UNITED NATIONS POPULATION FUND

THE UNFPA STRATEGIC PLAN, 2014-2017

Annex 2
Outcome theories of change

Summary

This document presents annex 2 (which focuses on outcome theories of change) to the UNFPA strategic plan for 2014-2017. This annex outlines the major strategic interventions that will guide UNFPA work for the achievement of the proposed outputs and outcomes, recognizing the assumptions and risks related to them.

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I. Introduction

1. The Outcome theories of change describe how UNFPA will implement and achieve the goal and outcomes of the strategic plan, 2014-2017. More specifically, it presents technical and programmatic guidance through proposed strategic interventions, and identifies the risks and assumptions associated with them. A brief narrative describes the UNFPA mandate behind each of four outcomes, and the rationale behind the selection of 15 outputs, and proposed strategic interventions. This is followed by one-page graphic representations of each of the outcome theories of change. In addition to this guidance, UNFPA is currently working on developing 15 output-specific theories of change that will provide a greater level of operational detail on the specific interventions and activities UNFPA will be implementing throughout the period of the strategic plan.

2. UNFPA is charged with supporting the implementation of the ICPD Programme of Action, a touchstone in the paradigm shift of development that mandated the protection and fulfilment of human rights, including sexual and reproductive health and reproductive rights (SRHR) for all, especially women and adolescents. While considerable progress has been made since 1994 in improving access to family planning, reducing maternal mortality and eliminating harmful practices, many issues remain to be addressed, particularly in light of enormous economic, social and demographic changes. Such changes call for a new, post-2015 development agenda that promotes the well-being of current and future generations through ensuring development pathways that are socially and environmentally sustainable across a range of developing and middle income country contexts and settings. In particular assuring the well-being and rights of adolescents and youth, who will shape and define the future, must be a central development goal.

3. The linkages between sexual and reproductive health, human rights, population dynamics, poverty reduction and sustainable development, which are at the heart of the ICPD agenda, have fundamental implications for the post-2015 development agenda. People-centred development demands the realization of sexual and reproductive health and reproductive rights, the equality and empowerment of women and young people and their active participation in societies, and policies informed by a systematic analysis of population dynamics and their developmental implications. The UNFPA strategic plan has been designed to deliver results aligned to this vision, using a fully integrated approach.

4. Taking these major issues into consideration, and in line with the UNFPA strategic direction as defined in the bull's eye, the UNFPA goal is to **achieve universal access to sexual and reproductive health, realize reproductive rights, and reduce maternal mortality to accelerate progress on the ICPD agenda, to improve the lives of adolescents and youth, and women, enabled by population dynamics, human rights, and gender equality**.

5. Three principles will guide UNFPA work: (a) access to affordable, quality integrated SRH services that meet human rights standards; (b) the need for strengthened accountability in order to eliminate all forms of discrimination; and (c) The aim of empowering the most marginal groups, with a focus on women, adolescents and youth (particularly girls), and marginal and key populations at higher risk of HIV.

6. Equitable access to quality, integrated services, are an essential step in assuring that sexual and reproductive health and reproductive rights are protected. The first outcome of the strategic plan thus focuses on an integrated approach to the realization of rights and the reduction in inequalities that mark the delivery of services in family planning, maternal health and HIV, particularly through strengthening health systems (with a view to achieving universal health coverage through an appropriate constellation of information and services across the life-cycle). Rapid response in the context of humanitarian crises will also be supported by

addressing the special needs of women and girls as well as young people, across the spectrum from risk reduction to response to rehabilitation in order to save lives and build resilience.

7. Discrimination and gender based violence (GBV), including harmful practices, severely affect women's and girls' sexual and reproductive health and reproductive rights. In humanitarian contexts, women and girls' vulnerability to GBV is particularly acute. Adolescents, particularly girls who live in poverty and/or who experience other disadvantages and forms of marginalization, encounter numerous barriers in exercising their rights to comprehensive sexuality education and to sexual and reproductive health services. In order to ensure that sexual and reproductive health services are available to all, UNFPA will work together with partners to eliminate barriers in access to knowledge and services, with a particular focus on women, youth, and especially girls and marginal and key populations. The second and third outcomes therefore focus on youth empowerment and non-discrimination respectively. The fourth outcome focuses on the linkages between sexual and reproductive health and reproductive rights, population dynamics, poverty and sustainable development, and thus integrates the UNFPA mandate in the broader development and humanitarian agenda. Enormous changes in population dynamics are continually affecting the nature of sustainable development at the global, regional, national and sub-national levels.

8. Within its mandate, and to promote progress with respect to these four outcomes, UNFPA will utilize a set of four overarching programmatic strategies including: (a) advocacy and policy dialogue/advice based on evidence; (b) the creation and management of evidence and knowledge, (c) capacity development, and in carefully selected cases; (d) support for service delivery*. Governments and intergovernmental bodies, as duty bearers, must play a central role in assuring accountability and affordability of services. Service providers must ensure that integrated high quality services are available to all. Women and girls, as well as men and boys, as users of services, must be treated with dignity, equality and respect, and empowered to make informed decisions. Civil society organizations must participate to give voice to communities and to help monitor duty bearers' fulfilment of their obligations. By actively supporting the participation of women, young people and disadvantaged communities in the discussions, UNFPA and its partners will ensure that development strategies are responsive to people's needs and aspirations.

9. To strengthen coherence and synergies in its work, UNFPA partners with governments, United Nations organizations, civil society, the academic community, the private sector and other institutions, including through South-South cooperation modalities. The division of labour between UNFPA and partner UN Agencies will be determined by relevant interagency mechanisms, initiatives and joint programmes, as well as at the national level through United Nations Country Teams and UN Common Country Programming mechanisms and/or Common Humanitarian Action Plans. These are described in more detail for each outcome below.

II. Outcome theories of change

A. Outcome 1

Increased availability and use of integrated sexual and reproductive health services (including family planning, maternal health and HIV) that are gender-responsive and meet human rights standards for quality of care and equity in access.

10. At the heart of this outcome is the implementation of the ICPD central human rights principle that all couples and individuals have the right to decide freely and responsibly the

* Refer to Appendix for detailed definitions on these programming strategies.

number, spacing and timing of their children and to have the information and means to do so; and that decisions concerning reproduction should be made free from coercion, discrimination, and violence (para. 7.3). This outcome addresses the reality that sexual and reproductive health is a continuum of several components that are highly interactive and interdependent. Not addressing or achieving one element will lead to weaknesses in other elements. In this regard, SRH also requires a life-cycle approach with the individual at the centre. It is a core tenant of the ICPD agenda that SRH including access to services and protection of reproductive rights are essential to all people, married and unmarried, including adolescents and youth. UNFPA will work to increase the availability of an integrated package of SRH services through health system strengthening as well as by addressing the sociocultural determinants that impact access to and utilization of services and limit people's ability to exercise their reproductive rights. UNFPA work on health services and systems will be focused on increasing quality of care to ensure that individual rights and choices are respected and their needs are the centre for all programmes. Criteria for quality of care will include: informed choice; appropriately trained and adequate number of health care providers; respect for the rights and protection of the dignity of service users; non-discrimination; appropriate use of technology; appropriate constellation of services aligned to the needs and life styles of individuals/communities; geographic accessibility; and security, particularly in humanitarian contexts.

11. Specifically, UNFPA will contribute to outcome 1 through the following 5 outputs:

Output 1. Increased national capacity to deliver integrated sexual and reproductive health services;

Output 2. Increased national capacity to strengthen enabling environments, increase demand for and supply of modern contraceptives and improve quality family planning services that are free of coercion, discrimination and violence;

Output 3. Increased national capacity to deliver comprehensive maternal health services;

Output 4. Increased national capacity to deliver HIV programmes that are free of stigma and discrimination, consistent with the UNAIDS unified budget results and accountability framework (UBRAF) commitments;

Output 5. Increased national capacity to provide sexual and reproductive health services in humanitarian settings.

12. Accordingly, UNFPA will intensify support for effective interventions through technical and programmatic assistance including by contributing evidence for advocacy and resource mobilization at all levels (global, regional and national). The intention is both to increase investments and commitments for integrated SRH services, and to generate behavioural change in the use of these services, including in demand for contraceptives. In addition, UNFPA will work to strengthen health systems by addressing three key-building blocks: (i) human resources for health; (ii) commodity security, including procurement of reproductive health commodities and equipment; and (iii) health management information systems. Furthermore, UNFPA will advocate for, and directly support (in appropriate cases) service delivery that brings services as close to communities as possible, which respond to communities' preferences and needs, and which actively engage communities in decision-making about, provision and utilization of sexual and reproductive health services. Beyond the health system, UNFPA supports a total-market approach, which includes work with private providers and social marketing.

13. At the heart of UNFPA work on SRH services is a commitment to strengthening national systems to deliver family planning, maternal health services, and programming for HIV and other sexually transmitted infections. National systems should have the ability to deliver a comprehensive array of services, including family planning counselling, information, education, communication and services; education and services for prenatal care, safe delivery and post-natal care, especially breast-feeding and infant and women's health care; prevention and appropriate treatment of infertility; prevention of unsafe abortion and the management of

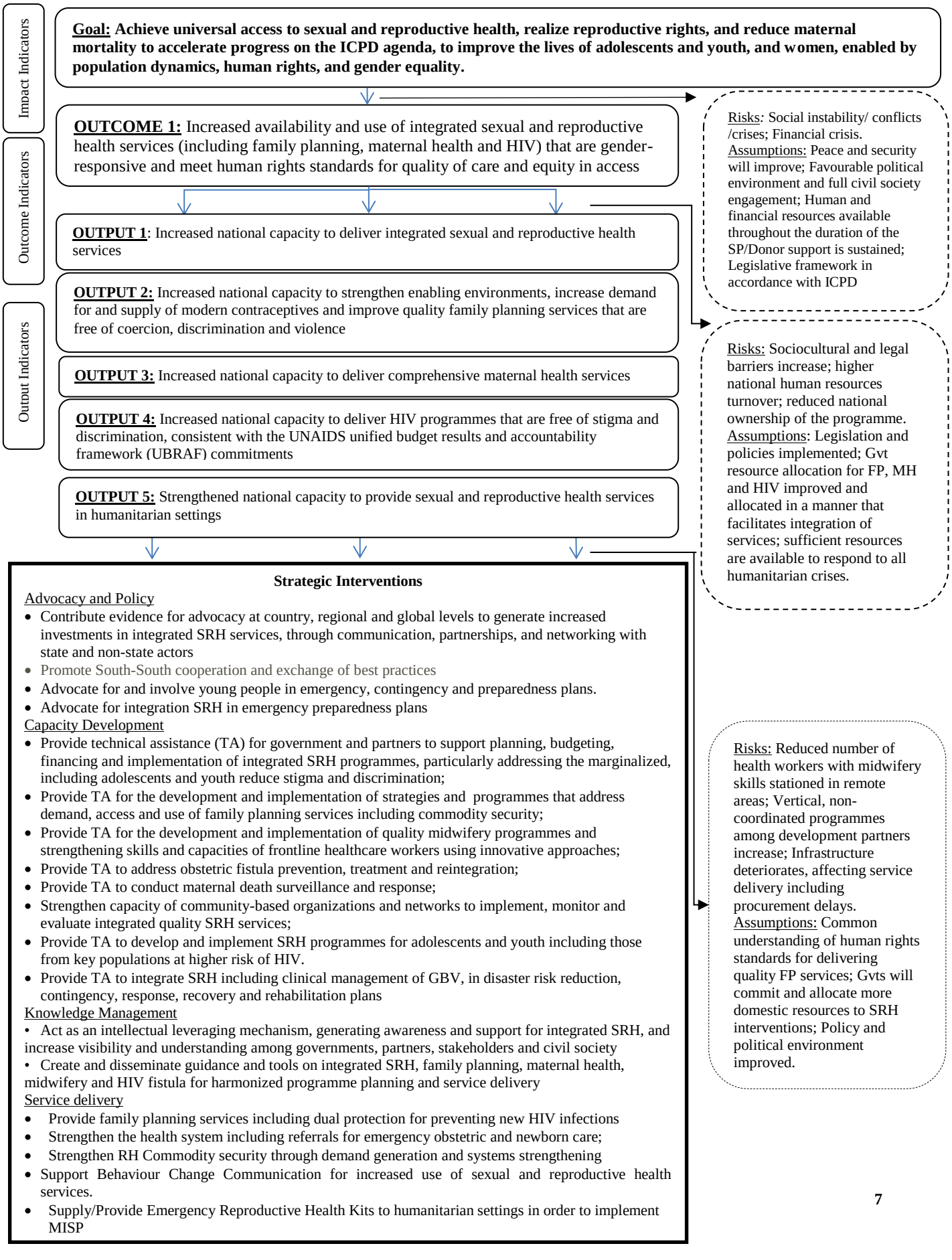
the health impacts of unsafe abortion; treatment of reproductive tract infections; prevention and treatment of HIV, sexually transmitted infections, and other reproductive health conditions; and information, education and counselling, as appropriate, on human sexuality, reproductive health and responsible parenthood.

14. To these ends, UNFPA will engage community-based organizations and networks, and facilitate inter-country and South-South collaboration to scale up good practices. UNFPA will work with a global network of diverse partners, including governments, civil society, professional associations, academic institutions, social marketing agencies and private sector, as well as with major UN initiatives, organizations, and joint programmes such as Every Woman Every Child, UNAIDS, WHO, UNICEF, the H4+, UN Commodities Commission, among others.

15. In humanitarian and fragile contexts, UNFPA works with national and local counterparts and through inter-agency mechanisms to strengthen capacities to integrate sexual and reproductive health in risk-reduction strategies, undertake preparedness and contingency planning and deliver life-saving sexual and reproductive health services in crises, including through institutionalizing the Minimum Initial Service Package (MISP) for Reproductive Health in Crises, and the procurement of emergency reproductive health kits.

16. There are, however, significant risks that must be taken into account when providing support to this outcome, including, among others, lack of political will and commitment to invest in integrated quality SRH that reach marginalized groups and key populations; weak country health systems and infrastructure; pervasive gender inequalities and associated abuses of women's and girls' human rights; sociocultural barriers; geographic factors; and barriers to access due to insecurity, particularly in humanitarian crises and fragile contexts. UNFPA will mitigate those risks by fostering political support and mobilizing resources through advocacy; encouraging policy dialogue and community mobilization; strengthening staff capacity; and expanding partnership across various stakeholders, state and non-state actors. .

17. In terms of geographic coverage, countries will be prioritized based on criteria that include Millennium Development Goal (MDG) 5 and other development indicators, and international commitments made for initiatives such as the UN Secretary-General's Strategy on Women's and Children's Health, and other global initiatives and in close consultation with UNFPA regional offices. UNFPA will also develop capacities on humanitarian preparedness that integrates SRH needs into national plans and for combating GBV in high-risk countries.


Impact Indicators
Outcome Indicators
Output Indicators
Goal: Achieve universal access to sexual and reproductive health, realize reproductive rights, and reduce maternal mortality to accelerate progress on the ICPD agenda, to improve the lives of adolescents and youth, and women, enabled by population dynamics, human rights, and gender equality.
OUTCOME 1: Increased availability and use of integrated sexual and reproductive health services (including family planning, maternal health and HIV) that are gender-responsive and meet human rights standards for quality of care and equity in access
OUTPUT 1: Increased national capacity to deliver integrated sexual and reproductive health services
OUTPUT 2: Increased national capacity to strengthen enabling environments, increase demand for and supply of modern contraceptives and improve quality family planning services that are free of coercion, discrimination and violence
OUTPUT 3: Increased national capacity to deliver comprehensive maternal health services
OUTPUT 4: Increased national capacity to deliver HIV programmes that are free of stigma and discrimination, consistent with the UNAIDS unified budget results and accountability framework (UBRAF) commitments
OUTPUT 5: Strengthened national capacity to provide sexual and reproductive health services in humanitarian settings
Risks: Social instability/ conflicts /crises; Financial crisis.
Assumptions: Peace and security will improve; Favourable political environment and full civil society engagement; Human and financial resources available throughout the duration of the SP/Donor support is sustained; Legislative framework in accordance with ICPD
Risks: Sociocultural and legal barriers increase; higher national human resources turnover; reduced national ownership of the programme.
Assumptions: Legislation and policies implemented; Gvt resource allocation for FP, MH and HIV improved and allocated in a manner that facilitates integration of services; sufficient resources are available to respond to all humanitarian crises.
Strategic Interventions
Advocacy and Policy
• Contribute evidence for advocacy at country, regional and global levels to generate increased investments in integrated SRH services, through communication, partnerships, and networking with state and non-state actors
• Promote South-South cooperation and exchange of best practices
• Advocate for and involve young people in emergency, contingency and preparedness plans.
• Advocate for integration SRH in emergency preparedness plans
Capacity Development
• Provide technical assistance (TA) for government and partners to support planning, budgeting, financing and implementation of integrated SRH programmes, particularly addressing the marginalized, including adolescents and youth reduce stigma and discrimination;
• Provide TA for the development and implementation of strategies and programmes that address demand, access and use of family planning services including commodity security;
• Provide TA for the development and implementation of quality midwifery programmes and strengthening skills and capacities of frontline healthcare workers using innovative approaches;
• Provide TA to address obstetric fistula prevention, treatment and reintegration;
• Provide TA to conduct maternal death surveillance and response;
• Strengthen capacity of community-based organizations and networks to implement, monitor and evaluate integrated quality SRH services;
• Provide TA to develop and implement SRH programmes for adolescents and youth including those from key populations at higher risk of HIV.
• Provide TA to integrate SRH including clinical management of GBV, in disaster risk reduction, contingency, response, recovery and rehabilitation plans
Knowledge Management
• Act as an intellectual leveraging mechanism, generating awareness and support for integrated SRH, and increase visibility and understanding among governments, partners, stakeholders and civil society
• Create and disseminate guidance and tools on integrated SRH, family planning, maternal health, midwifery and HIV fistula for harmonized programme planning and service delivery
Service delivery
• Provide family planning services including dual protection for preventing new HIV infections
• Strengthen the health system including referrals for emergency obstetric and newborn care;
• Strengthen RH Commodity security through demand generation and systems strengthening
• Support Behaviour Change Communication for increased use of sexual and reproductive health services.
• Supply/Provide Emergency Reproductive Health Kits to humanitarian settings in order to implement MISP
Risks: Reduced number of health workers with midwifery skills stationed in remote areas; Vertical, non-coordinated programmes among development partners increase; Infrastructure deteriorates, affecting service delivery including procurement delays.
Assumptions: Common understanding of human rights standards for delivering quality FP services; Gvts will commit and allocate more domestic resources to SRH interventions; Policy and political environment improved.

B. Outcome 2

Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health services.

18. A safe, healthy and successful transition from adolescence to adulthood is the right of every child. Yet the second decade of life is often fraught with challenges, including abuse, that work to impede rights of adolescents to be educated, healthy, informed, skilled and empowered as full and active citizens in their own right. For millions of young people, especially adolescent girls, puberty—the biological onset of adolescence— brings vulnerability to violence and increased exposure to other human rights abuses. Under burden of the double disadvantage of both gender- and age- discrimination, millions of adolescent girls are kept at the fringes of society, suffering grave disadvantage as they make their transition to adulthood. Adolescence also offers a critical window of opportunity to governments and communities. With focused investments in an integrated set of policies and programmes that also target marginalized adolescents paying close attention to the context and setting in which young people live; by protecting the human rights of young people, especially those of adolescent girls at risk of child marriage, harmful practices and other forms of gender-based violence; by ensuring that young people develop the agency to make informed decisions about their sexuality, relationships, marriage and childbearing, governments lay the foundations for sustainable inclusive development. Respecting, protecting and fulfilling the rights of the adolescent is a catalyst within society at large, contributing to gender equality, poverty alleviation, increased productivity and equity. The choices and decisions adolescents make or are prevented from making today will critically influence not only their own opportunities, but those of their communities, their countries and the children that will come after them.

19. Against this backdrop, UNFPA will intensify its advocacy, policy engagement and programme efforts in order to assist national governments to prioritize and invest in adolescents and youth, especially marginalized girls, through their national development policies and programmes, so that adolescents and young people have access to quality education including comprehensive sexuality education and can complete schooling; so that they have the basis for sustainable livelihoods; have access to SRH, GBV and HIV services and can be active participants themselves, as adolescents and youth in the process, regardless of the setting they may be in. As outcome 1 will increase availability of integrated sexual and reproductive health (including HIV), services for marginalized adolescents and youth, so will outcome 2 focus on efforts beyond the health care system and into other relevant sectors whose contributions can improve sexual and reproductive health and reproductive rights through the following three outputs:

Output 6. Increased national capacity to conduct evidence-based advocacy for incorporating adolescents and youth and their human rights/needs in national laws, policies, programmes, including in humanitarian settings;

Output 7. Increased national capacity to design and implement community and school based comprehensive sexuality education (CSE) programmes that promote human rights and gender equality;

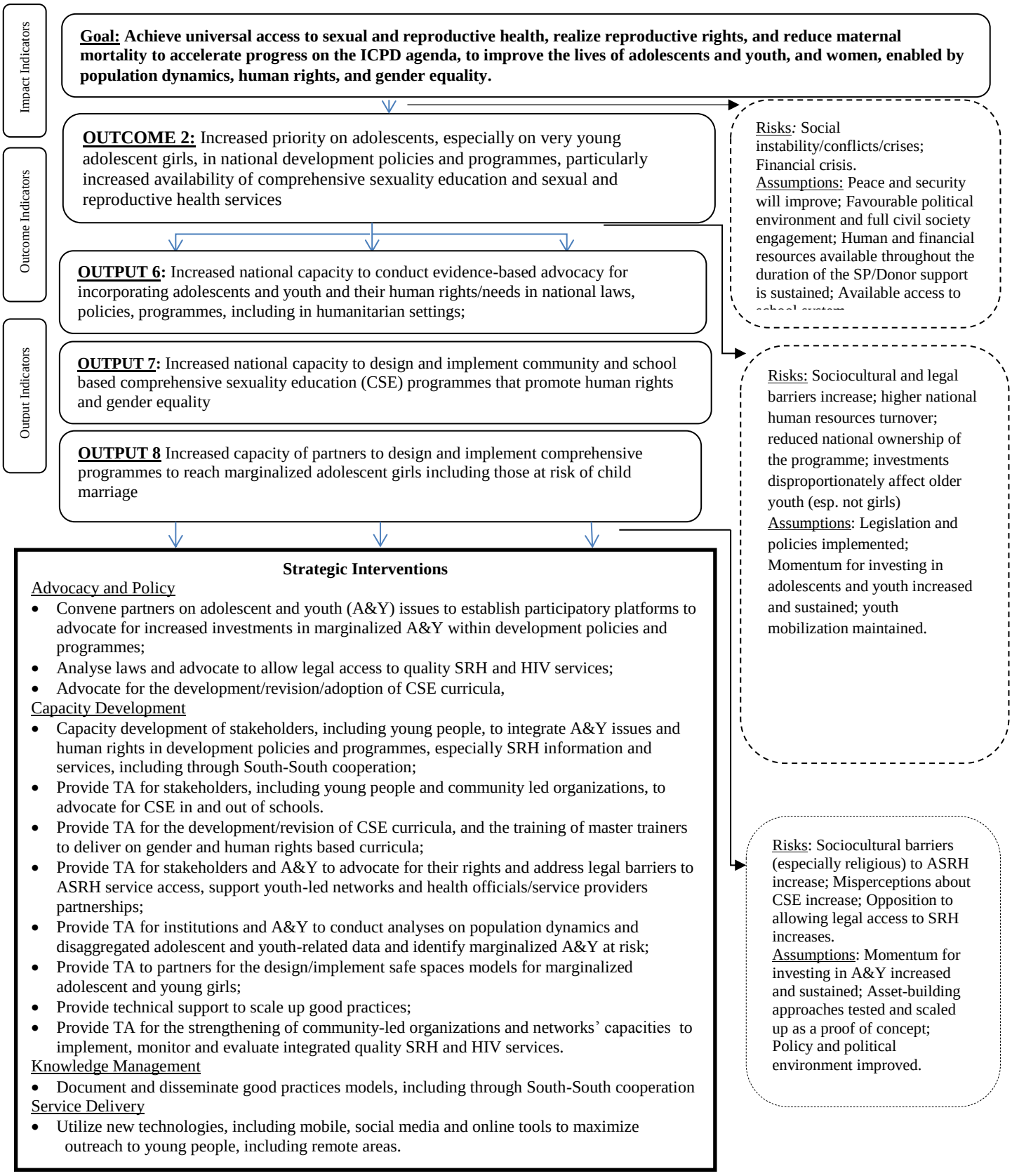
Output 8. Increased capacity of partners to design and implement comprehensive programmes to reach marginalized adolescent girls including those at risk of child marriage.

20. Through UNFPA support of national capacity development, as well as preparedness, response and recovery efforts, by way of dedicated technical assistance on state-of-the-art approaches to reach disadvantaged adolescents and, knowledge management on promising and innovative practices, governments and partners will be positioned to deliver sharper and more focused programmes and policies that protect, promote, and support young people's sexual and

reproductive health and reproductive rights, especially of those who are marginalized. This includes: convening partners to make adolescents and youth and their human rights a central concern across sectors, and mobilizing demand creation for comprehensive sexuality education. The work of UNFPA includes capacity development such as through training institutions and advocates to utilize demographic data for evidence-based advocacy about marginalized adolescents' and youth SRHR; and working with allies and young people to remove legal restrictions on SRH and GBV service access and comprehensive sexuality education in various settings and contexts. It means providing expert guidance on effective approaches to deliver comprehensive sexuality education; and designing bold initiatives that increase the health, economic and social assets of the poorest girls in the poorest communities, such as those impacted by conflict or disasters especially when displaced.

21. UNFPA will leverage, and work through, partnerships with line ministries, youth networks, UN Agencies (including UNDP, UNDESA, UNESCO, UNICEF, WHO, and WFP), community-led organizations, and academic institutions such as the Population Council, for young people's rights to be effectively prioritized, and to provide them with safe and supportive networks to advance their education and life skills, prevent pregnancy, protect them from HIV and violence, and improve their economic skills to help access better opportunities, within development and humanitarian settings.

22. Risks to progress in this area are significant and include: persistent socio-cultural barriers and norms that fail to recognize young people's sexual and reproductive health; entrenched gender inequalities that jeopardize girls' health and rights and increase their vulnerability to violence and harmful practices; and "business as usual" approaches, such as "youth centres", that have consistently failed to reach the most marginalized adolescents. UNFPA will address these risks by strengthening staff capacity and partners to serve as conveners and brokers of expert technical assistance, increasing its resource allocation for adolescent and youth programming; linking and integrating this work with the other outcomes; building and disseminating the evidence base on effective programmes; mainstreaming youth participation in all contexts, including in emergency preparedness, response and recovery planning; and by mobilizing young people and other key stakeholders to be effective advocates in their own right.


Impact Indicators
Outcome Indicators
Output Indicators
Goal: Achieve universal access to sexual and reproductive health, realize reproductive rights, and reduce maternal mortality to accelerate progress on the ICPD agenda, to improve the lives of adolescents and youth, and women, enabled by population dynamics, human rights, and gender equality.
OUTCOME 2: Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health services
OUTPUT 6: Increased national capacity to conduct evidence-based advocacy for incorporating adolescents and youth and their human rights/needs in national laws, policies, programmes, including in humanitarian settings;
OUTPUT 7: Increased national capacity to design and implement community and school based comprehensive sexuality education (CSE) programmes that promote human rights and gender equality
OUTPUT 8 Increased capacity of partners to design and implement comprehensive programmes to reach marginalized adolescent girls including those at risk of child marriage
Risks: Social instability/conflicts/crises; Financial crisis.
Assumptions: Peace and security will improve; Favourable political environment and full civil society engagement; Human and financial resources available throughout the duration of the SP/Donor support is sustained; Available access to
Risks: Sociocultural and legal barriers increase; higher national human resources turnover; reduced national ownership of the programme; investments disproportionately affect older youth (esp. not girls)
Assumptions: Legislation and policies implemented; Momentum for investing in adolescents and youth increased and sustained; youth mobilization maintained.
Strategic Interventions
Advocacy and Policy
• Convene partners on adolescent and youth (A&Y) issues to establish participatory platforms to advocate for increased investments in marginalized A&Y within development policies and programmes;
• Analyse laws and advocate to allow legal access to quality SRH and HIV services;
• Advocate for the development/revision/adoption of CSE curricula,
Capacity Development
• Capacity development of stakeholders, including young people, to integrate A&Y issues and human rights in development policies and programmes, especially SRH information and services, including through South-South cooperation;
• Provide TA for stakeholders, including young people and community led organizations, to advocate for CSE in and out of schools.
• Provide TA for the development/revision of CSE curricula, and the training of master trainers to deliver on gender and human rights based curricula;
• Provide TA for stakeholders and A&Y to advocate for their rights and address legal barriers to ASRH service access, support youth-led networks and health officials/service providers partnerships;
• Provide TA for institutions and A&Y to conduct analyses on population dynamics and disaggregated adolescent and youth-related data and identify marginalized A&Y at risk;
• Provide TA to partners for the design/implement safe spaces models for marginalized adolescent and young girls;
• Provide technical support to scale up good practices;
• Provide TA for the strengthening of community-led organizations and networks' capacities to implement, monitor and evaluate integrated quality SRH and HIV services.
Knowledge Management
• Document and disseminate good practices models, including through South-South cooperation
Service Delivery
• Utilize new technologies, including mobile, social media and online tools to maximize outreach to young people, including remote areas.
Risks: Sociocultural barriers (especially religious) to ASRH increase; Misperceptions about CSE increase; Opposition to allowing legal access to SRH increases.
Assumptions: Momentum for investing in A&Y increased and sustained; Asset-building approaches tested and scaled up as a proof of concept; Policy and political environment improved.

C. Outcome 3

Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth.

23. The ICPD Programme of Action and the MDGs reaffirmed the centrality of gender equality and non-discrimination to the realization of reproductive rights, reduction of poverty and achievement of sustainable development. The advancement of gender equality and women´s empowerment is a goal in itself and is also central to achieving success on SRH outcomes. Nevertheless, many countries still have legal frameworks that criminalize and legally restrict reproductive rights while human rights protection systems are endemically weak. Furthermore, despite years of attention, international conventions and sustained advocacy, achievement of gender equality is constrained by challenges linked to factors such as the persistence of sociocultural dynamics, norms and values that violate reproductive rights and negatively impact SRH outcomes.

24. In particular, GBV and other harmful practices are recognized as being among the most pervasive violations to human rights, as well as being a global health concern of epidemic proportions with serious implications for SRH outcomes. Globally, 35 per cent of women are affected by either intimate partner violence or non-partner sexual violence (WHO, 2013). Women who have been physically or sexually abused are: 16 per cent more likely to have a low-birth-weight baby; more than twice as likely to have an abortion; and, in some regions, 1.5 times more likely to acquire HIV. In households were violence occurs, risky behaviours amongst youth are also more prevalent. Other harmful practices such as female genital mutilation, forced and early marriage and son preference affect millions of women and girls. GBV is significantly exacerbated in conflict and disaster contexts, where the "peace time" risks of violence are compounded not only by the realities of armed conflict but also by displacement, breakdowns in certain social norms and more limited access to services or formal systems of protection and justice. In this context, delivering multisectoral prevention, protection and response intervention models, including SRH services that are gender responsive and meet human rights standards, constitutes a major challenge in all countries.

25. Under the new strategic plan (2014-2017), UNFPA will contribute to the achievement of outcome 3 through the following outputs:

Output 9. Strengthened international and national protection systems for advancing reproductive rights, promoting gender equality and non-discrimination and addressing gender-based violence;

Output 10. Increased capacity to prevent gender-based violence and harmful practices and enable the delivery of multisectoral services, including in humanitarian settings;

Output 11. Strengthened engagement of civil society organizations to promote reproductive rights and women's empowerment, and address discrimination, including of marginalized and vulnerable groups, people living with HIV and key populations.

26. In collaboration with OHCHR, WHO and civil society organizations (CSOs), UNFPA will advocate for the development of international human rights standards and accountability frameworks, to track reproductive rights within the context of the Universal Periodical Review (UPR) in the countries that are going through the annual periodic review. UNFPA will also develop the capacities of regional and national human rights protection systems, working with organizations such as OHCHR and UNHCR in conflict-affected contexts. Support will be given to the development and/or roll-out of technical guidance on human rights to maternal health and family planning in prioritized countries. As a core member of the Working Group on Rights and Empowerment of the FP2020 Initiative, technical assistance will be provided on human rights standards in family planning programmes. Supporting

governments, particularly national women's machineries and ministries of gender, to develop gender national action plans, in a participatory manner, is also a key priority. National action plans are commitments made by governments to promote gender equality, including sexual and reproductive health and rights, to be implemented by various stakeholders, including governments and civil society.

27. UNFPA will develop a comprehensive framework to address the most pervasive forms of violence against women and girls and other harmful practices affecting their SRH and reproductive rights, including in humanitarian settings and fragile contexts. Special attention will be given to addressing sexual violence against women and girls in the most vulnerable contexts. UNFPA will partner with UN-Women, WHO, governments and CSOs to develop and disseminate essential multisectoral service standards on GBV, with an emphasis on the health sector response and SRH/FP services, and on changing public perceptions around the acceptability of abuse. These standards will be implemented in select countries. Integration of GBV into SRH will also be a priority through the promotion of good practices and effective intervention models and the roll-out of technical guidance. With the African Union, governments, UNICEF and CSOs, UNFPA will support implementation of the GA 2012 resolution on the total elimination of FGM worldwide in 17 sub-Saharan and Arab countries, with emphasis on increasing government accountability, mainstreaming FGM response into SRH programmes and services, and reinforcing capacities of government and CSOs to promote positive norm change. To facilitate all of this work, research and evidence gathering on norms, harmful practices and SRHR will also be conducted.

28. In humanitarian settings, UNFPA will continue to play a leading role in GBV prevention and response. Inter-agency coordination efforts and implementation of context-specific programmes will be scaled up and expanded to ensure that the minimum actions for GBV prevention and response are implemented, services are in place and strengthened, and systems are functioning to support GBV data management. Implementation of UNSCR 1325, 1820 and other resolutions on conflict-related sexual violence, will be promoted in conflict and post-conflict countries through trainings, the development of national action plans, support to development of data management systems, in-country joint programmes, and South-South and triangular cooperation.

29. UNFPA will help ensure that the needs and rights of women and girls and marginalized and key populations are met, including through the utilization of social accountability mechanisms and tools to address the link between inequality and reproductive and sexual health and rights. Special attention will be given to new methodologies that estimate the cost of not addressing discrimination, reproductive right violations, GBV and harmful practices. UNFPA will document and support programmatic models that focus on positive norm change and include the engagement of men and boys for the promotion for gender equality and women’s empowerment. Emphasis will also be put on addressing men and boys' sexual and reproductive health as it relates to women’s and girls’ well-being and as an important end in itself. Steps will include the development of capacities and provision of technical assistance particularly with the aim of institutionalizing these approaches, as well as research efforts to support improved understanding of how dominant gender and sexual identities affect gender inequality and reproductive rights.

30. The proposed programme faces important risks, namely socio-cultural barriers to gender equality and the elimination of harmful practices may persist, while marginalized populations not fully reached (equity). In addition the persistence of vertical, non-coordinated programmes, which do not adequately address underlying structural drivers of GBV. UNFPA will try to address these risks through a coordinated approach to programming, working through joint programmes (such as the FGM/C joint programme with UNICEF), and with multiple partners including governments, CSOs, and UN Agencies (OHCHR, WHO, UN Women, UNDP, UNHCR and UNICEF among others).

Impact Indicators

Goal: Achieve universal access to sexual and reproductive health, realize reproductive rights, and reduce maternal mortality to accelerate progress on the ICPD agenda, to improve the lives of adolescents and youth, and women, enabled by population dynamics, human rights, and gender equality.

Outcome Indicators

OUTCOME 3: Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth.

Risks: Social instability/conflicts/crises; financial crisis.
Assumptions: Peace and security will improve; Favourable political environment and full civil society engagement; Human and financial resources available throughout the duration of the SP/Donor support is sustained

Output Indicators

OUTPUT 9: Strengthened international and national protection systems for advancing reproductive rights, promoting gender equality and non-discrimination and addressing gender-based violence;

OUTPUT 10: Increased capacity to prevent gender-based violence and harmful practices and enable the delivery of multisectoral services, including in humanitarian settings;

Risks: Sociocultural and legal barriers increase; higher national human resources turnover; reduced national ownership of the programme.
Assumptions: Legislation and policies implemented; strengthening protection systems leads to better human rights outcomes; Service providers are effective in reaching victims/survivors; Men participation; Sufficient resources are available to respond to all humanitarian

OUTPUT 11: Strengthened engagement of civil society organizations to promote reproductive rights and women's empowerment, and address discrimination, including of marginalized and vulnerable groups, people living with HIV and key populations.

Strategic Interventions

Advocacy/Policy:

- Advocate for the integration of gender equality and reproductive rights, including within FP and adolescents and youth SRHR, into the development of human rights standards and accountability frameworks and the roll-out of the FP Strategy.
- Advocate for the establishment of social accountability mechanisms for addressing reproductive rights of women, marginalized and key populations.
- Advocate for the implementation of existing laws and the institutionalization of policies and programs that engage with men and boys.
- Advocate for life-saving attention to GBV in the earliest stages of humanitarian response by a wide range of humanitarian actors.

Capacity Development

- Develop the capacities of regional and national human rights protection systems to track the implementation of reproductive rights recommendations, including the capacities of National Human Rights Institutions (NHRIs).
- Provide TA for the development of comprehensive frameworks to address the most pervasive forms of violence against women and girls and other harmful practices affecting their SRH and reproductive rights.
- Provide TA for the development, dissemination and implementation of multisectoral essential services standards on GBV (including FGM/C), with emphasis on the health sector response and SRH/FP services.
- Provide TA for the integration of GBV prevention and response actions into country-level contingency, preparedness and response plans.
- Implement a wide-reaching, multi-faceted capacity development strategy for significantly increasing the pool of available actors who can effectively address GBV in humanitarian contexts.

Knowledge management

- Support the development and/or roll-out of technical guidance on human rights to maternal health, family planning and adolescents and youth SRH services.
- Support research and evidence gathering on norms, sexual violence against girls, harmful practices and SRHR.
- Significantly augment the evidence base for addressing GBV in conflict, post-conflict, disaster and recovery contexts.
- Support the development and/or roll-out of technical guidance on GBV in humanitarian contexts.
- Document intervention models on engaging with men and boys around GBV prevention and SRH/FP programmes

Risks: Vertical, non-coordinated programmes among development partners persist; Initiatives do not adequately address underlying structural drivers of GBV; Increased sociocultural resistance.
Assumptions: Gvts will commit and allocate more domestic resources to GBV and harmful practices interventions; Policy and political environment improved.

D. Outcome 4

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

31. Population dynamics include issues such as increasing or decreasing fertility; population growth or contraction; changing age-structures including population ageing; population movement in the form of urbanization or migration: all are the macro level results of individual choices and each is shaped by individual behaviours in diverse vital domains (i.e., health, mobility, marriage and fertility). Each is associated with critical development challenges and opportunities. These dynamics interact with many development objectives, including poverty reduction; employment; inequality and social protection; food, water and energy security; and with sustainable development, environmental impacts and climate change. Such population dynamics have a critical influence on, for example, each of the three pillars of sustainable development (the social, economic and environmental pillars). They also affect ability and capacity to ensure universal access to health, education and other essential services. These dynamics influence, and are influenced by, the status and roles of girls and women in society, and their participation in social, political and economic life. Population dynamics, seen in this way, can serve as a pathway for linking sexual and reproductive health and gender dynamics with the achievement of sustainable, inclusive development. In the coming strategic planning period, UNFPA will continue its strong leadership in this area, working with UN and other partners to help countries prepare for the demographic realities they face.

32. An area of particular emphasis for the new strategic plan is both the preparation of and then initial orientation to the post-2015 development agenda. UNFPA will work at country, regional, and global levels to ensure that the new agenda is robustly evidence-based and shaped by a thorough understanding of population dynamics, and inclusive of SRH, reproductive rights, gender equality, and the needs and rights of adolescents and youth. UNFPA will continue its inter-agency work on data, analysis and evidence through key networks (Countdown to 2015; interagency and expert groups on MDG indicators and the maternal mortality estimation; global migration group, etc.). Another focus will be on data in humanitarian settings to use the Fund's comparative advantage in data analysis to ensure that preparedness, response and recovery plans are based on up-to-date, disaggregated data that enable vulnerable areas and populations to be identified in advance of crises, for the response to take into account the special needs of vulnerable population groups especially women and girls and for recovery programs to "Build Back Better".

33. The four outputs of outcome 4 represent the different phases of the national programming cycle that revolves from data, to evidence, to policy and programme design, to implementation, to monitoring and evaluation, and back to data. These outputs are:

Output 12. Strengthened national capacity for production and dissemination of quality disaggregated data on population and development issues that allows for mapping of demographic disparities and socioeconomic inequalities, and for programming in humanitarian settings;

Output 13. Increased availability of evidence through cutting-edge in-depth analysis on population dynamics, sexual and reproductive health, HIV and their linkages to poverty eradication and sustainable development;

Output 14. Strengthened capacity for the formulation and implementation of rights-based policies (global, regional and country) that integrate evidence on population dynamics, sexual and reproductive health, HIV, and their links to sustainable development;

Output 15. Strengthened national capacity for using data and evidence to monitor and evaluate national policies and programmes in the areas of population dynamics, sexual and reproductive health and reproductive rights, HIV, adolescents and youth and gender equality, including in humanitarian settings.

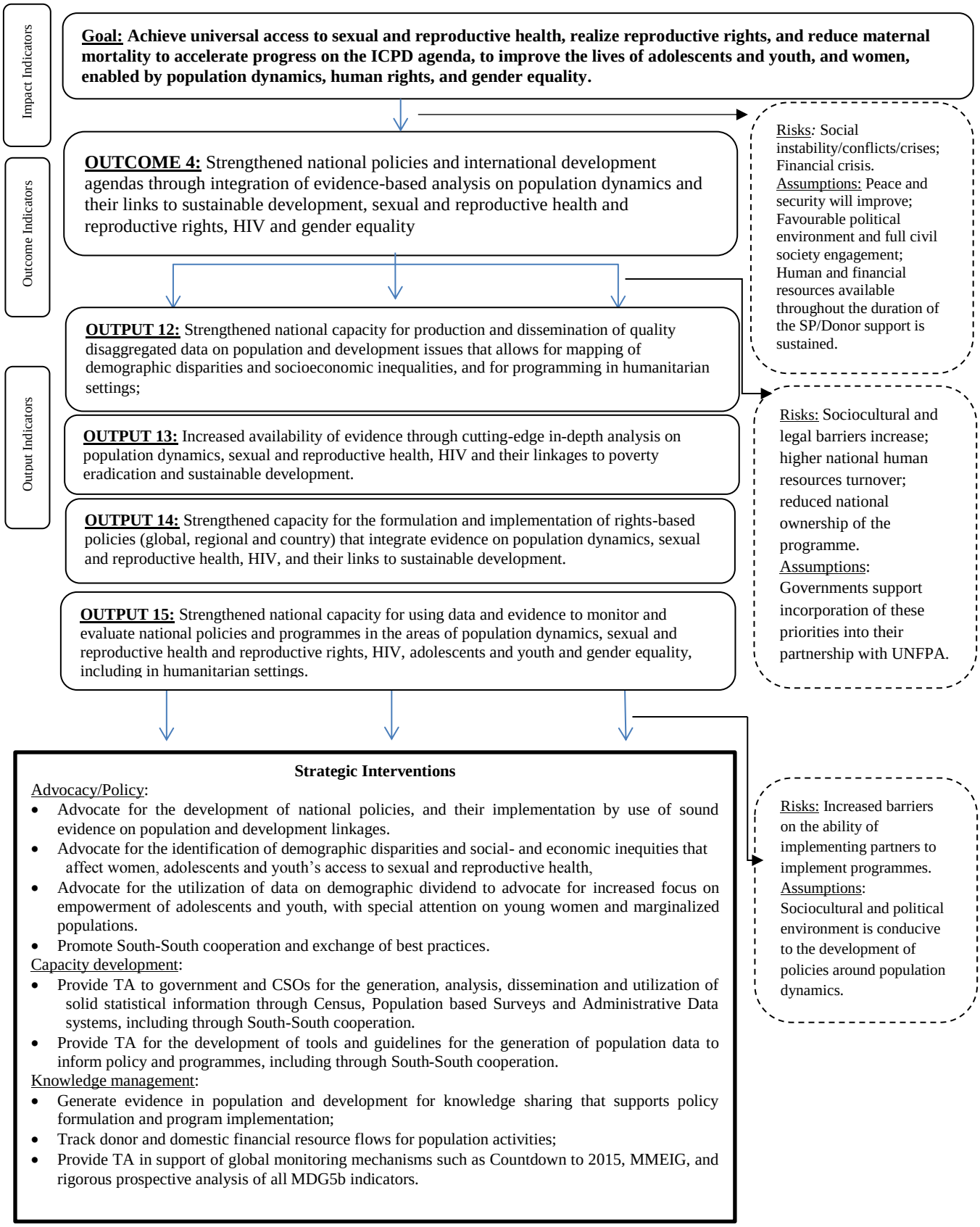
34. The main strategies to achieve these outputs include advocacy and policy dialogue, knowledge management, and capacity development. UNFPA will work at the country level to develop capacity to collect, analyse and disseminate data from population census (remaining 2010 round census countries and preparation for the 2020 census round), household surveys (DHS and MICS) and administrative records/vital registration systems. National Statistics Authorities and other government partners, as well as professional institutions, will be key partners in the implementation of these interventions.

35. Increased availability of disaggregated quality data is essential for the achievement of all other outputs and outcomes in the UNFPA 2014-2017 strategic plan. UNFPA will continue the active work developed under the Countdown to 2015 (Maternal, Newborn and Child Survival) with emphasis in 75 priority countries. It will also facilitate the achievement of global and national development agendas by providing the evidence base for policymaking, planning, implementation, monitoring and evaluation with a focus on disadvantaged groups. This will be achieved through inter-agency work on data acquisition, analysis and dissemination with DHS, MICS, and UNDP among others, as well as inter-agency collaboration and partnerships to move forward the ICPD agenda.

36. More in-depth analysis, research, and exchange of good practices are needed in order to build knowledge related to population dynamics in support of sustainable and inclusive development. The focus of outcome 4 on the connections between major development and humanitarian challenges and population dynamics will provide critical pathways for situating UNFPA strategic goals on sexual and reproductive health and reproductive rights, particularly for women and young people, within the broader development agenda. In turn, achieving UNFPA strategic goals requires consideration of how mega population dynamics affect the lives and wellbeing of women and youth including their access to services, exercise of rights and their livelihoods. These are linkages that are at the heart of ICPD Programme of Action and its continued centrality beyond 2014.

37. For government development policies to be sustainable and inclusive, data and evidence are essential both concerning the current situation as well as future population-linked scenarios faced by each particular country. There is a need to strengthen capacity in this use of knowledge, arguments and tools to facilitate the policy dialogue that will make such integration possible.

38. Some of the main risks that will need to be addressed in order to ensure the achievement of the proposed outcome include governments' lack of prioritization of strengthening national statistical systems, the limited national capacity for data generation, analysis, and dissemination, as well as the lack of use of data to inform policy development. Moreover, delays in achieving one output can have important implications on the achievement of subsequent ones. UNFPA will advocate at the global, regional and national levels, including through interagency mechanisms, to build national capacities for data collection, analysis, dissemination, and in fostering the use of data to inform evidence-based policies. Advocacy efforts will be supported by national and regional capacity-building programmes aimed at improving the availability of timely and quality data, as well as strengthening the capacities of regional intergovernmental coordination bodies in the fields of statistics and population and development.


Impact Indicators
Goal: Achieve universal access to sexual and reproductive health, realize reproductive rights, and reduce maternal mortality to accelerate progress on the ICPD agenda, to improve the lives of adolescents and youth, and women, enabled by population dynamics, human rights, and gender equality.
Outcome Indicators
OUTCOME 4: Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality
Risks: Social instability/conflicts/crises; Financial crisis.
Assumptions: Peace and security will improve; Favourable political environment and full civil society engagement; Human and financial resources available throughout the duration of the SP/Donor support is sustained.
Output Indicators
OUTPUT 12: Strengthened national capacity for production and dissemination of quality disaggregated data on population and development issues that allows for mapping of demographic disparities and socioeconomic inequalities, and for programming in humanitarian settings;
OUTPUT 13: Increased availability of evidence through cutting-edge in-depth analysis on population dynamics, sexual and reproductive health, HIV and their linkages to poverty eradication and sustainable development.
OUTPUT 14: Strengthened capacity for the formulation and implementation of rights-based policies (global, regional and country) that integrate evidence on population dynamics, sexual and reproductive health, HIV, and their links to sustainable development.
OUTPUT 15: Strengthened national capacity for using data and evidence to monitor and evaluate national policies and programmes in the areas of population dynamics, sexual and reproductive health and reproductive rights, HIV, adolescents and youth and gender equality, including in humanitarian settings.
Risks: Sociocultural and legal barriers increase; higher national human resources turnover; reduced national ownership of the programme.
Assumptions: Governments support incorporation of these priorities into their partnership with UNFPA.
Strategic Interventions
Advocacy/Policy:
• Advocate for the development of national policies, and their implementation by use of sound evidence on population and development linkages.
• Advocate for the identification of demographic disparities and social- and economic inequities that affect women, adolescents and youth's access to sexual and reproductive health,
• Advocate for the utilization of data on demographic dividend to advocate for increased focus on empowerment of adolescents and youth, with special attention on young women and marginalized populations.
• Promote South-South cooperation and exchange of best practices.
Capacity development:
• Provide TA to government and CSOs for the generation, analysis, dissemination and utilization of solid statistical information through Census, Population based Surveys and Administrative Data systems, including through South-South cooperation.
• Provide TA for the development of tools and guidelines for the generation of population data to inform policy and programmes, including through South-South cooperation.
Knowledge management:
• Generate evidence in population and development for knowledge sharing that supports policy formulation and program implementation;
• Track donor and domestic financial resource flows for population activities;
• Provide TA in support of global monitoring mechanisms such as Countdown to 2015, MMEIG, and rigorous prospective analysis of all MDG5b indicators.
Risks: Increased barriers on the ability of implementing partners to implement programmes.
Assumptions: Sociocultural and political environment is conducive to the development of policies around population dynamics.

III. Appendix: Programming strategies

39. A key element of the UNFPA new business model is the bringing of greater clarity to UNFPA programming. A central aspect of this involves introducing a programming typology to provide common language across the organization. The implications of this are more than semantic: currently UNFPA cannot compare its expenditure on, for example, service delivery with that on capacity development. Not having a shared terminology also makes it more difficult to share lessons learned between countries.

40. As identified above, four programming strategies will be used across the organization, each of which is discussed below:

- Advocacy and policy dialogue/advice;
- Knowledge management;
- Capacity development;
- Service delivery.

41. Advocacy and policy dialogue/advice: upstream work involving rights-based support for, and provision of, recommendations on a course of action within the framework of the ICPD Programme of Action and other normative and development agendas. This work is intended to guide and determine present and future decisions on policies and programmes. Engagement with various stakeholders – including governments, civil society, the private sector and international organisations – is central to these interventions. In addition to improving the quality of programming outcomes, a key objective of advocacy efforts is often the mobilization of additional resources for the ICPD agenda:

- Advocacy, at country, regional and global levels, seeks to promote and support the ICPD agenda within the context of a human-rights based approach to development. To ensure the sustainability and effectiveness of national advocacy efforts, UNFPA will, for instance, encourage incorporation of sexual and reproductive health (SRH) and reproductive rights into international, regional and national human rights mechanisms, and support the incorporation and implementation of rights-based approaches to SRH in national development plans, policies and budgets. As government commitments are influenced by civil society, private sector and international organizations, advocacy will also include engagement not only with the state structures but also with diverse stakeholders at various levels. Effective external communications is often a key activity in this regard, as are efforts to mobilize additional resources for the ICPD agenda (which is in contrast to resource mobilization for UNFPA itself – deemed a management activity and thus not part of any programming strategy).
- Policy dialogue/advice at the country, regional and global levels will constitute the exchange of ideas and opinions aimed at re/formulation of a policy, or a development plan, programme or budget intended to operationalize a policy. This often takes the form of engagement in national policy dialogue, such as to ensure the integration of all elements of SRH into a broader national health policy. This programming strategy also regularly includes the provision of technical assistance to national governments in the form of expert advice and support to help better plan, formulate, budget, implement, monitor and evaluate laws, policies, and national/sub-national development frameworks, that factor in SRH and target the specific needs of adolescents and youth, gender equality, and population issues.

42. Knowledge management: activities related to the generation, analysis, use and sharing of knowledge that is intended to improve programmes through various means. Knowledge refers to potentially verifiable or research-based and tested data (i.e., evidence). The first step is the generation of data, such as through operational research, evaluation, and monitoring. Analysis transforms data into useful evidence, and includes a validation function to ensure data

accuracy. Next is the dissemination of evidence to ensure both that it is systematically incorporated into the work of UNFPA and also that it is shared in a timely and useful way with key stakeholders through various channels. Knowledge management ensures the effective utilization of knowledge for development results.

- Knowledge development and management are inextricably linked to partnerships for development, including establishment of knowledge networks within the UN system and with other development partners as well as inter-agency work that embraces the entire cycle from development to the use of knowledge.
- Exchange of South-South experiences and solutions is an important part of knowledge management. The "Framework of operational guidelines on United Nations support to South-South and triangular cooperation" (SSC/17/3) highlights the key role that UN organizations can play in improving South-South knowledge sharing, networking, information and best practices exchanges, policy analysis and coordinated actions on major issues of concern. Although South-South cooperation is not limited to knowledge management, much of it does involve this. South-South cooperation in knowledge management includes partnerships involving national governments, regional organizations, civil society, academia and the private sector, for their individual and/or mutual benefit within and across regions.

43. Capacity development: the process by which skills, systems, resources and knowledge are strengthened, created, adapted and maintained, over time, in order to achieve development results. Capacity has the broad meaning of the "ability of people, organizations and society to manage their affairs successfully" (as defined by the OECD and recognized by the UN). This means that capacity development has many facets. These include: systems and organizational strengthening (for example, strengthening of civil society organizations' capacity); building capacity of human resources (including various forms of training); and support of national, regional and global efforts to increase understanding of and develop capacity for implementing the ICPD Programme of Action (for example, with respect to sexuality education). These efforts range from the highly technical focused on, for example, particular SRH interventions, to the more managerial, such as when UNFPA builds support around procurement and supply chain management systems to ensure that national governments can procure their own reproductive health commodities. This process involves the development of human, material and financial resources, including the provision of technical assistance, short- and long-term training, or efforts to facilitate South-South cooperation that is aimed at building capacity:

- Technical assistance: The provision of technical assistance is a key form of capacity development. Examples of technical assistance related to capacity development include the provision of experts who can assist national governments in the development of programmatic tools and guidance, or of planning and programming.
- Training: UNFPA is involved in a wide range of training activities, from short- to long-term, from in-person to online. The underlying objective is always the same; however which is to assist countries to better advance the ICPD agenda, typically within national borders but also, occasionally, at a regional and/or global level.

44. Service delivery: the provision of goods and services to beneficiaries. At UNFPA, this programme strategy covers both direct delivery of services (including procurement and efforts to generate demand) and support of such delivery (such as when UNFPA contributes to a national programme). The organization however, is not a medical service provider nor does it directly administer health care service:

- Procurement: UNFPA directly procures some reproductive health commodities (such as condoms, contraceptives, or emergency reproductive health kits for humanitarian crises) for national stakeholders. The organization also plays a direct role in quality assurance of these products. In both instances, this service delivery typically is coupled with capacity development efforts (as set out above) so as to ensure that the organization is contributing to sustainability first and foremost, rather than building dependence, so that countries ultimately are able to do their own procurement.

- Generation of demand: If the health status of women, youth and adolescents is to improve, it is not sufficient for health services and products to be available; they must also be used. This means that women, youth and adolescents must have information about the services and products and must want to use them. Often this entails information and/or social- and behavioural-change communications campaigns. For example, UNFPA may be involved in supporting a national mass media campaign to promote family planning.
- Refurbishment: In rare cases – typically in humanitarian or early recovery situations – UNFPA may engage in supporting the rehabilitation or refurbishment of part of a medical facility, such as the delivery room in a maternity ward.

45. There are several tools that are employed across multiple programming strategies and so do not show up as their own standalone categories. For example, UNFPA is engaged in partnerships in each of the above strategies, such that it has partnerships with civil society organizations for advocacy purposes, partnerships with academic institutions for knowledge management, and partnerships with governments for service delivery. The same is true of technical assistance, which is a tool used in each of the strategies above.

46. Another cross-cutting approach to delivering these programming strategies is South-South and triangular cooperation, an area of upstream work in which UNFPA plans increased involvement. In line with the "Framework of operational guidelines on United Nations support to South-South and triangular cooperation" (SSC/17/3), the primary role of UNFPA will be as a knowledge broker that can bridge knowledge gaps by linking demand and supply of expertise, experience, and technology. In 2010, the organization developed a South-South cooperation (SSC) strategy out of recognition of the importance of this area. The strategy has five objectives:

i. Develop a common understanding of SSC to enhance consistent strategies across programmes and regions, which includes deepening staff capacity to support SSC, mainstreaming SSC activities, and documenting good practices;
ii. Promote SSC initiatives to support the ICPD agenda, capacity building and technical cooperation, which includes strengthening SSC networks, assisting countries with operational arrangements, and strengthening monitoring and evaluation;
iii. Expand partnerships with countries, and engage non-traditional actors, including civil society groups, which includes identifying new partners for SSC;
iv. Ensure that resource mobilization addresses emerging development partners and new modalities of cooperation, which includes using programme resources directly to support SSC and exploring new sources of financing, such as trust funds managed by the UN and the World Bank;
v. Strengthen coordination within UNFPA and with other UN agencies and global partners around SSC in both development and humanitarian situations, at the country, regional, and global levels.

47. The strategy is also clear that actors from across the organization's three levels of country, regional and global need to play active roles in promoting SSC. As mentioned earlier, this is an area around which the role of the regional offices will be clarified and strengthened. To further enhance the focus on SSC, an indicator for it is being added to the integrated results framework.