Final Report

Rapid assessment of UNICEF Thailand Country Office's Adolescent Pregnancy Initiatives (2020-2021)

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to **UNICEF Thailand** (Adolescent Development and Participation section)

Executive Summary

Background and objectives

Adolescent pregnancy represents a barrier from the safe and healthy transition from adolescence into adulthood and not only prevents girls from exercising their rights, but also impacts their life and for generations after. Many girls who are pregnant are forced to drop out of school, impacting their education and career prospects, and many face stigmatisation by their families, communities, and peers.[1] On top of this, adolescent girls are particularly vulnerable to the health consequences of pregnancy and delivery and may face serious maternal conditions leading to disability and death.

In Thailand, the adolescent birth rate is estimated at 23 births per 1000 adolescent girls.[2] Several factors contribute to Thailand's relatively high adolescent pregnancy rates, including regional socioeconomic disparities, disparities in access to and quality of comprehensive sexuality education, challenges in pregnancy unawareness and unawareness of contraceptive methods, gender roles (i.e., a lack of ability to assert and protect themselves among adolescent girls), and lack of understanding of laws or rights relating to the access of abortion.

To address adolescent pregnancy issues in Thailand, and to further commit to the Sustainable Development Goals (SDGs), the Royal Thai Government (RTG) put into action a range of measures to help reduce the adolescent pregnancy rate, improve the availability and access to maternal health, improve sexuality education and channels with which adolescents can receive sexuality counselling and help, and more. Importantly, the **Act for Prevention and Solution of the Adolescent Pregnancy Problem**, B.E. 2559 (2016) was put into law, which focuses on the rights of adolescents[3] through an integrated approach to alleviate adolescent pregnancies.

Between 2020-2021, TCO supported the implementation of **four** projects aimed at addressing the issue of adolescent pregnancy:

1. **Establishment of a quality youth friendly health service package with standard criteria**
2. **Promoting comprehensive adolescent health through digital health platform and empowering key stakeholders to address adolescent pregnancy**
3. **Empowering community networks to promote comprehensive adolescent health in Chiang Dao and Mae Aye, Chiang Mai**
4. **Empowering at-risk adolescents and adolescent parents to break out of intergenerational poverty through skills development**

This rapid assessment aims to support the UNICEF Thailand Country Office (TCO) to understand the impact made by UNICEF-supported programmes on adolescent pregnancy,

[1] UNICEF. 2021. Early childbearing. Available at: https://data.unicef.org/topic/child-health/adolescent-health/
[2] UNICEF, 2019. Addressing the Gaps: Key results from the Multiple Indicator Cluster Survey Thailand 2019. Available at: https://www.unicef.org/thailand/media/6726/file/Addressing%20the%20Gap%20(MICS6).pdf
[3] According to the Act, an adolescent is defined as a person over ten years of age but not yet twenty years of age

reflect on progress, and learn from these experiences to identify successes and areas for improvement.

Rapid assessment design and methodology

This rapid assessment assessed the adolescent pregnancy-related initiatives TCO supported through UNICEF's Country Programme s (2017-2021), focusing on integrated initiatives between 2020 through to the end of 2021. These initiatives were funded primarily by Merck Sharp & Dohme (MSD). The assessment will allow the TCO team, and in particular the Young People's section, to reflect on progress and learn from these experiences, noting successes and identifying areas needing improvement. This is in line with the new CPD priorities (2022-2026), which build upon the previous work done to address adolescent pregnancy and to ensure all adolescents are able to access comprehensive and integrated health and wellbeing services, including sexual and reproductive health services.[4]

A mixed-methods design study was carried out, whereby the following data was collected:

1. **A comprehensive desk review** of available documentation
2. **12 key informant interviews** with UNICEF, implementing partners, youth representatives, adolescent clinics, and adolescents who accessed youth-friendly health services (YFHS)
3. **4 focus group discussions** with stakeholders involved in supporting adolescents, beneficiaries of the lovecarestation.com website and the Empowering at-risk adolescents and adolescent parents to break out of intergenerational poverty through skills development project, and parents of beneficiaries
4. **29 online survey responses** with persons who accessed YFHS in Bangkok and Chiang Mai

Key findings

Relevance

The initiatives are found to be highly relevant to the needs of adolescents in Thailand. The interventions each have highly relevant and clear rationales and are based on real and existing issues within Thailand and both prevention and response categories of interventions were designed through extensive experience with the beneficiaries. UNICEF was found to be highly important in the development of all projects. However, the assessment finds minimal evidence on planning the projects through consultations with the targeted beneficiaries.

The interventions built upon existing programming to provide important services to young people and linked the otherwise disconnected services. The interventions, in their objectives, aims and targets, are very much in line with the national context, national policies and laws, including the Adolescent Pregnancy Act. They provide relevant and

[4] United Nations Economic and Social Council, 2021. Country Programme Document: Thailand. Available at: https://www.unicef.org/executiveboard/media/8826/file/2022-PL2-Thailand_CPD-EN-ODS.pdf

targeted assistance towards challenges in implementation by the government. UNICEF's work with the BORH on developing an online hospital self-assessment tool is relevant to improve processes for hospitals and improve data management.

The Ministry of Education (MoE) was not involved in the initiatives, but should have been. The Child and Youth Council of Thailand (CYC) worked with and was trained by Path2Health (P2H) during implementation of the Lovecarestation website and its related programmatic activities, though could have been involved in all projects.

Career development and training was not as relevant as it could have been and youth-friendly health services clinics' timings may not be entirely relevant to youth. In order for a model for integrated health services to work, respondents suggest that significant additional research into the specific needs of adolescents in varied contexts should be carried out. Further research into the varied contexts and needs of adolescents across the country could help to ensure that interventions are more relevant to the populations being served.

COVID-19 halted much progress in Bangkok, and slowed progress in Chiang Mai, across all projects. Adolescents' priorities changed during COVID-19, and the initiatives were somewhat able to adapt. The changing desires and needs of beneficiaries were partially sought after and acted on to improve programmatic interventions over time.

Effectiveness

The initiatives were, to a large extent, found to be effective in terms of expected results being met. The targeted results from the interventions have been exceeded in many cases, and unmet in very few. This said, some aspects of initiatives appear to be more effective than others and COVID-19 impacted results across all initiatives. UNICEF was an incredible asset to most implementing partners while at the same time was unknown to some as supporting the initiatives. There may exist further scope for UNICEF to be a better partner in terms of opening up networks to make initiatives more successful.

The services evaluated were, for the most part, highly integrated, and can be said to be a successful model for the provision of integrated services in Thailand. The initiatives have brought together stakeholders in a way that was not done previously. Where integrated services succeed is in community support and the most effective mechanism for the provision of integrated services is when the government makes adolescent pregnancy an issue at all levels. The initiative's successes are centred around collaboration and partnership. Unfortunately, some of the initiative's least effective aspects are due in part to a lack of leadership, collaboration and partnership. There is too little emphasis on engaging the formal education sector throughout the initiatives.

In Bangkok, the initiatives are somewhat effective in providing integrated services to adolescents and adolescent parents; in Chiang Mai, the initiatives are more effective. Regardless, in both provinces, the quality of life for adolescent mothers is improving because of the initiatives. The competence of doctors and hospital/clinic staff has significant impact on young people and is key to ensuring word-of-mouth spreads to increase use of services.

There are youth who were unserved in the targeted districts, and their inclusion is important.

Coherence

The initiatives were developed by building on existing services, and UNICEF focused on increased collaboration and integration of the services. The initiatives were designed well with a holistic approach in mind, embracing synergy among services and among the various stakeholders. UNICEF connects to a number of other existing services as part of a referral system on adolescent pregnancy and is able to share learnings with them. The implementing partners were selected because of their extensive experience in working on related issues in Thailand. Synergy is limited when partners are not all on the same wavelength with regards to what health services are supported by the laws and what are not.

Consolidated online education, knowledge and counselling services would suit young people best. With government funding, the online services would be strengthened, more sustainable, and lead to larger impact. The RTG's role in bringing services together is instrumental for the future of integrated service coordination. UNICEF has a role to play in this.

The other sections of the UNICEF Thailand Country Office were engaged throughout as part of the adolescent pregnancy initiatives, and the initiatives were developed collaboratively between UNICEF and the implementing partners.

Sustainability

The adolescent pregnancy initiatives appear to be somewhat sustainable, with strong support from implementing partners and local communities. The initiatives show good promise in scalability, with the projects each contributing meaningful parts of the whole. The RTG could be more supportive, enabling sustainability.

Funding is a major concern for the longevity of the initiatives. Monitoring appears to be a weakness and the lack of monitoring can lower sustainability of the initiatives.

Recommendations

Recommendation 1: Bring the Ministry Of Education (MoE) on board

UNICEF should share their experience on supporting the adolescent pregnancy initiatives with the MoE and aim to partner with them on adolescent pregnancy. There is a large gap in the existing programming because of a lack of having comprehensive sexuality education and information about the integrated services fully embedded in the formal education system. By partnering with the MoE, who are already carrying out work on education on adolescent pregnancy with UNESCO, UNICEF's reach will be expanded to empower youth and create a safer, healthier society.

Recommendation 2: For larger impact, UNICEF should better involve young people

UNICEF should involve young people in the planning and implementation of all future work on adolescent pregnancy. They should play a larger convening role and aim to increase the participation of young people across the initiatives, sharing good practice with the RTG. It would be beneficial for UNICEF to engage the CYC in the planning/design stages of all initiatives relating to adolescents, as a rule, going forward. UNICEF should also build into each 'service' some aspect whereby young people are able to have their voices heard.

Recommendation 3: Adults are important catalysts to address social norms, and UNICEF should engage them as well

UNICEF should involve adults from beneficiary communities, especially parents, as much as possible in future initiatives, and aim to educate them better on issues around adolescent pregnancy through a C4D campaign. It is recommended that UNICEF work with their partners to help build competence and capacity among adults by developing these C4D materials aimed at adults. UNICEF should direct some focus to bringing on a strong base of adults willing to volunteer their time in support of the initiatives.

Recommendation 4: Advocate for adolescent health/reproductive health to be prioritised across the RTG

While it is out of UNICEF's remit to change existing structures of the RTG, it is recommended that UNICEF advocate for, or work with their RTG connections to prioritise adolescent health/reproductive health across all ministries. Following this, UNICEF should work with the RTG to ensure that adequate services are available for mothers in Thailand, including day-care while working or child-friendly workspaces, or careers advice better tailored for working from home.

Recommendation 5: Sharing data is important for the success of the initiatives

UNICEF should continue to advocate for and assist its partners to better collect, consolidate, and share data. This includes improved patient data sharing across services and provision of information for young people on where and how to access the

comprehensive services they require. A significant part of this will be to support the relevant line Ministries, under the Adolescent Pregnancy Act, to better coordinate on data.

Recommendation 6: There should be greater efforts to reach those who have not yet been reached

UNICEF should carry out a situation analysis in order to better understand the status, needs, and desires of the underserved within their projected future project communities. From there, they should use this information to inform future programmatic interventions by making them highly localised and contextualised to the varied needs of youth.

Recommendation 7: Clarify needs and uses for the digital platforms, push for the RTG to commit funding, ensure quality through accreditation, and promote widely

UNICEF should support the DoH to make the online services (Teen Club and Lovecarestation) part of a service package financed by the National Health Security Office. UNICEF should support the government with technical assistance as an accreditation process is developed to ensure quality across services. UNICEF can also help the RTG in ensuring the reach of these platforms is wide, promoting widely to include users across the country through its extensive networks.

UNICEF should support the RTG to transition to and improve the existing Teen Club digital platform. Transitioning to the Teen Club platform will better provide young people with access to comprehensive integrated services, including live counselling, in a consolidated and easy to access manner. The RTG should commit to funding this and include funding for this in national budgets so as to ensure sustainability. The platform should be promoted widely so that all teens, not just Bangkok teens, are using it.

Recommendation 8: To scale up, first work with hospitals that are ready

UNICEF, working with the BMA/MoPH/BoRH, should prioritise hospitals in the scale-up of the YFHS accreditation, taking into consideration the constraints which may block some health centres from being accredited. In order to meet the ambitious target of having 100% of hospitals accredited by 2025, UNICEF should work with the BMA/MoPH to initially ensure that at least one hospital per district in every province is youth-friendly accredited, then scale up.

Contents

Acronyms

ADAP	Adolescent Development and Participation
ANC	Antenatal Care
BMA	Bangkok Metropolitan Administration
BORH	Bureau of Sexual and Reproductive Health
CAH	Comprehensive Adolescent Health
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CP	Country Programme
CPD	Country Programme Document
CRC	Convention on the Rights of the Child
CSE	Comprehensive Sexuality Education
CSG	Child Support Grant
CSO	Civil Society Organisation
CYC	National Child and Youth Council
DLA	Department of Local Administration
ECD	Early Childhood Development
FGD	Focus Group Discussion
FI	Friends International
HRBA	Human Rights Based Approach
ICPD	International Conference on Population and Development
KII	Key Informant Interview
MFM	Merck for Mothers
MOPH	Ministry of Public Health
MSDHS	Ministry of Social Development and Human Security
NESDP	(Thailand's) National Economic and Social Development Plan
NGO	Non-Governmental Organisation
OECD	Organization for Economic Cooperation and Development
P2H	Path2Health Foundation
PPAT	Planned Parenthood Association of Thailand
PPE	Personal protective equipment
PSAPP	Prevention & Solution of Adolescent Pregnancy Problems
RTG	Royal Thai Government

SDG	Sustainable Development Goal
SRH	Sexual and reproductive health
TCO	UNICEF Thailand Country Office
TOR	Terms of Reference
UNAIDS	United Nations Programme on HIV and AIDS
UNDP	United Nations Development Programme
UNEG	United Nations Evaluation Group
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNSDCF	United Nations Sustainable Development Cooperation Framework
YFHS	Youth Friendly Health Services

1. Introduction

1.1 Background and context

Thailand, classified as an upper middle-income country, has experienced decades of rapid economic development leading to demographic shifts.[5] With life expectancies having risen[6] and fertility rates falling to well below replacement level,[7] the proportion of the population who are economically active have started to decline.[8]

Adolescence is defined by UNICEF as the second decade in life (ages 10-19), and in Thailand, there are more than 8.5 million adolescents, making up an estimated 12-13 percent of the total population of over 70 million.[9] Adolescent pregnancy rates in Thailand vary by region and within regions, and have changed extensively over the past few decades, having generally risen somewhat until 2013, then dropping significantly since (see Figure 1 below).[10] The adolescent birth rate in Thailand is currently estimated at 28.7 births per 1000 adolescent girls aged 15-19 years old by Thailand's Ministry of Public Health (MoPH), while the UNICEF MICS 6 (2019) survey estimates the adolescent birth rate at 23 per 1000 adolescent girls of the same age group.[11]

Adolescent pregnancy represents a barrier from the safe and healthy transition from adolescence into adulthood and not only prevents girls from exercising their rights, but also impacts their life and for generations after. Many girls who are pregnant are forced to drop out of school, impacting their education and career prospects, and many face stigmatisation by their families, communities, and peers.[12] On top of this, adolescent girls

[5] UNFPA, 2015. *The State of Thailand's Population 2015*. Available at: https://thailand.unfpa.org/en/publications/state-thailand%E2%80%99s-population-report-2015

[6] From a life expectancy at birth of 50.8 years between 1950-1955 to 77.4 between 2020-2025 (source: United Nations Population Division, 2021. *Life expectancy at birth for both sexes combined*, (f*ilter: Thailand).* Available at: https://data.un.org/Data.aspx?d=PopDiv&f=variableID%3A68#PopDiv)

[7] Thailand had its highest recorded fertility rate of 6.2 births per woman between 1962-1964. The fertility rate in 2020 was 1.5 births per woman (source: The World Bank Databank, *Fertility rate, total (births per woman) – Thailand*. Available at: https://data.worldbank.org/indicator/SP.DYN.TFRT.IN?locations=TH); A replacement fertility rate of 2.1 children per woman is used in demographics to represent a stable population – it signifies the replacement of the woman and man and another 0.1 children per woman to account for infant mortality. For more information, see the OECD Factbook at: https://www.oecd-ilibrary.org/docserver/factbook-2015-2-en.pdf

[8] UNFPA, 2019. *25 Years after the ICPD: Population and Development for a Sustainable Future in Thailand.* Available at: https://thailand.unfpa.org/en/25-years-ICPD

[9] UNICEF, 2020. *Adolescent Data Portal: Country Profile – Thailand*. Available at: https://data.unicef.org/adp/country/tha/.; UNICEF Thailand. n.d. *Adolescent development and adolescent participation*. Available at: https://www.unicef.org/thailand/what-we-do/adolescent-development-and-adolescent-participation.

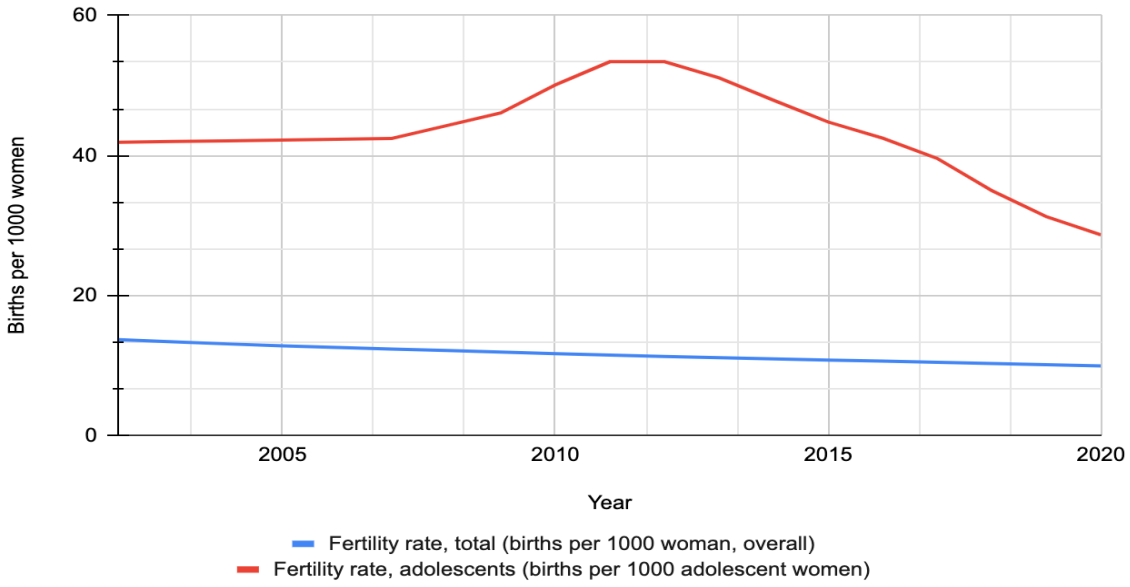
[10] UNICEF, 2015. Situation Analysis of Adolescent Pregnancy in Thailand. Available at: https://www.unicef.org/thailand/media/1126/file/Situation%20Analysis%20of%20Adolescent%20Pregnancy%20in%20Thailand.pdf; UNFPA, Thailand Ministry of Public Health, 2019. แม่วัยรุ่นอยู่ที่ไหน. Available at: https://thailand.unfpa.org/th/teen-pregnancy-data

[11] Thailand Ministry of Public Health, 2020. รายการข้อมูลที่นำมาใช้ นตัวชี้วัดที่ 1.14 อัตราการคลอดมีชีพในหญิงอายุ 15-19 ปี ต่อประชากรหญิงอายุ 15-19 ปี พันคน. Available at: https://hp.anamai.moph.go.th/web-upload/4xceb3b571ddb70741ad132d75876bc41d/tinymce/OPDC/OPDC2565-F/IDC1_14/opdc_2565_IDC1-14_19.pdf; UNICEF, 2019. Addressing the Gaps: Key results from the Multiple Indicator Cluster Survey Thailand 2019. Available at: https://www.unicef.org/thailand/media/6726/file/Addressing%20the%20Gap%20(MICS6).pdf

[12] UNICEF. 2021. Early childbearing. Available at: https://data.unicef.org/topic/child-health/adolescent-health/

are particularly vulnerable to the health consequences of pregnancy and delivery and may face serious maternal conditions leading to disability and death.

Figure 1. Comparison of overall fertility rate to adolescent fertility rate in Thailand (2002-2020)



Sources: Fertility rate, total data from The World Bank Databank, 2022. Available at: https://databank.worldbank.org/reports.aspx?source=2&series=SP.DYN.CBRT.IN&country=THA; Fertility rate, adolescents' data from Thailand Ministry of Public Health, 2020. รายการข้อมูลที่นำมาใช้ นตัวชี้วัดที่ *1.14* อัตราการคลอดมีชีพในหญิงอายุ *15-19* ปี ต่อประชากรหญิงอายุ *15-19* ปี พันคน.

Several factors contribute to Thailand's relatively high adolescent pregnancy rates, including regional socioeconomic disparities, disparities in access to and quality of comprehensive sexuality education, challenges in pregnancy unawareness and unawareness of contraceptive methods, gender roles (i.e., a lack of ability to assert and protect themselves among adolescent girls), and lack of understanding of laws or rights relating to the access of abortion.[13] Further, social norms, stigma, and discrimination are barriers to access to abortion in Thailand.

To address adolescent pregnancy issues in Thailand, and to further commit to the Sustainable Development Goals (SDGs)[14], the Royal Thai Government (RTG) put into action a

[13] UNFPA, Thailand Ministry of Public Health, 2019. แม่วัยรุ่นอยู่ที่ไหน. Available at: https://thailand.unfpa.org/th/teen-pregnancy-data; UNICEF, 2015. *Situation analysis of adolescent pregnancy in Thailand*. Available at: https://www.unicef.org/thailand/sites/unicef.org.thailand/files/2018-08/160614_SAAP_in_Thailand_report_EN.pdf; Prohm S, Sripichyakan K, Chareonsanti J, Klunklin P., 2020. *Decision-making on Continuing Pregnancy Among Thai Adolescents: A Phenomenological Study.* PRIJNR. Available at: https://he02.tci-thaijo.org/index.php/PRIJNR/article/view/224247; UNICEF, Thailand Ministry of Public Health, 2019. *Abortion Surveillance Report*, Thailand 2019. Available at: https://rh.anamai.moph.go.th/web-upload/migrated/files/rh/n330_d1a80b22d8a4daa876f459095915af6d_Ebook_Abortion_62.pdf

[14] Relevant SDGs concerning adolescent pregnancy in Thailand: **SDG 3 (Good health and well-being)** Indicator 3.7.1: Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods, and Indicator 3.7.2: Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group; **SDG 5 (Gender equality)** Indicator 5.6.1: Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care, and Indicator 5.6.2: Number of countries with laws and regulations that guarantee women aged 15-49 years access to sexual and reproductive health care, information and education.

range of measures to help reduce the adolescent pregnancy rate, improve the availability and access to maternal health, improve sexuality education and channels with which adolescents can receive sexuality counselling and help, and more. Importantly, the **Act for Prevention and Solution of the Adolescent Pregnancy Problem**, B.E. 2559 (2016) was put into law, which focuses on the rights of adolescents[15] through an integrated approach to alleviate adolescent pregnancies. This act was put into action by five main government Ministries (namely the Ministry of Social Development and Human Security [MSDHS], the Ministry of the Interior, the Ministry of Labour, The Ministry of Education [MoE], and the MoPH) and promotes a range of changes within educational institutions, workplaces, public health facilities, social welfare organisations, and local administrative organisations.[16] Regarding rights that adolescents hold, it reads:

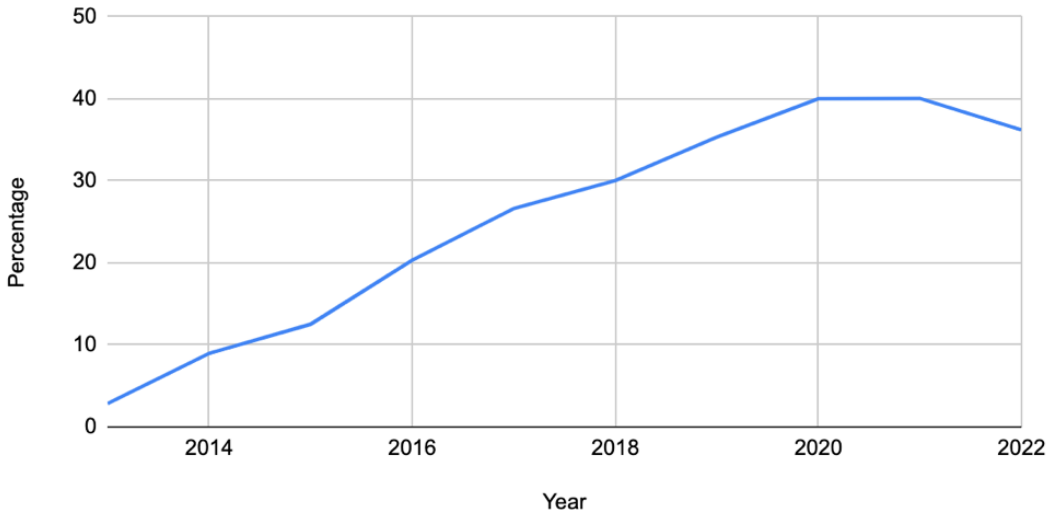
> *An adolescent has the right to make a decision by himself/herself and has the right to information and knowledge, right to reproductive health services, right to confidentiality and privacy, and right to social welfare provision, that are equal and non-discriminatory, and is entitled to any other rights for the purpose of this Act accurately, completely and adequately. (Chapter 1, Section 5)*[17]

This Act helped to put into force important changes such as free and universal access to contraception without parental consent, better access to safe abortion, nationwide commitments towards improved access and availability to Youth Friendly Health Services (YFHS), having Thailand's **National Child and Youth Council** (CYC) a greater voice and presence in Ministry-level discussions relating to adolescents, and more.[18] These measures are in line with **Thailand's Twelfth National Economic and Social Development Plan** (NESDP) (2017-2021), as well as international declarations including the Convention on the Rights of the Child (CRC), the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and the International Conference on Population and Development (ICPD). Thailand's NESDP (2017-2021), as part of the **National 20-year Strategy 2018-2037**, prioritises the investment in the development and well-being of children and young people, particularly due to Thailand being one of the world's most rapidly ageing societies.[19]

To demonstrate some recent successes, and as can be seen in Figure 2, the rate of contraceptive use in Thailand among females who have already given birth or had an abortion has made significant increases over the past decade, showing the direct impact of free, accessible and quality of sexual and reproductive health care to vulnerable adolescents.

Figure 2. Percentage of females in Thailand (under 20 years) using contraceptives after giving birth/abortion

[15] According to the Act, an adolescent is defined as a person over ten years of age but not yet twenty years of age
[16] Thailand, Bureau of Reproductive Health, 2016. The Act for Prevention and solution of the Adolescent Pregnancy Problem, B.E. 2559 (2016). [unofficial translation] Available at: http://law.m-society.go.th/law2016/uploads/lawfile/5906c45567a77.pdf
[17] ibid. p.3
[18] UNFPA, 2022. *Good Practice Package*. Available at: https://thailand.unfpa.org/th/Good-Practice-UNFPA-11th
[19] United Nations Economic and Social Council, 2021. Country Programme Document: Thailand. Available at: https://www.unicef.org/executiveboard/media/8826/file/2022-PL2-Thailand_CPD-EN-ODS.pdf



Source: Thailand Ministry of Public Health, 2022. Available at: https://hdcservice.moph.go.th/hdc/reports/report.php?source=pformated/format1.php&cat_id=1ed90bc32310b503b7ca9b32af425ae5&id=96e32d575103002017729beef422b5e3

Contributing to the successes, UNICEF has worked on a range of initiatives through their Country Programme (CP) 2017-2021 to address adolescent pregnancy issues in the country. UNICEF Thailand Country Office (TCO), along with government partners such as the MoPH, the MSDHS, the Department of Local Administration (DLA), and the Bangkok Metropolitan Administration (BMA), and in collaboration with UNFPA, UNAIDS, and UNESCO (and in line with the United Nations Sustainable Development Cooperation Framework [UNSDCF]), has targeted a range of outcomes as part of their Country Programme Document (CPD) 2017-2021[20] and its accompanying *Programme Strategy Note: Adolescent Development and Participation* (see Table 1). Specifically, the interventions contribute directly towards Outcome 3 while contributing to Outcomes 1, 5, and 6 indirectly.[21]

Table 1: UNICEF TCO Country Programme (2017-2021) summary of Outcome 3 and Indicative Outputs linked to adolescent pregnancy

CPD Outcome	Indicative outputs
Outcome 3: By 2021, all adolescents, especially the disadvantaged, increasingly practice key behaviours for healthy development and participate in decision making	• Hospitals and juvenile training centres are able to provide quality Youth Friendly Health Services (YFHS) and are more widely used; • Young people are consistently able to use condoms; adolescent birth rate decreases; • National strategies, policies, and programmes are influenced by youth voices and developed/revised;

[20] United Nations Economic and Social Council, 2016. *Country programme document (Kingdom of Thailand).* E/ICEF/2016/P/L.18; UNICEF/EAPRO Thailand. Available at: https://sites.unicef.org/about/execboard/files/2016-PL18-Thailand_CEP-EN-21Jun2016.pdf

[21] **Outcome 1** is related to children being progressively cared for through ECD services and in protective and nurturing family environments. **Outcome 5** aims to see increased inclusiveness and equity for children in national plans and policies. **Outcome 6** relates to children benefitting from an increasingly effective child-sensitive social protection system.

at all levels to accelerate the realisation of their rights	• Improved data on reproductive health of adolescents in public hospitals; recommendations from the Comprehensive Sexuality Education (CSE) Review have been operationalised; • Migrants are better able to access health care services; • Thailand's national plan has a multi-ministerial coordination body to monitor results; • Adolescent health training curricula and tools developed; • Child Support Grant recipients are increased, postpartum depression screening included in antenatal care (ANC) service package; • Juvenile training centres have professionals trained on adolescent health; • Adolescents have improved information about adolescent health care and services; CYC consulted and informed in decision-making; and • Increased partnerships with youth networks, civil-society organisations (CSOs), Government and private sector to support adolescents.

Source: Adapted from the 2017-2021 UNICEF Thailand Country Programme Document and the Programme Strategy Note: Adolescent Development and Participation

This logic chain for this outcome is integrated into the overall ADAP programme Theory of Change (2017-2021) as follows[22]:

> UNICEF's theory of change states that ***if*** key government agencies and stakeholders have the required understanding on the importance of participation and are supportive of incorporating the opinions of adolescents in decision-making; ***if*** policy makers have access to evidence of the beneficial impact of investments in inclusive adolescent development and the capacity to plan for and implement integrated adolescent-sensitive programmes; and ***if*** health, justice, education and welfare workers have the capacity and tools to support the development and participation of adolescents; ***then*** they will have the ingredients necessary to provide quality and inclusive adolescent-sensitive services for all adolescents.
>
> The theory of change also states that ***if*** adolescents have enhanced knowledge and skills on health, nutrition, protection and development; and ***if*** health centres have the capacity and tools to engage adolescents and equip them with additional skills and knowledge; ***then*** adolescents will increasingly practice key behaviours that prevent HIV and other STIs, early pregnancy and non-communicable diseases and promote physical and mental development to accelerate the realisation of their rights.
>
> Finally, the theory of change suggests that ***if*** members of the National Child and Youth Council, independent youth organisations and schools have the required capacities and opportunities to voice their opinions ***and*** are engaged to drive positive change; ***then*** this will lead to progressive fulfilment of the right to participation among children and adolescents in key forums, and contribute to changes in attitudes, practices and social norms relating to respect for children, their opinions and their rights more broadly.

[22] UNICEF Thailand, 2017. *Strategic Note: Adolescent Development and Participation.* (internal document shared with the evaluator)

There is ***an assumption*** that the political will exists to bring about improvements in the overall quality and inclusiveness of adolescent development, based on the evidence of its importance for national development while there is a risk that budgeting processes remain vertical in nature, undermining investments in coordinated and integrated implementation of adolescent-sensitive services.

The theory of change rests on the **assumption** that UNICEF advocacy for more equitable allocation of resources based on evidence of exclusion and disaggregated data will result in access to services in an equitable manner in each province and across wealth quintiles.

To this end, a visual Theory of Change from the Adolescent Development and Participation (ADAP) programme can be seen in **Annex 1**.

1.2 Adolescent pregnancy initiatives supported by TCO

Between 2020-2021, TCO supported the implementation of **four** projects aimed at addressing the issue of adolescent pregnancy, which can be seen in Table 2 below. The following integrated projects are the basis for this rapid assessment.

Table 2: UNICEF TCO projects targeting adolescent pregnancy during CP 2017-2021

Project	**Brief description**	**Key stakeholders**	**Timeframe**	**Budget**
Objective 1: Prevent unintended pregnancies and reduce related morbidity and mortality risks among 15-to-19-year-old adolescents through a digital platform with age-appropriate sexual and reproductive health content to enhance YFHS access.				
Establishment of a quality youth friendly health service package with standard criteria	Under this project, UNICEF supported the Department of Health through the Bureau of Sexual and Reproductive Health to develop an online self-assessment tool. This tool is available as part of an online platform for public hospitals and uses national youth friendly health services criteria. This online self-assessment tool is aimed at assessing the quality of their services. This activity aimed at contributing to the achievement of the goals set by the Department of Health in the plan of action according to the national strategies on prevention and response to adolescent pregnancy (strategy 3), developed under the Act for Prevention and Solution of the Adolescent Pregnancy Problem B.E. 2559. The online platform is available on the official website of the Bureau of Reproductive Health (BORH) at	National Bureau of Reproductive Health (BORH), Department of Health	**April 2020 - August 2021**	**1,942,436.28 Baht**

	http://202.139.197.70/yfhs/login.aspx To complement the roll-out of the self-assessment tool, UNICEF supported the BORH to enhance the capacities of healthcare staff in youth friendly health service in selected areas on integrated adolescent healthcare services and online YFHS assessment activities.			
Promoting comprehensive adolescent health through digital health platform and empowering key stakeholders to address adolescent pregnancy	The project started in April 2020 and is still ongoing. Its aim is to support the digital platform www.lovecarestation.com to promote sexual and reproductive health and provide health related information to adolescents. In addition to the provision of age and gender appropriate information, P2H also provides adolescents with live counselling by trained volunteers, under the supervision of professional nurses and psychologists. P2H also built the capacity of youth peer educators to promote safer behaviours in 2 Bangkok areas: Nong Khaem and Praves. The project also supported adolescent parents to access skills building opportunities and other services such as linkage to antenatal care (ANC), child support grant (CSG), postpartum care, psycho-social support and counselling.	Path2Health Foundation (P2H)	**April 2020 – February 2022**	**10,806,402.45 Baht**
Objective 2: Ensure adolescent parents receive and access comprehensive care and parental supports during pregnancy, at birth, and after birth				
Empowering community networks to promote comprehensive adolescent health in Chiang Dao and Mae Aye, Chiang Mai	The project was implemented in Chiangmai in Mae ai and Chiang Dao district, where the adolescent birth rate is high. The project covered both prevention and response objectives. On the prevention side, the project promoted comprehensive adolescent health (CAH) and increased access to youth friendly health services (YFHS) among marginalised adolescents. Peer leaders in the communities in 2 districts were supported to help reach out to out-of-school adolescents and part-time students of non-formal-education schools. On the response side, UNICEF's partner	Planned Parenthood Association of Thailand (PPAT)	**May 2020 – December 2021**	**4,305,203.80 Baht**

	PPAT led the 'Prevention & Solution of Adolescent Pregnancy Problems' working groups (PSAPP groups). This coordination body aims to strengthen district mechanisms to provide effective, timely and youth friendly assistance to adolescent mothers, pregnant adolescents, and those experiencing reproductive health problems. Taking cultural sensitivity and ethnic norms into consideration, PPAT established community networks at the local level comprising of approximately 30 members of teen mom parents/ relatives, teen parents themselves, traditional midwives, ethnic leaders, and health volunteers, to help young mothers, dropouts and those with reproductive health risks to access necessary services/ assistance. These network members were trained on basic healthcare for pregnant adolescents (e.g., prevention of preeclampsia and other complications), early postnatal care, mental health support for young mothers and pregnant girls, a package of benefits for young mothers, childcare, referral to healthcare services, access to education and adolescent pregnancy coaching services.			
Empowering at-risk adolescents and adolescent parents to break out of intergenerational poverty through skills development	The project aimed to help vulnerable adolescents, mostly teen parents in Bangkok and Chiang Mai, to develop their vocational skills and match their skills with the demands of the labour market, along with building public-private partnerships with stakeholders in the areas. Run by Friends International (FI), the project focused on 7 geographic areas: 3 in Bangkok and 4 in Chiang Mai. The main target groups were adolescent parents who were not in school, education or training and adolescents who are at risk of violence and exploitation. FI reached their target through networks of stakeholders in the implementing locations including PPAT and P2H and snowball techniques. They provided psycho-social support, career aptitude assessment, skills building, career placement guide, and ongoing case management until the target adolescents find a job.	Friends International (FI)	**April 2020 – December 2021**	**5,531,542.27 Baht**

2. Rapid assessment purpose and scope

2.1 Purpose

This rapid assessment assessed the adolescent pregnancy-related initiatives TCO supported through UNICEF's Country Programme s (2017-2021), focusing on integrated initiatives between 2020 through to the end of 2021. These initiatives were funded primarily by Merck Sharp & Dohme (MSD). The assessment will allow the TCO team, and in particular the Young People's section, to reflect on progress and learn from these experiences, noting successes and identifying areas needing improvement. This is in line with the new CPD priorities (2022-2026), which build upon the previous work done to address adolescent pregnancy and to ensure all adolescents are able to access comprehensive and integrated health and wellbeing services, including sexual and reproductive health services.[23]

By considering what TCO intended to do (or planned to do) with the initiatives, learning what actually happened in the development/implementation/support of the initiatives, what went well (and why) and what could be improved and changed in the programming as part of the next CP (and why), valuable lessons will feed into the operationalisation of integrated services for adolescents, including adolescent mothers in Thailand.

The primary objective of the rapid assessment is to:

> ***Support the TCO to understand the impact made by UNICEF-supported programmes on adolescent pregnancy, reflect on progress, and learn from these experiences to identify successes and areas for improvement***

2.2 Timeframe

The rapid assessment focused on the initiatives TCO developed, implemented, and supported between 2019-2021. However, for the purposes of this assignment, the initiatives were assessed through their implementation and support phases through 2020-2021.

2.3 Thematic scope

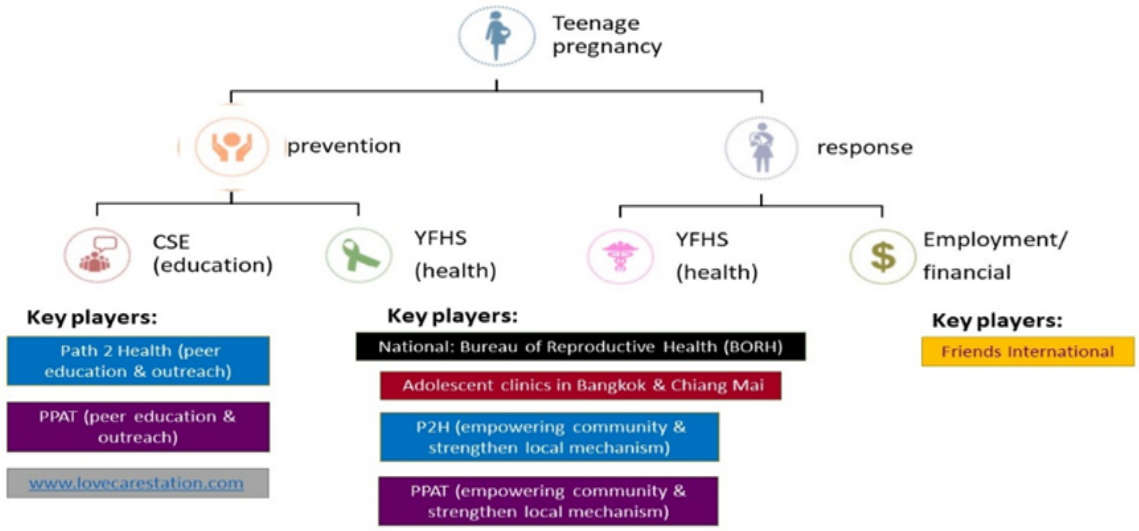
The thematic scope of the rapid assessment focuses on the adolescent pregnancy initiatives which were developed, supported, and implemented (or partially implemented) by UNICEF through the timeframe above. This includes **four** projects TCO worked on with a range of state and non-state stakeholders and organisations (see also Table 2 above). These are:

[23] United Nations Economic and Social Council, 2021. Country Programme Document: Thailand. Available at: https://www.unicef.org/executiveboard/media/8826/file/2022-PL2-Thailand_CPD-EN-ODS.pdf

1. **Establishment of a quality youth friendly health service package with standard criteria**
2. **Promoting comprehensive adolescent health through digital health platform and empowering key stakeholders to address adolescent pregnancy**
3. **Empowering community networks to promote comprehensive adolescent health in Chiang Dao and Mae Aye, Chiang Mai**
4. **Empowering at-risk adolescents and adolescent parents to break out of intergenerational poverty through skills development**

These projects are linked, and interact with each other through both prevention and response strands as summarised in the figure below:

Figure 3: Model of adolescent pregnancy initiatives supported by TCO[24]



More information on the various project's rationale can be found in **Section 4.1** while a summary of results for each project can be seen in **Annex 7**.

2.4 Geographic scope

The geographic emphasis of the rapid assessment is at the national level and provincial levels (Bangkok and Chiang Mai), in line with the geographic scope of the projects supported by TCO.

2.5 Target informants

The target informants for the assessment were:

a. TCO staff who were involved in the conceptualisation, planning and development, implementation, and monitoring and evaluation of the adolescent pregnancy initiatives.

[24] Note: This infographic was shared by UNICEF staff. For clarity and for the purposes of this assessment, the phrase 'adolescent pregnancy' shall be preferred over 'teenage pregnancy' as listed in the infographic.

b. State and non-state stakeholders (Ministerial departments, CSOs and Non-Governmental Organisations [NGOs] which partnered with TCO in the conceptualisation, planning and development, and implementation of the adolescent pregnancy initiatives).
c. Beneficiaries (aged 18 and over) who benefited from or were able to access the services provided by the adolescent pregnancy initiatives.

In line with a human-rights based approach (HRBA), human rights, child rights, and gender equality was incorporated into the assessment. The voices and perspectives of rights holders, including young people, minorities, and persons with disabilities, were taken into consideration throughout the process as all efforts were made to ensure they were consulted. Efforts were made to ensure that the target informants were diverse, coming from a range of locales in Thailand and not excluding any genders.

2.6 Intended audience

The rapid assessment report's primary audience is expected to be the TCO along with those who have a direct, identifiable stake in the results of the assessment. Secondary audiences of the report will be those parties previously partnered with TCO on the adolescent initiatives, the RTG through its Health and Education Ministries, academics, CSOs/NGOs in Thailand working on YFHS, CSE, or working with youth, and international organisations.

Table 3. Intended users and uses of the rapid assessment

Users of the rapid assessment	**Uses of the rapid assessment**
Primary users:	
UNICEF TCO	To inform forward planning relating to adolescent pregnancy, NEET, and other initiatives related to integrated services for youth. To develop an understanding of the successes and issues relating to the support of adolescent pregnancy initiatives. To further understand successes and considerations when it comes to bringing models to scale. To further understand partnerships made through the initiatives.
MoPH and other implementing partners	To provide lessons learned on the initiatives which can inform future policy and legislative work and inform synergistic partnerships going forward.
Secondary users:	
The RTG	To gain a deeper understanding of the work being done by UNICEF TCO and the implementing partners relating to adolescent pregnancy and to use the results to inform future work or scaling up of projects.
The CYC and other policymakers	
CSOs/NGOs, youth organisations, etc.	
Academics	
Wider UNICEF/UN audiences	

3. Evaluation framework and methodology

3.1 Overall approach

The rapid assessment provided a rapid, evidence-based analysis with a largely qualitative approach with which to respond to one overarching research question: **What are the results of UNICEF Thailand's adolescent pregnancy initiatives (2020-2021), what progress has been made, and what lessons can be learned from them?**

To respond to the overall research question, and in line with the contents of the Terms of Reference (ToR), the rapid assessment adopted participatory approaches through engagement of and consultation with key stakeholders in government, civil society and partner agencies, and beneficiaries throughout the process. Participatory research methods help participants to develop agency, stimulate ownership of results, and create an atmosphere of trust and growth. The rapid assessment was approached through a systems approach, as outlined in Section 3.3, and favoured by the World Health Organisation in discussing integrated health services for adolescents (see Annex 6). The assessment also draws on available data from recent assessments, reviews, research, studies, progress reports, situation reports, national datasets, surveys, and other sources.

3.2 Evaluation criteria

The rapid assessment was conducted based on the OECD/DAC criteria of Relevance, Effectiveness, Impact, Coherence, and Sustainability. Efficiency was not selected for the rapid assessment as an assessment. Evaluating how well resources have been used was not highlighted as a point of interest by the TCO team. Impact was not selected as it is likely that the long-term impacts of the initiatives are complicated and unable to be assessed through the rapid assessment. The criteria used in this study and their descriptions of use in the study are as follows:

- **Relevance** – the extent to which the adolescent pregnancy initiatives have been appropriate to the targeted beneficiary populations' needs and proved able to adapt to changing contexts and needs.
- **Effectiveness** – the extent to which the intended results have been achieved, what the enabling/hindering factors in the results were, to what extent UNICEF was an asset to implementing partners, and to what extent the initiatives were able to support integrated services through synergistic partnerships.
- **Coherence** – the extent to which the adolescent pregnancy initiatives were consistent with other initiatives promoted by various sections of the office and as well with the government, UN, and other actors' interventions, and to what extent the services as part of the initiatives followed an integrated approach.
- **Sustainability** – the extent to which the adolescent pregnancy initiatives included appropriate measures to ensure sustainability of the processes and results, and whether the initiatives meet the TCO Piloting and Modelling Self-Assessment guidelines.[25]

[25] UNICEF, 2021. *Procedure for developing up Scaling-Up Models* (internal document).

The guiding questions for each criterion can be seen in Table 4 below, while the full evaluation matrix can be found in **Annex 4.**

Table 4. Research questions and sub-questions for the rapid assessment

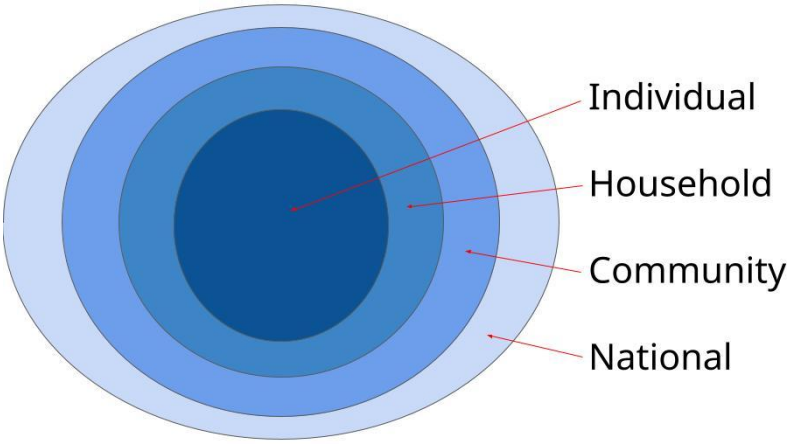
OECD/DAC criteria	Questions	Sub-questions
Relevance	To what extent were the adolescent pregnancy initiatives relevant to the beneficiary needs and desires?	How have beneficiaries (and their needs) been considered in the development and implementation of the initiatives? Are the project objectives and key results closely aligned with their needs?
		What were the rationale for the interventions and what role did UNICEF play in their development?
		To what extent were the initiatives aligned with the national context, national policies and laws, including the Adolescent Pregnancy Act?
	To what extent have the initiatives been able to adapt to changing contexts and needs?	How have the initiatives been able to adapt to the changing contexts of the COVID-19 pandemic?
		How have the initiatives been able to adapt to the changing needs and desires of the beneficiary populations?
Effectiveness	To what extent have the expected results been achieved, and what have been the factors that have enabled or hindered this?	What are the expected results against the achieved results? What are the unexpected results from the initiatives?
		What are the factors that enabled results to be achieved?
		What are the factors that hindered the progress of results?
		To what extent did COVID-19 impact the effectiveness of the initiatives?
	To what extent has UNICEF been an effective partner and implementer in developing and implementing the initiatives?	To what extent has UNICEF been an asset to the implementing partners? Why?
	To what extent were the services provided as part of the initiatives integrated?	How effective were the initiatives in providing integrated YFHS to adolescents?

		How effective were the coordinated efforts of actors on the ground in ensuring that the services provided effective integration?
Coherence	To what extent were the initiatives consistent with government, UN, and other actors' interventions?	To what extent did TCO consider existing adolescent pregnancy initiatives in Thailand in the development and implementation of their initiatives?
		To what extent are the initiatives complementary or overlapping to existing programmes in Thailand?
	To what extent were the initiatives consistent and/or complementary to existing projects across the various sections of TCO?	To what extent have the other sections in TCO been involved in the development and implementation of the initiatives? Are there any missed opportunities for collaboration?
	To what extent were the adolescent pregnancy initiatives developed and implemented in coordination with the capabilities and expertise of the implementing partners?	To what extent were the initiatives developed collaboratively with the implementing partners?
		To what extent were the initiatives developed and implemented with the capabilities and expertise of the implementing partners in mind?
	To what extent were the services, as part of the initiatives, integrated?	To what extent did the initiatives have a holistic approach with synergistic and integrated services?
Sustainability	Did the interventions include appropriate measures to ensure sustainability of the processes and results?	Was scalability factored into the design of the interventions and to what extent will the projects continue into the future?
		To what extent can the initiatives be used as a model for future initiatives related to adolescent pregnancy or other related health programmes?

3.3 Systems approach

Systems approaches can be applied to various issues, sectors, or challenges, and a systems approach will be utilised in this rapid assessment. In this case, the system being studied is the system surrounding adolescents, and the environment is Thailand. Using a systems approach therefore allows us to consider the different levels, types, and parts that are connected by the common goal of addressing the issues surrounding adolescent pregnancy in Thailand. It also leads us to consider, particularly in keeping with the health and socioeconomic focus, both the supply and demand side issues, and to situate issues, challenges, gaps, needs or opportunities within the 'system' in terms of level, type, etc. This will allow for the identification of bottlenecks and barriers, as well as strengths and weaknesses within the system.

Figure 4. Systems approach diagram as used in this study



Generally, the systems literature defines a system as a collection of components or parts that are organised (i.e., connected to each other) around a common purpose or goal. Systems also operate at different levels, with each level made up of components that are specific to the level in question.

3.4 Rapid assessment process

The Rapid Assessment utilised a mixed-methods approach, with key informant interviews (KIIs), focus group discussions (FGDs), and an online survey component. In order to enhance the validity of the data, information was collected from several sources and triangulated to get a comprehensive understanding of the adolescent pregnancy initiatives. Though the initiatives include adolescents under 18 years of age, extreme care was taken to ensure that all data collected was from persons 18 years of age or older (see Section 3.7 below).

Sampling throughout the assessment was purposive and was informed through consultation with TCO staff and through the desk review.

An outline of the key steps undertaken is provided below.

1. **A comprehensive desk review** (see Annex 3) of available documentation, including project documents, annual reports, evaluation reports, mid-year and end-year reviews, relevant policies, CSE curricula, frameworks or guidelines at international and national levels, datasets, government documents, publications, and studies will be done throughout the rapid assessment. TCO has provided the consultant access to some supporting documentation which has informed the development of this inception report and corresponding research tools, and it will continue to be useful for analysis throughout the process. Existing literature on good practice with regards to responding to and addressing adolescent pregnancy will feed into the study and inform recommendations.
2. **12 key informant interviews (KIIs) and 4 focus group discussions (FGDs) were held online via Zoom**, in line with COVID-19 precautions and the physical distancing measures in place in Thailand currently. (The targeted versus actual sampling of participants can be seen in Section 3.7 below.) The implementing partners played a key role in coordinating the FGDs as they identified suitable and

available persons meeting the criteria shared with them. All data was disaggregated by respondent characteristic, anonymised, and saved in a password- protected Google Drive folder.

3. Due to a desire for privacy and a lack of availability by beneficiary informants willing to participate in either interviews or focus group discussions, it was agreed upon between UNICEF, the implementing partners, and the consultants, that an online survey may be able to provide insight into some of the gaps left with their non-participation in the qualitative portion of the study. **An online quantitative survey was disseminated to a range of beneficiaries of the adolescent pregnancy initiatives**, with 29 respondents completing the survey. The respondents were those who have directly benefited from the interventions and were able to offer an interesting perspective on the extent to which the programme was relevant, effective, coherent, and sustainable. The implementing partners distributed the online survey through purposive means via a link to beneficiaries of the projects. Google Forms was the survey platform used, with all information anonymised and coded, with results saved in a password-protected Google Drive folder.

3.5 Data collection

Data collection took place throughout the assessment process. The evaluation criteria are outlined in Section 3.2 and an evaluation matrix can be seen in Annex 2. All data collection tools were developed in line with a Human Rights Based Approach (HRBA) to ensure sensitivity to the needs of rights holders, by using empowering and non- stigmatising language aligned with the recommendations in the standards provided by the World Health Organization in providing youth friendly health services for adolescents.[26] All data was collected through virtual means: the online survey was conducted using Google Forms, and KIIs/FGDs were conducted using Zoom.

3.5 Sampling

Participants were identified and purposively selected through desk review of documents shared by the TCO team. Implementing partners assisted with the identification of persons with whom to meet as part of the data collection process. Table 5 breaks down the target stakeholders:

Table 5. Stakeholders consulted for the rapid assessment

KIIs			
No. of consultations	**KII - UNICEF**	**No. of consultations**	**KII – non-UNICEF**
1	UNICEF Adolescent Development Specialist	**1**	Implementing partner: PPAT (Planned Parenthood Association of Thailand)
		1	Implementing partner: Friends International (4 staff present)

[26] World Health Organisation, 2012. Making health services adolescent friendly: developing national quality standards for adolescent friendly health services. Available at: https://apps.who.int/iris/bitstream/handle/10665/75217/9789241503594_eng.pdf

	1	Implementing partner: Path 2 Health (P2H)
	1	Implementing partner: MoPH
	1	Implementing partner: MSDHS (Department of Children and Youth [DCY])
	2	Implementing partner: BMA (1 Director of Health Promotion, 1 implementor)
	1	Youth representative/policy changemaker/government: CYC
	2	Adolescent clinics: One clinic in Chiang Mai, one clinic in Bangkok
	2	Beneficiaries: One adolescent who was a beneficiary of integrated services in Bangkok, one adolescent who was a beneficiary of services in Chiang Mai
Focus group discussions		
1 FGD (n=5) with members of the Prevention & Solution of Adolescent Pregnancy Problems' working groups (PSAPP groups)		
1 FGD (n=5) with staff and volunteers from the lovecarestation.com website and/or peer educators involved in CSE and in the "Promoting comprehensive adolescent health through digital health platform and empowering key stakeholders to address adolescent pregnancy project."		
1 FGD (n=4) with parents of beneficiaries involved in the Empowering at-risk adolescents and adolescent parents to break out of intergenerational poverty through skills development		
1 FGD (n=4) with beneficiaries from the Empowering at-risk adolescents and adolescent parents to break out of intergenerational poverty through skills development		
Online survey		
19 young people (18-19 years old) who accessed YFHS in Bangkok (Adolescent parents or non-parents who benefited from support, health information, and referrals from community support workers and educators)		
10 young people (18-19 years old) who accessed YFHS in Bangkok (Adolescent parents or non-parents who benefited from support, health information, and referrals from community support workers and educators)		

As can be seen, the stakeholders consulted come from a range of organisations. The rationale for their choice is as follows:

KIIs:

- **UNICEF:** UNICEF staff who are knowledgeable about, had oversight of, or led the initiatives.
- **Implementing partners:** Lead contacts for selected initiatives. These stakeholders include staff from government, CSO, and youth-serving organisations.
- **Youth representatives/policy changemakers/government:** The CYC is the biggest formal participation mechanisms for young people in Thailand and they have a direct interest in ensuring that interventions, across the country, are coherent with one another and are as effective as possible.
- **Adolescent clinics**: Adolescent clinics were chosen to understand the perspective of the projects in the eyes of health care professionals.
- **Adolescents who accessed YFHS**: The perspective of young people who benefitted from the services offered as part of the initiatives was key to capture and ensured that the voices of youth were included as part of the assessment.

FGDs:

- **Stakeholders involved in supporting adolescents:** A fairly broad range of stakeholders supported adolescents through the initiatives. They involve educators, healthcare workers/counsellors, skills development practitioners, and parents. A PSAPP group in Chiang Mai, consisting of a range of stakeholders who serve adolescents, were consulted. Further, staff and volunteers of the lovecarestation.com website were consulted to understand their perspectives on their work with youth.
- **Beneficiaries of the lovecarestation.com website and the Empowering at-risk adolescents and adolescent parents to break out of intergenerational poverty through skills development project:** The perspective of young people who benefitted from the services offered as part of the initiatives was key to capture and ensured that the voices of youth were included as part of the assessment.
- **Parents of beneficiaries:** Considering the sensitivity of meeting with beneficiaries directly, it was decided, in consultation with UNICEF and implementing partner staff, to meet with the parents of beneficiaries to understand household-level impacts because of the initiatives.

Online survey

- **Young people who accessed YFHS:** Obtaining the views of young people who accessed YFHS in both Bangkok and Chiang Mai helped to understand how their experience was in the health centre and to what extent integrated services was offered to them.

3.6 Data analysis

The rapid assessment questions were analysed through the following means to assess and validate the research findings:

Thematic coding: a deductive approach to coding as a means to organise the data by research question, while also allowing for inductive identification of emerging themes. Critically, qualitative analysis drew on the research questions/evaluation matrix. Based on the research questions, subject to refinement as results come in, the evaluator developed and internally piloted a codebook (including sub-codes for each research question) to ensure the relevance of the coding structure and consistent code application.

After being uploaded to Dedoose (qualitative data analysis program), each transcript / document was tagged with key characteristics, such as sex, age, province, region, etc. to allow for disaggregation of the data and more nuanced analysis. The transcripts were coded into Dedoose to allow for in-depth qualitative analysis. The coding structure was then applied to all transcripts/ documents. Text was carefully read and sections of text which matched codes were electronically marked. Each transcript was linked to descriptive and/or demographic information, allowing for some disaggregated data analysis.

Triangulation and final analysis: The different analytical components were brought together to answer all research questions during the report writing phase. The rapid assessment analysed all of the adolescent pregnancy initiatives at once; hence, the findings are largely general and not specific to each intervention. This is a single assessment which identifies general lessons for future adolescent pregnancy initiatives. The combined inputs

were analysed with a view to respond to the study's objective, assessing overall strengths and weaknesses and providing recommendations for a rights and results-based approach to continued adolescent pregnancy initiative support from UNICEF.

3.7 Ethical considerations

This rapid assessment and the tools used to respond to the research questions were designed with respect, beneficence and non-maleficence and justice to all participants in line with a HRBA and ethical evidence generation. Participants were given an informed consent form in Thai (and English, where applicable) which outlined the purpose of the study, provided an assurance that their participation was not compulsory, that they were free to not participate with no negative consequences, and that they were able to withdraw from the study at any time. The form also included information about the affiliation of the researcher, the direct and indirect benefits (note: there was no compensation for participation) and risks of participation, and affirmations that participants can pause or end the interview at any time, refuse any question, and that their responses will be kept anonymous. The consent form was provided to all participants in advance of any consultations with them. When meeting (virtually) in KIIs/FGDs, the consultant sought statements of informed consent from all participants before proceeding with the interviews after reiterating the main points of consent. Additionally, participants were asked for their consent to be audio recorded. All recordings and transcripts were disaggregated by stakeholder type, with any identifiable information removed. All collected data was saved securely in a password-protected Google Drive folder and all responses were anonymised for confidentiality purposes. The research tools all had a qualifying question where respondents must confirm that they are aged 18+, and anyone younger was not allowed to proceed with the interview/survey.

This rapid assessment underwent an ethics review and sought research ethics approval from UNICEF. The approval letter can be seen in Annex 8.

The consultant's signed UNEG Code of Conduct for Evaluation in the UN System forms can be viewed in Annex 4.

The rapid assessment conformed to guidelines and standards set by the UN and UNICEF. The assessment was guided by UNICEF's revised Evaluation Policy (2018), the United Nations Evaluation Group (UNEG) Norms and Standards for Evaluation (2016), UNEG Code of Conduct for Evaluation in the UN system (2008), UNEG Ethical Guidelines for Evaluation (2020), UN SWAP Evaluation Performance Indicator (2018), UNEG Guidance on Integrating Human Rights and Gender Equality in Evaluation (2014), and UNICEF-Adapted UNEG Evaluation Report Standards (2017).

3.8 Risks and mitigation measures

In this study, given the circumstances of risks related to COVID-19 and associated ethical challenges, as well as the need to avoid the involvement of children in the data collection, these considerations were at the forefront of decision making, planning and research development:

Table 6. Risk mitigation strategies employed in this assessment

Area of concern	Description of risk	Mitigation
Research during COVID-19	Research in-person presents risk of transmission of COVID-19 and subsequent illness or death.	All research was carried out via online means. Should online data collection have not been possible, the data collection would have been subject to a risk assessment immediately prior to the start of fieldwork to understand levels of risk associated with in-person fieldwork. Mitigation strategies such as use of personal protective equipment (PPE), distancing during research activities, outdoor research and reduction of numbers of participants in group activities would have been utilised to reduce risk. For participants who were not able to access technology for video calls, individual telephonic interviews took place with respondents.
Research with vulnerable participants/ youth	Research with vulnerable participants may present risk of re-traumatisation, generate additional burdens on participants (time or financial), or result in backlash in some scenarios.	In all cases, informed consent was sought prior to participation, along with a qualifying question to ensure that all participants were 18 years of age or older. Identifying information was not shared and was used only for verification purposes. Data security protocols were applied during and after data collection. Research only took place when it was determined that the participants were in safe and private locations. A (Thai) female researcher (certified in UNICEF's Protection from Sexual Exploitation and Abuse course) was employed for all interviews involving Thai language to ensure that all participants could speak openly in their mother tongue, while she also handled one-on-one conversations with beneficiaries alone to ensure participant safety and comfort.

3.9 Limitations

Some of the methodological limitations and mitigation measures are summarised in Table 7. The research methods employed complement each other, address methodological weaknesses and facilitate triangulation of results. Due to the COVID-19 pandemic, it was not possible to collect data in person. Therefore, data collection was restricted to online means, including through video conferencing and an online quantitative survey.

Table 7. Data collection limitations

Method	Limitation	Mitigation
All online data collection	Young people/vulnerable persons not being able to access online means with which to meet the evaluation team for data collection	It was a challenge to interview beneficiaries virtually, particularly as ensuring confidentiality among the informants is key. Because of this, and in collaboration with the implementing partners, these vulnerable persons were screened for their availability and interest to participate by the implementing partners, then met with via telephone call so as to ensure a safe, one-on-one phone call could take

		place between the Thai female researcher on the assessment team and the beneficiaries. Due to the lack of publicly available patient information, beneficiaries were largely sampled through anonymous, quantitative means as an online survey was deemed important through the data collection process.
FGD	Online FGDs can make it challenging to capture the perspectives of all participants	FGD sizes were kept small, with a targeted 5 participants. This allows for each participant to be able to reflect upon the questions and respond fully while interacting with each other. A Thai researcher was employed throughout the data collection process.
FGD	Small number of FGDs can lead to limited data being collected	Care was taken to ensure that the participants were those whose perspective on the initiatives may add rich information not previously captured. This was essential to complement the data collected by the key implementers.
FGD	Beneficiaries of YFHS clinics were largely not available or willing to meet as part of the study	Because of the sensitive nature of the study, beneficiaries of the clinics were not available: the clinics and implementing partners do not release information on patients or beneficiaries. One KII took place with a beneficiary from both Bangkok and Chiang Mai, and a quantitative survey was employed to obtain the perspectives of YFHS beneficiaries anonymously and discretely.
KII	Small numbers of interviews lead to limited data being collected	Care has been taken to ensure a good breadth of stakeholder type, including UNICEF, government, and CSO. This ensures that the data is rich and unbiased.
Desk review	Limited documentation may be available (i.e., reporting documents) to make a judgement on the adolescent pregnancy initiatives	What is available was cross-referenced with the other data collected to ensure validity.

All data collection was done together to validate and triangulate the findings.

In addition to the limitations related to data collection, potential challenges related to sampling strategies and data gaps are detailed in Table 8, along with proposed remedial measures to ensure the reliability and representativeness of the analysis and its results.

Table 8. Sampling challenges and data gaps

Limitation	Risk	Mitigation
Availability of respondents	Not all informants identified / proposed in the inception phase were available or willing during the	A proposed interview with a second UNICEF staff member was deemed unnecessary and therefore cancelled because the UNICEF staff consulted in the data collection process was the key UNICEF specialist involved in all of the initiatives. The donor to the initiatives was unavailable to meet with the

	data collection phase.	research team. It was determined, through discussions with UNICEF staff, that while their perspective would be interesting, their perspective would not be required for the assessment. Beneficiaries were a challenge to meet with, particularly ones who utilised the YFHS clinics. As mentioned in Table 6, due to privacy and anonymity regulations and concerns within the health care system, contact information for beneficiaries was not able to be provided to the assessment team. To mitigate this potential gap in the data, an online quantitative survey was carried out to obtain the anonymous perspective of youth who accessed these services.

4. Results

The results of the rapid assessment are below in Section 3. They are the culmination of the mixed-methods research and are separated by OECD/DAC criterion heading. Each criterion is separated by its targeted research questions, which can be seen in Annex 2.

4.1 Relevance

4.1.1 Appropriateness of projects to the beneficiaries

Question	**To what extent were the adolescent pregnancy initiatives relevant to the beneficiary needs and desires?**
Sub-questions	*How have beneficiaries (and their needs) been considered in the development and implementation of the initiatives? Are the project objectives and key results closely aligned with their needs?*
	What were the rationale for the interventions and what role did UNICEF play in their development?
	To what extent were the initiatives aligned with the national context, national policies and laws, including the Adolescent Pregnancy Act?

Both prevention and response categories of interventions were designed through extensive experience with the beneficiaries. However, the assessment finds minimal evidence on planning the projects through consultations with the targeted beneficiaries. The MoE was not involved but should have been. The implementing partners of the initiatives have deep knowledge and experience in working with their respective beneficiary groups. For example, according to staff members at P2H, P2H's Lovecarestation.com was established 13-14 years ago as a chat room to provide advice for young people. Moreover, their extensive networks of youth experts, volunteers, health care workers, and social workers engaged with work on the initiatives helps to strategically position them as qualified and leading organisations to carry out the various initiatives UNICEF supported. This said, none of the implementing partners consulted as part of this evaluation report consulting youth in the planning phases prior to project implementation. UNICEF staff confirmed, however, that during the inception phase, and relating to the projects based in Chiang Mai, consultations took place with the CYC. While having experience working with the targeted beneficiaries helps inform programmatic activities, more care should have been taken to better include the voices of the beneficiaries, or at least youth (perhaps through the CYC, as consulted in Chiang Mai), in the planning stages. Encouraging the involvement of youth in the planning processes for projects was a recommendation in UNICEF's 2016 *Situation Analysis of Adolescent Pregnancy in Thailand*, and this should be done across the board. Moreover, the MoE, a very important stakeholder for

adolescent work and one with much potential impact, was not involved in the initiatives. Their collaboration on the initiatives would be highly relevant and lead to better results.

The CYC worked with and was trained by P2H during implementation of the Lovecarestation website and its related programmatic activities, though could have been involved in all projects. The CYC, representing young people in Thailand, hold an important position in Thai society. They can help to mobilise youth and push forward policies which benefit young people. P2H worked with the CYC in Bangkok to promote the Lovecarestation website, and the CYC helped to train youth leaders on consultations around SRH. The CYC also recruited young people from schools to help join as volunteers, collaborated with P2H on household visit cases, and offered their expertise throughout the project. The CYC, and youth in general, could be better engaged in the provision of integrated services addressing adolescent pregnancy. Their ability and willingness to lead on-ground activities is high, and through including them, as a rule in projects, more impact is likely. Expanding the collaboration with the CYC in addition to students/youth leaders in local communities would benefit the initiatives.

The initiatives are found to be highly relevant to the needs of adolescents in Thailand. The main needs of adolescents in Thailand, and in particular the adolescents whom the supported initiatives target (primarily adolescent parents), can be said to generally fall into three categories:[27]

- **Health**: Adolescents in Thailand require greater levels of education on reproductive health and sexuality, and they also require adolescent-friendly health services. CSE and other work classified as preventative measures are essential components of the supported initiatives, for example, through contraception being taught about and distributed in Bangkok and NEET youth in Chiang Mai being educated about sexual health and family planning thanks to their youth leader programme. In both, the health services directly target adolescents. Thus, the initiatives are directly relevant to their needs relating to health.
- **Social**: Adolescents in Thailand require crucial support systems, including learning more about their rights, understanding the laws, and learning where and how to obtain more information and access a variety of services. The initiatives assessed in this report address the social needs of youth and thus are found to be relevant. For example, the Lovecarestation.com website offers adolescents a forum in which they can ask any question, including about sexual and reproductive health (SRH), but also providing mental health and referrals to other support mechanisms. Education is also highly important, and CAH and SRH are essential social mechanisms to improve knowledge and prevention of adolescent pregnancy issues. This education

[27] UNICEF (2016). *Situation Analysis of Adolescent Pregnancy in Thailand.* https://www.unicef.org/thailand/media/1126/file/Situation%20Analysis%20of%20Adolescent%20Pregnancy%20in%20Thailand.pdf

should be carried out in formal classrooms, mandated and overseen by the government.

- **Economic**: One of the most common needs for adolescent parents is to be stable, economically. Because of this, support, financially or through employment, directly targets this need. The initiatives UNICEF supported aimed to serve this purpose and did do so in a number of ways. For example, Friends International and their networks helped launch a start-up business for adolescent mothers in Chiang Mai while also providing emergency financial support for adolescent parents during the COVID-19 pandemic.

The interventions UNICEF supported built upon existing programming to provide important services to young people and linked the otherwise disconnected services. The interventions were found to build, successfully, on previous services. Youth-friendly clinics, for example, existed in Thailand well before the UNICEF-supported interventions. However, with UNICEF's support, the interventions helped key clinics to become closer aligned with the specific needs of adolescents, utilising current best practices from the WHO and providing an effective online platform with which to gain accreditation through hospital self-assessment. P2H and its team of volunteers have been providing consulting services to young people for over a decade, and through UNICEF's support, were able to reach even more people through referral mechanisms. The project-supported online counselling services, which helped to provide a more comprehensive set of services to the beneficiaries. In addition, the website created integrated services, connecting a variety of sectors together, including the hospitals, the MSDHS (for CSG-related assistance primarily), social workers, schools, and community leaders. Friends International (FI) have also been working with young people in Thailand for around a decade, helping them with social support,[28] career readiness, and more. This project again, helped to build upon what they were able to offer. Importantly, with UNICEF's support, the individual projects became much more interlinked through a stress on the integration of the services provided. This was new territory for a number of project implementers, and while the majority of respondents described coordinated and collaborative efforts challenging, the collaboration proved to be highly relevant to the needs of adolescent parents.

UNICEF's work with the BORH on developing an online hospital self-assessment tool is relevant to improve processes for hospitals and improve data management. This UNICEF-supported project helps hospitals to ensure that they are meeting the specific needs of adolescents, which was not fully required or considered in the existing accreditation systems required by hospitals**.** Adolescent clinic staff described excessive

[28] As a government respondent mentioned, there are 15 main Social Welfare areas in Thailand. These are said to be the responsibility of the Department of Local Protection and Promotion, the Ministry of Digital Economy and Society, the Department of Juvenile Observation and Protection, the Department of Social Development and Welfare, the Department of Labour Protection and Welfare, the Royal Thai Police, BORH, Ministry of Public Health, and a range of NGOs (*source: KII, government stakeholder).* Because of the UNICEF-supported initiatives, the organisations are reported to have been working together more cohesively.

checklist-type work for these accreditations to be time-consuming and according to a MoPH stakeholder, an overwhelming number of hospitals in Thailand are accredited by this system[29] and renew accreditation every three years. This makes for administrative burdens for hospital staff. The fact that the UNICEF-supported self-reporting system is online makes the assessment much easier, as reported by government stakeholders. Thus, this service is relevant to improving healthcare services for adolescents and filling the need for more convenient data management services for hospital staff in Thailand.

The interventions each have highly relevant and clear rationales and are based on real and existing issues within Thailand. The projects were implemented in the two districts with the highest rates of adolescent parents (Prawet and Nong Khaem for Bangkok, and Mae-ai and Chiang Dao for Chiang Mai). The young people in the target districts face higher relative rates of adolescent pregnancy, out-of-school rates, and poverty rates, and all aspects of the projects, from prevention to response, target existing needs, particularly from adolescent mothers. In Chiang Mai, needs appear to be higher than in Bangkok, particularly with young people having less access and knowledge around sexual and reproductive health and available services. In the two Chiang Mai districts which were targeted (Mae-ai and Chiang Dao), populations are mixed with Thai and non-Thai, and this brings with it varying cultures/norms/beliefs on pregnancy and sex, varying levels of education, and challenges with remoteness, with existing health centres and community support mechanisms less likely to be able to reach.

Career development and training was not as relevant as it could have been. While career support provided as part of the initiatives was warmly received by young people (and their parents) and targeted a real need, the support was reported by PSAPP, government, and beneficiary respondents to be unable to offer mothers support on careers that they were able to do from home with their child or point them towards child-friendly workplaces. Friends International, as part of its work in Chiang Mai, provided money for business start-ups to some individuals, which may possibly address the issue, but all respondents mentioned how their most pressing needs after giving birth are money, support with the baby (i.e., parenting training), and access to a job. Further targeting career development programmes towards offering them a way to earn money while their children are supported as well could help to ensure long-term success of the interventions. Further, all FI beneficiaries who were consulted as part of this assessment reported having jobs already (of which, they found themselves and which were not provided by Friends or the career development). This could point to there potentially being

[29] A study from 2020 notes that there were 817 HA accredited hospitals in the country (which represents 91%, if using the total number of hospitals as provided by UNICEF in reporting documents). *Source:* Sriratanaban, J., Ngamkiatpaisarn, S., & Charoenmukayananta, S., 2020. 'Association Between Hospital Accreditation and Outcomes: The Analysis of Inhospital Mortality From the National Claims Data of the Universal Coverage Scheme in Thailand'. *Quality Management in Health Care, 29(3), 150–157.* doi: 10.1097/qmh.0000000000000256

more relevant beneficiaries to receive aid/financial assistance, which reportedly covered formula, diapers, and transport to work and a doctor's office.

Youth-friendly health services clinics' timings may not be entirely relevant to youth. Though adolescents are able to access online counselling services through the Lovecarestation.com website from 4pm-midnight, they also need to be able to access comprehensive services such as pregnancy testing, family planning, ANC and STI testing in-person. According to a respondent who works in an adolescent friendly clinic, the services offered (in this particular clinic) run between Monday-Friday from 08:30-16:30. With this schedule, young people in school are almost completely unable to both access the services required and attend school. This is a major oversight by this clinic, and it is highly recommended to investigate whether this is a common occurrence or not in other clinics.

UNICEF was found to be highly important in the development of all projects. UNICEF staff were active during the planning and development phases for each project and were said by all implementing partners as being very supportive and active in offering technical expertise and suggestions for the projects. Importantly, UNICEF staff were described by the majority of respondents involved in implementation as being key for collaboration between partners, enabling comprehensive integrated services. UNICEF's strategic position and ability to influence at all levels was an enabler for project success. For example, UNICEF's volunteer advertisements on their Facebook page and website for the 'I am UNICEF' and other initiatives drove volunteers to work with both P2H and PPAT, showing their ability to recruit and support people on the ground who are keen to gain experience and volunteer their skills. On the other side of this, UNICEF's ability to work with various Ministries is seen by respondents as a value add. The majority of respondents explained that UNICEF met with implementing partners and government stakeholders regularly during the project period, even during the COVID-19 pandemic, to ensure that various partners were working together toward the same goal.

> *Because of UNICEF, our support and work for teen moms is integrated. Before, we could only focus on our own work, each section had their own focus. But now, we are all working together towards the same goal. (FGD, PSAPP).*

The interventions, in their objectives, aims and targets, are very much in line with the national context, national policies and laws, including the Adolescent Pregnancy Act. They provide relevant and targeted assistance towards challenges in implementation by the government. With a large number of stakeholders active on work on adolescent pregnancy, coupled with varying levels of adherence to the national policies and laws, it makes for a challenging landscape in which to enact lasting change. The majority of respondents, including government and implementers, describe work being done in line with the Adolescent Pregnancy Act and other national policies, including providing adolescents with comprehensive education on sexual health, access to YFHS, providing

welfare and social support for teen parents, and ensuring that young parents are able to continue their education. These are all very much in line with the policies. However, implementation is reported to be an issue, as reported by most KII respondents, including government, implementing partners, and youth. The RTG has had difficulty in implementing the laws across all provinces and districts, due to a lack of clear accountability mechanisms, incomplete communication of policies, and a lack of political will at provincial, district, and community levels. The adolescent pregnancy initiatives supported by UNICEF helped to improve matters through integration and increased effectiveness in implementation, and so thus the interventions are relevant. As reported in the MSDHS review of programme activities (2016-2021):

> *There is still limited knowledge in connecting the law, policy and implementation under the Prevention and Solution of the Adolescent Pregnancy Problem Act, B.E. 2559 (2016) and other relevant laws and policies among staff especially at local level which lead to implementation fragmentation between implementation agencies.*[30]

In order for a model for integrated health services to work, respondents suggest that significant additional research into the specific needs of adolescents in varied contexts should be carried out. Because of the varied nature of youth across Thailand, with differing levels of education, levels of influence by traditional or village leaders, and languages/cultures, respondents described the need for more highly contextualised interventions to be in place. The initiatives evaluated as part of this rapid assessment do consider local contexts, especially with the use of youth leaders and the PSAPP, but the needs and desires of young people across the country do not appear to be fully mapped. As a PSAPP member describes, while discussing the challenges in entering certain communities and in overcoming cultural barriers:

> *First, we have to identify them. It's not very easy to find them as some groups think this (teenage pregnancy) is normal for them and do this as a tradition. There were some tribes' traditions that once the baby is 3 month old, then can have water, but actually no. And for mothers, they can only eat the grilled inside parts (of animals), nothing else. (FGD, PSAPP).*

In this case, the informant also described how at the Kin Vor festival (a new year festival for Lahu people) in Chiang Mai, it was very common for young people to meet others and forgo the use of contraception due to a lack of knowledge on contraception, with this festival reportedly a very common period of conception among the community. To explain further on how contextualised information is required across communities served by the interventions, and as an example, all respondents who work with beneficiaries and youth

[30] นันทกาญจน์ สูงสุมาลย์ วูดแฮม , 2021. *ผลการศึกษาความก้าวหน้าการดำเนินงานการขับเคลื่อนยุทธศาสตร์ที่ 4 พัฒนาระบบการดูแล ช่วยเหลือ การคุ้มครองสิทธิอนามัยการเจริญพันธุ์ และการจัดสวัสดิการสังคมสำหรับกลุ่มวยั รุ่น พ.ศ. 2559 – 2564 และข้อเสนอเพื่อการวางแผนยุทธศาสตร์ยุทธศาสตร์ ที่ 4 พัฒนาระบบการดูแลช่วยเหลือ การคุ้มครองสิทธิอนามัยการเจริญพันธุ์ และการจัดสวัสดิการสังคมสำหรับกลุ่มวยั รุ่น พ.ศ. 2565 – 2569. (internal document)*

themselves described how the youth-friendly clinics are not a preferred location for young people to access non-judgemental and easy to access contraceptives. They mentioned that condoms and other forms of birth control should be available at regular pharmacies and community centres (or with youth leaders) for rural areas, and in pharmacies like Boots and Watsons (pharmacy chains with a presence in Thailand) in Bangkok and other big cities. Further, knowledge on comprehensive sexuality education varies across the country, and adolescent clinic staff and a supporting stakeholder respondent in Chiang Mai described how the intervention was highly relevant but at the same time, missed out on opportunities because of not planning the implementation with the full understanding of the current knowledge among young people.

> *And about sex education, (we) should teach on a deeper scale relating to birth control. For example, they teach you how to wear a condom but don't teach what you have to do if the condom breaks. And also, that emergency contraception is only for emergencies. I had a case where the teen told me that she took emergency contraception every time after having sex and got bad cramps every time. (KII, adolescent clinic)*

Further research into the varied contexts and needs of adolescents across the country could help to ensure that interventions are more relevant to the populations being served. This should be in line with the simple recommendations by the WHO on providing health services to young people, aiming to serve the more marginalised, ensure complete accessibility, and which meet the specific needs of adolescents (see Box 1). Additionally, though adolescents are a heterogenous group with varied needs and wants, they all "want to be treated with respect and to be sure that their confidentiality is protected."[31] This is another very important consideration for YFHS. While the UNICEF-supported initiatives did include training for YFHS staff and volunteers, deeply understanding the needs of various communities is important in providing them with YFHS and could be improved in future initiatives.

Box 1. Characteristics of adolescent-friendly health services as defined by the WHO

1. **EQUITABLE**: All adolescents, not just certain groups, are able to obtain the health services they need
2. **ACCESSIBLE**: Adolescents are able to obtain the health services that are provided
3. **ACCEPTABLE**: Health services are provided in ways that meet the expectations of adolescent clients
4. **APPROPRIATE**: The health services that adolescents need are provided

[31] World Health Organisation, 2012. *Making health services adolescent friendly: developing national quality standards for adolescent friendly health services. p8.* Available at: https://apps.who.int/iris/bitstream/handle/10665/75217/9789241503594_eng.pdf

5. **EFFECTIVE**: The right health services are provided in the right way and make a positive contribution to the health of adolescents[32]

4.1.2 Adaptability of the initiatives

Question	To what extent have the initiatives been able to adapt to changing contexts and needs?
Sub-questions	*How have the initiatives been able to adapt to the changing contexts of the COVID-19 pandemic?*
	How have the initiatives been able to adapt to the changing needs and desires of the beneficiary populations?

COVID-19 halted much progress in Bangkok, and slowed progress in Chiang Mai, across all projects. The COVID-19 pandemic was reported to have a direct impact on the ability for project stakeholders to gather and meet, halting much progress. For example, a youth clinic in Bangkok wanted to collaborate more with the BMA but was unable to for much of the pandemic as the district was in the 'red zone' for COVID-19, resulting in stricter lockdown conditions. While work continued, particularly in helping adolescents on a case-by-case basis, holding case conferences with government officials and organisations to help each case slowed impact. In Chiang Mai, clinic staff and the PSAPP report much the same, with slowed progress and planned activities cancelled. Across the initiatives, being able to engage young people as peer/youth leaders, was impacted by the pandemic, particularly in Bangkok, which would have benefitted from a stronger youth presence on the ground.

Adolescents' priorities changed during COVID-19, and the initiatives were somewhat able to adapt. Beneficiaries' needs through the pandemic shifted towards money (financial constraints exacerbated by the pandemic), mental health support, and protection from domestic violence,[33] and the project was able to accommodate in certain ways. The lovecarestation.com website, for example, changed their operating hours (from 4pm-12am to 12pm-8pm) to help ensure young people could chat with a counsellor and also started counselling via its Line platform. FI was able to adapt to the beneficiaries' needs by providing formula, food, and diapers to vulnerable parents who were impacted by the pandemic and faced financial challenges. In Chiang Mai, the PSAPP, with its extensive community leader network, was able to make home visits to provide sex education and to provide information about protection from COVID-19. Clinic staff and supporting stakeholders in Bangkok and Chiang Mai report young people being worried about giving

[32] World Health Organisation, 2009. *Quality assessment guidebook: a guide to assessing health services for adolescent clients*. Available at: https://apps.who.int/iris/bitstream/handle/10665/44240/9789241598859_eng.pdf?sequence=1&isAllowed=y

[33] As reported by a FGD (supporting stakeholders) participant when referring to the results of a survey with the I am UNICEF programme.

birth with COVID-19 and were able to provide adequate health information on the topic to them.

The changing desires and needs of beneficiaries were partially sought after and acted on to improve programmatic interventions over time. With young people not engaged in the planning phases of each of the projects, their regular feedback would be important to ensure the initiatives were meeting their needs. However, their feedback was not consistently sought nor used in each project for making changes to programming. Feedback mechanisms for continued improvement of services using the feedback of young people were not observed to be fully developed in two of the four projects. The **'Empowering community networks to promote comprehensive adolescent health in Chiang Dao and Mae Aye, Chiang Mai'** project, fully incorporated feedback into its programming and thus was able to be highly relevant to its target communities. This was the result of the youth leaders and the PSAPP introducing the voices of youth leaders to the community leaders, including religious leaders. For example, a respondent described how minority groups would not understand Thai, so a youth leader suggested to PPAT to recruit youth leaders from different tribes and who speak different languages. The various leaders have thus made impressive impacts in their communities, providing knowledge on contraception where it didn't exist before. The Lovecarestation.com site regularly asks for feedback on the counselling services (measuring friendliness, counselling/question support, and wait times), and while there is more than 90% satisfaction rate with the counselling provided, the most common complaints are long wait times. With no means to change that due to staffing and finances involved, the feedback was not able to be acted on in a meaningful manner.[34] Monitoring and evaluation mechanisms involving adolescents are an important aspect of youth friendly health services, as outlined by the WHO, and should be considered within the design of all programming for youth.[35]

4.1.3 Relevance of the initiatives to Outcome 3 of TCO's ToC

The rapid assessment finds that the initiatives supported by UNICEF contributed, to a large extent, to the Outcome 3 indicative outputs being met. In the integrated model of services utilised by UNICEF in these initiatives, nearly all of the outputs under Outcome 3 are met, at least in part (the missing outputs are on increasing youth participation in the development of policies and programmes, ensuring migrants are better able to access healthcare services, on including youth in conflict with the law, and on including the CYC. Aside from these outputs, the initiatives target all remaining outputs under Outcome 3). This shows the initiatives have high relevance to the TCO CPD and PSN: Adolescent Development and Participation.

[34] KII, implementing partner

[35] World Health Organisation, 2016. Global standards for quality health-care services for adolescents: a guide to implement a standards-driven approach to improve the quality of health care services for adolescents. Volume 1: Standards and criteria. Available at: https://apps.who.int/iris/bitstream/handle/10665/183935/9789241549332_vol1_eng.pdf

4.2 Effectiveness

4.2.1 Effectiveness in terms of results

Question	**To what extent have the expected results been achieved, and what have been the factors that have enabled or hindered this?**
Sub-questions	*What are the expected results against the achieved results? What are the unexpected results from the initiatives?*
	What are the factors that enabled results to be achieved?
	What are the factors that hindered the progress of results?
	To what extent did COVID-19 impact the effectiveness of the initiatives?

The initiatives were, to a large extent, found to be effective in terms of expected results being met. A summary table of the effectiveness of each project can be seen in Table 9, while a more detailed matrix can be seen in Annex 7.

Table 9. Summary effectiveness of projects evaluated as part of the rapid assessment

Project	Summary of key expected results	Achievement level and brief explanation
Establishment of a quality youth friendly health service package with standard criteria	- To develop and advance a practical YFHS online self-assessment with manual for healthcare providers in routine settings, in collaboration with the BORH - Provide capacity building and mentorship to service providers and staff supporting YFHS - Engaging healthcare staff and adolescents to develop context specific YFHS model, e.g., school-based clinic, pharmacy referral, and community-based clinics - Develop and disseminate a C4D toolkit including information, education and communication package for peer educators to communicate CSE and behavioural change messages to their peers - Developing handbook and training package on post-partum management and parenting skills for young mothers (C4D)	**All targets met, except for site monitoring and coaching targets, which are almost met.** - YFHS online self-assessment and manual on integrated support for adolescent mothers developed and disseminated widely - Public health staff training targets exceeded - Training on online assessment targets exceeded - Site monitoring and coaching target almost met - Monitoring and coaching targets which were almost met: 7 of 8 monitoring and coaching sessions were achieved, and 0 of 1 lessons learned and knowledge sharing forum were held.
	- On-line platform (lovecarestation.com) and its referral	**All targets met and, in many cases, exceeded.**

Promoting comprehensive adolescent health through digital health platform and empowering key stakeholders to address adolescent pregnancy	networks continue to promote CAH and is accessible via multiple social media and internet-based devices - Increased connectivity and capacity of peer leaders and youth networks in reaching out to their peers to promote healthy sexuality and use of YFHS	- Platform reached 2.47 million new IP users, 23,457 of whom returned to the site (from a 2019 baseline of 1.7 million users) - 90% of users in chat room satisfied with services - 826 referrals were made from counselling to specialised services - 2,469 adolescents reached by peer leaders in offline means in promoting key health behaviours - A range of communications, including videos and e-learning course, disseminated with wide reach - Line and Facebook official launched to support counselling services
Empowering community networks to promote comprehensive adolescent health in Chiang Dao and Mae Aye, Chiang Mai	- Effective referral system established between the on-line clinic and the network of off-line services to help adolescent parents and adolescents with reproductive health problems to access CAH services and other supports on psycho-social, economic and employability. - PSAPP developed and meetings held with district and province - Peer leaders/youth advocates developed to reach out to youth on CAH and YFHS - Referral system by offline systems (PSAPP/peer leaders) in place - Case management network providing assistance to adolescent parents/adolescents with sexual risks - Community members supporting adolescent parents/adolescents with sexual risks on physical health, mental health and psychosocial aspects.	**All targets reported to be exceeded; a report on the experiences and recommendations from the Chiang Mai modality unclear.** - Referral system set up and functioning between online and offline services - Peer leaders and peer leader referrals exceeded targets - Birth rate dropped in both districts - Access to ANC increased - Vaccination among babies increased - Increased access to condoms - Establishment of YFHS in Chiang Dao in all hospitals in the district - Case management and community member targets exceeded as well. - There appears to be no report on experiences and recommendations for the Chiang Mai modality prepared, as planned.
Empowering at-risk adolescents and adolescent parents to break out of intergenerational poverty through skills development	- Targeted at-risk adolescents (e.g., school dropouts, victims of abuse) and adolescent parents from marginalised communities have increased access to employment support that helps lead to increased employment through engagement with the business sector on job placement, and / or micro-enterprise creation - The capacity of private, public and non-profit stakeholders to provide employment information and	**Nearly all targets are reported to be met/exceeded. Those unmet are all in Chiang Mai and related to employment support.** - Social support (including COVID relief), job readiness training, employment support, reintegration into school/support to stay in school, training as peer educators, partnerships with local businesses/ organisations: All took place in Klong Toei, Prawet, and Nong Khaem

	support services in Chiangmai is increased	(Bangkok) and Muang Sarapi, Chiang Dao, and Mae Ai (Chiang Mai) and were received well by the government with strategy being considered for welfare services in the next 5 years. - All targets met/exceeded in Bangkok - Chiang Mai: Muang Sarapi – targets met except number of at risk / adolescent parents who access employment support (46 of 50 targeted) - Chiang Mai: Chiang Dao, Mae Ai – targets met except number of at risk / adolescent parents who access employment support (23 of 40 targeted) - 4 CSOs and 3 government agencies received capacity building and technical support related to employability

As summarised in Table 9 and which can be seen in full in Annex 7, the targeted results from the interventions have been exceeded in many cases, and unmet in very few. The interventions, though given an extremely short period of time in which to enact change, managed to largely meet targets, improve coordination and service provision, and provide services to a large number of adolescents, particularly adolescent parents.

In addition to the general targets outlined in the '**Establishment of a quality youth friendly health service package with standard criteria'** project, integrated services provided by local clinics and hospitals who rolled out these YFHS were assessed as part of this evaluation. In particular, hospital staff/administration, implementing partners, government stakeholders, and beneficiaries were met with, and beneficiaries were surveyed to assess their perceptions on the services provided. These integrated services, including the accreditation of YFHS, but also the management of referrals, training of staff, production and distribution of communication materials and educational media on comprehensive sexuality education and behavioural change (C4D) such as a manual on integrated support for adolescent mothers, and more, were overseen by the BORH (under the MoPH) including training, coaching, and monitoring. They were led by P2H and BMA in Bangkok and PPAT in Chiang Mai and were provided in collaboration with MSDHS and UNICEF staff. Both P2H and PPAT were also involved in training leaders and distributing materials as part of the project. In addition, FI was integral in providing social support, including COVID relief, vocational and career skills training and support, across both provinces. A short summary of results is presented below for each province, and survey results can be seen in **Annex 8**.

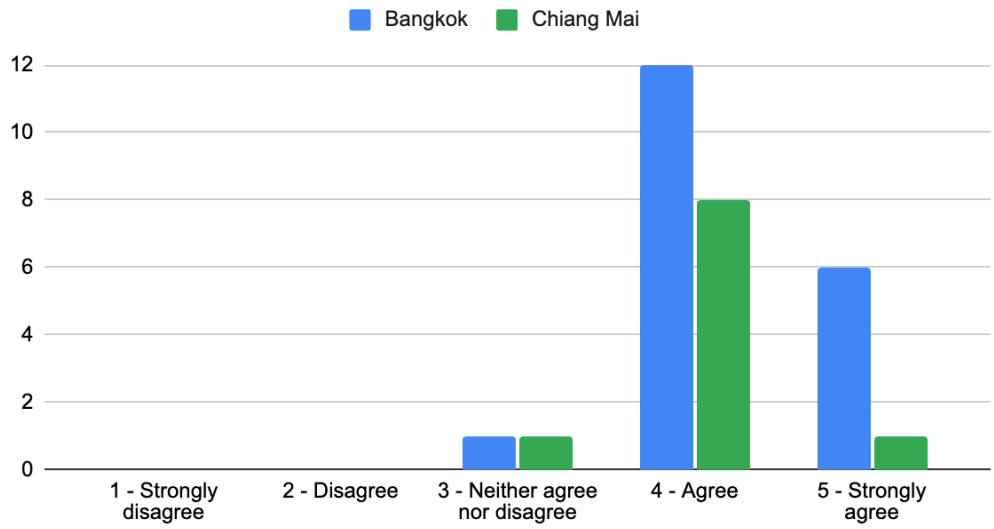
The online survey was distributed to respondents who accessed the following services:

Table 10. Survey respondents and services accessed

Services received	Bangkok	Chiang Mai
Health services (comprehensive adolescent health services, including sexual and reproductive health, contraception, etc.)	13	7
Help with antenatal care (the care you get from health professionals during your pregnancy)	4	2
Help with accessing the Child Support Grant (money from government to help with the costs involved in raising a child)	3	0
Counselling	11	5
Postpartum support (help with depression, anxiety, and distress, etc. after having a baby)	3	3
Home visit by health volunteers	1	0
Parental skills building (parental schools)	3	3
Support with education or vocational training	9	0
Support with career	5	0
COVID relief	0	0

The survey respondents generally felt empowered, thought the services were comprehensive, and would recommend the services to their friends.

Figure 5. Survey responses to *"The services offered me all of the help I needed on sexual and reproductive health and rights, or were able to point me in the right direction"*



Bangkok

In **Bangkok**, the YFHS model is embedded into the *Bangkok Care for Teens (B14)* project with the BMA and the Thai Health Promotion Organization which aims to provide one-stop comprehensive adolescent health services. In partnership with P2H, networks of village volunteers were mobilised to refer young people to YFHS. It was noted that online platforms and work from the BMA are central to the programme's success, especially with the majority of adolescent parents having access to smartphones. A respondent, an administrator of a hospital, noted that between 2015-16, the rate of teen mothers who gave birth in Nong Khaem (of all births) was reported to be around 25%, and has dropped to about 10%. It appears that because of the concentrated efforts from all stakeholders in pushing YFHS, including the provision of online platforms and work on the five strategies[36] under Strategy 4 in the National Strategic Action Plan for Adolescent Pregnancy Prevention and Solution 2560-2026 (under the Adolescent Pregnancy Prevention and Solution Act 2016) introduced on the national level through provincial committees after the implementation of the Adolescent Pregnancy Act (2016), this progress was made possible. One government stakeholder mentioned how the push for YFHS since 2016 has strengthened and integrated approaches, for example, linking Child Protection Information System information between the DCY and MoPH. However, at the same time, a different government stakeholder notes:

> *Districts do not know about this yet. This whole thing is central, we haven't told the districts yet. Wait for a while, once everything is back to normal, COVID becomes an endemic disease, then we will have a meeting with the district about their role and how to approach this. (KII, government stakeholder)*

This was verified by the majority of respondents in Bangkok and Chiang Mai, who noted that the lack of clear accountability in terms of responsibilities relating to the implementation of the initiatives within the BMA, and RTG in general, has slowed progress.

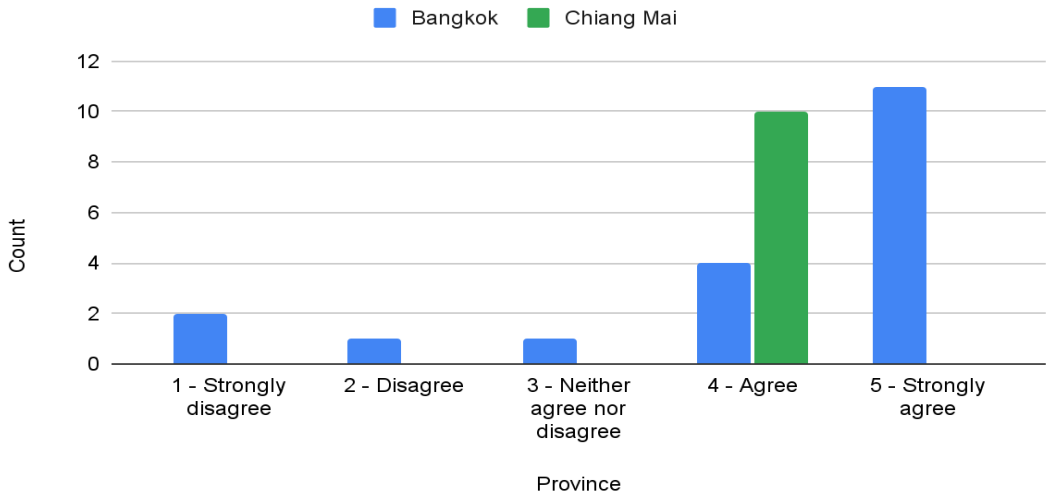
Survey results

The majority of young people in Bangkok who were surveyed as part of this evaluation accessed the services through youth leaders, and then secondly through word of mouth or their peers. They accessed health services, counselling services, and support with education or vocational training primarily, but many received other integrated services, such as antenatal care, postpartum support, and support with careers. All survey respondents were beneficiaries of

[36] **Strategy 1:** Develop an education system that promotes CSE learning and quality life skills and have an appropriate care and assistance system
Strategy 2: Promote the roles of families, communities, and business establishments in fostering relationships and health communication around teenage sex
Strategy 3: Develop a quality and friendly sexual and reproductive health service system
Strategy 4: Develop a system of care, assistance and protection of health rights relating to reproduction and social welfare among adolescents
Strategy 5: Promote the integration of database management, research and knowledge management.
Source: Ministry of Public Health, 2017. ยุทธศาสตร์การป้องกันและแก้ไขปัญหาการตั้งครรภ์ในวัยรุ่นระดับชาติ พ.ศ.๒๕๖๐-๒๕๖๙.

YFHS, and the survey was shared with them by clinic staff. **20% of respondents surveyed report that the services were not completely free of charge, charging unexpected service fees which may discourage young people from accessing the services.** The majority of respondents believe the clinics were comprehensive and suitable for their needs, received communication materials, believe the clinic was a safe and private space, and believe the service providers were supportive and welcoming to adolescents. The majority (68%) were able to learn about social support programmes such as the Child Support Grant, and 63% were able to learn about their rights as adolescent parents.

Figure 6. Survey responses to *"The services were offered free of charge"*



Chiang Mai

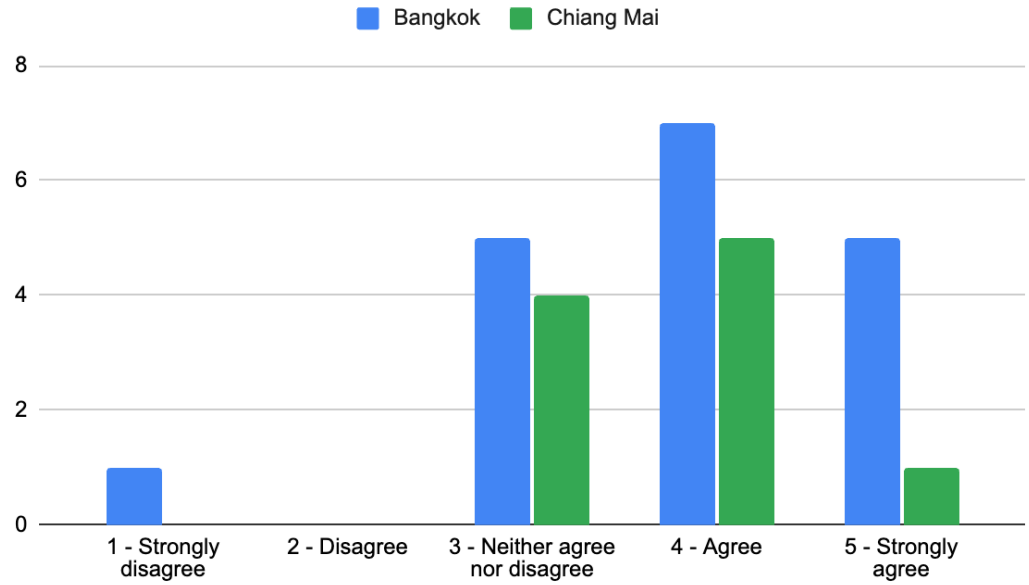
In **Chiang Mai**, the working network is more multi-disciplinary and includes multi-ministry involvement. The network is community-driven, led by community leaders, schools, hospitals, and health volunteers. The network was a great success: birth rates plummeted, thanks in part to the interventions. In Mae Ai, birth rates dropped from 28.03 to 23.07 per 1000 female adolescents, while in Chiang Dao, they dropped from 141 to 93 per 1000 female adolescents. A big part of this is reported to be the successes of the youth leaders trained by the programme who are able to reach the far away and at-risk youth the hospitals simply are unable to serve. At the same time, STIs in both locations decreased and vaccination among babies of the adolescent mothers increased. Chiang Dao, a resounding success story, has established YFHS in all hospitals in the district, and with a strong base of youth leaders to promote YFHS, the community is being supported through peer counselling, birth control distribution, and more. Multi-sectoral stakeholder partnerships and meetings took place throughout the project lifecycle and stakeholders are ready to continue and expand the activities.

Survey results

Young people in Chiang Mai who were surveyed as part of this evaluation accessed the services through their networks, referred either through youth leaders or through peers. They primarily

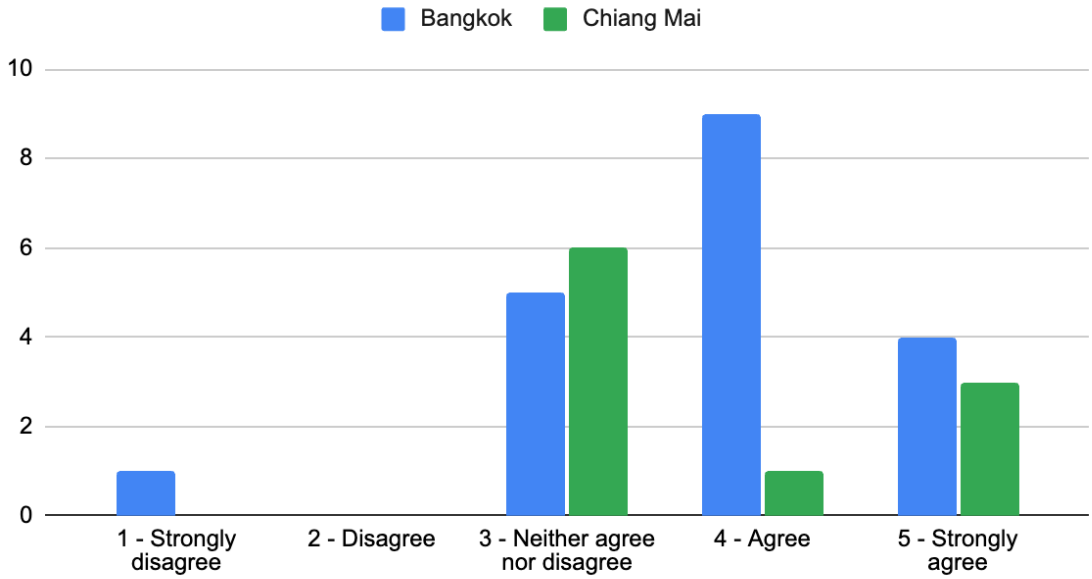
accessed health services and counselling services. They all noted that the services were free of charge, would recommend the services to their friends, felt more empowered and knowledgeable about their health because of the services, and were provided with some communications materials. 90% of survey respondents in Chiang Mai believe the clinic was supportive and welcoming to adolescents, and believe the clinic is a confidential and safe space for adolescents, believe the services offered them all of the help required on Sexual and Reproductive Health and rights. However, the respondents don't strongly feel the clinics were able to support them well on learning more about their rights as adolescent parents nor on social support programmes for teen moms. Few young people surveyed in Chiang Mai were offered support on accessing the Child Support Grant and other social support programmes, while none reported being provided services relating education, vocational training, or careers.[37]

Figure 7. Survey responses to *"I was able to gain knowledge of the rights available to teen moms because of the services"*



[37] Note: the sample for the survey is not nearly large enough to make generalisations about the quality of or integration of services in the Province. The assessment does find that there is increased collaboration as a result of the initiatives (in both provinces) between hospitals, the MSDHS, social workers, community leaders, the MoPH, and non-formal schools (in Chiang Mai). This lack of referral to the CSG and to services relating to education, training or careers is provided here to potentially provide a means with which to improve the youth clinic services.

Figure 8. Survey responses to *"I was able to learn about social support programmes (i.e., careers, grants, etc.) available for teen moms in Thailand because of the services"*



Overall

The online self-assessment for hospital accreditation has proven successful, with 113 of 899 hospitals in Thailand currently accredited. This greatly improves the availability of YFHS across Bangkok and Chiang Mai, where most hospitals are currently accredited in this new system. While there are still remaining gaps in hospital participation and accreditation, primarily in Bangkok, this project has ambitious goals of scaling up to 100% of hospitals accredited by 2025, with 30% of hospitals getting reaccredited.

The quality of life for adolescent mothers is improving because of the initiatives. The initiatives were found to be highly effective in improving awareness of available rights and assistance for young people. Young people had greater access to contraceptives, CSE, healthcare, social support, and more. There are more channels available to help young people than ever before, and young people are more knowledgeable about sexual and reproductive health. There are unintended benefits which have arisen because of this: parents and wider communities are impacted through increased knowledge and exposure; cultural barriers, such as those among minority groups, are being broken down by the youth/community leaders by opening up channels of communication and the sharing of knowledge relating to SRH. This had previously limited the most vulnerable youth from accessing these services; communities are taking ownership of adolescent health; government stakeholders are working more effectively. Moreover, a few interviewees also describe how because of the success of the interventions, more exposure to organisations who support related initiatives has taken place, leading to even further support. This has proven to be a positive feedback loop, particularly in Chiang Mai.

Our targets are not just teen parents or youth, we also approach their family and spread the knowledge and understanding to them. It is very important to get their family involved. We also established youth leaders. At first, the youth leaders' role is to spread knowledge in their area, such as their schools or their community. However, doing the implementation, youth leaders at school cross their work to spread knowledge in their community when they go home. (KII, implementing partner)

The initiatives have brought together stakeholders in a way that was not done previously. The initiatives are ambitious in scope, aiming to link together multi-sectoral stakeholders. However, they have helped to spur movement where previously, there was little. All government and clinic respondents reported that before the initiatives, they did not know how to link up with NGOs or communities to enact change or refer cases in a collaborative way. Now, they are more confident in doing so. In the past, it was reported that the YFHS standards were only worked on and monitored by the MoPH. Now, there is large-scale collaboration towards helping youth. In general, the assessment shows that stakeholders are collaborating more, making it easier for adolescents to access the various services provided as part of the initiatives.

The initiatives' successes are centred around collaboration and partnership. Unfortunately, some of the initiatives' least effective aspects are due in part to a lack of leadership, collaboration and partnership. The initiatives have been most successful when partners are collaboratively working towards the same goal, instilling community ownership, and mobilising youth leaders. In Chiang Mai particularly, the assessment found that all stakeholders are working towards the same goal, leading to enhanced successes. This includes training in the clinics, training of staff, training of youth leaders, the ambition and motivation of youth leaders, and the identification of vulnerable cases. On the other hand, where collaboration should be happening more but hasn't been has led to reduced impact. It was found that, primarily due to the lack of direct oversight and leadership of the project by senior government officials, priorities were not always on adolescent pregnancy and the immediacy of providing truly integrated health services has not funnelled down effectively enough from senior government through to district level, leading to less impact. For government leaders, priorities may lie elsewhere – the district-level management of activities relating to adolescent pregnancy is a key deciding factor in the initiatives' success. This was observed to be the case with the BMA and in Chiang Mai.

This type of work needs follow-up and should be put into district policy. When I asked MoPH staff in the other districts to join this work, not many of them would join as this topic is not a policy of the districts in Thailand. The topic that they would be happy to join is elderly work as that is the focus of policy of districts. We have to push this (adolescent pregnancy-related services), to make it sustainable and effective." (FGD, government respondent, PSAPP)

In Bangkok, collaboration was found to lag behind the efforts made in Chiang Mai, due to complexities in collaborative effort. P2H demonstrated effective collaboration at times when cases were found, referring youth to relevant services. FI acted more in an aid/donor role, not often working in collaboration with others in referring persons in need to other services or working on career development in an interconnected manner.

The competence of doctors and hospital/clinic staff has significant impact on young people and is key to ensuring word-of-mouth spreads to increase use of services. The majority of survey respondents say they were helped by pleasant and welcoming medical staff, and a Key Informant from Chiang Mai described their experience of being so impressed with their experience that they told all of their friends about the services. At the same time, clinic staff and implementing partners in Bangkok said that staff with any attitude or those who are unfriendly or welcoming towards adolescents would put them off from accessing the services.

Despite adequate targeting, some of the most vulnerable are still not fully served by the initiatives. While care was taken to ensure that a wide range of vulnerable youth would be served by the initiatives, including NEET youth, migrant youth, stateless youth, and youth from remote villages, there were some young people not fully served. Persons with disabilities, while not consulted in this evaluation, were described as a key missing beneficiary group by two government respondents. It is reported by these stakeholders that many are unable to access the online platforms, and many are not educated about their own bodies nor sexual health. Further, some migrants, stateless, and other minorities, particularly those who are in remote villages, were not served by the initiatives. It was reported by all respondents of the PSAPP FGD, including a migrant youth leader, that despite the project zones aiming to be as inclusive of remote villages as possible, there are certain villages well-known for having high pregnancy rates but are controlled by mafia and thus a challenge to access. On top of this, certain tribal leaders are described by the PSAPP respondents to be less likely to be welcoming towards CSE and sexual health services, excluding some from accessing services.

COVID-19 impacted results across all initiatives. Meetings were delayed or cancelled across the initiatives, groups were a challenge to assemble, and through the lockdowns, it was a challenge for many to access services. It was also reported by supporting stakeholders and implementing partners in Bangkok and Chiang Mai that home visits were put on hold through the lockdowns. Still, all projects responded to the pandemic, albeit in varying ways, to lead to targets being met. More on this can be seen in **Annex 6**.

Some aspects of initiatives appear to be more effective than others. As mentioned in the Relevance section, all initiatives are targeted well towards the actual needs of adolescents. However, it was revealed that within the **Friends International-supported project**, and likely due to the COVID-19 pandemic, in what was envisioned as

comprehensive social support relating to skills development and employment, obstacles were in place which prevented full effectiveness of the programme. A respondent described how Friends helped an individual obtain a job (which may be counted in the results and may be common in the reporting), but it was only a 15-day opportunity, with the business closing again for COVID. Further, COVID relief was provided to mothers and families who had jobs already, with systems in place for expanding provision of services sometimes happening through word-of-mouth and friendship rather than through youth leaders surveying their communities. Further, the Friends-supported project did not explicitly target adolescent mothers, with performance indicators not disaggregating adolescent parents from other intended beneficiaries. A government respondent described the results of this project as suspected of being 'latent', or without targeting the right beneficiaries. This means that there are possibly many beneficiaries counted in the reporting of results who are not adolescent mothers.[38] Thus, much of the reported data from Friends can likely be attributed to other adolescents requiring assistance rather than mothers/parents. Clearer focus on adolescent parents and employability, including disaggregated data on them, would be highly beneficial. More oversight over these types of services should likely be in place to ensure results are fair and that the most vulnerable are served.

In addition, the evaluation has revealed that **certain participating stakeholders, including religious leaders, are actively trying to divert young pregnant women from getting an abortion**, instead suggesting that they should send their children to an orphanage or try to accommodate a child. These types of cultural or religious voices are possible barriers towards women being able to access their rights and full and comprehensive medical services. Care should be taken so as to ensure that all project stakeholders, including medical staff, volunteers, community groups, educators, and more, are very much supportive and knowledgeable on all forms of contraception and are supportive and knowledgeable about a woman's right to have an abortion should she need or want one. This is a delicate subject and needs consideration going forward.[39]

> *Before the project, when teens are pregnant, they would choose to do an abortion to hide from their parents and they thought that they won't be able to go to school. Once the project started, we informed them that if they keep the baby they can study at non-formal school, and if they can't afford to raise the baby, they can send the baby to the shelter (orphanage). If they go to their friends like in the past, their bad friends could suggest them to do an abortion, but now they know that they don't have to. (FGD, PSAPP)*

[38] Source: KII, government respondent

[39] In Bangkok, respondents discussed abortion freely and described young women having access to abortions. In Chiang Mai, no respondents described abortion being made available - abortion was not mentioned in any of the interviews as an available service. While it may exist, there appears to be little available support for it.

4.2.2 Effectiveness of being a partner and implementer

Question	**To what extent has UNICEF been an effective partner and implementer in developing and implementing the initiatives?**
Sub-question	*To what extent has UNICEF been an asset to the implementing partners? Why?*

UNICEF was an incredible asset to most implementing partners while at the same time was unknown to some as supporting the initiatives. UNICEF promoted online platforms, provided COVID-19-related support to remote communities which enabled access to locations the initiatives previously didn't cover, helped to connect a range of stakeholders and facilitated integrated work and provision of services, and helped to recruit volunteers. The majority of respondents describe UNICEF as being highly available and interested in contributing to project development and adaptations, holding meetings to help push things forward and improve programming. Their technical expertise was well received by partners and following up on reports was appreciated by respondents. However, there were some stakeholders who were unaware of UNICEF's actual contributions. This is an unexpected result of the evaluation which points to there being a need for UNICEF to ensure that project activities are well-understood to be supported by UNICEF, particularly to ensure future buy-in and support by private sector and public stakeholders.

> *At the beginning, I didn't know at all that UNICEF was behind these projects like 'Lovecarestation'. It would be nice to know that they are a part of it. Also, there should be better communication with us in terms of asking our insight for the projects, they should come to us and talk before starting a project. I don't know about others, but I have never been consulted about the project, even though me and UNICEF staff are very close and always keep in touch. Maybe they got the information out of me, but it would be better to let us be involved more in the design, planning and implementing of the projects. (KII, government stakeholder)*

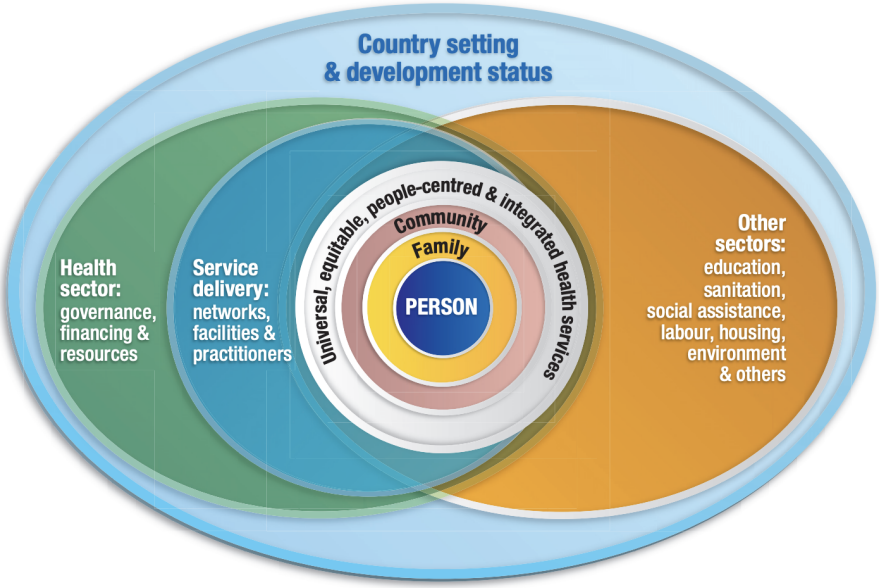
There may exist further scope for UNICEF to be a better partner in terms of opening up networks to make initiatives more successful. While implementing partners are experts in the country and on their particular issues, UNICEF's vast networks may be able to complement existing initiatives. For example, implementing partner staff shared their great appreciation for UNICEF's assistance in providing motivated volunteers. This could potentially link into the private sector being made more aware of the issues surrounding adolescent pregnancy and the integrated services, including education and employment, with the hopes that channels for improving the situation may open up. It is conceivable that companies may wish to hire adolescent mothers, as an example. UNICEF could improve their effectiveness as a partner by searching for meaningful connection opportunities between their implementing partners and their wide networks.

4.2.3 Effectiveness of providing integrated services

Question	**To what extent were the services provided as part of the initiatives integrated?**
Sub-question	*How effective were the initiatives in providing integrated YFHS to adolescents?*
	How effective were the coordinated efforts of actors on the ground in ensuring that the services provided effective integration?

A major aspect of the initiatives assessed in this evaluation is their ability to provide integrated services. In the initiatives supported by UNICEF to address adolescent pregnancy, these services span health, social support, economics, and education. **Figure 9** below builds upon the socioeconomic model described in Section 3, showing how, on a national level through to individual levels, integrated services can work in a country.

Figure 9. WHO conceptual framework for integrated people-centred health services



Source: WHO global strategy on integrated people-centred health services 2016-2026. Available at: https://interprofessional.global/wp-content/uploads/2019/11/WHO-2015-Global-strategy-on-integrated-people-centred-health-services-2016-2026.pdf

The services evaluated were, for the most part, highly integrated, and can be said to be a successful model for the provision of integrated services in Thailand. The rapid assessment found that the linkages between prevention, including education and community support mechanisms, but also with substantial focus on long-term contraceptives used after birth, coupled with very strong integrated health services, were able to meet the needs of a wide range of beneficiaries in Thailand. Each individual piece has a role to play, from the online platforms providing general and private professional help, the hospitals becoming better trained and accredited, to community members

supporting in a wide variety of ways, to employability initiatives. A majority of respondents acknowledge the significant potential initiatives like this to bring to Thailand, with the majority describing the benefits that are brought by working together. This was particularly elaborated by the PSAPP and staff working at adolescent clinics. Despite the challenges these respondents shared in collaborating together, they also shared the many positive benefits of doing so, working across healthcare, social welfare, private sector and employability, and other partners and sectors. All respondents spoke highly of these collaborative efforts and the impact they could bring, and in Chiang Mai, collaboration was said to be quite smooth. In Bangkok, collaboration required the efforts of Path2Health to coordinate between services.

> *The integrated services are a bit hard to do with all the help from different sectors. They all can't be done in one place. What we are doing right now is effective at one point as we have a case conference and bring help from other sectors. The collaboration that we are going is good already, sending cases from officer to officer is easier than youth going to other offices themselves. For example, if a patient wants to get child grants, searching online will find what documents they need, lots of documents by the way, and what office sectors they have to speak to to do all this. This is harder for them and if they go to the wrong place that could waste their time and they might give up. But in our case, we gave them all the information of what they have to bring, then we contact the related office and told them that there will be a youth, this name, going to your office for this. This is how we send the case, and it's much easier than youth having to do this alone. (KII, adolescent clinic)*

Box 2. Perspective of an implementing partner on the importance of the integration of services

There was never a conference or collaboration of government sectors or private sectors about helping teen moms before. Because of this project, we are working with UNICEF, Friends and Thai Health Promotion Foundation (ThaiHealth), going to districts and helping teen mom cases. We help them in both health and economic aspects. This is a very big achievement for us. The director of the hospital that we are collaborating with also said that help for teen moms like this never happened and it is very useful. There was a case of sexual assault with disabled teens (twins). The help was very obvious and strong. All the government sectors and NGOs are joined in to help. First, we needed to make an ID card for them. They are 16 but don't have a national ID. Without an ID card, they can't get any help legally. They also never went to school or have any kind of education. And this teen got pregnant, and all the help came to her. This case is very special as their father is a drug dealer and the whole community are drug users. Before the project helped, no organisation could go in or dare to go in to help (in fear of criminal organisations). But once we did a case conference, all the sector collaborated, and teens then got their ID card. There were lots of plans in places, appointments with the father, community leaders, and more. The MoPH had to get a ride to pick them up and the hospital had to care for them. So, in the end, these teens could give birth safely at the hospital. At first, we thought of abortion, as the teens have brain problems, but their mother doesn't want them to do abortion and the pregnancy was very late already, so we decided to let her give birth. We followed up with it. The work of helping teens is with UNICEF and after that we still continued to help with the hospital, child development and mental health without UNICEF. So, this creates collaboration between us and the hospital after that, as they are a host to care for these teens. (KII, implementing partner)

Because of UNICEF, our support/work for teen/ teen moms is integrated. Before we can only focus on our own work, each section has their own focus. But now we are all working together toward the same goal. (FGD, PSAPP)

Where integrated services succeed is in community support. Chiang Mai provided the best reported examples of true integrated services, with all partners (public sector, NGOs/CSOs, community, youth leaders, community/religious leaders) working within a smooth system to provide referrals and information to young people. Community support mechanisms such as the youth leaders were extremely effective in sharing knowledge and referring youth to various services. This can be regarded as an important lesson learned as the use of the community to support the project, as done in Chiang Mai, can likely be used across provinces in Thailand.

The most effective mechanism for the provision of integrated services is when the government makes adolescent pregnancy an issue at all levels. As explained by a government stakeholder in Chiang Mai (where service provision and integration were found to be better supported than in Bangkok), integration of services succeeded because adolescent pregnancy was prioritised by interested and involved stakeholders at district and community levels. The stakeholder also noted how integration is good now but could be better if there were policies aimed at adolescent pregnancy which were prioritised at the same levels.

Where integrated services do not succeed is in a lack of protocol and clear responsibilities. The RTG has a large influence on the priorities on a national, provincial, district, and village level. If there is insufficient protocol and clear lines of responsibilities to disseminate strategies or plan with specificity in terms of who will be responsible for various measures put in place in response to an Act, little will be done at village/district level. Although stakeholders on an individual level may be aware of various policies, it requires oversight, monitoring, and guidance from above for successful implementation. Health care staff and government officers report being very busy, unable to focus on everything said to them. A leader in a senior position who is motivated and capable would likely be required for initiatives to fully be sustained.

Youth health or YFHS is not stated in a policy of the Medical Service Department. Oh, to be honest, we have a lot of work already. If they are not forcing us or launching a policy for us to do, we won't do it. If I get forced to do it, I would have to do it. (KII, adolescent clinic)

There is too little emphasis on engaging the formal education sector throughout the initiatives. While the initiatives do have a working component of education, for example through booklets shared with new mothers, through the youth leaders sharing knowledge on community-level, and through the lovecarestation.com website, bringing on the Ministry of Education would lead to wider-scale impact. If UNICEF and its partners are

aiming to provide full and comprehensive integrated services, the MoE is missing, but should be included and supported to contribute/collaborate under the mandates of the Adolescent Pregnancy Act. The formal education system was left out of these initiatives for unknown reasons, and thus was not included in the integrated services for adolescents provided in the UNICEF-supported initiatives. A number of stakeholders also questioned why the Ministry of Education was not involved. While community education programmes have proved effective, deeper learning can be achieved through the formal education system. As the WHO notes, "Among all the sectors that play critical roles in adolescent health, education is key."[40] The assessment finds that involving the Ministry of Education in future initiatives targeting adolescent pregnancy would be more effective and would likely lead to much larger impact. Piloting of in-school efforts should take place.

> *This is very difficult, even relating to this new policy about pregnant teens legally being able to continue their studies. This is not happening in most schools because they don't know and don't understand it (the laws and teaching of CSE) yet. We should sit everyone down and really discuss this. (KII, government stakeholder)*

> *For hospital services, we have been doing this for a long time now, do not worry about this. But we should really focus on sex education and life skills to prevent it from happening. I'm sure these (prevention) measures already exist, by giving sex education to teens, but they obviously can't reach them. This has to come from the core (government). (KII, adolescent clinic)*

> *The national level, they set up 5 strategies. We then take their strategies to work on it. Most of the strategies are for prevention. Starting with education, youth and parents must know about this. Schools must cooperate, and teachers must pay attention. Youth must have sex education and reproductive health courses. (KII, senior government stakeholder)*

In Bangkok, the initiatives are somewhat effective in providing integrated services to adolescents and adolescent parents. With hospitals, the MSDHS, social workers, employability services, and a fairly robust referral network between these (managed currently by P2H), young people are able to access services which cover both prevention and response.

In Chiang Mai, the initiatives are more effective in providing integrated services to adolescents and adolescent parents than in Bangkok. With similar services as described by Bangkok, but with higher levels of reported support from the community, the services are improved through community buy-in and support. This is achieved through youth leaders (including migrants), community leaders (including religious leaders), knowledge

[40] World Health Organization, 2014. *Health for the World's Adolescents A second chance in the second decade*. p.8. Available at: https://apps.who.int/iris/bitstream/handle/10665/112750/WHO_FWC_MCA_14.05_eng.pdf?sequence=1&isAllowed=y

sharing in non-formal education systems, and a higher reported on-ground enthusiasm for the issues.

In both provinces, the implementation of integrated services could be improved through the prioritisation of adolescent pregnancy at all levels of government and by ensuring the Ministry of Education is involved. As well, it is found that the collaboration between the various services should be set as a priority at the district level to be more effective and sustained.

4.3 Coherence

4.3.1 Coherence of initiatives with other interventions

Question	**To what extent were the initiatives consistent with government, UN, and other actors' interventions?**
Sub-questions	*To what extent did TCO consider existing adolescent pregnancy initiatives in Thailand in the development and implementation of their initiatives?*
	To what extent are the initiatives complementary or overlapping to existing programmes in Thailand?

The initiatives were developed by building on existing services, and UNICEF focused on increased collaboration and integration of the services. The four projects assessed in this Rapid Assessment built upon existing services. However, what was not done before UNICEF's support was to have the services working collaboratively. This integration of the services helped to provide a high level of coherence among the initiatives, and brought together a range of stakeholders together, including various government departments, all working towards the same goals.

UNICEF connects to a number of other existing services as part of a referral system on adolescent pregnancy and is able to share learnings with them. There are a large number of initiatives in Thailand which exist to address the issues around adolescent pregnancy. These include 1663, a hotline for unplanned pregnancy, RSA (Thai Referral System for Safe Abortion, established by Medical Service Department), a website named "Women Health", a help campaign for unplanned pregnancy at Siriraj, Chulalongkorn and other hospitals, a program called 'Buddy CU' (from Chulalongkorn hospital), programmes from the Red Cross, programmes from other hospitals across provinces, and programmes from other NGOS, including those for minorities (i.e. in Shan communities, there are Baab-er-ari, Mithathorn and Baan-er-ubonrat, NGOs which provide sexual health and education services). Through the initiatives, referrals have been made to a number of these selected strategic partners, and there are opportunities for knowledge sharing in committee meetings at the national level. While there was no evidence that UNICEF aimed to develop

programming in line with the aforementioned programmes, UNICEF, with limited resources, chose the four initiatives strategically with their potential for scale. It can be said that the initiatives are thus somewhat complementary to the existing services in Thailand with referrals being made and knowledge sharing opportunities at the national level.

As mentioned previously, the Lovecarestation.com website was an existing service since 2007, well before UNICEF Thailand's support. UNICEF and P2H's partnership on the site began in 2015 with an aim to expand services from teen pregnancy to comprehensive adolescent health. Between 2020-2021, the time period covered by this assessment, UNICEF helped to develop an existing service into something more comprehensive and supportive, including a Line app and Facebook page. However, Teen Club, a Line group for adolescents, was developed by the MoPH and UNFPA and later with UNICEF support to add the live counselling function to improve the capacity of Teen Club and meets a similar need to that provided by Lovecarestation.com. While Lovecarestation has Line and Facebook platforms, they are visited by relatively low numbers of users, primarily young people who live in Bangkok. The school visits for Lovecarestation are also only in Bangkok. The desk review and a youth leader interviewee show that young people prefer to use Line than a website, and Line has potential for the largest reach, so it is good that UNICEF and P2H recently began working with Teen Club to strengthen its services. Avoiding competition for a similar service is recommended and Lovecarestation and Teen Club should merge, if possible.

> *"Lovecarestation.com is on a website, but Teen club is an official Line so wow. Personally, I like it to be a Line application more. The thing is, for the website, you really have to be concerned or have a problem to go to the website to find a solution, but in the morning, I will get a notification from them (Teen Club), showing some interesting topics, and if I'm free I will go in and read them. Topics for example, how teens should manage stress during COVID. The connection with the Line app is stronger than the website. Absolutely every kid has a Line app also, and in Thailand Line apps are the main communication." (KII, government stakeholder)*

> *"Now there are Teen Club and Lovecarestation. First, we have to discuss which one will be pushed to be the RTG's responsibility. We can't do both, it's overlapping. Then, we can start talking about the government. But I think we can start from the call centre first. Then, the call centre can send each case to the right sector to get help. We have to discuss between P2H and MoPH who own Teen Club and maybe they can merge." (KII, senior government stakeholder)*

Consolidated online education, knowledge and counselling services would suit young people best. Most government respondents described the need for consolidated services. These services include an easy-to-access understanding of where a variety of services can be accessed, for example, where to obtain birth control or antenatal care. While Lovecarestation.com is seemingly working towards that, it may be easier for young people to access CSE and sexual and reproductive health services through a simple app such as Teen Club. Should a list of YFHS locations, instructions on how to access a variety of other

services such as social welfare, individual counselling and more be put in one place, under a government directive, this may be an excellent way to ensure young people are informed and knowledgeable. This would still be somewhat exclusionary for people with limited access to technology, and so not a complete solution.

With government funding, the online services would be strengthened, more sustainable, and lead to larger impact. Teen Club did not have live counselling services during the period of time assessed by this evaluation, though has since December 2021. Lovecarestation.com did have live counselling through the project lifespan. While UNICEF is temporarily technically and financially supporting the provision of counselling services in Teen Club with their partner P2H, live support to Teen Club, in the long term through government funding, could become sustainable and create a bigger impact. MoPH accreditation for the online services was not found but needs to be in place to secure government funding from the National Health Security Office.

The RTG's role in bringing services together is instrumental for the future of integrated service coordination. UNICEF has a role to play in this. The majority of government respondents consulted in the evaluation described the need for services to be consolidated and brought together, for example, for young people to have access to information relating to the CSG, in hospitals and in schools. The majority of project stakeholders brought up the ability of UNICEF to draw stakeholders together as being extremely important, but also noted that the RTG plays a leading role in this. UNICEF's role should be to help demonstrate the need for service coordination, and that the delivery of integrated services can continue and expand in the way as demonstrated in these initiatives. The RTG will need to prioritise efforts to coordinate and collaborate across services and will be required to lead on this for the initiatives to last. They should ensure that both prevention and response programmes are in place and that they are working coherently together through extensive integration of services.

> *To combine the services, the government has to get involved. They have to have a policy and link all the work, so that NGOs and other sectors can work together on this. The RTG needs to set the policy and goals. (FGD, PSAPP)*

4.3.2 Consistency and/or complementarity of the initiatives

Question	**To what extent were the initiatives consistent and/or complementary to existing projects across the various sections of TCO?**
Sub-question	*To what extent have the other sections in TCO been involved in the development and implementation of the initiatives? Are there any missed opportunities for collaboration?*

The other sections of TCO were engaged throughout as part of the adolescent pregnancy initiatives. The work to engage volunteers to support initiatives was done in partnership with Communications team. The work to explore more suitable jobs for adolescent mothers was done in collaboration with the Private Sector Partnerships team. The manual created for adolescent mothers to care of their babies was in collaboration with the Early Childhood Development team. While TCO is working on advocacy for the social workforce, along with work on child protection, these are high-level activities which do not necessarily provide grounds for collaboration among the various sections of the office. Still, it was revealed that UNICEF will be working with UNESCO, UNAIDS, and UNFPA in the future, looking at ways to better respond to the needs of adolescents. This type of project will likely involve accreditation of an online platform for service quality, with the NHSO potentially subsidising counselling costs. It will undoubtedly involve various sections at TCO, including social policy, child protection, education, and partnerships.

While not within UNICEF, a government respondent shared that UNFPA worked with the MoPH on a teen research survey, then developed the "I D-Sign" course, a course that teaches about sexuality, gender, and human rights for young people.[41] This teaches young people to be better aware of their rights and available support options in the country, and while this type of work may be complementary to UNICEF's work, it hasn't been explored as part of this evaluation. Still, it is worth noting as UNICEF could create stronger collaborative efforts across the various UN agencies to deliver consistent messages on prevention education across consistent channels of communication.

4.3.3 Collaboration with implementing partners

Question	**To what extent were the adolescent pregnancy initiatives developed and implemented in coordination with the capabilities and expertise of the implementing partners?**
Sub-questions	*To what extent were the initiatives developed collaboratively with the implementing partners?*
	To what extent were the initiatives developed and implemented with the capabilities and expertise of the implementing partners in mind?

The rapid assessment finds that the initiatives were developed collaboratively between UNICEF and the implementing partners. Implementing partners and UNICEF staff report that prior to the project's development, UNICEF shared a concept note detailing their needs, then the implementing partners used their area of expertise to put together a proposal to UNICEF. Following this, in-depth discussions took place between the implementing partners and UNICEF in order to work out how exactly the proposed activities would fit within the integrated services envisioned as part of the adolescent pregnancy initiatives. Collaboration was also noted by respondents during the project,

[41] UNFPA, Raks Thai, 3cteen, and MoPH, 2017. *I D-Sign: Advocacy Training Manual on Sexuality, Gender, and Human Rights for Young People.* Available at: https://thailand.unfpa.org/sites/default/files/pub-pdf/idsign-curriculum-download.pdf

where adaptations were required. This demonstrates great oversight of the initiatives by UNICEF staff and is a factor which enabled the success of the initiatives.

The implementing partners were selected because of their extensive experience in working on related issues in Thailand. The evaluation reveals that all CSO/NGO partners have been working in Thailand for years on adolescent pregnancy and support for adolescents, and are all specialists in the various areas they work in. For example, P2H have worked on Lovecarestation for more than 10 years, providing consultations to teens on sex-related issues. Friends has worked in career development and skills development, particularly with NEET, across Thailand, for years. PPAT is the main organisation supporting unplanned pregnancy in Thailand and has been working in-country for many years. All partners are highly specialised and were able to bring their expertise to this project, contributing to success. Government and implementing partners described UNICEF's work on linking the NGOs together and described that UNICEF's ability to distribute roles and responsibilities was strong. The DOH, as the main responsible government agency with a clear mandate on preventing adolescent pregnancy and supporting adolescent mothers, was essential in supporting the initiatives.

4.3.4 Synergy of services

Question	**To what extent were the services, as part of the initiatives, integrated?**
Sub-question	*To what extent did the initiatives have a holistic approach with synergistic and integrated services?*

The initiatives were designed well with a holistic approach in mind, embracing synergy among services and among the various stakeholders. Holistic approaches in healthcare address a person's physical, mental, emotional, social, intellectual, and spiritual states.[42] It was found through the assessment that the combination of services provided through the initiatives UNICEF supported, prevention (CSE education and YFHS) and response (YFHS and employment/financial services), address these dimensions well, consisting of not only simple healthcare provision but means with which to enhance all aspects of young people's lives. This is a very important distinguishing characteristic of these initiatives whereby an adolescent benefits from a broad range of services, including the means with which to earn money. Respondents across sectors described the enhanced impact that moving from only sexual and reproductive health work to a more comprehensive and holistic approach helped solve the real underlying problems faced by young parents. This is enhanced further with the community support in the form of the PSAPP and youth leaders, who are reported to eagerly share their learned information with their communities. This said, the education aspect under prevention could be greatly

[42] Huljev, D. & Pandak, T., 2016. *Holistic and team approach in health care*. Signa Vitae 2016; 11(SUPPL 2): 66-69

improved with wider support through the engagement of the Ministry of Education and formal education systems.

> *This meeting and all the collaboration gave me and my team a knowledge of all the social welfare in Thailand as well. I have never known there was a child grant. This is successful in a way that now I and other staff can recommend and give this information to our patients in the future. (KII, Adolescent clinic)*

Synergy is limited when partners are not all on the same wavelength with regards to what health services are supported by the laws and what are not. A few supporting stakeholders described the occasional challenge they experienced whereby most clinic/hospital-based regulations interfere with the YFHS expected of them, for example, provision of contraception without parental consent. This could be alleviated through clear rules and regulations on the consistent application of the laws being provided to them by UNICEF or the MoPH, which may not be in place at present. Complaint mechanisms could also be brought in to YFHS to ensure this is followed up on.

> *We found that health centres are not following the law. The law states that teens 10-20 years old can get free contraceptives and if they are older than 15 years old, they don't need permission from parents. However, when they go to a medical centre to get contraceptives they can't, as the staff said their policy is teens have to be older than 18 or they ask for parental permission, even though teens are older than 15 years old. (FGD, supporting stakeholders)*

4.4 Sustainability

Question	**Did the interventions include appropriate measures to ensure sustainability of the processes and results?**
Sub-questions	*Was scalability factored into the design of the interventions and to what extent will the projects continue into the future?*
	To what extent can the initiatives be used as a model for future initiatives related to adolescent pregnancy or other related health programmes?

The adolescent pregnancy initiatives appear to be somewhat sustainable, with strong support from implementing partners and local communities. The RTG could be more supportive, enabling sustainability. Implementing partners, including the adolescent clinics, and the NGOs involved in the initiatives, generally see the initiatives as being sustainable long-term, even should funding be withdrawn. This can be attributed to a number of factors, including expansion and adoption by neighbouring TAOs in Chiang Mai, very strong connections built between implementing partners and hospitals/clinics, the relatively low cost of running the online services, training camps (with the CYC and P2H) to

create youth leaders for work across Thailand, and the deep integration of services already in place. The RTG is generally supportive of the initiatives, but there are issues in directives and policy being shared down to the district level. The RTG could better demonstrate its firm commitment to the policies and laws relating to adolescent pregnancy by clearly delegating responsibilities and ensuring policy adherence. Moreover, there has been little follow up on the strategies developed and the funding provided to the initiatives is reported to have not been enough. A senior government official shared that multiple health care staff (MoPH), in her district, have competing priorities, such as providing care for the elderly. A clear and distinct strategy from the provincial level down would enable much better success within and across districts.

Funding is a major concern for the longevity of the initiatives. However, all RTG and implementing partner staff described the need for more funding. Funding to support integrated services, such as counsellors on the Lovecarestation.com or Teen Club sites, IT administrators for the vast databases required for the accreditation of hospitals and their patient lists, funding to provide skills development, social welfare and aid/relief services, is very much required for sustainability. While the initiatives are sustainable to some extent at present, they could be better supported, particularly through government earmarking of budgets specifically for these prevention and support measures. This could eventually save money through a decrease in the use of costly healthcare services with a decrease in youth giving birth.

> *Once UNICEF stops paying and there is a problem with the program, then we have no funds to hire programmers to fix or upgrade them, this is the problem. The RTG don't have a policy to give funds for maintenance, they give you a budget for 3 years but then they would assume that you will have to be able to regenerate, but we don't. We also need to train/educate people who will key the data in, as this is for the whole country, it's a hard job. (KII, government stakeholder)*

Monitoring appears to be a weakness and the lack of monitoring can lower sustainability of the initiatives. The evaluation shows that monitoring across projects could be tightened up, particularly in terms of quality of services being provided. A number of respondents expressed that little follow-up was in place, and that follow-ups from experts could benefit the project, ensuring high standards are consistently being met.

The initiatives show good promise in scalability, with the projects each contributing meaningful parts of the whole. In terms of integrated services with youth, the initiatives definitely show scalability. Chiang Mai has proven to be an excellent example of this, with the model being used in neighbouring districts from the project districts. This said, locally contextual modifications are advised as the needs of youth in each community and district are varied. The PSAPP members interviewed agreed and described how they want these initiatives across Thailand with a uniform policy. An adolescent clinic staff in Mae Ai

elaborates on this when questioned on whether these initiatives can be used as a model for future projects:

> *Can do, but it depends on each area. The nature of youth in each area are different. In Mae-ai, youth get pregnant willingly which makes our teen mom statistics not coming down as fast yet. However, the number of youth we can access and provide contraceptives to is higher. Some areas in Mae-ai are villages with drugs and gangs which make it difficult to get to the youths who live there.*
>
> *So, to expand this project to other areas, first you must study the area to find the suitable activities and way to approach that area/district. In Mae-ai, we focus on contraception, it's very important.*
>
> *And regarding education, when pregnant teens come to us, our staff would do a survey about how/why they get pregnant. And their answer was that they intentionally want to get pregnant. Mae-ai's pregnant teens don't want to have an abortion. They have sex and don't use protection and when they get pregnant, they are ok to keep the baby. They don't want to have a baby when they are having sex but when they do get pregnant, they are accepting it. This is the perception and the scenario of most youth in the area. So, we are trying to educate them about contraceptive medical supplies and birth control. (KII, adolescent clinic)*

Comparing the results of this study with the UNICEF Scale-Up Framework (see Table 10) and the self-assessment template[43], it is noted that Coherence and Effectiveness and Impact likely meet the targets, while Relevance and Sustainability could do so, with better support and funding from the RTG. Efficiency is a challenge to ascertain as it was not evaluated as part of this assessment, but it does not appear to meet the targets for scale-up. This indicates that the projects assessed as part of this study appear to have the potential to meet the TCO standards for scalability.

Table 10. UNICEF Scale-up Framework and development (adapted for TCO)

Characteristics	UNICEF Scale-Up Framework Item	OECD Evaluation Criteria	Preliminary comments based on this evaluation
Optimized Program	Equity-based theory of change	Efficiency	The cost of a scaled up model is unclear, and there is little indication as to whether this would be a cost-effective way of achieving results at scale. Efficiency was not a part of this assessment.
	Specified beneficiaries and outcomes		
	Specified activities		

[43] UNICEF, 2021. *Procedure for developing up Scaling-Up Models* (internal document).

	Specified delivery processes		
	Specified core components and criteria		
	Monitoring system		
	Assessment of costs		
Evidence-based	Evidence for effectiveness	Effectiveness and impact	Expected results are nearly all met, and beneficiaries are very satisfied with the results. Policy changes would likely not be needed, but support from the government, including capacity-building, would be required for scale-up.
	Evidence for cost/ cost-effectiveness		
	Evidence for implementation requirements		
Fit for context	Relevant, tailored to the needs and priorities of the key stakeholders.	Relevance	With scale in mind from the start, clear link to national partners, relevant contexts, and a clear intervention logic, **this criteria is partially met.** SMART indicators and milestones to reach scalability are not present, nor a solid communications strategy.
	Feasible within the context and system limitations		
	Disclosing the relative advantage of the Model over other options	Coherence	The project is adapted to government systems and responds and meets important national priorities.
Secured commitment	From policymakers, funders, delivery organizations, practice influencers, UNICEF	Sustainability	There does not appear to be sufficient knowledge management strategies in place to capture the memory of the model, and there requires ongoing capacity building. There is no agreed pathway for scale or exit strategy in place. The RTG is supportive, however, and has committed to carrying on with aspects of the initiatives.
	To target and pathway for scale, funding, policy/legislative /regulatory change, capacity building		
	Exit strategies		

5. Conclusions

The initiatives reviewed as part of this rapid assessment of UNICEF Thailand's adolescent pregnancy initiatives 2020-2021 were put in place to address a very real and integral issue in Thailand. UNICEF staff, RTG staff, and all implementing partners and stakeholders have put in tremendous work which has reached millions of young people in Thailand, providing them with previously unrealisable integrated services which are designed to meet their specific needs. The initiatives have provided young women and their families with means to provide for themselves, address sexual and reproductive health issues, access social services, obtain education, and care for their children. These are a bold set of initiatives which have demonstrated success where there was extensive stakeholder collaboration, along with coordination and support by the RTG. The RTG in particular notes the importance of the integrated services offered through the initiatives and nearly all young people consulted in this assessment shared that the services are important and useful.

Having conducted a mixed-methods study (including desk review, 12 KIIs, 4 FGDs and 29 online survey responses) this rapid assessment of TCO's four interconnected adolescent pregnancy initiatives between 2020-2021 aimed to address the following overarching question:

> **What are the results of UNICEF Thailand's adolescent pregnancy initiatives (2020-2021), what progress has been made, and what lessons can be learned from them?**

Conclusions are made according to each OECD/DAC criterion, presented below according to the sub-questions.

Relevance

Conclusion 1: To what extent were the adolescent pregnancy initiatives relevant to the beneficiary needs and desires?

The initiatives are mostly relevant and appropriate to the targeted beneficiaries, and are very much aligned with the national context, policies and laws, and the online self-assessment tool fills a gap in the provision of YFHS in Thailand.

There is further need for young people to be consulted in the design and implementation, young people should be actively engaged through community-level work, employability could be more focused, research into varied contexts and needs of youth is required, the CYC can be better engaged, the MoE needs to be brought in, and YFHS need to accommodate adolescents better.

- Though young people were mostly not consulted during the development of the projects, the interventions were designed by some of Thailand's most credible and experienced organisations in providing services to adolescents, and in particular, adolescents who are pregnant or who have recently given birth. All interventions target important needs in Thai society, coming together to provide youth with a comprehensive set of integrated health services which are in line with the national context, policies and laws, including the Adolescent Pregnancy Act.
- Young people had a much larger community-based presence in Chiang Mai than in Bangkok, and this was a determinant of project success in the province. In Bangkok, respondents pointed to the need for more young people on the ground to help identify, refer, and support adolescent pregnancy and health.
- The employability services were not entirely relevant, with more focus on the targeted beneficiaries and their needs required**.** The employability initiatives, while very important, could be tightened through clearer indicative outputs aimed at adolescent mothers, developing stronger monitoring mechanisms, and providing training and jobs which better support adolescent mothers such as online selling. The implementing partner responsible for employability also put efforts into COVID-19 relief, and while this proved to be relevant, relief was not targeted well and didn't appear to always contribute to the intended aims of the UNICEF-supported initiatives.
- Further research is required into the varied contexts, needs, and experiences of youth across the country so as to ensure that interventions are based on solid data and that they meet the specific needs of this non-homogenous group. Further, it is important to understand the complexities of each district in order to ensure that interventions are able to reach the most vulnerable, including persons with disabilities, migrants, stateless, etc.
- The online self-assessment tool helped to fill a gap in provision of YFHS in Thailand and in data management across hospitals in Thailand. It promotes the establishment of YFHS in all hospitals in the provinces where it has launched. This has reduced the administrative burden on hospital staff who are already completing intensive accreditation through HA.
- The CYC could better be engaged in the interventions. Their expertise and input, and wide network of volunteers ready to do work on the ground, would serve the various project needs extremely well. It is important to engage them in all aspects, especially including planning.
- Finally, youth friendly health services' timings of Monday-Friday during regular working hours are simply not youth friendly. There needs to be significant consideration towards this, as the purpose of YFHS is so that young people are able to access the services. It is important that UNICEF or other partners investigate whether this is a common occurrence or not among all hospitals and should consider this in accreditation criteria.

Conclusion 2: To what extent have the initiatives been able to adapt to changing contexts and needs?

The initiatives were somewhat adaptable to the changing needs of beneficiaries, despite the COVID-19 pandemic.

Young people's input was not regularly sought after or acted upon, opening room for improvement relating to adaptability, and adults can be better engaged in the interventions, strengthening community-based support mechanisms.

- COVID-19 had significant socioeconomic impacts on Thai youth, and the initiatives were largely carried out during the pandemic. As beneficiary needs shifted, the initiatives were somewhat able to adapt. Some adaptations were in line with project aims, for example, the PSAPP carrying out home visits. Some adaptations were less sustainable, for example, providing formula, food, and diapers to parents. The RTG and implementing partners were impacted by the pandemic as well, unable to meet and push through important project-related decisions.
- Young people's input was not regularly sought in the monitoring of the initiatives, though should be. For all but one project, regular action on feedback from beneficiaries was not evident through the assessment.
- It is essential that young people are involved and that their voices are heard throughout any intervention, particularly when providing youth-friendly services.
- Adults can be better engaged to provide community-based support to adolescents, work to change perceptions, and share knowledge.

Effectiveness

Conclusion 3: To what extent have the expected results been achieved, and what have been the factors that have enabled or hindered this?

The initiatives were found to largely be effective in terms of expected results being met, and integration between services was evidenced, though the Chiang Mai model was found to more effective than the Bangkok model.

The RTG is required to better support the collaboration among stakeholders and needs to push priorities at district-level. The most vulnerable need greater consideration in future project planning.

- Often, the initiatives were found to exceed targets set. With an interconnected, multi-sectoral and multi-stakeholder approach which is heavily reliant on the various moving parts working synchronously, this is quite the accomplishment. The initiatives brought together stakeholders in a way that was not done previously, and when collaboration was effectively taking place across the services, the service provision and integration of services was highly successful. On the other hand, at times the collaboration was not as strong as it could have been and the various

stakeholders were not working in an interconnected manner, rendering the services less effective.

- In **Bangkok**, the results were largely met, but the assessment shows room for improvement, particularly in relation to how government stakeholders work together, as there appears to be limitations in urgency and the passing down of information to district level. The RTG (and BMA) should create clear accountability and reporting measures so as to ensure that policies and laws are applied from national to local levels.
    - The RTG should aim to better support the collaboration between ministries/departments through enhanced prioritisation of adolescent pregnancy and SRH.
- In **Chiang Mai**, an arguably more complex environment for the initiatives, results were very promising. This province showed exactly what the essence of the initiatives set out to be: integrated services for adolescents which bring together communities and enhance ownership of the projects. While there were suggestions from a variety of stakeholders to increase the prioritisation of adolescent pregnancy by the RTG at district-level, the referral mechanisms functioned relatively smoothly and effectively during the implementation of the initiatives.
    - Greater support at district level is needed.
- **Overall**, hospital accreditation has been very effective. However, there may not be enough pressure placed on all hospitals from government stakeholders to meet the accreditation requirements.
    - There are concerns about the most vulnerable being left behind by the initiatives. More consideration should be given to persons with disabilities, and remote minorities.
    - Should the initiatives scale, to their varying social and religious points of view. As mentioned in the Relevance section, care to contextualise the initiatives for each region should be taken through research into the varying needs of young people, including their social and religious priorities and points of view. Adolescent mothers face social and religious stigma which should be considered in the provision of the services.

Conclusion 4: To what extent has UNICEF been an effective partner and implementer in developing and implementing the initiatives?

UNICEF established itself as a very important asset to implementing partners but needs to ensure its presence is known in its interventions.

- UNICEF consistently was regarded as a reliable, expert ally to the project, always able to help out. Their convening ability was particularly important to implementing partners, and this could be explored further with the widening of networks.
- Some respondents were not aware of UNICEF's involvement in the initiatives, and UNICEF should ensure it positions itself strategically to ensure that project stakeholders are aware of their contributions.

Conclusion 5: To what extent were the services provided as part of the initiatives integrated?

The services provided as part of the initiatives are fairly comprehensive and integrated, and UNICEF can and should demonstrate that these initiatives can be brought to scale.

The RTG is needed in a leadership role in the provision of integrated services. The Ministry of Education is a key partner which needs to be brought in to improve impact and sustainability. There is a current lack of prioritisation on adolescent pregnancy from key government partners, leading to some initiatives being less effective than they could be, and UNICEF can help to demonstrate why adolescent pregnancy should be prioritised.

- Issues relating to government coordination are well-documented and existed in a UNICEF Situation Analysis of Adolescent Pregnancy in Thailand from 2016.[44] UNICEF then suggested to "establish a single government unit to address adolescent pregnancy in an integrated manner." While significant progress has been made in terms of results on adolescent pregnancy, coordination, collaboration between ministries, and thus implementation has not been as successful as possible.
- The integrated services are fairly comprehensive, mostly in line with the WHO's guidance on providing services to adolescents. While the services provided through the initiatives are as comprehensive as can be expected within the scope of the involved partners' remit, the services could be better enhanced through government prioritisation and the inclusion of the MoE.
- The projects and activities show great ability to work together, establishing a referral system for adolescents, and particularly adolescent mothers, to assist them in all aspects of their lives.
- Community support mechanisms are highly effective in sharing knowledge and referring youth to various services. The RTG showed some oversight with the actual laws in place, and this could be tightened with UNICEF's assistance.
- UNICEF's role should be to demonstrate the ability of these initiatives to work and to scale, and the RTG should lead them once they are proven to be able to be sustained and to scale**.**
- It is of high importance that the RTG acts in a leadership role with regards to the provision of and collaboration between integrated services. Their prioritisation of

[44] The Situation Analysis wrote, on coordination of the RTG: "*This study finds that current government efforts to address adolescent pregnancy and parenthood are insufficient because there is no central coordinating agency. As a result, committees focus on a number of issues and face competing priorities. In order to address the problem of adolescent pregnancy in Thailand, the Government should establish a single unit, potentially under the Prime Minister's Office, to focus exclusively on this issue.*"
Source: UNICEF (2016). *Situation Analysis of Adolescent Pregnancy in Thailand. p27*

adolescent pregnancy would help to ensure that all levels of government are actively focusing on the prevention and response adequately.

- The Ministry of Education is a key ally to be brought in and which would complement the existing services in a very impactful manner.

Coherence

Conclusion 6: To what extent were the initiatives consistent with government, UN, and other actors' interventions?

The initiatives are largely coherent and were developed to build upon existing initiatives in Thailand, promoting greater collaboration between them.

They require the RTG to oversee the coordination between the various services.

- The initiatives assessed in the rapid assessment work together in a coherent manner. While there are other existing projects in Thailand aimed at addressing adolescent pregnancy, the chosen initiatives were focused on due to the strengths of the implementing partners and potential for impact.
- Consolidated, simple services would suit young people best with regards to online services. There is need to ensure young people's voice is heard in the design of these.
- To ensure that all services are collaborating and integrated, the RTG will need to play a leading role to bring and keep the various stakeholders together.

Conclusion 7: To what extent were the initiatives consistent and/or complementary to existing projects across the various sections of TCO?

The initiatives were coherent with the work of the other TCO sections and utilised their expertise where possible.

There is room for enhanced collaboration within TCO and among UNCT agencies.

- With a range of sections at TCO effectively contributing to the results of the adolescent pregnancy initiatives, internal coherence was found to be strong.
- There are opportunities, particularly with expected future initiatives, for further cross-section collaboration. There is also much room for greater UNCT collaboration, as there exists a degree of overlap in efforts to address adolescent pregnancy.

Conclusion 8: To what extent were the adolescent pregnancy initiatives developed and implemented in coordination with the capabilities and expertise of the implementing partners?

UNICEF collaborated well with the various implementing partners in the development of the projects, all of whom were selected because of their extensive experience in working on related issues in Thailand.

- Using the partners' extensive expertise in Thailand on their focus areas, UNICEF managed to combine a complementary set of projects into one working model.

Conclusion 9: To what extent were the services, as part of the initiatives, integrated?

The services, though limited though the exclusion of the formal education system, were otherwise highly integrated and provided adolescents with a holistic approach to their needs.

The MoE, young people, and adults can be better engaged to support the initiatives.

- Rather than focusing solely on the health aspect of adolescent pregnancy, these integrated services aimed to provide young people with highly focused yet broad services which have the potential to transform communities. Bringing the Ministry of Education on board would have increased the effectiveness and impact of the initiatives.
- With some stakeholders unclear in terms of their responsibilities relating to various laws and policies, it is suggested that UNICEF and MoPH create and disseminate clear rules and regulations for YFHS which could alleviate any on-ground confusions in terms of availability of services and rights of adolescents to obtain those services.
- The Ministry of Education, again, is an important ally and should be brought into future work on adolescent pregnancy to ensure effective knowledge is shared with young people and can serve to improve the integration of services as well. Young people and adults alike can be better engaged to support on-ground through volunteer movements to inform young people and help with case management.

Sustainability

Conclusion 10: Did the interventions include appropriate measures to ensure sustainability of the processes and results?

The initiatives show potential to be sustainable and scalable.

A possible lack of funding causes concern over the longevity of them and the RTG could be more supportive.

- Because of the observed support from on-ground project stakeholders and willingness to continue with the initiatives by the RTG stakeholders interviewed, the various projects are likely to continue, at least in part, in time. There are concerns over continued financial support, and the RTG can likely justify minimal spending on **prevention** rather than a larger amount for **response**. The RTG has shown varying levels of commitment to addressing adolescent pregnancy and needs to ensure the issues permeate all levels of government, with clear accountability and follow-up mechanisms. Monitoring and evaluation systems are a weakness and to improve sustainability, should be tightened up. The overall model UNICEF developed shows

potential for scalability, though extensive consideration should be given to the role of the RTG and the need for it to really lead a significant amount of the activities.
- The MoE is essential to work with for sustainable and scaled results.

Conclusion

Overall, the rapid assessment reveals that UNICEF and its project partners have made a tremendous step forward for Thailand with regards to the provision of integrated health services for adolescents. Though there are many avenues for improvement, such as allowing the RTG to lead the collaboration between the various services, ensuring that services provided are combined wherever possible to avoid duplication of efforts, bringing on the Ministry of Education, and by working coherently with other UN agencies, there should be no reason why the general ideas of the interventions are not scaled up in other provinces. With excellent community support, empowerment of young women, integral knowledge being provided to adolescents at the community level, and forward social progress being made, the initiatives have momentum and should be able to attract attention at policy level so as to strengthen the existing structures and mechanisms which would need strengthening in order to scale up.

The World Health Organization recommends, in order for strong economic outcomes through the lifecycle of a person, for countries to "Reform service models concentrated on hospital care and focus instead on prevention and on the efficient provision of high-quality, affordable, integrated, community-based, people-centred primary and ambulatory care, paying special attention to underserved areas.[45] This integrated model presented by UNICEF to address adolescent pregnancy is very much in line with WHO recommendations and with careful consideration and considerable government backing, would inevitably contribute towards Thailand's human capital, leading to a stronger and more equitable society in the future.

[45] World Health Organization, 2016. *Working for health and growth: investing in the health workforce. Report of the High-Level Commission on Health Employment and Economic Growth.* Available at: http://apps.who.int/iris/bitstream/handle/10665/250047/9789241511308-eng.pdf?sequence=1

6. Recommendations

In alignment with the purpose of the rapid assessment, this section outlines a set of key recommendations grounded in the rich and diverse findings of the rapid assessment.

These recommendations were developed by the consultant through an analysis of the results and findings. The recommendations are thus derived from the expertise and insights provided by the duty bearers, rights holders, and other stakeholders who took part in the data collection activities. The aforementioned persons were not directly involved in the formulation and writing of the recommendations. There was an effort to incorporate the best aspects of the initiatives reviewed into the recommendations and have also taken global best practices regarding projects relating to integrated and comprehensive health services for adolescents in mind. They can be considered by TCO in the planning of future employability initiatives as part of its forward planning.

Recommendation #1: Involve the Ministry of Education

(Based on conclusions: 1, 5, 6, 10)

UNICEF should share their experience on supporting the adolescent pregnancy initiatives with the MoE and aim to partner with them on adolescent pregnancy.

One key recommendation made by nearly all respondents as part of this assessment was that **there is a large gap in the existing programming because of a lack of having CSE and the integrated services fully embedded in the formal education system**. Young people in Thailand need to have a CSE curriculum which meets global standards and which advances learning about their rights. School-based interventions should include life skills, life planning, provision of comprehensive information on available services, and special SRH counselling; these were largely missing due to the Ministry of Education not being involved in the initiatives. Schools should be places where young people can easily obtain information on how to access a range of services, and schools should support referrals through trained counsellors. Under the mandate of the Adolescent Pregnancy Act, the MoE can be engaged through the piloting of programmes aimed at addressing adolescent pregnancy.

UNICEF should do its best to build upon the initiatives with the Ministry of Education (MoE) (and UNESCO). Prevention is key: it costs less than response, empowers youth, and creates a safer, healthier society. As a key project partner going forward, the Ministry of Education could do as little or as much as they are able to. This could include, for example, establishing sexual and reproductive health leaders within schools who can then help to disseminate information to their peers and post up flyers with information on where other young people can access information. Further, schools need to be delivering information which is complete and backed by science. UNICEF should work with partners to prepare child-friendly dissemination materials to be used by and with the MoE.

The MoE is already working with UNESCO on adolescent pregnancy issues, and this is a great opportunity for UNICEF, UNESCO and the MoE to coordinate on teacher training, improving education in digital spaces, and to create clear and comprehensive school-based interventions to be taught to students through their educational lives. It is clear that the MoE are essential to bring on board for the future success of adolescent pregnancy initiatives in Thailand.

Finally, children want to be involved. By ensuring CSE is taught and taught well, students can be better empowered to become leaders within their communities. With a large pool of eager students, willing to share knowledge and work for their communities, a large resource for addressing the issues around adolescent pregnancy is currently untapped.

Recommendation #2: For larger impact, UNICEF should better involve young people

(Based on conclusions: 1, 2, 6, 9)

UNICEF should involve young people in the planning and implementation of all future work on adolescent pregnancy.

One of the main resounding successes observed as part of this assessment revolves around the inspiring work being done on the ground, with people who know their communities best: youth leaders. Young people are eager, passionate, interested in volunteering, and wanting to be affiliated with UNICEF and government efforts.

Implementing partners in Chiang Mai described how important it was to have people that are from the communities they serve, speaking the same languages and able to communicate on a personal level. This was a major factor of project success.

UNICEF should play a larger convening role and aim to increase the participation of young people across the initiatives, sharing good practice with the RTG. Should the MoPH be willing to lead this, they could help ensure TAOs are willing to participate. There is significant potential for UNICEF to consistently bring in an important partner: the CYC. By sharing data, feedback from youth, and good practice of enhanced collaboration with youth with relevant government ministries, more effective advocacy to push for youth-targeted policies, and thus funding, can take place.

While young people were being engaged very well in Chiang Mai as part of the interventions, there should be considerable efforts by UNICEF staff to involve the CYC in all projects relating to adolescents. The CYC was involved in the P2H-supported initiatives, though because its influence and potential impact are large, they could be engaged across all interventions. The CYC already has youth leaders in each province, and for scaled

initiatives on adolescent pregnancy, involving the CYC in recruiting and training more youth leaders for all projects, not just the P2H ones, would be wise, especially considering their expertise in doing so. **It would be beneficial for UNICEF to engage the CYC in the planning/design stages of all initiatives relating to adolescents, as a rule, going forward.**

Young people can better be engaged at community-level in Bangkok. There is a need to involve youth in the identification of cases, referrals, sharing of knowledge, and general support to adolescent pregnancy issues. In line with the Chiang Mai peer leaders, who are active on the ground, communities in Bangkok (and elsewhere should initiatives be scaled) would benefit from this youth presence to ensure the most vulnerable are served.

Finally, increased use of youth feedback to improve programming should be ensured. **UNICEF should build into each 'service' some aspect whereby young people are able to have their voices heard.** This includes complaint mechanisms, which were not evidenced during the rapid assessment.

Recommendation #3: Adults are important catalysts to address social norms, and UNICEF should engage them as well

(Based on conclusions: 6, 9)

UNICEF should involve adults from beneficiary communities, especially parents, as much as possible in future initiatives, and aim to educate them better on issues around adolescent pregnancy through a C4D campaign.

One very important finding from the assessment is that adults, whether they are parents, hospital staff, religious leaders, doctors, volunteers, or project stakeholders, all hold considerable power over the decisions young people make. It was found, through the assessment, that adults are often as uninformed about adolescent pregnancy and sexual and reproductive health as young people. In order to avoid misinformation being spread and to ensure a consistent and reliable message is given to youth, **it is recommended that UNICEF work with their partners to help build competence and capacity among adults by developing C4D materials aimed at adults.**

These materials could likely be targeted towards the various roles the adults play in young people's lives, but should have common messages, for example, providing information on where to find contraception, information on where to find YFHS, information on STIs, and information on healthy sexuality for teens. They could also include UNICEF-sponsored discussions and webinars whereby young people are able to speak with adults about various topics.

By doing so, stigma pushed onto adolescents would likely be somewhat mitigated, and there may be productive and open dialogues among communities.

As well, and as evidenced by the PSAPP, bringing adults who are passionate into projects benefiting the young people they love can only bring positive results. **UNICEF should direct some focus to bringing on a strong base of adults willing to volunteer their time in support of the initiatives.**

Recommendation #4: Advocate for adolescent health/reproductive health to be prioritised across the RTG

(Based on conclusions: 5, 6, 10)

While it is out of UNICEF's remit to change existing structures of the RTG, it is recommended that UNICEF advocate for, or work with their RTG connections to prioritise adolescent health/reproductive health across all ministries.

In Thailand, true integrated services require a leader to coordinate all of the various services and to ensure that existing policies and laws are acted on at all levels, from national down to district. At present, adolescent pregnancy is not prioritised at district-level.

While P2H and PPAT have been doing a very good job in this coordinating role, leading the referral services and general coordination of the integrated services, having them lead on this indefinitely is not sustainable. The RTG (and MoPH) should consider the upcoming generation's needs as much as they do the previous generation's.[46] Seeing as adolescents will be supporting the country's ageing population when they enter the workforce, the RTG should be investing in the nation's human capital by prioritizing and adequately investing in adolescent SHR. By leading on the coordination and a scaling up of these initiatives and ensuring that policy adherence is ensured through sound accountability mechanisms and clear reporting lines, the RTG would effectively address the issues around adolescent pregnancy and provide a strong economic base with which to support the ageing population.

Following this, **UNICEF should work with the RTG to ensure that adequate services are available for mothers in Thailand, including day-care while working or child-friendly workspaces, or careers advice better tailored for working from home.**

[46] There is an intensive focus in Thailand on ensuring the needs of an 'ageing society' are taken care of, and the MoPH has a policy called the 'Elderly health promotion operation' (see: https://eh.anamai.moph.go.th/th/kpi2-5/download?id=62803&mid=33366&mkey=m_document&lang=th&did=18543).

Recommendation #5: Sharing data is important for the success of the initiatives

(Based on conclusions: 2, 5)

UNICEF should continue to advocate for and assist its partners to better collect, consolidate, and share data. This includes improved patient data sharing across services and provision of information for young people on where and how to access the comprehensive services they require. A significant part of this will be to support the relevant line Ministries, under the Adolescent Pregnancy Act, to better coordinate on data.

While data was used to inform the design of the interventions, the rapid assessment did not uncover evidence of widely used and widely shared data between partners during the intervention timeline. This said, data is beginning to be shared between the MoE, MoPH, and MSDHS, according to a UNICEF staff member. These databases, if used synergistically, could be incredibly important for all aspects of the initiatives:

- **At a high-level**, databases on young people can help to protect young people who use the services and provide them with adequate referral channels. Further, and importantly considering the high reported transfer rate of government stakeholders, patient data could be better kept and shared to support referrals. Stakeholders mentioned how if a case management officer was moved, then the case basically had to start over again. This is inefficient and can be changed through better data sharing policies. UNICEF can support the line Ministries under the Adolescent Pregnancy Act to better coordinate on data, encouraging them to monitor programmes and sustain them.
- **At a community-level**, sharing of patient info across Tambons or districts would help young people, particularly those without Thai citizenship and those who move for work or other reasons, to have continued access to services.
- **At the end-user level**, and perhaps most importantly, databases on a wide range of information needs to be made public: YFHS centres, clinics which provide free contraception, clinics which provide abortions, contact information for support services, etc. This information is beginning to be incorporated into the Teen Club application, but further support is needed by UNICEF to ensure that it is comprehensive.

It is recommended to start with the end-user information, as this could be easily shared via the Teen Club or alternate application youth use. Young people should be able to find out, without the embarrassment of going to a health centre and being turned around, where they can access the integrated services they need. Data is a big part of this, and UNICEF can lead on making this happen.

For young people with no access to online services, there should be a concentrated effort to provide comprehensive information on the available services. This can best

be done in schools, so UNICEF should work with the MoE on this. Peer/youth leaders should also be supported to share this information within their communities. The CYC in each Tambon should assist with this.

Recommendation #6: There should be greater efforts to reach those who have not yet been reached

(Based on conclusions: 1, 3, 10)

UNICEF should carry out a situation analysis in order to better understand the status, needs, and desires of the underserved within their projected future project communities. From there, they should use this information to inform future programmatic interventions by making them highly localised and contextualised to the varied needs of youth.

The initiatives were developed to include adolescents who are marginalised: NEET youth, migrants, stateless, and remote minority groups. However, a key finding of the assessment was that even within the districts served by the initiatives, there were youth who have not yet been reached and thus could not access the services.

Ensuring that persons with disabilities, stateless youth, migrant youth, youth in conflict areas, NEET youth, youth in conflict with the law, and youth facing other vulnerabilities are reached would improve the impact which could be made by future programming on adolescent pregnancy.

Recommendation #7: Clarify needs and uses for the digital platforms, push for the RTG to commit funding, ensure quality through accreditation, and promote widely

(Based on conclusions: 2, 5, 6)

UNICEF should support the DoH to make the online services (Teen Club and Lovecarestation) part of a service package financed by the National Health Security Office. UNICEF should also support the government with technical assistance as an accreditation process is developed to ensure quality across services. UNICEF can also help the RTG in ensuring the reach of these platforms is wide, promoting widely to users across the country through its extensive networks.

Online counselling is very relevant and effective for adolescents and should be funded by the RTG and promoted widely. There is also a distinct need for young people to have a one-stop digital service for information on all of the integrated services they require.

For Lovecarestation, the site has proven highly successful in terms of its live counselling. A quality accreditation process should be developed so as to ensure the counsellors and the

technology involved in the site can be funded by the DoH/National Health Security Office. They should engage more counsellors and ensure regular training. UNICEF should provide support by demonstrating to the RTG the usefulness of this site and the counselling and assisting with the development of an accreditation process.

For Teen Club, the application should be a consolidated repository for all useful information for youth, with easily accessible information on clinic locations, support lines, and more. Daily updates on teenage sexuality issues would help inform teens, and word would spread through communities, building helpful knowledge and dispelling harmful practices. Further, the application could be linked to the youth's national ID# for better tracking, and GPS features could be enabled so as to direct young people towards the services they require. Live counselling should continue on the application, trained by and supported by the Lovecarestation team. Where possible, the counsellors should continue to be supplied by the Lovecarestation team to comply with quality services accreditation processes, to be developed.

UNICEF should advocate for the DoH to commit to funding these platforms and include funding for them in national budgets so as to ensure sustainability. This should be financed by the National Health Security Office, and the government can use Thai ID numbers to track and pay for the services. The RTG can ensure quality of the services through accreditation. The platforms should be promoted widely by the RTG so that all teens, not just Bangkok teens, are using them.

Recommendation #8: To scale up, first work with hospitals that are ready

(Based on conclusions: 1, 5, 10)

UNICEF, working with the MoPH/BoRH/BMA, should prioritise hospitals in the scale-up of the YFHS accreditation, taking into consideration the constraints which may block some health centres from being accredited.

While a high percentage of the hospitals/clinics in Bangkok and Chiang Mai have been accredited, and with 113 of 899 hospitals in Thailand currently accredited, the rapid assessment surfaced some existing issues with the accreditation system for hospitals: there is not significant pressure placed on hospitals to become accredited YFHS centres, and not every hospital/clinic is equipped to do this. Hospital staff in Bangkok described there not being enough of a push from management/government to complete the accreditation, and in Chiang Mai, it was reported that there were hospitals which could simply not pass the accreditation due to not having the facilities for it. Despite the ease of filling in the online self-assessment tool supported by the UNICEF initiative, there are

constraints in the existing systems which are prohibitive for all BMA and BoRH centres to meet the requirements for accreditation.

In order to meet the ambitious target of having 100% of hospitals accredited by 2025, UNICEF should work with the MoPH/BMA to initially ensure that at least one hospital per district in every province is youth-friendly accredited. It is likely that the BMA/MoPH would be able to divert funding to hospitals located where adolescent birth rates are highest. These hospitals should be prioritised and funded in order to ensure that Thailand has adequate coverage for all for YFHS. From there, scaling up should happen based on need and resources required, while initially ensuring that youth are able to access the already-accredited health centres in their respective districts.

Annexes

Annex 1: Inception Report and Research Tools

The Inception Report for the Rapid Assessment, which includes all research tools used, can be accessed at the following link: https://drive.google.com/file/d/1fMD5TngooXOHyENzxt1g2p2Z5dQVh_HM/view?usp=sharing

Annex 2: Evaluation matrix

Overall rapid assessment question:	**What are the results of UNICEF Thailand's adolescent pregnancy initiatives (2020-2021), what progress has been made, and what lessons can be learned from them?**								
OECD/DAC criteria	**Questions**	**Sub-questions**	**KII - UNICEF**	**KII - Implementing partner**	**KII - CYC**	**KII - Adolescent clinics**	**FGD - Beneficiaries/ Adolescents**	**FGD - Supporting stakeholders**	**Literature review**
Relevance	To what extent were the adolescent pregnancy initiatives relevant to the beneficiary needs and desires?	How have beneficiaries (and their needs) been considered in the development and implementation of the initiatives? Are the project objectives and key results closely aligned with their needs?	x	x	x	x	x	x	x
		What were the rationale for the interventions and what role did UNICEF play in their development?	x	x				x	x
		To what extent were the initiatives aligned with the national context, national policies and laws, including the Adolescent Pregnancy Act?	x	x	x				x
	To what extent have the initiatives been able to adapt to changing contexts and needs?	How have the initiatives been able to adapt to the changing contexts of the COVID-19 pandemic?	x	x		x	x	x	x
		How have the initiatives been able to adapt to the changing needs and desires of the beneficiary populations?	x	x	x	x	x	x	

Effectiveness	To what extent have the expected results been achieved, and what have been the factors that have enabled or hindered this?	What are the expected results against the achieved results? What are the unexpected results from the initiatives?	**x**						x
		What are the factors that enabled results to be achieved?	**x**	**x**	**x**		**x**	x	x
		What are the factors that hindered the progress of results?	**x**	**x**	**x**	**x**	**x**	x	**x**
		To what extent did COVID-19 impact the effectiveness of the initiatives?		**x**	**x**				
	To what extent has UNICEF been an effective partner and implementer in developing and implementing the initiatives?	To what extent has UNICEF been an asset to the implementing partners? Why?		x				**x**	
	To what extent were the services provided as part of the initiatives integrated?	How effective were the initiatives in providing integrated YFHS to adolescents?	**x**	x	x	x	x	**x**	
		How effective were the coordinated efforts of actors on the ground in ensuring that the services provided effective integration?	**x**	x	x	x	x	**x**	
Coherence	To what extent were the initiatives consistent with government, UN,	To what extent did TCO consider existing adolescent pregnancy initiatives in Thailand in the development and implementation of their initiatives?	**x**	**x**	**x**	**x**		**x**	**x**

	and other actors' interventions?	To what extent are the initiatives complementary or overlapping to existing programmes in Thailand?		x	x	x	x	x	x
	To what extent were the initiatives consistent and/or complementary to existing projects across the various sections of TCO?	To what extent have the other sections in TCO been involved in the development and implementation of the initiatives? Are there any missed opportunities for collaboration?	x						x
	To what extent were the adolescent pregnancy initiatives developed and implemented in coordination with the capabilities and expertise of the implementing partners?	To what extent were the initiatives developed collaboratively with the implementing partners?	x	x		x		x	x
		To what extent were the initiatives developed and implemented with the capabilities and expertise of the implementing partners in mind?	x	x		x		x	x
	To what extent were the services, as part of the initiatives, integrated?	To what extent did the initiatives have a holistic approach with synergistic and integrated services?	x	x		x			x
Sustainability	Did the interventions include appropriate measures to ensure sustainability of the processes and results?	Was scalability factored into the design of the interventions and to what extent will the projects continue into the future?	x						x
		To what extent can the initiatives be used as a model for future initiatives related to adolescent pregnancy or other related health programmes?	x	x	x	x			x

Annex 3: References

Annex 3.1 References used in the rapid assessment

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Annex 3.2: Internal documentation

To carry out the rapid assessment, the consultant has been provided the following documents by ADAP staff:

- Progress reports for all implementing partners
- Overall and summary of results from all implementing partners
- Project-specific materials (i.e., handbooks)
- Agreement documents and proposals
- Donor reports
- Government strategy documents
- Lovecarestation.com evaluation
- YFHS assessment
- UNICEF: Improving Youth-Friendly Health Services In Thailand
- Various other reports and strategies relevant to the assessment

Annex 4: Signed UNEG code of conduct

(Each UNEG member to create its own forms for signature)

Annex 2: United Nations Evaluation Group Code of Conduct for Evaluation in the UN System

Evaluation Consultants Agreement Form

To be signed by all consultants as individuals (not by or on behalf of a consultancy company) before a contract can be issued.

Agreement to abide by the Code of Conduct for Evaluation in the UN System

Name of Consultant: David Johan Lefor

Name of Consultancy Organisation (where relevant)**:** _____

I confirm that I have received and understood and will abide by the United Nations Code of Conduct for Evaluation.

Signed at (place) on (date) Bangkok, Thailand. 5/5/22

Signature: _____

(Each UNEG member to create its own forms for signature)

Annex 2: United Nations Evaluation Group Code of Conduct for Evaluation in the UN System

Evaluation Consultants Agreement Form

To be signed by all consultants as individuals (not by or on behalf of a consultancy company) before a contract can be issued.

Agreement to abide by the Code of Conduct for Evaluation in the UN System

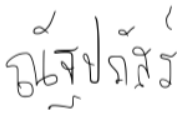
Name of Consultant: Nutpapat Wannasuth

Name of Consultancy Organisation (where relevant)**:** _____

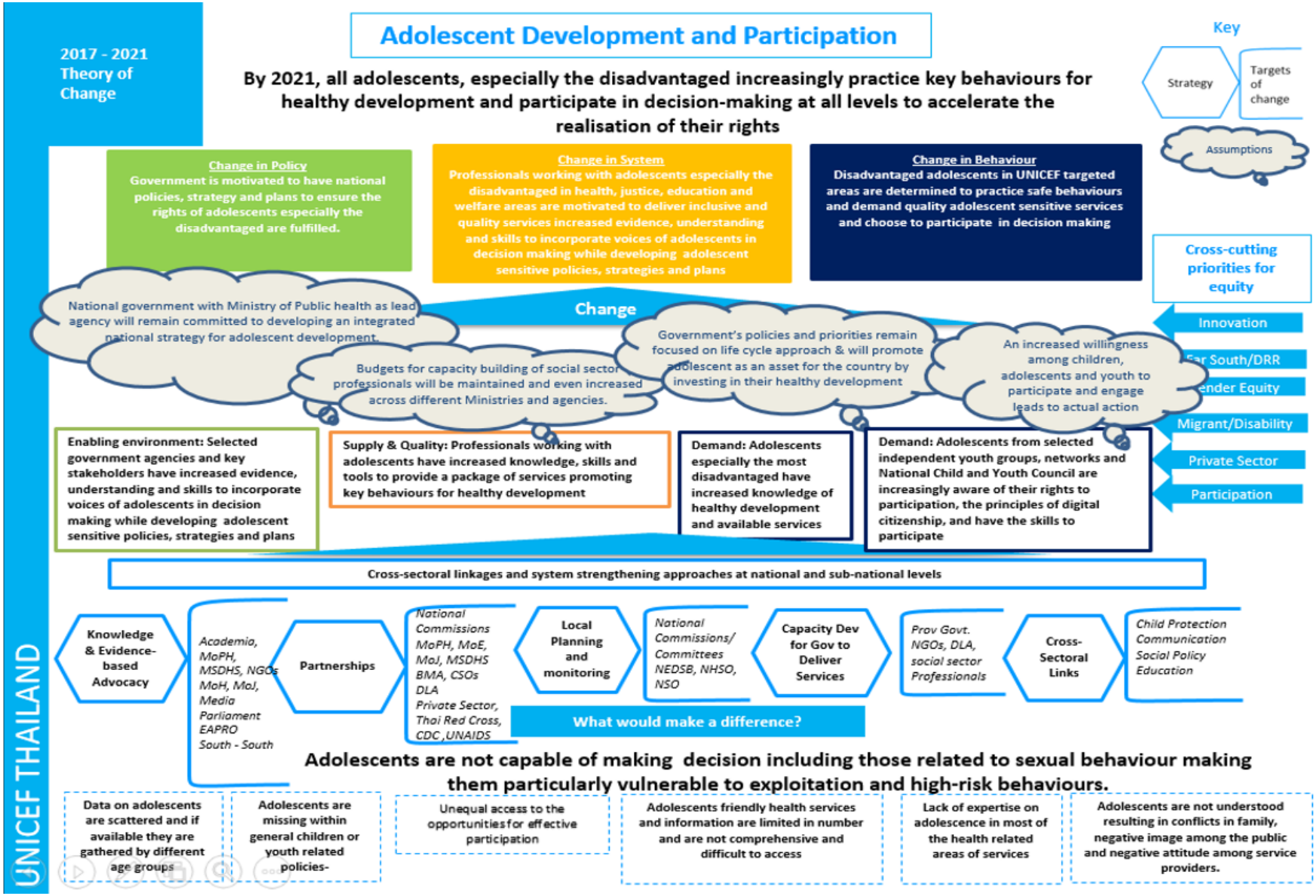
I confirm that I have received and understood and will abide by the United Nations Code of Conduct for Evaluation.

Signed at (place) on (date)

Bankok, Thailand.
5/5/22

Signature: 

Annex 5: Visual Theory of Change



Annex 6: Results matrix for the initiatives

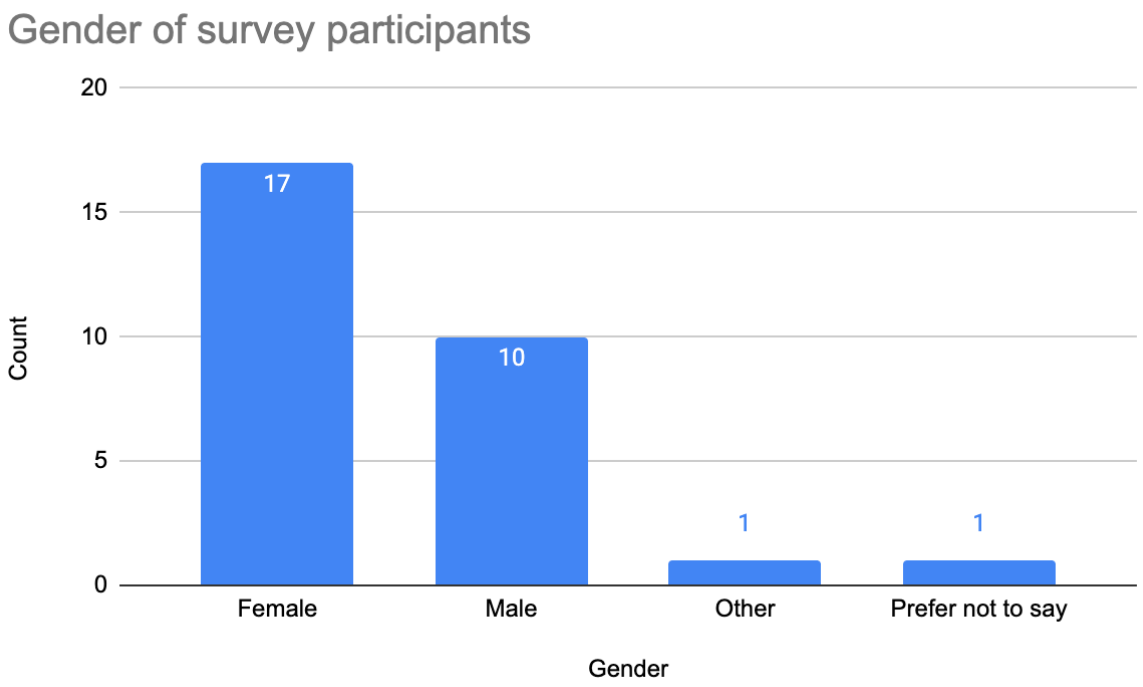
MfM Core Definition	Project Definition	Results from 2020	Results from 2021	Cumulative Results to Date
# of districts/regions with MfMsupported programs	There are 4 Project sites: 2 districts in Bangkok and 2 districts in Chiang Mai [target: 4]	0 (same sites as previous period)	4 (100% of the target)	4 (100% of the target)
# of women receiving services (ANC, delivery, and/or PNC) from MfMsupported maternal health projects and beneficiaries of maternity waiting home users	# of adolescent mothers who receive comprehensive services, i.e., ANC linkage, post-partum care, mental health support, CSG, home visit, counseling and employability guide [target: 100 in 4 sites] Availability of YFHS handbook, translating the national standard into practical guidelines. [target: yes] Level of satisfaction of adolescent service users. [target: 90%]	# of adolescent mothers receiving comprehensive services: 463 Availability of YFHS handbook: Yes Level of adolescent satisfaction on YFHS service: in progress	# of adolescent mothers receiving comprehensive services: 498 (498% of the target) Availability of YFHS handbook: Yes Level of adolescent satisfaction on YFHS service: in progress	# of adolescent mothers receiving comprehensive services: 464 in Chiang Mai, 414 in Bangkok (878% of the target) Availability of YFHS handbook: Yes Level of adolescent satisfaction on YFHS service: 90%
# of women receiving modern contraceptive products and services	# of adolescent women accessing youth-friendly health services for all reproductive health issues such as contraception, risk reduction counseling, combination prevention of HIV/STI, treatment of HIV/STI, and mental health [target: 2,077 online cases - 10% increment; 280 offline cases in 4 sites] # of adolescent women at risk who received other preventive health service/ developmental care to prevent unwanted pregnancy. [target: 190 in 4 sites] Level of satisfaction of adolescent service users. [target: 90%]	# of adolescent women accessing YFHS: • Online: 8,214 cases • Offline: 470 cases (377 in BKK and 93 in CM) # of adolescent girls at risk receiving health service/ development: 102 Level of satisfaction: 85%	# of adolescent women accessing YFHS: • Online: 13,964 cases (638% of the target) • Offline: 498 cases (400 in BKK and 98 in CM) (178% of the target) # of adolescent girls at risk receiving health service/ development: 143 (75% of the target) Level of satisfaction: 85% (94% of the target)	# of adolescent women accessing YFHS: • Online: 12,050 cases (580% of the target) • Offline: 498 cases (826 in BKK and 98 in CM) (178% of the target) # of adolescent girls at risk receiving health service/ development: 488 (478% of the target) Level of satisfaction: 90% (100% of the target)

# of patient oriented digital innovation users, beneficiaries of community health worker programs	Availability of a digital platform that provides comprehensive and targeted information on sexual & reproductive health. [target: Yes]	Availability of digital platform: Yes	Availability of digital platform: Yes	Availability of digital platform: Yes
	# of adolescent women receiving digital reproductive health information and comprehensive adolescent counseling (mental health, sexual health, livelihood, education, etc.) [target: 1.87 million users nationwide] # of adolescents engaging in design thinking to improve the quality of platform & models. [target: 260 in 4 sites] # of adolescents empowered with skills and information to promote SRH and other available services. [target: 260 in 4 sites] Level of satisfaction of adolescent online service users. [target: 90%]	# of adolescent women receiving digital SRH & adolescent counseling: 975,000 users (of all 1.3 million users) # of adolescents engaging in design thinking to improve the platform/ model: 248 # of adolescents empowered with skills to promote SRH: 136 level of satisfaction of adolescent online service users: 85%	# of adolescent women receiving digital SRH & adolescent counseling: 3 million users (159% of the target) # of adolescents engaging in design thinking to improve the platform/ model: 669 (257% of the target) # of adolescents empowered with skills to promote SRH: 352 (135% of the target) level of satisfaction of adolescent online users: 85% (94% of the target)	# of adolescent women receiving digital SRH & adolescent counseling: 2.59 million users (139% of the target) # of adolescents engaging in design thinking to improve the platform/ model: 669 (257% of the target) # of adolescents empowered with skills to promote SRH: 424 (163% of the target) level of satisfaction of adolescent online users: 90% (100% of the target)
# of health workers (facility and community-based) trained by MfMsupported programs;	# of staff (health & non-health) trained on youth friendly services, communications, and targeted intervention for different youth groups. [target: 60]	55	142 (236% of the target)	142 (236% of the target)
# of health facilities strengthened to provide quality care and/or modern contraception	# of facilities standardized as per national standard in implementation areas. [target: 4] # of facilities in implementation areas engaging adolescents productively in service-design. [target: 4]	# of facilities standardized as per national standard: N/A # of facilities engaging adolescents productively in service-design: 9	# of facilities standardized as per national standard: N/A # of facilities engaging adolescents productively in service-design: 61	# of facilities standardized as per national standard: 113 # of facilities engaging adolescents productively in service-design: 61

# of people in MfM program affiliated health facilities' or pharmacies' catchment area	# of referrals to YFHS and parenting services through pharmacies & community linkages. [target: 100 in 4 sites]	# of referral through community linkages: 1,090 (83 in Chiang Mai, 400 in Bangkok through traditional outreach, and 607 from online platform)	# of referral through community linkages: 1,105 (98 in Chiang Mai, 400 in Bangkok through traditional outreach, and 607 from online platform)	# of referral through community linkages: 1,105 (464 in Chiang Mai, 826 in Bangkok)

Annex 7: Survey results

Survey results from respondents who accessed integrated services



Number of respondents who report receiving the following services:

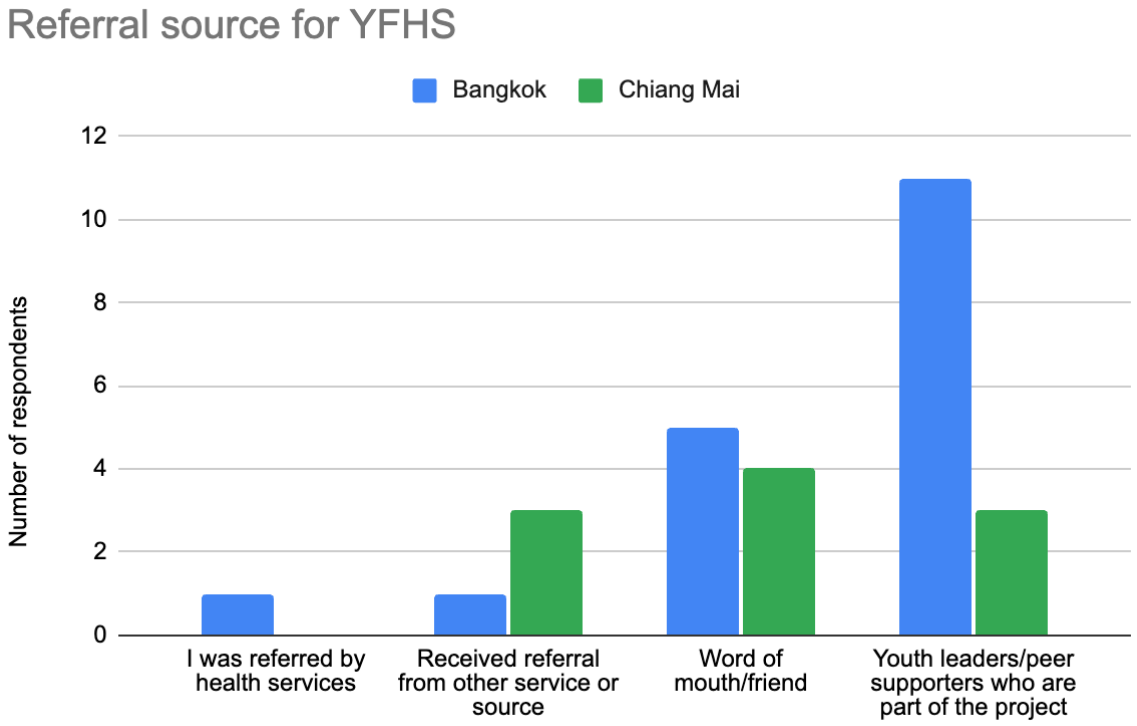
Services received	Bangkok	Chiang Mai
Health services (comprehensive adolescent health services, including sexual and reproductive health, contraception, etc.)	13	7
Help with antenatal care (the care you get from health professionals during your pregnancy)	4	2
Help with accessing the Child Support Grant (money from government to help with the costs involved in raising a child)	3	0
Counselling	11	5
Postpartum support (help with depression, anxiety, and distress, etc. after having a baby)	3	3
Home visit by health volunteers	1	0
Parental skills building (parental schools)	3	3
Support with education or vocational training	9	0
Support with career	5	0

COVID relief	0	0

The survey questions and responses are below:

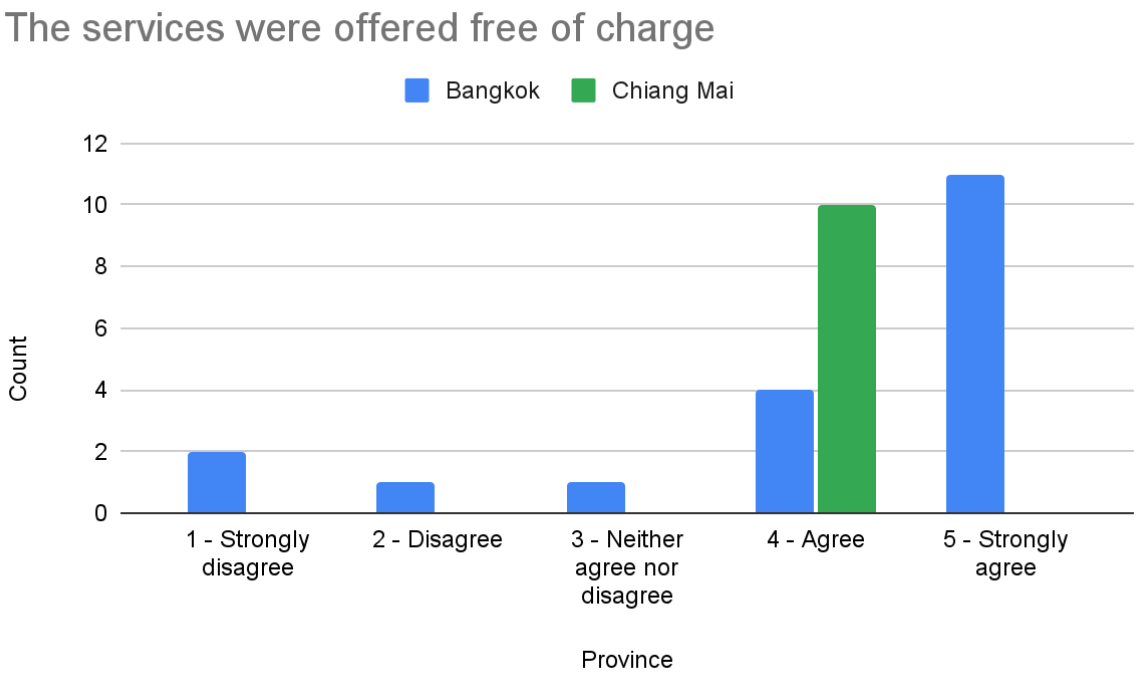
How did you hear about the services?

Province	(no answer)	I was referred by health services	Received referral from other service or source	Word of mouth/friend	Youth leaders/peer supporters who are part of the project	Grand Total
Bangkok	1	1	1	5	11	19
Chiang Mai			3	4	3	10
Grand Total	**1**	**1**	**4**	**9**	**14**	**29**



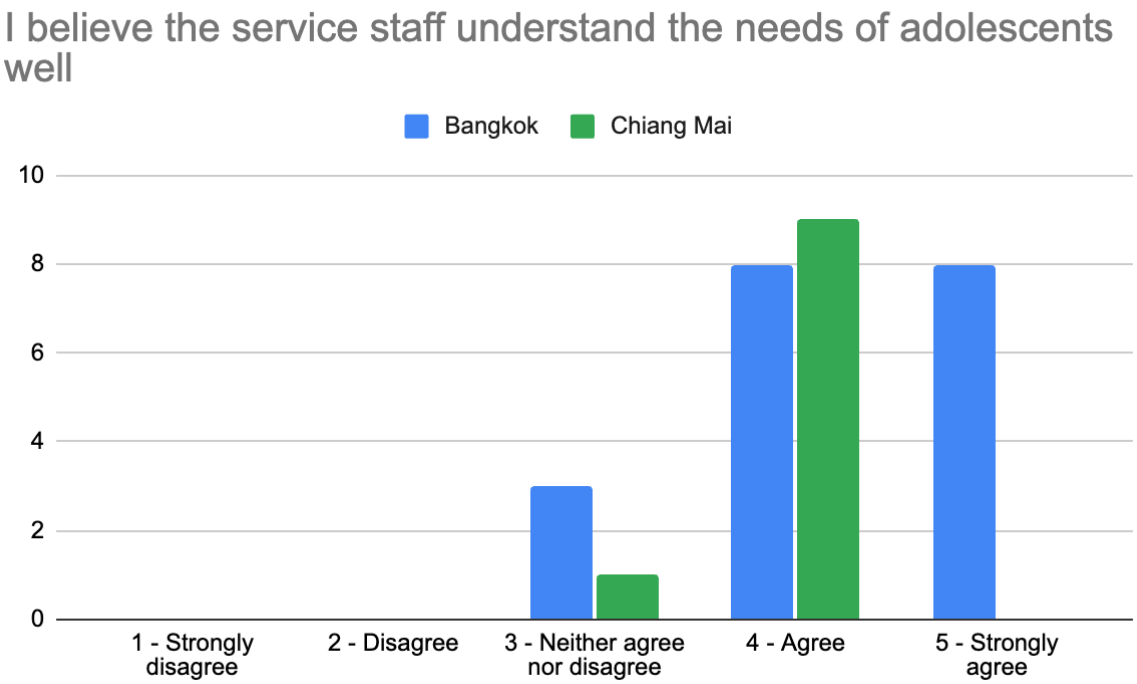
The services were offered free of charge

Province	1 - Strongly disagree	2 - Disagree	3 - Neither agree nor disagree	4 - Agree	5 - Strongly agree	Grand Total
Bangkok	2	1	1	4	11	19
Chiang Mai				10		10
Grand Total	**2**	**1**	**1**	**14**	**11**	**29**



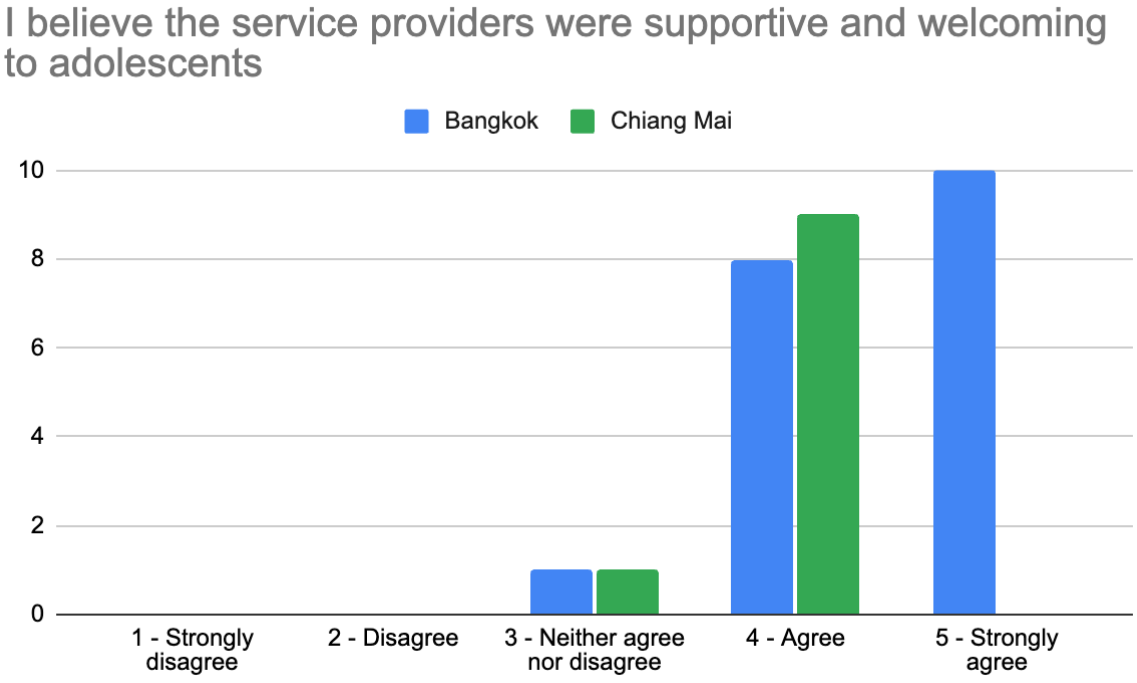
I believe the service staff understand the needs of adolescents well

Province	3 - Neither agree nor disagree	4 - Agree	5 - Strongly agree	Grand Total
Bangkok	3	8	8	19
Chiang Mai	1	9		10
Grand Total	**4**	**17**	**8**	**29**



I believe the service providers were supportive and welcoming to adolescents

Province	3 - Neither agree nor disagree	4 - Agree	5 - Strongly agree	Grand Total
Bangkok	1	8	10	19
Chiang Mai	1	9		10
Grand Total	**2**	**17**	**10**	**29**

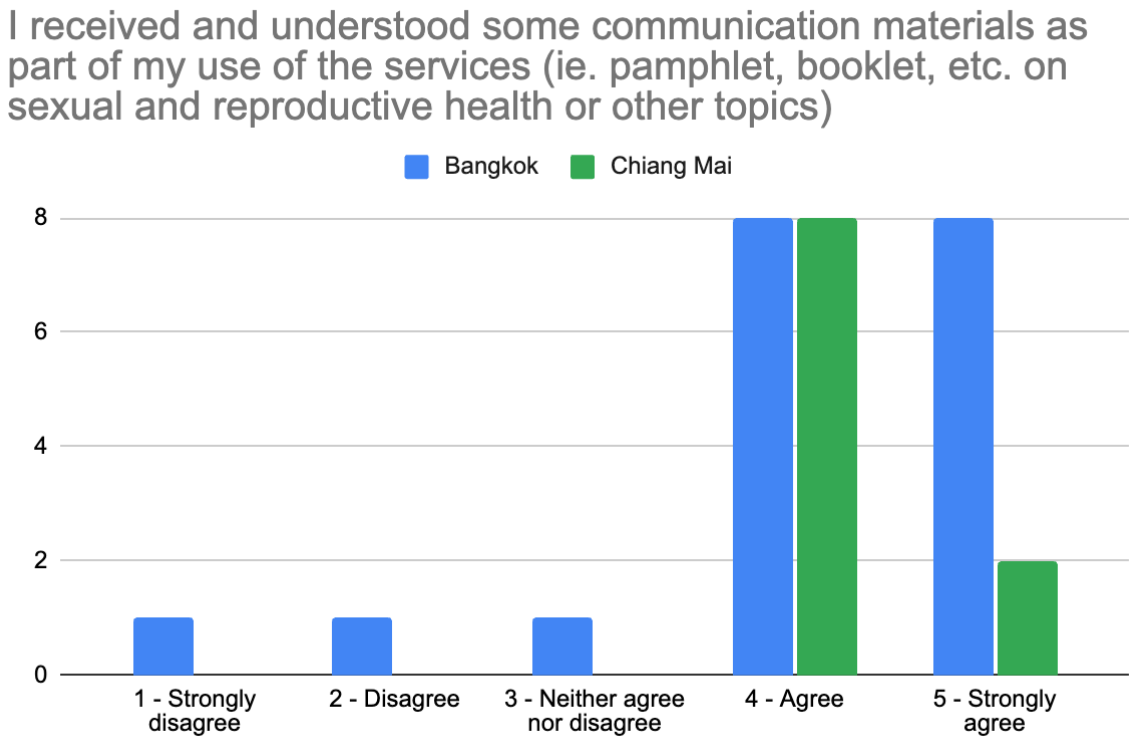


I believe the clinic (if you visited one) is a safe and private space for adolescents to receive confidential sexual and reproductive health care

Province	1 - Strongly disagree	3 - Neither agree nor disagree	4 - Agree	5 - Strongly agree	n/a - not applicable	Grand Total
Bangkok	1		5	6	7	19
Chiang Mai		1	4	5		10
Grand Total	**1**	**1**	**9**	**11**	**7**	**29**

I received and understood some communication materials as part of my use of the services (i.e., pamphlet, booklet, etc. on sexual and reproductive health or other topics)

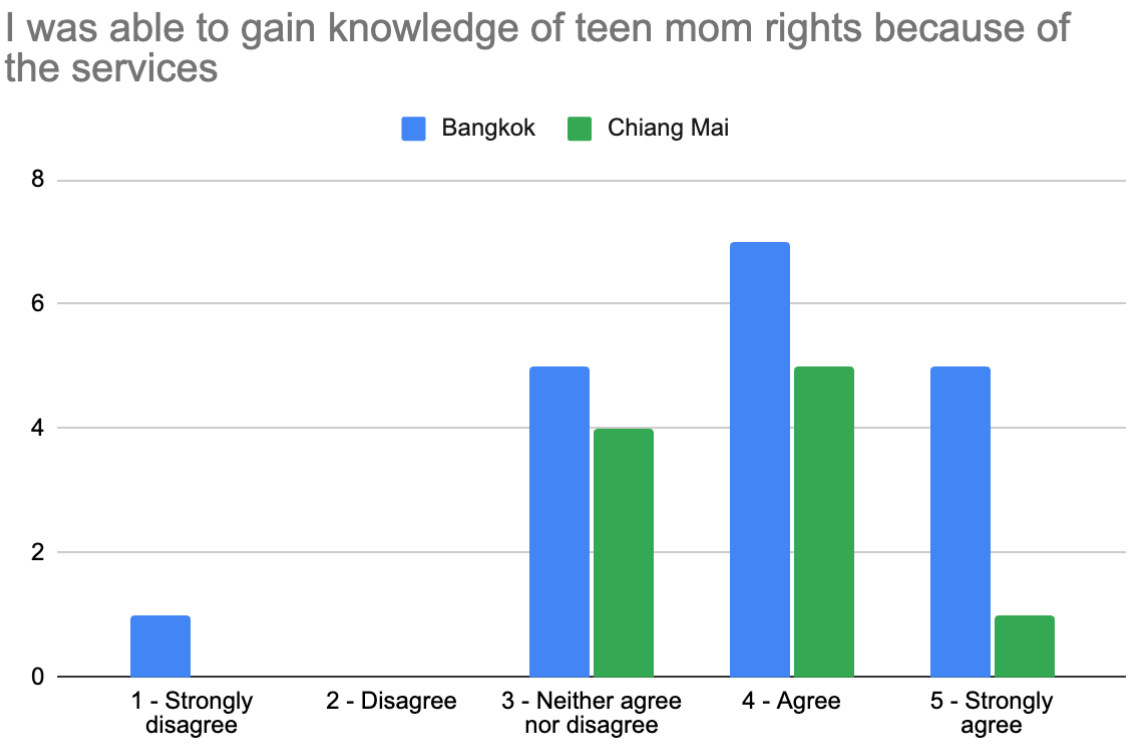
Province	1 - Strongly disagree	2 - Disagree	3 - Neither agree nor disagree	4 - Agree	5 - Strongly agree	Grand Total
Bangkok	1	1	1	8	8	19
Chiang Mai				8	2	10
Grand Total	**1**	**1**	**1**	**16**	**10**	**29**



I was able to gain knowledge of teen mom rights because of the services

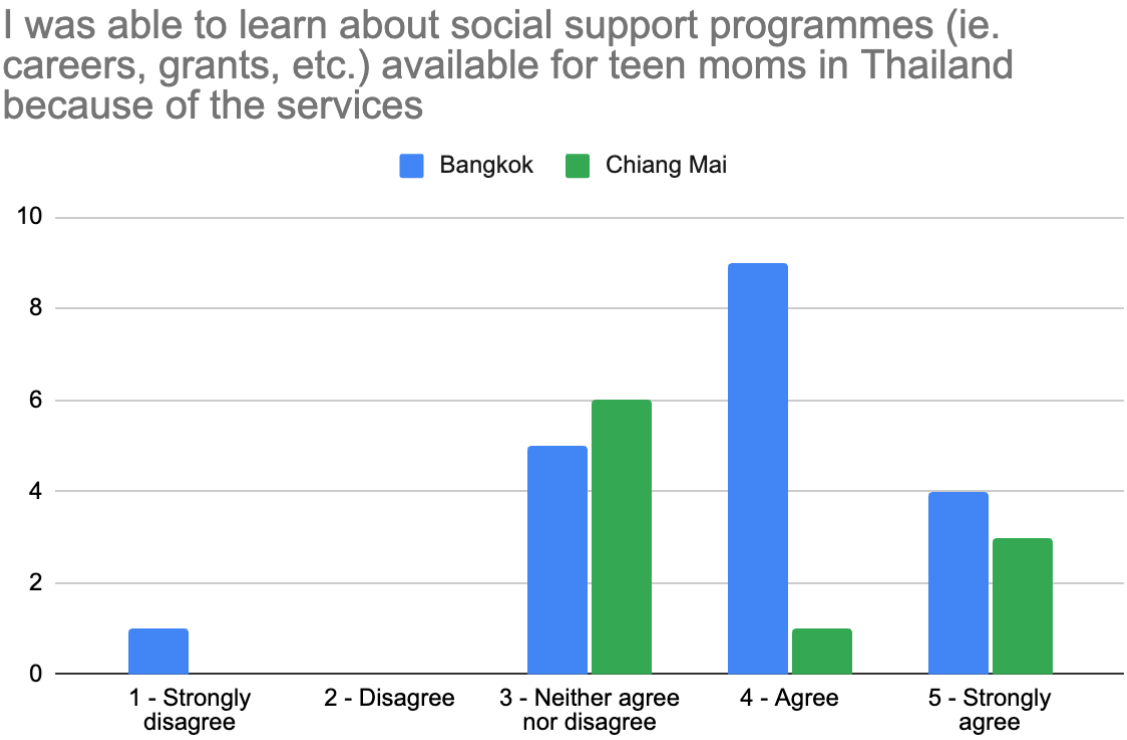
Province		1 - Strongly disagree	3 - Neither agree nor	4 - Agree	5 - Strongly agree	Grand Total

			disagree			
Bangkok	1	1	5	7	5	19
Chiang Mai			4	5	1	10
Grand Total	**1**	**1**	**9**	**12**	**6**	**29**



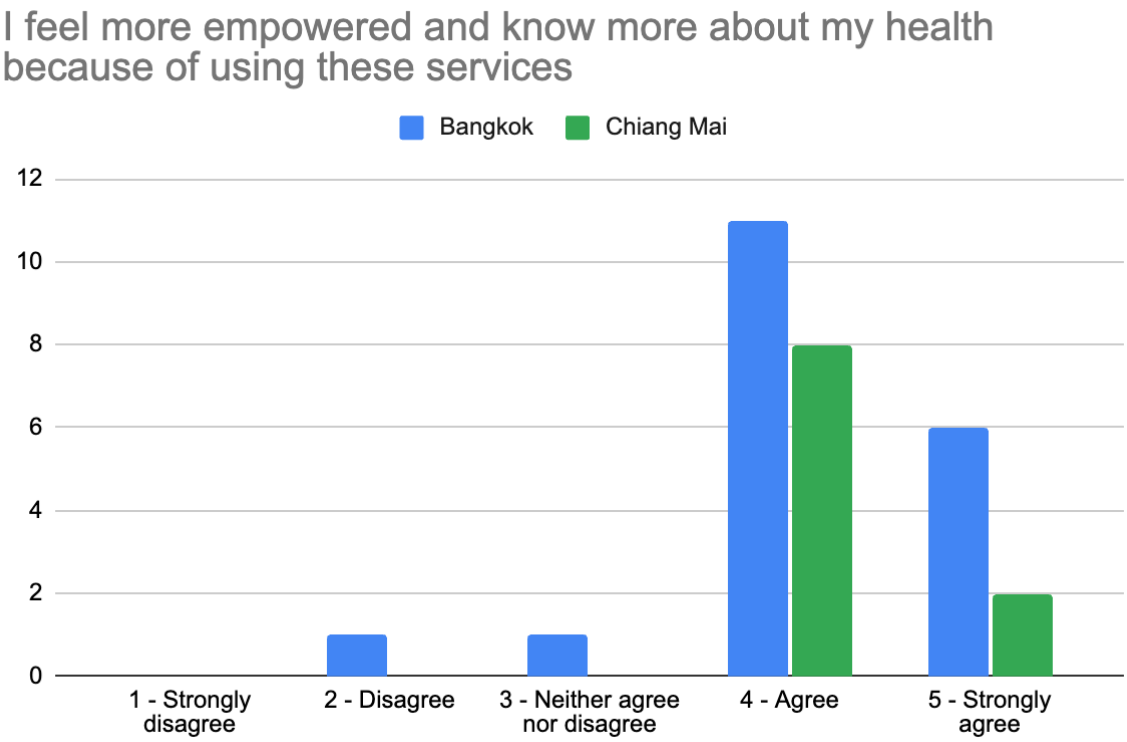
I was able to learn about social support programmes (i.e., careers, grants, etc.) available for teen moms in Thailand because of the services

Province	1 - Strongly disagree	3 - Neither agree nor disagree	4 - Agree	5 - Strongly agree	Grand Total
Bangkok	1	5	9	4	19
Chiang Mai		6	1	3	10
Grand Total	**1**	**11**	**10**	**7**	**29**



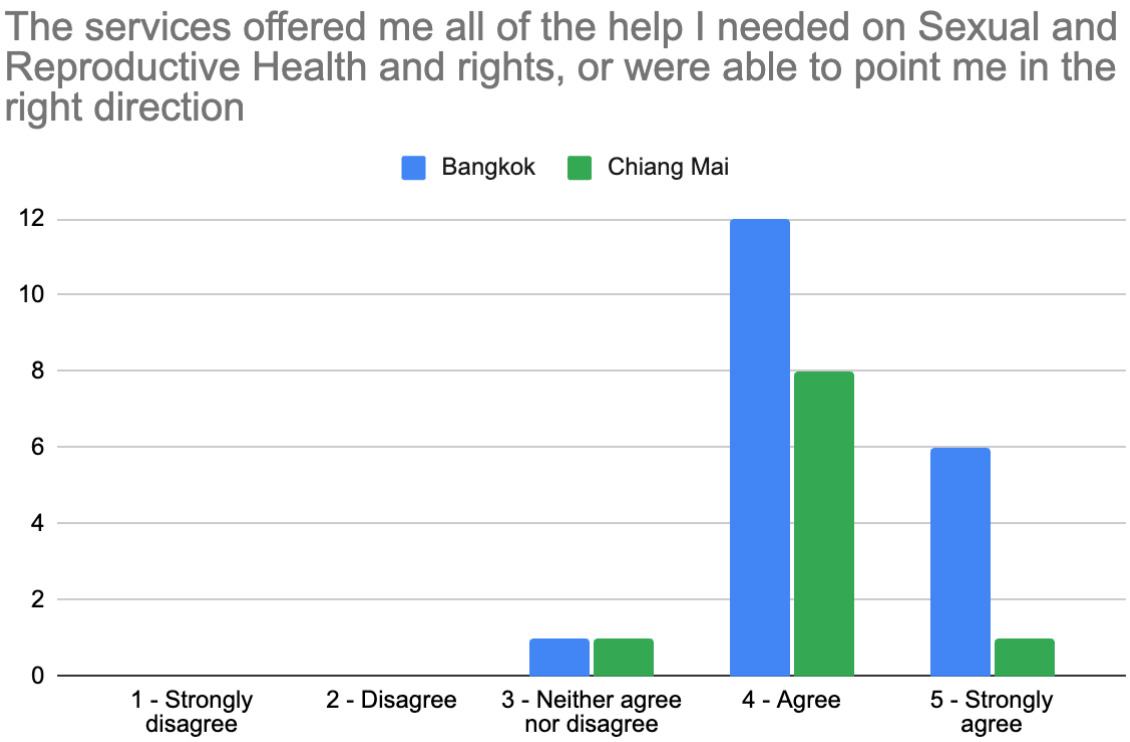
I feel more empowered and know more about my health because of using these services

Province	2 - Disagree	3 - Neither agree nor disagree	4 - Agree	5 - Strongly agree	Grand Total
Bangkok	1	1	11	6	19
Chiang Mai			8	2	10
Grand Total	**1**	**1**	**19**	**8**	**29**



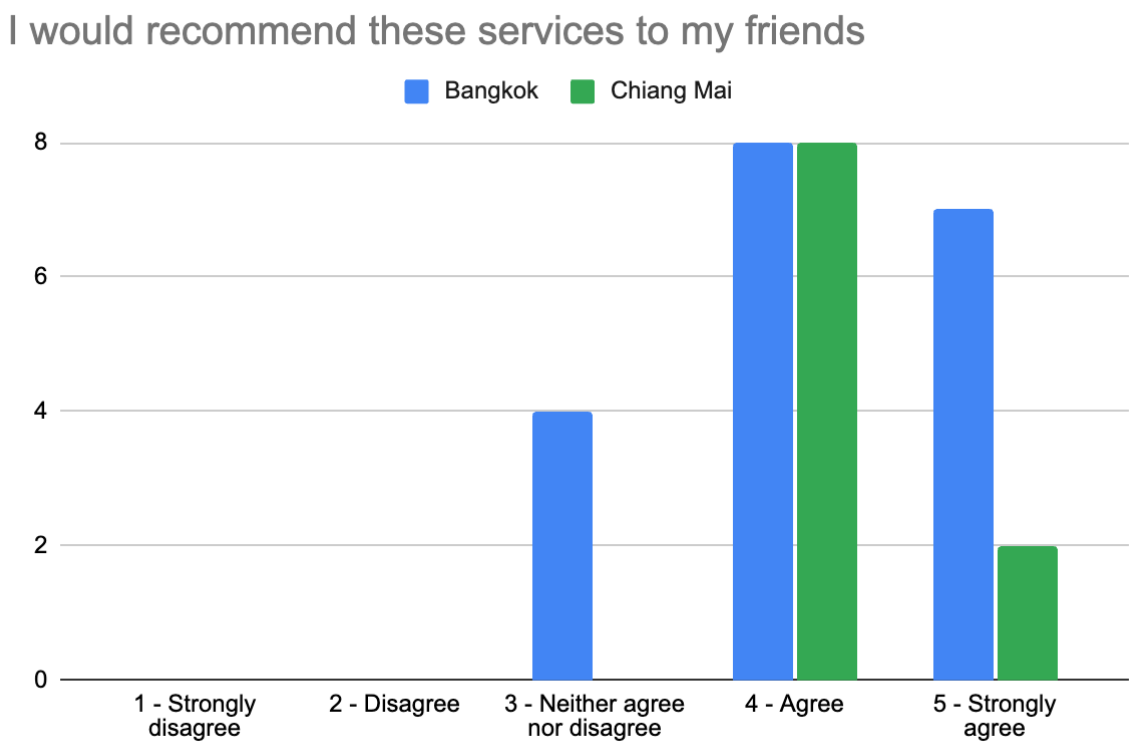
The services offered me all of the help I needed on Sexual and Reproductive Health and rights, or were able to point me in the right direction

Province	3 - Neither agree nor disagree	4 - Agree	5 - Strongly agree	Grand Total
Bangkok	1	12	6	19
Chiang Mai	1	8	1	10
Grand Total	**2**	**20**	**7**	**29**



I would recommend these services to my friends

Province	3 - Neither agree nor disagree	4 - Agree	5 - Strongly agree	Grand Total
Bangkok	4	8	7	19
Chiang Mai		8	2	10
Grand Total	**4**	**16**	**9**	**29**


I would recommend these services to my friends
Bangkok
Chiang Mai
8
6
4
2
0
1 - Strongly disagree
2 - Disagree
3 - Neither agree nor disagree
4 - Agree
5 - Strongly agree

Annex 8: Obtained UNICEF ethical approval

unicef | for every child

Research Ethics Approval

03 June 2022

Oscar Ernesto Huertas Diaz
P.O. Box 2-154
Bangkok 10200 Thailand

RE: Ethics Review findings for: *Inception Report: Rapid assessment of UNICEF Thailand Country Office's Adolescent Pregnancy Initiatives (2020-2021)*

Dear Oscar Ernesto Huertas Diaz,

Protocols for the protection of human subjects in the above study were assessed by an independent Multi-Country Evaluation Specialist (MCES)[1]. This study's human subjects' protection protocols, as stated in the materials submitted, received **ethics review approval.**

You, the evaluation team lead, and your project staff remain responsible for ensuring compliance with the feedback provided to ensure full ethical compliance that is in line with UNICEF rules and regulations. Those responsibilities include, but are not limited to:

- ensuring prompt reporting to the MCES of proposed changes in this study's design, risks, consent, or other human protection protocols and providing copies of any revised materials;
- conducting the research activity in accordance with the terms of the approval until any proposed changes have been reviewed and approved by the MCES, except when necessary to mitigate hazards to subjects;
- promptly reporting any unanticipated problems involving risks to subjects or others in the course of this study;
- notifying MCES when your study is completed.

Sincerely,

Ali Safarnejad
Multi Country Evaluation Specialist

cc: Koorosh Raffii, Wassana Kulpisitthicharoen and Catalina Salazar Silva,

[1] Multi Country Evaluation Specialist based in Fiji: Ali Safarnejad