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Population Fund and the United
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UNFPA – Country programmes and related matters

United Nations Population Fund

Multi-country programme document for the Pacific island countries and territories

[Fiji; Federated States of Micronesia; Kiribati; Nauru; Palau; Marshall Islands; Samoa;
Solomon Islands; Tonga; Tuvalu; Vanuatu; Cook Islands; Niue and Tokelau]

Proposed indicative UNFPA assistance:	\$70 million: \$21 million from regular resources and \$49 million through co-financing modalities or other resources
Programme period:	Five years (2023-2027)
Cycle of assistance:	Seventh
Category:	Tier I, II, III
Alignment with the UNSDCF Cycle	Pacific United Nations Sustainable Development Cooperation Framework, 2023-2027

Note: The present document was processed in its entirety by UNFPA.

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I. Programme rationale

1. The 14 Pacific island countries and territories (PICTs) under the UNFPA Pacific multi-country programme are home to approximately 2.5 million people, with Fiji and Solomon Islands accounting for 63 per cent (around 1.6 million); the other 12 countries and territories are much smaller, with populations ranging from 1,500 to 300,000 people. On average, 57 per cent of the population is below the age of 25, and 40 per cent are below age 18. The Pacific population is estimated to increase by 40 per cent by 2050; that growth is not only a result of mortality and fertility trends but also of migration patterns. The number of international migrants from PICTs has almost doubled over the last 25 years.
2. The megatrends affecting the Pacific include climate change, gender inequality, income disparity, rapid urbanization and population growth. Given the dependence of PICT economies on mobility and tourism, the COVID-19 impact has exacerbated inequalities and worsened poverty, severely testing the resilience and governance capacities of the PICTs, including their generally weak health service delivery capacities. Multidimensional vulnerabilities in the PICTs are persistent, not only because of the smallness and vulnerability of their economies, the great distances between public service delivery points and beneficiaries, the remoteness from larger global markets and heightened exposure to climate change, according to the common country analysis (CCA) carried out by the United Nations system, but also due to common socio-economic structures, including limited resources and economic opportunities, lasting discriminatory social norms that subjugate women, and relatively weak democratic traditions and accountability systems.
3. Universal access to sexual and reproductive health (SRH) is improving in the Pacific, as evidenced by increasing antenatal care rates (ranging from 76 per cent to 100 per cent) and skilled birth attendance (from 82 per cent to 100 per cent). However, recent analysis revealed concerning trends in the Pacific that some SRH indicators have remained relatively static for the past two decades: the unmet need for family planning among married women aged 15-49 years is 20 per cent or above in five of nine PICTs that have available data (Fiji, Samoa, Solomon Islands, Tonga and Tuvalu), while adolescent birth rates are increasing in six PICTs. Contributing factors to the unmet need include limited access to contraceptives and a low demand for family planning services. The maternal mortality ratio in some PICTs (Solomon Islands, Kiribati and Marshall Islands) exceeds the SDG target of 70 maternal deaths per 100,000 live births. Inadequate quality of care (partially due to shortage in SRH personnel) and limited capacity to deliver SRH commodities and services to the last mile (due to distance and high transportation costs for referral) are contributing to high levels of stillbirths as well as maternal and neonatal mortality and morbidities.
4. Domestic financing across all PICTs for sexual and reproductive health programmes is limited, particularly for commodity procurement and health infrastructure improvement. A recent investment case study has shown that two of the three UNFPA transformative results (for family planning and maternal health) could be achieved in Kiribati, Samoa, Solomon Islands, Tonga and Vanuatu if an additional \$13.4 million were invested up by 2030. That investment could also bring an estimated eleven-fold economic benefit of \$149.7 million for these countries. The continued active advocacy engagement with parliamentarians, policy-makers, key national or regional stakeholders and development partners are fundamental in ensuring sustainable financing for the International Conference on Population and Development (ICPD) Programme of Action, focusing on gender equality, human rights, and universal access to sexual and reproductive health and reproductive rights (SRH/RR).
5. The Pacific scores the lowest among all the regions in the world on the universal health coverage index. Strengthening the currently overburdened and under-resourced primary health care systems is a critical prerequisite for women and children in the PICTs, especially in rural and remote areas, to benefit from universal health coverage, including sexual and reproductive health.

6. Despite contributing to less than 1 per cent of the world's total greenhouse gases, the Pacific island countries and territories are on the frontline of climate change and among the most vulnerable to its impact. In 2021, Kiribati, Fiji, Solomon Islands, Tonga and Vanuatu were ranked among the top 20 countries at highest risk of exposure to extreme natural events. The annual economic losses due to disasters in the small island developing States (SIDS) in the Pacific exceed \$1 billion (5 per cent combined GDP), with tropical cyclones, drought, earthquake, floods and tsunami causing the greatest impact. Protracted conflict, complex emergencies, disasters due to climate change and the COVID-19 pandemic have intertwined and exacerbated the stresses on the PICT's socio-economic systems, which were already under strain.

7. Sexual and reproductive health and gender-based violence (GBV) prevention and response are generally not integrated into existing national disaster-risk reduction plans, climate change adaptation or resilience-building strategies. This limits the capacities of the PICTs to ensure that life-saving interventions for women and girls are accessible during emergencies, especially for the most marginalized and hardest to reach populations.

8. The PICTs have some of the highest rates of GBV in the world – two out of three women have experienced sexual or physical violence at the hands of their intimate partners in their lifetime, compared to one out of three globally. The ratification of relevant treaties, including the Convention on the Rights of Persons with Disabilities, by the Pacific SIDS are among the lowest levels in the world. While the Convention on the Elimination of Discrimination against Women has been ratified by 10 of 14 countries, strong gender stereotyping and patriarchal attitudes tend to legitimize the discrimination against women and girls, resulting in their disadvantaged positions in education, employment, public and political life as well as in decision-making related to their sexual and reproductive health. This is accentuated by the multiple and intersectional marginalization of women and girls, including those with disabilities, due to identity, location and vulnerability. Under the “2050 Strategy for the Blue Pacific Continent”, the PICTs are committed to addressing social and gender norms as well as ensuring the availability of high-quality GBV data.

9. The COVID-19 pandemic highlighted the fragility of health systems in most of the PICTs, which had already been stretched. Further, lower tax revenues and higher healthcare spending amid the pandemic have resulted in the deterioration of fiscal positions for most PICTs. The prolonged reduction in global and regional economic activities have affected the tourism and transport sectors, including supply chains, which have, in turn, disproportionately affected the sexual and reproductive health of women and girls, exacerbating the risk of inequalities, disparities and violence.

10. The evaluation of the previous UNFPA Pacific subregional programme identified key achievements: (a) strategic alliances and partnerships, at both grassroots and policy levels, were key to sustainability of the interventions; (b) gaps in health workforce capacities in the PICTs have been analysed; (c) joint risk analysis has improved preparedness for humanitarian action and resilience-building strategies; and (d) collaboration with civil society organizations with innovative approaches and technologies was instrumental in successful outreach and engagement with vulnerable groups. These were further supported by the United Nations systemwide 14 common country analyses, which found that all three UNFPA transformative results are relevant to the region. The evaluation recommended that UNFPA strengthen support for differentiated, non-discriminatory services, especially for young people. Other key recommendations going forward included (a) promoting localization; (b) strengthening policy advisory; (c) linking data planning, collection and analysis with dissemination and use; (d) integrating SRH/RR into gender policies and programmes; (e) expanding humanitarian work; and (f) developing a climate change adaptation strategy.

II. Programme priorities and partnerships

11. The new Pacific multi-country programme is aligned to the relevant national development priorities of each of the 14 PICTs and the UNFPA Strategic Plan, 2022-2025; it aims to contribute to a number of regional and international frameworks: the ICPD Programme of Action; the 2030 Agenda for Sustainable Development; the Small Island Developing States Accelerated Modalities of Action (SAMOA Pathway); the Sendai Framework; the Framework for Resilient Development in the Pacific; the Pacific Community Strategic Plan 2022-2031; and the 2050 Strategy for the Blue Pacific Continent.

12. The UNFPA programme contributes to the United Nations Sustainable Development Cooperation Framework (UNSDCF) for the Pacific, 2023-2027. Determined by the specific comparative advantage of UNFPA, country-specific interventions will be tailored to support the international voluntary commitments of PICTs made at the Nairobi ICPD+25 conference,, implemented through UNFPA offices in collaboration with other United Nations agencies, in the unique context of three United Nations multi-country offices (MCO) in the Pacific to jointly address the high cost of doing business in the Pacific, drawing on the United Nations analysis of all 14 countries and the MCO review.

13. The primary beneficiaries of the new multi-country programme are women and young people who are also critical contributors to socio-economic development. It will continue to invest in strengthening national and local capacities for service-delivery while also focusing more on upstream advocacy efforts, especially for middle-income countries, and on comprehensive support to health-systems strengthening. The programme will transition from a strong focus on family planning to a comprehensive sexual and reproductive health and reproductive rights agenda that addresses the intersectionality of vulnerabilities, disparities and disabilities and leverages the demographic dividend. It will capitalize on the key achievements of the previous cycle: (a) increasing availability and access to information and high-quality services on SRH and GBV; (b) reaching those furthest behind first, particularly people with disabilities, the rural and urban poor, unemployed youths, minority groups, those affected by humanitarian crises and other key marginalized and hard-to-reach groups; (c) increasing political commitment for SRH/RR; (d) transforming discriminatory gender and social norms; (e) enhancing youth participation in leadership and decision-making, empowering them to claim their rights; (f) strengthening disaster and climate resilience by integrating SRH and GBV in humanitarian action and bridging the humanitarian-development continuum; and (g) ensuring sustainable financing for health.

14. UNFPA will implement the programme in partnership with national and regional stakeholders, including academia, civil society organizations and development partners. This new multi-country programme was developed through extensive consultations with these partners, also drawing on earlier United Nations systemwide consultations in each of the 14 PICTs for the UNSDCF formulation. The substantive focus will be on assisting the PICTs in accelerating achievement of the ICPD Programme of Action, delivering on their Family Planning 2030 commitments and realizing universal health coverage. Emphasis will also be on supporting the countries' monitoring and voluntary national reporting related to sexual and reproductive health, reproductive rights and gender equality, under the Sustainable Development Goals (SDGs) and the universal periodic reviews. The quality of programme delivery will be enhanced by strengthening existing partnerships and establishing new partnerships with government entities, particularly with the ministries of health, women, youth, education, provincial development, national disaster management, finance and planning, and with national statistics offices and parliamentarians as well as a range of civil society organizations (CSOs) – youth and women's organizations, faith-based organizations and those of persons with disabilities, among others – and member agencies of the Council of Regional Organisations in the Pacific (CROP). Engagements with community leaders and other gate keepers and duty bearers will be intensified to forge an enabling environment, especially in transforming social and gender norms to advance sexual and reproductive health and reproductive rights, especially women and girls' access to contraception information,

psycho-social support, commodities and services, address the persistent high adolescent birth rates.

15. The geographic focus will continue to be all 14 PICTs but recognizing the diversity within the region, there will be an emphasis on tailor-made support to each PICT, in line with the respective persistent and emerging needs, health and gender indicator trends, absorption capacity, universal health coverage index and vulnerability to climate change. UNFPA carries its comparative advantage in achieving these through its enhanced presence, currently in eight out of 14 PICTs, including three multi-country offices, such as the Pacific Subregional Office, which serve all the PICTs with in-house senior technical and management experts across the Pacific.

16. The new programme will apply the following accelerators: (a) implement strategic interventions that are grounded in human rights-based and gender-transformative approaches; (b) support innovative approaches, including digitization, in assisting the PICTs to scale up reaching those furthest behind first, strengthening women's and youth leadership and agency and reaping the demographic dividend; (c) follow up on recommendations from the evaluation of the previous UNFPA subregional programme as well as the United Nations systemwide MCO review in terms of greater programme efficiency and effectiveness in multi-country programming; (d) promote South-South cooperation with other PICTs and SIDS within and beyond the Pacific region; and (e) mainstream emergency preparedness and response and resilience-building across programme outputs. The new programme adopts a more integrated programmatic approach, with its six outputs integrated and mutually reinforcing, aligned to the six UNFPA strategic plan outputs, thus contributing to the achievement of the three UNFPA transformative results.

Output 1. By 2027, strengthened, integration of sexual and reproductive health and reproductive rights and prevention of and response to gender-based violence into relevant policies, plans, financing mechanisms, and accountability frameworks.

17. Focusing on 'leaving no one behind' and the three transformative results, UNFPA will: (a) accelerate its policy engagement and advocacy by engaging and coordinating with governments, implementing partners, United Nations agencies, regional entities and international financial institutions, to strengthen policy formulation and implementation, domestic financing, accountability and coordination mechanisms for integration of sexual and reproductive health, adolescent SRH, gender-based violence (GBV) and women's and youth empowerment into national socio-economic development plans and budgets; (b) improve the integration of SRH and GBV services into universal health coverage and primary health care through policy and technical support; (c) support the strengthened integration of SRH/RR and GBV into national/local disaster-risk reduction strategies, pandemic recovery plans and climate change adaptation strategies; and (d) enhance active engagement of marginalized populations in national and sectoral dialogues and coordination platforms, including women, young people, people with disabilities, the urban poor and remote islanders, in determining and monitoring the agenda for their SRH/RR.

Output 2. By 2027, improved availability, accessibility and quality of integrated SRH/RR and GBV information and services, as part of universal health coverage, especially for remote and vulnerable populations, including adolescents, youth and people with disabilities, across the humanitarian-development continuum.

18. UNFPA in partnership with governments, regional and civil society partners and implementing partners, will provide advocacy, policy, programme and technical support to: (a) increase the availability of and access to rights-based family planning services and commodities, to prevent unintended pregnancies, including for persons with disability and those in hardest-to-reach areas; (b) strengthen the service capacity of midwifery and the sexual, reproductive, maternal, newborn and adolescent health workforce in high-quality SRH services, including emergency obstetric and newborn care, management of sexually transmitted diseases and cervical cancer screening, across the humanitarian-development continuum; (c) strengthen sexual and reproductive health and reproductive rights, including in humanitarian situations, and improve a survivor-centred GBV response; and (d) increase

the quality, availability, access and use of disaggregated data for monitoring and decision-making, across the humanitarian-development continuum.

Output 3. By 2027, the mechanisms and capacities of actors, institutions and communities to address discriminatory gender and social norms are strengthened, towards achieving sexual and reproductive health and reproductive rights, gender equality and bodily autonomy, and women and young people's enhanced decision-making and the right to live free from all forms of violence.

19. In partnership with governments, regional partners, community leaders and civil society organizations and research institutions, UNFPA will provide programmatic and technical support to enhance: (a) advocacy and support for the implementation of human rights commitments related to the ICPD; (b) advocacy with and capacity development of religious, cultural institutions and opinion leaders; (c) capacities of national human rights institutions and human rights mechanisms; (d) integration of sexual and reproductive health and reproductive rights and gender-based violence prevention into gender equality and women and youth empowerment programmes and initiatives; (e) evidence generation, analysis and measurement of social and gender norm changes; (f) engagement of men and boys for positive masculinities; (g) strengthening of partnerships with and capacities of regional, national and local women's rights-based organizations; and (h) strategic and behavioural change communications and public media campaigns.

Output 4. By 2027, national data systems and use of evidence on population dynamics, sexual and reproductive health and reproductive rights and gender-based violence are strengthened for policies and programmes across the humanitarian-development continuum.

20. UNFPA, in partnership with the Pacific Community, academic institutions, development partners, United Nations agencies and national statistics offices, will support: (a) increased availability and analysis of high-quality and disaggregated data on population dynamics, SRH/RR and GBV by strengthening traditional data sources, such as the population housing census, supporting data governance and coordination and increasing the availability of digital products; (b) increased data utilization for evidence-based, people-centred policy, advocacy and programming, in development and humanitarian contexts, and for shaping the linkages between demographic transition, SRH/RR, GBV, sustainable development and climate change, across the humanitarian-development continuum; and (c) improved understanding of the demographic transition to influence evidence-based decisions on population structures, including by strengthening relevant policy, financing and planning processes, to harness the demographic dividend.

Output 5. By 2027, national and subnational systems, mechanisms and capacities for disaster and climate resilience programming are strengthened along with implementation of timely, inclusive and accountable lifesaving SRH/RR and GBV services for affected populations.

21. Employing a risk informed approach, UNFPA, in partnership with key stakeholders, seeks to strengthen national, institutional, community and individual systems, mechanisms and capacities to build resilience, take early action on hazards and better prepare for emergencies, including climate-induced disasters and pandemics. This will be achieved by: (a) expanding policy advocacy to ensure that national and subnational preparedness and response, disaster risk reduction and climate change strategies integrate language and key frameworks on SRH/RR, GBV and disability inclusion, and that they are sufficiently budgeted; (b) supporting operational research to reinforce the policy advocacy, based on disaggregated data and intersectional analyses examining gaps and opportunities related to the SRH-climate change interlinkages for different vulnerable groups in the PICTs; (c) strengthening prepositioning and supply chain management; (d) strengthening health workforce capacities for meeting SRH/RR and protection needs; and (e) ensuring meaningful inclusion of women, young people and persons with disabilities in decision-making on disaster risk reduction and climate action; (f) intensifying capacity development for the flagship Minimum Initial Service Package (MISP) for reproductive health in crisis situations, including for MISP inclusion in disaster-risk reduction and climate change action plans; and (g) enhancing inter-agency coordination for both SRH and GBV in emergencies. This

approach will ensure that women, young people and persons with disabilities benefit from integrated SRH and GBV life-saving interventions aligned with international standards and best practices.

Output 6. By 2027, strengthened skills and opportunities for adolescents and youth in the Pacific to make informed choices about their sexual and reproductive health and reproductive rights, and leadership in harnessing the demographic dividend.

22. UNFPA will work with governments, United Nations agencies, community groups, youth leaders and organizations, civil society and faith-based organizations to: (a) align family life education to the international technical guidance on sexuality education and operationalize it; (b) scale up access of adolescents and youth to quality-assured youth-friendly and disability-inclusive SRH services and information; (c) support innovation and digitalization for increased youth empowerment regarding their SRH/RR, eradication of gender-based violence and climate action; (d) strengthen youth leadership, coordination and advocacy for SRH and eradication of GBV, and climate action; (e) build strategic partnerships to harness the demographic dividend; and (f) improve availability and accessibility of high-quality data on adolescents and youth needs and aspirations.

III. Programme and risk management

23. The Governments and United Nations entities signatory to the United Nations Sustainable Development Cooperation Framework (UNSDCF) for the Pacific are accountable for the achievement of the United Nations systemwide intended results. At the country level, the three United Nations country teams in the region, together with their respective host Governments, will inform the United Nations systemwide country implementation plan for each of the 14 PICTs, which will reflect the output-level indicators of the UNFPA multi-country programme for the Pacific.

24. UNFPA will adopt the same implementation modality as in the previous cycle to work with implementing partners from the PICT government institutions and non-governmental organizations in the delivery of the new programme. The selection of partners will be based on their strategic relevance, ability to produce high-quality results on time and conduct appropriate risk analysis, ensure consistent improvements in internal control measures based on audit recommendations, and adhere to criteria on the prevention of sexual exploitation and abuse.

25. UNFPA will continue to strengthen its footprint and skill mix through the deployment of competent professional personnel in its Pacific Subregional Office in Fiji and its multi-country offices in Samoa and the Federated States of Micronesia as well as staff deployed in other countries. As per UNFPA commitment under the United Nations MCO review, additional support will be sought from UNFPA headquarters, the UNFPA Asia-Pacific Regional Office, as well as individual consultants and secondments, drawing on its vast network of regional and country offices across the globe, and through South-South cooperation. The programme will draw on the multidisciplinary expertise of the United Nations development system and foster cross-regional learning to promote effective solutions for small island developing States.

26. The integrated partnership, resource mobilization and South-South cooperation strategy will be periodically reviewed to reflect the changing aid environment. UNFPA will partner with relevant United Nations organizations, such as UNICEF, UNDP, WFP, UN-Women, ODC, the Office of the High Commissioner for Human Rights (OHCHR), the United Nations Office for the Coordination of Humanitarian Action (OCHA), International Organization for Migration (IOM), in coordination with the three resident coordinators, along with other key partners, to mobilize resources for joint programmes in the areas of reproductive, maternal, neonatal, child and adolescent health, GBV, social norms, humanitarian and climate action, and demographic data management. It will continue to seek opportunities to tap into the Joint Sustainable Development Goals Fund, other United Nations and interagency funding opportunities, foundations, as well as leverage the domestic resources of host Governments

to catalyse financing for the SDGs, in collaboration also with international financial institutions.

27. UNFPA will regularly assess operational and programmatic assumptions and risks identified in the programme's theory of change and adjust accordingly. The multi-country programme is premised on the assumptions of a sustained and increased political will for a stronger national legal, policy, financing and partnership environment, respect of human rights, gender-responsive and youth-friendly social norms, which promotes enhanced availability of and access to quality information and services on sexual and reproductive health and gender-based violence across the humanitarian-development continuum. The key risks, such as pandemics, humanitarian emergencies, climate change impacts, diversion of donor attention and aid from the region, exchange rate fluctuation, lack of political will, non-supportive legislation and policies, and some gender-inequitable social norms, will be closely monitored. Key mitigation strategies will include (a) strengthening dialogue for sustainable financing, national coordination mechanisms for national ownership, evidence-based investment cases, joint resource mobilization and other forms of support to the PICTs achievement of their ICPD Programme of Action commitments; (b) strengthening demand-generation from communities; exploring and enhancing partnerships with community-led and faith-based organizations for the design and implementation of programme activities; and (c) pursuing innovations aimed at reaching vulnerable women and youth and addressing gender and social norms. UNFPA offices in the Pacific will continue to maintain and update the business continuity and emergency preparedness plan.

28. This multi-country programme document outlines UNFPA contributions to national and regionwide results in the Pacific and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the multi-country level. Accountabilities of managers at country, regional and headquarters levels concerning country-level programming are prescribed in the UNFPA programme and operations policies and procedures and the internal control framework.

IV. Monitoring and evaluation

29. A costed monitoring and evaluation plan for the programme has been developed, which is also aligned to the Pacific UNSDCF results framework. Following UNFPA monitoring and evaluation policies and procedures, using adaptive results-based management and accountability frameworks, programme monitoring and evaluation will be implemented jointly with the government coordinating bodies and other national partners, including by (a) conducting annual and quarterly programme reviews; (b) supporting baseline and end-line surveys and data collection; (c) planning for thematic evaluations where substantial non-core resources are mobilized and; (d) conducting a midterm review in 2025, to inform priorities and strategies for the remaining programme cycle.

30. UNFPA will also play a key role in the United Nations joint monitoring and evaluation work as a member of the Pacific United Nations Data, Monitoring and Evaluation Group that helps plan and monitor the implementation of the Pacific UNSDCF. UNFPA will continue to contribute to the United Nations country team efforts to maintain an indicator database on the ICPD, the SDGs and the UNSDCF, as well as UNInfo.

RESULTS AND RESOURCES FRAMEWORK FOR PACIFIC ISLAND COUNTRIES AND TERRITORIES (2023-2027)

NATIONAL PRIORITY: Political leadership and regionalism. ¹				
UNSDCF OUTCOME: People: By 2027, more people, particularly those at risk of being left behind, benefit from more equitable access to resilient, and gender-responsive, quality basic services, food security/nutrition and social protection systems.				
RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 1. By 2025, the reduction in unmet need for family planning has accelerated. 2: By 2025, the reduction of preventable maternal deaths has accelerated. 3. By 2025, the reduction of gender-based violence and harmful practices has accelerated.				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<p>UNSDCF Outcome indicators:</p> <ul style="list-style-type: none"> Number of PICTs whose proportion of women of reproductive age that have their need for family planning satisfied with modern methods has increased, based on latest available data <i>Baseline: 2 (2022); Target: 6 (2027)</i> <p><u>Related UNFPA Strategic Plan outcome indicator(s):</u></p> <ul style="list-style-type: none"> Number of countries with laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education <i>Baseline: 0 PICTs (2022); Target: 3 (2027)</i> 	<p>Output 1. By 2027, strengthened sexual and reproductive health and reproductive rights and prevention of and response to gender-based violence integrated into relevant policies, plans, financing mechanisms, and accountability frameworks.</p>	<ul style="list-style-type: none"> Number of Pacific Island Countries and Territories (PICTs) that have integrated sexual and reproductive health and reproductive rights, prevention and response to gender-based violence into the universal health coverage-related laws, policies, plans, accountability frameworks, and financial protection mechanisms <i>Baseline: 5 (2020); Target: 14 (2027)</i> Number of PICTs supported with evidence-based policy engagement toward increasing domestic resources and budget allocation for SRH services including toward sustainable financing of family planning supplies <i>Baseline: 0 (2020); Target: 8 (2027)</i> 	<p>Prime Minister’s Offices; national disaster management offices; Ministries of Foreign Affairs; Finance; National Planning and Aid Coordination; Provincial Development; Health; Women; Justice; Youth; Education; national statistics offices; youth representative and leaders; national disability organizations; national youth councils; UNAIDS, UNDP, UNESCO, UNICEF, UN-Women, WHO, World Bank, Asian Development Bank; Australian Government Department of Foreign Affairs and Trade (DFAT); New Zealand Ministry of Foreign Affairs and Trade (MFAT); United States Agency for International Development (USAID); regional organizations; Council of Regional Organisations in the Pacific (CROP) agencies; academic institutions</p>	<p>\$4.8 million (\$1.4 million from regular resources and \$3.4 million from other resources)</p>
REGIONAL PRIORITY: People-centred development				
UNSDCF OUTCOME: People: By 2027, more people, particularly those at risk of being left behind, benefit from more equitable access to resilient, and gender-responsive, quality basic services, food security/nutrition and social protection systems.				
RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 1. By 2025, the reduction in unmet need for family planning has accelerated. 2: By 2025, the reduction of preventable maternal deaths has accelerated. 3. By 2025, the reduction of gender-based violence and harmful practices has accelerated.				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<p>UNSDCF Outcome indicators:</p> <ul style="list-style-type: none"> Number of PICTs whose proportion of women of reproductive age that have their need for family planning 	<p>Output 2. By 2027, improved availability, accessibility and quality of integrated SRH/RR and GBV information and services, as part of</p>	<ul style="list-style-type: none"> Total couple of years of protection provided for the year through the procurement of contraceptives <i>Baseline: 114,800 (2021); Target: 263,000 (2027)</i> 	<p>Ministries of Health; Education; Youth; Social Development; faith-based organizations, churches; IPPF member associations; persons with disabilities organizations; national youth councils; youth and women-focused organizations; UNAIDS,</p>	<p>\$22.8 million (\$6.6 million from regular resources and \$16.2 million</p>

¹ Based on the Pacific Islands Forum “2050 Strategy for the Blue Pacific Continent” (<https://www.forumsec.org/wp-content/uploads/2022/05/2050-flyer-1.pdf>)

<p>satisfied with modern methods has increased based on latest available data <i>Baseline: 2 (2022); Target: 6(2027)</i></p> <p><u>Related UNFPA Strategic Plan outcome indicator(s):</u></p> <ul style="list-style-type: none"> Percentage of PICT countries where there is at least 85% of primary service delivery points that have at least three modern family-planning methods available <i>Baseline: 21% of 14 PICTs (2022); Target: 57% of 14 PICTs (2027)</i> 	<p>universal health coverage, especially for remote and vulnerable populations, including adolescents, youth and people with disabilities, across the humanitarian-development continuum.</p>	<ul style="list-style-type: none"> Proportion of priority PICTs that have in place a functioning Maternal Death Surveillance and Response (MDSR) protocol of international standard, towards meeting the SDG target on Maternal Mortality Ratio <i>Baseline: 0/5 (2022); Target: 5/5 (2027)</i> Number of PICTs with a mechanism in place for obtaining routine, patient/client satisfaction feedback to the services related to sexual and reproductive health including family planning, and GBV <i>Baseline: 1 (2022); Target: 8 (2027)</i> Number of PICTs in which at least half of the government-led health facilities provide the comprehensive package of sexual and reproductive health and GBV services <i>Baseline: 0 (2022); Target: 7 (2027)</i> 	<p>UNESCO, UNICEF, UN-Women, WHO; Family Planning NSW, Burnet Institute, University of Melbourne, Australian Broadcasting Corporation (ABC), John Snow International (JSI).</p>	<p>from other resources)</p>
<p>REGIONAL PRIORITY: People-centred development; climate change; political leadership and regionalism.</p>				
<p>UNSDCF OUTCOME(S): People: By 2027, more people, particularly those at risk of being left behind, benefit from more equitable access to resilient, and gender-responsive, quality basic services, food security/nutrition and social protection systems. Peace: By 2027, people enjoy and contribute to more accountable, inclusive, resilient and responsive governance systems that promote gender equality, climate security, justice and peace, ensure participation, and protect their human rights.</p>				
<p>RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 1. By 2025, the reduction in unmet need for family planning has accelerated. 2: By 2025, the reduction of preventable maternal deaths has accelerated. 3. By 2025, the reduction of gender-based violence and harmful practices has accelerated.</p>				
<p>UNSDCF outcome indicators, baselines, targets</p>	<p>Country programme outputs</p>	<p>Output indicators, baselines and targets</p>	<p>Partner contributions</p>	<p>Indicative resources</p>
<p><u>UNSDCF Outcome indicators:</u></p> <ul style="list-style-type: none"> Number of PICTs that have registered a decrease in intimate partner violence against women prevalence rate (in last 12 months), based on available data <i>Baseline: 0 (2022); Target: at least 3 (2027)</i> 	<p>Output 3. By 2027, the mechanisms and capacities of actors, institutions and communities to address discriminatory gender and social norms are strengthened, towards achieving sexual and reproductive health and reproductive rights, gender equality and bodily autonomy, and women and young people’s enhanced decision-making and the right to live free from all forms of violence.</p>	<ul style="list-style-type: none"> Number of PICTs that are following up on accepted recommendations from international and regional human rights mechanisms that are related to discriminatory social/gender norms, stereotypes, and practices and power relations on sexual and reproductive health and gender-based violence. <i>Baseline: 0(2022); Target: 8(2027)</i> Number of PICTs that have functional diversity inclusive community platforms in reflective dialogue towards eliminating discriminatory social and gender norms, stereotypes and practices that affect women’s and girls’ SRH and GBV <i>Baseline: 0 (2022); Target:8 (2027)</i> 	<p>The Pacific Community (SPC); Pacific Islands Forum Secretariat (PIFS); Pacific Women Lead Programme; Pacific Council of Churches; universities; national women’s machineries; national human rights institutions; ombudsman offices; national assemblies; Ministries of Health; Women; Education; Youth; Justice; police; national disaster management authorities; IPPF; women’s rights NGOs; GBV organizations; youth NGOs and activists; Male Advocacy Programme for Gender Equality; national councils of churches; national cultural organizations; Council of Chiefs; media; private sector (i.e. telecoms); Community: survivors; women leaders; youth, activists; faith leaders, community gatekeepers; UNDP; UNICEF; UN-Women, OHCHR.</p>	<p>\$13.8 million (\$4.0 million from regular resources and \$9.8 million from other resources)</p>

REGIONAL PRIORITY: Peace and security.				
UNSDCF OUTCOME: Peace: By 2027, people enjoy and contribute to more accountable, inclusive, resilient and responsive governance systems that promote gender equality, climate security, justice and peace, ensure participation, and protect their human rights.				
RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 1. By 2025, the reduction in unmet need for family planning has accelerated. 2: By 2025, the reduction of preventable maternal deaths has accelerated. 3. By 2025, the reduction of gender-based violence and harmful practices has accelerated.				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<p><u>UNSDCF Outcome indicators:</u></p> <ul style="list-style-type: none"> Number of countries that: (a) have conducted at least one population and housing census during the last 10 years; and (b) have achieved 100 per cent birth registration and 80 per cent death registration <i>Baseline: 12 (2022); Target: 14 (2027)</i> 	<p>Output 4. By 2027, national data systems and use of evidence on population dynamics, sexual and reproductive health and reproductive rights and gender-based violence are strengthened for policies and programmes across the humanitarian-development continuum.</p>	<ul style="list-style-type: none"> Number of PICTs in which sexual and reproductive health indicators are routinely collected as part of the national health information system and made publicly available. <i>Baseline: 0(2022); Target: 6(2027)</i> Number of PICTs that produce and use in policy dialogues key population data outputs and analyses of vulnerabilities and emerging trends such as mobility, urbanization and climate vulnerability <i>Baseline: 5 (2022); Target:11 (2027)</i> 	<p>National statistical offices; gender bureaus; departments on ageing; Ministries of Health, Economic Development and Planning; civil society organizations for SRH and GBV services and climate/environment issues; the Pacific Community (SPC) divisions for statistics for development, and human rights and social development; academic and research institutions; UNICEF, UNESCAP, UN-Women</p>	<p>\$6.2 million (\$1.8 million from regular resources and \$4.4 million from other resources)</p>
REGIONAL PRIORITY: Climate change.				
UNSDCF OUTCOME: Planet: By 2027, people, communities and institutions are more empowered and resilient to face diverse shocks and stresses, especially related to climate variability impacts, and ecosystems and biodiversity are better protected, managed and restored.				
RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 1. By 2025, the reduction in unmet need for family planning has accelerated. 2: By 2025, the reduction of preventable maternal deaths has accelerated. 3. By 2025, the reduction of gender-based violence and harmful practices has accelerated.				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<p><u>UNSDCF Outcome indicators:</u></p> <ul style="list-style-type: none"> Number of LDCs and SIDs with nationally determined contributions, long-term strategies, national adaptation plans and adaptation communications, as reported to the secretariat of the United Nations Framework Convention on Climate Change <i>Baseline: 1 (2022); Target: 5 (2027)</i> <p><u>Related UNFPA Strategic Plan outcome indicator(s):</u></p> <ul style="list-style-type: none"> Number of countries that adopt and implement national disaster 	<p>Output 5. By 2027, national and subnational systems, mechanisms and capacities for disaster and climate resilience programming are strengthened along with implementation of timely, inclusive and accountable lifesaving SRH/RR and GBV services for affected populations.</p>	<ul style="list-style-type: none"> Number of PICTs that include women, young people and other vulnerable groups in decision-making, implementation, coordination, and monitoring for national/local activities to build resilience against and respond to humanitarian, climate, health or other crises. <i>Baseline: 0(2022); Target: 5(2027)</i> Number of PICTs that provide Minimum Initial Service Package (MISP) for sexual and reproductive health by trained service providers at national and subnational levels at the onset of a crisis <i>Baseline: 8 (2022); Target: 12 (2027)</i> 	<p>National disaster management offices and subnational offices; Ministries of Health; Emergency Operations; Women; Education; youth-focused organizations and networks; organizations of people with disabilities (physical and mental); faith-based organizations; churches; civil society (CSO) actors in emergencies; national youth councils; UNICEF, UNDP, UN-Women, OCHA, WHO</p>	<p>\$8.3 million (\$2.4 million from regular resources and \$5.9 million from other resources)</p>

<p>risk reduction strategies in line with the Sendai Framework for Disaster Risk Reduction 2015–2030 <i>Baseline: 0 (2022); Target: 6 (2027)</i></p>				
<p>REGIONAL PRIORITY: People-centred development; resources and economic development</p>				
<p>UNSDCF OUTCOME(S): People: By 2027, more people, particularly those at risk of being left behind, benefit from more equitable access to resilient, and gender-responsive, quality basic services, food security/nutrition and social protection systems. Prosperity: By 2027, more people, especially those at risk of being left behind, contribute to and benefit from sustainable, resilient, diversified, inclusive and human-centered socio-economic systems with decent work and equal livelihoods’ opportunities, reducing inequalities and ensuring shared prosperity. Peace: By 2027, people enjoy and contribute to more accountable, inclusive, resilient and responsive governance systems that promote gender equality, climate security, justice and peace, ensure participation, and protect their human rights.</p>				
<p>RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 1. By 2025, the reduction in unmet need for family planning has accelerated. 2: By 2025, the reduction of preventable maternal deaths has accelerated. 3. By 2025, the reduction of gender-based violence and harmful practices has accelerated.</p>				
<p>UNSDCF outcome indicators, baselines, targets</p>	<p>Country programme outputs</p>	<p>Output indicators, baselines and targets</p>	<p>Partner contributions</p>	<p>Indicative resources</p>
<p><u>UNSDCF Outcome indicators:</u></p> <ul style="list-style-type: none"> Number of PICTs responding to humanitarian, climate, health or other crises that include women, young people, persons with disabilities and other vulnerable groups in decision-making mechanisms <i>Baseline: 0 (2022); Target: 5 (2027)</i> 	<p>Output 6. By 2027, strengthened skills and opportunities for adolescents and youth in the Pacific to make informed choices about their sexual and reproductive health and reproductive rights, and leadership and meaningful participation in harnessing the demographic dividend.</p>	<ul style="list-style-type: none"> Number of PICTs that operationalized in-school family life education, following international standards. <i>Baseline: 0(2022); Target: 8(2027)</i> Number of PICTs with 50% of service delivery points providing youth-friendly and disability-inclusive SRH services by health workers <i>Baseline: 2 (2022); Target:8 (2027)</i> Number of PICTs that promoted youth-led innovative initiatives, including digital solutions, for accelerating the achievement of the three UNFPA transformative results <i>Baseline: 0 (2022); Target:8 (2027)</i> 	<p>Ministries of Health; Ministries of Education; Youth focused organisations/networks; Faith Based organisations/Churches; Ministries of Youth; Women; Social Development; persons with disabilities organizations; national youth councils; IPPF member associations; national disaster management offices and subnational offices; UNICEF, UN-Women, UNESCO, UNAIDS</p>	<p>\$13.1 million (\$3.8 million from regular resources and \$9.3 million from other resources)</p> <p>Programme coordination and assistance: \$1 million from regular resources</p>