



Pacific SRHR Youth Strategy 2026 - 2033

A Pacific-Led, Youth Led Rights Based Approach

10 Pacific Countries

7 Year Strategy

6 Strategic Pillars

1M+ Youth to Reach



PACIFIC
WOMEN
LEAD



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Acronyms Terms

ASRHIE	Adolescent Sexual and Reproductive Health in Emergencies
CSE	Comprehensive Sexuality Education
GBV	Gender-Based Violence
HIV	Human Immunodeficiency Virus
LGBTQIA+	Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, Asexual, and others
MVPFAFF+	Mahu, Vakasalewalewa, Palopa, Fa’afafine, Akava’ine, Fakaleiti (Leiti), Fakafifine, and other Pacific gender identities
SGBV	Sexual and Gender-Based Violence
SRH	Sexual and Reproductive Health
SRHiE	Sexual and Reproductive Health in Emergencies
SRHR	Sexual and Reproductive Health and Rights
SRHR	Sexual and Reproductive Health and Rights and Justice
STI	Sexually Transmitted Infections
TFGBV	Technology-Facilitated Gender-Based Violence
Groups	
IPPF	International Planned Parenthood Federation
IPPF SROP	International Planned Parenthood Federation, Sub-Regional Office for the Pacific
MA	Member Association
Youth OCEANS	Youth Oceanic Consortium for Engagement, Advocacy and Networking in Sexual and Reproductive Health and Rights and Justice

Executive Summary

Young people across the Pacific are not a problem to be solved – they are leaders, innovators, and the foundation of the Pacific’s future. This strategy asks governments, donors, and partners to invest in their rights.

IPPF’s Sub-Regional Office for the Pacific (SROP) presents the Pacific Youth Sexual and Reproductive Health and Rights Strategy 2026-2033; a landmark 7-year, Pacific led, youth-centered program spanning 10 countries and 10 IPPF Member Associations (MAs). It addresses one of the most pressing and underfunded development challenges in the Pacific, case & point is the systematic denial of SRHR to adolescents and young people aged 10-24.

Funding & Origins: The Pacific Women Lead Project

This strategy was made possible through the **“Advancing the Sexuality Agenda and Shifting Norms in the Pacific”** project (**Grant Agreement GA24-514**) funded by the **Pacific Women Lead (PWL)** program at the **Pacific Community (SPC)** with support from the **Australian Government**, and co-financed by IPPF through the **Pacific Niu Vaka Strategy Phase II (2023-2028)**. The project ran from January to December 2025 across 9 Pacific countries, with a total investment of **AUD 1,249,980**. The PWL project was structured around 3 interconnected objectives that directly shaped the foundations of this strategy: generating evidence on how religious, cultural, and traditional practices influence SRHR access; advancing the sexuality agenda through gender-transformative programming; and strengthening SRHR programming for Pacific adolescents and young people through network development, capacity building, and advocacy. Across the project period, the initiative directly engaged **3,431** participants across 9 countries, **89%** from rural and maritime communities; establishing the evidence base, institutional capacity, and youth network architecture on which this strategy now builds.

Five landmark achievements of the PWL project are directly embedded in this strategy’s design and evidence based. First, the **Fiji SRHR Research Study**, a Community Based Participatory Research (CBPR) study engaging 103 qualitative activities across 6 communities; produced the Pacific’s first comprehensive evidence base on how cultural and religious norms shape SRHR access for young people, women, and sex workers. It’s findings directly inform this strategy’s situational analysis, faith-sensitive approaches, and evidence based. Second, **9 GEDSI analyses** were completed, with baseline scores ranging from 63% (PNGFHA) to 89% (SFHA), and GEDSI Action Plans integrated into all 9 MA annual work plans through 2028; these assessments provide the institutional baseline from which Pillar 6 (Systems Strengthening) begins. Third, the **Pleasurenesia Guide**, the Pacific’s first youth-led, culturally grounded, pleasure-positive sexuality education framework, co-designed with Youth OCEANS and 9 Pacific MA youth representatives. It is embedded as a foundational framework for this strategy’s CSE and youth engagement approach. Fourth, **Youth OCEANS identity and visibility** were strengthened through targeted investment during the PWL project period: its **brand identity** was developed, **social media** activated, **advocacy pillars** established, and **national youth networks reactivated in Tonga & Cook Islands**, making this strategy the direct

continuation and formalization of that momentum. Fifth, **eleven MA youth sub-grants** reached over 3,400 young people through peer education, roadshows, Family Life Education training, and community campaigns, demonstrating the reach and energy of community campaigns, demonstrating the reach and energy of the MA network on which this strategy depends.

The **Pacific Youth SRHR Strategy 2026-2033** is therefore not a new initiative starting from scratch. It's the strategic continuation of PWL project investments, operationalizing Youth OCEANS , institutionalizing the GEDSI gains, embedding the Fiji SRHR Research findings into program design, and scaling the youth engagement and CSE approaches proven during the project period across 10 IPPF SROP countries.

The **Pacific Youth SRHR Strategy 2026-2033** is directly aligned with the *2050 Strategy for the Blue Pacific Continent, the SAMOA Pathway, IPPF Pacific Niu Vaka Phase II*, and integrates SOGIESC, disability rights, and climate change priorities throughout.

IPPF SROP acknowledges with deep appreciation the Pacific Women Lead program at SPC and the Australian Government for the investment that made this strategy possible. The PWL project demonstrated what Pacific-led, youth-centered, evidence-grounded SRHR programming can achieve. This strategy is the next chapter.

VISION & MISSION

VISION

All Pacific young people can exercise their SRHR safely, freely and with dignity.

MISSION

To strengthen youth-led, rights-based SRHR systems, services, and advocacy across the Pacific that are inclusive, resilient, and grounded in Pacific realities.

STRATEGIC GOAL – By 2033

Young people aged 10–24 across all 10 IPPF SROP countries will experience:

- Increased equitable access to youth-friendly, rights-based SRHR services
- Improved CSE and SRHR knowledge, agency, and decision-making power
- Reduced stigma, gender-based violence, and harmful social norms
- Stronger influence in policy, systems, and accountability
- Sustained SRHR services through climate and humanitarian disruptions

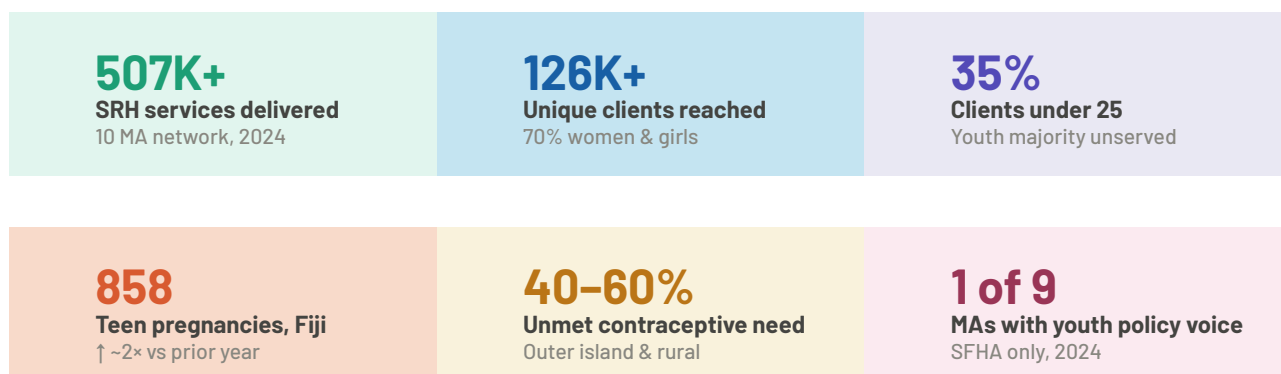
SITUATIONAL ANALYSIS

The Scale of the Challenge

The Pacific stands at a demographic inflection point. **Young people aged 10–24** constitute roughly **one-third of the region's total population** rising to over 40% in Papua New Guinea, Solomon Islands, and Vanuatu. This is not simply a demographic statistic; it is a policy imperative. The decisions made now about sexual and reproductive health (SRH) systems, education, and governance will determine the life outcomes of the Pacific's largest-ever generation of young people.

In 2024, IPPF SROP's network of ten Member Associations (MAs) delivered over **507,000 SRH services** to more than **126,000 clients**. Seventy percent of clients were women and girls; **35% were under 25**. These figures reflect genuine reach but more critically, they expose the vast scale of unmet need that remains. The gap between services delivered and services required is not a programme gap. **It is a systems gap, a resource gap, and above all, a political will gap.**

Service Reach at a Glance · 2024



The evidence is clear. Adolescent birth rates across Melanesian countries run two to three times higher than global middle-income averages exceeding **65 per 1,000 in PNG, Solomon Islands, and Vanuatu**. In **Fiji alone, 858 teenage pregnancies** were recorded in hospital settings in 2024, nearly double the previous year's figure. **Contraceptive needs** remain **unmet** for an estimated **40–60% of women in outer island and rural communities**. **Gender-based violence, affecting 60–70% of women in PNG, 64% in Fiji, and 60% in Vanuatu**, compounds already acute SRH vulnerability among adolescent girls. PNG carries an HIV prevalence approximately three times that of other Pacific Small Island Developing States, with rising incidence among youth and MSM populations in Fiji.



These are not peripheral concerns. They are central barriers to human capital development, economic participation, gender equality, and regional stability.

Key Evidence Summary

Indicator	Evidence	Source
Adolescent birth rates	2–3× higher than global middle-income averages in Melanesian countries; 65+ per 1,000 in PNG, Solomon Islands, Vanuatu	SPC Pacific Data Hub 2023; UNFPA State of World Population 2024
Fiji teenage pregnancies	858 recorded in Fiji hospitals in 2024 – nearly double the previous year	IPPF Fiji SRHR Research Report 2025
Unmet contraceptive need	Estimated 40–60% in outer island and rural communities; CYP grew modestly 2.5% to 9,842 region-wide in 2024	IPPF SROP Data Summary 2023–24; UNFPA Pacific
Gender-based violence	60–70% in PNG; 64% in Fiji; 60% in Vanuatu – adolescent girls disproportionately affected	National GBV surveys; IPPF Fiji SRHR Research 2025
HIV burden	PNG ~0.9% prevalence (3× other Pacific SIDS); rising incidence in Fiji among youth and MSM	National AIDS Council PNG 2023; Fiji MoHMS 2024
CSE access	School CSE in only 3 SROP countries; community CSE in 6; out-of-school youth (25–40%) systematically excluded	IPPF SROP Country Data 2024; SPC CSE Review 2022
Youth policy participation	Only 1 of 9 MAs (SFHA) reported meaningful youth participation in national policy in 2024; 3 SRHR policy initiatives in 2023, zero updates in 2024	IPPF SROP Data Summary 2023–24
SRHR in emergencies	SRHR absent from all national humanitarian preparedness plans across all 10 SROP countries	IPPF Humanitarian Review 2023; Pacific Humanitarian Team 2023

Six Interconnected Barriers – A Policy Analysis

What makes the Pacific's SRH challenge distinctive is not any single factor but the intersection of six mutually reinforcing barriers. Addressing one in isolation produces limited, unsustainable gains. Durable change requires simultaneous, coordinated action across all six.

Barrier Framework



Barrier Analysis

Stigma and silence remain the foundational barrier. Where SRHR is treated as taboo by families, communities, and health providers alike young people are shamed away from care-seeking before geography, cost, or availability even become relevant. Social norm transformation is not a soft complementary activity; it is a prerequisite for service utilization.

Geographic isolation is structurally determinative in ways that have no equivalent elsewhere. **The Pacific is the most geographically fragmented region on Earth.** For outer island populations, accessing a health facility may require days of travel by boat, at cost, in weather-dependent conditions. Standard service delivery models built on assumptions of proximity do not transfer.

Youth-hostile health systems compound access barriers even for those who reach services. Where facilities lack privacy, trained staff, youth-appropriate hours, or non-judgmental providers, utilization collapses. A young person humiliated once does not return.

The near **absence of comprehensive sexuality education (CSE)** leaves young people without the knowledge to protect their own health, navigate relationships, or exercise rights. School-based CSE exists in only three of nine SROP countries; community-based CSE reaches six. The estimated 25–40% of young people who are out of school are systematically excluded from both.

Climate and humanitarian vulnerability represent an under-recognized SRH risk. Cyclones, flooding, and displacement disrupt supply chains, close facilities, and concentrate vulnerable populations in conditions where sexual violence increases and contraception disappears. Yet SRHR remains absent from every national humanitarian preparedness plan across all ten SROP countries a policy failure with direct health consequences.

Weak institutional systems underpin all other barriers. Understaffed programmes, fragmented data systems, limited financial sustainability, and thin technical capacity across MAs mean that even when political will exists, implementation falters.

The Policy Implication: A Systems Approach Is Non-Negotiable

The data shows one clear thing: **there is no single solution that works on its own.** A country can increase access to contraceptives, but it won't make much difference if people live far away, face judgment from providers, or don't receive proper comprehensive sexuality education (CSE). In the same way, even the best sexuality education framework won't help if there are no sexual and reproductive health services available, or if emergencies disrupt access to care. Policymakers working in this situation face a clear challenge. They often prefer to fund specific projects that are easy to measure. However, real-world problems are more complex and involve many connected barriers.

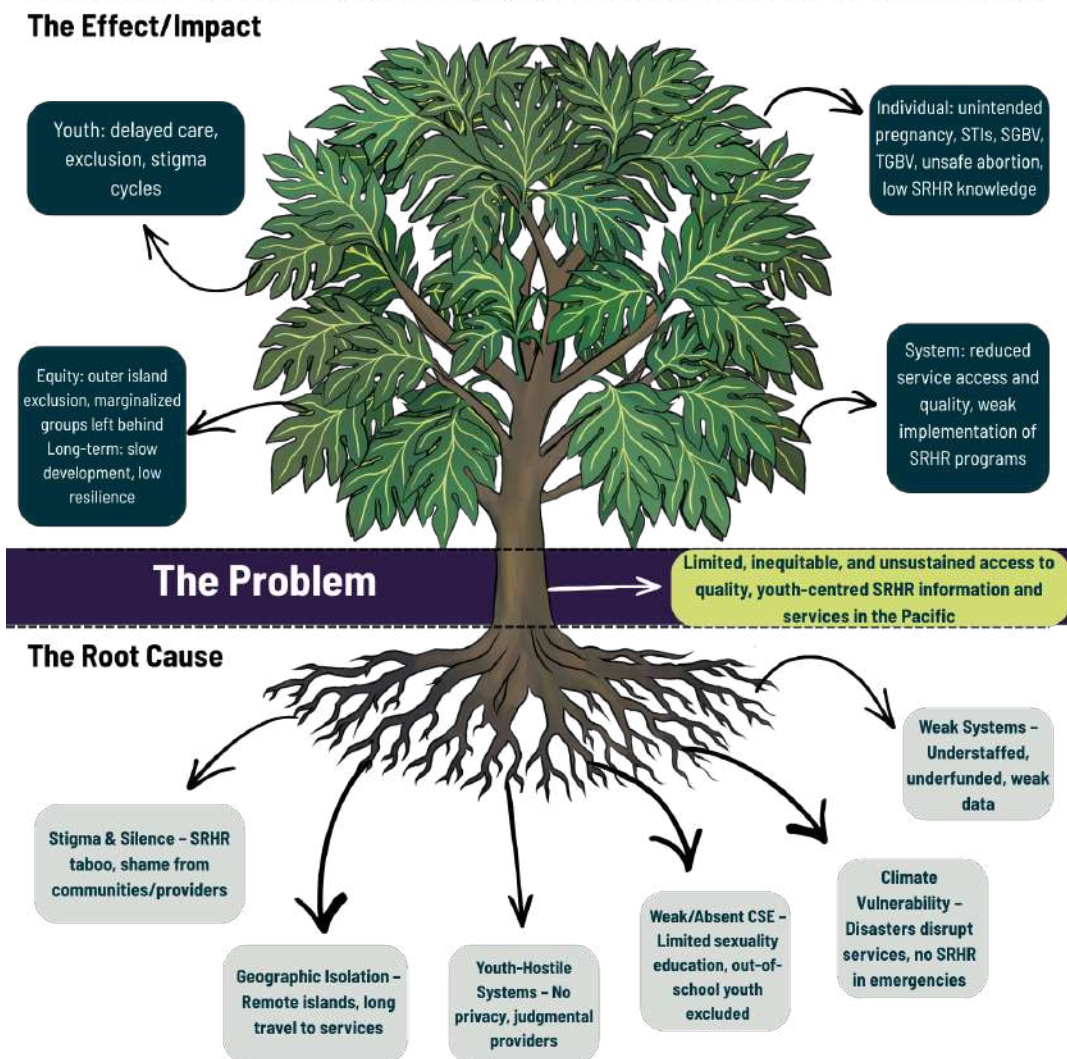
The six barriers mentioned are linked and affect each other. Hence, funding should be planned to tackle all of them together at the same time -not one after another, and not separately.

Three Cross-Cutting Priorities for Immediate Policy Attention

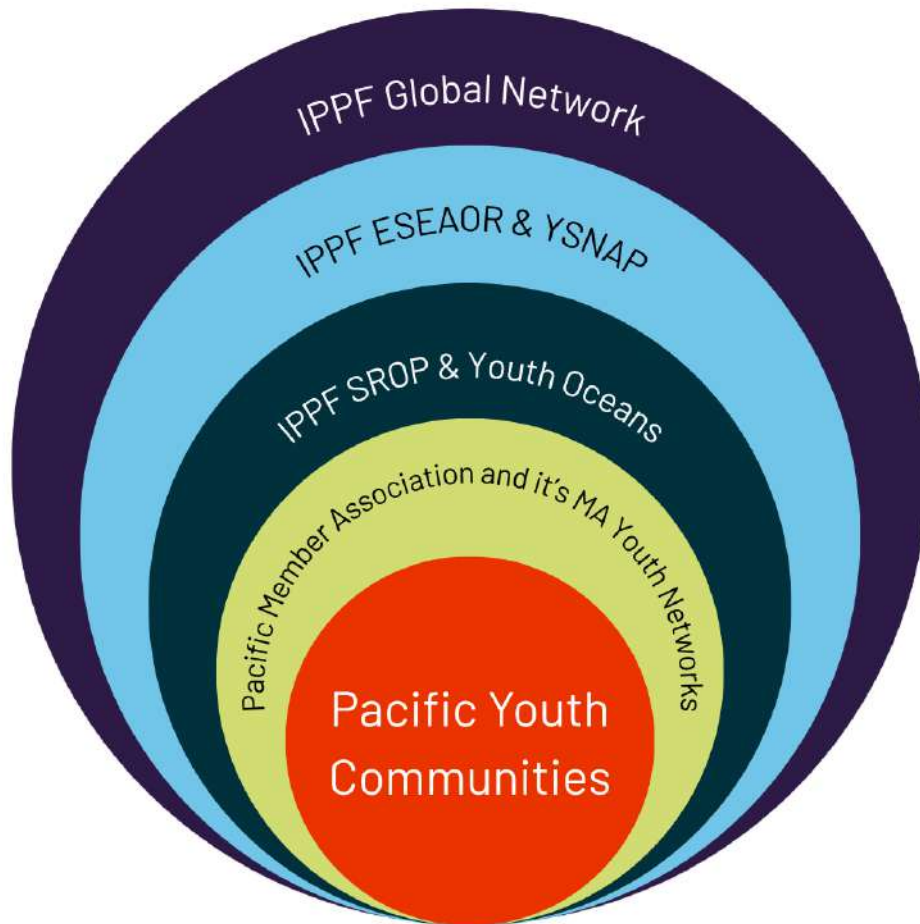
- 1 Integrate SRHR into national humanitarian preparedness frameworks**
 Across all Pacific nations, SRHR is currently absent from every national humanitarian preparedness plan. This is a zero-cost policy change with potentially life-saving consequences in a region that experiences cyclone-level disruption on a near-annual basis.
- 2 Institutionalize youth participation in national policy processes**
 Only one of nine MAs reported meaningful youth participation in national policy in 2024. This is not a resource constraint – it is a design choice, and it can be reversed through deliberate structural reform.
- 3 Extend CSE frameworks to out-of-school populations**
 The 25–40% of young people not in formal education are systematically absent from every existing curriculum-based intervention. Reaching them requires community-based approaches, faith-sensitive adaptation, and dedicated resourcing – none of which currently exists at scale.



The numbers above are not projections they are documented realities in 2024. The question for policymakers is not whether to act, but how quickly coordinated action can be assembled.



IPPF IN THE PACIFIC



The **International Planned Parenthood Federation (IPPF)** operates as a global federation of **Member Associations (MAs)** and partners across **149 countries**, combining service delivery, advocacy, and systems strengthening to advance sexual and reproductive health and rights (SRHR). **In 2024, IPPF delivered 230.5 million SRHR services and contributed to 90 policy and legal changes globally.** This scale reflects more than reach—it reflects the strength of a federated model designed to respond to diverse and evolving contexts.

In the Pacific, this ecosystem is anchored by ten nationally led Member Associations operating across Cook Islands, Fiji, Kiribati, Papua New Guinea, Samoa, Solomon Islands, Tonga, Tuvalu, Vanuatu, and the Marshall Islands. These MAs are not parallel actors to government systems; they are embedded within national health and community structures. In many settings, they serve as the primary or only non-government providers of SRHR services, delivering integrated care, outreach, and advocacy to populations that are geographically dispersed and often underserved.

Their comparative advantage lies in proximity and trust. Pacific MAs are deeply rooted in their communities, enabling them to navigate complex cultural, social, and geographic realities while sustaining service delivery and advancing sensitive SRHR agendas. However, their impact is not defined by service delivery alone. MAs operate across the full SRHR continuum—linking community engagement, youth mobilization, and policy advocacy to influence both demand and enabling environments.

At the regional level, **IPPF's East, South East Asia and Oceania Regional Office (ESEAOR)** provides strategic direction, regional oversight, and alignment with global priorities. ESEAOR has a **Sub-Regional Office for the Pacific (SROP)**, based in Suva, Fiji which serves as the primary coordinating and technical hub for the Pacific translating that direction into coordinated, context-specific action across Pacific Member Associations. This includes strengthening governance systems, financial management, programme quality, data and evidence use, and advocacy capacity. SROP ensures that individual MAs operate not as isolated entities, but as a coherent, aligned Federation capable of regional impact.

A defining feature is the centrality of **young people within this ecosystem**. MAs have moved beyond youth engagement as an output, embedding young people as actors within delivery systems. Youth Officers and networks of trained Youth Volunteers design and implement programmes, support service delivery, and lead peer-to-peer outreach. These structures form national youth networks that extend both the reach and legitimacy of SRHR interventions. The establishment of Youth OCEANS in 2023 represents a strategic consolidation of this youth-led infrastructure at the regional level. Bringing together Youth Officers and Youth Volunteers from across the Pacific, Youth OCEANS functions as a platform for coordination, leadership, and collective advocacy. It enables the alignment of national youth SRHR networks into a unified regional voice, strengthening peer learning, amplifying youth-led priorities, and advancing Pacific-driven SRHR solutions.

This model—of locally led MAs, regionally coordinated through SROP, and strengthened by an organized youth movement—positions the IPPF Pacific ecosystem not only to deliver services, but to shape systems.

THEORY OF CHANGE

How Change Happens in Pacific Youth SRHR

This **Theory of Change** articulates the causal logic linking IPPF SROP's inputs and activities to long-term impact on Pacific youth SRHR. It is structured across five levels: **Inputs → Activities → Outputs → Outcomes → Long-Term Impact**. Each level is connected by an "IF...THEN" logic and rests on key assumptions about enabling conditions. **The ToC is youth-centred: Pacific young people are not passive beneficiaries – they are agents, co-designers, advocates, and leaders throughout the causal chain.**

The ToC should be read alongside the Full Results Framework which provides the verifiable indicators, baselines, and targets for each level, and the Full Logframe which provides output-level accountability.

LONG-TERM
IMPACT (2033)

- Pacific young people aged 10–24 in all 10 SROP countries exercise their SRHR safely, freely, and with dignity
- SRHR health outcomes improve: reduced adolescent birth rates, reduced GBV, reduced HIV/STI transmission, reduced unmet contraceptive need
- Gender equality advances: young women and girls have greater bodily autonomy, agency, and freedom from violence and coercion
- Pacific systems – health, education, humanitarian, governance – sustain youth SRHR beyond the strategy period
- Pacific young people are recognised as legitimate actors in regional development, health, and policy processes – including at PIF, SPC, and UN levels

▼ IF Outcomes are sustained AND enabling conditions hold:
government commitment, cultural shift, institutional capacity, climate adaptation ▼

MEDIUM-TERM OUTCOMES
(2029–2033)

- O1 (Access): More Pacific youth access quality, youth-friendly, confidential SRHR services – disaggregated by age, sex, disability, location
- O2 (Knowledge): Pacific youth have improved SRHR knowledge, attitudes, and skills to make informed decisions about their bodies and relationships
- O3 (Norms): Harmful social norms around gender, sexuality, and GBV are progressively challenged at community and institutional levels
- O4 (Policy): Youth-led advocacy influences SRHR policy at national and regional levels in measurable, documented ways
- O5 (Humanitarian): SRHR is integrated into humanitarian preparedness and climate resilience frameworks in 8+ SROP countries
- O6 (Systems): SROP and MAs have strengthened governance, workforce, MEL, and financing systems that sustain SRHR programming

▼ IF Outputs are delivered at quality, at scale, and with sufficient reach ▼

SHORT-TERM OUTPUTS
(2026–2029)

- P1: Minimum Youth SRHR Service Package implemented in all 10 MAs; outer island outreach systematic; digital/telehealth pathways in 5 countries
- P2: Quality CSE curriculum framework delivered through school, community, and digital channels in all 10 countries with faith-sensitive and disability-inclusive adaptations
- P3: Youth-led social norm campaigns and positive masculinity programmes operational in all 10 countries
- P4: Youth OCEANS formally constituted; YAGs in all 10 MAs with demonstrated decision-making power; policy submissions to PIF, SPC, UNFPA
- P5: SRHR in national humanitarian plans in 5+ countries; emergency supplies pre-positioned all 10 MAs; SRHR continuity protocols operational
- P6: Baseline assessments complete; MEL functional all MAs; governance and safeguarding standards met across network

▼ IF Activities are implemented with quality, timeliness, and genuine cultural grounding ▼

ACTIVITIES
(2026-2033)

- SERVICE DELIVERY: Define minimum service package; train clinical staff; outer island outreach strategies; telehealth platform development; SRHiE protocols
- CSE: Regional curriculum framework (UNESCO 2018 aligned); country typology adaptations; teacher and facilitator training; digital CSE platform launch
- NORMS & PROTECTION: Youth-led campaign co-design with Youth OCEANS; sports and media partnerships; male engagement programming; TFGBV prevention integration
- YOUTH LEADERSHIP: Youth OCEANS governance formalisation; YAG establishment all 10 MAs; advocacy capacity building; Pacific regional forum participation
- CLIMATE & HUMANITARIAN: DRR actor mapping; SRHR-in-preparedness advocacy; emergency supply pre-positioning; SRHiE simulation exercises
- SYSTEMS: Institutional assessments; governance and safeguarding TA; MEL framework; data quality processes; resource mobilisation strategy

▼ IF Inputs are secured and partnerships are active and aligned ▼

INPUTS

- Financial: Phase 1 donor investment (USD 7.36M); government co-investment advocacy; multi-donor engagement; climate finance access
- Human: SROP technical team; 10 MA programme and clinical staff; Youth OCEANS members; YAG members; community health workers; peer educators
- Technical: IPPF global technical resources; UNFPA, SPC, WHO partnerships; UNESCO CSE guidance; MISP standards; IPPF GEDSI frameworks
- Networks: Youth OCEANS regional platform; PIF, SPC, PIANGO, PSGDN, PMHN, PDF partnerships; government and NDMO partnerships
- Evidence: IPPF SROP 2024 data; Fiji SRHR Research 2025; SPC Pacific Data Hub; UNFPA Pacific demographic data; WHO Western Pacific health data

The ToC rests on the following assumptions. Where these assumptions are at risk, the corresponding risk mitigation strategies in the Risk Register (Document 1) apply.

Level	Assumption	Risk if Not Met	Mitigation
Enabling Environment	Pacific governments maintain enabling SRHR policy frameworks throughout 2026-2033	Programme legitimacy reduced; school access blocked; civil society space shrinks	Policy engagement; civil society coalitions; CEDAW/ CRC advocacy; document commitments; rights-based framing
Institutional	IPPF MAs retain institutional capacity and community trust	Service delivery gaps; community relationships damaged; programme disruption	Systems strengthening Pillar 6; MA support visits; governance investment; staff retention strategies
Youth Participation	Young people are supported to participate meaningfully, not tokenistically	Youth leadership hollow; programmes miss the mark; advocacy lacks Pacific youth authenticity	YAG minimum standards; participation quality tracking; Youth OCEANS governance; remuneration; safeguarding
Cultural	Faith and community leaders engage constructively with SRHR messaging	CSE blocked; services stigmatised; campaigns ineffective in target communities	Faith-sensitive curriculum; community champions; talanoa processes; long-term relationship investment
Climate	Climate events do not overwhelm programme delivery capacity over 7-year period	Service continuity lost; humanitarian SRHR gaps; staff safety at risk	SRHiE protocols; pre-positioned supplies; NDMO partnerships; flexible delivery models; climate finance
Financial	Donor funding is sustained across the full 7-year strategy period	Scale-up impossible; MAs lose staff; institutional momentum and community trust lost	Multi-donor engagement; government co-investment; resource mobilisation strategy; early results demonstration
Social Change	Social norms shift at sufficient pace to enable SRHR progress	Services accessed but not normalised; policy reforms lack community acceptance	Long-term norms investment alongside services; community champions; intergenerational dialogue; evidence-building

What Makes Change Possible in the Pacific

This Theory of Change is grounded in the specific realities of Pacific SRHR change dynamics – not imported from other global contexts. Four distinctive Pacific change principles shape the causal logic:

Talanoa and Relational Change



In the Pacific, change happens through relationships. The talanoa – open, inclusive, and transformative dialogue – is the primary mechanism through which norms shift, trust is built, and consensus is formed. This strategy's investment in community champions, faith leader engagement, Youth OCEANS networks, and youth advisory groups all reflect the talanoa principle: change happens through sustained, respectful, relationship-based engagement, not through external mandates.

Pacific Cultural Assets as Enablers

Pacific cultures contain powerful values that can advance SRHR – concepts of care (manaaki), dignity, community responsibility, and the protection of young people. The strategy positions these cultural assets as entry points, not obstacles. Kastom, fa'asamoa, tauhi va, and vakavanua all contain principles that can be mobilised in service of SRHR – when programmes are designed with, not for, Pacific communities.



Youth as Navigators – Not Beneficiaries

Pacific young people are expert navigators of the complex social, cultural, and digital landscapes of their communities. They already advocate, organise, and lead – with or without institutional support. This strategy's theory is that when young people are given resources, structures, protection, and genuine institutional power, they produce disproportionate SRHR change relative to investment. Youth OCEANS is not a project output – it is the change engine.









Systems Change Requires Sustained Investment

Project-by-project funding produces project-by-project results. The Pacific's SRHR challenges are structural and require sustained investment in systems – clinical quality, CSE infrastructure, data systems, governance, and advocacy capacity. This 7-year strategy is designed to achieve systems change, not demonstrate short-term outputs. Phase 1 builds the foundations. Phase 2 scales. Phase 3 consolidates and transitions to Pacific-owned sustainability.



The 6 Pillars

The strategy is organized across six interconnected pillars, implemented simultaneously across all 10 countries through country-adapted workplans. Pillars mutually reinforcing, not siloed.

Pillar	Focus	Key 2028 Targets	
	1. Access to Sexual and Reproductive Health and Rights (SRHR) Services	Minimum Youth SRHR Service Package; outer island outreach; digital/telehealth pathways; SRHiE continuity	All 10 MAs implementing; 4+ outreach cycles/country/year; 5 digital pathways; all supplies pre-positioned
	2. Comprehensive Sexuality Education (CSE)	Regional framework (UNESCO 2018 aligned); school, community, and digital channels; faith-sensitive and disability-inclusive adaptations	Framework finalised 2026; country adaptations endorsed 2027; CSE via 2+ channels all 10 countries by 2028
	3. Social Norms Transformation	Youth-led campaigns; positive masculinities programming; SGBV referral; TFGBV prevention	2+ campaigns/country/year; male engagement piloted in 3 countries; SGBV pathways all 10 MAs
	4. Youth Leadership & Policy	Youth OCEANS formalised; YAGs in all 10 MAs; policy advocacy capacity built	Youth OCEANS constituted; YAGs all 10 MAs; 3+ advocacy actions/country/year
	5. SRHR in Humanitarian Settings	SRHR in national DRR plans; MISP supplies pre-positioned; MA continuity protocols; NDMOs engaged	SRHR in 5 country plans; all 10 MAs with protocols; supplies pre-positioned Q1 2028
	6. Systems Strengthening	Baseline assessment; governance/safeguarding TA; MEL framework; sustainable financing architecture	Baseline complete Q1 2026; governance standards all 10 MAs by 2028; MEL functional all MAs by 2027

PILLAR 1 Access to Youth-Friendly SRHR Services

Equitable, confidential, accessible services, including outer islands and humanitarian settings

All young people can access safe, confidential, and affordable SRHR services—including those in outer islands and during emergencies.



Key actions:

- Define, endorse and roll out a minimum Youth SRHR Service Package that covers contraception, STI/HIV services, GBV referrals, menstrual health, and counselling
- Expand access to outer islands through community health workers and mobile clinics
- Develop digital and telehealth services to reach more young people

Targets:

- Basic SRHR service package in all 10 MAs by 2027
- Outer island outreach at least 4 times per year per country by 2029, reaching all outer island populations by 2033
- Digital/telehealth services in 5 countries by 2028 and 8 countries by 2033, reaching at least 1500 youth per year
- Emergency SRHR supplies ready in all 10 countries by Q1 2028

PILLAR 2 Comprehensive Sexuality Education

Position CSE as a core regional priority, not a side activity, across school, community, and digital channels

This pillar focuses on strengthening and prioritizing comprehensive sexuality education across the region, ensuring young people in all their diversities have access to accurate, inclusive, and age-appropriate SRHR information through multiple channels.



Key actions:

- Develop a regional CSE curriculum framework aligned to UNESCO International Technical Guidance on Sexuality Education (2018), covering 8 learning domains. The 8 Learning Domains: (1) Relationships, Family & Community; (2) Values, Human Rights, Culture & Sexuality; (3) Gender & Power; (4) Violence & Safety; (5) Skills for Health & Wellbeing; (6) The Human Body & Sexual Development; (7) Sexuality & Sexual Behavior; (8) Sexual & Reproductive Health.
- Adapt the curriculum for 4 age groups (10–12, 13–15, 16–18, 19–24)
- Deliver CSE through three channels: schools, community programs, and digital platforms. Ensure content is inclusive, including faith-sensitive and disability-inclusive adaptations.

Targets:

- Regional CSE framework completed by Q2 2026, with country adaptations approved by mid-2027
- CSE delivered through at least 2 channels in all 10 countries by Q2 2028, with quality scores above 70% by 2033
- Reach over 100,000 young people per year with CSE by 2030. At least 70% of young people report improved SRHR knowledge

PILLAR 3· Social Norms Transformation & Protection

Address root drivers: stigma, gender inequality, harmful silence, and violence, through youth-led action

This pillar focuses on shifting harmful social norms and root causes such as stigma, gender inequality, silence, and violence toward inclusive, equitable, and non-violent environments that support the sexual health, rights, and wellbeing of all young people.



Key actions:

- Lead youth-driven campaigns using sports, media, drama, and storytelling to shift harmful norms
- Promote positive masculinities by engaging boys and men as allies
- Strengthen SGBV referral pathways to be survivor-centered and trauma-informed
- Integrate technology-facilitated GBV prevention into all digital programming

Targets:

- At least 2 youth-led social norms campaigns per country per year by 2028, with measurable attitude change by 2031
- Male engagement programs piloted in 3 countries by Q3 2027 and expanded to all 10 countries by 2030, reaching over 20,000 male youth per year
- SGBV referral pathways strengthened in all 10 countries by 2027 that is trauma-informed and survivor-centered

PILLAR 4 · Youth Leadership & Policy Influence

Move from participation to power: Youth OCEANS as a formal platform; youth-led advocacy at all levels

This pillar focuses on strengthening and institutionalizing youth leadership through Youth OCEANS, enabling young people to move from participation to real decision-making power and influence in policies at national, regional, and global levels.



Key actions:

- Formalize Youth OCEANS as the region's leading youth SRHRJ leadership network with clear governance and sustained support
- Establish Youth Advisory Groups (YAGs) in all 10 Member Associations
- Build capacity for youth to engage in key policy processes such as Pacific forums, CE-DAW/CRC reviews, and ICPD+30
- Support and amplify youth-led advocacy, policy dialogue, and submissions at all levels
- 2024 baseline: Only 1 of 9 MAs reported meaningful youth policy participation; 3 SRHR policy initiatives in 2023, zero updates in 2024. Phase 1 focuses on enabling conditions.

Targets:

- Youth OCEANS formally constituted with a governance structure by Q1 2026
- YAGs established in all 10 Member Associations by Q1 2027, meeting quarterly, with at least 75% of recommendations acted on by 2030
- Annual Youth OCEANS regional forum held by Q2 2027, with regular policy submissions to PIF, SPC, and UNFPA

PILLAR 5 SRHR in Climate & Humanitarian Settings

Mainstream SRHR into Pacific resilience frameworks, SRHR absent from all 10 country plans as of 2024

This pillar focuses on integrating SRHR into climate resilience and humanitarian systems so that young people can continue to access essential services during disasters and climate-related disruptions.



Key actions:

- Work with National Disaster Management Offices (NDMOs) to include SRHR, especially youth SRHR needs in disaster risk reduction and humanitarian preparedness plans. Integrate ASRHIE (Adolescent Sexual and Reproductive Health in Emergencies) into national disaster risk reduction and humanitarian preparedness plans through engagement with NDMOs
- Pre-position MISIP (Minimum Initial Service Package) emergency kits across countries to ensure continuity of adolescent and youth SRHR services during crises
- Develop Member Association for continuity protocols to ensure 72-hour SRHR service restoration.
- Commission climate-SRHR vulnerability assessments in Kiribati, Tuvalu, Marshall Islands, and Tonga to identify and respond to the specific risks faced by adolescents and young people
- Strengthen youth participation in emergency preparedness, response, and recovery processes

Targets:

- SRHR and ASRHIE included in 5 national humanitarian plans by 2028, 9 by 2031, and all 10 by 2033
- All 10 Member Associations with SRHR and ASRHIE continuity protocols by 2028, with 72-hour service restoration in 80% of disaster events by 2033
- Climate-SRHR vulnerability assessment for atoll nations completed by 2026
- Strengthen youth participation in emergency preparedness, response, and recovery processes by ensuring that all 10 countries have formal youth representation in national disaster and humanitarian mechanisms, with at least 70% of youth recommendations integrated into plans and responses by 2030.

PILLAR 6 Systems Strengthening & Sustainability

Make youth SRHR institutional – not project-based – through governance, data, workforce, and financing investment

This pillar focuses on embedding youth SRHR within strong, resilient systems by strengthening governance, data systems, workforce capacity, and sustainable financing so that impact is institutionalized and long-term.



Key actions:

- Conduct a baseline institutional assessment across all 10 Member Associations across 5 dimensions: governance, safeguarding, workforce, monitoring, evaluation and learning (MEL), and financing
- Provide targeted technical assistance to strengthen identified gaps
- Develop and implement a standardized regional MEL framework across all countries
- Establish a multi-donor resource mobilization strategy to ensure sustainable funding

Targets:

- Baseline institutional assessment completed in all 10 Member Associations by Q1 2026, with a mid-term reassessment by Q3 2028
- All 10 Member Associations meeting IPPF governance and safeguarding standards by 2028, and all 5 institutional dimensions strengthened by 2033
- MEL framework implemented in all 10 Member Associations by 2027, with at least 90% data completeness by 2030
- At least 40% of Youth OCEANS core funding secured from external sources by 2028

COUNTRY ADAPTATION FRAMEWORK

This framework translates the regional strategy into country-level action. A typology approach ensures that each country's context, geography, legal landscape, and institutional systems are reflected in implementation. All countries work toward the same outcomes – the pathway to get there is adapted for context.

Typology	Countries & MAs	Key SRHR Context	Phase 1 Priority Focus
Large & Complex (High Burden)	Papua New Guinea (PNGFHA)	Highest HIV burden (~0.9%). 60–70% GBV. Vast geographic dispersion. Criminalized same-sex relations. Abortion illegal except to save life. 2024: 101,745 services, 32,378 clients (+22.82%)	Provincial delivery models. HIV+SRHR integration. SGBV scale-up. Decentralized outreach. Workforce investment
Atoll & Climate-Vulnerable	Kiribati (KFHA) Tuvalu (TuFHA) Marshall Islands (YTYiH)	Sea-level rise. Climate displacement. Extreme outer island isolation; Kiribati: –38.6% service volume but +16.97% clients (Island Council MoU model outstanding); Tuvalu: +46.13% client growth during governance recovery	SRHiE integration. Outer island outreach; Island Council partnerships; supply chain resilience; climate-SRHR mapping
Melanesian – Remote	Solomon Islands (SIPPA) Vanuatu (VFHA)	SIPPA: +41.8% service growth, radio model reaching 193,200 people. Vanuatu: +41.73% client growth; post-disaster systems. kastom legal pluralism. Family Protection Acts both countries	Remote service delivery; faith-sensitive CSE; GBV referral strengthening; SIPPA radio model as regional template
Polynesian – Faith & Community	Samoa (SFHA) Tonga (TFHA) Cook Islands (CIFWA)	SFHA: volunteer growth 17→38 (+124%); 88% Tongan tertiary students volunteered after 1 CSE session. Samoa: –23.1% service decline (strategic review needed); Cook Islands: +27.96% client growth	Faith-sensitive CSE; community champion engagement; confidentiality-first service design; strategic review for Samoa
Urban/ Regional Hub	Fiji (RFHAF)	858 teenage pregnancies in hospitals 2024 (nearly double). Rising HIV incidence; extraordinary CYP growth (24→362). RFHAF National AIDS Advisory role; IPPF Fiji SRHR Research Report 2025 informs strategy	Digital SRHR leadership; HIV+SRHR integration; policy advocacy platform; regional data hub

Minimum Country Deliverables – All MAs

Deliverable	Verification	Timeline
Adapt and deliver Minimum Youth SRHR Service Package	MA service checklists; SROP QA review	By Q4 2026
Establish Youth Advisory Group meeting SROP minimum standards	YAG ToRs; quarterly meeting minutes submitted to SROP	By Q1 2027
Deliver CSE through at least 2 channels (school, community, or digital)	Programme attendance records; channel delivery reports	By Q2 2028
Implement 2+ youth-led advocacy initiatives annually	Youth OCEANS advocacy logs; policy tracking	Annually from 2026
Maintain current SRHR referral pathway map, updated annually	Published map; staff orientation records	By Q4 2026; updated annually
Report against regional MEL indicators semi-annually	SROP MEL database; data quality score	From Q2 2026
Develop and operationalise SRHR continuity protocol for disasters	Protocol document; simulation exercise records	By Q4 2027

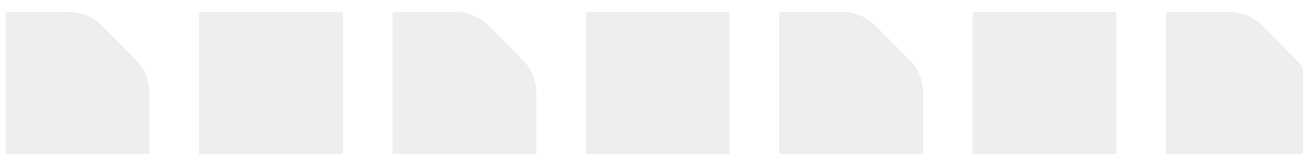
RISK REGISTER

Risk	Level	Description	Mitigation
Enabling Policy Environment	HIGH	Governments may restrict SRHR programming, block CSE, or reduce civil society space	Active policy engagement; build civil society coalitions; CEDAW/CRC treaty body processes; document commitments
Climate Events	HIGH	Increasing frequency of cyclones, floods, and sea-level rise disrupts service delivery	Pre-position MISP supplies; continuity protocols; integrate SRHR into NDMO plans; SRHiE simulation exercises
Donor Funding Volatility	HIGH	Reliance on external funding creates fragility; global SRHR funding contractions post-2025	Multi-donor strategy; government co-investment advocacy; resource mobilisation; early results demonstration
Faith & Community Resistance	MEDIUM	Faith leader opposition to CSE, contraception, and LGBTQI+ inclusion in Polynesian and Melanesian contexts	Faith-sensitive adaptations; community champion strategy; long-term relationship investment; talanoa processes
Youth Participation Quality	MEDIUM	Youth advisory mechanisms may be tokenistic – a documented current failure across 8 of 9 MAs	YAG minimum standards; recommendation tracking; stipends; Youth OCEANS governance; SROP compliance review
Data Quality	MEDIUM	Weak MA MEL systems produce incomplete data, undermining accountability	MA data system investment; MEL training; data quality review; include in partner agreements
Staff Turnover	MEDIUM	High turnover of MA clinical and programme staff reduces institutional capacity	Document SOPs; mentorship; competitive remuneration advocacy; succession planning
Digital Access Inequality	LOW-MED	Digital pathways may deepen equity gaps in outer islands without connectivity	Digital supplements, not replaces, in-person services; offline content; radio-based models

PACIFIC YOUTH SRHR STRATEGY LOGFRAME

This log frame provides the complete programme logic for the Pacific Youth SRHR Strategy 2026–2033, covering Impact, Outcome, Output, and Activity levels across all six Strategic Pillars and 10 countries. All indicators are disaggregated by age group (10–14, 15–19, 20–24), sex, disability status, and location (urban/rural/outer island). Targets are indicative and to be confirmed against 2026 baseline data.

Cross-Cutting Theme	Description
Gender Equality and Inclusion	Gender-transformative approach throughout; not just equal access but shifting power dynamics. All data disaggregated by sex. Male engagement integrated across all 6 pillars. Young people with disabilities explicitly included.
Youth Leadership and Agency	Young people as active agents, rights-holders, and leaders – not passive beneficiaries. Operationalised through Youth OCEANS regionally, YAGs at country level, youth-led campaigns at community level, and youth co-design of services and curricula.
Pacific Context and Cultural Grounding	Rejects one-size-fits-all through the Country Typology Framework. Faith-sensitive adaptations, language-appropriate materials, and atoll-specific outreach models embedded in every output design.
Climate and Humanitarian Resilience	Climate resilience as a cross-cutting thread, not a standalone pillar. Every service model includes a continuity protocol. Every CSE curriculum addresses climate displacement and emergency SRHR. Every policy engagement connects SRHR to DRR frameworks.



IMPACT LEVEL

Impact Statement	Indicator	Means of Verification	Baseline	Target by 2033
Pacific young people aged 10–24 exercise their SRHR safely, freely, and with dignity; SRHR health outcomes improve; systems sustain change beyond 2033	Adolescent birth rate (per 1,000 women aged 15–19) in SROP countries	SPC Pacific Data Hub; UNFPA Pacific demographic data; national HMIS	20 (Cook Is.) to 65+ (PNG, SI, Van.) per 1,000 girls aged 15–19	15% reduction all countries; 25% in Melanesian countries by 2033
	% young women 15–24 with unmet need for modern contraception	National household surveys; IPPF SROP service data	Est. 40–60% outer islands; 30%+ overall	20% reduction from baseline in all countries by 2033
	% women under 25 reporting lifetime experience of intimate partner violence	National GBV surveys; UNFPA Pacific GBV programme data	60–70% PNG; 64% Fiji; 60% Vanuatu	Measurable documented reduction in 5+ countries by 2033

OUTCOME LEVEL

Outcome	Indicator	Means of Verification	Baseline (2025)	Target
Outcome 1: More Pacific youth access quality, youth-friendly SRHR services	% of MAs implementing Minimum Youth SRHR Service Package; # youth aged 10–24 accessing services (disaggregated)	MA service checklists; SROP QA visits; IPPF DRS	No standardised package; 35% of clients under 25 (2024)	All 10 MAs by 2028; 40% increase in youth clients by 2028; 70% by 2033
Outcome 2: Pacific youth have improved SRHR knowledge, attitudes, and decision-making skills	% reporting improved SRHR knowledge post-CSE; % knowing where to access services	KAP surveys (baseline 2026; mid 2029; end 2033); post-programme assessments	Baseline 2026 (fragmented; no comparative data)	70% improved knowledge by 2030; 80%+ by 2033; 60% know services in all countries by 2029

<p>Outcome 3: Harmful social norms around gender, sexuality, and GBV progressively challenged</p>	<p>% change in community attitudes toward contraception, GBV, and consent; # male youth in positive masculinity programmes</p>	<p>KAP survey mid-term 2029; endline 2033; programme reports</p>	<p>Baseline 2026; male engagement not tracked (2024)</p>	<p>Positive shift in 70%+ communities by 2031; 20,000+ male youth/year by 2030</p>
<p>Outcome 4: Youth-led advocacy influences SRHR policy at national and regional levels</p>	<p># youth-led advocacy actions resulting in policy dialogue or commitment per country/year; % YAG recommendations acted upon</p>	<p>Youth OCEANS logs; Pacific meeting documentation; MA governance records</p>	<p>3 SRHR policy initiatives 2023; 0 in 2024; YAGs in ~4 MAs only</p>	<p>3+ advocacy actions/country/year by 2028; outcomes in 5+ countries by 2033; 75% YAG</p>
<p>Outcome 5: SRHR integrated into humanitarian preparedness in 8+ countries</p>	<p># countries with SRHR in official DRR/humanitarian preparedness plan; # crises with SRHR maintained in 72hrs</p>	<p>Government plan documents; NDMO MoUs; MA crisis logs; OCHA reports</p>	<p>SRHR absent all 10 national plans (2024); service continuity weak</p>	<p>SRHR in 5 plans by 2028; 9 by 2031; 10 by 2033; 72hr restoration 80% events by 2033</p>
<p>Outcome 6: SRHR and MAs have strengthened governance, data, and financing systems</p>	<p># MAs meeting minimum standards across 5 dimensions: governance, safeguarding, workforce, MEL, financing</p>	<p>IPPF institutional assessment; annual compliance review; financial audits</p>	<p>Baseline assessment to be conducted 2026</p>	<p>All 10 MAs meeting 3+ dimensions by 2030; all 5 by 2033</p>

OUTPUT LEVEL

PILLAR 1: Access to Youth-Friendly SRHR Services

Output / Outcome	Verifiable Indicator	Means of Verification	Baseline	Target (2028 / 2033)
Output 1.1: Minimum Youth SRHR Service Package defined, piloted, and rolled out across all 10 MAs	# MAs implementing Package (contraception, STI/HIV, GBV referral, menstrual health, counselling)	MA service checklists; SROP QA visits	0 standardised package across SROP (2024)	All 10 MAs implementing by 2028; reviewed 2031
Output 1.2: Outer island and rural outreach systematically expanded	# outer island/rural outreach sessions per year; # communities reached	MA outreach logs; mobile clinic records; community health worker reports	Outreach ad hoc and under-resourced (2024)	Min. 4 outreach cycles/year/country by 2029; all outer populations by 2033
Output 1.3: Digital and telehealth SRHR pathways established and operational	# countries with functional digital pathway; # youth using digital services per year	Digital platform analytics; MA technology reports	Limited digital SRHR; Fiji most advanced; connectivity low	5 countries by 2028; 8 by 2033; 15,000+ reached digitally/year

PILLAR 2: Comprehensive Sexuality Education

Output / Outcome	Verifiable Indicator	Means of Verification	Baseline	Target (2028 / 2033)
Output 2.1: Quality CSE curriculum framework developed and adapted for Pacific contexts	# countries using standardised/ adapted CSE aligned to UNESCO 2018 guidance	Curriculum documents; Ministry endorsements; MA education reports	No shared regional CSE curriculum; approaches vary (2024)	Framework finalised 2027; in use in 7 countries by 2030
Output 2.2: CSE delivered through school, community, and digital channels with faith-sensitive and disability-inclusive adaptations	# youth receiving CSE per channel; quality score via post-programme knowledge tests	Attendance records; digital analytics; knowledge assessment results	School CSE in 3 countries; community in 6 (2024)	2+ channels all 10 countries by 2029; quality scores 70%+ by 2033

PILLAR 3: Social Norms Transformation & Protection				
Output / Outcome	Verifiable Indicator	Means of Verification	Baseline	Target (2028 / 2033)
Output 3.1: Youth-led social norm change campaigns in all countries via sports, media, and storytelling	# campaigns per year; reach; attitude shift via KAP mid-term	Campaign reports; media monitoring; KAP mid-term	Campaigns in 5 countries; reach inconsistent (2024)	2+ campaigns/ country/year by 2028; measurable change in targeted communities by 2031
Output 3.2: Male engagement and positive masculinities integrated across all Pillars	# male-targeted programmes; # male youth reached; % reporting positive gender attitude shift	Programme reports; gender attitude pre/post assessment; SROP gender review	Male engagement limited and not tracked (2024)	Male engagement strategy all MAs by 2027; 20,000+ male youth/year by 2030
PILLAR 4: Youth Leadership & Policy Influence				
Output / Outcome	Verifiable Indicator	Means of Verification	Baseline	Target (2028 / 2033)
Output 4.1: Youth OCEANS established as formal regional leadership and advocacy platform	Formal governance documents; meeting schedule; # documented policy outputs per year	Governance documents; meeting reports; advocacy tracking logs	Youth OCEANS informal; no structure, budget, or governance (2024)	Formally constituted Q1 2026; annual forum 2027; policy submissions 2028
Output 4.2: Youth Advisory Groups established and operational in all 10 MAs	# MAs with formal YAG meeting quarterly; % recommendations acted upon by MA management	MA governance records; meeting minutes submitted to SROP; compliance review	YAGs in approximately 4 MAs in some form (2024)	All 10 MAs by Q1 2027; 75% recommendations acted upon by 2030
PILLAR 5: SRHR in Climate & Humanitarian Settings				
Output / Outcome	Verifiable Indicator	Means of Verification	Baseline	Target (2028 / 2033)

Output 5.1: SRHR mainstreamed into national humanitarian preparedness plans	# countries with SRHR in official DRR or humanitarian plan	Government plan documents; NDMO MoUs; SROP policy log	SRHR absent from all 10 national humanitarian plans (2024)	SRHR in 5 country plans by 2028; 9 by 2031; 10 by 2033
Output 5.2: Continuity of SRHR services maintained during and after disasters	# crises where MA maintained/ restored SRHR services within 72 hrs; # emergency supplies pre-positioned	MA crisis logs; SROP humanitarian monitoring reports; OCHA situation reports	Service continuity during disasters weak; MAs unprepared (IPPF 2023)	All MAs with continuity protocol by 2028; 72hr restoration in 80% of disaster events by 2033

PILLAR 6: Systems Strengthening & Sustainability

Output / Outcome	Verifiable Indicator	Means of Verification	Baseline	Target (2028 / 2033)
Output 6.1: All MAs have functional governance, safeguarding, and accountability systems	# MAs with IPPF-compliant governance, safeguarding policy, and annual accountability report	IPPF accreditation; SROP compliance review; safeguarding documents	Governance varies; safeguarding in 6 of 10 MAs (IPPF 2024)	All 10 MAs meeting IPPF governance and safeguarding standards by 2028
Output 6.2: MEL systems functional in all MAs with disaggregated data reported to SROP	# MAs submitting complete disaggregated data semi-annually; data quality score	SROP MEL database; data quality reports; IPPF DRS compliance review	Data reporting incomplete and inconsistent across network (2024)	All 10 MAs functional by 2027; 90% completeness by 2030

ASSUMPTIONS & RISK REGISTER

Risk Category	Level	Description	Mitigation Strategy
Enabling Policy Environment	HIGH	Governments may restrict SRHR programming or block CSE	Policy engagement; civil society coalitions; CEDAW/CRC treaty body advocacy; document commitments
Climate Events	HIGH	Increasing climate events disrupt service delivery	Pre-position supplies; continuity protocols; integrate SRHR into NDMO plans; simulation exercises
Donor Funding Volatility	HIGH	Funding reliance creates fragility	Multi-donor engagement; government co-investment; resource mobilisation strategy
Faith & Community Resistance	MEDIUM	Faith leader opposition to CSE and SRHR services	Faith-sensitive adaptations; community champions; talanoa processes; progressive faith voices
Youth Participation Quality	MEDIUM	Youth mechanisms may be tokenistic	YAG minimum standards; recommendation tracking; stipends; SROP compliance review
Data Quality	MEDIUM	Weak MEL systems produce unreliable data	Invest in data systems; MEL training; include quality in partner agreements
Staff Turnover	MEDIUM	High MA staff turnover reduces capacity	SOPs; mentorship; competitive remuneration advocacy; succession planning
Digital Access Inequality	LOW-MED	Digital may deepen equity gaps in outer islands	Digital supplements in-person services; offline content; radio models

FRAMEWORK & CONVENTION ALIGNMENT



Regional Frameworks

Framework	Key Alignment	Strategy Contribution
2050 Strategy for the Blue Pacific Continent (PIF, 2022)	People-Centered Development: universal health coverage including SRHR. Political Leadership: evidence-based decision-making	Advances 2050 youth development and health commitments; generates evidence for Blue Pacific accountability
Pacific Leaders Gender Equality Declaration (PLGED)	SRHR universal health coverage. CSE in schools. Elimination of SGBV. Youth in decision-making	Directly operationalizes PLGED commitments through services, CSE, and GBV prevention
Pacific Youth Development Framework (PYDF), SPC/PYC	Outcome 2: Improved youth health status including SRHR. Outcome 3: Governance empowerment of youth	Delivers PYDF health and governance outcomes; Youth OCEANS advances PYDF participation commitments
Pacific Regional Education Framework (PacREF) 2018–2030	Quality, inclusive education. Gender equity. Pacific-relevant curricula	CSE Pillar aligns with PacREF quality and gender equity commitments; MoE partnerships
Framework for Resilient Development in the Pacific (FRDP)	Integrates climate, disaster risk, and development; human security	Pillar 5 directly implements FRDP human security commitments for SRHR continuity
Boe Declaration on Regional Security (PIF, 2018)	Expanded security includes human security, health, and climate	Links SRHR to Boe Declaration human security framework; positions SRHiE as regional security
SAMOA (Small Island Developing States Accelerated Modalities of Action) Pathway (2014)	SIDS-specific development. Climate vulnerability. Health and gender equality.	Addresses SAMOA Pathway health, gender, and climate adaptation priorities
UN SDGs (3, 4, 5, 10, 13, 16, 17)	3.1, 3.3, 3.7, 3.8; 4.7; 5.2, 5.3, 5.6; 10; 13; 16; 17	Each pillar maps to specific SDG targets; MEL indicators aligned to SDG monitoring framework

UN Convention Alignment

Convention	Ratification (SROP 10)	Key SRHR Articles	Strategy Link
CEDAW (1979)	All 10 (PNG, Samoa with reservations)	Art. 12 (SRHR services); Art. 16 (reproductive rights); GR 24 (women's health); GR 35 (GBV)	Services P1; CSE P2; GBV protection P3; CEDAW review advocacy P4
CRC (1989)	All 10	Art. 24 (right to health); Art. 28 (education); GC 15 & 20 (adolescent health)	Youth-friendly services P1; CSE in schools P2; youth participation P4; safeguarding P6
CRPD (2006)	6 ratified; 4 signed/in process	Art. 23 (SRHR for persons with disabilities); Art. 25 (health services)	Disability-inclusive services P1; disability-inclusive CSE P2; GEDSI throughout
ICCPR / ICESCR	Most SROP countries	Right to health, dignity, information, non-discrimination	Rights-based framework for all service delivery and advocacy
ICPD Programme of Action (1994)	All (UN member states)	Universal access to SRHR; youth SRHR; gender equality; CSE; SRHR+development	Implementing ICPD PoA; ICPD+30 (2024) as advocacy lever
Beijing Platform for Action (1995)	Endorsed all; Beijing+30 reviewed 2025	Strategic Objective C.3: SRHR services; unsafe abortion; CSE	Policy advocacy using Beijing+30 commitments; CSE and GBV programming
CAT	Fiji, Samoa, Tonga, Vanuatu	Protection from abuse, coercion, harmful practices in health settings	Trauma-informed, survivor-centred SGBV care P3; safeguarding P6

CSE CURRICULUM FRAMEWORK

Comprehensive Sexuality Education: Scope, Sequence, Standards and Pacific Adaptation Guidance

8 Learning Domains

4 Age Groups

3 Delivery Channels

5 Country Typologies

Introduction & Purpose

This Comprehensive Sexuality Education (CSE) Curriculum Framework provides the foundational scope, sequence, standards, and Pacific adaptation guidance for all CSE programming delivered by IPPF SROP Member Associations and their partners under the Pacific Youth SRHR Strategy 2026–2033. It is aligned to the UNESCO International Technical Guidance on Sexuality Education (2018) and adapted for the Pacific's diverse cultural, linguistic, faith, and geographic contexts.

The framework covers young people aged 10–24, organized into four age groups: 10–12 (early adolescence, primarily school-based); 13–15 (middle adolescence, school and community); 16–18 (later adolescence, school, community, and digital); and 19–24 (young adulthood, community, digital, and peer-based). MAs are expected to adapt this framework for their country context the framework sets the minimum standards and scope that all adaptations must meet.

1.1 Why CSE in the Pacific is Urgent

The evidence is unambiguous: Pacific young people are navigating sexuality, relationships, and reproductive decisions without the information, skills, and support they need and have a right to. Adolescent fertility rates are among the highest in Asia-Pacific. GBV is pervasive and normalized. HIV is rising. Out-of-school youth 25–40% of the 15–24 age group across most SROP countries – are systematically missed by school systems. Young people with disabilities are excluded from CSE in every Pacific country reviewed (SPC CSE Review 2022). The 2025 IPPF Fiji SRHR Research Report documents that shame and silence are actively maintained by adults and institutions.

At the same time, demand is real and growing. SFHA's youth volunteer base doubled in one year. 88% of Tongan tertiary students said they wanted to become TFHA volunteers after receiving one CSE session. SIPPA's radio CSE model reached 193,200 people with a 69% listener rate. The challenge is systematic provision and not lack of demand.

1.2 Eight (8) Framework Principles

All CSE programming under this framework must adhere to the following eight principles, which together define quality CSE in the Pacific context. These are non-negotiable minimum standards:

#	Principle	Definition
1	Rights-based	CSE is grounded in the recognition that access to accurate, age-appropriate SRHR information is a human right, not a privilege. Programming treats young people as rights-holders, not passive recipients.
2	Age-appropriate	Content, language, examples, and delivery methods are matched to the developmental stage of the learner. The scope and sequence in this framework reflects the evidence on developmental appropriateness.
3	Gender-transformative	CSE actively works to challenge harmful gender norms and promote gender equality & not just deliver gender-neutral information. This means directly addressing power dynamics, consent, masculinity, and gender-based violence.
4	Culturally grounded	CSE is adapted for and with Pacific communities, not imposed on them. Pacific cultural values of care, dignity, respect, and community are frameworks within which SRHR content is positioned.
5	Faith-sensitive	The role of faith in Pacific communities is recognized and respected. Faith-sensitive adaptations position CSE within frameworks of dignity, love, relationships, and care that resonate with Christian and other faith traditions.
6	Inclusive	CSE explicitly includes and is adapted for young people with disabilities, gender-diverse youth (including MVPFAFF+ [Māhū, Vakasalewalewa, Palopa, Fa’afafine, Akava’ine, Fakaleitī, Fakafifine and other gender diverse identities) out-of-school youth, and outer island communities.
7	Evidence-informed	Content and methods are based on evidence. This framework aligns with UNESCO’s evidence-based scope and sequence and is updated as Pacific evidence develops.
8	Participatory	Young people are involved in curriculum adaptation, facilitator training, quality review, and program evaluation. CSE is designed with young people, not just for them.

2. The Eight Learning Domains

This framework organizes CSE content across eight learning domains, each representing a distinct but interconnected area of SRHR knowledge, skills, and values. All eight domains are required in quality CSE, programmes covering only some domains are not quality CSE.

Domain	Title	Core Content
1	Relationships, Family and Community	Understanding different types of relationships; rights and responsibilities in relationships; family structures; community belonging; cultural identity and Pacific kinship systems
2	Values, Human Rights, Culture and Sexuality	Exploring personal values and how they shape decisions; understanding human rights as they apply to SRHR; the role of culture and faith in shaping norms; what sexuality means across Pacific contexts
3	Gender and Power	Understanding gender as a social construct; gender equality and equity; harmful gender norms and masculinity; gender-based discrimination and violence; how to challenge power imbalances in relationships
4	Violence and Safety	Understanding different forms of violence including GBV, sexual violence, online violence (TFGBV), and coercive control; consent in all relationships; rights and where to get help; safety planning
5	Skills for Health and Wellbeing	Communication and assertiveness skills; decision-making; critical thinking and media literacy; seeking help and accessing services; emotional regulation; mental health and resilience
6	The Human Body and Sexual Development	The Human Body and Sexual Development should take a life-cycle approach to SRHR, helping young people understand the body across all stages of life—including puberty, reproductive autonomy, pregnancy, menstrual health and menopause—through inclusive and accurate body literacy.
7	Sexuality and Sexual Behaviour	g Sexuality and Sexual Behaviour covers attraction, orientation, safer sex, contraception, STI and HIV prevention, and sexual pleasure and wellbeing, using a rights-based approach that promotes safe, consensual, and respectful relationships.
8	Sexual and Reproductive Health	Family planning and contraceptive methods; HIV and STI testing, treatment, and prevention; maternal health; menstrual health management; safe abortion information, where and how to access SRHR services

3. Scope & Sequence by Age Group

The scope and sequence below show which domains are introduced, deepened, or extended at each age group. Introduction (I) means content is introduced for the first time. Deepen (D) means content from previous stage is revisited and extended. Extend (E) means content is significantly expanded for this developmental stage.

Learning Domain	Ages 10–12 (Early Adolescence)	Ages 13–15 (Middle Adolescence)	Ages 16–18 (Later Adolescence)	Ages 19–24 (Young Adulthood)
1. Relationships, Family & Community	I – family, community, cultural identity, different relationship types	D – peer relationships, dating, healthy vs unhealthy relationships	D – intimate relationships, rights in relationships, marriage and family planning	E – long-term relationships, parenting, community leadership and SRHR
2. Values, Human Rights, Culture & Sexuality	I – personal values, rights as a young person, cultural pride	D – SRHR as a human right, navigating cultural and faith tensions	D – advocacy for rights, LGBTQI+ inclusion, legal literacy for SRHR	E – policy engagement, advocacy, rights activism
3. Gender and Power	I – gender roles and stereotypes, equality basics	D – harmful masculinity, gender-based discrimination	D – gender-based violence, power dynamics in relationships	E – transformative masculinities, gender justice advocacy
4. Violence and Safety	I – types of violence, safe and unsafe touch, reporting	D – sexual violence, consent, online safety and TFGBV basics	D – GBV response and referral, coercive control, safety planning	E – survivor support, community-level prevention, policy advocacy
5. Skills for Health and Wellbeing	I – communication, assertiveness, decision-making basics	D – peer pressure, help-seeking, critical media literacy	D – negotiation, accessing services, stress and mental health	E – leadership, advocacy skills, supporting others
6. The Human Body & Development	I – puberty changes, reproductive anatomy basics, menstruation	D – pregnancy and childbirth, sexual response, menstrual health management	D – body autonomy, disability and sexuality, contraception and body literacy	E – fertility, pregnancy options, comprehensive body literacy

7. Sexuality and Sexual Behaviour	I – sexual feelings as normal, attraction, sexual diversity basics	D – sexual orientation and gender identity, safer sex, consent	D – contraception, STI/HIV prevention, pleasure and rights	E – comprehensive safer sex, sexual wellbeing, relationship choices
8. Sexual and Reproductive Health	I – puberty hygiene, basic health services, where to get help	D – contraception options, STI basics, HIV awareness	D – family planning, testing, abortion information, service access	E – SRH throughout the lifecycle, client rights, advocacy

4. Delivery Channels

Channel	Description	Requirements	Pacific Examples
School-Based CSE	CSE delivered within formal school settings in partnership with Ministries of Education; trained teachers; integrated into curriculum	Ministry of Education partnership; teacher training; curriculum integration; school safeguarding protocol; parental engagement strategy	CIFWA Student Support Centre (Tereora College, Cook Islands); RFHAF school CSE partnerships (Fiji)
Community-Based CSE	CSE facilitated by trained community facilitators, peer educators, and youth volunteers outside formal school settings; reaches out-of-school youth	Trained community facilitators; community endorsement; culturally adapted materials; faith leader engagement; language-appropriate content	KFHA youth drama model (Kiribati); SIPPA community outreach CSE (Solomon Islands); TFHA youth group sessions (Tonga)
Digital CSE	Interactive SRHR information, games, videos, and peer learning modules delivered via mobile phone, social media, and digital platforms	Digital content development; low-bandwidth design; moderation protocols; data safety; age-appropriate interface; offline functionality for outer islands	SIPPA radio CSE model (193,200 people, 69% listener rate); RFHAF digital platform development (Fiji); VFHA social media engagement

5. Pacific Adaptation Requirements



5.1 Faith-Sensitive Adaptation

Faith-sensitive adaptations are required in all Polynesian contexts (Samoa, Tonga, Cook Islands) and in many Melanesian communities. Adaptations must: position SRHR content within frameworks of dignity, love, relationships, and care that resonate with Christian traditions; engage faith leaders as design partners before curriculum finalization; use language that honors both rights-based and faith-based values without compromising accuracy or completeness; and provide separate facilitator guidance for communities where specific topics (abortion, sexual orientation) require additional pastoral sensitivity.

Faith-sensitive adaptation does NOT mean removing content. All 8 domains must be covered in quality CSE. Faith-sensitive adaptation means how content is framed and positioned, not whether it is included. Any adaptation removing domains from the framework is not compliant with this standard.

5.2 Disability-Inclusive Adaptation



Young people with disabilities are excluded from CSE in every Pacific country reviewed (SPC CSE Review 2022). Disability-inclusive adaptations must: provide large-print, easy-read, and audio versions of all written materials; train facilitators in accessible communication including basic sign language; ensure venues are physically accessible; explicitly include disability and sexuality content in Domain 6; and partner with Pacific Disability Forum and national disability organizations in curriculum design review.

5.3 Country Typology Adaptations

Typology	Key Adaptation Requirements
Large & Complex (PNG)	Provincial language adaptations (Tok Pisin, Hiri Motu, provincial languages); out-of-school youth priority (25–40% of 15–24 cohort); urban informal settlement models; highlands-specific gender norms content
Atoll & Climate-Vulnerable (Kiribati, Tuvalu, Marshall Islands)	Climate displacement and SRHR content (Domain 4 safety in emergencies); Island Council community endorsement model; outer island delivery without electricity/connectivity; small community confidentiality protocols
Melanesian – Remote (Solomon Islands, Vanuatu)	Kastom law and human rights navigation; language diversity (120+ languages in Vanuatu); radio and audio delivery for outer islands; community leadership engagement; post-disaster CSE continuity
Polynesian – Faith & Community (Samoa, Tonga, Cook Islands)	Church partnership strategy; fa'asamoa/fa'atongia value integration; Fa'afafine/Fakaleiti identity inclusion; small community confidentiality; youth-led delivery to reduce adult gatekeeping
Urban/Regional Hub (Fiji)	Digital-first delivery model; LGBTQI+-inclusive content in all domains; HIV-integrated content in Domain 8; multicultural content reflecting Fiji's ethnic diversity; TFGBV safety in digital platforms

6. Quality Standards & Assessment

All CSE programmes must be assessed against quality standards annually by MAs and reviewed by SROP during technical support visits. A programme that does not meet minimum quality standards is not eligible for reporting in the IPPF DRS or regional MEL framework.

Quality Standard	Minimum Requirement	Assessment Method
Content Coverage	All 8 learning domains covered; content age-appropriate for target group	Curriculum document review; facilitator session observation
Facilitator Capacity	All facilitators completed accredited training (minimum 3 days); assessed competent; receive ongoing support	Training records; competency assessment; supervision logs
Participant Engagement	Programme uses participatory methods (not lecture-only); participants actively engage; feedback collected	Session observation; participant satisfaction survey; post-programme KAP
Cultural Grounding	Curriculum adapted with community input; culturally appropriate examples; faith considerations addressed where relevant	Community consultation records; MA youth advisory group endorsement
Inclusion	Programme accessible to young people with disabilities; gender-diverse youth not excluded; out-of-school youth reached through at least 1 channel	Attendance disaggregation; disability access audit; outreach records
Safeguarding	Safeguarding protocol for CSE in place; facilitators trained; referral pathways known to participants; parental consent where required	Safeguarding document; training records; participant briefing records
Knowledge Outcomes	Post-programme knowledge assessment administered; results documented; improvement from baseline	Pre/post knowledge test scores; MA MEL records; disaggregated results

DONOR READY FUNDING PROPOSAL

Field	Details
Applicant Organization	IPPF Sub-Regional Office for the Pacific (SROP)
Strategy Title	Pacific Youth Sexual and Reproductive Health and Rights Strategy 2026–2033
Strategy Period	January 2026 – December 2033 (7 years)
Geographic Scope	10 Pacific countries: Cook Islands, Fiji, Kiribati, Marshall Islands, Papua New Guinea, Samoa, Solomon Islands, Tonga, Tuvalu, Vanuatu
Target Population	Adolescents and young people aged 10–24; priority focus on girls, youth with disabilities, outer island communities, and youth in humanitarian settings
Phase 1 Budget (2026–2028)	USD 7,361,000 (indicative) – Foundation, Systems & Piloting
Phase 2 Budget (2029–2031)	To be confirmed following Phase 1 mid-term evaluation
Phase 3 Budget (2032–2033)	To be confirmed following Phase 2 review
IPPF Contact	Director, IPPF Sub-Regional Office for the Pacific (SROP)
Classification	CONFIDENTIAL – For authorised donor review only

Executive Summary

Pacific young people are not a problem to be solved, they are leaders, innovators, and the foundation of the Pacific's future. This proposal asks donors to invest in their rights.

IPPF's Sub-Regional Office for the Pacific (SROP) is seeking donor investment to implement the Pacific Youth Sexual and Reproductive Health and Rights Strategy 2026–2033 a 7-year, Pacific-led, youth-centered programme spanning 10 countries and 10 IPPF Member Associations (MAs).

This strategy addresses one of the most pressing and underfunded development challenges in the Pacific: the systematic denial of SRHR to adolescents and young people. Across the region, young people face stigma, geographic isolation, harmful social norms, climate-driven displacement, and systems that were not designed with them in mind. The consequences are measurable and severe: high adolescent birth rates, unmet contraceptive need, gender-based

violence, HIV and STI transmission, and exclusion from the decisions that shape their lives.

This proposal presents a rights-based, evidence-informed investment case across six mutually reinforcing strategic pillars. It is grounded in Pacific frameworks, aligned to global conventions, and designed to generate sustainable change, not just project outputs. IPPF SROP has the regional convening authority, established MA network, technical expertise, and accountability systems to deliver at scale.

2. Problem Statement

The Scale of the Challenge

Young people aged 10–24 represent approximately one-third of the Pacific's population – over 40% in PNG, Solomon Islands, and Vanuatu. Whether Pacific nations harness the energy and leadership of their young people will shape the trajectory of the region for generations.

Statistic	Context
858 teenage pregnancies recorded in Fiji hospitals in 2024	Nearly double the previous year; reflecting both increased incidence and improved data capture (IPPF Fiji SRHR Research Report 2025)
Adolescent birth rates 2–3× global middle-income averages in Melanesian countries	PNG, Solomon Islands, Vanuatu record 65+ births per 1,000 women aged 15–19 (SPC Pacific Data Hub 2023)
60–70% of ever-partnered women in PNG experience intimate partner violence	Similar rates in Vanuatu (60%) and Fiji (64%) – adolescent girls disproportionately affected
Only 1 of 9 MAs (SFHA) reported meaningful youth participation in national policy discussions in 2024	3 SRHR policy initiatives reported across the entire SROP network in 2023; zero updates in 2024 (IPPF SROP Data Summary 2023–24)
SRHR absent from all 10 national humanitarian preparedness plans as of 2024	Despite the Pacific being the global epicentre of climate vulnerability (IPPF Humanitarian Review 2023)
40–60% estimated unmet contraceptive need in outer island and rural communities	CYP grew just 2.5% region-wide to 9,842 in 2024 – a tiny fraction of estimated need

2.2 Six Interconnected Barriers

Barrier	Description
Stigma and silence	SRHR remains taboo in many Pacific communities. Young people particularly girls, are shamed for seeking contraception, reporting GBV, or asking about their bodies. The 2025 IPPF Fiji SRHR Research Report documents that shame and silence are actively maintained by adults, communities, and institutions, not passively present.
Geographic isolation	The Pacific is one of the most geographically fragmented regions on Earth. Outer island populations in Kiribati, Tuvalu, Marshall Islands, Cook Islands, and Vanuatu face extreme exclusion from basic health services.
Youth-hostile health systems	Services in most SROP countries were not designed with young people in mind. Young people consistently report that they would rather go without services than face humiliation in formal health systems.
Absent or low-quality CSE	CSE remains absent from most Pacific school curricula. Where it exists, it is biological-only and abstinence-focused, delivered by untrained teachers. Young people are navigating sexuality without the information they need and have a right to.
Climate and humanitarian vulnerability	Each disaster disrupts health services, displaces communities, increases sexual violence, interrupts contraceptive supply chains, and derails menstrual health management. SRHR has been systematically absent from Pacific humanitarian frameworks.
Weak institutional systems	IPPF MAs face: understaffed programmes; weak data systems; inconsistent governance; limited financial sustainability. These cannot be addressed by project-by-project funding. They require sustained institutional investment.

Why Now

- The 2050 Strategy for the Blue Pacific Continent explicitly positions young people as agents of Pacific futures, creating political momentum for youth-centered investment.
- Pacific governments are increasingly committed to gender equality through the Revitalized PLGED, opening doors for SRHR policy advocacy.
- The IPPF MA network has proven its resilience through COVID-19 and multiple climate events, community trust built over decades cannot be replicated by new actors.
- Digital connectivity is expanding across the Pacific, creating new pathways to reach youth in previously inaccessible communities.
- The Pacific youth demographic dividend will be realized or lost in this decade.

3. Strategic Approach

The strategy is organized across six interconnected pillars. Pillars are implemented simultaneously, not sequentially they are mutually reinforcing dimensions of a unified systems-change approach.

Pillar	Focus	Key 2028 Targets
1. Access to SRHR Services	Minimum Youth SRHR Service Package; outer island outreach; digital/telehealth pathways; SRHiE continuity	All 10 MAs implementing; 4+ outreach cycles/country/year; 5 digital pathways; all supplies pre-positioned
2. CSE	Regional framework (UNESCO 2018 aligned); school, community, and digital channels; faith-sensitive and disability-inclusive adaptations	Framework finalised 2026; country adaptations endorsed 2027; CSE via 2+ channels all 10 countries by 2028
3. Social Norms Transformation	Youth-led campaigns; positive masculinities programming; SGBV referral; TFGBV prevention	2+ campaigns/country/year; male engagement piloted in 3 countries; SGBV pathways all 10 MAs
4. Youth Leadership & Policy	Youth OCEANS formalised; YAGs in all 10 MAs; policy advocacy capacity built	Youth OCEANS constituted; YAGs all 10 MAs; 3+ advocacy actions/country/year
5. SRHR in Humanitarian Settings	SRHR in national DRR plans; MISP supplies pre-positioned; MA continuity protocols; NDMOs engaged	SRHR in 5 country plans; all 10 MAs with protocols; supplies pre-positioned Q1 2028
6. Systems Strengthening	Baseline assessment; governance/safeguarding TA; MEL framework; sustainable financing architecture	Baseline complete Q1 2026; governance standards all 10 MAs by 2028; MEL functional all MAs by 2027

4. Budget & Phasing

Phase 1: 2026–2028 – Foundation, Systems & Piloting

Total Phase 1 budget: USD 7,361,000 (indicative) across three years. This represents approximately 37% of the estimated full strategy cost.

Strategic Pillar	2026	2027	2028	Phase 1 Total
Pillar 1: Access to SRHR Services	\$580,000	\$720,000	\$680,000	\$1,980,000
Pillar 2: Comprehensive Sexuality Education	\$420,000	\$680,000	\$620,000	\$1,720,000
Pillar 3: Social Norms Transformation	\$180,000	\$360,000	\$400,000	\$940,000
Pillar 4: Youth Leadership & Policy Influence	\$200,000	\$320,000	\$280,000	\$800,000
Pillar 5: SRHR in Humanitarian Settings	\$160,000	\$260,000	\$280,000	\$700,000
Pillar 6: Systems Strengthening	\$200,000	\$260,000	\$261,000	\$721,000
TOTAL	\$1,740,000	\$2,600,000	\$2,521,000	\$7,361,000

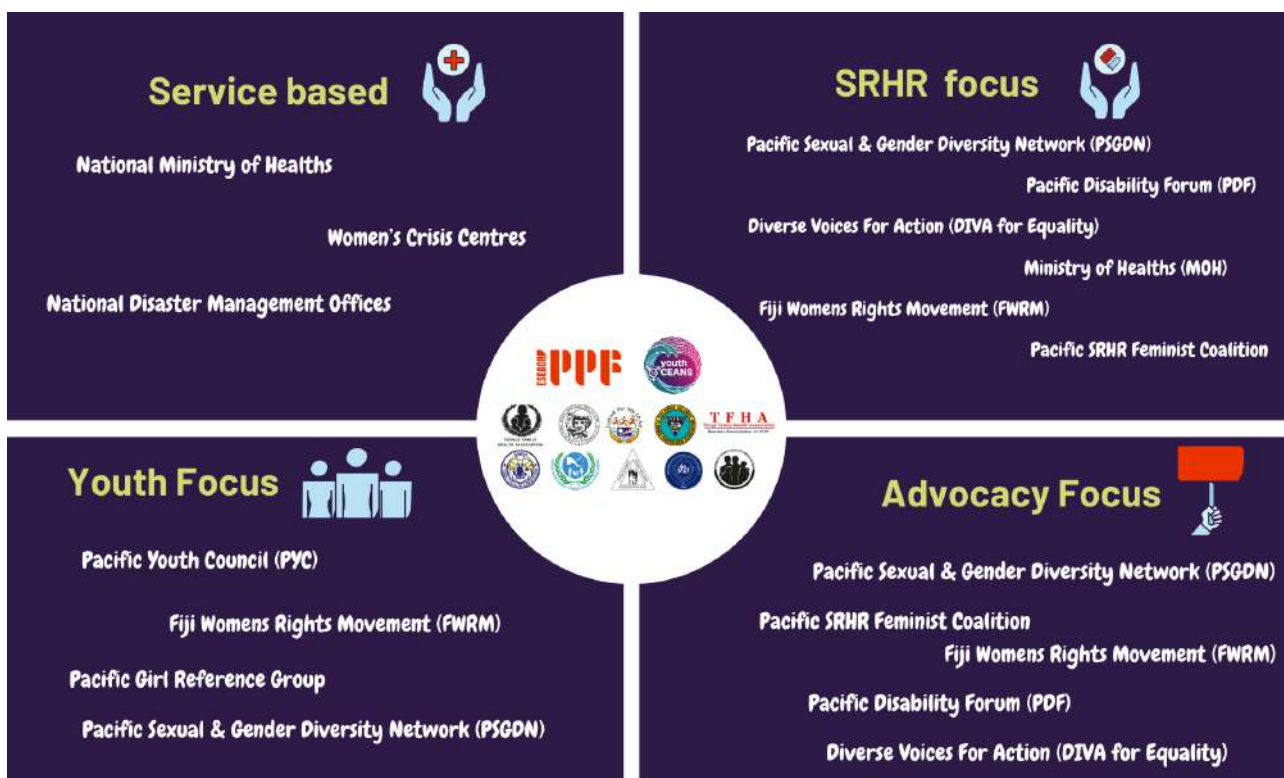
Phase	Period	Focus	Investment
Phase 1: Foundation	2026–2028	Systems establishment; baseline; pilot delivery; early results demonstration	USD 7,361,000
Phase 2: Scale-Up	2029–2031	Scale all pilots; deepen partnerships; mid-term evaluation; expand digital reach	To be costed in 2028
Phase 3: Consolidate	2032–2033	Consolidation; sustainability handover; endline evaluation; institutional legacy	To be costed in 2031

5. The Case for Investment

This strategy reframes youth SRHR as a core development, equity, and resilience issue not just a health issue.

If the Pacific is serious about reducing inequality, achieving the SDGs, strengthening human security, and building climate-resilient communities then young people must have real access to SRHR, real voice, and real agency now.

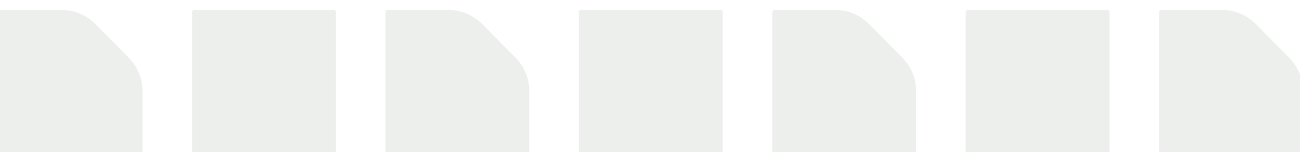
5.1 IPPF SROP's Unique Position



- Regional convening authority with 10 MAs delivering 507,000+ services to 126,000+ clients in 2024, at 70% women and girls, 35% under 25
- Established community trust in all 10 countries that takes decades to build and cannot be replicated by new actors
- Technical expertise across clinical services, CSE, GBV, SRHiE, youth leadership, and advocacy, proven through Pacific-specific programme delivery
- Accountability systems aligned with IPPF global standards and donor requirements
- Dedicated youth-led Pacific SRHR network, Youth OCEANS, comprised of trained youth leaders supported by Member Associations, strengthening regional youth leadership and advocacy

5.2 What Investment Achieves

Investment	Return by 2033
USD 7.36M (Phase 1)	Minimum Youth SRHR Service Package in all 10 countries; baseline data; Youth OCEANS constituted; YAGs in all 10 MAs; CSE framework in use; emergency supplies pre-positioned
Full 7-year strategy	100,000+ youth/year receiving CSE; 40%+ increase in youth SRHR clients; measurable GBV attitude shift; SRHR in 10 country humanitarian plans; Youth OCEANS as self-sustaining regional voice
Regional multiplier	SIPPA radio model reaches 193,200 people; Fiji digital SRHR platform scalable regionally; KFHA Island Council model replicable across atolls one MA's innovation becomes regional benefit



3 YEAR COSTED IMPLEMENTATION PLAN

Phase 1: 2026–2028 · Foundation, Systems & Piloting

20 Key Milestones 6 Strategic Pillars 10 Countries \$7.36M Phase 1 Budget

The Phase 1 (2026–2028) Costed Implementation Plan for the Pacific Youth SRHR Strategy 2026–2033. Phase 1 is the foundation phase it establishes the systems, tools, partnerships, and institutional capacity that make Phases 2 and 3 possible. The plan covers all six strategic pillars across all 10 IPPF SROP Member Associations.

Phase 1 Objective	Description
Establish foundations	Institutional, data, and partnership foundations required for strategy delivery across all 10 countries
Pilot core approaches	Pilot approaches in a subset of countries before scaling, allowing early learning and adaptation
Build for sustainability	Workforce, systems, and community relationships that will sustain delivery through Phases 2 and 3
Demonstrate early results	Evidence base for continued and expanded donor investment through documented Phase 1 achievements

PHASE 1 MILESTONES (2026–2028)

The following 20 milestones define the key deliverables and decision points across Phase 1. Milestone achievement is reported in each semi-annual donor progress report and assessed at the annual learning review. Failure to achieve a milestone by the scheduled quarter triggers a written explanation and recovery plan within 30 days.

Ref	Date	Milestone	Lead	Verification
M1	Q1 2026	Baseline institutional assessment completed across all 10 MAs (governance, safeguarding, workforce, MEL, financing)	SROP	All 10 MA assessments submitted and scored
M2	Q1 2026	Youth OCEANS formally constituted with governance structure and first meeting convened	SROP + Youth	Governance documents signed; first meeting convened
M3	Q1 2026	Youth Advisory Groups established in all 10 MAs with Terms of Reference	MAs	10 ToRs signed; first advisory group meetings held
M4	Q2 2026	Regional MEL framework and reporting tools finalised and distributed	SROP	MEL framework approved; tools distributed to all MAs
M5	Q2 2026	Regional CSE curriculum framework draft completed and shared for stakeholder review	SROP + partners	Framework document shared; stakeholder review commenced
M6	Q3 2026	Minimum Youth SRHR Service Package standards finalised and endorsed by all 10 MAs	SROP + MAs	Package document endorsed
M7	Q3 2026	Digital/telehealth platform scoping and design completed; development contract signed	SROP + Fiji MA	Design document approved; contract signed
M8	Q4 2026	Outer island outreach strategies developed for all country typologies	MAs	5 typology-specific outreach strategies finalised
M9	Q4 2026	Baseline surveys completed in all 10 countries	SROP + MAs	Baseline data entered; baseline report completed

M10	Q1 2027	First clinical staff training cohort completed in all 10 MAs on Minimum Package delivery	SROP	Training certificates; pre/post knowledge assessments
M11	Q2 2027	CSE curriculum adaptations (faith-sensitive, disability-inclusive) completed and endorsed by stakeholders	MAs + SROP	Adapted curricula endorsed by faith and disability stakeholders
M12	Q2 2027	Youth OCEANS first annual regional forum convened; policy declaration issued	SROP	Forum held; policy declaration issued; participants documented
M13	Q3 2027	Digital/telehealth platform launched in 3 pilot countries (Fiji, Samoa, Cook Islands)	MAs	Platform live; user registration data from 3 countries
M14	Q3 2027	Male engagement programme piloted in 3 countries (PNG, Solomon Islands, Vanuatu)	MAs	Pilot completion reports; attitude assessment results
M15	Q4 2027	First annual learning review convened with all MAs and youth representatives	SROP	Learning review report; adaptations documented and circulated
M16	Q1 2028	Emergency SRHR supplies pre-positioned in all 10 countries	SROP	Stockpile records; pre-positioning confirmation all MAs
M17	Q2 2028	CSE delivery operational through 2+ channels in all 10 countries	MAs	Programme reports confirming dual-channel delivery all 10 countries
M18	Q3 2028	Mid-term institutional reassessment completed; progress against 2026 baseline reported	SROP	Reassessment report with scores against baseline
M19	Q3 2028	Mid-term evaluation commenced (independent evaluator contracted)	SROP + evaluator	Evaluator contracted; inception report submitted
M20	Q4 2028	Phase 1 close-out: all reporting, documentation and handover completed; Phase 2 work plan approved	SROP	Phase 1 final report; Phase 2 work plan approved by donors

Phase 1 Activity Workplan

Ref	Activity	Lead	2026	2027	2028
1.1a	Develop and test Minimum Youth SRHR Service Package standards across 10 MAs	SROP + MAs	Q1-Q3	-	-
1.1b	Train clinical and support staff in all 10 MAs on minimum package delivery	SROP	Q1-Q4	Q1-Q4	-
1.1c	SROP quality assurance visits to all MAs (annual cycle)	SROP	Q1-Q4	Q1-Q4	Q1-Q4
1.2a	Develop outer island outreach strategy per country typology	MAs + SROP	Q1-Q2	-	-
1.2b	Recruit, train, and support community health workers and peer educators in rural areas	MAs	-	Q2-Q4	Q1-Q4
1.3a	Develop digital SRHR platforms adapted for low-bandwidth Pacific environments	SROP + Fiji	Q3-Q4	Q1-Q2	-
1.3b	Launch digital platform in Fiji, Samoa, Cook Islands; establish telehealth referral pathways	MAs	-	Q3-Q4	Q1-Q2
2.1a	Develop regional CSE curriculum framework aligned to UNESCO 2018 guidance	SROP + partners	Q2-Q4	-	-
2.1b	Adapt CSE curriculum for each country typology (faith-sensitive, disability-inclusive)	MAs + SROP	-	Q1-Q2	-
2.2a	Train teachers and community facilitators in quality CSE delivery across all channels	SROP	-	Q3-Q4	Q1-Q2
2.2b	Launch digital CSE platform featuring games, videos, and peer learning modules	MAs	-	-	Q2-Q4
3.1a	Co-design youth-led social norm campaigns with Youth OCEANS and MA youth groups	Youth + MAs	Q3-Q4	Q1-Q4	Q1-Q4
3.1b	Partner with sports organisations, radio stations, and youth media for campaign reach	MAs	-	Q2-Q4	Q1-Q4

PACIFIC SRHR YOUTH STRATEGY

3.2a	Develop and pilot male engagement programming in PNG, Solomon Islands, Vanuatu	MAs	-	Q3-Q4	Q1-Q2
3.2b	Scale male engagement to all 10 countries based on pilot learnings	MAs	-	-	Q3-Q4
4.1a	Formalise Youth OCEANS governance structure, constitution, and regional platform	SROP + Youth	Q1	-	-
4.1b	Support Youth OCEANS annual regional forum and policy submissions	SROP + Youth	-	Q2	Q2
4.2a	Establish Youth Advisory Groups in all 10 MAs with ToRs and operating procedures	MAs	Q1-Q2	-	-
4.2b	Resource and support YAGs with stipends, training, and institutional representation	MAs	Q3-Q4	Q1-Q4	Q1-Q4
5.1a	Map and engage national DRR and humanitarian coordination actors in each country	SROP + MAs	Q1-Q4	-	-
5.1b	Advocate for SRHR inclusion in national preparedness plans with government partners	MAs + SROP	-	Q1-Q4	Q1-Q4
5.2a	Develop MA humanitarian SRHR continuity protocols; pre-position emergency supplies	SROP + MAs	Q3-Q4	Q1-Q2	-
5.2b	Conduct simulation exercises and build capacity for emergency SRHR response	MAs	-	Q3-Q4	Q1-Q4
6.1a	Conduct baseline institutional assessment all 10 MAs across 5 dimensions	SROP	Q1	-	-
6.1b	Provide targeted technical support for governance, safeguarding, and financial systems	SROP	Q2-Q4	Q1-Q4	Q1-Q4
6.2a	Develop standardised regional MEL framework and reporting tools	SROP	Q1-Q2	-	-
6.2b	Train MA MEL staff; establish data quality review and feedback process	SROP	Q2-Q4	Q1-Q2	-

Phase 1 Budget by Country

Country-level budget allocations reflect country typology, MA capacity, programme intensity, and donor funding confirmed at implementation commencement. Budgets are reviewed annually through MA work planning processes.

Country / MA	Typology	Phase 1 Budget (USD)	Phase 1 Priority Focus
Papua New Guinea (PNGFHA)	Large & Complex	\$1,400,000	HIV+SRHR integration; provincial delivery; SGBV scale-up; workforce development
Solomon Islands (SIPPA)	Melanesian – Remote	\$780,000	Radio CSE model scaling; SGBV referral; remote outreach; male engagement pilot
Vanuatu (VFHA)	Melanesian – Remote	\$740,000	Outer island outreach; kastom-informed CSE; GBV referral strengthening; male engagement pilot
Fiji (RFHAF)	Urban / Hub	\$720,000	Digital platform development; HIV response; policy advocacy; regional data hub; youth leadership
Samoa (SFHA)	Polynesian – Faith	\$680,000	Strategic programme review; faith-sensitive CSE; youth volunteer model expansion; policy advocacy
Kiribati (KFHA)	Atoll – Climate	\$640,000	Island Council MoU model expansion; outer island outreach; SRHiE integration; climate mapping
Tonga (TFHA)	Polynesian – Faith	\$580,000	Faith-sensitive CSE (88% student demand); male engagement; youth leadership; outer island access
Cook Islands (CIFWA)	Polynesian – Faith	\$420,000	Student Support Centre replication; Pa Enuu outer island outreach; digital CSE; abortion advocacy
Tuvalu (TuFHA)	Atoll – Climate	\$380,000	Governance recovery support; climate SRHiE planning; outer island access; MEL systems
Marshall Islands (YTYiH)	Atoll – Climate	\$361,000	2024 baseline year (new CP); service package establishment; YAG; CSE foundation; MEL baseline
SROP Coordination & Technical Assistance		\$660,000	Regional MEL; technical visits; documentation; donor reporting; regional forums
TOTAL		\$7,361,000	

MEL & Reporting Schedule

Report / Event	Frequency	Lead	Audience	Content
MA Semi-Annual Progress Report	Every 6 months	Each MA	SROP	Service data; output indicators; milestone progress; emerging issues
SROP Consolidated Progress Report	Every 6 months	SROP	Donors; IPPF ESEAOR	Network performance; milestone achievement; budget variance; learning
Annual Learning Review	Annual (Q4)	SROP + all MAs	All stakeholders	Performance analysis; adaptation decisions; workplan updates for following year
Youth OCEANS Annual Regional Forum	Annual	Youth OCEANS + SROP	Pacific regional bodies; donors; MAs	Advocacy outputs; programme learnings; policy submissions; youth leadership showcase
Donor Financial Report	Every 6 months	SROP Finance	Donors	Budget vs actual; projected expenditure; financial risk flags
Mid-Term Evaluation	Q3 2028 (baseline 2026)	Independent evaluator	All stakeholders; IPPF globally	Relevance; effectiveness; efficiency; early impact; sustainability assessment; Phase 2 recommendations
Endline Evaluation	2033	Independent evaluator	All stakeholders	Full impact assessment; sustainability; documentation for global learning

COUNTRY ANNEXES

Grounded in 2024 IPPF Service Data and IPPF SROP Research

Cook Islands	Fiji · Kiribati · Marshall Islands	PNG · Samoa · SI · Tonga	Tuvalu · Vanuatu
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2024 SROP NETWORK PERFORMANCE SUMMARY

The following summary situates each Country Annex within the 2023–2024 network-wide data. All statistics are drawn from IPPF 2024 Country Summaries and the IPPF SROP Data Summary and Results Framework 2023–2024.

MA	2024 Services	2024 Clients	Key Trend	Phase 1 Flag
SIPPA (Solomon Islands)	↑ +41.8% growth	↑ +24.65%	Radio model reaching 193,200 people; outstanding performer	Scale radio model as regional template
VFHA (Vanuatu)	Slight decline	↑ +41.73%	Strong client growth; digital presence growing	Outer island access; male engagement pilot
PNGFHA (Papua New Guinea)	101,745 services	32,378 clients (+22.82%)	Largest network volume; SGBV and IPES+1 declines noted	SGBV response; provincial scale-up
TuFHA (Tuvalu)	Rebuilding	↑ +46.13%	Highest proportional growth during governance recovery – remarkable resilience	Governance consolidation; SRHiE planning
TFHA (Tonga)	↑ +23.2%	Positive growth	Extraordinary IPES+2 (GBV services) scale-up: 0 to 592 services	Faith-sensitive CSE expansion
KFHA (Kiribati)	↓ -38.6%	↑ +16.97%	Divergent: service volume down but clients up; Island Council MoU outstanding	SRHiE; Island Council model expansion
CIFWA (Cook Islands)	Stable	↑ +27.96%	CYP slight decline warrants investigation; Student Support Centre model strong	Outer island outreach; Pa Enea access

PACIFIC SRHR YOUTH STRATEGY

RFHAF (Fiji)	+5.62% clients	↑ CYP 24→362	Extraordinary CYP growth; 858 teen pregnancies in hospitals; HIV epidemic rising	Digital platform hub; HIV response urgency
SFHA (Samoa)	↓ -23.1%	Flat	Service decline and flat clients – strategic review specifically recommended	Strategic programme review; CSE expansion
YTYiH (Marshall Islands)	2024 baseline year	New CP 2024	No 2023 comparison; establishing baseline as new Collaborative Partner	Full baseline establishment; service package

 Cook Islands Cook Islands Family Welfare Association (CIFWA) · Est. 1987 · IPPF Full Member since 2014 Country Typology: Polynesian · Urban-Rural Mix	Phase 1 Budget USD 420,000
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2024 Indicator	2024 Result	vs. 2023 Trend
SRH Services (2024)	6,237 services	↑ Stable volume
Couple Years of Protection (CYP)	294	↓ Modest decrease from 320 in 2023
Total Clients	2,046	↑ +27.96% increase vs. 2023
Female Clients	1,902	93% of total client base
Poor or Vulnerable Clients	1,006	49% of all clients – strong equity reach

SRHR Situation Analysis

The **Cook Islands** is a self-governing nation in free association with New Zealand (population ~17,000; ~28% youth). New Zealand citizenship rights give access to a more developed health system than many Pacific SIDS, but this masks specific SRHR vulnerabilities. Young people face intense confidentiality challenges in dense social networks. Adolescent pregnancy and unmet contraceptive need remain concerns, particularly outside Rarotonga. The 15 Pa Enua outer islands across a vast ocean area have extremely limited health infrastructure.

MA Performance & Programme Highlights

CIFWA has invested in a **Student Support Centre model at Tereora College** – a CIFWA nurse providing SRH services every Wednesday and facilitating CSE regularly. This is one of the most advanced school-based models in the SROP network and a replicable template. The CYP decrease (320→294) warrants investigation into method mix and commodity provision. 49% poor/vulnerable clients demonstrates strong equity reach. **CIFWA's abortion advocacy** work positions it as a rights-based SRHR leader across the Pacific network. **Board has 25% youth representation – ahead of most Pacific MAs.**

Phase 1 Priority Actions (2026–2028)

- Investigate CYP decline – assess method mix and commodity provision gaps as Phase 1 priority
- Develop Pa Enua outer island outreach strategy using Cook Islands–NZ transport connections
- Establish Youth Advisory Group using existing 25% board youth representation as foundation
- Formalise Student Support Centre as a replicable school-based CSE/services model for regional learning
- Leverage CIFWA–Sexual Wellbeing Aotearoa (SWA) partnership for technical resources and co-funding
- Strengthen data systems to capture age-disaggregated service data for MEL reporting

 <p>Fiji Reproductive and Family Health Association of Fiji (RFHAF) · IPPF Full Member Country Typology: Urban/Regional Hub – Policy Leader</p>	Phase 1 Budget USD 720,000
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2024 Indicator	2024 Result	vs. 2023 Trend
SRH Services (2024)	Significant volume	↑ +5.62% clients
Couple Years of Protection (CYP)	362	↑ Extraordinary growth from 24 in 2023
Teenage Pregnancies (hospital data)	858 recorded in hospitals	↑ Nearly double previous year (IPPF Fiji SRHR Research 2025)
RFHAF Role	National AIDS Advisory Committee	RFHAF as civil society bridge to formal HIV response
IPPF Fiji SRHR Research Report	2025 qualitative research	Informs faith, culture, norms programming across SROP

SRHR Situation Analysis

Fiji is the regional hub for Pacific SRHR, hosting IPPF SROP and serving as the platform for regional policy engagement. The HIV epidemic is rising, with hospitals reporting increasing incidence, particularly among MSM and young women. The 2025 **IPPF Fiji SRHR Research Report** documents that SGBV, economic dependence, and criminalisation of same-sex behaviour all drive HIV vulnerability among young people. TFGBV is rising. The 858 teenage pregnancies recorded in hospitals in 2024 represent a public health crisis. Despite same-sex relations remaining criminalised, Fiji has the most enabling legal environment of the SROP countries for SRHR advocacy.


MA Performance & Programme Highlights

RFHAF's extraordinary CYP growth (24 to 362) represents one of the most striking service improvements in the network and reflects expanded contraceptive method mix and reach. RFHAF's position on the National Advisory Committee on AIDS is a critical advocacy asset.

Fiji's digital infrastructure (strongest in SROP) makes it the natural hub for the regional digital SRHR platform development. The 2025 IPPF Fiji SRHR Research Report provides qualitative evidence on social norms, faith, and cultural barriers that directly informs the strategy's faith-sensitive and community-grounded approaches across all 10 countries.

Phase 1 Priority Actions (2026–2028)

- Develop Fiji as the digital SRHR platform hub – expand RFHAF's digital infrastructure for regional replication
- Urgently scale HIV prevention programming integrated with youth SRHR services given rising incidence
- Use RFHAF's National AIDS Advisory Committee role to mainstream youth SRHR into national HIV strategy
- Address teenage pregnancy crisis through combined CSE, contraception access, and school re-entry policy advocacy
- Develop RFHAF's IPPF Fiji SRHR Research evidence base for national policy advocacy on abortion law reform
- Establish Fiji as the regional SRHR policy advocacy platform under Youth OCEANS leadership

 <p>Kiribati Kiribati Family Health Association (KFHA) · IPPF Full Member Country Typology: Atoll & Climate-Vulnerable</p>	<p>Phase 1 Budget USD 640,000</p>
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2024 Indicator	2024 Result	vs. 2023 Trend
SRH Services(2024)	↓ -38.6% service volume	Divergent from client growth
Clients	↑ +16.97%	Services fewer but reaching more unique clients
Island Council MoU	Active partnership	Outstanding model for atoll outer island access
Youth Drama Model	5,274 youth reached	KFHA youth drama programme for SRHR advocacy
Geographic Reach	Outer islands across Pacific Ocean	Extreme isolation; supply chain challenges

SRHR Situation Analysis


Kiribati comprises 33 atolls across 3.5 million km² of ocean, with a population of approximately 120,000. The divergent 2024 data – service volume down but clients up – likely reflects a shift toward reach over repeat visits, possibly driven by the Island Council MoU model prioritising new communities. Kiribati faces **existential climate threats with sea-level rise** actively displacing communities. The combination of extreme geographic isolation, limited health infrastructure, and climate-driven displacement creates severe SRHR access barriers, particularly for outer island populations.

MA Performance & Programme Highlights

KFHA's Island Council MoU model is outstanding – formalised partnerships with Island Councils provide community endorsement and logistical support for outer island health outreach that bypasses the access barriers facing conventional outreach models. This model is a priority candidate for documentation and replication across other atoll nations (Tuvalu, Marshall Islands). KFHA's youth drama programme reaching 5,274 young people in 2024 demonstrates an effective culturally grounded CSE and SRHR awareness approach suited to Pacific community contexts.

Phase 1 Priority Actions (2026–2028)

- Document and systematise the Island Council MoU model for replication in Tuvalu and Marshall Islands
- Investigate the service volume decline – assess whether it reflects supply chain gaps, methodology change, or capacity issues
- Develop climate-SRHR vulnerability assessment for Kiribati as pilot for atoll nation planning
- Expand youth drama programme with CSE content aligned to regional framework; train additional youth facilitators
- Establish Youth Advisory Group building on existing youth programme infrastructure
- Pre-position emergency SRHR supplies on outer islands given climate event frequency

 <p>Marshall Islands <i>Youth to Youth in Health Marshall Islands (YTYiH) · IPPF Collaborative Partner since 2024</i> Country Typology: Atoll & Climate-Vulnerable · New Collaborative Partner</p>	<p>Phase 1 Budget USD 361,000</p>
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2024 Indicator	2024 Result	vs. 2023 Trend
Status	New IPPF Collaborative Partner 2024	No 2023 comparison data available
2024 Data	Establishing baseline year	First full year of IPPF data collection
Youth Focus	Youth-to-youth model	Peer-to-peer SRHR education as core model
Legal Context	Same-sex relations legal	Most progressive legal context among atoll SROP countries
Compact of Free Association	US relationship	Access to some US health resources; migration impact on services

SRHR Situation Analysis

The **Marshall Islands** (population ~42,000; RMI) is the **Pacific's newest IPPF Collaborative Partner, having joined in 2024**. As a result, no comparative data exists – 2024 is the baseline year. RMI's Compact of Free Association with the United States provides access to some health resources but also drives significant out-migration that affects population health dynamics.

Climate vulnerability is extreme, with many low-lying atolls at risk from sea-level rise. The **youth-to-youth model of YTYiH represents a promising peer education approach** that aligns with Youth OCEANS's peer-led programming philosophy.

MA Performance & Programme Highlights

2024 represents the first year of IPPF programme monitoring for YTYiH. Phase 1 is therefore the foundational period for establishing all core systems: service delivery data; YAG; MEL; CSE programming; and youth-friendly service quality standards. YTYiH's youth-to-youth model is an asset for peer CSE delivery. The relatively progressive legal context (same-sex relations legal) provides a more enabling environment for LGBTQI+-inclusive SRHR programming compared to most SROP countries.

Phase 1 Priority Actions (2026–2028)

- Conduct comprehensive baseline assessment – services, clients, community SRHR knowledge and attitudes, legal/policy environment
- Establish Minimum Youth SRHR Service Package as foundation for all subsequent programming
- Establish Youth Advisory Group using YTYiH's existing youth network as recruitment base
- Develop MEL systems from foundation – all data systems, reporting formats, and data quality protocols
- Commission climate-SRHR vulnerability assessment for Marshall Islands as part of atoll nations climate-SRHR study
- Connect YTYiH to Island Council MoU model from Kiribati as a transferable outer island access model

 <p>Papua New Guinea <i>Papua New Guinea Family Health Association (PNGFHA) · IPPF Full Member</i> Country Typology: Large & Complex – High Burden</p>	<p>Phase 1 Budget USD 1,400,000</p>
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2024 Indicator	2024 Result	vs. 2023 Trend
SRH Services (2024)	101,745 services	Largest absolute volume in SROP network
Total Clients	32,378	↑ +22.82% increase vs. 2023
IPES+1 (GBV/STI Services)	Noted decline	Requires investigation given HIV/GBV burden
HIV Prevalence	~0.9% national	3× higher than other Pacific SIDS (National AIDS Council PNG 2023)
GBV Prevalence	60–70%	Among highest globally; Highlands provinces exceed 75%

SRHR Situation Analysis


Papua New Guinea is the Pacific's most populous nation (~9 million) and carries the heaviest SRHR burden in the SROP network. With national HIV prevalence approximately 0.9% – more than three times higher than Fiji – and GBV rates of 60–70% nationally (exceeding 75% in some Highlands communities), the scale of SRHR need far exceeds current MA capacity. PNG's geographic complexity – highlands, islands, coastal regions, and informal urban settlements – demands decentralised, provincial delivery models. Criminalisation of same-sex relations and near-total abortion criminalisation constrain the legal environment for rights-based SRHR advocacy.

MA Performance & Programme Highlights

PNGFHA delivered **101,745 SRH services to 32,378** clients in 2024 – the largest service volume in the SROP network, representing strong programmatic capacity relative to country complexity. The 22.82% client growth is a strong positive indicator. However, the decline in IPES+1 services (SGBV and STI treatment) is concerning given PNG's GBV and HIV burden – this requires urgent investigation to determine whether it reflects supply gaps, staff capacity issues, or data reporting anomalies. PNG requires the largest single Phase 1 budget allocation (USD 1.4M) reflecting the complexity, scale, and urgency of its SRHR needs.

Phase 1 Priority Actions (2026–2028)

- Urgently investigate IPES+1 decline – assess GBV service delivery gaps, referral pathway functionality, and staff capacity
- Develop provincial decentralised delivery model for outer provinces and Highlands communities
- Integrate HIV prevention, testing, and treatment into all youth SRHR service packages given 0.9% national prevalence
- Pilot male engagement programme given extreme GBV burden – target young men in urban informal settlements and Highlands communities
- Engage National AIDS Council PNG as strategic partner for youth HIV/SRHR data and service delivery coordination
- Build robust data systems to capture disaggregated data given Papua New Guinea's massive data gap on youth SRHR indicators

 Samoa Samoa Family Health Association (SFHA) · IPPF Full Member Country Typology: Polynesian – Faith & Community Context	Phase 1 Budget USD 680,000
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2024 Indicator	2024 Result	vs. 2023 Trend
SRH Services (2024)	↓ -23.1% decline	Flagged for strategic review by IPPF regional data analysis
Clients	Flat (no growth)	No client growth alongside service decline
Youth Volunteers	38 (up from 17)	↑ +124% volunteer growth – extraordinary asset
Policy Participation	National policy discussions	Only 1 of 9 MAs (SFHA) with meaningful youth policy participation
CSE Demand	88% Tupou Tertiary students	Want to volunteer after one CSE session – strong latent demand

SRHR Situation Analysis


Samoa (population ~220,000) operates within a **strongly Christian social context** where fa'asamoa (Samoan culture and values) shapes all aspects of community life including attitudes toward sexuality and SRHR. The 2024 data presents a paradox: service volumes declined significantly (-23.1%) and client numbers were flat, yet youth volunteer growth was extraordinary (+124%) and SFHA is the only MA in the network with documented meaningful youth participation in national policy discussions. This paradox requires a strategic review – the energy and advocacy capacity is present but is not translating into service reach.

MA Performance & Programme Highlights

SFHA's youth volunteer growth from 17 to 38 in one year demonstrate that there is enormous latent demand for meaningful youth SRHR engagement that current formal programming is not capturing. **SFHA's** position as **Acting Government SRHR Advisor** shows that sustained civil society engagement can produce formal institutional recognition. Phase 1 must directly address the service decline through strategic review while building on SFHA's advocacy and youth engagement strengths.

Phase 1 Priority Actions (2026–2028)

- Conduct strategic programme review in Q1 2026 to identify causes of -23.1% service decline and develop recovery plan
- Develop faith-sensitive CSE expansion strategy building on demonstrated demand (88% student interest)
- Systematise SFHA's youth volunteer model – formalise as Youth Advisory Group with documented decision-making role
- Leverage SFHA's Acting Government SRHR Advisor role for national policy advocacy under Youth OCEANS framework
- Investigate barriers between youth willingness to engage and formal service access – address confidentiality and stigma
- Develop community champion strategy engaging progressive fa'asamoa values in SRHR advocacy

 <p>Solomon Islands Solomon Islands Planned Parenthood Association (SIPPA) · IPPF Full Member Country Typology: Melanesian – Post-Conflict / Remote</p>	<p>Phase 1 Budget USD 780,000</p>
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2024 Indicator	2024 Result	vs. 2023 Trend
SRH Services (2024)	↑ +41.8% service growth	Strongest service performer in SROP network
Clients	↑ +24.65%	Strong client growth
Radio CSE Model	193,200 people reached	69% listener rate – outstanding reach
Policy Advocacy	National SRH policy submission	SIPPA contributing to standalone national SRHR policy development
GBV Programmes	Active	Family Protection Act 2014 provides legal framework

SRHR Situation Analysis

Solomon Islands (population ~720,000) faces extreme **geographic complexity with over 900 islands, post-conflict recovery dynamics, and one of the highest GBV rates in the Pacific. Kastom (customary law)** creates a plural legal context where community norms often override formal law including the Family Protection Act 2014. Despite these challenges, SIPPA is the SROP network's strongest overall performer in 2024 – demonstrating that with the right programme models, meaningful SRHR reach is achievable even in the most challenging Pacific contexts.

MA Performance & Programme Highlights


SIPPA's radio CSE model reaching 193,200 people with a 69% listener rate is the single most impressive reach achievement in the SROP network and a priority candidate for documentation and replication across other countries with strong radio cultures (Samoa, Tonga, Kiribati). SIPPA's contribution to national SRH policy development – including a submission for a standalone national SRH policy – demonstrates strong policy advocacy capacity that must be resourced and systematised under Youth OCEANS. The +41.8% service growth alongside +24.65% client growth shows genuine programme expansion, not just data improvement.

Phase 1 Priority Actions (2026–2028)

- Document and package the radio CSE model for replication in Samoa, Tonga, and Kiribati – regional learning priority
- Escalate national SRH policy advocacy with dedicated Youth OCEANS support and resources
- Develop remote island outreach strategy for outer provinces using community health worker model
- Strengthen GBV referral pathways beyond urban Honiara – engage kastom leaders as community champions

PACIFIC SRHR YOUTH STRATEGY

- Pilot male engagement programme given high GBV rates; engage young men in football and church youth groups
- Establish Youth Advisory Group building on existing youth programme and strong community trust

 Tonga Tonga Family Health Association (TFHA) · IPPF Full Member Country Typology: Polynesian – Faith & Community Context · Strong Royalist/Chiefly Structure	Phase 1 Budget USD 580,000
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2024 Indicator	2024 Result	vs. 2023 Trend
SRH Services (2024)	↑ +23.2% growth	Strong service growth
IPES+2 (GBV services)	592 services	↑ Scale-up from zero – extraordinary achievement
CSE Demand	88% tertiary student interest	After one session; pipeline for youth volunteer recruitment
Community Context	Strong Christian and chiefly values	Fakaleiti community visible but unprotected
Same-Sex Relations	Criminalised	Legal barrier to LGBTQI+-inclusive SRHR services

SRHR Situation Analysis

Tonga (population ~100,000) operates within a **strong Christian context reinforced by traditional chiefly authority structures**. The Fakaleiti (transgender/gender-diverse) community has historical cultural recognition in Tonga but no legal protection, and faces significant discrimination. TFHA operates in an environment where fa'atongia (respect for traditional authority) shapes all community engagement. Despite these constraints, TFHA has demonstrated impressive growth in 2024, including the extraordinary **scale-up** of GBV **services** from **zero to 592** – suggesting that breakthrough results are achievable with the right institutional investment.

MA Performance & Programme Highlights

The GBV service scale-up (0 to 592 IPES+2 services) is one of the most striking achievements in the 2024 SROP data and deserves detailed documentation to understand what enabled this breakthrough. TFHA's CSE data showing 88% of Tupou Tertiary students wanting to volunteer after one session mirrors Samoa's finding – confirming that demand for rights-based SRHR education exists and is strong across Polynesian contexts. The challenge is systematic provision. Tonga's relative connectivity and compact geography make it a viable candidate for digital CSE piloting.

Phase 1 Priority Actions (2026–2028)

- Document the GBV service scale-up – what enabled 0 to 592 services? Package learnings for SROP network
- Develop faith-sensitive CSE strategy using TK/church entry points; engage Methodist

and Free Church leaders as champions

- Build on 88% tertiary student interest to establish a robust Youth Advisory Group and peer education programme
- Pilot digital CSE platform given Tonga's relatively good digital connectivity compared to other Polynesian SROP countries
- Engage with Fakaleiti community organisations to develop LGBTQI+-inclusive SRHR services in a Tongan cultural context
- Advocate with government for school re-entry policy for pregnant and parenting young women

 <p>Tuvalu <i>Tuvalu Family Health Association (TuFHA) · IPPF Full Member</i> Country Typology: Atoll & Climate-Vulnerable – Existential Threat · Governance Recovery Phase</p>	<p>Phase 1 Budget USD 380,000</p>
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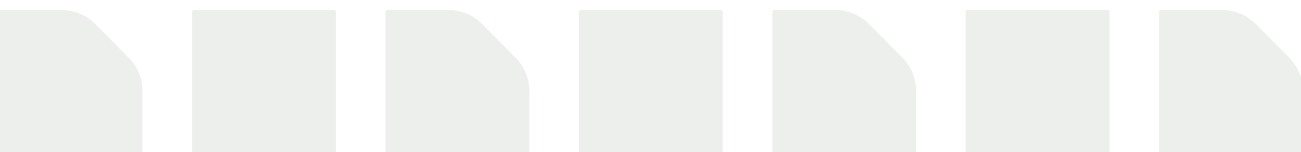
2024 Indicator	2024 Result	vs. 2023 Trend
Client Growth (2024)	↑ +46.13%	Highest proportional growth in SROP network
Context	Governance recovery phase	Remarkable resilience through institutional challenges
Climate Threat	Sea-level rise, storm surge	Existential threat to nationhood; displacement accelerating
Population	~11,000	Smallest SROP country; dense community networks
Geographic Context	9 atolls	Funafuti (capital) plus outer islands

SRHR Situation Analysis

Tuvalu (population ~11,000) faces **the most acute existential climate threat** of any SROP country – sea-level rise is actively displacing communities and threatening the nation's long-term habitability. This climate reality is not a future risk for Tuvalu; it is a present emergency. SRHR services in Tuvalu must be designed around displacement, disruption, and the possibility of mass migration – including to New Zealand under the Falepili Union agreement. Despite these extraordinary challenges, TuFHA's +46.13% client growth during a governance recovery period demonstrates remarkable institutional resilience.


MA Performance & Programme Highlights

TuFHA's growth during governance recovery is the most hopeful story in the 2024 SROP data – suggesting that even when institutional systems are stressed, community trust and service demand are maintained. Phase 1 must build on this resilience by investing in governance consolidation, climate SRHiE planning, and outer island access. Tuvalu's small population means that SROP investments, while modest in absolute terms, can achieve high per-capita impact. The Island Council model from Kiribati is the most directly applicable outer island access model for Tuvalu's context.



Phase 1 Priority Actions (2026–2028)

- Consolidate governance recovery – strengthen board, safeguarding, financial systems as Phase 1 priority
- Commission climate-SRHR vulnerability assessment as part of atoll nations study; integrate findings into SRHiE protocol
- Adapt KFHA Island Council MoU model for Tuvalu outer island context
- Develop Falepili Union migration-SRHR protocol – ensure service continuity for Tuvaluans migrating to New Zealand
- Pre-position emergency SRHR supplies on all inhabited outer islands given climate event frequency
- Establish Youth Advisory Group with specific focus on climate-affected and displaced youth SRHR needs

 <p>Vanuatu <i>Vanuatu Family Health Association (VFHA) · IPPF Full Member</i> Country Typology: Melanesian – Remote · Post-Disaster · Strong Kastom Context</p>	<p>Phase 1 Budget USD 740,000</p>
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2024 Indicator	2024 Result	vs. 2023 Trend
SRH Services(2024)	Slight volume decline	Despite strong client growth
Clients	↑ +41.73%	Second strongest client growth in SROP network
Digital Presence	Active and growing	Strong VFHA digital engagement
Family Protection Act	2008	Legal framework for GBV response; enforcement inconsistent
Kastom Context	Plural legal system	Custom law and formal law both operative; GBV normalised in some communities

SRHR Situation Analysis

Vanuatu (population ~320,000 across 80+ islands) operates a **plural legal system where kastom (customary law) has constitutional recognition alongside formal law**. This creates a complex SRHR context where community norms, traditional authority, and formal legal protections coexist – sometimes in tension. GBV rates are extremely high (60% of ever-partnered women), with kastom norms normalising violence in many community contexts. **Vanuatu is also highly disaster-prone** – Category 5 TC Harold struck in 2020, TC Judy and Kevin in 2023 – demanding robust SRHiE integration into VFHA’s programming.

MA Performance & Programme Highlights

VFHA’s +41.73% client growth alongside a slight service volume decline suggests improved targeting – reaching more unique individuals with more concentrated services rather than

repeat visits with broad service variety. VFHA's growing digital presence is an asset for online CSE delivery and SRHR information dissemination. The Family Protection Act 2008 provides a legal framework for GBV response advocacy, though enforcement is inconsistent in outer islands. TC Harold and subsequent disasters have demonstrated the need for robust SRHiE protocols that can operate when formal health systems collapse.

Phase 1 Priority Actions (2026–2028)

- Investigate service volume decline to determine whether it reflects intentional targeting shift or capacity constraints
- Build VFHA's digital capacity as a platform for CSE delivery across Vanuatu's linguistically diverse communities
- Develop kastom-informed GBV prevention strategy engaging chiefs and community leaders as change agents
- Pilot male engagement programme in Shefa and Sanma provinces; engage young men in church and community groups
- Develop SRHiE continuity protocol drawing on TC Harold and TC Judy response learnings
- Strengthen Family Protection Act implementation through community-level GBV referral pathway work

EVIDENCE BASE ANNEX

Pacific SRHR Literature Review, Data Analysis & Research Synthesis

6 Evidence Domains

60+ Sources Reviewed

10 Pacific Countries

The evidence base annex synthesises the published literature, regional data, and programme evidence grounding the Pacific Youth SRHR Strategy 2026–2033. It covers six evidence domains: adolescent SRHR epidemiology; gender-based violence and harmful social norms; CSE effectiveness; SRHR in climate and humanitarian settings; systems and institutional evidence; and youth leadership and participation. For each domain, key findings are summarised, primary sources cited, and direct programme implications identified.

Note on Evidence Quality

The evidence base for the Pacific is uneven – stronger in Fiji, PNG, and Samoa; weaker in Tuvalu, Cook Islands, and Marshall Islands. Data gaps are explicitly documented in Section 7. Where Pacific-specific evidence is absent, regional SIDS evidence or global evidence with Pacific applicability is noted. This annex draws primarily on: IPPF 2024 Country Summaries; IPPF SROP Data Summary 2023–24; IPPF Fiji SRHR Research Report 2025; UNFPA Pacific; WHO Western Pacific; SPC Pacific Data Hub; and peer-reviewed literature.

1. Adolescent SRHR Epidemiology

1.1 Adolescent Fertility and Unmet Need

Adolescent fertility rates across the Pacific are among the highest in Asia-Pacific and significantly above global averages for middle-income countries. Rates range from approximately 20 per 1,000 (Cook Islands) to over 65 (PNG, Solomon Islands, Vanuatu). Kiribati, Tuvalu, and Marshall Islands fall in the 30–45 range (SPC Pacific Data Hub 2023). The 2024 IPPF SROP network data shows total CYP of 9,842 (2.5% increase on 2023) – a positive trend representing a tiny fraction of estimated total need.

Key Finding	Source	Programme Implication
Adolescent birth rates 2–3× higher in Melanesian contexts than global middle-income averages	SPC Pacific Data Hub 2023; UNFPA State of World Population 2024	Services and CSE must be weighted toward Melanesian countries (PNG, SI, Van.) in Phase 1 resourcing
Young women aged 15–24 account for disproportionate share of new HIV infections in PNG and Fiji	National AIDS Council PNG 2023; Fiji MoHMS 2024	HIV prevention must be integrated into all youth SRHR service packages, not siloed in separate programming
Unmet contraceptive need estimated 40–60% in outer island and rural communities	UNFPA Pacific; SPC Demographic Datasets 2023	Outer island outreach (Pillar 1) is not optional – it is the primary equity mechanism
Total CYP across SROP network grew 2.5% to 9,842 in 2024; emergency contraception use declined 11.8%	IPPF SROP Data Summary 2023–24	Positive CYP trend to sustain; investigate EC supply chain and demand factors for humanitarian settings

858 teenage pregnancies re-recorded in Fiji hospitals in 2024 – nearly double previous year	IPPF Fiji SRHR Research Report 2025	Fiji requires urgent combined CSE, contraception access, and school re-entry policy advocacy in Phase 1
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1.2 HIV and STIs

Papua New Guinea carries the highest HIV burden in the Pacific SIDS (~0.9% national prevalence), with young women aged 15–24 disproportionately affected. In Fiji, rising HIV incidence – particularly among MSM and young women – is driven by SGBV, economic dependence, and criminalisation of same-sex behaviour (IPPF Fiji SRHR Research 2025). STI surveillance is weak across most SROP countries; programme data shows STI testing among the most frequently accessed services across MAs, suggesting significant unmet community need. Gonorrhoea, chlamydia, and antimicrobial resistance trends add treatment complexity.

1.3 Unsafe Abortion and School Re-Entry

Unsafe abortion is a significant contributor to maternal mortality across the Pacific, though data is systematically undercollected. IPPF programme data shows abortion-related service growth of up to 142% in some countries between 2023 and 2024 – reflecting both improved service availability and increased demand. Cook Islands, Samoa, Fiji, and most SROP countries maintain restrictive abortion legislation driving young women to unsafe procedures. School re-entry policies for pregnant girls vary: Samoa, Fiji, and Tonga have made legislative progress; PNG, Solomon Islands, and Vanuatu still effectively exclude pregnant girls from formal education.



2. Gender-based Violence & Social Norms

2.1 GBV Prevalence

Country	GBV Prevalence	Source	Programme Implication
Papua New Guinea	60–70% of ever-partnered women report lifetime IPV; some Highlands communities exceed 75%	Eves & Kofe 2016; UNFPA PNG 2023	GBV services and male engagement are the highest SRHR priority in PNG; mainstream into all programming
Vanuatu	60% of ever-partnered women; adolescent girl non-partner sexual violence particularly high	Vanuatu National Survey on Women's Lives 2011	Kastom-informed prevention strategy; community champion approach; outer island referral pathways
Solomon Islands	Two thirds of women have experienced IPV; adolescent girl rates particularly high	Family Health and Safety Study 2009	Radio-based GBV prevention integrated into SIPPA radio model; male engagement pilot priority
Samoa	46% of women experienced physical violence from partner; family privacy norms suppress reporting	Samoa Family Safety Study 2013	Faith-sensitive GBV prevention; community champions; safe reporting pathways in dense social networks
Fiji	64% of ever-partnered women; TFGBV rising rapidly among young women	IPPF Fiji SRHR Research 2025; Fiji Women's Survey 2011	TFGBV prevention in digital platform; GBV referral through RFHAF services; policy advocacy

2.2 Social Norms Evidence

The 2025 IPPF Fiji SRHR Research Report (qualitative research across Fiji communities) provides direct evidence on how religious, cultural, and traditional practices influence SRHR access. Key findings include: shame and silence around sexuality are actively maintained by adults and institutions, not passively present; family and community surveillance in small communities creates significant confidentiality barriers to seeking SRHR services; faith communities are both barriers and potential entry points – progressive faith voices exist and should be engaged; and young men's gender attitudes are shaped by early socialisation and can be shifted through structured engagement (evidence from comparable Pacific contexts).

3. CSE Effectiveness Evidence

The global evidence on CSE effectiveness is conclusive: quality CSE reduces adolescent pregnancy, delays sexual initiation, increases contraceptive use, and improves gender equality attitudes, when it meets quality standards (UNESCO International Technical Guidance 2018). The Pacific evidence is primarily programme-based:

Finding	Source	Programme Implication
SIPPA's radio CSE model reached 193,200 people with a 69% listener rate in 2024	IPPF SROP Country Summaries 2024	Radio CSE is the highest-reach, lowest-cost model for geographically fragmented Pacific contexts; regional template priority
88% of Tongan tertiary students (Tupou Institute) wanted to volunteer after 1 CSE session (TFHA 2024)	IPPF SROP Country Summaries 2024	Demand for quality CSE far exceeds current provision; latent demand is the opportunity – systematic provision is the challenge
SFHA youth volunteer base grew from 17 to 38 (+124%) in 2024	IPPF SROP Country Summaries 2024	Youth engagement in SRHR programming produces exponential growth effects when supported; invest in youth infrastructure
KFHA youth drama model reached 5,274 young people with documented increased SRHR information access	IPPF SROP Country Summaries 2024	Arts-based CSE approaches effective for community contexts where formal education is inaccessible
UNESCO review: quality CSE reduces teen pregnancy 50%, increases contraceptive use 40%, delays sexual debut by 6+ months	UNESCO International Technical Guidance 2018	Quality standards matter; biological-only CSE produces no behaviour change – rights-based, comprehensive approach essential
Young people with disabilities are excluded from CSE in every Pacific country reviewed	SPC CSE Review 2022; IPPF SROP Country Reviews	Disability-inclusive CSE adaptations (Pillar 2) must be actively designed, not assumed as default

4. SRHR in Climate & Humanitarian Settings

The Pacific is the global epicentre of climate vulnerability. The evidence on SRHR in Pacific humanitarian contexts reveals systematic gaps that the strategy must address:

Finding	Source	Programme Implication
SRHR absent from all 10 national humanitarian preparedness plans as of 2024	IPPF Humanitarian Review 2023; Pacific Humanitarian Team GBV Sub-Cluster 2023	Pillar 5 policy advocacy must achieve SRHR inclusion in national DRR plans as non-negotiable Phase 1 outcome
Cyclone Harold (2020): SRHR services collapsed across Vanuatu, Solomon Islands, Fiji outer islands within 24 hours	Oxfam Pacific Rapid Gender Analysis 2020	Service continuity protocols and pre-positioned supplies are essential infrastructure, not optional contingency measures
Sexual violence increases significantly during Pacific disaster responses; adolescent girls at highest risk	UNFPA GBV AoR Pacific Sub-Regional 2022	GBV referral pathways must be embedded in emergency protocols; safe spaces for women and girls pre-planned
Emergency contraception use declined 11.8% region-wide in 2024 – supply chain and access barriers likely	IPPF SROP Data Summary 2023-24	EC availability in humanitarian settings requires dedicated supply chain planning; community health worker distribution
Climate displacement from Kiribati, Tuvalu, and Marshall Islands is accelerating; SRHR service continuity across borders unplanned	Pacific Catastrophe Risk Assessment Programme 2023; Falepili Union agreement	Climate mobility protocols – service continuity for displaced populations migrating to Fiji, NZ, Australia – must be developed in Phase 1

5. Systems & Institutional Evidence

Finding	Source	Programme Implication
Only 1 of 9 MAs (SFHA) reported meaningful youth participation in national policy discussions in 2024	IPPF SROP Data Summary 2023-24	Pillar 4 must prioritize enabling conditions for youth advocacy in Phase 1 – YAG standards, advocacy training, funded advocacy activities
3 SRHR policy initiatives reported across SROP network in 2023; zero updates in 2024	IPPF SROP Data Summary 2023-24	Policy advocacy targets in the logframe are ambitious relative to current baseline; Year 1 must focus on advocacy infrastructure
SRHR indicator alignment with national HMIS: target 9 MAs; zero progress reported	IPPF SROP Data Summary 2023-24	MEL integration with national data systems is a fundamental accountability gap; Pillar 6 must address as Phase 1 priority
Safeguarding systems functional in 6 of 10 MAs; governance quality varies significantly across network	IPPF SROP Institutional Review 2024	Baseline assessment (M1) must quantify governance gaps; targeted TA required for 4 MAs without safeguarding systems
MA financial sustainability is low across the network – most MAs dependent on IPPF core funding with no diversified income	IPPF SROP Financial Review 2024	Resource mobilisation strategy and government co-investment advocacy are Phase 1 priorities for Pillar 6

6. Data Gaps & Baseline Assessment

Data Gap	Countries Most Affected	Recommended Phase 1 Action
Disaggregated adolescent SRHR data (age, sex, disability, location)	All SROP countries; worst in atoll nations	Baseline survey with minimum disaggregation by age 10-14, 15-19, 20-24, sex, disability, location in all 10 countries by Q4 2026
Knowledge, Attitude and Practice (KAP) data for youth	Tuvalu, Marshall Islands, Cook Islands, Kiribati	Standardized KAP survey in all 10 countries by Q4 2026; methodology adapted for atoll and small-population contexts
Disability-disaggregated SRHR data	All SROP countries	Add disability status to all MA service data collection forms; train staff in 2026; partner with Pacific Disability Forum
Male and gender-diverse youth SRHR data	All SROP countries	Expand KAP surveys to include male youth and gender-diverse populations; partner with Fa'afafine and equivalent organizations
Outer island SRHR needs and access data	Kiribati, Tuvalu, Marshall Islands, Vanuatu, Solomon Islands	Outer island needs assessments as part of outreach strategy development in Year 1
GBV prevalence data post-2015	Vanuatu, Solomon Islands, Samoa	Advocate for and support national GBV prevalence surveys in collaboration with government and UN partners
Climate-SRHR impact data	Kiribati, Tuvalu, Marshall Islands, Tonga	Commission climate-SRHR vulnerability assessment in 2026 to inform SRHiE preparedness planning
Cost-effectiveness data for Pacific SRHR interventions	All SROP countries	Develop cost-per-beneficiary tracking in MEL system; commission cost-effectiveness analysis at mid-term evaluation

7. Key Sources

IPPF SROP Sources

- IPPF SROP (2024). Country Summaries 2024. IPPF Sub-Regional Office for the Pacific, Suva.
- IPPF SROP (2024). Data Summary and Results Framework: 2023 vs 2024 Comparison. IPPF SROP, Suva.
- IPPF SROP (2025). How religious, cultural and traditional practices influence access to SRHR in Fiji: A Qualitative Study. FNHRERC 34/202.

Regional and Multilateral Sources

- UNFPA Pacific (2023). State of Population Report: Pacific SIDS. UNFPA Pacific Sub-Regional Office, Suva.
- WHO Western Pacific (2023). Pacific Health System Review. WHO, Manila.
- UNICEF Pacific (2023). Situation Analysis of Children and Women in the Pacific. UNICEF, Suva.
- Secretariat of the Pacific Community (2023). Pacific Data Hub: Demographic and Health Indicators. SPC, Noumea.
- SPC / Pacific Community (2022). Review of Comprehensive Sexuality Education Programmes in the Pacific. SPC, Noumea.
- Pacific Community (2018). Pacific Regional Education Framework (PacREF) 2018–2030. SPC, Noumea.
- UNFPA Pacific (2022). GBV Area of Responsibility Pacific Sub-Regional Programme Annual Review. UNFPA, Suva.
- Pacific Humanitarian Team GBV Sub-Cluster (2023). Review of SRHR in Pacific Humanitarian Coordination. PHT, Suva.
- Oxfam Pacific (2020). Cyclone Harold Rapid Gender Analysis. Oxfam, Suva.

Global Sources

- UNESCO (2018). International Technical Guidance on Sexuality Education: An Evidence-Informed Approach. UNESCO, Paris.
- IPPF (2022). IPPF Global Adolescent and Youth Strategy 2022–2028. IPPF, London.
- WHO (2022). Global Review of Adolescent Health Interventions. WHO, Geneva.
- UNAIDS (2023). Global AIDS Update 2023. UNAIDS, Geneva.
- IPCC (2022). Sixth Assessment Report: Climate Change 2022 – Impacts, Adaptation and Vulnerability. IPCC, Geneva.

RESULTS FRAMEWORK

Full Indicators, Baselines, Targets, Data Architecture and Disaggregation Framework

4-Level Results Chain 20+ Key Indicators 3 Measurement Points 10 Pacific Countries

Purpose and Scope

This Results Framework provides the complete accountability architecture for the Pacific Youth SRHR Strategy 2026–2033. It operates at four levels, Impact, Outcome, Output, and Activity and is designed for use by IPPF SROP, Member Associations, and donors. All indicators are disaggregated by: age group (10–14, 15–19, 20–24), sex, disability status, and location (urban/rural/outer island). Targets in this framework are evidence-based, not aspirational: they are grounded in 2024 IPPF SROP programme data, UNFPA Pacific demographic data, and SPC Pacific Data Hub baselines. Targets are to be confirmed and country-stratified against 2026 baseline data.

MEL Level	Purpose	Primary Users	Frequency
Impact	Assess long-term change in Pacific youth SRHR outcomes; contribute to SDG reporting	IPPF globally; donors; Pacific governments; UN agencies	Every 5 years + endline 2033
Outcome	Assess whether strategy is achieving intended changes in access, knowledge, norms, policy, systems	SROP; donors; MAs; Pacific regional bodies	Annual learning review; mid-term evaluation 2029; endline 2033
Output	Track direct deliverables and service reach; primary donor accountability mechanism	SROP; MAs; donors	Semi-annual reporting to SROP; annual to donors
Activity	Operational tracking of programme delivery; internal management tool	MAs; SROP programme staff	Monthly internal; semi-annual to SROP

IMPACT LEVEL INDICATORS

Level	Indicator / Measure	Data Source	Baseline (2025/26)	Target by 2033
IMPACT	Adolescent birth rate (per 1,000 women aged 15–19) in 10 SROP countries	<i>SPC Pacific Data Hub; UNFPA Pacific; national HMIS</i>	20 (Cook Is.) to 65+ (PNG, SI, Van.)	15% reduction all countries; 25% reduction Melanesian by 2033
IMPACT	% young women aged 15–24 with unmet need for modern contraception	<i>National household surveys; IPPF SROP service data; UNFPA Pacific estimates</i>	Est. 30%+ national; 40–60% outer islands	20% reduction from 2026 baseline in all countries by 2033
IMPACT	% women under 25 reporting experience of intimate partner violence	<i>National GBV surveys; UNFPA Pacific GBV programme data</i>	60–70% PNG; 64% Fiji; 60% Vanuatu	Measurable documented reduction in 5+ countries; trend data in all 10 by 2033
IMPACT	HIV new infection rate among youth aged 15–24 in PNG and Fiji	<i>National AIDS Councils; Ministries of Health; UNAIDS data</i>	PNG ~0.9% national; Fiji: rising incidence	Stabilised or declining trend in PNG and Fiji by 2033; maintained low in all other countries

OUTCOME LEVEL INDICATORS – BY PILLAR

PILLAR 1: Access to Youth-Friendly SRHR Services

Level	Indicator / Measure	Data Source	Baseline (2025/26)	Target by 2033
OUTCOME 1	# and % of MAs implementing Minimum Youth SRHR Service Package (full package)	MA service checklists; SROP quality assurance visits; IPPF DRS	0 – no standardised package (2024)	All 10 MAs implementing by 2028; reviewed and updated 2031
OUTCOME 1	# of young people aged 10–24 accessing SRHR services (disaggregated by age, sex, disability, location)	IPPF DRS service data; MA client records	~44,100 youth (35% of 126,000 clients in 2024)	40% increase in youth clients by 2028; 70% increase by 2033
OUTCOME 1	% of youth clients reporting service was confidential, non-judgmental, and accessible (client satisfaction)	MA client satisfaction surveys; quantitative and qualitative client feedback	Not currently collected systematically across network	80%+ satisfaction rate in all 10 MAs by 2028
OUTCOME 1	# of outer island/rural outreach cycles per country per year	MA outreach logs; community health worker reports; mobile clinic records	Ad hoc and under-resourced across network (2024)	Min. 4 cycles/year/country by 2029; all outer populations with access by 2033

PILLAR 2: Comprehensive Sexuality Education

Level	Indicator / Measure	Data Source	Baseline (2025/26)	Target by 2033
OUTCOME 2	% of youth reached by CSE reporting improved SRHR knowledge and skills (post-programme assessment)	KAP surveys – baseline 2026; mid-term 2029; endline 2033; post-programme knowledge assessments	Baseline survey Q4 2026 in all 10 countries (no comparable data)	70% reporting improved knowledge by 2030; 80%+ by 2033

OUTCOME 2	# of youth receiving CSE per channel (school/community/digital) disaggregated by age, sex, disability	Attendance records; digital analytics; community facilitator reports	Fragmented – school CSE in 3 countries; community in 6; no regional data (2024)	100,000+ youth/year by 2030 across 2+ channels in all 10 countries
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OUTCOME 2	% of youth reporting they know where to access SRHR services (access knowledge)	KAP survey; post-CSE knowledge assessment	Baseline Q4 2026	60%+ in all countries by 2029; 80%+ by 2033
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PILLAR 3: Social Norms Transformation & Protection

Level	Indicator / Measure	Data Source	Baseline (2025/26)	Target by 2033
OUTCOME 3	% change in community attitudes toward contraception, GBV, and consent (KAP attitude questions)	KAP survey – baseline 2026; mid-term 2029; endline 2033; focus group discussions	Baseline 2026 (no comparable Pacific youth norms data)	Measurable positive shift in 70%+ of surveyed communities by 2031; trend maintained by 2033

OUTCOME 3	# of male youth aged 15-24 participating in positive masculinity programmes	Programme reports; gender attitude pre/post assessment tools	Male engagement not tracked in SROP network (2024)	20,000+ male youth reached annually by 2030
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PILLAR 4: Youth Leadership & Policy Influence

Level	Indicator / Measure	Data Source	Baseline (2025/26)	Target by 2033
OUTCOME 4	# of youth-led advocacy actions per country per year resulting in documented policy dialogue or commitment	Youth OCEANS advocacy logs; Pacific meeting documentation; MA advocacy reports	3 SRHR policy initiatives 2023; 0 updates 2024 across SROP network	3+ advocacy actions/country/year by 2028; formal policy outcomes in 5+ countries by 2033

OUTCOME 4	# of MAs with functional Youth Advisory Groups meeting quarterly with documented decision-making influence	MA governance records; YAG meeting minutes; SROP compliance review	YAGs in ~4 MAs in some form (2024); only 1 with documented policy influence	All 10 MAs by Q1 2027; 75%+ YAG recommendations acted upon by 2030
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PILLAR 5: SRHR in Climate & Humanitarian Settings

Level	Indicator / Measure	Data Source	Baseline (2025/26)	Target by 2033
OUTCOME 5	# of SROP countries with SRHR components in official national DRR or humanitarian preparedness plan	Government plan documents; NDMO MoUs; SROP policy tracking log	0 of 10 SROP countries have SRHR in national plans (2024)	SRHR in 5 country plans by 2028; 9 by 2031; 10 by 2033
OUTCOME 5	# of climate/disaster events in which MA maintained or restored SRHR services within 72 hours	MA crisis response logs; SROP humanitarian monitoring; OCHA situation reports	Service continuity during disasters weak; no MAs with formal protocol (2024)	80% of qualifying disaster events with 72hr SRHR service restoration by 2033

PILLAR 6: Systems Strengthening & Sustainability

Level	Indicator / Measure	Data Source	Baseline (2025/26)	Target by 2033
OUTCOME 6	# of MAs meeting minimum standards across 5 institutional dimensions: governance, safeguarding, workforce, MEL, financing	IPPF institutional assessment; SROP annual compliance review; financial audits	Baseline assessment to be conducted 2026; safeguarding in 6 of 10 MAs	All 10 MAs meeting 3+ dimensions by 2030; all 5 dimensions by 2033
OUTCOME 6	# of MAs submitting complete disaggregated data semi-annually (with data quality score ≥70%)	SROP MEL database; data quality reports; IPPF DRS compliance review	Data reporting incomplete and inconsistent across network (2024)	All 10 MAs functional by 2027; 90% completeness rate by 2030

OUTPUT LEVEL INDICATORS – SUMMARY

Pillar	Output	Key Indicator	2028 Target	2033 Target
P1	Minimum Youth SRHR Service Package	# MAs implementing full package	All 10 MAs	Reviewed and updated; 40%+ youth client growth
P1	Outer island outreach expanded	# outreach cycles/year/country	4 cycles/country minimum	All outer populations with access
P1	Digital/telehealth pathways established	# countries with functional pathway	5 countries	8 countries; 15,000+ youth/year digitally
P2	CSE curriculum framework developed	# countries using adapted framework	Framework finalised; 3 countries piloting	7+ countries using framework
P2	CSE delivered multi-channel	# youth receiving CSE; quality score	2+ channels all 10 countries	100,000+/year; 70%+ quality score
P3	Youth-led norm change campaigns	# campaigns/country/year	2+ campaigns/country	Measurable attitude change in 70%+ communities
P3	Male engagement programming	# male youth reached	3 countries piloted	All 10 countries; 20,000+ male youth/year
P4	Youth OCEANS platform established	Governance documents; policy outputs	Constituted; first annual forum	Recognised Pacific SRHRJ regional platform
P4	Youth Advisory Groups operational	# MAs with functional YAG	All 10 MAs	75%+ recommendations acted upon
P5	SRHR in humanitarian plans	# countries with SRHR in plan	5 countries	10 countries
P5	SRHR service continuity	% events with 72hr restoration	Protocols in all 10 MAs	80% events with 72hr restoration
P6	Governance and safeguarding systems	# MAs meeting IPPF standards	All 10 MAs	All 5 dimensions all 10 MAs
P6	MEL systems functional	# MAs submitting complete data	All 10 MAs functional	90% completeness rate

DATA ARCHITECTURE & REPORTING SCHEDULE

Data Stream	Method	Frequency	Lead	Key Use
MA Service Data (IPPF DRS)	Administrative data from MA service records	Semi-annual	MA MEL staff → SROP MEL coordinator	Output reporting; donor accountability; IPPF global DRS
Knowledge, Attitude and Practice (KAP) Survey	Structured survey; minimum 400/country; stratified by age/sex/location	Baseline 2026; mid-term 2029; endline 2033	SROP + independent survey firm	Outcome measurement; impact assessment; programme adaptation
Youth Advisory Group Reports	Meeting minutes; YAG recommendation tracking logs	Quarterly	YAG secretaries; MA youth coordinators	Pillar 4 outcome tracking; participation quality measurement
Youth OCEANS Advocacy Log	Documented record of advocacy actions, meetings, submissions, and outcomes	Ongoing; consolidated semi-annually	Youth OCEANS Secretariat (SROP support)	Pillar 4 output and outcome tracking; donor reporting
Annual Learning Review	Facilitated reflection with all 10 MAs and youth representatives; qualitative and quantitative synthesis	Annual (Q4)	SROP; annual facilitator	Strategy adaptation; workplan updates; donor reporting
Institutional Assessment	SROP-facilitated assessment of 5 institutional dimensions per MA	Baseline Q1 2026; mid-term Q3 2028; annual lite review	SROP programme team	Pillar 6 output tracking; technical assistance targeting
Independent Mid-Term Evaluation	OECD DAC criteria; mixed methods; 10 countries	Q3 2028 (covering 2026-2028)	Independent evaluator contracted by SROP	Phase 2 planning; strategy adaptation; donor accountability
Endline Evaluation	Full impact assessment; sustainability analysis; global	2033	Independent evaluator	Impact level indicators; strategy close-out; global learning

DISAGGREGATION FRAMEWORK

All programme data is disaggregated as a minimum by four variables. Data that cannot be meaningfully disaggregated must be flagged as a data gap in reporting.

Variable	Categories	Rationale	Pacific Application
Age Group	10-14 (early adolescence) 15-19 (later adolescence) 20-24 (young adulthood)	Different age groups have different SRHR needs, rights, and vulnerabilities; blending masks inequalities	Age disaggregation reveals whether services are reaching younger adolescents (10-14) who are systematically underserved in Pacific health systems
Sex	Male / Female / Gender Diverse (where feasible and safe)	Gender is the primary driver of SRHR inequalities; aggregate data obscures gender gaps	Sex disaggregation reveals GBV patterns, contraceptive access gaps, and CSE reach across Pacific gender groups including Fa'afafine, Fakaleiti, and Vakasalewalewa
Disability Status	Any disability (yes/no); disability type where data systems allow	Young people with disabilities face compounded SRHR barriers; currently invisible in all Pacific SRHR data	No Pacific country currently collects disability-disaggregated SRHR data; Phase 1 baseline will be the first systematic collection
Location	Urban / Peri-urban / Rural / Outer Island	Geographic isolation is the primary access barrier in Pacific SRHR; outer island vs urban inequalities are extreme	Outer island disaggregation is essential to demonstrate equity reach; the 40-60% unmet need gap between urban and outer island populations must be tracked and addressed