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**UNFPA – Country programmes and related matters**

**DRAFT**

**United Nations Population Fund**

**Country programme document for Argentina**

Proposed indicative UNFPA assistance:	\$2.8 million: \$1.2 million from regular resources and \$1.6 million through co-financing modalities or other resources
Programme period:	Four years (2022-2025)
Cycle of assistance:	First
Category:	Tier III
Alignment with the UNSDCF Cycle	United Nations Sustainable Development Cooperation Framework, 2021-2025

## I. Programme rationale

1. Argentina has a population of 45 million inhabitants, with over 40 per cent concentrated in a few large urban areas. Adults over age 60 account for 14.3 per cent of the population, while adolescents and youth aged 10-19 years represent 33 per cent of the population (Census, 2010). The demographic dividend is coming to an end, with a parallel and gradual ageing process; this will pose significant public policy challenges. Argentina is vulnerable to natural disasters, which may increase as the effects of climate change intensify.

2. Argentina is classified as an upper-middle-income country and is at the high-end of human development (ranked 48 of 189 countries in the Human Development Index 2018). However, there is significant heterogeneity and inequalities between provinces in terms of human development and socio-economic indicators. The place of birth largely determines people's access to services and opportunities and is in turn correlated to income, age, gender, ethnicity, and status, determining the country's intersectional matrix of social inequalities. Poverty at the national level is 42 per cent, with higher rates in the northeast and northwest provinces (INDEC, 2021). Women, adolescents and youth, particularly among low-income people, indigenous populations, Afro-descendants, people with disabilities, and lesbian, gay, bisexual, transgender, intersex, queer/questioning and asexual (LGBTIQ+) persons are the furthest left behind. The impact of the COVID-19 pandemic has further aggravated poverty and inequalities, in a context of soaring inflation and macroeconomic instability, causing a 6.5 per cent increase in poverty rates (INDEC 2020), particularly affecting children, adolescents and youth (aged 0-29 years) who now account for 60 per cent of the poor in 2021.

3. Argentina has demonstrated a strong commitment to the 2030 Agenda and the Sustainable Development Goals (SDGs) through the enactment of institutional mechanisms for their adaptation, monitoring and mainstreaming. The country also stands out as a regional leader for the ICPD agenda and the Montevideo Consensus, having advanced progressive legal, policy and regulatory frameworks in sexual and reproductive health and rights and gender equality, including, among others, the National Law on Sexual Health and Responsible Procreation; the Law on Comprehensive Sexuality Education; the Gender Identity Law; the Same-Sex Marriage Law and, more recently, the Law on Access to Voluntary Interruption of Pregnancy. Furthermore, a policy that guarantees free access to contraceptive methods under the public health system has been in place since 2003.

4. Despite significant progress, implementation gaps affect the full realization of sexual and reproductive health and rights. These are mostly related to the lack of sustainability of public policies related to sexual and reproductive health, comprehensive sexuality education, gender-based violence, sexual diversity, weaknesses in interinstitutional coordination, the quality of budget spending and limitations in the availability of fully disaggregated data. Despite a solid statistical capacity, Argentina needs to strengthen data disaggregation by urban/rural areas, sex, age, ethnicity, sexual diversity, human mobility, disability, Afro-descendants and others to ensure better monitoring of international agendas and evidence-based public policy-making.

5. Over the last decades, the average maternal mortality ratio has decreased remarkably (down to 30 maternal deaths per 100,000 live births in 2019). Although this is below the regional average of 74, there are significant territorial disparities, with the highest rates recorded in the northwest provinces of Catamarca (70), Tucumán (60) and Salta (48) as well as in the northeast provinces, particularly Chaco (68) and Formosa (59). These provinces are also home to the highest number of indigenous peoples living in marginalized rural areas or with limited access to high-quality healthcare services. In 2019, direct obstetric causes accounted for 61 per cent of all maternal deaths, while indirect causes contributed 25 per cent. Hypertensive disorders, edema and proteinuria in pregnancy and during labour and the postpartum period represented the leading cause of maternal mortality (23 per cent), followed by sepsis and other postpartum infections (8.5 per cent); 9.5 per cent of maternal deaths are due to "medical abortion and other causes" while 6.3 per cent are due to postpartum

hemorrhage, antepartum hemorrhage, placenta previa and placenta abruption. Eight per cent of abortion-related deaths are among adolescents (Ministry of Health, 2021). Adolescents aged 15-19 years account for 13 per cent of maternal deaths. In 2019, the percentage of institutional deliveries was 99.7 per cent (PAHO/WHO). Antenatal care is relatively low (69.3 per cent). In only 42 per cent of births, the first prenatal visit was performed before 13 weeks of gestation. An estimated 28.8 per cent of births had less than the five antenatal visits required by Argentinean standards and 3.6 per cent of births had no antenatal care, particularly in the northeastern and northwestern provinces.

6. Limited antenatal care also has an impact on mother-to-child transmission of HIV and other sexually transmitted infections (STIs), particularly congenital syphilis, which have been on an upward trend since 2015. In 2019, the HIV testing coverage (before 20 weeks of gestation) was 68.7 per cent and the syphilis testing coverage was 85.8 per cent (SIP, 2019). The main determinants of maternal deaths are related to barriers to access to sexual and reproductive health services, mainly due to geographical distance from services (particularly in the northern provinces), institutional factors (insufficient application of norms, guidelines and protocol and uneven quality of care) and socio-cultural dimensions (cultural adaptation of services to the needs of the most vulnerable populations, particularly indigenous and Afro-descendants). Despite the existence of the Law on Humanized Care during Childbirth since 2004, there has been an 8.8 per cent increase in C-section rates from 2010 to 2019 and currently stands at 37 per cent, indicating the outstanding challenges in ensuring high-quality maternal health services (SIP, 2019). There have been recent legal advancements aimed at strengthening healthcare and social protection interventions for women during pregnancy, postpartum and the three years of the life of the newborn, such as Law 27.611 on Comprehensive Health Care during Pregnancy and Early Childhood and Law 27.610 on Access to Voluntary Termination of Pregnancy and Post-abortion Care.

7. The COVID-19 pandemic has increased the incidence of indirect causes of maternal deaths, producing a three-fold increase in the number of deaths associated with respiratory diseases in 2020 and 2021, compared to 2019. In 2020 (March-December), 41 maternal deaths associated with COVID-19 were reported; in 2021 (January-August), there were 156 maternal deaths, compared to 10 reported in 2019. However, underreporting continues to be a challenge. Maternal mortality surveillance and response as well as data collection and analysis by key stratifiers need to be strengthened to ensure a comprehensive assessment of the situation of maternal health and timely evidence-based policymaking.

8. The unmet need for contraception among sexually active women aged 15-49 years is 11.1 per cent. An estimated 81 per cent of users of modern methods in Argentina use short-acting methods, compared to a regional average of 57 per cent. Based on service data, in 76.8 per cent of unintended pregnancies, women were not using a contraceptive method (SIP, 2019). The lack of a robust information system on the provision of sexual and reproductive health commodities hinders an understanding of the causes of the unmet need for contraception. Furthermore, significant obstacles remain in ensuring universal coverage and equitable access to health care for people living with HIV, who face persistent discrimination and stigma. The HIV prevalence rate is 0.4 (UNAIDS, 2020), concentrated among young people, particularly trans women (34 per cent) and men who have sex with men (15 per cent).

9. In 2019, the total fertility rate was 2.2 children per woman. However, the age-specific fertility rate is higher, as an estimated 70 per cent of all adolescents aged 15-19 years and 80 per cent of children under age 15 who have had a child reported that their pregnancy was unintended (SIP, 2018). Although the adolescent fertility rate in Argentina is below the regional average (67 per 1,000 women aged 15-19 years during 2010-2015), there are significant territorial gaps. The northern provinces show indicators that are three times above the national average, with levels similar to those recorded in the least developed regions of the world. Pregnancies among girls under age 15 call for special attention, due to their correlation with sexual violence, abuse and coercion. In 2019, 1,938 girls under age 15 had a child, equivalent to 0.3 per cent of births. Unprotected sex due to poor comprehensive sexuality education (CSE), poverty and cohabitation are among the major determinants.

Despite the existence of a national programme for CSE since 2006, its implementation has been uneven across Argentina and through the school system, also due to the persistence of deeply rooted socio-cultural beliefs. Almost 5 per cent of girls under age 18 are in a union or married to men who are 10-15 years older, particularly in the northeastern provinces (FEIM, 2020). The Government has implemented targeted public policies to address adolescent pregnancy, including the UNFPA-supported National Plan for the Prevention of Unintended Adolescent Pregnancies (Plan Enia), which, between 2017 and 2019, contributed to a sustained reduction in adolescent fertility rates (down from 53.1 to 40.7 births per 1,000 girls aged 15-19 years and from 1.8 to 1.1 births per 1,000 girls under age 15) (Ministry of Health, 2021). The Plan Enia has allowed Argentina to establish a functioning intersectoral mechanism to permit multisectoral, national and subnational coordination, prioritizing budget allocation and interventions according to needs.

10. Despite the existence of a progressive legal framework to advance gender equality and women's empowerment and a strong organized civil society, including the "Ni Una Menos" (Not one [woman] less) movement, gender-based violence, particularly femicide, is at alarming levels. In 2020, according to official data from the National Registry of Femicides of the Argentine Judiciary, a woman was killed every 35 hours, with 251 direct victims of femicides recorded (287 in total, considering indirect victims). The northwest provinces of Tucumán, Salta, and Jujuy surpassed the national average. Two-thirds of these femicides were committed by the victims' current or former intimate partners. In the context of the COVID-19 pandemic, the number of calls to the 144 hotline increased by 20 per cent between April and October 2020, compared to the same period in 2019. Two-thirds were made by women aged 15-44 years (144 hotline, Ministry of Women, Gender and Diversity). There is a need to improve a multisectoral response and strengthen the provision of high-quality gender-based violence services, enhancing accessibility of gender-based violence prevention and protection services, particularly for indigenous and Afro-descendant women and girls, those living in remote rural areas and women with disabilities. These interventions need to be compounded by long-term strategies aimed to transform persistent discriminatory gender and social norms that naturalize violence and promote positive masculinities.

11. The UNFPA country programme will contribute to supporting Government efforts to build back better and strengthen the resilience of institutions, communities and individuals to mitigate the socio-economic impact of the COVID-19 pandemic. It is aligned with the United Nations Sustainable Development Cooperation Framework (UNSDCF) 2021-2025 for Argentina, the 2030 Agenda, the Generation Equality Forum commitments and the COVID-19 Response and Recovery Plan. The programme will contribute to two of four UNSDCF strategic priority areas: (a) social development (priority 1); and (b) governance (priority 4), directly contributing to SDGs 1, 3, 5, 10 and 17, and indirectly to the other SDGs. Contributions will be based on UNFPA expertise and its comparative advantages: (a) the organization's reputation as a trusted technical expert in sexual and reproductive health and rights and gender-based violence prevention and care; (b) its ability to convene multi-stakeholder partnerships and interinstitutional programmes to address social challenges; and (c) its long-standing relationship with civil society organizations, particularly women's and youth organizations.

12. This first UNFPA country programme for Argentina will build on lessons learned from past cooperation (since 2003) as well as from regional evaluations in which Argentina was included as a case study: (a) public policies that adopt equity-based approaches, specifically targeting territorial disparities, achieve sustainable results; (b) multisectoral and evidence-based public policies yield positive results in addressing social problems, as demonstrated by the implementation of the Plan Enia; and (c) coordinated action and partnership between the Government and civil society organizations is pivotal to advance sexual and reproductive health and rights, gender equality and women's empowerment, particularly for the most left behind groups (women, adolescents, LGBTIQ+ people, people living with HIV and persons with disabilities).

## II. Programme priorities and partnerships

13. The proposed programme is aligned with Agenda 2030 and the Sustainable Development Goals, as well as prioritized goals and follow-up indicators for Argentina (CNCPS, 2021), the ICPD Programme of Action, the Montevideo Consensus, the voluntary National commitments on ICPD+25 and the UNFPA Strategic Plan, 2022-2025.

14. The country programme will contribute to reducing gaps in the achievement of the three UNFPA transformative results by (a) accelerating the reduction of preventable maternal mortality by 25 per cent and adolescent fertility rate by 30 per cent in prioritized provinces in the northeast and northwest provinces through the strengthened implementation of policies and plans, to ensure coverage and access to essential sexual and reproductive health interventions by 2025; (b) accelerating the reduction of gender-based violence through the provision of essential gender-based violence prevention and protection services or other national or international standards and guidelines, focusing on femicides (reducing the total annual femicides from 251 direct cases). These high-level commitments will be achieved through five outputs that will promote complementary and integrated outcomes, particularly between Strategic Plan outcomes 1 and 2, where strategic interventions under the policies and services outputs will be articulated as part of the comprehensive package of sexual and reproductive health services.

15. The programme will use the full range of modes of engagement, based on contextual needs. The following six accelerators will be used: (a) human rights-based and gender transformative approaches; (b) “leaving no one behind”; (c) innovation and digitalization; (d) coordination, partnerships and financing; (e) data and evidence; and (f) resilience and adaptation, including complementarity between development and humanitarian interventions. As intersectional inequalities, a key dimension in the country, are a critical development challenge in Argentina, the overarching principle of “leaving no one behind” will be embedded across the programme through mainstreaming, targeted actions and disaggregated indicators, ensuring the participation and engagement of women, adolescents and youth from the furthest left behind groups (poor people, Afro-descendants, indigenous people, LGBTIQ+ groups and people with disabilities). Data and evidence generation, analysis and use will also be pivotal to ensure greater visibility of intersectional inequalities to guide enhanced evidence-based public policies. The programme will make use of innovative communication strategies, leveraging the new digital technologies, to reach new audiences to support advocacy and transformation of social and gender norms.

16. The programme will leverage partnerships with government entities at national and subnational levels, civil society organizations, academia, scientific and professional associations, parliamentarians, the health subsector within the social security system and private health insurance, the private sector, United Nations organizations, donors and other development partners. UNFPA will build on Argentina’s role as a regional leader in the promotion of South-South and triangular cooperation in the region, since the adoption of the Buenos Aires Plan of Action, strengthening it as a key tool for the exchange of experiences and good practices on ICPD issues, particularly unintended adolescent pregnancies and gender-based violence. The programme will also strengthen coordination and exchange with other UNFPA country offices in the Southern Cone for scaling up good practices at the subregional level.

17. The programme will support the Government in the follow-up to the Montevideo Consensus on Population and Development, the Generation Equality Forum commitments and the ICPD+25 voluntary commitments, particularly, (a) accelerate the reduction of preventable maternal deaths, especially the furthest left behind groups (poor, indigenous people, Afro-descendants, people with disabilities); (b) promote the empowerment of women, adolescents and girls, and prevent gender-based violence; (c) improve young girls’ and adolescents’ health and prevent unintended adolescent pregnancy; and (d) promote the generation of disaggregated data and evidence aimed at addressing and locating inequalities in the territory.

## A. Unmet need for family planning

18. *Output 1 (UNFPA-specific). Policies and services: Strengthened national and subnational capacities to implement evidence-based laws, policies, plans, and programmes, to ensure universal coverage and equitable access by the furthest left behind to high-quality contraceptive services in development and humanitarian contexts.*

19. This output will contribute to Strategic Plan outcome 1 and UNSDCF outcome 5 (“inclusive and quality services”), by strengthening the capacities of national and subnational institutions to implement the existing legal, policy and accountability frameworks to ensure universal coverage and equitable access to high-quality contraception methods throughout the Argentinean territory, as part of the comprehensive package of sexual and reproductive health services (linked to output 3). Special focus will be placed on ensuring availability and access to modern contraception, particularly long-acting reversible contraceptives (LARCs), reaching out to women, adolescents and youth from the furthest left behind groups and territories. UNFPA will build on the lessons learned and positive results generated by the Plan Enia, supporting its scaling up to other provinces and ensuring an enhanced intersectional approach in interventions, focusing on indigenous communities, Afro-descendants and people with disabilities.

20. *Strategic interventions* – advocacy and policy dialogue, capacity development, knowledge management and partnerships and coordination – aim to (a) ensure continued implementation of Plan Enia and its territorial service centres; (b) strengthen the logistic management information system and generating evidence for enhanced reproductive health supply chain management and ‘last-mile’ assurance, consistent with lessons learned from the COVID-19 pandemic; (c) scale up demand-generation interventions among adolescents and youth, including through the dissemination and use of the UNFPA toolbox, to promote the use of the most effective contraceptive methods, particularly LARCs, ensuring the right to free and informed choices; (d) strengthen the capacities of health providers to provide high-quality (accessible and acceptable) sexual and reproductive health information and services, including pre-conceptional care, emergency contraception and HIV/STI prevention services, particularly for women, adolescents and girls, Afro-descendants and indigenous people; (e) strengthen national midwifery policies, regulations and practice, following international standards, to ensure greater coverage and uptake of contraceptives; and (f) strengthen health information systems and capacities for disaggregated data generation and analysis, focusing on census, surveys, civil registration and vital statistics, to generate evidence on sexual and reproductive health, particularly contraceptive methods.

21. *Output 2 (UNFPA-specific). Adolescents and youth: Increased skills and opportunities for adolescents and youth, particularly adolescent girls from the furthest left behind populations, to ensure their right to bodily autonomy, leadership and participation.*

22. This output will contribute to Strategic Plan outcome 1 and UNSDCF outcomes 10 (human rights) and 11 (civic participation) by increasing the skills and opportunities of adolescents and youth to exercise their rights, particularly their right to bodily autonomy and participation in decision-making spaces. Special efforts will aim at increasing their participation in the design and implementation of evidence-based policies and programmes that address the determinants of unintended adolescent pregnancy, including gender-based violence, strengthening avenues and platforms for engagement and advocacy by adolescents and youth networks and organizations, particularly from those of indigenous, Afro-descendants, LGBTIQ+ groups and people with disabilities. Continuity will be provided to the regional strategy of “165 million reasons”.

23. *Strategic interventions* – advocacy and policy dialogue, capacity development and coordination and partnerships with governments at national and subnational levels, civil society and other United Nations organizations – aim to (a) strengthen the implementation of the National Programme for CSE and Plan Enia and its territorial services centres to ensure high-quality CSE in in-school and out-of-school settings; and (b) strengthen advocacy, leadership and participation of women, adolescents and youth, particularly of the furthest

left behind groups, in the design, implementation and evaluation of public policies related to their sexual and reproductive health and reproductive rights.

## **B. Preventable maternal deaths**

24. *Output 3 (UNFPA-specific). Policies and services: Strengthened national and subnational capacities to implement evidence-based policies, plans, programmes and interventions to expand universal coverage and equitable access to high-quality and inclusive maternal health services.*

25. This output contributes to Strategic Plan outcome 2 and UNSDCF outcome 5 by supporting the design and implementation of policies and plans, with special emphasis on the Law on Comprehensive Healthcare during Pregnancy and Early Childhood and the Law on Humanized Birth, to ensure coverage and equitable access to high-quality and inclusive maternal health services, as part of the comprehensive package of sexual and reproductive health services (linked to output 1). UNFPA will also contribute to routinely tracking progress in addressing disparities in access to maternal and newborn healthcare at national and subnational levels, focusing on the furthest left behind groups (poor, indigenous, Afro-descendant populations) and territories (particularly the northern provinces).

26. *Strategic interventions* include (a) technical assistance to the Ministry of Health, to (i) strengthen capacities for the operationalization of Law 27.611 to guarantee access to maternal healthcare (early antenatal care- including HIV testing and postpartum and post-abortion care) and newborn care; (ii) ensure the incorporation of the universal health coverage at the subnational level, in norms and protocols, including the new antenatal care guideline; (iii) strengthen capacities to routinely track quality and experience of care at all levels of care, focusing on primary health care, for ensuring continuity and the quality of essential maternal and neonatal health services; (iv) support the full implementation of the Law on Humanized Childbirth, to ensure respectful maternal and newborn care, including prevention of obstetric violence, based on lessons learned from the COVID-19 pandemic; (b) policy dialogue with national and subnational government institutions to ensure effective implementation of the Law on the Access to Voluntary Termination of Pregnancy in selected health services in the northern provinces; (c) technical support to strengthen the sexual and reproductive health information management, including implementation of “Perinatal Information System Plus”, for enhanced programming and decision-making; (d) coordination with other partners, including other United Nations organizations, civil society and scientific organizations, to effectively support key sexual and reproductive health interventions, including the maternal health, mortality and morbidity surveillance system; and (e) advocacy to strengthen regulation of national midwifery, in accordance with international standards, to enhance the midwifery scope of practice.

## **C. Gender-based violence and harmful practices**

27. Through the two outputs below, UNFPA will contribute to achieving Strategic Plan outcome 3 as well as the UNSDCF outcomes 4 (social protection for women and girls), 5 (inclusive and quality services) and 6 (resilience of institutions and individuals) by strengthening national and subnational capacities to advance gender equality and women’s empowerment and provide a multisectoral response to gender-based violence and other harmful practices, particularly femicides and early unions. It will do so through multi-pronged strategies, which include short, medium and long-term interventions, spanning from the legal and policy framework for a multisectoral response to gender-based violence, prioritizing sexual violence against girls under age 15, to expanded access to essential gender-based violence care and other international guidance for protection services, and the transformation of gender and social norms that underpin gender inequalities, gender-based violence, harmful practices and discrimination based on sexual orientation and gender identity. Building on the successful implementation of the Spotlight Initiative to end violence against women in Argentina, UNFPA will work, at national and subnational levels, with a broad range of partners, including government institutions, donors, academia and civil society organizations, including grassroots and women’s and youth organizations, especially

those representing the furthest left behind populations (poor women, Afro-descendants, indigenous people, women with disabilities, LGBTIQ+ people).

28. *Output 4 (UNFPA-specific). Policies and services: Strengthened national and subnational capacities to implement evidence-based policies, plans, and programmes, to ensure the right to live a life free of violence for women, adolescents and young girls, particularly those in situations of high vulnerability, in development and humanitarian contexts.*

29. *Strategic interventions – advocacy, technical assistance and coordination – aim to (a) strengthen national and subnational capacities for the implementation of policies and plans on gender-based violence prevention and multisectoral response, especially for the most left behind women and adolescents, including targeted policies for the prevention of sexual violence against girls under age 15, prevention of gender-based violence against women with disabilities and LGBTIQ+ people; and (b) strengthen the capacities of State institutions and civil society organizations to provide timely, high-quality services for women survivors of gender-based violence, in development and humanitarian contexts, through the Minimum Standards for GBV services by underserved populations.*

30. *Output 5 (UNFPA-specific). Gender and social norms: Strengthened national capacities to eliminate social norms that underpin gender and intersectional discrimination to advance gender equality and enable women, adolescents and young girls, particularly from the most left behind groups, to fully exercise their sexual and reproductive rights and the right to live a life free from gender-based violence in all its forms.*

31. Strategic interventions – advocacy, capacity development and partnerships – aim to (a) strengthen national and subnational capacities to design and implement programmes aimed at the transformation of gender and social norms, with special consideration of intersectionalities; (b) promote positive masculinities and gender transformative approaches, through strategic communications and awareness-raising campaigns; and (c) strengthen the capacities of governmental and non-governmental institutions, especially women’s movements, grassroots and youth-led organizations, particularly from the furthest left behind groups, to implement plans and programmes that address the root causes of gender-based violence.

### III. Programme and risk management

32. The proposed programme will be implemented under the supervision of the Ministry of Foreign Affairs, International Trade and Worship, in partnership, with implementing partners, using a results-based management approach. A harmonized approach to cash transfers will be used in a coordinated fashion with other United Nations organizations to manage financial risks. Cost definitions and classifications for programme and development effectiveness will be charged to relevant programme funds.

33. UNFPA will leverage partnerships and resources with governmental and non-governmental organizations, at national and subnational levels, and other development partners, strengthening joint initiatives with other United Nations organizations. While continuing to mobilize resources from government and traditional donors, new strategies will be explored, in partnership with other United Nations organizations and the Resident Coordinator Office, to attract new funding from the private sector and individual donors.

34. UNFPA identified the following implementation risks: (a) an unfavourable macroeconomic context, particularly in the context of a protracted COVID-19 pandemic; (b) advancement of anti-rights groups, particularly against sexual and reproductive rights and gender equality; and (c) political instability and changes in line ministries that may affect co-financing or the continuity of public policies (e.g. Plan Enia). To mitigate these risks, UNFPA will (a) advocate with decision-makers on measures directed towards achieving gender equality and sexual and reproductive health and rights, demonstrating their cost-effectiveness and their linkages to the country’s development and the international human rights agenda, to which Argentina is committed; (b) design a more ambitious partnership and resource mobilization plan to attract new funding and scale up interventions; (c) leverage



strategic partnerships with other United Nations organizations, civil society organizations and academia to generate evidence to counter the advancement of an anti-rights agenda; and (d) strengthen the advocacy capacities of partner civil society organizations.

35. The technical and programmatic structure of the country office will be strengthened to ensure adequate capacity for the implementation of the programme, particularly in the partnership, resource mobilization and population and development areas. In addition, the office will mobilize strategic partnerships with United Nations organizations and academic institutions to respond effectively and promptly to the growing demands for technical assistance. Support will be sought from the regional office and headquarters, as needed.

36. This country programme document outlines UNFPA contributions to national outcomes and serves as the primary unit of public responsibility of the Executive Board for aligning outcomes and resources allocated to the programme at the national level. The public responsibility of managers at the national, regional and office levels concerning country programmes is spelled out in the UNFPA programme, in the operational policies and procedures and the internal control framework.

#### **IV. Monitoring and evaluation**

37. UNFPA and the Government of Argentina, led by the Ministry of Foreign Affairs, International Trade and Worship, will supervise the country programme, following the processes agreed upon in UNSDCF guidance and UNFPA policies, procedures and guidelines, results-based management principles and standards, and the jointly agreed monitoring and evaluation plan.

38. The country office will develop, together with its partners, a monitoring and evaluation plan, aligned to the UNSDCF monitoring and evaluation plan, based on the UNSDCF results and joint workplans. The UNinfo platform will be used for reporting and consolidating information. UNFPA will actively participate in the implementation, monitoring, review, annual reporting (delivered to the Government in the first quarter of each year), and the evaluation of the UNSDCF.

39. The UNFPA monitoring and evaluation plan in Argentina will include technical monitoring meetings; supervisory field visits (some of which will be accompanied by the Government, at least once a year or following an agreed schedule); periodic internal reviews to monitor progress, risk assessment and adjustment, if necessary, of workplans; and the use of corporate platforms to monitor budget execution and reporting and the achievement of results.

40. A midterm review and final country programme evaluation will be carried out to analyse progress and reorient strategies. A regional evaluation of the adolescent pregnancy prevention interventions has already been planned and the contribution of UNFPA to Plan ENIA will be a case study.

41. UNFPA will contribute to strengthening national capacities to monitor and report on the country's commitments concerning the 2030 Agenda, the ICPD+25 voluntary national commitments, the Montevideo Consensus goals and the Generation Equality Forum commitments.

## RESULTS AND RESOURCES FRAMEWORK FOR ARGENTINA (2022-2025)

<b>NATIONAL PRIORITY:</b> Sustainable Development Goals 3, 4, 5, 10 and 17				
<p><b>UNSDCF OUTCOME:</b> By 2025, Argentina will have improved its normative, policy and fiscal frameworks, as it will have made them responsive to the gender perspective and the rights-based approach, to ensure an inclusive range of high-quality basic social services, including health, food security, education, care, protection, housing and justice. These frameworks will be environmentally friendly and culturally sensitive and will pay special attention to the territories and populations left furthest behind.</p> <p>By 2025, Argentina will have strengthened actions to promote, protect, and respect the exercise of human rights, based on the principles of gender equality and social and geographical equity for all people, and will have reinforced State institutions, at the national and subnational levels, to accomplish an efficient and effective public administration and promotion of policies involving access to justice and citizen safety. It will also have secured access to public information, knowledge management and effective and inclusive engagement.</p> <p>By 2025, people, groups and organizations will have enhanced awareness of the full exercise of their human rights and will have increased their participation in public engagement spaces. Thus, they will have a higher level of representation and influence on policymaking for achieving the SDGs, without experiencing any form of discrimination whatsoever.</p>				
<b>RELATED UNFPA STRATEGIC PLAN OUTCOME(S):</b> Unmet need for family planning				
<b>UNSDCF outcome indicators, baselines, targets</b>	<b>Country programme outputs</b>	<b>Output indicators, baselines and targets</b>	<b>Partner contributions</b>	<b>Indicative resources</b>
<p><u>UNSDCF Outcome indicators:</u></p> <ul style="list-style-type: none"> <li>Proportion of unintended pregnancy rate <i>Baseline: 59.5% (2019); Target: 55% (2025)</i></li> </ul>	<p>Output 1. (UNFPA-specific). Policies and services. Strengthened national and subnational capacities to implement evidence-based policies, plans and programmes, to ensure universal coverage and equitable access by the furthest left behind to high-quality contraceptive services in development and humanitarian contexts.</p>	<ul style="list-style-type: none"> <li>Number of public health facilities in the prioritized provinces that offer LARCs as part of the comprehensive package of sexual and reproductive health services for adolescents, particularly from the groups furthest left behind, supported by UNFPA <i>Baseline: 2; Target: 6</i></li> <li>Number of provinces from the northeast and the northwest and Buenos Aires that have a strengthened logistic management information system, with the support of UNFPA <i>Baseline: 0; Target: 4</i></li> <li>Number of UNFPA-supported studies and research on sexual and reproductive health, particularly on access to contraceptive methods, focusing on disparities in access among different population groups, particularly indigenous people, Afro-descendants, people with disabilities or LGBTIQ+ people <i>Baseline: 3; Target: 8</i></li> <li>Number of midwives trained by UNFPA in dispensation, insertion and removal of contraceptive methods in territorial health centres in the prioritized provinces of the northeast and northwest <i>Baseline: 50; Target: 300</i></li> </ul>	<p>Ministry of Health, National Congress, academia, United Nations organizations</p>	<p>\$1.0 million (\$0.3 million from regular resources and \$0.7 million from other resources)</p>
	<p>Output 2. (UNFPA-specific). Adolescents and youth: Increased skills and opportunities for adolescents and</p>	<ul style="list-style-type: none"> <li>Number of UNFPA-supported initiatives on CSE in school settings, at national and subnational levels <i>Baseline: 3; Target: 10</i></li> </ul>	<p>Ministry of Health, National Congress, academia, United Nations organizations</p>	

	youth, particularly adolescent girls from the furthest left behind populations, to ensure their right to bodily autonomy, leadership and participation.	<ul style="list-style-type: none"> <li>Number of youth-led organizations and networks, particularly those from the furthest left behind groups that promote sexual and reproductive health and rights, including bodily autonomy and CSE in out-of-school setting, with UNFPA support <i>Baseline: 3; Target:6</i></li> </ul>		
<b>NATIONAL PRIORITY:</b> Sustainable Development Goals 3 and 4				
<b>UNSDCF OUTCOME:</b> By 2025, Argentina will have improved its normative, policy and fiscal frameworks, as it will have made them responsive to the gender perspective and the rights-based approach, to ensure an inclusive range of high-quality basic social services including health, food security, education, care, protection, housing and justice. These frameworks will be environmentally friendly and culturally sensitive and will pay special attention to the territories and populations left furthest behind.				
<b>RELATED UNFPA STRATEGIC PLAN OUTCOME(S):</b> Preventable maternal deaths				
<b>UNSDCF outcome indicators, baselines, targets</b>	<b>Country programme outputs</b>	<b>Output indicators, baselines and targets</b>	<b>Partner contributions</b>	<b>Indicative resources</b>
<b>UNSDCF Outcome indicators:</b> <ul style="list-style-type: none"> <li>Maternal mortality ratio <i>Baseline: 30 per100,000 live births (2020); Target: 10 per100,000 live births (2030)</i></li> </ul>	Output 3. (UNFPA-specific output). Policies and services: Strengthened national and sub-national capacities to implement evidence-based policies, plans, programmes and interventions to expand universal coverage and equitable access to quality and inclusive maternal health services.	<ul style="list-style-type: none"> <li>Number of plans and programmes on antenatal, childbirth and postpartum care services with a “leaving no one behind” approach, with a special focus on indigenous populations, with UNFPA support, according to Law 27.611 <i>Baseline: 0; Target: 8</i></li> <li>Number of territorial health centres in prioritized provinces that implement the national guidelines to improve the quality of care in maternal health <i>Baseline: 0; Target:4</i></li> <li>Number of prioritized provinces with public human resources trained in the Perinatal Information System (SIP Plus) implementation, supported by UNFPA <i>Baseline: 0; Target:4</i></li> </ul>	Ministry of Health, Ministry of Women, Gender and Diversity, National Institute of Statistics, United Nations organizations.	\$0.6 million (\$0.3 million from regular resources and \$0.3 million from other resources)
<b>NATIONAL PRIORITY:</b> Sustainable Development Goal 5 (gender equality)				
<b>UNSDCF OUTCOME:</b> By 2025, the country will have strengthened its social protection systems based on evidence to reinforce the rights-based approach and the gender perspective, adjust their design and planning, reduce fragmentation, secure access to basic quality services and ensure sufficient service levels to reduce poverty and extreme poverty throughout the national territory. By 2025, Argentina will have improved its normative, policy and fiscal frameworks, as it will have made them responsive to the gender perspective and the rights-based approach, to ensure an inclusive range of high-quality basic social services including health, food security, education, care, protection, housing, and justice. These frameworks will be environmentally friendly and culturally sensitive and will pay special attention to the territories and populations left furthest behind. By 2025, Argentina will have reinforced the resilience of its institutions and population: it will have generated innovative mechanisms to accelerate the social and economic recovery of the populations most affected by the COVID-19 pandemic, and it will have consolidated the opportunities created and the progress made during the pandemic.				
<b>RELATED UNFPA STRATEGIC PLAN OUTCOME(S):</b> Gender-based violence and harmful practices				
<b>UNSDCF outcome indicators, baselines, targets</b>	<b>Country programme outputs</b>	<b>Output indicators, baselines and targets</b>	<b>Partner contributions</b>	<b>Indicative resources</b>

<p><u>UNSDCF Outcome indicators:</u></p> <ul style="list-style-type: none"> <li>Number of femicides that occurred during one year throughout the national territory <i>Baseline: 287 (total) ; 251 (direct victims) (2020); Target: Reduction in total annual femicides compared to baseline (CF target) (2030)</i></li> </ul>	<p>Output 4. (UNFPA-specific). Policies and services. Strengthened national and subnational capacities to implement evidence-based policies, plans and programmes, to ensure the right to live a life free of violence for women, girls, adolescents and young girls, particularly those in situations of high vulnerability, in development and humanitarian contexts.</p>	<ul style="list-style-type: none"> <li>Number of northeast and northwest provinces that implement national or subnational plans or programmes for gender-based violence prevention and protection with UNFPA support <i>Baseline: 2; Target: 6</i></li> <li>Number of prioritized provinces that implement a national roadmap for attention and care of pregnant adolescent girls under age 15, with UNFPA support <i>Baseline: 0; Target: 4</i></li> <li>Number of NGO or public services and institutions implementing ESP, protocols or other national or international standards and guidelines to improve the protection of GBV, with UNFPA support <i>Baseline: 3; Target: 10</i></li> </ul>	<p>Ministries of: Women, Gender and Diversity; Education; Social Development; civil society organizations; academia; media; private sector; United Nations organizations</p>	<p>\$1.0 million (\$0.4 million from regular resources and \$0.6 million from other resources)</p>
	<p>Output 5. UNFPA-specific). Gender and social norms. Strengthened national and subnational capacities to eliminate social norms that underpin gender and intersectional discrimination to advance gender equality and enable women, adolescents and young girls, particularly from the most left behind groups, to fully exercise their sexual and reproductive rights and the right to live a life free from gender-based violence in all its forms.</p>	<ul style="list-style-type: none"> <li>Number of national or subnational programmes developed with UNFPA support to promote gender-equitable norms, attitudes and behaviours, related to sexual and reproductive rights and GBV <i>Baseline: 4; Target: 6</i></li> <li>Number of campaigns developed by UNFPA challenging harmful social norms and gender stereotypes, especially targeting the multiple forms of discrimination suffered by women and adolescent girls from the furthest left behind groups <i>Baseline: 6; Target: 10</i></li> <li>Number of community organizations supported by UNFPA that promote the transformation of harmful social and gender norms, stereotypes and discriminatory practices <i>Baseline: 3; Target: 8</i></li> </ul>		<p>Programme coordination and assistance: \$0.2 million (from other resources)</p>