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Annex 4 **Global and regional programmes**

8. Latin America and the Caribbean regional programme (2022-2025)

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I. Programme rationale

1. The population of Latin America and the Caribbean is currently at 659 million people; the region's population is projected to peak at 768 million around 2050. Recent reductions in fertility rates in some countries provide an opportunity to take advantage of the demographic dividend through investment in young peoples' healthcare, education and employment. Other countries with ageing populations will require policy reform to ensure social protection. There is a need to strengthen population data systems, expanding the quality and scope of population data through increased generation, analysis and use of disaggregated data to inform public policies and ensure assessment of progress towards the Sustainable Development Goals (SDGs) and Montevideo Consensus indicators. The 2020 round of national population and housing censuses will be critical to facilitating disaggregated demographic information.

2. Made up of mostly middle-income countries, the region is the most unequal in the world. Left-behind groups including low-income women, adolescents and young people, indigenous, Afro-descendants, people with disabilities, refugees and migrants, internally displaced, rural populations, and persons of diverse gender identity and/or sexual orientation lag behind on most indicators. The socio-economic impact of the COVID-19 pandemic has been devastating. The United Nations Economic Commission for Latin America and the Caribbean (ECLAC) estimated that regional gross domestic product declined by 7.7 per cent in 2020, resulting in an unprecedented increase in poverty and extreme poverty levels (33.7 per cent and 12.5 per cent, respectively). The pandemic has exacerbated humanitarian needs, structural inequalities, high levels of informality, lack of social protection, and the unfair sexual division of labour. The region's ability to reach the SDGs has been severely impacted and decades of progress – in the reduction of maternal mortality, unmet need for family planning and gender-based violence – have been reversed.

3. Wide gaps remain in ensuring universal coverage and equitable access to comprehensive sexual and reproductive health services, including maternal health, family planning and contraception, prevention and treatment of HIV, sexually transmitted infection and reproductive cancers, and the clinical management of rape. Even where favourable legal and policy frameworks exist, these are often not fully implemented or adequately resourced. Public spending for health is uneven, ranging from 0.7 per cent of gross domestic product in Haiti to 6.4 per cent in Uruguay. The groups left furthest behind face geographic, economic, cultural and social barriers to access to services.

4. Between 2005 and 2017, maternal mortality declined, from 88 deaths per 100,000 live births to 74 per 100,000 live births (Regional Task Force for Maternal Mortality Reduction in Latin American and the Caribbean, 2017), though with a huge equity gap in maternal mortality within and between countries. Currently, 13 countries have a maternal mortality ratio above the regional average.¹ Maternal deaths are mostly preventable and concentrated among indigenous, Afro-descendants, women living in rural areas and women with disabilities. The main causes are haemorrhage (23.1 per cent); hypertension (22.1 per cent); unsafe abortions (9.9 per cent); sepsis (8.3 per cent); and other direct causes (14.8 per cent). Access to safe abortion, to the full extent of the law, and post-abortion care remains a serious public health concern, with an estimated 6.5 million high-risk abortions performed per year. As of 14 April 2021, more than 1,100 maternal deaths were reported due to the COVID-19 pandemic-related disruption of sexual and reproductive health services.

5. Critical determinants of maternal mortality include low prioritization and uneven implementation of evidence-based policies and interventions; limited coverage and barriers to access to high-quality sexual and reproductive health services, particularly for those furthest left-behind; weak institutional capacities, especially in remote areas; inadequate maternal mortality and morbidity surveillance and data for decision-making; poor quality of maternal and perinatal health care (e.g. lack of cultural pertinence, disrespectful care, the medicalization of interventions). Evidence shows that access to high-quality maternal health care would prevent 54 per cent of maternal deaths while universal access to family planning could prevent an additional 30 per cent. Evidence also shows that scaling up midwifery saves lives and strengthens the health systems response.

6. The region has a relatively high contraceptive prevalence rate (70 per cent) and a low unmet need for family planning among women that are married or in union (10 per cent). However, unplanned pregnancies in the region (56 per cent) are the highest in the world (Guttmacher, 2012) and the unmet need varies significantly by age, marital status, ethnicity, status (disability or migration) or geographical location. Over one-third of adolescent girls have an unmet need for contraceptives (Guttmacher, Adding it Up, 2016). Challenges include low financial

¹ Bolivia, Colombia, Dominican Republic, Guatemala, Guyana, Haiti, Honduras, Jamaica, Nicaragua, Panama, Paraguay, Suriname and Venezuela.

commitment; weak supply chains; lack of provider skills; and reliance on short-term contraceptive methods. In the context of the COVID-19 pandemic, UNFPA estimates that due to the lockdowns and resultant increased poverty, 20 million women may discontinue the use of modern contraceptives. This would be equivalent to a 30-year setback and could lead to 2 million more unintended pregnancies.

7. The adolescent fertility rate (60.7 per 1,000 women aged 15-19 years) exhibits the slowest decline in the world; pregnancies in girls under the age of 15 are increasing. Persistently high adolescent pregnancy rates are the result of barriers to access to sexual and reproductive health services and modern contraceptive methods; uneven coverage of comprehensive sexuality education programmes; sexual violence and early unions; and poverty conditions. Among the estimated 3.6 million adolescent pregnancies in the region in 2016, 1.4 million (39 per cent) resulted in an abortion, most of them illegal and unsafe.

8. In 2019, 2.1 million people were living with HIV in Latin America and 330,000 in the Caribbean, the equivalent to a prevalence of 0.4 per cent and 1.1 per cent, respectively. New infections are concentrated among young people of key populations. HIV needs to be integrated into the sexual and reproductive (SRH) package within the universal health coverage framework.

9. Gender-based violence (GBV) and other harmful practices, particularly child marriage and early unions, are endemic. 14 of the 25 countries with the highest rates of femicide are in Latin America and the Caribbean. Where data is available, it shows that young women are most at risk of femicide and that there is a strong linkage with sexual violence. According to national surveys conducted in six countries, two out of three women have suffered gender-based violence,² often at the hands of an intimate partner, but also in public spaces or situations of sexual exploitation and trafficking. Seven of ten women with disabilities have suffered physical or sexual violence during their lives. One in four women are first married or in union before their 18th birthday, particularly indigenous girls. Despite the existence of laws and policies to address gender-based violence in the majority of countries, impunity remains high, with limited access to justice for survivors. In many situations, they also lack access to other essential services, such as medical care and psychosocial support. Accelerating the reduction of gender-based violence requires a multisectoral, coordinated response, increased access to essential services and long-term action to transform socio-cultural and gender norms.

10. Across the region, women, adolescents and youth, especially from left-behind groups, face critical constraints to the exercising of their sexual and reproductive health and reproductive rights and the right to live a life free from violence, linked to a lack of bodily autonomy. The COVID-19 pandemic has exacerbated gender inequality and negatively impacted women's political, economic and bodily autonomy. Women are more likely than men to live in poverty and take up unpaid work – and to have lost their job during the pandemic. Confinement measures have resulted in a sharp increase in gender-based violence at the same time that access to specialized services for survivors has been reduced. Furthermore, conservative and anti-rights movements are campaigning against sexual and reproductive health and rights and gender equality in the region, gaining considerable ground through the use of social media. The strong pro-human rights social movement in the region is a critical partner in counteracting this backlash and for transforming social and gender norms. However, there is a need to strengthen engagement within these movements of the most left-behind, particularly indigenous and Afro-descendant groups and people with disabilities.

11. The region is facing the compounding impacts of multiple crises, including natural disasters, exacerbated by the COVID-19 pandemic and climate change. These drive displacement and impact migration dynamics. Protracted crises persist in the region, with millions of people in need of humanitarian assistance in 2021. More than 5.1 million people have left Venezuela and remain in host and transit countries, particularly Brazil, Colombia, Ecuador and Peru, while an estimated 7 million people remain in need of humanitarian assistance in Venezuela. According to the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), the number of people in need of humanitarian assistance in the northern countries of Central America (El Salvador, Guatemala and Honduras) rose from 5.3 million in March 2020 to 10.7 million by December 2020, largely due to the impact of the COVID-19 pandemic and hurricanes Eta and Iota, affecting particularly populations already affected by food insecurity and chronic violence. Migrant women and girls are vulnerable to different forms of gender-based violence, including sexual exploitation and trafficking. Their sexual and reproductive health and protection needs are severe, including the need for life-saving SRH and GBV services and supplies, including safe delivery,

² <https://www.google.com/url?q=https://www.cepal.org/en/pressreleases/eclac-persistence-violence-against-women-and-girls-region-and-femicide-its-maximum&sa=D&source=editors&ust=1623692308322000&usq=AOvVaw0ksXgmvVpOyW5gvhzmEw3x>

emergency obstetric care, family planning, clinical management of rape, GBV case management and psychosocial support.

12. UNFPA will work with other United Nations organizations to support national efforts to build back better, while pursuing progress towards achievement of the SDGs and the ICPD Programme of Action, using the Montevideo Consensus as a roadmap for action. It will contribute to accelerating the achievement of the three transformative results, with a focus on “leaving no one behind” and addressing intersectionality. The programme will support the development and implementation of localized, tailored interventions to address needs in different contexts, in both development and humanitarian settings.

13. The programme builds on the lessons learned from the midterm review of the current cycle and global and regional evaluations: (a) evidence-based, intersectional approaches are key to addressing structural inequalities; (b) investing in transforming patriarchal social norms to address the root causes of gender-based violence requires multisectoral and intercultural strategies; (c) advocacy and capacity-building for life-saving SRH and GBV interventions and disaggregated data for decision-making are critical in humanitarian settings; and (d) strengthening partnerships, financing, innovation and adaptation are key to accelerating the achievement of the three transformative results. The regional programme also builds on key findings from the Global Evaluation on Gender Equality and Women Empowerment (in which the regional office was the regional case study) as well as regional thematic evaluations conducted in the current cycle: comprehensive sexuality education and supplies and family planning. Some of the proposed interventions are based on evidence from those evaluations: (a) promote the use of the most cost-effective contraceptive methods, particularly long-acting reversible contraceptives, among adolescents and youth through demand-generation interventions, ensuring the right to free and informed choices; (b) strengthen reproductive health supply chain management and ‘last-mile’ assurance, including in humanitarian situations; and (c) strengthen implementation, monitoring and evaluation of comprehensive sexuality education in out-of-school settings, following international standards.

II. Programme priorities and partnerships

14. Aiming at supporting programmatic efforts of country offices towards accelerating the achievement of the three transformative results and advancing the ICPD agenda in the region, the regional programme will deliver six common outputs, aligned – with some adaptation for the regional Latin American and the Caribbean context – to the UNFPA strategic plan, 2022-2025. These six common outputs are (a) policy and accountability; (b) quality of care and services; (c) gender and social norms; (d) population change and data; (e) humanitarian action; and (f) bodily autonomy and integrity. Notably, output 6 has been reframed, given the criticality of strengthening the agency and autonomy of women, adolescents and youth to achieve universal access to sexual and reproductive health and reproductive rights in this region. Promoting bodily autonomy is key to advancing gender equality and responding to the emerging demands of women and civil society movements in the region. The programme integrates strategic interventions aimed at accelerating the reduction of preventable maternal mortality and the unmet need for family planning.

15. To the extent that structural inequalities are the critical development challenge in the region, the regional programme is built on the central and overarching principle of ‘leaving no one behind’, embedded across the programme through mainstreaming, targeted actions and disaggregated indicators. The programme will focus on women, adolescents and youth, and will apply intersectional approaches to reach the population groups left furthest behind first, particularly indigenous and Afro-descendant communities, people living in rural areas, people in human mobility situations, people with disabilities, key populations, and people with humanitarian needs. The following five cross-cutting approaches will be applied: (a) life-cycle and life-course; (b) gender equality; (c) human rights; (d) intercultural approach; (e) localized and targeted interventions.

16. Five accelerators will be employed: (a) partnerships, United Nations coordination, and financing; (b) communication and advocacy; (c) innovation and adaptation; (d) data generation, analysis and use of evidence-based interventions and knowledge management; (e) efficient management and agile operational processes. The programme will use all five modes of engagement flexibly, depending on the contextual needs.

17. UNFPA will leverage partnerships with government and intergovernmental entities, civil society organizations, United Nations organizations, academia, think tanks and centres of excellence, professional associations, parliamentarians, donors, the private sector, philanthropic organizations and the media. It will expand partnerships with grassroots organizations to strengthen their stakeholders’ leadership. Critically, participation and engagement of the “furthest left-behind” groups will be ensured under the principle of “nothing about us without

us”. United Nations coordination and leveraging of United Nations system-wide capacities will be strengthened through the regional collaborative platform, regional issue-based coalitions and interagency working groups and the promotion of joint programming at regional and country levels. UNFPA will continue to participate in impactful joint initiatives, including the European Union-funded Spotlight Initiative to end violence against women; Every Woman Every Child for Latin America and the Caribbean; the Regional Task Force for Maternal Mortality Reduction; the Regional Statistical Coordination Mechanism; and the Regional Platform for Refugees and Migrants from Venezuela, among others.

18. Production of data and evidence is central to highlighting the situation of those left furthest behind; supporting advocacy around the transformative results and their links with the SDGs; and informing evidence-based policies and programmes. A knowledge management strategy will be implemented to ensure the transformation of data into evidence for decision-making, including through the development of investment cases and assessments of the economic impact of public policies.

19. The programme will leverage innovation to address barriers to access to essential sexual and reproductive health and GBV services among underserved populations, building on the lessons learned through the use of telemedicine and other remote service modalities during the COVID-19 pandemic response. It will also use new technologies to assess the impact of the COVID-19 pandemic on access to sexual and reproductive health services, such as the proposal for a simulator, designed and developed in partnership with the Eastern Europe and Central Asia Regional Office and the Institute for Health Metrics and Evaluation/George Washington University, aimed at assessing the effectiveness of different policy efforts to reduce gaps in unmet need for family planning. The regional office will also use new digital technologies, social media and other innovative communication strategies to reach new audiences to support advocacy and transformation of social and gender norms.

20. The regional programme will address expanded humanitarian needs in the context of climate change and increasingly protracted crises by (a) strengthening the capacity of country offices and partners to better safeguard the lives of women and adolescent girls through integrated, life-saving GBV and SRH interventions, which also address mental health and psychosocial issues; and (b) mainstreaming resilience, preparedness and early action in programmes, communications and operations in all country contexts, ensuring complementarity between humanitarian and development interventions.

21. The programme will also strengthen regional and country office capacity for (a) scaling up data for decision-making in humanitarian settings; (b) coordination of gender-based violence interventions and (c) prevention of sexual exploitation and abuse. The programme will also strengthen the capacity of women’s organizations to participate in humanitarian response, preparedness and resilience building. As the lead in the GBV area of responsibility, UNFPA will build regional capacity to deliver on GBV in emergencies, including through the establishment of coordination mechanisms and provision of integrated, life-saving GBV and SRH services.

Accelerating the reduction of unmet need for family planning, preventable maternal deaths and gender-based violence and harmful practices

A. Output 1: Policy and accountability

By 2025, improved integration of sexual and reproductive health and reproductive rights, as well as the prevention of and response to gender-based violence and harmful practices, into relevant national policies, plans, legal frameworks and accountability mechanisms

22. UNFPA, in partnership with governments, subregional integration mechanisms, other United Nations organizations (e.g. the Pan American Health Organization (PAHO), the World Health Organization (WHO), UNICEF), civil society, professional associations, academia, and other partners (e.g. the World Bank, the United States Agency for International Development), will support efforts in the region to position sexual and reproductive health and rights into legal frameworks and policies at regional and national levels, particularly those related to maternal and adolescent health, ensuring the comprehensive package of sexual and reproductive health services with an equity-based approach. To leverage increased political will and financial commitment, the programme will build on evidence generated during the current cycle on cost-effective interventions. It will also promote the advancement of gender equality in partnership with UN-Women, through support to the implementation and monitoring of international and regional commitments related to GBV, including the voluntary national ICPD25 commitments.

23. Strategic interventions, including advocacy and policy dialogue, technical support, strategic partnerships and knowledge management, aims to (a) position sexual and reproductive health and reproductive rights within universal health coverage and increase public financing for sexual and reproductive health; (b) position prevention of child marriage/early unions as a key public policy priority; (c) promote multisectoral and intersectional laws, policies and accountability mechanisms for equitable access to SRH services, comprehensive sexuality education (in and out of school) and GBV services; (d) design, implement, monitor and evaluate evidence-based public policies, plans and programmes for equity-based maternal mortality and morbidity prevention as well as adolescent sexual and reproductive health, including adolescent pregnancy prevention, targeting girls aged 10-19 years; (e) promote the generation and use of evidence on effective interventions for maternal mortality reduction and prevention of adolescent pregnancy and gender-based violence, integrating adaptive solutions and innovative approaches; (f) strengthen implementation of national legal and policy frameworks, in line with international and regional commitments on sexual and reproductive health and gender-based violence (i.e. voluntary national ICPD25 commitments, the Montevideo Consensus, the Convention on the Elimination of All Forms of Discrimination against Women, Belem do Pará Convention, the Regional Conference on Women); and (g) strengthen accountability mechanisms and ensure engagement of women, adolescents and youth, particularly the most left-behind, in the monitoring of international human rights recommendations on sexual and reproductive health and reproductive rights, gender equality and gender-based violence.

B. Output 2: Quality of care and services

By 2025, strengthened capacity of systems, institutions and communities to increase coverage and ensure access by those furthest behind to high-quality, comprehensive sexual and reproductive health information and services, including supplies, as well as essential services to address gender-based violence and harmful practices

24. UNFPA will strengthen the capacities of regional and national institutions and communities to ensure equitable access and coverage to the comprehensive package of quality sexual and reproductive health information, education and services, including maternal and newborn care, emergency and neonatal obstetric care, prevention of unsafe abortion and access to comprehensive post-abortion care,³ modern contraception, comprehensive sexuality education (in-school and out of school), HIV, sexually transmitted infections and GBV prevention and care. In partnership with the International Confederation of Midwives, UNFPA will continue to scale up education, training and deployment of midwives to strengthen the health system response, particularly at primary healthcare and referral levels. In partnership with UN-Women, PAHO/WHO, UNICEF, UNDP, the United Nations Office on Drugs and Crime, among others, the regional programme will strengthen the provision of the essential service package for women and girls subjected to violence. These interventions will contribute to reducing the high levels of maternal mortality, unmet need for family planning, adolescent pregnancies, and gender-based violence.

25. Strategic interventions to accelerate the reduction of preventable maternal deaths and unmet need for family planning, including advocacy and policy dialogue, strategic partnerships, technical support and knowledge management, aim to (a) design and cost plans and strategies for universal coverage and equitable access to comprehensive SRH services; (b) strengthen the quality of SRH services for women, adolescents and youth, through the implementation of evidence-based standards, norms and guidelines for adoption of life-course and intercultural approaches; respectful maternal care and positive experience during pregnancy and childbirth; and elimination of unnecessary medical interventions; (c) strengthen midwifery policies, education, regulation, associations and practice following international standards; (d) promote the use of the most cost-effective contraceptive methods, particularly long-acting reversible contraceptives, among adolescents and youth through demand-generation interventions, ensuring the right to free and informed choices; (e) generate assessments of barriers to access to obstetric and reproductive health interventions (e.g. emergency obstetric and newborn care); (f) strengthen reproductive health supply-chain management and 'last-mile' assurance, including in humanitarian situations; and (g) systematize the lessons learned during the COVID-19 pandemic in addressing access gaps to essential sexual and reproductive health and GBV services for underserved populations to strengthen national health systems response, adaptability and resilience.

26. Strategic interventions to accelerate the reduction of GBV and harmful practices, including advocacy and policy dialogue, strategic partnerships, technical support and knowledge management, aim to (a) increase access to multisectoral GBV prevention and response, especially for the most left-behind women and girls, including through the design and costing of plans and strategies; (b) implement survivor-centred services aligned with the

³ Support in this area will be in line with WHO guidance and consistent with paragraph 8.25 of the ICPD Programme of Action.

essential services package for women and girls subjected to violence, in development and humanitarian contexts; (c) increase the capacities of GBV service providers to provide high standards of care, using intersectional approaches, including through exchange of experiences and lessons learned between humanitarian and development contexts; and (d) design and implement an intervention model to increase access to services for prevention and response to child marriage and early unions.

C. Output 3: Gender and social norms

By 2025, strengthened mechanisms and capacities of actors and institutions to eliminate social norms that underpin gender and intersectional discrimination to advance sexual and reproductive health and reproductive rights, gender equality and women's decision-making

27. UNFPA will leverage diverse partnerships, including with other United Nations organizations (UN-Women, UNICEF, UNDP, PAHO), civil society, communities, the private sector, academia, the media and digital technology companies, to promote the transformation of discriminatory gender and social norms, which limit the advancement of sexual and reproductive health and reproductive rights, gender equality and women's participation in decision-making. The programme will build on the lessons learned from the regional Spotlight Initiative to eliminate violence against women and girls, the regional case study of the Global Evaluation on Gender Equality and Women's Empowerment as well as on the joint programme of UNFPA, UNICEF and UN-Women on child marriage and early unions.

28. Strategic interventions include (a) strategic communications, information and partnership-building with civil society and community-based organizations to empower women, adolescents and young girls to make their own reproductive health decisions and expand demand for SRH services; (b) advocacy with Governments, regional organizations and donors for increased investment in long-term GBV prevention strategies; (c) convening multi-actor dialogues around effective strategies for the prevention of GBV, child marriage and early unions; (d) advocacy and technical assistance to implement gender-synchronization approaches for the empowerment of women and girls, including promotion of positive masculinities; and (e) strategic partnerships with media, education, cultural and religious stakeholders, arts and culture agents, and the private sector to transform discriminatory gender and social norms.

D. Output 4: Population change and data

By 2025, strengthened fully disaggregated data systems and evidence that take into account population changes and regional megatrends (including demographic dividend, human mobility, ageing and climate change) for use in policy and programme formulation, especially those related to sexual and reproductive health and reproductive rights, reaching the furthest left-behind first

29. The regional programme will address megatrends through demographic intelligence and rights-based policy support for Governments and other development partners, in areas including the demographic dividend, adapting to urbanization for the placement of services, understanding population vulnerabilities to climate change, responding to SRHR needs in a context of migration, addressing low fertility and population decline, and promoting healthy ageing. UNFPA will support the generation, use and dissemination of traditional and new data with disaggregation across key stratifiers (i.e. age, sex, race or ethnicity, geography, migration and disability, and sexual orientation), in partnership with national statistical offices, United Nations organizations, donors and development partners. Within the framework of the Regional Statistical Coordination Mechanism, UNFPA will strengthen national statistical systems for monitoring and reporting on the SDGs and the Montevideo Consensus indicators. The programme will provide technical assistance and facilitate South-South and triangular cooperation on the modernization of census methods for the 2020 census round and promote collaboration with Governments and civil society in the use of facility-based data. In terms of the complex and overlapping humanitarian needs related to displacement and migration, as well as the impact of climate change, the COVID-19 pandemic and widespread food insecurity, the regional programme will strengthen the humanitarian response capacity of country offices and partners and support the scale-up of data in humanitarian settings.

30. Strategic interventions include (a) strengthening national information systems and capacities for disaggregated data generation and analysis, focusing on census, surveys, civil registration and vital statistics to monitor the SDG and Montevideo Consensus indicators and guide evidence-based decision-making, in partnership with ECLAC, UNICEF, UN-Women, UNDP and the Food and Agriculture Organization of the United Nations;

(b) strengthening national and subnational health information systems, including maternal mortality and morbidity surveillance and response systems and capacities; (c) strengthening capacities and systems for intersectoral GBV information management, in line with ethical guidelines; (d) strengthening capacities to generate data and demographic intelligence on SRH and GBV as well as population megatrends, particularly the demographic dividend, ageing, human mobility and climate change, including through the population situation analysis, national transfer accounts, and small-area estimations; (e) facilitating South-South cooperation and exchanges between countries on new technologies to support implementation of the 2020 census round; (f) advocacy and policy dialogue with Governments on the links between demographic changes and sustainable development and their implications for achieving the three transformative results and the ICPD Programme of Action; and (g) strengthening the generation and prepositioning of population data in humanitarian settings.

E. Output 5: Humanitarian action

By 2025, strengthened capacity of critical actors and systems, including UNFPA country offices and partners, for emergency preparedness, early action and provision of life-saving sexual and reproductive health and gender-based violence interventions that are timely, integrated and conflict- and climate-sensitive

31. In line with international standards on sexual and reproductive health and gender-based violence in emergencies, UNFPA will implement context-specific preparedness and capacity-building interventions to strengthen the provision of life-saving SRH and GBV services. UNFPA will also increase accountability to affected populations and support resilience-building in development and humanitarian settings. In line with the Inter-Agency Standing Committee cluster coordination structure and regional humanitarian coordination mechanisms, UNFPA will partner closely with OCHA and the Regional Group on Risks, Emergencies and Disasters for Latin America and the Caribbean, as well as the United Nations High Commissioner for Refugees (UNHCR), the International Organization for Migration and partners in the Regional Platform for Refugees and Migrants from Venezuela. The programme will also support a multisectoral response at the country level, working with humanitarian country teams (particularly PAHO, UNHCR, UN-Women and UNICEF), and will lead the GBV sub-sector where this is activated, at regional and country levels.

32. Strategic interventions to accelerate the reduction of preventable maternal deaths and the unmet need for family planning include (a) advocacy and technical assistance to country offices, Governments and other stakeholders to strengthen implementation of the Minimum Initial Service Package (MISP) and utilization of the toolkit for the provision of essential sexual and reproductive health services and supplies during emergencies; (b) strengthening national capacities to improve access to these services through intercultural, gender-responsive approaches; and (c) expanding partnerships to strengthen stakeholder engagement in programme design.

33. Strategic interventions to accelerate the reduction of GBV and harmful practices include (a) strengthening the country office capacities to establish GBV coordination mechanisms to prevent and respond to GBV, in line with the Interagency Minimum Standards for GBV Programming in Emergencies; (b) strengthening preparedness and the capacity of national partners to deliver life-saving GBV services in emergencies; and (c) building and expanding partnerships to ensure referral systems are in place to connect survivors to multisectoral services.

F. Output 6: Adolescents and youth

By 2025, strengthened agency of women, adolescents and youth through increased leadership, knowledge, participation and expanded choices and opportunities, especially for women, adolescents and girls left furthest behind

34. The regional programme will promote multi-stakeholder partnerships to promote enabling conditions for women, adolescents and youth to fully exercise their bodily autonomy and integrity, highlighting the linkages between bodily, political and economic autonomy. It will also strengthen the capacity of women's and youth organizations to promote their leadership and participation.

35. Strategic interventions, including advocacy and policy dialogue, strategic partnerships, knowledge management and technical support, aim to (a) strengthen implementation, monitoring and evaluation of comprehensive sexuality education in out-of-school settings, following international standards; (b) promote leadership and participation of women, adolescents and youth, particularly of most left-behind groups, in the design, implementation and evaluation of public policies related to sexual and reproductive health and rights; (c)

generate and disseminate data and evidence on the linkages between bodily, economic and political autonomy for women and girls; (d) strengthen leadership and advocacy capacities of social movements to promote sexual and reproductive health and reproductive rights and gender equality, including women-led and youth-led organizations and youth human rights defenders, ensuring engagement of the most left-behind groups; (e) strengthen coordination with other United Nations organizations to position bodily autonomy as a key factor for the full development of youth in the region.

Enhancing organizational effectiveness and efficiency

G. OEE 1: Improved programming for results

36. Through expert technical support and quality assurance, the regional office will continue to provide support to country offices in the design, monitoring and evaluation of the next generation of country programmes, focused on leaving no one behind, contributing to the positioning of the transformative results within the common country assessments and United Nations Sustainable Development Cooperation Frameworks, highlighting their linkages to the 2030 Agenda for Sustainable Development, the SDGs and the Montevideo Consensus.

37. The regional office will strengthen results-based management at regional and national levels, ensuring availability of adequate, reliable results information, and its use to inform planning, monitoring, evaluation and reporting, practice learning and adaptive management.

H. OEE 2: Optimized management of resources

38. The regional office will strengthen the management of resources to achieve greater efficiencies and impact, through an enhanced oversight role in programme implementation and management of resources at the regional and country office levels.

39. The regional office will also continue to promote initiatives within the regional operations management teams to expand operational and logistics capacity through increased coordination and sharing of services, through the common back offices, and strengthen supply-chain management, including through prepositioning of humanitarian supplies.

I. OEE3: Expanded partnerships for impact

40. The regional office will expand partnerships to achieve the three transformative results and advance the implementation of the 2030 Agenda. It will also leverage the region's experience and potential for South-South and triangular cooperation, scaling up the exchange of innovative country or regional experiences in ICPD-related areas. Critical partnerships will be established for the participation of and engagement with the "furthest behind" groups (indigenous and Afro-descendant communities and persons with disabilities) under the principle of "nothing about us without us".

41. The regional office will also strengthen strategic communication as a key lever for the achievement of programme results, particularly to support the transformation of social and gender norms as well as evidence-based advocacy, also by scaling up the use of new technologies and collaborative communication strategies.

III. Programme and risk management

42. The regional programme will be operationalized through annual workplans, implemented through direct execution, as well as through a small number of implementing partners, using a results-based management approach. Efficiencies will be gained through a harmonized approach to working with implementing partners and complying with the 'harmonized approach to cash transfers' procedures. The programme, with the collaboration of operations, will prepare for, adhere to, and respond to all audit recommendations resulting from the harmonized approach to cash transfers, internal audits or the Board of Auditors.

43. The regional office will leverage resources and strategic alliances with traditional and non-traditional partners to achieve the three transformative results, in line with the 2030 Agenda, the Montevideo Consensus and the voluntary national ICPD25 commitments. While continuing to mobilize resources from programme countries, the

regional office will increase resource mobilization from the private sector, particularly digital technology companies. New alliances will be explored with international financial institutions and regional multilateral banks to promote innovation and attract new funding.

44. In line with the 2020 quadrennial comprehensive policy review, UNFPA will promote joint programming and resource mobilization, at regional and country levels, with other United Nations organizations, strengthening collaboration with the United Nations Development Coordination Office and the resident coordinator offices. Joint initiatives will specifically be strengthened with (a) WHO/PAHO, to accelerate universal access and coverage to comprehensive sexual and reproductive health services; (b) UNICEF, to promote adolescent health and education; (c) UN-Women, to strengthen prevention of gender-based violence and other harmful practices; (d) ECLAC, to strengthen population data systems and systems for monitoring and reporting on the SDGs and the Montevideo Consensus indicators; and (e) OCHA, UNHCR and the International Organization for Migration, for humanitarian preparedness and response.

45. The regional office has identified the following risks: (a) conservative movements challenging legislative, policy and institutional reforms in sexual and reproductive health and reproductive rights; (b) increasing demands against the backdrop of shrinking resources and diminished funding opportunities, particularly within the context of the COVID-19 pandemic; (c) the impact of the pandemic on countries' governance and an exacerbation of humanitarian needs; and (d) stigma and discrimination limiting community participation.

46. The following risk-mitigation measures will be taken: (a) strengthen partnerships with parliamentarians, civil society organizations, academia and United Nations organizations to address discriminatory social and gender norms and counteract the conservative backlash; (b) develop and implement a resource mobilization and partnership strategy to diversify funding and financing; (c) promote innovative programme delivery, with a focus on efficiency and impact; (d) utilize evidence to demonstrate the positive externalities of achieving the three transformative results on other aspects of development; (e) strengthen preparedness and the capacity of UNFPA and partners for humanitarian response; (f) strengthen partnerships and increase participation of grassroots organizations from the furthest left-behind groups, including through increased funding allocations.

47. The regional office structure will be aligned to ensure a capacity to provide or leverage technical support to country offices through a more flexible human resource base, which will ensure a stronger integration of operations and programmes, and adaptability to virtual working modalities. It will also promote greater diversity of its human resources through recruitment policies that proactively aim to ensure equal opportunities, both in the regional office and the country offices, to professionals from the furthest left-behind groups. The regional office will move towards a clustered model (geographical or thematic) of technical and operational assistance to optimize the use of UNFPA national capacities across the region. Geographic clusters will be established throughout South and Central America and the Caribbean subregions, based on thorough assessments of needs and capacity gaps. At the same time, thematic clustering will look at programmatic, operational and technical integration of expertise to ensure that the necessary capacities are in place, where needed. The clustered model will allow strengthening programmatic and operational oversight, while also offsetting the capacity gaps across the region.

IV. Monitoring and evaluation

48. The Regional Director will direct and oversee the regional programme, with the monitoring and evaluation system adopting an integrated focus on the operational, programmatic and technical dimensions, capturing lessons learned and good practices to strengthen evidence-based decision making, learning and accountability. The monitoring and evaluation plan includes (a) rigorous and evidence-based planning, quarterly monitoring of milestones and reporting on annual results; (b) tracking key performance indicators and monitoring budget implementation; (c) periodic reviews for monitoring progress, risk assessment and adjustment, if necessary, of implementing partners' annual workplans; (d) regular analysis of regional and national policies and the socio-economic environment; and (e) implementation of a regional evaluation agenda that includes thematic evaluations and sharing of good practices and lessons learned.

49. The regional office will implement the following thematic evaluations to inform programming and define the UNFPA strategic vision and its medium-to-long-term goals: (a) regional evaluation of the UNFPA strategy on leaving no one behind; (b) regional evaluation of the contribution of UNFPA to the 2020 census round; and (c) regional evaluation of the adolescent pregnancy prevention interventions; (d) support for the final evaluation of the Spotlight Initiative in Latin America and the Caribbean, to assess results and identify good practices and challenges of the joint programme at regional and national levels. A final evaluation of the Latin America and the

Caribbean regional programme, 2022-2025 will also be conducted to assess progress towards expected results and make recommendations for the design of the next regional programme.

50. The regional office will provide technical support and quality assurance to the evaluation of the country programme documents as well as the results frameworks of regional and joint programmes, ensuring the proper integration of results-based monitoring.

51. The regional office will contribute to strengthening regional and national evaluation capacities as part of the Regional Interagency Monitoring and Evaluation Task Team, supporting the evaluability of the United Nations Sustainable Development Cooperation Frameworks, and support national partners in monitoring and reporting on the 2030 Agenda and the SDGs through the voluntary national reports, the voluntary national ICPD25 commitments and the Montevideo Consensus.

Annex 1: Results and resources framework for Latin America and the Caribbean programme (2022-2025)

UNFPA strategic plan, 2022-2025, Goal: Achieved universal access to sexual and reproductive health and realization of reproductive rights, and accelerated progress on the implementation of the ICPD Programme of Action			
UNFPA strategic plan, 2022-2025, Outcome 1: By 2025, the reduction of preventable maternal deaths has accelerated		Indicative resources \$9.9 million: (\$7.5 million from regular resources and \$2.4 million from other resources)	
UNFPA strategic plan, 2022-2025, Outcome 2: By 2025, the reduction of unmet need for family planning has accelerated		Indicative resources \$8.7 million (\$6.6 million from regular resources and \$2.1 million from other resources)	
UNFPA strategic plan, 2022-2025, Outcome 3: By 2025, the reduction in gender-based violence and harmful practices has accelerated		Indicative resources \$6.2 million: (\$4.7 million from regular resources and \$1.5 million from other resources)	
Organizational Effectiveness and Efficiency		Indicative resources \$1.7 million: (\$1.7 million from regular resources and \$0 from other resources)	
Regional programme output	Output indicators, baselines and targets	Partner contributions	Indicative resources
Output 1: By 2025, improved integration of sexual and reproductive health and reproductive rights, as well as the prevention of and response to gender-based violence and harmful practices, into relevant national policies, plans, legal frameworks and accountability mechanisms	<ul style="list-style-type: none"> Number of countries that integrated sexual and reproductive health and reproductive rights in the UHC with support from UNFPA <i>Baseline: 6; 2022Target: 8, 2023Target: 10, 2024Target: 12, 2025Target: 14</i> Number of countries supported by LACRO in which sexual and reproductive health and reproductive rights are integrated into the national policies, plans or strategies, with an equity-based focus <i>Baseline: 6; 2022Target: 8, 2023Target: 10, 2024Target: 12, 2025Target: 14</i> Number of countries that made a national commitment related to the three transformative results through a costed national action plan, strategy, laws or any other mechanism supported by UNFPA <i>Baseline: 6; 2022Target: 8, 2023Target: 10; 2024Target: 12, 2025Target: 14</i> Number of outcome documents of regional intergovernmental processes supported by UNFPA that integrate the commitments related to the three transformative results <i>Baseline: 5; 2022Target: 7, 2023Target: 9, 2024Target: 11, 2025Target: 13</i> Number of countries with CSE policies that operationalized school-based comprehensive sexuality education curricula with technical support from UNFPA following international United Nations standards 	National ministries, subregional mechanisms; intergovernmental organizations, international cooperation; development banks; United Nations system organizations; academia; professional associations; civil society organizations; community-based and grassroots organizations; the media.	\$6.9 million: (\$5.2 million from regular resources and \$1.7 million from other resources)

	<p><i>Baseline: 7;</i> <i>2022Target: 9, 2023Target: 12, 2024Target: 15, 2025Target: 17</i></p>		
<p><u>Output 2:</u> By 2025, strengthened capacity of systems, institutions and communities to increase coverage and ensure access by those furthest behind to high-quality, comprehensive sexual and reproductive health information and services, including supplies, as well as essential services to address gender-based violence and harmful practices</p>	<ul style="list-style-type: none"> • Number of countries with a national/subnational mechanism for accreditation of midwifery education and training institutions that benefit from UNFPA support <i>Baseline: 2;</i> <i>2022Target: 4, 2023Target: 6, 2024Target: 8, 2025Target: 10</i> • Number of countries that scaled up new adaptations to improve the availability, accessibility and quality of SRH and GBV services with the support of UNFPA <i>Baseline: 0;</i> <i>2022Target: 2, 2023Target: 4, 2024Target: 6, 2025Target: 8</i> • Number of countries supported by UNFPA that have an assessment on the access of hard-to-reach populations to functioning EmONC health facilities <i>Baseline: 0;</i> <i>2022Target: 2, 2023Target: 4, 2024Target: 6, 2025Target: 8</i> • Number of countries using a functional logistics management information system that benefit from UNFPA technical support <i>Baseline: 5;</i> <i>2022Target: 5, 2023Target: 6, 2024Target: 6, 2025Target: 7</i> • Number of countries supported by UNFPA with national standards for the provision of sexual and reproductive health services to adolescents aged 10-19 years <i>Baseline: 4;</i> <i>2022Target: 6; 2023Target: 8, 2024Target: 11; 2025Target: 12</i> • Number of countries that adopt and/or implemented the Essential Services Package for GBV survivors with the support of UNFPA <i>Baseline: 7;</i> <i>2022Target: 12, 2023Target: 14, 2024Target: 15, 2025Target: 15</i> • Number of countries supported by UNFPA that adopt an intersectional approach to improve access to GBV essential services for the furthest-behind <i>Baseline: 0;</i> <i>2022Target: 3, 2023Target: 5, 2024 Target: 8, 2025Target: 10</i> 	<p>National ministries, subregional mechanisms; intergovernmental organizations, international cooperation; development banks; United Nations system organizations; academia; professional associations; civil society organizations; community-based and grassroots organizations; the media.</p>	<p>\$3.5 million: (\$2.7 million from regular resources and \$0.8 million from other resources)</p>
<p><u>Output 3:</u> By 2025, strengthened mechanisms and capacities of actors and institutions to eliminate social norms that underpin gender and intersectional discrimination to advance sexual and reproductive health and reproductive rights,</p>	<ul style="list-style-type: none"> • Number of social movements supported by UNFPA advocating for tackling harmful social/gender norms, stereotypes and discriminatory practices. <i>Baseline: 36;</i> <i>2022Target: 40, 2023Target: 45, 2024Target: 50, 2025Target: 60</i> • Number of regional initiatives that engage men and boys in the promotion of positive masculinities and the transformation of social/gender norms. <i>Baseline: 1;</i> <i>2022Target: 2, 2023Target: 4, 2024Target: 6, 2025Target: 8</i> • Number of countries supported by LACRO that follow-up accepted recommendations from international/regional human rights mechanisms related to discriminatory social/gender norms and stereotypes 	<p>National ministries, subregional mechanisms; intergovernmental organizations, international cooperation; development banks; United Nations system organizations; academia; professional associations; civil society organizations; community-based and grassroots organizations; the media.</p>	<p>\$4.9 million: (\$3.7 million from regular resources and \$1.2 million from other resources)</p>

<p>gender equality and women's decision-making</p>	<p><i>Baseline: 0;</i> <i>2022Target: 3, 2023Target: 6, 2024Target: 8, 2025Target: 10</i></p> <ul style="list-style-type: none"> • Number of initiatives implemented at regional/national level for GBV prevention and transformation of social/gender norms with an intersectional approach. <i>Baseline: 1;</i> <i>2022Target: 4, 2023Target: 8, 2024Target: 12, 2025Target: 12</i> 		
<p>Output 4: By 2025, strengthened fully disaggregated data systems and evidence that take into account population changes and regional megatrends (including demographic dividend, human mobility, ageing and climate change) for use in policy and programme formulation, especially those related to sexual and reproductive health and reproductive rights, reaching the furthest left-behind first</p>	<ul style="list-style-type: none"> • Number of countries supported by UNFPA in which sexual and reproductive health indicators are routinely collected as part of the national health information system <i>Baseline: 0;</i> <i>2022Target: 5, 2023Target: 8, 2024Target: 11, 2025Target: 14</i> • Number of countries that produce and disseminate key population data outputs, disaggregated by key stratifiers, including subnational and national population projections, with the support of UNFPA <i>Baseline: 0;</i> <i>2022Target: 4, 2023Target: 8, 2024Target: 12, 2025Target: 14</i> • Number of countries supported by UNFPA that produce analysis (or small area estimation) mapping of prioritized indicators for programme and investment planning <i>Baseline: 1;</i> <i>2022Target: 2, 2023Target: 3, 2024Target: 5, 2025Target: 7</i> • Number of countries that collect and use census data disaggregated by key stratifiers that benefit from UNFPA technical support <i>Baseline: 1;</i> <i>2022Target: 5, 2023Target: 8, 2024Target: 10, 2025Target: 12</i> • Number of countries that integrate mobility, ageing, low fertility or climate change into their development plans or programmes with the support of UNFPA <i>Baseline: 2;</i> <i>2022Target: 3, 2023Target: 5, 2024Target: 7, 2025Target: 10</i> • Number of countries supported by UNFPA that have functioning maternal and neonatal surveillance systems, with more than 50 per cent of the expected maternal deaths reviewed <i>Baseline: 3;</i> <i>2022Target: 6, 2023Target: 9, 2024Target: 12, 2025Target: 15</i> 	<p>Ministries of Health and gender mechanisms; international cooperation and other United Nations organizations; national statistics offices.</p>	<p>\$6.1 million: (\$4.6 million from regular resources and \$1.5 million from other resources)</p>
<p>Output 5: By 2025, strengthened capacity of critical actors and systems, including UNFPA country offices and partners, for emergency preparedness, early action and provision of life-saving sexual and</p>	<ul style="list-style-type: none"> • Proportion of countries with Humanitarian Response Plans (HRP) or a flash appeal that have a functioning inter-agency coordination mechanism to address GBV/SRH <i>Baseline: 0;</i> <i>2022Target: 95%, 2023Target: 95%, 2024Target: 95%, 2025Target: 95%</i> • Proportion of national/regional HRP and flash appeals that include SRH and GBViE with technical assistance from LACRO <i>Baseline: 0;</i> <i>2022Target: 95%, 2023Target: 95%, 2024Target: 95%, 2025Target: 95%</i> • Proportion of countries with HRP receiving technical support from LACRO for life saving SRH and GBViE services/interventions 	<p>International cooperation and other UN organizations; national emergency coordination mechanisms; Ministries of Health and Gender Affairs; NGOs.</p>	<p>\$1.7 million: (\$1.3 million from regular resources and \$0.4 million from other resources)</p>

<p>reproductive health and gender-based violence interventions that are timely, integrated and conflict- and climate-sensitive</p>	<p><i>Baseline: 0;</i> <i>2022Target: 95%, 2023Target: 95%, 2024Target: 95%, 2025Target: 95%</i></p> <ul style="list-style-type: none"> • Number of countries affected by or at risk of humanitarian crisis with strengthened preparedness and capacity to implement MISP and Minimum Standards on GBViE with technical support and training from LACRO <i>Baseline: 0;</i> <i>2022Target: 4, 2023Target: 4, 2024Target: 4, 2025Target: 3</i> • Number of countries that use subnational population projections for humanitarian preparedness and response that benefit from UNFPA technical support <i>Baseline: 0;</i> <i>2022Target: 10, 2023Target: 15, 2024Target: 20, 2025Target: 25</i> 		
<p><u>Output 6:</u> By 2025, strengthened agency of women, adolescents and youth through increased leadership, knowledge, participation and expanded choices and opportunities, especially for women, adolescents and girls left furthest behind</p>	<ul style="list-style-type: none"> • Number of youth-led organizations and networks supported by LACRO engaged in advocacy and accountability mechanisms for Montevideo Consensus and ICPD <i>Baseline: 50;</i> <i>2022Target: 60, 2023Target: 70, 2024Target: 80, 2025Target: 100</i> • Number of countries that operationalized out-of-school comprehensive sexuality education with technical support from UNFPA following UN standards <i>Baseline: 1;</i> <i>2022Target: 3, 2023Target: 5, 2024Target: 7, 2025Target: 9</i> • Number of regional initiatives that promote the leadership, rights and bodily autonomy of the furthest left-behind. <i>Baseline: 3;</i> <i>2022Target: 4, 2023Target: 5, 2024Target: 6, 2025Target: 7</i> • Number of countries supported by UNFPA that implement a comprehensive intervention for preventing and responding to child marriage and early unions <i>Baseline: 0;</i> <i>2022Target: 2, 2023Target: 4, 2024Target: 6, 2025Target: 8</i> 	<p>National Ministries; international cooperation and other UN organizations; NGOs, women´s and youth networks and leaders, media and private sector.</p>	<p>\$1.7 million: (\$1.3 million from regular resources and \$0.4 million from other resources)</p>
<p><u>OEE 1:</u> Improved programming for results</p>	<ul style="list-style-type: none"> • Proportion of new country programmes that meet organizational quality standards <i>Baseline: 100;</i> <i>2022Target: 100, 2023Target: 100, 2024Target: 100, 2025Target: 100</i> • Proportion of countries which made voluntary national commitments in the Nairobi Summit on ICPD25 that integrated them in the UNFPA country programmes <i>Baseline: 100;</i> <i>2022Target: 100, 2023Target: 100, 2024Target: 100, 2025Target: 100</i> • Proportion of regional and country programme evaluations completed as planned <i>Baseline: 100;</i> <i>2022Target: 100, 2023Target: 100, 2024Target: 100, 2025Target: 100</i> • Proportion of evaluation reports assessed at least “good”, as per the UNFPA EQA tool <i>Baseline: 100;</i> <i>2022Target: 100, 2023Target: 100, 2024Target: 100, 2025Target: 100</i> 	<p>UNFPA Country Offices, UNFPA HQ, UNCTs and other UN organizations; donors, NGOs, evaluation networks, women´s and youth networks and leaders, media and private sector.</p>	<p>\$0.06 million: (\$0.06 million from regular resources and \$0 from other resources)</p>

<p><u>OEE 2</u>: Optimized management of resources</p>	<ul style="list-style-type: none"> • Vacancy rates for leadership positions <i>Baseline: 10;</i> <i>2022Target: 5, 2023Target: 5, 2024Target: 5, 2025Target: 5</i> • Implementation rate for regular resources <i>Baseline: 90;</i> <i>2022Target: 90, 2023Target: 90, 2024Target: 90, 2025Target: 90</i> 		<p>\$1.5 million: (\$1.5 million from regular resources and \$0 from other resources)</p>
<p><u>OEE 3</u>: Expanded partnerships for impact</p>	<ul style="list-style-type: none"> • Proportion of annual resource mobilization targets met (non-core resources) <i>Baseline: 83%;</i> <i>2022Target: 70%, 2023Target: 80%, 2024Target: 85%, 2025Target: 90%</i> • Proportion of UNFPA co-financing funded through pooled funds <i>Baseline: 20;</i> <i>2022Target: 20, 2023Target: 20, 2024Target: 20, 2025Target: 20</i> • Number of UN results group or issue-based coalitions that UNFPA chair/co-chairs <i>Baseline: 5;</i> <i>2022Target: 5, 2023Target: 5, 2024Target: 5, 2025Target: 5</i> • Number of times UNFPA is mentioned in the media <i>Baseline: 2,500;</i> <i>2022Target: 2,700, 2023Target: 3,000, 2024Target: 3,500, 2025Target: 3,750</i> • Number of unique visits to UNFPA regional website. <i>Baseline: 60,000;</i> <i>2022Target: 75,000, 2023Target: 85,000, 2024Target: 100,000, 2025Target: 110,000</i> 		<p>\$0.14 million: (\$0.14 million from regular resources, \$0 million from other resources.)</p>