



<ul style="list-style-type: none"> <li>• Number of national human rights mechanisms that incorporate reproductive rights</li> </ul>	Baseline: 0	Target: 2 (National Human Rights Commission and the Master Plan of Human Rights Protection and Liberty)	2 existing human rights mechanisms, namely the National Human Rights Commission and the Master Plan of Human Rights Protection and Liberty have incorporated reproductive rights. Adolescent (Ref. 1. CP10 Programme Thematic Review and 2. Midterm review)
<ul style="list-style-type: none"> <li>• Number of UNFPA-identified camps for displaced persons with functional collaboration between governmental agencies and non-governmental organizations to improve the access to and quality of reproductive health services</li> </ul>	Baseline: 0	Target: 3 camps in Tak and Maehongson	Exceeded Target <ul style="list-style-type: none"> <li>• 5 Camps covered by the current CP10 with functional Govt-NGO collaboration mechanisms</li> </ul> Ref. 1) Refugee evaluation report, 2) CP10 Programme Thematic Review)
<p><b>Key Achievements (input also from the last CP evaluation)</b></p> <ul style="list-style-type: none"> <li>• National Sexually Transmitted Infections and Sexual Reproductive Health linkage Programme fully adopted in 2012 by Department of Disease Control. This programme covers both Thai and non-Thai population with Standard Of Practice for integration of STI/HIV and SRH linkage for sex workers.</li> <li>• Master plan of Human Rights Protection and Liberty supported by UNFPA through Women Health Advocacy Foundation to comprehensively cover Reproductive Health and Rights</li> <li>• Around 150,000 displaced persons accessed to basic reproductive health services in 5 Refugee camps along Thai-Myanmar borders.</li> <li>• A review of Sexual Reproductive Health situation of migrants was conducted as a contribution to the joint efforts by UNCT to provide accessible services to migrants and stateless people.</li> </ul>			

**Output 2:** Enhanced policies and mechanisms to increase the utilization of sexual and reproductive health and HIV services by young people and the most vulnerable populations

Indicators	Baseline	Target	End-line data
<ul style="list-style-type: none"> <li>A functioning multi-sectoral coordination mechanism at national and subnational levels is in place to reduce unsafe sex among adolescents</li> </ul>	Baseline: 0	Target: 1 coordination mechanism at national level among line ministries, and 30% of provincial coordination mechanism in place	<p><i>Exceeded target</i></p> <ul style="list-style-type: none"> <li><i>2 mechanisms established at national level including: 1) national condom advisory committee established in 2015; and subcommittee and working group of One Goal One Plan on Adolescent Pregnancy</i></li> <li><i>100% of the provincial coordination mechanism or "core teams" on teenage pregnancy are in place</i></li> </ul>
<ul style="list-style-type: none"> <li>Number of UNFPA-identified, evidence-based policies for increased utilization of sexual and reproductive health and HIV services by adolescents and the most vulnerable groups.</li> </ul>	Baseline: 0	Target: 3 policies for adolescents, sex workers, and men in high-risk groups	<ul style="list-style-type: none"> <li><i>3 policies are in place including: 1) Adolescent Pregnancy Prevention and Alleviation Bill; 2) National Condom Strategy; 3) The second national Plan on Reproductive Health</i></li> </ul>

**Key Achievements (input also from the last CP evaluation)**

- 3C4Teen Platform, an online platform to provide information and knowledge on ASRH & R established and functioning effectively
- Adolescent Pregnancy Prevention & Alleviation Bill was developed with technical support from UNFPA. The Bill aims to reduce adolescent pregnancies by providing age-appropriate CSE, prevention and care, counselling and social services as well as a referral and monitoring system. It provides for the establishment of a high level Committee, chaired by the Prime Minister to implement the Bill.
- National Condom Strategy to normalize condom use was developed with technical support from UNFPA in 2015 and was launched in 2016 with a pilot initiative to introduce the public private partnership to promote condom use.
- The 1<sup>st</sup> National Reproductive Health Policy (2011-2015) was implemented and technical support provided to the ongoing development of the draft 2<sup>nd</sup> National Reproductive Health Policy (2016-2025) with a focus on addressing low fertility and enhancing quality of life from birth.
- The inter-sectoral committee for the ‘One Goal One Plan’ National Strategy to halve adolescent pregnancy rate in ten years was established for line ministries.
- Both National Health Security Office and Social Security Office have agreed to provide long acting contraception free of charge for all adolescents. Evidence to support this policy was obtained from a study on contraceptive used supported by UNFPA.

**Output 3:** Enhanced capacity of line ministries to collect and utilize data and strategic information for policies and programmes to address emerging population issues at national and subnational levels

Indicators	Baseline	Target	End-line data
<ul style="list-style-type: none"> <li>• Number of unified and standardized statistics on reproductive health and on population and development obtained through the UNFPA-coordinated multi-sectoral coordination mechanism</li> </ul>	Baseline: 0	Target: 1	<ul style="list-style-type: none"> <li>• 1 <i>harmonized and standardized Adolescent Pregnancy statistics among line ministries</i></li> </ul>
<ul style="list-style-type: none"> <li>• Number of policies that apply evidence-based decision-making to formulate and monitor policies and programmes</li> </ul>	Baseline: 0;	Target: 3 (policies on population, older persons and reproductive health)	<ul style="list-style-type: none"> <li>• 3 <i>Policies including: 1) Long-term Population policy framework; 2) Population policy included in five year National Economic and Social Development Plan (2017-2021); 3) The 2<sup>nd</sup> Reproductive Health Policy developed addressing low fertility</i></li> </ul>



**Key Achievements (input also from the last CP evaluation)**

- Key national data producers of adolescent pregnancy statistics reached consensus on how to unify and standardize data management of statistic on adolescent pregnancy.
- A core set of RH indicators have been reviewed and standardized among key stakeholders. Production of a web-based RH data management is being developed to be later adopted by Department of Health which is the secretariat tasked with the implementation of the Prevention and Alleviation of Adolescent Pregnancy Bill.
- The 12<sup>th</sup> National Economic and Social Development Plan (2017-2021) developed by NESDB integrates population dynamics following technical input provided by UNFPA on the impact and policy implications of demographic change, based on lessons learned from other countries.
- With UNFPA technical support, NESDB introduced the National Population Policy, 2012-2016 in responding to low fertility and rapid ageing. It provides a framework for NESDB to develop a twenty year population policy framework. As part of the new country programme, UNFPA will provide technical input to make this population framework rights-based with the inclusion of marginalized people and a focus on investing in young people.
- Curriculum on Policy Response to demographic impact endorsed by Office Civil Servant Service as part of its compulsory trainings for high level government officials from all line ministries. The curriculum was used by OCSC for capacity enhancement of civil servants on the implication of demographic change and policy response for their sectors.
- State of Thailand Population Report (STPR) on ‘Motherhood in Childhood’ produced and disseminated in 2014 and endorsed by the Cabinet. The 2<sup>nd</sup> draft STPR on ‘Features of Thai Families in Era of Low Fertility and Longevity’ will be launched and submitted to the Cabinet for recommendations to be considered by line ministries.
- With UNFPA’s support, NESDB had fully adopted the National Transfer Account know-how and equipped with a team of NTA specialists to fully use NTA as tool to generate evidence to support policy development by NESDB on intergenerational transfer.
- UNFPA supported NSO for its preparation to consider introducing a register-based census taking in the 2020 round of census taking. This introduction has contributed to NSO’s decision to have a pilot initiative and signed an MOU with Statistics Korea to collaborate on the subject.
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**Output 4 Strengthened health-sector response to gender-based violence within the multi-sectoral framework**

<b>Indicators</b>	<b>Baseline</b>	<b>Target</b>	<b>End-line data</b>
<ul style="list-style-type: none"> <li>• Percentage of health-service delivery points that have adopted national standard protocol including referral system for the one-stop-service crisis centres</li> </ul>	Baseline: 0	Target: 70%	<ul style="list-style-type: none"> <li>• <i>All One-Stop-Service-Crisis centers under Ministry of Public Health adopted standard protocol</i></li> </ul>
<ul style="list-style-type: none"> <li>• Number of institutions certified to provide pre-service training on gender-based violence for health service providers</li> </ul>	Baseline: 0	Target: 6 institutes	<ul style="list-style-type: none"> <li>• <i>12 Regional Health Centers.</i></li> </ul>
<ul style="list-style-type: none"> <li>• Number of certified master trainers within the one-stop-service crisis centres providing in-service training</li> </ul>	Baseline: 0	Target: 1 to 2 master trainers per 12 regional health centers.	<ul style="list-style-type: none"> <li>• <i>50 master trainers trained and providing in-service training</i></li> </ul>

**Key Achievements (input also from the last CP evaluation)**

- A joint programme on elimination of GBV was implemented by UN Women (leading agency), UNDP, and UNFPA. UNFPA was responsible to cover health sector response to GBV, especially improvement of GBV standard protocols for health providers including guidelines to provide services and care.
- 12 Regional Health centres provide pre-service training on GBV as part of their regular training programmes.
- The 50 master trainers have trained over 300 service providers of the OSCCs.
- An operation guide for integrated GBV services for migrants in Thai and Burmese languages was developed and used by hospitals and clinics serving Thai and migrants living in Maesod district.

<b>C. National Progress on Strategic Plan Outcomes<sup>1</sup></b>	<b>Start value</b>	<b>Year</b>	<b>End value</b>	<b>Year</b>	<b>Comments</b>
<b>Outcome 1: Increased availability and use of integrated sexual and reproductive health services (including family planning, maternal health and HIV) that are gender-responsive and meet human rights standards for quality of care and equity in access</b>					
Percentage in which at least 95% of service delivery points in the country have seven life-saving maternal/reproductive health medicines from the WHO priority list	100%	2012	100%	2016	Full coverage nation wide
Contraceptive prevalence rate (total)	79%	2012	NA (2015 report is not yet published)	2016	Full coverage nation wide
Proportion of demand for contraception satisfied (total)	NA	2012	NA	2016	No data collection for this indicator since 2009
Percentage in which at least 60% of service delivery points in the country have no stock-out of contraceptives in the last six months	100%	2012	100%	2016	Full coverage nation wide
Percentage in which at least 80% of live births in the country are attended by skilled health personnel	98%	2012	NA (2015 report is not yet published)	2016	Multiple Indicator Survey 2012
Number of adapted and implemented protocols for family planning services in the country that meet human rights standards including freedom from discrimination, coercion and violence	1; in 1 <sup>st</sup> National Reproductive Health Policy	2012	1; in 2 <sup>nd</sup> National Reproductive Health Policy	2016	
Percentage of women and men aged 15-49 who had more than one sexual partner in the past 12 months who reported use of a condom during their last intercourse (female/male)	NA	2012	NA	2016	No survey data collection for this indicator

<sup>1</sup> The format is aligned to the UNFPA Strategic Plan outcomes, 2014-2017.

Has the country increased the national budget for sexual and reproductive health by at least 5 per cent?	NA	2012	NA	2016	SRH budget is part of the Universal Health Coverage package in which per capita budget has increased..
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### **Summary of National Progress**

In general, Thailand performed well in improving maternal health in the country with 99.6 per cent of births taking place in institutional settings. However, Thailand did not achieve MDG 5 target in reducing three-fourth of maternal death by 2015. The maternal mortality rate reduced by 40 per cent from 42 to 26 per 100,000 live births during 2000-2015, with a higher rate in some border provinces. While the contraceptive prevalence rate for married couples is high at 79 per cent, the unmet need at 12 per cent among married adolescent women aged 15-19 is still a concern and the situation among unmarried adolescents is unknown. Although 25% of boys and 19% of girls attending Grade 11 reported to be sexually experienced, Thailand continues to lack reliable data from a representative population-based survey data to suggest changing sexual behaviors of the population, especially among young people. Despite of high contraceptive use, knowledge and satisfaction of contraceptive users is not well known. After introduction of the Universal Health Coverage Scheme in 2002, SRH situation among Thais needs to be closely monitored. For instance, despite of high prevalence of contraceptive use, access to long-acting contraception is limited as many hospitals do not provide services in order to save operation costs. Yet, as Thai women continue to limit their birth to 1 to 2 children or none, it is important to make long-acting contraception widely available at low cost. Due to this limited access, National Health Security Office (NHSO) in charge of UHC has included long-acting contraception to prevent repeat pregnancies among adolescents. In terms of prevention of mother-to-child transmission of HIV, Thailand is close to achieving its zero target for this indicator. The 1<sup>st</sup> and 2<sup>nd</sup> National Reproductive Health policy provide policy and programme framework to enhance quality and access to SRH services especially among youth and vulnerable groups.

**UNFPA's Contributions** *Please provide contributions to those outcomes only to which the CP contributed. Not all outcome areas are expected to be covered under UNFPA contributions.*

UNFPA contributed to the drafting and monitoring of the National RH Policy especially in strengthening quality to and access of family planning services among young people. A contraceptive study supported by UNFPA provided solid evidence to NHSO to include long-acting contraceptive services for over 15,000 adolescents to prevent subsequent pregnancies.

Given Thailand's experience in achieving good maternal health indicators, as part of South to South Triangular Cooperation, UNFPA strengthened the capacity of the Thailand International Cooperation Agency to provide assistance in midwifery training to Lao PDR and Bhutan.

### **Outcome 2: Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health**

Percentage of young women and men aged 15-24 who correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission (female/male)	55.7%	2012	NA	2016	Multiple Indicator Survey 2012
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Does the country have laws and policies that allow adolescents (regardless of marital status) access to sexual and reproductive health services?	No	2012	Yes, Prevention and Alleviation of Teen Pregnancy Bill has been passed	2016	
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**Summary of National Progress**

Compared to other upper- middle income countries, Thailand adolescent birth rate for the past 10 years has been increasing at a higher rate than before. In 2010, the country responded to the situation with key ministries announcing their policies and programmes to prevent adolescent pregnancy nation-wide. However, efforts of line ministries and civil society organizations were piecemeal. Without the concerted coordinated efforts among key stakeholders and solid evidence of good practices the likelihood of success in tackling the problem was limited. Moreover, the country lacked a unified, harmonized data system to monitor adolescent pregnancies as different line ministries used different figures to report the situation. Thailand also lacked data to suggest the magnitude and nature of adolescent pregnancies. Only statistics about adolescent births, not about their pregnancies are known as abortion is still considered illegal, with exemptions confined to specific circumstances. However, the Ministry of Health with technical support from WHO now allows medical abortion among practitioners and Medabon has been proposed by MOPH to be included in the list of essential drugs. When this happens, women will have better access to medical abortion in spite of the limited legal framework. The government has also developed a Prevention and Alleviation of Adolescent Pregnancy Bill which aims to halve the adolescent birth rate in the next ten years.

**UNFPA’s Contributions**

The Ministry of Public Health with technical support from UNFPA introduced an integrated reproductive health strategy designed to bring together all agencies, including government, private and civil agencies under the “One Goal One Plan” initiative which aims to halve the adolescent pregnancy rate in the next ten years, . UNFPA also provided significant advocacy and technical support to the Department of Health to develop and pass the Prevention and Alleviation of Adolescent Pregnancy Bill, which was enacted in March 2016. This bill makes provisions for youth friendly services and age-appropriate CSE for all students and adolescent workers.

A significant contribution of UNFPA in this process is the convening role it played in bringing about a coordinated approach among key stakeholders to address the adolescent pregnancy. During 2012-2015, UNFPA Thailand engaged in policy advocacy for a multi-sectoral approach to deal with adolescent pregnancy. UNFPA brought all key stakeholders for open discussions to share ideas, and supported them regularly with evidence from within the country and good practices from other countries through various communication channels and outreach programmes. Key results of these efforts include the development of a multi-sectoral collaborative strategic plan to reduce teen pregnancy by half within the next ten years and the establishment of a working group with all key ministries and civil society organizations to translate this new strategy into action.

UNFPA provided technical support to harmonize data and strategies on Adolescent Pregnancy among line ministries especially through Ministry of Public Health and the Parliament. The 1<sup>st</sup> State of Thailand Population Report, which was launched in 2014, provided solid analysis and evidence to address adolescent pregnancy issues. The report summary together with recommendations was submitted to the cabinet by the National Economic and Social Development Board, the co-producer of the report, who disseminated it to all line ministries.

<b>Outcome 3: Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth</b>					
Does the country have the gender equality national action plans that integrate reproductive rights with specific targets and national public budget allocations?	Yes	2015	Yes	2015	The Gender Equality Act was enacted in 2015. Yet, no specific targets and gender budgeting are provided
Proportion of actions taken by the country on all of the Universal Periodical Review (UPR) accepted recommendations on reproductive rights from the previous reporting cycle	All	2012	NA	2016	UPR review will be held in May 2016.
Percentage of women aged 15–49 who think that a husband/partner is justified in hitting or beating his wife/partner under certain circumstances	Yes	2000	Yes	2000	A multi country study on GBV was conducted only once, in the year 2000 with data collection only in two provinces .

### **Summary of National Progress**

Thailand has made significant progress in advancing gender equality, especially in education with women comprising 60 per cent of all college graduates. But gender roles at home; in the workplace and in the public domain have been slow to change. Despite an increase in the share of women’s participation in waged employment to 47 per cent, many women have fewer opportunities for career advancement than men and are under-represented in electoral politics, occupying only 20 per cent of the seats in the national assembly.

Yet, the government’s commitment to gender equality was recently reinforced with the enactment of the Gender Equality Act in 2015. This new law refers to ‘gender expression’ and is understood to cover recognition and rights of LBGTI persons. But it does not reflect any change in advancing gender budgeting. However, during the period, 2012-2015, the government did allocate US\$10 million per year to promote gender equality, specifically as a revolving fund from which members could borrow for career development, job creation and income generation. However, these initiatives are susceptible to regime change and are difficult to sustain.

While civil political rights continue to be a sensitive issue in Thailand, in the 2012 round of Universal Periodical Review, Thailand accepted all recommendations to increase access to SRH services of adolescents and youth and migrant populations. However, Thailand continues to face challenges in providing rights protection, including reproductive rights, for female prisoners in which the number has increased significantly in the past years, with many arrested for using/selling illegal drugs. Another remaining challenge is the need for the country to extend adequate support and rights protection to youth and vulnerable groups, including those facing conflict in the deep South; women and girls at risk of being trafficked; the Rohingya migrants and displaced persons living in the refugee camps.

Thailand has not conducted a national prevalence survey on violence against women in recent years. A prevalence survey focusing on 2 provinces (Bangkok and Nakhonsavan) conducted in 2000 found that 44 percent of ever partnered women reported experiencing physical or sexual violence by a partner. According to the Ministry of Social Development, in 2013, 90.64 per cent of victims of reported family violence were women. Thailand has legal remedies for domestic violence through the Domestic Violence Victim Protection Act, which was passed in 2007. Following the enactment of this law 300 one-stop-service crisis centres were established around the country. However, inconsistencies in the quality of care provided by these centres and the limitations of the multi-sectoral coordination mechanism responsible for implementing the Act still remain.

### **UNFPA’s Contributions**

A Joint programme on the elimination of GBV was implemented by UN Women (leading agency), UNDP, and UNFPA. UNFPA was responsible to cover health sector response to GBV, especially improvement of GBV standard protocols for health providers including guidelines to provide services and care.

As a result of UNFPA advocacy and technical support, 12 Regional Health centres now provide pre-service training on GBV as part of their regular training programmes.

UNFPA contributed to strengthening the knowledge and practices of health providers by training 50 master trainers who have in turn trained over 300 service providers of the OSCCs.

- An operation guide for integrated GBV services for migrants in Thai and Burmese languages was developed and used by hospitals and clinics serving Thai and migrants living in Maesod district

### **Outcome 4: Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality**

Has the country had at least one census of good quality that was processed, analyzed and disseminated following internationally agreed recommendations (during the last 10	Yes, last census was in 2010	2012	Yes, planning for 2020 Census	2016	
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years)?					
Has the country collected, analyzed and disseminated a national household survey that allows for the estimation of key population and reproductive health indicators (in the last 5 years)?	Yes	2012	NA	2016	The next projection is scheduled in 2017
Has the country completed evaluations on strategic interventions around sexual and reproductive health and adolescent and youth?	No	2012	Yes, evaluation of the 1 <sup>st</sup> National Rh Policy	2016	
Proportion of new national development plans that address population dynamics by accounting for population trends and projections in setting development targets	1 Population Policy	2012	3 (Population Policy, RH Policy, and 12 <sup>th</sup> NESDP)	2016	

### **Summary of National Progress**

National Statistical Office conducted the 10<sup>th</sup> round of Population and Housing Census taking in 2010. The results were published and disseminated at national and provincial levels. The results were used for revision of the sampling frames for other national surveys by NSO and also for the 40 years Population Projections by NESDB which is updated every five years. While the population census provides key population statistics including births, deaths, and migration, many users continue to also use population statistics obtained from the vital registration data system in which birth and death statistics are close to universal coverage. Yet, some debates continue about discrepancies in reporting key statistics obtained from census data by NSO and from vital statistics by Ministry of Interior. Although coordination and fragmented statistics continue to be a concern among data users and policy planners, NSO has managed to fully implement its 1<sup>st</sup> National Statistical Master Plan introducing unified and standardized official statistics accepted by all line ministries. Data development in this direction has contributed to the government's readiness to announce e-government data management to support policy and strategy to promote digital economy by the government and private sector.

In terms of availability of SRH and adolescent and youth data, the 3<sup>rd</sup> round of the National Reproductive Survey by NSO was last conducted in 2009 and subsequently replaced by two rounds of the Multiple Cluster Survey (MIC), the 1<sup>st</sup> was conducted in 2012 and the last was in 2015. Yet, MIC provides limited information about SRH of adolescents and youth. There is no representative survey data to properly suggest sexual behavior of unmarried adolescents and youth of both sexes. The Behavioral Sexual Survey of students in Grade 8 and Grade 11 continue to be the main source of data to suggest sexual behavior of adolescents even though reliability of the data collection method was questionable.

The 12<sup>th</sup> National Economic and Social Development Plan for 2017-2021 being developed by NESDB has fully addressed concerns and policy response to rapid fertility decline and ageing. The twenty year National Strategy by the government as well as the twenty years national population policy action plan by NESDB has utilized evidence and population projection data to guide the long-term policy development to ensure that emerging plans and policies will not heavily lead to fiscal deficits from facing demographic pressure in coming years. Although policies and programmes responding to impacts of low fertility and ageing have received much attention from all sectors in the past years, inadequate attention has been given to fill disparity gaps of development between urban/rural areas. With acute labor shortage for unskilled labor, the government still does not have a proper policy and mechanism in place in addressing international migrant workers.

### **UNFPA's Contributions**

UNFPA acted as a convener and coordinator to bring consensus and agreement on how to produce adolescent birth

statistics among key data producers using data from population census, surveys, and vital statistics.

UNFPA provided technical input as a committee member for preparation of the population projection, 2010-2040 by NESDB and on developing a core set of official statistics on population and development by NESDB.

For the population census data collection, UNFPA organized an international workshop to bring international knowledge about register-based census taking to support NSO's consideration in consultation with 8 line ministries. NSO has signed an MOU with Statistics of South Korea to exchange their collaboration.

UNFPA continues to provide technical input and some financial support for development of the National RH data system by the Department of Health with special attention to access to ASRH services.

UNFPA continues to provide technical input, evidence support, advocacy and policy dialogue in engaging NESDB to fully utilize evidence from population projection and other data analysis to guide policy development in relation to: developing the 2<sup>nd</sup> National RH Policy, addressing low fertility by Ministry of Health, preparing the long-term population policy by NESDB; technical input to support socio-economic and population study series by Thailand Research Fund and NESDB; curriculum development to introduce policy response to demographic change subject as part of the existing leadership trainings for high-level government officials from all 21 line ministries under care of Office of Civil Service Commission aiming to raise awareness and policy response on the subject.

#### D. Country Programme Resources

SP Outcome  Choose only those relevant to your CP	Regular Resource (Planned and Final Expenditure)		Others (Planned and Final Expenditure)		Total (Planned and Final Expenditure)	
Increased availability and use of integrated sexual and reproductive health services	100,000	92,917	173,979	170,846	273,979	263,763
Youth policies and programmes, and increased availability of comprehensive sexuality education	1 Million	771,675	784,429	648,127	1,784,427	1,419,802
Advanced gender equality, women's and girls' empowerment, and reproductive rights	2.2 Million	2,185,788	0	0	2.2 million	2,185,788
Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics	1.5 Million	908,545	152,006	141,289	1,652,006	1,049,834
Programme coordination and assistance	0.5 Million	550,328	0	0	0.5 million	550,328
<b>Total</b>	<b>5.3 million</b>	<b>4,509,253</b>	<b>1,110,412</b>	<b>960,262</b>	<b>6,410,412</b>	<b>4,469,515</b>

Note that for budget from other sources, UNFPA Thailand had raised a total of \$53,180 from the public in CP10. This amount is not included in above table.