Evaluation of the UNFPA Pacific Island Countries and Territories
6th Sub-Regional Programme (2018-2022)

Period Covered by the Evaluation: 2018-2021

Final Evaluation Report

UNFPA Pacific Sub-Regional Office, Suva, Fiji

November 2022

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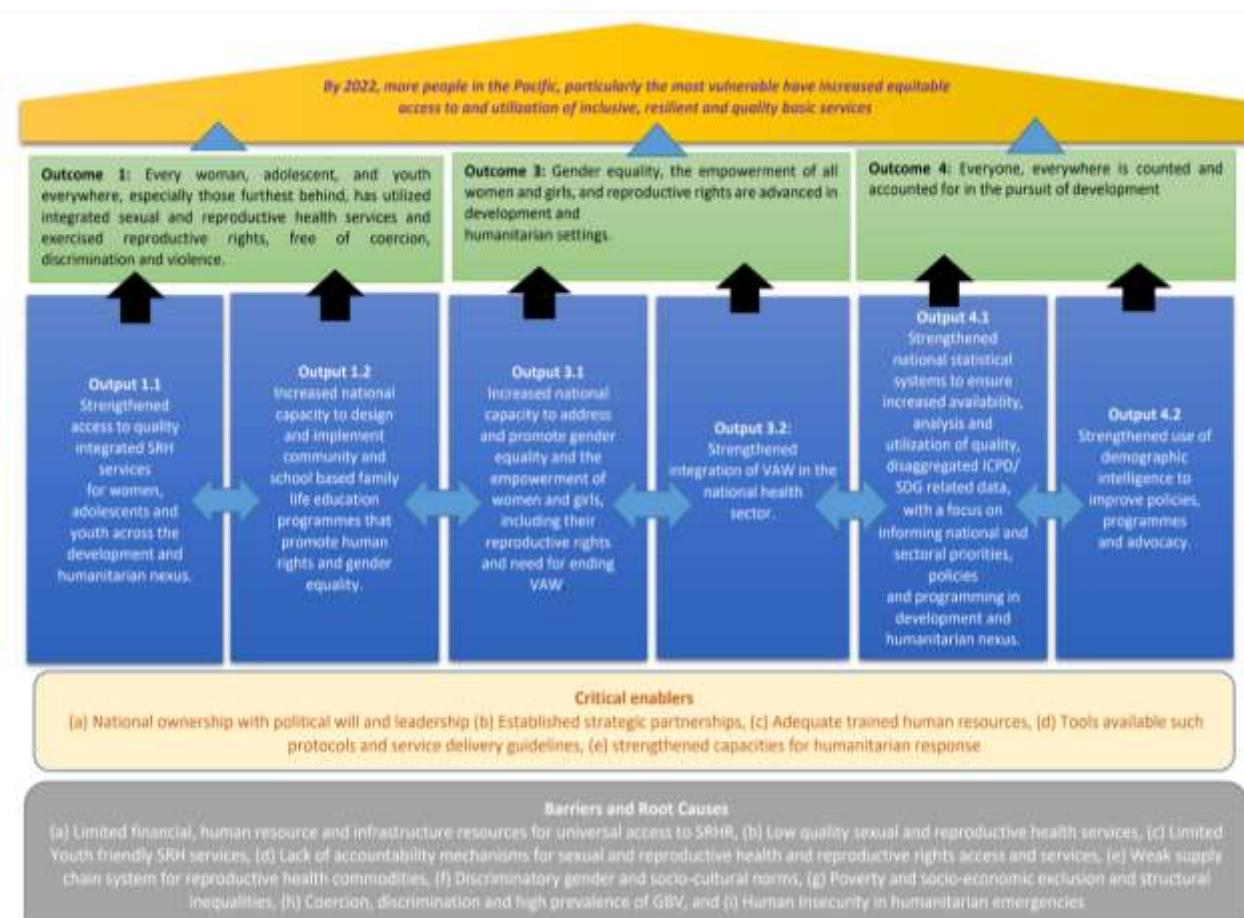
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LIST OF ACRONYMS

Acronym	Meaning
ADB	Asian Development Bank
AIDS	Acquired Immunodeficiency Syndrome
ANC	Antenatal Care
APRO	Asia and Pacific Regional Office (of UNFPA)
ASRH	Adolescent Sexual and Reproductive Health
AWP	Annual Workplan
BCC	Behavioural Change Communication
CBO	Community-Based Organisation
CCPR	International Covenant on Civil and Political Rights
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
Covid-19	Coronavirus disease (SARS-CoV-2 virus)
CPD	Country Programme Document
CPE	Country Programme Evaluation
CPR	Contraceptive Prevalence Rates
CRC	Convention on the Rights of the Child
CRPD	Convention on the Rights of Persons with Disabilities
CSO	Civil Society Organisation
DHS	Demographic and Health Survey
DRR	Disaster Risk Reduction
EA	Evaluability Assessment
EQ	Evaluation Questions
ERG	Evaluation Reference Group
FBO	Faith-Based Organisation
FGD	Focus Group Discussion
FSM	Federated States of Micronesia
GBV	Gender-Based Violence
GDP	Gross Domestic Product
GEWE	Gender Equality and Women's Empowerment
HCT	Humanitarian Country Team
HDI	Human Development Index
HIV	Human Immunodeficiency Virus
HRBA	Human Rights-Based Approach
ICPD	International Conference on Population and Development
ILO	International Labor Organization
INGO	International non-Governmental Organisation
IS	Interview Schedule
KII	Key Informant Interview
LGBT(QI)	Lesbian, Gay, Bisexual, Transgender (also includes Questioning and Intersex)
LNOB	Leaving No One Behind
MCP	Multi-Country Programme

Acronym	Meaning
M&E	Monitoring and Evaluation
MEL	Monitoring, Evaluation and Learning
MICS	Multiple Indicators Cluster Survey
MMR	Maternal Mortality Rate
MTR	Mid-Term Review
NGO	Non-Governmental Organisation
OECD	Organisation for Economic Cooperation and Development
OECD/DAC	Organisation for Economic Cooperation and Development - Development Assistance Committee
ODA	Official Development Assistance
PD	Population and Development
PHC	Primary Health Care
PICTs	Pacific Island Countries and Territories
PLHIV	People Living with HIV
PSRO	Pacific Sub-Regional Office (of UNFPA)
QCPR	Quadrennial Comprehensive Policy Review
RBM	Results-Based Management
RHCS	Reproductive Health Commodity Support
RMI	Republic of Marshall Islands
SAMOA	Small Island Developing States Accelerated Modalities of Action
SDGs	Sustainable Development Goals
SIAPAC	Social Impact Assessment and Policy Analysis Corporation
SIDS	Small Island Developing State
SMART	Specific, Measurable, Achievable, Realistic and Timely indicators
SPC	Secretariat of the Pacific Community
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
SRP	Sub-Regional Programme
SRP6	6th Sub-Regional Programme (of UNFPA PSRO)
SRPE	Sub-Regional Programme Evaluation
STIs	Sexually Transmitted Infections
TAC	Targets Achieved Checklist
TBD	To Be Determined
ToC	Theory of Change
ToR	Terms of Reference
UN	United Nations
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNEG	United Nations Evaluation Group
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNFPA	United Nations Population Fund

Acronym	Meaning
UNHCR	United Nations High Commission for Refugees
UNICEF	United Nations Children's Fund
USD	United States Dollar (also US$)
VAW	Violence Against Women
VAWG	Violence Against Women and Girls
WFP	World Food Programme
WHO	World Health Organisation

KEY FACTS

The United Nations system, including the United Nations Population Fund (UNFPA), works throughout the Pacific Region. Of the Pacific Island Countries and Territories (PICTs) in the broader region, UNFPA's Pacific Sub-Regional Office covers fourteen[1]:

Table 1: PICTs Falling Under the UNFPA PSRO Mandate

PICT	UN Membership
Cook Islands	Non-UN Member
Federated States of Micronesia	UN Member
Fiji	UN Member
Kiribati	UN Member
Republic of Marshall Islands	UN Member
Nauru	UN Member
Niue	Non-UN Member
Palau	UN Member
Samoa	UN Member
Solomon Islands	UN Member
Tokelau	Non-UN Member
Tonga	UN Member
Tuvalu	UN Member
Vanuatu	UN Member

Together these countries comprise 14 of 26 PICTs, distributed across over a vast area of thirty million square kilometres falling north and south of the equator[2]. They include Melanesian, Micronesian, and Polynesian PICTs. The respective populations and geographical size of each of the 14 PICTs are summarised in the following table:

Table 2: Area and Population of 14 PICTs[3]

PICT	Population	Geographical Area (km^2)
Cook Islands	17,379	236.7
Federated States of Micronesia	104,937	702.0
Fiji	909,389	18,274.0
Kiribati	110,136	811.0
Marshall Islands	53,066	181.4
Nauru	11,200	21.0
Niue	1,624	261.5
Palau	21,503	459.0
Samoa	195,843	2,842.0
Solomon Islands	599,419	28,400.0
Tokelau	1,499	10.0
Tonga	100,651	748.0
Tuvalu	11,192	26.0
Vanuatu	272,459	12,189.0
TOTAL	**2,410,297**	**65,161.6**

Fiji has the largest population while Solomon Islands has the largest land area and the region's second largest population. Tokelau, comprising three coral atolls, has a population of only 1,499 across a small area of 10km^2 with no international airport, followed by Nauru at only 21km^2. Niue has the second smallest population, at 1,624.

UNFPA engages in programme areas relevant to a number of Sustainable Development Goals (SDG), primary among them SDG 3 on health, SDG 4 on education, and SDG 5 on gender equality[4]. Overall progress in Asia and

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[1] A note on references: Online only references are included only in footnotes, and show the online link. Reports and similar are referred to in the text by author and year, and then the online link is provided in a footnote.

[2] Additional islands not covered by UNFPA include Guam (United States), Northern Mariana Islands (United States), Wallis and Futuna (France), American Samoa (United States), New Caledonia (France), French Polynesia (France), Papua New Guinea, Wake Island (United States), Norfolk Island (Australia), Pitcairn Island (United Kingdom), Easter Island (Chile), and Salas y Gomez (Chile).

[3] https://www.britannica.com/place/Pacific-Islands

the Pacific offers overall insights into progress against the SDGs, including the effects of Covid-19 on progress. The findings indicated in the summary statement on the Pacific is worrisome, as reflected in the following figure (UNESCAP, 2021):

Figure 1: PICT Status on SDGs[5]

The most striking point arising from a review of the table is the absence of data allowing an assessment of status. Beyond that, for the core UNFPA areas of SDG 3 on health, SDG 4 on education, and SDG 5 on gender equality, findings suggest that more effort is required to achieve targets, with progress on track only for 3.2 (child mortality). While most other measures where data were available for SDG 3, SDG 4, and SDG 5 suggest some progress, for two (4.2, early childhood development; 4.5 equal access to education) the trend is worsening. While aggregation can hide progress in individual PICTs, for the region overall, the absence of critical data and inadequate progress against SDG targets is of concern. The report (UNESCAP, 2021: 21) summarises the status as follows[6]:

> The Pacific subregion is not on track to achieve any of the 17 Goals by 2030, yet some progress is evidenced in good health and well-being (Goal 3), industry, innovation and infrastructure (Goal 9), sustainable cities and communities (Goal 11) and climate action (Goal 13). Areas showing concerning signs of regression for the Pacific include reduced inequalities (Goal 10), responsible consumption and production (Goal 12) and peace, justice and strong institutions (Goal 16), although it will take more data to substantiate this … Progress on Goal 3 is mainly due to noticeable reductions in maternal, under-5 and neonatal mortality … The Pacific subregion is not on track to meet any of the measurable targets under quality education (Goal 4) and gender equality (Goal 5).

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[4] https://www.unfpa.org/sdg

[5] https://www.unescap.org/sites/default/d8files/knowledge-products/ESCAP_Asia_and_the_Pacific_SDG_Progress_Report_2021.pdf. Data for varied years, most recently 2020.

[6] https://www.unescap.org/sites/default/d8files/knowledge-products/ESCAP_Asia_and_the_Pacific_SDG_Progress_Report_2021.pdf

EXECUTIVE SUMMARY

Overview

The **mission** of the United Nations Population Fund (UNFPA) is to "deliver a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled"[7]. Three priorities were put forward by the UNFPA Pacific Sub-Regional Office's (PSOR) 6th Sub-Regional Programme (SRP 6; UNFPA, 2017): 1) ending unmet need for family planning; 2) ending preventable maternal death; and 3) ending gender-based violence and harmful practices[8]. The three UNFPA PSRO focal areas under SRP 6 comprised Sexual and Reproductive Health and Rights (SRHR), Population and Development (PD), and Gender Equality and the Empowerment of Women (GEWE)[9], all consistent with UNFPA's global priorities. UNFPA globally maintains a number of country offices as well as some regional offices, the latter of which includes the Pacific Region. Based in Fiji, the UNFPA PSRO works closely with fourteen Pacific Island Countries and Territories (PICTs) across a vast geographical area, covering a population of some 2.4 million. This includes joint presence and UNFPA country offices in a number of the PICTs (UNFPA maintains country offices in the Federated States of Micronesia (FSM), Kiribati, the Republic of Marshall Islands (RMI), Samoa, Solomon Islands, Tonga and Vanuatu).

The UNFPA Executive Board requires that each country or regional programme be evaluated at least once every two programme cycles. Consistent with the UNFPA 2019 Evaluation Policy (UNFPA, 2019)[10], the **purpose of the evaluation** of the 2018-2022 Pacific Island Countries and Territories' (PICT) 6th Sub-Regional Programme (UNFPA, 2017)[11] is threefold: 1) demonstrate accountability to stakeholders on performance; 2) support evidence-based decision-making; and 3) contribute key lessons learned to the existing knowledge base on how to accelerate the implementation of the Programme of Action of the 1994 International Conference on Population and Development (ICPD)[12]. The evaluation's **thematic scope** comprises SRHR, PD and GEWE as per the transformative agenda noted above, with *humanitarian engagement* falling across these thematic areas. The **geographical scope** is the fourteen PICTs [13] falling under UNFPA PSRO's mandate. The **temporal scope** of the evaluation covers the period 1 January 2018 – 31 December 2021 (an extension of the original Terms of Reference (ToR) scope through the end of June 2021).

The broad **objectives** of the evaluation are to: 1) provide an independent assessment of the relevance, coherence, effectiveness, efficiency and sustainability of UNFPA support (also including additional evaluation criteria: coordination, coverage and connectedness); and 2) to broaden the evidence base to inform the design of the next programme cycle; specific objectives are referenced in the main body of this evaluation report.

The **intended audiences** of the evaluation comprise the following: (i) the UNFPA Pacific SRO; (ii) the governments of fourteen PICTs; (iii) implementing partners of the UNFPA Pacific SRO; (iv) rights-holders involved in UNFPA interventions and the organisations that represent them (in particular women, adolescents and youth); (v) the United Nations Country Team (UNCT); (vi) UNFPA Asia and Pacific Regional Office (APRO); (vii) UNFPA Executive Board; and (viii) donors. UNFPA also noted that the evaluation results are also of interest to a wider group of stakeholders, including: (i) UNFPA headquarters divisions, branches and offices; (ii) the UNFPA Executive Board; (iii) academia; and (iv) local and regional civil society organisations and international NGOs, as part of the dissemination and use phase of the evaluation.

Methodology

Three approaches were employed in the conduct of the evaluation: 1) theory-based approach; 2) participatory approach; and 3) a mixed-methods approach. The SRP 6 Theory of Change (ToC) was the starting point for the **theory-based approach** to the evaluation, informing identification of the issues to consider in the evaluation. The UNFPA-format for the evaluation matrix was consistent with consideration of the assumptions underlining the Programme as noted in the elaboration of the ToC. Elaboration of evaluation questions and the approaches employed to consider the Programme against evaluation criteria supported consideration of these assumptions, 'critical enablers' of progress, and assessment of the 'barriers and root causes' identified in the Theory of Change.

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[7] https://www.unfpa.org/about-us
[8] https://digitallibrary.un.org/record/1293890?ln=en
[9] https://www.unfpa.org/about-us
[10] https://www.unfpa.org/admin-resource/unfpa-evaluation-policy-2019
[11] https://digitallibrary.un.org/record/1293890?ln=en
[12] See the evaluation Terms of Reference in Annex M of this report, Sub-Section 4.1.
[13] Cook Islands, Federated States of Micronesia, Fiji, Kiribati, Marshall Islands, Nauru, Niue, Palau, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu and Vanuatu

The **participatory approach** to the evaluation involved direct engagement of rights-holders and duty-bearers in a meaningful manner, premised on the core tenet of a human rights-based approach to development[14]. Of particular importance in considering the direction of the next UNFPA PSRO programme was understanding the priorities, interests, and intentions of state actors in the region and their regional institutions. Stakeholder engagement began well before the evaluation began, as per UNFPA protocols, and continued throughout the evaluation to the dissemination and use phase. A **mixed-methods approach** was employed that comprised: 1) expansive *review of the literature*, including programmatic documentation, regional documentation, country documentation, UNFPA guiding documentation, international examples of good evaluations, and other international materials; 2) direct *consultations* with implementing agencies, implementing partners in Government and civil society, other United Nations entities, and other duty-bearers, and rights-holders and informed activists in the relevant programmatic areas; and 3) consistent engagement with core *stakeholders* throughout the process of evaluation design, implementation, and use.

The Evaluation Handbook was employed to support each step in this process. It guided preparation of the Design Report and the elaboration of all aspects of evaluation design, from the evaluation matrix to methodology, from stakeholder identification and elaboration and selection for interview to the development of field instruments, from the development of ethical protocols to quality control processes.

Sub-Regional Programme 6 (SRP 6)

SRP 6 covers the period 2018-2022, with a total budget estimated at USD30m. Eight PICTs are targeted under SRP 6 for a range of activities falling under all three outcome areas of SRHR, PD and GEWE (Federated States of Micronesia, Fiji, Kiribati, Marshall Islands, Samoa, Solomon Islands, Tonga and Vanuatu), while 'policy engagement, advocacy and partnerships' covered these countries and the remaining six (Cook Islands, Nauru, Niue, Palau, Tokelau and Tuvalu); SRHR and GEWE are further integrated into humanitarian programming, including responding to Covid-19.

The **goal** of the SRP (UNFPA, 2017: Para 12[15]) is "to achieve universal access to sexual and reproductive health and reproductive rights and reduce maternal mortality and morbidity to accelerate progress on the ICPD/Sustainable Development Goals agenda, and to improve the lives of women, adolescents and youth in PICTs". There are three **SRP 6 outcomes** coming from UNFPA global outcomes:

Outcome 1   Every woman, adolescent, and youth everywhere, especially those furthest behind, has utilised integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence

Outcome 3   By 2022, gender equality is advanced in PICTs, where more women and girls are empowered and enjoy equal opportunities and treatment in social, economic and political spheres, contribute to and benefit from national development, and live a life free from violence and discrimination

Outcome 4   Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development

Outcome 1 links to interventions associated with access to SRH services, from policy support to advocacy, from capacity development to commodity security, from support for the development of guidelines to improved surveillance systems, and from family life education curriculum to standardised community-based training targeting marginalised adolescents and youth. Outcome 3 is linked to reduced rates of Gender-Based Violence (GBV), expanded services to those subject to such violence, strengthened GBV policy and programming, and effective referral services. Outcome 4 is linked to strengthened health information systems covering core SRH indicators, improved monitoring of SGDs, advocacy and policy development.

SRP 6 is also designed to align with the **2018-2022 United Nations Pacific Strategy** (United Nations in the Pacific, 2017)[16], which covers the same fourteen PICTs, contributing directly to the following **objectives:** (a) equitable basic services (Outcome 4), (b) gender equality (Outcome 2), and (c) human rights (Outcome 6), and indirectly to (d) climate change, disaster resilience and environmental protection (Outcome 1), (e) sustainable and inclusive economic empowerment (Outcome 3), and (f) governance and community engagement (Outcome 5).

Findings, Conclusions and Recommendations

Overall **findings** (Section 4) and **conclusions** (Section 5) comprise the following and are summarised below. For conclusions, a rating was given by evaluation criteria using a four-point scale (4 = considerable progress, 3 =

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[14] https://www.participatorymethods.org/page/about-participatory-methods
[15] https://digitallibrary.un.org/record/1293890?ln=en
[16] https://unsdg.un.org/sites/default/files/2019-12/UNDP_WS_FINAL_UNPS_2018-2022.pdf

moderate progress, 2 = minor progress, 1 = no progress), which also included a 0 = 'unable to draw conclusions' based on available data. This overall rated is included in the table below:

Table 3: Summary Conclusions Rating

Criteria	Overall Progress Ranking
Relevance	4 – considerable progress
Coherence	4 – considerable progress
Effectiveness	4 – considerable progress
Efficiency	4 – considerable progress
Coordination	3 – moderate progress
Coverage	3 – moderate progress
Connectedness	3 – moderate progress
Sustainability	2 – little progress
Average	**27 out of 32**

As the summary table shows, there has been considerable progress against objectives under SRP 6, with particular challenges remaining around sustainability, and to a lesser extent connectedness and coordination. Most of this progress has taken place in the past few years after a slow start, even in the face of Covid-19, with a significant increase in funding availability and the securing of substantial new human resources to implement the Plan.

More detailed findings are as follows:

Table 4: Summary Findings and Conclusions

Criteria and Main Findings and Conclusions
Relevance
Alignment within UNFPA and within the UN Pacific Strategy was strong during design and remained so during implementation. Alignment with national priorities was especially strong where UNFPA had a solid presence on the ground and actively engaged with governments and other partners
UNFPA PSRO has worked hard to strengthen the relevance of programming at country level, including alignment with national plans and relevant sector plans. This has met with mixed success, in part due to constraints in implementation during the early days of SRP implementation, and is an area where UNFPA recognises that it needs to devote more attention
Alignment with country level programming has been particularly relevant for SRHR
UNFPA PSRO has worked hard to implement UNFPA's disability inclusion strategy in a manner relevant to the Pacific, with key informants engaged in disability contenting that these efforts are important and warrant further attention in future programming
Coherence
Evaluation findings reflect UNFPA's careful attention to compatibility of programming at regional level within the UN system, and considered attention to the UN Pacific Strategy's priorities
Coordination at regional and country levels was sound, and evidence suggests considerable UNFPA efforts to strengthen coordination and effective UN delivery
Effectiveness
Output level achievements improved significantly in the second half of SRP 6 delivery, and for some of these outputs there is evidence of contribution to outcomes, covering Sexual and Reproductive Health and Rights (SRHR), PD and GEWE. This took place in an increasingly difficult implementation environment due to Covid-19, where a range of approaches (many effective, some ineffective) helped mitigate the negative effects of Covid-19
Inadequate attention to results monitoring and weaknesses in learning and knowledge management within the UNFPA PSRO have yielded a shortage of documentary evidence linking output progress to the attainment of outcomes. The focus on the quantification of measurement against a high number of deliverables yields sound output data, but means that the focus has been on outputs rather than what outputs mean for outcomes and a lack of reflection on progress, in particular at project level
Half of the indicators for the Transformative Agenda were noted in a mid-term review to be unmeasurable, and most of the remainder lacked baselines to consider progress. This put pressure on UNFPA to try and measure against these key programmes and allocation scarce resources accordingly
Nevertheless, findings from separate evaluations of major programmes supporting SRP 6 implementation (both for Australia support and New Zealand support) and the results of key informant interviews for this evaluation suggest progress towards Outcome 1 on SRHR and in particular Outcome 4 on PD including on data utilisation. Evidence for Outcome 3 on GEWE is less clear, given the broad nature of the outcome statement, and the lack of over-time data on GBV (which is the topic of outcome indicators), the likely rise in GBV during Covid-19, but progress in particular against Output 3.2 on GBV and the ability of the health sector to respond to GBV is evident
The contracting of regional actors with presence on the ground in a number of PICTs was felt to have strengthened the

Criteria and Main Findings and Conclusions
effectiveness of delivery as implementation has proceeded by a range of key informants
Particular progress has been made in disability inclusion, with UNFPA employing a wide range of strategies to support it
Efficiency
SRP 6 got off to a slow start, but this improved significantly towards 2020, despite Covid-19
Financial management improved dramatically over the course of implementation, especially within UNFPA itself, but also with implementing partners
Problems facing UNFPA PSRO around 2017-18 undermined staff morale and institutional functioning. From 2018 through 2021, a number of actions were taken to change this situation, and this is apparent in interviews conducted with personnel
Significant increases in non-core resources were made available, rapidly expanding during SRP 6 implementation. Core financing dropped from 51.6% in 2018 to only 22.1% in 2021
Expenditure versus funding held in the low 70% range throughout implementation
Coordination
UNFPA has devoted considerable attention to helping enable coordination mechanisms at regional and country levels within the UN system, including co-chairing the United Nations Pacific Strategy Coordination Group, and leading the United Nation's Country Team's Covid-19 response. At regional level this has included engagement with a range of UN actors under the framework of the UN Pacific Strategy, and active engagement in the outcome groups which the UNPS regards as the central means to coordinate UN actions in the region
The UNPS evaluation found that arrangements under the UNPS were not always clear and well-focused, and common ground was not always identifiable. Joint programmes have helped offer clarity in this regard, but the range and nature or coordination arrangements within the UN system were not always fit for purpose, and focus and rationalisation was required
Joint programming is increasingly common in the region, and is regarded by the UN as an important way to strengthen the coordination of UN actions at multi-country and country levels
Covid-19 support programming required careful attention to coordination across multiple UN agencies for fundraising, service delivery and data collection and use, and was felt by key informants to be an example of effective collaboration. As noted above, UNFPA lead the United Nation's Country Team's Covid-19 response
Coordination in particular between UNFPA and UNICEF has strengthened survey data collection and data use under the PD outcome
Coordination is especially important in terms of GEWE. UNFPA has worked hard to give clear definition to its roles and responsibilities and its role in particular around gender and SRH, and has worked hard to expand the collection of disaggregated data through its support to PD
Under humanitarian programming a series of clusters have been established aimed at improved coordination and rapid delivery. UNFPA leads the UN system's sub-cluster on GBV during emergencies, falling under the Protection and Safety Cluster. The overall assessment of the efficacy of this sub-cluster was largely positive, with protocols and procedures in place to prevent and respond to GBV in emergencies activated as part of humanitarian delivery. The only gap relates to lack of clarity on the denominator of the total numbers in need compared to reach, which should be included in UNFPA's reporting system
Coverage
UNFPA's support for SRH delivery in humanitarian settings has been well received, allowing coverage to expand through the use of innovative mechanisms for delivery, and direct delivery of emergency provisions. This has included bringing on board community-based organisations and individuals with the relevant skills and local knowledge for effective delivery
UNFPA has worked well within the structure of the cluster and sub-cluster teams and with governments during times of humanitarian need
UNFPA and the UN overall would be well served by tracking the numbers in need compared to reach by various agencies, along with the contributions of government and non-state actors
Connectedness
Within the context of the broader UN humanitarian response, specific attention has been devoted to enabling national disaster management systems. This varied based on the country-level effectiveness of disaster management systems
UNFPA has contributed specifically with regard to SRH and GBV, including development of the Minimum Initial Service Package for Sexual and Reproductive Health in Crises which has strengthened delivery during humanitarian crises
Under PD UNFPA has worked to strengthened national statistical systems to be able to establish the situation on the ground before disasters and measuring the impacts of disasters on livelihoods, and ensure proper data disaggregation to understand the varied impacts of disasters across gender and vulnerability
UNFPA was also involved more broadly in supporting adaptation of delivery protocols under Covid-19

Criteria and Main Findings and Conclusions
Consistent with this first point, the national disaster management systems in place in some PICTs are integrating climate change adaptation with disaster risk response and social protection. UNFPA's involvement at country level in this regard has included efforts to strengthen this programming, and to consider the effects of climate change and increased disaster risk on SRH
Sustainability
UNFPA's focused attention to systems strengthening, capacity building, and relationship building have all supported enhanced sustainability
Key gaps remain around weak learning and knowledge management infrastructure that challenges the efficiency and effectiveness of delivery and undermines innovation
Bringing on board regional implementing partners who have local partnerships and local knowledge has strengthened delivery with civil society and with government implementing partners
UNFPA's presence on the ground in a subset of priority countries in the region over the past decade or so has significantly improved the relevance and utility of its programming in these countries, and has allowed the agency to take a more long-term focus on SRH and PD and its specific role in GEWE. This has allowed the agency to move beyond specific relationships between UNFPA and implementing partner personnel and stakeholders towards more institutionalised relationships. This has nevertheless been challenged by weaknesses in country level delivery and coordination mechanisms, weak programme implementation, and high staff turnover, depending on country
Sustainability was noted by a number of key informants (and in other evaluations) as a challenge not just to UNFPA but also other development partners. Expanded regional access to developmental financing coming from own resources and from regional developmental financing options were noted as important ways forward for the Pacific
UNFPA is negotiating with PICTs on country coverage of financing towards SRH commodities that are currently provided by UNFPA, but this is in early stages of negotiations. Some countries, such as Vanuatu, have already committed to greater control over and financing of the full health sector, including SRH commodities
At an agency level, UNFPA PSRO has been successful in significantly increasing access to non-core funds for its work, even when core financing has declined

Core recommendations are as follows:

1. *SRHR:* It is **recommended** that UNFPA continue this solid work on international alignment and regional adaptation when identifying new objectives under MCP 7.
2. *PD:* It is **recommended** that the next step comprise a focus on 'data for development', more specifically linking data planning with data dissemination and use. Engaging with health economists in core countries is especially important in this regard, as is strengthening data user-producer dialogue and engagement.
3. *GEWE:* It is **recommended** that UNFPA continues its focus in this regard, and that it redouble its collaboration with UN Women at outcome level to ensure integration of SRHR into gender policy and programming, and with UNICEF and other actors in terms of surveys and other actions falling under PD.
4. *Humanitarian:* It is **recommended** that UNFPA expand its humanitarian work and strengthen its infrastructure for delivery, taking care to do so working closely with other UN agencies in an efficient manner.
5. *Adaptability, Collaboration, Coordination:* It is **recommended** that UNFPA PSRO redouble its efforts to listen and engage with duty-bearers and rights-holders in a meaningful manner, and continue to shape implementation as MCP 7 proceeds.
6. *UNFPA and Climate Change Adaptation:* It is **recommended** that UNFPA include in MCP 7 a specific objective around CCA, and that in the first year of MCP 7 UNFPA develops its components of a CCA Strategy to be linked to the broader planning of the UN in the Pacific.
7. *Monitoring, Evaluation, Learning and Knowledge Management:* It is **recommended** that UNFPA invest new resources in its monitoring and evaluation infrastructure at PSRO level in Suva, Fiji, and further invest new resources in monitoring and evaluation at country office level.

There are 3 sub-recommendations for SRHR, 2 for PD, 4 for GEWE, 4 for humanitarian programming, 4 for adaptability, collaboration and coordination, 1 for UNFPA and CCA, and 5 for monitoring, evaluation, learning and knowledge management.

Recommendations are elaborated in Section 6.

SECTION 1. INTRODUCTION

1.1   FOCUS, PURPOSE AND OBJECTIVES OF THE REGIONAL SRP EVALUATION

The evaluation **focus** is summative, with an emphasis on progress towards achievement of programmatic outcomes. As per the ToR, the evaluation also has formative elements aimed at informing the 2023-2027 Sub-Regional Programme.

The **purpose** of this Sub-Regional Programme Evaluation (SRPE) as indicated in the Terms of Reference (ToR) is to "strengthen accountability to stakeholders, support evidence-based decision-making, and improve learning" (page 4).

The **overall objectives** of the evaluation are:

- To provide the UNFPA Pacific Sub-Regional Office, national stakeholders and rights-holders, the UNFPA Asia and Pacific Regional Office, UNFPA Headquarters as well as a wider audience with an independent assessment of the UNFPA Pacific 6th Sub-Regional Programme (2018-2022)
- To broaden the evidence base to inform the design of the next programme cycle

The **specific objectives** of the evaluation are:

- To provide an assessment of the geographic and demographic coverage of UNFPA humanitarian assistance and the ability of UNFPA to connect immediate, life-saving support with long-term development objectives within the context of delivery in the three thematic areas
- To provide an assessment of the role played by UNFPA Pacific SRO in the coordination mechanisms of the United Nations Country Team (UNCT), with a view to enhancing the United Nations collective contribution to national development results. In addition, to provide an assessment of the role of the UNFPA Pacific SRO in the coordination mechanism of the Humanitarian Country Team (HCT), with a view to improving humanitarian response and ensuring contribution to longer-term recovery
- To draw key conclusions from past and current cooperation and provide a set of clear, forward-looking and actionable recommendations for the next programme cycle

1.2   SCOPE OF THE EVALUATION

The *Overall Scope* of the SRP evaluation covers "all interventions in the 3 thematic areas of the SRP, which have been implemented across the Pacific Island Countries and Territories during the programme's period" (page 4 of the ToR).

1.2.1   THEMATIC SCOPE

The *Thematic Scope* of the SRP evaluation covers Sexual and Reproductive Health and Rights (SRHR), Gender Equality and Women's Empowerment (GEWE), and Population Dynamics (PD), with adolescents and youth, human rights, gender equality, disability, displacement and migration status, and transversal functions serving as cross-cutting themes (transversal functions refers to coordination, monitoring and evaluation, innovation, resource mobilisation, strategic partnerships, advocacy, capacity development, and communications).

1.2.2   GEOGRAPHIC SCOPE

The *Geographical Scope* of the SRP evaluation is the fourteen Pacific Island Countries and Territories (PICTs) targeted by the UNFPA Pacific Sub-Regional Office (PSRO) based in Suva, Fiji. The SRP 6 Programme Document (UNFPA, 2017)[17] notes that the specific geographical focus is on eight countries (Federated States of Micronesia (FSM), Fiji, Kiribati, Republic of Marshall Islands (RMI), Samoa, Solomon Islands, Tonga, Vanuatu) "working with national Governments and non-governmental organisation partners, while taking full advantage of the United Nations Joint Presence Offices. Policy engagement, advocacy and partnerships will be supported in all 14 countries. As other resources become available, knowledge management and capacity development will be extended to other countries (para 15).

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[17] https://www.unfpa.org/strategic-plan

The evaluation Terms of Reference show the intersection between the fourteen PICTs and the specified thematic areas, including delivering against the three thematic areas under humanitarian programming. As reflected in the figure, the UNFPA PSRO thematic scope covers eight PICTs across multiple thematic areas, while six PICTs are covered specifically by Reproductive Health Commodity Support (RHCS). In addition to the three thematic areas serving as the focus of this evaluation, humanitarian support is also provided, including two countries where support for Covid-19 programming was provided (Fiji and Tokelau) and Tonga where support was offered in response to the volcano, all considering the delivery against SRHR and GEWE across humanitarian delivery.

Figure 2: UNFPA PSRO Thematic Areas by PICT

	PICTs	SRH			Gender Equality		Population Dynamics		Humanitarian	
		FP/MH	RHCS	Youth and Adolescents (CSE/FLE)	Gender Policies Programming	GBV Health Sector Response	Data Availability, Analysis	Data Use for Programming and Policy	TCs, Flooding, Drought, MISP	COVID-19
1	Cook Islands		✔							
2	Federated States of Micronesia	✔	✔	✔	✔	✔	✔	✔		
3	Fiji	✔	✔	✔	✔	✔	✔	✔	✔	✔
4	Kiribati	✔	✔	✔	✔	✔	✔	✔		
5	Marshall Islands	✔	✔	✔	✔	✔	✔		✔	
6	Nauru		✔							
7	Niue		✔							
8	Palau		✔							
9	Samoa	✔	✔	✔	✔	✔	✔	✔	✔	
10	Solomon Islands	✔	✔	✔	✔	✔	✔	✔	✔	
11	Tokelau		✔						✔	✔
12	Tonga	✔	✔	✔	✔	✔	✔	✔	✔	
13	Tuvalu		✔							
14	Vanuatu	✔	✔	✔	✔	✔	✔	✔	✔	

* FP/MH refers to family planning and maternal health. RHCS refers to reproductive health commodity support. GBV refers to gender-based violence. CSE refers to Comprehensive Sexuality Education, FLE refers to Family Life Education. MISP refers to Minimum Initial Service Package.

1.2.3   TEMPORAL SCOPE

The *Timeframe* of the evaluation covers the period from implementation in 2018 until the end of the end of 2021, as per the Terms of Reference.

1.3   APPROACH AND METHODOLOGY

The overall approach to the SRP 6 evaluation comprises a transparent, inclusive and participatory process involving relevant stakeholders, target groups and implementing partners of the SRP6. The Evaluation was carried out in an independent and impartial manner and in accordance with *UNEG Norms and Standards for Evaluation*, *UNEG Ethical Guidelines for Evaluation 2008*, *UNEG Code of Conduct for Evaluation in the UN System 2008*, the *UNEG Guidance on Integrating Human Rights and Gender Equality in Evaluation*[18], the *UNFPA Evaluation Policy 2019*[19], the *UNFPA Evaluation Handbook 2019*[20], and *UNFPA's Guidance on Disability Inclusive Evaluations*[21]. Under the *UNEG Norms and Standards*, the Evaluation has integrated gender equality and human rights perspectives into all stages of the evaluation. This adds the principles of equality, inclusion and non-discrimination to the evaluation process.

The approaches employed have allowed the triangulation of findings from multiple sources. Report content has been validated within the team by thematic review team member review of the full evaluation report, and by the Team Leader's review of inputs from the thematic consultants.

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[18] All of the preceding documents can be found at http://www.unevaluation.org/document/detail/1914
[19] https://www.unfpa.org/admin-resource/unfpa-evaluation-policy-2019
[20] https://www.unfpa.org/admin-resource/evaluation-handbook-how-design-and-conduct-country-programme-evaluation-unfpa-2019
[21] https://www.unfpa.org/admin-resource/guidance-disability-inclusion-unfpa-evaluations

1.3.1 EVALUATION CRITERIA AND EVALUATION QUESTIONS

Evaluation criteria were identified by the Client in the ToR following the protocols indicated in the Evaluation Handbook. The criteria in the handbook were based on OECD DAC definitions[23], covering Relevance, Coherence, Effectiveness, Efficiency and Sustainability; Impact was not a specific evaluation criteria for this evaluation. Additional UNFPA-specified evaluation criteria were also included. These were used to identify evaluation questions and the specification of assumptions and issues to investigate that were elaborated in the Evaluation Matrix. This is all included in the Evaluation Matrix contained in Annex A, which *also* includes summary findings by evaluation criteria. The definition is each is presented at the top of each sub-section in the findings section of this evaluation report.

Figure 3: Evaluation Criteria as Defined by the OECD[22]

A parsimonious approach was employed to linking core evaluation questions with evaluation criteria, with a single question applying to each, followed by questions linked to assumptions that would inform the answer to the main evaluation question. These are included in each sub-section of the findings section of this evaluation report up-front (see further detail in the Evaluation Matrix in Annex A).

The OECD document 'Adapting Evaluation Questions to the COVID-19 Pandemic'[24] was also considered during this evaluation. While not integrated question by question, the overall focus on how UNFPA was able to implement SRP 6 within the context of Covid-19 lockdowns, and within the context of UNFPA needing to respond to Covid-19 itself.

1.3.2 APPROACH AND METHODS FOR DATA COLLECTION AND ANALYSIS

Approach

A **theory-based approach** was employed in designing and conducting the evaluation. This is linked to the SRP6's Theory of Change (ToC) and associated materials; the original ToC and the alignment with UNFPA ToCs are discussed below.

Intrac[25] offers a concise presentation on the intent and approach of theory-based evaluation: "a theory based evaluation is usually based on an explicit theory of change or logic model that explains the theory of a development intervention. The evaluation is designed to test the theory to see if it holds true. If it does, the task of the evaluator is to produce a plausible case, with evidence, that shows what has changed at each level of the theory, and explores the linkages between those changes". They offer 'key elements' of a theory-based evaluation as follows:

- They are designed to answer the question of what worked but always why and how it worked. The former assesses the results of development actions, while the latter considers the processes that help deliver these results.
- They examine broad contributions to change, meaning that evaluation contextualises an intervention within the context of other interventions and the broader social, cultural and economic context.

For the SRP 6 evaluation, the evaluation team considered the precepts of theory-based evaluation and applied this to an assessment of the ToC itself. This forms the basis for the consideration of assumptions and measures that have been included in the Evaluation Matrix, and are reflected in the evaluation matrix in this regard. Having said this, the SRP 6 ToC was extremely limited in content and did not offer sufficient grounds to take it as a clear basis for a theory-based evaluation. It was therefore considered within the

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[22] https://www.oecd-ilibrary.org/development/applying-evaluation-criteria-thoughtfully_543e84ed-en. The OECD report on 'applying evaluation criteria thoughtfully' aims to improve evaluation by updating the description of the 2002 defined criteria (and the addition in 2019 of coherence).
[23] https://www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm
[24] UNFPA Evaluation Office (2021). Adapting Evaluation Questions to the COVID-19 Pandemic, prepared by the UNFPA Evaluation Office, New York, New York, United States.
[25] https://www.intrac.org/wpcms/wp-content/uploads/2017/01/Theory-based-evaluation.pdf

context of other SRP 6 documents to ensure that the intentions and expectations behind the programme were clear. This is also reflected in the evaluation matrix, and in the conclusions drawn in the matrix.

This evaluation also employed a **participatory approach** that involved directly engaging rights-holders and duty-bearers in a meaningful manner. The approach is premised on the core tenet of a human rights-based approach to development that people have the right to play a part in shaping the decisions that affect their lives[26]. It also underlines the importance of 'hearing unheard voices' and 'seeking local knowledge' as evaluations proceed. This comprises engaging with a wide range of stakeholders, with a particular focus on engaging with country-level stakeholders and those responsible for delivering against SRP 6 objectives.

For the SRP 6 evaluation, the design of the evaluation and the development of the Terms of Reference involved a wide range of stakeholders. Countries then reviewed the Terms of Reference, while representation on the Evaluation Reference Group involved a number of stakeholders further in the process. For design and implementation, the methods employed took due cognizance of the need for, and benefits from, actively engaging a wide range of stakeholders in a meaningful manner in the evaluation. This was incorporated into the processes and content of the proposed Key Informant Interviews, the Focus Group Discussions, and the Case Assessment. The same topics were included across a number of tools, to support triangulation; this is reflected in the Evaluation Matrix. Limitations affecting the participatory approach are discussed in Annex O.

The evaluation also employed a **mixed-methods approach.** Generally, reference to mixed-methods evaluations means employing a mix of quantitative and qualitative methods to conduct an evaluation. There are a range of mixes in this regard, including approaches that quantify qualitative findings and quantitative approaches that rely on existing data sources being used to solicit insights via qualitative approaches[27]. Within qualitative approaches, there are also a wide range of approaches that can be mixed within and across various tools to support triangulation of findings. Participatory approaches are especially valuable in formative evaluation exercises where duty-bearers and rights-holders and envisage strengthened outcomes.

It also includes meeting the information needs of different evaluation criteria with different levels of quantitative data required (e.g., measuring efficiency tends to require quantitative implementation data, measuring effectiveness requires more attention to opinions and insights including approaches to quantifying qualitative findings, and measuring coherence focuses heavily on qualitative approaches). USAID[28] highlights the critical importance of mixed methods approaches in triangulation of findings required to answer evaluation questions, but it also underlines the ability of a mixed methods approach to 'reveal unanticipated results', 'provide a deeper understanding of why change is or is not occurred', and can 'capture a wider range of perspectives' than single method approaches.

For the SRP 6 evaluation, quantitative data collection comprised securing published findings from surveys and studies and results reporting. Qualitative approaches, as noted above, comprised group and individual key informant interviews focused on duty-bearers and, at national level, these serving also as rights-holders, and focus group discussions with rights-holders reached by programme supported actions. Some of the qualitative tools included quantification of opinion data using ordinal scales to assess the results of various actions. Limitations affecting the mixed-method approach are discussed in Annex O.

Methods

As referenced above, there were three broad-based methods applied for this evaluation:

1) expansive *review of the literature*, including programmatic documentation, regional documentation, country documentation, UNFPA guiding documentation, international examples of good evaluations, and other international materials
2) direct *consultations* with implementing agencies, implementing partners in Government and civil society, other United Nations entities, and other duty-bearers, and rights-holders and informed activists in the relevant programmatic areas
3) consistent engagement with core *stakeholders* throughout the process of evaluation design, implementation, and use

The literature review was organised as follows:

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[26] https://www.participatorymethods.org/page/about-participatory-methods
[27] https://www.annualreviews.org/doi/10.1146/annurev-publhealth-040218-044215 offers an extensive discussion of the efficacy of different approaches to mixed-methods designs.
[28] https://www.usaid.gov/sites/default/files/documents/1870/Mixed_Methods_Evaluations_Technical_Note.pdf

- Google Docs link provided by UNFPA to a wide range of over 1000 programme documents
- Establishing a Drop Box and online searches for country-level documents
- Review of other evaluations for UNFPA to consider approach to evaluation and reporting
- Careful review of UNFPA guiding document
- Full use of the Evaluation Handbook to prepare the Design Report and, in so doing, preparing for the evaluation

Consultations were guided by the development of the following tools:

- UNFPA Group Discussion Instrument (see Annex I)
- Regional and Broad-Based Key Informant Interview Instrument (see Annex J)
- Operational and Country Level Key Informant Interview Instrument (see Annex K)
- Case Assessment Instrument (see Annex L)
- Focus Group Discussion Instrument (see Annex M)

The tools were designed to ensure coverage of a range of stakeholders, including community-based actors and rights-holders. The same topics were included across a number of tools, to support triangulation; this is reflected in the Evaluation Matrix. Triangulation was also supported by an expansive review of the literature, and by follow-on discussions with UNFPA PSRO discussing gaps prior to submission of the draft report. The Case Assessment Instrument was added to ensure detailed insights from implementing partners, as the role of these actors is critical to effective UNFPA programming, and because the extent to which this engagement enables these actors (or disables them) is a key aspect of sustainability. A separate tool was used to guide tracking of progress against results, while the utility of what was delivered against results was part of the key informant interview instruments noted above.

The evaluation also involved regular engagement with UNFPA itself, and the Evaluation Reference Group.

1.3.3   SELECTION OF THE SAMPLE OF STAKEHOLDERS AND PICTS

UNFPA has built a substantial body of knowledge and a range of guidelines, strategies and policies that inform such evaluation. Central to this is the Evaluation Handbook (UNFPA, 2019)[29], which for the PSRO SRP 6 evaluation was used to prepare both the initial Design Report[30] and this Evaluation Report. As per Tool 4 in the Evaluation Handbook, the team members reviewed the Stakeholder Map prepared by UNFPA PSRO, considered the criteria for selection for inclusion as elaborated in the Evaluation Handbook, and identified stakeholders for interview. This involved due consideration across the eleven criteria as specified in the Evaluation Handbook coupled with geographical coverage given the regional dimensions of the evaluation.

Unfortunately, given the regional nature of the evaluation, the expansive set of actors involved, and the need for the evaluation to focus as much strategically as operationally, this process proved to be very time-consuming and of dubious merit. It involved well over a week of processing information from long and complex lists, the development of multiple tables that thereafter had to be cross-checked, and in the end an assembly of stakeholders for interview that proved to be a mismatch with actual need due to an extremely long list beyond what was implementable, and no clear protocols using the Handbook to cut this back.

As a result, this process was circumvented and replaced with a simple one that the experienced consultants on the team have used for years: review the list of stakeholders, consider the activities and actors by PICT, identify those that seem most relevant to interview, circulate this to the team and Client, and finalise the list while comparing it to the full list of stakeholders. Every attempt was made to cover a wide range of PICTs. That stakeholder list is reproduced in Annex G; the original tables (tables 8, 9 and 10) are included in the Design Report, which were used only as references.

1.3.4   LIMITATIONS

Limitations are included in Annex O.

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[29] https://www.unfpa.org/admin-resource/evaluation-handbook-how-design-and-conduct-country-programme-evaluation-unfpa-2019

[30] Cownie, D. with A. Masi, A. Rokoduru and C. Voight-Graf (2021). Design Report: Evaluation of the UNFPA 6th Sub-Regional Programme (2018-2022), prepared by Dr. David Cownie, Team Leader with inputs from Mr. Akuila Masi, Ms. Avelina Rokoduru and Dr. Carmen Voight-Graf on behalf of the UNFPA Pacific Sub-Regional Office, Suva, Fiji

1.3.5   OVERVIEW OF THE EVALUATION PROCESS

The evaluation process was divided into five phases:

Phase 1   Preparatory

Phase 2   Design

Phase 3   Field

Phase 4   Reporting

Phase 5   Dissemination and Use

The **Preparatory Phase** was implemented by the Client, involving setting up the evaluation consistent with UNFPA protocols and procedures, a mapping of stakeholders, development of the Terms of Reference (ToR), requesting proposals from individual consultants, and appointment of Consultants.

The **Design Phase** began on 6 October 2021. This comprised a start-up briefing with the Client, consultancy team meetings, receipt of UNFPA-provided programme materials and related, assembly of new materials, stakeholder listing and sorting and identification of those for interview, preparation of the Design Report and the Evaluation Matrix, and drafting of the field instruments.

The Design Phase concluded with finalisation and Client acceptance of the Design Report and its contents in late November. This then overlapped with the Field Phase, which started during completion of the Design Phase.

Preparation for the **Field Phase** began in November, while full implementation began in December 2021. However, because of the timing with many actors involved in end-of-year reporting responsibilities and therefore breaking for holidays, the Field Phase mostly took place starting in January 2022 and lasting all the way into April. The Field Phase included scheduling and conducting interviews, assembling field findings and organising them into a coherent format for sharing among the team members, continued materials review, and initial report preparation.

The **Reporting Phase** follows on from the initial analysis and pre-reporting that takes place towards the end of the Design Phase as part of the Design Report and comprises full report preparation up to Draft Report, Revised Draft Report and Final Report versions. Initial work took place in December, with full report preparation in January (front section pre-draft), May and June for internal drafts of the findings from SRHR and PD and the evaluation overall (but the absence of results from SRHR and from case assessments and focus group discussion), June and July for the Draft Report, and August for the Final Report. Inputs into Dissemination and Use took place in July as well.

The **Dissemination and Use** Phase was handled by the Client. Repeated feedback of relevance to dissemination and use was provided in person by the Team Leader when he was in Suva for another project.

SECTION 2. REGIONAL CONTEXT

2.1 INTRODUCTION

This section provides information relevant to understanding the context for UNFPA programming in the Pacific. These framework conditions have informed the design of SRP6, and inform this evaluation.

This includes challenges arising from huge distances and remoteness, providing services in multi-island countries where communications and transport are difficult, and the particular challenges arising from disasters in a region extremely vulnerable to the effects of climate change. It also includes what is shown to be considered progress in the areas of particular programmatic interest to UNFPA.

2.2 DEVELOPMENT CHALLENGES AND REGIONAL STRATEGIES

The 2018 Common Country Assessment[31] prepared for the United Nations Strategic Framework for the Pacific (2018-2022) highlights the many challenges facing the PICTs, including small size and remoteness, limitations regarding the ability to provide a range of public services, high dependence on imports, environmental and economic vulnerabilities, poverty, inadequate human resource development, and climate change. Root causes were noted as inadequate livelihood opportunities especially in rural and remote areas, gender inequality and high levels of violence against women, poor access to social services especially in remote areas, high levels of vulnerability to climate change impacts, high fertility rates, increasing rates of non-communicable diseases, governance challenges and corruption.

The geographical area covered by these 14 PICTs is considerable, with a land area of over 62,000 square kilometres spread across an area of over 40 million square kilometres[32] in the Pacific Ocean (an area of 63.8 million km^2). There are some 25,000 islands in the Pacific Ocean, of which just over 900 are inhabited[33]. The Pacific Region has a population of over two million people, with the largest populations in the countries of Fiji, Solomon Islands and Vanuatu; the smallest population of any country in the Pacific is Niue, with less than 1700 people[34]. Eight of the fourteen PICTs are ranked on the Human Development Index, an index that combines a range of economic and social measures presenting a clear development situation. Palau is the highest rank PICT (60th worldwide), followed by Fiji (91st) and Samoa (104th), all in the 'high human development' category. Three fall in the 'medium human development' category: Federated States of Micronesia (127th), Vanuatu (134th) and Kiribati (137th). Solomon Islands and Tuvalu rank in the lowest human development category[35].

2.2.1 DEVELOPMENTAL CONTEXT AND CHALLENGES IN THE PACIFIC

The United Nations Pacific Strategy (2018-2022)[36] offers a concise overview of the developmental challenges for PICTs of relevance to SRP6[37]. While noting the differences in development status, there were both common challenges and challenges specific to the poorest PICTs. High levels of youth unemployment were common across many PICTs, with young people aged 15-24 accounting for 18% of the population but 44% of those unemployed. Unemployment rates ranged between 23% and 50% in the poorest countries. One in five PICT citizens were living in poverty, with the situation worsening in Federated States of Micronesia, Samoa, Tonga and Tuvalu, and improving in particular in Fiji and Solomon Islands. Despite mixed trends, levels of extreme poverty have been on the decline throughout the PICTs.

In a part of the world already prone to disasters, the effects of climate change had worsened the situation significantly, with rising cases of extreme weather events, sea level rises, salt water intrusion affecting aquifers and soils, and increased risks of flooding and consequent crop and infrastructure destruction. Increased and increasingly unified climate advocacy has over time raised the voice of PICTs in discussions around climate change mitigation, and increased local actions to mitigate the effects.

Democratic elections remained common throughout the PICTs, but political instability affects some countries in the region, including Solomon Islands and Fiji in previous years and Samoa and Vanuatu more

[31] https://fscluster.org/pacific/document/un-country-team-pacific-un-strategic
[32] https://www.pacific.undp.org/content/pacific/en/home/countryinfo.html
[33] https://www.quora.com/How-many-islands-are-there-in-the-Pacific-Ocean
[34] https://worldpopulationreview.com/countries/niue-population. Niue is an independent nation in free association with New Zealand. For ease of reference, it is referred to as a 'country' here.
[35] United Nations in the Pacific (2017). United Nations Pacific Strategy 2018-2022: A Multi-Country Sustainable Development Framework in the Pacific Region, United Nations in the Pacific, Suva, Fiji. https://pacific.un.org/en/92198-united-nations-pacific-strategy-2018-2022
[36] https://unsdg.un.org/sites/default/files/2019-12/UNDP_WS_FINAL_UNPS_2018-2022.pdf
[37] This was prepared before the Covid-19 pandemic. The pandemic and its impacts is discussed later in this sub-section.

recently[38]. Challenges to democracy are considerable, including ethnic tensions in some states, weak systems of local government that consolidates power at the centre, poor service delivery especially in remote areas, pervasive land disputes, and poor transport and communications infrastructure affecting in particular remote islands.

Traditional authorities retain considerable influence in all the PICTs, to varying levels, and religious leaders tend to play powerful roles in society, serving both stabilisation roles and also challenges to development and political representation, notably affecting strengthened women's rights. The report notes that "legal provisions have not been blended or harmonised with customary law practices in all countries, and national legal and policy frameworks and institutions across the Pacific lack the capacity and other resources to be fully operational, effective, and inclusive in a way that is compatible with governments' existing human rights obligations" (page 13).

The Pacific Strategy summarises these challenges by noting that "geographic isolation, ecological fragility, limited resources, and narrow economic bases – in addition to political instability, governance and human rights issues, and civil unrest – continue to limit the ability of governments in the region to tackle their development challenges" (page 13).

Significant gaps remain in the delivery of SRH services across PICTs particularly in rural areas. This include disturbing trends in SRH indicators such as high unmet need for family planning and increasing adolescent birth rates in ten PICTs. The slow yet increasing trends of modern contraceptives uptake across the sub-region indicate that Contraceptive Prevalence Rates (CPR) in only three out of the 14 countries for which data are available have a CPR above 40% while most remain below 30%. The Pacific Region has not only recorded low CPR and high unmet need compared to global averages, but that indicators have also been relatively static over a span of 20 years.

For all countries, the CPR for all methods remains below 50%, with eight PICTs having a CPR for all methods below 30% (Kiribati, Marshall Islands, Nauru, Niue, Palau, Samoa, Solomon Islands and Tonga). Of concern is the decline in CPR trends observed in some of countries (Marshall Islands Solomon Islands, Tonga and Vanuatu), and paucity in current data to facilitate trend analysis in seven more. Demand for family planning satisfied with modern methods (met need) ranges from 35% (Solomon Islands) to 58.4% (Vanuatu).

The reproductive health situation in the six Pacific countries of focus is characterised by increasing fertility and teenage pregnancy rates, low contraceptive prevalence rates, and high unmet need for family planning (Mid Term Review Report of the Transformative Agenda)[39]. Despite the global trend of declining adolescent birth rates, PICTs show an upward trend (except for Samoa), with Vanuatu and Solomon Islands among the highest rates in the region. A growing proportion of young people in the Pacific report being sexually active, yet contraceptive prevalence rates are negligible among adolescent girls. Unmet need for family planning for adolescent girls is significantly higher than for all women of reproductive age.

An estimated 17% of Pacific Island people live with a disability, out of which approximately 193,000 are young people 15–24 years old. Approximately 58,000 young people live with a severe disability. Persons with disabilities experience severe discrimination regarding their SRH and rights. They are often viewed as asexual, including by health workers, teachers and policymakers, and therefore not catered for with SRH information or services. As rights holders, specific SRHR laws, policies and programs (including budgets) and services delivery need development and implementation for this vulnerable and oft marginalized group.[40]

Reproductive cancers are also a concern in this part of the Asia Pacific region. Cervical and breast cancer are common throughout the region, with cervical cancer a particular problem in Fiji, Solomon Islands and Vanuatu. In Fiji, cervical cancer is the second most common cancer in women with 161 cases (35 per 100,000) diagnosed in 2014. In Vanuatu, cervical cancer is the second most common cancer in women, with 21 new cases (17 per 100,000 women) and 13 deaths (10.6 per 100,000 women) in 2018. In Solomon Islands, cervical cancer is the second most common cancer in women, with 55 new cases (22.6 per 100,000 women) and 39 deaths (16.0 per 100,000 women) in 2018. Cervical cancer incidence and deaths in the

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[38] The instability in Samoa and Vanuatu came after publication of the Pacific Strategy.
[39] Specialist Health Service (2020). Mid-Term Review Report: Transformative Agenda for Women, Adolescents and Youth in the Pacific: Towards Zero Unmet Need for Family Planning 2018-2022, prepared by Specialist Health Services for the Government of Australia.
https://www.dfat.gov.au/sites/default/files/transformative-agenda-mtr-report.pdf
[40] UNFPA, 2013, A Deeper Silence: The Unheard Experiences of Women with Disabilities – Sexual and Reproductive Health and Violence against Women in Kiribati, Solomon Islands and Tonga

Pacific are high as most prevention efforts are rudimentary in the PICTs, with most screening opportunistic. The main reasons for this are lack of funding at regional and national levels coupled with the absence of an organized programme to address cervical cancer. For example, of the six focus countries, only Fiji has a national cervical cancer screening policy and none of the countries has an organized national screening programme. A recent study in Samoa concluded that cervical screening using human papillomavirus screening would be highly cost-effective, feasible, and acceptable, under a range of scenario assumptions[41]. The Human Papillomavirus vaccination programmes have been implemented to varying extents in the Cook Islands, Fiji, FSM, Kiribati, Palau and Marshall Islands.

Sexually Transmitted Infections (STIs) are quite prevalent in the Pacific. Some factors such as progressively younger age at first sex, low levels of comprehensive sexuality education and awareness, very low uptake of condoms for prevention of STI including HIV transmission and unwanted pregnancies, and sexual multiple partnering amongst specific vulnerable groups including youth have contributed to this scenario[42]. There is no specific STI programme in the current SRP 6 for the Pacific, however STI management is integrated into other programmes under the SRP.

Adolescents and youth in the Pacific have insufficient knowledge and life-skills to make informed and safe choices about their sexual and reproductive lives. There are major structural and sociocultural barriers for young people to overcome in accessing and using contraception Persistent gender inequalities, discrimination against women and girls, and conservative social and cultural norms such as negative views regarding premarital sexual behaviour create reluctance among healthcare workers to provide information or services to adolescents and youth[43]. The SRP 6 document further notes that this is evident when it comes to provision of emergency contraception which, due to personal attitudes, is not being offered to adolescents and youth, except in the countries where there are more supportive policies (i.e. Fiji, Vanuatu, Solomon Islands, and Tonga). Additionally, the education sector continues to be challenged in its efforts to incorporate family life education or integrating curricula that address SRH and rights, gender equality and violence against women and girls.

In 2021, the total fertility rate in the PICTs ranged from 1.7 in Palau to 2.9 in Solomon Islands (see Table 1 above). High fertility rates are often associated with low use and/or access to contraceptives, lower educational levels of women, and/or lower involvement of women in the workforce. A high proportion of youth (aged 15-24 years) is the result of past and or current high fertility rates. Even if fertility levels recently declined, the proportion of the youth population can still be high due to past high levels of fertility.

The 2017 review of the UNFPA Pacific Sub-Regional Office Multi-Country Programme, 5th Cycle, 2013-2017 found that availability and easy access to high quality and updated population and development data was generally inadequate in the Pacific Region for national policy formulation and development planning. The review noted that while numerous data collection activities, censuses and surveys have been undertaken, the analysis and use of primary data collected were undermined by limitations in capacity, largely due to high staff turnover in strategic planning units of government ministries and departments and national statistical offices in PICTs. Some national data collection systems were unable to produce high-quality reports, making it difficult to monitor development goals.

At the end of UNFPA's 5th Multi-Country Programme, the use of data was limited and the culture of evidence-based policy development and decision-making was weak. Besides high staff turnover, there was limited funding to conduct censuses and surveys which affected the quality and timeliness of available data. Insufficient attention was given to strengthening administrative data systems which would be more cost-effective over the long run.

It is important to note that data collection in the Pacific is costly, considering that in most PICTs populations are scattered over different islands and access to islands (especially outer islands in Kiribati and Tonga) is challenging. In these outer islands, it is also challenging to obtain timely data. The calculation of some indicators, such as maternal mortality, remains a challenge in many PICTs due to weak statistical (health information) systems and difficulties to calculate robust statistical indicators because the small population sizes in many countries mean that the annual variation of events can be enormous.

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[41] Rijnberg V, Hansen P, Ekeroma A, Stanton J. Is cervical cancer screening cost-effective for Samoa? A cost-utility analysis based on a cohort Markov model. *Pacific Journal Reproductive Health* 2019; 1: 423–39.
[42] Various country HIV/STI reports second generation surveillance reports, SPC, 2006 – 2014 & Buchanan, Aruwafu (2007)
[43] 6th SRP document, para 7

Key population surveys comprise Population and Housing Censuses (PHC), Demographic and Health Surveys (DHS) and Multiple Indicator Cluster Surveys (MICS). The table below shows the dates of the last Census, DHS, MICS and other relevant surveys conducted in each of the PICTs. In order to lessen the data collection burden on National Statistics Offices in PICTs, Pacific Heads of Planning and Statistics agreed in 2017 to integrate the DHS modules into the MICS framework and vice versa. UNFPA has engaged with UNICEF around the linkage of DHS and MICS, which have a wide overlap in indicators collected in order to incorporate DHS specific questions and modules into MICS surveys, including all SRH and VAWG related questions. Similarly, UNICEF will identify the questions and modules that can be incorporated into the DHS. The Secretariat of the Pacific Community (SPC) is taking an increasing role in gatekeeping and coordinating this type of work in the Pacific. PHCs are generally conducted every ten years although some PICTs (including Kiribati and Samoa) conduct them every five years. DHSs and MICSs are conducted about every five years.

The Pacific Strategy[44] notes that progress has been made in shifting gender norms in a manner that reduces levels of harm, improves socio-economic status, expands political opportunities, and shifts the dynamic towards a Pacific Region more focused on strengthening gender equality and women's empowerment. Nevertheless, significant challenges remain. Political representation for women in most PICTs is extremely low and is heavily concentrated in local government[45], and is the lowest in the world (at 8%). The majority of PICTs reported less than 50% of women in employment are in wage employment, with the remainder involved in small-scale trade and agriculture. Many of those involved in agriculture, especially in more remote islands, have very limited market engagement and few opportunities for growth. Unemployment rates are higher for women than men throughout the PICTs, double the rate for men in Samoa. Higher female unemployment rates "have been associated with hiring practices that discriminate against females at the point of entry into the labour market, biased perceptions about women and their suitability for specific occupations, and discrimination with potential pregnancy and motherhood" (slide 5)[46].

The SRP 6 document itself[47] refers to gender implications for SRP 6 design and implementation itself as follows: "Persisting gender inequality and discrimination of women and girls and conservative social and cultural norms create reluctance among health-care workers to provide information of services to adolescents and youth. The education sector continues to be challenged with incorporating family life education or integrating curricula that addresses sexual and reproductive health and rights, gender equality, and violence against women and girls" (para 7). SRP 6 also notes rising adolescent birth rates, high levels of unmet need for family planning, low contraceptive prevalence rates, and challenges to dropping maternal mortality rates[48], in particular cervical cancer. The UN Women update referring to the Beijing Declaration + 25[49] noted that women spent on average 1.4 times the time men spend on unpaid care and domestic work, meaning that in Fiji women spent 2.4 hours more per day on domestic work than men.

Climate change affects women and marginalised and vulnerable populations disproportionately due to pre-existing inequalities, and are often less able to respond to the impacts and recover from disasters[50]. UN Women informs an understanding of the interface between gender and climate change in the Pacific[51], including developing a toolkit for agencies to improve their programming in climate change[52]. The UN Women brief notes that "adequately addressing climate change and disasters requires assessing and responding to the different needs of various groups within societies and communities. Women are particularly vulnerable to these effects for a range of reasons, including unequal access to resources and

[44] United Nations in the Pacific (2017). United Nations Pacific Strategy 2018-2022: A Multi-Country Sustainable Development Framework in the Pacific Region, United Nations in the Pacific, Suva, Fiji. https://pacific.un.org/en/92198-united-nations-pacific-strategy-2018-2022
[45] The UN Women Beijing Declaration + 25. https://www2.unwomen.org/-/media/field%20office%20eseasia/docs/publications/2019/11/ap_ge-beijing25_infographics_a4-2sided-fa-s.pdf?la=en&vs=3455
[46] The UN Women Beijing Declaration + 25. https://www2.unwomen.org/-/media/field%20office%20eseasia/docs/publications/2019/11/ap_ge-beijing25_infographics_a4-2sided-fa-s.pdf?la=en&vs=3455
[47] UNFPA (2017). Subregional Programme Document for Pacific Island Countries and Territories, United Nations Executive Board of the United Nations Development Programme, the United Nations Population Fund and the United Nations Office for Project Services, Second Round Regular Session 2017, New York, New York, United States. https://digitallibrary.un.org/record/1293890?ln=en
[48] UN Women and the Pacific Community note that "lack of decision-making power about own health care, neglect of women's nutritional needs and heavy work burdens all contribute to maternal mortality". The UN Women Beijing Declaration + 25. https://www2.unwomen.org/-/media/field%20office%20eseasia/docs/publications/2019/11/ap_ge-beijing25_infographics_a4-2sided-fa-s.pdf?la=en&vs=3455
[49] https://www2.unwomen.org/-/media/field%20office%20eseasia/docs/publications/2019/11/ap_ge-beijing25_infographics_a4-2sided-fa-s.pdf?la=en&vs=3455
[50] United Nations in the Pacific (2017). United Nations Pacific Strategy 2018-2022: A Multi-Country Sustainable Development Framework in the Pacific Region, United Nations in the Pacific, Suva, Fiji. https://pacific.un.org/en/92198-united-nations-pacific-strategy-2018-2022.
[51] https://pacificwomen.org/resources/pacific-brief-gender-climate-change-and-disaster-risk-management/
[52] https://www.weadapt.org/sites/weadapt.org/files/2017/june/pacific_gender_toolkit_full_version.pdf

power, restricted rights and ability to move freely and without fear, and limited ability to influence the ways their communities are managed" (page 1).

SDG 5.2 includes two measures associated with VAW: 1) intimate partner violence; and 2) sexual violence. Rates of violence against women and girls is higher in the Pacific than anywhere else in the world[53]. Prevalence surveys show two-thirds of ever partnered women have experience physical and/or sexual violence at some point in their lives. Rates in Tonga, Samoa, Kiribati, Fiji and Vanuatu neared or exceeded 70%, and was only below 40% in Palau and FSM.

The UNFPA report noted that, by 2018, a wide range of VAW studies had been conducted throughout the Pacific and in the broader Asia region. Twelve of the 14 PICTs had prevalence data and reporting on the nature of VAW, with Niue and Tokelau the exceptions.

Women living with a disability were more likely to face violence and less likely to secure the services they need. Unwanted pregnancy was common. "Women with a disability living in institutions had particular needs and were at high risk of abuse, and some women with mental or intellectual disabilities experienced the most egregious discrimination and violence"[54].

2.2.2 CLIMATE CHANGE ADAPTATION IN THE PACIFIC

PICTs have been at the forefront of climate change adaptation efforts, arising from both the substantial impacts climate change is already having on the Pacific Region, and from the collective nature of PICT's response through regional bodies and south-south cooperation. Atoll nations are at particular risk due to a preponderance of low lying areas, affecting Kiribati, Marshall Islands, Tokelau and Tuvalu in this regard. The Pacific Region experiences an average of three major disasters per annum, and eight of the fourteen PICTs are among the twenty countries in the world with the highest average annual disaster losses in terms of gross domestic product[55]. Despite contributing less than 0.03% to greenhouse gas emissions worldwide[56], the Pacific Region is classified as one of the most vulnerable to the effects of climate change. The World Bank report "Acting on Climate Change & Disaster Risk for the Pacific", issued in 2013, elaborated the broad range of threats to PICTs and the dramatic effects climate change was having on household, community and national resilience to climate change[57].

The World Health Organisation[58], in addition to noting the impacts of climate change on population dislocation, loss of housing and household and community services, references primary, secondary and tertiary climate-change risks on health, with primary impacts associated with heatwaves, extreme weather events, and temperature-enhanced levels of air pollutants, and secondary referring to impacts on agricultural yields, water flows, infectious disease vectors and increased prevalence of zoonotic diseases. Tertiary refers to mental health challenges, displacement, increased conflicts over resources, and overuse of these resources. WHO also identified the particular impacts of climate change on disadvantaged communities, remote populations, urban slum dwellers, and similar.

2.2.3 COVID-19

Regarding the effects of the Covid-19 pandemic, in terms of prevalence and deaths the fourteen PICTs covered by SRP 6 have weathered the pandemic fairly well. Niue, Kiribati, Nauru, FSM, Marshall Islands, Palau, Solomon Islands, Vanuatu, Samoa and Tonga were unaffected by community transmission, although some were affected from the first months of 2022 after high levels of vaccination and more effective means of treatment had become available. Most of those affected by Covid-19 have only been affected in 2021/22 rather than in 2020, with Fiji reporting the highest number of infections and deaths (674 as of early November 2021). Even in the worst affected PICTs, the trends show improvement. Trends in other PICTs,

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[53] UNFPA PSRO (2019). Pacific Sub Regional Programme Action Plan 2018-2022, prepared by the UNFPA Pacific Sub Regional Office, Suva, Fiji.
[54] UNFPA PSRO (2019). Pacific Sub Regional Programme Action Plan 2018-2022, prepared by the UNFPA Pacific Sub Regional Office, Suva, Fiji, page 9.
[55] United Nations in the Pacific (2017). United Nations Pacific Strategy 2018-2022: A Multi-Country Sustainable Development Framework in the Pacific Region, United Nations in the Pacific, Suva, Fiji. https://pacific.un.org/en/92198-united-nations-pacific-strategy-2018-2022. See also UNFPA (2017). Subregional Programme Document for Pacific Island Countries and Territories, United Nations Executive Board of the United Nations Development Programme, the United Nations Population Fund and the United Nations Office for Project Services, Second Round Regular Session 2017, New York, New York, United States. https://digitallibrary.un.org/record/1293890?ln=en
[56] https://www.e-ir.info/2020/01/09/climate-change-and-the-sinking-island-states-in-the-pacific/
[57] https://www.worldbank.org/content/dam/Worldbank/document/EAP/Pacific%20Islands/climate-change-pacific.pdf
[58] World Health Organization (2015). Human Health and Climate Change in Pacific Island Countries, World Health Organization Western Pacific Region. https://www.who.int/publications/i/item/human-health-and-climate-change-in-pacific-island-countries

including Papua New Guinea, New Caledonia, French Polynesia, and Guam are far worse[59]. Further, many of the PICTs now have high vaccination rates, with some such as Niue, Cook Islands, Tokelau and Palau reporting virtually 100% vaccination rates for those aged fifteen and older, with Fiji approaching 90%. However, in a few PICTs, notably Kiribati and Solomon Islands, vaccination rates are among the lowest in the world, at under 10%[60].

Despite low prevalence rates and often high vaccination rates, the PICT economies have been severely affected by the Covid-19 pandemic, in particular those heavily reliant on tourism. The devastating impacts on PICT economies are reflected in the following figure from the Asian Development Bank[61]:

Figure 4: Impact of Covid-19 on Economic Growth in Select PICTs
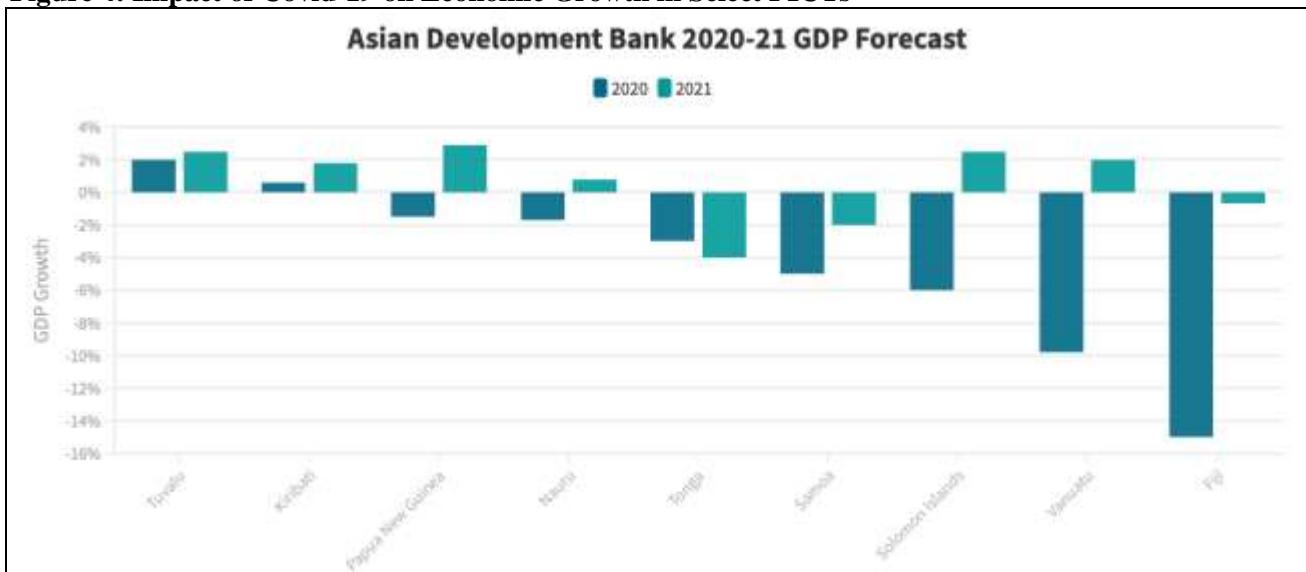
Unemployment rates increased dramatically due to the absence of tourists, with knock-on effects to most businesses, as well as a reduction in formal sector opportunities and crowding in the informal sector. There were additional impacts that arose from lockdowns and restrictions that constrained economic activity. Some PICTs still remain closed to international tourists as of mid-2022, others are reconsidering opening due to high vaccination rates, and others are opening slowly with Covid-19 protocols in place that allow international tourism to take place (e.g., Fiji). With increased economic activity, continued government investment in the economy, and the reopening of the tourism sector, economic growth in the Pacific Region is projected at 0.3% in 2021 rising to 4% in 2022[62].

Re-entry into the workforce around the world has proven more difficult for women than men, exacerbating existing gender gaps and deepening vulnerability that undermines employment opportunities[63]. Worldwide an estimated 4% of women's positions were eliminated from the formal economy compared to 3% for men, while the recovery of jobs for women is expected to fall behind job recovery for men[64]. Overall, the International Labour Organization projects that only 43.2% of women of working age will be in formal employment in 2021, compared to 68.6% for working aged men. The gap is more significant in the Asia and Pacific region, where the gap is 41.2% women in employment compared to 71.4% for men[65]. In 2021 there were still fewer women in employment compared to 2019, while men's employment is expected to recover in full[66]. Where jobs have been retained, women have faced a reduction in working hours due to the nature of the jobs they held or due to home care burdens. Key determinants include unequal childcare burdens that prevent women from returning for formal sector employment, the extended closure of schools in some countries that requires women to be more engaged in home activities rather than market engagement, the loss of savings that undermines the ability to restart small businesses, and the concentration of women in services where unemployment grew rapidly due to Covid-19 (e.g., tourism).

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[59] These data are from https://www.spc.int/updates/blog/2021/10/covid-19-pacific-community-updates#CurrentStatus

[60] https://www.reuters.com/world/asia-pacific/tiny-pacific-nation-beats-world-with-99-covid-vaccination-says-red-cross-2021-10-14/

[61] https://www.thecommonwealth.io/covid19-impact-pacific/

[62] https://www.adb.org/publications/pacific-economic-monitor-july-2021

[63] https://www.latinamerica.undp.org/content/rblac/en/home/presscenter/director-s-graph-for-thought/the-gender-penalties-of-the-pandemic--the-disproportionate-impac.html. See also https://pacificwomen.org/research/pacific-women-thematic-brief-gender-and-covid-19-in-the-pacific/

[64] https://www.weforum.org/agenda/2021/07/covid-19-women-employment-gender-jobs/

[65] https://www.ilo.org/global/about-the-ilo/newsroom/news/WCMS_813449/lang--en/index.htm

[66] https://www.ilo.org/global/about-the-ilo/newsroom/news/WCMS_813449/lang--en/index.htm

Additional findings on SRHR, PD and GEWE are included in Annex Q.

2.3 THE ROLE OF EXTERNAL ASSISTANCE

A number of different development partners offer support for a range of development initiatives in the Pacific. The Lowy Institute provides annual figures for aid provision around the Pacific as a whole[67], including data for the region as a whole and separately for key recipient countries identified as Papua New Guinea (USD543m), Solomon Islands (USD148m), Vanuatu (USD127m) and Fiji (USD106m) for 2020. 'Oceania Regional' received USD176m in 2020 as well. In looking at previous years, the numbers vary in size but the relative proportions remain similar. The Asian Development Bank is the region's largest donor, at USD280 in 2020, followed by the World Bank at a much lower USD54m and China at USD53m. The three leading grant agencies are Australia, by far the largest lender at USD542m, followed by the World Bank (USD132m) and the European Union (USD101m). Overseas Development Assistance (ODA) totalled USD1.43 billion for the region as a whole. The interactive nature of the map allows the reader to review the situation for each country where they have data, showing for example USD84m for Tonga, USD10m for Cook Islands, USD67m for Samoa, and USD15m for Kiribati.

The United Nations Pacific Strategy (United Nations in the Pacific, 2017)[68] is valued at USD802m for the five year period 2018-2022. Proportional anticipated spend across outcome area is as follows:

- USD365m – Outcome 1: Climate Change, Disaster Resilience, and Environmental Protection
- USD158m – Outcome 3: Sustainable and Inclusive Economic Empowerment
- USD145m – Outcome 4: Equitable Basic Services
- USD87m – Outcome 5: Governance and Community Engagement
- USD45m – Outcome 2: Gender Equality
- USD14m – Outcome 6: Human Rights

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[67] https://pacificaidmap.lowyinstitute.org
[68] https://unsdg.un.org/sites/default/files/2019-12/UNDP_WS_FINAL_UNPS_2018-2022.pdf

SECTION 3.   UNITED NATIONS AND UNFPA RESPONSE AND PROGRAMME STRATEGIES

3.1   INTRODUCTION

In this section, the framework for United Nations programming in the Pacific is briefly overviewed, including contextualisation of UNFPA's programming. This is followed by a discussion of SRP 6 itself, and reference to previous regional plans. This section does not include UNFPA PSRO's programming in the context of UNFPA's overall strategic planning, rather this is considered in terms of alignment in the findings section of the evaluation report.

3.2   UNITED NATIONS AND UNFPA STRATEGIC RESPONSE

The **United Nations Pacific Strategy**[69] (UNPS 2018-2022) is a five year strategic framework that governs the United Nation's collective response to the development priorities of the fourteen PICTs of Cook Islands, Fiji, Federated States of Micronesia, Kiribati, Marshall Islands, Nauru, Niue, Palau, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu and Vanuatu. It covers sixteen UN agencies that are based in Fiji, includes UN operations based in Samoa. In addition to the PSRO headquartered in Fiji, UNFPA has country offices in Federated States of Micronesia, Kiribati, Marshall Islands, Samoa, Solomon Islands, Tonga and Vanuatu.

The Strategy is "tailored to each country's national priorities, and responds to the Pacific Leaders' call to the United Nations system to 'align its work programmes and operations to support internationally agreed outcomes, including the Small Islands Developing States (SIDS) Accelerated Modalities of Action (SAMOA) Pathway, the Addis Ababa Action Agenda and the 2030 Agenda for Sustainable Development in the Pacific region" (United Nations in the Pacific, 2017: 8). The Results Framework for the Pacific Strategy includes indicators that monitor regionally aggregated outcomes while including country level disaggregation. PICT priorities agreed with the UN under the Pacific Strategy include:

- Strengthen national capacities at all levels leading to national ownership
- Support national monitoring and implementation of international commitments, norms and standards
- Act as convener of a wide range of national and international partners
- Provide high quality technical expertise in specific areas
- Objectively support monitoring and evaluation of national development frameworks
- Provide impartial policy advice, based on international experience, technical expertise, and good practice
- Provide neutral space within which political issues can be addressed and resolved, including support to the mediation of peace negotiations
- Advocate for the inclusion of vulnerable populations

The Pacific Strategy underlines the central role of engaging regional infrastructure in planning and implementation, including the Pacific Islands Forum Secretariat and the Pacific Community as well as sectoral entities in the context of the Framework for Pacific Regionalism (Pacific Islands Forum Secretariat, 2014)[70]. The Framework notes four regional priorities: 1) sustainable development approached in a manner that improves livelihoods and well-being; 2) economic growth that is inclusive and equitable; 3) strengthened governance, legal, financial and administrative systems; and 4) security and a safe environment.

The Pacific Strategy puts forward six outcomes:

Outcome 1   Climate Change, Disaster Resilience, and Environmental Protection
Outcome 2   Gender Equality
Outcome 3   Sustainable and Inclusive Economic Empowerment
Outcome 4   Equitable Basic Services
Outcome 5   Governance and Community Engagement
Outcome 6   Human Rights

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[69] https://unsdg.un.org/sites/default/files/2019-12/UNDP_WS_FINAL_UNPS_2018-2022.pdf. See the broader context as per the United Nations Sustainable Development Group (2019). United Nations Sustainable Development Cooperation Framework, prepared by the United Nations Sustainable Development Group, New York, New York, United States.
[70] https://www.forumsec.org/wp-content/uploads/2017/09/Framework-for-Pacific-Regionalism.pdf

SRP 6 is aligned with the 2018-2022 United Nations Pacific Strategy, which covers the same fourteen PICTs, and which contributes directly to (a) equitable basic services (Outcome 4), (b) gender equality (Outcome 2), and (d) climate change, disaster resilience and environmental protection (Outcome 1), and indirectly to (c) human rights (Outcome 6), (e) sustainable and inclusive economic empowerment (Outcome 3), and (f) governance and community engagement (Outcome 5). Specific alignment is included in an annex to the Strategy that shows alignment to regional priorities and Pacific Strategy outcomes.

Outcomes 1, 2 and 4 in the United Nations Pacific Strategy are specifically referenced as core to the UNFPA SRP 6 implementation, they are elaborated here as the central linkages between UNFPA programming and the Pacific Strategy.

Outcome 1: Climate Change, Disaster Resilience, and Environmental Protection. "By 2022, people and ecosystems in the Pacific are more resilient to the impacts of climate change, climate variability and disasters; and environmental protection is strengthened" (page 14). The Strategy reference both direct programming as well as mainstreaming as well as supporting the integration of SDGs into national development planning and disaster risk reduction. It also makes specific reference to gendered vulnerabilities and risks associated with disasters. The Strategy specifically notes (page 15) "collaboration with national authorities in high risk countries will ensure that sexual and reproductive health and rights (SRHR) and VAWG are adequately addressed in preparedness and contingency plans, taking into account the needs of women, adolescents, and youth". Also makes references to the Framework for Resilient Development in the Pacific (2017) and its three goals: Goal 1: Strengthened integrated adaption and risk reduction to enhance resilience to climate change and disasters; Goal 2: Low carbon development; and Goal 3: Strengthened disaster preparedness, response and recovery[71]. Mainstreaming climate change in national development planning processes was noted as the priority for 2018-2022.

Outcome 3: Gender Equality. "By 2022, gender equality is advanced in the Pacific, where more women and girls are empowered and enjoy equal opportunities and rights in social, economic and political spheres, contribute to and benefit from national development, and live a life free from violence and discrimination" (page 16). Programmatic focus included an emphasis on women's empowerment through promoting sustainable livelihoods, improving employment opportunities, expanding the role of women in business, strengthening equity objectives in unpaid work, and improving gender-responsive social protection. Specific mention is made of VAWG, with the Pacific having the highest rates in the world, high levels of unplanned pregnancies, rising levels of sexually transmitted infections, and girl child marriage. Youth vulnerability was referenced in terms of the need to reduce adolescent birth rates, access to essential health services for women and girls subject to violence, and improving young people's access to quality sexual and reproductive health services, and gender-inclusive family life education. This was linked to strengthening the capacity of health service providers to respond to the needs of women, children and girl survivors of VAWG, developing and using evidence based VAWG guidelines and protocols in line with international standards, and strengthening referral networks.

Outcome 4: Equitable Basic Services. "By 2022, more people in the Pacific, particularly the most vulnerable, have increased equitable access to and utilisation of inclusive, resilient, and quality basic services" (page 18). For health, underfive mortality targets and neonatal mortality gaps remain for some PICTs, and immunisation rates have fallen behind in seven PICTs. Challenges are most significant in Federated States of Micronesia, Kiribati, Marshall Islands, Solomon Islands, and Vanuatu, and here "a comprehensive health system strengthening approach will be supported, focused on the quality of service delivery" (page 18). Support to the health sector will cover all 14 PICTs to "improve health policy formulation and to promote strengthened investment in sexual and reproductive, child and maternal health, and nutrition" (page 18). Health system bottlenecks were specified as requiring attention, including strengthening policies and legislative frameworks, improved planning and coordination mechanisms for health and nutrition, and improved delivery of quality health and nutrition care services.

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[71] http://www.resilientpacific.org

3.1 UNFPA RESPONSE THROUGH THE SUB-REGIONAL PROGRAMME

3.1.1 UNFPA PREVIOUS CYCLE STRATEGY, GOALS AND ACHIEVEMENTS

UNFPA in the Pacific has implemented a series of five-year multi-country programmes covering 14 PICTs. Programme documents from as far back as 2003 have been reviewed in the preparation of this evaluation report, while the evaluation has been especially informed by independent evaluations of the third (2003-2007; UNFPA 2008)[72], fourth (2008-2012; Tobin, O'Callaghan and Lainjo, 2012[73]), and fifth (2013-2017; Reed and Bale, 2017[74]) Multi-Country Programmes (MCPs), as well as an evaluability assessment of SRP 6 conducted in 2019 (Bustamante and Mutandwa, 2019[75]).

When reviewing the evaluation reports, notably *persistent issues* affecting each five year programme included the challenges posed by the vastness of the programme area and the complexity of implementation in such an environment, the importance of working effectively with regional Pacific infrastructure as well as national governments and civil society, a persistent problem of inadequate human resources in most countries (especially severe in poorer PICTs), and considerable constraints facing evidence-based programming and data unavailability overall. Throughout the reporting, UNFPA's commitment to sexual and reproductive health, population and development, and gender equality are noted, along with some progress in each of these areas reported in the evaluations.

Emergent issues included climate change programming and the challenges faced by PICTs in the context of this climate change, reflected more expansively in later programmes and evaluations. Linked to this has been increased attention over time to the intersectorality of climate change, humanitarian relief, and UNFPA's programming areas around gender-based violence and access to reproductive health services.

Within the context of both persistent challenges and emergent issues have been operational strengths and weaknesses, with the latter including continued operational problems linked to UNFPA's financial protocols and requirements. Here it is most relevant to refer to the most recent MCP 5 evaluation (2013-2017), noting their key conclusions, and thereafter the key conclusions of the 2019 evaluability assessment of SDP 6. For MCP 5, key conclusions were as follows:

- SRHR has not devoted sufficient attention to the needs of those most vulnerable and marginalised.
- PD has not provided sufficient and sufficiently targeted assistance to adequately serve in particular the information needs for effective population programming, nor did it invest sufficiently in youth-focused programming and policy development and strengthening.
- GEWE remains underfinanced under UNFPA regional programming, especially in light of the high levels of GBV, and its lack of strategic inputs, inadequate cross-agency collaboration, and insufficient attention to national ownership has undermined its ability to influence policy and programming in this regard.
- Institutionally UNFPA did not focus sufficient human resources at country level to support the transformative change required in SRHR, PD and GEWE.
- UNFPA's commodity support programming continued to make important contributions to family planning throughout the region, but was not implemented in a strategic manner that would allow handing over more financing responsibilities to PICTs.
- Strategically, UNFPA did not focus sufficient attention on cross-agency engagement in a manner that would leverage its particular expertise in its core programme areas.

The evaluability assessment was more focused on operational issues, but in doing so was able to give insights into the how well SRP 6 was progressing not just against targets but also against outcomes. Key observations comprised the following:

- SRP 6 was well designed, was adequately contextualised in the Pacific and was 'fit for purpose'. It was also well aligned with national development plans and the situation on the ground.

[72] UNFPA (2008). Composite Review of UNFPA's Third Country Programme of Assistance to the Pacific 2003-2007, prepared by the United Nations Population Fund Pacific Sub-Regional Office, Suva, Fiji. https://web2.unfpa.org › oversight › docDownload

[73] Tobin, R., M. O'Callaghan and B. Lainjo (2012). Evaluation of the 4th Multicountry Programme of the UNFPA's Pacific Sub-Regional Office, prepared by R. Tobin, M. O'Callaghan and B. Lainjo for the United Nations Population Fund Pacific Sub-Regional Office, Suva, Fiji. https://web2.unfpa.org › oversight › docDownload

[74] Reed, S. and L. Bale (2018). Review of the UNFPA Pacific Sub-Regional Office Multi-Country Programme 5th Cycle 2013-2017, prepared by S. Reed and L. Bale for the United Nations Population Fund Pacific Sub-Regional Office, Suva, Fiji. https://web2.unfpa.org › oversight › docDownload

[75] Bustamante, S. and R. Mutandwa (2019). Evaluability Assessment of UNFPA PSRO's Sub-Regional Programme 2018-2022, prepared by S. Bustamante and R. Mutandwa for the United Nations Population Fund Pacific Sub-Regional Office, Suva, Fiji. No electronic version is available.

- Sub-programmes under SRP 6 were not adequately contextualised or informed during design, with only the Transformation Agenda and the Jadelle family planning initiative adequately informed in this regard. This problem continued through implementation, where programmatic links to intended outcomes were not well considered.
- Despite strong design, SRP6's Theory of Change was not sufficiently elaborated to inform programming, nor progress.
- Environmental and climate change were inadequately integrated into SRP6, while gender mainstreaming was not adequately measured.
- Insufficient attention was given to national inputs during design and implementation.
- Annual workplanning processes and consequent activities implemented were not clearly linked to outputs and outcomes.
- Implementation rates were constrained at the time of the evaluability assessment, and financing delays were having a negative impact.

3.1.2   CURRENT UNFPA SUB-REGIONAL PROGRAMME FOR THE PACIFIC

The current UNFPA sub-regional programme for the Pacific is the UNFPA 2018-2022 Sub-Regional Programme 6 (SRP6) for Pacific Island Countries and Territories. The Programme is valued at an estimated USD30m. Eight countries are targeted for a range of activities falling under three outcomes supported under the 6th SRP (Federated States of Micronesia, Fiji, Kiribati, Marshall Islands, Samoa, Solomon Islands, Tonga, Vanuatu), while "policy engagement, advocacy and partnerships will be supported in all 14 countries" (para 14 of the SRP6; the remaining PICTs comprise Cook Islands, Nauru, Niue, Palau, Tokelau and Tuvalu), as does family planning commodity support.

SRP 6 programming includes the Pacific Supplies Programme, providing family planning commodity support to all 14 PICTs, and also includes the Pacific Regional Sexual and Reproductive Health Programme, the Reproductive Maternal, Neonatal, Child and Adolescent Health Programme, and the Essential Services Package Initiative.

The **goal** of SRP 6 (para 12)[76] "is to achieve universal access to sexual and reproductive health and reproductive rights and reduce maternal mortality and morbidity to accelerate progress on the ICPD/Sustainable Development Goals agenda, and to improve the lives of women, adolescents and youth in PICTs".

Results comprise (para 11): "(a) reducing an unmet need for family planning to zero by increasingly modern contraceptive prevalence rate; (b) reducing the adolescent birth rate; (c) increasing coverage of fully qualified skilled birth attendants; (d) integrating essential health services for women and girls subject to violence within sexual and reproductive health; and (e) improving young people's access to high-quality sexual and reproductive health services and gender-responsive family life education".

These priorities were based on (para 11) "a robust analysis of available time-series metrics, complemented by an evaluation of the current United Nations Development Assistance Framework, a common country assessment, 14 country consultations and a systematic review of the preceding multi-country programme (2013-2017)".

These results were linked to the delivery of "evidence-informed and targeted policy engagement designed to ensure the right data is available at the right time to support national policy and programme decisions that lead to increased resilience and sustainable development" (para 14), with a focus on "the special needs of women and young people" (para 16). Data are tracked using a results and resources framework.

3.1.3   FINANCIAL STRUCTURE OF THE UNFPA PSRO REGIONAL PROGRAMME

The final SRP 6 document indicates financing expectations and levels as follows:

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[76] UNFPA (2017). <u>Subregional Programme Document for Pacific Island Countries and Territories</u>, United Nations Executive Board of the United Nations Development Programme, the United Nations Population Fund and the United Nations Office for Project Services, Second Round Regular Session 2017, New York, New York, United States. https://digitallibrary.un.org/record/1293890?ln=en

Table 5: SRP 6 Financing by Outcomes (USD million)

Outcome	Area	Regular Resources	Other Resources	Total Resources
Outcome 1	Sexual and reproductive health	3.2	11.5	14.7
Outcome 3	Gender equality and women's empowerment	2.0	3.3	5.3
Outcome 4	Population dynamics	1.7	7.6	9.3
Programme coordination and assistance		0.7	0.0	0.7
Total		7.6	22.4	**30.0**

The "**Pacific Sub-Regional Programme Action Plan 2018-2022**"[77] prepared by UNFPA noted that these 'other resources' includes financing for the following:

- "Transformation Agenda for Women, Adolescents and Youth in the Pacific: Towards Zero Unmet Need for Family Planning 2018-2022", with funding from the Government of Australia. Covers Fiji, Kiribati, Samoa, Solomon Islands, Tonga and Vanuatu
- "Pacific Regional Sexual and Reproductive Health Programme", with funding from the Government of New Zealand. No countries are specified
- UN Joint programme "Reproductive, Maternal, Neonatal, Child and Adolescent Health in Kiribati, Solomon Islands, and Vanuatu, with funding from the Government of Australia
- UN Joint Programme "UN Women and UNFPA Joint Support towards the Kiribati Essential Services for Women and Girls Subject to Violence", supported with funding via UN Women
- UN Joint Programme "UN Women and UNFPA Joint Support towards the Solomon Islands Essential Services for Women and Girls Subject to Violence", supported with funding via UN Women
- Kiribati Health Demographic Survey, supported by the Government of Australia
- Support for Contraceptive Jadelle method in Solomon Islands, supported by the Government of Australia

Total resources in US dollars from these sources amounted to under USD25m. The Action Plan also noted that some resources were rolled over from the previous five-year plan, although the amount was not specified. Indicative resources by output are included in an annex to the Action Plan attending SRP 6 broken down into regular resources and other resources. UNFPA provided a document tracking expenditures from 2018-2021 towards the SRP 6 ("core and non-core resources 2018-2021"). Summary insights are offered as follows:

Table 6: Expenditures by Category (USD)

Description	Available Funds	Expenditures	Proportion Spent
Total Core Resources	15,881,271	12,527,640	78.9%
Institutional Budget	*4,308,813*	*3,376,611*	
Other Core Resources	*11,572,458*	*9,151,029*	
Non-Core Resources	33,007,341	18,745,462	56.8%
DFAT (Australia)	*19,737,023*	*11,520,593*	
MFAT (New Zealand)	*89,673*	*52,885*	
TTF	*4,585,974*	*2,641,629*	
UN Women	*388,708*	*281,953*	
UNDP	*1,882,324*	*459,637*	
MPTF	*2,425,307*	*524,288*	
UNICEF	*8,758*	*8.758*	
OCHA	*387,887*	*382,898*	
Spain	*53,811*	*53,811*	
Total	**48,888,612**	**31,273,102**	**64.0%**

Source: ATLAS COGNOS

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[77] UNFPA PSRO (2019). Pacific Sub-Regional Programme Action Plan 2018-2022, issued by the UNFPA Pacific Sub Regional Office, Suva, Fiji. No online link for the document was found.

SECTION 4. FINDINGS BY EVALUATION CRITERIA

4.1   INTRODUCTION

This section of the evaluation report presents findings by evaluation criteria. The findings are organised around the main evaluation questions, which are reproduced below, while also covering the sub-questions which are included in the Evaluation Matrix in Annex A. It must be noted that all findings outlined below are drawn from the various data collection sources mentioned in the evaluation matrix and includes KIIs, Case studies and FGDs. It must be noted that the findings are a result of conclusive observations drawn from the full assessment, reflection as it were of documents reviewed and interviews conducted and on the overall materials at the evaluation team's disposal.

4.2   RELEVANCE

Evaluation Criteria: Is the intervention doing the right thing? Relevance entails examining the extent to which the intervention's objectives and design respond to the target group's needs and priorities, as well as alignment with national, global and partner/institution policies and priorities

EQ1: To what extent was SRP 6 design and implementation aligned with the global UNFPA Strategic Plan and as well as national and regional needs and development priorities?

4.2.1   ALIGNMENT ISSUES

A review of a range of documents from the UN system covering the Pacific, along with a review of country documentation included in the 'Documents Consulted' annex, coupled with the results of key informant interviews at regional level show that alignment within UNFPA and within the UN Pacific system was strong and remained a focus during implementation. Interviews conducted at country level, and insights from some of the interviewees at regional level who were asked about alignment, found that alignment with national priorities was stronger in locations where UNFPA had a solid presence on the ground and used this to actively engage with governments, where sufficient programming was in place to have an impact (including when linked to donor-supported programming), and where commodity support was well integrated into national systems and helped strengthen these systems.

Strong uptake of UNFPA-supported services suggest that the programming was relevant to demand where services were offered.

The relevance of delivery of training and systems strengthening support was less clear in the absence of strong results monitoring systems, and key informants were mixed in their opinions of whether what was delivered was relevant to country and regional needs. Inadequate attention was devoted to systematic and well-evidenced learning and documentation that would have better informed an assessment of the relevance of actions to achieving outcomes. Dispersed interventions across countries, a specific problem for regional programming, meant that relevance was uneven across PICTs.

SRP 6 clearly responds to the three global **UNFPA Strategic Plan** (2018-2021)[78] Outcome Areas which also appear in SRP 6 itself. These are specified in the first column in the following table. Further, a Results Framework is included in the SRP 6 Programme Document linking outcomes to outputs and providing indicators, baselines and targets for each. It also includes partners and resource allocation estimates.

The SRP 6 Action Plan (UNFPA PSRO, 2019)[79] specifically elaborates both these outcomes and outputs as well as indicators and targets, further aligned to the **United Nations Pacific Strategy** which is reflected in the second column at outcome level. This holds for all programme areas.

At output level, these are UNFPA-defined indicators that specifically align with the outputs noted under the Strategic Plan. Here again this holds for all programme areas.

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[78] UNFPA (2017). <u>UNFPA Strategic Plan, 2018-2021</u>, UNFPA, New York, New York, United States. https://www.unfpa.org/strategic-plan
[79] UNFPA PSRO (2019). <u>Pacific Sub-Regional Programme Action Plan 2018-2022</u>, issued by the UNFPA Pacific Sub Regional Office, Suva, Fiji. No online link for the document was found.

Alignment is clearly reflected in the following table that shows how UNFPA linked SPR6 with the UNPS and the UNFPA Global Strategy[80]:

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[80] https://unsdg.un.org/sites/default/files/2019-12/UNDP_WS_FINAL_UNPS_2018-2022.pdf

Table 7: Outcome and Output Measures for SRP 6 and Baseline and Target Values

Outcomes Outputs	Output Indicators, Baseline and Endline Targets
Outcome 1: Sexual and Reproductive Health and Rights	
UNFPA Global Outcome 1: Every woman, adolescent, and youth everywhere, especially those furthest behind, has utilised integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence	Outcome Indicator 1.1 *(UN Pacific Strategy):* # of PICTs in which at least 95% of all births are attended by skilled health personnel
	Outcome Indicator 1.2 *(UN Pacific Strategy):* # of PICTs whose proportion of women of reproductive age have their need for family planning satisfied with modern methods has increased
Output 1.1: Strengthened access to quality integrated SRHS for women, adolescents and youth across the development humanitarian nexus	1.1.1 # of countries implementing a sustainable strategy for Reproductive Health Commodity Services
	1.1.2 # of countries that utilised family planning unmet need review findings to inform family planning costed implementation plans
	1.1.3 # of countries with national guidelines for delivering youth-friendly sexual and reproductive health services according to international services
	1.1.4 # of countries that have the capacity to implement the Minimum Initial Service Package at the onset of crises
	1.1.5 # of countries with cervical cancer policy and guidelines
	1.1.6 # of countries with established national systems for the Maternal Death Surveillance and Response
Output 1.2: Increased national capacity to design and implement community and school-based family life education programmes that promote human rights and gender equality	1.2.1 # of countries that have aligned family life education curricula to international standards
	1.2.2 # of countries that have a standardised community-based training package for marginalised adolescents and youth
Outcome 3: Gender Equality and Women's Empowerment	
UNFPA Global Outcome 3: By 2022, gender equality is advanced in PICTs, where more women and girls are empowered and enjoy equal opportunities and treatment in social, economic and political spheres, contribute to and benefit from national development, and live a life free from violence and discrimination	Outcome Indicator 3.1 *(UN Pacific Strategy):* Intimate partner violence against women prevalent rate (# of PICTs whose proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age has decreased based on the latest available data
	Outcome Indicator 3.2 *(UN Pacific Strategy):* Non-intimate partner violence against women prevalence rate (# of PICTs whose proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months, by age and place of occurrence has decreased
Output 3.1: Increased national capacity to address and promote gender equality and the empowerment of women and girls, including their reproductive rights and need for ending violence against women	3.1.1 Reproductive rights of women and violence against women reflected in at least two national policy documents in three selected PICTs
Output 3.2: Strengthened integrated of violence against women in the national health sector	3.2.1 # of countries implementing at least 30% of the national violence against women study health recommendations
	3.2.2 # of countries with standard operating guidelines for responding to violence against women
	3.2.3 % of health facilities per country making references to multi-sectoral services
Outcome 4: Population and Development	
UNFPA Global Outcome 4: Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development	Outcome Indicator 4.1 *(UN Pacific Strategy):* # of PICTs that have conducted at least one population and housing census in the last 10 years.
Output 4.1: Strengthened national statistical systems to ensure increased availability, analysis and utilisation of quality disaggregated ICPD/SDGs-related data, with a focus on informing national and sectoral priorities, policies and programming in development and humanitarian situations	4.1.1 # of countries with at least one analytical study available linking population data to sexual and reproductive health, youth and violence against women
	4.1.2 # of countries with health information systems monitoring key ICPD/SDG indicators
	4.1.3 # of countries monitoring SDG indicators related to the UN Pacific Strategy
Output 4.2: Strengthened use of demographic intelligence to improve policies, programmes and advocacy	4.2.1 # of countries that have developed advocacy and policy briefs in ICPD/SDG-related areas

* As noted previously, the output number system in the UNFPA document repeats output numbers. For ease of reference, here they have both outcome and output numbers

Secondary materials review, a careful assessment of output tracking through UNFPA PSRO's monitoring system and interviews conducted covering SRHR, PD and GEWE led to similar observations across the Strategic Plan and priorities. At a broad level, alignment is clearly evident for both the global UNFPA Strategic Plan and the United Nations Pacific Strategy, and through the Pacific Strategy with Pacific regional priorities that were linked to the Pacific Strategy. Documents reviewed associated with the design of SRP 6 reflects considered attention to this alignment as it was put into place, and the identification of regional priorities that are consistent with these objectives. Similarly, monitoring at output level reflects clear measurement of progress towards the targets reflected in the table. In these respects, **SRP 6 meets key relevance criteria associated with alignment with international and regional priorities** expressed through the United Nations system.

4.2.2 OUTCOME FINDINGS

> "UNFPA often has to navigate tensions in the intersection of culture, gender equality and rights, particularly with the focus on sexual and reproductive health and reproductive rights".[81]

For Outcome 1 in SRHR, the UNFPA report "Accelerating the Promise" reporting on the Nairobi Summit on 25 years of ICPD implementation[82] highlights needed actions to ensure that UNFPA's work is well aligned with regional and country needs. A number of the country level key informant interviews underlined the sensitive nature of much of UNFPA's SRHR work, but that the competent handling of programming that included ensuring proper dialogue, nuancing approach, and incorporating actions into national planning systems all made a difference. UNFPA, of course, has been a long-term partner in the region and has, over time, been able to maintain a good reputation among its partners, with trust a key factor.

For Outcome 3 in GEWE, gender equality has been an outcome-level commitment in UNFPA strategic plans since 2012[84], with the emergent focus on eliminating gender-based violence and harmful practices and the mainstreaming of gender equality across outcome areas. The evaluation of UNFPA's gender programming from 2012-2019 found that UNFPA support demonstrated a high level of consistency in aligning with national gender priorities, including in humanitarian circumstances. The evaluation also found solid alignment with priorities associated with the International Conference on Population and Development, the SDGs, the 2030 Agenda, CEDAW and the Beijing Platform for Action. An evaluation of UNFPA's global GEWE programming[85] concluded that UNFPA had made significant progress on institutional mainstreaming, but that this remained constrained due to limited staff capacity, the lack of clarity of responsibilities, and the absence of

> "The mandate of UNFPA positions it to address GEWE through the focus on sexual and reproductive health and reproductive rights. The strength of the positioning lies in the integration of interventions on gender-based violence, sexual [and] reproductive health and reproductive rights, family planning and harmful practices and the agency's ability to programme from an understanding of the interlinkages".[83]

clear protocols and agreements with other agencies. Progress was also noted on gender mainstreaming, with some progress in this regard in terms of youth programming. SRP 6 is fully consistent in this regard.

For Outcome 4 on population and development, for example, SRP 6 programming supports data collection and analysis with a focus on population, sexual and reproductive health and gender data. UNFPA works with UNICEF and the Pacific Community in the implementation of the Multiple Indicators Clusters Survey combined with the Demographic and Health Survey (MICS-DHS), and Primary Health Care surveys coordinating information requirements across agencies and ensuring relevance of the data collected to country needs, to country reporting against the SDGs, and to planning and programme development. There are high levels of awareness of the importance of having high quality data appropriately disaggregated, including providing information by age groupings, gender, and marginalised and vulnerable groups. More generally, UNFPA has supported the collection of census data to inform resource allocation and national decision-making across sectors, including health and education[86].

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[81] Rojas, K., M. Picard, N. Martin and El Oskay (2021). Evaluation of UNFPA Support to Gender Equality and Women's Empowerment (2012-2020), prepared for the UNFPA Evaluation Office, New York, New York, United States. Page viii.

[82] UNFPA (2020). Accelerating the Promise. The Report on the Nairobi Summit on ICPD25, prepared by J. Butler, A. Erken, I. Hurskin, G. Luchsinger, D. Passanisi, R. Said and P. Smith for UNFPA, New York, New York, United States.

[83] Rojas, K., M. Picard, N. Martin and El Oskay (2021). Evaluation of UNFPA Support to Gender Equality and Women's Empowerment (2012-2020), prepared for the UNFPA Evaluation Office, New York, New York, United States. Page viii.

[84] Rojas, K., M. Picard, N. Martin and El Oskay (2021). Evaluation of UNFPA Support to Gender Equality and Women's Empowerment (2012-2020), prepared for the UNFPA Evaluation Office, New York, New York, United States.

[85] Rojas, K., M. Picard, N. Martin and El Oskay (2021). Evaluation of UNFPA Support to Gender Equality and Women's Empowerment (2012-2020), prepared for the UNFPA Evaluation Office, New York, New York, United States. Page x.

[86] All reports are included in the Documents Consulted annex.

4.2.3 NATIONAL LEVEL ALIGNMENT

At national level, findings are more nuanced. As a regional programme, SRP 6 faces the additional task of considering how the aggregate requirements of international and regional alignment manifest at national level, while at the same time reflecting the needs of the PICTs. Findings from SRHR, PD and GEWE all show considered attention to nuancing approach at national level to try and accommodate national priorities and protocols, albeit with mixed success. For SRHR, PD and GEWE, this is largely dependent on: 1) the quality of the local presence in country, whether directly as UNFPA or through a joint presence with other UN agencies and the quality and persistence of engagement with in-country partners (government and in some cases civil society) to nuance programming to achieve objectives; 2) drawing on donor financed initiatives that are aligned with SRP6; and 3) the extent to which small scale supported initiatives are linked to 'wedge issues' that can help effect broader change in the long term.

For the first, presence in country, the findings reflect the complexities of regional programming, the challenges of properly understanding and responding to national conditions, priorities and trends when there is only a regional office presence, the significance of well-timed actions that are responsive to emergent opportunities and constraints in-country, and the importance of effective use of data for national programming that is less evident when data are considered at regional level. Further, where prepared, annual workplans for each country/territory reflects alignment with national development priorities.

For the second, donor financed initiatives, the ability of UNFPA to draw on these initiatives in some of the 14 PICTs has meant that SRP 6 objectives were potentially supported by these initiatives. Key informant interviews that considered these issues as well as documents assessing these initiatives reflect some alignment in this regard. At the same time, it also meant that the objectives of the donor were paramount when the initiative wasn't a solid fit for UNFPA, and attempts to balance this to meet UNFPA priorities yielded some unhappiness with how implementation proceeded.

For PD, UNFPA has been able to take advantage of core data collection needs and the availability of funds and technical support from interventions such as the Spotlight Initiative to provide gender based violence administrative data as well as to strengthen health management information systems with support from the Transformative Agenda in the countries where these initiatives are in place. In Kiribati, the Kiribati National Statistics Office was able to leverage support from UNFPA and UNICEF to secure financing for primary data collection for conducting the combined MICS/DHS, and to collect sufficient data to be able to break down findings by gender, disability, and livelihoods, among other measures.

> 'UNFPA helped us with the National Youth Policy. There were 10 priority areas including sexual and reproductive health, they were well woven together and included things like climate change and human rights. Things were brought together well in a way that made sense to us'. Key Informant, Marshall Islands

Census data include core information of relevance to SRHR and GEWE and, with national statistical offices working with regional support entities (the Pacific Community) and technical support agencies (e.g., University of Melbourne). There are still data gaps, including inadequate breakdowns of data on disability, but here UNFPA's partner Burnett Institute has been working with groups working with persons with disabilities to improve data collection in this regard. Data collection has been delayed for most countries in the region due to Covid-19, but plans are in place for considerable data collection in 2022, and preparatory work has taken place in countries in the region including Fiji, Samoa, and Kiribati.

For the third, small-scale focused initiatives, while these are linked to the outputs and actions noted in the above table, they are country-specific and reflect an attempt to nuance programming to respond to strategic opportunities or the presence of a partner agency with a history of engagement with UNFPA. While only a few of these were reviewed in this evaluation, in the cases examined it was not clear how support was aligned with UNFPA's expressed priorities in a meaningful manner, whatever the broader rationale. A non-binary gender intervention in Samoa is a good example of considering opportunities to advance programming around sensitive issues in an environment conducive to such an initiative working with an organisation that understood how such issues needed to be approached.

One alignment question that has historically been an issue in the PICTs is whether the work of UNFPA has been aligned with national development planning. For SRP 6, key informants in UNFPA PSRO and in country offices where interviews were conducted identified three actions aimed at strengthening this alignment: 1) consultations with various government agencies on how to 'nationalise' UNFPA support; 2) an alignment mapping exercise against national development plans; and 3) checking this alignment against SDGs. While the mapping was limited in identifying areas of misalignment, it reflected UNFPA's commitment to ensuring alignment as possible with the priorities of national governments. Interview

findings from country level discussions show that, in some countries, the mapping was extensive and involved detailed consultations and reviews not just of development plans but also various policies of relevance to UNFPA's remit. Overall, the national development plans of UNFPA's focus countries clearly linked UNFPA's work with national development plans and SDGs, with clear examples in this regard in Fiji (with the 5 and 20 year national development plan), Kiribati (the 2016-2019 Kiribati Development Plan), Samoa (the Strategy for the Development of Samoa 2016-2020), Solomon Islands (National Development Strategy 2016-2035), Tonga (Tonga Strategic Development Framework 2015-2025), and Vanuatu (2016-2030 National Sustainable Development Plan).

The results of national level interviews with UNFPA officers and country officers found that, at national level, relevance would be enhanced if more attention was needed to strengthen the relevance of actions taken. Key factors affecting relevance in this regard include: 1) the extent to which multi-country initiatives are properly integrated into national programming (e.g., multi-country training and technical support and whether it is cognizant of local needs); 2) the extent to which the efficacy of these actions is measured and thereafter reflected in intervention adaptation and reporting (versus simply delivering something and assuming that that means it worked); and 3) the utility of supporting isolated initiatives reflected through evidence that this has happened (requiring clear examples of these additive effects and attention to cost effectiveness of the particular approach and organisations involved). In addition, further attention to aligning actions with country level annual workplanning and budgeting exercises would support the development of UN country action plans that are better aligned with national needs.

4.2.4   VULNERABILITY AND RELEVANCE

There were two particular focus points with regard to SRP 6 and vulnerability that arose during consultations with various stakeholders: 1) the situation of persons with disabilities; and 2) the situation of lesbian, gay, bisexual and transgender (LGBT) rights. Other factors around vulnerability are also considered under separate evaluation criteria.

Alignment with the 2016 Pacific Framework for the Rights of Persons with Disabilities (2016-2025) and the 2009 Pacific Regional Strategy on Disability[87]. The review report on human rights in the Pacific[88] concluded that countries throughout the Pacific had 'not yet adopted a whole-of-government approach to inclusion' for the disabled. Disability programming in the region has not historically included much in the way of sexual and reproductive health programming. UNFPA's support has been regarded as transformative in 'getting SHR onto the disability agenda' at regional and country levels in disabled persons organisations.

It nevertheless remains 'early days', and these organisations often find themselves overwhelmed with just the basics around awareness that disabled persons have rights, while the infrastructure needed to support the wide range of disabilities is lacking in most countries (e.g., lack of a national sign language, teachers not having skills to work with children with learning differences, etc.). Stigma is a serious problem. As a result, even gender let alone SRH will require time and continued focus to advance.

Support for GEWE includes is increasingly understood to include LGBT rights, but the space to respond is narrow across the Pacific. Understanding how to respond to LGBT issues in the Pacific is important. For example, in Samoa, UNFPA is supporting the Samoa Fa'afafine Association which focuses on non-binary Samoans who have always had a place in traditional Samoan society. Fa'afafine are assigned male at birth and explicitly embody both masculine and feminine gender traits. Up to 5% of the Samoan population is fa'afafine, holding for Samoa and for the diaspora overall. As a movement it has been in place since the 1980s, and established as an NGO in 2006. Rather than approaching fa'afafine as an LGBT issue, the organisation has worked hard to effect acceptance and build an understanding of the long history of non-binary Samoans. Indeed it was the Samoan constitution, which took most of its clauses from the New Zealand constitution, that resulted in anti-LGBT legal interpretations that affected in particular gay men, and did not allow same sex marriage. With attitudinal change, legal reforms would become possible.

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[87] Pacific Community and the United Nations Office of the High Commissioner for Human Rights (2020). Human Rights in the Pacific. A Situational Analysis 2020, prepared by the Pacific Community with support from the United Nations Office of the High Commissioner for Human Rights, Noumea, New Caledonia.
[88] Pacific Community and the United Nations Office of the High Commissioner for Human Rights (2020). Human Rights in the Pacific. A Situational Analysis 2020, prepared by the Pacific Community with support from the United Nations Office of the High Commissioner for Human Rights, Noumea, New Caledonia.

4.2.5 CLIMATE CHANGE

The literature review and the key informant interviews focused on climate change adaptation found that one perceived missed opportunity is associated with the existence of strong regional leadership around climate change, which has not been sufficiently reflected in the UN's approach to climate change programming in the region. While UNFPA is touching on these issues in particular around humanitarian programming, key informants who were engaged in climate change argued that the UN overall should focus more attention on the links between climate change and development work, rather than just in terms of humanitarian programming, and that this would be important for purposes of sustainability and governments attracting international finance for climate change to meet sectoral development objectives. Given strong local commitment to climate change programming, yet still mostly poorly defined in terms of practical actions, this was seen as an area with considerable potential. This would allow the UN to help magnify the voice of regional actors at a global level, clearly linked to developmental programming.

Overall, when asking the question to key informants and partner agencies "is the intervention doing the right thing", the answer at international and regional levels was largely 'yes'. However, some especially important partners raised concerns about a lack of systematic data gathering and reflection on what was being delivered that undermined the ability of UNFPA to ensure programming relevance and adapting to emergent needs.

4.3 COHERENCE

Evaluation Criteria: The level of compatibility (complementarity, harmonisation, and coordination) of the country programme with other interventions in a country in areas of UNFPA's mandate and with coordination mechanisms (e.g., United Nations Country Teams, Humanitarian Country Teams, etc.)

EQ2: To what extent was SRP 6 design and implementation compatible with regional and country programming, with particular attention to programming in Tier 1 and Tier 2 countries, and the work of donor countries and development partners regional and country programming?

Evaluation findings reflect solid performance by UNFPA in terms of the coherence of SRP 6 design and implementation covering both Tier 1 and Tier 2 countries, and with regard to commodity support and humanitarian assistance for Tier 3 countries as well. Field findings in particular from interviews with UNFPA PSRO personnel suggest that this was based on careful attention to coherence in SRP 6 design, due attention to the alignment of country and regional priorities in UNFPA programming areas, and attempts to integrate programme financing from key donors into SRP6. This took time, in part due to the rather precarious position that UNFPA PSRO found itself in in 2017/18 with inadequate finance and limitations in terms of staffing and programming as highlighted in senior level key informant interviews, but with internal reforms and attention to rebuilding UNFPA was able to secure considerable additional financing that allowed it to implement against priorities in SRP 6 as time passed, and significantly expand in-country partnerships. This is evidenced by the increases in financing discussed earlier in the evaluation report and considered as well under efficiency. This allowed UNFPA to focus additional attention on ensuring it was able to contribute against its core priority areas of SRHR, GEWE and PD.

Evaluation findings reflect UNFPA's careful attention to compatibility of programming at regional level within the UN system, as well as attention to priorities as indicated by Pacific regional institutions during design. Findings also reflect UNFPA's careful review of country priorities during design that linked country priorities with regional priorities in UNFPA programming areas.

> 'We started just a few years ago with two partners, but now we have eight. We now cover disability, youth, women and LGBT. We are also working closely with Parliament and the Youth Congress'. Southern Pacific Country Level Key Informant

For implementation, at regional level a wide range of actors interviewed noted that UNFPA was clearly committed to coordinating its work with other UN actors and key donors in the Pacific region, and in providing regional leadership on SRHR and PD and ensuring the complementarity of its work in GEWE. This extended to effective engagement in disability inclusion as it intersected with SRHR and GEWE. UNFPA also invested considerable time and attention to coordinating its humanitarian delivery with other actors in the region, despite limitations in human resources and available financing.

The recent evaluation of the United Nations Pacific Strategy found a strengthened coordination infrastructure for UN programming in the Pacific Region at regional level. This was also noted by most of these interviewed for the UNFPA SRP 6 evaluation when asked about UNFPA's efforts to deliver as part of one

UN. These reform efforts would yielding a positive return-on-investment, and represented an improvement over past performance[89].

However, both the UNPS evaluation and this SRP 6 evaluation found three continued constraints undermining the coherence of delivery, one at regional level, another at country level, and a third across the system: 1) at regional level, the demands of coordination infrastructure meant

> 'UNFPA has been good in helping us advance our own disability agenda in ways that are consistent with their remit and priorities. Their priorities fit in with what we want to do, and what our objectives area. It advances our mission'. Regional Key Informant

high transaction costs in particular for smaller agencies (including UNFPA) arising from the time invested; 2) at country level, within-country UN coordination remained inadequate and arrangements inadequately defined, resulting in high transaction costs from the point of view of national governments; and 3) at regional and country levels, insufficient engagement of non-state actors in a coherent fashion.

For the first point, even with high transaction costs regional interviewees tended to argue that the investment of time and resources in these regional coordination mechanisms was warranted, and that the long-term return on investment was sound. It was rather the need to further streamline arrangements; recommendations were made in the UNPS evaluation in this regard, and are underlined by the SRP 6 evaluation findings.

For the second point, country level, UNFPA has devoted considered attention to this issue during SRP 6, in part in recognition of past problems but largely because it was recognised that this offered an important return on investment. Both Government and UNFPA interviewees noted improvements in performance in this regard under SRP 6 from previous plans. An in-country presence remained central to continued progress in this regard, even when this was undermined by poor performance or high staff turnover, and the need for stronger country action planning and country-level structures drawing all UN agencies in countries together including where there is no UNFPA presence. Key informants dealing with in-country delivery noted that complexities and the presence of a range of actors has meant that deliberative, careful approaches have been employed. As one put it, 'there are so many layers, we don't know who is who and where they fit in in some hierarchies. And there are so many ways in which local politics plays a role, not always clear. So we tread carefully, and we nuance our approaches accordingly'. Key informants in a northern Pacific country contended that the work in Family Life Education 'fits in well with the country plans and priorities of the ministry', and that the curriculum and objectives were fully aligned with 'the goal of providing quality education'. Similarly, a key informant from a southern Pacific country argued that the interventions that she had been involved with 'has taken into account the cultural context and the relevance of some of the activities such as the family planning sexual education that will roll out to communities'.

For the third point, the UNPS found engagement with civil society to be 'ad hoc and sporadic, without a clear strategy for engagement, focus or advocacy'. This was also noted in the global evaluation of UNFPA'S contribution to GEWE, where the report noted that while UNFPA has strengthened civil society organisations aimed at the elimination of discrimination in terms of gender and sociocultural norms but that "even when UNFPA engages with and strengthens civil society organisations, there are challenges related to scale-up of strategies, local ownership and UNFPA positioning vis-à-vis state and non-state actors"[90]. This was reflected in key informant observations for this evaluation which found often solid bi-lateral working relationships with civil society at project level but the absence of a coherent framework for civil society engagement that would serve to strengthen the role of civil society in UNFPA focus areas at both regional and country levels.

Coherence has been enhanced by support for the Voluntary National Reviews, with UNFPA focused on ensuring that the reviews included consideration of sexual and reproductive health and population, and UNFPA enabling surveys that would inform the reviews, including the MICS/DHS surveys and census data collection. Having said this, as noted in Section 2, major data gaps remain that undermine the ability of various UN agencies to inform progress against the SDGs, highlighting the critical need to strengthening the collection of data relevant to assessing progress against SDGs. Coherence has also been enhanced by the complementarity between UNFPA's work on GEWE and PD with the work of the Pacific Community and other UN agencies (UNICEF and UN Women in particular), and the links between GEWE, PD and data on gender and health.

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[89] United Nations Pacific (2022). End-of-Cycle Evaluation. United Nations Pacific Strategy (UNPS) 2018-2022, issued by United Nations Pacific, Suva, Fiji.
[90] Rojas, K., M. Picard, N. Martin and El Oskay (2021). Evaluation of UNFPA Support to Gender Equality and Women's Empowerment (2012-2020), prepared for the UNFPA Evaluation Office, New York, New York, United States. Page ix.

4.4 EFFECTIVENESS

> **Evaluation Criteria: The extent to which country programme outputs have been achieved, and the extent to which these outputs have contributed to the achievement of the country programme outcomes**

> **EQ3: To what extent a) did SRP 6 achieve its intended programme outputs; b) did these outputs contribute to outcomes; c) what affected these achievements; and d) did SRP 6 yield unexpected results (positive and negative)?**

4.4.1 ACHIEVEMENT OF OUTPUTS

Achievement of outputs, reflected in the table below based on data provided directly by the M&E team at UNFPA PSRO, indicates that SRP 6 is on track to deliver the majority of its outputs as planned. Interviews with the partner agencies and government key informants reflected engagement of Government and non-governmental partners in the countries where activities took place, despite constraints arising from the Covid-19 pandemic, and mostly satisfaction with what was delivered.

Inadequate attention to results monitoring and learning undermined an assessment of the utility of a number of these outputs in terms of progress towards outcomes, although in particular with regard to the Transformative Agenda for Women, Adolescents and Youth supported by Australia there are efforts to report results and draw conclusions from delivery, but not yet institutionalised. Part of the problem is due to the fact that SRP 6 was finalised before the Transformative Agenda was finalised, necessitating a great deal of work on ensuring alignment after the fact, and putting considerable pressure on UNFPA in this regard.

Progress against outputs as updated in early 2022[91], and against indicators that have been used to inform outcome progress. 'Status' is divided into 'exceeded', meaning that the target was exceeded, 'achieved' meaning that the target was met, 'partially achieved' meaning that the target was partially met (at least half the target was met), and 'not achieved' meaning that the target was not approached (less than half the target was met). Findings are summarised in the following table:

Table 8: Output Progress Under SRP 6[92]

Output	Indicator	Baseline	Target	Achieved	Status
Sexual and Reproductive Health and Rights					
1.1 Strengthened access to quality integrated SRHR services for women, adolescents and youth, across the development humanitarian nexus	1.1.1 Number of countries implementing a sustainability strategy for reproductive health commodity services	0	7	4 (Fiji, Tonga, Kiribati and Vanuatu)	**Partially Achieved**
	1.1.2 Number of countries that utilised family planning unmet need review findings to inform family planning costed implementation plans	0	7	5 (Tonga, Kiribati, Samoa, Solomon Islands, Vanuatu)	**Partially Achieved**
	1.1.3 Number of countries with national guidelines for delivering youth friendly SRHR services, according to international standards	0	5	6 (Fiji, Tonga, Kiribati, Samoa, Solomon Islands, Vanuatu)	**Exceeded**
	1.1.4 Number of countries that have the capacity to implement the Minimum Initial Service Package at the onset of crises	3 (Fiji, Samoa, Vanuatu)	7	8 (Fiji, Samoa, Vanuatu, Kiribati, Tokelau, FSM, RMI, Tonga)	**Exceeded**
	1.1.5 Number of countries with cervical cancer policies and guidelines	1 (Fiji)	5	5 (Fiji, Samoa, Solomon Islands, RMI, Vanuatu)	**Achieved**
	1.1.6 Number of countries with established national systems for the Maternal Death Surveillance and Response	2 (Fiji, Kiribati)	6	4 (Fiji, Kiribati, Solomon Islands, Vanuatu)	**Partially Achieved**
1.2 Increased national capacity to design and implement community	1.2.1 Number of countries that have aligned family life education curricula to international standards	0	5	4 (Kiribati, Samoa, Tonga, Vanuatu)	**Partially Achieved**

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[91] While the evaluation covered the period through the end of 2021, output level findings were provided on multiple occasions in 2022. A version was used that showed progress as of mid-2022.

[92] Figures are cumulative, not annual.

Output	Indicator	Baseline	Target	Achieved	Status
and school-based family life education programmes that promote human rights and gender equality	1.2.2 Number of countries that have a standardised community-based training package for marginalised adolescents and youth	0	5	8 (Fiji, Samoa, Tonga, Tuvalu, Solomon Islands, Kiribati, Cook Islands, Vanuatu)	**Exceeded**
Gender Equality and the Empowerment of Women					
3.1 Increased national capacity to address and promote GEWE and girls, inc. their reproductive rights and need for ending VAW	3.1.1 Reproductive rights of women and violence against women reflected in at least two national policy documents in three selected PICTs	0	3	5 (Fiji, Kiribati, Samoa, Tonga, Vanuatu)	**Exceeded**
3.2 Strengthened integration of VAW in the national health sector	3.2.1 Number of countries implementing at least 30% of the national VAW study health recommendations	0	3	4 (Samoa, Solomon Islands, Nauru, Cook Islands)	**Achieved**
	3.2.2 Number of countries with standard operating guidelines for responding to violence against women	0	4	4 (Fiji, RMI, FSM, Vanuatu)	**Achieved**
	3.2.3 Percentage of health facilities per country making referrals to multisectoral services	0%	60%	Regional – 49% Fiji – 68% Kiribati – 65% RMI – 15% FSM – 30% Samoa – 43% Solomon Isl – 40% Tonga – 26% Vanuatu – 38%	**Partially Achieved but some countries well behind**
Population and Development					
4.1 Strengthened national statistical systems to ensure increased availability, analysis and utilisation of quality disaggregated ICPD/SDG-related data, with a focus on informing national and sectoral priorities, policies and programming in development and humanitarian situations	4.1.1 Number of countries with at least one analytical study available linking population data to sexual and reproductive health, youth and violence against women	2 (Fiji, Tuvalu)	5	6 (Fiji, Tuvalu, Kiribati, Samoa, Tonga, Vanuatu)	**Exceeded**
	4.1.2 Number of countries with health information systems monitoring key ICPD/SDG indicators	0	5	6 (Fiji, Kiribati, Samoa, Solomon Islands, Tonga, Vanuatu)	**Exceeded**
	4.1.3 Number of countries monitoring SDG indicators related to the UNPS	0	14	6 (Fiji, Kiribati, Samoa, Solomon Islands, Tonga, Vanuatu)	**Not Achieved**
4.2 Strengthened use of demographic intelligence to improve policies, programmes and advocacy	4.2.1 Number of countries that have developed advocacy and policy briefs in ICPD/SDG-related areas	0	10	11 (Fiji, Palau, FSM, RMI, Samoa, Tonga, Solomon Islands, Vanuatu, Kiribati, Nauru, Tuvalu)	**Exceeded**

na = not yet available

Of the 16 indicators, 7 were exceeded, 3 were achieved, 5 were partially achieved (over 50%), and only one target was not met. Three of the 4 targets were exceeded under PD (with the last not achieved), 3 of the 8 targets were exceeded under SRHR, and 1 of the 4 targets was exceeded under GEWE. The main indicator of concern was 4.1.3, which was not achieved, where only 6 of the 14 countries were monitoring SDG indicators relevant to the UNPS, all six of whom were larger countries.

Exceeding the target on Indicator 3.2.3 'percentage of health facilities per country making referrals to multisectoral services' was especially important on GEWE for two reasons: 1) referral systems have historically been challenging; and 2) UNFPA has also strengthened referral mechanisms during humanitarian crises. Data utilisation, always a problem, is a persistent problem, but the fact that Indicator 3.1.1 'reproductive rights of women and violence against women reflected in at least two national policy documents in three selected PICTs' was achieved reflects progress in this regard. For PD, 4.1.3 'number of countries monitoring SDG indicators related to the UNPS' reflects the problem noted at the beginning of this evaluation report on the many data gaps undermining the ability of PICTs to track progress against SDGs.

For 4.1.2 'number of countries with health information systems monitoring key ICPD/SDG indicators, this reflects the considerable challenges facing the strengthening of health management information systems overall, but was exceeded, nonetheless.

Regarding under-achievement, when considered in terms of trends and expectations for the future, this did not always match the negative assessment found in the quantitative results. In some cases, what looks like under-performance is actually an investment of time and energy

> 'The things we discuss under FLE, they were always taboo, but now parents, teachers and others are more open to considering these things and willing to discuss. Of course these things take time and patience'. Northern Pacific Key Informant

in a manner that will sustain change in the long-term. For example, key informant interviews found that the work done on family life education was setting a solid foundation for effective integration into curriculum in a manner consistent with socio-cultural norms, and doing so in a manner that would meet international standards. It was rather an issue of how long it took to make sure this was done correctly, and in a manner where it would be sustained in the long-term. One group of key informants in the northern Pacific for example explained the amount and complexity of the work to make sure that FLE was accepted by educators and caregivers, and how important it was to bring community leaders on board as well.

> 'While in most countries in the Pacific populations are more and more concentrated in major urban areas and environs, there are still people living across many report islands. It is these populations that are least reached and most in need, despite their small numbers. Regional Key Informant

Survey-related data, for example, were all delayed due to Covid-19, but a number of surveys are now planned for 2022/23. In this respect, data availability will improve in the near future, holding in particular for GBV, census data, and data from MICS/DHS surveys that will allow trend analysis relevant to the next UNFPA five year plan. The file includes analytics considering progress against goals, outcomes and outputs, and by focal area (SRHR, GEWE, PD).

Regarding indicator 1.1.1 for SRHR 'Number of countries implementing a sustainability strategy for reproductive health commodity services' UNFPA PSRO provided additional information on the sustainability strategy (referred to as 'funding compacts'). The table provided is as follows:

Table 9: Sustainability Strategy Status

PROPOSED TIERS - COMPACT

TIER	Countries	Justification	Recommendation
Tier 1	Fiji, Solomon Islands, Vanuatu (These countries received a minimum of US$100,000 worth of contraceptives as in-kind donation in 2020).	Funding Compacts subject to re-evaluation of the impact of COVID on GNI. Depending on severity defer co-financing requirement	Funding Compacts proposed to commit no financial contributions from 2022 to 2024 then 20-25% by 2025 but scaling up to 50-75% or more by 2030
Tier 2	FSM, Kiribati and RMI (These countries received between US$10,000 – 20,000 worth of contraceptives as in-kind donation in 2020)	Modified funding requirement	Co-financing requiring no financial contribution from 2022 to 2029 and 100% by 2030 subject to economic conditions
Tier 3	Cooks Palau, Nauru, Niue, Samoa, Tokelau, Tonga and Tuvalu (received less than US$6,000 worth of contraceptives as in-kind donation in 2020)	Modified compact only UHC commitment – explore collaboration with bigger countries	Compact with no funding requirement till 2030 and 50% by 2030

Countries	Cook Islands	Fiji	FSM	Kiribati	Nauru	Palau	Samoa	Solomon Islands	Tokelau	Tonga	Tuvalu	RMI	Vanuatu	Total
Total country cost in 2020 ($)	3,816	113,406	14,433	22,364	0	890	7,372	455,453	663	5,995	1,546	9,867	109,540	745,145

The table reflects some progress on country-level commitment to cover the costs of commodities currently covered in full by UNFPA. Tier 1 countries covering Fiji, Solomon Islands and Vanuatu anticipate partial coverage by 2025, and significant coverage by 2030. For Tier 2 countries, 1% coverage is anticipated between now and 2029, and then 100% coverage from 2030. For Tier 3 countries, they will be reclassified as Tier 2 from 2022 and therefore 1% coverage is anticipated between now and 2029, and then 50% coverage from 2030. Tier 1 countries represent the largest financial costs, meaning that their partial coverage from 2025 would have a significant impact on total costs for UNFPA.

The mid-term review of SRP 6 found significant delays in implementation, delays that frustrated both UNFPA and support donors, as well as implementing partners and national governments[93]. Despite the advent of Covid-19, UNFPA PSRO was able to significantly accelerate implementation, resulting in a number of measures being 'on track' in terms of quantitative deliverables. The engagement of regional implementing partners was critical in this success, as was the building of solid working relationships between UNFPA PSRO and these partners.

Key financing for SRP 6 comes from the Department of Foreign Affairs and Trade (DFAT) through the Transformative Agenda for Women, Adolescents and Youth. A review of 'achievement and results' in 2021[94] reported against the sexual and reproductive health programme-level outcomes and outputs under these outcomes; each was aligned with the SRP 6 Outcome on sexual and reproductive health and rights. In many respects the findings reflected output attainment for Transformative Agenda target countries (Fiji, Kiribati, Samoa, Solomon Islands, Tonga and Vanuatu), and report some progress against outcomes[95]. For example, in terms of improved SRH services, an assessment conducted found that the supported actions had yielded tangible results in terms of decision-making, from Samoa mapping of measles response services, to scaled up family planning delivery in Kiribati based on high levels of demand for services, to Fiji in terms of Covid-19 preparedness, to policy improvements. The mid-term review of the Transformative Agenda conducted in 2020[96] found slow start-up of delivery by UNFPA, worsened by the absence of an inception phase that would have enabled more effective programming and better equipped and prepared implementing partners. The advent of the Covid-19 pandemic worsened the situation, as did the measles outbreaks in Samoa and Tonga, the lack of streamlined administrative processes, and low fund utilisation by ministries across all five countries and regional implementing partners.

While UNFPA PSRO has worked with regional implementing partners for years, interviews with senior personnel at UNFPA PSRO noted that SRP 6 represented a shift to a greater emphasis on the engagement of such regional actors. The IPPF, John Snow International, Women Enabled International, Burnett, and Family Planning New South Wales etc. were all felt to have proved that they can strengthen both delivery and the engagement of civil society actors around the Pacific. Unfortunately, getting them on board meant that there were delays in implementation, which meant a slow start to SRP 6.

> 'The Transformative Agenda changed everything. It meant that UNFPA could finally properly deliver'. Regional Key Informant.

4.4.2 OUTPUT CONTRIBUTION TO OUTCOMES

In UNFPA's tracking system, indicators are provided at outcome level and reported against as part of the overall results framework monitoring system. While the indicators do not link fully to output indicators, and are therefore less valuable in considering the output-to-outcome contribution, they are consistent with international measurements that are identified by UNFPA as critical to outcome achievement. A summary of progress against indicators at outcome level is as follows:

SRHR

- Outcome Indicator 1.1 on modern family planning methods reach and 1.3 with adolescent birth rates were not achieved, with the former at only 20%, and the latter at 71%
- Outcome Indicator 1.2 on health facilities providing at least three integrated SRH services had a target of 5 PICTs, with achievement exceeded covering 8 countries
- Outcome Indicator 1.4 on skilled birth attended attendance was achieved, reaching 4 out of 4 target PICTs

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[93] United Nations Pacific (2022). End-of-Cycle Evaluation. United Nations Pacific Strategy (UNPS) 2018-2022, issued by United Nations Pacific, Suva, Fiji.

[94] UNFPA (2021). "Transformative Agenda for Women, Adolescents and Youth. Steering Committee Meeting 2021 Achievements and Results", PowerPoint presentation prepared by UNFPA for the Steering Committee meeting. See also UNFPA (2021) "A Transformative Agenda for Women, Adolescents, and Youth in the Pacific: Towards Zero Unmet Need for Family Planning 2018-2022. Progress Report January-October 2021", UNFPA PSRO, mimeo, that elaborates a number of outputs and discusses results.

[95] An end-of-programme evaluation of the Regional Sexual Reproductive Health Programme covering Kiribati, Samoa, Solomon Islands, Tonga and Vanuatu was carried out in 2020. A key conclusion was that the Programme was complementary to the Transformative Agenda, as was the Reproductive, Maternal, Newborn, Child, and Adolescent Health Programme, and that regional stakeholders felt that the Programme was felt by a majority of regional stakeholders as highly relevant to national goals around SRHR. See Enns, K. (2020). End-of-Programme Evaluation Report of the Pacific Regional Sexual and Reproductive Health Programme (PRSRHP) 2014-2020, prepared for the New Zealand Ministry of Foreign Affairs and Trade and the UNFPA PSRO, Wellington, New Zealand.

[96] Commonwealth of Australia and Abt Associates (2021). Mid-Term Review Report: Transformative Agenda for Women, Adolescent and Youth in the Pacific: Towards Zero Unmet Need for Family Planning 2018-2022, prepared by Abt Associates under the Specialist Health Service facility funded by the Australian Government Department of Foreign Affairs and Trade, Canberra, Australia.

GEWE

- There was a single outcome indicator 3.1 'number of PICTs with gender equality national action plans that integrate both reproductive rights and violence against women with specific targets and national budget allocations' that was exceeded, with 5 of the target 3 PICTs reached

PD

- The target of 4 PICTs with 'policies and plans adopted and resourced to address sexual and reproductive health and violence against women' was exceeded, with 5 reached
- The target of 8 PICTs with 'national development framework and policies that incorporate ICPD/SDG and population dynamics and address the needs of women, girls and young people' was exceeded, with 10 countries reached against a target of 8

At outcome level, the assessment conducted for the evaluation based on data provided by UNFPA PSRO up to July 2022 found that SRP 6 performed poorly against SRHR and GEWE, and moderately against PD. However, as per the discussion at output level, the findings for these indicators masked progress made in setting the groundwork for achievement of objectives. This suggests that attention to deficiencies in target reach can be considered further in the next five year plan. This matrix also includes goal level measures with five indicators (2 SRHR, 2 GEWE, and 1 PD), three of which were noted as 'on track' (trends in GBV and censuses) and the last two of which was noted to have been affected by Covid-19 but was expected to return to 'on track' in the near future (family planning reach and skilled birth attendants).

The ratings above are based on up-to-date data provided by UNFPA PSRO in July 2022[97], and are specifically relevant to the evaluation purpose of considering progress. UNFPA PSRO uses a different approach with a 'yes/partial/no' assessment for each indicator, which yields a more negative rating. Further, the approach used by UNFPA aggregates progress against indicators and then gives an average from these averages. However, this approach has clear limitations in that it gives an inaccurate picture of progress by averaging goal, outcome and output level measures together rather than weighting them, and then preparing an overall average of this percentage. Using percentages when there are only 28 indicators can be especially misleading. Instead, the tables on outputs and outcomes above have relied on the numbers achieved per indicator rather than an average.

For the Programme's Outcome 1 on the supply of integrated sexual and reproductive health services, the review found that couple year protection, a key measure of SRH reach, was negatively affected by Covid-19 restrictions that delayed and constrained distribution, but that almost 100m contraceptives were delivered in 2021. Covid-19 adaptation accelerated master training approaches to health training, but reporting on the efficacy of the approach was patchy. Systematic curriculum review and revision took place associated with various aspects of health service delivery, with clear attention to learning from good practices internationally and regionally and recommendations on how to align with global standards on family planning, including adolescent sexual and reproductive health, disability inclusion and addressing violence against women. Most countries found the recommendations to be sound, and a range of actions were in place around curriculum review and updating were in the process of being implementation; it was too early to draw conclusions on the efficacy of these actions. This was also the case in terms of strengthening midwifery services[98], as well as the results of the development of regional adolescent sexual and reproductive health services and youth-friendly sexual and reproductive health training materials and adoption by five target countries, including specific attention to the needs of disabled persons.

For the demand for integrated sexual and reproductive health information and services, the assessment found considerable progress in terms of case assessments, curriculum development and revision and teacher training in all six target countries, albeit it with delays arising from Covid-19. Here again it is too early to consider the efficacy of this work against the outcome, but progress reported across all six target countries suggest that the intervention was highly desired by target countries, and that (in part due to Covid-19) innovative approaches to delivery were employed (e.g., reaching students who were not in school due to the pandemic). There were also adaptative approaches employed to reach adolescents with comprehensive sexuality education in situations where there were sensitivities around these issues, including direct health worker involvement in the delivery of such education in religious schools so that teachers themselves did not

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[97] Mimeo entitled 'country coverage of achievements'.
[98] UNFPA (2021). "Transformative Agenda for Women, Adolescents and Youth. Steering Committee Meeting 2021 Achievements and Results", PowerPoint presentation prepared by UNFPA for the Steering Committee meeting.

have to do this. Out-of-school comprehensive sexuality education services were also delivered despite constraints arising from Covid-19, although it is too early to consider the results of these services.

Referring to the environment within which sexual and reproductive health services are delivered (the Programme's third outcome), the focus was on strengthening the enabling environment for SRHR. Policy progress was reported for SRHR in Fiji, Kiribati, Tonga and Vanuatu that reflected consultative processes (as far as possible in the context of Covid-19 restrictions), the conduct of disability needs assessments (Fiji, Samoa, and Vanuatu), while health management information systems strengthening actions were reported for 4-5 of the 6 target countries, but insufficient progress to report results for this evaluation.

A global mid-term evaluation of the UNFPA Supplies Programme[99] found that programmes around the world had been "an effective instrument to positive foster the integration of family planning into primary health services" (page iii), expanded access to family planning products and

> 'The supply management training was conducted for our health workers in hospitals as well as those managing pharmaceutical facilities. The training was useful and we see improvements in how supplies are managed'.
> Southern Pacific Country Level Key Informant.

better reach for adolescents and youth (including marginalised women and girls), and better programming in humanitarian settings. The evaluation around found that the Programme had been central to identifying and addressing weaknesses in national and local capacities for supply chain management. Gaps remained around sustainable financing, including difficulties in advancing domestic financing.

An assessment of the UNFPA Supplies Programme[100] conducted three years later (in 2021) considered the efficacy of Phase 2, presenting findings for 2018-2020. With a cost of just over USD700,000, the Supplies Programme offered over 200,000 Couple Years Protection, averted 269 maternal deaths and prevented almost 40,000 unintended pregnancies, and in doing so offered cost savings some six-fold over expenditures (with savings of some USD5.3m).

4.4.3 COVID-19 AND EFFECTIVENESS

While reference is made to *coping* with delivery of SRHR, PD and GEWE services under SRP 6 during Covid-19, it is important to note that specific programming also took place responding to Covid-19. Cast as humanitarian relief in most cases, reports were issued at Pacific regional level and the Asia and Pacific region levels[101], each was aligned with UNFPA's Covid-19 Global Response Plan and, for the Pacific, with the Covid-19 Pacific Health Sector Support Plan. Objectives for these programmes included a focus on maintaining access to sexual and reproductive health services and strengthening gender-based violence programming with an expected rise in GBV arising from the stresses of the pandemic. One report highlighted innovation approaches to reaching those especially hard to reach, including strengthening midwifery services and hospital-based services, and expanding psychosocial support services (including online and phone-based telehealth support).

> 'The pandemic has led to increased recognition of the benefits of task sharing, rapid refresher training in universal precautions for disease prevention, self-care through self-administered medications and e-health, with the use of digital technologies and telecommunications, to provide remote access consultations and health information'. Regional Key Informant.

A report on progress towards ensuring family planning and sexual and reproductive health services in humanitarian contexts under the Transformative Agenda provides example of sexual and reproductive health services using a continuity of services that mitigate possible effects of humanitarian crises and thereafter respond to these crises. This included discussion of cyclone-related disasters and Covid-19[102]. While as with the other similar materials the focus is on what is delivered, this document and the other one on the Transformative Agenda offer reasoned speculation on the results of some of the activities (but not all of them). These actions were informed by UN-wide socio-economic impact assessments of Covid-19 on affected populations and on delivery systems, and included for some countries updated models of Covid-19 impacts on maternal mortality and birth rates.

The Covid-19 pandemic also led various health ministries, and development partners, to consider additional 'task shifting', meaning that tasks are shifted and clearly defined and roles and responsibilities are clearly described, and funding made available to additional actors. Task shiftint frees up nurses, midwives,

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[99] UNFPA Evaluation Office (2018). Mid-Term Evaluation of the UNFPA Supplies Programme (2013-2020), prepared by the UNFPA Evaluation Office, New York, New York, United States.
[100] PowerPoint presentation dated 12 November 2021 entitled 'overview of UNFPA supplies phase 3 Pacific plan – 2021-2030'.
[101] See for example UNFP Asia and the Pacific (2021). UNFPA Asia and the Pacific COVID-19 Humanitarian Response Plan July 2020-June 2021, UNFPA Asia and the Pacific Regional Office, Bangkok, Thailand.
[102] UNFPA (2021) "A Transformative Agenda for Women, Adolescents, and Youth in the Pacific: Towards Zero Unmet Need for Family Planning 2018-2022. Progress Report January-October 2021", UNFPA PSRO, mimeo.

obstetricians and others to focus on the provision of 'higher level' services and delegating other tasks to those with less training but who can play important roles in the delivery of sexual and reproductive health services. During Covid-19 and during humanitarian disasters community health workers have particularly important roles to play in this regard.

The United Nations ESCAP report on the impacts of Covid-19 on GBV[103] argued that direct intimate partner violence was especially likely to worsen under Covid-19, along with online violence and abuse which reportedly increased due to the rise in internet use. Levels of intimate partner violence was estimated to have increased by at least 20% during the Covid-19 lockdowns[104], with increased exposure to perpetrators, stressful environments triggering violence, and reduced access to support services to prevent further violence. A global assessment led by UN Women[105] found GBV of all types had increased during the pandemic, and that one-in-four women in surveyed countries felt more unsafe at home during the Covid-19 pandemic than before the pandemic had started. Globally, an evaluation of UNFPA and GEWE argued that "UNFPA has contributed to strengthening national policies, accountability frameworks and legal normative frameworks, including laws on GEWE"[106].

4.4.4   DISABILITY INCLUSION

> 'UNFPA is helping those who work at the intersection of gender and disability. This means disability mainstreaming across a range of GEWE initiatives and ensuring that disability-focused programming is responsive to gender'. Key Informant, Vanuatu

Particular progress has been made in terms of disability inclusion under SRP 6. As part of the Transformative Agenda programming, UNFPA has been working with Women Enabled International, the Pacific Disability Forum, and a number of organisations focused on persons with disabilities and disability inclusive SRHR and GBV[107]. Concerns were raised by key organisations involved in disability that they were only marginally included in early consultations around SRP 6, and argued that for any future programming they should be more intimately involved in the detailed planning.

Interviews conducted with a number of disability inclusion actors highlights the challenges in overcoming discrimination against those with disabilities and in reaching them with needed services. While these challenges remain, findings from interviews and secondary materials suggest that the approach employed under the Transformative Agenda has proven effective, operating at both strategic and operational levels in target countries. Disability service readiness assessments, the identification of policy gaps, the identification of training and materials gaps, and assessment of 'community readiness' for expanded engagement of disabled persons in their own health and the life of the community were all carried out.

Disability-specific information, education and communication activities, training materials development and training of health providers and civil society organisations on disability inclusion working with these partners and responsible government ministries were reported in the briefing note as having had direct success, with satisfaction high among partner agencies and among those involved from governments and civil society. These findings are reinforced by findings from GEWE interviews on disability conducted for the evaluation, including adaptation in terms of training and mentoring due to Covid-19 restrictions. However, training and mentoring utility in follow-on actions is less clear and not well measured, save anecdotal insights, meaning that while outputs can be commented on in this regard it is more difficult to consider outcomes.

> 'UNFPA is doing the best of all UN agencies on disability, it is to their credit that they are committed to disability in a way that few do'. Regional Key Informant

Having said this, the results of discussions with officials involved reflect the fact that the intervention has yielded tools that are aimed at building coherent and effective programming targeting greater service reach for disabled persons and, equally importantly, engagement of disabled persons in public life and decision-making. Strengthened disabled persons organisations, direct consultations with disabled persons, and improved data availability through census data and surveys, as well as identifying disabled persons for

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[103] UN-ESCAP (2021). The Covid-19 Pandemic and Violence Against Women in Asia and the Pacific, prepared by the United Nations Economic and Social Commission for Asia and the Pacific, Bangkok, Thailand.
[104] The UN-ESCAP report notes that this is a conservative figure and that the actual figure is likely to be much higher, but that accurate data to provide a more reliable estimate were not available.
[105] UN Women (2021). Measuring the Shadow Pandemic: Violence Against Women During Covid-19, prepared by UN Women, New York, New York, United States.
[106] Rojas, K., M. Picard, N. Martin and El Oskay (2021). Evaluation of UNFPA Support to Gender Equality and Women's Empowerment (2012-2020), prepared for the UNFPA Evaluation Office, New York, New York, United States. Page 24.
[107] UNFPA (2021). Transformative Agenda for Women, Adolescents and Youth. Mainstreaming Disability Inclusion into Sexual and Reproductive Health and Family Planning Programming, mimeo prepared by UNFPA PSRO, Suva, Fiji.

programme targeting including in local interventions, were all noted as critical to further disability inclusive programming. Particular progress has been made in adolescent sexual and reproductive health guidelines for disability inclusion, engaging with key stakeholders in moving this forward, and providing support to delivery, as well as improved behavioural change communication materials and protocols that are disability inclusion. Some concerns were expressed by disability inclusion activists that the mainstreaming of disability in programming risked marginalising the voice of those with disabilities themselves. Mainstreaming required attention to voice.

With specific regard to sexual and reproductive health, the Transformative Agenda devoted specific attention to disability inclusion. Service availability and service appropriateness was considered in terms of access and effectiveness of service delivery for those with physical, visual, and auditory disabilities, each of which was measured through the development of a Health Facility Readiness Assessment tool and implementation in a limited number of countries in the region. This has allowed access tracking in some countries.

4.4.5 MONITORING, DATA AND DATA USE

For UNFPA's Programme Outcome 4 on PD, Output 1 focused on strengthened national statistical systems to increase availability, analysis and utilisation of high quality, disaggregated data, while Output 2 focused on the use of data to improve policies and programmes and strengthen advocacy. Particular gains were noted by national key informants as associated with hand held data collection protocols, the development of modules that included information of relevance to SRHR and GEWE, and modules on labour and livelihoods. These helped link data collection through core surveys with information relevant to a wide range of planning needs, from labour markets to rural livelihoods to health status to disability. Means were also put into place to ensure quality control of data collection.

> UNFPA's support to capacity building around census data collection, analysis, and data utilisation has strengthened the position of statistical offices in a number of PICTs. In Vanuatu it was noted by interviewed key informants that the reputation of the National Statistical Office had strengthened over time due to the support received from UNFPA and its partners.

Support in particular for MICS/DHS and census data collection have proven to be effective in informing a wide range of policies and programmes, including those relevant to SRHR, PD and GEWE. Further, administrative data on civil registration of births and deaths as well as attention to health management information system data requirements has added significant value to population and health

> 'As an international NGO, we recognise the value of partnerships with local civil society organisations. We build our programming around them. We support capacity development, we mentor, we are here for the long run. We engage them in working with various government agencies. It works, but it is not easy'. International NGO interviewee.

> "Women and girls, children, refugees, internally displaced persons, stateless persons, national minorities, migrant workers, lesbian, gay, bisexual, transgender, intersex and queer people, persons with disability, older persons and persons living with HIV/AIDS – all face the extra burden of being historically under-represented in policy discussions".[108]

planning and service delivery. UNFPA's work in strengthening SRHR and GBV data within health management information systems in countries reached was reported by national key informants who discussed the issue as well received, including the standardisation of definitions and establishing core indicators within for example the Health Islands Monitoring Framework. There is scope for significant improvements in this regard, with civil registration data gaps of particular concern, but support for the Burnett Institute's work in strengthening health management information systems has been well received by reached PICTs. Capacity gaps have been identified in terms of the collection and reporting of SRHR data and GBV data, and has been a focus of capacity development, working closely with the World Health Organisation in this regard. While progress was noted, key informants were largely of the opinion that much more could be done to strengthen national statistical systems, data collection to inform SDGs, and the quality of data collection.

The evaluation of UNFPA gender programming (2012-2019)[109] found significant improvements in support to censuses and surveys that enabled significantly improved analysis of gender and vulnerability. This was consistent with field findings from the SRP 6 evaluation.

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[108] Pacific Community and the United Nations Office of the High Commissioner for Human Rights (2020). Human Rights in the Pacific. A Situational Analysis 2020, prepared by the Pacific Community with support from the United Nations Office of the High Commissioner for Human Rights, Noumea, New Caledonia.
[109] Rojas, K., M. Picard, N. Martin and El Oskay (2021). Evaluation of UNFPA Support to Gender Equality and Women's Empowerment (2012-2020), prepared for the UNFPA Evaluation Office, New York, New York, United States

The Pacific Data Hub of the Pacific Community reported data availability and utility across a wide range of indicators. The '17 goals to transform the Pacific'[110] included data on sixteen PICTs across the 22 PICTs who were members of the Pacific Community[111], For 131 indicators relevant to assessing progress against the Sustainable Development Goals (SDG), most countries were able to report on 75 or fewer indicators, with the situation in UNFPA PSRO covered countries especially problematic for Niue and least problematic for Fiji. Even for Fiji, however, there were only data for 75 of 131 of the SDG indicators[112].

Given the quality and availability of health data in the Pacific Region, compared to other data areas, and considered the programming around PD that has helped to fill a range of information gaps, UNFPA has an important role to play in data, information management, monitoring and learning in the UN system. It's role in the UN regional infrastructure in this regard should have been stronger than shown under SRP 6.

Data utilisation has historically been a concern which received attention through SRP 6. Advocacy associated with data use and practical examples in how these data can inform programming is critical to advance data use, and done well can help advance sound programming. While it is difficult to establish UNFPA's specific effects on data use, respondents argued that UNFPA's collaboration with UNICEF on MICS/DHS, its support for census data collection, and its efforts around health information management all increased data use and respect for data integrity. Those involved in data collection and use in countries where interviews were conducted noted that constraints in data utilisation come more from a lack of full dialogue with data users, and having these various users involved in the early stages of design, resulting in constraints on use.

Data utilisation is also constrained by a lack of 'data mining' and reporting, especially important for SRHR, youth focused SRH and gender advocacy. Where such reporting has taken place, such as the gender, disability and youth monographs produced in Samoa, key informants felt that much more could be done, and that more attention needed to be devoted to ensuring that these publications were appropriate for their intended audiences. Another example is the State of Pacific Youth published in 2017[113] where more attention needed to be devoted to matching content with audience and engaging with audiences during preparation.

Demand for data use is high across a number of agencies interviewed for the evaluation. One problem noted in this regard was a focus on routine data measurement rather than measuring results and assessing the effects of what was being down – measuring towards outcomes in this regard. As one key informant noted, 'the reporting isn't very interesting, we just give them numbers and our financial data. But where is the discussion of impacts, where is the learning? We're here for the long-term, we are here to learn and apply this, we don't just want to record numbers'. The key informant went on to argue that they were not given the space to learn and share, it was rather a focus on meeting targets and focusing on delivery rather than reflecting on delivery. She noted that there was considerable potential for south-south learning facilitated by agencies like hers that worked across the Pacific, and that UNFPA would benefit from such learning that included what other agencies were doing and how it fit with UNFPA's agenda.

UNFPA has worked hard to ensure the monitoring of activities and outputs under the results framework for SRP 6, and systems are in place to follow-up on data gaps to ensure that up-to-date data are available for the identification of gaps in delivery and for reporting purposes. The number of activities to measure is considerable and can be quite time-consuming, with resultant time lags in the provision of data within the system, and some frustration with the amount of time required to meet this range of data requirements.

Tracking progress against process and target output indicators are monitored through UNFPA monitoring protocols as elaborated in the Monitoring and Evaluation Framework included in the Sub-Regional Action Plan[115]. Programme implementation progress is tracked against annual work plans prepared for each programme component. These are informed

Detailed data are offered for example for the comprehensive sexuality education/family life education projects covering the eight target countries, including using means to consider whether there are still gaps in delivery or whether delivery occurred at a prior time[114].

by online ATLAS GPS quarterly reports submitted by all implementing partners, annual reports for each

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[110] https://pacificdata.org/dashboard/17-goals-transform-pacific

[111] This includes some countries and most territories not covered by UNFPA PSRO. See https://cooperation-regionale.gouv.nc/en/cooperation-pacific-cooperation-instances-and-programs/pacific-community-spc

[112] https://pacificdata.org/dashboard/17-goals-transform-pacific

[113] https://unsdg.un.org/resources/state-pacific-youth-2017

[114] See the mimeo 'UNFPA PSRO TA program: CSE/Family Life Education (FLE) project' excel sheet maintained by the PSRO.

[115] UNFPA PSRO (2019). Pacific Sub-Regional Programme Action Plan 2018-2022, issued by the UNFPA Pacific Sub Regional Office, Suva, Fiji. No online link for the document was found.

country, and field monitoring visits conducted at least annually, with frequency dependent on need. Monthly, quarterly, mid-year and annual reviews are conducted of these materials by UNFPA PSRO. Monitoring against activity level targets is informed by implementation progress reporting as well as national information systems (e.g., national health information systems), secondary sources and special studies, and other reporting tools used by UNFPA PSRO. Aggregation to output level is generated mostly from the online system described above, the online Strategic Information System (SIS) MyResults platform, as well as a review of policy documents, country programme meetings, quarterly meetings with implementing partners, and field missions.

While activities are described and progress against outputs recorded, in discussions with key informants on data use in particular at country level, these data were reported to play little role in supporting improved SRHR, PD and GEWE programming at country level, even by country-level UNFPA personnel. The system is largely designed to move data upwards for regional reporting purposes, and is far less likely to be used to systematically consider country level progress. This undermines data utility at country level (for government, the UN system in the country, and for UNFPA itself), and also makes it difficult to consider the cumulative effects of UNFPA actions in the context of other UN actors and government actions.

Secondary materials are also constantly assembled and sorted for use in planning and programming, and made available to the UNFPA team. Interviews with UNFPA officials highlighted how both these sources of information have been used to strengthen delivery, and how it is handled in regular planning sessions. And while the monitoring system is routine in focus, UNFPA interviewees note that they also use monitoring data and documentation to reflect on performance and the means to improve programming.

Reporting against SRP 6 has included some attention to results, but in practice results monitoring is neither systematic nor exhaustive. Results findings are often anecdotal and conclusions drawn from these findings do not always appear to be based on solid evidence from the field. One implementing partner key informant offered important insights in this regard: 'The reporting framework is entirely focused on financial accountability, not outcomes. How do we help advance coherence in programming to deliver against outcomes? We're not asked that, we're simply asked to report our activities. And our activities can be more expansive than we first thought, but we're not encouraged to do that. We could be working much more with technical leaders in the health sector, both government and civil society, and better advance our objectives. But that's not our remit, so we don't focus there'. More support is needed that allows greater flexibility, and that allows extensive convening, investing in dialogue and learning and documenting what has been learned. Country programmes that allow sufficient adaptation are critical, that is where local partners can effectively engage.

Figure 5: Gender Indicators and Data Availability by Region[116]

South-eastern Asia 33%
Western Asia 30%
Central Asia 28%
Southern Asia 29%
Eastern Asia 24%
Oceania 8%

■ Gender indicators with data available
■ Gender indicators without data available

The mid-term review[117] reported significant problems with the design of the Monitoring and Evaluation Framework, with 'ill-defined and/or unmeasurable indicators' and interventions with no indicators to measure progress. The review found that half of the indictors were not measurable, and that of the remainder the majority showed little progress at the time of the evaluation. The absence of baseline data (and poorly designed indicators that require onerous baseline measures) was also reported as a problem, along with deficiencies in reporting.
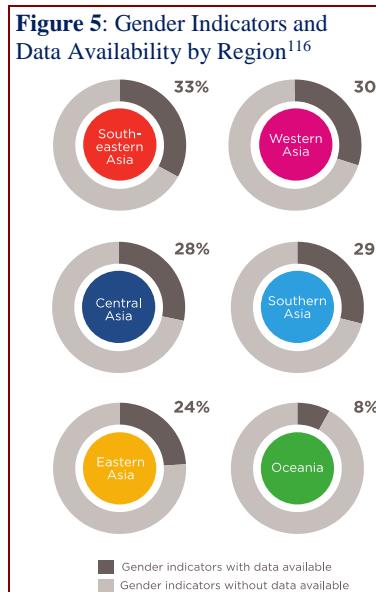
4.5   EFFICIENCY

Evaluation Criteria: The extent to which country programme outputs and outcomes have been achieved with the appropriate amount of resources (funds, expertise, time, administrative costs)

EQ4: To what extent did UNFPA and its partners deliver against SRP 6 objectives against human resource and budget allocations?

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[116] UNFPA (2020). Gender Equality in Asia and the Pacific. 25 Years After the Beijing Declaration, prepared by UNFPA, New York, New York, United States.
[117] Commonwealth of Australia and Abt Associates (2021). Mid-Term Review Report: Transformative Agenda for Women, Adolescent and Youth in the Pacific: Towards Zero Unmet Need for Family Planning 2018-2022, prepared by Abt Associates under the Specialist Health Service facility funded by the Australian Government Department of Foreign Affairs and Trade, Canberra, Australia.

Previous evaluations of UNFPA programming in the Pacific, including the evaluation of MCP 5, have all highlighted slow processes around the movement of funds, deficiencies in the systems in place regarding management of implementing partners so that they handle funds responsibly, and the burdens placed on implementing partners in reporting on expenditures. Financial management, accounting and reporting has also consumed a great deal of the work of UNFPA's country level officers. Inefficiencies were noted in this regard associated with inadequate country presence and centralised decision-making processes, and broader institutional problems UNFPA faced in the first two years of SRP 6. Interviews with partners found that they often had to draw upon their own limited funding to bridge delays in securing funds from UNFPA, or activities had to be delayed, undermining relationship-building and resulting in inefficiencies related to rescheduling and stop-start implementation. This also harmed UNFPA PSRO's reputation with important regional and national partners, and meant that trust had to be re-established.

The mid-term review of the Transformative Agenda conducted in 2020[118] found a range of challenges to the efficient implementation of the programming, noting the following in particular: complex and slow recruitment of UNFPA staff and implementing partners, and slow disbursement of funds that stopped implementation of key interventions. Since the region, recruitment procedures and the movement of funds are reported to have improved significantly.

These problems were raised in the mid-term review of SRP 6, but here it was also noted that the situation was improving, albeit unevenly. Interviews at UNFPA PSRO, as well as interviews with partner agencies, found that driving improvements have been efforts to streamline the movement of funds from PSRO to its implementing partners, devoting attention to getting proper processes in place among larger implementing partners, UNFPA sub-office officials engaging with in-country implementing partners in those countries where sub-offices exist (FSM, Kiribati, RMI, Samoa, Solomon Islands, Tonga and Vanuatu), and the restructuring of UNFPA during SRP 6 that enabled the expansion of sub-office operations and increased number of sub-office positions. Delivery improved as SRP 6 proceeded in part due to the onboarding of regional organisations to support implementation. However, these organisations themselves face both funding and capacity constraints, with funding uncertainty a major contributor to the inability to attract and retain skilled officers for the long run in a manner that allows sustained delivery.

A PowerPoint presentation prepared by UNFPA compiled data on efficiency during implementation of SRP 6. Key points are noted below:

- Turnaround in disbursements: 2018 21 days; 2019 15 days; 2020 6 days; 2021 7 days[119]
- Satisfactory audits: 2017 1 in 3; 2018 1 in 2; 2019 0 in 1; 2020 5 in 5; 2021 2 in 2
- Absorption capacity delays – government partners: detailed budget planning support; implications of low implementation rates shared with partners for joint decision-making; coordinated planning across national, UNFPA PSRO and regional technical partners. Significant improvements in Vanuatu, Solomon Islands, Tonga, Fiji, and Samoa, and some improvements in Kiribati.
- Financial capacity constraints – government and NGO partners: spot checks, audits, micro-assessments; reducing negative findings through capacity building, direct intervention support, locating UNFPA administrative staff within ministries for financial processes. Tonga and Samoa showing significant improvements, Fiji improved, Solomon Islands significant improvements and improved government ownership, but limitations still in Kiribati.
- Systematic political challenges – government partners: enabling two-year workplans, smooth roll-over of balance funds at year end for early implementation in first quarter; disbursements of two quarters instead of one to ensure sufficient funds for activities; awareness of and planning for government financial year bottlenecks. Improvements in all countries, but some limitations still in Kiribati.

Overall, key informant interview findings suggest that improvements were due largely to strengthened internal UNFPA capacity to monitor expenditures, improved implementation capacity, strengthening implementing partners, and introducing the concept of results-based management both

> 'Overall the UNFPA has done really well in recent years. There has been a real shift in the PSRO, they now work closely with their implementing partners and other stakeholders to deliver more efficiently and more transparently'. Partner key informant, consistent with comments made by other partners

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[118] Commonwealth of Australia and Abt Associates (2021). Mid-Term Review Report: Transformative Agenda for Women, Adolescent and Youth in the Pacific: Towards Zero Unmet Need for Family Planning 2018-2022, prepared by Abt Associates under the Specialist Health Service facility funded by the Australian Government Department of Foreign Affairs and Trade, Canberra, Australia.
[119] These figures are tracked by quarter by implementing partner in the document 'FACE processing timeline'.

among implementing partners and senior government officers. A senior key informant in UNFPA PSRO noted that further improvements were anticipated with the establishment of the North Pacific Multi-Country Office, strengthen collaboration with key large-scale programmes such as Spotlight, and improved gender-responsive budgeting.

Interview findings suggest that the presence of the country level sub-offices has proven especially important in improving the efficiency of delivery, allowing UNFPA to directly work with other UN actors in country and with Government and civil society, engage with them in a manner that allowed a better understanding of national priorities and implementing environments, and help solve problems together.

Having said this, country officers for UNFPA report spending considerable time training and mentoring implementing partners, and nevertheless encounter constraints that cannot be overcome that slow the movement of funds. These problems have been intensified by Covid-19 restrictions that have made convening difficult. Added to this are high levels of staff turnover among key implementing partners, and various demands on the time of both UNFPA country officers and implementing partners arising from various development actor engagement and their needs and reporting requirements and resultant duplication of efforts. Delays in filling posts also hampered performance. In other cases country sub-offices assumed a level of autonomy in actions when trying to pursue solutions to problems that had arisen, only to be told they had overstepped their roles by the PSRO in Suva.

UNFPA commissioned a series of micro-assessments of financial management procedures and financial management capacity of partner countries and partner agencies throughout the Pacific Region. Seven areas were considered, including procurement, financial reporting and monitoring, fixed assets and inventory, accounting policies and procedures, organisational structure and staffing, programme management, and implementing partners. Risk assessment ratings were given for each of these categories for the select institutions. For example, the Department of Health and Social Affairs in FSM[120] was assessed across 81 criteria under these seven categories and identified 10 high or significant risks, 34 moderate risks, and 31 low risks, with moderate risks overall affecting five of the seven assessment areas. A similar assessment of the Ministry of Health in Tonga[121] found mostly low levels of risk.

More generally however, UNFPA's systematic approach to programming has supported the efficiency of SRP 6 implementation. SRP 6 development and approval was followed by the operationalisation of actions under the SRP 6 Programme Action Plan (2018-2022), which are then translated into annual workplans for each year and each country working closely with implementing partners. This has meant consistent engagement with implementing partners and national actors to prioritise actions and determine how to proceed. The extensive preparatory work done to identify and on-board regional and national implementing partners which resulted in delays in the early years of SRP 6 has paid off in terms of delivery in the second part of SRP 6. This covers financial management, monitoring and output reporting, performance assessments of local partners, and reporting on problem identification and resolution and performance against outcomes.

One regional partner argued that UNFPA had been very good at disbursing funds, and that the guidelines in this regard were very clear, with a minimum of difficulties. However, the problem was in working with sub-contractors who had to meet the requirements of UNFPA. This required a great deal of mentoring support and problem-solving, and meant more time than anticipated in 'getting them up to speed'. Even then, these sub-contractors moved at different speeds, and this means unexpected demands on the time and resources of the main agency at unexpected moments.

> 'There is a discipline in UNFPA now that wasn't there just a few years ago. Operations are far stronger, and much more efficient. We are lean and mean, getting things done in time. And there is continued dedication to improving on this'. Senior Regional Key Informant

> 'A major issue is the late disbursement of funds, leading to delays in implementation. But this is within our Government, UNFPA has done what it can and continues to help us do better'. Key Informant, Kiribati

Efficiency in terms of engagement with national partners tended to be higher in places where UNFPA and other UN partners worked closely together, and where UNFPA had a solid presence on the ground. As one senior regional key informant noted, 'having the right people in place is critical, good examples are Kiribati and Vanuatu'. Some national partners reported inefficiencies in dealing with the UN overall because of project-focused

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[120] UNFPA (2016). HACT Micro-Assessment of Capacity Development and Financial Management: Department of Health and Social Affairs, Federated States of Micronesia, prepared by Ernst and Young for UNFPA PSRO, Suva, Fiji.
[121] UNFPA (2016). HACT Micro-Assessment of Capacity Development and Financial Management: Ministry of Health, Kingdom of Tonga, prepared by Ernst and Young for UNFPA PSRO, Suva, Fiji.

engagement rather than broader strategic engagement, but also reported that in some cases the situation had improved in recent years. Many of the inefficiencies in operations were due to national procedures and inefficiencies, rather than coming from UNFPA, with a number of national key informants from implementing partners requesting further support from UNFPA in this regard (as one in the northern Pacific put it, 'I strongly recommend the need for UNFPA to continue to work with the ministry in the release of funds for the programme'.

UNFPA has significantly expanded its use of consultants during SRP 6 to support implementation of a much larger programme. Efficiency was felt by UNFPA itself to have improved with the engagement of longer-term consultants to support UNFPA personnel, with the longer-term engagement meaning that the consultants were quite clear about their roles, and were also flexibly involved in additional support on an as-needed basis. Short-term consultants also played a role in improved efficiency, although this worked best with the short-term consultants were previously familiar with UNFPA PSRO. A shift to regional consultants for on-site work in the Pacific became increasingly important during delivery during the height of the Covid-19 pandemic, while it became more difficult to work with international consultants because of their inability to work on-site.

UNFPA PSRO also conducted 'satisfaction surveys' with PRSO personnel in 2018 and again in 2021. The findings show remarkable changes over this timeline, showing changes from 2018 (blue columns) to 2021 (orange columns):

Figure 6: Staff Satisfaction UNFPA PSRO (2018 [blue] and 2021 [orange])
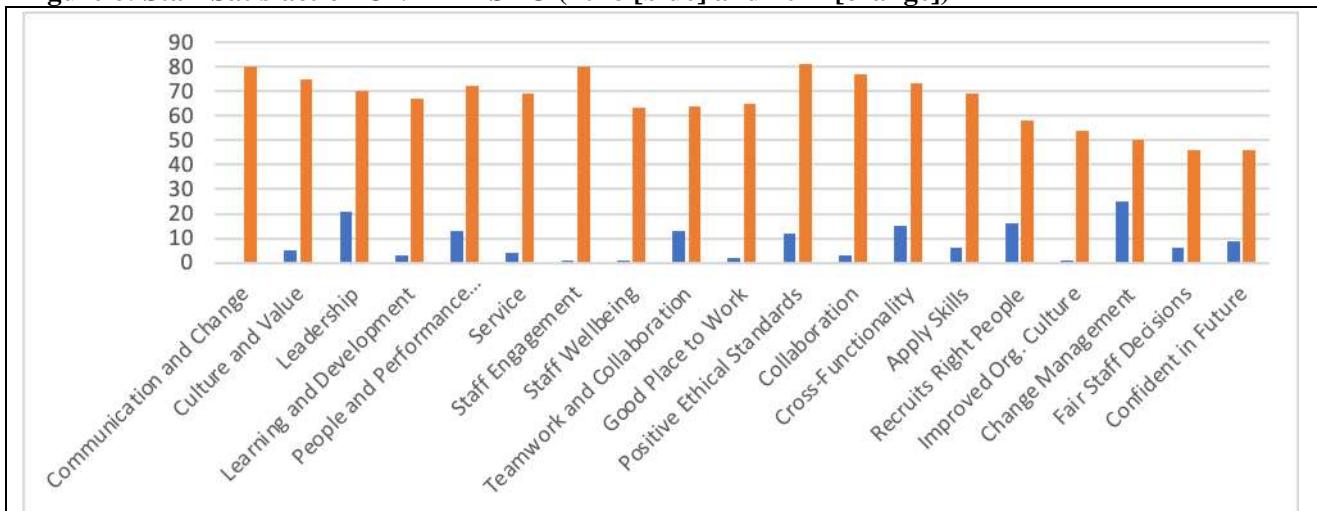
Findings reflect dramatic improvements from 2018 to 2021, but with challenges remaining in terms of organisational culture in UNFPA PSRO. The assessment also considered highlights and low points in terms of satisfaction, with the following covering 2021. 'Highlights' included 'organisation culture of UNFPA is results-driven', 'I receive regular timeline feedback that helps me improve my performance', 'my supervisor seeks my input and involves me where appropriate', 'UNFPA's organisation culture emphasises results-focus, agility and innovation', and 'the Executive Committee members are held accountable for their performance'. In each of these cases, UNFPA PSRO performed better than the average UNFPA operations worldwide. UNFPA PSRO performed below the average UNFPA operations worldwide in terms of 'in my team, people accept responsibility for resolving problems that arise in their work', 'the amount of work that I am expected to do is reasonable', 'my work allows me to balance my personal and work life', 'I generally find myself able to cope with stress on a daily basis', and 'overall I am satisfied with my job'.

While the efficiency of delivery has improved significantly, key informants also noted that it was also easier to engage with UNFPA, that the UNFPA team worked with them in a respectful manner, tried to solve any problems arising as quickly as possible, and made themselves available to support implementing partners. Lines of communication were clear and understood.

'It is a mystery how money moves in the UN system We have trouble understanding how this works, here there is a Joint Programme office but there is lots of turnover and sometimes it is hard to understand what they want and why they do what they do'. National Level Key Informant, Marshall Islands

Covid-19 restrictions had impacts on both operating efficiency and cost effectiveness. A number of key informants, in response to questions covering the three key areas (SRHR, PD, GEWE) argued that delivery

agencies had worked hard to adapt their delivery to the new conditions, and that things like training and supervisory missions had increased operating efficiency and was only partially undermined by an inability to engage on-site. The constraints were less at the point of delivery and more at the point of verification of the effectiveness of the new means of delivery. Similarly, the increased use of regional consultants or a stronger mix of regional and international consultants was felt to have improved cost effectiveness, but that the inability of skilled international consultants to conduct onsite field visits and consultations had undermined the effectiveness of the work.

In the case of GBV programming under Covid-19, interviews found that a range of actions were taken aimed at verifying the efficiency of delivery in four target countries (FSM, RMI, Samoa and Vanuatu). Delivery shifted from onsite technical training and support to a focus on developing standard operational procedures with the World Health Organisation, locating consultants to deliver (onsite if possible), and devoting extensive backstopping from off-site. Additional time was spent on ensuring that content was well understood and was being applied. In this case the efficacy of delivery was verified through validation workshops. Having said this, the onsite engagement that allows consultation and observation that then yields nuanced processes are harder to do from offsite, and this has been lost even in cases where significant time and energy has been put into effective off-site support.

The following table shows UNFPA PSRO's budget during SRP 6 implementation divided into core resources – funds coming from UNFPA itself – and non-core resources – funds coming from other sources:

Table 10: Core and Non-Core Financing During SRP 6 Implementation (first four years) (USD)

Source	2018	2019	2020	2021	Total
Core Funding	3,811,271	4,088,962	4,036,417	3,944,567	15,881,217
Non-Core Funding	3,578,412	6,450,808	9,109,531	13,868,590	33,007,341
Total	7,389,683	10,539,770	13,146,002	17,813,157	48,888,612
% Core	51.6%	38.8%	30.7%	22.1%	
% Non-Core	48.4%	61.2%	69.3%	77.9%	

As the table shows, core financing remained flat across the SRP 6 implementation period, while non-core financing increased significantly over time. Core resources comprised 51.6% of total resource allocation in 2018, falling by over half to 22.1% by 2021. Expenditures are shown in the following table:

Table 11: Core and Non-Core Expenditures During SRP 6 Implementation (first three years) (USD)[122]

Source	2018	2019	2020	Total
Core Funding	3,811,271	4,088,962	4,036,417	11,936,650
Core Expenditure	3,495,065	3,720,009	3,508,224	10,723,298
Non-Core Funding	3,578,412	6,450,808	9,109,531	19,138,751
Non-Core Expenditure	2,973,990	5,635,714	7,582,781	16,192,485
Total Funding	7,389,683	10,539,770	13,146,002	31,075,455
Total Expenditure	6,469,055	9,355,723	11,091,005	26,915,783

Expenditures kept pace with funding, holding at over 85% for all three years, for an average of 86.6% expenditures against funding. The proportion expended did not increase over time.

A separate file 'budgets and expenditures by programme cycle outputs 2018-2022' shows spending versus finance by main programme area. This is shown in the following table:

Table 12: Funding and Expenditures During SRP 6 Implementation (first three years) (USD)[123]

Source	2018	2019	2020	Total
SRHR Funding	3,199,965	4,027,256	7,135,230	15,906,407
SRHR Expenditures	2,076,223	2,450,404	4,116,596	10,556,419
% Expenditure Against Funding SRHR	69.5%	63.1%	74.3%	61.8%
GEWE Funding	1,000,257	2,096,064	1,443,066	4,539,387
GEWE Expenditures	794,109	1,427,448	1,171,733	3,393,290
% Expenditure Against Funding GEWE	79.4%	68.1%	81.2%	74.8%
PD Funding	662,623	800,552	1,192,278	2,655,423
PD Expenditures	481,829	602,584	785,579	1,869,992
% Expenditure Against Funding PD	72.7%	75.3%	65.9%	70.4%
Budget Allocation and Expenditure by Area (%)				
SRHR Allocation	78.8%	74.8%	82.0%	78.8%

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[122] Total expenditure for 2021 not yet confirmed, so excluded from calculation.
[123] Total expenditure for 2021 not yet confirmed, so excluded from calculation.

Source	2018	2019	2020	Total
SRHR Expenditures	77.1%	72.7%	79.1%	76.5%
GEWE Allocation	12.7%	18.3%	9.9%	13.4%
GEWE Expenditures	14.2%	19.2%	12.5%	15.2%
PD Allocation	8.4%	7.0%	8.2%	7.8%
PD Expenditures	8.6%	8.1%	8.4%	8.4%

SRHR allocations represented 78.8% of total budget, and 76.5% for total expenditure. For GEWE, the figures were 13.4% allocation and 15.2% expenditure, and for PD the figures were 7.8% allocation and 8.4% expenditures. Using the total percentage, spending was highest against budget for GEWE, followed by PD and finally SRHR.

4.6   COORDINATION

Evaluation Criteria: The extent to which UNFPA has been an active member of, and contributor to, the existing coordination mechanisms of the UNCT

EQ6: To what extent has UNFPA been able to contribute to the operations of the UN in the region in a manner that strengthens coordination mechanisms and the efficacy of operations?

Coordination more broadly was covered under Coherence above. Here the focus is specifically on performance within the United Nations Country Team (UNCT). As noted under objectives, UNFPA wanted the evaluation to "provide an assessment of the role played by the UNFPA Pacific SRO in the coordination mechanisms of the United Nations Country Team (UNCT), with a view to enhancing the United Nations collective contribution to national development results". This also referenced coordination around humanitarian actions. As noted above under Coherence, UNFPA is mandated to engage in coordination infrastructure within the UN Pacific architecture. This includes the Outcome Groups, where UNFPA co-chairs the Basic Services (health &education) group with WHO and UNICEF. UNFPA also chaired the UN Data Monitoring and Evaluation Group from 2018-2019, and continues as a member, chairs the UN Working Group on youth and also co-chairs the UN Gender Group with UN Women.

Interviewees in the UN system, both within and outside UNFPA, tended to agree that UNFPA had worked hard to engage in the UNCT infrastructure at regional and country levels, and that in large part it had been successful in doing so. Particular success was noted with regard to humanitarian programming. For immediate response after a crisis has arisen, a team is put into place that fast-tracks strategic and operational decisions under the leadership of the country's disaster risk response team. Supplies can be moved within 24 hours in these cases. Systems have been tested repeatedly over the past few years, including responding to the measles outbreaks in Samoa and Tonga, Tropical Cyclone Harold in Vanuatu, the two tropical cycles of Yasa and Ana (within a week of each other) in northern Fiji, and the volcano and tsunami that affected Tonga.

UNFPA is a member of the Pacific Humanitarian Team which is led by OCHA and UNRCO, and has served as a vital means to coordinate with partners and stakeholders at regional and country levels. A Suva-based Rapid Response Team has been established to strengthen immediate response after crises arise. UNFPA engaged in extensive agency-wide preparations in this regard involving over thirty UN members of staff across the Pacific Region. This left the agency significantly stronger in terms of integrating humanitarian work in all areas of delivery (mainstreaming to build resilience of systems and households) and in specifically delivering under humanitarian delivery.

UNFPA's active engagement with the UN infrastructure in the Pacific Region has yielded important coordination around data collection and utilisation for major surveys relevant for SRHR and GEWE, and for PD as evidenced by a range of reports discussed with key informants. Actions include working with UNICEF under the New Zealand United Nations Pacific Partnership and with UN Women on the Spotlight Initiative (on GBV administrative data). UNFPA and the Pacific Community have developed a joint work programme for data collection and use covering sexual and reproductive health, youth, fertility, and population. While these have proven largely effective, according to mission reports and based on the results of interviews with various actors (including country interviews), they are still largely *ad hoc* and key informants report opportunities missed, in particular developing better engagement with the World Health Organisation given their central role in building and enabling health management information systems.

Improved coordination was also reflected in fund-raising, where UNFPA facilitated a process of interagency coordination based on successes in facilitating Covid-19 programming funding across UN agencies. While still nascent, key informants reported that there was felt to be considerable scope for growth in particular in the development of joint programmes.

However arrangements under UNPS were not always clearly driven and focused, and common ground was not always identifiable. Joint Programmes helped to find this common ground in some cases, but interviewees noted that the range and nature of the UN coordination and thematic infrastructure were not always fit for purpose. These entities should only exist if their serve practical, clear functions, and that likely means fewer groups, very clear terms of reference, expected deliverables linked to what is delivered by these UN agencies, and practical movement on joint initiatives and improved efficiency.

Within UNFPA itself, the Gender and Human Rights Working Group was instrumental in incubating good ideas, and gave space to creativity that linked gender and human rights to programme delivery. Gender requires strategic thought, it is a complex area, and therefore requires consistent dialogue and innovation. This helped feed into the UN Pacific's Gender Output Group 2 that itself was instrumental in ensuring systemwide attention to gender.

At country level, interviews found consensus that humanitarian coordination was reflected in its work in countries where UNFPA was engaged, even without a local UNFPA office, further reflecting the close work with other UN partners. The situation was more complex in terms of SRHR, PD and GEWE interventions at country level, where UNFPA's lead in both SRHR and PD was reflected in programming coherence with national governments (and due care exercised when sensitivities arose around SRHR), but where its work in GEWE was less clearly connected to country team actions. This sometimes reflected deficiencies in performance from UNFPA's side, but it also reflected weaknesses in gender programming in some countries in the region where gendered change is slow. It also reflects UNFPA's limitations on delivery in Tier 2 countries.

4.6.1 GENDER AND GENDER-BASED VIOLENCE

One area where coordination is especially important, but where boundaries are less clear, is GEWE. There is a consensus among the officials interviewed and aware of UNFPA's work in this regard that the agency has worked hard to give definition to its role in the interface between sexual and reproductive health and gender across delivery of all services, and this has been widely recognised as well focused by a range of key informants. UNFPA has also specifically endeavoured to contribute to an area led by UN Women by focusing on operating guidelines for delivering services for victims of violence, strong health sector delivery for victims of violence, effective referral systems, and data collection to inform GBV programming and providing survey data to establish trends over time.

The same holds for GBV in humanitarian situations in the Pacific, where UN Women and UNFPA have worked closely together and where UNFPA's role is understood and respected. However, where UNFPA has less presence on the ground than UN Women, two key informants working on the sector suggested that interim arrangements might be best to allow UN Women to lead in this regard. UNFPA leads the United Nations system's sub-cluster on Gender-Based Violence during emergencies[124], falling under the Protection Cluster led technically by UNDP and supported by UN Women[125]. The sub-cluster has 28 members, while there are eight national clusters covering Fiji, FSM, Kiribati, RMI, Solomon Islands, Samoa, Tonga and Tuvalu as linked to the Pacific Regional Cluster. Disability inclusion in humanitarian planning and response was also provided for, including Women with Disability Dignity Kits and other innovations.

The 2021 Annual Report of the Pacific Humanitarian Team[126] referred to the Gender-Based Violence in Emergencies (GBViE) regional 'community of practice' to support effective coordination, capacity development, and technical assistance. As with trends in adaptive social protection, the sub-cluster considers not just the GBV response to emergencies but also prevention prior to disaster and effective long-term programming to strengthen recovery. A GBV Preparedness Planning Tool has been developed that is reported to have been of use for the development of national plans that reduce the risk of GBV during crises,

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[124] https://sites.google.com/unfpa.org/pacific-gbv-sc/home
[125] UN Women was not yet recognised as a registered agency for delivery within humanitarian settings, therefore UNDP was the technical lead. It was reported that this further complicated coordination, but that UNDP recognised the critical role that UN Women played and worked hard to allow them to contribute as possible.
[126] Pacific Humanitarian Team (2021). Annual Report 2021, prepared by the Pacific Humanitarian Team of the United Nations, Suva, Fiji. https://reliefweb.int/report/cook-islands/pacific-humanitarian-team-annual-report-2021

provide sound services during emergencies, and support recovery following disasters. Interviews conducted on the effectiveness of the Cluster structure and its actions were consistently positive, with respondents highlighting the significant investment of time and energy by UNFPA in the GBV sub-cluster, and examples of effective delivery during crises including Covid-19 and the Tongan volcano of early 2022. The sub-cluster website includes both delivery of outputs against targets, but also importantly links users to a range of support services and Pacific resources[127].

The broader evaluation of the United Nations Pacific Strategy, conducted in 2021 and issued in March 2022 found that the Humanitarian Protection Cluster had adopted an effective human rights-based approach to humanitarian response and responding to the particular needs of the most vulnerable in humanitarian situations[128]. Having said this, key informants aware of GBViE delivery noted that the situation varied depending on within-country disaster risk management efficiency and effectiveness, noting that Fiji was especially strong in this regard, and that disaster risk management in the north Pacific is significantly different than the south Pacific. This, she noted, meant considered involvement of the multi-country offices, including the new one for the north Pacific.

> 'The Pacific has committed to climate change response, and disaster risk response and resilience are well understood throughout the region. However, this doesn't always translate into effective planning and action, we are working with a wide range of countries and things are uneven. We need to recognise that things don't always move in a straight line'. Regional Key Informant

UNFPA is piloting a Women Friendly Spaces approach to the provision of integrated sexual and reproductive health and gender-based violence as part of disaster response. This was piloted in Fiji on response to the twin 2020 cyclones Yasa and Ana that his northern Fiji[129]. This has proven to be an excellent model for bringing various actors together, and to provide a mechanism to build national capacity. After a disaster, the contacts made and the systems employed working with local leaders and volunteers has served as a continued focus of attention to continuity of programme in disaster prone areas.

More broadly humanitarian delivery in gender has included UNFPA leading the GBV sub-thematic area, establishing means of finance and fast track procedures for providing support, updating humanitarian policy and systems, employing regional humanitarian specialists, and developing and implementing minimum standards for delivery under humanitarian situations[130]. The Spotlight Initiative has highlighted the intersection between SRH and GEWE and helped clarify where UNFPA fit in with regard to GBV and health delivery, SRH and women's agency and decision-making. This was reported to work well in Vanuatu and Samoa, where the Initiative has country programmes, but less so in regional level programming covering other PICTs. Follow on work the Team Leader has been involved in in Fiji found UNFPA's engagement in GBVie to be well respected[131].

One key informant noted that 'in past years it was more difficult to understand where UNFPA fit into GEWE vis-à-vis UN Women as well as other UN agencies, and at that time it wasn't clear if UNFPA had the capacity to engage in GEWE. Now that UNFPA has more capacity, it is even more important to sort out how the agencies work together, which in the interim it may require more flexibility on the part of UNFPA if UN Women is already delivering the relevant support even if it is an area now under UNFPA'. Coordination was also noted as critical to the programming around persons with disabilities within the framework of the UN Partnership on Persons with Disabilities and with the regional and national infrastructure around disability organisations. Here again UNFPA has played a critical role, and the results of interviews with relevant key informants would suggest that the work is valued and is consistent with good practices. Key informants within UNFPA also credited the Disability Inclusion Strategy with helping

> "The Covid-19 pandemic has brought into sharper focus the importance of building resilience, breaking down silos and embracing inter-agency collaboration to ensure more enduring solutions to addressing gender inequality and intersectoral inequities in access to quality services that are inherent to the development-humanitarian-peace contexts".[132]

[127] https://sites.google.com/unfpa.org/pacific-gbv-sc/home
[128] United Nations Pacific (2022). End-of-Cycle Evaluation. United Nations Pacific Strategy (UNPS) 2018-2022, (evaluation team and members not identified), issued by the United Nations Pacific, Suva, Fiji. See the discussion on page 72.
[129] UNFPA and Australia Aid (2022). Supporting Women's Resilience Through the Expanded Implementation of the Women Friendly Spaces in the Northern Division, prepared by UNFPA with support from Australia Aid, Suva, Fiji.
[130] UNFPA (2019). Evaluation of UNFPA Support to the Prevention of, Response to, and Elimination of Gender-Based Violence and Harmful Practices (2012-2017), United Nations Population Fund Executive Board, New York, New York, United States.
[131] The Team Leader of the evaluation is also team leading the preparation of an Adaptive Social Protection Strategy in Fiji, to be finalised in 2023.
[132] Rojas, K., M. Picard, N. Martin and El Oskay (2021). Evaluation of UNFPA Support to Gender Equality and Women's Empowerment (2012-2020), prepared for the UNFPA Evaluation Office, New York, New York, United States. Page x.

UNFPA PSRO to focus on effective means to engage with organisations working with persons with disabilities[133].

Another who also worked closely with UN Women noted that 'it is a complicated relationship', and that mapping gender responsibilities and preparing a joint workplan for a UNFPA-UN Women joint programme helped in that joint programme, but that outside of this, it means constant attention to roles and responsibilities. This, she contended, was helping the two agencies build a 'community of practice around GBV'. More generally, it was noted by a senior level regional key informant that GEWE fit into each UN agency's remit, reflecting commitment to gender within the UN system, but that this often meant confusion over roles and responsibilities and confusion on the ground among various partners to the different UN agencies. He concluded that, despite the important focus on gender, it was 'probably one of the most uncoordinated areas in the Pacific. There are too many notions of what gender is and what needs to be done. What is the direction we want to go as one UN?'

4.7   COVERAGE

Evaluation Criteria: The extent to which major population groups facing life-threatening suffering were reached by humanitarian assistance

EQ7: To what extent has UNFPA made a tangible contribution to the delivery of humanitarian assistance under SRP 6?

UNFPA estimates that, where it has been involved in humanitarian programming around the Pacific in response to natural disasters, over half of all women of child-bearing age have been reached. The outreach approaches employed under the Women Friendly Spaces initiative first started by UN Women and adopted by UNFPA in Fiji involved community volunteers, youth advocates, and women's activists in delivery, significantly improving reach.

UNFPA is working with the Burnett Institute to identify strategies to improve data collection in humanitarian settings, including on gender-based violence and access to services during crises. UNFPA has also contributed to the development of the UN-wide socio-economic impact assessments of Covid-19 in a number of PICTs, and modelled scenarios of the potential impact of the pandemic on maternal mortality and birth rates against SRH service delivery. UNFPA was instrumental in keeping the supply of sexual and reproductive health commodities flowing despite Covid-19 restrictions. Globally, UNFPA worked hard to secure contraceptive supplies even with manufacturing interruptions in China, India and Malaysia, travel restrictions and border closures that affected distribution networks. In the Pacific, UNFPA PSRO worked with a range of implementing partners to prevent stock-outs and minimise disruptions to international procurement and delivery.

"Since the adoption of its Second-generation Humanitarian Strategy in 2012, the role of UNFPA as a humanitarian actor has evolved considerably, with a global humanitarian spend reaching US\$172,625,466 in 2018, accounting for 31 per cent of total spend that year. In 2019, UNFPA humanitarian action reached over 19 million people in 64 countries, including 7.3 million women who were provided with sexual and reproductive health services, and 1.2 million women and girls who were reached with gender-based violence services".[134]

Further, UNFPA notes that demand for contraceptives was constrained by public health quarantine and home isolation measures, self-isolation and fear of visiting clinics, and changing and restricted operating hours. This also affected hotlines, shelters, rape crisis centres, and counselling services and, while some online services continued, those without reliable internal access suffered in particular. The shortage of personal protective equipment undermined supply at health facility level. Local procurement of personal protective equipment was possible in some cases, but shortages were experienced throughout the region.

UNFPA's support for Women Friendly Space initiatives following the two tropical cyclone Yasa and Ana in 2021 was well received. UNFPA worked with community health workers and youth advocates from communities in the affected sites to deliver rapid, effective and well-targeted services. Computer assisted devices were employed to track delivery and the efficacy of delivery in real time. A monitoring dashboard was developed to ensure timely tracking and reporting.

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[133] https://www.unfpa.org/admin-resource/guidance-disability-inclusion-unfpa-evaluations
[134] UNFPA Evaluation Office (2019). Evaluation of the UNFPA Capacity in Humanitarian Action (2012-2019), prepared by K. Tong, B. O'Callaghan, J. Ward, J. Helzner, K. Budhdev-Lama and B. Karenza for the UNFPA Evaluation Office, New York, New York, United States.

4.8   CONNECTEDNESS

Evaluation Criteria: The extent to which activities of a short-term emergency nature are carried out in a context that takes longer-term and interconnected problems into account

EQ8: To what extent has UNFPA humanitarian programming under SRP 6 been design and implemented in a manner that has strengthened systems and enhanced avenues for improved resilience?

Core national actors are now well informed about how to engage with the UN in terms of humanitarian programming, and how national disaster offices can engage with the UN for preparation, response and recovery. Since engagement started during SRP 6, the Pacific GBV Sub-Cluster has been involved in humanitarian programming in 10 of the 14 PICTs covered by the UNFPA PSRO.

Humanitarian programming requires a focus on preparing for disasters, responding to disasters, and recovering from disasters. Historically the focus has largely been on response, but with climate change leading to more frequent and more intense disasters, international, regional and national programming has focused more attention on preparations and recovery as well. In the Pacific this has been largely focused on preparing for cyclones, the most common disaster in the area, but the Tonga volcano as well as Covid-19 were reminders that other disasters also affected the region.

Disaster risk response infrastructure has improved in recent years around much of the Pacific, and this has meant that support to PICTs in humanitarian programming has had a clear 'home' for focused attention. Improving coordination mechanisms within the UN system to better deliver humanitarian support has further enabled this focus, with coordination in responding to the Tonga volcano the most recent example. Much was reportedly learned from the response to the 2016 devastation of Savusavu and environs by Tropical Cyclone Winston, and this helped link climate change adaptation to disaster risk response and, through UNFPA support, health systems strengthening to better prepare for and respond to disasters[135]. This was noted by a key informant working in the humanitarian arena, who also noted that Marshall Islands was doing some excellent work linking climate change, disaster risk response, GBV and gender.

The overall sense was that improvements in humanitarian delivery was being done with a clear focus on building systems that last. This includes providing bridging services to help health workers continue to deliver in the face of disaster, as well as joint outreach to lessen the burdens on health staff. It also included mobilising with non-state actors, community volunteers, and local authorities in preparing for and responding to crises. This had two particular benefits, one that these actors knew the situation on the ground, and two that the costs of their engagement was significantly less than securing similar assistance from outside the area. Skills transfers through these arrangements to community health workers and youth advocates and similar, who learned a great deal on family planning, maternal health, adolescent health issues, and similar. It meant that they took these skills and applied them in their outreach work. They gained respect in the eyes of the community and in the minds of officials they were working with, building confidence for further delivery.

The strengthening of national statistical systems is a key aspect of connectedness, focused on the 'before' and 'after' around disasters. This plays a powerful role in two respects: 1) knowing the situation on the ground prior to disaster; and 2) measuring the impacts of disasters on livelihoods. Data disaggregation, including by demographic and geographical measures, is especially important for planning purposes, and the support that UNFPA has provided in this regard is considered to be invaluable to effective on-the-ground planning in the PICTs where it has been involved.

The Minimum Initial Service Package for Sexual and Reproductive Health in Crises has been a central organising tool for UNFPA in its delivery around humanitarian programming. This has allowed UNFPA and implementing partners to pre-position capacity for the provision of life-saving supplies, including essential reproductive health kits, and has supported integration of this into the country level Preparedness and Response Plans.

Unsustainable actions were assessed with an eye towards using approaches that would strengthen systems employed in humanitarian programming. As an example, with two major cyclones hitting parts of Vanua

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[135] See https://www.sheltercluster.org/sites/default/files/docs/ll-care_tcwinston_rapidgenderanalysis.pdf

Levu in 2020 less than a week apart, UNFPA established humanitarian programming focused on delivering in terms of reproductive health and GBV. This included bringing on board and training retired midwives to providing outreach services. However, the costs of delivering services could only be sustained in the short run, including per diems and transport, and it was recognised that building partnerships in directly affected communities would have allowed these services to have been provided from within the affected communities.

An updated Guidance Note on GBV in humanitarian situations was issued in 2021[136]. The Note build on UNFPA's Humanitarian Standard Operating Procedures along with other guiding materials on humanitarian programming and was focused on ensuring effective delivery on UNFPA's obligations for preparation and response around GBV in emergencies. What was especially interesting about the Guidance Note was its reference to actions aimed at entrenching effective GBV prevention and response programming in emergency situations through sub-cluster actions and partnerships aimed at ensuring that GBV was not an afterthought or a footnote in terms of the humanitarian response, and how leadership, advocacy, and data could serve these purposes.

4.9   SUSTAINABILITY

Evaluation Criteria: The continuation of benefits from a UNFPA-financed intervention after its termination, linked, in particular, to their continued resilience to risks

EQ5: To what extent has SRP 6 delivered effective advocacy, services and partnerships that will result in long-term improvements in policy, programming, and delivery of SRHR, GEWE and PD?

4.9.1   MEANS TO ENABLE SUSTAINABILITY

The results of wide ranging consultations indicates that sustainability overall has been enhanced in terms of SRHR, PD and GEWE programming during SRP 6 in part due to UNFPA's focused attention on capacity building, relationship building, engagement of regional implementing partners, and its presence on the ground in focal countries in the region (Federated States of Micronesia, Kiribati, Marshall Islands, Samoa, Solomon Islands, Tonga and Vanuatu). Regional key informants felt that there were also three additional factors that strengthened sustainability comprising UNFPA's expanded and competent involvement in humanitarian programming, UNFPA's expanded delivery as SRP 6 implementation proceeded with significantly increased financing, and UNFPA's work on ensuring clarity of roles and responsibilities of various actors involved in programming.

A few key informants noted that relationship building was moving beyond good working relationships between specific UNFPA personnel and specific partners and stakeholders and more towards the institutionalisation of these relationships even when a key actors had departed. This was supported by greater clarity in lines of

> 'Vanuatu is increasingly assertive in ensuring that it sets its own agenda. Within the health sector, UNFPA has been effective in positioning itself in a manner that works in the country. It listens well, it support policy goals, it is not detached, it is helping us do what we do'. National Partner Agency, Vanuatu

communication with UNFPA and clarity in terms of institutional structures and arrangements in working with UNFPA and other UN agencies.

Sustainability in terms of UNFPA's presence in the region was supported by UNFPA approaching a critical mass in terms of scale of delivery and staffing that gave the organisation flexibility to accommodate new demands and emergent challenges. This is further enhanced by UNFPA PSRO improved reputation within UNFPA itself.

Findings from consultations also noted that sustainability in terms of UNFPA's operations within the UN system in the Pacific was enhanced under SRP 6 arising from active engagement in regional UN infrastructure and contribution to UNPS outcomes in this regard. The infrastructure needs to be rationalised and streamlined, and this would also be expected to include UNFPA.

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[136] UNFPA (2021). Guidance Note for United Nations Population Fund (UNFPA) Country Representatives on UNFPA's Leadership on Gender-Based Violence (GBV) in Emergencies, United Nations Population Fund, New York, New York, United States.

4.9.2 CHALLENGES TO SUSTAINABILITY

Despite this progress, there are a number of challenges to sustainability, and where a great deal more could be done to improve the situation.

A persistent problem facing UNFPA programming has been shortfalls in Government commitments to take on financing of areas supported by UNFPA. In part it is assumed that UNFPA will continue to provide, and where they do not that other development partners will make up for any gaps. Careful country-level work-planning is critical, where budgetary commitments are made reflecting a shift over time from UNFPA to country financial inputs for agreed components. This also required Ministry of Finance engagement where they are handling the funds which was less forthcoming. Related to this is that, by the time this work-planning takes place, the dye has been cast with core activities already identified. Systematic engagement during implementation means a constant cycle of engagement to inform new programming.

> When discussing sustainability with a number of key informants across SRHR and GEWE, and for SRP 6 more generally, one common point raised is that sustainability was a central challenge to a wide range of development interventions, and not just SRP 6. Findings on sustainability were also noted in programme level evaluations carried out for regional and global interventions.

UNFPA PSRO interviews, as well as comment from interviews with key partners, suggest that UNFPA PSRO works hard to raise financing for its programming. Success in bringing together resources from a range of donors, including the Transformative Agenda financed by the Government of Australia and other health sector support financed by the Government of New Zealand, as well as donor-supported programmes such as Spotlight, and joint programmes supported within the UN system all reflect this success. What receives less attention is the absorptive capacity of governments to accommodate new activities and to be able to grow and take responsibility for further programming as this is handed over. This means human resources, office facilities, outreach services, vehicles, information technology, training, etc. In this regard, despite a focus on capacity-building, UNFPA and national partners all recognise that with few exceptions PICTs have difficulties in retaining skilled personnel for the long-run.

Another key challenge around sustainability was noted as associated with a lack of innovation in programming. In part this reflects a lack of attention to learning and documenting evidence of the results of actions undertaken. Results-based management requires attention to measuring results, and within such a framework for implementation innovation is encouraged. Further, done well, and it can be nuanced and done in a manner consistent with the political, cultural and societal norms that govern what is possible in each country. UNFPA has supported results-based management training and implementation in this regard, although its support under SRP 6 was less consistent, and was affected by Covid-19 convening restrictions.

Another challenge relates to partnership. While considerable energy has been invested in partnerships under SDP 6, the return has been uneven. High staff turnover, limitations on programming, and weaknesses in country-level coordination mechanisms have undermined partnerships in Kiribati, Samoa and Solomon Islands, but they have particularly flourished in Fiji, Tonga and Vanuatu.

Another challenge is specific to GEWE core financing within UNFPA. The evaluation of UNFPA's GEWE programming covering the period 2012-2019[137] noted that the GEWE outcome suffered from the most significant core funding decrease of any outcome area, which they argued undermined the outcome area and UNFPA's continued commitment to GEWE. It noted that partnerships around GEWE were not sustained by a broader vision of advancing GEWE (e.g., gender analysis, mainstreaming gender) but rather focused specifically on GBV. The report also found that "gender-based violence response and prevention in the humanitarian context is under-resourced" and argued that the Covid-19 pandemic had worsened this situation (page ix). Key informants who were asked about the effects of Covid-19 on GBV all agreed that the situation had worsened during Covid-19, while those involved in disability contended that the impacts of disabled women was likely to have worsened in particular.

In part this challenge has been overcome by securing non-core financing for GEWE, but concerns remain that the loss of core financing may reflect drift in UNFPA's commitment to the gender-specific outcome.

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[137] Rojas, K., M. Picard, N. Martin and El Oskay (2021). Evaluation of UNFPA Support to Gender Equality and Women's Empowerment (2012-2020), prepared for the UNFPA Evaluation Office, New York, New York, United States.

SECTION 5. CONCLUSIONS

5.1   INTRODUCTION

This section presents overall conclusions and thereafter conclusions by evaluation criteria.

5.2   OVERALL CONCLUSIONS

Overall conclusions are divided into a table on summary ratings, and conclusions by thematic area (including cross-cutting themes)[138]. The table on summary ratings is as follows:

Table 13: Summary Conclusions Rating

Criteria	Overall Progress Ranking
Relevance	4 – considerable progress
Coherence	4 – considerable progress
Effectiveness	4 – considerable progress
Efficiency	4 – considerable progress
Coordination	3 – moderate progress
Coverage	0 – unable to assess
Connectedness	3 – moderate progress
Sustainability	2 – little progress
Average	**24 out of 28**[139]

There has been considerable progress against objectives under SRP 6, covering the core evaluation criteria of effectiveness, efficiency, coherence, and relevance. There remain particular challenges around sustainability, in part due to an extremely challenging implementation environment, and to a lesser extent connectedness and coordination. Most of this progress has taken place in the past few years after a slow start, even in the face of Covid-19, with a significant increase in funding availability and the securing of substantial new human resources to implement the Plan.

For SRHR, available evidence highlights considerable progress against Outcome 1, reflected in progress against outcome and output indicators, but also reflected in the results of field interviews, other evaluation findings, and secondary materials. UNFPA has worked extensively in SRHR for some time, and this is reflected in sound relationships with a range of implementing partners, clarity of tasks, ability to adapt to the particular situation in each country (especially where they have a presence on the ground), and continued investments in systems strengthening and institution building.

For GEWE, process findings reflecting improved delivery are positive, but outcomes associated with GBV are less clear, given how long it takes for change to occur in this regard. UNFPA plays a powerful role in helping strengthen the health sector response to GBV within the context of a more comprehensive approach to the problem taking by the UN in the Pacific and development partners (especially the Australian Government and the New Zealand Government), and it is part of the progress being made in this regard in terms of GBV in emergencies. More broadly, UNFPA has worked hard to mainstream gender and social inclusion in its work across programme area, and has met with considered success in this regard, albeit with gaps around measuring and reporting on such progress.

For PD, a number of positive developments over the SRP 6 period were identified, based on its focus on long-term support in this regard rather than one-off programming. Effective coordination with other UN agencies and country implementation partners was a main feature for surveys, as well as solid gains in strengthening national statistical systems and collecting increasingly disaggregated data that will assist in better targeting and tracking the effects of programming on various populations. These represent significant gains from the previous five year plan (MCP 5) highlighting constraints around data diversification, poorly targeted assistance, and insufficient attention to human resource development.

The main gap under PD was associated with inadequate data utilisation, stemming in part from insufficient engagement of key users throughout the process. Another gap included the lack of population and development expertise in UNFPA country offices.

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[138] Transversal functions are covered under cross-cutting, but have been handled under each thematic area and overall, and are therefore not repeated here. These refer to coordination, monitoring and evaluation, innovation, resource mobilisation, strategic partnerships, advocacy, capacity development and communications. Similarly, gender equality and adolescents and youth were handled under all three thematic areas and mainstreaming considered under GEWE. Disability was covered specifically under SRH but also considered under GEWE and PD.
[139] Excludes coverage as it was not possible to assess coverage.

5.3 CONCLUSIONS BY EVALUATION CRITERIA

SRP 6 performance against each evaluation criteria was considered in the evaluation matrix in Annex A, and also summarised in the Executive Summary.

5.3.1 RELEVANCE

References refers to the extent to which the objectives of the UNFPA country programme correspond to population needs at country level (in particular, those of vulnerable groups), and were aligned throughout the programme period with government priorities and with strategies of UNFPA.

The *main relevance conclusion* is that UNFPA has been quite successful in ensuring the relevance of its programming under SRP 6 during design as well as during implementation against UNFPA's Global Strategy, the UNPS, and the plans and policies and priorities of governments throughout the region. It has been able to accommodate the particular needs of major donors in this regard as well.

Relevance during design was a key feature in the early years of SRP 6, but for implementation it took some time to fully align at country level and with key donor priorities. Particular gains have been made in terms of disability alignment, but recognising that major challenges remain. There has been increased attention to the needs of other marginalised populations, including LGBT, but in a cautious manner relevant to the socio-cultural norms of the region.

A range of key informants highlighted UNFPA's efforts to align their programming with national needs and priorities, and the challenges that arise in this regard. Most noted success in 'nationalising' programming but still meeting UNFPA broader priorities.

Recognising that programming in the past had been deficient in this regard, under SRP 6 specific attention was devoted to greater engagement with civil society at country level. This included engaging regional implementing partners with effective ties to civil society in the region.

5.3.2 COHERENCE

Coherence refers to the level of compatibility (complementarity, harmonisation, and coordination) of the country programme with other interventions in a country in areas of UNFPA's mandate and with coordination mechanisms (e.g., United Nations Country Teams, Humanitarian Country Teams, etc.).

Evaluation findings reflect UNFPA's careful attention to combability of programming at regional level within the UN system, as well as considered attention to working closely with other UN agencies and delivering against the UN Pacific Strategy. UN system requirements to strengthen coordination set the context for improved coordination within the UN system overall, including with UNFPA. At country level, a majority argued that UNFPA had been quite successful in terms of combability with specific sector priorities and policies and more broadly with national development plans and cross-cutting policies such as gender and disability.

While UNFPA invested in in-country collaboration with other UN agencies, problems remained associated with parallel programming, especially with regard to GEWE under SRP 6. This raised transaction costs for both the UN and country implementing partners. For humanitarian delivery, coordination systems have been significantly strengthened in the UN in the Pacific overall, and between the UN and country governments and non-state actors, as well as international non-governmental organisations. Progress has been solid in this regard, and today the cluster system in place is well respected and well understood. There are situations where UNFPA doesn't have a solid ground presence where UN Women does where it might make sense to give more lateral to UN Women, at least in the interim.

5.3.3 EFFECTIVENESS

Effectiveness refers to the extent to which regional programme outputs have been achieved and the extent to which these have contributed to the achievement of outcomes.

Output level delivery improved significantly in the second half of SRP 6 implementation, and for some of these outputs there is some evidence of progress towards outcomes, holding for SRHR, PD and GEWE, but undermined for GEWE by inadequate clarity on the roles of different agencies. This was the case despite the major constraints facing implementation arising from Covid-19. The contracting of regional actors with a

presence on the ground in a number of countries was felt to have strengthened the effectiveness of delivery as implementation proceeded from the mid-term of SRP 6. Particular progress has been made in disability inclusion with UNFPA actively involved in both developmental and humanitarian programming. Key informant interviews highlight growing government commitment to key objectives of UNFPA in large part due to these being reasoned objectives well placed in country context.

Indicator tracking systems put into place by UNFPA offer full coverage of UNFPA's indicators, albeit with reporting gaps that can hamper trend analysis, and with some calculations that make little sense in assessing progress (e.g., aggregating indictor progress and giving a single rating). Results monitoring systems remain weak and assessment of results through other means remains haphazard, undermining the ability to consider progress against outcomes and undermining learning. Where knowledge products are made available, UNFPA shows considerable ability to learn from these findings and in responding in a positive manner to the changes required to be more effective.

5.3.4   EFFICIENCY

Efficiency refers to the extent to which regional programme outputs and outcomes have been achieved with the appropriate amount of resources (funds, expertise, time, administrative costs, and similar).

Efficiency as defined above was perhaps one of the key gains under SRP 6 compared to early plans, but only from the mid-term onward. Efficiency gaps have been considerable. This is especially important due to the major problems the lack of efficiency before then had created in relationship building and effective partnerships. Efficiency constraints remain especially among national government partners, but even here UNFPA has been innovative in working with these implementing partners to improve performance. While problems remain and there is room for improvement, the gains made to date cannot be understated. This is further reflected in staff morale.

There have been large increases in non-core resource financing that has allowed UNFPA PSRO to expand its programming significantly, and expand its staff accordingly (largely with the appointment of consultants on 11.5 month contracts). Core financing is relatively flat, and as a result non-core financing grew from 48.4% in 2018 to 77.9% in 2021. Expenditures versus funding held in the low 70% range throughout implementation, with later constraints associated with increased expectations of national partner performance.

Cost effectiveness was considered through interviews with a range of implementation partners and UNFPA staff, considering whether funds were spent on the right things (as opposed to efficiency of implementation). There was a strong sense among both regional and national key informants that funds were largely focused on the right issues, holding in particular for SRHR and PD, and for GEWE with regard to GBV and both health systems strengthening and GBV in emergencies. What was less certain was whether UNFPA has the ground presence to handle GBV in emergencies in all locations, and whether in these cases it would be best to let direct delivery be led, in the interim, by other UN actors with a greater presence.

5.3.5   COORDINATION

Coordination refers specifically to UNFPA's involvement in and contributing towards UNCT functioning.

Findings highlight UNFPA's strong commitment to engaging in these coordinating mechanisms, and its active involvement. The return-on-investment in some of these mechanisms was sometimes positive, and other times questionable, and key informants noted that if the coordinating mechanism was important they continued to invest time and resources even if there was, for example, poor leadership or human resource gaps that undermined coordination. Outcome groups were especially important for developmental coordination, while the cluster mechanism was critical for humanitarian programming. In some respects the findings parallel those of the UNPS evaluation that found that UNPS coordination arrangements were not always clear nor well focused, and sometimes redundant.

Increased joint programming, now more prevalent throughout the UN system including the Pacific, went some way towards building relationship across UN agencies, and this 'spilled over' into the regional coordinating mechanisms and, especially importantly, into country coordinating mechanisms.

Covid-19 also required greater coordination of UN programming, including for fundraising but also for delivery, and data collection and use, and this also helped build the necessary relationships and strengthened systems that further enabled coordination within the UN system.

Coordination is especially important within GEWE, because all agencies have a remit in this regard. UNFPA has worked hard to give clear definition to its roles and responsibilities and its role in particular around gender and SRHR, and has worked hard to expand the collection of disaggregated data through its PD support.

Coordination in particular between UNICEF and UNFPA has strengthened survey data collection and data use under the PD outcome.

5.3.6 COVERAGE

Coverage referred to the extent to which major population groups facing life-threatening suffering were reached by humanitarian action.

Data gaps were a problem in considering this evaluation criteria, with a single document making reference to 'half the population in need' being reached following the 2020 tropical cyclones in Fiji, but providing no numerator or denominator. Data on other disasters, from other tropical cyclones including those affecting Vanuatu and Tonga or the Tonga volcano were available.

Of course as an evaluation criteria coverage is not simply a quantitative measure, and rather refers to whether UNFPA made a substantive contribution to humanitarian programming in response to needs. Here the findings are fairly positive, with considerable optimism that under future plans UNFPA will be able to expand its delivery.

UNFPA's support for SRH delivery in humanitarian settings has been well received, allowing coverage to expand through the use of innovative mechanisms for delivery, and the direct delivery of emergency provisions. This has included bringing on board community-based organisations and individuals with the relevant skills and local knowledge for effective delivery, but it should be noted that the examples provided for this were only from a single country (Fiji); the situation in other countries is unknown.

5.3.7 CONNECTEDNESS

Connectedness refers to the extent to which activities of a short-term emergency nature are carried out in a context that takes longer-term and interconnected problems into account.

Within the context of the broader UN humanitarian response, specific attention has been devoted to enabling national disaster management systems, working with national partners (both government and civil society as well as international non-governmental organisations) and other UN agencies in this regard. UNFPA's contributions have been especially welcome in terms of SRH, including development of the Minimum Initial Service Package for Sexual and Reproductive Health in Crises, and GBV in emergencies. System strengthening has been a key feature of UNFPA's work, and includes work with other UN agencies in responding to Covid-19.

Where UNFPA, and other UN agencies, are less connected is with regard to strengthening the linkages between climate change adaptation and disaster risk response.

5.3.8 SUSTAINABILITY

Sustainability refers to the continuation of benefits from a UNFPA-financed intervention after its termination, linked in particular to their continued resilience to risks.

Progress towards sustainability has been more problematic than progress towards the other main evaluation criteria. The predominance of small, vulnerable countries throughout the region with a constrained human resource base (and the export of skilled personnel to developed countries) and with budgets vulnerable to global economic trends and disaster recovery expenditures makes sustainability especially difficult.

Within this constrained environment, UNFPA's focus on working with national governments has been especially important, as has been working with other UN agencies to deliver more efficiency and in a manner less burdensome to national partners. Further, UNFPA's focused attention on systems strengthening and capacity building has supported enhanced sustainability. Bringing on board regional implementing partners who have local partners with whom they have worked in the past has also proven important. Expanded regional access to developmental financing coming from own resources and from regional development financing options were noted as important ways forward for the Pacific.

UNFPA's presence on the ground in a subset of countries has significantly improved the relevance and utility of its programming in these countries, and has allowed the agency to take a more long-term focus on SRH and PD and with regard to its specific role in GEWE. This has allowed UNFPA to move beyond specific relationships between UNFPA and implementing partner personnel and stakeholders towards more institutionalised relationships. This has been challenged, however, by weaknesses in country level delivery and coordination mechanisms, weak programme implementation, and high staff turnover, depending on country.

UNFPA is negotiating with countries around the region on country coverage of SRH commodities that are currently provided by UNFPA, but it is still early days. Some countries, such as Vanuatu, have already committed to greater control over and financing of the full health sector, including SRH commodities, and it is hoped that this will also be the case for additional better resourced countries in the region such as Fiji, Samoa and Tonga.

At agency level, UNFPA PSRO has been very successful in significantly increasing access to non-core funding for its work, even when core financing has declined.

SECTION 6. RECOMMENDATIONS

6.1   INTRODUCTION

In this section priority recommendations are made, associated with sub-recommendations clustered to allow clear consideration along with the main recommendation, followed by a sub-section that considers other recommendations.

6.2   MAIN RECOMMENDATIONS

Main recommendations are made and then linked to sub-recommendations. These are included in this sub-section.

Table 14: Main Recommendations

Recommendation	Description
Sexual and Reproductive Health and Rights	
Main Recommendation	*Focus:* UNFPA PSRO's Pacific programming aligns with UNFPA's global programming, reflected in the findings on relevance in this evaluation. It has tailored the approaches used to be relevant to the Pacific environment. It is **recommended** that UNFPA continue this solid work on international alignment and regional adaptation when identifying new objectives under MCP 7.
Sub-Recommendation 1	*Demographic Dividend:* UNFPA already invests in the youth, perhaps more so that most agencies. It is **recommended** that UNFPA consider whether to cast this focus as part of a discussion of the demographic dividend of a youthful population.
Population and Development	
Main Recommendation	*Data for Development:* UNFPA has played a critical role in expanding data collection and the nuancing of data to accommodate disaggregated data needs. It is **recommended** that the next step comprise a focus on 'data for development', more specifically linking data planning with data dissemination and use. Engaging with health economists in core countries is especially important in this regard, as is strengthening data user-producer dialogue and engagement.
Sub-Recommendation 1	*Information Gaps:* Information gaps in the Pacific are among the worst in the world. It is **recommended** that UNFPA increase its investment in this regard, and that it supports integrated UN efforts to enable PICTs to report against the SDGs.
Gender Equality and Women's Empowerment	
Main Recommendation	*Clarity:* Given the inter-agency and inter-sectoral nature of GEWE, UNFPA has worked hard to focus on its particular remit in this regard around SRHR, PD, GBViE and integrating violence against women more substantially into SRHR. It is **recommended** that UNFPA continues its focus in this regard, and that it redouble its collaboration with UN Women at outcome level to ensure integration of SRHR into gender policy and programming, and with UNICEF and other actors in terms of surveys and other actions falling under PD.
Sub-Recommendation 1	*Mainstreaming:* UNFPA's efforts around mainstreaming cover SRHR, GEWE and PD, as well as its work around GBV in humanitarian situations. It is **recommended** that set clear objectives for mainstreaming and document the results of its work in this regard.
Sub-Recommendation 2	*Gender Isn't Just Women:* While well known, this still remains a problem. One example serves to illustrate the point: dignity kits. The dignity kits employed in emergencies are critical, but it isn't just women that are in need in this regard. Children have particular needs and there are family levels issues that warrant attention. It is **recommended** that UNFPA consider some of it gender programming in this regard to consider whether a gender approach has been employed.
Humanitarian Programming	
Main Recommendation	*Expanded Humanitarian Engagement:* UNFPA's investment in humanitarian programming is showing results, but a great deal more needs to be done to strengthen preparation for, responding to, and recovering from humanitarian crises. It is **recommended** that UNFPA expand its humanitarian work and strengthen its infrastructure for delivery, taking care to do so working closely with other UN agencies in an efficient manner.
Sub-Recommendation 1	*Psychosocial Counselling:* A number of key informants highlighted the importance of psychosocial counselling in disaster recovery. It is **recommended** that UNFPA consider

Recommendation	Description
	whether they have a role to play in this regard as part of the integrated UN response.
Sub-Recommendation 2	*Local in Better:* UNFPA's experience with community-based delivery and reproductive health in humanitarian situations has been positive. It is **recommended** that UNFPA build on this success and systematically expand its engagement in this regard.

Adaptability, Collaboration, Coordination	
Main Recommendation	*Pacific-led Development:* As reflected in the evaluation results, UNFPA PSRO is increasingly guided by what works in the Pacific, based on PICT need and priorities, within the remit of the agency. Participation is a human right, not a 'nice to have'. To effect this, it is **recommended** that UNFPA PRSO redouble its efforts to listen and engage with duty-bearers and rights-holders in a meaningful manner, and continue to shape implementation as MCP 7 proceeds.
Sub-Recommendation 1	*MCOs:* The three Multi-Country Officers are central to the effectiveness of MCP 7 implementation, with the establishment of the northern Pacific MCO. It is **recommended** that, as part of MCP 7 planning and final design, the Plan include a clear elaboration of how UNFPA will enable the MCOs, and how the MCOs will enable MCP 7 implementation.
Sub-Recommendation 2	*Results-Based Management:* There is widespread satisfaction with UNFPA's focus on results-based management, and its training and outreach in this regard across PICTs. It is **recommended** that UNFPA continue its focus in this regard.

UNFPA and Climate Change Adaptation	
Main Recommendation	*CCA:* Climate Change Adaptation (CCA) is now centre stage in the Pacific, and around the world, with UNDP and the World Bank particularly engaged in the Pacific Region. Despite its importance, concrete planning and programming around CCA throughout the Pacific remains largely nascent. UNFPA has an important role to play in expanding an understanding of what CCA does to SRHR, GEWE and PD, and in programming in response. It is **recommended** that UNFPA include in MCP 7 a specific objective around CCA, and that in the first year of MCP 7 UNFPA develops its components of a CCA Strategy to be linked to the broader planning of the UN in the Pacific.

Monitoring, Evaluation, Learning and Knowledge Management	
Main Recommendation	*Reconsider Approach to MELKM:* UNFPA PSRO has devoted considerable resources to monitoring against its results framework, tracking progress, and reporting on progress. Inevitably the focus has been on achievement against benchmarks, as UNFPA has to report progress in this regard. This has, however, crowded out needed attention to results monitoring, learning and knowledge management. It is **recommended** that UNFPA invest new resources in its monitoring and evaluation infrastructure at PSRO level in Suva, Fiji, and further invest new resources in monitoring and evaluation at country office level.
Sub-Recommendation 1	*Enabling Learning and KM:* It is **recommended** that UNFPA PSRO appoint a full-time senior Monitoring, Evaluation, Learning and Knowledge Management Technical Specialist to strengthen results-focused monitoring, the codification of learning in knowledge products, and the expansion of learning events. It is important to note that this is *not* a communications post, and should not involve communications activities. That would rather be delivered in liaise with the communications section at PSRO.
Sub-Recommendation 2	*Country Level Learning and KM:* For larger countries, including Solomon Islands, Fiji and Vanuatu, it is **recommended** that UNFPA hire or contract national MELKM specialists that would work closely with the Technical Specialist at PSRO.
Sub-Recommendation 3	*Intermediate Outcomes:* Having specific indicators at outcome level that 'jump' from output to outcome without a clear link is problematic, and undermines results monitoring and learning. It is **recommended** that UNFPA consider adding intermediate outcomes to its results framework so that progress towards outcomes can be better measures.

6.3   OTHER RECOMMENDATIONS

There are other recommendations that warrant consideration that fall outside the main recommendation categories. These are noted below.

- UNFPA has made considerable strides in improving the working environment for its staff in the region, resulting in higher levels of job satisfaction across a range of measures. Gaps in this regard have been identified that warrant further consideration. It is also **recommended** that UNFPA consider a systematic review of the structure of its operations in the Pacific, terms of reference for personnel, and establish the extent to which structure and resourcing are 'fit for purpose'.

- To the extent that UNFPA is satisfied with the performance of these partners, to the extent to which partners are keen to continue to work with UNFPA, and to the extent to which their skills profiles are relevant for MCP 7, it is **recommended** that UNFPA consider extending the contracts of existing regional implementing partners.

- UNFPA has the ability to make a dramatic difference to some of the smaller population PICTs, without significant increases in investment. Taking care to approach this in a manner that builds on local priorities and systems, and taking care to not overwhelming human resources, it is **recommended** that UNFPA consider whether it can engage in an integrated package of SRHR, GEWE and PD programming targeting one or two especially small PICTS (e.g., Tuvalu, Tokelau, Niue).

- While today remote islands tend to only make up a few percentages points of the population, these populations are the most isolated and least likely to be receiving services. Unit costs are high, and not all governments in the region have the institutional capacity to deliver on a consistent basis to these locations. It is **recommended** that, as part of a broader commitment to fairness and equity and decentralised delivery, UNFPA consider how governments can better provide SRH and GEWE services to these populations.

- While many implementing partners report significant efficiency improvements in UNFPA systems, procurement is said to lag behind. It is **recommended** that UNFPA consider what improvements are possible in this regard.

- It is **recommended** that UNFPA consider the appointment of country officers for humanitarian programming.

ANNEX A: UPDATED EVALUATION MATRIX INCLUDING RESULTS

The following evaluation matrix has been updated to include main findings by each evaluation criteria, and an overall rating of UNFPA performance under SRP 6. For the latter, a four point scale was employed (4 = considerable progress; 3 = moderate progress; 2 = minor progress and 1 = no progress) that also included a 'unable to draw conclusions' rating in cases where evidence was not sufficient.

Table 15: Evaluation Matrix - Status Upon Evaluation Completion

Assumptions	Indicators	Information Sources	Methods and Tools for Data Collection
Relevance: The extent to which the objectives of the UNFPA country programme correspond to population needs at country level (in particular, those of vulnerable groups), and were aligned throughout the programme period with government priorities and with strategies of UNFPA			
EQ1: To what extent was SRP 6 design and implementation aligned with the global UNFPA Strategic Plan and as well as national and regional needs and development priorities?			
SRP 6 was aligned with the UNFPA Global Strategy, the UN Pacific Strategy and the priorities as identified during design and maintained this alignment throughout implementation, including in responding to Covid-19	Evidence of attention given to alignment, including references to relevant institutional, international, and regional protocols Evidence of alignment between SRP 6 programming and national commitments to international treaties Documentation of consultations that took place during design Evidence of efforts to ensure continued alignment during implementation Gender strategy alignment Disability strategy alignment HRBA & GE alignment Alignment with other strategies that target vulnerability How the quality of design acted to enhance or undermine alignment	*Secondary Materials* UNFPA and associated policy/strategy documents Wide range of programme materials provided by UNFPA/PSRO Implementation reports from partners Documents secured from implementing partners Assessment materials UNFPA subregional programme documents compared with national policies and strategy papers Covid-19 related publications	Secondary materials review Key informant interviews: high level Key informant interviews: agencies involved in on-the-ground delivery Case assessments
SRP 6 was responsive to the development priorities as indicate in regional and national development plans and relevant sector plans and reflected emergent priorities of relevance as implementation proceeded	Evidence of attention given to alignment, including references to national protocols Documentation of consultations that took place during design Evidence of efforts to ensure continued alignment during implementation Degree of alignment with national policies and objectives to achieve SRHR, PD and GEWE objectives and the ICPD/SDG agenda, and to improve the lives of women, adolescents, and youth in PICTs Gender strategy alignment Disability strategy alignment HRBA & GE alignment Alignment with other strategies that target vulnerability How the quality of design acted to enhance or undermine alignment	*Primary Data Collection* High level KIIs (including UNFPA, other UN) Implementation level KIIs Interviews with agencies with strong 'footprint' in the field, including activist organisations Case assessments with a few key implementing partners with a strong country presence. Secure detailed insights into how SRP 6 has fit into country needs & emergent priorities	
The needs of the diverse populations within and across the	Degree of ownership of programme implementation process and objectives by national governments across SRHR, GEWE, PD and		

Assumptions	Indicators	Information Sources	Methods and Tools for Data Collection
PICTs reached by the UNFPA SRP 6 were taken into consideration during design and implementation. UNFPA SRP implementation gave due consideration to the particular situation and needs across gender and vulnerability, and proceeded in a manner that was human rights and gender and disability responsive	overall Extent of perceived alignment between SRP 6 and national needs cross SRHR, GEWE, PD and overall Extent to which SRP 6 targeted and reached a range of target populations, including the aged and young, those with disabilities, women and men, vulnerable, marginalised Extent to which SRP 6 programming implementation listened to rights-holders in a meaningful and effective manner Extent to which SRP 6 design was informed by gender, vulnerability, disability and similar assessments Contradictions in approach to engaging populations and national ownership		

Overall Progress Ranking:
- 4 – Considerable Progress

Status Upon Evaluation Completion:
- Strong alignment within UNFPA and within the UN system in the Pacific.
- Considered efforts to strengthen alignment at country level.
- Particular focus on disability inclusion, getting disability inclusion on the agenda beyond what has been achieved in the past.
- Increased attention to other marginalised populations, including LGBT, but in a cautious manner relevant to the socio-cultural norms of the region.
- Greater engagement of civil society at country level.

Coherence: The level of compatibility (complementarity, harmonisation, and coordination) of the country programme with other interventions in a country in areas of UNFPA's mandate and with coordination mechanisms (e.g., United Nations Country Teams, Humanitarian Country Teams, etc.)

EQ2: To what extent was SRP 6 design and implementation compatible with regional and country programming, with particular attention to programming in Tier 1 and Tier 2 countries, and the work of donor countries and development partners regional and country programming?

Assumptions	Indicators	Information Sources	Methods and Tools for Data Collection
SRP 6 ensured compatibility with programming norms and intentions in target countries and relevant sectoral programming from other actors similarly compatible	Evidence of attention to coherence in SRP 6 programming with national norms as expressed through development plans and similar and programming across SRHR, GEWE, PD Effectiveness of coherence in this regard Evidence of attention to coherence in SRP 6 programming with relevant sectoral programming from other actors that are similarly aligned across SRHR, GEWE, PD Effectiveness of coherence in this regard Gender strategy alignment Alignment with strategies that target vulnerability	*Secondary Materials* UNFPA and associated policy/strategy documents Wide range of programme materials provided by UNFPA/PSRO Implementation reports from partners Documents secured from implementing partners Assessment materials Comparison of UNFPA Subregional programme document with national policies and strategy papers (e.g. national development plans) and with regional papers *Primary Data Collection* High level KIIs (including UNFPA, other UN)	Secondary materials review Key informant interviews: high level Key informant interviews: donors Key informant interviews: key international NGOs and national NGOs Key informant interviews: operational level
SRP 6 design and thereafter implementation strengthened compatibility with programming norms and intentions in target countries and relevant sectoral	Evidence of implementation attention to coherence in SRP 6 programming with national norms and programming across SRHR, GEWE, PD Coherence in SRP 6 design, logical sequencing, etc. Effectiveness of coherence in this regard		

Assumptions	Indicators	Information Sources	Methods and Tools for Data Collection
programming from other actors similarly compatible	Evidence of implementation attention to coherence in SRP 6 programming with relevant sectoral programming from other actors that are similarly aligned Effectiveness of coherence in this regard Gender and other strategy alignment	Implementation level KIIs	

Effectiveness: The extent to which country programme outputs have been achieved, and the extent to which these outputs have contributed to the achievement of the country programme outcomes

EQ3: To what extent: a) did SRP 6 achieve its intended programme outputs; b) did these outputs contribute to outcomes; c) what affected these achievements; and d) did SRP 6 yield unexpected results (positive and negative)

SRP 6 achieved the planned results	Extent to which the results elaborated in the Action Plan were achieved (by result) Extent to which the results contributed to outputs Evidence of implementation of actions that support attainment of outputs Evidence that outputs contributed to outcomes Evidence that alignment between SRP 6 and aligned measures at regional and global level contributed towards outcomes Gender disaggregated data Data by vulnerability Extent to which unexpected results strengthened or undermined the effectiveness of delivery processes and products delivered	*Secondary Materials* Action Plan (for each result) UNFPA and associated policy/strategy documents Annual progress reports Wide range of programme materials provided by UNFPA/PSRO Implementation reports from partners Documents secured from implementing partners Assessment materials *Primary Data Collection* High level KIIs (including UNFPA, other UN) Implementation level KIIs	Checklist instrument Secondary materials review Key informant interviews: operational level Key informant interviews: government implementing partners
Planed results were achieved based on the effectiveness of programme design and implementation	List of reasons for achievement/non-achievement by result Government budget allocation in priority countries/territories to SRHR, PD, GEWE Evidence of government prioritisation of SRHR during implementation By gender and vulnerability		

Assumptions	Indicators	Information Sources	Methods and Tools for Data Collection
<td colspan="4">*Status Upon Evaluation Completion:* • Output level achievements improved significantly in the second half of SRP 6 delivery, and for some of these outputs there is evidence of contribution to outcomes, covering SRHR, PD and GEWE. This was achieved despite an increasingly difficult implementation environment due to Covid-19. • Inadequate attention to results monitoring and weaknesses in learning and knowledge management have yielded a shortage of documentary evidence linking output progress to the attainment of outcomes. The focus on the quantification of measurement against a high number of deliverables yields sound output data, but means that the focus has been on outputs rather than what outputs mean for outcomes and a lack of reflection on progress, in particular at project level. • Half of the indicators for the Transformative Agenda were noted in a mid-term review to be unmeasurable, and most of the remainder lacked baselines to consider progress. This put pressure on UNFPA to try and measure against these key programmes. • Findings from separate evaluations of major programmes supporting SRP 6 implementation (both for Australia support and New Zealand support) and the results of key informant interviews for this evaluation suggest progress towards Outcome 1 on SRHR and in particular Outcome 4 on PD including on data utilisation. Evidence for Outcome 3 on GEWE is less clear, given the broad nature of the outcome statement, and the lack of over-time data on GBV (which is the topic of outcome indicators), the likely rise in GBV during Covid-19, but progress in particular against Output 3.2 on GBV and the ability of the health sector to respond to GBV is evident. • The contracting of regional actors with presence on the ground in a number of PICTs was felt to have strengthened the effectiveness of delivery as implementation has proceeded by a range of key informants. • Particular progress has been made in disability inclusion, with UNFPA employing a wide range of strategies to support it.</td>			
<td colspan="4">*Efficiency: The extent to which country programme outputs and outcomes have been achieved with the appropriate amount of resources (funds, expertise, time, administrative costs, etc.)*</td>			
<td colspan="4">EQ4: To what extent did UNFPA and its partners deliver against SRP 6 objectives against human resource and budget allocations?</td>			
Financial and human resources have been allocated efficiently to achieve programme outcomes	Expenditures against spend forecast (by core and non-core resources) Expenditures against results (by core and non-core resources) Employment of gender-responsive budgeting Cost effectiveness of expenditures Human resource allocation against need (opinions)	*Secondary Materials* UNFPA reporting against SRP 6 Action Plan Implementation reports	Checklist instrument Programmatic reports Implementation partner reports on spend Key informant interviews: operational level on cost effectiveness
Outputs delivered in a timely manner	Level of compliance with SRP 6 planning and Annual Workplans Extent of tracking of activities and outputs and gaps Use of tracking systems to identify and respond to bottlenecks Perceived cost effectiveness of expenditures	*Primary Data Collection* UNFPA interviews Implementation level KIIs Partner interviews on cost effectiveness	Key informant interviews: government implementing partners
UNFPA's organisational structures, systems and mechanisms have supported the efficient delivery of SRP6	Level of satisfaction (among UNFPA staff and implementing partners) of overall management by UNFPA by identified criteria relevant to efficient delivery of SRP6 Perceived cost effectiveness of expenditures SRP 6 built on existing institutions and structures rather than creating new ones where existing ones were appropriate SRP 6 design and implemented reflected learning from MCP 5 Partnerships		
<td colspan="4">*Overall Progress Ranking:* • 4 – Considerable Progress *Status Upon Evaluation Completion:* • SRP 6 got off to a slow start, but this improved significantly towards 2020, despite Covid-19. • Financial management improved dramatically over the course of implementation, especially within UNFPA itself, but also with implementing partners.</td>			

Assumptions	Indicators	Information Sources	Methods and Tools for Data Collection

Coordination: The extent to which UNFPA has been an active member of, and contributor to, the existing coordination mechanisms of the UNCT

EQ6: To what extent has UNFPA been able to contribute to the operations of the UN in the region in a manner that strengthens coordination mechanisms and the efficacy of operations?

| UNFPA has actively engaged with the UN 'infrastructure' in the Pacific Region, and what has resulted has strengthened coordination mechanisms and the efficacy of operations | Tangible evidence of active and persistent engagement with this UN infrastructure

Perceptions of effectiveness of engagement | *Secondary Materials*
UNFPA reporting against regional delivery

Primary Data Collection
UNFPA interviews
UN agency interviews | Programmatic reports
Key informant interviews: UNFPA
Key informant interviews: UN agencies |

Overall Progress Ranking:
- 3 – Moderate Progress

Status Upon Evaluation Completion:
- UNFPA has devoted considerable attention to helping enable coordination mechanisms at regional and country levels within the UN system. At regional level this has included engagement with a range of UN actors under the framework of the UN Pacific Strategy, and active engagement in the outcome groups which the UNPS regards as the central means to coordinate UN actions in the region.
- The UNPS evaluation found that arrangements under the UNPS were not always clear and well-focused, and common ground was not always identifiable. Joint programmes have helped offer clarity in this regard, but the range and nature or coordination arrangements within the UN system were not always fit for purpose, and focus and rationalisation was required.
- Joint programming is increasingly common in the region, and is regarded by the UN as an important way to strengthen the coordination of UN actions at multi-country and country levels.
- Covid-19 support programming required careful attention to coordination across multiple UN agencies for fundraising, service delivery and data collection and use, and was felt by key informants to be an example of effective collaboration.
- Coordination in particular between UNFPA and UNICEF has strengthened survey data collection and data use under the PD outcome.
- Coordination is especially important in terms of GEWE. UNFPA has worked hard to give clear definition to its roles and responsibilities and its role in particular around gender and SRH, and has worked hard to expand the collection of disaggregated data through its support to PD.
- Under humanitarian programming a series of clusters have been established aimed at improved coordination and rapid delivery. UNFPA leads the UN system's sub-cluster on GBV during emergencies, falling under the Protection and Safety Cluster. The overall assessment of the efficacy of this sub-cluster was largely positive, with protocols and procedures in place to prevent and respond to GBV in emergencies activated as part of humanitarian delivery.

Coverage: The extent to which major population groups facing life-threatening suffering were reached by humanitarian action

EQ7: To what extent has UNFPA made a tangible contribution to the delivery of humanitarian assistance under SRP6?

| UNFPA has coordinated its efforts in humanitarian assistance in a manner that has added value to the UN contribution in this area | Tangible evidence of active and persistent engagement with relevant UN infrastructure
Perceptions of effectiveness of this engagement
Tangible evidence of responding to Covid-19 in a manner that contributed to the effectiveness of the response
GBV integration
Disability | *Secondary Materials*
UNFPA reporting against regional delivery
Disaster response documents relevant to UNFPA SRP6
Primary Data Collection
UNFPA interviews
UN agency interviews | Programmatic reports
Key informant interviews: UNFPA
Key informant interviews: UN agencies |

Assumptions	Indicators	Information Sources	Methods and Tools for Data Collection
UNFPA has coordinated its efforts in humanitarian assistance with governments in PICTs requiring support in a manner that added value to their contribution	Tangible evidence of UNFPA coordination of its efforts in humanitarian assistance with governments and cluster response teams in terms of preparation, response and mitigation Specific examples from Covid-19 programming GBV integration Disability	*Secondary Materials* UNFPA reporting against delivery *Primary Data Collection* UNFPA interviews UN agency interviews National interviews with those in PICTs reached by UNFPA support in this regard (sectoral and disaster response infrastructure)	Programmatic reports Key informant interviews: UNFPA Key informant interviews: UN agencies Key informant interviews: Government officials involved with UNFPA in disaster planning and response (sectoral and disaster response infrastructure)
UNFPA established and employed channels of engagement of rights-holders through local government and community-based and community-driven organisations in a meaningful manner	Clear evidence of UNFPA and partner reach to relevant local organisations involved in direct work with rights-holders Activist organisations opinions on delivery and what it means for effective coverage Implementing partner duty-bearer opinions on delivery and what it means for effective coverage Engagement across marginalisation	*Secondary Materials* UNFPA reporting Disaster response documents relevant to UNFPA SRP6 *Primary Data Collection* UNFPA interviews Government and INGO and CSO interviews Interviews with local organisations	Programmatic reports Key informant interviews: UNFPA Key informant interviews and group discussions local organisations

Overall Progress Ranking:
- 0 – unable to assess, lack of denominators

Status Upon Evaluation Completion:
- UNFPA's support for SRH delivery in humanitarian settings has been well received, allowing coverage to expand through the use of innovative mechanisms for delivery, and direct delivery of emergency provisions.
- This has included bringing on board community-based organisations and individuals with the relevant skills and local knowledge for effective delivery.
- UNFPA has worked well within the structure of the cluster and sub-cluster teams and with governments during times of humanitarian need.
- UNFPA worked with other UN agencies in adapting service delivery and service delivery protocols under Covid-19 restrictions.
- Substantial progress was made on expanding UNFPA's engagement in GBV in emergencies.

Connectedness: The extent to which activities of a short-term emergency nature are carried out in a context that takes longer-term and interconnected problems into account

EQ8: To what extent has UNFPA humanitarian programming under SRP 6 been designed and implemented in a manner that has strengthened systems and enhanced avenues for improved resilience?

Assumptions	Indicators	Information Sources	Methods and Tools for Data Collection
UNFPA has designed and put into place systems to build capacity and strengthen delivery systems for effective humanitarian response in its focal programme areas	Systems in place and operationalised Specific examples from Covid-19 programming	*Secondary Materials* UNFPA reporting Review of communications and related materials Disaster response documents relevant to UNFPA SRP6	Programmatic reports Key informant interviews: UNFPA Key informant interviews: government officers involved in

Assumptions	Indicators	Information Sources	Methods and Tools for Data Collection
UNFPA has engaged in effective outreach and dialogue with targeted PICT governments and civil society to strengthen humanitarian response	Engagement, communications, and convening Specific examples from Covid-19 programming	*Primary Data Collection* UNFPA interviews Government and INGO and CSO interviews Interviews with local organisations	humanitarian programming Key informant interviews: INGOs and CSOs involved in humanitarian programming Key informant interviews and group discussions local organisations
UNFPA has engaged in humanitarian programming in a manner that avoided overwhelming systems and institutions	Evidence and opinions of those involved in humanitarian programming linked to UNFPA SRP 6 Specific examples from Covid-19 programming		
UNFPA has contributed to communications and advocacy for PICTs in a manner that strengthens the response to climate change	Engagement, communications, and convening Specific examples from Covid-19 programming Examples of high level engagement of reached PICTs and international bodies on good practices		

Overall Progress Ranking:
- 3 - Moderate Progress

Status Upon Evaluation Completion:
- Within the context of the broader UN humanitarian response, specific attention has been devoted to enabling national disaster management systems. This varied based on the country-level effectiveness of disaster management systems.
- UNFPA has contributed specifically with regard to SRH and GBV, including development of the Minimum Initial Service Package for Sexual and Reproductive Health in Crises which has strengthened delivery during humanitarian crises.
- UNFPA has focused on SRH delivery in humanitarian situations in a manner that increases the capacity of the system to deliver in times of need.
- Under PD UNFPA has worked to strengthened national statistical systems to be able to establish the situation on the ground before disasters and measuring the impacts of disasters on livelihoods, and ensure proper data disaggregation to understand the varied impacts of disasters across gender and vulnerability.
- UNFPA was also involved more broadly in supporting adaptation of delivery protocols under Covid-19.
- Consistent with this first point, the national disaster management systems in place in some PICTs are integrating climate change adaptation with disaster risk response and social protection. UNFPA's involvement at country level in this regard has included efforts to strengthen this programming, and to consider the effects of climate change and increased disaster risk on SRH.

Sustainability: The continuation of benefits from a UNFPA-financed intervention after its termination, linked, in particular, to their continued resilience to risks

EQ5: To what extent has the SRP 6 delivered effective advocacy, services and partnerships that will result in long-term improvements in policy, programming, and delivery of SRHR, GEWE and PD?

SRP6's results are sustainable in terms of its effects on momentum, commitment, skills transfer and skills building, mentoring and similar	Extent to which results are sustainable at policy level and in practise Degree of capacity building among key stakeholders in government and CSOs Degree of ownership of SRP6's results by key stakeholders, particularly government and CSOs Extent to which SRP 6 objectives have been advanced in relevant national policies and other relevant documents	*Secondary Materials* UNFPA and associated policy/strategy documents International UNFPA materials on actions intended to support sustainability Wide range of programme materials provided by UNFPA/PSRO Implementation reports from partners	Secondary materials review Key informant interviews: high level Key informant interviews: agencies involved in on-the-ground delivery Case assessments Focus group discussions
Lessons have been learned and	Lessons learned in terms of programme management, collaboration		

Assumptions	Indicators	Information Sources	Methods and Tools for Data Collection
good practices have been implemented from SRP 6 that can be applied to SRP 7 that enhance sustainability	with partner organisations and stakeholders, timely achievement of results	Documents secured from implementing partners Assessment materials Comparison of UNFPA Subregional programme document with national policies and strategy papers (e.g. national development plans) and with regional papers	
SRP 6 has delivered against the needs and desires of rights-holders in a manner that enhances the sustainability of its programming	Rights-holders opinions on delivery and what it means for sustainability Activist organisations opinions on delivery and what it means for sustainability Implementing partner duty-bearer opinions on delivery and what it means for sustainability	*Primary Data Collection* High level KIIs (including UNFPA, other UN) Implementation level KIIs Interviews with agencies with strong 'footprint' in the field, including activist organisations Case assessments with a few key implementing partners with a strong country presence to secure detailed insights into how well SRP 6 has fit into country needs and emergent priorities	

Overall Progress Ranking:
- 2 - Little Progress

Status Upon Evaluation Completion:
- UNFPA's focused attention to systems strengthening, capacity building, and relationship building have all supported enhanced sustainability.
- Key gaps remain around weak learning and knowledge management infrastructure that challenges the efficiency and effectiveness of delivery and undermines innovation.
- Bringing on board regional implementing partners who have local partnerships and local knowledge has strengthened delivery with civil society and with government implementing partners.
- UNFPA's presence on the ground in a subset of priority countries in the region has significantly improved the relevance and utility of its programming in these countries, and has allowed the agency to take a more long-term focus on SRH and PD and its specific role in GEWE. This has allowed the agency to move beyond specific relationships between UNFPA and implementing partner personnel and stakeholders towards more institutionalised relationships. This has nevertheless been challenged by weaknesses in country level delivery and coordination mechanisms, weak programme implementation, and high staff turnover, depending on country.
- Sustainability was noted by a number of key informants (and in other evaluations) as a challenge not just to UNFPA but also other development partners. Expanded regional access to developmental financing coming from own resources and from regional developmental financing options were noted as important ways forward for the Pacific.
- UNFPA is negotiating with PICTs on country coverage of SRH commodities that are currently provided by UNFPA, but this is in early stages of negotiations. Some countries, such as Vanuatu, have already committed to greater control over and financing of the full health sector, including SRH commodities.
- At an agency level, UNFPA PSRO has been successful in significantly increasing access to non-core funds for its work, even when core financing has declined.

ANNEX B: RESULTS TRACKING FINDINGS

This annex presents findings of targets and results against targets as of the end of 2021. Summary information from this annex appears in the main evaluation report.

6th Sub Regional Programme Document - Results Framework Indicator Tracking Tool

Results	Indicators	Desired Trend and Progression	Status	Baseline (2017 or Near)	2018	2019	2020	2021	2022	Annual Progress to date					Overall Progress to Date (up to June 2021)	Responsible staff	Remarks
										2018	2019	2020	2021	2022			
Goal: To achieve universal access to sexual and reproductive health and reproductive rights and reduce maternal mortality and morbidity to accelerate progress on the ICPD/Sustainable Development Goals agenda, and to improve the lives of women, adolescents and youth in PICTs.	1. Number of PICTs in which at least skilled health personnel attend 95 per cent of births.	↗	**Planned**	2	3	4	5	6	7	☺	☺	☺			**On Track**	Sumeet/ Mosese	[See Worksheet on SBA Analysis](#)
			Actual	9	9	9	9										
	2. Number of PICTs whose proportion of women of reproductive age who have their need for family planning satisfied with modern methods has increased based on	↗	**Planned**	0	1	2	3	4	5	☺	☺	😐	☹		**Off track but slowly progressing**	Sumeet/ Mosese	[See Worksheet on Met Need Analysis](#)
			Actual	0	1	2	2	2									

				Y1	Y2	Y3	Y4	Y5	Y6					Status	Responsible	Comments
		the latest available data	↗													
		3. Number of countries who have registered a decrease in intimate partner violence against women prevalence rate (lifetime)	↗	**Planned**	0	0	1	2	2	3	☹	☺	☺		**On Track**	Semi/ Mosese	Lifetime Non-Intimate partner violence data from the FHSS and MICS/DHS were analysed to determine the trend. Samoa, Kiribati and Tonga registered decreases but rates still remain high as decreases were minimal or hardly changed from baseline levels. See W
				Actual	0	0	3	3									
		4. Number of countries who have registered a decrease in non-intimate partner violence against women prevalence rate (lifetime)	↗	**Planned**	0	0	1	2	2	3	☹	☺	☺		**On Track**	Semi/M osese	Lifetime Intimate partner violence data from the FHSS and MICS/DHS were analysed to determine the trend. Samoa and Tonga registered decreases while Kiribati showed an increase.
				Actual	0	0	2	2									
		5. Number of PICTs that have conducted at least one population and housing census in the last 10 years	↗	**Planned**	14	14	14	14	14	14	☺	☺	☺		**On Track**	Sandra/ Semi/ Mosese	See Worksheet on Census SDG 17.19.2
				Actual	14	14	14	14									
	Outcome 1: Sexual and	6. Number of countries	↗	**Planned**	1	1	2	3	4	5	☺	☹	☹		**Off track**		See Worksheet on Met Need Analysis . Only Tuvalu had 76.2%

reproductive health Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence	whose proportion of women of reproductive age (aged 15-49) who have their need for family planning satisfied with modern methods is >76%		Actual	1	1	1	1								**but slowly progressing**	
	7. Number of countries with health facilities providing at least three integrated sexual and reproductive health services	↗	**Planned**	**0**	**1**	**2**	**3**	**4**	**5**							We will have this data once the countries report that they have completed the spot checks. Focal point for this data is Josephine Chu and Olanike Adedeji (RHCS Team)
			Actual	0												
	8. Number of countries with adolescent birth rates less than 34 per 1,000 women aged 15-19 years	↗	**Planned**	**6**	**6**	**6**	**7**	**7**	**8**							Progress to be reviewed when new data becomes available from Census and MICS in 2021-2022
			Actual	6	6	6	5	5		☺	😐	😐	☹		**Off track but slowly progressing**	
	9. Number of countries with at least 95% of births attended by skilled birth attendants	↗	**Planned**	**2**	**3**	**4**	**5**	**6**	**7**							See SBA Analysis Worksheet
			Actual	9	9	9	9			☺	☺	☺			**On Track**	

Output	Indicator		Plan/Actual												Status	Owner	Comments
Output 1.1: Strengthened access to quality integrated sexual and reproductive health services for women, adolescents and youth, across the development humanitarian nexus	10. Number of countries implementing a sustainability strategy for Reproductive Health Commodity Services.	↗	Planned	0	0	2	4	5	7						Progressing	Olanike	The indicator is linked to the inclusion of SCM and Supplies sustainability sections in the RMNCAH Policy & Strategy & Costed plans (We have the investment cases for 5 PICT countries and RMNCAH Policy & Strategy documents in various levels of development in 4 countries (Fiji, Tonga, Kiribati and Vanuatu). Implementation of the policies may not happen until 2022?
			Actual	0	0	0	0	4	8	☹	☹	☹					
	12. Number of countries that utilized family planning unmet need review findings to inform family planning costed implementation plans.	↗	Planned	0	1	2	3	5	7						Progressing	Pulane	This indicator is linked to the RMNCAH Policy, strategy and implementation plan underway in a number of countries. Tonga, Kiribati, RMI and Vanuatu are expected to have final documents by the end of the year.
			Actual	0	0	0	0	4	8	☹	☹	☹					
	13. Number of countries with national guidelines for delivering youth-friendly sexual and reproductive health services, according to international standards.	↗	Planned	0	1	2	3	4	5						Progressing	Pulane/ Brian	A regional YFSRH guidelines template was developed by end of 2020 for country adaptation. However, no country has completed this activity although technical consultations and needs assessment on-going in Solomon Islands, Fiji, Kiribati and Vanuatu
			Actual	0	0	0	1	4	TBC	☹	☹	☺					
	14. Number of countries that have	↗	Planned	3	3	4	5	6	7	☺	☺	☺			On Track	Ana	For 2020 it is Samoa, Kiribati, Tokelau, Vanuatu, RMI and Fiji. For 2021, FSM, RMI, Tonga, Fiji and Tokelau

Output	Indicator			Year values						Indicators					Status	Responsible	Comments
	the capacity to implement the Minimum Initial Service Package at the onset of crises.		Actual	3	5	5	6	8	TBC								
	15. Number of countries with cervical cancer policy and guidelines.	↗	Planned	1	1	4	4	4	5	☺	☹	☹			Off track but slowly progressing	Pulane/ Sumeet	Fiji has a policy on cervical cancer prevention. Vanuatu has developed a guideline on prevention of cervical cancer and will include cervical cancer policy in the RMNCAH policy currently under review and updating. Decision by DFAT not to fund cervical cancer interventions has delayed progress
			Actual	1	1	1	1	2	6								
	16. Number of countries with established national systems for the Maternal Death Surveillance and Response.	↗	Planned	2	2	3	4	5	6	☺	☺	☺			On Track	Pulane/ Sumeet	Countries implementing MDSR include Fiji, Kiribati, Solomon Islands and Vanuatu. All countries have MDSR committees in place and tools to guide reporting and review of the deaths. Fiji and Kiribati have produced their first MDSR report.
			Actual	2	3	3	4	TBC	TBC								
Output 1.2: Increased national capacity to design and implement community and school based family life education programmes that promote	17. Number of countries that have aligned family life education curricula to international standards.	↗	Planned	0	1	2	3	4	5	☺	😐	😐			Off track but slowly progressing	Brian/ Sumeet	Only Kiribati was delivering FLE aligned to international standards for year 9 in 2020 and 2021
			Actual	0	1	0	1	1									
	18. Number of countries that have a standardized community based training package for	↗	Planned	0	1	2	3	4	5	☺	😐	😐			On Track	Brian/ Sumeet	THIS INDICATOR REFERS TO OUT OF SCHOOL TRAINING ON HIV/SRH AND ACCORDING TO METADATA ALL EIGHT COUNTRIES HAVE A PACKAGE COVERING ALL OR SOME OF HIV/SRH TOPICS I.E FIJI, SAMOA, TONGA, TUVALU, SOLOMON, KIRIBATI, COOK ISL & VANUATU. NOTE: NOT SUPPORTED BY UNFPA
			Actual	0	1	1	1	8									

human rights and gender equality	marginalized adolescents and youth.																
Outcome 3: Gender Equality and the empowerment of women The empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings	19. Number of PICTs with gender equality national action plans that integrate both reproductive rights and violence against women with specific targets and national budget allocations	↗	**Planned**	**2**	**3**	**3**	**4**	**4**	**5**								Kate has responded with some data. M&E Team currently researching and compiling data for this indicator.
			Actual	2								.					
Output 3.1: Increased national capacity to address and promote gender equality and the empowerment of women and girls, including their reproductive rights and need for ending violence	20. Reproductive rights of women and violence against women reflected in at least two national policy documents in three selected PICTs.	**Yes**	**Planned**	**No**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**							Semi/ Lorna	
			Actual	No	No	Yes	Yes	Yes	Yes	☺	☺	☺		**On Track**		Semi/ Lorna

Output/Outcome	Indicator		Plan/Actual											Status	Responsible	Comments
against women.																
Output 3.2: Strengthened integration of violence against women in the national health sector	21. Number of countries implementing at least 30 percent of the national violence against women study health recommendations.	↗	**Planned**	**0**	**1**	**1**	**2**	**2**	**3**						Semi/ Alex	Semi/ Alex
			Actual	0	0	2	6	x		☺	☺	☺		Progressing		
	22. Number of countries with standard operating guidelines for responding to violence against women.	↗	**Planned**	**0**	**1**	**2**	**3**	**3**	**4**						Semi/ Alex	Semi/Alex
			Actual	0	1	3	5	x		☺	☺	☺		On Track		
	23. Percentage of health facilities per country making referrals to multisectoral services.	↗	**Planned**	**0**	**5%**	**5%**	**10%**	**20%**	**60%**						Olanike/ Josephine	This indicator is not in the HFRSA. The Spotlight program may have some indicator to respond to this. The HFRSA has an indicator on provision of SGBV services in health facilities in line with international standards. The referral pathway was part of the ESP work that Alex was doing
			Actual	0	26%	57%	49%	x		☺	☺	☺		Progressing		
Outcome 4: Population dynamics Everyone,	24. Number of countries with national	↗	**Planned**	**0**	**2**	**4**	**5**	**6**	**8**	☹	☹	☹	☺ .	Off track but slowly	Semi/ Sandra	To be provided by Semi and Sandra

													Status	Responsible	Comments
everywhere, is counted and accounted for, in the pursuit of sustainable development	development framework and policies that incorporate ICPD/SDG and population dynamics and address the needs of women, girls and young people		Actual	0	0	0	2	4	4				progressing		
	25. Number of countries that have policies and plans adopted and resourced to address (a) sexual reproductive health and (b) violence against women.		Planned	0	1	1	2	3	4				Off track but slowly progressing	Semi/ Sandra	<u>Feedback from Sandra</u> - At this time, this indicator are still in the framework and therefore I have set the yearly and the end of cycle targets accordingly. However, this indicator is not achievable. Pacific countries do not cost their policies and never commit resources to the implementation of the policy when it is approved. The costing and resource commitments are usually done on an annual basis as a part of the Government's annual work planning process. The activities may not comprehensively address all the required interventions to achieve the goals, outcomes and outputs of the policy.
			Actual	0	0	0	0	0	4	☹	☹	☹			
Output 4.1: Strengthened national statistical systems to ensure increased availability, analysis and utilization of quality: disaggreg	26. Number of countries with at least one analytical study available linking population data to sexual and reproductive health, youth and violence against women.		Planned	2	3	4	5	5	5				On Track	Sandra	
			Actual	2	2	2	8	TBC		☺	☹	☺			The GAP analysis on SRH /DV data is underway in Fiji, Kiribati and Solomon Islands and should be completed this year.

	Indicator		Plan/Actual							Status							Status	Owner	Comments
ated ICPD/SDG-related data, with a focus on informing national and sectoral priorities, policies and programming in development and humanitarian situations	27. Number of countries with health information systems monitoring key ICPD/SDG indicators.	↗	**Planned**	**0**	**0**	**1**	**3**	**4**	**5**	🔴	🟢	🔴					**Off track but slowly progressing**	Sandra	HIS Mapping Analysis currently underway
			Actual	0	0	1	0.5	x		☹	☹	☹							
	28. Number of countries monitoring Sustainable Development Goals indicators related to the United Nations Pacific Strategy.	↗	**Planned**	**0**	**2**	**7**	**9**	**11**	**14**	🟡	🟡	🟢			🟢		**On Track**	Sandra	
			Actual	0	0	7	5	x		☺	☺	☺							
Output 4.2: Strengthened use of demographic intelligence to improve policies, programmes and advocacy	29. Number of countries that have developed advocacy and policy briefs in ICPD/SDG-related areas.	↗	**Planned**	**0**	**3**	**4**	**5**	**9**	**10**	🟡	🟡	🟡			🟩		**Progressing**	Sandra	
			Actual	0	3	11	2	x		☺	☺	☺							

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ANNEX C: GLOSSARY OF TERMS

Term	Meaning	Source
Activities	Defined by UNFPA in the Evaluation Handbook as follows: Actions taken or work performed through which inputs are mobilised to produce specific outputs. In UNFPA country programmes, activities may consist of: training sessions, provision of technical assistance, procurement of equipment and medicines, support for consultation and government planning processes, etc.	5
Adolescence	Ages 10-19. Young adolescence is the age of 10-14 and late adolescence age 15-19. This period between childhood and adulthood is a pivotal opportunity to consolidate any loss/gain made in early childhood.	1
Child Marriage	Child marriage occurs when one or both spouses are below the age of 18, and as such, not yet physically, physiologically, or psychologically ready for marriage. Nor can the child consent to be formally bound. Also referred to as forced marriage or early marriage.	3
Coherence	How well does the intervention fit? Coherence examines the extent to which other interventions (particularly policies) support or undermine the intervention and vice versa. This includes internal coherence (within one institution or government) including compatibility with international norms and standards, and external coherence (with other actors' intervention sin the same context). Coherence includes concepts of complementarity, harmonisation and co-ordination, and the extent to which the intervention is adding value while avoiding duplication of effort.	4
Comprehensive Sexuality Education (CSE)	CSE refers to sexuality education that is rights-based and assists people with obtaining accurate and age-appropriate information about all aspects of sexual and reproductive health and rights; healthy exploration of sexuality; empowerment; and positive thinking about sexuality and rights. CSE also supports the development of positive life skills and relationships.	3
Development Results	Defined by UNFPA in the Evaluation Handbook as follows: Development results mean sustained improvement in the lives of people in developing countries – e.g., more children educated, fewer infants dying, more families lifted out of poverty. In the UNFPA framework, development results are strategic objectives and intended high-level effects as defined in UNFPA strategic documents and determined by the country context and national development challenges.	5
Duty-Bearers	Those actors who have a particular obligation or responsibility to respect, promote and realise human rights and abstain from human rights violations. The term applies to state and non-state actors.	1
Early Marriage	See child marriage above.	3
Economic Violence	Economic violence involves denying a person access to and control over basic financial resources.	3
Effectiveness	Is the intervention achieving its objectives? Effectiveness looks at the extent to which the intervention achieved, or is expected to achieve, its objectives and its results, while taking into account the relative importance of the objectives. An examination of effectiveness encourages the analysis of differential results across groups and the extent to which the intervention contributes to or exacerbates equity gaps.	4
Effects	Defined by UNFPA in the Evaluation Handbook as follows: Intended or unintended changes due directly or indirectly to an intervention. Effects correspond to the actual outputs, outcomes and impacts.	5
Efficiency	How well are resources being used? Efficiency considers the extent to which the intervention delivers, or is likely to deliver, results in an economic and timely way. 'Economic' is the conversion of inputs (funds, expertise, natural resources, time, etc.) into results, in the most cost-effective way possible, as compared to feasible alternatives in the context. 'Timely delivery' as a component of measuring efficiency refers to whether an intervention's resources can be justified by itself results, which is of major practical and political importance.	4
Empowerment	Empowerment refers to increasing the personal, political, social or economic strength of individuals and communities. The core of empowerment lies in the ability of a person to control their own destiny.	1
Evaluation	UNFPA defines evaluation as follows in their Evaluation Policy: An evaluation is an	6

Term	Meaning	Source
	assessment, conducted as systematically and impartially as possible, of an activity, project, programme, strategy, policy, topic, theme, sector, operational area or institutional performance. It analyses the level of achievement of both expected and unexpected results by examining the results chain, processes, contextual factors and causality using appropriate criteria such as relevance, effectiveness, efficiency, impact and sustainability. An evaluation should provide credible, useful evidence-based information that enables the timely incorporation of its findings, recommendations and lessons into the decision-making processes of organisations and stakeholders.	
Forced Marriage	Forced marriage occurs when one or both spouses have not consented to be formally bound in marriage. See child marriage above for those under the age of 18.	3
Gender	A social and cultural construct, which distinguishes differences in the attributes of men and women, girls and boys, and accordingly refers to the roles and responsibilities of men and women.	1
Gender Development Index	The Gender Development Index measures gender gaps in human development: 1) health (measured by female and male life expectancy at birth); 2) education (measured by female and male expected years of schooling for children and female and male mean years of schooling for adults aged 25 and older); and 3) command over economic resources (measured by female and male estimated earned income).	1
Gender Discrimination	Any distinction, exclusion or restriction made on the basis of sex which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women, irrespective of their marital status, on the basis of equality of men and women, of human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field. (CEDAW)	1
Gender Equality	The concept that women and men, girls and boys have equal conditions, treatment and opportunities for realising their full potential, human rights and dignity, and for contributing to (and benefitting from) economic, social, cultural and political development. Gender equality is, therefore, the equal valuing by society of the similarities and the differences of men and women, and the roles they play.	1
Gender Equity	The process of being fair to men and women, boys and girls, and importantly the equality of outcomes and results. It refers to differential treatment that is fair and positively addresses a bias or disadvantage that is due to gender roles or norms or differences between the sexes.	1
Gender Mainstreaming	A strategy to accelerate progress on women's and girl's rights and equality in relation to men and boys. It is the process of assessing the implications for girls and boys and men and women of any planned action, including legislation, policies and programmes. It is a strategy for making girl's and women's, as well as boy's and men's, concerns and experiences an integral dimension of the design, implementation, monitoring and evaluation of policies and programmes so that girls and boys and women and men benefit equally, and inequality is not perpetuated.	1
Gender Norms	Accepted attributes and characteristics of male and female gendered identity at a particular point in time for a specific society or community. They are the standards and expectations to which gender identity generally conforms, within a range that defines a particular society, culture and community at that point in time.	1
Gender-Based Violence	Any harmful act that is perpetrated against a person's will and that is based on socially ascribed (gender) differences between females and males. Types of gender-based violence include sexual violence, including sexual exploitation/abuse and forced prostitution, domestic violence, trafficking, forced/early marriage, harmful traditional practices such as female genital mutilation, honour killings and widow inheritance. This is as agreed in the 1993 Declaration on the Elimination of Violence Against Women. The term is also used to describe some forms of sexual violence against males or targeted violence against LGBTI populations.	1 See also 3 with reference to final paragraph
Gender-Responsive Budgeting	Government planning, programming and budgeting that contributes to the advancement of gender equality and the fulfilment of women's rights. It entails identifying and reflecting needed interventions to address gender gaps in sector and local government policies, plans and budgets.	1
Gender-Responsive Programming and Policies	Intentionally employing gender considerations to affect the design, implementation and results of programmes and policies.	1
Harmful Practices	Practices, behaviours and attitudes, often grounded in culture, religion, or superstition, that negative affect the human rights and fundamental freedoms of women and young persons. Examples of harmful practices include child or forced marriage, female genital mutilation, and honour killings.	3

Term	Meaning	Source
Human Rights-Based Approach	Consciously and systematically paying attention to human rights in all aspects of programme development. The objective of the human rights-based approach is to empower people (rights-holders) to realise their rights and strengthen the state (duty-bearers) to comply with their human rights obligations and duties.	1
Humanitarian Emergencies	Situations of armed conflict, natural disasters, and other situations of risk resulted in a need for humanitarian services, and often involving internal displacement or refugee populations.	3
Impact	What difference does the intervention make?	4
	Impact is the extent to which the intervention has generated or is expected to generate significant positive or negative, intended or unintended, higher-level effects. Impact addresses the intervention's ultimate significance and potential transformative effects – holistic and enduring changes in systems or norms. The impact criterion goes beyond effectiveness and encourages consideration of the big 'so what?' question. Essentially, did the intervention create change that really matters to people?	See also 5 with reference to UNFPA use
	UNFPA defines impact in the evaluation handbook as follows: Higher-level effects usually described in terms of progress towards the achievement of the Sustainable Development Goals or progress towards the fulfilment of the commitments adopted in the International Conference on Population and Development.	
Impacts	Positive and negative, primary and secondary long-term effects produced by a development intervention, directly or indirectly, intended or unintended	2
Indicator	Quantitative or qualitative factor or variable that provides a simple and reliable means to measure achievement, to reflect the changes connected to an intervention, or to help assess the performance of a development factor	2
Input	The financial, human, and material resources used for the development intervention.	2
Intersectionality	Intersectionality refers to overlapping social identities and the related systems of oppression, domination and/or discrimination.	1
Intervention Logic	Defined by UNFPA in the Evaluation Handbook as follows: A reasoned description of how the programme is expected to attain its objectives. It uses hypothetical cause-effect linkages to show the chain of expected effects between inputs, activities, outputs, outcomes and, ultimately, impact.	5
Intimate Partner Violence	Violence covering a range of sexual, psychological and physical acts that can be used without the person's consent.	3
LGBTQ+	Umbrella term for all persons who have a non-normative gender or sexuality. LGBTQ stands for lesbian, gay, bisexual, transgender, and queer and/or questioning. Sometimes a + at the end is added to be more inclusive.	1
Long-Term Vision	A document, plan or policy providing overarching direction over a longer time horizon (typically 10-25 years) with respect to the partner country's development goals and priorities and key means of achieving these.	2
Mental Impairment	See psychosocial disability above.	3
Monitoring	Monitoring focuses on systematically tracking inputs, outputs, outcomes and impacts as interventions are implemented.	2
Most Important Evaluation Criterion	Criteria may be weighted with some institutions defining a dominant ('knock out') criterion. If performance is not satisfactory on that criterion, no matter how well the other criteria scored, the intervention will be considered unsuccessful.	4
Needs	Defined by UNFPA in the Evaluation Handbook as follows: The demands, problems or challenges to be addressed by the UNFPA-funded interventions.	5
Non-Partner Violence	Violence committed by a caregiver (non-partner), family member, friend, acquaintance, neighbour, work colleague or stranger.	3
Objectives	Defined by UNFPA in the Evaluation Handbook as follows: Expected planned effects.	5
Outcome	The likely or achieved short-term and medium-term effects of an intervention's outputs.	2
	The deliverables (products and services) that result directly from interventions funded by UNFPA.	See also 5 with reference to UNFPA use
Output	The products, capital goods and services which result from a development intervention.	2
	Defined by UNFPA in the Evaluation Handbook as follows: The deliverables (products and services) that result directly from interventions funded by UNFPA. The generation of outputs is under the full responsibility and control of the country office. Outputs are first-level immediate effects.	See also 5 with reference to UNFPA use

Term	Meaning	Source
Person with a Disability	Those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.	3
Positive Parenting	Educating parents on children's rights and development to improve parenting practices, with the goal of ending violence, abuse and exploitation of children. Helping parents improve their skills to manage their children's behaviour.	1
Psychological Violence	Refers to behaviour that is controlling, isolating, humiliating or embarrassing and which causes the person upon who it is perpetrated psychological distress.	3
Psychosocial Disability	The interaction between psychological and social/cultural components of our disability. The psychological component refers to ways of thinking and process our experiences and our perception of the world around us. The social/cultural component refers to societal and cultural limits for behaviour that interact with those psychological differences/madness as well as the stigma that the society attaches to labelling as disabled.	3
Relevance	Is the intervention doing the right thing? Relevance entails examining the extent to which the intervention's objectives and design respond to beneficiaries' needs and priorities, as well as alignment with national, global and partner/institution policies and priorities. Understanding gendered power dynamics and reflecting on the commitment to 'leave no one behind' are crucial in understanding relevance.	4
Rights-Holders	Rights-holders are individuals or social groups that have particular entitlements in relation to specific duty-bearers. In general terms, all human beings are rights-holders under the Universal Declaration of Human Rights.	9
Sexual and Reproductive Health and Rights	The right for all, whether young or old, women, men or transgender, straight, gay, lesbian or bisexual, HIV positive or negative, to make choices regarding their own sexuality and reproduction, providing they respect the rights of others to bodily integrity. Reproductive health includes the ability to enjoy a satisfying and safe sex life and the freedom and legal capacity to decide if, when, and how often to do so. It means the right to be free from forced sterilisation, contraceptives and abortion, access to accessible information about reproductive health and safe, effective, affordable, and acceptable methods of family planning; and the right to access quality accessible maternal and new born health services. Reproductive rights are human rights recognised in national laws, international laws, and international human rights documents that uphold the rights of all people to decide freely and responsibly on the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. Sexual health is defined as 'a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.	1 See also 3 with reference to final three paragraphs
Sexual Violence	Abusive sexual contact, making a person engage in a sexual act without consent, and attempted or completed sex acts with a person who is unable to consent to sexual contact. It can take many forms, including any unintended or non-consensual sexual act, sexual harassment, and violence acts.	3
Survivor-Centred Services	Services that 'prioritise the rights, needs, dignity and choices of the survivor – including the survivor's choice as to whether or not to access legal and judicial services'.	3
Sustainability	Will the benefits last? Sustainability is the extent to which the net benefits of the intervention continue or are likely to continue. This may involve analysing the actual flow of net benefits or estimated the likelihood of net benefits continuing over the medium and long term. Sustainability encompasses several elements for analysis – financial, economic, social and environmental – including the interactions between them.	4
Theory-Based Evaluation	A theory-based evaluation is usually based on an explicit theory of change or logic model that explains the theory of a development intervention. The evaluation is designed to test the theory to see if it holds true.	8
Theory of Change	Theory of Change is a comprehensive description and illustration of how and why a desired change is expected to happen in a particular context.	7

Term	Meaning	Source
Violence Against Women	Any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life. This can include intimate partner violence, caregiver violence, medical violence (e.g., forced sterilisations and other procedures, forced medication or overmedication), sexual violence, psychological violence, economic violence, institutional violence, and violence during emergencies. Also see gender-based violence above.	3
Young Persons	Refers to girls, boys, young women, and young men from age 10 to 24 years old, encompassing the globally accepted definitions of adolescents (an age range of 10-19) and youth (an age range of 15-24).	3
Youth	Refers to young women and men from age 15-24.	3

1. https://www.unicef.org/rosa/media/1761/file/Gender%20glossary%20of%20terms%20and%20concepts%20.pdf

2. https://www.oecd.org/dac/dac-glossary.htm

3. https://www.unfpa.org/featured-publication/women-and-young-persons-disabilities

4. https://www.oecd-ilibrary.org/development/applying-evaluation-criteria-thoughtfully_543e84ed-en. This represents an update to the 2002 OECD definitions to accommodate how these criteria have been used in evaluations over the past two decades, and are aimed at strengthening evaluation. New, formal evaluation criteria definitions are awaited from OECD in the near future.

5. https://www.unfpa.org/admin-resource/evaluation-handbook-how-design-and-conduct-country-programme-evaluation-unfpa-2019

6. https://www.unfpa.org/admin-resource/unfpa-evaluation-policy-2019

7. https://www.theoryofchange.org/what-is-theory-of-change/

8. https://www.intrac.org/wpcms/wp-content/uploads/2017/01/Theory-based-evaluation.pdf

9. https://www.right-to-education.org/monitoring/content/glossary-rights-holders

ANNEX D: GLOSSARY OF CONVENTIONS AND SIMILAR IMPORTANT DOCUMENTS TO UNFPA PROGRAMMING

Term	Purpose	Source
Beijing Declaration and Platform for Action (1995)	Adopted at the Fourth World Conference on Women in September 1995, comprehensive commitments to women are allied for under twelve critical areas of concern: poverty, education and training, health, violence against women, armed conflict, the economy, power and decision-making, institutional mechanisms, human rights, media, environment and the girl child.	1
Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (1984)	Adopted on 10 December 1984 and entry into force on 26 June 1987, the Convention identifies torture as a crime under international law, and aims to prevent torture and other acts of cruel, inhuman, or degrading treatment or punishment.	4
Convention on the Elimination of all forms of Discrimination Against Women (CEDAW) (1979)	CEDAW defines what constitutes discrimination against women and sets up an agenda for action to end discrimination. Discrimination is defined in the convention as any distinction, exclusion or restriction made on the basis of sex which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women, irrespective of their marital status, on a basis of equality of men and women, of human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field.	1
Convention on the Protection of the Rights of All Migrant Workers and Members of their Families	Adopted on 18 December 1990 and entered into force on 1 July 2003. The aim is to foster respect for migrants' human rights. It emphasises the connection between migration and human rights, sets a moral standard, and serves as a guide and stimulus for the promotion of migrant rights.	7
Convention on the Rights of Persons with Disabilities (CRPD) (2006)	The United Nations Convention the Rights of Persons with Disabilities (CRPD) and its Optional Protocol (A/RES/61/106) was adopted on 13 December 2006. It is a comprehensive human rights convention and international development tool, and is at the heart of the disability rights movement.	1
Convention on the Rights of the Child (1989)	The United Nations Convention on the Rights of the Child was adopted on 20 November 1989, and came into force on 2 September 1990. It is informed by four core principles: non-discrimination; the best interests of the child; the right to life, survival and development; and respect for the views of the child.	2
International Convention on the Elimination of all forms of Racial Discrimination (ICERD)	Adopted on 21 December 1965 and entry into force on 4 January 1969. The Convention aims to take action on eliminating racial discrimination in all its forms, including eradicating racial hatred and incitement to hatred, combatting prejudices which lead to racial discrimination, and guaranteeing the enjoyment of civil, political, economic, social and cultural rights without discrimination on grounds of race, colour, or national or ethnic origin.	6
International Covenant on Civil and Political Rights (ICCPR)	Adopted on 16 December 1966 and entered into force on 23 March 1976. The Covenant commits its parties to respect the civil and political rights of individuals, including the right to life, freedom of religion, freedom of speech, freedom of assembly, electoral rights and rights to due process and a fair trial.	8
United Nations Convention against Corruption	Adopted on 31 October 2003 and entry into force on 14 December 2005. The Convention covers five main areas: preventive measures; crimination and law enforcement; international cooperation; asset recovery; and technical assistance and information exchange. The Convention covers various forms of corruption, including bribery, trading in influence, abuse of functions, and various acts of corruption in the private sector.	5
Universal Declaration of Human Rights	Adopted on 10 December 1948. An expression of the basic rights and fundamental freedoms to which all human beings are entitled.	3

1. https://www.unicef.org/rosa/media/1761/file/Gender%20glossary%20of%20terms%20and%20concepts%20.pdf
2. https://www.ohchr.org/en/professionalinterest/pages/crc.aspx
3. https://www.un.org/en/about-us/universal-declaration-of-human-rights
4. https://www.ohchr.org/en/professionalinterest/pages/cat.aspx
5. https://www.unodc.org/unodc/en/corruption/uncac.html
6. https://www.ohchr.org/en/professionalinterest/pages/cerd.aspx
7. https://www.ohchr.org/en/professionalinterest/pages/cmw.aspx
8. https://www.ohchr.org/en/professionalinterest/pages/ccpr.aspx

ANNEX E: NORMATIVE AND GUIDING DOCUMENTS FOR UNFPA EVALUATION

The following documents were reviewed as part of the evaluation process and content considered when conducting and reporting on the evaluation.

Term	Discussion	Source
UNFPA Evaluation Handbook (2019)	Primary tool used to design and implement evaluations in UNFPA. While the document refers to 'how to design and conduct a country programme evaluation at UNFPA', it also applies to regional evaluations, albeit with important provisos that are noted in this report under 'constraints' under Methodology. The Evaluation Handbook sets forth each stage of the evaluation, including actions taken priority to, during, and following external evaluation. Critical aspects include: • UNFPA evaluation protocols, rationale, objectives (set by UNFPA) • Evaluation process (determined by UNFPA) • Evaluation preparation (done by UNFPA) • Evaluation design (done by external consultants under oversight of UNFPA) • Evaluation field implementation (done by external consultants under oversight of UNFPA) • Evaluation reporting (done by external consultants under oversight of UNFPA) • Facilitation of use and dissemination (led by UNFPA with some inputs from external consultants) The Evaluation Handbook also includes a toolkit meant to inform design and field implementation, and reporting. It includes templates, the following of which is specifically developed or finalised by the external consultants: • Template 4: stakeholder map • Template 5: Evaluation matrix • Template 6: Country/Regional programme evaluation agenda • Template 7: Interview logbook • Template 8: Design Report • Template 9: Note of the results of the focus group • Template 10: Structure of the final report • Template 11: Abstract of the evaluation report • Template 15: Workplan • Template 17: Acronyms Specific tools are provided for guidance comprising required and optional tools: • The evaluation matrix • The effects diagram • List of UNFPA interventions by country programme output and strategic plan outcome • Stakeholders mapping table • Evaluation question selection matrix • Country/Regional programme evaluation implementation agenda • Field phase preparatory tasks checklist • Checklist of documents to be provided by the evaluation manager to the evaluation team • Checklist of issues to be considered when drafting the agenda for interviews • Guiding principles to develop interview guides • Checklist for sequencing interviews • How to conduct interviews: interview logbook and practical tips • How to conduct a focus group: practical tips • Summary checklist for a human rights and gender equality evaluation process • United Nations SWAP Individual Evaluation Performance Indicator Scorecard	6
UNEG Norms and Standards for Evaluation (2017)	Identified 14 norms and 5 standards (and multiple sub-standards) guiding evaluation. Norms comprised: internationally agreed principles, goals and targets; utility; credibility; independence; impartiality; ethics; transparency; human rights and gender equality; national evaluation capacities; professionalism; enabling environment; evaluation policy; responsibility for the evaluation function; evaluation use and follow-	1

Term	Discussion	Source
	up. The final four were with reference to evaluation in the UN system.	
	Of these, four were added in 2017: internationally agreed principles, goals and targets; human rights and gender equality; national evaluation capacities; and professionalism with a stronger emphasis on utility and use.	
	Standards comprised:	
	Standard 1: Institutional Framework (1.1 institutional framework for evaluation; 1.2 evaluation policy; 1.3 evaluation plan and reporting; 1.4 management response and follow-up; 1.5 disclosure policy)	
	Standard 2: Management of the Evaluation Function (2.1 head of evaluation; 2.2 evaluation guidelines; 2.3 responsiveness of the evaluation function)	
	Standard 3: Evaluation Competencies (3.1 competencies; 3.2 ethics)	
	Standard 4: Conduct of Evaluations (4.1 timeliness and intentionality; 4.2 evaluability assessment; 4.3 terms of reference; 4.4 evaluation scope and objectives; 4.5 methodology; 4.6 stakeholder engagement and reference groups; 4.7 human rights-based approach and gender mainstreaming strategy; 4.8 selection and composition of evaluation teams; 4.9 evaluation reports and products; 4.10 recommendations; 4.11 communication and dissemination)	
	Standard 5: Quality (5.1 quality assurance system; 5.2 quality control of the evaluation design; 5.3 quality control at the final stage of evaluation)	
UNEG Code of Conduct for Evaluation in the UN System (2008)	The Code of Conduct require that all involved in evaluation in the UN system, including consultants, honour the following obligations: independence; impartiality; conflict of interest; honesty and integrity; competence; accountability; obligations to participants; confidentiality; avoidance of harm; accuracy, completeness and reliability; transparency; omissions and wrongdoing	2
UNEG Ethical Guidelines for Evaluation in the UN System (2020; updated from 2008)	Intentionality of Evaluation (utility; necessity)	3
	Obligations of Evaluators (independence; impartiality; credibility; conflicts of interest; honesty and integrity; accountability)	
	Obligations to Participants (respect for dignity and diversity; rights [self-determination, fair representation, compliance with codes for vulnerable groups, redress]; confidentiality; avoidance of harm)	
	Evaluation Process and Product (accuracy, completeness and reliability; transparency; reporting [and access]; omissions and wrongdoing)	
UNFPA Evaluation Policy (2019; updated from 2013)	The Evaluation Policy (page 4) "sets out the purpose and use of evaluation in UNFPA, provides definitions, principles and norms, and outlines roles and responsibilities for the evaluation function. It guides UNFPA staff and partners regarding the organisation's requirements for the conduct and use of evaluations".	4
	The Policy (page 4) "supports the development of a culture of evaluation for better performance, continuous learning, and strengthened accountability".	
	Evaluation at UNFPA serves three main purposes (page 6): accountability; evidence-based decision-making (including improved utilisation); contributes to lessons learned.	
	Core principles of evaluation at UNFPA comprise (pages 9-10): national ownership and leadership; equity, justice, gender equality and respect for diversity; managing for results; integration of evaluation as an integral part of organisational standards at UNFPA; endeavouring to harmonise and align UNFPA evaluations with the evaluation efforts of UN partners; and allocation adequate human and financial resources for evaluation.	
	The UNFPA Evaluation Policy references adherence to the norms noted in the UNEG 2016 Norms and Standards for Evaluation.	
	The UNFPA Evaluation Policy elaborates the role of various actors at various levels in the system.	
	Evaluation procedures refer to decisions associated with evaluation planning, evaluation coverage, evaluation management and oversight, and the management response to evaluation.	
	Evaluation utilisation is noted as critical to UNFPA. In this regard the report notes:	
	• Linking country (and regional) – led evaluations to government planning cycles and the timing of advocacy initiatives • Ensuring the evaluation approach is well matched to need • Publishing final evaluation reports concurrently with the corresponding management response • Maintain a publicly accessible repository of evaluations and management responses including highlighting good evaluation practices and lessons learned. • Invest in technologies to advance evaluation use.	

Term	Discussion	Source
	• Have a dissemination plan. • Take timely steps to implement recommendations and incorporate lessons into decision-making systems. • Ensure that evaluation results inform new programmes.	
Evaluation Quality at UNFPA (2020)	Document reflects alignment with evaluation protocols and UNEG protocols. For the purposes of this evaluation, it has been used as a means of internal quality control checks against the Quality Assessment Criteria contained therein. **(1) Structure and clarity of reporting** *To ensure the report is comprehensive and user-friendly* 1. Is the report structured in a logical way? Is the report easy to read and understand (i.e. written in an accessible language appropriate for the intended audience) with minimal grammatical, spelling or punctuation errors? Is there a clear distinction made between analysis/findings, conclusions, recommendations and lessons learned (where applicable)? 2. Is the report of a reasonable length? (maximum pages for the main report, excluding annexes: 60 for institutional evaluations; 70 for CPEs; 80 for thematic evaluations) *If rated YES, the report is within the indicated maximum page length. If rated PARTIAL, the report exceeds the maximum page limit by 1- 5 pages. If rated NO, the report exceeds the maximum page limit beyond 5 pages.* 3. Do the annexes contain – at a minimum – the ToRs; a bibliography; a list of interviewees; the evaluation matrix; methodological and data collection tools used (e.g. interview guides; focus group notes, outline of surveys)? *If rated YES, the report contains all the annexes indicated. If rated PARTIAL, the report is missing the ToRs or the bibliography in the annexes. If rated NO, the report is missing any of the following annexes: a list of interviewees; the evaluation matrix; methodological and data collection tools used (e.g. interview guides; focus group notes, outline of surveys)* *Executive summary* 4. Is an executive summary written as a stand-alone section, presenting the i) Purpose; ii) Objectives, scope and brief description of interventions; iii) Intended audience; iv) Methodology; iv) Main results; Vi) Conclusions and recommendations 5. Is the executive summary reasonably concise (e.g. with a maximum length of 5 pages)? ** If rated YES, the executive summary is within the indicated maximum page limit. If rated PARTIAL, the executive summary exceeds the maximum page limit by 1 to 2 pages. If rated NO, the executive summary exceeds the maximum page limit beyond 2 pages.* **(2) Design and methodology** *To ensure that the evaluation is put within its context* 1. Is the development and institutional context of the evaluation clearly described and constraints explained? 2. Does the evaluation report discuss and assess the intervention logic and/or theory of change? *To ensure a rigorous design and methodology* 3. Is the evaluation framework clearly described in the text and in the evaluation matrix? Does the evaluation matrix establish the evaluation questions, assumptions, indicators, data sources and methods for data collection? 4. Are the tools for data collection described and their choice justified? **All aspects of this sub-criterion should be addressed in the rating: 1) are data collection tools described (i.e. documentary review, interviews, focus group discussions etc.) and 2) is the rationale for their selection detailed.* 5. Is there a comprehensive stakeholder map? Is the stakeholder consultation process clearly described (in particular, does it include the consultation of key stakeholders on draft recommendations)? **All aspects of this sub- criterion should be addressed in the rating: 1) is a comprehensive stakeholder map included (in either the report itself or the annexes) 2) Is the overall stakeholder consultation process described and 3) within the consultation process were key stakeholders consulted on the*	5

Term	Discussion	Source
	recommendations specifically? 4) does the evaluation stakeholder mapping and data collection methods involve vulnerable and marginalized groups, including persons with disabilities and their representative organizations? 6. Are the methods for analysis clearly described for all types of data? *Data analysis methods used may include contribution analysis, qualitative comparative analysis, or descriptive statistics. Triangulation is not a method of analysis; it is a validation technique.* 7. Are methodological limitations acknowledged and their effect on the evaluation described? Does the report discuss what was done to minimize such issues? 8. Is the sampling strategy described? *This sub- criterion assesses whether the methodological approach to determining the sample of stakeholders consulted and the sample of site visits is described. It also examines whether the evaluation report includes information on how the universe was determined; the sampling approach used (i.e. purposive); the indicators used to develop the sample to be consulted (or visited); the resulting sample; and importantly limitations to the approach (including any potential resulting bias).* 9. Does the methodology enable the collection and analysis of disaggregated data? *At a minimum, the methodology enables data to be disaggregated by sex. Whenever possible, this sub-criterion also assesses if a systematic disaggregation of data related to population groups (e.g. persons with disability) where there are implications related to UNFPA's portfolio/interventions for these population groups.* 10. Is the design and methodology appropriate for assessing the cross-cutting issues (equity and vulnerability, disability inclusion, gender equality and human rights)? *This sub-criterion is asking about the evaluation methodology itself – specifically does the evaluation's design/methodology ensure that the evaluation is able to assess the extent to which the country programme integrates crosscutting issues across its portfolio of work. Therefore, we're looking to see whether, for example, evaluation questions or indicators assess/capture the extent to which a human rights based approach to the development and implementation of the country programme was used (i.e. whether the evaluation queries/assesses whether beneficiaries/partners were consulted and through design process of the country programme); or whether the evaluation's data collection methods capture the voices/perspectives of a range of stakeholders include beneficiaries/vulnerable/marginalized groups.* **(3) Reliability of data** *To ensure quality of data and robust data collection processes* 1. Did the evaluation triangulate data collected as appropriate? 2. Did the evaluation clearly identify and make use of reliable qualitative and quantitative data sources? * *This sub-criterion should address both elements, namely do the evaluators identify the sources of the qualitative and quantitative data they used and do they discuss the reliability (or lack thereof) of both?* 3. Is there evidence that data has been collected with sensitivity to issues of discrimination and other ethical considerations? *This sub-criterion is concerned with whether there is evidence in the report that evaluators' approach to data collection was sensitive to ethical considerations (i.e. consent, confidentiality, etc.) and were not discriminatory against particular groups' participation (i.e. were interviews or focus groups held in a location, at a time, in a setting, using language/translation, that is appropriate and respectful; and facilitates the participation of a full range of stakeholders, including persons with disability). It is also interesting if evaluators noted limitations in this regard.* *Note that mentioning/referencing UNEG standards in the report does not amount to evidence that the data was actually collected with a sensitivity to ethics and discrimination; the reviewer should assess whether there is evidence in the report of the UNEG standards actually being implemented. If the UNEG documents/standards are referenced in the text, but the evaluators*	

Term	Discussion	Source
	do not explain how/show evidence of the data being collected with a sensitivity to issues of discrimination, etc., this should be a "partial". **(4) Analysis and findings** *To ensure sound analysis and credible findings* 1. Are the findings substantiated by evidence? 2. Is the basis for interpretations carefully described? 3. Is the analysis presented against the evaluation questions? 4. Are cause and effect links between an intervention and its end results explained and any unintended outcomes highlighted? *Both parts of the sub-criterion should be addressed in the rating: 1) are the cause/effect links (between UNFPA contribution and outputs/contribution to results/outcomes) explained as well as the results and 2) are unintended outcomes discussed. On the latter, it should be noted in the comments whether evaluators considered/looked for unintended outcomes and noted whether there were (or were not) any; or whether the report does not mention unintended outcomes.* 5. Does the analysis show different outcomes for different target groups, as relevant? 6. Is the analysis presented against contextual factors? 7. Does the analysis elaborate on cross-cutting issues such as equity and vulnerability, disability inclusion, gender equality and human rights? **(5) Conclusions** *To assess the validity of conclusions* 1. Do the conclusions flow clearly from the findings? 2. Do the conclusions go beyond the findings and provide a thorough understanding of the underlying issues of the programme/initiative/system being evaluated and reflect as appropriate cross-cutting issues such as equality and vulnerability, disability inclusion, gender equality and human rights? 3. Do the conclusions appear to convey the evaluators' unbiased judgement? **(6) Recommendations** *To ensure the usefulness and clarity of recommendations* 1. Do recommendations flow logically from conclusions? 2. Are the recommendations targeted at the intended users and action-oriented (with information on their human, financial and technical implications)? 3. Do recommendations appear balanced and impartial and address, as relevant, key cross cutting issues such as equity and vulnerability, disability-inclusion, gender equality and human rights? 4. Are the recommendations prioritised? **(7) Gender** *To assess the integration of Gender Equality and Empowerment of Women (GEEW)* 1. Is GEEW integrated in the evaluation scope of analysis and indicators designed in a way that ensures GEEW-related data to be collected? ** This sub-criterion assesses whether the evaluation itself integrates GEEW – in its scope of analysis (i.e. in the objectives for example)* *or the indicators the evaluation selects against which data will be collected so that the evaluation is able to assess whether the country programme is gender responsive.* *A general note on UNFPA programming:* *While there may be evidence of gender being referred to as a cornerstone of UNFPA programming - in the sense that most UNFPA programmes target women and girls - this does not necessarily mean that UNFPA's work is gender/human rights responsive. GEEW is about power and shifting resources, social norms, attitudes, laws and policies. One could work on comprehensive sexuality education, for example, in a way that further entrenches gendered norms or power dynamics (i.e. pathologizing LGBTQ communities; or reifying gender binaries by assuming heteronormativity); this would not be GEEW sensitive. Another example: one could deliver sexual and reproductive health care that fails to adequately address the*	

Term	Discussion	Source
	diverse health needs of women (i.e. women who are disabled, older women, LGBTQI women; conceptualizes women as mothers alone; and/or holding biases against contraceptive options); again, this would not be GEEW sensitive. 2. Is a gender-responsive methodology used, including gender-responsive methods and tools, and data analysis techniques? ** This sub-criterion assesses whether the evaluation criteria and evaluation questions (i.e. the evaluation itself) are gender responsive; in other words, are the criteria interpreted/operationalized and evaluations questions developed in a way that is able to capture whether (or not) gender equality/human rights/the empowerment of women has been integrated into UNFPA's country programme/support (in the design/planning, implementation and results)?* 3. Do the evaluation findings, conclusions and recommendations reflect a gender analysis?	
SDG 2030	A set of 17 goals and 169 targets to guide development through 2030, setting a common agenda across countries 	7
Sendai Framework for Disaster Risk Reduction 2015-2030	The Framework, adopted in March 2015, outlines seven targets and four priorities for action aimed at preventing new disasters and reducing existing disaster risk: 1) understanding disaster risk; 2) strengthen disaster risk governance to manage disaster risk; 3) investing in disaster reduction for resilience; and 4) enhancing disaster preparedness for effective response, and to 'build back better' in recovery, rehabilitation and reconstruction.	8

1. http://www.unevaluation.org/document/detail/1914
2. http://www.unevaluation.org/document/detail/100
3. http://www.unevaluation.org/document/detail/2866
4. https://www.unfpa.org/admin-resource/unfpa-evaluation-policy-2019
5. https://www.unfpa.org/sites/default/files/admin-resource/2020_edition_EQAA_guidance_FINAL.pdf
6. www.unfpa.org/EvaluationHandbook
7. https://sdgs.un.org/goals
8. https://www.undrr.org/publication/sendai-framework-disaster-risk-reduction-2015-2030

ANNEX F: DOCUMENTS CONSULTED

At the start of the evaluation UNFPA PSRO provided a wide range of materials relevant to the evaluation. This was supplemented, during the development of the Design Report, by additional online resources used in the preparation of the report. In addition, the Consultants did a search for relevant policies and strategies, programme documents, demographic and survey reports, and information on a range of topics relevant to consideration of UNFPA PSRO's programming in the PICTs. These various sources have been brought together and included in this annex.

Client Provided

Bustamante, S. and R. Mutandwa (2019). Evaluability Assessment of UNFPA PSRO's Sub-Regional Programme 2018-2022, prepared by S. Bustamante and R. Mutandwa for UNFPA PSRO, Suva Fiji (no hyperlink available).

Council of Regional Organisations in the Pacific (2018). First Quadrennial Pacific Sustainable Development: Report 2018, prepared by the Council of Regional Organisations in the Pacific and UN Agencies in the Pacific, Suva, Fiji. https://www.forumsec.org/wp-content/uploads/2019/09/2018-1st-Quadrennial-Pacific-Sustainable-Development-Report_final-as-of-July-4-2019.pdf

UNFPA Strategic Plan (2014-2017) (incl. annexes)

https://www.unfpa.org/resources/strategic-plan-2014-2017

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ANNEX G: STAKEHOLDERS CONSULTED

#	Type	Interviewee	Agency	Location/ Coverage
1	Programme	Dr. Jennifer Butler	UNFPA PSRO	Pacific Region
2	Programme	Saira Shameem	UNFPA PSRO	Pacific Region
3	Programme	Virisila Raitamata	UNFPA PSRO	Pacific Region
4	Programme	Mosese Qasenivalu	UNFPA PSRO	Pacific Region
5	Programme	Dr. Adriu Naduva	UNFPA PSRO	Pacific Region
6	Programme	Esther Mulumba	UNFPA PSRO	Pacific Region
7	Programme	Dr. Adriu Naduva	UNFPA PSRO	Pacific Region
8	Programme	Ana Maria Leal	UNFPA PSRO	Pacific Region
9	Programme	Vathinee Jitjaturunt	UNICEF MCO	Pacific Region
10	Programme	Sandra Bernklau	UN Women	Pacific Region
11	Programme	Levan Bouadze	UNDP Pacific	Pacific Region
12	Programme	Sally Mackay	DFAT	Pacific Region
13	SRH	Elisi Tupou	UNFPA Pacific	Tonga
14	SRH	Olanike Adedeji	UNFPA Pacific	Pacific Region
15	SRH	Sister Afu Tei	Ministry of Health	Tonga
16	SRH	Julius Ssenabulya	Vanuatu Family Health Association	Vanuatu
17	SRH	Selaupasene Ualesi	Ministry of Health	Samoa
18	SRH	Perive Lelevaga	Ministry of Health	Samoa
19	SRH	Caroline Johnson	Ministry of Health	RMI
20	SRH	Dechen Chime	UNFPA Kiribati	Kiribati
21	PD	Kim Roberston	SPC	Noumea
22	PD	Susan Faoagali	Ministry of Women and social Development	Samoa
23	PD	Taiaopo	Samoa Bureau of Statistic	Samoa
24	PD	Amelia	Fiji Bureau of Statitics	Fiji
25	PD	Aritita	National Statistic Office	Kiribati
26	PD	Sandra Paredez	Population and Development Advisor	Pacific Region
27	GEWE	Anna Whelan	UNFPA Health Systems Strengthening	Pacific Region
28	GEWE	Loukinikini Vili	National Human Rights Institute	Samoa
29	GEWE	Sofia Minieri	Women Enabled International	Pacific Region
30	GEWE & SRH	Suzannah Phillips	Women Enabled International	Pacific Region
31	GEWE	Rebecca Lorennij	Ministry of Culture and Internal Affairs	RMI
32	GEWE	Amy Green	CARE Vanuatu	Pacific Region
33	GEWE	Kate Learmouth	UNFPA	Pacific Region
34	GEWE	Edith Akiror	UNFPA Spotlight	Vanuatu
35	GEWE	Vaitoa Toelupu	Samoa Fa'afafine Association	Samoa
36	GEWE	Levan	UNDP	Fiji
37	GEWE	Sandra	UNWOMEN	Fiji
38	GEWE	Vaitoa	UNWOMEN	Samoa
39	GEWE	Alexandra	UNFPA New York	Pacific Region

#	Type	Interviewee	Agency	Location/ Coverage
40	GEWE	Rebbeca	Ministry of Culture and Internal Affairs	Marshall Island
41	GEWE	Brigette	Care International	Vanuatu
42	GEWE	Vathinee	UNFPA	Fiji
43	SRH	Teeta	MOH Kiribati	Kiribati
44	SRH	Case Assessment	Medical Services Pacific (MSP)	Fiji
45	SRH	Case Assessment	Pacific Disability Forum (PDF)	Regional
46	SRH	(4 participants)	IPPF Vanuatu	Regional
47	SRH	Dionisio Saimon	Prog Coordinator Family Health Unit, Department of Health	FSM
48	SRH	Selaupasene Ualesi	Ministry of Health	Samoa
49	SRH	Shilu Adhikari	SINU	Solomon Islands
50	SRH	Sina and Emile	UNFPA	Samoa
51	SRH	Esiteri Turagabeci	Ministry of Youth and Sports	Fiji
52	SRH	Anne, Megan, Nate, Kate	FPNSW	Australia (Pacific programming)
53	SRH	Rachel Smith	Burnett Institute	Australia (Pacific programming)
54	SRH	Sereseini	RHAF	Fiji
55	SRH	Case Assessment	KIFA	Kiribati
56	SRH	Hariet Sam	Ministry of Health	Vanuatu
	SRH/GEWE/PD	UNFPA Interviews via google form	Online PSRO - 11 staff responded	Pacific Region

FINAL VERSION (V4-Updated) – 3-12-21

SRP 6 Evaluation

UNFPA Group Discussion

Evaluation of the UNFPA PICTs 6th Sub-Regional Programme (2018-2022)

Prepared by the Evaluation Team
For UNFPA PSRO

Ethical Guidance: Off-site Interviews

`[Mosese to introduce evaluation, request consent, note confidentiality, ask for permission]`

Consent

Please understand that you are not being forced to take part in this study. However, we would really appreciate it if you do share your thoughts with us. If you choose not to take part in answering these questions, you will not be affected in any way whatsoever. If you agree to participate, you may stop participating in the interview at any time and tell us that you do not want to continue.

Confidentiality

The information you provide us with will be treated confidentially. We will not be recording your name anywhere in the write up of the research. All responses will be anonymous and will not be shared with anyone else.

Risks/Discomforts

We do not see any risks in your participation. However, if you have any concerns regarding the way the interview was conducted, or any other concern regarding your participation in this study, please contact Mosese Qasenivalu at (679) 323-0729.

Request to Proceed

May we proceed? _____ - 1 yes _____ - 2 no

Date conducted: _____

Time for interview: _____

Category: _____ - 1 SRHR   _____ - 2 PD   _____ - 3 GE

Introduction

`[REPONDENT: PLEASE READ]` We'll be proceeding by evaluation criteria. Because of your planning and implementation roles in SRP 6, we'd like to start with Efficiency, then move to Coordination, Coverage, Connectedness, Effectiveness, and finally Sustainability. We may not complete these in this interview, so we'll need to set a second round of discussions, or request that you complete the remainder in writing.

As these have been circulated in advance, please feel free to save the file under a name of your choosing that identifies who you are and respond to any questions you'd like to in writing. We'll make sure we include your comments in our write-up. Please be sure to tell us which thematic area you are commenting on, whether Sexual and Reproductive Health and Rights, Population and Development/Data, or Gender Equality and the Empowerment of Women and Girls.

As with the online discussion, which is confidential within the group, the written responses will be treated confidentiality.

All sections of the tool are for 'break out groups', covering the three thematic areas. If you want to respond across themes, please note this in any written response.

For Relevance and Coherence, these are mostly informed by written evidence, and we're also soliciting insights from partner agencies in respect to both relevance and coherence. But if you'd like to express your opinions, please do so *in writing*. They are at the end. Thank you.

<div style="text-align: center">**Thematic Area**</div>

Please clarify which thematic area you are from in responding to the questions below. If more than one, please tick all relevant ones.

_____ - 1 Sexual and Reproductive Health and Rights
_____ - 2 Population and Development
_____ - 3 Gender Equality and the Empowerment of Women

If you are comfortable commenting overall rather than for a specific thematic area for some questions, please indicate that your responses apply across thematic areas.

<div style="text-align: center">**Module 1**
SRP 6 Efficiency</div>

Efficiency: The extent to which country programme outputs and outcomes have been achieved with the appropriate amount of resources (funds, expertise, time, administrative costs, etc.)

Questions on spend forecast will be covered in an interview with specific officers at UNFPA. The same is true for expenditures against results, gender-responsive budgeting, results against planned under annual workplans, tracking systems for expenditures, and similar. Here we want to focus on whether UNFPA's organisational structures, systems and mechanisms have supported the efficient delivery of SRP 6.

101) How has UNFPA structured its delivery systems and institutional structures in a manner that has improved the efficiency of delivery? Where didn't get reformed but needed to be?

102) Has implementation of SRP 6 helped to strengthen partnerships in the region and within various countries in support of SDG programming?

103) Has there been a strengthened UNFPA country presence under SRP 6 compared to the previous Plan 5? We know this is described in documentation, but we'd like to hear your views in this regard. If so, what has this meant in terms of the efficiency of operations? Where are the constraints that still exist?

<div style="text-align: center">**Module 2**
SRP 6 Coordination</div>

Coordination: The extent to which UNFPA has been an active member of, and contributor to, the existing coordination mechanisms of the UNCT

201) The stated assumption in the Evaluation Matrix is that 'UNFPA has actively engaged with the UN 'infrastructure' in the Pacific Region, and what has resulted has strengthened coordination mechanism and the efficacy of operations'. Your comments on the veracity of this assumption?

202) Can you give tangible examples of engagement resulting in strengthened coordination and operations?

203) Where is the engagement deficient, and needs further attention? What should be done?

<div style="text-align: center">**Module 3**
SRP 6 Coverage</div>

Coverage: The extent to which major population groups facing life-threatening suffering were reached by humanitarian action

The numbers reached are being provided by M&E and will be tracked using their tracking mechanisms. But we'd like to ask a different question about coverage that refers to what UNFPA's engagement has meant for the efficacy of such reach.

301) Is their tangible and compelling evidence of UNFPA's engagement in humanitarian assistance in the [SRHR/PD/GE] thematic area? If so, what has resulted? Where is this deficient, either due to lack of resources or outside constraints or how UNFPA approaches things, or how humanitarian assistance functions (or doesn't) in the Pacific?

302) What about specifically with regard to Covid-19 support, even if the support is technical rather than financial?

303) What about specifically with regard to disability inclusion, other marginalised populations, and similar?

304) One problem in humanitarian assistance delivery is that it can overwhelm institutions and systems that are having difficulty coping with major crises. How has UNFPA handled its delivery in this regard in a manner that builds these institutions and systems rather than overwhelming them? Where has it failed?

305) Another assumption is that 'UNFPA established and employed channels of engagement of rights-holders through local government and community-based organisations in a meaningful manner'. Is their tangible and compelling evidence of UNFPA's engagement in this regard in humanitarian assistance in the [SRHR/PD/GE] thematic area? If so, what has resulted?

Module 4
SRP 6 Connectedness

Connectedness: The extent to which activities of a short-term emergency nature are carried out in a context that takes longer-term and interconnected problems into account

This is essentially taking the coverage issue and looking at effectiveness and sustainability arising from the interventions accounting for broader constraints well beyond humanitarian delivery. There are three additional assumptions to those we've previously discussed. For each, tell us how UNFPA has performed, and not performed, and where there are gaps what can be done for each.

401) UNFPA has designed and put into place systems to build capacity and strengthen systems for effective humanitarian response in its focal programme areas. How has UNFPA performed, and fallen short, and what are the gaps?

402) UNFPA has engaged in effective outreach and dialogue with targeted PICT governments and civil society to strengthen humanitarian response. How has UNFPA performed, and fallen short, and what are the gaps?

403) UNFPA has engaged in humanitarian programming in a manner that avoided overwhelming systems and institutions. How has UNFPA performed, and fallen short, and what are the gaps?

Module 5
SRP 6 Effectiveness

Effectiveness: The extent to which country programme outputs have been achieved, and the extent to which these outputs have contributed to the achievement of the country programme outcomes

We're interviewing a range of actors about specific results, but what we'd like to discuss with you is the effectiveness of these results themselves in achieving outputs, and the effectiveness of these outputs in supporting the attainment of outcomes. For our discussion, we're focused only on [SRHR/PD/GE], and within that we'd like to discuss in this meeting **a single agreed output and outcome.**

If you would like to comment on other outputs, please let me know and I'll follow up directly with you after this meeting for follow-on discussions.

I'll do a share screen to show these as we discuss.

SRHR/PD/GE _____

Specific output and output indicator _____

501) Ignoring the 'quantitative deliverable', how well did delivery of this activity go in terms of:

    i)   utility for the countries reached – that is, how well did the process and content of delivery serve to make what was delivered useful for the countries reached?

    ii)   adapted to the particular needs of each country reached

iii) yielded desired 'onward' objectives in each country reached

502) Looking at the Outcome you've selected, please describe how you think delivery of this specific output under this outcome helped advance the outcome, if at all.

Outcomes Outputs	Output Indicators, Baseline and Endline Targets	
Sexual and Reproductive Health and Rights		
Outcome 1: Every woman, adolescent, and youth everywhere, especially those furthest behind, has utilised integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence		
Output 1.1: Strengthened access to quality integrated SRHS for women, adolescents and youth across the development humanitarian nexus	1.1.1 # of countries implementing a sustainable strategy for Reproductive Health Commodity Services	NOTE: COUNTRIES Fiji, Samoa, Tonga, Vanuatu, Solomon Islands
	1.1.2 # of countries that utilised family planning unmet need review findings to inform family planning costed implementation plans	NOTE: COUNTRIES Fiji, Samoa, Tonga, Vanuatu, Solomon Islands
	1.1.3 # of countries with national guidelines for delivering youth-friendly sexual and reproductive health services according to international services	NOTE: COUNTRIES Fiji, Kiribati, Samoa, Solomon Islands, Tonga, Vanuatu
	1.1.4 # of countries that have the capacity to implement the Minimum Initial Service Package at the onset of crises	NOTE: COUNTRIES Fiji, Kiribati, Samoa, Tonga, Vanuatu
	1.1.5 # of countries with cervical cancer policy and guidelines	NOTE: COUNTRIES Fiji, Samoa, Solomon Islands, Tonga, Vanuatu
	1.1.6 # of countries with established national systems for the Maternal Death Surveillance and Response	NOTE: COUNTRIES Fiji, FSM, Kiribati, Samoa, Solomon Islands, Vanuatu
Output 1.2: Increased national capacity to design and implement community and school-based family life education programmes that promote human rights and gender equality	1.2.1 # of countries that have aligned family life education curricula to international standards	NOTE: COUNTRIES Fiji Kiribati, Samoa, Solomon Islands, Tonga
	1.2.2 # of countries that have a standardised community-based training package for marginalised adolescents and youth	NOTE: COUNTRIES Fiji, Kiribati, Samoa, Solomon Islands, Tonga
Gender Equality and the Empowerment of Women and Girls		
Outcome 3: By 2022, gender equality is advanced in PICTs, where more women and girls are empowered and enjoy equal opportunities and treatment in social, economic and political spheres, contribute to and benefit from national development, and live a life free from violence and discrimination		
Output 3.1: Increased national capacity to address and promote gender equality and the empowerment of women and girls, including their reproductive rights and need for ending violence against women	3.1.1 Reproductive rights of women and violence against women reflected in at least two national policy documents in three selected PICTs	NOTE: COUNTRIES FSM, Tonga
Output 3.2: Strengthened integrated of violence against women in the national health sector	3.2.1 # of countries implementing at least 30% of the national violence against women study health recommendations	INT: COUNTRIES Kiribati, Samoa and Solomon Islands
	3.2.2 # of countries with standard operating guidelines for responding to violence against women	INT: COUNTRIES Fiji, Kiribati, Samoa, Solomon Islands
	3.2.3 % of health facilities per country making references	INT: COUNTRIES

Outcomes Outputs	Output Indicators, Baseline and Endline Targets	
	to multi-sectoral services	Kiribati, Samoa, Solomon Islands
Population and Development, Data and Use		
Outcome 4: Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development		
Output 4.1: Strengthened national statistical systems to ensure increased availability, analysis and utilisation of quality disaggregated ICPD/ SDGs-related data, with a focus on informing national and sectoral priorities, policies and programming in development and humanitarian situations	4.1.1 # of countries with at least one analytical study available linking population data to sexual and reproductive health, youth and violence against women	NOTE: COUNTRIES Fiji, FSM, Kiribati, Samoa, Tonga
	4.1.2 # of countries with health information systems monitoring key ICPD/SDG indicators	NOTE: COUNTRIES Kiribati, Samoa, Solomon Islands, Tonga, Vanuatu
	4.1.3 # of countries monitoring SDG indicators related to the UN Pacific Strategy	NOTE: COUNTRIES Kiribati, Samoa, Fiji, Nauru, Palau, Tonga and Vanuatu
Output 4.2: Strengthened use of demographic intelligence to improve policies, programmes and advocacy	4.2.1 # of countries that have developed advocacy and policy briefs in ICPD/SDG-related areas	NOTE: COUNTRIES FSM, Kiribati, Nauru, RMI, Samoa, Solomon Islands, Tonga, Tuvalu, Vanuatu

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Module 6
SRP 6 Sustainability

Sustainability: The continuation of benefits from a UNFPA-financed intervention after its termination, linked, in particular, to their continued resilience to risks

601) One key assumption is that SRP 6's results are sustainable in terms of the programme's effects on momentum, commitment, skills, mentoring and similar in [SRHR/PD/GE]. As a general first question, given how SRP 6 has been designed and is being implemented, is sustainability reinforced? What are the gaps? What about across PICTs?

602) How has SPR 6 advanced in terms of Government ownership as a key element of sustainability? What are the gaps? What about across PICTs?

603) How has SRP 6 advanced government adoption of innovations that strengthen ASRH/PD/GE programming? That is, how did UNFPA through SRP 6 lead to PICT adoption of new ideas, new protocols, new procedures that improve this programming?

604) Where have opportunities for sustainability been missed, and need further attention, including in the next Plan?

605) A second aspect of sustainability is that 'lessons have been learned and good practices have been implemented under SRP 6 that can be applied to the next Plan'. There are a range of issues here, from how the overall programme has been managed to how specific programmes have been managed, from collaboration with other UN agencies to collaboration with international NGOs, and from engagement with critical donors and working with regional Pacific institutions. What do you think has been done well, and where is their room for improvement, with a focus on sustainability?

606) Two concerns that were mentioned in earlier discussions were that PICTs did not have sufficient influence in UNFPA programming objectives and approaches, and that PICTs were not able to adapt their involvement in a manner that meant the programming worked better for them. Is this an issue for SRP 6? If so, how does this affect sustainability?

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Module 7
SRP 6 Closure

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701)   Thinking about the topics discussed and considering your responses, what are your top recommendations for the design of the next Plan?

702)   Do you have any additional comments?

NOTE: The following modules are not being done via the interview. If you feel you want to comment on them, please do so in writing.

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Module 8
SRP 6 Relevance

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Relevance: The extent to which the objectives of the UNFPA country programme correspond to population needs at country level (in particular, those of vulnerable groups), and were aligned throughout the programme period with government priorities and with strategies of UNFPA

801)   How well aligned was SRP 6 with the UNFPA Global Strategy? Where was it successful? Where did it 'miss'? Did gaps emerge during implementation? If so, how was this handled, and was this successful? What needs to be done for the next Plan to strengthen this?

802)   What about alignment of SRP 6 design in terms of UNFPA gender, youth, disability, HRBA guidelines and expectations? Where was alignment successful? Where did alignment 'miss'? Did gaps emerge during implementation? If so, how was this handled, and was this successful? What needs to be done for the next Plan to strengthen this?

803)   What about alignment with the UN Pacific Strategy? Where was it successful? Where did it 'miss'? Did gaps emerge during implementation? If so, how was this handled, and was this successful? What needs to be done for the next Plan to strengthen this?

804)   In terms of how design proceeded, what approaches used, constraints encountered, and factors outside of your control undermined the relevance of SRP 6?

805)   In terms of how implementation proceeded, what approaches used, constraints encountered, and factors outside of your control undermined the relevance of SRP 6?

806)   How did Covid-19 affect the relevance of SRP 6 programming during implementation? What type of coping mechanisms were put into place to try and achieve objectives? How well did this go? What examples can you give us of what was successful and what was less successful?

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Module 9
SRP 6 Coherence

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Coherence: The level of compatibility (complementarity, harmonisation, and coordination) of the country programme with other interventions in a country in areas of UNFPA's mandate and with coordination mechanisms (e.g., United Nations Country Teams, Humanitarian Country Teams, etc.)

901)   How compatible was SRP 6 design and implementation with regional and country-level [SRHR/PD/GE] programming in Tier 1 and Tier 2 countries? What about with specific regard to humanitarian programming?

902)   How compatible was SRP 6 design and implementation with the work of other United Nations agencies, including with specific regard to the Pacific Strategy, but also emergent programming in [SRHR/PD/GE]? What about with specific regard to humanitarian programming?

903)   How compatible was SRP 6 design and implementation with the work of other actors in the region, both development partners and PICT regional institutions, in [SRHR/PD/GE]? What about with specific regard to humanitarian programming?

904) The MCP 5 evaluation called for the intensification of joint advocacy across UN agencies with regional partners, and underscored the need to focus strategically on strengthening UNFPA's active participation in joint programming and resource mobilisation. Given the extent of financing by the SDG Fund for SIDS, this has become increasingly important. Would you say that this has been advanced under SRP 6? Please describe.

905) How compatible was SRP 6 design and implementation with the frameworks and strategies as elaborated by the Pacific Community and other regional entities? What about with specific regard to humanitarian programming?

906) How compatible was SRP 6 design and implementation with Pacific Community and other regional entities gender, youth and vulnerability policies and strategies? What about with specific regard to humanitarian programming?

907) Considering the PICTs you are familiar with in your design and implementation work with SRP 6, how compatible is SRP 6 with national and relevant sectoral development strategies?

FINAL VERSION (V6) (29-11-21)

SRP 6 Evaluation

Regional and Broad-Based Key Informant Interview Instrument

Evaluation of the UNFPA PICTs 6th Sub-Regional Programme (2018-2022)

Prepared by the Evaluation Team
For UNFPA PSRO

	Quality Control, Location, Introduction	
1	KII Interviewer	
2	Interviewee 1 Full Name and Title	
3	Interviewee 1 Position and Agency	
4	Interviewee 1 Male or Female	____ - 1 female ____ - 2 male
5		_____
6	Thematic Area(s) (if 2 areas, mark both; if 3 areas, mark 3)	____ - 1 overall SRP ____ - 2 SRHR ____ - 3 Population and Development/Data ____ - 4 Gender
7	Interviewee 2 Full Name and Title	
8	Interviewee 2 Position and Agency	
9	Interviewee 2 Male or Female	____ - 1 female ____ - 2 male
10	Regional or other	_____
11	Thematic Area(s) (if 2 areas, mark both; if 3 areas, mark 3)	____ - 1 overall SRP ____ - 2 SRHR ____ - 3 Population and Development/Data ____ - 4 Gender
12	Interviewee 3 Full Name and Title	
13	Interviewee 3 Position and Agency	
14	Interviewee 3 Male or Female	____ - 1 female ____ - 2 male
15	Regional or other	_____
16	Thematic Area(s) (if 2 areas, mark both; if 3 areas, mark 3)	____ - 1 overall SRP ____ - 2 SRHR ____ - 3 Population and Development/Data ____ - 4 Gender

17	Interviewee 4 Full Name and Title	
18	Interviewee 4 Position and Agency	
19	Interviewee 4 Male or Female	____ - 1 female ____ - 2 male
20	Country (or regional)	_____
21	Thematic Area(s) (if 2 areas, mark both; if 3 areas, mark 3)	____ - 1 overall SRP ____ - 2 SRHR ____ - 3 Population and Development/Data ____ - 4 Gender
22	Date and Time	Date: _____ Start Time: _____ End Time: _____ Total Time: _____
23	Co-operation	____ - 1 high ____ - 2 medium ____ - 3 low
24	Other Information (if relevant)	

Ethnical Guidance: Off-site and On-Site Interviews

Hello, my name is …………… and I am part of an evaluation team conducting interviews to evaluate UNFPA programming in the Pacific region. We are conducting interviews with stakeholders on behalf of the UNFPA to help inform the evaluation.

Consent

Please understand that you are not being forced to take part in this study. However, we would really appreciate it if you do share your thoughts with us. If you choose not to take part in answering these questions, you will not be affected in any way whatsoever. If you agree to participate, you may stop participating in the interview at any time and tell us that you do not want to continue.

Confidentiality

The information you provide us with will be treated confidentially. We will not be recording your name anywhere in the write up of the research. All responses will be anonymous and will not be shared with anyone else. [If you would like to record, please also add] I would like to use a digital voice recorder to ensure that all of your responses are captured accurately. The recordings will remain confidential, will not be linked to your name or position, and will only be used for writing up the interview. Upon completion of the write up, the recording will be erased.

Risks/Discomforts

We do not see any risks in your participation. However, if you have any concerns regarding the way the interview was conducted, or any other concern regarding your participation in this study, please contact Mr. _____ UNFPA at Tel: _____

Request to Proceed

May we proceed? ____ - 1 yes ____ - 2 no

We are conducting interviews with stakeholders on behalf of the UNFPA to help inform the evaluation and in the best interests of our safety and health, we have to ensure that we are compliant with Government protocols around safety from Covid-19 infection.

I can assure you that prior to this interview, all our team members have been fully vaccinated and/or have tested negative and have had training on how to prevent Covid-19 transmission. Prevention measures include daily symptom screening and temperature checks, social distancing of at least 2m during interviews, no direct physical contact with anyone, regular hand washing and hand sanitising, outdoor interviews when possible and fulltime use of face masks during our interviews.

We want to be sure that there is no risk of transmitting the highly contagious Covid-19 virus and because your and my health and safety come first, I need to inform you that with your consent:

1) I will be wearing a mask throughout our conversation.

2) You will need to wear a mask throughout our conversation and if you do not have a mask, I can provide you with one.

3) I have hand sanitizer and we will need to sanitise our hands before we proceed.

4) If we consider it safe to proceed, we need to maintain a distance of at least two metres from each other

5) We will have our discussion outdoors with no bystanders if this is possible

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May we proceed? ____ - 1 yes ____ - 2 no

Introduction

This instrument focuses on SRP 6 design and delivery in its entirety for those who are involved at that level, or at thematic area level covering sexual and reproductive health and rights, population and development and data and information, and gender equality and the empowerment of women. Here our focus is [programmatic level/SRHR/PD/GE].

Further, for each set of questions, we are asking not just about regular programming, but also direct humanitarian engagement where issues arose, or involvement in planning, policy and programming that helps to prepare for humanitarian engagement.

Any questions before we start?

Module 1
SRP 6 Programme Engagement

101) What are your organisation's responsibilities regarding engagement in SRP 6 implementation? [Int: this can be quite expansive across a number of areas, including across multiple thematic areas and humanitarian work, or it can be quite specific to a project or activity in one or two areas]

102) Please describe your organisation's involvement in the design in SRP 6. [Int: if involved, get description, did they initiate ideas, come to agreement, etc. How substantive was their involvement? How much were they in the driver's seat. They can also say that they were not involved, and if they were not, why not?]

103) How did design include attention to alignment with the United Nation's Pacific Strategy and SDG priorities?

104) How did design include attention to alignment with Pacific Community priorities?

105) What about alignment with the PICT's climate change response, disaster risk response, green economy, and blue economy planning and similar?

106) Now I want you to consider your responses to these same three questions for *implementation:* continued attention to alignment across these various plans and strategies and programming?

Here we are looking at the extent to which SRP 6 achieved its objectives. The way that UNFPA and other UN agencies construct outcomes and outputs, we'll first ask you questions associated with outputs and thereafter questions regarding the outcome associated with those outputs. This only applies to [SRHR/PD/GE] in this interview. We are discussing effectiveness of SRP 6 implementation, which means asking about the extent to which outputs were achieved, the extent to which these outputs yielded outcomes, and whether SRP 6 programming led to unexpected results, both positive and negative.

Within this we also want to understand how programming adapted or did not adapt adequately to Covid-19 and humanitarian needs.

For each thematic area output, we will specify what is being delivered, **and you can pick the one (or two) indicators that you want to speak about under each output in your relevant thematic area (or multiple thematic areas).** First, find the interventions/indicators in the centre column in the Table you want to speak about, and discuss. [Int: mark these and note for the questions that follow the table] [Int: if online you can share your screen showing the outcomes, outputs and deliverables under each. If in person, you can show a handout]

Outcomes Outputs	Output Indicators, Baseline and Endline Targets	
Sexual and Reproductive Health and Rights		
Outcome 1: Every woman, adolescent, and youth everywhere, especially those furthest behind, has utilised integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence		
Output 1.1: Strengthened access to quality integrated SRHS for women, adolescents and youth across the development humanitarian nexus	1.1.1 # of countries implementing a sustainable strategy for Reproductive Health Commodity Services	NOTE: COUNTRIES Fiji, Samoa, Tonga, Vanuatu, Solomon Islands
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	1.1.3 # of countries with national guidelines for delivering youth-friendly sexual and reproductive health services according to international services	NOTE: COUNTRIES Fiji, Kiribati, Samoa, Solomon Islands, Tonga, Vanuatu
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	1.1.5 # of countries with cervical cancer policy and guidelines	NOTE: COUNTRIES Fiji, Samoa, Solomon Islands, Tonga, Vanuatu
	1.1.6 # of countries with established national systems for the Maternal Death Surveillance and Response	NOTE: COUNTRIES Fiji, FSM, Kiribati, Samoa, Solomon Islands, Vanuatu
Output 1.2: Increased national capacity to design and implement community and school-based family life education programmes that promote human rights and gender equality	1.2.1 # of countries that have aligned family life education curricula to international standards	NOTE: COUNTRIES Fiji Kiribati, Samoa, Solomon Islands, Tonga
	1.2.2 # of countries that have a standardised community-based training package for marginalised adolescents and youth	NOTE: COUNTRIES Fiji, Kiribati, Samoa, Solomon Islands, Tonga
Gender Equality and the Empowerment of Women and Girls		
Outcome 3: By 2022, gender equality is advanced in PICTs, where more women and girls are empowered and enjoy equal opportunities and treatment in social, economic and political spheres, contribute to and benefit from national development, and live a life free from violence and discrimination		
Output 3.1: Increased national capacity to address and promote gender equality and the empowerment of women and girls, including their	3.1.1 Reproductive rights of women and violence against women reflected in at least two national policy documents in three selected PICTs	NOTE: COUNTRIES FSM, Tonga

Outcomes Outputs	Output Indicators, Baseline and Endline Targets	
reproductive rights and need for ending violence against women		
Output 3.2: Strengthened integrated of violence against women in the national health sector	3.2.1 # of countries implementing at least 30% of the national violence against women study health recommendations	INT: COUNTRIES Kiribati, Samoa and Solomon Islands
	3.2.2 # of countries with standard operating guidelines for responding to violence against women	INT: COUNTRIES Fiji, Kiribati, Samoa, Solomon Islands
	3.2.3 % of health facilities per country making references to multi-sectoral services	INT: COUNTRIES Kiribati, Samoa, Solomon Islands
Population and Development, Data and Use		
Outcome 4: Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development		
Output 4.1: Strengthened national statistical systems to ensure increased availability, analysis and utilisation of quality disaggregated ICPD/SDGs-related data, with a focus on informing national and sectoral priorities, policies and programming in development and humanitarian situations	4.1.1 # of countries with at least one analytical study available linking population data to sexual and reproductive health, youth and violence against women	NOTE: COUNTRIES Fiji, FSM, Kiribati, Samoa, Tonga
	4.1.2 # of countries with health information systems monitoring key ICPD/SDG indicators	NOTE: COUNTRIES Kiribati, Samoa, Solomon Islands, Tonga, Vanuatu
	4.1.3 # of countries monitoring SDG indicators related to the UN Pacific Strategy	NOTE: COUNTRIES Kiribati, Samoa, Fiji, Nauru, Palau, Tonga and Vanuatu
Output 4.2: Strengthened use of demographic intelligence to improve policies, programmes and advocacy	4.2.1 # of countries that have developed advocacy and policy briefs in ICPD/SDG-related areas	NOTE: COUNTRIES FSM, Kiribati, Nauru, RMI, Samoa, Solomon Islands, Tonga, Tuvalu, Vanuatu

Thematic area: SRHR/PD/GE _____

Specific output and output indicator # (from centre column) _____

201) Ignoring the 'quantitative deliverable', how well did delivery of this activity go in terms of:

201a) utility for the countries reached – that is, how well did the process and content of delivery serve to make what was delivered useful for the countries reached?

201b) adapted to the particular needs of each country reached

201c) yielded desired 'onward' objectives in each country reached

202) Looking at the Outcome, please describe how you think delivery under this outcome helped advance the outcome, if at all.

Thematic area: SRHR/PD/GE _____

Specific output and output indicator # (from centre column) _____

203) Ignoring the 'quantitative deliverable', how well did delivery of this activity go in terms of:

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Thematic area: SRHR/PD/GE _____

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205c) yielded desired 'onward' objectives in each country reached

206) Looking at the Outcome, please describe how you think delivery under this outcome helped advance the outcome, if at all.

Module 3
SRP 6 Efficiency

Here we want to know how efficient you think the process of SRP 6 implementation was from your agency's point of view. By efficiency, we mean the extent to which country programme outputs and outcomes have been achieved with the appropriate amount of resources (funds, expertise, time, administrative costs, etc.)

301) Based on your agency's involvement in the SRP 6 programme, please describe 'bumps in the road' in terms of implementation, if any, that undermined efficiency.

302) What about what went well, where things happened in an efficient manner.

303) Where did SRP 6 programming efficiently 'build on' the work of your agency?

Module 4
SRP 6 Sustainability and Coordination
`[Int: United Nations Partners ONLY]`

Sustainability here refers specifically to SRP 6 delivery of effective advocacy and partnerships that will result in long-term improvements in policy, programming, and delivery.

401) Within the framework of the UN Pacific Strategy, did UNFPA contribute to the sustainability of UN Pacific Strategy goals and objectives in terms of [SRHR/PD/GE]? If so, how?

402) What about in terms of its contributions to humanitarian programming and its work in its thematic areas of [SRHR/PD/GE] in this regard?

403) Can you give specific examples of programming where you worked especially close with UNFPA? Tell us a bit about this, what worked and what did not and why? What could have been done better?

404) How has SRP 6 advanced PICT adoption of innovations that strengthen ASRH/PD/GE programming? That is, how did UNFPA through SRP 6 lead to PICT adoption of new ideas, new protocols, new procedures that improve this programming?

405) Coordination refers to the extent to which UNFPA has been an active member of, and contributor to, the existing coordination mechanisms of the UNCT. The stated assumption in the Evaluation Matrix is that 'UNFPA has actively engaged with the UN 'infrastructure' in the Pacific Region, and what has resulted has strengthened coordination mechanism and the efficacy of operations'. Your comments on the veracity of this assumption?

405a) Can you give tangible examples of engagement resulting in strengthened coordination and operations?

405b) Where is the engagement deficient, and needs further attention? What should be done?

Module 5
SRP 6 Connectedness
`[Int: ONLY those involved in humanitarian programming in the region]`

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501) UNFPA has become increasingly engaged in improving humanitarian response in its areas of technical delivery associated with the increase in humanitarian needs due to climate change. Please describe how your agency has engaged with SRP 6 in this regard.

502) UNFPA has a few specific objectives in this regard. Please consider progress in terms of the following:

502a) Design and put into place systems to build capacity and strengthen systems for effective humanitarian response in SRHR/PD/GE. How did they perform in this regard? [Int: get details as possible]

502b) Engage in effective outreach and dialogue with governments and civil society to strengthen humanitarian response in SRHR/PD/GE. How did they perform in this regard? [Int: get details as possible]

502c) Engaged in humanitarian programming in a manner that avoided overwhelming systems and institutions. How did they perform in this regard? [Int: get details as possible]

502d) Contributed to communications and advocacy for countries in a manner that strengthens the response to climate change. How did they perform in this regard? [Int: get details as possible]

[Int: If end of interview, go to Module 9]

[Int: For Population and Development, see Module 8]

[Int: The following modules 6 and 7 are optional modules, to either substitute from ones above or added to them, as possible]

Module 6
SRP 6 Relevance

A few questions on the alignment between SRP 6 and country/regional needs.

601) Using examples from your experience, did your agency help to engage rights holders in the design of SRP 6? Please describe. Did it make a difference?

601a) Did design include engaging with marginalised and hard-to-reach populations, reach both women and men, young and old, etc? Please describe.

601b) How has involvement in implementation included, or not included, involvement of regional entities involved in the gender response, youth-focused programming, persons with disabilities, those who are subject to discrimination and exclusion, hard-to-reach populations, and similar? Please describe.

601c) Where there any specific examples from regional disaster risk planning and response? Please describe.

602) How were you involved with other regional level duty-bearers in the design of SRP 6? If involved, please describe. Were you satisfied with your agency's involvement in this respect?

603) How have you been involved with other regional level duty-bearers in the implementation of SRP 6? If so, please describe. Were you satisfied with your agency's involvement in this respect?

604) How did programming change, or not change, with the advent of the Covid-19 pandemic? Was it properly adaptive to emergent needs, or did it 'miss' in this regard? Was there the necessary flexibility?

605) If you had to rate the regional level 'ownership' of the SRP 6 programmes by the Pacific Community and other relevant regional entities, would you rate ownership as 'fully', 'very high', 'above average', 'average', 'below average', 'well below average', or 'not at all'? This refers to how it has performed versus how it could have best performed. Please explain.

606) Same question for civil society entities operating at regional level, based on your understanding of their involvement in the process and the strength of SRP 6 alignment with priorities and needs: would you rate ownership as 'fully', 'very high', 'above average', 'average', 'below average', 'well below average', or 'not at all'? This refers to how it has performed versus how it could have best performed. Please explain.

607) Given the thematic focus area of [SRHR/PD/Gender] of this interview, how relevant would you regard UNFPA design and implementation of [SRHR/PD/Gender] programming with what was relevant for the region? Would you describe it as 'fully relevant', 'very high relevance', 'above average relevance', 'average relevance', 'below average relevance', 'well below average relevance', or 'not at all relevant'? This refers to how it has performed versus how it could have best performed. Please explain.

608) Finally here, considering the diversity of this country (e.g., multiple islands, remoteness, cultural diversity, large youth populations, rural/urban, ethnic diversity, conflict, etc.), where did SRP 6 help to overcome constraints? Where did it make things worse?

Module 7
SRP 6 Coherence

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701) Based on your experience with UNFPA SRP 6 design, to what extent was the design compatible with, understanding of, and respectful of Pacific regional norms and protocols, and how nations here 'do development' in terms of [SRHR/PD/GE]? In other words, does UNFPA's approach to programming 'fit well' with how things are done here, or was there a disconnect? Please describe.

702) What about compatibility with the work of the Pacific Community, international NGOs present in the region, civil society and activists in [SRHR/PD/GE]? Did UNFPA SRP 6 programming 'fit' in this broader development programming context of other actors?

703) Did SRP 6 programming reinforce the work of these various actors in [all/SRHR/PD/GE], or did it undermine their work? Please explain.

704) Was SRP 6 programming in [SRHR/PD/GE] compatible with aims and objectives around gender equality, youth-focused programming, strengthening the engagement of marginalised and hard-to-reach populations, etc? Where did it 'hit', and where did it 'miss'?

705) If you had to rate the extent to which SRP 6 was compatible with Government, civil society, and activist groups programming in [SRHR/PD/GE], would you rate it as 'fully compatible', 'very high compatibility', 'above average compatibility', 'average compatibility', 'below average compatibility', 'well below average compatibility', or 'not at all compatible'? This refers to how it has performed versus how it could have best performed. Please explain why you've given this rating.

Module 8
SRP 6 Population and Development
[Int: Population and Development ONLY]

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801) Could you provide some information on collaboration between UNFPA and UNICEF on integrating DHS and MICS? Which modules did UNFPA contribute? Were there differences between different PICTs?

802) Could you provide some information on collaboration between UNFPA and SPC on Census preparation, implementation, quality assurance, data analysis and publication? Please elaborate on differences between the PICTs.

803) What is the role of P&D within the UNFPA regional office? Please elaborate on staffing (only one in Suva, none in field offices), budget and support for P&D projects by other sections?

804) Has there be a strengthened UNFPA's country presence under SRP6 (compared to SRP5) and what were the effects on the area of population and development?

805) Could you elaborate on the SPR6 programme on population and development being complementary to key Pacific regional frameworks.

806) Please comment on how the SPR6 programme on population and development has contributed to national and sectoral development strategies.

807) What do you consider the main success in supporting data collection and analysis under SRP6?

808) Has advocacy been strong enough for resource allocation by governments for strengthening the national statistical systems? What are the main constricting and facilitating factors?

809) Is the extent of data disaggregation sufficient to analyse issues around SRH, Youth and Gender?

810) Has the capacity been strengthened sufficiently to promote an understanding of the cross-cutting nature of data and population dynamics and its linkages to SRH, Youth and Gender?

811) To what extent have the interventions by UNFPA strengthened national capacities to analyze, use and increase the availability of data for informed decision making and evidence-based policy development? What were the main constricting and facilitating factors?

812) To what extent has data utilization among stakeholders in the Pacific Sub-region increased as a result of UNFPA interventions?

813) Is there evidence of an increase in the utilisation of the results of the census, the demographic health survey and other surveys, administrative and evaluation data? How?

814) What support has UNFPA provided for national statistical strategies which enhance public access to data and provide timely and relevant evidence for national and sectoral development and humanitarian planning?

815) Was the support that UNFPA provided to National Statistics Offices to analyse, use and increase the availability of data sufficient? What were the main constricting and facilitating factors?

816) Was the support that UNFPA provided for National Planning Offices (NPOs) to monitor and report on SDGs sufficient? What were the main constricting and facilitating factors?

817) Has advocacy by UNFPA and implementing partners been responsible for improved data dissemination and accessibility in the PICTs? What were the main constricting and facilitating factors?

818) Would you say that there has been an increased reflection of the ICPD commitments in national plans under SRP6, compared to before? Which PICTs have integrated SDGs in national plans?

819) Is there evidence that increased data availability as a result of UNFPA interventions under SRP6 has had a positive impact on the development of national and/or regional policies?

Module 9
SRP 6 Closing Question

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901) Thinking about what we've just discussed, what are your recommendations for the design of SRP 7?

902) Do you have any final comments?

THANK YOU FOR YOUR TIME AND ENERGY!

ANNEX J: OPERATIONAL AND COUNTRY LEVEL KEY INFORMANT INTERVIEW INSTRUMENT

FINAL VERSION (V7) (29-11-21)

SRP 6 Evaluation

Operational and Country Level Key Informant Interview Instrument

Evaluation of the UNFPA PICTs 6th Sub-Regional Programme (2018-2022)

Prepared by the Evaluation Team
For UNFPA PSRO

	Quality Control, Location, Introduction	
1	KII Interviewer	
2	Interviewee 1 Full Name and Title	
3	Interviewee 1 Position and Agency	
4	Interviewee 1 Male or Female	____ - 1 female ____ - 2 male
5	Country (or regional)	_____
6	Thematic Area(s) (if 2 areas, mark both; if 3 areas, mark 3)	____ - 1 overall SRP ____ - 2 SRHR ____ - 3 Population and Development/Data ____ - 4 Gender
7	Interviewee 2 Full Name and Title	
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22	Date and Time	Date: _____ Start Time: _____ End Time: _____ Total Time: _____
23	Co-operation	____ - 1 high ____ - 2 medium ____ - 3 low
24	Other Information (if relevant)	

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May we proceed? ____ - 1 yes ____ - 2 no

Additional Ethical Guidance: Onsite/In-Person

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Introduction

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Module 2 SRP 6 Effectiveness `[NOTE: Sort by country, only ask where relevant outcomes are being delivered in that country, as per the final column in the table]`

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Outcome 3: By 2022, gender equality is advanced in PICTs, where more women and girls are empowered and enjoy equal opportunities and treatment in social, economic and political spheres, contribute to and benefit from national development, and live a life free from violence and discrimination		
Output 3.1: Increased national capacity to address and promote gender equality and the empowerment of women and girls, including their reproductive rights and need for ending violence against women	3.1.1 Reproductive rights of women and violence against women reflected in at least two national policy documents in three selected PICTs	NOTE: COUNTRIES FSM, Tonga
Output 3.2: Strengthened integrated of violence against women in the national health sector	3.2.1 # of countries implementing at least 30% of the national violence against women study health recommendations	INT: COUNTRIES Kiribati, Samoa and Solomon Islands
	3.2.2 # of countries with standard operating guidelines for responding to violence against women	INT: COUNTRIES Fiji, Kiribati, Samoa, Solomon Islands
	3.2.3 % of health facilities per country making references to multi-sectoral services	INT: COUNTRIES Kiribati, Samoa, Solomon Islands
Population and Development, Data and Use		

Outcomes Outputs	Output Indicators, Baseline and Endline Targets	
Outcome 4: Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development		
Output 4.1: Strengthened national statistical systems to ensure increased availability, analysis and utilisation of quality disaggregated ICPD/SDGs-related data, with a focus on informing national and sectoral priorities, policies and programming in development and humanitarian situations	4.1.1 # of countries with at least one analytical study available linking population data to sexual and reproductive health, youth and violence against women	NOTE: COUNTRIES Fiji, FSM, Kiribati, Samoa, Tonga
	4.1.2 # of countries with health information systems monitoring key ICPD/SDG indicators	NOTE: COUNTRIES Kiribati, Samoa, Solomon Islands, Tonga, Vanuatu
	4.1.3 # of countries monitoring SDG indicators related to the UN Pacific Strategy	NOTE: COUNTRIES Kiribati, Samoa, Fiji, Nauru, Palau, Tonga and Vanuatu
Output 4.2: Strengthened use of demographic intelligence to improve policies, programmes and advocacy	4.2.1 # of countries that have developed advocacy and policy briefs in ICPD/SDG-related areas	NOTE: COUNTRIES FSM, Kiribati, Nauru, RMI, Samoa, Solomon Islands, Tonga, Tuvalu, Vanuatu

SRHR/PD/GE _____

Specific output and output indicator _____

201) Ignoring the 'quantitative deliverable', how well did delivery of this activity go in terms of:

201a) utility for the country – that is, how well did the process and content of delivery here serve to make what was delivered useful for the country?

201b) consistent with the needs of the sector – that is, how well did the process and content of delivery here serve to strengthen sector objectives?

201c) effective in reaching target groups and delivering what it was supposed to deliver

202) Looking at the Outcome, please describe how you think delivery under this outcome helped advance the outcome, if at all.

202a) Based on what you've just said, please rate the effectiveness of the SRP 6 delivery here in terms of effectiveness: 'very effective', 'somewhat effective', 'someone ineffective', or 'very ineffective'.

SRHR/PD/GE _____

Specific output and output indicator _____

203) Ignoring the 'quantitative deliverable', how well did delivery of this activity go in terms of:

203a) utility for the country – that is, how well did the process and content of delivery here serve to make what was delivered useful for the country?

203b) consistent with the needs of the sector – that is, how well did the process and content of delivery here serve to strengthen sector objectives?

203c) effective in reaching target groups and delivering what it was supposed to delivery

204) Looking at the Outcome, please describe how you think delivery under this outcome helped advance the outcome, if at all. Please describe.

204a) Based on what you've just said, please rate the effectiveness of the SRP 6 delivery here in terms of effectiveness: 'very effective', 'somewhat effective', 'someone ineffective', or 'very ineffective'.

SRHR/PD/GE _____

Specific output and output indicator _____

205) Ignoring the 'quantitative deliverable', how well did delivery of this activity go in terms of:

205a) utility for the country – that is, how well did the process and content of delivery here serve to make what was delivered useful for the country?

205b) consistent with the needs of the sector – that is, how well did the process and content of delivery here serve to strengthen sector objectives?

205c) effective in reaching target groups and delivering what it was supposed to delivery

206) Looking at the Outcome, please describe how you think delivery under this outcome helped advance the outcome, if at all. Please describe.

206a) Based on what you've just said, please rate the effectiveness of the SRP 6 delivery here in terms of effectiveness: 'very effective', 'somewhat effective', 'someone ineffective', or 'very ineffective'.

SRHR/PD/GE _____

Specific output and output indicator _____

207) Ignoring the 'quantitative deliverable', how well did delivery of this activity go in terms of:

207a) utility for the country – that is, how well did the process and content of delivery here serve to make what was delivered useful for the country?

207b) consistent with the needs of the sector – that is, how well did the process and content of delivery here serve to strengthen sector objectives?

207c) effective in reaching target groups and delivering what it was supposed to delivery

208) Looking at the Outcome, please describe how you think delivery under this outcome helped advance the outcome, if at all. Please describe.

208a) Based on what you've just said, please rate the effectiveness of the SRP 6 delivery here in terms of effectiveness: 'fully effective', 'very high effectiveness', 'above average effectiveness', 'average effectiveness', 'below average effectiveness', 'well below average effectiveness', or 'not at all effective'? This refers to how it has performed versus how it could have best performed. Please explain.

Module 3
SRP 6 Efficiency

Here we want to know how efficient you think the process of SRP 6 implementation was from your agency's point of view. By efficiency, we mean the extent to which country programme outputs and outcomes have been achieved with the appropriate amount of resources (funds, expertise, time, administrative costs, etc.).

301) Based on your agency's involvement in the SRP 6 programme, please describe 'bumps in the road' in terms of implementation, if any, that undermined efficiency.

302) What about what went well, where things happened in an efficient manner. Please describe.

303) Where did SRP 6 programming efficiently 'build on' how your agency focused and delivered already, if at all, making what you did better?

304) What did SRP 6 programming do that undermined how your agency focused and delivered already, if at all, making this more difficult and undermining your work?

305) Did SRP 6 build on your existing means of delivery, or did it create new institutions, or did it do a bit of both? How did this affect your organisation positively and negatively, and how did it strengthen or weaken delivery?

Module 4
SRP 6 Connectedness
`[Int: ONLY those involved in humanitarian programming in country]`

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401) UNFPA has become increasingly engaged in improving humanitarian response in its areas of technical delivery associated with the increase in humanitarian needs due to climate change. Please describe how your agency has engaged with SRP 6 in this regard.

402) UNFPA has a few specific objectives in this regard. Please consider progress in terms of the following:

402a) Design and put into place systems to build capacity and strengthen systems for effective humanitarian response in SRHR/PD/GE. How did they perform in this regard? [Int: get details as possible]

   i)   If you had to rate the extent to which they have achieved their objectives in terms of what you have been involved with, would you rate their engagement as 'excellent', 'very good', 'somewhat good', 'somewhat poor' or 'very poor'.

402b) Engage in effective outreach and dialogue with governments and civil society to strengthen humanitarian response in SRHR/PD/GE. How did they perform in this regard? [Int: get details as possible]

   i)   If you had to rate the extent to which they have achieved their objectives in terms of what you have been involved with, would you rate their engagement as 'excellent', 'very good', 'somewhat good', 'somewhat poor' or 'very poor'?

402c) Engaged in humanitarian programming in a manner that avoided overwhelming systems and institutions. How did they perform in this regard? [Int: get details as possible]

   i)   If you had to rate the extent to which they have achieved their objectives in terms of what you have been involved with, would you rate their engagement as excellent', 'very good', 'somewhat good', 'somewhat poor' or 'very poor'?

402d) Contributed to communications and advocacy for countries in a manner that strengthens the response to climate change. How did they perform in this regard? [Int: get details as possible]

   i)   If you had to rate the extent to which they have achieved their objectives in terms of what you have been involved with, would you rate their engagement as excellent', 'very good', 'somewhat good', 'somewhat poor' or 'very poor'?

[Int: If end of interview, go to Module 9]

[Int: For Population and Development, see Module 8]

[Int: The following modules 5, 6 and 7 are optional modules, to either substitute from ones above or added to them, as possible]

Module 5
SRP 6 Sustainability

Sustainability refers to the extent to which benefits of programme actions last following termination of support. It refers to systems performing better, agencies performing better, and enhanced demand for the services on offer.

501) Considering this from the point of view of your agency as an institution, will your engagement with SRP 6 have any lasting positive effects? If so, please describe?

502) What about from a broader systems point of view, that is, your involvement in [SRHR/PD/GE]? Has SRP 6 programming contributed positively to sustained effects at this systems level? If so, please describe. [Int: includes issues around better coordination in delivery, opening avenues for dialogue, etc.]

503) How has SRP 6 advanced government adoption of innovations that strengthen ASRH/PD/GE programming? That is, how did UNFPA through SRP 6 lead to PICT adoption of new ideas, new protocols, new procedures that improve this programming?

504) What about from the point of view of demand for services from rights-holders and agencies that work on the ground with these rights-holders? Has SRP 6 programming contributed positively to sustained effects at this systems level? If so, please describe.

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Module 6
SRP 6 Relevance

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A few questions on the alignment between SRP 6 and country/regional needs.

601) How did design include attention to alignment with specified country [or regional if regional interviewee] national plans, sector plans, and SDG priorities, if at all? `[Int: not all agencies will be in a position to answer all levels, but should be able to at least refer to sector plans]`

602) What about alignment with socio-cultural plans and strategies, including gender, youth, disability, culture, social protection, and others?

603) What about alignment with climate change response, disaster risk response, green economy, and blue economy planning and similar?

604) Now I want you to consider your responses to these same three questions for *implementation:* continued attention to alignment across these various plans and strategies and programming?

605) Using examples from your experience, did your agency help to engage rights holders in the design of SRP 6? Please describe. Did it make a difference?

   605a) Did design include engaging with marginalised and hard-to-reach populations, reach both women and men, young and old, etc? Please describe.

   605b) How has involvement in implementation included, or not included, involvement of women and men, persons with disabilities, those who are subject to discrimination and exclusion, hard-to-reach populations, and similar? Please describe.

   605c) Were there any specific examples from disaster risk planning and response? Please describe.

606) How were you involved with other duty-bearers in the design of SRP 6? If so, please describe. Were you satisfied with your agency's involvement in this respect?

607) How have you been involved with other duty-bearers in the implementation of SRP 6? If so, please describe. Were you satisfied with your agency's involvement in this respect?

608) How did programming change, or not change, with the advent of the Covid-19 pandemic? Was it properly adaptive to emergent needs, or did it 'miss' in this regard? Was there the necessary flexibility?

609) If you had to rate the 'ownership' of the SRP 6 programmes by Government you are familiar with, would you rate ownership as 'fully', 'very high', 'above average', 'average', 'below average', 'well below average', or 'not at all'? This refers to how it has performed versus how it could have best performed. Please explain.

610) Same question for civil society here, based on your understanding of their involvement in the process and the strength of SRP 6 alignment with priorities and needs: 'fully', 'very high', 'above average', 'average', 'below average', 'well below average', or 'not at all'? This refers to how it has performed versus how it could have best performed. Please explain.

611) Given the thematic focus area of [SRHR/PD/Gender] of this interview, how relevant would you regard UNFPA design and implementation of [SRHR/PD/Gender] programming with what was relevant for your country? Would you describe it as 'fully relevant', 'very high relevance', 'above average relevance', 'average relevance', 'below average relevance', 'well below average relevance', or 'not at all relevant'? This refers to how it has performed versus how it could have best performed. Please explain.

612) Considering the diversity of this country (e.g., multiple islands, remoteness, cultural diversity, large youth populations, rural/urban, ethnic diversity, conflict, etc.), where did SRP 6 help to overcome constraints? Where did it make things worse?

Module 7
Module 7 **SRP 6 Coherence**

701) Based on your experience with UNFPA SRP 6 design, to what extent was the design compatible with, understanding of, and respectful of national norms and protocols, and how people here 'do development' in terms of [SRHR/PD/GE]? In other words, does UNFPA's approach to programming 'fit well' with how things are done here, or was there a disconnect? Please describe.

702) What about compatibility with the work of a) Government, b) international NGOs, and 3) civil society and activists in [SRHR/PD/GE]? Did UNFPA SRP 6 programming 'fit' in this broader development programming context of other actors?

703) Did the SRP 6 programming reinforce the work of these various actors in [SRHR/PD/GE], or did it undermine their work? Please explain.

704) Was SRP 6 programming in [SRHR/PD/GE] compatible with aims and objectives around gender equality, youth-focused programming, strengthening the engagement of marginalised and hard-to-reach populations, etc? Where did it 'hit', and where did it 'miss'?

705) If you had to rate the extent to which SRP 6 was compatible with Government, civil society, and activist groups programming in [SRHR/PD/GE], would you rate it as 'fully compatible', 'very high compatibility', 'above average compatibility', 'average compatibility', 'below average compatibility', 'well below average compatibility', or 'not at all compatible'? This refers to how it has performed versus how it could have best performed. Please explain.

Module 8 **SRP 6 Population and Development** [Int: Population and Development ONLY]

801) Could you provide some information on collaboration between UNFPA and UNICEF on integrating DHS and MICS? Which modules did UNFPA contribute? Were there differences between different PICTs?

802) Could you provide some information on collaboration between UNFPA and SPC on Census preparation, implementation, quality assurance, data analysis and publication? Please elaborate on differences between the PICTs.

803) What is the role of P&D within the UNFPA regional office? Please elaborate on staffing (only one in Suva, none in field offices), budget and support for P&D projects by other sections?

804) Has there be a strengthened UNFPA's country presence under SRP6 (compared to SRP5) and what were the effects on the area of population and development?

805) Could you elaborate on the SPR6 programme on population and development being complementary to key Pacific regional frameworks.

806) Please comment on how the SPR6 programme on population and development has contributed to national and sectoral development strategies.

807) What do you consider the main success in supporting data collection and analysis under SRP6?

808) Has advocacy been strong enough for resource allocation by governments for strengthening the national statistical systems? What are the main constricting and facilitating factors?

809) Is the extent of data disaggregation sufficient to analyse issues around SRH, Youth and Gender?

810) Has the capacity been strengthened sufficiently to promote an understanding of the cross-cutting nature of data and population dynamics and its linkages to SRH, Youth and Gender?

811) To what extent have the interventions by UNFPA strengthened national capacities to analyse, use and increase the availability of data for informed decision making and evidence-based policy development? What were the main constricting and facilitating factors?

812) To what extent has data utilization among stakeholders in the Pacific Sub-region increased as a result of UNFPA interventions?

813) Is there evidence of an increase in the utilisation of the results of the census, the demographic health survey and other surveys, administrative and evaluation data? How?

814) What support has UNFPA provided for national statistical strategies which enhance public access to data and provide timely and relevant evidence for national and sectoral development and humanitarian planning?

815) Was the support that UNFPA provided to National Statistics Offices to analyse, use and increase the availability of data sufficient? What were the main constricting and facilitating factors?

816) Was the support that UNFPA provided for National Planning Offices (NPOs) to monitor and report on SDGs sufficient? What were the main constricting and facilitating factors?

817) Has advocacy by UNFPA and implementing partners been responsible for improved data dissemination and accessibility in the PICTs? What were the main constricting and facilitating factors?

818) Would you say that there has been an increased reflection of the ICPD commitments in national plans under SRP6, compared to before? Which PICTs have integrated SDGs in national plans?

819) Is there evidence that increased data availability as a result of UNFPA interventions under SRP6 has had a positive impact on the development of national and/or regional policies?

| **Module 9** |
| **SRP 6 Closing Question** |

901) Do you have any final comments?

THANK YOU FOR YOUR TIME AND ENERGY!

ANNEX K: CASE ASSESSMENT INSTRUMENT

FINAL VERSION (V4) (29-11-21)

SRP 6 Evaluation

Case Assessment Instrument

Evaluation of the UNFPA PICTs 6th Sub-Regional Programme (2018-2022)

Prepared by the Evaluation Team
For UNFPA PSRO

	Quality Control, Location, Introduction	
1	KII Interviewer	
2	Organisation (inc. home office, country offices)	
3	Country or Regional	____ - 1 Regional service provider ____ - 2 Fiji ____ - 3 Samoa ____ - 4 Solomon Islands
4	Thematic Area(s) for organisation	____ - 1 overall SRP ____ - 2 SRHR ____ - 3 Gender
5	Interviewee 1 Full Name and Title	
6	Interviewee 1 Position	
7	Interviewee 1 Male or Female	____ - 1 female ____ - 2 male
8	Interviewee 2 Full Name and Title	
9	Interviewee 2 Position	
10	Interviewee 2 Male or Female	____ - 1 female ____ - 2 male
11	Interviewee 3 Full Name and Title	
12	Interviewee 3 Position	
13	Interviewee 3 Male or Female	____ - 1 female ____ - 2 male
14	Interviewee 4 Full Name and Title	
15	Interviewee 4 Position	
16	Interviewee 4 Male or Female	____ - 1 female ____ - 2 male
17	Date and Time	Date: _____ Start Time: _____ End Time: _____ Total Time: _____

18	Co-operation	____ - 1 high ____ - 2 medium ____ - 3 low
19	Other Information (if relevant)	

Ethnical Guidance: Off-site Interviews

Hello, my name is …………… and I am part of an evaluation team conducting interviews to evaluate UNFPA programming in the Pacific region. We are conducting interviews with stakeholders on behalf of the UNFPA to help inform the evaluation.

Consent

Please understand that you are not being forced to take part in this study. However, we would really appreciate it if you do share your thoughts with us. If you choose not to take part in answering these questions, you will not be affected in any way whatsoever. If you agree to participate, you may stop participating in the interview at any time and tell us that you do not want to continue.

Confidentiality

The information you provide us with will be treated confidentially. We will not be recording your name anywhere in the write up of the research. All responses will be anonymous and will not be shared with anyone else.

Risks/Discomforts

We do not see any risks in your participation. However, if you have any concerns regarding the way the interview was conducted, or any other concern regarding your participation in this study, please contact Mr. Mosese Qasenivalu with UNFPA at Tel: 679-323-0729.

Request to Proceed

May we proceed? ____ - 1 yes ____ - 2 no

Additional Ethical Guidance: Onsite/In-Person

We are conducting interviews with stakeholders on behalf of the UNFPA to help inform the evaluation and in the best interests of our safety and health, we have to ensure that we are compliant with Government protocols around safety from Covid-19 infection.

I can assure you that prior to this interview, all our team members have been fully vaccinated and/or have tested negative and have had training on how to prevent Covid-19 transmission. Prevention measures include daily symptom screening and temperature checks, social distancing of at least 2m during interviews, no direct physical contact with anyone, regular hand washing and hand sanitising, outdoor interviews when possible and fulltime use of face masks during our interviews.

We want to be sure that there is no risk of transmitting the highly contagious Covid-19 virus and because your and my health and safety come first, I need to inform you that with your consent:

1) I will be wearing a mask throughout our conversation.
2) You will need to wear a mask throughout our conversation and if you do not have a mask, I can provide you with one.
3) I have hand sanitizer and we will need to sanitise our hands before we proceed.
4) If we consider it safe to proceed, we need to maintain a distance of at least two metres from each other
5) We will have our discussion outdoors with no bystanders if this is possible

Request to Proceed

May we proceed? ____ - 1 yes ____ - 2 no

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Introduction

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[Int: For in-person discussions, flip chart and marking pens, writing pads and 'post its' all need to be made available. For online group discussions, you'll want to make sure that they have these items available in their offices for the meeting. REMEMBER Covid-19 protocols]

As part of the interviews we're conducting for the evaluation of the Sub-Regional Programme 6 for UNFPA, we're doing in-depth interviews with key partner agencies such as yours. The **aim** is to view and understand SRP 6 from your point of view.

The **objective** is to help ensure that we learn from what went right and what went wrong, and help ensure that the design of the next Plan will proceed in a manner that better 'fits' with country and regional priorities, and therefore better fits with the work of organisations such as yours to help you support these country and regional priorities.

What we'll be doing is to 'roundtable' the questions under each module. We'll share with you the questions under that module and we'll leave them on the screen. You can consider your responses, including multiple responses where you have different opinions, for each main question, and for questions with sub-questions you can bring your responses together as part of the main question. Please make sure someone is note-taking.

Then give us the highlights on the flipchart. [Int: notes and flipcharts off-site should be photographed while in the meeting and e-mailed to you for record keeping]

Any questions before we start?

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Module 1
SRP 6 Programme Engagement and Relevance

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Module 1 is about how you've been involved with SRP 6, and relevance. Relevance here refers to the extent to which SRP 6's design and implementation is aligned with national and regional needs and development priorities.

101) What is your organisation's responsibilities regarding engagement in SRP 6 implementation?

102) Please describe your organisation's involvement in the design in SRP 6.

    102a) How did design ensure attention to alignment with specified country [or regional if regional interviewee] national plans, sector plans, and SDG priorities, if at all?

    102b) What about alignment with socio-cultural plans and strategies, including gender, youth, disability, culture, social protection, and others?

    102c) What about alignment with climate change response, disaster risk response, green economy, and blue economy planning and similar?

    102d) For the above, what were the challenges?

    102e) Now we'd like you to consider these same three questions for *implementation:* continued attention to alignment across these various plans and strategies and programming?

    102f) For implementation, what were the challenges?

103) Did your organisation's involvement help engage rights-holders in the design of SRP 6? If so, who and how? Please consider the difference your agency's involvement made in this regard.

    103a) Did design include engaging with marginalised and hard-to-reach populations, reach both women and men, young and old, etc?

    103b) How has involvement in implementation included, or did not include, the involvement of women and men, young women and young men, persons with disabilities, those who are subject to discrimination and exclusion, hard-to-reach populations such as LGBT, the ageing, the elderly, rural and remote dwellers, and similar?

103c) Please describe any specific examples from disaster risk planning and response.

104) How did programming change, or not change, with the advent of the Covid-19 pandemic? Was programming properly adaptive to emergent needs, or did it 'miss' in this regard? Was there the necessary flexibility?

Module 2
SRP 6 Coherence

Module 2 is about coherence. Coherence here refers to the compatibility of SRP 6 with national norms and plans and attitudes, compatibility with the way in which a country 'does development'. It also means compatibility with agencies and priorities associated with overcoming negative norms and practices and procedures.

201) Based on your experience with UNFPA SRP 6 design, to what extent was the design compatible with, understanding of, and respectful of national norms and protocols, and how people here 'do development'? In other words, did programme design 'speak the same language' in terms of how development is approached here, or was there a disconnect? Please describe.

202) What about compatibility with the work of Government, international NGOs, civil society and activists. Did UNFPA SRP 6 programming 'fit' in this broader development programming context?

203) Did the SRP 6 programming strengthen the work of these various actors, or did the programme undermine their work? Please explain.

204) Was SRP 6 programming compatible with aims and objectives around gender equality, youth-focused programming, strengthening the engagement of marginalised and hard-to-reach populations, etc? Where did it 'hit', and where did it 'miss'? Please give examples of where the programme design linked to these aims and objectives, and where programme implementation supported these aims and objectives.

Module 3
SRP 6 Effectiveness

Module 3 is about effectiveness. Effectiveness considers the extent to which the following happened: a) did SRP 6 achieve its intended programme outputs; b) did these outputs contribute to outcomes; c) what affected these achievements; and d) did SRP 6 yield unexpected results (positive and negative).

Here, our specific interest is less on the specifics of targets achieved, and rather on how SRP 6 handled making progress towards the outputs and outcomes. In striving for these outputs and outcomes, outcomes, was SRP 6 responsive to local needs and ways of doing things? And more focused on your agency, was SRP 6 responsive to your insights, your inputs, your way of doing things that you know works?

Look at the outputs and outcomes in the table. Review and discuss to make sure they are clear. **Select the outputs that are relevant to your work, or if there are too many, then the ones you feel are especially relevant.**

Once you've do so, consider the following two questions, discussing in a group and making notes that you then summarise on the flip charts:

301) Do these outputs and outcomes 'do the right thing' for development in sexual and reproductive health and rights, population and development, and gender equality and the empowerment of women? Where they were strong, how was this focus strengthened during implementation to 'keep things on track'? Where they were weak, why?

302) Was the process of implementation against these outputs and outcomes responsive to your agency's insights, inputs, and experience? Where it went well, please describe. Where it did not do so, why not?

Outcomes Outputs	Output Indicators, Baseline and Endline Targets	
Sexual and Reproductive Health and Rights		
Outcome 1: Every woman, adolescent, and youth everywhere, especially those furthest behind, has utilised integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence		
Output 1.1: Strengthened access to quality integrated SRHS for women, adolescents and youth across the development humanitarian nexus	1.1.1 # of countries implementing a sustainable strategy for Reproductive Health Commodity Services	NOTE: COUNTRIES Fiji, Samoa, Tonga, Vanuatu, Solomon Islands
	1.1.2 # of countries that utilised family planning unmet need review findings to inform family planning costed implementation plans	NOTE: COUNTRIES Fiji, Samoa, Tonga, Vanuatu, Solomon Islands
	1.1.3 # of countries with national guidelines for delivering youth-friendly sexual and reproductive health services according to international services	NOTE: COUNTRIES Fiji, Kiribati, Samoa, Solomon Islands, Tonga, Vanuatu
	1.1.4 # of countries that have the capacity to implement the Minimum Initial Service Package at the onset of crises	NOTE: COUNTRIES Fiji, Kiribati, Samoa, Tonga, Vanuatu
	1.1.5 # of countries with cervical cancer policy and guidelines	NOTE: COUNTRIES Fiji, Samoa, Solomon Islands, Tonga, Vanuatu
	1.1.6 # of countries with established national systems for the Maternal Death Surveillance and Response	NOTE: COUNTRIES Fiji, FSM, Kiribati, Samoa, Solomon Islands, Vanuatu
Output 1.2: Increased national capacity to design and implement community and school-based family life education programmes that promote human rights and gender equality	1.2.1 # of countries that have aligned family life education curricula to international standards	NOTE: COUNTRIES Fiji Kiribati, Samoa, Solomon Islands, Tonga
	1.2.2 # of countries that have a standardised community-based training package for marginalised adolescents and youth	NOTE: COUNTRIES Fiji, Kiribati, Samoa, Solomon Islands, Tonga
Gender Equality and the Empowerment of Women and Girls		
Outcome 3: By 2022, gender equality is advanced in PICTs, where more women and girls are empowered and enjoy equal opportunities and treatment in social, economic and political spheres, contribute to and benefit from national development, and live a life free from violence and discrimination		
Output 3.1: Increased national capacity to address and promote gender equality and the empowerment of women and girls, including their reproductive rights and need for ending violence against women	3.1.1 Reproductive rights of women and violence against women reflected in at least two national policy documents in three selected PICTs	NOTE: COUNTRIES FSM, Tonga
Output 3.2: Strengthened integrated of violence against women in the national health sector	3.2.1 # of countries implementing at least 30% of the national violence against women study health recommendations	INT: COUNTRIES Kiribati, Samoa and Solomon Islands
	3.2.2 # of countries with standard operating guidelines for responding to violence against women	INT: COUNTRIES Fiji, Kiribati, Samoa, Solomon Islands
	3.2.3 % of health facilities per country making references to multi-sectoral services	INT: COUNTRIES Kiribati, Samoa, Solomon Islands
Population and Development, Data and Use		
Outcome 4: Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development		
Output 4.1: Strengthened national statistical systems to ensure increased availability, analysis and utilisation of quality disaggregated ICPD/ SDGs-related data, with a focus on informing national and sectoral priorities, policies and programming in development and humanitarian situations	4.1.1 # of countries with at least one analytical study available linking population data to sexual and reproductive health, youth and violence against women	NOTE: COUNTRIES Fiji, FSM, Kiribati, Samoa, Tonga
	4.1.2 # of countries with health information systems monitoring key ICPD/SDG indicators	NOTE: COUNTRIES Kiribati, Samoa, Solomon Islands, Tonga, Vanuatu
	4.1.3 # of countries monitoring SDG indicators related to the UN Pacific Strategy	NOTE: COUNTRIES Kiribati, Samoa, Fiji, Nauru, Palau, Tonga and Vanuatu
Output 4.2: Strengthened use	4.2.1 # of countries that have developed advocacy and policy	NOTE: COUNTRIES FSM,

Outcomes Outputs	Output Indicators, Baseline and Endline Targets	
of demographic intelligence to improve policies, programmes and advocacy	briefs in ICPD/SDG-related areas	Kiribati, Nauru, RMI, Samoa, Solomon Islands, Tonga, Tuvalu, Vanuatu

Module 4
SRP 6 Efficiency

Module 4 is about efficiency. Efficiency refers to the extent to which programme outputs and outcomes have been achieved with the appropriate amount of resources. Here we are specifically interested in how your agency views the efficiency of SRP 6 in terms of how it affects you.

As before, please consider these questions overall and discuss them in the group, taking notes and summarising on the flip charts.

401) Based on your agency's involvement in the SRP 6 programme, please describe 'bumps in the road' in terms of implementation, if any, that undermined efficiency.

402) Please also describe what worked well, where things happened in an efficient manner.

403) In terms of efficiency, had did the SRP 6 add value to what your organisation was already doing? Where did it work hard to fit into what you delivered best? What lessons can be learned here?

404) What did SRP 6 programming do that undermined how your agency focused and delivered already, if at all, making this more difficult and undermining your work? What lessons can be learned here?

Module 5
SRP 6 Sustainability

Module 5 covers sustainability. Sustainability refers to the extent to which benefits of programme actions last following termination of support. It refers to systems performing better, agencies performing better, and enhanced demand for the services on offer.

As before, please consider these questions overall and discuss them in the group, taking notes and summarising on the flip charts.

501) Considering this from the point of view of your agency as an institution, will your engagement with SRP 6 have any lasting positive effects? If so, please describe?

502) Where are the gaps in terms of lasting positive effects? That is, what was supposed to have had these long-term impacts but for unexpected reasons failed? What about, simply put, 'bad ideas' being implemented that therefore didn't lead sustainable results?

503) What about from a broader systems point of view, that is, your involvement in development? Has SRP 6 programming contributed positively to sustained effects at this systems level? If so, please describe.

504) What about from the point of view of demand for services from rights-holders and agencies that work on the ground with these rights-holders? Has SRP 6 programming contributed positively to sustained effects at this systems level? If so, please describe.

Module 6
SRP 6 Connectedness
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[Those involved in humanitarian programming ONLY]
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Module 6 refers to connectedness. This refers to UNFPA's engagement in supporting humanitarian programming in a manner that has strengthened systems and enhanced avenues for improved resilience.

As before, please consider these questions overall and discuss them in the group, taking notes and summarising on the flip charts.

601) UNFPA has become increasingly engaged in supporting climate change responsiveness, protection, and sector response in SRHR/PD/GE relevant to their programming. Please describe how your agency has engaged with SRP 6 in this regard.

602) UNFPA has a few specific objectives in this regard. Please consider progress in terms of the following:

602a) UNFPA Objective 1: Design and put into place systems to build capacity and strengthen systems for effective humanitarian response in development work.

Question: From your perspective, how did this enable the humanitarian response? How did it undermine the humanitarian response?

602b) UNFPA Objective 2: Engage in effective outreach and dialogue with governments and civil society to strengthen humanitarian response.

Question: From your perspective, how did this enable governments and civil society to better deliver? How did it undermine this delivery?

602c) UNFPA Objective 3: Engaged in humanitarian programming in a manner that avoided overwhelming systems and institutions.

Question: From your perspective, how well did it do this? How did it worsen it?

602d) UNFPA Objective 4: Contributed to communications and advocacy for countries in a manner that strengthens the response to climate change.

Question: From your perspective, how well did it do this? How did it worsen it?

Module 7
SRP 6 Recommendations

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701) Review the flip chart summaries that you've prepared, and map/write your recommendations for each of the areas considered. Please add these to the flip charts recommendations for some or all of the following:

701a) Relevance

701b) Coherence

701c) Effectiveness

701d) Efficiency

701e) Sustainability

701f) Connectedness

701g) Other and overall

702) Do you have any final comments?

THANK YOU FOR YOUR TIME AND ENERGY!

FINAL VERSION (V4) (29-11-21)

SRP 6 Evaluation

Focus Group Discussion Instrument

Evaluation of the UNFPA PICTs 6th Sub-Regional Programme (2018-2022)

Prepared by the Evaluation Team
For UNFPA PSRO

	Quality Control, Location, Introduction	
1	FGD Facilitator(s)	
2	Country	_____ - 1 Fiji _____ - 2 FSM _____ - 3 Kiribati _____ - 4 Marshall Islands _____ - 5 Samoa _____ - 6 Solomon Islands _____ - 7 Tonga
3	Location	_____
4	Urban/Rural	_____ - 1 urban _____ - 2 rural
5	Grouping	_____ - 1 Women's group _____ - 2 Youth group _____ - 3 Students group _____ - 4 Faith-based organisation _____ - 5 Gender-based violence prevention/response group _____ - 6 PLHIV activist group _____ - 7 Peer educators/peer networks _____ - 8 Persons with disabilities organisation
6	# of participants:	_____ female _____ male
7	Ages	
8	Date and Time	Date: Start Time: End Time: Total Time:
9	Co-operation	_____ - 1 high _____ - 2 medium _____ - 3 low

Ethical Guidance: Off-site Interviews
Hello, my name is …………… and I am part of an evaluation team conducting interviews to evaluate UNFPA programming in the Pacific region. We are conducting interviews with stakeholders on behalf of the UNFPA to help inform the evaluation. **Consent** Please understand that you are not being forced to take part in this study. However, we would really appreciate it if you do share your thoughts with us. If you choose not to take part in answering these

questions, you will not be affected in any way whatsoever. If you agree to participate, you may stop participating in the interview at any time and tell us that you do not want to continue.

Confidentiality

The information you provide us with will be treated confidentially. We will not be recording your name anywhere in the write up of the research. All responses will be anonymous and will not be shared with anyone else.

Risks/Discomforts

We do not see any risks in your participation. However, if you have any concerns regarding the way the interview was conducted, or any other concern regarding your participation in this study, please contact Mr. Mosese Qasenivalu with UNFPA at Tel: 679-323-0729.

Request to Proceed

May we proceed? _____ - 1 yes _____ - 2 no

Additional Ethical Guidance: Onsite/In-Person

We are conducting interviews with stakeholders on behalf of the UNFPA to help inform the evaluation and in the best interests of our safety and health, we have to ensure that we are compliant with Government protocols around safety from Covid-19 infection.

I can assure you that prior to this interview, all our team members have been fully vaccinated and/or have tested negative and have had training on how to prevent Covid-19 transmission. Prevention measures include daily symptom screening and temperature checks, social distancing of at least 2m during interviews, no direct physical contact with anyone, regular hand washing and hand sanitising, outdoor interviews when possible and fulltime use of face masks during our interviews.

We want to be sure that there is no risk of transmitting the highly contagious Covid-19 virus and because your and my health and safety come first, I need to inform you that with your consent:

1) I will be wearing a mask throughout our conversation.

2) You will need to wear a mask throughout our conversation and if you do not have a mask, I can provide you with one.

3) I have hand sanitizer and we will need to sanitise our hands before we proceed.

4) If we consider it safe to proceed, we need to maintain a distance of at least two metres from each other

5) We will have our discussion outdoors with no bystanders if this is possible

Request to Proceed

May we proceed? _____ - 1 yes _____ - 2 no

Section 1
Introduction

101) Please tell us a bit about yourselves [and if organisation, the organisation itself]. Whatever you want to tell us about yourselves/[your organisation] is fine.

Section 2
Sexual and Reproductive Health and Rights

201) What are the main risks facing pregnant women here in this community? Please elaborate.

202) What are the key issues affecting access to quality services for pregnant women? Please elaborate.

203) Are ante-natal services easily available here? Where are they deficient? Please explain.

204) What are the key risks facing new-born children here? Please elaborate.

205) What about the key risks facing mothers of infants, what are the risks here? Please explain.

206) What are the key issues affecting uptake and acceptability of modern methods of family planning here? Please elaborate.

206a) Are there specific issues around unavailability of family planning supplies, either short-term shortages or chronic ones?

206b) How has the situation of uptake and acceptability of modern methods of family planning changed over time, if at all? How does this vary across females and males?

206c) Are there issues around young people's access to family planning? What does this mean for unwanted teenage pregnancy? How does this affect young women and men differently? Please explain.

207) What about other issues around sexual and reproductive health and young people. What are the main risks they face? What are the main constraints they face? What works and what does not?

207a) How does this affect young women and men differently?

208) Cervical cancer is on the rise around the Pacific. Is this an issue here? Please describe.

208a) What about diagnostic capacity to identify cervical cancer here, is this an issue?

208b) What about access to health care to respond to cervical cancer diagnosis?

209) Thinking about the issues we discussed, from family planning to pregnant women to new born children to young people, what do you feel are the main problems that need attention?

209a) Family planning

209b) Pregnant women

209c) New-born children

209d) Young people

208e) Cervical cancer diagnosis and services

209f) Other (specify)

Section 3
Gender Equality and the Empowerment of Women and Girls

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301) Are there social and cultural norms that are harmful to women and girls? What about protective norms? Please elaborate.

302) Are there social and cultural norms that prevent women from playing important leadership roles at local and national levels? How well are women represented in decision-making positions? What enables women to play important leadership roles? Please elaborate.

303) What can you tell us about gender-based violence in this society, that is, severe physical violence, severe emotional violence, and sexual violence used against women in relationships? How bad is the problem? Please elaborate.

303a) Is there such a thing as 'acceptable discipline', physical or mental, used against women in relationships? Please elaborate.

304) Is there discrimination against women or men in things like employment, education and career choice, forced marriage or early marriage, or elsewhere? Please elaborate. What are the effects of this discrimination?

305) What about gender and disability. A two part question: a) is their discrimination against those with disabilities; and b) if so, does it affect girls and boys and women and men differently?

306) The climate is changing. Does this affect women and men the same, or differently? Please describe.

307) When emergencies arise, whether from hurricanes, floods, volcanos, instability or other, are women and men affected differently or the same? Please describe.

307a) Are there particular risks that women or men face in emergency situations? If so, please describe.

308) For the points just discussed, we have two questions: 1) have things changed in any way in the past few years; and 2) why or why not?

308a) Social and cultural norms that are harmful to women and girls.

    i)   Are norms changing in part due to what young people are learning in school?

308b) Social and cultural norms that limit leadership.

308c) Violence.

308d) Discrimination.

308e) Gender and disability.

308f) Gender and climate change.

308g) Gender and emergency.

309) Thinking about these issues and trends, what do you recommend be done to improve the situation? Consider the question in general, indicating your priorities. [Int: following this, ask about the following]

309a) Social and cultural norms that are harmful to women and girls.

    i)   What about school-based interventions that can help?

309b) Social and cultural norms that limit leadership.

309c) Violence.

309d) Discrimination.

309e) Gender and disability.

309f) Gender and climate change.

309g) Gender and emergency.

Section 4
Closing Questions

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401) Do you have any closing comments?

THANK YOU FOR YOUR TIME AND ENERGY!

ANNEX M: TERMS OF REFERENCE

VACANCY ANNOUNCEMENT

Contract Type: Consultancy

Closing date: 20th August 2021 - Midnight (Fiji Time)

Duty station: Suva, Fiji

Call for Evaluation Consultancy: UNFPA Pacific 6th Sub Regional Programme Evaluation (2018-2022)

UNFPA is seeking a multidisciplinary team of consultants for the following roles:

- ✓ **An Evaluation Team Leader** – Duration of 50 days
- ✓ **Sexual Reproductive Health Expert** – Duration of 37 days
- ✓ **Gender Expert** – Duration of 37 days
- ✓ **Population and Development Expert** – Duration of 37 days
- ✓ **Young Evaluator** – Duration of 40 days

The United Nations Population Fund (UNFPA) is the United Nations sexual and reproductive health agency. Its mission is to deliver a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled. Within the framework of the Sustainable Development Goals and the Programme of Action of the International Conference on Population and Development (ICPD), UNFPA is working towards three transformative results: (i) zero preventable maternal deaths; (ii) zero unmet need for family planning; and (iii) zero gender-based violence and harmful practices, including female genital mutilation and child, early and forced marriage.

The UNFPA Pacific Sub Regional Office (SRO) is currently implementing the 6th Sub Regional Programme (SRP) (2018-2022) with the Governments of the Pacific Island Countries and Territories and other partners. The goal of the SRP is to achieve universal access to sexual and reproductive health, realize reproductive rights and reduce maternal mortality, to improve the lives of women, adolescents and youth. In pursuit of this goal, the UNFPA Pacific SRO seeks to achieve results in the following thematic areas of programming under the SRP: Sexual and reproductive health and rights; Adolescents and youth; Gender equality and women's empowerment; and Population dynamics.

Purpose, objectives and scope:

In line with the 2019 UNFPA Evaluation Policy, the UNFPA Pacific SRO is planning to conduct an evaluation of its 6th SRP (2018-2022). The purpose of the Sub Regional Programme Evaluation (SRPE) is to strengthen accountability to stakeholders, support evidence-based decision-making, and improve learning. The overall objective of the SRPE is to provide an independent assessment of the relevance and performance of the SRP and to broaden the evidence base for the design of the next programme cycle.

The evaluation will cover all interventions in the 3 thematic areas of the SRP, which have been implemented across the Pacific Island Countries and Territories during the programme's period. The

thematic areas are described in the terms of reference (Annex). In addition, the evaluation will also cover cross-cutting issues, such as human rights, gender equality, disability, displacement and migration status and youth, and transversal functions, such as: coordination, monitoring and evaluation, innovation, resource mobilization, strategic partnerships, advocacy and capacity development.

Evaluation team:

The SRPE will be conducted by a multidisciplinary team of consultants. The consultants should collectively have the qualifications and experience to design and implement a methodologically robust evaluation and cover all the above-mentioned thematic areas of the CP. The evaluation team will consist of:

- **Team leader:** An international consultant with primary responsibility for the design of the evaluation methodology and the coordination of the evaluation team, as described in the terms of reference. The team leader will also demonstrate the qualifications, experience and skills required to serve as a technical expert for one of the thematic areas.
- **Thematic experts:** National or International consultants who should demonstrate the qualifications, experience and skills required to serve as technical expert in at least one of the thematic areas, as described in the terms of reference.
- **Young and emerging evaluator:** A national or international consultant (recent university graduate or young evaluation professional with limited experience) who will provide support to the evaluation team throughout the evaluation process, as described in the terms of reference.

The evaluation team will conduct the SRPE under the supervision of the evaluation manager in the UNFPA Pacific SRO from **September 2021 to April 2022**, as indicated in the timeframe of the evaluation in the ToR.

In the application, the candidates must clearly indicate the thematic area(s) for which they demonstrate the requested expertise, as well as the role (team leader or team member) that they intend to perform. Based on the qualifications, experience and skills, the candidates may propose to cover more than one thematic area.

Please see the attached terms of reference for more details on the SRPE as well as on the required qualifications and experience of the team leader and team members. ToR also indicates the evaluation timeline and the expected evaluation deliverables.

How to apply:

Interested individuals with the required qualifications and experience should submit their application to vacanciespsro@unfpa.org, with the subject line "Application for SRP Evaluation consultancy". **The subject line should also clearly indicate the role** (e.g. team leader; thematic expert; or young and emerging evaluator) for which they would like to be considered.

The application should include:

- A cover letter, indicating the candidate's motivation for this consultancy as well as relevant expertise and experience.
- An updated copy of the curriculum vitae (CV) and a duly completed P11 UN Personal History Form.
- Applicants are required to register their profile in the UNFPA Consultant Roster via https://www.unfpa.org/unfpa-consultant-roster
- Names and contact information of three references.
- A recent evaluation report or other type of writing sample in English (from a similar assignment) drafted by the candidate.
- Availability and expected daily rate for consultancy services.

The **closing date** for the submission of applications is **Friday, 20th August 2021 (midnight Fiji time)**

Only those candidates who meet all qualifications and experience will be contacted for further consideration. Incomplete applications will be automatically disqualified.

ANNEX 1: TERMS OF REFERENCE	
Hiring Office:	UNFPA Pacific Sub Regional Office
Project Title:	Consultancy to conduct the UNFPA Pacific 6th Sub Regional Programme Evaluation (2018-2022) – Team Leader, 3 Thematic Experts and 1 Young Emerging Evaluator
Period of assignment/services (if applicable):	1 Team Leader – 50 days, 3 Thematic Experts – 37 days, 1 Young Evaluator – 40 days
Background and Purpose of consultancy:	The United Nations Population Fund (UNFPA) is the United Nations sexual and reproductive health agency. Its mission is to deliver a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled. Within the framework of the Sustainable Development Goals and the **Programme of Action of the International Conference on Population and Development (ICPD)**, UNFPA is working towards three transformative results: (i) zero preventable maternal deaths; (ii) zero unmet need for family planning; and (iii) zero gender-based violence and harmful practices, including female genital mutilation and child, early and forced marriage.

The UNFPA Pacific Sub Regional Office (SRO) is currently implementing the 6th Sub Regional Programme (SRP) (2018-2022) with the Governments of the Pacific Island Countries and Territories and other partners. The goal of the SRP is to achieve universal access to sexual and reproductive health, realize reproductive rights and reduce maternal mortality, to improve the lives of women, adolescents and youth. In pursuit of this goal, the UNFPA Pacific SRO seeks to achieve results in the following thematic areas of programming under the SRP: Sexual and reproductive health and rights; Adolescents and youth; Gender equality and women's empowerment; and Population dynamics.

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| Scope of work:

(Description of services, activities, or outputs) | The evaluation will cover all interventions in the 3 thematic areas of the SRP, which have been implemented across the Pacific Island Countries and Territories during the programme's period. The thematic areas are described in section 3 of the terms of reference.

In addition, the evaluation will also cover cross-cutting issues, such as human rights, gender equality, disability, displacement and migration status and youth, and transversal functions, such as: coordination, monitoring and evaluation, innovation, resource mobilization, strategic partnerships, advocacy and capacity development. |
| Duration and working schedule: | The consultancy term for the Evaluation team will be their respective allocated number of days as mentioned above (i.e. Team Leader –

50; Thematic experts – 37; Young evaluator – 40), which will spread over a period of 8 months starting from 1st September 2021 to no later than 30th April 2022 |
| Place where services are to be delivered: | Due to COVID-19 travel restriction, evaluation services will be delivered remotely from the respective consultant's office base, depending on where they reside. |

Delivery dates and how work will be delivered (*e.g.* electronic, hard copy etc.):	The evaluation team will implement the following 11 activities and produce the related deliverables by the indicative timeline set out in the table below. The same are outlined in the full Terms of Reference under Section 10 - Indicative Work plan and timeframe, whereby the team will produce the deliverables throughout the course of the consultancy as per the team members schedule (37 and 40 days) coordinated by the team leader (50 days) who will submit the final deliverables after receiving the inputs of the team members. The deliverables will have to be submitted electronically. The assignment will start around the first week of September 2021. UNFPA requires a final report no later than mid-February 2022 and a dissemination PowerPoint presentation of the evaluation results no later than 30 April 2022.

WP Ref #	Evaluation Phases and Activities	Deliverables	Indicative Deadline
Design			
1	**Desk review** of background information and documentation on the country context and the CP (incl. bibliography and resources in the ToR)		10/09/21
2	**Drafting of the design report** (incl. approach and methodology, theory of change, evaluation questions, duly completed evaluation matrix, final stakeholder map and sampling strategy, evaluation work plan and agenda for the field phase)	Draft design report	17/09/21
3	**Presentation** of the draft design report to the ERG for comments and feedback	PowerPoint presentation of the draft design report	08/10/21
4	**Revision** of the draft design report and circulation of the final version to the evaluation manager for **approval**	Final design report	15/10/21
Field			
5	**Inception meeting for data collection** with SRO staff	*Meeting between evaluation team/CO staff*	29/10/21
6	**Individual meetings** with relevant SRO programme officers	*Meeting of evaluators/CO programme officers*	29/10/21
7	**Data collection** (incl. interviews with key informants, site visits for direct observation, group discussions, desk review, etc.)	Entering data/information into the evaluation matrix	19/11/21
8	**Debriefing meeting** with CO staff and the ERG to present emerging findings and preliminary conclusions after data collection	PowerPoint presentation for debriefing with the CO and the ERG	26/11/21
Reporting			
9	**Drafting of the evaluation report** and circulation to the evaluation manager	Draft evaluation report	17/12/21
10	**Drafting of the final evaluation report** (incl. annexes) and circulation to the evaluation manager for a second round of comments.	Draft Final evaluation report (incl. annexes) Final evaluation report (incl. annexes)	28/01/22 11/02/22
Dissemination			
11	Development of the **presentation** on the evaluation results	PowerPoint presentation of the evaluation results	15/04/22

Monitoring and progress control, including reporting requirements, periodicity format and deadline:	The monitoring and progress control the evaluation team's performance and of the entire evaluation will be done by the PSRO Monitoring and Evaluation Specialist who is also the evaluation manager for the SRPE exercise. The full SRPE work plan and timeframe under Section 10 of the ToR provides the basis for tracking progress. The work plan table will be modified into a work plan monitoring tool where actual progress of activities will be assessed against what was planned and delivered. The payment of fees will be based on the submission of deliverables by the agreed tentative dates, as follows: | Deliverable	Due Date	% Payout
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Upon approval of the design report	15/10/21	20%
Upon completion of the field phase	26/11/21	20%
Upon submission of a draft final evaluation report of satisfactory quality	28/01/22	30%
Upon approval of the final evaluation report and the PowerPoint presentation of the evaluation results	11/02/22 15/04/22	30%	 The final <u>design</u> report must comply with the framework outlined in Annex E of the full TOR. In terms of the final <u>evaluation</u> report, the document must meet the reporting requirements and format set out in Annex G of the full TOR. The evaluation team must also take note and follow UNFPA's editorial guidelines stated in Annex H of the full TOR.
Supervisory arrangements:	The evaluation team will conduct the SRPE under the supervision of the evaluation manager in the UNFPA Pacific SRO from September 2021 to April 2022, as indicated in the timeframe of the evaluation in the ToR: section 10 and Annex I.
Expected travel:	Depending on the location of the evaluation team members, travel will be decided based on the availability of travel schedules and compliance with COVID-19 travel guidelines and restrictions.
Required expertise, qualifications and competencies, including language requirements:	The evaluation team comprising of a team leader, thematic experts (detailed below) and a young evaluator will need to have the following expertise, qualifications, competencies and language requirements. **Team leader** The competencies, skills and experience of the evaluation team leader should include: ☐ Master's degree in public health, social sciences, demography or population studies, statistics, development studies or a related field. ☐ 10 years of experience in conducting or managing evaluations in the field of international development, including evaluation of programmes in humanitarian contexts. ☐ Extensive experience in leading complex evaluations commissioned by United Nations organizations and/or other international organizations and NGOs. ☐ Demonstrated expertise in one of the thematic areas of the SRP covered by the evaluation (see expert profiles below). ☐ In-depth knowledge of theory-based evaluation approaches and ability to apply both qualitative and quantitative data collection methods and to uphold high quality standards for evaluation as defined by UNFPA and UNEG. ☐ Good knowledge of humanitarian strategies, policies, frameworks and international humanitarian law and humanitarian principles, as well as the international humanitarian architecture and coordination mechanisms. ☐ Ability to ensure ethics and integrity of the evaluation process, including confidentiality and the principle of do no harm. ☐ Ability to consistently integrate human rights and gender perspectives, and disability inclusion in all phases of the evaluation process. ☐ Excellent management and leadership skills to coordinate the work of the evaluation team, and strong ability to share technical evaluation skills and knowledge. ☐ Ability to supervise a young and emerging evaluator, create an enabling environment for her/his meaningful participation in the work of the evaluation team, and provide guidance and support required to develop her/his capacity. ☐ Experience working with a multidisciplinary team of experts.

- Excellent ability to analyze and synthesize large volumes of data and information from diverse sources.
- Excellent interpersonal and communication skills (written and spoken).
- Work experience in/good knowledge of the region and the national development context of Pacific Island countries and territories.
- Fluent in written and spoken English.

SRHR/ Adolescent and Youth SRHR expert

The competencies, skills and experience of the SRHR expert should include:

- Master's degree in public health, medicine, health economics and financing, epidemiology, social sciences or a related field.
- 5 years of experience in conducting evaluations, reviews, assessments, research studies or M&E work in the field of international development and/or humanitarian assistance.
- Substantive knowledge of SRHR, including HIV and other sexually transmitted infections, maternal health, and family planning with a focus on adolescent and youth SRHR, including Comprehensive Sexuality education (CSE).
- Good knowledge of humanitarian strategies, policies, frameworks and international humanitarian law and humanitarian principles, as well as the international humanitarian architecture and coordination mechanisms.
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and the principle of do no harm.
- Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.
- Solid knowledge of evaluation approaches and methodology and demonstrated ability to apply both qualitative and quantitative data collection methods.
- Excellent analytical and problem-solving skills.
- Experience working with a multidisciplinary team of experts.
- Excellent interpersonal and communication skills (written and spoken).
- Work experience in/good knowledge of the national development context of Pacific Island countries and territories.
- Familiarity with UNFPA or other United Nations organizations' mandates and activities will be an advantage.
- Fluent in written and spoken English.

Gender equality and women's empowerment expert

The competencies, skills and experience of the gender equality and women's empowerment expert should include:

- Master's degree in women/gender studies, human rights law, social sciences, development studies or a related field.
- 5 years of experience in conducting evaluations, reviews, assessments, research studies or M&E work in the field of international development and/or humanitarian assistance.
- Substantive knowledge on gender equality and the empowerment of women and girls, GBV and other harmful practices, such as female genital mutilation, early, child and forced marriage, and issues surrounding masculinity, gender relationships and sexuality.
- Good knowledge of humanitarian strategies, policies, frameworks and international humanitarian law and humanitarian principles, as well as the international humanitarian architecture and coordination mechanisms.
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and the principle of do no harm.
- Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.
- Solid knowledge of evaluation approaches and methodology and demonstrated ability to apply both qualitative and quantitative data collection methods.
- Excellent analytical and problem-solving skills.
- Experience working with a multidisciplinary team of experts.
- Excellent interpersonal and communication skills (written and spoken).
- Work experience in/good knowledge of the national development context of Pacific Island countries and territories.

	☐ Familiarity with UNFPA or other United Nations organizations' mandates and activities will be an advantage.
	☐ Fluent in written and spoken English.
	Population dynamics expert
	The competencies, skills and experience of the population dynamics expert should include:
	☐ Master's degree in demography or population studies, statistics, social sciences, development studies or a related field.
	☐ 5 years of experience in conducting evaluations, reviews, assessments, research studies or M&E work in the field of international development and/or humanitarian assistance.
	☐ Substantive knowledge on the generation, analysis, dissemination and use of housing census and population data for development, population dynamics, migration and national statistics systems.
	☐ Good knowledge of humanitarian strategies, policies, frameworks and international humanitarian law and humanitarian principles, as well as the international humanitarian architecture and coordination mechanisms.
	☐ Ability to ensure ethics and integrity of the evaluation process, including confidentiality and the principle of do no harm.
	☐ Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.
	☐ Solid knowledge of evaluation approaches and methodology and demonstrated ability to apply both qualitative and quantitative data collection methods.
	☐ Excellent analytical and problem-solving skills.
	☐ Experience working with a multidisciplinary team of experts.
	☐ Excellent interpersonal and communication skills (written and spoken).
	☐ Work experience in/good knowledge of the national development context of Pacific Island countries and territories.
	☐ Familiarity with UNFPA or other United Nations organizations' mandates and activities will be an advantage.
	☐ Fluent in written and spoken English.
	Young and emerging evaluator
	The young and emerging evaluator' competencies, skills and experience should include:
	☐ Bachelor's degree in public health, demography or population studies, social sciences, statistics, development studies or a related field.
	☐ 4 years of work experience in conducting evaluation or M&E in the field of international development.
	☐ Excellent analytical and problem-solving skills.
	☐ Demonstrated ability to work in a team.
	☐ Strong organizational skills, communication skills and writing skills.
	☐ Good command of information and communication technology and data visualization tools.
	☐ Good knowledge of the mandate and activities of UNFPA or other United Nations organizations will be an advantage.
	☐ Fluent in written and spoken English.
	Note: The evaluation team leader beyond her/his responsibilities as team leader, will serve as technical expert for one of the 3 thematic areas of the SRP described above
Inputs / services to be provided by UNFPA or implementing partner (e.g support services, office space, equipment), if applicable:	UNFPA PSRO through the evaluation manager will will be responsible for the management of the evaluation and supervision of the evaluation team in line with the UNFPA Evaluation Handbook. The evaluation manager will oversee the entire process of the evaluation, from the preparation to the facilitation of the use and the dissemination of the evaluation results and ensure that quality, quality, independence and impartiality of the evaluation against UNEG norms, standards and ethical guidelines are met. All PSRO staff in Suva and in the field will provide support to the evaluation manager as described in Section 11 of the full Terms of Reference.

	The progress of the evaluation will be followed closely by the evaluation reference group (ERG)[1], which is composed of relevant UNFPA staff from the Pacific SRO, APRO, representatives of the national Governments of selected PICTs, implementing partners, as well as other relevant key stakeholders, including organizations representing vulnerable and marginalized groups.
	The regional M&E adviser in UNFPA APRO will provide guidance and backstopping support to the evaluation manager at all stages of the evaluation process. The UNFPA Evaluation Office will play a crucial role in the EQAA (Evaluation Quality Assurance and Assessment of the evaluation.
	All Stakeholders of the Sub Regional Programme 2018-2022, as outlined in the stakeholder map will serve as key informants to the evaluation exercise that will be conducted by the evaluation team.The evaluation team consultant will use their own resources to deliver their respective activities and outputs of the evaluation outlined in the full Terms of Reference

ANNEX N: MEMBERS OF THE EVALUATION REFERENCE GROUP

	Composition of Evaluation Reference Group
	Melanesia
Government Rep	1. **Name:** Viran Tovu **Position:** Health Sector Analyst **Organization:** Department of Strategic Policy, Planning & Aid Coordination (DSPPAC), Prime Minister's Office **Country:** Vanuatu 2. **Name:** Abdul Raiyaz Hussain **Position:** Program Officer Maternal Reproductive Health & Gender **Organization:** Ministry of Health & Medical Services **Country:** Fiji
	Polynesia
	3. **Name:** Mr. Sioape Kupu **Position:** Director of Health Planning **Organization:** Ministry of Health **Country:** Tonga
	Micronesia
	4. **Name:** Caroline Johny **Position:** Reproductive Health Coordinator **Organization:** Ministry of Health and Human Services **Country:** Republic of Marshal Islands 5. **Name:** Tiroia Teikake **Position:** RMNCAH Coordinator **Organization:** Ministry of Health and Medical Services **Country:** Kiribati
	Regional
Youth Rep	6. **Name:** Mr James Nicholas Mafoa **Position:** Youth Coordinator **Organization:** Tonga Family Health Association **Country:** Tonga/Regional
	Regional
Disability Rep	7. **Name:** Ruci Senikula **Position:** Program & Youth Officer **Organization:** Pacific Disability Forum **Country:** Fiji/Regional
	Regional
Implementing Partners Rep	8. **Name:** Ariella Bock **Position:** Monitoring and Evaluation Advisor **Organization:** John Snow Inc **Country:** USA
	UNFPA Asia Pacific Regional Office
UNFPA Asia Pacific Regional Office	9. **Name:** Klaus Beck **Position:** Regional Programme Advisor **Organization:** UNFPA Asia Pacific Regional Office **Country:** Bangkok, Thailand 10. **Name:** Oyuntsetseg Chulundorj **Position:** Regional Monitoring and Evaluation Advisor **Organization:** UNFPA Asia Pacific Regional Office **Country:** Bangkok, Thailand
	UNFPA Pacific Sub Regional Office
UNFPA Pacific Sub Regional Office	11. **Name:** Jennifer Butler **Position:** Director and Representative **Organization:** UNFPA Pacific Sub Regional Office **Country:** Fiji (Telecommuting from Melbourne Australia) 12. **Name:** Saira Shameem **Position:** Deputy Director and Representative **Organization:** UNFPA Pacific Sub Regional Office **Country:** Fiji 13. **Name:** Virisila Raitamata **Position:** Assistant Representative **Organization:** UNFPA Pacific Sub Regional Office **Country:** Fiji 14. **Name:** Mosese Qasenivalu **Position:** Monitoring and Evaluation Specialist **Organization:** UNFPA Pacific Sub Regional Office **Country:** Fiji 15. **Name:** Sakeo Moce **Position:** Monitoring andEvaluation Intern **Organization:** UNFPA Pacific Sub Regional Office **Country:** Fiji

ANNEX O: LIMITATIONS

OFF-SITE APPROACH

The main constraint on approach has been the inability to assemble the full team in person in Suva from the start of the evaluation, or at any point in the evaluation, and conduct fieldwork in Fiji and elsewhere across the PICTs. An evaluation of this magnitude and complexity requires extensive team engagement at each stage, as per the requirements of the Evaluation Handbook. At the start of this consultancy, this was due to restrictions on travel associated with Covid-19. Online approaches were therefore employed by the Consultancy team, including within team engagement and engagement with the Client. This has helped to mitigate the most severe aspects of an inability to engage extensively on-site, but it has constrained engagement and lengthened processes. Unfortunately, the Evaluation Handbook includes such extensive engagement requirements that they are difficult to mitigate in full from off-site (that is, it was largely inapplicable to a Covid-affected environment), further lengthening processes when trying to meet the stringent requirements of the Handbook.

Other means of mitigation involved direct convening as possible. This included the two Fiji-based consultants working together in the field, their direct engagement with UNFPA in Suva.

Overall, the process was significantly extended due to the inability of the team to engage on-site, the absence of field interviews on-site in various PICTs, and the persistent lack of access of a number of stakeholders. At the time of writing this report, Covid-19 travel protocols allow travel to Fiji, but was still not provided for as part of the evaluation. Fortunately, the Team Leader was present in Suva for another consultancy in July 2022, and additional per diems and an extension of days allowed the Team Leader to effectively engage with the UNFPA team on-site to in part overcome some of these major constraints.

WITHDRAWAL OF THE SRHR CONSULTANT

Unfortunately, the various limitations was worsened substantially due to the SRHR consultant's unexplained withdrawal from the evaluation. This meant that the months trying to secure materials from her related to field consultations, secure her write-up of SRHR secondary findings integrated with primary findings, and ensuring her review the full evaluation report all failed. As a result of her disappearance from the consultancy team, the Evaluation Team had to conduct additional interviews, while the Team Leader's contract was extended to include SRHR inputs. This added some three additional months to the process.

EXPANSIVE REQUIREMENTS OF THE EVALUATION HANDBOOK

As noted above with specific reference to stakeholder listing, the Evaluation Handbook proved to be an extremely expansive and complex document with layered requirements which seemed more consistent with a manual rather than a Handbook, and more relevant for a country programme evaluation rather than a regional programme evaluation. In working with the Handbook, one requirement would include multiple additional requirements, additional documents to review, additional expectations for alignment, and in some cases confusing instructions; all stakeholder listing process requirements were extracted and put into a single Word file, even at 11pt text and 6pt paragraphing, the instructions took over two pages just for this one activity.

The Handbook was written more for country level evaluations, and single theme evaluations, neither of which were specifically applicable to the multi-theme and multi-country evaluation of SRP6.

Further, the expansive and layered requirements of the Evaluation Handbook required a level of team onsite engagement that was simply not possible remotely. In the absence of this convening, it proved difficult to meet all the requirements of the Evaluation Handbook during design. It also meant that the Team Leader had to put in substantially more time than anticipated to try and meet the many requirements.

While not mitigation *per se*, this meant that the Design Report preparation process slowed and initial deadlines were missed. Normally this would not be a major problem where time could be made up elsewhere, however the late start of the evaluation and the fact that the Christmas season was fast approaching meant that the expansive Design Report requirements as indicated by the Evaluation Handbook hampered proceeding with fieldwork. It also meant that the focus was on the Design *Report*, rather than actual engagement in *design itself*. This problem was significantly intensified due to the inability to gain access to important stakeholders in a timely manner, or at all.

To partially mitigate the effects of the Handbook's requirements in terms of process with the Christmas season fast approaching, the Consultants separated the field instruments and the SRP Agenda from the Design Report, and ran these processes parallel to the review and finalisation of the Design Report. The 'Agenda' requirements of the Evaluation Handbook were especially burdensome and were unnecessarily expansive and detailed, and did not lend themselves to the nature of the regional evaluation, nor to offsite evaluations arising from Covid-19 travel and convening restrictions. For these reasons, the Agenda approach was abandoned and a separate scheduling process was employed.

PROGRAMME COMPLEXITY AND IMPLEMENTATION ENVIRONMENT COMPLEXITY

SRP 6 is a complex multi-faceted programme with high expectations and pressures to engage with other UN agencies in a meaningful and effective manner. It is doing so in a complex implementation environment that is rapidly evolving in terms of PICT expectations and demands and where climate change is accelerating negative trends. In these respects the evaluation's formative aspects are more important than originally anticipated. This has required that the team include a greater focus in the evaluation matrix and in the field instruments on lessons learned for future programming. It has also required considered attention to the new 2022-2025 UNFPA Strategic Plan and on trends emergent in the entire UN system in the Pacific.

While not a problem *per se*, it has meant that a very small team (three experienced evaluators and one young evaluator) has had to concentrate additional attention on formative aspects while retaining the focus on summative evaluation. In hindsight, a larger consultancy team would have been better able to meet the considered requirements of the evaluation especially in the first part of the consultancy.

FORMATIVE EVALUATION FINDINGS

The significant delays in the evaluation caused by the burdensome requirements of the Design Report handbook, delays over Christmas, and the disappearance of the SRHR consultant from the team meant that the evaluation findings were not available in a timely manner for use in developing the next five year programme, and informing the new Pacific Strategy for the UN system overall. While preliminary findings were made available and were used by UNFPA in both design processes, this proved to be an important missed opportunity.

ANNEX P: ADDITIONAL INFORMATION ON APPROACH

FURTHER COMMENTS ON EVALUATION CRITERIA

The definitions of evaluation criteria were further considered through a review of the document "Applying Evaluation Criteria Thoughtfully" released by the Organisation for Economic Cooperation and Development (OECD) in 2021 (OECD, 2021)[140]. Here the OECD reflected on how their evaluation criteria had been applied over the years, and what this meant for nuancing an understanding of the evaluation criteria, and the consequent approach to evaluation. The following are points of particular relevance to the SRP 6 evaluation that have informed the evaluation:

- *Effectiveness* must consider differential results across groups and the extent to which an intervention contributes to or exacerbates equity gaps.
- *Efficiency* should consider 'timely delivery'.
- *Sustainability* needs to include consideration of how an intervention contributes to positive environmental outcomes.

FURTHER COMMENTS ON THEORY-BASED APPROACH

From a practical standpoint, theory-based evaluation requires that the theory actually informs design and implementation and has been used to benchmark achievements and drives evaluative actions (including evaluability assessments). The review of the evaluation for the 5th Programme as well as the evaluability assessment of the 6th Programme highlighted specific use of the ToC in design and implementation and evaluation, while the ToC has been provided up front to the 6th SRP evaluation team as the basis for this evaluation.

Further, the structure of the Evaluation Matrix in UNFPA programming is consistent with the core requirements of theory-based evaluation specific to testable assumptions linked to explicit intervention elements, and to the context that affects programme implementation. In the case of the SRP 6 evaluation, these context factors are especially important because of the complex regional environment facing programming. This point is underlined by the Government of Canada's considered review of theory-based approaches to evaluation[141] when it notes that theory-based evaluation approaches "have demonstrated promise in helping evaluators address a variety of challenges, such as coming to terms with the inherent complexity of certain types of interventions".

Finally, the Government of Canada document underlines that theory-based evaluations are not simply logical frameworks with additional details. Rather, "the theory of change goes further by outlining the mechanisms of change, as well as the assumptions, risks and context that support or hinder the theory from being manifested as observed outcomes". They note that this 'opens the black box of change' that allows a considered assessment of the causal linkages between intervention outputs and observed outcomes. For the UNFPA 6th SRP Theory of Change, this means considering the assumptions represented by the arrows in the ToC itself, and the 'critical enablers' and 'barriers and root causes' specified therein.

FURTHER COMMENTS ON PARTICIPATORY APPROACH

Intrac[142] again offers a useful synopsis of evaluation, in this case participatory evaluation. It defines a participatory evaluation as one that "actively involves key stakeholders, especially the intended [target groups] of a project or programme, in the design and implementation of the evaluation". Strong participatory evaluation design helps to "empower beneficiaries to better analyse and improve their own situations", and "to produce better and more reliable findings and recommendations".

Steps in the process include a range of activities preceding the start-up of an evaluation, carried out by the evaluation manager and others in the implementing agency, and then the approach to the evaluation itself. In terms of the latter, key factors include following approaches that "allow [rights holders] to identify their own objectives and/or indicators of change", approaching the role of the evaluation as facilitating "discussions rather than to achieve an external 'objective' assessment" with results reflecting both consensus and divergence, including across females and males, youth and adults, and various duty-bearers, and engaging

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[140] https://www.oecd-ilibrary.org/development/applying-evaluation-criteria-thoughtfully_543e84ed-en
[141] https://www.canada.ca/en/treasury-board-secretariat/services/audit-evaluation/evaluation-government-canada/theory-based-approaches-evaluation-concepts-practices.html
[142] https://www.intrac.org/wpcms/wp-content/uploads/2017/01/Participatory-evaluation.pdf

with persons who are less likely to be reached and whose opinions are less likely to be heard. Participatory approaches also include soliciting recommendations and engaging with duty-bearers and rights-holders in terms of identifying and prioritising recommended actions. Better Evaluation[143] also note key characteristics of participatory approaches to evaluation, including tools that can facilitate improved engagement of stakeholders in the evaluation process and methods to especially reach out to hard-to-reach groups that are often the targets of interventions.

COMMENTS ON THE MIXED-METHODS APPROACH

The approach included: 1) individual approaches to online and onsite key informant interviews that allowed duty-bearers and activists to identify priorities, draw conclusions and make recommendations; 2) group approaches online involving stakeholders across PICTs that allow debate, discussion, drawing conclusions and making recommendations; 3) focus group discussions involving a range of rights-holders, paying attention to critical issues around homogeneity within groups and the engagement of vulnerable groups in the process; 4) case profiles of key implementing partners; and 5) repeated engagement with senior duty-bearers who are responsible for the direction of programming. The tools were semi-structured, allowing duty-bearers and rights-holders to engage as their experience and expertise allowed. They also included ordinal scoring approaches allowing duty-bearers and rights-holders to consider progress, draw conclusions, and make recommendations. The tools ensured integration of gender equality and the empowerment of women in approaching the evaluation consultations. Disaggregation by gender, age, disability and vulnerability was considered for rights-holders, and findings on gender and vulnerability were considered with duty-bearers as well.

Having said this, there are significant constraints on the extent to which a high-level evaluation of this nature can be participatory, limited by an inability to travel to the vast majority of PICTs covered by the evaluation (the sole exception being Fiji), Covid-19 protocols that constrain fieldwork (affecting both attempts to convene people in person and via online engagement where people are brought together to a single venue), and a small team with no field counterparts in the 14 PICTs covered by the evaluation. The evaluation therefore presented the best approach within the context of these constraints.

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[143] https://www.betterevaluation.org/en/plan/approach/participatory_evaluation

ANNEX Q: OVERVIEW OF SRHR, PD AND GEWE IN THE PACIFIC

SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS IN THE PACIFIC

Good sexual and reproductive health is a state of complete physical, mental and social well-being in all matters relating to the reproductive system. The UNFPA's global and regional strategic plans work in tandem with the various country programmes toward fulfilling the goal of ensuring universal access to sexual and reproductive health and rights (SRHR), including family planning. This involves enhancing existing systems of delivery and developing innovative means through which people are able to make informed choices about their sexual and reproductive lives towards a satisfying and safe sex life, the capability to reproduce, and the freedom to decide if, when, and how often to do so vis a vis accessible and equitable quality services and accurate information.[144]

SDG 3's Target 3.7 emphasises universal access to Sexual and Reproductive Health (SRH) services. The Pacific Region has made progress in achieving universal access in some aspects of reproductive health as evidenced by high Antenatal Coverage rates and increased rates of skilled birth attendant presence. In the process of achieving the targets for the Millennium Development Goals, the status of maternal health for the region's women recorded good progress with maternal mortality ratio ranging from 0-104 deaths per 100,000 live births and skilled birth attendance ranging from 82-100%. Antenatal care coverage (for one visit) is high (ranging from 76% to 100%) while more work is needed to facilitate this in very remote areas and islands within countries. However, the region continues to report high stillbirth and neonatal mortality rates in some countries. These may be attributed to inadequate quality of care in the antenatal period and during and after delivery, and especially poor access to contraceptives (due to the distance of remote health facilities from central medical stores and the high cost of transportation to deliver SRH commodities to hard to reach places). Some PICTs have used lessons learned from their Maternal Death Surveillance Reports to address those issues and to drive service quality improvements. However, further work is still needed to institutionalise these into systems and practices. Reproductive cancers are also a concern in this part of the Asia Pacific region.

Significant gaps remain in the delivery of SRH services across PICTs particularly in rural areas. This include disturbing trends in SRH indicators such as high unmet need for family planning and increasing adolescent birth rates in ten PICTs. The slow yet increasing trends of modern contraceptives uptake across the sub-region indicate that Contraceptive Prevalence Rates (CPR) in only three out of the 14 countries for which data are available have a CPR above 40% while most remain below 30%. The Pacific Region has not only recorded low CPR and high unmet need compared to global averages, but that these rates have been relatively static over a span of 20 years.

For all countries in the region, the CPR for all methods remains below 50%, with eight PICTs having a CPR for all methods below 30% (Kiribati, Marshall Islands, Nauru, Niue, Palau, Samoa, Solomon Islands and Tonga). Of concern is the decline in CPR rates observed in some of countries (Marshall Islands Solomon Islands, Tonga and Vanuatu), and the paucity in current data to facilitate trend analysis in seven more. Demand for family planning satisfied with modern methods ('met need') ranges from 35% (Solomon Islands) to 58.4% (Vanuatu). The reproductive health situation in the six Pacific countries of focus is characterised by increasing fertility and teenage pregnancy rates, low contraceptive prevalence rates, and high unmet need for family planning (Mid Term Review Report of the Transformative Agenda)[145]. Despite the global trend of declining adolescent birth rates, PICTs show an upward trend (except for Samoa), with Vanuatu and Solomon Islands having the highest rates in the region. A growing proportion of young people in the Pacific report being sexually active, yet contraceptive prevalence rates are negligible among adolescent girls. Unmet need for family planning for adolescent girls is significantly higher than for all women of reproductive age.

An estimated 17% of Pacific Island people live with a disability, out of which approximately 193,000 are young people 15–24 years old. Persons with disabilities experience discrimination regarding their SRHR. They are often viewed as asexual, including by health workers, teachers and policymakers, and therefore not catered for with SRHR information or services. As rights holders, specific SRHR laws, policies and

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[144] https://www.unfpa.org/sexual-reproductive-health
[145] Specialist Health Service (2020). Mid-Term Review Report: Transformative Agenda for Women, Adolescents and Youth in the Pacific: Towards Zero Unmet Need for Family Planning 2018-2022, prepared by Specialist Health Services for the Government of Australia. https://www.dfat.gov.au/sites/default/files/transformative-agenda-mtr-report.pdf

programmes (including budgets) and services delivery need development and implementation for this vulnerable and often marginalised group.[146]

Sexually Transmitted Infections (STIs) are quite common in the Pacific. Adolescents and youth in the Pacific have insufficient knowledge and life-skills to make informed and safe choices about their sexual and reproductive lives. There are major structural and sociocultural barriers for young people to overcome in accessing and using contraception. Persistent gender inequalities, discrimination against women and girls, and conservative social and cultural norms such as negative views regarding premarital sexual behaviour create reluctance among healthcare workers to provide information or services to adolescents and youth[147].

Access to health care services has been undermined by the Covid-19 pandemic, especially during the times of extreme restrictions on travel. Covid-19 has reported also led to increases in the prevalence of violence against women (VAW), and has undermined access to services. The report "the Covid-19 Pandemic and Violence Against Women in Asia and the Pacific"[148] finds trends similar to elsewhere in the world where the pandemic has worsened VAW. The report notes that UNFPA had projected that the Covid-19 pandemic had the potential to cause 15 million additional VAW cases for every three months of lockdown, based on an estimated 20% rise in violence in similar situations of lockdown. The report concludes that "even with limited data, it is clear that the compounding effects of lockdowns and broader pandemic conditions facilitate violence and reduce victims' ability to report incidents or seek help" (page 8).

POPULATION DYNAMICS IN THE PACIFIC

The SRP 6 document (UNFPA, 2017) notes that "population dynamics are linked to achieving sustained economic growth and prosperity, with significant outmigration, urbanisation and ageing all contributing to rapidly changing demographic contexts" (para 3). The document goes on to note that "the rising adolescent birth rates in 8 of the 14 PICTs and the increasing total fertility rate in 6 PICTs are of considerable concern" (para 3)[149]. The unmet need for family planning for married women aged 15-49 in 2017 was 20% or higher in Federated States of Micronesia, Kiribati, Nauru, Samoa, Solomon Islands, Tonga, Tuvalu and Vanuatu, while contraceptive prevalence rates remained low throughout the region. Early marriage is a problem in some PICTs, with half of the PICTs having 20% of 15-19 year old girls married. Rates of violence against women and girls are the highest in the world, including sexual violence, and high levels of unintended pregnancies.

The region is generally young, with four of the twelve PICTs for which data are available having at least 50% of their population below 25 years of age (Marshall Islands, Solomon Islands, Tonga, Vanuatu) and only two PICTs (Cook Islands, Palau) with less than 40% of their population below 25 years of age. Solomon Islands and Vanuatu also have the highest proportion of the population under 25 years of age of all PICTs.

Table 16: Selected Demographic Indicators in Selected PICTs (2021)

	Co-ok	FSM	Fiji	Kiri-bati	Marsh-all	Nau-ru	Ni-ue	Pa-lau	Sa-moa	Sols	Tonga	Toke-lau	Tuva-lu	Vanu-atu
Population	8,327	101,675	939,535	113,001	78,831	9,770	2,000	21,613	204,898	690,598	105,780	1,647	11,448	303,009
0-24 year olds (% of pop)	35.9	46.9	42.2	48.2	51.4	47.3	n/a	34.6	48.7	52.4	51.8	n/a	46.6	52.8
Youth (15-24 year olds) (as % of pop)	14.84	18.62	15.5	20.2	19.09	16.35	n/a	15.86	19.6	19.82	19.7	n/a	17.61	19.99
Pop growth rate (%)	-2.46	-0.64	0.46	1.05	1.37	0.42	0.13	0.38	0.61	1.75	-0.23	-0.01	0.85	1.67
Birth rate (births/1,000)	12.85	18.65	16.9	20.3	22.42	21.49	n/a	11.47	19.3	23.07	20.6	n/a	22.97	21.95
Total fertility rate (children born/woman)	2.09	2.27	2.28	2.23	2.81	2.65	n/a	1.7	2.46	2.92	2.81	n/a	2.86	2.72
Urban pop (%)	75.7	23.1	57.7	56.3	78.2	100	46.9	81.5	17.7	25.1	23.1	0	64.8	25.7
Rate of urbani-sation (annual rate of change 2020-2025) (%)	0.52	1.52	1.37	2.77	0.61	0.18	1.43	1.59	-0.03	3.57	0.99	0	2.08	2.55

Source: IndexMundi https://www.indexmundi.com/vanuatu/demographics_profile.html, Demographics profiles, e.g. for Vanuatu: https://www.indexmundi.com/vanuatu/demographics_profile.html

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[146] UNFPA, 2013, A Deeper Silence: The Unheard Experiences of Women with Disabilities – Sexual and Reproductive Health and Violence against Women in Kiribati, Solomon Islands and Tonga

[147] 6th SRP document, para 7

[148] https://reliefweb.int/report/world/covid-19-pandemic-and-violence-against-women-asia-and-pacific

[149] https://digitallibrary.un.org/record/1293890?ln=en

There were noticeable differences in population trends and urbanisation rates between the three main geographical sub-regions. **Melanesian countries** (Fiji, Solomon Islands, Vanuatu) have comparatively large populations and high population growth rates (except Fiji). With around 75% of the population residing in rural areas in Solomon Islands and Vanuatu, the urban population in these countries is small. At the same time, the rate of urbanisation is high in both countries, reaching as much as 3.6% per annum in Solomon Islands. Being land-rich, population densities in Melanesia are low compared to Polynesia and the atoll states of Kiribati and Tuvalu.

Polynesian countries (Cook Islands, Samoa, Tonga, Tuvalu) have lower annual population growth rates than Melanesian countries and the populations of Cook Islands and Tonga are even shrinking due to emigration. The three **Micronesian** countries located in the northern Pacific (Federated States of Micronesia, Marshall Islands, Palau) are associated with the U.S. under the Compact of Free Association. Their special relationship and free access to the U.S. have resulted in low or negative population growth rates due to emigration. The other Micronesian countries (Kiribati, Nauru) have higher population growth rates. The percentage of the population living in urban areas differs substantially between Micronesian countries with 100% of the population of Nauru living in urban areas compared to only 23.1% in FSM.

In the atoll states of Kiribati and Tuvalu, rapid population growth has led to overcrowding in the urban centres on the main atolls where more than half of the entire population resides and where population densities reach 2,500 per square kilometre in Funafuti (Tuvalu) and 3,200 per square kilometre in South Tarawa (Kiribati), leading to severe environmental consequences including inadequate sanitation, a lack of solid waste disposal controls and ineffective freshwater management. These present serious threats to the atolls' overall sustainability (Voigt-Graf and Kanemasu, 2017)[150]. Similar challenges are experienced in the Marshall Islands where rural-to-urban migration has contributed to overcrowding and environmental challenges on the atoll of Ebeye.

The Pacific Strategy (United Nations in the Pacific, 2017)[151] notes that migration rates are high in the region, both internationally related to labour mobility (mostly to Australia, New Zealand and the United States) and domestically related largely to urbanisation and 'main island' in-migration to improve access to employment markets and social services.

In 2021, the total fertility rate in the PICTs ranged from 1.7 in Palau to 2.9 in Solomon Islands (see the table above). High fertility rates are often associated with low use and/or access to contraceptives, lower educational levels of women, and/or lower involvement of women in the workforce. A high proportion of youth (aged 15-24 years) is the result of past and or current high fertility rates. Even if fertility levels recently declined, the proportion of the youth population can still be high due to past high levels of fertility.

GENDER IN THE PACIFIC

The Pacific Strategy (United Nations in the Pacific, 2017)[152] notes that progress has been made in shifting gender norms in a manner that reduces levels of harm, improves socio-economic status, expands political opportunities, and shifts the dynamic towards a Pacific Region more focused on strengthening gender equality and women's empowerment. Nevertheless, significant challenges remain. Political representation for women in most PICTs is extremely low and is heavily concentrated in local government[153] and is the lowest in the world (at 8%). The majority of PICTs reported less than 50% of women in employment are in wage employment, with the remainder involved in small-scale trade and agriculture. Many of those involved in agriculture, especially in more remote islands, have very limited market engagement and few opportunities for growth. Unemployment rates are higher for women than men throughout the PICTs, and twice as high for woman than men in Samoa. Higher female unemployment rates "have been associated with hiring practices that discriminate against females at the point of entry into the labour market, biased perceptions about women and their suitability for specific occupations, and discrimination with potential pregnancy and motherhood"[154].

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[150] www.ilo.org/wcmsp5/groups/public/---asia/---ro.../wcms_553880.pdf

[151] https://unsdg.un.org/sites/default/files/2019-12/UNDP_WS_FINAL_UNPS_2018-2022.pdf

[152] https://pacific.un.org/en/92198-united-nations-pacific-strategy-2018-2022

[153] The UN Women Beijing Declaration + 25. https://www2.unwomen.org/-/media/field%20office%20eseasia/docs/publications/2019/11/ap_ge-beijing25_infographics_a4-2sided-fa-s.pdf?la=en&vs=3455

[154] The UN Women Beijing Declaration + 25. https://www2.unwomen.org/-/media/field%20office%20eseasia/docs/publications/2019/11/ap_ge-beijing25_infographics_a4-2sided-fa-s.pdf?la=en&vs=3455

The SRP 6 document itself (UNFPA, 2017)[155] refers to gender implications for SRP 6 design and implementation itself as follows: "Persisting gender inequality and discrimination of women and girls and conservative social and cultural norms create reluctance among health-care workers to provide information of services to adolescents and youth. The education sector continues to be challenged with incorporating family life education or integrating curricula that addresses sexual and reproductive health and rights, gender equality, and violence against women and girls" (para 7). SRP 6 also notes rising adolescent birth rates, high levels of unmet need for family planning, low contraceptive prevalence rates, and challenges to dropping maternal mortality rates[156], in particular cervical cancer. The UN Women update referring to the Beijing Declaration + 25[157] noted that women spent on average 1.4 times the time men spend on unpaid care and domestic work.

Climate change affects women and marginalised and vulnerable populations disproportionately due to pre-existing inequalities, and women are often less able to respond to the impacts and recover from disasters (United Nations in the Pacific, 2017)[158]. UN Women informs an understanding of the interface between gender and climate change in the Pacific[159] (including developing a toolkit for agencies to improve their programming in climate change)[160]. A UN Women brief notes that "adequately addressing climate change and disasters requires assessing and responding to the different needs of various groups within societies and communities. Women are particularly vulnerable to these effects for a range of reasons, including unequal access to resources and power, restricted rights and ability to move freely and without fear, and limited ability to influence the ways their communities are managed" (page 1).

Elsewhere UN Women and the Pacific Community have been working with agencies in the Pacific on strengthening gender statistics, including in the area of climate change within the broader context of gender and the environment (see page 7)[161]. The UN Women report notes that "the climate crisis in the Pacific region has the potential to create a myriad of cascading fragility and instability risks, affecting men, women, young people and children differently and exacerbating existing vulnerabilities among those lagging behind" (page 2), and further notes that "climate change and other environmental related risks are impacting on women disproportionately, as they are more reliant on natural resources for their livelihoods and thus tend to have the least capacity to respond to natural hazards" (page 3). The report references the inclusion of women in climate-related planning, policy-making and implementation, the development of gender action plans under the United Nations Framework Convention on Climate Change, and the development of country-level national adaptation plans. The UN Women update referring to the Beijing Declaration + 25[162] notes that 'Oceania' has the lowest level of gender data available in the world, with only 8% of gender indicators having relevant data compared to 30% for south Asia (and only 3.3% of gender statistics in the PICTs have trend data from 2010).

An article on gender and climate change (Gero et. al., 2018)[163] contextualised higher risks and greater impacts from climate change arising from "gender inequality, unequal power relations and discrimination that often prevent women, girls and people of diverse sexual and gender identities from equal representation and participation in many aspects of society" (page 79). The article highlights five aspects of climate change adaptation that can effectively mitigate the different impacts of climate change along patterns of vulnerability, and which would allow women and vulnerable groups to contribute to climate change mitigation in positive ways. This included embedding climate change action in the local context and engaging with local actors, working with the gender machinery and gender-focused civil society,

[155] https://digitallibrary.un.org/record/1293890?ln=en
[156] UN Women and the Pacific Community note that "lack of decision-making power about own health care, neglect of women's nutritional needs and heavy work burdens all contribute to maternal mortality". The UN Women Beijing Declaration + 25. https://www2.unwomen.org/-/media/field%20office%20eseasia/docs/publications/2019/11/ap_ge-beijing25_infographics_a4-2sided-fa-s.pdf?la=en&vs=3455
[157] https://www2.unwomen.org/-/media/field%20office%20eseasia/docs/publications/2019/11/ap_ge-beijing25_infographics_a4-2sided-fa-s.pdf?la=en&vs=3455
[158] https://pacific.un.org/en/92198-united-nations-pacific-strategy-2018-2022.
[159] https://pacificwomen.org/resources/pacific-brief-gender-climate-change-and-disaster-risk-management/
[160] https://www.weadapt.org/sites/weadapt.org/files/2017/june/pacific_gender_toolkit_full_version.pdf
[161] https://data.unwomen.org/sites/default/files/documents/Publications/Pacific-Roadmap-Gender-Statistics.pdf
[162] https://www2.unwomen.org/-/media/field%20office%20eseasia/docs/publications/2019/11/ap_ge-beijing25_infographics_a4-2sided-fa-s.pdf?la=en&vs=3455
[163] "Beyond a token effort: Gender transformative climate change action in the Pacific, A. Gero et. al, Development Bulletin 80, December 2018. https://opus.lib.uts.edu.au/bitstream/10453/128925/3/DB%2b80%20%281%29.pdf

strengthening change agents, allowing experimentation, and supporting legal reform and policy development.

SDG 5.2 includes two measures associated with VAW: 1) intimate partner violence; and 2) sexual violence. Rates of violence against women and girls is higher in the Pacific than anywhere else in the world (UNFPA PSRO, 2019)[164]. Prevalence surveys show two-thirds of ever partnered women have experience physical and/or sexual violence at some point in their lives. Rates of VAW in Tonga, Samoa, Kiribati, Fiji and Vanuatu neared or exceeded 70%, and was only below 40% in Palau and FSM.

The UNFPA report noted that, by 2018, a wide range of VAW studies had been conducted throughout the Pacific and in the broader Asia region. Twelve of the 14 PICTs had prevalence data and reporting on the nature of VAW, with Niue and Tokelau the exceptions. High levels of VAW are reflected in the figure below (UNFPA PSRO, 2019: 9):

Figure 7: Levels of Violence Against Women in the Pacific and Asia Regions
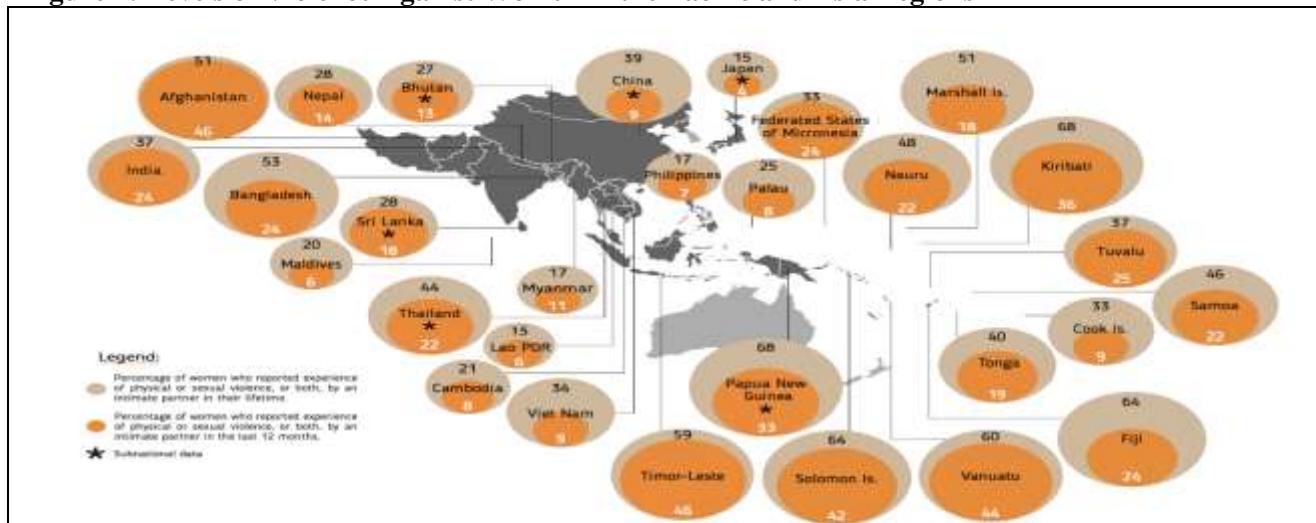
Women living with a disability were more likely to face violence and less likely to secure the services they needed. Unwanted pregnancy was common. "Women with a disability living in institutions had particular needs and were at high risk of abuse, and some women with mental or intellectual disabilities experienced the most egregious discrimination and violence"[165].

The kNOwVAWdata initiative, which began in 2016 and which is supported by UNFPA PSRO, has been working on improving the quality and use of VAW data to ensure that policies and strategies are influenced by good quality data[166]. VAW questions have been integrated into core surveys for almost a decade now, while some PICTs have also conducted full VAW surveys.

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[164] UNFPA PSRO (2019). Pacific Sub Regional Programme Action Plan 2018-2022, prepared by the UNFPA Pacific Sub Regional Office, Suva, Fiji. No online version is available.
[165] UNFPA PSRO (2019). Pacific Sub Regional Programme Action Plan 2018-2022, prepared by the UNFPA Pacific Sub Regional Office, Suva, Fiji, page 9.
[166] https://knowvawdata.com/pacific/. See also https://asiapacific.unfpa.org/sites/default/files/resource-pdf/knowvawdata_regional_vaw_map_july_29_2020_final.pdf