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United Nations Population Fund

UNFPA strategic plan, 2022-2025
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Annex 2

“Change stories” to accelerate the achievement of the three transformative results

Summary

This document outlines the theory of change underlying the results framework of the UNFPA strategic plan, 2022-2025.

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I. Introduction to the change story

1. The UNFPA strategic plan articulates a set of results at the impact, outcome and output levels that UNFPA plans to achieve during 2022-2025. This annex presents the theory of change underlying the results articulated in the strategic plan.
2. The theory of change addresses why and how change happens in the context of the UNFPA strategic plan, 2022-2025. The theory of change presents a holistic view of the causal and enabling conditions that must be in place to achieve the three transformative results: - (a) end unmet need for family planning, (b) end preventable maternal deaths, and (c) end gender-based violence and harmful practices, including female genital mutilation and child marriage – that UNFPA committed to achieving by 2030. The theory of change also cites the research and evidence underpinning the relationships between these conditions and the three transformative results and spells out the risks and assumptions that may impede the strategic plan results chain from occurring.
3. The UNFPA strategic plan, 2022-2025, has introduced several changes to strengthen the theory of change, compared to those of prior strategic plan cycles (see box 1 below).

Box 1 Key features of the change story of the strategic plan, 2022-2025
<ul style="list-style-type: none"> (a) Anchoring the theory of change on the achievement of three transformative results; (b) Factoring in the theory of change a human-rights based approach by prioritising the three main human rights-based approach components: (a) non-discrimination and equality, (b) accountability and; (c) quality of services and reaching marginalized populations; (c) Including structural barriers or root causes that can impede the achievement of results, even when the necessary conditions are in place; (d) Demonstrating ‘many to many’ relationships between outputs and outcomes to promote integrated programming, without which achieving the 2030 commitments, including the achievement of the transformative results can be more difficult; (e) Introducing fewer determinants that more directly influence the achievement of the transformative results that facilitates the acceleration of the Programme of Action of the International Conference on Population and Development; (f) Introducing intermediate results between the outcomes and outputs, to complete the results pathway; (g) Integrating the lessons learned from responding to the COVID-19 pandemic; (h) Using the ‘storytelling’ approach to communicate the change story of the strategic plan to a broader range of stakeholders in an effective manner; (i) Introducing a set of accelerators that enhance performance in achieving the strategic plan results (j) Improving alignment with the 2020 United Nations quadrennial comprehensive policy review (QCPR) guidelines).

4. UNFPA plans to contribute to the 2030 Agenda through the goal of the strategic plan, 2022-2025, to “achieve universal access to sexual and reproductive health, realize reproductive rights, to accelerate progress on the implementation of the Programme of Action of the International Conference on Population and Development (ICPD).”
5. UNFPA aims to achieve the three transformative results by 2030 through the work of three successive four-year strategic plan cycles. The first, strategic plan (2018-2021), set the stage for achieving the three transformative results. The second, strategic plan, 2022-2025, focuses on accelerating progress towards the achievement of the three transformative results. The third, strategic plan, for 2026-2029, will focus on filling the remaining gaps towards the achievement of these results.

Figure 1
Change story underlying the strategic plan, 2022-2025



II. Aligning the change story to the 2020 quadrennial comprehensive policy review of operational activities for development of the United Nations system

6. Firmly grounded on the distinct comparative advantage of UNFPA, the change story of the UNFPA strategic plan, 2022-2025 fully aligns to the 2020 quadrennial comprehensive policy review framework:

- (a) Underscoring that there is no “one size fits all” approach to development;
- (b) Focusing on the imperative of country-driven, enhanced capacity-building for sustainable development and strengthening of cooperation in science, technology and innovation, including North-South, South-South and triangular, regional and international cooperation;
- (c) Mainstreaming the Sustainable Development Goals in the UNFPA strategic plan, 2022-2025 and outlining its contributions to poverty eradication;
- (d) Presenting the avenues for coordination, collaboration, efficiency and coherence with other United Nations entities at all levels in a manner that recognizes their respective mandates and roles, considers their comparative advantages and enhances the effective utilization of their resources and their unique expertise;
- (e) Promoting gender equality and the empowerment of all women and girls through gender mainstreaming, gender-transformative and human rights-based approaches
- (f) Giving particular emphasis to reach the poorest, most vulnerable and those left furthest behind;
- (g) Promoting concrete new avenues for the full, effective, structured and sustainable participation of young people;
- (h) Prioritizing disaster risk reduction, humanitarian action and peace-responsive efforts;

- (i) Integrating a more climate- and environment-responsive approach into programmes, where appropriate.

III. The vision of the UNFPA strategic plan, 2022-2025

7. UNFPA is the United Nations sexual and reproductive health agency. The overall goal of the UNFPA strategic plan, 2022-2025 is to “achieve universal access to sexual and reproductive health, realize reproductive rights, and accelerate progress on the implementation of the Programme of Action of the International Conference on Population and Development”.

8. The main target groups for the strategic plan are women, adolescents and youth. The strategic plan applies a life-course approach, recognizing that people have different and changing needs throughout their lives, from birth through adolescence, at different stages of their reproductive lives, and into old age.

9. The strategic plan focuses on leaving no one behind and targets the furthest behind first in achieving the results, taking into consideration factors and characteristics often associated with discrimination and exclusion, including (a) gender; (b) age; (c) culture, ethnicity, race, language and religion; (d) disability; (e) location; (f) migration, asylum, refuge and displacement status; (g) key populations; (h) socioeconomic status and related factors; and (i) other factors such as HIV and AIDS. These factors and their impact may vary according to the local context. The strategic plan will also take into account additional specific factors that are relevant in a particular region or country

10. UNFPA strategic plan, 2022-2025 supports the realization of its goal by prioritising three interconnected, transformative and people-centred results listed in paragraph 2. The strategic plan, 2022-2025, aims to accelerate progress towards the achievement of these results.

11. The interconnected nature of the three transformative results contributes to the achievement of universal access to sexual and reproductive health and reproductive rights, which in turn produces gender, demographic, human capital and ultimately poverty reduction dividends. For example, evidence shows that when girls can exercise their rights to delay marriage and childbearing, can stay in school and can access essential sexual and reproductive health services, maternal mortality decreases. Moreover, maternal mortality and morbidity are not solely health and development issues; they are also a manifestation of various forms of policy, economic, administrative and social discrimination against women. Besides, gender-based violence, including harmful practices, is a primary barrier to women's access to sexual and reproductive health and rights

12. The three transformative results contribute to the achievement of universal access to sexual and reproductive health and reproductive rights and the acceleration of the implementation of the Programme of Action of the international conference on population and development by:

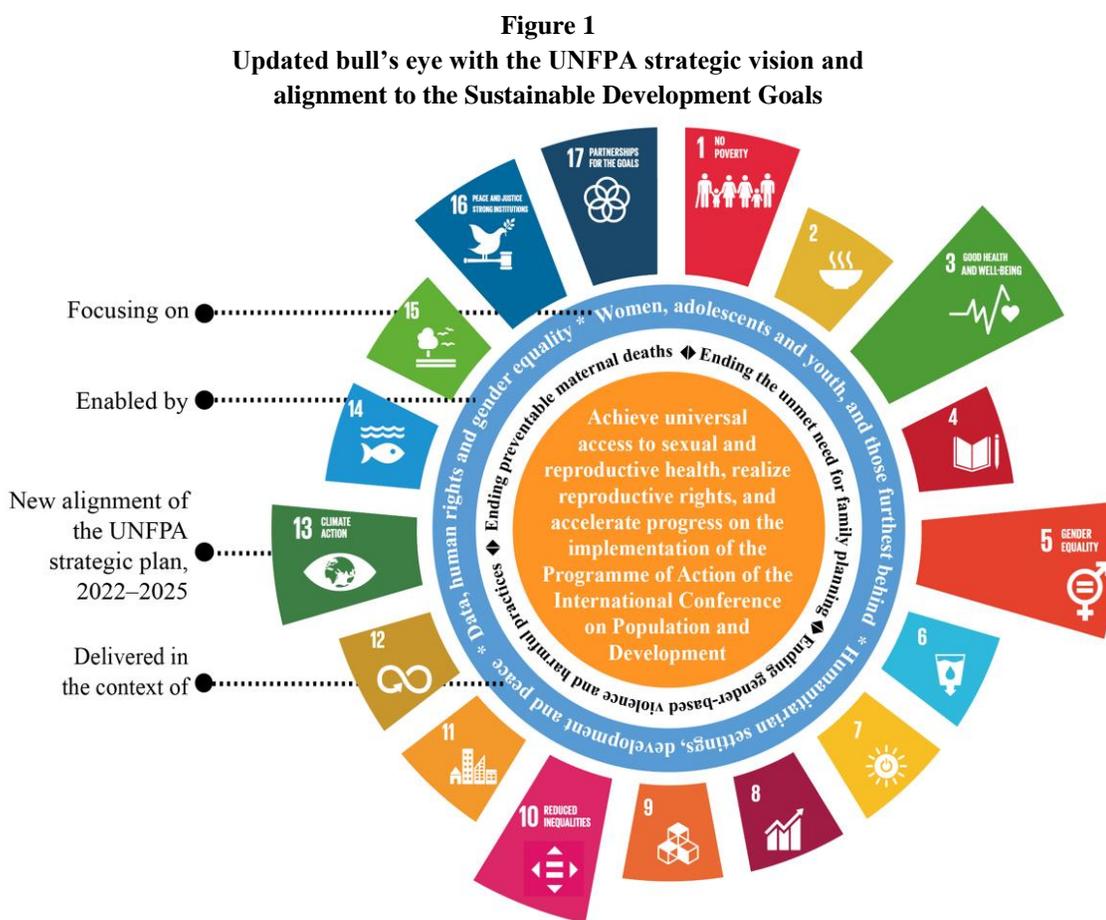
- (a) Programming towards three transformative results and supporting strengthening systems, especially health planning, financing, delivery and measurement systems, at the country level;
- (b) Accelerating implementation of the comprehensive package of sexual and reproductive health interventions;¹
- (c) Addressing the prevention of gender-based violence and all harmful practices, increasing bodily autonomy and improving access to sexual and reproductive health and reproductive rights and gender equality services;
- (d) Improving skills, health, knowledge and resilience to empower women and girls, promote equity and justice, and build human capital and human security that support achieving universal access to sexual and reproductive health and reproductive rights.

¹ This includes, inter alia: (a) comprehensive sexuality education; (b) counselling and services for sexual health and well-being; (c) counselling and services for modern contraceptives; (d) comprehensive post-abortion care; (e) antenatal, childbirth and postnatal care; (f) counselling, diagnosis and treatment services for infertility; (g) prevention and treatment of HIV and other STIs; (h) detecting, preventing and managing reproductive cancers; and (i) detecting, preventing and managing sexual and gender-based violence.

IV. Accelerating the achievement of the 2030 Agenda for Sustainable Development

13. Programming towards three transformative results contributes to the acceleration of the 2030 Agenda for Sustainable Development.

14. The achievement of the strategic plan commitments is essential to achieving the Sustainable Development Goals by 2030. The strategic plan contributes to the achievement of all 17 Sustainable Development Goals, but directly contributes to the following: (a) Goal 3 (ensure healthy lives and promote well-being for all at all ages); (b) Goal 5 (achieve gender equality and empower all women and girls); (c) Goal 10 (reduce inequality within and among countries); (d) Goal 13 (take urgent action to combat climate change and its impacts); (e) Goal 16 (promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels); and (f) Goal 17 (strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development). Ultimately, the strategic plan, 2022-2025 contributes to the achievement of Goal 1 (ending poverty in all its forms everywhere). (see figure 1 below).

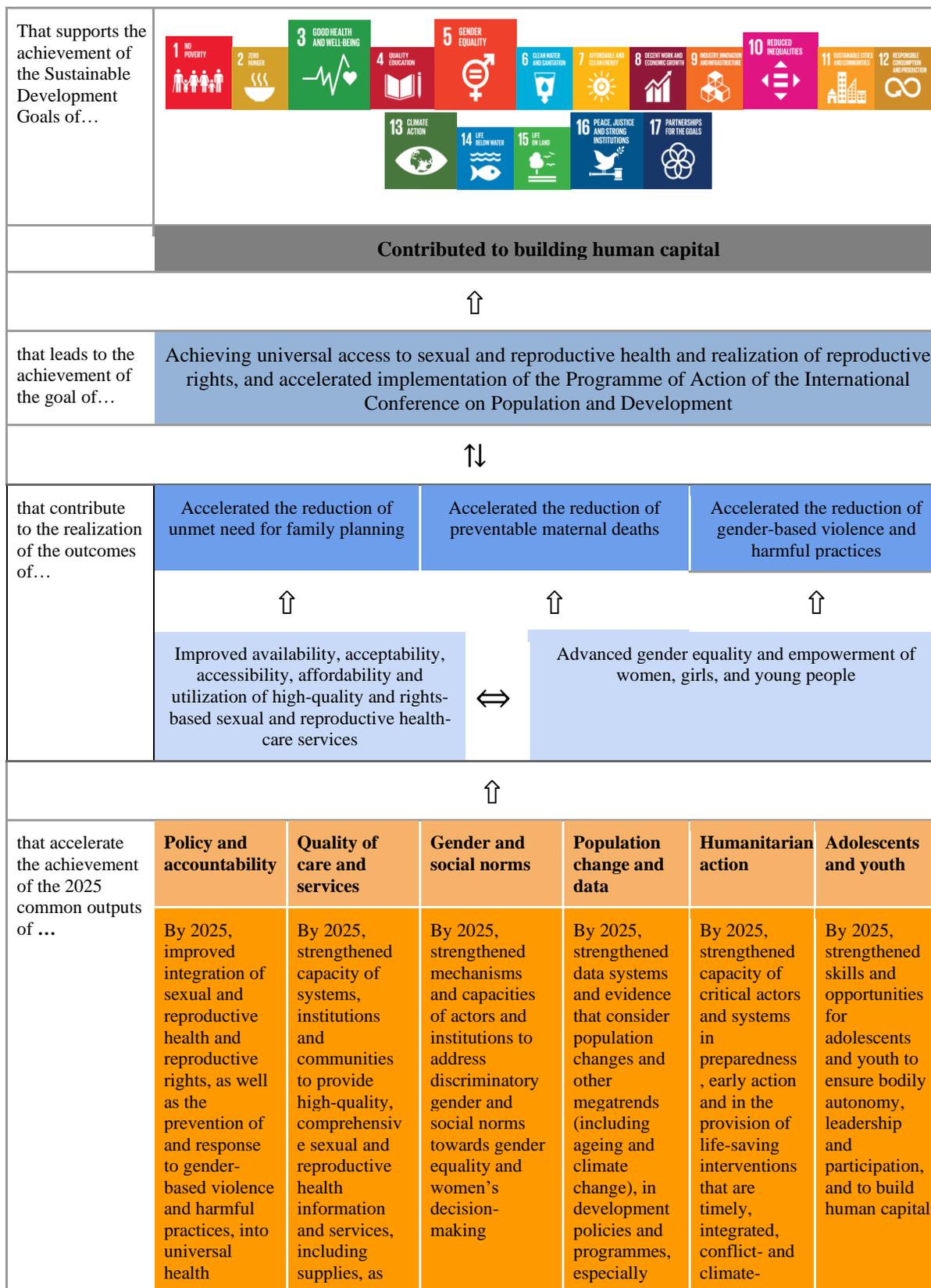


15. In the strategic plan, 2022-2025, result frameworks, which includes metrics for measuring progress against the strategic plan targets, UNFPA has prioritized 19 Sustainable Development Goal indicators as part of the alignment with the 2030 Agenda for Sustainable Development goals (see table 1 below).

Table 1.
UNFPA priority indicators drawn from the Agenda 2030 for Sustainable Development framework

<p>GOAL 1</p> <p>1.1.1 Proportion of the population living below the international poverty line by sex, age, employment status and geographic location (urban/rural)</p>	
<p>GOAL 3</p> <p>3.1.1 Maternal mortality ratio;</p> <p>3.1.2 Proportion of births attended by skilled health personnel;</p> <p>3.3.1 Number of new HIV infections per 1,000 uninfected population; by sex, age and key populations;</p> <p>3.7.1 Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods;</p> <p>3.7.2 Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group;</p> <p>3.8.1 Coverage of essential health services.</p>	<p>GOAL 5</p> <p>5.2.1 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 the form of violence and by age;</p> <p>5.2.2 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;</p> <p>5.3.1 Proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18;</p> <p>5.3.2 Proportion of girls and women aged 15-49 years who have undergone female genital mutilation/cutting, by age;</p> <p>5.6.1 Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care;</p> <p>5.6.2 Number of countries with laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education.</p>
<p>GOAL 13</p> <p>13.1.1 Number of countries with national and local disaster risk reduction strategies;</p> <p>13.2.1 Number of countries that have communicated the establishment or operationalization of an integrated policy/strategy/plan which increases their ability to adapt to the adverse impacts of climate change, and foster climate resilience and low greenhouse gas emissions development in a manner that does not threaten food production.</p>	
<p>GOAL 10</p> <p>10.3.1 Proportion of population reporting having personally felt discriminated against or harassed in the previous 12 months on the basis of a ground of discrimination prohibited under international human rights law.</p>	
<p>GOAL 16</p> <p>16.9.1 Proportion of children under 5 years of age whose births have been registered with a civil authority, by age;</p> <p>16.2.3: Proportion of young women and men aged 18–29 years who experienced sexual violence by age 18.</p>	
<p>GOAL 17</p> <p>17.18.1 Proportion of sustainable development indicators produced at the national level with full disaggregation when relevant to the target, in accordance with the Fundamental Principles of Official Statistics;</p> <p>17.19.2 Proportion of countries that: (a) have conducted at least one population and housing census in the last 10 years; and (b) have achieved 100 per cent birth registration and 80 per cent death registration.</p>	

V. Overall change story of the strategic plan, 2022-2025



	coverage-related policies and plans, and other relevant laws, policies, plans and accountability frameworks	well as essential services, to address gender-based violence and harmful practices		those related to sexual and reproductive health and reproductive rights	sensitive, gender-transformative and peace-responsive	
Applying the accelerators of ...	Human rights-based and gender-transformative approaches	Innovation and digitalization	Partnerships and South-South and triangular cooperation, and financing	Data and evidence	“Leaving no one behind” and “reaching the furthest behind first”	Resilience and adaptation, and complementarity among development, humanitarian action and peace-responsive efforts
in the contexts of ...	Humanitarian		Development		Conflict and post-conflict	
and mitigating the risks of ...	<p><i>Programmatic risks</i></p> <ul style="list-style-type: none"> • Insufficient investments in strengthening physical infrastructure; • Interventions for the economic empowerment of women and young people that have not been scaled up; • Increased trends in non-communicable diseases, such as cancers of the reproductive organs; • Insufficient investments in the education of young people, mainly adolescent girls; • Widespread low nutrient intake for women and young people. <p><i>Operational environmental risks</i></p> <ul style="list-style-type: none"> • Opposition, false narratives and counter-movements to expanding sexual and reproductive health and reproductive rights services; • Reduced domestic resources and declining levels of official development assistance or humanitarian assistance; • Increased humanitarian needs due to increasingly protracted crises, including those related to conflict and climate change; • A shrinking space for civil society action; • Hostility to women and young people as human rights defenders or participants in social movements. 					
Understanding the future scenarios ²	Blooming biotechnology and other technological advancements		Increased inequalities	Increased digitalization	Increased natural disasters and protracted conflicts and fragility	
Considering the structural issues and root causes and gaps of	<ul style="list-style-type: none"> • Rising inequalities, including gender inequality, worsened further by the COVID-19 pandemic; • More people die or end up in poor health conditions due to poor quality of care in health facilities than not reaching or accessing care; • Persistent low availability, accessibility, acceptability, affordability and quality of care and services in health systems and beyond are the primary barriers affecting adolescents more than other age groups; <ul style="list-style-type: none"> ◦ Around 7 million women are admitted to hospitals every year in developing countries, as a result of unsafe abortion. Unsafe abortion accounts for 5- 13% of preventable maternal mortality; ◦ Only four of the 73 countdown countries have a midwifery workforce able to provide the scope of care needed. There is a gap of 900,000 midwives globally; ◦ Over 50 per cent of maternal deaths occur in fragile and conflict-affected countries; ◦ Unmet need for contraceptives is generally highest among adolescents; • Low resilience and adaptive capacity to climate change and other emerging threats at 					

² Findings of the UNFPA scenario planning research

	<p>institutional, community and individual levels that impact the achievement of the three transformative results;</p> <ul style="list-style-type: none"> • Demand-side interventions are underfunded or poorly implemented, and targeted efforts are inadequately documented and measured; • Discriminatory laws, policies, traditions, beliefs and norms; • Poor readiness of sexual and reproductive health delivery systems (both facility as well as community-based) to provide quality sexual and reproductive health care services (including disrespectful maternity care and limited choices) is limiting the use of family planning and other sexual and reproductive health services and gender-based violence services; • Only 55 per cent of married or in-union girls and women aged 15-49 years make their own decisions³ regarding sexual and reproductive health and rights (including deciding on their health care, deciding on the use of contraception, and can say ‘no’ to sex if their partner demands); • Low domestic investment in health, in particular, leads to high out-of-pocket health expenditures.
<p>For the core problem of ...</p>	<p><i>Ending preventable maternal deaths</i></p> <ul style="list-style-type: none"> • Every day, approximately 810 women die from preventable causes related to pregnancy and childbirth; • For every woman who dies of pregnancy-related causes, 20 to 30 others experience acute or chronic morbidity; • There are 25 million unsafe abortions taking place every year; • Maternal mortality is the leading cause of death among girls aged 15-19 years. <p><i>Ending unmet need for family planning</i></p> <ul style="list-style-type: none"> • An estimated 218 million women who want to avoid pregnancy are not using modern contraceptive methods; • About 25 million unsafe abortions occur a year, of which most occur in the developing world; • 14 million girls 15-19 have an unmet need for modern contraception in low- and middle-income countries. <p><i>Ending gender-based violence and harmful practices</i></p> <ul style="list-style-type: none"> • 18 per cent of ever-partnered women and girls aged 15 to 49 years have experienced violence by a current or former intimate partner in the past year; • At least 650 million girls and women alive today were married as children; • In 31 countries with data, at least 200 million girls and women alive today have undergone female genital mutilation; • 68 million girls aged 0-14 are at risk of female genital mutilation by 2030; • 142.6 missing women and girls are attributable to the cumulative effect of postnatal and prenatal sex selection in the past.

A. Core problems around three transformative results

Unmet need for family planning

16. Access to safe, voluntary contraceptives is a human right. Family planning is central to gender equality and women’s empowerment, and it is a key factor in reducing poverty. Yet, in developing regions, an estimated 217 million women who want to avoid pregnancy are not using safe and effective family planning methods, for reasons ranging from lack of access to information or services to lack of support from their partners or communities. This unmet need threatens their ability to build a better future for themselves, their families, and their communities.

17. Some 14 million girls aged 15-19 have an unmet need for modern contraception in low- and middle-income countries. About 12 million girls aged 15 to 19 years give birth every year. Most of these girls and women are in low- and middle-income countries. Although there has been a marked decrease in birth rates among girls since 1990, approximately 10 per cent of all births worldwide are still to girls aged 15-19 years. Pregnancy and childbirth-related events are the leading causes of death for girls aged 15-19 years worldwide,⁴ and some 3 million girls aged 15-19 years undergo unsafe abortions every year.

³ Limited data set, taken from 57 countries.

⁴ https://www.who.int/maternal_child_adolescent/data/causes-death-adolescents/en/

Maternal deaths

18. Recent data shows approximately 810 women die every day from preventable causes related to pregnancy and childbirth. This is about one woman dying every two minutes. For every woman who dies from pregnancy-related causes, an estimated 20 to 30 others experience acute or chronic morbidity⁵. Twenty-five million unsafe abortions take place every year⁶. Most of these deaths and injuries are entirely preventable. Making pregnancy and childbirth safe is both a public health goal and a human rights imperative, at the core of the UNFPA mandate.

Gender-based violence and harmful practices

19. Worldwide hundreds of millions of girls and boys have experienced some form of violence, exploitation or harmful practice, although girls are at much greater risk. Worldwide, an estimated 736 million women - almost 1 in 3 - have been subjected to intimate partner violence, non-partner sexual violence, or both at least once in their life (30 per cent of women aged 15 and older).

20. Child marriage, gender-biased sex selection and female genital mutilation span continents and cultures. These practices hold social and cultural values that hold girls in low esteem. Some 650 million girls and women around the world have been married as children, over 200 million have undergone female genital mutilation and 68 million girls will be at risk of female genital mutilation by 2030 if the current trend continues. There are 142 million missing women and girls attributed to gender-biased sex selection owing to the cumulative effect of postnatal and prenatal sex selection.⁷

21. Violence against women and girls is one of the most prevalent and hidden human rights violations in the world and a global public health concern of pandemic proportions. It knows no social, economic or national boundaries. The extreme prevalence of violence, extending to reproductive coercion, is a key barrier to women's bodily autonomy.

B. Key structural issues and root causes and gaps in achieving the transformative results

22. There are several structural issues and gaps that either directly or indirectly hinder the achievement of the three transformative results.

- (a) *Increased gender inequality and inequities between and within countries*, with important health, education and wealth disparities at the subnational levels (e.g. access to basic sanitation, roads, water, health services, education, Internet, technologies, health-seeking behaviour and practices) and in access to comprehensive sexual and reproductive health services also pose significant challenges. Nearly all (99 per cent) maternal deaths occur in low-income- and lower-middle-income countries;
- (b) *Inequality in access to essential sexual and reproductive health services*, family planning, contraceptives and multisectoral gender-based violence (GBV) response services come with social and economic costs, contribute to instability and vulnerability, and reduce resilience to the impact of climate change. To achieve the Sustainable Development Goals, specifically Goal 3 target 3.8 on universal health coverage, equal access to those services is paramount;
- (c) More people die and suffer morbidities and disabilities due to poor quality of care in health facilities than from not reaching or accessing care⁸. Poor-quality care can also lead to other adverse outcomes and high morbidity, including avoidable health-related suffering, persistent symptoms, loss of function and a lack of trust and confidence in health systems. The provision and experience of quality of care and services continue to be major challenges. Respectful, non-discriminatory and non-judgmental care for rights-based sexual and reproductive health services across the life course is essential, as are survivor-centred and multisectoral response services on gender-based violence, to improve health outcomes.

⁵ <https://www.who.int/bulletin/volumes/91/10/13-117564/en/>

⁶ <https://www.who.int/news/item/28-09-2017-worldwide-an-estimated-25-million-unsafe-abortion-occur-each-year>

⁷ UNFPA, State of World Population 2020, p. 49.

⁸ Kruk M. et al, High-quality health systems in the Sustainable Development Goals era: time for a revolution, The Lancet, 2018. <https://www.thelancet.com/commissions/quality-health-systems>

- (d) *Marginalized populations facing intersecting forms of discrimination*, including gender, ethnicity, age, race, ability and socio-economic status in society continue to face disrespect and abuse as they seek information, care and services for their sexual and reproductive health and gender-based violence related needs. Users' experience, in particular disrespectful and poor quality of care, including limited contraceptive choices, is detrimental to accessing services and information about contraceptives. Many women across the globe, including unmarried young women, continue to experience discriminatory, disrespectful, abusive or neglectful treatment while accessing and seeking care to address their sexual and reproductive health and gender-based violence needs;
- (e) *The global humanitarian and vulnerability landscape*. By 2030, up to two-thirds of the extreme poor worldwide could live in contexts affected by fragile and conflict-affected countries. The COVID-19 pandemic has given the humanitarian system a glimpse into the future of the overlapping and cascading crises, where the initial stressor – a climate event, a new disease, or even a cybersecurity incident – might cause domino effects in economies and critical systems relied upon by billions of people. The number of countries experiencing protracted crises has more than doubled over the last 15 years, from 13 to 31. It is estimated that 235 million people will need humanitarian assistance and protection in 2021; of those, one in four are women and girls of reproductive age who will need sexual and reproductive health services, including access to contraceptive counselling and services. More than 50 per cent of maternal deaths occur in fragile and conflict-affected countries;
- (f) *Climate change, natural disasters, conflicts and public health emergencies* are posing multiple escalating threats along with other emerging threats to the achievement of the three transformative results and vision of human-centred sustainable development outlined in the ICPD Programme of Action. Climate change and conflicts can multiply existing health vulnerabilities and pose risks of increased prevalence and severity of gender-based violence and harmful practices. Climate change and conflicts can increase forced displacement, impede access to safe water and sanitation, food insecurity, livelihoods, health care and basic social services such as education. Lack of resilience and limited adaptive capacity to address challenges and impact of climate change and other emerging threats might jeopardize progress towards achieving the transformative results;
- (g) *Tackling discriminatory gender and social norms remains a pervasive challenge*. Only 55 per cent of women can make their own decisions about health care, contraception and sexual relations. Gender norms represent a significant deterrent for women's independent or joint decision-making. In many settings, women are still expected to be submissive and passive in sexual relations. Discriminatory gender and social norms, as well as structural inequalities, underpin reproductive coercion. As a form of behaviour that interferes with the autonomy of a person to make decisions about their reproductive health, gender-based violence remains a public health issue that negatively impacts mental health, sexual and reproductive health and maternal and child health;
- (h) *Significant gaps remain in the need for and the number of skilled health personnel, including midwives, trained to international standards and deployed according to decent work principles*. Only four of the 73 countdown countries⁹ have a midwifery workforce able to provide the scope of care needed. There is a current gap of midwives of 900,000 globally, of which 500,000 are missing in Africa. With the current pace of investment, there will remain a gap of 750,000 by 2030, and the gap in Africa being 500,000;
- (i) *Demand-side interventions are underfunded, or poorly implemented and measured inadequately*. Effective and evidence-based gender-based violence prevention programmes are critical in removing a primary barrier for women to demand sexual and reproductive health and reproductive rights. The field of violence prevention, however, is still in a period of innovation, learning and refinement. Without adequate attention to ensuring that services are accessible, acceptable, and available and of quality, and the progress well measured and documented, barriers, including resource gaps, will persist, especially for marginalized women and girls. Investment is needed in fostering and enabling women's and youth's decision-making for sexual and reproductive health and reproductive rights, as well as for their ability to exercise bodily autonomy.

⁹ 73 low- and middle-income countries, calls for urgent investment in high-quality midwifery to prevent about two thirds of all maternal and newborn deaths. These 73 African, Asian and Latin American countries account for 96 per cent of global maternal deaths, 91 per cent of stillbirths and 93 per cent of newborn deaths.

- (j) *Shrinking civil society space*: in recent years, civic space – the environment that enables civil society to play a role in the political, economic and social life of societies and provides a platform for young people to take ownership and leadership – has been under pressure, often because laws that restrict people’s rights to express, participate, assemble and associate. New technologies play an important role in helping civil society networks grow, but can also be used by governments to control civil society movements and media freedoms, often under security pretexts. Civil society actors, including those who cooperate with the United Nations, are also facing pushback worldwide. Online and offline attacks on human rights defenders, including journalists and environmental activists, continue and in many places are worsening;
- (k) *Fragilities from the impact of the COVID-19 pandemic* have caused contraction of gross domestic product across countries, reduced liquidity, widened fiscal deficits, increased debt ratios and impacted the livelihood of women and youth. Resources required to finance investments in social sectors, including through debt relief initiatives, reallocation of special drawing rights and enhanced access to credit, remain constrained with potential impact on sustainable financing for sexual and reproductive health;
- (l) *High unmet need for contraception among adolescent girls and young women*. Some 14 million girls aged 15-19 in low- and middle-income countries have an unmet need for modern contraception. The unmet need for contraception among adolescent girls and young women is higher than among other age groups and contraceptive prevalence rate and percentage demand satisfied are lower among adolescent girls and young women than among other age groups.

C. Picturing the future to achieve the transformative results

23. UNFPA and partners must factor in the future contexts and scenarios that have the potential to shape the future and impact the achievement of the transformative results and the 2030 Agenda for Sustainable Development.

24. In 2020, the United Nations identified five of the most important megatrends: (a) climate change; (b) demographic shifts, particularly population ageing; (c) urbanization; (d) the emergence of digital technologies; and (e) inequalities¹⁰ that influence the path of the Sustainable Development Goals.

25. In developing the strategic plan, 2022-2025, and ensuring it is risk-informed, UNFPA identified four possible future risk scenarios that could influence the achievement of the transformative results and the acceleration of the implementation of the Programme of Action of the International Conference on Population and Development. The scenarios are:

- (a) *Blooming biotech*: This is a context in which new biotechnologies emerge and foster transformational change in our society, and where global cooperation and transparency allow the benefits to be distributed amongst everyone. Nevertheless, this future comes with challenges of increased competition and widening inequalities that threaten the world with conflicts.
- (b) *Connecting poles apart*: This is a context of clashing groups and communities, based on varying issues, including ethnicity, race, religion, sexual orientation and gender identity, political identities and nationality, and each with its unique values, norms and belief systems. There is widening polarization across most societies as these disparate groups gain and lose power, creating a constant state of flux. In this context, multilateralism is increasingly challenged, threatening the core values that are traditionally promoted by the United Nations, such as the universality of human rights.
- (c) *Reigning in the digital beast*: This is a context in which a few technology giants with global technological, economic, political, and social power set the global rules. Their strong influence over channels of information and ‘big data’ enables them to anticipate and supply almost every human need, including sexual and reproductive health needs.
- (d) *Tested to the limit*: In this context, conflicts are more intense and protracted, natural disasters have become commonplace, and climate change has affected the daily lives and sustainable livelihoods of countless people. Displacement due to the increasing intensity and frequency of extreme weather events has meant that food, water, resources, and physical security issues are daily concerns for many,

¹⁰ Report of the UN Economist Network for the UN 75th Anniversary Shaping the Trends of Our Time, September, 2020

while for others, these threats loom. Women and girls face an increased risk of gender-based violence, including conflict-related sexual violence, as these trends intensify and gender inequality widens.

26. UNFPA has integrated the future scenarios into the theory of the change of the strategic plan. The sections below explain the strategic integration of those scenarios in the various aspects and conceptualization of the UNFPA strategic plan, 2022-2025.

VI. The strategic plan, 2022-2025 – three interconnected strategic plan outcomes

27. The UNFPA vision of achieving the three transformative results by 2030 cannot be realized without accelerating the achievement of these results during 2022-2025. In response, UNFPA has set three strategic plan outcomes to be achieved by 2025:

Outcome 1: By 2025, the reduction in the unmet need for family planning has accelerated;

Outcome 2: By 2025, the reduction of preventable maternal deaths has accelerated;

Outcome 3: By 2025, the reduction in gender-based violence and harmful practices has accelerated.

28. *The three outcomes are interconnected.* Ending gender-based violence and harmful practices contributes to ending the unmet need for family planning and ending preventable maternal deaths. Ending the unmet need for family planning is critical to ending preventable maternal deaths. Interventions to end preventable maternal deaths and end the unmet need for family planning also contribute to ending gender-based violence.

29. Achieving the three outcomes will be the basis of the scope of the UNFPA work, programmes and operations during 2022-2025.

VII. Six outputs and six accelerators to accelerate the achievement of three transformative results, 2022-2025

30. Analysis of core problems, structural issues, gaps, and the unfolding future scenarios reveals that acceleration of the three transformative results will only be possible through investment in six interconnected determinants, (a) policy and accountability, (b) quality of care and services, (c) gender and norms, (d) data and evidence, including on population changes, (e) humanitarian action, and (f) adolescent and youth. These determinants are crucial for increasing availability, accessibility, acceptability and quality of services and interventions, and improving gender equality and the empowerment of women and girls. These determinants constitute the basis for the UNFPA strategic plan, 2022-2025, six outputs – the results directly from the UNFPA programming and operations to accelerate progress towards the achievement of the three transformative results. The six outputs are elaborated below.

A. Output 1: Policy and accountability

By 2025, improved integration of sexual and reproductive health and reproductive rights, as well as the prevention of and response to gender-based violence and harmful practices, into universal health coverage-related policies and plans, and other relevant laws, policies, plans and accountability frameworks

31. Integrating sexual and reproductive health into national policies and development frameworks increases the chances of a country to commit to the three transformative results in its development actions, including through specific resource allocations, which is critical to accelerating progress. This output involves integrating sexual and reproductive health and reproductive rights, including the three transformative results, into universal health coverage benefit packages, equitable financing schemes, accountability mechanisms, and policies and plans related to primary health care, as the basis for actions to accelerate progress towards good health and the well-being of people. The output also aims to integrate the three transformative results across multisectoral policies and laws, including policies related to resilience, preparedness and disaster risk reduction.

32. This output will accelerate the achievement of the three transformative results by focusing on:
- (e) *Universal health coverage entails an equity element, which is pivotal to attaining the three transformative results.* The equity element empowers vulnerable populations with the knowledge and skills necessary to make informed decisions about family planning, and maternal and child health.¹¹ and to protect themselves against gender-based violence.
 - (f) *Improved accountability through stronger mechanisms that ensure affected populations and people, especially women, in need of assistance are actively involved in decision-making* and participate in the design and implementation of programmes and have opportunities to express demand for accountability. This is important since the lack of functioning accountability systems is one of the systemic causes of vulnerability that exacerbates the impact of crises
 - (g) *Promoting a tailored approach to achieving the three transformative results.* Every country has a distinct path to achieving universal health care and deciding what to cover based on the needs of its people and the resources at hand. The path depends on building a functional and resilient health system, starting at the community level with primary health care with functioning referral means and a sufficient and competent workforce. Ensuring healthcare that is responsive to local contexts is built into universal health care will be pivotal to achieving the three transformative results as it will provide evidence-based solutions tailored to the needs and culture of the populations in question.¹²
 - (h) *Universal access to a strong and resilient people-centred health system with primary health care as its foundation.* Scaling up SRH services across countries and subnational regions will require the progressive realization and cost-effective expansion of the sexual and reproductive health service package at the primary health care (PHC) level. The PHC components, including community-based services, health promotion and disease prevention, including through immunization, are foundational for universal health coverage. They directly support the achievement of the three transformative results by ensuring access under the availability, accessibility, acceptability and quality (AAAQ) framework.¹³
 - (i) *Promoting the human right to health.* Universal health care efforts ensure coverage of the poor and vulnerable.¹⁴ By upholding health as a human right and safeguarding this right for the population, governments can build resilience and enable those who lack services to access and utilize services to achieve their fullest potential.
 - (j) *Increasing financial protection against health costs* and catastrophic out-of-pocket expenses enhances *access* to and increases the availability of medication and services.¹⁵ This financial protection directly leads to improved health outcomes for adolescents, women, and marginalized communities.

B. Output 2: Quality of care and services

By 2025, strengthened capacity of systems, institutions and communities to provide high-quality, comprehensive sexual and reproductive health information and services, including supplies, as well as essential services to address gender-based violence and harmful practices

33. Improving the availability, acceptability, affordability, and quality of services is critical for increasing the utilization of services and, consequently, contributing to accelerating progress towards the three transformative results. This output strengthens health and social protection systems by scaling up: (a) the operationalization of the comprehensive package of sexual and reproductive information and health interventions; (b) services to address gender-based violence and harmful practices, including mental health and psychosocial support, from a life-course approach; and (c) health workforce capacity, competence and availability. With a focus on both the provision and the utilization of high-quality care

¹¹ <https://sustainabledevelopment.un.org/content/documents/6250germany.pdf>

¹² https://www.who.int/maternal_child_adolescent/adolescence/universal-health-coverage/en/

¹³ <https://www.ohchr.org/Documents/Issues/ESCR/Health/RightToHealthWHOF2012.pdf>

¹⁴ (2016). The Contributions of Human Rights to Universal Health Coverage. Health and human rights, 18(2), 1–6.

¹⁵ <https://www.who.int/bulletin/volumes/91/8/13-125450/en/>

and services, this output addresses the needs of those left furthest behind, including people with disabilities.

34. This output will accelerate the achievement of the three transformative results by:

- (a) *Investing in the quality of care to strengthen readiness and resilience of systems.* This investment focuses on human rights-based, respectful and evidence-based professional care, ensuring non-conditional access, voluntary and informed choices and human-centred delivery models to meet holistic sexual and reproductive needs and continuity of care. It also promotes social accountability mechanisms to monitor, assess and hold duty bearers accountable for the quality of care. The investment increases satisfaction and demand for health services.
- (a) *Strengthening multisectoral GBV responses to ensure that all survivors of violence who wish to access services are not turned away* and are provided with accessible and high-quality case management services across the multisectoral response while safeguarding ethical considerations and do-no-harm principles. A multisectoral response supports the availability and accessibility to services and ensures that the demand-side factors of quality and acceptability are addressed to increase the utilization of services.¹⁶
- (b) *Investing in the health workforce, which is key to enhancing the quality of care and services.* Scale-up of a well-qualified, competent midwifery workforce able to provide high-quality care across the full scope of midwifery practice, and is fully integrated into a sexual, reproductive, maternal, neonatal, adolescent health (SRMNAH) team within functional health systems is key to strengthening the quality of care and substantially reducing the current gap of 900 000 midwives by 2030. Scale-up of midwifery workforce entails (a) competency-based education and training, (b) regulation and support through an enabling and gender-equal environment, (c) expanded focus to address structural determinants that are often produced, reinforced, and influenced by social and gender norms; and (d) enhanced gender equality and women’s empowerment through intercultural, intersectional, gender-transformative and human rights-based approaches. Investment in midwifery-led interventions is cost-effective, can save 4.3 million lives per year (women, newborns and stillbirths) and enhance the health and well-being of women three times the number of those saved.
- (c) *Expanding demand-side interventions can empower women and girls to make their own reproductive health decisions.* Young adolescent girls aged 10-14 years, and unmarried girls and women, have high vulnerability and low agency, yet are largely excluded from programmes and services offering much-needed information and support.¹⁷ This is concerning as adolescence and early adulthood is an important life stage that lays the foundation for access to sexual and reproductive health and the realization of reproductive rights. Demand-side interventions are crucial to close the information and support gaps.
- (d) *Ensuring reproductive health commodity security.* High-quality information and services improve availability and accessibility to a reliable supply of quality-assured and affordable contraceptives in development, humanitarian, conflict and post-conflict contexts – before, during and after crises – and contribute directly to the transformative result of ensuring zero unmet need for family planning and zero preventable maternal deaths.¹⁸ Reproductive health commodity security will prioritize the expansion of contraceptive method mix and choice, financing sources for procurement of reproductive health commodities, procurement capacity and efficiency and strengthening supply chains, including reaching “the last mile”.
- (e) *Ensuring providers in all contexts are well prepared to continue the provision of essential services in case of a humanitarian crisis,* according to the Minimal Initial Service Package (MISP) for reproductive health in emergencies. The world is facing an increasing number of humanitarian crises due to conflict, climate change, and instability. Essential services, as laid out by the MISP, must

¹⁶ National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Health Care Services; Board on Global Health; Committee on Improving the Quality of Health Care Globally. Crossing the Global Quality Chasm: Improving Health Care Worldwide. Washington (DC): National Academies Press (US); 2018 Aug 28. 7, Embedding Quality Within Universal Health Coverage. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK535659/>

¹⁷ Demand for family planning aligned to the individual’s reproductive health intentions. Thematic paper based on the Global Consultation on Ending Unmet Need for Family Planning, Antalya, 2019.

¹⁸ https://www.who.int/rhem/didyouknow/unfpa/rh_commodity_security/en/#:~:text=Reproductive%20health%20commodity%20security%20involves,sectoral%20coordination%20and%20contextual%20considerations.

continue at all times to save lives. Preparedness is key in all contexts. It is critical that sexual and reproductive health and gender-based violence service providers, as well as health and protection systems as a whole, in all contexts, are prepared and trained (i) to provide essential services before the onset of crisis; (ii) to continue through acute and protracted crises; and (iii) to scale up services during the recovery phase.

C. **Output 3: Gender and social norms**

By 2025, strengthened mechanisms and capacities of actors and institutions to address discriminatory gender and social norms towards gender equality and women's decision making

35. Gender and social norms shape women's voices, rights and decision-making power within their families and societies; they underpin many behaviours and practices that expose women and girls to harmful practices and prevent the use of services that would improve their health or support them realize their rights or safeguard their dignity. Addressing harmful social and gender norms and discrimination will (a) build capacities at individual, community and national levels to address root causes of structural inequalities; (b) empower women, adolescents and youth and those left furthest behind; and (c) promote positive health-seeking behaviours and positive gender and social norms, to accelerate progress towards achieving the three transformative results.

36. This output will accelerate the achievement of the three transformative results by:

- (a) *Recognizing that social norms can greatly influence people's health-related choices and behaviours.* By addressing the social norms that dictate health choices and behaviours, through the expansion of demand-side interventions that empower women and girls to make their own reproductive health decisions¹⁹, this output expands and improves free and informed choice. The gender and social norms output promotes demand-side interventions aligned to the individual's reproductive health intentions, based on holistic human rights-based and gender transformative approaches.
- (f) *Creating an enabling environment for human rights-based family planning as an integral part of sexual and reproductive health and reproductive rights.* Promoting health as a fundamental human right, through interventions against the practice of discriminatory social, cultural norms and prejudices, will allow societies to achieve the three transformative results by addressing the rights issues at the grassroots level. Upholding health as a fundamental human right needs to be a conviction that is fundamentally grounded into societies deeper than any harmful practice, social custom or norm can infiltrate.²⁰
- (g) *Underscoring through programmes that gender and social norm-change interventions are cost-effective strategies to transform behaviour to achieve sustained changes.* Social norms are beliefs about what other people do and approve of and often become so grounded into a culture that although harmful, they become acceptable over time.²¹ Addressing social norms and beliefs is critical to transforming behaviour, including adopting those behaviours that improve reproductive health and the realization of reproductive rights.
- (h) *Emphasizing that social norms changes enable UNFPA and partners to reach furthest behind populations* as they directly address discriminatory attitudes, beliefs and behaviours that can result in people being left behind.
- (i) *Scaling up prevention efforts that address unequal gender power relations as a root cause of gender-based violence and lack of bodily integrity.*²² Implementation of programmes across the RESPECT framework²³, which including individual, interpersonal, couple and male engagement, is increasingly

¹⁹ <https://www.icrw.org/wp-content/uploads/2016/10/Womens-demand-for-reproductive-control.pdf>

²⁰ <https://www.who.int/news-room/commentaries/detail/health-is-a-fundamental-human-right>

²¹ Cislighi, B., Heise, L. Theory and practice of social norms interventions: eight common pitfalls. *Global Health* 14, 83 (2018). <https://doi.org/10.1186/s12992-018-0398-x>

²² <https://degrees.fhi360.org/2016/12/six-ways-to-end-gender-based-violence/>; Emma Fulu & Kerr-Wilson, A. 2015. What Works to prevent violence against women and girls evidence reviews paper 2: Interventions to prevent violence against women and girls. Pretoria: SAMRC.

²³ WHO with UN-Women, together with the Office of the High Commissioner for Human Rights (OHCHR), UNDP, UNFPA, United Nations Office on Drugs and Crime (UNODC), the Government of the Netherlands, Swedish International Development

demonstrating success in addressing risk factors as well as root causes of GBV. The programmes include community participation programmes and comprehensive sexuality education that guides the examination of gender norms and their relationship to power inequities, violence and other harmful behaviours. They work with multiple stakeholders across the socio-ecological spectrum and multiple sectors. Systematic evaluation of these programmes is critical to support evidence-based scale-up and enable transformative change beyond small-scale pilots.

D. Output 4: Population change and data

By 2025, strengthened data systems and evidence that take into account population changes and other megatrends (including ageing and climate change), in development policies and programmes, especially those related to sexual and reproductive health and reproductive rights

37. UNFPA recognizes that without disaggregated, high-quality data and evidence, it will not be possible to accelerate the achievement of the three transformative results and the Sustainable Development Goals. Data and evidence are needed across many relevant sectors and for a range of critical policy and programme decisions. These include defining the pace of change required to achieve the three transformative results; identifying populations that are left furthest behind; understanding the challenges and gaps in achieving the transformative results; projecting and operationalizing a pathway to scale up interventions; and evaluating the impact of such interventions.

38. Prioritizing population data systems is critical for accelerating the achievement of the transformative results by:

- (a) *Recognizing megatrends and committing to understand and consider them in programming can significantly affect the achievement of the transformative results and the ICPD Programme of Action. Megatrends affect all the sustainable development goals and targets. Understanding the megatrends is critical during this Decade of Action to ensure that development strategies, policies and programmes take them into account to keep on track to sustainable development.*
- (b) *Focusing on data, evidence and intelligence is essential to understanding, planning for and shaping the linkages between demographic shifts and sustainable development. Demographic data and projections are essential for countries to understand the ever-changing characteristics and needs of their populations, and to design evidence-based and people-centred policies and programmes. Furthermore, population data and projections are essential to understand the linkages between demographic change and sustainable development; address anxieties about the developmental implications of demographic change; and counteract populist responses to demographic change that undermine rights-based population policies. Data, evidence and intelligence are critical in the implementation of the ICPD Agenda and the realization of the three transformative results.*
- (c) *Building stronger data systems, using traditional and new data sources, is critical for sustainable development. Almost two-thirds of the SDG targets have ‘persons’ in their denominator and the measurement of about one-third of the SDG targets relies on census data. Therefore, supporting countries in the collection, processing and analysis of traditional data sources, such as censuses, surveys and administrative data, is essential to strengthen national data systems for tracking progress towards the SDGs. Furthermore, support to new data sources such as remote sensing and big data, and the collection and utilization of geospatial data are crucial to support data disaggregation that is needed to ensure policies and programmes include and address those populations furthest behind. The output will also promote qualitative data, which are essential to understanding people’s attitudes or behaviours, beliefs, opinions, experiences and priorities.*

Cooperation Agency (SIDA), UK Aid, United States Agency for International Development (USAID) and the World Bank Group have developed RESPECT women: preventing violence against women – a framework aimed primarily at policy-makers. The framework contains a set of action-oriented steps that enables policymakers and health implementers to design, plan, implement, monitor and evaluate interventions and programmes using seven strategies to prevent violence against women. The strategies are summarized in R.E.S.P.E.C.T, with each letter representing one strategy.

E. **Output 5: Humanitarian action**

By 2025, strengthened the capacity of critical actors and systems in preparedness, early action and in the provision of life-saving interventions that are timely, integrated, conflict- and climate-sensitive, gender-transformative and peace-responsive

39. The achievement of the three transformative results is indeed challenged by the expanding humanitarian needs, protracted crises and a surge in violent conflicts and climate-related emergencies. The COVID-19 pandemic has exacerbated existing humanitarian challenges; it compounded the vulnerability of countries and added strain on communities and healthcare systems. This output focuses on humanitarian, conflict and post-conflict contexts and prioritizes preparedness, early and anticipatory action and the provision of life-saving interventions to contribute to the achievement of the three transformative results.

40. This output will accelerate the achievement of the three transformative results by:

- (d) *Recognizing and responding to the risk that the next decade will face a rapid acceleration of the climate crisis,²⁴ which is projected to increase disaster-related humanitarian needs by 50 per cent by 2030.²⁵ Resilience-building for key systems, including health and protection, is essential to reduce the impacts of climatic hazards on women and girls and their sexual and reproductive health and to reduce the depth and duration of humanitarian needs that climate change is exacerbating.²⁶*
- (e) *Ensuring a dedicated focus on those affected by humanitarian crises.* The incidence of gender-based violence, including harmful practices (such as female genital mutilation and child marriage), maternal mortality and maternal morbidity and lack of access to family planning increases in humanitarian crises settings.
- (f) *Responding to the severe implications of expanding worldwide crises on sexual and reproductive health and gender-based violence.* Every day, insecurity, displacement and disruption of already weak health and protection systems in high-risk, humanitarian, conflict and post-conflict settings put women, girls and young people at increased risk. Humanitarian crises increase the risk of poor sexual and reproductive health outcomes, including increased risk of maternal and newborn morbidity and mortality.²⁷ In addition, the breakdown of key systems can lead to an environment of impunity in which perpetrators of violence are not held to account.
- (g) *Scaling up the humanitarian work of UNFPA, which recognizes that conflict has a clear and adverse effect on health outcomes for women, adolescent girls and young people. Peace is a critical enabler to realize the ICPD Programme of Action, the three transformative results and the Sustainable Development Goals.* UNFPA interventions stem from this awareness and are in line with its comparative advantages in promoting the rights and choices of women and girls and youth. The adverse effect of conflict on the organization's work requires UNFPA to endeavour to mitigate their impact on the implementation of its strategic plan and to effectively contribute to social cohesion, in line with the Sustainable Development Goal 16 and responding to national priorities and needs. A fundamental principle of UNFPA programming efforts is that all UNFPA interventions in conflict-affected settings should be conflict-sensitive.
- (h) *Supporting the role of local actors and young people in peace-responsive efforts.* For over 20 years, for example, UNFPA has worked on sexual and reproductive health and gender-based violence in conflict and supported women-led civil society organizations' engagement in mitigating conflict and building social cohesion. UNFPA is leading country-level efforts on the prevention and management of conflict-related sexual violence, including data collection. Young people's role in peace has gained increased recognition in recent years.

²⁴ IPCC, 1.5 Degrees Report

²⁵ IFRC Cost of Inaction

²⁶ UNFPA and the Climate Crisis: Strengthening Resilience and Protecting Progress

²⁷ <https://gh.bmj.com/content/3/2/e000682.full>

F. **Output 6: Adolescents and youth**

By 2025, strengthened skills and opportunities for adolescents and youth to ensure bodily autonomy, leadership and participation, and to build human capital

41. Acceleration of the achievement of the ICPD Programme of Action and the three transformative results requires that young people, in particular, young women, realize their rights to make informed choices about their own bodies, their lives and the world they live in. This output will enhance the skills of adolescents and youth and, empower them to make informed decisions about their lives, including their sexual and reproductive health and rights. This output will mitigate adolescents' risk of embracing harmful behaviours while promoting positive and protective factors that support youth development. It will also promote adolescent and youth participation in development and climate-related processes, humanitarian and peace efforts, with a focus on accelerating the achievement of the three transformative results.

42. This output will contribute to the acceleration of the achievement of the three transformative results by:

- (a) *Recognizing that achieving zero unmet need for family planning will only be possible when we address the high unmet need for contraception among adolescent girls and young women.* Some 20 million girls aged 15-19 have an unmet need for modern contraception in low- and middle-income countries;
- (b) *Recognizing that achieving zero preventable maternal mortality will only be possible when we invest in adolescent girls* to help them delay marriages or unions and pregnancies and reduce overall completed fertility, thus averting maternal deaths among adolescents as well as later in life.
- (c) *Recognizing that achieving zero gender-based violence and harmful practices will only be possible when we invest in adolescent girls and boys given that the mean and median ages of the first experience of gender-based violence* are during adolescence, most child marriage takes place during adolescence, and most female genital mutilation occurs in childhood and adolescence.
- (d) *Young people can be change-makers in accelerating the achievement of transformative results.* Young people also have the power to act and mobilize others. Youth activism is on the rise the world over, bolstered by broader connectivity and access to social media.
- (e) *Focusing on the role of young people, who can bring innovative solutions to accelerate the achievement of the three transformative results.* In addition to bringing fresh perspectives, young people often have direct knowledge of and insights into issues that are not accessible to adults. Youth best understand the problems they face and can offer new ideas and alternative solutions.
- (f) *Supporting young people to contribute to the resilience of their communities.* Young people play a critical role as agents of change to accelerate the achievement of transformative results and accelerate the achievement of the ICPD Programme of Action.
- (g) *Providing young people with the necessary skills and opportunities needed to reach their potential, and become a driving force for supporting sustainable development and contributing to social cohesion and peace.* Youth-led organizations need to be encouraged and empowered to participate in translating the 2030 Agenda into local, national and regional policy. They play a significant role in the implementation, monitoring and review of the Agenda as well as in holding governments accountable. With political commitment and adequate resources, young people have the potential to make the most effective transformation of the world into a better place for all.
- (h) *Increasing youth participation will strengthen their demand for services related to sexual and reproductive health, gender-based violence and harmful practices.* Greater engagement of adolescents in their health is positively associated with the utilization of care and can enhance the effectiveness and sustainability of adolescent sexual and reproductive health interventions. Policy-makers and health service planners need to go beyond the recognition and identification of young people solely as beneficiaries and toward engaging them as equal and valuable partners in the power of youth-led accountability. This must go hand in hand with positive youth development approaches.

G. Six accelerators

43. UNFPA also identified six accelerators to scale up the achievement of the six outputs and, ultimately, the progress toward the three transformative results.

- (a) Human rights-based and gender transformative approaches
- (b) Innovation and digitalization
- (c) Partnership, South-South and triangular cooperation, and financing;
- (d) Data and evidence;
- (e) “Leaving no one behind” and “reaching the furthest left behind first”;
- (f) Resilience and adaptation, and complementarity among development, humanitarian and peace-responsive efforts

Human rights-based and gender-transformative approaches

44. Embedding human rights into the work of UNFPA is critical to ensuring that it achieves the full vision of the ICPD Programme of Action and the transformative ambition of the Sustainable Development Goals. In a context of growing inequalities, both within and across countries, it has been widely recognized that it is only by addressing structural poverty, inequalities and violations of human rights that the gaps in meeting the vision of the ICPD will be closed.

45. Human rights-based and gender-transformative approaches will improve the accessibility, availability, affordability and quality of care and services. These approaches would also lead to sustained change, as human rights-based programmes focus on supporting transformative change in the lives of those left behind, ensure that services are aligned with international human rights standards, and advance accountability for achieving the three transformative results and the ICPD Programme of Action.

46. Gender-transformative approaches²⁸ not only improve access to services but also help challenge the social norms that perpetuate inequalities between men and women. This, in turn, improves health outcomes and promotes gender equality, since they are mutually beneficial and interdependent. Human rights and gender-transformative approaches also improve transparency and accountability and promote results that support the acceleration of achieving the three transformative results.

Innovation and digitalization

47. Innovation is essential for UNFPA to deliver at the scale and pace needed to realize the ICPD Programme of Action and achieve the three transformative results by 2030. The United Nations named technological innovation among the five megatrends that shape the world, the megatrend that generates explicit benefits for societies and economies, and should not be stopped or obstructed, but instead managed to maximize positive impacts and minimize any adverse ones.

48. To enable UNFPA to be fit-for-purpose to achieve its strategic plan outputs in complex development and humanitarian contexts, UNFPA, together with partners, needs to harness innovation to meet tomorrow’s challenges and boost its impact, especially for those left furthest behind. The evaluation of the UNFPA innovation functions (2018) highlighted the importance of anchoring innovation as a substantive element of a strategic plan. Doing so sets the foundation for an enabling environment for innovation, removing obstacles and conveying a clear, strategic commitment to innovation, which is crucial to attract and generate the capital investments required to turn innovation into transformative and sustainable impact solutions.

49. *Harnessing the power of innovation is a key change strategy to maximize the impact of UNFPA interventions* by identifying new and more effective approaches to solving problems to accelerate progress for women and girls. For UNFPA, making a positive impact at scale – at the national level, across countries and regions - is only possible if the Fund innovates at scale, together with strategic partners. The Fund aims to do so by (a) strengthening the corporate innovation architecture and capabilities; (b)

²⁸ Gender-transformative approaches address the causes of gender-based inequalities and work to transform harmful gender roles, norms and power relations.

scaling up innovations that have proven to be effective and impactful; (c) elevating new partnerships and connecting with innovation ecosystems; (d) strengthening and leveraging financing for innovation; and (e) expanding the communities and culture for innovation.

50. Advances in digital health-care technologies – such as artificial intelligence, virtual and artificial reality, 3D printing, robotics or nanotechnology – open new opportunities to drastically increase the quality and reach of services provided, while also raising risks that need to be managed. The COVID-19 crisis has hastened the technology developments and their application, offering new opportunities to address exclusion, inequities and isolation.²⁹

Data and evidence

51. UNFPA recognizes that without disaggregated quality data and evidence, decision-makers cannot plan for the optimal delivery of services, cannot ensure that people are empowered to realize their rights, and the world cannot fulfil the 2030 Agenda to “serve first those with the greatest need.” Data and evidence are particularly relevant in the context of leaving no one behind, to understand the factors underlying discrimination, marginalization and exclusion.

52. *Data is critical for scaling up the interventions.* All types of data, including population data, are central to the implementation of the strategic plan. They sharpen programmatic assessments so that UNFPA can scale the best and most cost-effective interventions. More routine facility-level data, combined with population data, would vastly improve the ability to estimate programme impact, and advise on which programmes to scale.

53. *Georeferencing of censuses and facility data, and a growing body of survey data offer UNFPA a unique opportunity for innovation.* Geospatial census and survey data, together with satellite imagery, offer important advantages to UNFPA, fellow United Nations agencies, and partner governments. These unique tools help to map coverage of facilities and services and locate those left behind, whether they face high risks of maternal death, gender-based violence or harmful practices like female genital mutilation, child marriage or early unions, humanitarian threats, or are left behind in the course of urbanization or mass migration.

Partnership, South-South and triangular cooperation, and financing

54. During the Decade of Action, it is imperative that all stakeholders collectively work to realize Sustainable Development Goal 17 (strengthen the means of implementation and revitalize the global partnership for sustainable development),³⁰ which recognizes multi-stakeholder partnerships as important vehicles for mobilizing and sharing knowledge, technical expertise, innovations and financial resources to support the achievement of Agenda 2030 and leave no-one behind.

55. Partnerships promoting a whole-of-society approach and networked multilateralism are pivotal to address the persisting inequalities and discrimination, megatrends and challenges of the 21st century.³¹ These include the existential climate crisis, demographic shifts and growing conflict, all of which have a significant impact on the rights, well-being and health of women and adolescent girls.

56. *Partnerships are critical in recovering from the COVID-19 pandemic.* The pandemic has shown that the world cannot work in silos - Governments, civil society, development partners and the private sector came together to address and mitigate the health and socioeconomic impact of the COVID-19 pandemic.³²

57. *Partnerships help mobilize resources for achieving the three transformative results.* No single financing stream or existing action coalition will bridge the gap between the 2030 Agenda ambition and the current level of achievement. Official development assistance will continue to remain vital for development. To achieve the transformative results, national and local governments increasingly require public and private, domestic and international development partners to align their strategic, technical and

²⁹ “Report of the UN Economist Network for the UN 75th Anniversary Shaping the Trends of Our Time” September, 2020.

<https://www.un.org/development/desa/publications/wp-content/uploads/sites/10/2020/09/20-124-UNEN-75Report-2-1.pdf>

³⁰ Goal 17: Revitalize the global partnership for sustainable development.

<https://www.un.org/sustainabledevelopment/globalpartnerships/>. Accessed on 7 May. 2021.

³¹ Shaping the Trends of Our Time - the United Nations. 20Sep2020, <https://www.un.org/development/desa/publications/wp-content/uploads/sites/10/2020/09/20-124-UNEN-75Report-2-1.pdf>. Accessed on 7 May 2021.

³² Building resilience to the Covid-19 pandemic: the role of centres of ... 2Sep2020, <https://www.oecd.org/coronavirus/policy-responses/building-resilience-to-the-covid-19-pandemic-the-role-of-centres-of-government-883d2961/>. Accessed on 7 May. 2021.

financial resources to help leverage additional resources and optimally complement them with other resource flows.

58. *Innovative and diversified/blended financing will also be crucial in the development field.* Strategies geared toward smart partnerships, financing and innovation are required to support acceleration, additionality and efficiencies.

59. *Partnerships can promote innovative solutions for achieving transformative results.* Partnerships with the digital and technology sector need to be nurtured to mobilize the skills, knowledge and solutions required for these advancements while building resilience, equitable access and inclusivity post-pandemic.³³

60. Partnerships with parliaments and civil society organizations can play an important role in promoting social accountability and transparency³⁴. This includes ensuring that governments are held to account to uphold global and regional commitments.

61. *For an organization with a global footprint, South-South and triangular cooperation can enhance programme performance by raising the capacities of national agencies while sharing knowledge of programming innovations. South-South and triangular cooperation can have significant social returns of investment,* while generating knock-on effects, such as expanded partnership on emergency preparedness, early warning and early anticipatory actions and regarding peace-responsive efforts and cooperation among nations. It can save costs by creating efficiency and providing in-kind support in the form of knowledge, skills and experiences.

62. *South-South and triangular cooperation has great potential to improve the quality of services.* South-South and triangular cooperation can enable countries at any level of development to share the lessons of their successful developmental initiatives. Given the fact that countries often face common challenges and that South-South and triangular cooperation solutions are derived from actual developmental experience, they can be effective when adopted by other countries to their specific national contexts.

63. South-South and triangular cooperation, as an intergovernmental initiative, has the potential to effectively create global solidarity around the ICPD mandate and protect ICPD gains. It can serve as an advocacy platform to help promote international consensus on all ICPD issues by (but not limited to) mobilizing like-minded countries in similar contexts.

“Leaving no one behind” and “reaching the furthest behind first”

64. The strategic plan focuses on leaving no one behind and targets the furthest behind first in achieving its results, taking into consideration factors and characteristics often associated with discrimination and exclusion, including (a) gender; (b) age; (c) culture, ethnicity, race, language and religion; (d) disability; (e) location; (f) migration, asylum, refuge and displacement status; (g) key populations; (h) socioeconomic status and related factors; and (i) other factors such as HIV and AIDS. These factors and their impact may vary according to the local context. The strategic plan will also consider additional specific factors that are relevant in a particular region or country.

65. UNFPA recognizes that the achievement of three transformative results is dependent on success in terms of focusing on ‘leaving no one behind’ and ‘reaching the furthest behind first’. Increasingly, the most substantial potential gains are to be found in sections of societies that have yet to benefit fully or at all from the development process.

66. Targeted approaches reaching furthest behind populations can ensure specific groups more at risk of violence and inequality are provided with survivor-centred and multisectoral response services. The provision of such services requires co-design, co-implementation and co-evaluation with those populations for whom the services are designed to reach.

³³ Secretary-General's Roadmap for Digital <https://www.un.org/en/content/digital-cooperation-roadmap/>. Accessed on 7 May. 2021.

³⁴ Promoting accountability and transparency during COVID-19 | UNDP. 9Jun2020, <https://www.undp.org/content/undp/en/home/blog/2020/promoting-accountability-and-transparency-during-covid-19.html>. Accessed on 7 May. 2021.

67. *Leaving no one behind is at the heart of UNFPA humanitarian action.* Leaving no one behind is fully aligned with the humanitarian principle of impartiality, which guides humanitarian actors to programme their emergency and humanitarian response based solely on needs.

Resilience and adaptation, and complementarity among development, humanitarian and peace-responsive efforts

68. UNFPA is operational on the ground before, during and after crises. This unique value-added niche of UNFPA provides an excellent opportunity to strengthen national systems and capacities to be better prepared, respond faster to emergencies while supporting communities' resilience to cope and recover. Ensuring complementarity among humanitarian, development and peace-responsive efforts can be understood as operational and structural shifts to ensure achieving the three transformative results through continuity of interventions and services no matter the context. Progress on the three transformative results of UNFPA requires close collaboration with multiple partners, with a key objective to strengthen resilience - the ability of the individual, community and systems to withstand shocks and build forward better.

69. UNFPA has increasingly recognized that development, humanitarian, and peace-responsive efforts need to be coherent and reinforce each other, to respond to uncertainty and crises around the world. UNFPA recognizes that the acceleration of the achievement of the three transformative results, particularly in the context of COVID-19, requires a joined-up effort between sectors to drive down humanitarian needs and to protect development gains. While UNFPA strengthens its capacities to provide an urgent response to demands in humanitarian crises, UNFPA will also prioritize preventive and sustainable solutions, to reduce the humanitarian need and build resilience to shocks. This will include forecasting emerging challenges and resource needs to ensure the availability of SRH/GBV commodities and essential SRH/GBV services, and measures of support including mental health and psychosocial interventions, in particular for girls and women in most affected and hard to reach areas. It also means supporting risk-informed and gender-sensitive analysis of root causes and structural drivers of crises and promoting adaptive strategies, planning, financing, and delivery, to remain agile and responsive to changes in context.

70. *Resilience is crucial for system strengthening.* This requires supporting systems that have effective governance/institutions/control mechanisms; can adapt to uncertainty and change; support community involvement and inclusion of local knowledge; and embed preparedness, planning and readiness. Building back healthier and stronger from crisis requires supporting human rights, gender equality, and inclusion, including through supporting the integration of high-quality SRH into the universal health coverage-related policies and mechanisms, as means to reduce the likelihood of future crises.

VIII. *Strategies for accelerators to enhance performance in the achievement of the strategic plan outputs*

A. **Output 1: Policy and accountability**

Output 1 Accelerating policy and accountability	
Accelerator	Programme strategies
Human rights-based and gender transformative approaches	<ul style="list-style-type: none"> (a) Strengthening civil society organizations in particular women- and youth-led organizations to hold governments accountable for increasing sexual and reproductive health investments and investment in ending gender-based violence and harmful practices. (b) Supporting national efforts to institutionalize accountability for sexual and reproductive health in systems, regulatory structures and oversight mechanisms. (c) Supporting a cycle of accountability: laws that support equality, engaging with international and regional human rights mechanisms, and strengthening national human rights mechanisms to monitor sexual and reproductive health and gender equality, support multi-stakeholder mechanisms, and strengthen health system accountability.
Innovation and digitalization	<ul style="list-style-type: none"> (a) Applying improved solutions to accelerate community-based services, health promotion and disease prevention at the primary-care level. (b) Applying new/improved financial mechanisms to increase the level of public financing for SRH, maternal and newborn health or family planning. (c) Investing in building digital literacy of those left furthest behind to increase accessibility and availability of services related to three transformative results. (d) Leveraging the extensive experience of digital multisectoral and survivor-centred online responses developed during the COVID-19 pandemic to increase accessibility and availability of services to women and adolescents in all their diversity. (e) Scaling up usage of drone technology to access hard-to-reach areas and contexts.
Partnerships and South-South and triangular cooperation, and financing	<ul style="list-style-type: none"> (a) Leveraging the influence of partnerships formed by countries from the global South that are dedicated to promoting the integration of reproductive health in national health policies and budgets. (b) Strengthening the capacity of decision-makers and national stakeholders to create alternative opportunities for domestic resource mobilization, budgeting and financing. (c) Encouraging and promoting national platforms for building effective multi-stakeholder and public-private partnerships, building on their expertise, capacity, resources and knowledge-sharing practices to shape policy and improve accountability. (d) Developing evidence-based investment cases on transformative results, including costs, impacts and financial gaps.
Leaving no one behind and reaching the furthest behind first	<ul style="list-style-type: none"> (a) Ensuring policies and programmes related to universal health coverage, including benefits packages, financing and financial-protection mechanisms, factor in the principle of ‘leaving no one behind’, to get essential health and SRH services to those left furthest behind first.

	<ul style="list-style-type: none"> (b) Applying principles of quality of care for in all policy, curricula and training, ensuring respectful, non-discriminatory and non-stigmatizing approaches monitored through the experience of care modalities. (c) Improving health system management at subnational levels and ensuring decentralized funding at the district and facility levels to strengthen planning, supervision, and mentorship. (d) Supporting national efforts to review laws that discriminate against persons based on gender, age and sexuality. (e) Strengthening cooperation/networking with academia and professional societies.
Data and evidence	<ul style="list-style-type: none"> (a) Mapping data on quality of services, including experience of care, and showing where more efforts are needed. (b) Supporting effective advocacy efforts and evidence-based programming which focuses on gender equity and reaching those furthest left behind.
Resilience and adaptation, and complementarity among development, humanitarian and peace-responsive efforts	<ul style="list-style-type: none"> (a) Strengthening national preparedness, anticipatory action, and contingency planning and policies. (b) Supporting national efforts to integrate sexual and reproductive health, gender-based violence and harmful practices into climate change policies, including the nationally determined contributions, national adaptation plans and disaster risk reduction plans, ensuring rights-based and gender-responsive climate action. Ensuring SRH and GBV policies consider the specific impacts of climate change. (c) Integrating sexual and reproductive health, gender, addressing GBV and harmful practices into post-disaster and post-conflict needs assessment, as well as in post-conflict recovery plans. (d) Leveraging multi-year flexible financing for government counterparts through the World Bank and other International Financial Institutions, non-traditional donors for adaptation responses, preparedness and early actions, supporting existing national processes in supporting or defining a protection scheme for leaving no one behind (including safety nets, cash transfers, disaster insurance) as well as innovative financing funding (e.g. risk-sharing and insurance facilities). (e) Leveraging humanitarian experience to ensure an enabling legislative and policy framework allowing for a transition from Minimum Initial service package (MISP) toward scaling up comprehensive services, and transitioning the GBV minimum standards toward the GBV essential service package and government accountability as a duty bearer.

B. Output 2: Quality of care and services

Output 2 Acceleration of quality of care and service	
Accelerator	Programme strategies
Human rights-based and gender transformative approaches	<ul style="list-style-type: none"> (a) Supporting adoption of confidential and non-biased accountability processes for addressing and providing remedies for complaints of gender-based violence, disrespect and abuse in sexual and reproductive health care. (b) Supporting national efforts to review laws and policies that prescribe involuntary, coercive or forced medical intervention as a form of reproductive coercion, and remove laws that restrict women’s access to sexual and reproductive health care and information.

	<ul style="list-style-type: none"> (c) Ensuring capacity-building of service providers includes challenging the attitudes and practices of staff to ensure the provision of non-discriminatory and quality services. (d) Ensuring gender-transformative approaches to health systems and health workforce strengthening approaches, including schemes for enhancing inter-professional collaboration. (e) Ensuring services are aligned with international human rights standards, including the AAAQ framework (accessibility, acceptability, availability and quality of services).
Innovation and digitalization	<ul style="list-style-type: none"> (a) Expanding the work on demand-side interventions by applying other social science disciplines, such as behavioural science/economics, to better understand the different influences, barriers and impacts on individual decision-making. (b) Supporting governments in nationwide planning and financing of healthcare facility networks by use of geographic information system (GIS) tools and satellite imagery. (c) Providing innovative digital solutions to enhance capacity and training of the health workforce such as the “Safe Delivery app” to support midwives to have direct and instant access to evidence-based information and guidance. (d) Based on experience from the COVID-19 pandemic, reach midwives and health care workers by use of digital technology (e.g. advocacy messages, remote in-service midwifery training complementing hands-on training). (e) Building on promising digital health platforms that promote self-care and offer integrated functionalities that women, girls and youth require to make informed decisions and access quality sexual and reproductive health and gender-based violence information and services (e.g., information and access to skilled counselling, links to reliable third-party direct-to-consumer e-shops, etc.). (f) Deploying real-time monitoring of essential sexual and reproductive health commodities and supplies at the district or clinic level to reduce wastage and avoid stock-outs. (g) Building on existing digital GBV case management service responses to increase the accessibility and availability of high-quality services.
Partnerships and South-South and triangular cooperation, and financing	<ul style="list-style-type: none"> (a) Tapping into the South-South networks, such as a United Nations system-wide South-South and triangular cooperation solutions platform; partner with centres of excellence on South-South and triangular cooperation to support effective service delivery. (b) Leveraging/building the capacity of national civil society, including community-based organizations and harnessing public-private partnerships for innovative solutions to enhance the quality of service and to reach those furthest left behind. (c) Expanding community-based and local partnerships to reach the last mile with essential commodities and services. (d) Strengthening cooperation/networking with academia and professional societies.
Leaving no one behind and reaching the furthest behind first	<ul style="list-style-type: none"> (a) Supporting national efforts to put in place targeted measures to address poor and disproportionate sexual and reproductive health outcomes in marginalized groups who face additional obstacles in accessing sexual and reproductive health care; (b) Scaling-up the implementation of midwife-led continuity of care models for furthest behind populations. (c) Ensuring support to the availability of comprehensive post-abortion care as part of the comprehensive package of sexual and reproductive health interventions.³⁵
Data and evidence	<ul style="list-style-type: none"> (a) Supporting disaggregation of data across key ‘furthest behind’ factors and mapping of services availability, accessibility and quality for better coordination and service delivery.

³⁵ Support in this area will be in line with WHO guidance and consistent with paragraph 8.25 of the ICPD Programme of Action.

	<ul style="list-style-type: none"> (b) Developing and implementing matrices for measuring satisfaction or experience of care. (c) Increasing capacity to support the collection of ethical and robust GBV prevalence and administrative data as well as the use of that data to inform evidence-based multisectoral response services and prevention programmes. (d) Promoting the utilization of facility-based data - e.g. health facility data, GBV centres, youth-responsive services.
Resilience and adaptation, and complementarity among development, humanitarian and peace-responsive efforts	<ul style="list-style-type: none"> (a) Supporting national efforts to integrate reproductive, maternal, newborn, child and adolescent health and harmful practices into climate change governance mechanisms supporting law, policies and agendas. (b) Addressing climate-related risks to maternal and neonatal health (e.g. heat, climate-related disasters and displacement, food insecurity and commodity security). (c) Strengthening community-level mechanisms to enhance resilience at a local level, including with women and youth-led local organizations. (d) Supporting, in protracted crises and recovery phases, scaling-up of MISP toward comprehensive services with a focus on service relevant health building blocks (i. service delivery, ii. health workforce, iii. health information systems, iv. access to essential medicines, v. financing, and vi. leadership/governance). (e) Supporting the coverage of health services, including SRH services and health workforce capacity and competence, to addresses geographic disparities and service provision that is non-discriminatory and inclusive of different ethnic groups, or of displaced and host communities, and - at a minimum - inclusive of conflict-sensitivity and potentially promoting social cohesion.

C. Output 3: Gender and social norms

Output 3 Acceleration of gender and social norm output	
Accelerator	Programme strategies
Human rights-based and gender transformative approaches	<ul style="list-style-type: none"> (a) Supporting national efforts to align laws with international human rights standards and support their implementation. (b) Supporting national efforts to follow up on recommendations from human rights mechanisms (universal periodic reviews, treaty bodies and special procedures). (c) Working with faith-based organizations, the media, feminist organizations and other change agents to change the discourse and stereotyping of women and girls in the public discourse, including in the health system. (d) Strengthening women and girl’s decision-making and promoting positive masculinities, as a critical pathway for addressing social norms. (e) Applying a stronger intersectional lens to all of UNFPA programmes on gender equality, women and girls’ empowerment and reproductive rights.

<p>Innovation, including digitalization</p>	<ul style="list-style-type: none"> (f) Conducting outreach and building partnerships with new actors (e.g., female-led social enterprises, female founders, female technologists, and experts in other sectors outside our traditional partnership orbits) to ensure innovations are designed by, with, and for women and girls, and to close the gender digital divide. (g) Exploring the use and application of behavioural science or economics to understand social network influences on gender inequality, social norms and behavioural change. (h) Strengthening the use of human-centred design approaches in developing programmes to reach those left furthest behind populations. (i) Leveraging digital technologies and platforms to make virtual/digital spaces safer for women and girls, and create gender- and age-inclusive digital content. (j) Increasing capacity to collect, analyse and use of ‘violence against women’ data to guide effective programme design and implementation.
<p>Partnerships and South-South and triangular cooperation, and financing</p>	<ul style="list-style-type: none"> (a) Forming new alliances with both traditional and non-traditional partners; strengthening partnership with media, human rights advocates and organizations, as well as civil society organizations, feminist organizations, faith-based organizations, grassroots activists. (b) Strengthening feminist movements with specific attention to youth- and women-led groups and organizations. (c) Leveraging the influence of partnerships formed by countries from the global South to replicate successful gender equality initiatives through South-South cooperation. (f) Supporting the creation of civic space for inclusive, safe and meaningful civil society participation in decision making processes at all levels. (d) Equipping parliamentarians, in particular women caucuses, with advocacy tools to strengthen and enforce laws and policies for ending harmful norms and practices. (e) Strengthening partnerships with academic and research institutions to support increased capacity of UNFPA staff and national stakeholders to understand and use gender-based violence and harmful practice data to support programming.
<p>Leaving no one behind and reaching the furthest behind first</p>	<ul style="list-style-type: none"> (a) Engaging furthest behind groups in planning, implementing and monitoring and review of the social norm programmes (b) Integrating gender-transformative approaches throughout primary, secondary and tertiary prevention strategies to address the individual and structural drivers of gender-based violence and harmful practices.
<p>Data and evidence</p>	<ul style="list-style-type: none"> (a) Implementing monitoring and evaluation frameworks/approached that inform gender and social norms programming.
<p>Resilience and adaptation, and complementarity among development, humanitarian and peace-responsive efforts</p>	<ul style="list-style-type: none"> (a) Supporting youth- and women-led civil society movements, initiatives and organizations on gender equality, youth rights, climate, peace, justice and other issues, and promote their access to decision-making spaces, in line with UNFPA comparative advantages. (b) Supporting collective accountability processes ensuring meaningful participation of marginalized groups. (c) Using early warning tools to identify and prevent risks and respond to potential crises across humanitarian, development and conflict and post-conflict contexts. (d) Ensuring the incorporation of climate change into the analysis of the drivers of GBV and harmful practices. (e) Identifying the potential disruptions to protection systems associated with climate change and identify potential protection systems (education etc.) that can reduce gender-based violence and harmful practices.

	<ul style="list-style-type: none"> (f) Engaging men and boys in accountable practice to promote positive masculinities. (g) Exploring new alliances and partnerships to achieve transformative results, emphasising both traditional and non-traditional partners for supporting community preparedness and resilience. (h) Engaging with media, cultural and religious stakeholders, arts and culture agents, and the private sector.
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D. Output 4: Population change and data

Output 4 Accelerating the population data and dynamics pathway	
Accelerator	Programme strategies
Human rights-based and gender transformative approaches	<ul style="list-style-type: none"> (a) Supporting the disaggregation of national population data by all global core furthest behind factors, and invest in alternative forms of data gathering, including voice and lived experience of those persons left furthest behind. (b) Strengthening qualitative analysis: beyond “numbers”, developing evidence on the experience of women and girls and other groups facing discrimination and exclusion. (c) Strengthening national GBV and harmful practice data systems to ensure disaggregation by sex, disability and other ‘furthest left behind’ factors. (d) Supporting and defending with data and evidence the human rights-based and gender-transformative approaches to promote policies and programmes that uphold the ICPD principles.
Innovation and digitalization	<ul style="list-style-type: none"> (e) Capitalizing on new institutional commitments to geospatial data capacity. (f) Generating “faster” humanitarian data on needs and results. (g) Strengthening UNFPA internal data capabilities and engage new partners to analyse different forms of unstructured, big data.
Partnerships and South-South and triangular cooperation, and financing	<ul style="list-style-type: none"> (a) Establishing deeper institutional partnerships with academic and research partners (mainly in the global South). (b) Continuing to encourage the South-South triangular cooperation initiatives in gathering population data and related information. (c) Continuing to support and participate in the evidence generation and sharing by the global South to generate momentum in population and development issues. (d) Supporting the formation of centres of excellence and strengthen their capacity in emerging issues, such as ageing, low fertility, migration, urbanization and climate change, to promote the generation and sharing of knowledge and experiences. (e) Encouraging data-driven social partnerships to monitor population trends/demographics and inform population dynamics policies and programmes.
Leaving no one behind and reaching the furthest behind first	<ul style="list-style-type: none"> (a) Supporting the disaggregation of national population data by all global core furthest behind factors, and invest in alternative forms of data gathering, including voice and lived experience of those persons left behind. (b) Supporting governments to undertake census analyses of the status and well-being of select populations. (c) Promoting cutting-edge tools, including the Population Situation Analysis, and national transfer accounts, for summarizing and interpreting population data to inform advocacy and policies and programmes.

	(d) Undertaking and supporting analysis of the social and economic implications of demographic shifts to highlight new and emerging vulnerabilities and identifying suitable responses to help those left behind and marginalized.
Data and evidence	(a) Strengthening in-depth data analysis and research and research uptake to ensure evidence-based programming in particular to account population change and diversity, gender and social norm, and sexual and reproductive health in legislation, development policies and programmes.
Resilience and adaptation, and complementarity among development, humanitarian and peace-responsive efforts	<p>(a) Supporting countries and development partners to include demographic resilience in their development strategies, policies and programmes.</p> <p>(b) Supporting data disaggregation and spatially referenced population to inform climate change, natural disasters and conflict-related vulnerability assessments and actions.</p> <p>(c) Strengthening partnerships to build capacity in risk information, specifically: hazard forecasts; vulnerability and exposure data; and records of impacts from past emergencies to strengthen early warning and anticipatory action.</p> <p>(d) Identifying metrics for tracking regularly (monthly or quarterly) climate-related public health emergency, conflict, displacement or other humanitarian risks and impacts under the UNFPA mandate.</p>

E. Output 5: Humanitarian action

Output 5 Accelerating humanitarian action	
Accelerator	Programme strategies
Human rights-based and gender transformative approaches	<p>(a) Advancing action on the Inter-Agency Standing Committee IASC commitments on accountability to affected populations.</p> <p>(b) Fostering strong national and local ownership of humanitarian action, including supporting and strengthening the capacity of local organizations (including women-led organizations and youth organizations) as frontline responders, and supporting broad participation of civil society in humanitarian programming.</p> <p>(c) Systematically, transparently and timely contributing data and information on vulnerability and response to humanitarian stakeholders and affected communities.</p> <p>(d) Strengthening effective inter-agency GBV coordination at the global, regional and national levels to fulfil the UNFPA leadership role on GBV, as mandated by the Inter-Agency Standing Committee.</p> <p>(e) Supporting system-wide feedback and complaint mechanisms to ensure inclusiveness and accessibility to all affected populations.</p>
Innovation and digitalization	<p>(a) Supporting self-care approaches for sexual and reproductive health where the reach of health services is limited or this option is the most adequate solution.</p> <p>(b) Supporting digitalization of GBV information management systems.</p> <p>(c) Scaling up the use of cash voucher assistance in GBV/SRH programming, leveraging innovative digitalization tailored to local contexts.</p> <p>(d) Support mental health and psychosocial support services policy to address the root causes of psychosocial distress for survivors of GBV and contribute to lasting healing and recovery.</p> <p>(e) Scaling up the ‘last mile’ mobile solutions to improve data collection related to the distribution of humanitarian assistance and service provision.</p>

	<ul style="list-style-type: none"> (f) Supporting women-led organizations and civil society to build innovative resilience approaches. (g) Reinforcing capacity by bringing training possibilities to remote areas and including access to blended and online training.
Partnerships and South-South and triangular cooperation, and financing	<ul style="list-style-type: none"> (a) Leveraging financing for government counterparts through the World Bank and other International Financial Institutions, and non-traditional donors for adaptation responses, preparedness and early actions and early warning systems, and supporting protection schemes for leaving no behind (including safety nets, cash transfers, disaster insurance) as well as innovative financing (e.g. risk-sharing and insurance facility, and climate risk financing). (b) Supporting South-South collaboration on gender-responsive disaster risk reduction. (c) Encouraging experience sharing among countries of the South with similar challenges in preparedness, resilience-building, humanitarian-development-peace complementarity and adaptation. (d) Expanding partnerships with women-led organizations.
Leaving no one behind and reaching the furthest behind first	<ul style="list-style-type: none"> (a) Ensuring access to MISP for all women and girls in need, including displaced, disabled and women refugees and migrants, as of the onset of an emergency. (b) Supporting targeted sexual and reproductive health and gender-based violence prevention and protection services in crises to ensure services are physically accessible for women with disabilities, culturally acceptable to religious and ethnic minorities, and adolescent and youth-responsive. (c) Ensuring timely access to clinical management of rape and intimate partner violence for all survivors. (d) Ensuring support to the availability of comprehensive post-abortion care as part of the comprehensive package of sexual and reproductive health interventions³⁶. (e) Supporting close partnerships, engagement and shared decision-making with affected populations and local organizations, strengthening accountability for affected populations, including those affected by sexual exploitation and abuse. (f) Strengthening assistance to survivors of sexual exploitation and abuse by increasing the quality and the quantity and improving the quality of GBV support case management services. (g) Ensuring the sustainability of GBV support case management services through investing and empowering local service providers is also crucial.
Data and evidence	<ul style="list-style-type: none"> (a) Improving the use of risk and vulnerability assessment tools before crises, building on the UNFPA presence and partnership with national statistical offices; (b) Supporting agile data systems with effective sex and age disaggregation to understand intersecting inequalities, identify, guide action and monitor progress in support of affected communities, vulnerable and marginalized groups while ensuring data protection. (c) Promoting good practices around GBV information and knowledge management and safe and ethical collection³⁷ and using GBV data for programming, administrative data management in both protection and health programming responses to GBV. (d) Conducting rapid assessment and analysis of humanitarian needs through improved and consistent application of dedicated tools that capture GBV and sexual and reproductive health risks, service gaps, and priorities and effectively identify hard to reach populations.

³⁶ Support in this area will be in line with WHO guidance and consistent with paragraph 8.25 of the ICPD Programme of Action

³⁷<https://arabstates.unfpa.org/en/publications/beyond-numbers-improving-gathering-gender-based-violence-data-inform-humanitarian>

	<ul style="list-style-type: none"> (e) Increasing the availability of sex, age, ethnicity, and disability disaggregated data for humanitarian response and recovery planning. (f) Improving monitoring in access-compromised areas and among mobile populations, including those displaced by a crisis, such as refugees and internally displaced populations.
Resilience and adaptation, and complementarity among development, humanitarian and peace-responsive efforts	<ul style="list-style-type: none"> (a) Strengthening inclusion of sexual and reproductive health and gender-based violence needs and concerns in early warning, preparedness and anticipatory action. (b) Ensuring the timely establishment of sexual and reproductive health working groups and coordination of reproductive health supplies for all humanitarian crises. (c) Scaling-up from minimum initial service package (MISP) to comprehensive sexual and reproductive health interventions through strengthened health systems. (d) Supporting youth- and women-led civil society movements, initiatives and organizations and promote their access to decision-making spaces. (e) Leveraging population, health and gender data to improve climate-related and humanitarian vulnerability and impact assessment, in service of better identification of and support to those most affected and most likely to be left behind. (f) Strengthening risk-informed, conflict-sensitive and peace-responsive programming. (g) Strengthening strong supply chain resiliency, including through preparedness and prepositioning, including forecasting for commodities, inter-agency reproductive health kits and preposition commodities to ensure the continuity of services before, during and after crises. (h) Ensuring support to multi-sectoral/multi-cluster menstrual hygiene management through integrated sexual and reproductive health and gender-based violence in emergencies approach, including menstrual hygiene management programming and provision of menstrual hygiene supplies. (i) Applying a gender lens to strengthen protection systems associated with climate change, displacement and conflict, including social safety net stresses, service disruption, gender inequalities. (j) Fostering community resilience with a special focus on women and young people through the availability of services preventing, mitigating and responding to gender-based violence, the special needs of young people and women on sexual and reproductive health, women and girls' safe spaces, provision of dignity kits, capacity building opportunities, including gender transformative approaches, and enabling community and political participation. (k) Supporting and contributing to inclusive, gender, age and disability responsive disaster risk reduction, including climate gender-responsive adaptation policies, strategies and plans.

F. Output 6: Adolescents and youth

Output 6 Accelerating the adolescent and youth output	
Accelerator	Programme strategies
Applying human rights-based and gender transformative approaches	<ul style="list-style-type: none"> (a) Strengthening participation of young people in all decisions and development processes that affect them, including through supporting youth and women-led civil society movements.

	<ul style="list-style-type: none"> (b) Strengthening accountability mechanisms that are responsive to young people and advance their rights, with particular attention to fostering young women’s agency and bodily autonomy. (c) Supporting young people to develop the knowledge, values, attitudes and skills for developing healthy relationships, and respecting human rights, gender equality, and diversity. (d) Ensuring all activities and efforts engage youth in all their diversity.
Innovation and digitalization	<ul style="list-style-type: none"> (a) Exploring and supporting modalities for digital delivery of comprehensive sexuality education and training of facilitators. Partner with children and young people in the development of new technological programme components (b) Using digital comprehensive sexuality education to engage adolescents in remote areas and marginalized, left behind populations of young people who may otherwise be excluded from mainstream programmes, complemented by traditional alternatives to provide sexual and reproductive health information via television or radio or other media. (c) Assessing and addressing privacy and security of the technology.
Leaving no one behind and reaching the furthest behind first	<ul style="list-style-type: none"> (a) Prioritizing investments in those young people marginalized by multiple, intersecting forms of discrimination. (b) Mobilizing young people to explore strategies to reach furthest behind first.
Data and evidence	<ul style="list-style-type: none"> (a) Ensuring data on prevalence/incidence/knowledge/attitudes/skills are disaggregated by gender and age Ensuring rigorous evaluation of adolescent and youth programming, to enhance effectiveness and efficiency.
Partnerships and South-South and triangular cooperation, and financing	<ul style="list-style-type: none"> (a) Supporting replication of successful youth empowerment initiatives by leveraging the influence of youth partnerships formed in countries of the South. (b) Communicating and sharing knowledge of South-South and triangular cooperation successes in youth issues, thus giving recognition to youth policy initiatives that can be emulated through the South-South and triangulation cooperation modality. (c) Building the capacity of youth-led organizations to meaningfully participate and influence national decision-making, particularly on issues directly impacting their health, rights, dignity and well-being. (d) Promoting an enabling and conducive environment for adolescents and youth to identify and scale innovative solutions to barriers/challenges to sustainable development.
Resilience and adaptation, and complementarity among development, humanitarian and peace-responsive efforts	<ul style="list-style-type: none"> (a) Supporting youth-led civil society movements, initiatives and organizations mobilized on sexual and reproductive health and human rights, gender equality, humanitarian action, climate change and other issues and facilitate their access to decision-making spaces. (b) Establishing youth-led accountability mechanisms on sexual and reproductive health and rights, gender equality, humanitarian action, climate change and other issues. (c) Helping government entities in charge of climate issues to be trained on gender- and age-dimensions of the climate crisis and understand how to meaningfully engage women and young people in their work.

IX. Risks and risk mitigation measures

71. UNFPA may encounter several risks in terms of operationalizing the six outputs towards accelerating the three transformative results and the acceleration of the ICPD Programme of Action. In the theory of change of the UNFPA strategic plan, 2022-2025, two types of risks have been identified: *programmatic risks* and *contextual risks*.

Programmatic risks

72. The achievement of outcomes of the UNFPA strategic plan, 2022-2025, is influenced by several other determinants outside of the six outputs proposed by UNFPA. These other determinants are situated outside of UNFPA capacity or may not lie within the priority areas of the UNFPA strategic plan, 2022-2025.

73. Not achieving these output-level determinants is going to be a risk factor for attaining the outcomes of the strategic plan. In many instances, these external determinants are supported by other United Nations organizations or key global partners. Table 1 below illustrates those determinants and the framework for monitoring them during the strategic plan (2022-2025). UNFPA will implement more joint initiatives to work with those organizations and monitor the achievement of those conditions during the strategic plan period.

Table 1
Programmatic risk framework

Programmatic risk	Risk level (high/low/medium)	Risk mitigation measure
Unavailability of adequate physical infrastructure for ensuring access to safe and high-quality services by women and youth, especially girls	High	Working closely with national governments, bilateral and multilateral entities, such as the World Bank, which are involved in infrastructure support, so that the design of their programmes take into account the needs of women and girls.
Inadequate livelihood (empowerment) opportunities for women and young people	Medium	UNFPA partners with UNDP, ILO and UN-Women for more joint programmes focused on supporting the livelihood of women and young people, building on UNFPA comparative advantages. In addition, UNFPA will work closely with young people and civil society groups to support their engagement in decision-making in areas related to UNFPA work. UNFPA will also continue to support national governments in this space in line with its comparative advantages and through broader United Nations Country Team efforts to support the implementation of national development plans.
Non-communicable disease and public health emergencies contribute to maternal and newborn mortality and morbidity and affect the health and well-being of women and youth- a critical factor in sexual and reproductive health and reproductive rights	High	UNFPA to expand the partnership with WHO and other partners to understand the impact of non-communicable diseases in achieving the transformative results and develop strategies to address them.
Insufficient investments in the education of young people, mainly adolescent	High	UNFPA to expand the partnership with UNICEF and other partners. UNFPA will also continue to support national governments in this space in line with its comparative

girls;		advantages and through broader United Nations country team efforts to support the implementation of national development plans.
Low nutrition status of women and young people	Medium	UNFPA to expand the partnership with UNICEF and World Food Programme and design country programmes in collaboration with partners involved in nutrition work to ensure complementary solutions. UNFPA will also continue to support national governments in this space in line with its comparative advantages and through broader United Nations country team efforts to support the implementation of national development plans.
Inadequate prioritization of and investment in data and related capacity	Medium	UNFPA to expand data-strengthening and data advocacy partnerships with relevant partners.

Operational environment risks

74. Operational environment risks are the risks associated with the overall context in which the strategic plan is implemented. The table below will provide an overview of contextual risks, their scale and the potential mechanisms for mitigating them in the strategic plan.

Table 2
Operational environment risk framework

Potential risks	Risk level (high/low/medium)	Mitigation measures
Opposition, false narrative and counter-movements to expanding sexual reproductive health and reproductive rights services	High	Work at all levels, including, global, regional, national and local or community levels, and with civil society, parliamentarians, youth and women groups, through a variety of entry points, including public service campaigns, community health workers and other outreach. Generate and disseminate evidence and data on the benefits of universal sexual and reproductive health and reproductive rights.
Widespread stigma and discrimination against some furthest behind populations	High	Work closely with social movements, marginalized populations and their key representative organizations to strengthen their capacities and provide support. Promote and support the implementation of international standards and national policies and legal frameworks for protecting and supporting populations at risk of stigmatization.
Reduced domestic resources and official development / humanitarian assistance	High	Strengthen advocacy capacity to facilitate the integration of ICPD issues and, in particular, the three transformative results, in national, sub-national and sectoral planning and financing frameworks and systemic platforms used for budget prioritization and aligning financing support e.g. through supporting integrated national financing frameworks, universal health care benefit packages, social protection systems, use of UNFPA investment cases. Engaging with finance and planning ministries as appropriate. Expand partnership efforts to leveraging blended financing and other public and private flows beyond development assistance. Strengthen partnerships with international financial institutions.

		<p>Leverage SSTC to generate in-kind support, including knowledge and technology, thus enabling UNFPA to continue to raise the capacity of partners even in a low-income scenario as SSTC.</p> <p>Establish and strengthen a UNFPA strategic investment fund, for unlocking domestic resources through a co-matching mechanism.</p>
Increased humanitarian needs due to an increase in protracted crises, including conflicts, and climate change challenges, setbacks due to the COVID-19 pandemic	High	<p>Increase the resilience of communities, health and protection systems, and societies and reduced vulnerability in high-risk settings and recurrent or protracted crises.</p> <p>Support more resilient health, protection, preparedness and emergency systems that can function through crisis and enable a rapid transition from comprehensive services to emergency response, and back.</p> <p>Expand SRH and GBV related prevention, risk reduction, preparedness and anticipatory action.</p> <p>Collaborate within and beyond the United Nations development system to ensure coherent and effective responses.</p>
Shrinking space for civil society action and advocacy and the hostility to women and young people human rights defenders	Medium	<p>Strengthen advocacy, at global regional and national levels, to expand space for meaningful participation of civil society, in particular, women-led and youth-led organizations, in their diversity, including those promoting sexual and reproductive health and reproductive rights, and other gender equality advocates; marginalized populations and their representative organizations.</p> <p>Foster bridges between governments/policymakers for engagement and dialogue with civil society in the development, monitoring and evaluation of programmes.</p>
Political instability	Medium	<p>Ensure dialogue with multiple stakeholders throughout the programme cycle to ensure resilience from shocks related to political instability, and continue to collaborate within and beyond the United Nations to ensure coherent approaches towards supporting social cohesion.</p>
Insecurity	Medium	<p>Integration of safety and security measures of the beneficiaries into the project and programmes.</p> <p>Working closely with civil society to mitigate those risks.</p>
The digital divide is considerable, and many areas and population groups lack internet penetration, cell coverage and related access to information	Medium	<p>Produce key outputs and messaging for transmission on low bandwidth platforms, using multiple media options.</p> <p>Work with youth groups to find innovative solutions to close the digital divide.</p>