



**Executive Board of the  
United Nations Development  
Programme and of the  
United Nations Population Fund**

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**UNITED NATIONS POPULATION FUND**

**Country programme for Venezuela**

Proposed UNFPA assistance: \$10.5 million: \$3.5 million from regular resources and \$7.0 million through co-financing modalities and/or other, including regular, resources

Programme period: 5 years (2003-2007)

Cycle of assistance: First

Category per decision 2000/19: B

Proposed assistance by core programme areas (in millions of \$):

	Regular resources	Other	Total
Reproductive health	2.0	6.5	8.5
Population and development strategies	1.0	0.5	1.5
Programme coordination and assistance	0.5	-	0.5
Total	3.5	7.0	10.5

## I. Situation analysis

1. Venezuela is currently at an economic, social and political crossroads. The economy, traditionally dependent on oil prices, has failed to diversify and is strongly influenced by the volatility of the international market. Social conditions in this relatively privileged country began to deteriorate in the 1980s. There are acute inequalities in income. During the 1990s, poverty levels rose; by 1998, poverty had affected roughly half of all Venezuelan families.

2. Venezuela has a population of 23 million; its level of urbanization, which is over 90 per cent, is among the highest in the world. The total fertility rate of 2.7 per cent and the annual population growth rate of 1.8 per cent are also high. Some 39 per cent of births are to adolescent mothers. The maternal mortality ratio of 60 per 100,000 has been steady for the past 10 years. Although the health system provides almost nationwide coverage, an estimated 40 per cent of maternal deaths can be attributed to shortcomings in the reproductive health services of the primary health-care network.

3. Contraceptive use among women 15 to 49 years old is 47.3 per cent and only 10.6 per cent in the 15 to 19 age group. Over 80 per cent of all contraceptive users obtain their contraceptives through private services. Unsafe abortions are widespread and the cause of much concern. The education system also has deficiencies, including high dropout and failure rates, and low enrolment at the secondary level. One of the primary concerns of the Government is the unequal geographical distribution of the population, which is concentrated on the Atlantic coast.

4. New political leadership and a new constitution guide the current economic and social development plans of the country. The main problems lie in steadily increasing poverty, a result of stagnant economic growth and social and economic inequities based on gender, ethnicity and age. The Government has proposed plans to improve access by the poor to economic resources, credit and other assistance for the development of small and medium businesses; ensure equity for the poorest women by creating access to economic resources; raise the quality of the public health and education systems; create territorial development zones that would use the abundant natural resources of the country to diversify production; and guarantee opportunities for social and community participation.

5. The Government of Venezuela has expressed its commitment to the goals of the conferences and summits of the United Nations, in particular to the International Conference on Population and Development (ICPD) and the Millennium Development Goals. Venezuela played an active part in developing the ICPD Programme of Action and has been recognized for its role in building regional consensus.

6. The constitution adopted in 1999 stipulates certain social rights, especially the right to health; incorporates sexual and reproductive rights and gender equity; and creates institutions to defend human rights. The 1998 law protecting children and adolescents also contains provisions to protect their sexual and reproductive rights.

7. There is still much to be done before sexual and reproductive health rights are exercised effectively. Particular areas of

concern are the high rate of fertility among adolescents; the unstable supply of a wide range of contraceptives in the primary health-care network; gender violence; the sexual abuse of children and adolescents; high maternal mortality rates; and the increase in sexually transmitted infections (STIs) and HIV/AIDS among women and young people.

## **II. Past cooperation and lessons learned**

8. Over the years, UNFPA has supported various activities in Venezuela in the areas of population and development strategies and sexual and reproductive health.

9. Shortcomings in the availability and use of sociodemographic data have affected the capacity of the Government to address population problems and limited the participation by civil society in the decision-making process. Venezuela has produced demographic and health surveys since 1967 and has conducted a census every 10 years for the past 50 years. However, the national institute of statistics reports that there are too few trained professionals to apply the data for economic and social planning purposes.

10. In the area of sexual and reproductive health, UNFPA has contributed to the development of innovative experiences in adolescent care and to the prevention of gender-based violence. UNFPA has also supported the creation of a network of non-governmental organizations (NGOs) concerned with population and sustainable development strategies. This network has been instrumental in including sexual and reproductive rights and gender equity in the new constitution and in formulating legal instruments to protect women, children and

adolescents. In the area of population and development strategies, UNFPA provided technical support for the 2001 census.

11. The conditions created by the new legal frameworks call for a different type of support from UNFPA. The new programme approach will help to ensure the conditions for the full exercise of sexual and reproductive rights; support the formulation, implementation and evaluation of social sector programmes; and institutionalize and disseminate pilot experiences that could have an impact on some of the critical problems facing the health and education systems.

## **III. Proposed programme**

12. This will be the first UNFPA country programme for Venezuela. It was prepared in consultation with the Government, civil society and national experts. During the preparation of the programme, the UNFPA Country Technical Services Team in Mexico City, Mexico, provided technical assistance to evaluate past experiences and identify new strategies. An in-country strategy meeting, with participation from various national stakeholders and local representatives of UNDP/UNFPA Executive Board members, contributed to the development of the programme.

13. The country programme falls within the frameworks of the 2001-2007 national economic and social development plan, the strategic social plan and the common country assessment. The United Nations Development Assistance Framework (UNDAF) formulation will begin in April 2002.

14. One of the central elements of the country programme is to institutionalize innovative experiences from previous cooperation efforts. The other is to strengthen national capacities to operationalize programmes derived from social policies, taking into consideration the large number of experienced Venezuelan NGOs.

15. The goal of the country programme is to help to improve the quality of life of Venezuelans by facilitating the application of their sexual and reproductive rights. To attain this goal, the general strategy proposed is to strengthen national capacities in order to obtain the following outcomes: (a) to contribute to an improvement in the national capacity to consider population variables in economic and social development planning; and (b) to contribute to conditions that make possible the full exercise of sexual and reproductive rights by all Venezuelans during their life cycles.

#### *Population and development strategies subprogramme*

16. In the area of population and development strategies, the programme will strengthen the national capacity to analyse demographic trends and their relation to economic, social and political processes in order to support decision-making and participation by civil society. The programme will help to ensure the consideration of population dimensions in social, economic and regional development strategies well beyond the duration of the programme.

17. To achieve this, the country programme will implement three complementary strategies. First, it will

promote the analysis and dissemination of data and facilitate the use of sociodemographic tools in the formulation of short-term social policies. The programme will emphasize issues related to population dynamics, poverty, land use, gender inequities, ethnic groups and age. It will also foster partnerships with key segments of society to stimulate a more extensive use of sociodemographic data and tools in the formulation of social policies.

18. Second, the programme will support selected centres and professionals to train other professionals in sociodemographics and to promote population issues to the public. The most cost-effective options for this training, including South-South cooperation, will be identified.

19. Third, the programme will foster the creation of a network of professionals and institutions capable of contributing to the understanding of population and development issues. This network will encourage dialogue with the private sector in order to promote socially beneficial market initiatives and to improve employment prospects for professionals working in population and development.

#### *Reproductive health subprogramme*

20. In the area of sexual and reproductive health, the programme will supplement the country's efforts to maintain and improve the coverage of health and education services. It will provide technical assistance to complement and improve the quality of services in areas that are critical to the reduction of maternal mortality, adolescent pregnancies, gender-based violence and STIs/HIV/AIDS. UNFPA will also assist the Government in ensuring

access to contraceptives in the primary health-care network by improving the logistics system and procuring contraceptives. This will help to reduce abortions and their health consequences.

21. The programme will implement seven strategies in the area of sexual and reproductive health, which are to: (a) improve and complement the existing training system in the Ministry of Health and Social Development; (b) develop and contribute to the institutionalization of innovative programme approaches for adolescents, gender-based violence and HIV/AIDS prevention; (c) provide technical assistance to establish and disseminate standards for the provision of contraceptives and the logistics system; (d) consolidate sex education in the curricula of different educational levels; (e) reinforce training courses for teachers and provide technical assistance to higher education institutes and universities; (f) support non-formal education activities to reach adolescents outside the school system; and (g) promote the mobilization of social and political support and surveillance measures to ensure the exercise of sexual and reproductive rights and gender equity.

22. UNFPA will coordinate with other agencies in the United Nations system, international financial institutions and bilateral donors. UNFPA will also promote coordination between the Government and civil society to facilitate the optimal use of national professional capacities and expertise.

#### **IV. Programme management, monitoring and evaluation**

23. UNFPA will manage the country programme with support from the Government, including the social sector ministers, a ministerial-level committee and a technical committee that will include specialists and representatives of NGOs.

24. The country programme will be results-based and will use the logical framework approach to monitor the achievement of the outputs. The national health and education information systems will provide the basis on which achievements will be measured. UNFPA will support the national and sectoral statistical systems to develop indicators pertinent to the programme. A midterm review of the programme will be conducted in 2005.

25. UNFPA will strengthen its presence in the country by setting up an office and appointing a national programme officer, who will be assisted by support staff. National project personnel will also be recruited to monitor the programme. The UNFPA Country Technical Services Team in Mexico City, Mexico, will provide technical support. UNFPA will support government efforts to mobilize resources from the national budget and from donors to ensure the sustainability of the programme.

**ANNEX: RESULTS AND RESOURCES FRAMEWORK FOR VENEZUELA**

UNDAF Objective (UNDAF not yet completed)				
UNFPA Goal	Outcome	Indicators	Outputs and Key Indicators	Resources
To contribute to the improvement of the quality of life of the Venezuelan people by facilitating a comprehensive application of their constitutionally guaranteed rights	1. To have contributed to the improvement of the national capacity to consider population variables in economic and social development planning	<ul style="list-style-type: none"> <li>Narrowed gaps in the socio-economic situation by gender, ethnic group and age</li> <li>Sector plans (health and education) take population analyses into account</li> </ul>	<p><b>Output 1:</b> Increased number of people trained in demographic analysis and scenarios from a gender perspective; network of professionals established; institutional capacities strengthened for gender equity-based population analysis</p> <p><b>Output Indicators:</b></p> <ul style="list-style-type: none"> <li>Number of trained professionals (Government and academia)</li> <li>Established network of professionals</li> <li>Number of studies and joint efforts</li> </ul>	<p>US \$1.5 million (\$1 million from regular resources and \$0.5 million through co-financing modalities and/or other, including regular, resources)</p> <p>US \$8.5 million (\$2 million from regular resources and \$6.5 million through co-financing modalities and/or other, including regular, resources)</p>
	2. To have contributed to the improvement of conditions for the full exercise of the sexual and reproductive rights of men and women during their life cycles	<ul style="list-style-type: none"> <li>Health and education systems implementing a gender-equity and sexual and reproductive rights approach</li> </ul>	<p><b>Output 2:</b> Assurance of sexual and reproductive health services through the primary health network</p> <p><b>Output Indicators:</b></p> <ul style="list-style-type: none"> <li>% of service staff involved</li> </ul> <p><b>Output 3:</b> Permanent provision of modern contraceptive methods through health services</p> <p><b>Output Indicators:</b></p> <ul style="list-style-type: none"> <li>Number of primary health care centres providing standard contraceptives</li> </ul> <p><b>Output 4:</b> Establishment of a differentiated model for adolescents in the primary care network</p> <p><b>Output Indicators:</b></p> <ul style="list-style-type: none"> <li>% of service staff providing services for adolescents</li> </ul>	

UNFPA Goal	Outcome	Indicators	Outputs and Key Indicators	Resources
Same as above	Same as above	Same as above	<p><b>Output 5:</b> Consolidation of sex education and equity in schools, beginning with Bolivarian schools (comprehensive elementary schools)</p> <p><b>Output Indicators:</b></p> <ul style="list-style-type: none"> <li>• Number of schools and teachers implementing sex education and equity</li> </ul> <p><b>Output 6:</b> Sex education included in curricula for health and education professionals; refreshment training for health and education professionals; other professional training programmes</p> <p><b>Output Indicators:</b></p> <ul style="list-style-type: none"> <li>• Refresher programmes for health and education professionals</li> </ul> <p><b>Output 7:</b> Full exercise of sexual and reproductive rights achieved</p> <p><b>Output Indicators:</b></p> <ul style="list-style-type: none"> <li>• Number of programmes and government plans and projects that incorporate a gender perspective and permit the full exercise of sexual and reproductive rights; innovative experiences identified; operational research developed; networks strengthened</li> </ul>	US \$0.5 million from regular resources for programme coordination and assistance

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