

# Transformative Agenda for Women, Adolescents and Youth in the Pacific

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# Transformative Agenda for Women, Adolescents and Youth in the Pacific

Phase II (2023-2027)

**Goal:** Transformative change in the lives of women, adolescents and youth, including those populations most left behind, through improved sexual and reproductive health and rights (SRHR) in the Pacific by 2027.

A multi-sectoral, multi-country, multi-year large-scale investment of AUD 37 million.

**Donor:** Department of Foreign Affairs and Trade (DFAT)

**Implementing agency:** UNFPA

**Implementing partners:**

Ministries of health, education, youth and sports, and women; ABCID, Burnet Institute, Family Planning Australia, IPPF SROP, WEI.

## Holistic approach to family planning

Family planning is central to gender equality, women's empowerment, and it is key in reducing poverty. In the Pacific region, adolescent births are either on the rise or remain above the global average and contraceptive prevalence rate is generally lower than the global average for all age groups.

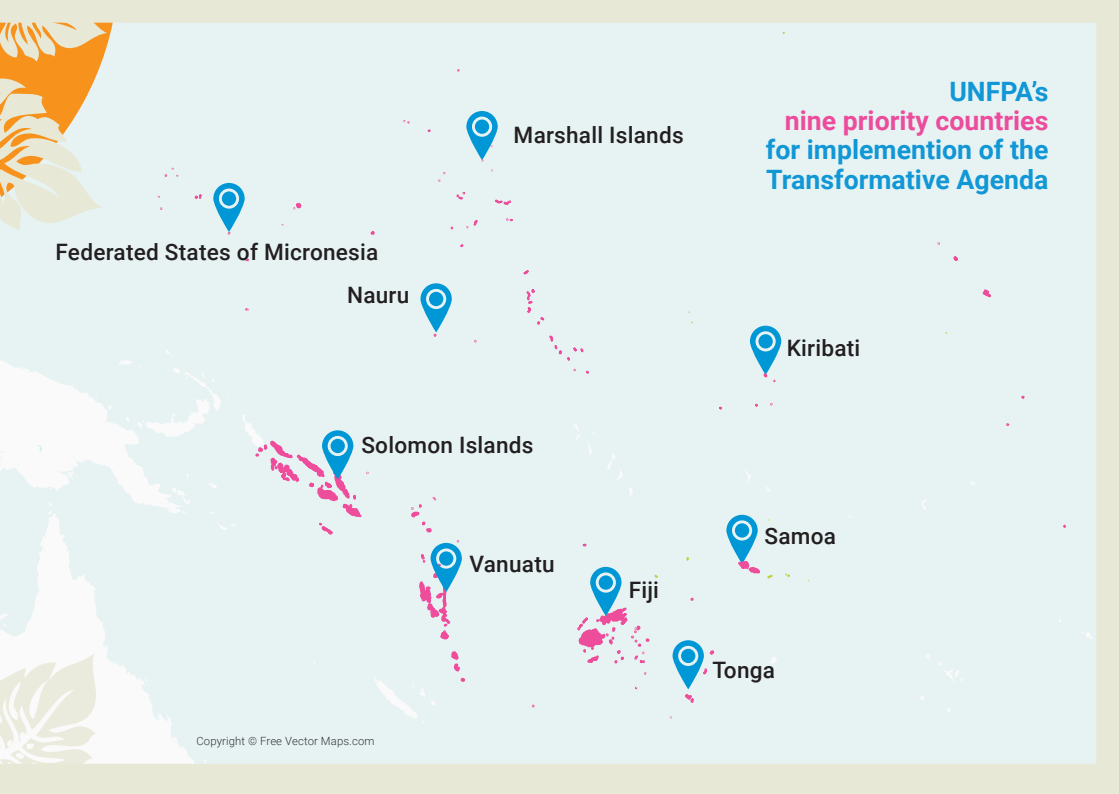
The Transformative Agenda, as part of UNFPA's multi-country programme for 14 Pacific Countries and Territories, takes a holistic approach in reducing unmet need for family planning.

It does so by boosting the supply of, and demand for, sexual and reproductive (SRH) information and services, and enabling access for everyone to these resources, including the most underserved populations. It strengthens building blocks for SRH, such as policy and legal frameworks, capacity of human resources, and data. It also complements the UNFPA Supplies programme, which support strengthening SRH logistics management systems and provides life-saving SRH commodities.





**UNFPA's**  
**nine priority countries**  
**for implementation of the**  
**Transformative Agenda**



Federated States of Micronesia

Marshall Islands

Nauru

Kiribati

Solomon Islands

Samoa

Vanuatu

Fiji

Tonga

## Strengthening SRH information and services supply

A nurse decided that a contraceptive injectable is the best method for her client without understanding her client's needs. Five months later the woman became pregnant. She missed the next injection because she could not afford transportation to the health centre.



## What we do

Improving the quality of care of the health workforce is important to meet clients' SRH needs, particularly for those most left behind. Health workers are trained on rights-based and client-centred family planning counselling and supportive supervision. Additionally, through an updated national midwifery curriculum, students will be educated to meet global midwifery standards.

*"We should not bring our biases and personal opinions into counseling. The clients should have the power to choose for themselves."*

Dr. Brian Guevara, Family Planning Champion Trainer Fiji

## Continuation of SRH services during crises

During natural disasters and public health emergencies, women and girls often lose access to family planning services, exposing them to unintended pregnancies in challenging conditions and health risks during pregnancy and labour.



### What we do

To ensure that women and girls can continue to meet their SRH and family planning needs, the Transformative Agenda distributes essential SRH supplies in, and deploys retired midwives to crisis-affected areas to continue the provision of family planning services. The programme helps implement the Minimum Initial Service Package – a series of lifesaving activities that address the SRH needs of crisis-affected populations.



## Promoting adolescent and youth sexual and reproductive health

When she turned 16, Livia was like any other adolescent drawn by new feelings to explore physical intimacy with her boyfriend. Taboos around adolescent SRH and the lack of information prevented her from making informed decisions about relationships and sex. At 17, Livia became pregnant and gave birth to her baby.

*"I hope to become the voice for girls who are scared because of social norms- to share the right information, and prepare them before they become partners."*

Tiera Korua (20), Youth Advocate Kiribati

## What we do

Providing adolescents and youth with judgment-free SRH information and services is key to ensuring they feel safe in requesting assistance. In order to achieve this, youth-friendly health services guidelines and comprehensive sexuality education/family life education (FLE) for schools and communities are developed and operationalized. To ensure anonymity, an mHealth app is developed to help youth stay connected and informed on protecting their SRH.



## Raising awareness on family planning

In her local community, Lily faces challenges because she has decided to use contraception. Her father-in-law does not agree and regularly argues about this with her. One day, she and her partner Kasi were summoned by his relatives to a public community meeting, and they tried to forbid Lily from using contraceptives.

***“My partner refused and told them that that family planning protects our family.”***

Lily lawantak, family planning advocate and professional athlete, Vanuatu

## What we do

Transforming social norms on sexual and reproductive health and dispelling myths on contraception are needed to inform decision making on, and create a supportive environment for family planning. Through behavioural change communication efforts different population groups are targeted with tailored messages spread through different platforms.



## Leaving no one behind

A 23-year-old deaf woman became pregnant and was excited about having a baby. She already had plenty of experience in looking after younger family members. However, to her immense sadness, her parents arranged for her cousin to take the baby. They took this decision without her knowledge or consent, as they did not think she could raise a child.

## What we do

Improving access to family planning information and services for persons with disabilities is critical in leaving no one behind. Disability inclusion is mainstreamed across the programme and community SRH outreach services specifically target persons with disabilities.

*Read the research  
that was done under  
the programme*





Explore the  
Transformative Agenda's  
findings on the legal  
landscape for SRH in 6  
Pacific countries



## Conducive environment for services

A rural woman wishes to use a contraceptive implant for its long-term protection suited for her unpredictable lifestyle. When visiting the nurse in the local health facility she is told that national regulations confine the provision of long-acting reversible contraceptives to the hospital. The burden of time and money forced her to settle for a short-acting contraception.



## What we do

To ensure everyone has access to the SRH and family planning support they require, the Transformative Agenda works on targeted changes in evidence-based legislation, public policy and programming. High-level decision-making bodies (e.g., RMNCAH committees) are strengthened to ensure stronger SRH results and assessments are conducted to inform advocacy and promote universal access to youth-friendly and disability-inclusive SRHR and family planning.



## **Making high-quality data available**

A policymaker does not have enough data about local adolescent pregnancy rates that would enable her to identify key challenges, set appropriate goals, and allocate resources effectively. Lack of reliable data also means she cannot launch a large-scale awareness campaign, targeting the underserved populations she is hoping to reach.



## **What we do**

Information is powerful for building enabling environments. Through strong health management information systems, the Transformative Agenda programme supports evidence-based policy making and programming.



**UNFPA**

**Delivering a world where  
every pregnancy is wanted,  
every childbirth is safe  
and every young person's  
potential is fulfilled**

