ACRONYMS

CBD Community Based Distributor
CIFWA Cook Islands Family Welfare Association
CO Central Office (of IPPF)
CPR Contraceptive Prevalence Rate
CSE Comprehensive Sexuality Education
CSO Civil Society Organisation
CYP Couple Years of Protection
DFAT Department of Foreign Affairs and Trade (Australia)
DPO Disabled People's Organisation
DHIS2 District Health Information System 2 (of IPPF)
ED Executive Director
ESEAOR East and South East Asia and Oceania Region (of IPPF)
FLE Family Life Education
FP Family Planning
FPNSW Family Planning New South Wales
FPNZ Family Planning New Zealand
GBV Gender Based Violence
HIV Human Immunodeficiency Virus
IEC Information, Education and Communication
IPES Integrated Package of Essential Services (of IPPF)
IPPF International Planned Parenthood Federation
JICA Japan International Cooperation Agency
KFHA Kiribati Family Health Association
LARCs Long Acting Reversible Contraceptives
LGBTIQ Lesbian, Gay, Bisexual, Transgender, Intersex or Queer
MA Member Association (of IPPF)
MA2MA MA to MA
MFAT Ministry of Foreign Affairs and Trade (New Zealand)
MoH Ministry of Health
NCD Non-Communicable Disease
NGO Non-Government Organisation
P4H Partnerships for Health and Rights Program Pacific (of IPPF)
PDF Pacific Disability Forum
PIC Pacific Island Country
PIFS Pacific Islands Forum Secretariat
PIPSO Pacific Islands Private Sector Organisation
PNG Papua New Guinea
PNGFHA PNG Family Health Association
PRISM IPPF Standard Global Reporting System
Qc Quality of Care
RFHAF Reproductive and Family Health Association of Fiji
RMNCAH Reproductive, Maternal, Neonatal, Child and Adolescent Health (UNFPA and PRC Ministries of Health)
RO Regional Office (of IPPF)
RTI Reproductive Tract Infection
SBCC Social and Behaviour Change Communication
SDG Sustainable Development Goal
SFHA Samoa Family Health Association
SGBV Sexual and Gender Based Violence
SIPPA Solomon Islands Planned Parenthood Association
SPC Secretariat of the Pacific Community
SRH Sexual and Reproductive Health
SRHR Sexual and Reproductive Health and Rights
SSP Sub-regional Office for the Pacific (of IPPF)
STI Sexually Transmitted Infection
TAN Technical Assistance Network (of IPPF)
TFHA Tonga Family Health Association
TuFHA Tuvalu Family Health Association
UHC Universal Health Coverage
UN United Nations
UNFPA United Nations Population Fund
VCAT Values Clarification and Attitudes Transformation
VFHA Vanuatu Family Health Association
VIA Visual Inspection with Acetic Acid
WHO World Health Organisation
YAM Youth Action Movement (of IPPF)

Niu Vaka

Niu – the fruit of the palm tree
Vaka – Polynesian word for canoe or vessel

The Niu Vaka strategy, developed for the Pacific by the Pacific, takes its name from two ideas which are central to the identity of Pacific Islanders: the niu and the Vaka. Pronounced ‘new’, the niu represents the next chapter in IPPF’s Pacific voyage. Every part of the niu and the palm tree, often referred to as the tree of life, has a use in the Pacific – not a bit goes to waste. A powerful symbol of resilience and renewal, the niu floats between Pacific islands and puts down roots where it lands. The Vaka, used by ancient Pacific Islanders to journey vast distances between islands, also links Pacific islands together, symbolising our shared history, collective Pacific identity and the united vision of IPPF’s Niu Vaka strategy. As we expand the reach of sexual and reproductive health services across the Pacific, we draw inspiration from the Vaka and the lengths our ancestors went to to ensure the wellbeing of their families. Together, the niu and the Vaka represent sustainability, resourcefulness and resilience, ideals that the Niu Vaka strategy embodies. As we embark on this new voyage, we remember the intrepid seafaring traditions of the Pacific and the resilience of the niu.
It gives me great pleasure to launch IPPF’s inaugural Pacific Strategy, Niu Vaka, 2019–2022, the culmination of extensive consultations with our passionate and committed Pacific Member Associations, partners and stakeholders. As a region, the Pacific continues to face challenges hindering the fulfillment of comprehensive sexual and reproductive health and rights (SRHR). However, our nine Pacific Member Associations remain positive and undeterred, ready to scale up efforts. In response, this strategy serves to provide the roadmap for catalysing sustainable impact and SRHR gains in the region.

Through the efforts of this strategy, our vision is that Pacific people are free to make choices about their sexuality and well-being without discrimination. Our mission is to lead a locally owned, regionally relevant, globally connected movement in partnership that provides and enables services and champions SRHR for Pacific people, especially the underserved.

In line with our existing global Strategic Framework 2016–2022 and Secretariat Business Plan 2019–2022, the Pacific Strategy focuses on achieving progress against four outcome areas in IPPF priority Pacific countries. These are:

- **Outcome 1:** Pacific Island governments increasingly promote, respect, protect and fulfil commitments to SRHR and gender equality.
- **Outcome 2:** People in Pacific countries are able to act freely on their SRHR.
- **Outcome 3:** Expanded quality, integrated, gender and rights-based sexual and reproductive health (SRH) services are delivered with a focus on reaching the underserved.
- **Outcome 4:** A high performing, accountable and united federation drives sustainable positive change in SRHR in the Pacific.

Enabling women and girls in the Pacific to determine whether and when to have children is a basic human right, and holds powerful potential to reshape their lives, with positive flow-on effects for their communities. Through the efforts of our nine Member Associations working in partnership with national and regional stakeholders, and with support from IPPF’s Sub-Regional Regional Office for the Pacific (SROP), we expect to deliver 1.2 million SRH services by the end of 2022. Amongst these services, we anticipate reaching over 59,000 people with contraception for the first time.

Our strength as a vast civil society network with passionate activists, volunteers and partners will enable us to reach an estimated 1.0 million people in the Pacific with positive SRHR messages, supporting them to realise their SRHR rights. Likewise, strengthened focus on policy engagement under the strategy is expected to enable us to contribute to 26 policy and legislative changes in defence of SRHR.

By the end of 2022, IPPF Member Associations will:

- Have increased capacity to address key SRHR issues, specific to the identified needs of their respective country context, and provide quality services to people in both stable and crisis settings across their life course as appropriate.
- Have increased reach in their communities, especially to disadvantaged and vulnerable groups, and make an increased contribution to national health indicators.
- Have improved internal management systems, including human resources; programme management; financial management; data management; governance; and evidence-based strategic planning.
- Be more sustainable through the diversification of income streams and sources, decreasing reliance on IPPF core funding.
- Be more influential with regard to SRHR in their countries, working in partnership and improving their reputation for quality service delivery in both stable and crisis settings.
- Engage in and facilitate capacity building and shared learning with other Member Associations across Asia Pacific, including those with international programmes.
- Better draw on the IPPF Secretariat’s available global capacity for technical assistance as required.

It has never been more critical for a scaled-up effort in the Pacific region. Under this strategy over the next four years, IPPF will accelerate pace, strengthen coordination for shared learning and capacity building, and continually work to expand our reach to those most underserved. On behalf of the Federation, I ask that you join us on this journey.

Dr Alvaro Bermejo
Director-General, IPPF
PURPOSE AND SCOPE

The International Planned Parenthood Federation (IPPF) has held a long-standing presence in the Pacific. Over more than 30 years, a collection of nine Pacific Member Associations (MAs) in the Cook Islands, Fiji, Kiribati, Papua New Guinea (PNG), Samoa, Solomon Islands, Tonga, Tuvalu, and Vanuatu have worked towards meeting the sexual and reproductive health and rights (SRHR) needs in the communities they serve, and have achieved powerful and transformative impact towards improving the health and wellbeing of those they reach.

The region is, however, exceptionally diverse in its cultures, geographies, and economies, and in the nine countries where IPPF MAs exist, considerable challenges remain for fulfilling SRHR. Despite the efforts of IPPF and others, the Pacific region continues to have some of the poorest health and social development indicators globally. Within this context, there is a need for a targeted plan that both enables and strengthens the nine existing Pacific MAs to drive positive impact and address substantial unmet need within the communities they serve.

IPPF’s landmark Pacific Strategy 2019–2022 (the Strategy) provides an opportunity to catalyse momentum and improve SRHR outcomes for Pacific people across nine countries. The Strategy highlights the bespoke, tailored support that will be provided to MAs based on need, supporting them to deliver strong programmes through which they can expand their reach. Importantly, the Strategy also identifies the key partners and stakeholders within and across the Pacific that will be engaged to enable sustainable impact, such as national Ministries of Health (MoH) and other in-country Ministries and partners, UNFPA and other multilateral partners, regional platforms such as the Pacific Islands Forum Secretariat (PIFS) and Pacific Disability Forum (PDF), and bilateral donors.

The purpose and scope of the Strategy is to:

- Provide a focused plan that defines how Pacific MAs will implement and contribute to achieving IPPF’s global Strategic Framework 2016–2022.
- Identify thematic priorities, target populations, and operational approaches that are important to address to scale-up SRHR impact across the Pacific.
- Provide an implementation approach to integrate activities along the development – humanitarian continuum in the context of the Pacific, to build resilience of communities, facilitate faster recovery from disasters, and ensure quality service delivery at all times.
- Articulate the support required from the IPPF Secretariat to strengthen Pacific MAs’ capacity and sustainability to deliver on their objectives now and into the future; with specific reference to support provided from IPPF’s Sub-Regional Office for the Pacific (SROP), East and South-East Asia and Oceania Regional Office (ESEAOR), and Central Office (CO).
- Clearly articulate the benchmarks IPPF will use to measure success.

The Strategy is strongly underpinned by IPPF’s global Strategic Framework (2016–2022) and the Secretariat Business Plan. The Strategy closely aligns with IPPF’s Gender Equality Strategy and Implementation Plan (2017–2022), and Humanitarian Strategy (2018–2022), recognising the specific and ongoing relevance of these thematic areas in the Pacific context.

The Strategy is also aligned with numerous mandated policies, strategies and commitments to SRHR by Pacific regional bodies, including the following: Pacific Moana Declaration (2013); Kaila Declaration (2015); Strategy of the SPC Public Health Division ‘Healthy Islands, Health People’ (2013-2022); SPC Pacific Sexual Health & Well-Being: Shared Agenda (2015-19); and relevant national MoH policy documents. By driving transformative improvements in the SRHR of people in the Pacific, the Strategy also aims to contribute meaningful progress towards the achievement of Sustainable Development Goals (SDGs) 3.7 (‘ensure universal access to SRH services’) and 5.6 (‘ensure universal access to SRHR’).
RATIONAL

Enabling people to make free and informed choices about their SRHR, sexuality and wellbeing is key to improving the health and wellbeing of individuals and families, and a significant driver of economic and social development. This concept is strongly supported by the global community and by Pacific Island nations. The fundamental importance of upholding people’s SRHR is also IPPF’s Vision, and what drives our work across the global federation.

In the Pacific, this Vision is delivered by nine passionate MAs with dedicated and tireless staff and volunteers. In the first six months of 2018 alone, eight Pacific MAs (excluding PNG) provided over 46,900 client-friendly SRH services to some of the region’s most vulnerable people, including 1,040 to people with a disability and an additional 5,685 services to people in crisis. MAs saw nearly 6,000 new clients, with 60% new users of contraception, and through targeted advocacy helped improve women’s contraceptive options with the approval of Implanon® in five Pacific countries. Over the last few years, IPPF in the Pacific has also gained a lot of experience in humanitarian and development integration, facilitated particularly by cross-learning enabled through co-located teams in Suva, Fiji. We also opened three new clinics (in Papua New Guinea, Samoa and Vanuatu) and responded to emergencies in Papua New Guinea, Tonga and Vanuatu.

Delivering rights-based, high quality SRH education and services in the Pacific is not, however, without its challenges. The Pacific region is extraordinarily diverse. Twenty-two countries are spread across thousands of islands, scattered over an area equivalent to 15% of the globe’s surface. National populations range enormously, from tens of thousands (e.g. Cook Islands and Tuvalu), to hundreds of thousands (e.g. Kiribati), and, for PNG, over eight million. Amongst this ‘small’ global population, 25% of the world’s languages are spoken, and there is significant diversity across Melanesian, Polynesian and Micronesian cultures, as well as between the scale of economies in the region.

Among these differences however, there are also commonalities. There are similarities, for instance, in the way that health services can be delivered across dispersed island populations through mobile outreach, and effective approaches for reaching people with information and messaging in a way that is relevant and acceptable to the Pacific’s largely conservative Christian population. A targeted strategy, that acknowledges and works within the unique health, development and sociocultural context of the Pacific, is critically needed to enable Pacific MAs to accelerate progress towards improving the SRHR of people in the nine Pacific Island countries (PICs) where they work. These key contextual factors include:

- Weak health systems with limited numbers of skilled health workers, unreliable supplies of commodities, and inadequate health system expenditure. Slow registration of some modern contraceptive products, particularly long-acting and reversible contraceptives (LARCs) has also limited the method mix available for contraception in the Pacific, despite growing demand. Provision of others is restricted to higher cadres of health workers who are often unavailable in community settings e.g. currently, only doctors can perform insertions in Tonga and they do not do outreach visits. This impacts Pacific people’s ability to access the full complement of SRH services they need.

- Social structures and attitudes that further marginalise already vulnerable groups. An estimated 17% of people in the Pacific have some form of disability. Often hidden within community structures, excluded from education and employment, and whose sexuality is often not acknowledged, the ability for people with disabilities to make choices about their own SRHR is highly constrained. This is compounded by limited information, poor physical accessibility and negative provider attitudes. Adding to a large body of international data, evidence from the Pacific is emerging that people with a disability, particularly women with a disability, are underserved by SRHR information and services and are often survivors of rights violations. This is also true for those who identify as lesbian, gay, bisexual, transgender, intersex or queer (LGBTIQ), with the Pacific LGBTIQ community continuing to face stigma and discrimination when seeking out SRHR information and services in a number of Pacific country contexts.

- Widespread myths and misconceptions about SRHR issues across the region, with young people particularly stigmatised when seeking to access services. This obstructs uptake of much needed information and clinical care. Across all PICs, political support for the integration of Comprehensive Sexuality Education (CSE) and other forms of SRHR education into school curriculums is also a continued challenge. This limits young people’s ability to make informed choices, and, in the Pacific where there is a large ‘youth bulge’, translates to a significant portion of the population going without the services they need.

- Pervasive social and cultural practices that support harmful gender norms and entrench gender inequality. Male partners and family members often control women’s SRHR choices in the Pacific, with women sometimes holding little decision making power on issues such as accessing contraception and determining family size. Pacific nations also have some of the highest levels of physical and sexual gender based violence (SGBV) in the world. In Tonga, 79% of women have experienced some form of physical and/or sexual violence in their lifetime. This is 76% in Samoa, 73% in Kiribati, 72% in Fiji and Vanuatu, and 64% in the Solomon Islands – all far above the global average of 35%. PNG is estimated to
have one of the highest rates of gender-based violence in the world\(^17\). In times of crisis, these rates increase\(^18\). Gender inequality also harms men and boys, creating expectations of manhood that limit their ability to seek health (including SRH) services for themselves, affecting their ability to attain good health and wellbeing.

- Continued opposition to SRHR from community, church and political leaders. Although support for provision of SRH services exists amongst key stakeholder groups such as Ministries, religious objection and restrictive policies and legislation exist across the Pacific that pose significant barriers to achieving high standards of SRHR. In some cases, this includes actively discriminating against sexual orientation and gender diversity, and in many others, involves failing to support SRHR choice. In all nine Pacific countries with IPPF MAs, safe abortion access is highly restricted, interpretation of laws poorly understood, and in the Cook Islands and Fiji, remains in the criminal code except if there is a threat to the woman’s life\(^19\). This conservative environment constrains Pacific people’s access to critical SRH services.

- Increasing frequency of humanitarian crises in the Pacific. The region is now recognised as being among the most disaster prone in the world\(^20\), exposed to a wide variety of increasingly frequent natural disasters exacerbated by climate change, including cyclones, droughts, earthquakes, storm surges, tsunamis, and volcanic eruptions. Atoll nations – only 1-3 metres above sea level – are particularly vulnerable to rising sea levels and storm surges\(^21\). During crises, women, girls and marginalised groups are disproportionately disadvantaged, and at heightened risk of sexually transmitted infections (STIs); HIV infection; unintended pregnancy; maternal death and illness; and SGBV\(^22\).

Acknowledging that data on SRHR for the Pacific can be limited and often outdated, it is clear that there is much more work to be done in the region. There is a need for additional investment and targeted approaches to improve access to SRH services, while recognising this unique context requires tailored, specific interventions to drive positive changes in SRHR outcomes.

Under this Strategy, IPPF in the Pacific will implement evidence-based approaches through effective planning, coordination and partnership to better meet the SRHR needs of the communities we serve and focusing on areas of greatest need. The Strategy will prioritise targeted initiatives based on critical gaps identified through in-depth consultations, in turn driving contributions towards strengthened health systems, health outcomes, and progress towards gender equality and development, and moving Pacific countries towards Universal Health Coverage (UHC).
FIGURE 1. KEY SEXUAL AND REPRODUCTIVE HEALTH INDICATORS IN NINE PACIFIC COUNTRIES


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<tr>
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<th>COOK ISLANDS</th>
<th>FIJI</th>
<th>KIRIBATI</th>
<th>PAPUA-NEW GUINEA</th>
<th>SAMOA</th>
<th>SOLOMON ISLANDS</th>
<th>TONGA</th>
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<th>VANUATU</th>
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IPPF IN THE PACIFIC

IPPF is a global, non-government organisation that consists of 142 MAs working across 153 countries, with another 23 partners working in 18 countries. Our vision is for all people to be free to make choices about their sexuality and wellbeing, in a world free of discrimination. Building on a proud history of 65 years of achievement, we commit to lead a locally owned, globally connected civil society movement that provides essential services and promotes SRHR for all, especially the underserved.

Our Federation in the Pacific consists of nine MAs, which are:

- Cook Islands Family Welfare Association (CIFWA)
- Reproductive and Family Health Association of Fiji (RFHAF)
- Kiribati Family Health Association (KFHA)
- Papua New Guinea Family Health Association (PNGFHA)
- Samoa Family Health Association (SFHA)
- Solomon Islands Planned Parenthood Association (SIPPA)
- Tonga Family Health Association (TFHA)
- Tuvalu Family Health Association (TuFHA)
- Vanuatu Family Health Association (VFHA)

Pacific MAs are autonomous, local organisations, with unparalleled reach into their local communities, working to shift policy, champion rights, and provide high quality, rights-based SRH education and services, with a particular focus on the most marginalised communities and underserved individuals.

More broadly in the region there are two MAs in New Zealand and Australia – Family Planning New South Wales (FPNSW) and Family Planning New Zealand (FPNZ) – and a Sub-Regional Office for the Pacific (SROP) based in Fiji that provide technical assistance to Pacific MAs. The IPPF Central Office has a satellite office leading external relations in Melbourne, Australia. This office plays a critical role in managing IPPF’s global relationship with the Australian and New Zealand governments – IPPF’s two major donors in the region. All are integral components of IPPF’s presence in the East and South-East Asia and Oceania Region (ESEAOR), with SROP responsible for directly supporting the Pacific MAs.

Despite the challenges of delivering SRH in the Pacific, IPPF has strong comparative advantages in meeting the SRHR needs of the communities we serve. MAs are significant partners to Ministries of Health and are often seen as the ‘go-to’ organisation for SRHR in the countries where they operate. In many contexts in the Pacific, IPPF is often the only organisation delivering SRH education and services with the reach we have, and to the populations we serve, including to youth. Where other SRHR organisations exist, IPPF MAs are unique in the provision of a broad range of SRHR services beyond contraception – including cervical cancer screening and treatment and SGBV services – as well as skills and expertise in the delivery of SRHR in humanitarian situations.

Pacific MAs are united by this unique set of strengths – or ‘unique selling points’ – and the Strategy, in the first instance, will build on these to strengthen IPPF’s position in the SRHR market, and achieve meaningful and impactful change to the lives of Pacific people in the countries in which we work.

** BOX 1: ‘UNIQUE SELLING POINTS’ OF IPPF PACIFIC MAs**

- We are seen as the ‘go-to’ SRHR organisation in many of the places we work. The combination of SRHR information and clinical services creates trust amongst communities and government stakeholders alike that we deliver what is needed.
- We are often the only providers of SRH services in addition to the government.
- Our services reach further to the most underserved, marginalised and remote populations, including those not often reached by other providers.
- We provide a range of SRH services, not just contraception, and in some countries, are the only provider of cervical cancer screening services.
- We provide friendly, accessible, stigma-free health services that people need.
- We are specifically youth-focused and known for this in the communities and contexts in which we work.
- We offer unrivalled expertise in provision of SRH services in emergency settings.
- We are run through strong networks of volunteers with incredible motivation, passion, and integrity.
IPPF Pacific MAs are also cost-effective and have great potential for sustainable impact in the Pacific\(^{31}\). However, through the intensive in-country consultations that formed the development of this Strategy, a wealth of information was gathered about Pacific MA operations that paints an uneven picture of strengths and limitations. From human resources and infrastructure capacity, to the strength of partnerships, scope and reach of services, and extent of expanded funding portfolios, it is clear there is enormous diversity in the range of capacity strengthening needs of each of the nine Pacific MAs, and their ability to scale their programmes (See Figure 2).

What is needed for one MA to catalyse impact is not the same as another. For example, KFHA is well established and respected in Kiribati, and delivers a strong SRHR programme with a broad range of services. The organisation is solid, and they remain a key service delivery partner service for the MoH. However, infrastructure and human resources will need to be strengthened to enable them to expand their programme. In contrast, PNGFHA has a small team of dedicated and passionate staff that are highly constrained by lack of resources and the volatile, complex working environment of PNG. They need critical investment in systems and processes as well as support to strengthen service scope, quality and reach, including along the humanitarian and development continuum.

While all MAs need support to strengthen their resource mobilisation, significant variation in values, sources and capacity to generate income across the Pacific MAs means a blanket approach cannot necessarily be applied. For example, opportunity and diversity of donor funding varies between the MAs. Some MAs, such as VFHA, can generate income from client consultation fees, but this is not yet an option for most. Six of nine MAs will potentially have access to UNFPA Transformative Agenda funding in 2019-2022 and only two MAs (Samoa and Solomon Islands) have significant projects funded by international donors. Only two of the nine MAs (CIFWA and TuFHA) received funding from national governments in 2018, and for all, there are very different opportunities for innovative income generating activities available that exist within each context, or that are currently being explored.

Recognising this diversity, the Strategy will provide MAs with bespoke, tailored support based on need to enable them to develop strong 'platforms' from which to expand their geographical, target group and service offering reach. Practically, and mirroring the Business Plan Solution on MA Capacity Building\(^{32}\), MAs will be supported to develop targeted capacity building plans, with technical assistance sought from appropriate internal or external sources.

For the Strategy to deliver this, we need a new way of working across the Pacific – a new perspective on the way we support and implement our work.
FIGURE 2: SUMMARY OF STRENGTHS AND LIMITATIONS OF MAS IN KEY AREAS OF PROGRAMME IMPLEMENTATION

<table>
<thead>
<tr>
<th>PACIFIC MA</th>
<th>HUMAN CAPACITY &amp; INFRASTRUCTURE</th>
<th>STRENGTH OF PARTNERSHIPS &amp; ADVOCACY</th>
<th>SCOPE AND REACH OF SRH SERVICES</th>
<th>DIVERSIFICATION OF FUNDING</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>HUMAN RESOURCES</td>
<td>INFRASTRUCTURE</td>
<td>GOVERNMENT (NATIONAL &amp; LOCAL)</td>
<td>CIVIL SOCIETY ORGANISATIONS</td>
</tr>
<tr>
<td>Cook Islands – CIFWA</td>
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<td>Fiji – RFHAF</td>
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<tr>
<td>Kiribati – KFHA</td>
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<td>PNG – PNGFHA</td>
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<td>Samoa – SFHA</td>
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<td>Solomon Islands – SIPPA</td>
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<td>Tonga – TFHA</td>
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<td>Tuvalu – TuFHA</td>
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<tr>
<td>Vanuatu – VFHA</td>
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</tbody>
</table>

**KEY**

- **Strong capacity** (sufficient for current response but requires additional resources to expand)
- **Adequate capacity** (needs additional resources/support to improve and expand)
- **Low capacity** (requires significant resources/support to improve and expand)
BUILDING A HOLISTIC MODEL OF SUPPORT

While investment in MAs to date has been effective in strengthening their capacity as core providers of cost-effective and efficient SRH services in the Pacific, the delivery has been largely project-oriented. This has meant a focus on organisational capacity to deliver services and ad-hoc institutional strengthening of MAs, rather than a holistic approach to strengthening MAs’ capacity: quality of services, organisational sustainability, and strategic planning.

A different approach to investment that is targeted to specific, identified needs at regional and national levels is required to support MAs to expand their reach and impact, and become more sustainable organisations. The Strategy provides a platform for comprehensive, tailored support to address MA needs – in all their diversity – while building an enabling environment that focuses on strengthening sustainability and the quality of work across the development-humanitarian continuum.

Through this approach, high levels of support will continue to be provided to MAs that require significant, ongoing operational assistance. IPPF will also provide more organisationally mature MAs with support to progress their capability to develop and implement effective and innovative new services that expand reach within disadvantaged and underserved communities. Investment in a strengthened SROP will facilitate tailored support to MAs, while ensuring a strategic Pacific lens to regional training needs, advocacy, coordination of South-to-South innovation and resourcing for sustainability opportunities.

Underpinning the new way of working is an “investing in us” approach, to support IPPF to have a lasting impact in the Pacific. Attention will be focused on strengthening all organisational levels of IPPF in the Pacific. We will foster teams, at the Sub-Regional and MA levels, that are highly-skilled, technically suitable and remunerated appropriately to improve recruitment and retention of skilled staff and contribute to organisational development, sustainability and improved institutional knowledge. In doing so, our Federation will be strengthened to deliver more effective, efficient and enhanced services to the people we serve.

As the Strategy creates a stronger, more effective Federation in the region, we will then explore opportunities to expand into other Pacific countries with demonstrated SRHR needs and the capacity and interest. We will liaise with UNFPA to determine where greatest unmet needs remain, and identify potential partners interested in becoming IPPF Member Associations or Collaborative Partners. Where feasible, we will explore options to leverage the platforms of strong MAs in the region for cross-border outreach to countries without an IPPF presence.

DRAWING ON IPPF GLOBAL CAPACITY

The Strategy will support MAs by developing and fostering a capacity strengthening network, harnessing the immense SRHR knowledge, technical and logistical expertise that exists both at regional and global level. We will draw on and expand funding and support from FPNZ’s and FPNSW’s established
capacity building programmes with some Pacific MAs in key programme areas, including cervical cancer screening and treatment as well as disability inclusivity. The Strategy will also continue to leverage the technical strengths of IPPF’s Satellite (Central) Office in Melbourne in resource mobilisation, advocacy and donor engagement to support MAs’ progress towards sustainability. The IPPF Melbourne Office will also draw on inputs from SROP and the MAs to showcase the work and impact of MAs in the region, building and maintaining IPPF’s profile in the Pacific.

We will also draw on the entire IPPF global Federation – including within the broader ESEAOR region – by drawing on support from MAs with relevant experience and expertise required by Pacific MAs. This will likely include engaging with IPPF MAs on quality service delivery and partnerships and on social enterprise. As appropriate, we will draw on the IPPF Technical Assistance Network (TAN) Initiative to foster MA to MA (MA2MA) learning and South-South support. Through this platform, we will be able to showcase the unique strengths and approaches of Pacific MAs for adaptation elsewhere.

LEVERAGING AND COMPLEMENTING REGIONAL PARTNERS

To ensure all efforts under the Strategy are efficient, effective and impactful, strong coordination and partnership with stakeholders across the region will be essential. UNFPA is a key partner to IPPF at national and regional level, and there is significant complementarity between the objectives, outcomes and timelines in this Strategy and UNFPA’s Transformative Agenda that must be leveraged if we are to achieve a shared goal of ensuring SRHR for Pacific people. We will strengthen our coordination with UNFPA through a clear, jointly developed approach to maximise complementarity. We will also continue to work closely with the regional Reproductive, Maternal, Neonatal, Child and Adolescent Health (RMNCAH) programme across the Pacific to ensure strong coordination with this multi-faceted programme.

We will continue to collaborate with other key regional SRHR, health and women-focused stakeholders in the Pacific, including WHO, UN Women and Pacific Women as well as the Pacific Disability Forum (PDF) and other local organisations. At the same time, our SROP team in Suva will strengthen connections with key regional platforms – including the Pacific Islands Forum (PIF), the Secretariat of the Pacific Community (SPC), the Pacific Heads of Health and Pacific Ministers of Health forum – to engage decision makers from across the region. This will raise the profile of key SRHR issues that affect the Pacific and our MAs’ work and ensure SRHR remains on the Pacific agenda.
STRATEGIC FRAMEWORK

The Strategy is aligned with IPPF’s Strategic Framework (2016–2022) that commits to lead a locally owned, globally connected movement that provides and enables services, and champions SRHR for all. While the Strategy echoes the Vision, Mission and four Outcomes areas of IPPF’s global work, it also strongly reflects the values, issues and contextual factors that are relevant to our work in the Pacific, and that will be important to drive progress forward. The overarching framework for this Pacific Strategy is as follows:

STRATEGY VISION AND MISSION

Vision: People in the Pacific are free to make choices about their sexuality and wellbeing without discrimination.

Mission: To lead a locally owned, regionally relevant, globally connected movement in partnership that provides and enables services and champions SRHR for Pacific people, especially the underserved.

STRATEGIC OUTCOME AREAS

IPPF will operate in its agreed priority Pacific countries to deliver:

Outcome 1: Pacific Island governments increasingly promote, respect, protect and fulfil commitments to SRHR and gender equality.

Restrictive legislation and policies, negative attitudes to SRHR, harmful social norms and practices can create an atmosphere that prevents Pacific people from realising their SRHR.

We will work across the board to build a movement of support for SRHR, expanding our current networks and forging new partnerships with government, religious leaders and men’s, women’s and youth groups, and fostering a generation of advocates for SRHR at all levels in each country. Using a multi-sectoral approach we will also work on specific policies, legislation, and practices that stand in the way of Pacific people realising their SRHR, advocating at the national level with government and with active, loud CSOs to lobby for change. We will also ensure our efforts connect with and draw on the strengths of our regional partners and mechanisms, including PIFS, UNFPA, and other UN agencies. In doing so, we will capitalise on opportunities to leverage the power of regional bodies in setting the tone for championing Pacific people’s rights, and in applying pressure to Pacific governments to make and fulfil their commitments to SRHR and gender equality.

Outcome 2: Pacific people are able to act freely on their SRHR.

To overcome knowledge and acceptance barriers, we will expand our work to empower people with SRHR information so they can realise their SRHR and respect the rights of others, including those in crisis settings. We will generate a growing community of acceptance for SRHR by using a range of formal and informal social and behaviour change communication (SBCC) approaches, including CSE for young people, community mobilisation, and traditional and social media to expand coverage. We will develop and deliver messages for specific target groups (including women and girls, and men and boys) to ensure information is meaningful and connects with people. We will also explore the establishment of a Pacific regional youth network, learning from IPPF’s African youth network Youth Action Movement (YAM), as well as draw on initiatives in the IPPF Business Plan to empower and enable young people to guide development in this area.

We will harness the work being done by our partners and other agencies to maximise our impact.

Outcome 3: Expanded quality, integrated, gender and rights-based SRH services are delivered, with a focus on reaching the underserved.

One of the unique selling points of Pacific MAs is that we provide a friendly, accessible, stigma-free health service that people need. This creates a high degree of trust with the community. To address high levels of unmet need for SRHR in the Pacific, we will expand provision of IPPF’s Integrated Package of Essential Services (IPES), delivering gender-sensitive, stigma-free SRH services to address the diverse needs of the people we serve, including marginalised and underserved populations. We will also go further, delivering broader SRH services to specifically meet the needs of women, girls, men and boys in the Pacific at different times of their lives using the life course approach. We will expand provision through static, associate and mobile clinics to reach further than before while still offering an integrated service in a ‘one visit’ model. This is important for Pacific communities, where people often undertake expensive and difficult travel to access services. Across our services and at all times, we will address both quality of care and issues of access to improve service experience of clients, and seek opportunities to integrate with and extend humanitarian action when it occurs.
Outcome 4: A high performing, accountable and united federation drives sustainable positive change in SRHR across priority countries in the Pacific.

To deliver impact across Outcomes 1 to 3, we will need high performing, accountable and sustainable MAs. We will focus on strengthening all aspects of MA organisations, recruiting the full complement of skilled staff – paid and volunteer – to deliver an expanded programme. To ensure ongoing quality of service delivery, we will deliver tailored technical capacity strengthening to staff and volunteers. Good governance is an important part of a strong accountable organisation, so we will strengthen MA Boards through development of clear terms of reference, skills-based recruitment, orientation and ongoing capacity building. We will enhance our operational effectiveness by investing in and strengthening systems including project management, procurement, information/data management, reporting and financial systems. We will invest in strengthening resource mobilisation skills and supporting income generating social enterprises, enabling MAs to become more sustainable over time.

We will also build leadership and management capacity across MAs, including succession planning, as a fundamental approach to sustainable organisational development. We will use a range of approaches, including leadership and management training, formal and informal mentoring from the Federation, and peer-to-peer coaching (e.g. Executive Director to Executive Director). Finally, in order to ensure we are accountable to our donors, partners and the people we serve, we will implement a 360-degree feedback system across the Pacific (at both MA and Secretariat level) to strengthen performance and accountability at all levels. We will establish a regional information exchange forum in the Pacific for donors, partners and MAs.

THE SROP SUPPORT SYSTEM

High performing, accountable MAs need a strong support system to help them achieve their goals. Recent investment in the capacity of the SROP office, including a full complement of staff, stronger management and increased autonomy in decision making, has significantly improved programme delivery in the Pacific. Similarly, strengthening the humanitarian programme capacity in SROP has enhanced the ability of MAs to respond to recent emergencies in Tonga, Vanuatu, PNG and Fiji.

As the closest (geographical) Secretariat function to MAs, a strong, high performing SROP Secretariat will, in the short to medium term, be essential to provide the support system necessary for strengthening the nine Pacific MAs to deliver the outcomes defined in the strategy. The aim is to build a local, responsive, flexible and diverse support team to meet the needs of the Pacific and then to phase out that support as MAs grow into strong, sustainable organisations in their own right. (See Section 8).

HIGH LEVEL RESULTS

Across nine countries in the Pacific between 2019 and 2022, IPPF will achieve the following key results:

- 26 new policy and/or legislative changes in support or defence of SRHR achieved or actively contributed to by IPPF.
- An estimated 1.0 million people reached with positive SRHR messages to support people to realise their SRHR rights.
- 1.2 million SRH services delivered.
- 59,000 people reached with contraception for the first time (new/first time users).
- A high performing, accountable and united Federation in the Pacific.
VISION: PEOPLE IN THE PACIFIC ARE FREE TO MAKE CHOICES ABOUT THEIR SEXUALITY AND WELLBEING WITHOUT DISCRIMINATION

MISSION: TO LEAD A LOCALLY OWNED, REGIONALLY RELEVANT, GLOBALLY CONNECTED MOVEMENT IN PARTNERSHIP THAT PROVIDES AND ENABLES SERVICES AND CHAMPIONS SRHR FOR PACIFIC PEOPLE, ESPECIALLY THE UNDERSERVED

OUTCOME 1

9 Pacific Island governments increasingly promote, respect, protect and fulfil commitments to SRHR and gender equality

Priority 1: Build support for SRHR at all levels in priority Pacific Island Countries
Priority 2: Influence government policy and legislation to promote SRHR
Priority 3: Strengthen advocacy at the Pacific regional level to drive positive change in SRHR across the Pacific

OUTCOME 2

1 million people in Pacific countries are able to act freely on their SRHR

Priority 4: Expand reach of SRHR information to empower people across the Pacific to make informed choices
Priority 5: Expand Pacific youth access to SRHR information and education

OUTCOME 3

1.2 million expanded quality, integrated, gender and rights-based SRH services are delivered with a focus on reaching the underserved

Priority 6: Expand and deliver high quality SRH services to underserved and marginalised populations
Priority 7: Expand integrated service offering to ensure delivery of the fullest complement of services possible, including to underserved and marginalised populations

OUTCOME 4

1 high performing, accountable and united federation drives sustainable positive change in SRHR in the Pacific

Priority 8: Build and retain a high performing workforce, driving impact in the region, including a strong volunteer and activist base
Priority 9: Harness and strengthen governance and oversight to guide organisational strategic direction
Priority 10: Enhance operational efficiency and effectiveness through improved systems and learning
Priority 11: Strengthen resource mobilisation capacity for the region to support organisational sustainability

GUIDING PRINCIPLES

WE AIM TO LEAVE NO ONE BEHIND
WE APPLY LOCAL SOLUTIONS GUIDED BY EVIDENCE
WE WORK IN PARTNERSHIP WITH OTHERS
WE EMBED DIVERSITY IN OUR WORK
WE ARE ACCOUNTABLE TO DONORS, PARTNERS AND THE PEOPLE WE SERVE

SROP SUPPORT: TECHNICAL ASSISTANCE, PROGRAMME MANAGEMENT AND OVERSIGHT, REGIONAL ADVOCACY AND PARTNERSHIPS, DONOR REPORTING
KEY CONCEPTS DRIVING THE STRATEGY

Alongside a revitalised model of support, the Strategy is driven by three key concepts, underpinned and informed by the contextual issues relevant to the Pacific. These concepts form the Strategy’s DNA, woven through all levels of our approach.

LEAVE NO ONE BEHIND

Working with and for marginalised and underserved population groups is core to IPPF’s work. Our approach will be underpinned by inclusivity, ensuring access to SRH education and services for those that need it most. Necessarily, the Strategy will focus on remote and hard-to-reach individuals, with populations in the Pacific scattered over thousands of small islands. We will also ensure our services are accessible and sensitive to the needs of the most marginalised and socially excluded, including people with a disability, young people, LGBTQI and sex workers, as well as those affected by crises. We will build on existing models to ensure all our staff are supported to deliver education and services in ways that are appropriate, sensitive and client-friendly, ensuring stigma is never a barrier to access. Across all our work, we will implement gender transformative approaches so that everything we do promotes the rights of women and girls, and never accepts or contributes to harmful norms and practices.

We acknowledge applying a concept of ‘leave no one behind’ means developing innovative strategies to take information and services to people who may be otherwise left out, and that this is expensive. The high cost is more than justified however, given the scale of unmet need for SRHR amongst the most marginalised in the Pacific, and the significant impact these services will have on communities who have never before had access to any SRH information or services.

BOX 2. ENHANCING DISABILITY INCLUSION

People with disabilities in the Pacific face entrenched social barriers to full participation, including exclusion from communities, education, and employment. This limits their ability to seek the services they need. Whilst having the same SRHR needs as others, they are often neglected and face myriad barriers to services, including physical access issues, inappropriate information, limited appreciation of their rights, and poor provider attitudes.

Recognising this, the Strategy seeks to address the SRHR needs of people with a disability through building in tailored activities focused on increasing inclusion and access. We will work to improve the enabling environment for people with a disability by advocating for the removal of legislation and policies that limit the ability of people with disabilities to live their lives to the fullest. We will work more closely with Disabled People’s Organisations (DPOs) at local, national and regional level – including the Pacific Disability Forum – supporting people with disabilities to have a voice, understand their SRHR, and advocate for their rights. We will help break down stigma and discrimination by incorporating the rights of people with disabilities into community education and awareness.

We will build on existing models of provider training that enable service providers to better understand the SRH needs and rights of people with disabilities. We will ensure our services are stigma-free, and fully supportive of the rights of people with disabilities to make autonomous, voluntary choices regarding their SRHR in a way that is sensitive and best meets their needs. We will also improve physical accessibility to services where feasible, while ensuring counselling and communication materials are appropriate to the broadest range of abilities. In the Pacific, IPPF already utilises the Washington Group set of questions to capture data on clients with disabilities. Under this Strategy, we will leverage and build on these systems, committing to collecting as much data as possible on the abilities and level of marginalisation of our clients.
In recognition that people of diverse gender identity and expression are particularly vulnerable in the Pacific, including to SGBV, we will work to promote gender equality, including the elimination of violence against women and improving SRH education and services. However, a number of factors continue to fuel gender inequality in the Pacific, including limited female representation at all levels of decision making, restrictive legislative frameworks, harmful gender norms that limit women’s socio-economic participation, and poor or restricted access to healthcare.

In this Strategy, IPPF will work to address gender inequality across all our work in the Pacific. We will work to improve the enabling environment for women by strengthening women’s and youth leadership, and advocate for laws and policies to eliminate gender inequality at national and regional level. We will actively seek to engage with our partners and supporters to champion gender equality by working together to tackle harmful gender norms and practices. Our CSE programmes will integrate gender, enable young people to have safe and respectful relationships, and strengthen young peoples’ capacity to champion gender equality. We will implement approaches to help address entrenched gender inequality, promoting both men and boys’ access to services and engaging with them as partners and co-agents of change.

We will expand delivery of gender-sensitive SRH services, including through mobile clinical outreach to support rural women disadvantaged by isolation to make choices about their SRHR. We will also determine how MAs can and should best engage in SGBV prevention and response, ensuring that support for survivors of SGBV remains a key component of integrated and comprehensive programming. Our services and counselling will reflect the needs of survivors of SGBV, and we will better integrate with national referral pathways and crisis centres to ensure women and girls are able to access the services they need beyond those we can provide. In recognition that people of diverse gender identity and expression are particularly vulnerable in the Pacific, including to SGBV, we will also consult with and partner with national transgender associations where we can.

THE HUMANITARIAN-DEVELOPMENT NEXUS

Responding to humanitarian emergencies has become an important part of IPPF’s work in the Pacific, where MAs remain at the forefront providing life-saving SRH services to communities affected by increasingly frequent natural disasters and crises. Our model in these situations has clearly demonstrated the connection between elements of humanitarian action and long-term equitable development goals. During emergency responses, MAs are able to provide outreach services including provision of LARCs, to geographically isolated populations and socially marginalised groups with limited additional resources. Post-crisis, there are opportunities to build on relationships with clients, local government and donors to sustain support to these populations in the long-term.

IPPF is committed to implementing an integrated programme across the development–humanitarian continuum. Under the Strategy, we will build Pacific capacity to deliver an expanded suite of quality SRHR programmes in stable times to ensure the ability to scale up and deliver quality services for people affected by crises. This will become increasingly relevant for the Pacific where disasters exacerbated by climate change are an ongoing issue, and where the intersection between climate change and SRHR is recognised as an important development strategy. Our co-located humanitarian and development teams in Suva will play a critical role in continued cross-collaboration, learning and coordination.

BOX 3: PROMOTING GENDER EQUALITY

Gender equality has been acknowledged as a prerequisite for sustainable development in the Pacific by Pacific Leaders through the Gender Equality Declaration 2012. This galvanised political will to promote gender equality, including the elimination of violence against women and improving SRH education and services.

On a practical level, where disasters and extreme weather are commonplace, access to and continuity of SRHR service provision may be jeopardised. The Strategy will seek to ensure that MA health facilities are structurally sound and climate-resilient to extreme weather, and that outreach activities are carried out in close coordination with remote communities, with weather monitored to adjust scheduling and access entry points if required. We will coordinate our activities as much as possible with partners to minimise unnecessary travel that might further impact the environment.

BOX 4. ADDRESSING CLIMATE CHANGE, THE ENVIRONMENT AND SRHR

There are a number of recognised links between SRHR and climate change. Countries with high fertility rates are identified as particularly vulnerable to the impacts of climate change38. At the same time, fulfilling SRHR, including through contraception, can create communities that are more economically and socially resilient and better able to adapt to changing environments39. Many small island nations in the Pacific are experiencing a unique set of health risks and vulnerabilities associated with climate change40, with evidence indicating that humanitarian situations are going to increase41.

By focusing on improving SRHR in the countries we work, the Strategy will help support communities to adapt to an increasingly unstable environment in the Pacific.
A LIFE COURSE APPROACH TO SRHR

We recognise that individuals face different challenges at different stages of their lives, and that these are in turn affected by the sociocultural context in which they live. Under this Strategy, IPPF will follow a life course approach to SRHR that considers how social structures and gender systems affect SRHR throughout a person’s life – from infancy and childhood, through to adolescence, adulthood and older age – and what strategies and services are required to meet their needs at that time.

IPPF will expand its current service offerings, ensuring the Pacific populations we work with have access to the broadest range of SRH services across the eight core areas of IPES: counselling, contraception, safe abortion care (as appropriate), STIs/RTIs, HIV, gynaecology, antenatal care and SGBV referrals. Recognising, however, that there are other SRH services required at different times by our clients, we will deliver additional, complementary services where we can to meet the needs of the Pacific communities throughout their life. This will include vasectomy, cervical and breast cancer screenings and treatments, clinical treatment of SGBV as well as referrals, and a focus on CSE for young people. As MAs in the Pacific are SRH providers, rather than full health service providers, we will work in partnership with government and other organisations to improve services, and hence, contribute to moving towards UHC. This Strategy also recognises both the burden and intersection of non-communicable diseases (NCDs) and SRHR in the Pacific and will address NCDs as part of our life course approach to SRHR.

BOX 5. INTEGRATING NON-COMMUNICABLE DISEASES (NCDs) INTO THE SRHR LIFE COURSE APPROACH

NCDs are now the largest cause of morbidity and premature death in the Pacific, and are placing a substantial burden on the public health system’s limited resources. There is a considerable degree of crossover between NCDs and SRHR, particularly amongst women, including reproductive tract, cervical, ovarian and breast cancers.

Likewise, conditions such as high blood pressure and heart disease can pose increased risks for pregnant women or women using contraception.

Through the Strategy, IPPF MAs will raise awareness about preventative efforts to promote healthy lifestyle in consultations with clients. MAs will also carry out basic screenings and assessments for high blood pressure, weight gain, heart rate irregularities, blood sugar issues, and breast tissue abnormalities to identify potential risks or concerns requiring referrals. IEC materials focused on NCDs and healthy lifestyle will be developed based on global IPPF expertise to raise awareness and promote services. Clinical staff will also receive tailored refresher training on the cross-over between NCDs and SRHR in line with latest available evidence and public health recommendations.
FIGURE 3: THE LIFE COURSE APPROACH TO SRHR IN THE PACIFIC

In PNG, only 1/3 of women receive any antenatal care and only 53% of births are attended by a healthcare professional.

The adolescent birth rate has increased in 4 out of 9 Pacific MAs in the last decade.

Although little is known about the prevalence of endometriosis & gynaecological disorders in the Pacific, these can significantly impact the quality of women’s lives.

Sexual dysfunction can also have a profound effect on an individual’s quality of life but is still rarely discussed in the Pacific.

Antenatal care can be limited in the Pacific, in part due to the geographic spread of islands in Pacific nations.

Maternal mortality rates have increased in the Solomon Islands in the last decade and remain high in many PICs.

There is limited data on the rates of miscarriage and infertility across the Pacific. Research estimates that primary infertility affects approximately 3% of those in Fiji, PNG and the Solomon Islands.

Vasectomy is becoming an increasingly popular option for long-term family planning but can still be hard to access and in some cases subject to stigma.

Menopause is rarely discussed in the Pacific, leaving women unsure of what to expect and suffering in silence.
The following implementation overview provides a roadmap for the Pacific region to drive success against all four outcomes of IPPF’s Pacific and Global Strategic Framework. As a united Pacific, we have collectively identified 11 Priorities and a number of associated Key Actions that are relevant to our work in the region. This will help guide our efforts towards achieving lasting, sustainable and impactful improvements to the SRHR of Pacific people. All actions and activities will be implemented ensuring ethical, do-no-harm principles. Given our focus on reaching marginalised populations, including young people, people with disabilities, LGBTIQ communities and sex workers, IPPF will ensure the utmost accountability towards safeguarding children and vulnerable adults in particular.

Having a shared set of actions does not, however, mean that all Pacific MAs will implement the strategy in the same way. We recognise that there will be diversity in implementation, and that each MA will implement the strategy in ways appropriate to their context, while driving towards a common vision for the region. The following section, Table 1, outlines the overarching approaches MAs will undertake to achieve this.

### BOX 6. ENSURING ETHICAL IMPLEMENTATION: SAFEGUARDING CHILDREN & VULNERABLE GROUPS

IPPF recognises that young people are equally entitled to access SRHR information and services. We acknowledge young people’s evolving capacity and the need to strike a balance between protecting young people from abuse, harm and exploitation and their right to participate, express themselves and exercise their own rights. We also recognise that young people are more susceptible to abuse and exploitation, whilst some groups of adults are more vulnerable than others, such as people with disability, the LGBTIQ community, those who engage in sex work, and men who have sex with men. Through our youth-centred approach (including having young people on boards, youth volunteers and youth friendly services), IPPF’s reach to young people has increased dramatically in the region over the last few years. The need to continually protect the safety, dignity, and rights of young people – through all our work at all times – is a must.

To safeguard the rights of all young people and vulnerable adults, IPPF has developed a unified approach that outlines the Federation’s responsibilities to promote ethical practice, prevent abuse and protect children, young people, and vulnerable adults⁴⁰. IPPF’s Child Protection Operational Framework sets out IPPF’s global protection policy, and supports MAs to develop, implement and update their organisational protection policies and procedures. The policy reflects our core values as a human rights organisation that seeks to promote and support the SRHR of children, young people and vulnerable adults. Under the Strategy, we will leverage IPPF’s strong, global policies on safeguarding vulnerable populations, and ensure MA staff and volunteers regularly undergo training, and work with discretion and sensitivity at all times.
## TABLE 1: PRIORITY AREAS AND KEY ACTIONS OF THE STRATEGY

<table>
<thead>
<tr>
<th>OUTCOME 1</th>
<th>PRIORITY 1: Build support for SRHR at all levels in priority Pacific Island Countries</th>
<th>KEY ACTIONS</th>
<th>SUCCESS MEASURES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Maintain and strengthen relationships with government at all levels to build support for SRHR.</td>
<td></td>
<td>• 124 youth, women and men’s groups take part in at least one public action that supports SRHR, through which Pacific MAs have engaged</td>
</tr>
<tr>
<td></td>
<td>• Engage with community and religious leaders, women, youth and men’s groups as advocates for change at local level.</td>
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<tr>
<td></td>
<td>• Encourage a culture of ambassadors within MAs that promote SRHR at the community level.</td>
<td></td>
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</tr>
<tr>
<td>Priority 2: Influence government policy and legislation to promote SRHR</td>
<td>• Identify key policy and legislative barriers affecting SRHR and pursue entry points to engage.</td>
<td></td>
<td>• 26 political commitments, policy initiatives/changes and/or legislative changes in support of SRHR and gender equality to which Pacific MAs contribute</td>
</tr>
<tr>
<td></td>
<td>• Identify and engage decision makers in national governments as champions of SRHR.</td>
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</tr>
<tr>
<td></td>
<td>• Forge partnerships with stakeholders to unite a common voice around SRHR on key targeted advocacy issues (e.g. bringing in additional contraceptive products, integrating SRHR into disaster management plans).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Priority 3: Strengthen advocacy at the Pacific regional level to drive positive change in SRHR across the Pacific</td>
<td>• Engage closely with Pacific regional fora, including the PIF, Pacific Heads of Health and Ministers of Health and the Triennial Conference of Pacific Women and Ministries of Women, on key regional policy issues (e.g. prevention, screening and treatment of cervical cancer, and addressing restrictive abortion legislation), and to ensure SRHR and SGBV remain on the agenda.</td>
<td></td>
<td>• 16 Pacific regional level commitments, initiatives and announcements made in support of SRHR to which IPPF contributes</td>
</tr>
<tr>
<td></td>
<td>• Strengthen relationship with key regional SRHR partners – including UNFPA, WHO and Pacific Women – for greater coordination and collaboration in programming and advocacy.</td>
<td></td>
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</tr>
<tr>
<td>OUTCOME 2</td>
<td>Priority 4: Expand reach of SRHR information to empower people across the Pacific to make informed choices</td>
<td>Engage the media, champions and opinion formers – including men and boys – to build knowledge and awareness of SRHR at the community level.</td>
<td>• 1 million people reached with positive SRHR messages</td>
</tr>
<tr>
<td></td>
<td>Expand formal and informal platforms for SRHR communication and SBCC (e.g. social media, public events and festivals, text messaging portals).</td>
<td></td>
<td>• &gt;60% people reached with SRHR information report that they are able to make informed, independent choices about their SRHR</td>
</tr>
<tr>
<td></td>
<td>Establish and maintain partnerships with relevant local government and NGOs to deliver SRHR education.</td>
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<tr>
<td></td>
<td>Strengthen SBCC approaches and materials to include a range of SRHR issues and to meet the needs of key target groups (including people with disabilities, youth and people with low literacy).</td>
<td></td>
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</tr>
<tr>
<td>Priority 5: Expand Pacific youth access to SRHR information and education</td>
<td>Expand youth access to information and education through youth centres and via strong teams of youth peer educators who are representative of marginalised and underserved populations.</td>
<td></td>
<td>• 317,920 young people complete CSE (or other peer education) programme</td>
</tr>
<tr>
<td></td>
<td>Expand CSE and other education programmes to reach youth in and out of school.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Explore new partnerships and modern platforms to reach young people with SRHR information in all settings.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRIORITY</td>
<td>KEY ACTIONS</td>
<td>SUCCESS MEASURES</td>
<td></td>
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<td>---------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
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</tr>
</tbody>
</table>
| Priority 6: Expand and deliver high quality SRH services, to underserved and marginalised populations | • Strengthen and expand service delivery points including through MA static clinics and mobile outreach, community-based distributors (CBDs) and through partnerships with private and public service providers as appropriate.  
• Develop and implement models of service delivery that meet the needs of key target groups, including marginalised young people, people with disabilities, people of diverse sexual orientation and gender identity, men and boys, women and girls in all settings.  
• Ensure quality of rights-based SRHR clinical services in all settings.  
• Improve commodity procurement supply management. | • 1.2 million SRH services delivered  
• 347,100 clients reached with SRH services, disaggregated by sex, age and disability  
• 59,000 new and 200,000 existing family planning users, disaggregated by type of user (new and existing)  
• Proportion of population in given area (determined by MAs) receiving SRH services*  
• Proportion of communities/districts/islands being reached by the MA to deliver SRH services*  
• >80% of clients reached are ‘marginalised/underserved’†  
• Pacific MA clinics achieve 100% on Quality of Care audits  
• 90% of clients surveyed would recommend our services |
| Priority 7: Expand integrated service offering to ensure delivery of the fullest complement of services possible, including to underserved and marginalised populations | • Increase provision of a full method mix for contraception.  
• Strengthen cervical cancer screening, testing and treatment across MAs.  
• Improve MA delivery of SGBV response services by providing training on clinical management of rape and SGBV.  
• Establish and strengthen referral pathways for services beyond our scope, including for comprehensive SGBV services. | • 8 Pacific MAs provide at least 6 out of 8 IPES categories  
• 200,000 family planning services delivered, disaggregated by method  
• 18,000 cervical cancer testing and treatment services delivered |

* The denominators in this measurement will be determined by each MA, hence it is not possible to aggregate figures.

† Marginalised: People who are wholly or partially excluded from full participation in the society in which they live, and have not benefitted from education, employment or other opportunities because of their culture, language, religion, gender, education, migrant status, disability or other factor. Under-served: People who are not normally or adequately served by established SRH service delivery programs because of a lack of capacity and/or political will. This includes, for example, people living in rural or remote areas, internally displaced people or young unmarried people. In most countries across the world, young people have a higher unmet need for SRH services compared to adults and are therefore categorised as underserved.
<table>
<thead>
<tr>
<th>PRIORITY</th>
<th>KEY ACTIONS</th>
<th>SUCCESS MEASURES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OUTCOME 4</strong></td>
<td></td>
<td></td>
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</tbody>
</table>
| **Priority 8: Build and retain a high performing workforce, including a strong volunteer and activist base** | • Recruit full complement of MA staff to implement an expanded programme.  
• Establish retention and succession plan, including staff, including salary review and benchmarking.  
• Deliver tailored technical capacity strengthening support to enable MAs to deliver on their expanded programme.  
• Foster expanded volunteer and activist networks through targeted recruitment, motivation and development approaches. | • 80% of staff maintained within MAs and SROP each year |
| | | • 100% of MAs have staff appraisal systems in place, implemented and outcomes actioned |
| | | • 300 active volunteers working with Pacific MAs |
| | | • 25 IPPF activists in the Pacific |
| **Priority 9: Harness and strengthen governance and oversight to guide organisational strategic direction** | • Strengthen MA Boards through development of clear ToR, skills-based recruitment, orientation and capacity building.  
• Update or develop individual strategic plans for each MA informed by specific country needs and aligned with the Pacific Strategy.  
• Provide specific support to MAs to achieve and maintain full IPPF accreditation through transparent, accountable and actionable processes.  
• Implement a 360-degree feedback system to strengthen performance and accountability at all levels, MA, SROP, ESEAOR and CO. | • 9 Pacific MAs achieve and maintain full IPPF accreditation |
| | | • 9 Pacific MAs have strategic plans in place that are aligned with the Pacific Strategy |
| | | • 100% of Pacific MAs, SROP and ESEAOR action outcomes from 360 feedback system‡ |
| **Priority 10: Enhance operational efficiency and effectiveness through improved systems and learning** | • Strengthen human resources, procurement, information management, reporting and financial systems.  
• Draw on the IPPF TAN and MA Capacity Building Initiatives to establish mechanisms to share Pacific best practice, lessons learnt, and successes between MAs.  
• Support MA2MA capacity building initiatives across the Pacific, drawing on IPPF capacity across the Federation, and contributing Pacific capacity where appropriate. | • 100% of reports (data, financial and programme) submitted by MAs to SROP on time and to a high standard of quality |
| | | • 100% of MAs achieve successful annual external financial audit reports |
| | | • 9 Pacific MAs engage in shared learning through a formalised mechanism |
| **Priority 11: Strengthen resource mobilisation for the region to support organisational sustainability** | • Enhance organisational positioning of MAs amongst stakeholders, funders and partners through improved visibility and public relations.  
• Develop and implement resource mobilisation business plans for each MA in conjunction with SROP and IPPF’s global Business Development and Resource Mobilisation Team.  
• Maintain and expand institutional donor partnerships at national and regional levels.  
• Maintain and strengthen good working relationships with national and sub-national governments to pursue contracts for direct service delivery (as appropriate).  
• Capitalise on existing and forge new private sector partnerships and social enterprise opportunities to expand income generating activities.  
• Establish a process to fund support for the implementation of innovative social enterprise opportunities by MAs. | • 25% of MA income generated locally, disaggregated by source |
| | | • 45% of total income for the Pacific (MAs and SROP) is generated by the Secretariat (disaggregated by source) |
| | | • 30% of total income for the Pacific (MAs and SROP) from IPPF core funds |
| | | • 8 social enterprise initiatives implemented in Pacific MAs |

‡ Specific Indicators will be determined in the 360 degree feedback system.
The Strategy aims primarily to strengthen the capacity of Pacific MAs across the region to deliver quality services to target populations and develop their reputation as reliable partners in both stable and crisis times. We will take a targeted capacity building approach to meet the specific development needs of each MA. The focus will be to bring all MAs to a minimum level of capacity across a range of areas, aligned with IPPF’s accreditation criteria and in line with IPPF’s Business Plan MA Capacity Building Solution. The SROP Organisational Development Manager will lead a capacity building assessment of each MA through a participatory process and work with MAs to develop an agreed capacity development plan that will be the focus of all capacity development activities until 2022. We will ensure the assessment includes basic office infrastructure needs, including IT, hardware and office infrastructure as well as staffing and skills development needs in addition to the technical capacity required.

TECHNICAL AND ORGANISATIONAL SUPPORT REQUIRED

IPPF recognises that there have been historical challenges in providing the required technical and organisational support Pacific MAs need. To address this, SROP has recently been strengthened through the recruitment of a team of technical and management staff with clear roles and mandates, including those with specialised humanitarian expertise. This strengthened SROP has contributed to a marked improvement in the support received by MAs, with measured progress in the delivery of SRH programmes in the region, including those responding to emergency situations. Through the Strategy, further improvements in SROP’s function and capacity will be made to support MAs to deliver on their objectives, including through increased technical capacity and improved organisation structure. SROP will be provided with adequate financial resources to ensure they are able to carry out their mandate in supporting MAs, as well as the authority to make decisions for the benefit of the Pacific MAs.

The region will also leverage the benefit afforded by co-location of the SROP and Pacific Humanitarian Hub in Suva to coordinate and share lessons between humanitarian and development programming in the Pacific. This will enable our Federation in the Pacific to continue to make strides towards realising IPPF’s global, wholehearted commitment to humanitarian integration outlined in the Humanitarian Strategy (2018–2022). For the Strategy’s implementation to be truly successful, technical and organisational support from IPPF Secretariats at all levels – SROP, ESEAOR, Humanitarian Hub and CO – will also be absolutely critical.

Table 2 below summarises the capacity needs identified by the MAs during this Strategy development process, classified against the Strategy’s four Outcomes.
### TABLE 2: TECHNICAL AND ORGANISATIONAL SUPPORT NEEDS

<table>
<thead>
<tr>
<th>TECHNICAL AND ORGANISATIONAL SUPPORT REQUIRED</th>
<th>CAPACITY BUILDING SUPPORT TO BE PROVIDED</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OUTCOME 1:</strong> 9 PACIFIC ISLAND GOVERNMENTS INCREASINGLY PROMOTE, RESPECT, PROTECT AND FULFIL COMMITMENTS TO SRH AND GENDER EQUALITY</td>
<td></td>
</tr>
</tbody>
</table>
| Advocacy to Champions Rights Pacific MA have limited capacity and experience in advocacy with only handful of MA currently advocating for legislative and policy reform that enables SRHR. | • A dedicated SROP staff member with experience in advocacy will work to build the advocacy capacity of MA.  
• Provide training for all MA staff and board members in advocacy and build their skills to lobby all levels of government. |
| **OUTCOME 2:** 1 MILLION PEOPLE IN THE PACIFIC ARE ABLE TO ACT FREELY ON THE SRHR |  |
| Communication Materials and Approaches SBCC information needs to be clear, easy to understand and provide all information needed by an individual. While MA are already undertaking SBCC, the models they use need to be reviewed to improve engagement with target populations. | • Provide training to MA on communication models that effectively reach young people and other disadvantaged groups, including theatre, video, radio and social media.  
• Draw on proven messages and materials from across IPPF to support MA to produce SBCC materials that are suitable and relevant for target audiences, such as people who are marginalised and/or stigmatised (including people with disabilities, sex workers and people of diverse sexual orientation and gender identity) and those affected by crisis. |
| CSE/Family Life Education (FLE) CSE is being used successfully by MA peer educators to reach young people, but MA need support to expand this and other models, such as FLE. | • Undertake training of trainers with relevant MA staff, including peer educators, to support the implementation of CSE/FLE.  
• Support MA to develop MOUs with relevant Ministries to deliver CSE in school.  
• Support MA to develop and expand out of schools models of sex education. |
| **OUTCOME 3:** 1.2 MILLION EXPANDED QUALITY, INTEGRATED, GENDER AND RIGHTS-BASED SRH SERVICES ARE DELIVERED WITH A FOCUS ON REACHING THE UNDERSERVED |  |
| Clinical Capacity Building It is essential that the clinics are staffed with qualified nurses and midwives who receive regular upskilling to ensure they are up to date with progress in the services they provide. Where possible, large SRH clinics with high number of clients may engage a medical officer to provide some services. | • Provide technical support for IPES and QoC compliance in all clinical settings, including supporting the training for clinical staff to ensure they meet the IPPF criteria for high quality and rights-based service provision.  
• Train MA clinical staff on key topics including LARC insertion and removal, post-abortion care as appropriate, cervical cancer (visual inspection with acetic acid (VIA) and cryotherapy), vasectomy (non-scalpel), MISP and other areas identified by the MA.  
• Support MA to undertake Values Clarification and Attitude Transformation (VCAT) training for clinical (and non-clinical) staff to challenge provider bias and improve client-friendly services, especially to stigmatised and marginalised groups. |
| Menstrual Health Integration This is a work stream that is relatively new for most Pacific MA, and support is required to integrate menstrual health into SRH programming. | • Implement a comprehensive capacity building package for MA in Menstrual Health.  
• Support the MA to identify which aspects of Menstrual Health that they can deliver, the materials and information required to deliver them and potential partners. |
| Survivor-Centred SGBV Response Work on SGBV at the MA level varies due to legal, cultural and religious context. Counselling accounts for most of the work that MA currently do around SGBV. | • Facilitate training of all staff on SGBV response to ensure timely and non-discriminatory service provision to the survivors of SGBV including in crisis settings. This will include training clinical staff on psychosocial aspects of SGBV.  
• Support development and expansion of the ‘one-stop shop’ model of provision services for survivors of SGBV in MA with appropriate capacity, such as Kiribati.  
• Support MA to the better understand and document established referral systems/networks, and policies and legal frameworks.  
• Support MA to develop SBCC information, activities and strategies around SGBV, and to find potential partners for this work. |
**TECHNICAL AND ORGANISATIONAL SUPPORT REQUIRED**

**CAPACITY BUILDING SUPPORT TO BE PROVIDED**

### OUTCOME 4:
A HIGH PERFORMING, ACCOUNTABLE AND UNITED FEDERATION DRIVES SUSTAINABLE POSITIVE CHANGE IN SRHR IN THE PACIFIC

#### Financial Sustainability and Resource Mobilisation

While MAs currently undertake some resource mobilisation activities, most existing funding comes from donors. MAs have limited ability to develop commercial or social business enterprises, making it difficult to diversify funding streams.

- Recruit a dedicated resource mobilisation staff member to support MAs to develop and implement Business Development Plans, including commercial and social business opportunities.
- Support MAs to diversify funding streams through training and capacity building for strengthened partnerships with public and private organisations.
- Explore options to establish Capital Fund to provide Pacific MAs with the capital to start up income generating activity that will contribute to an increased resource base. The design of this Fund would be developed by SROP and the MAs.

#### Governance and Accreditation

All nine MAs value their association and membership status with IPPF, but need support to achieve ongoing accreditation as full members. Governance support is also needed as board members often do not have clear understanding of their roles.

- Support MAs to prepare for accreditation and audits, as well as address resulting recommendations and action plans.
- Train MAs on how to provide secretariat support for their Boards.
- Assist all boards to develop a clear TOR that detail roles and responsibilities.
- Support MAs to ensure board members receive induction and support through their term.

#### HR, Staffing and Recruitment

Successful implementation of the Strategy is dependent on having fully staffed and skilled MAs who are remunerated and motivated appropriately.

- Develop and implement recruitment and retention strategies to support MAs to secure and retain high quality staff.

#### Infrastructure and Transport

Many of the buildings that MAs operate out of require significant renovation or replacement to ensure that they are fit for purpose. Additionally, a significant proportion of MAs work occurs in community, which requires transportation.

- Assist with sourcing funds to enable MAs to undertake renovations or build new clinics.
- Support MAs housed in rented properties to identify a suitable property to be purchased and funds to purchase the property and create a fit for purpose location (as appropriate).
- Support MAs to overcome logistical challenges with transportation and conducting mobile/outreach clinics through logistics management training and support.

#### Strategic Plans, Policies and Systems

Some MAs need to undertake a comprehensive review of their policies and systems, including the strategic plans that guide implementation of their programmes under this Strategy.

- Facilitate Strategic Planning process for MAs who require it.
- Draw on capacity across IPPF Secretariat to assist development of key MA policies and procedures (including staff security at work, travelling and in crisis settings).
- Support MAs to procure insurance for staff, including when travelling for outreach.

#### Strengthened and Contextualised Systems

Strengthening and/or developing systems relevant to Pacific MAs but consistent with global systems will support a culture of efficiency, effectiveness and accountability. For example, existing reporting systems and procedures are sometimes challenging for MAs, and require upfront and ongoing support.

- Work to streamline existing reporting requirements and systems (including DHIS2 and PRISM), and provide MAs with ongoing training and support to implement.
- Facilitate and support the training of all MA staff on procurement, finance, anti-fraud and bribery, and computer literacy, understanding of data reporting tools of IPPF and other donors (as necessary).
- Support MAs to access internal IPPF assistance under the new Business Plan.

#### Information Sharing and Learning

While MA2MA technical assistance is only starting to grow, there is a wealth of experience across IPPF that Pacific MAs can draw from, and contribute to.

- Support the implementation of a mechanism to enable information sharing across MAs in the Pacific and more broadly. This will include facilitating a mentoring program and ongoing access to IPPF Secretariat support.
- Facilitate cross-learning and dissemination of learning between humanitarian and development programming in the Pacific through co-located teams in Suva.
### OUTCOME 4:
**A HIGH PERFORMING, ACCOUNTABLE AND UNITED FEDERATION DRIVES SUSTAINABLE POSITIVE CHANGE IN SRHR IN THE PACIFIC**

<table>
<thead>
<tr>
<th>TECHNICAL AND ORGANISATIONAL SUPPORT REQUIRED</th>
<th>CAPACITY BUILDING SUPPORT TO BE PROVIDED</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Procurement and Commodities</strong></td>
<td>• Train MAs on commodity forecasting, procurement and logistics to minimise organisational stockouts.</td>
</tr>
<tr>
<td>Effective procurement and management of SRH</td>
<td>• Liaise with UNFPA at regional level and governments in country to minimise stockouts at the national level.</td>
</tr>
<tr>
<td>commodities at the regional level is needed to</td>
<td>• Support MAs to strengthen supply chain management process, especially during emergency response.</td>
</tr>
<tr>
<td>ensure that the MAs can deliver high quality SRH</td>
<td></td>
</tr>
<tr>
<td>services.</td>
<td></td>
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</tbody>
</table>

| **Research, Reviews and Studies**              | Draw on existing IPPF capacity and provide support to MAs to undertake research into topics such as: |
| Undertaking research allows MAs to have a better understanding of the work that they are doing and provides them with the knowledge to effectively tailor their programmes, but it is rarely done. MAs can carry out some research with support and technical assistance, and have identified areas of interest that would provide important information to improve their work. | • Barriers and attitudes to use of contraceptive methods. |
|                                               | • Best practice for survivor-centred care and service provision for SGBV survivors. |
|                                               | • Successful approaches for engaging men and boys. |
|                                               | • Drivers, impact and complications of unsafe abortion. |
|                                               | • Contraception discontinuation rates (including the high removal rate of Jadelle). |
|                                               | • Operational research into use of Sayana Press in a crisis setting. |
|                                               | • Operational research into use of Knix, reusable absorptive, menstrual underpants or other innovative products. |

| **M&E and Data Management**                    | Support to develop and implement M&E plans and improve the management and collection of M&E data in both stable times and during emergency response. |
| Capacity building of data officers at the MA   | Build capacity of MAs to use collected data in strategy and programme planning. |
| level, as well as all staff involved in data   |                                          |
| collection, is needed to improve the quality of |                                          |
| data used in reporting and to inform programmatic improvements. |                                          |
FINANCING AND REPORTING ON THE STRATEGY

FINANCING

The Pacific Strategy will drive IPPF activities across the Pacific. It is envisioned that all funding mobilised to support the implementation of the Strategy will be consolidated in a ‘Pooled Fund’ to ensure coordinated, transparent and systematic allocation of funds against strategic priorities. This Fund will include both core and strategy funds as well as additional funds that donors wish to contribute towards strategy implementation.

Pacific MAs will receive funding from the Pooled Fund based on their Annual Implementation Plans for this Strategy. In addition to the Pooled Fund, MAs will also continue to draw on local sources of funds from donor and government, and through membership and service fees. The Strategy will inform the development of MA resource mobilisation plans to ensure that locally sourced funds support implementation. With assistance from SROP and other relevant divisions within the IPPF Secretariat, MAs will increase their engagement with prospective donors, and work to design programme proposals that build in capacity building elements where possible. An emphasis will be placed on ensuring that any prospective donor funding to MAs is strategically aligned, achievable, and sufficiently resourced to ensure successful delivery.

REPORTING

The Strategy aims to significantly streamline and strengthen IPPF’s reporting system. Pacific MAs will use IPPF’s reporting forms and processes to submit reports on implementation, financial management and service statistics to SROP. SROP will prepare a consolidated report of MA contributions to be shared with donors, MAs, ESEAOR and CO as appropriate. These reports will also contribute to IPPF’s global reports and meet global reporting standards.

FIGURE 4: POOLED FUND MECHANISM TO SUPPORT THE PACIFIC STRATEGY

- **Central Office**
- **ESEAOR**
- **9 Pacific Member Associations**

**ANNUAL PERFORMANCE REPORT**

- **Prepared by SROP**
- **‘Pooled Fund’**

- **IPPF Core Funding**
- **Other Donor Funding**

- **Transfer of funds**
- **Reporting**
HIGH LEVEL BUDGET (AUD)

The indicative budget across the four years is:

<table>
<thead>
<tr>
<th>PACIFIC STRATEGY</th>
<th>2019</th>
<th>2020</th>
<th>2021</th>
<th>2022</th>
<th>INDICATIVE BUDGET TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 1</td>
<td>257,090</td>
<td>293,019</td>
<td>244,217</td>
<td>235,441</td>
<td>1,029,767</td>
</tr>
<tr>
<td>Outcome 2</td>
<td>607,672</td>
<td>522,124</td>
<td>470,059</td>
<td>457,798</td>
<td>2,057,653</td>
</tr>
<tr>
<td>Outcome 3</td>
<td>1,823,015</td>
<td>1,566,373</td>
<td>1,410,176</td>
<td>1,373,393</td>
<td>6,172,957</td>
</tr>
<tr>
<td>Outcome 4</td>
<td>3,390,161</td>
<td>3,536,187</td>
<td>3,626,800</td>
<td>3,721,252</td>
<td>14,274,400</td>
</tr>
<tr>
<td>TOTAL ESTIMATED BUDGET</td>
<td>6,077,938</td>
<td>5,917,703</td>
<td>5,751,252</td>
<td>5,787,884</td>
<td>23,534,777</td>
</tr>
<tr>
<td>Funds Available</td>
<td>4,100,266</td>
<td>4,100,266</td>
<td>4,100,266</td>
<td>4,100,266</td>
<td>16,401,064</td>
</tr>
<tr>
<td>Funding Gap</td>
<td>1,977,672</td>
<td>1,817,437</td>
<td>1,650,986</td>
<td>1,687,618</td>
<td>7,133,713</td>
</tr>
</tbody>
</table>

Our estimated budget is optimistic, representing a stretch target given the Strategy aims to simultaneously build capacity across the Pacific for resource mobilisation and funding diversification from both internal and external sources (See Section 10 for more information). Our targets are based on total estimated budgets. We will therefore exceed our targets if we mobilise more funds than expected or fall short if we do not.

Activities under the Strategy have been designed to ensure quality, and scalability and modularity. Necessarily we will invest first in strengthening MA ‘platforms’, ensuring high quality programming irrespective of scale. We will then focus investment on expanding initiatives, scaling up strengthened programmes to increase our impact in the Pacific. Our key approach in the design of the Strategy and the Annual Implementation Plans has been to identify initiatives that can be effectively scaled-up with additional investment, for example expanding outreach to more locations and different populations groups, or added as extra ‘modules’ where full or capital funding is required to implement approaches, for example the establishment of a new clinic. This approach will ensure the Strategy remains flexible and builds on our strengths, while geared towards scale and impact.

VALUE FOR MONEY

IPPF uses the ‘Four E’s’ to assess the value for money of its investments and ensure optimal use of resources to achieve the intended outcomes. These are Economy (spending less and minimising costs); Efficiency (spending well); Effectiveness (spending wisely); and Equity (spending fairly).

We recognise there are inherent trade-offs in maximising value for money, especially when delivering a programme focused on achieving sustainability, scale and impact to marginalised groups. IPPF acknowledges specifically that to deliver the Strategy’s mandate to improve the SRHR of extremely remote, vulnerable and stigmatised groups comes with a cost. However, the value of this approach is worth more than the cost of the investment, given the significant impact IPPF’s work will have for these highly underserved Pacific populations.

Under the Strategy, a number of approaches will be utilised to further maximise value for money across the Four Es. These include:

- Improving use of data for evidence-based decision making regarding priority areas for investment targeting areas of greatest need and improved resource allocation, planning and forecasting.
- Capitalising on both existing and new partnerships to harness extra resources, for example coordinating use of existing infrastructure and working more with UNFPA and governments to minimise the need for IPPF to purchase commodities in country.
- Working in partnership with other agencies through joint initiatives, harnessing each other’s strengths to ensure more effective outcomes.
- Strengthening financial management to allow MAs to more effectively assess return on investment, cost and resource allocation, and economies of scale.
- Leveraging other donor programmes and funding to support MA operations, for example through greater use of international volunteers, or through service provision to other programmes such as Seasonal Worker Programmes.
- Implementing resource mobilisation activities that diversify funding from both internal and external sources, learning from the experiences of other MAs across IPPF to improve organisational sustainability (such as membership fees, fee for service).
OUR SUSTAINABILITY PHILOSOPHY

As autonomous, local service delivery organisations, MAs are integral parts of Pacific country health systems. We complement the public sector by delivering services to communities and places that may not reached by government, and niche SRH services that are otherwise unavailable through primary healthcare providers. For this reason, there will always be a role for non-government health providers, even in contexts where public health systems are strong. Our sustainability philosophy is to strengthen our ability to meet the ongoing SRHR needs of Pacific people, ensuring unbroken access and lasting health impacts now and into the future.

Our Strategy is underpinned by the concept of sustainability, and this operates at three levels:

1. We will work to foster an enabling environment for SRHR by strengthening government support and helping to overturn restrictive policies. When governments see the importance of SRHR, prioritise it, and translate commitments into action through supportive policies and budget allocation, individuals who need it most will gain more sustainable access to SRHR. We will work to build SRHR champions at all levels of the government, including through regional platforms and mechanisms. We will also focus on building community demand for SRHR services through targeted social and behaviour change initiatives, that eliminate misconceptions and social and cultural barriers. We will build grassroots momentum for SRHR by supporting individuals who need it most will gain more sustainable access and uptake in the Pacific long into the future.

2. We will intensify our attention on resource mobilisation by applying a broader, business development perspective. We will also invest significantly in building MA capacity to diversify their income and promote themselves to potential partners and donors. We will seek new private sector and business partnerships, as well as capitalising on existing partnerships and their corporate social responsibility programmes, to diversify our income streams. To create sustainable income streams for our MAs, we will explore innovative social enterprise ventures such as developing and branding SRH-related products for commercial markets. We will also seek to secure contracts with government for the provision of SRH services in contexts where this is an option, while continuing to cultivate partnerships with current and new institutional donors in the region. Through this diversified portfolio and improved quality management, we will build an IPPF Pacific presence that is sustainable, agile, modern, and less dependent on donors.

3. We will invest in strengthening our people and MAs so we can efficiently and effectively scale up programmes through robust platforms sustainably. The Pacific Strategy is underpinned by a vision of sustainable and responsive MAs across the region, who have the capacity to implement a full suite of high quality SRH services to all people, especially the disadvantaged. By strengthening our Pacific MAs, IPPF will have greater ability to deliver high quality services that reach the communities that need them most.

BOX 7. EXPANDING PRIVATE SECTOR ENGAGEMENT & OTHER REVENUE GENERATION STREAMS

Under the Strategy, IPPF aims to build capacity of Pacific MAs to diversify revenue streams, building long-term sustainability and reducing dependency on core funds and donors. We will foster innovative cross-sector partnerships, and will continue to explore potential opportunities with the private sector at national and regional level. This includes:

- Establishing an investment fund for MAs to trial innovative income generating activities. This may include support to establish commercially-focused social business models (for example, the sale of SRH products such as cycle beads, menstrual cups or pads) to cross-subsidise MA operations.
- Increasing MA capacity to access internal IPPF funding opportunities, for example the Social Enterprise Fund, Innovation Fund and the planned MA Capacity Building Solution opportunities under the IPPF Business Plan, and IPPF Global Income Strategy.
- Improving capacity for MAs to implement membership fees or fee-for-service models as appropriate to their local context.
- Collaborating and pursuing Private Sector contracts and partnerships, including with major telecommunication companies, such as Digicel, Vodafone and BlueSky; other large private companies such as BSP and ANZ banks; and linking with the tourism industry and Seasonal Worker programmes. Initiatives may include providing SRH services to private sector workforces, enabling improved health and wellbeing outcomes, enhancing worker retention rates, and encouraging responsible corporate practices. We will also seek to foster a relationship with the Pacific Islands Private Sector Organisation (PIPSO), the peak body for the private sector in the Pacific to open new doors to expand our engagement and opportunities across the region.
- Building MA and regional capacity to track and tender for external opportunities such as donor and private sector funding and downstream opportunities.
BOX 8: INNOVATION FOR SUSTAINABLE IMPACT

This Strategy, in itself, is a highly innovative approach to regional programming for IPPF. Never before has a region or sub-region of the IPPF Federation gathered together through a collaborative process to develop a unique strategy for their context. The Strategy reflects a new way of thinking about our work in the region: trying something new with the intention of achieving greater and more sustainable impact in the Pacific. Practically, to achieve lasting impact, programmes need to be able to keep pace with changing environments, people and preferences. Recognising this, IPPF is committed to supporting ongoing innovation and has established an internal Innovation Fund to test new ideas and approaches to reach a new target group, introduce a model of service delivery, or to address a sensitive issue.

Through the Strategy, we will explore partnerships with innovative start-ups that leverage the strengths of MAs to trial new ideas, such as promoting innovative SRH products to MAs’ client-base, or partnering with private companies to implement new approaches to reach new target groups. We will look to the power of digital technology in reaching clients with SRH messaging, particularly young people. We will cast a wide net on innovative ideas across the life of the Strategy, share our successes and failures, and in doing so, continuously evolve to remain relevant and ensure lasting, sustainable impact.
MEASURING SUCCESS

Our Strategy is underpinned by a commitment to collect meaningful data to measure our success, and to promote and enable continual learning and improvement. It is not enough to simply be driven by a vision of achieving impact in the lives of the communities we serve. We must know that what we’re doing works. To do this, we will:

MEASURE WHAT’S IMPORTANT

Our monitoring and evaluation (M&E) framework and key benchmarks for success are closely aligned with IPPF’s Global Strategic Framework 2016–2022 and institutional data guidelines. This will ensure our work in the Pacific contributes to IPPF’s global goals and performance over the next four years, ensuring a united federation.

Moreover, all programming under IPPF contributes towards national, regional, and global indicators for SRHR. We will continue to feed all service data to government and other national and regional mechanisms to ensure our impact is captured and counted, and serves to drive meaningful progress towards achieving high level targets for SRHR nationally and regionally, and accelerating progress towards SDGs 3 and 5 in the Pacific, including:

• Contributing to increasing CPR and reducing unmet need for contraception.
• Contributing to reducing total fertility rates (TFR), adolescent fertility rates (AFR) and maternal mortality rates (MMR).
• Contributing to reducing prevalence of cervical cancer and related mortality.
• Contributing to reducing STI prevalence.
• Contributing to reducing rates of SGBV.

We have also tailored our framework to measure what’s important for the Pacific. This includes a greater focus on measuring the types of services we deliver, the coverage we achieve, and all improvements in the enabling environment at the national and regional level that we successfully lobby for. Our new data collection system allows for client data to be sex- and age-disaggregated, and we commit to using appropriate tools to collect as much data as frequently as possible to allow us to identify our reach with marginalised groups, including people who have disabilities, the LGBTIQ community, youth and people who are poor, or who live in hard to reach areas.

At the mid-point (2020) and end of the Strategy (2022), we will conduct evaluations to assess our impact. These will use baseline data from 2018 to allow us to measure our progress on advancing SRHR in the Pacific.

USE STRONG M&E TOOLS AND SYSTEMS

IPPF has strong existing systems to routinely collect and monitor data, which have been streamlined in the Pacific to improve efficiencies and quality of data in 2017 and 2018. Using this base, we will use our standardised tools and systems, including DHIS2 and bespoke client data collection tools at the point of service delivery that collect service statistics, and PRISM to report on progress on MA-level annual workplans. We will invest in moving from paper-based to electronic client data capture methods across our MAs through a gradual, supported process.

We will use our routine client and service data to measure our coverage, in terms of the proportion of population (where population data is available and accurate), or proportion of communities, districts or islands reached in a given area, as identified by MAs. We will do this periodically to understand our reach and coverage trends over time. We will continue to validate our data monthly at SROP level and annually at RO and CO-levels to ensure data is consistently of high quality. MAs can, and will, report monthly on progress against key success measures and annual implementation plans to SROP and RO, while continuing to report annually on core indicators through IPPF’s global level reporting mechanism.

We will also leverage existing, globally recognised tools to measure how well we are serving marginalised individuals. For example, we will build on and expand use of the Washington Group set of short questions in standard client intake and through periodic annual surveys (already implemented by eight out of the nine Pacific MAs) to better understand our reach to people with disabilities. We will also use periodic annual client exit surveys and other available tools – such as the Multi-dimensional Poverty Index – to measure our success in reaching clients who are poor, or who are marginalised in other ways.

We will continue to measure the quality of our services through annual internal QoC assessments, and will strengthen and formalise our use of annual client exit surveys to monitor client experience. We will also implement simple, effective tools – such as 360 feedback systems – to measure staff performance at all levels (MA, SROP, ESEAOR and CO), including how well we are communicating, reporting and supporting each other.

RESOURCE M&E CAPACITY PROPERLY, WITH DEDICATED PERSONNEL AND EXPERTISE

The right people and expertise operating at all levels of IPPF are required to effectively measure success. Through the Strategy, all MAs will ensure data or M&E officers are in place to manage and support data collection at the country level. These officers will connect directly with the M&E Officer in SROP, who in turn feeds into M&E functions and personnel at RO and CO level. We will continue to foster capacity of our key M&E staff through regular training, updates and support, drawing on expertise from across the Federation.


45. Updated policy 4.17 on Protecting Children, Young People and Vulnerable Adults was passed by the IPPF Governing Council in May 2012.

46. Minimum Initial Services Package for Reproductive Health in humanitarian settings.

47. ‘Funding available’ consists of projected IPPF global core funding to the Pacific, as well as envisaged funding to support the Strategy’s implementation from the Australian Government.