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**UNFPA – Country programmes and related matters**

**UNITED NATIONS POPULATION FUND**

**Draft multi-country programme document for the Pacific Island countries and territories**

Proposed indicative UNFPA assistance:	\$30 million: \$17 million from regular resources and \$13 million through co-financing modalities and/or other, including regular, resources
Programme period:	Five years (2013-2017)
Cycle of assistance:	Fifth
Category per decision 2007/42:	A: Kiribati, Samoa, Solomon Islands, Tuvalu and Vanuatu; C: Cook Islands, Fiji, Micronesia (Federated States of), Nauru, Niue, Palau, Marshall Islands, Tokelau and Tonga
Proposed indicative assistance (in millions of \$):	

Strategic Plan Outcome Area	Regular resources	Other	Total
Family planning	4.4	4.0	8.4
Gender equality and reproductive rights	3.7	2.3	6.0
Young people's sexual and reproductive health and sexuality education	3.7	4.5	8.2
Data availability and analysis	3.7	2.2	5.9
Programme coordination and assistance	1.5	-	1.5
<b>Total</b>	<b>17.0</b>	<b>13.0</b>	<b>30.0</b>



## I. Situation analysis

1. The Pacific region is unlikely to achieve Millennium Development Goal 1 (on eradicating extreme poverty and hunger) by 2015. Low economic growth, exacerbated by external economic shocks, has contributed to increases in poverty, inequality and vulnerability for the 2.3 million people who are dispersed across the 14 island countries and territories. The pace of monetization and internal migration have increased income inequality, reduced opportunities, accelerated poverty in urban areas, and caused living conditions for vulnerable groups to deteriorate. The exploitation of natural resources may further contribute to economic and social inequalities. Weak governance systems, inter-tribal tensions, insecurity in land-tenure systems and unemployment affect societal stability.

2. The diversity of the three main geographical and cultural groups in the Pacific is reflected in their population growth and urbanization rates. Melanesia (Fiji, Solomon Islands and Vanuatu) will account for more than 90 per cent of the region's future growth, with less than 20 per cent of the population living in urban areas. Polynesia (Cook Islands, Samoa, Tonga and Tuvalu) has annual growth rates below 0.5 per cent, with approximately 45 per cent of its population residing in urban areas. The Micronesian countries (Marshall Islands, Micronesia (Federated States of) and Palau) have low or negative growth rates due to emigration, while others (Kiribati and Nauru) have relatively high annual growth. Urbanization across the Micronesian countries reaches nearly 70 per cent, with some very high population densities.

3. Stalled or relatively slow fertility declines in many countries can be attributed to a reduced focus on family planning programmes, the diversion of potential family planning funding to other priorities, religious conservatism, and the sociocultural preference for large families. While contraceptive prevalence in most countries has increased over the past 20 years, prevalence rates have stalled at approximately 35 to 40 per cent in

many countries. The rates in Solomon Islands and Kiribati remain below 30 per cent.

4. The unmet need for family planning remains high, particularly among the poor and among disadvantaged women and adolescent girls. The concept of family resource planning has not taken hold in the Pacific. Initial discussions reveal interest among rural communities, especially in the Marshall Islands, with possibilities for advocacy through a partnership among traditional, religious and parliamentary leaders, and community-based initiatives for integrated household resource management.

5. The region has made progress in achieving universal access to reproductive health, as evidenced by high coverage rates for antenatal care and skilled birth attendants. Maternal deaths are rare in the Cook Islands, Niue, Palau, Tokelau and Tuvalu, where only one maternal death may be reported over a period of several years. However, pregnant women in the larger Melanesian countries and the outer islands of Kiribati and Micronesia (Federated States of) have a higher risk of dying and continue to experience maternal complications due to limited access to reproductive health services, including emergency obstetric care. Inadequate attention to maternal health and shortcomings in health systems limit the availability of high-quality sexual and reproductive health services, commodities and information.

6. Although teenage fertility rates have declined in the last 10 years, they remain extremely high, especially in the Marshall Islands, Kiribati, Vanuatu and the Solomon Islands. Approximately 60 per cent of the population in these countries is younger than 25; high-risk sexual behaviour is prevalent. Although HIV prevalence is low in most countries, there is a high incidence of sexually transmitted infections among young people, sex workers and seafarers. The demand for sexual and reproductive health services remains low. Difficulties in sustaining community initiatives that discourage high-risk sexual behaviour, particularly among young

people and the marginalized, highlight the need for targeted interventions.

7. Gender inequality undermines long-term development and the achievement of Millennium Development Goals 3 (on promoting gender equality and empowering women) and 5 (on improving maternal health). School enrolment among girls has increased. However, women face multiple barriers to economic participation and access to services, and their participation in political leadership remains the lowest globally. Violence against women is widespread, and there is limited access to justice and related services. Approximately two of three Pacific women report having experienced physical or sexual violence from their partner during their lifetime. Unequal power relations and patriarchal systems of governance in many communities impact societal attitudes towards women's empowerment.

8. Access to data is inadequate for national policy formulation and development planning. Some national data-collection systems are unable to produce high-quality reports, making it difficult to monitor development goals.

## **II. Past cooperation and lessons learned**

9. UNFPA assistance to the region began in 1972. The evaluation of the current multi-country programme, 2008-2012, identified a number of achievements as well as challenges.

10. The development of national reproductive health policies and strategies in most countries resulted in improved national coordination and strategic planning. Similarly, emergency obstetric care and family planning surveys facilitated the development of evidence-based programmes, the procurement of essential equipment, the upgrading of facilities and targeted capacity-development efforts. While capacity development at the Fiji School of Medicine led to the deployment of health workers proficient in reproductive health programme management in all countries, longer-term strategic human resource planning and tracking is required.

11. The adolescent health and development programme increased the utilization of youth-friendly services as well as the number of persons reached by peer educators. However, the programme was unable to achieve a targeted approach to increase the access of girls to sexual and reproductive health services and information, particularly family planning. Although the programme helped to incorporate sexuality education into public schools in Fiji, its incorporation has been slow in other countries. While improvements in knowledge of sexual and reproductive health have been documented in some countries, there is little evidence to suggest that this has led to significant changes in the sexual behaviour of young people.

12. The programme trained many health workers in logistics management, but overstocking and subnational stock-outs continue to occur, albeit with less frequency in some countries. In spite of high-level advocacy efforts, few countries have included reproductive health in their health budgets. UNFPA has responded to disasters in many countries by providing commodities, and has been recognized by its regional partners for the quality of its training on humanitarian preparedness.

13. The collection, analysis and use of statistics from censuses, surveys and studies resulted in evidence-based parliamentary policy dialogue on population, improved reproductive health programming, and evidence-based national population, ageing and reproductive health policies in some countries. UNFPA will seek to replicate successful interventions.

14. National gender-based violence studies, supported by UNFPA, resulted in multisector action plans in three countries. UNFPA plans five more studies in 2012, including an analysis focusing on persons with disabilities. Efforts to support the implementation of interventions addressing gender-based violence, including during crises, should be strengthened.

15. During the current programme cycle, the United Nations opened joint presence offices in

eight countries to facilitate coordination and liaison with governments. UNFPA partnered with the United Nations Children's Fund and the Secretariat of the Pacific Community on the adolescent health and development programme, and with UNDP on parliamentary advocacy. The partnership with the Secretariat of the Pacific Community also covers support for the 2010 round of censuses, the first round of demographic and health surveys, and national statistical development.

### III. Proposed programme

16. The programme covers 14 Pacific island countries and territories. It is a component of the United Nations Development Assistance Framework (UNDAF) for the Pacific, 2013-2017, which addresses: (a) environmental management, climate change and disaster-risk management; (b) gender equality; (c) poverty reduction and inclusive economic growth; (d) basic services; and (e) governance and human rights. The programme is designed to support national and regional priorities as identified in national and regional development frameworks, the Pacific Plan, and the Pacific national and regional Millennium Development Goal reports.

17. The goal of the programme is to achieve universal sexual and reproductive health and rights, gender equality, and reduced maternal mortality, in line with national and sectoral development goals in 14 countries.

18. To focus on selected results, the programme will introduce a tiered approach, based on national health and demographic progress and national priorities. The multi-country programme will implement comprehensive programmes, in all four strategic plan outcome areas, in the three priority countries of Tier 1: Kiribati, Solomon Islands and Vanuatu. It will also undertake targeted programmes in three selected outcome areas for seven countries in Tier 2: Fiji, Marshall Islands, Micronesia (Federated States of), Nauru, Samoa, Tonga and Tuvalu. The programme will provide technical assistance and commodities to four

countries and territories in Tier 3: Cook Islands, Niue, Palau and Tokelau.

#### *Family planning*

19. Output 1: Strengthened national capacity to deliver high-quality family planning and sexual and reproductive health services, information, commodities and community-based interventions for family resource management. The programme will seek to achieve this output in Fiji, Kiribati, Marshall Islands, Micronesia (Federated States of), Nauru, Samoa, Solomon Islands, Tonga, Tuvalu and Vanuatu. UNFPA will support: (a) South-South cooperation to update national family planning service guidelines and undertake competency-based training in family planning service delivery; (b) the upgrading of services to provide comprehensive, high-quality sexual and reproductive health care, including family planning, emergency obstetric care and emergency preparedness in selected countries; (c) training in logistics management at all levels of the supply chain to ensure reproductive health commodity security; and (d) targeted, gender-sensitive community initiatives for family resource planning and management in partnership with governments, civil society and traditional and faith-based leaders. The programme will also promote capacity development through joint programming and partnership with the International Planned Parenthood Federation.

#### *Gender equality and reproductive rights*

20. Output 1: Strengthened national capacity of national health-care providers to address gender-based violence through the provision of high-quality health services, including in humanitarian settings. The programme will seek to achieve this output in the Cook Islands, Kiribati, Marshall Islands, Micronesia (Federated States of), Nauru, Palau, Solomon Islands and Vanuatu. UNFPA will support: (a) the conduct and use of gender-based violence surveys in selected countries to develop and implement multisector national plans to eliminate gender-based violence, including a focus on male involvement and adolescent girls; and (b) the integration, into health services and

protection-related initiatives, of measures that address gender-based violence.

*Young people's sexual and reproductive health and sexuality education*

21. Output 1: Strengthened national capacity to deliver high-quality sexual and reproductive health services and information, including family planning and services to prevent HIV and sexually transmitted infections, for young people. The programme will seek to achieve this output in Fiji, Kiribati, Marshall Islands, Micronesia (Federated States of), Nauru, Samoa, Solomon Islands, Tonga, Tuvalu and Vanuatu. UNFPA will support: (a) the expansion of essential adolescent sexual and reproductive health services, including family planning, particularly for marginalized adolescent girls; (b) services to prevent sexually transmitted infections and HIV; (c) comprehensive condom programming, particularly for those most at risk; (d) the expansion of age-appropriate sexuality education both in and out of school; and (e) the creation of an enabling environment through youth participation in community sensitization and political advocacy efforts.

*Data availability and analysis*

22. Output 1: Strengthened national capacity for increased availability, analysis and utilization of data for informed decision-making and policy formulation on population dynamics, youth, gender equality, and sexual and reproductive health, including family planning. The programme will seek to achieve this output in Fiji, Kiribati, Marshall Islands, Micronesia (Federated States of), Nauru, Samoa, Solomon Islands, Tonga, Tuvalu and Vanuatu. UNFPA will support: (a) the analysis and dissemination of the results of censuses, demographic and health surveys and other surveys; (b) the revitalization of vital registration and health information systems in partnership with regional partners; (c) the development, implementation and monitoring of reproductive health, population and gender policies; and (d) advocacy through national parliamentary groups on population and

development in a triangular alliance with traditional and faith-based leaders.

**IV. Programme management, monitoring and evaluation**

23. National execution continues to be the preferred implementation arrangement for UNFPA. UNFPA will carefully select implementation partners based on their ability to deliver high-quality programmes. UNFPA will also continuously monitor the performance of its partners and periodically adjust implementation arrangements, as necessary. The UNFPA Pacific subregional office will ensure that the appropriate risk analysis is performed in conformity with the harmonized approach to cash transfers.

24. UNFPA and the respective governments will develop a monitoring and evaluation plan, aligned with the UNDAF monitoring and evaluation framework. UNFPA, in cooperation with the respective governments, will: (a) conduct annual country programme reviews as part of the annual UNDAF reviews; (b) undertake baseline and end-line surveys and data collection; and (c) maintain an indicator database. UNFPA and the respective governments will undertake evaluations of the multi-country programme.

25. The programme assumes that family planning, gender equality, the needs of youth and the integrity of data will continue to be national priorities in relevant countries. Risks to programme implementation relate to opposition from community and religious groups, changing government priorities, and reduced donor funding for sexual and reproductive health. High transportation costs, due to scattered populations, also affect programme delivery and increase operational costs. The UNFPA Pacific subregional office includes basic management and development-effectiveness functions funded from the UNFPA institutional budget. UNFPA will allocate programme resources for staff providing subregional technical and programme expertise, as well as associated support, to implement the programme.

6 RESULTS AND RESOURCES FRAMEWORK FOR THE PACIFIC ISLAND COUNTRIES AND TERRITORIES

<p><b>Regional priorities:</b> (a) Pacific Plan 2005 strategic objectives: improved education and training, improved health and improved gender equality; (b) Revised Pacific Platform for Action on the Advancement of Women and Gender Equality, 2005-2015, goal: ensure that the reproductive health needs and other health needs of women are addressed and adequately resourced</p> <p><b>UNDAF outcomes:</b> (a) improved resilience of Pacific Island countries and territories, with a focus on communities, through the integrated implementation of sustainable environmental management, climate-change adaptation and mitigation, and disaster-risk management; and (b) increased access to high-quality health, education and protective services, particularly for women, children, youth and vulnerable populations</p>				
<p><b>UNFPA strategic plan outcome</b></p>				
<p><b>Family Planning</b> Outcome indicators:</p> <ul style="list-style-type: none"> <li>Proportion of countries with contraceptive prevalence rate greater than 50% Baseline: 1 of 14 countries Target: 14 of 14 (Cook Islands, Fiji, Kiribati, Marshall Islands, Micronesia (Federated States of), Nauru, Niue, Palau, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu and Vanuatu)</li> <li>Proportion of countries with an unmet need for family planning that is less than 15% Baseline: 2 of 10; Target: 10 of 10 (Fiji, Kiribati, Marshall Islands, Micronesia (Federated States of), Nauru, Samoa, Solomon Islands, Tonga, Tuvalu and Vanuatu)</li> </ul>	<p><b>Country programme outputs</b></p> <p>Output 1: Strengthened national capacity to deliver high-quality family planning and sexual and reproductive health services, information, commodities and community-based interventions for family resource management</p>	<p><b>Output indicators, baselines and targets</b></p> <ul style="list-style-type: none"> <li>Proportion of countries, supported by UNFPA, whose service delivery points have had no stock-outs of contraceptives within the last six months. Baseline: 3 of 14; Target: 14 of 14 (Cook Islands, Fiji, Kiribati, Marshall Islands, Micronesia (Federated States of), Nauru, Niue, Palau, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu and Vanuatu)</li> <li>Proportion of countries, supported by UNFPA, that deliver high-quality family planning services in accordance with their national evidence-based guidelines Baseline: 4 of 10; Target: 10 of 10 (Fiji, Kiribati, Marshall Islands, Micronesia (Federated States of), Nauru, Samoa, Solomon Islands, Tonga, Tuvalu and Vanuatu)</li> <li>Proportion of countries, supported by UNFPA, that implement at least two key demand-generation interventions for modern methods of contraception (as defined by strategic plan guidelines). Baseline: 0 of 10; Target: 10 of 10</li> <li>Number of health workers trained, through UNFPA support, in emergency obstetric care. Baseline: 0; Target: 80 (Kiribati, Micronesia (Federated States of) – Chuuk State, Solomon Islands and Vanuatu)</li> <li>Number of personnel trained, through UNFPA support, to deliver the minimum initial service package Baseline: 0; Target: 100</li> </ul>	<p><b>Partners</b></p> <p>Ministries of Health  International Planned Parenthood Federation  Civil society organizations; faith-based organizations</p>	<p><b>Indicative resources</b></p> <p>\$8.4 million (\$4.4 million from regular resources and \$4 million from other resources)</p>
<p><b>Gender equality and reproductive rights</b> Outcome indicator:</p> <ul style="list-style-type: none"> <li>Proportion of countries that have operationalized multisectoral plans to eliminate gender-based violence Baseline: 0 of 8; Target: 8 of 8 (Cook Islands, Kiribati, Marshall Islands, Micronesia (Federated States of), Nauru, Palau, Solomon Islands and Vanuatu)</li> </ul>	<p>Output 1: Strengthened national capacity of health-care providers to address gender-based violence through the provision of high-quality health services, including in humanitarian settings</p>	<ul style="list-style-type: none"> <li>Proportion of countries, supported by UNFPA, that develop and implement evidence-based policy and service guidelines to address gender-based violence. Baseline: 0 of 8; Target: 8 of 8 (countries as per outcome indicator)</li> <li>Number of persons trained, through UNFPA support, to mainstream care for victims of gender-based violence in health services Baseline: 0; Target: 80</li> <li>Number of persons trained, through UNFPA support, in programming for gender-based violence in humanitarian settings Baseline: 0; Target: 100</li> <li>Number of regional or country national action plans developed in response to Security Council resolution 1325. Baseline: 0; Target: 3 (Regional, Fiji and Solomon Islands)</li> </ul>	<p>Ministries of: Health; Planning; Social Affairs; and Women  Secretariat of the Pacific Community; United Nations organizations</p>	<p>\$6 million (\$3.7 million from regular resources and \$2.3 million from other resources)</p>

