilities) to address its mandate to improve the sexual and reproductive health and rights and gender inequalities of vulnerable and marginalized populations?

Effectiveness

5. To what extent have the interventions supported by UNFPA delivered outputs and contributed to the achievement of the outcomes of the country programme? In particular: (i) increased access to and use of integrated sexual and reproductive health services; (ii) empowerment of adolescents and youth to access sexual and reproductive health services and exercise their sexual and reproductive rights; (iii) advancement of gender equality and the empowerment of all women and girls to end Gender-Based Violence (GBV) and promote GBV-related policies and service coordination; and (iv) increased use of population data in the development of evidence-based national development plans, policies and programmes?

6. To what extent has UNFPA successfully integrated human rights, gender perspectives and disability inclusion[181] in the design, implementation and monitoring of the country programme?

Efficiency

7. To what extent has UNFPA made good use of its human, financial and administrative resources, and used a set of appropriate policies, procedures and tools to pursue the achievement of the outcomes defined in the county programme?

Sustainability

8. To what extent has UNFPA been able to support implementing partners – duty-bearers and rights-holders (notably, women, adolescents and youth, older persons) in developing capacities and establishing mechanisms to ensure the durability of effects?

Final assessment questions and evaluation matrix will be presented in the design report.

[181] See Guidance on disability inclusion in UNFPA evaluations

6. Approach and Methodology

6.1. Evaluation Approach

Theory-based approach

The CPE will adopt a theory-based approach that relies on an explicit theory of change, which depicts how the interventions supported by the UNFPA CO are expected to contribute to a series of results (outputs and outcomes) that contribute to the overall goal of UNFPA. The theory of change also identifies the causal links between the results, and critical assumptions and contextual factors that support or hinder the achievement of desired changes. A theory-based approach is fundamental for generating insights about what works, what does not and why. It focuses on the analysis of causal links between changes at different levels of the results chain that the theory of change describes, by exploring how the assumptions behind these causal links and contextual factors affect the achievement of intended results.

The theory of change will play a central role throughout the evaluation process, from the design and data collection to the analysis and identification of findings, and the articulation of conclusions and recommendations. The evaluation team will be required to verify the theory of change underpinning the UNFPA Thailand 12th country programme (2022-2026) (see Annex A) and use this theory of change to determine whether changes at output and outcome levels occurred (or not) and whether assumptions about change hold true. The analysis of the theory of change will serve as the basis for the evaluators to assess how relevant, coherent, effective, efficient and sustainable has the support provided by the UNFPA Thailand CO been during the period of the 12th country programme. Where applicable, the humanitarian context needs to be considered in analyzing the theory of change.

As part of the theory-based approach, the evaluators shall use a contribution analysis to explore whether evidence to support key assumptions exists, examine if evidence on observed results confirms the chain of expected results in the theory of change, and seek out evidence on the influence that other factors may have had in achieving desired results. This wil enable the evaluation team to make a reasonable case about the difference that the UNFPA Thailand 12th country programme (2022-2026) made.

Participatory approach

The CPE will be based on an inclusive, transparent and participatory approach, involving a broad range of partners and stakeholders at national and sub-national level. The UNFPA Thailand CO has developed an initial stakeholder map (see Annex B) to identify stakeholders who have been involved in the preparation and implementation of the country programme, and those partners who do not work directly with UNFPA, yet play a key role in a relevant outcome or thematic area in the national context. These stakeholders include government representatives, civil society organizations, implementing partners, the private sector, academia, other United Nations organizations, donors and, most importantly, rights-holders (notably women, adolescents and youth, older persons). They can provide information and data that the evaluators should use to assess the contribution of UNFPA support to changes in each thematic area of the country programme. Particular attention will be paid to ensuring the participation of women, adolescents and young people, especially those from vulnerable and marginalized groups (e.g., young people and women with disabilities).

The CPE manager in the UNFPA Thailand CO has established an ERG comprised of key stakeholders of the country programme, including: UNFPA Thailand management, Office of the National Economic and Social Development Council, Thailand National Statistical Office, the Ministry of Public Health, Ministry

of Social Development and Human Security, the Ministry of Interior, Thailand International Cooperation Agency (TICA), the Ministry of Foreign Affairs, CSOs such as Pavena Foundation for Children and Youth, Council of Thailand (CYTC), Representative from the Persons with Disabilities, and United Nations Resident Coordinator Office in Thailand. The ERG will provide inputs at various stages of the evaluation process.

Mixed-method approach

The evaluation will primarily use qualitative methods for data collection, including document review, interviews, group discussions and observations during field visits, where appropriate. The qualitative data will be complemented with quantitative data to minimize bias and reinforce the validity of findings. Quantitative data will be compiled through desk review of documents, websites, online surveys and online databases to obtain relevant financial data and data on key indicators that measure change at output and outcome levels. The use of innovative and context-adapted evaluation tools (including ICT) is encouraged.

These complementary approaches described above will be used to ensure that the evaluation: (i) responds to the information needs of users and the intended use of the evaluation results; (ii) upholds human rights and principles throughout the evaluation process, including through participation and consultation of key stakeholders (rights holders and duty bearers); and (iii) provides credible information about the benefits for duty bearers and rights-holders (women, adolescents and youth) of UNFPA support through triangulation of collected data.

6.2. Methodology

The evaluation team shall develop the evaluation methodology in line with the evaluation approach and guidance provided in the UNFPA Evaluation Handbook. This will help the evaluators develop a methodology that meets good quality standards for evaluation at UNFPA and the professional evaluation standards of UNEG. It is essential that, once contracted by the UNFPA Thailand CO, the evaluators acquire a solid knowledge of the UNFPA methodological framework, which includes, in particular, the Evaluation Handbook and the evaluation quality assurance and assessment principles.

The CPE will be conducted in accordance with the UNEG Norms and Standards for Evaluation,[182] Ethical Guidelines for Evaluation,[183] Code of Conduct for Evaluation in the UN System[184] , and Guidance on Integrating Human Rights and Gender Equality in Evaluations.[185] When contracted by the UNFPA Thailand CO , the evaluators will be requested to sign the UNEG Code of Conduct[186] prior to starting their work.

The methodology that the evaluation team will develop builds the foundation for providing valid and evidence-based answers to the evaluation questions and for offering a robust and credible assessment of UNFPA support in Thailand. The methodological design of the evaluation shall include in particular: (i) a critical review of the country programme theory of change; (ii) an evaluation matrix; (iii) a strategy and tools for collecting and analyzing data; and (iv) a detailed evaluation work plan and fieldwork agenda.

[182] Document available at: http://www.unevaluation.org/document/detail/1914.
[183] Document available at: http://www.unevaluation.org/document/detail/102.
[184] Document available at: http://www.unevaluation.org/document/detail/100.
[185] Document available at: http://www.unevaluation.org/document/detail/980.
[186] UNEG Code of conduct: http://www.unevaluation.org/document/detail/100.

The evaluation matrix

The evaluation matrix is the backbone of the methodological design of the evaluation. It contains the core elements of the evaluation. It outlines (i) what will be evaluated:
evaluation questions with assumptions for verification; and (ii) how it will be evaluated: data collection methods and tools and sources of information for each evaluation question and associated assumptions. The evaluation matrix plays a crucial role before, during and after data collection. The design and use of the evaluation matrix is described in Chapter 2, section 2.2.2.2 of the Handbook.

- In the design phase, the evaluators should use the evaluation matrix to develop a detailed agenda for data collection and analysis and to prepare the structure of interviews, group discussions and site visits. At the design phase, the evaluation team must enter, in the matrix, the data and information resulting from their desk (documentary review) in a clear and orderly manner.

- During the field phase, the evaluation matrix serves as a working document to ensure that the data and information are systematically collected (for each evaluation question) and are presented in an organized manner. Throughout the field phase, the evaluators must enter, in the matrix, all data and information collected. The CPE manager will ensure that the matrix is placed in a Google drive and will check the evaluation matrix on a daily basis to ensure that data and information is properly compiled. S/he will alert the evaluation team in the event of gaps that require additional data collection or if the data/information entered in the matrix is insufficiently clear/precise.

- In the reporting phase, the evaluators should use the data and information presented in the evaluation matrix to build their analysis (or findings) for each evaluation question. The fully completed matrix is an indispensable annex to the report. The CPE manager will verify that sufficient evidence has been collected to answer all evaluation questions in a credible manner. The matrix will enable users of the report to access the supporting evidence for the evaluation results. Confidentiality of respondents must be assured in how their feedback is presented in the evaluation matrix.

Finalization of the evaluation questions and related assumptions

Based on the preliminary questions presented in the present terms of reference (section 5.2) and the theory of change underlying the country programme (see Annex A), the evaluators are required to refine the evaluation questions. In their final form, the questions should reflect the evaluation criteria (section 5.1) and clearly define the key areas of inquiry of the CPE. The final evaluation questions will structure the evaluation matrix and shall be presented in the design report.

The evaluation questions must be complemented by a set of assumptions for verification that capture key aspects of how and why change is expected to occur, based on the theory of change of the country programme. This will allow the evaluators to assess whether the conditions for the achievement of outputs and the contribution of UNFPA to higher-level results, in particular at outcome level, are met. The data collection for each of the evaluation questions (and related assumptions for verification) will be guided by clearly formulated quantitative and qualitative indicators, which need to be specified in the evaluation matrix.

Sampling strategy

The UNFPA Thailand CO will provide an initial overview of the interventions supported by UNFPA, the locations where these interventions have taken place, and the stakeholders involved in these interventions. As part of this process, the UNFPA Thailand CO has produced an initial stakeholder map to identify the range of stakeholders that are directly or indirectly involved in the implementation, or affected by the implementation of the CP (see Annex B).

Building on the initial stakeholder map and based on information gathered through document review and discussions with CO staff, the evaluators

will develop the final stakeholder map. From this final stakeholder map, the evaluation team will select a sample of stakeholders at national and sub-national level who will be consulted through interviews and/or group discussions during the data collection phase. These stakeholders must be selected through clearly defined criteria and the sampling approach outlined in the design report (for guidance on how to select a sample of stakeholders see Handbook, section 2.3). In the design report, the evaluators should also make explicit which groups of stakeholders were not included and why. The evaluators should aim to select a sample of stakeholders that is as representative as possible, recognizing that it will not be possible to obtain a statistically representative sample.

The evaluation team shall also select a sample of sites that will be visited for data collection, and provide the rationale for the selection of the sites in the design report. The UNFPA Thailand CO will provide the evaluators with necessary information to access the selected locations, including logistical requirements and security risks, if applicable. The sample of sites selected for visits should reflect the variety of interventions supported by UNFPA, both in terms of thematic focus and context.
The final sample of stakeholders and sites will be determined in consultation with the CPE manager, based on the review of the design report.

Data collection
The evaluation will consider primary and secondary sources. For detailed guidance on the different data collection methods typically employed in CPEs, see Handbook, section 2.2.3.1.

Primary data will be collected through interviews with a wide range of key informants at national and sub-national levels (e.g., government officials, representatives of implementing partners, civil society organizations, other United Nations organizations, donors, and other stakeholders), as well as focus and group discussions (e.g., with service providers and rights-holders, notably women, adolescents and youth) and direct observation during visits to selected sites. The evaluation team may suggest other methods for primary data collection as relevant to the CPE design. Secondary data will be collected through extensive document review, notably, but not limited to the resources assembled by the CO in a Document repository. The evaluation team will ensure that data collected is disaggregated by sex, age, location and other relevant dimensions, such as disability status, to the extent possible.

The evaluation team is expected to dedicate a total of 12 weeks for data collection both virtual and field, which includes data collection at a design phase too. The data collection tools that the evaluation team will develop (e.g., interview guides for each stakeholder categories, themes for and composition of focus groups, survey questionnaires, checklists for on-site observation) shall be presented in the design report.

Data analysis
The evaluators must enter the qualitative and quantitative data in the evaluation matrix for each evaluation question and related assumption for verification. Once the evaluation matrix is completed, the evaluators should identify common themes and patterns that will help them formulate evidence-based answers to the evaluation questions. The evaluators shall also identify aspects that should be further explored and for which complementary data should be collected, to fully answer all the evaluation questions and thus cover the whole scope of the evaluation (see Handbook, Chapter 4). The detailed description of methods of analyses to be employed by the evaluation team needs to be explained in the design report.

Validation mechanisms

All findings of evaluation must be firmly grounded in evidence. The evaluation team will use a variety of mechanisms to ensure the validity of collected data and information as highlighted in the Handbook (chapter 3). Data validation is a continuous process throughout the different evaluation phases, and the proposed validation mechanisms will be presented in the design report. In particular, there must be systematic triangulation of data sources and data collection methods, internal evaluation team meetings to corroborate and analyze data, and regular exchanges with the CPE manager. During a debriefing meeting with the CO and the ERG, at the end of the field phase, the evaluation team will present the emerging findings. The evaluation report is expected to provide all relevant data sources for each finding to demonstrate triangulation of findings across various data sources and methods.

Use of Artificial Intelligence (AI) in CPEs

AI technologies cannot be used in the management and conduct of the CPE unless a prior written agreement is obtained from the CPE manager. Upon this prior agreement, the consultant is obligated to disclose the utilization of AI tools in evaluation and commits to upholding ethical standards and accuracy in the application of AI tools.

Prior approval for utilization of AI tools: The use of AI tools must be explicitly agreed upon and approved in writing by the CPE manager

• Declaration of the utilization of AI tools: If the use of AI tools in evaluation is agreed upon with the CPE manager, the evaluator must be transparent and declare the use of AI tools in evaluation work and other work-related tasks, specifying the nature of AI usage. The AI tools utilized in work-related tasks must include only those tools that are vetted by EO

• Verification of accuracy: The evaluator commits to diligently checking the accuracy of AI-generated results and assumes full responsibility for its reliability and validity

• Ethical and responsible use: The evaluator is obligated to uphold ethical principles in the use of AI in work-related tasks, and relevant regulations that govern the use of AI in the UN system. This includes the Digital and Technology Network Guidance on the Use of Generative AI Tools in the UN System, Principles for the Ethical Use of Artificial Intelligence in the United Nations System, and UNFPA Information Security Policy. The consultant commits to employing AI tools that adhere to principles of non-discrimination, fairness, transparency, and accountability. The consultant will adopt an approach that aligns with the principle of 'leaving no one behind', ensuring that AI tool usage avoids exclusion or disadvantage to any group.

7. Evaluation Process

The CPE process is broken down into five different phases that include different stages and lead to different deliverables: preparation phase; design phase; field phase; reporting phase; and phase of dissemination and facilitation of use. The CPE manager and the evaluation team leader must undertake quality assurance of each deliverable at each phase and step of the process, with a view to ensuring the production of a credible, useful and timely evaluation.

7.1. Preparation Phase (Handbook, Chapter 1)
The CPE manager at the UNFPA Thailand CO leads the preparation phase of the CPE. This includes:

- CPE launch and orientation meeting for CO staff
- Recruitment of a young and emerging evaluator (YEE) [optional]
- Establishing the evaluation reference group
- Drafting the terms of reference
- Consultation with the ERG on evaluation questions
- Assembling and maintaining background information
- Mapping the CPE stakeholders
- Recruiting the evaluation team. If the YEE was not recruited at the beginning of the preparation phase, the YEE can be hired during the recruitment of the entire evaluation team.

The full tasks of the preparation phase and responsible entities are detailed in Chapter 1 of the Handbook.

7.2. Design Phase (Handbook, Chapter 2)
The design phase sets the overall framework for the CPE. This phase includes:

- Induction meeting(s) between CPE manager and evaluation team
- Orientation meeting with CO Representative and relevant UNFPA staff with evaluation team
- Desk review by the evaluation team and preliminary interviews, mainly with COstaff
- Developing the evaluation approach i.e., critical analysis of the theory of change using contribution analysis, refining the preliminary evaluation questions and developing the assumptions for verification, developing the evaluation matrix, methods for data collection, and sampling method
- Stakeholder sampling and site selection
- Developing the field work agenda
- Developing the initial communications plan
- Drafting the design report version 1
- Quality assurance of design report version 1
- ERG meeting to present the design report
- Drafting the design report version 2
- Quality assurance of design report version 2

The design report presents a robust, practical and feasible evaluation approach, detailed methodology and work plan. The evaluation team will develop the design report in consultation with the CPE manager and the ERG; it will be submitted to the regional M&E adviser in UNFPA APRO for review and approval.

The detailed activities of the design phase with guidance on how they should be undertaken are provided in the Handbook, Chapter 2.

7.3. Field Phase (Handbook, Chapter 3)
The evaluation team will collect the data and information required to answer the field phase assessment questions. Towards the end of the field phase, the evaluation team will conduct a preliminary analysis of the data to identify emerging findings that will be presented to the CO and the ERG. The field phase should allow evaluators ample time to collect valid and reliable data to cover the thematic scope of the CPE. A period of 8 weeks for data collection is planned for this evaluation. However, the CPE manager will determine the optimal duration of data collection, in consultation with the evaluation team during the design phase.

The field phase includes:

- Preparing all logistical and practical arrangements for data collection
- Launching the field phase
- Collecting primary data at national and sub-national level
- Supplementing with secondary data
- Collecting photographic material
- Filling in the evaluation matrix
- Conducting a data analysis workshop
- Debriefing meeting and consolidation of the feedback

At the end of the field phase, the evaluation team will hold a debriefing meeting with the CO and the ERG to present the initial analysis and emerging findings from the data collection in a PowerPoint presentation. The debriefing meeting presents an invaluable opportunity for the evaluation team to expand, qualify and verify information and to obtain feedback and correct misperceptions or misinterpretations.

The detailed activities of the field phase with guidance on how they should be undertaken are provided in the Handbook, Chapter 3.

7.4. Reporting Phase (Handbook, Chapter 4)
One of the most important tasks in drafting the CPE report is to organize it into three interrelated, yet distinct, components: findings, conclusions, and recommendations. Together they represent the core of the CPE report. The reporting phase includes:

- Brainstorming on feedback received during the debriefing meeting
- Additional data collection (if required)
- Consolidating the evaluation matrix
- Drafting the findings and conclusions
- Identifying tentative recommendations using the recommendations worksheet
- Drafting CPE report version 1 (incl. quality assurance by team leader)
- Quality assurance of CPE report version 1 and recommendations worksheet by the CPE manager and RO M&E Adviser
- ERG meeting on CPE report version 1
- Recommendations workshop with ERG to finalize recommendations
- Drafting CPE report version 2 (incl. quality assurance by team leader)
- Quality assurance of CPE report version 2 by the CPE manager and RO M&E Adviser
- Final CPE report with compulsory set of annexes (incl completed evaluation matrix)

The Handbook, Chapter 4, provides comprehensive details of the process that must be followed throughout the reporting phase, including details of all quality assurance steps and requirements for a good quality report.. The final report should clearly account for the strength of evidence on which findings rest to support the reliability and validity of the evaluation. Conclusions and recommendations need to clearly build on the findings of the evaluation. Each conclusion shall make reference to the evaluation question(s) upon which it is based, while each recommendation shall indicate the conclusion(s) from which it logically stems.

The evaluation report is considered final once it is formally approved by the CPE manager in the UNFPA Thailand CO. At the end of the reporting phase, the CPE manager and the regional M&E Adviser will jointly prepare an internal EQA of the final evaluation report. The Independent Evaluation Office will subsequently conduct the final EQA of the report, which will be made publicly available.

7.5. Dissemination and Facilitation of Use Phase

(Handbook, Chapter 5)

This phase focuses on strategically communicating the CPE results to targeted audiences and facilitating the use of the CPE to inform decision-making and learning for programme and policy improvement. It serves as a bridge between generating evaluation results, and the practical steps needed to ensure CPE leads to meaningful programme adaptation. While this phase is specifically about dissemination and facilitating the use of the evaluation results, its foundation rests upon the preceding phases. This phase is largely the responsibility of the CPE manager, CO communications officer and other CO staff. However, key responsibilities of the evaluation team in this phase include:

- Taking photographs during primary data collection and during the evaluation process
- Adhering to the editorial guidelines of the United Nations and the UNFPA editorial and style guide to ensure high editorial standards
- Contribute to the CPE communications plan

The detailed guidance on the dissemination and facilitation of use phase is provided in the Handbook, Chapter 5.

8. Expected Deliverables

- Design report. The design report should translate ToR requirements into a practical and feasible evaluation approach, methodology and work plan. In addition to presenting the evaluation matrix, the design report also provides information on the country situation and the UN and UNFPA response. The Handbook section 2.4 provides the required structure of the design report and guidance on how to draft it.

- PowerPoint presentation of the design report. The PowerPoint presentation will be delivered at an ERG meeting to present the contents of the design report and the agenda for the field phase. Based on the comments and feedback of the ERG, the CPE manager and the regional M&E adviser, the evaluation team will develop the final version of the design report.

- PowerPoint presentation for debriefing meeting with the CO and the ERG. The presentation provides an overview of key emerging findings of the evaluation at the end of the field phase. It will be the basis for the exchange of views between the evaluation team and,UNFPA Thailand CO staff (incl.senior management) and the Evaluation Team and members of the ERG who will thus have the opportunity to provide complementary information and/or assess the accuracy of interpretation of data and information collected.

- Version 1 evaluation report. The version 1 evaluation report will present the findings and conclusions, based on the evidence that data collection yielded. It will undergo review by the CPE manager, the CO, the ERG and the regional M&E adviser, and the evaluation team will undertake revisions accordingly.

- Recommendations worksheet. The process of co-creating the CPE recommendations begins with a set of tentative recommendations proposed by the evaluation team (see Handbook, section 4.3).

- Final evaluation report. The final evaluation report (maximum 70 pages, excluding opening pages and annexes) will present the findings and conclusions, and a set of practical and actionable recommendations to inform the next programme cycle. The Handbook (section 4.5) provides the structure and guidance on developing the report. The set of annexes must be complete and must include the evaluation matrix containing all supporting evidence (data and information and their source).

- PowerPoint presentation of the evaluation results. The presentation will provide a clear overview of the key findings, conclusions and recommendations to be used for the dissemination of the final evaluation report.

Based on these deliverables, the CPE manager, in collaboration with the communication officer in the UNFPA Thailand CO willdevelop an:

- Evaluation brief. The evaluation brief will consist of a short and concise document that provides an overview of the key evaluation results in an easily understandable and visually appealing manner, to promote their use among decision-makers and other stakeholders. The structure, content and layout of the evaluation brief should be similar to the briefs that the UNFPA Independent Evaluation Office produces for centralized evaluations.

All the deliverables will be developed in the English language.

9. Quality Assurance and Assessment

The UNFPA Evaluation Quality Assurance and Assessment (EQAA) system aims to ensure the production of good quality evaluations through two processes: quality assurance and quality assessment. Quality assurance occurs throughout the evaluation process and involves a proactive approach which aims to prevent the production of an evaluation report that would not follow the ToR. Quality assessment takes place following the completion of the evaluation process and is limited to the final evaluation report with a view to assessing compliance with specific criteria.

The EQAA of this CPE will be undertaken in accordance with the IEO guidance and tools. An essential component of the EQAA system is the EQA grid, which sets the criteria against which the versions 1 and 2 of the CPE report are assessed to ensure clarity of reporting, methodological robustness, rigor of the analysis, credibility of findings, impartiality of conclusions and usefulness of recommendations.

The evaluation team leader plays an instrumental quality assurance role. S/he must ensure that all members of the evaluation team provide high-quality contributions (both form and substance) and, in particular, that the versions 1 and 2 of the CPE report comply with the quality assessment criteria outlined in the EQA grid[187] before submission to the CPE manager for review. The evaluation quality assessment checklist below outlines the main quality criteria that the version 1 and version 2 of the evaluation report must meet.

- Executive summary: Provide an overview of the evaluation. It is written as a stand-alone section and includes the following key elements of the evaluation: overview of the context and country programme; evaluation purpose, objectives and intended users; scope and evaluation methodology; summary of most significant findings; main conclusions; and key recommendations. Abstract can inform decision-making.

- Background: The evaluation (i.e. interventions under the country programme) and context of the evaluation are clearly described. Key stakeholders are clearly identified and presented.

- Purpose, Objectives and Scope: The purpose of the country programme evaluation is clearly described. The goals and scope are clear and realistic. The evaluation questions are appropriate for meeting the objectives and purpose of the evaluation.

- Design and Methodology: The analysis of the country programme theory of change, results chain or logical framework should be well-articulated. The report should provide the rationale for the methodological approach and the appropriateness of the methods and tools selected, and sampling with a clear description of ethical issues and considerations. Constraints and limitations are explicit (incl. limitations applying to interpretations and extrapolations in the analysis; robustness of data sources, etc).

[187] The evaluators are also invited to look at good quality CPE reports that can be found in the UNFPA evaluation database, which is available at: https://www.unfpa.org/evaluation/database. These reports must be read in conjunction with their EQAs (also available in the database) in order to gain a clear idea of the quality standards that UNFPA expects the evaluation team to meet.

- Findings: They are evidence-based and systematically address all of the evaluation's questions. Findings are built upon multiple and credible data sources and result from a rigorous data analysis.
- Conclusions: They are based on credible findings and convey the evaluators' unbiased judgment. Conclusions are well substantiated and derived from findings and add deeper insight beyond the findings themselves.

- Recommendations: They are clearly formulated and logically derived from the conclusions. They are prioritized based on their importance, urgency, and potential impact.

- Structure and presentation: The report is clear, user-friendly, comprehensive, logically structured and drafted in accordance with the outline presented in the Handbook, section 4.5.

- Evaluation Principles/cross-cutting issues: Cross cutting issues, in particular, human rights-based approach, gender equality, disability inclusion, KNOB are integrated in the core elements of the evaluation (evaluation design, methodology, findings, conclusions and recommendations).

Using the EQA grid, the EQAA process for this CPE will be multi-layered and will involve: (i) the evaluation team leader (and each evaluation team member); (ii) the CPE manager in the UNFPA Thailand CO, (iii) the regional M&E adviser in UNFPA APRO, and (iv) the UNFPA Independent Evaluation Office, whose roles and responsibilities are outlined in section 11.

10. Indicative Timeframe and Work Plan

The table below indicates the main activities that will be undertaken throughout the evaluation process, and their estimated duration for the submission of corresponding deliverables. The involvement of the evaluation team starts with the design phase and ends after the reporting phase. The Handbook contains full details on all the CPE activities and must be used by the evaluators throughout the evaluation process.

Tentative timelines for main tasks and deliverables in the design, field and reporting phases of the CPE[188]

Main tasks	Responsible entity	Deliverables	Estimated Duration
Design phase			
Induction meeting with the evaluation team	CPE Manager and evaluation team		5 to 6 weeks
Orientation meeting with CO staff	CO Representative, CPE Manager, CO staff and RO M&E Adviser		
Desk review and preliminary interviews, mainly with CO staff	Evaluation team		
Developing the evaluation approach	Evaluation team		
Stakeholder sampling and site selection	Evaluation team, CPE Manager	**Stakeholder map**	
Developing the field work agenda	Evaluation team, CPE Manager	**Field work agenda**	
Developing the initial communications plan	CPE Manager and CO communications officer	*Communication plan (see Evaluation Handbook, Chapter 5)*	
Drafting the design report version 1	Evaluation team	**Design report-version 1**	
Quality assurance of design report version 1	CPE Manager and RO M&E Adviser		
ERG meeting to present the design report	Evaluation team, CPE manager	**PowerPoint presentation on design report version 1**	

[188] For full information on all tasks and responsible entities, see the relevant chapters of the Handbook

Main tasks	Responsible entity	Deliverables	Estimated Duration
Design phase			
Drafting the design report version 2	Evaluation team	**Design report - version 2**	
Quality assurance of design report version 2	CPE Manager and RO M&E Adviser		
Final design report	Evaluation Team	**Final design report (see Evaluation Handbook, section 2.4.4)**	
Field phase			
Preparing all logistical and practical arrangements for data collection	CPE Manager		8 weeks
Collecting primary data at national and sub-national level	Evaluation team		
Supplementing with secondary data	Evaluation team		
Collecting photographic material	Evaluation team	**Photos** *(see Evaluation Handbook, Section 3.2.5)*	
Filling in the evaluation matrix	Evaluation team	**Evaluation matrix**	
Conducting a data analysis workshop	Evaluation team		
Debriefing meeting with CO and ERG	Evaluation team and CPE manager	**PowerPoint presentation**	

Main tasks	Responsible entity	Deliverables	Estimated Duration
Reporting phase			
Consolidating the evaluation matrix	Evaluation team	**Evaluation matrix**	Approximately 12 weeks
Drafting CPE report version 1	Evaluation team	**Evaluation report - version 1**	
Quality assurance of CPE report version 1	CPE Manager and RO M&E Adviser		
ERG meeting on CPE report version 1	Evaluation team and CPE Manager	**PowerPoint presentation**	
Recommendations workshop	Evaluation team, CPE manager, ERG members	**Recommendations worksheet**	
Drafting CPE version 2	Evaluation team	**Evaluation report - version 2**	
Quality assurance of CPE report version 2	CPE Manager and RO M&E Adviser		
Final CPE report	Evaluation team	**Final CPE report** *(see Evaluation Handbook, section 4.5)* **with powerpoint presentation and audit trail**	

Nota Bene: Column "Deliverables": In italics: The deliverables are the responsibility of the CO/CPE Manager; in bold:The deliverables are the responsibility of the evaluation team.

11. Management of the Evaluation

The CPE manager in the UNFPA Thailand CO, in close consultation with NESDC that coordinates the country programme will be responsible for the management of the evaluation and supervision of the evaluation team in line with the UNFPA Evaluation Handbook. The CPE manager will oversee the entire process of the evaluation, from the preparation to the dissemination and facilitation of use of the evaluation results. It is the prime responsibility of the CPE manager to ensure the quality, independence and impartiality of the evaluation in line with UNFPA IEO methodological framework, and the UNEG norms and standards and ethical guidelines for evaluation. The tasks assigned to the CPE manager, for each phase of the CPE, are detailed in the Handbook.

At all stages of the evaluation process, the CPE manager will require support from staff of the UNFPA Thailand CO. In particular, the country office staff will help identify assessment issues and prepare the ToR (and annexes). They contribute to the compilation of background information and documentation related to the country programme. They make time to meet with the evaluation team at the design phase and during data collection. They also provide support to the CPE manager in making logistical arrangements for site visits and setting up interviews and group discussions with stakeholders at national and sub-national level. Finally, they provide inputs to the management response and contribute to the dissemination of evaluation results.

The progress of the evaluation will be closely followed by the evaluation reference group (ERG), which is composed of relevant UNFPA staff from the Thailand CO, APRO, representatives of the national Government of Thailand, implementing partners, as well as other relevant key stakeholders, including organizations representing vulnerable and marginalized groups (see Handbook, section 1.4). The ERG serves as a body to ensure the relevance, quality and credibility of the evaluation. It provides input on key milestones in the evaluation process, facilitates the evaluation team's access to sources of information and key informants and undertakes quality assurance of the evaluation deliverables from a technical perspective. The ERG has the following key responsibilities:

- Support the CPE manager in the development of the ToR, including the selection of preliminary evaluation questions
- Provide feedback and comments on the design report
- Act as the interface between the evaluators and key stakeholders of the evaluation, and facilitate access to key informants and documentation
- Provide comments and substantive feedback from a technical perspective on the version 1 evaluation report
- Participate in meetings with the evaluation team
- Contribute to the dissemination of the evaluation results and learning and knowledge sharing, based on the final evaluation report, including follow-up on the management response

In compliance with UNFPA evaluation policy (2024), the regional M&E adviser in UNFPA APRO will provide guidance and backstopping support to the CPE manager at all stages of the evaluation process. In particular, the regional M&E adviser plays a crucial role in the quality assurance of the CPE deliverables. This includes quality assurance and approval of the ToR, pre-qualification of consultants, quality assurance and assessment of the design and evaluation reports. S/he also assists with dissemination and use of the evaluation results. The role and responsibilities of the regional M&E adviser at all phases of the CPE are indicated in the Handbook.

The UNFPA Independent Evaluation Office (IEO) commissions an independent quality assessment of the final evaluation report. The IEO also publishes the final evaluation report, independent quality assessment (EQA) and management response in the UNFPA evaluation database.

12. Composition of the Evaluation Team

The evaluation will be conducted by a team of independent, external evaluators, consisting of: (i) an evaluation team leader with overall responsibility for carrying out the evaluation exercise and will provide technical expertise in thematic areas relevant to SRHR and adolescents and youth; and (ii) one team member who will provide technical expertise in thematic areas relevant to data and population dynamics; and (iii) As part of UNFPA's efforts to strengthen national evaluation capacities, the evaluation team will also include a young and emerging evaluator who will provide support to the evaluation team throughout the evaluation process and will provide technical expertise in thematic areas relevant to gender equality to end GBV and women's empowerment. In addition to her/his primary responsibility for the design of the evaluation methodology and the coordination of the evaluation team throughout the CPE process, the team leader will perform the role of technical expert for one of the thematic areas of the 12th UNFPA country programme in Thailand.

The evaluation team leader will be recruited internationally (incl. in the region or sub-region), while the evaluation team members will be recruited locally to ensure adequate knowledge of the country context, including the young and emerging evaluator. Finally, the evaluation team should have the requisite level of knowledge to conduct human rights- and gender-responsive evaluations and all evaluators should be able to work in a multidisciplinary team and in a multicultural environment.

12.1. Roles and Responsibilities of the Evaluation Team

The evaluation team will consist of one team leader, one evaluation team member, and one young and emerging evaluator, each assigned distinct roles and responsibilities, and may include a combination of multi-disciplinary experts as described below to ensure a comprehensive and effective evaluation process.

Evaluation team leader

The evaluation team leader will hold the overall responsibility for the design and implementation of the evaluation. S/he will be responsible for the production and timely submission of all expected deliverables in line with the ToR. S/he will lead and coordinate the work of the evaluation team and ensure the quality of all evaluation deliverables at all stages of the process. The CPE manager will provide methodological guidance to the evaluation team in developing the design report, in particular, but not limited to, defining the evaluation approach, methodology and work plan, and the agenda for the field phase. S/he will lead the drafting and presentation of the design report and the draft and final evaluation report, and play a leading role in meetings with the ERG and the CO. The team leader will also be responsible for communication with the CPE manager.

Beyond her/his responsibilities as team leader, the evaluation team leader will serve as the technical expert for the thematic areas of sexual and reproductive health and rights (SRHR) and adolescents and youth. In this capacity, s/he will provide technical inputs on integrated SRHR services, including family planning, youth-friendly SRHR services, GBV services, comprehensive sexuality education, and adolescent pregnancy. S/he will contribute to the development of the evaluation methodology, work plan, and field agenda; undertake document reviews; and participate in interviews and group discussions with key stakeholders. This expertise will inform data collection, analysis, and the drafting of relevant sections of the evaluation deliverables, ensuring robust and contextually relevant findings in these areas.

Evaluation Team member will have one multi-disciplinary expertise as follows.

Evaluation team member: Data and population dynamics expert

The evaluation team member will bring multi-disciplinary expertise in population dynamics and data systems. This expert will provide technical leadership on issues such as census, ageing, migration, the demographic dividend, national statistical systems, population data generation and use, policy advocacy, social innovations, and megatrends. S/he will contribute to the methodological design of the evaluation and take part in data collection and analysis, with overall responsibility for contributions to evaluation deliverables within her/his thematic area.

Throughout the evaluation process, s/he will provide substantive inputs by helping to develop the evaluation methodology, work plan, and agenda for the field phase, and will participate in meetings with the CPE manager, UNFPA Thailand Country Office staff, and the Evaluation Reference Group (ERG). The expert will also undertake document reviews and conduct interviews and group discussions with key stakeholders, as agreed with the evaluation team leader. Particular attention will be given to assessing how population data is generated, used, and integrated into policy and programming to inform evidence-based decision-making.

Evaluation Team Member: Young and Emerging Evaluator (YEE) – Gender Equality, GBV, and Women's Empowerment Focus

The Young and Emerging Evaluator (YEE) will contribute across all phases of the Country Programme Evaluation (CPE) while also serving as the thematic lead for gender equality, women's and girls' empowerment and youth leadership and participation. S/he will support the evaluation team leader and the team member in developing

the evaluation methodology, reviewing and refining the theory of change, finalising evaluation questions, and contributing to the evaluation matrix, data collection methods and tools, and indicators.

As the thematic lead, the YEE will provide technical inputs on human rights and gender equality, including the empowerment of women and girls. S/he will take part in data collection and analysis, with responsibility for drafting contributions to evaluation deliverables.

Additionally, the YEE will support site visits, interviews, group discussions, and document reviews, as agreed with the team leader and CPE manager. S/he will also assist in data analysis, administrative tasks, and support the dissemination and use of evaluation results. The YEE will participate in meetings with the CPE manager, UNFPA Thailand Country Office staff, and the Evaluation Reference Group (ERG), gaining valuable experience and contributing meaningfully to both the process and content of the evaluation.

The modalities for the participation of the evaluation team members incl. the young and emerging evaluator in the evaluation process, their responsibilities during data collection and analysis, and the nature of their respective contributions to the drafting of the design report and the version 1 and version 2 evaluation report will be agreed with the evaluation team leader. These tasks will be performed under her/his supervision.

12.2. Qualifications and Experience of the Evaluation Team

Team leader

The competencies, skills and experience of the evaluation team leader should include:

- Master's degree in public health, medicine, health economics and financing, epidemiology, biostatistics, gender, women studies, social sciences or a related field.
- 10 years of experience conducting or managing assessments in international development.
- Extensive experience in leading complex evaluations commissioned by United Nations organizations and/or other international organizations and NGOs.
- Substantive knowledge of SRHR, family planning, adolescent and youth issues, in particular SRHR, CSE and empowerment of adolescents and youth, GBV.
- In-depth knowledge of theory-based evaluation approaches and ability to apply both qualitative and quantitative data collection methods and to uphold high quality standards for evaluation as defined by UNFPA and UNEG.
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and the principle of do no harm.
- Ability to consistently integrate human rights and gender perspectives and disability inclusion in all phases of the evaluation process.
- Excellent management and leadership skills to coordinate the evaluation team. Strong ability to share technical evaluation skills and knowledge.
- Ability to supervise a young and emerging evaluator, create an enabling environment for her/his meaningful participation in the work of the evaluation team, and provide guidance and support required to develop her/his capacity.
- Experience with a multidisciplinary team of experts.
- Excellent ability to analyze and synthesize large volumes of data and information from diverse
- sources.
- Excellent interpersonal and communication skills (written and spoken).
- Work experience in/good knowledge of the region and Thailand's national development contexts.
- Fluent in written and spoken: English.

Data and population dynamics expert

The competencies, skills and experience of the population dynamics expert should include:

- Master's degree in demography or population studies, statistics, social sciences, development studies or a related field.
- 5-7 years of experience in conducting evaluations, reviews, assessments, research studies or M&E work in the field of international development.
- Substantive knowledge on the generation, analysis, dissemination and use of housing census and population data for development, population dynamics, ageing, migration and national statistics systems.
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and the principle of do no harm.
- Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.
- Solid knowledge of evaluation approaches and methodology. Demonstrated ability to apply both qualitative and quantitative data collection methods.
- Excellent analytical and problem-solving skills.
- Experience with a multidisciplinary team of experts.
- Excellent interpersonal and communication skills (written and spoken).
- Work experience in/good knowledge of Thailand's national development contexts.
- Familiarity with UNFPA or other United Nations organizations' mandates and activities will be an advantage.
- Fluent in written and spoken: English, and Thai.

Young and emerging evaluator

The young and emerging evaluator must be under 35 years of age and her/his competencies, skills and experience should include:

- Advanced's degree in demography, women/gender studies, human rights law, social sciences, development studies, monitoring and evaluation, social sciences, public health, or any other relevant discipline;
- Substantive knowledge on gender equality and the empowerment of women and girls, GBV and other harmful practices, such as female genital mutilation, early, child and forced marriage, and issues surrounding masculinity, gender relationships and sexuality.
- Certificate in evaluation or equivalent qualification;
- Less than 5 years of work experience in monitoring and evaluation, research or social studies in the field of international development;
- Excellent analytical and problem-solving skills;
- Demonstrated ability to work in a team;
- Strong organizational skills, communication skills and writing skills;
- Good command of information and communication technology and data visualization tools;
- Good knowledge of the mandate and activities of UNFPA or other United Nations organizations will be an advantage;
- Keen interest to progress professionally and become a competent evaluator;
- Fluent in written and spoken: English, and Thai.

13. Budget and Payment Modalities

The evaluators including the young and emerging evaluator will receive a daily fee according to the UNFPA consultancy scale based on qualifications and experience.

The payment of fees will be based on the submission of deliverables, as follows:

- Upon approval of the design report 20%
- Upon submission of a draft final evaluation report of satisfactory quality 40%
- Upon approval of the final evaluation report and the PowerPoint presentation of the evaluation results 40%

In addition to the daily fees, the evaluators will receive a daily subsistence allowance (DSA) in accordance with the UNFPA Duty Travel Policy, using applicable United Nations DSA rates for the place of mission. Travel costs will be settled separately from the consultancy fees.

The provisional allocation of workdays among the evaluation team will be the following:

	Team leader	Thematic experts	Young and emerging evaluators
Design phase	*12*	*10*	*20*
Field phase	*18*	*15*	*20*
Reporting phase	*17*	*13*	*20*
Dissemination and facilitation of use phase	*3*	*2*	*20*
TOTAL (days)	*50*	*40*	*80*

Please note the numbers of days in the table are indicative. The final distribution of the volume of work and corresponding number of days for each consultant will be proposed by the evaluation team in the design report and will be subject to the approval of the CPE manager.

14. Bibliography and Resources

The following documents will be made available to the evaluation team upon recruitment:

UNFPA documents

1. UNFPA Strategic Plan (2018-2021) (incl. annexes) https://www.unfpa.org/strategic-plan-2018-2021
2. UNFPA Strategic Plan (2022-2025) (incl. annexes) https://www.unfpa.org/unfpa-strategic-plan-2022-2025-dpfpa20218
3. UNFPA Evaluation Policy (2024)
4. UNFPA Evaluation Handbook
5. Relevant centralized evaluations conducted by the UNFPA Independent Evaluation Office:
   - Formative evaluation of UNFPA support to adolescents and youth, etc.The evaluation reports are available at: https://www.unfpa.org/evaluation

Thailand national strategies, policies and action plans

6. The Thirteenth National Economic and Social Development Plan (2023-2027)
7. United Nations Sustainable Development Cooperation Framework (UNSDCF)
8. Relevant national strategies and policies for each thematic area of the country programme

UNFPA Thailand CO programming documents

9. Government of Thailand/UNFPA 12th Country Programme Document (2022-2026)
10. United Nations Common Country Analysis/Assessment (CCA)
11. Situation analysis for the Government of Thailand/UNFPA 12th Country Programme (2022-2026)
12. CO annual work plans
13. Joint programme documents
14. Mid-term reviews of interventions/programmes in different thematic areas of the CP
15. Reports on core and non-core resources
16. CO resource mobilization strategy[number]th

UNFPA Thailand CO M&E documents

17. Government of Thailand/UNFPA 12th Country Programme M&E Plan (2022-2026)
18. CO annual results plans and reports (SIS/MyResults)
19. CO quarterly monitoring reports (SIS/MyResults)
20. Previous evaluation of the Government of Thailand/UNFPA 12th Country Programme (2022-2026), available at: https://web2.unfpa.org/public/about/oversight/evaluations/

Other documents

21. Implementing partner annual work plans and quarterly progress reports
22. Implementing partner assessments
23. Audit reports and spot check reports
24. Meeting agendas and minutes of joint United Nations working groups
25. Donor reports of projects of the UNFPA Thailand CO
26. HRP- Humanitarian Response Plan and related reports https://response.reliefweb.int/ [optional: for CPE with a humanitarian component]
27. RRP- Refugee Response Plan and related reports https://www.unhcr.org/refugee-response-plans [optional: for CPE with a humanitarian component]
28. Evaluations conducted by other UN agencies
29. IAHE- Inter-Agency Humanitarian evaluations https://interagencystandingcommittee.org/inter-agency-humanitarian-evaluations

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