



**Executive Board of the
United Nations Development
Programme and of the
United Nations Population Fund**

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Multi-country programme document for the Pacific Island Countries

Proposed indicative UNFPA assistance:	\$18 million: \$10 million from regular resources and \$8 million through co-financing modalities and/or other, including regular, resources
Programme period:	Five years (2008-2012)
Cycle of assistance:	Fourth
Category per decision 2005/13:	A: Kiribati, Samoa, Solomon Islands, Tuvalu and Vanuatu C: Fiji O: Cook Islands, Federated States of Micronesia, Nauru, Niue, Palau, Marshall Islands, Tokelau and Tonga
Proposed indicative assistance by core programme area (in millions of \$):	

	Regular resources	Other	Total
Reproductive health	6.50	6.0	12.50
Population and development	2.25	1.5	3.75
Gender	0.50	0.5	1.00
Programme coordination and assistance	0.75	-	0.75
Total	10.0	8.0	18.00

I. Situation analysis

1. Countries in the Pacific region are unable to benefit from economies of scale, due to their small populations, geographical isolation and vulnerability to natural disasters. Limited opportunities for employment, inequality and recent political instability have contributed to increased violence and deteriorating living conditions in many countries of the region.

2. The Pacific region is diverse, with three principal geographical and cultural groups: (a) Melanesia (comprising Fiji, Papua New Guinea, Solomon Islands and Vanuatu); (b) Polynesia; and (c) Micronesia. Natural population growth is high in Melanesian countries, where the annual rate is approximately 2.5 per cent, and in most Micronesian countries, where the rate is 2 per cent and above. Population growth rates are lower in Polynesia and Fiji due to emigration. Total fertility rates have stalled at 3 to 4 children per woman in much of the Pacific region, though they have been slowly declining from 4.5 children per woman in Melanesia (excluding Fiji). Dependency ratios are also slowly declining. The number of people entering the labour market is outstripping the number of available jobs, even in countries with high emigration rates. This has resulted in rising youth unemployment.

3. Although extreme poverty is rare, many people suffer from a lack of opportunities. Despite remittances from abroad, the proportion of the population living below the poverty line is increasing in several countries. High-quality data collection and analysis is lacking. Without additional support, Melanesia and parts of Micronesia (Kiribati and the Federated States of Micronesia) are unlikely to achieve the Millennium Development Goals by 2015.

4. Despite recent progress in reproductive health in some of the countries, variations exist between and within countries. Contraceptive prevalence rates have remained below 20 per cent, and maternal mortality ratios are above 100 deaths per 100,000 live births in some countries, with even higher rates in some subpopulations. A lack of understanding of

the linkages between poverty reduction, sexual and reproductive health, and population has resulted in lower priorities for sexual and reproductive health, including family planning, in national programmes.

5. In most countries, a large proportion of the population is young, with 35-40 per cent of the population younger than 15 years, and 20 per cent aged 15-24 years. Recent surveys report high levels of unprotected sexual activity among young people. High rates of sexually transmitted infections among young people and high rates of teenage pregnancies suggest the need for programming focused on adolescent health and development.

6. While most Pacific Island countries continue to experience a low level of HIV infection (less than 1 per cent in the general population), prevention efforts are needed. There are high rates of sexually transmitted infections, and voluntary, confidential counselling is available only at a few centres. The actual number of HIV cases may be far greater than the number of officially identified cases. In the past, the isolation of the region may have offered some protection against HIV; however, that situation is changing, as large numbers of residents are now travelling abroad. Specific groups at risk of HIV infection include women, young people, sex workers, fishing-industry workers and uniformed service personnel.

7. Although media campaigns supported by non-governmental organizations (NGOs) and development partners have increased awareness of gender issues, gender-based violence remains a problem and women's political participation remains low. The region has the lowest ratification rates for the core international human rights treaties. Most Pacific Island countries have constitutions that contain basic civil and political rights, and most have ratified the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women. Nonetheless, gender disparities persist.

8. Financial constraints have made it difficult to mobilize national resources for population and sexual and reproductive health initiatives, resulting

in heavy dependence on donor support. Inadequate donor harmonization, poor governance, low absorptive capacity and inadequate institutional capacity for data analysis and utilization have limited the impact of development programmes.

II. Past cooperation and lessons learned

9. UNFPA assistance to the region began in 1972. The current multi-country programme (2003-2007) was approved for \$9 million, with \$6 million from regular resources and \$3 million from other resources.

10. During the previous programme cycle, regional capacity-building was a key strategy. The reproductive health training programme implemented by the Fiji School of Medicine built a cadre of mid- to senior-level reproductive health professionals. The School has recently institutionalized the programme, and some of its graduates have been appointed to positions of authority in relevant ministries. However, efforts to build the capacity of trainers through regional workshops, which targeted senior clinical and managerial staff, produced mixed results. In some countries, trainers conducted national and provincial training, while in others, trainers did not transfer skills and knowledge. Innovative strategies may be needed, based on an evaluation of the previous regional training.

11. The joint adolescent health and development programme undertaken by UNFPA, the United Nations Children's Fund, the Secretariat of the Pacific Community, and the Australian Agency for International Development has made progress. The lack of baseline data has made it difficult to document the impact of the programme and the reporting of achievements. Nevertheless, in some Pacific Island countries, the government is absorbing the adolescent health and development programme into the national budget, thereby increasing its chances of sustainability, and expanding services to school and government health services. Furthermore, the Pacific education ministers have endorsed the inclusion of family-life education, including life skills, in school curricula.

12. A meeting of the Ministers of Health and key stakeholders adopted a plan of action to achieve reproductive health commodity security. Efforts were made to operationalize the plan through: (a) regional capacity-building; (b) the establishment of a regional warehouse; (c) deployment of a regional commodity security manager; and (d) national reviews and workshops. However, political commitment at the national level – through budget lines for contraceptives and national reproductive health commodity security coordination committees – has not occurred in most Pacific Island countries. UNFPA and the governments of the region must strengthen advocacy efforts to achieve the goals of the Pacific reproductive health commodity security plan of action by 2015.

13. The lack of a UNFPA office in countries other than Fiji and infrequent monitoring missions due to high travel costs within the region made it difficult for UNFPA to adequately monitor its programmes and to keep abreast of country developments. The situation is expected to improve during the next programme cycle, after the establishment of United Nations offices in most of the Pacific Island countries.

14. United Nations organizations in the Pacific formulated two joint programmes during the current programming cycle: one on HIV, and the other on adolescent health and development. The programmes helped to: (a) leverage the comparative advantages of the participating organizations; (b) enhance programming; and (c) achieve results. In order to succeed, joint programmes must be an integral part of the work of participating organizations, rather than an addition to core activities. A more coordinated and harmonized planning approach, including joint consultations, reviews and analyses, is needed. In addition, participating United Nations organizations should strengthen their joint advocacy strategies.

III. Proposed programme

15. In line with the United Nations Development Assistance Framework (UNDAF) for the Pacific, 2008-2012, the UNFPA programme will provide

support to 14 Pacific Island countries in three programme areas. However, in Nauru, Niue, Palau and Tokelau, this support will be limited to reproductive health commodity security. The UNDAF for the Pacific addresses: (a) economic growth and poverty reduction; (b) good governance and human rights; (c) equitable social and protection services; and (d) sustainable environmental management. The programme is designed to support national and regional priorities as identified in regional and national development frameworks, the Pacific Plan and the Millennium Development Goal reports.

16. The goal of the programme is to contribute to sustainable development and a better quality of life in Pacific Island countries by integrating population, reproductive health and gender into policies, plans and strategies, in line with the Millennium Development Goals and the Programme of Action of the International Conference on Population and Development (ICPD). Programme strategies will focus on: (a) policy development in the three UNFPA core programme areas; (b) promoting partnerships for institutional capacity development; (c) promoting South-South cooperation by using regional technical experts to provide technical assistance at the local level; and (d) using targeted interventions in partnership with governments and civil society to address the needs of vulnerable groups.

17. The three outcomes focus on: (a) addressing population, gender, and sexual and reproductive health issues in regional and national policies, development frameworks and sector-wide approach programmes; (b) increasing the availability of high-quality, comprehensive sexual and reproductive health information and services, including HIV prevention services, particularly for vulnerable groups, including young people; and (c) advancing gender equality and contributing to the empowerment of women and girls, to enable them to exercise their reproductive rights and to be free of discrimination and violence, through more effective policies and strengthened community interventions.

Reproductive health component

18. The outcome of this component is linked to: (a) the UNDAF priority on equitable social and protection services; (b) Millennium Development Goals 4, 5 and 6 (reducing child mortality; improving maternal health; and combating HIV/AIDS, malaria and other diseases); and (c) the UNFPA strategic plan outcomes related to reproductive health policies and strategies, including maternal health, reproductive health commodity security, family planning, HIV and sexually transmitted infections, young people, and empowering communities to exercise their reproductive rights.

19. The reproductive health outcome is: increased utilization of high-quality, comprehensive sexual and reproductive health information and services, including comprehensive HIV prevention services, particularly for vulnerable groups, including young people. There are three outputs under this component.

20. Output 1: Increased national commitment and strengthened capacity to formulate and update national policies, strategies and programmes on sexual and reproductive health, including maternal health, emergency obstetric care, family planning, reproductive health commodity security, adolescent sexual and reproductive health, and sexually transmitted infections, including HIV.

21. Output 2: Strengthened institutional capacity to deliver comprehensive, integrated, high-quality sexual and reproductive health services to the most vulnerable population groups, including young people.

22. Output 3: Enhanced capacity of civil society and community organizations to conduct effective, targeted behaviour change communication interventions, with an emphasis on youth, promoting sexual and reproductive health, condom programming and responsible male involvement.

Population and development component

23. The population and development outcome is: population, gender, and sexual and reproductive

health trends and issues are incorporated in regional and national policies, development frameworks and sector-wide approach programmes, in line with the Millennium Development Goals and the ICPD goals. The outcome is linked to: (a) the UNDAF priority areas on equitable economic growth and poverty reduction, and good governance and human rights; (b) Millennium Development Goal 1 (eradicating extreme poverty and hunger); and (c) the UNFPA strategic plan population and development outcomes related to population dynamics and public policies and to data analysis and use. The outcome will be achieved through three outputs.

24. Output 1: Strengthened capacity among policymakers and planners to analyse the trends and implications of key population, reproductive health and gender issues and to incorporate them in national policies, plans and strategies and in the Millennium Development Goal reports.

25. Output 2: Improved capacity of regional and national institutions to compile, analyse and utilize disaggregated, gender-sensitive data on population and development, reproductive health and gender.

26. Output 3: Strengthened capacity of national policymakers, including parliamentarians, and of civil society to advocate population and gender issues and to access sexual and reproductive health information and services.

Gender component

27. Gender is a cross-cutting issue in the UNDAF and will be mainstreamed in all other outcomes and outputs. The outcome is linked to Millennium Development Goal 3, on promoting gender equality and empowering women.

28. The gender outcome is: gender equality is advanced and women and girls are empowered to enable them to exercise their reproductive rights and to be free of discrimination and violence, through more effective policies and strengthened community interventions.

29. Output 1: Strengthened capacity of governments to integrate gender equality and human rights, including the reproductive rights of women and adolescent girls, into national policies and development frameworks and to implement relevant interventions.

30. Output 2: Increased advocacy and mechanisms for programme planners, managers and communities to apply the findings of studies on gender-based violence in selected Pacific Island countries and to develop and implement effective interventions to reduce gender-based violence.

IV. Programme management, monitoring and evaluation

31. In line with the respective UNDAFs, UNFPA and government counterparts will develop programmes with results and resources matrices for priority countries (Kiribati, Samoa, Solomon Islands, Tuvalu and Vanuatu). National execution by governments is the preferred modality for programme implementation. The programme will strengthen collaboration with NGOs. UNFPA will: (a) conduct annual country programme reviews; (b) participate in annual UNDAF reviews; and (c) provide support for baseline and endline surveys and data collection to be used in the evaluation process, as outlined in the monitoring and evaluation framework.

32. The UNFPA office consists of a representative, who also serves as the director of the UNFPA country technical services team; a deputy representative; two assistant representatives; four technical advisers; two national programme analysts; four out-posted national staff (in Marshall Islands, the Federated States of Micronesia, Samoa and Solomon Islands); an operations manager; and programme and administrative support personnel, as per the approved office typology. In order to strengthen programme implementation, UNFPA will earmark programme funds for national programme and support personnel in the area of communications, reproductive health commodity security and information technology.

RESULTS AND RESOURCES FRAMEWORK FOR THE PACIFIC ISLAND COUNTRIES

Regional priorities: (a) Pacific Plan 2005 strategic objectives: improved education and training; improved health; and improved gender equality; (b) Pacific youth strategy 2010 (Secretariat of the Pacific Community 2005): strengthen institutional capacity; and (c) Revised Pacific Platform for Action on Advancement of Women and Gender Equality, 2005-2015, goal 3.1: ensure women's reproductive and other health needs are addressed and adequately resourced UNDAF outcome: (a) strengthened equitable social and protection services through support to the development of evidence-based policies and enabling environments; and (b) improved capacity to deliver affordable, quality, basic social services with strengthened safety nets and an emphasis on equality, inclusiveness and access				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Role of partners	Indicative resources by programme component
Reproductive health	<p><u>Outcome:</u> Increased utilization of high-quality, comprehensive sexual and reproductive health information and services, including comprehensive HIV prevention services, particularly for vulnerable groups, including young people</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> ▪ Maternal mortality ratio ▪ Proportion of births attended by skilled health personnel ▪ Age-specific fertility rate (15-19 years) ▪ Unmet need for family planning ▪ Contraceptive prevalence rate ▪ Condom use at last high-risk sex 	<p><u>Output 1:</u> Increased national commitment and strengthened capacity to formulate and update national policies, strategies and programmes on sexual and reproductive health, including maternal health, emergency obstetric care, family planning, reproductive health commodity security, adolescent sexual and reproductive health, and sexually transmitted infections, including HIV</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> ▪ Proportion of countries with national policies or strategies that include sexual and reproductive health, family planning and HIV ▪ Proportion of the health budget allocated to contraceptives for each country ▪ National composite policy index for HIV for each country <p><u>Output 2:</u> Strengthened institutional capacity to deliver comprehensive, integrated, high-quality sexual and reproductive health services to the most vulnerable population groups, including young people</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> ▪ Percentage of service delivery points offering comprehensive, high-quality sexual and reproductive health services, particularly for the most vulnerable groups, including young people ▪ Proportion of service delivery points offering at least three contraceptives and youth-friendly sexual and reproductive health services ▪ Proportion of households within two hours of a basic emergency obstetric care facility <p><u>Output 3:</u> Enhanced capacity of civil society and community organizations to conduct effective, targeted behaviour change communication interventions, with an emphasis on youth, promoting sexual and reproductive health, condom programming and responsible male involvement</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> ▪ Proportion of communities undertaking behaviour change communication interventions promoting sexual and reproductive health ▪ Proportion of community leaders trained in advocacy and behaviour change communication promoting sexual and reproductive health <p>Percentage of young women and men aged 15-24 who correctly identify ways of preventing the sexual transmission of HIV and reject misconceptions about HIV transmission</p>	<p>Ministries of: Education; Health; Planning; Sports; and Youth; National Action Committees on AIDS; Secretariat of the Pacific Community</p> <p>Joint United Nations Programme on HIV/AIDS; UNICEF; World Health Organization</p> <p>Fiji School of Medicine; International Planned Parenthood Federation; Civil society organizations; Faith-based organizations; NGOs</p>	<p>\$12.5 million (\$6.5 million from regular resources and \$6 million from other resources)</p>

<p>Regional priorities: Pacific Plan 2005 strategic objectives: (a) improved transparency, accountability, equity and efficiency in managing and using resources in the Pacific, and reduced poverty; and (b) Revised Pacific Platform for Action on Advancement of Women and Gender Equality, 2005-2015: address the root causes of poverty, particularly as they relate to women</p> <p>UNDAF outcome: (a) Pacific Island countries develop and implement evidence-based, regional, pro-poor and national sustainable development strategies to address population, poverty and economic exclusion issues, stimulate equitable growth, create economic opportunities and quality employment, and promote sustainable livelihoods; and (b) national and regional governance systems exercise the principles of inclusive good governance, respecting and upholding human rights; and resilient Pacific Island communities participate in decision-making at all levels</p>				
Population and development	<p>Outcome: Population, gender, and sexual and reproductive health trends and issues are incorporated in regional and national policies, development frameworks and sector-wide approach programmes, in line with the Millennium Development Goals and the ICPD goals</p> <p>Outcome indicator:</p> <ul style="list-style-type: none"> ▪ Proportion of countries that have incorporated population, sexual and reproductive health, gender trends and issues into national policies, development frameworks and sector-wide approaches 	<p>Output 1: Strengthened capacity among policymakers and planners to analyse the trends and implications of key population, reproductive health and gender issues and to incorporate them in national policies, plans and strategies and in the Millennium Development Goal reports</p> <p>Output indicators:</p> <ul style="list-style-type: none"> ▪ Number of Millennium Development Goal reports that include population, reproductive health and gender issues and trends ▪ Number of regional policymakers and planners with expertise on policy analysis related to population, sexual and reproductive health and gender <p>Output 2: Improved capacity of regional and national institutions to compile, analyse and utilize disaggregated, gender-sensitive data on population and development, reproductive health and gender</p> <p>Output indicators:</p> <ul style="list-style-type: none"> ▪ Proportion of regional and national databases that include disaggregated, gender-sensitive data on population and data, sexual and reproductive health, and gender ▪ Number of published reports that include population, sexual and reproductive health, and gender issues <p>Output 3: Strengthened capacity of national policymakers, including parliamentarians, and of civil society to advocate population and gender issues and to access sexual and reproductive health information and services</p> <p>Output indicators:</p> <ul style="list-style-type: none"> ▪ Percentage of policymakers and civil society who possess accurate knowledge about population, sexual and reproductive health, and gender ▪ Proportion of parliamentarians advocating sexual and reproductive health and reproductive rights 	<p>Ministries of Planning; Bureaux of Statistics</p> <p>Secretariat of the Pacific Community</p> <p>UNDP subregional centre; United Nations Economic and Social Commission for Asia and the Pacific</p>	<p>\$3.75 million (\$2.25 million from regular resources and \$1.5 million from other resources)</p>
<p>Regional priorities: (a): Pacific Plan 2005 strategic objective: improved gender equality; and (b) Revised Pacific Platform for Action on Advancement of Women and Gender Equality, 2005-2015: address root causes of poverty, particularly as they relate to women</p> <p>UNDAF outcome: strengthened equitable social and protection services through support to the development of evidence-based policies and enabling environments; and improved capacity to deliver affordable, quality, basic social services with strengthened safety nets and an emphasis on equality, inclusiveness and access</p>				
Gender	<p>Outcome: Gender equality is advanced and women and girls are empowered to enable them to exercise their reproductive rights and to be free of discrimination and violence, through more effective policies and strengthened community interventions</p> <p>Outcome indicators:</p> <ul style="list-style-type: none"> ▪ Incidence of domestic violence by sex ▪ Incidence of sexual violence against women ▪ Status of legislation against gender-based violence ▪ Status of enforcement of laws on gender-based violence 	<p>Output 1: Strengthened capacity of governments to integrate gender equality and human rights, including the reproductive rights of women and adolescent girls, into national policies and development frameworks and to implement relevant interventions</p> <p>Output indicator:</p> <ul style="list-style-type: none"> ▪ Proportion of countries with national and sectoral plans and policies that incorporate reproductive rights and address gender equality <p>Output 2: Increased advocacy and mechanisms for programme planners, managers and communities to apply the findings of studies on gender-based violence in selected Pacific Island countries and to develop and implement effective interventions to reduce gender-based violence</p> <p>Output indicators:</p> <ul style="list-style-type: none"> ▪ Number of countries with monitoring mechanisms for gender-based violence at the national and subnational levels ▪ Number of countries that have implemented effective reduction interventions for gender-based violence at national and subnational levels 	<p>Ministries of: Health and Planning; Social Affairs; and Women</p> <p>Secretariat of the Pacific Community</p> <p>Civil society organizations; NGOs</p>	<p>\$1 million (\$0.5 million from regular resources and \$0.5 million from other resources)</p> <hr/> <p>Total for programme coordination and assistance: \$0.75 million from regular resources</p>