



UNITED NATIONS POPULATION FUND

UNFPA strategic plan, 2018-2021

Annex 2. Theory of change

Summary

This document outlines the theory of change underlying the results framework of the UNFPA strategic plan, 2018-2021.

Contents

I. Introduction	2
II. The theory of change	2
III. Risks and risk mitigation	7
IV. Outcome 1 change model	7
V. Outcome 2 change model	11
VI. Outcome 3 change model	14
VII. Outcome 4 change model	17

I. Introduction

1. The UNFPA strategic plan articulates a set of results at the impact, outcome and output levels that UNFPA plans to achieve during 2018-2021. This annex presents the theory of change underlying the results articulated in the strategic plan.
2. The theory of change presents the causal conditions that must be in place to achieve the results. It also outlines, with evidence, the causal linkage between conditions and results, and spells out the risks and assumptions that may impede the results chain from occurring.
3. The strategic plan, 2018-2021 has introduced a number of changes to strengthen the theory of change from those used in prior strategic plan cycles.
 - (a) *Introduction of intermediate results* between the outcomes and outputs, to complete the results pathway. In the theory of change for the previous strategic plan (which mapped results only at the impact, outcome and output levels), there were gaps in the results pathway, as the output results were far from the outcome results on the pathway. Intermediate changes have been identified to bridge this gap.
 - (b) *One unified theory of change per outcome*. The previous strategic plan drew one theory of change per outcome and another theory of change per output. In the current strategic plan, one unified theory of change covers the entire results pathway from the goal through to outcomes, outputs and interventions. There will be no separate output theories of change.
 - (c) *Comprehensive outcome theories of change*, including all conditions deemed necessary to achieve the outcome, highlighting interlinkages and interdependencies among these conditions. The causal conditions may include ones that will not be directly addressed by UNFPA but pursued instead through partnerships (hereafter called critical assumptions). In the same vein, the conditions mapped for an outcome may include those that will be addressed under another UNFPA strategic plan outcome, demonstrating the integrated nature of the strategic plan outcomes.
 - (d) The inclusion of critical barriers or root causes, which are systemic or structural issues that can impede the achievement of results even when the necessary conditions have been put in place. These causes may be related to multifaceted factors such as poverty or cultural factors that should be considered in order to induce change.

II. The theory of change

4. UNFPA plans to contribute to the 2030 Agenda through the goal of the strategic plan, 2018-2021, to “achieve universal access to sexual and reproductive health, realize reproductive rights, and reduce maternal mortality to accelerate progress on the International Conference on Population and Development (ICPD) agenda, to improve the lives of adolescents and youth, and women, enabled by population dynamics, human rights, and gender equality”.
5. While the goal of the strategic plan contributes to all 17 Sustainable Development Goals, the plan most directly aligns to: Goal 3 (ensure healthy lives and promote well-being for all at all ages); Goal 5 (achieve gender equality and empower all women and girls); Goal 10 (reduce inequality within and among countries); Goal 16 (promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels); and Goal 17 (strengthen the means of implementation and revitalize the global partnership for sustainable development).
6. UNFPA has committed to focus on three transformative results: (a) end preventable maternal deaths; (b) end the unmet need for family planning; and (c) end gender-based violence and harmful practices, including child marriage.

7. The Fund aims to achieve these three transformative results by 2030 through the work of 3 four-year-cycle strategic plans, the first of which is the UNFPA strategic plan, 2018-2021. Milestone targets for the three transformative results will be set to track progress for each of the strategic plans.

8. Investing in sexual and reproductive health is critical for sustainable development. It enhances the chances for women, adolescents and youth, especially adolescent girls, to fulfil their potential and contribute to the overall development of society. Sustainable Development Goal 5, target 5.6 calls on governments and partners to, “ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences”.

9. Evidence shows that ensuring access to sexual and reproductive health and reproductive rights unleashes numerous benefits, including:

- (a) *Realizing gender equality, fundamental human rights and sustainable development.* Sexual and reproductive health is a fundamental human right. Investing in sexual and reproductive health and reproductive rights enables individuals to exercise their rights to have a satisfying and safe sex life and to decide freely and responsibly the number, spacing and timing of their children. It increases access to safe delivery and improves newborn survival and maternal health outcomes. Furthermore, it enables women, adolescent girls, and other vulnerable groups to do so free from violence, coercion, and discrimination. This is one of the surest and most effective ways to promote equitable and sustainable development.
- (b) *Saving lives, reducing ill-health, and promoting health and well-being.* If all pregnant women and their newborns received the standard of care recommended by the World Health Organization, and if all those who want to avoid or delay a pregnancy have access to comprehensive sexuality education and modern contraceptives, the benefits will be substantial and far-reaching. Maternal and newborn deaths, unintended pregnancies, and the burden of disabilities related to childbirth and pregnancy will drop substantially. Transmission of HIV will be reduced between sexual partners, and could be nearly eliminated from mothers to newborns.
- (c) *Stimulation of economic productivity and growth.* Investments in universal access to sexual and reproductive health and reproductive rights promote broader, long-term benefits for women, adolescents, children, partners and families, economies and societies. Demographic transitions can trigger economic growth: when the number of dependent children decreases, the ratio of productive workers to dependents increases, and can result in faster economic growth and lower burden on families. This window of opportunity is known as the ‘demographic dividend’. Extending services to meet demand for contraceptives reduces unintended pregnancies, improves maternal health and family welfare, and hastens changes in age structure that, with the right investments, empowers women and girls and can advance sustainable development.
- (d) *Reduction of poverty.* Healthy women and adolescents, empowered to fully exercise their rights, are significant drivers of poverty reduction. Maternal and newborn deaths slow growth and lead to global productivity losses of \$15 billion each year.¹ In contrast, investing in children’s health leads to high economic returns, and offers the best guarantee of a productive workforce in the future. For example, between 30 per cent and 50 per cent of Asia’s economic growth from 1965 to 1990 has been attributed to improvements in reproductive health and reductions in infant and child mortality and fertility rates.²
- (e) *Cost-effectiveness.* Universal access to sexual and reproductive health and reproductive rights is cost effective. The cost of preventing unintended pregnancies, improving antenatal, childbirth and newborn care, and preventing mother-to-child transmission of HIV is significantly less than the

¹ United States Agency for International Development. 2001. USAID Congressional Budget Justification FY2002: program, performance and prospects – the global health pillar.

² Maternal, Newborn and Child Health Network for Asia and the Pacific. 2009. [Investing in maternal, newborn and child health – the case for Asia and the Pacific](#). Published by: World Health Organization. See also: Karin Stenberg et al. 2014. “[Advancing social and economic development by investing in women’s and children’s health: a new global investment framework](#)”. *Lancet* Vol. 383, No. 9925 (2014): 1333–1354.

financial cost and social impact of such pregnancies and adverse health outcomes. Each dollar spent on contraceptive services reduces the cost of pregnancy-related care (for unintended pregnancy) by \$1.47.³ Additional investments of \$5 per person, per year in 74 countries, with 95 per cent of the global maternal and child mortality burden, would yield high rates of return, producing up to nine times the economic and social benefit by 2035.⁴

10. To achieve universal access to sexual and reproductive health, realize reproductive rights and reduce maternal mortality to accelerate progress on the ICPD agenda, the strategic plan, 2018-2021, aims to attain four conditions, which are identified as the outcomes of the strategic plan:

- (a) *Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence.* A wide body of evidence confirms that exercising reproductive rights and using sexual and reproductive health services improves the health and dignity of women, adolescents and youth, and their families. Information and services for family planning, maternal health, HIV prevention and treatment, gender-based violence prevention, inter alia, are known to reduce maternal mortality and morbidities, protect women and girls from injuries and prevent unsafe abortions.
- (b) *Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts.* Adolescence is a critical life stage during which individuals develop the capacity to achieve their full potential for prosperity, health, and fulfilment. These benefits are then passed on to the next generation. The ICPD Programme of Action recognizes that the effective realization of sexual and reproductive health and reproductive rights requires empowering all sectors of society, including adolescents and youth, and incorporating their meaningful participation into the design, implementation and monitoring of policies and programmes.
- (c) *Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings.* Gender inequality and human rights violations are barriers that must be addressed if universal access to sexual and reproductive health and reproductive rights is to be achieved. Sexual violence is particularly acute in humanitarian settings or in the wake of a natural disaster, and it occurs at every stage of a conflict. Evidence shows that women and adolescents face heightened and distinct risks of sexual violence, and their vulnerability is exacerbated during crisis situations. It also shows that addressing gender in programme design contributes to programme efficacy. The International Centre for Research on Women revealed that powerful gender barriers play a significant role in constraining women's ability to exercise personal reproductive control.⁵ Moreover, as highlighted in the framework of action for the follow-up to the Programme of Action of the International Conference on Population and Development, completing the unfinished ICPD agenda requires a focus on the equitable application of rights and the development of systems of accountability. Programmes that addressed gender were five times as likely to be effective as those that did not; a full 80 per cent of them were associated with a significantly lower rate of sexually transmitted infections or unintended pregnancy. In contrast, among the programmes that did not address gender, only 17 per cent had such an association.⁶
- (d) *Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development.* Universal access to sexual and reproductive health and reproductive rights cannot be achieved until everyone, everywhere, is counted, especially those furthest behind. UNFPA considers this condition to be the foundation of the overall change model. Strong population data collection,

3 Susheela Singh, Jacqueline E. Darrochand and Lori S. Ashford, [Adding It Up: The Costs and Benefits of Investing in Sexual and Reproductive Health 2014](#), New York: Guttmacher Institute, 2014. See also [2017 update](#).

4 Dean T Jamison et al, "[Global Health 2035: A world converging within a generation.](#)" *Lancet*, Vol. 382, No. 9908 (2013): 1898-1955.

5 Jennifer McCleary-Sills, Allison McGonagle and Anju Malhotra, [Women's Demand for Reproductive Control: Understanding and Addressing Gender Barriers](#), International Center for Research on Women, 2012.

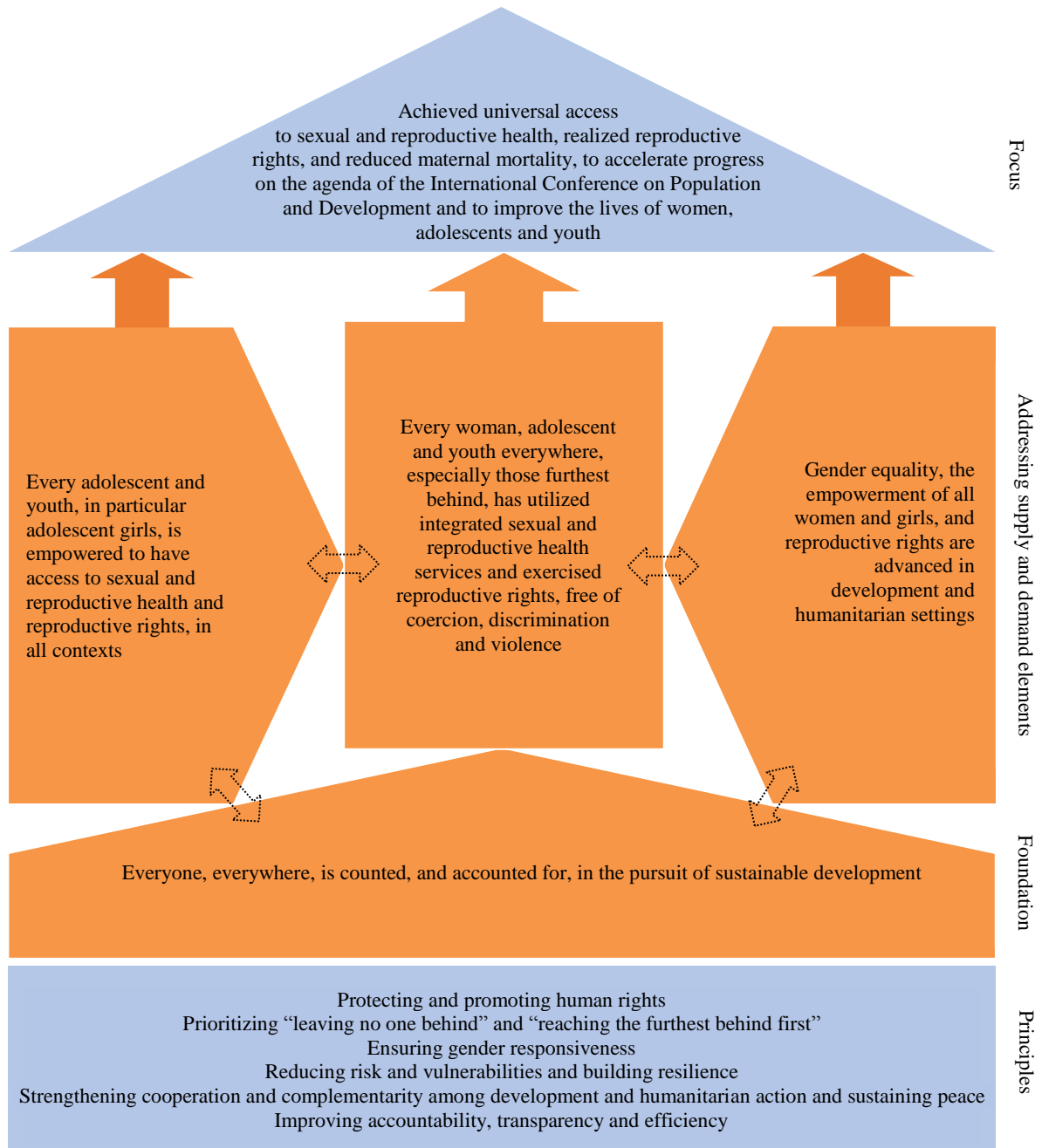
6 Nicole A. Haberland, "[The Case for Addressing Gender and Power in Sexuality and HIV Education: A Comprehensive Review of Evaluation Studies.](#)" *International Perspectives on Sexual and Reproductive Health*, 2015, 41(1):31-42.

analysis and use in policies and programmes, including information on those marginalized, will allow UNFPA to support evidence-based policies and programmes and to measure the impact of interventions, thus enhancing accountability and demonstrating the value of the work of UNFPA.

11. In its efforts to achieve the above-mentioned outcomes, UNFPA will apply the principles of the 2030 Agenda for Sustainable Development, including protecting and promoting human rights, prioritizing “leaving no one behind” and “reaching the furthest behind first”, ensuring gender responsiveness, reducing risk and vulnerabilities and building resilience, strengthening cooperation and complementarity among development, humanitarian action and sustaining peace and, above all, being efficient, accountable and transparent to all stakeholders. These principles and outcomes are illustrated in figure 1.

12. UNFPA will directly invest its resources in the causal conditions necessary to achieve the outcomes. These causal conditions constitute the strategic plan outputs, which reflect the interventions that UNFPA intends to implement. To support these interventions, UNFPA will apply five key strategies, namely: (a) advocacy and policy dialogue; (b) capacity development; (c) knowledge management; (e) partnership and coordination and (d) service delivery, including south-south and triangular cooperation.

Figure 1: Summary of the UNFPA strategic plan 2018-2021 theory of change



III. Risks and risk mitigation

13. The pathway toward achieving the strategic plan result, conditions and pre-conditions will face risks, including:

- (a) Humanitarian and crisis situations undermining development gains and characterized by neglect of maternal and reproductive health needs and gender-based violence;
- (b) Contextual risks such as social, cultural and political norms that may oppose some elements of the ICPD agenda. This includes a political landscape with growing opposition to sexual and reproductive health and reproductive rights, or a low prioritization of the issues reflected in the ICPD agenda in national development plans;
- (c) Risks of the hypothesized results causal pathway. Some of the outputs, especially those to be achieved through partnerships, may not be achieved, some causal linkages may be ineffective in certain conditions, and target populations may not be sufficiently responsive to sustain expected changes in behaviour and practices;
- (d) Implementation risks such as availability of funding for UNFPA programmes within the context of a changing international assistance environment, with limited core resources and increased competition for funding.

14. With regard to the mitigation of environmental risks, UNFPA has factored these risks into the respective outcome change models. For example, humanitarian crises and discriminatory sociocultural norms are identified as critical barriers towards achieving the outcomes, and risk mitigation measures are included theory of change to ensure due consideration.

15. To mitigate the risks associated along the causal pathway (critical assumptions), UNFPA will monitor them using the indicators identified in the integrated results and resources framework of the strategic plan. UNFPA will also make efforts to identify and engage strategic partners with the capacity necessary to deliver the critical assumptions. UNFPA will ensure that each programme developed under the strategic plan, 2018-2021, uses theories of change that are robust and evidence-based, developed in consultation with all stakeholders to ensure relevance to local contexts.

16. UNFPA will also address some of challenges through innovative approaches for resource mobilization; enhanced partnerships; the improved use of communications, including the use of social media; and by playing a leading role in the prevention of and response to gender-based violence and the provision of sexual and reproductive health services in humanitarian settings. UNFPA will reinforce its “three lines of defence” model for effective risk management and control by: (a) developing timely change-management plans; (b) updating institutional guidance; (c) maintaining strong controls; (d) strengthening the results-based management system, including monitoring and evaluation and business analytics; and (e) maintaining capable and motivated human resources. UNFPA will continuously review its enterprise risk management system to introduce change, leverage existing resources and integrate lessons learned.

IV. Outcome 1 change model

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

17. Outcome 1 takes into account the need to contribute to the goal of the strategic plan while aligning with the 2030 Agenda for Sustainable Development and the United Nations Strategy for Women’s, Children’s and Adolescents’ Health (2016-2030). It places sexual and reproductive health services in the context of health systems strengthening and integrated people-centred care systems, focusing on human rights, social protection and equity in access to sexual and reproductive health information and services, as well as quality and integration of services and accountability mechanisms to monitor and address gaps in access and quality.

18. To improve the utilization of integrated sexual and reproductive health services, especially by those left furthest behind, UNFPA proposes seven conditions that need to be realized, in line with the building blocks recommended by the WHO for strengthening health systems. UNFPA will invest in five of these seven conditions, and coordinate with partners to achieve the remaining two conditions. These five conditions are elaborated below:

- (a) *Enhanced capacities to develop and implement policies, including financial protection mechanisms, that prioritize access to information and services for sexual and reproductive health and reproductive rights for those furthest behind, including in humanitarian settings.* Inclusive, human rights-based national policies and programmes will be required as the foundation of the health system to enable every woman, adolescent and youth, especially those furthest behind, to access and utilize sexual and reproductive health services free of coercion, discrimination and violence. To reach those furthest behind, specific considerations will be required to accelerate efforts towards universal health coverage to ensure that everyone, everywhere can access healthcare without risk of financial hardship, including through comprehensive and essential sexual and reproductive health package of services.
- (b) *Strengthened capacities to provide high-quality, integrated information and services for family planning, comprehensive maternal health, sexually transmitted infections and HIV, as well as information and services that are responsive to emergencies and fragile contexts.* To guarantee the use of sexual and reproductive health services, health systems must ensure the availability, accessibility, acceptability, affordability and quality of a comprehensive package of sexual and reproductive health information, education and services. The services should be provided in an integrated manner, and health centres and facilities should be linked through a functioning referral system.
- (c) *Ensuring availability and access to health services that meet minimum quality standards are key functions of a health system.* The primary health care level should play a key role in the provision of a minimum package of integrated sexual and reproductive health services, including: (i) family planning; (ii) sexually transmitted infections and HIV prevention, diagnosis and treatment; (iii) prenatal consultations, referral to basic and comprehensive emergency obstetric and newborn care services; (iv) post-abortion care; (v) prevention, diagnosis and treatment of cervical cancer; and, (vi) prevention of gender-based violence and clinical response to sexual violence.
- (d) *Strengthened capacities of the health workforce, especially those of midwives, in health management and clinical skills for high-quality and integrated sexual and reproductive health services, including in humanitarian settings.* The ability of a country to meet its health goals and provide quality services is dependent on the knowledge, skills, motivation and deployment of the people responsible for organizing and delivering health services. Within the overall context of holistic health systems, midwifery must be improved in order to achieve a measurable impact on maternal health outcomes. A modest increase in coverage of midwifery could potentially avert 30 per cent of maternal deaths and half of neonatal deaths.⁷ Quality midwifery care can also help strengthen women's decisions-making capacities and their ability to care for themselves and their families, which can also improve their role in their community and society.
- (e) *Strengthened capacities to effectively forecast, procure, distribute and track the delivery of sexual and reproductive health commodities, ensuring resilient supply chains.* A well-functioning health system aiming to provide sexual and reproductive health services for every woman, adolescent and youth requires equitable access to sexual and reproductive health commodities, essential medical products, vaccines and technologies. Having an evidence-based and functional supply chain management system ensures equitable access to sexual and reproductive health commodities and supplies to the last mile.
- (f) *Improved domestic accountability mechanisms for sexual and reproductive health and reproductive rights through the involvement of communities and health-system stakeholders at all levels.* Domestic accountability mechanisms must be in place in order to improve the availability, quality, and use of integrated sexual and reproductive health services. These are critical for the

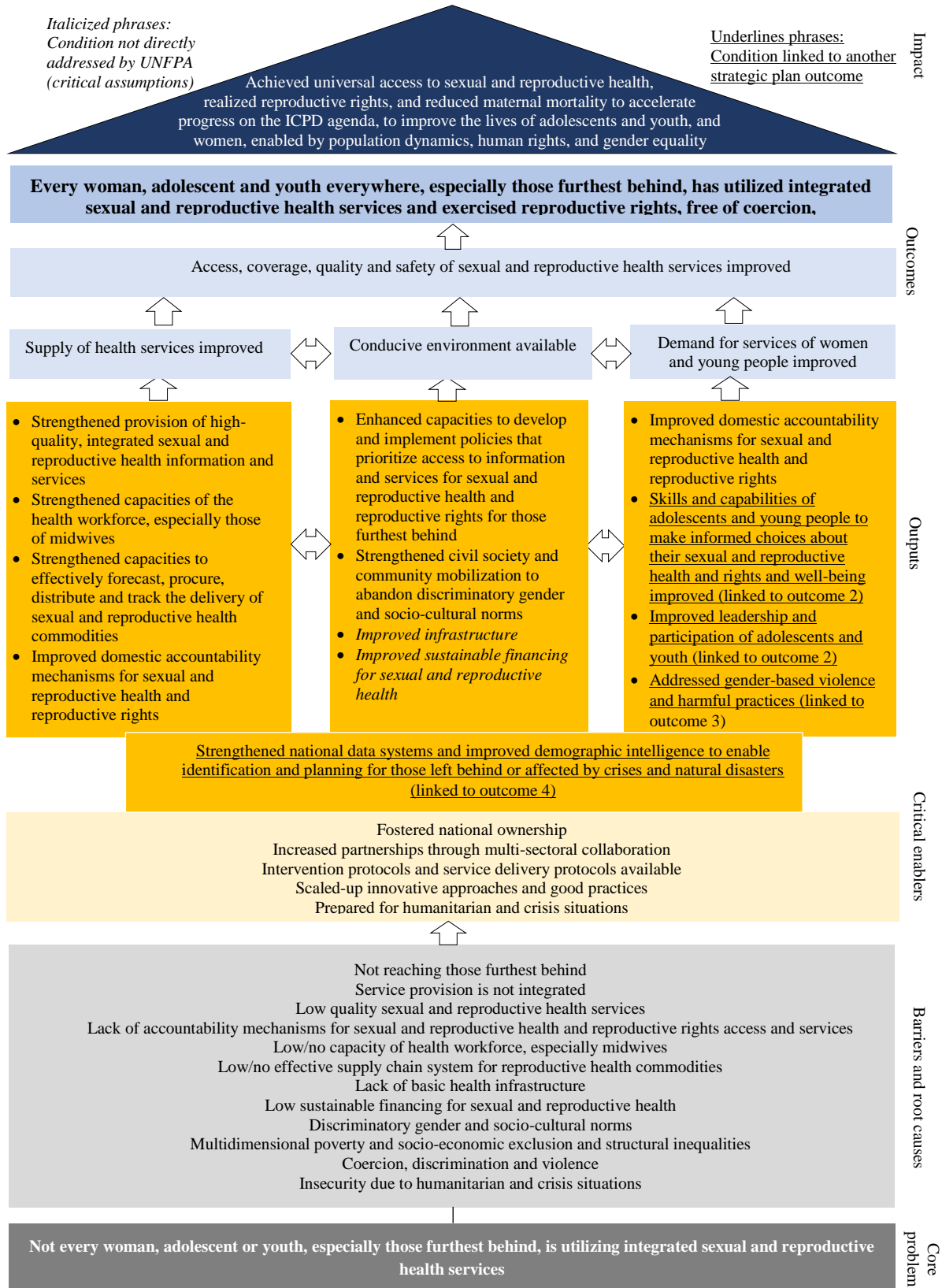
⁷ Caroline S. Homer et al. "[The projected effect of scaling up midwifery](#)". *Lancet*, Vol. 384, Issue 9948 (2014): 1146-57.

management of relationships with and among stakeholders in sexual and reproductive health: individuals, households, communities, professional associations, governments, non-governmental organizations, private sector and other partners. Accountability mechanisms ensure that beneficiaries and communities can monitor the availability and quality of healthcare at all levels of the health system, from local service provision to national sexual and reproductive health plans. Sound and reliable information and data, as well as a robust national health information system, are critical for strengthening the accountability of the health system, policy development and implementation, governance and regulation, health research, health education, human resource development, training, financing and service delivery and financing.

19. UNFPA will coordinate with partners to achieve the other two conditions (critical assumptions) required to attain outcome 1: (a) improved sustainable financing for sexual and reproductive health, which is fundamental to the ability of health systems to maintain and improve human welfare and to ensure universal sexual and reproductive health; and (b) improved infrastructure, including road networks, facility buildings, water supply, electrical grids and a communication network, which are critical for health services to be effective and efficient. UNFPA will work with partners to track progress towards achievement of these two conditions.

20. The partnerships for outcome 1 will include those with other United Nations entities – in particular WHO, UNICEF, UN-Women and the UNAIDS. UNFPA will build on the existing effective partnerships with United Nations partner organizations, bilateral and regional development actors and civil society networks and build new partnerships to achieve shared results.

Figure 2: Outcome 1 change model in brief



V. Outcome 2 change model

Outcome 2. Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts

21. Outcome 2 will support investments in human development for adolescents and youth to ensure that they have the capabilities and opportunities to define their futures, participate in their societies and communities, and access education, health, counselling and high-quality reproductive health services. As outcome 1 will increase the use of quality integrated sexual and reproductive health services, including for marginalized adolescents and youth, the scope of outcome 2 extends beyond the health care system into strengthening demand generation for the utilization of integrated sexual and reproductive health services.

22. With the goal of empowering all adolescents and youth, under this outcome, UNFPA will focus on equipping young people with the skills and capabilities they need for realizing their sexual and reproductive health and reproductive rights, giving them a voice in matters that affect their health and well-being, and strengthening international and national investments in adolescents and youth, particularly adolescent girls, across a range of sectors.

23. The ICPD Programme of Action recognizes that the effective realization of sexual and reproductive health and reproductive rights requires empowering all sectors of society—including adolescents and youth—and incorporating their meaningful participation into the design of policies. The Programme of Action builds consensus that investing in young people, including adolescents, is critical for improving their survival and well-being and calls in particular for:

- (a) Promoting to the fullest extent the health, well-being and potential of all adolescents and youth;
- (b) Meeting the special needs of adolescents and youth, especially young women and adolescent girls, for social, family and community support, employment opportunities, participation in political processes and access to education, health, counselling and high-quality reproductive health services;
- (c) Keeping adolescents and youth, in particular young women and girls, in school to help prevent early marriage and high-risk childbearing and to reduce associated mortality and morbidity.

24. To empower adolescents and youth, especially adolescent girls, to make informed choices in their lives, including for their sexual and reproductive health, UNFPA has identified four outcomes that are necessary. Under the strategic plan, 2018-2021, UNFPA will focus and invest in achieving three of these conditions, and coordinate with partners toward achievement of the fourth condition:

- (a) *Young people, in particular adolescent girls, have the skills and capabilities to make informed choices about their sexual and reproductive health and rights, and well-being.* The well-being and positive development of young people, requires a comprehensive set of interventions that address the “entire person”, take a life-course approach and pay attention both to the context in which young people live and the barriers they face in exercising their sexual and reproductive rights⁸. For adolescent girls in particular, it is important to put in place targeted interventions to address these barriers, to ensure that every girl can reach her full potential, including allowing her to stay in school, gain skills, marry when she chooses, have healthy children when she is ready, and earn a fair income. Providing opportunities for adolescents and youth to enhance their knowledge, skills, abilities and talents leads to better health outcomes, increased employment prospects and enhanced confidence in a successful future and adulthood. A review of 87 studies of comprehensive sexuality education programmes around the world shows that such education increased knowledge and had a positive impact on behaviour. Many programmes delayed sexual debut, reduced the frequency of sex and number of sexual partners, increased condom or contraceptive use, or reduced sexual risk-taking. Such programmes, combined with sexual and reproductive health information and services, will help enable young people to make decisions and forge positive and equitable relationships. Investments in young people’s development and

⁸ [Making it work: Linking youth reproductive health and livelihoods](#). Washington DC: ICRW, 2001.

evolving capacity will lower the risk of child early and forced marriage, unintended early pregnancy and sexually transmitted infections including HIV, increase gender equality, reduce gender-based violence, and lead to better sexual and reproductive health outcomes⁹.

- (b) *Policies and programmes in relevant sectors tackle the determinants of adolescent and youth sexual and reproductive health, development and well-being.* Decades of adolescent and youth programming have shown that positive sexual and reproductive health outcomes for adolescents and youth are influenced by many intersecting factors. Improving the access of adolescents and youth, including the furthest behind, to sexual and reproductive health, and realizing their reproductive rights will only be achieved if they are part of a broader agenda to improve their well-being and uphold their rights. It will depend on supportive and protective laws and policies, education and training, job opportunities, the right to be heard, and access to quality adolescent and youth-friendly health services, including sexual and reproductive health services. These investments are essential, and are especially critical in countries that have yet to reap the benefits of a demographic dividend.
- (c) *Young people have opportunities to exercise leadership and participate in sustainable development, humanitarian action and in sustaining peace.* Through active participation, young people are empowered to play a vital role in their own development as well as in that of their communities and nations, helping them to learn essential life-skills, develop knowledge about human rights and citizenship and promote positive civic action. With the right information and education about access to their rights, including reproductive rights, young people can participate effectively and provide vital leadership in their communities and societies.

25. UNFPA will coordinate with partners to achieve the fourth condition (critical assumption), *improved livelihoods for youth*, because evidence has shown that positive sexual and reproductive health outcomes are closely linked with educational and economic opportunities¹⁰.

26. The partnerships that UNFPA will focus on, to support the achievement of young people's empowerment include United Nations partner entities, in particular UNICEF, UNESCO, UNHCR, UNDP, and UN-Women. UNFPA will build on the effective partnerships we already have with United Nations partner organizations, bilateral and regional development actors and civil society networks, and build new partnerships. As a member of the United Nations Interagency Network on Youth Development, UNFPA is also working with a number of youth-led and youth-serving organizations and is co-leading the Compact for Young People in Humanitarian Action with the International Federation of the Red Cross and Red Crescent.

⁹ WHO/UNFPA/UNICEF. Report of a WHO/UNFPA/UNICEF Study Group on Programming for Adolescent Health. Technical Report Series, No. 886. Geneva: WHO, 1999.

¹⁰ ICRW. Making it work: Linking youth reproductive health and livelihoods. Washington DC: ICRW, 2001

Figure 3: Outcome 2 change model in brief



VI. Outcome 3 change model

Outcome 3. Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings

27. Outcome 3 focuses on advancing gender equality and human rights to empower women and girls and marginalized and excluded populations to exercise their reproductive rights free of coercion, discrimination and violence. Empowering women and girls to reach their full potential requires that they have equal opportunities to those of men and boys. This means eliminating all forms of discrimination and violence against girls and women and vulnerable groups, including discriminatory social and gender norms and legal barriers, violence by intimate partners, sexual violence, and harmful practices, such as child, early and forced marriage and female genital mutilation.

28. It also means strengthening accountability mechanisms for redress when reproductive rights are violated, and addressing the overlapping forms of inequality, disempowerment and discrimination of those groups left furthest behind¹¹. Ensuring that women have better access to economic and productive opportunities, sexual and reproductive health and reproductive rights, and real decision-making power in public and private spheres will further ensure equitable and sustainable development.

29. UNFPA has identified six conditions that are necessary to realize gender equality, empowerment of women and girls, and reproductive rights. Under the strategic plan, 2018-2021, UNFPA will invest and focus on achieving four of these conditions, and coordinate with partners towards achievement of the remaining two. The four conditions for UNFPA are:

- (a) *Strengthened policy, legal and accountability frameworks to advance gender equality and empower women and girls to exercise their reproductive rights and to be protected from violence and harmful practices.* Removing discriminatory laws and policies are essential to advance gender equality and women empowerment. As the World Bank has documented, 90 percent of economies have at least one gender-differentiated law, and 943 gender-differentiated laws have been documented across 170 economies. In addition weak accountability mechanisms and significant data gaps compromise the ability to monitor reproductive rights.
- (b) *Strengthened civil society and community mobilization to eliminate discriminatory gender and sociocultural norms affecting women and girls.* The review and appraisal of the implementation of the Beijing Declaration and Platform for Action shows discriminatory social norms and gender stereotypes remain pervasive across formal and informal institutions, and continue to restrain progress towards gender equality. For example social norms that condone violence against women and girls prevent them from full and equal participation in social, economic and political life. These entrenched social norms and structural challenges prevent the transformation of gender power relations necessary to realize the vision of the Beijing Declaration and Platform for Action.
- (c) *Increased multisectoral capacity to prevent and address gender-based violence using a continuum approach in all contexts with a focus on advocacy, data, health and health systems, psychosocial support and coordination.* Violence against women and girls is a major impediment to their fundamental rights, safety, self-sufficiency empowerment and economic, social and political participation. The health consequences of violence are extensive: women who have been physically or sexually abused by their partners are almost twice as likely to experience depression, more than twice as likely to have an abortion, and in some regions, 1.5 times more likely to acquire HIV, as compared to women who have not experienced partner violence. Women and girls are at an increased risk of gender-based violence during a crisis. When a crisis strikes, gender inequalities, marginalization and exclusion deepen. At the same time, women's roles and responsibilities often intensify with repercussions for their own security, health and well-being. During an emergency, many women and girls lack access to vital services, especially life-saving sexual and reproductive health services, which further increases their vulnerability to gender-based violence. As disasters and complex emergencies increase globally, demographic changes and ongoing challenges associated with climate change, conflict and population movements make

¹¹ Ellen Weiss, Daniel Whelan and Geeta Rao Gupta, "[Gender, Sexuality and HIV: Making a Difference in the Lives of Young Women in Developing Countries.](#)" *Sexual and Relationship Therapy* 15(3) (2000): 233-45.

traditional delineations between “humanitarian” and “development” programming increasingly less applicable. To minimize the risks of gender-based violence in all settings, and to reinforce national and local health systems, a “continuum approach” is needed.

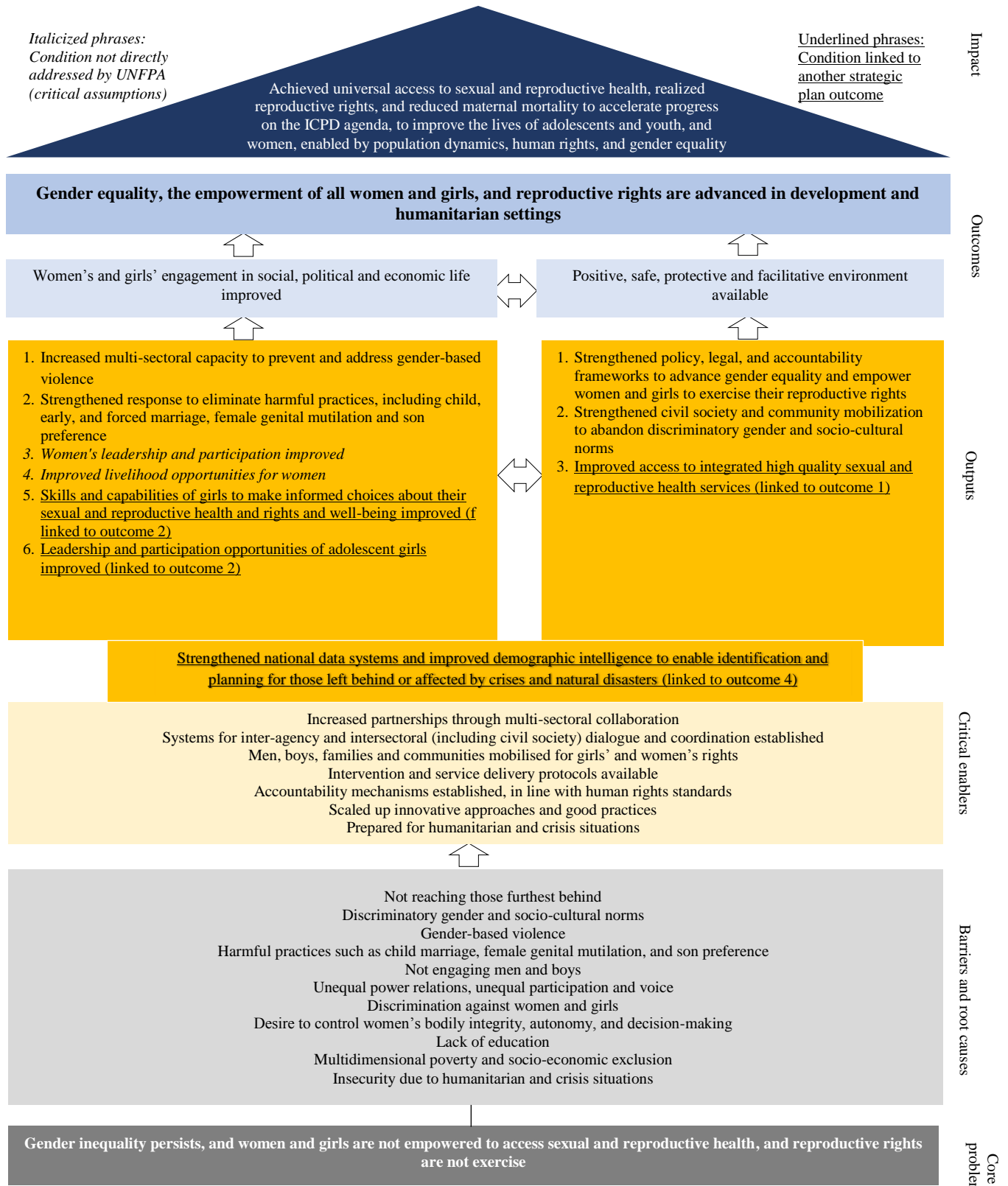
- (d) *Strengthened response to eliminate harmful practices, including child, early and forced marriage, female genital mutilation and son preference.* Gender-based discrimination is pervasive and manifests itself in harmful practices against women and girls. For example, son preference is a harmful practice that reflects the persisting low value placed on women and girls in many communities and societies. Delaying the marriage age of young women in parts of the developing world has significant positive effects for their children. Children of women who get married later are more likely to complete their required vaccinations, have a higher weight-for-height, and enrol in school.

30. UNFPA will coordinate and work with partners to achieve the other two conditions (critical assumptions):

- (a) *Improved livelihood opportunities for women.* This constitutes a direct path toward gender equality and women’s empowerment. Women’s and girls’ economic dependence on men curtails their power and ability to make their own sexual and reproductive decisions, including engaging in safe sex and protecting themselves from all forms of violence and harmful practices, unwanted pregnancies and HIV infection. Evidence demonstrates that increased educational and economic opportunities are closely linked to positive sexual and reproductive health outcomes among adolescents, including delays in the marriage and childbearing age for adolescent girls, reductions in the experience of gender-based violence, increased use of health services, and reductions in maternal morbidities, maternal mortality and incidence of sexually transmitted infections, including HIV;
- (b) *Improved women’s leadership and participation.* Addressing barriers to the full and equal participation of women in the political, social, economic, and cultural spheres of their countries is necessary to promote and achieve gender equality.

1. The partnerships that UNFPA will focus on, to contribute to the achievement of gender equality and women and girls’ empowerment, include United Nations partner entities, in particular UN-Women, UNICEF, UNDP, WHO) and the Office of the United Nations High Commissioner for Human Rights (OHCHR). UNFPA will build on the effective existing partnerships with United Nations partner organizations, bilateral and regional development actors, and civil society networks, and build new partnerships.

Figure 4: Outcome 3 change model in brief



VII. Outcome 4 change model

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

31. The UNFPA strategic plan, 2018-2021, seeks to assure that we are able to count and account for everyone, everywhere, in advancement of universal access to sexual and reproductive health, gender equality and women's empowerment, and enabling all young people to reach their potential.

32. Such a bold ambition demands that all governments, rich and poor, have the capacity to generate informed targets for national development based on knowledge of "who" is furthest behind, "where" they are located, "why" they have been left behind, and the context of their needs.

33. UNFPA has identified three key conditions that will need to be in place in order to support the generation and use of population data and to ensure that everyone, everywhere is counted and accounted for in the pursuit of sustainable development. UNFPA will focus and invest in achieving two of these conditions:

- (a) *Improved national population data systems to map and address inequalities; to advance the achievement of the Sustainable Development Goals and the commitments of the Programme of Action of the International Conference on Population and Development; and to strengthen interventions in humanitarian crises.* Progress on the strategic plan depends on countries' ability to identify and support population groups that are furthest behind in the attainment of the goal of the strategic plan, the ICPD agenda and the Sustainable Development Goals. Stronger population data systems enable countries to track inequalities, target investments, and achieve national, regional and global development agendas.¹² Where conflict or crisis limit traditional sources of data, new approaches to population data generation are emerging through remote sensing and geospatial techniques. Strengthening national population data systems, including in humanitarian settings, will reinforce capacity to produce and disseminate high-quality population data and the innovative use of combined estimation methods.
- (b) *Mainstreamed demographic intelligence to improve the responsiveness, targeting and impact of development policies, programmes and advocacy.* Demographic intelligence offers insights into how demographic changes shape social, economic and environmental development. Population data must be transformed into demographic intelligence that can inform setting of targets, shape programming and monitor progress of the strategic plan, the ICPD agenda, and relevant Sustainable Development Goals. Evaluation of UNFPA work on the 2010 round of censuses found that greater emphasis must be placed on effective use of population data for policies and programmes, including the innovative integration of census with sample surveys and registry data, and novel sources of 'big data' where conflict may limit traditional approaches. National experience underscores the positive impact of using combined data sources to improve subnational data and small area estimations, to improve development targeting, planning and evaluation.¹³ Strengthening demographic intelligence will emphasize shared development and dissemination of analytic methods and tools to track inequalities within core indicators and populations, and promote use of these data for informed target setting, programming, and monitoring of impact.

¹² UNFPA (2016) [Evaluation of UNFPA support to population and housing census data to inform decision-making and policy formulation \(2005-2014\) – Tajikistan](#) country case study; [Kenya](#) country case study; [Peru](#) country case study. Evaluation Office, UNFPA: New York. See also: Fox C (2014) [The use of census data for national development planning – Focus on the 2010 population and housing census](#). ECLAC sub-regional headquarters for the Caribbean: Studies and Perspectives: UN-ECLAC.

¹³ Sainan Zhang, Edilberto Loaiza and Rachel Snow (2016) "[Sub-national estimations of human capital indicators: Localizing investments for the demographic dividend.](#)" *African Population Studies*. Vol 30 (No.2). See also: Republic of Uganda (2014) [Harnessing the Demographic Dividend Accelerating Socioeconomic Transformation in Uganda - Report](#). National Planning Authority: Government of Uganda; and Republic of Zambia (2016) DRAFT: Subnational population situation analysis for national development planning in Zambia. Ministry of Finance and Development Planning, Republic of Zambia.

34. UNFPA will collaborate with partners to achieve the remaining condition (critical assumption), improved infrastructure investments, including information management technology, that is necessary to ensure everyone, everywhere, is counted and accounted for in pursuit of sustainable development.

35. Access to information communication technology is essential for the strategic plan, 2018-2021 because such infrastructure enables the collection of digital census and survey data, and the transformation of such data into geo-referenced, user-friendly, online data accessible to a wide range of development actors. The UNFPA strategic plan comes at a time of progressive digitization of all data worldwide; countries that embrace and invest in such infrastructure will more easily become knowledge-based societies.

36. Outcome 4 cannot be achieved without close collaboration with other United Nations entities, private sector companies, civil society and academics, inter alia. UNFPA will build on existing effective partnerships, and build new partnerships. Areas of collaboration will be strengthened with partners including the United Nations Population Division, United Nations Statistical Division, UNICEF, UN-Women, WHO, UNOCHA, Office of the United Nations High Commissioner for Refugees (UNHCR), United States Census Bureau and the African Union.

Figure 5. Outcome 4 change model in brief

