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**UNFPA – Country programmes and related matters**

**DRAFT**

**United Nations Population Fund**

**Country programme document for Cuba**

Proposed indicative UNFPA assistance: \$4.6 million: \$2.3 million from regular resources and \$2.3 million through co-financing modalities or other resources

Programme period: Five years (2020 - 2024).

Cycle of assistance: Ninth

Category per decision 2017/23: Pink

Strategic plan outcome areas		Regular resources	Other resources	Total
Outcome 1	Sexual and reproductive health	0.7	0.9	1.6
Outcome 2	Adolescents and youth	0.3	0.4	0.7
Outcome 3	Gender equality and women's empowerment	0.5	0.3	0.8
Outcome 4	Population dynamics	0.5	0.7	1.2
Programme coordination and assistance		0.3	—	0.3
<b>Total</b>		<b>2.3</b>	<b>2.3</b>	<b>4.6</b>

## I. Programme rationale

1. Cuba is a middle-income country with a high human development index. It is a socialist State, which, based on a vision of social justice, has enacted progressive social policies to ensure social protection and equitable distribution of benefits. Although inequality is not prominent in the national context, economic and social disparities exist among different population groups and territories. The Government has launched the National Economic and Social Development Plan (NESDP), laying out its comprehensive vision for achieving a prosperous and sustainable nation by 2030 while leaving no one behind. The intensification of the six-decade long economic, commercial and financial blockade imposed by the United States continues to restrict access to international financial resources, acquisition of medicines, medical supplies and equipment, affecting the country's efforts to preserve the social indicators attained.

2. The Cuban population was 11.2 million in 2018. Low fertility and mortality rates, high life expectancy at birth and negative net migration rates shape the current demographic dynamics. The fertility rate (1.65 children per woman in 2018) has remained below replacement levels in the last four decades. Adults 60 years or older represent 20.4 per cent; the dependency ratio is approximately 571 per mil. The Government recognizes ageing as a demographic and development challenge, considering its impact on the dependency ratio, the systems of care, health and social protection. The policy to address population dynamics, including specific measures related to fertility, migration and the older population, has been approved.

3. Against the background of an ageing society, the Government is aware of the ever-growing importance of investing in adolescents and young people's health, education, and social protection. By building adolescents and youth skills, abilities and competencies, they will be able to lead longer, healthier and more productive adult lives.

4. Cuba is a committed and longstanding UNFPA partner, and has steadily advanced on the International Conference on Population and Development (ICPD) agenda and the 2013 Montevideo Consensus on Population and Development. Sexual and reproductive rights for all citizens are included in the national development agenda. The Government is determined to consolidate progress following the 2030 Agenda for Sustainable Development and the Montevideo Consensus, particularly enhancing the quality of sexual and reproductive health services, population data systems and comprehensive sexuality education and gender programmes.

5. Although the maternal mortality ratio is below the regional average, it has remained at 40 deaths per 100,000 live births for decades. Main causes of death are obstetric embolism and postpartum infections. The Ministry of Health recognizes the need to prevent maternal deaths, by continuing to strengthen emergency obstetric and newborn care and promoting a national norm for respectful maternity care.

6. Unmet needs for family planning persist, despite a high contraceptive prevalence rate (over 77 per cent among women aged 15-49 years in 2017). While the unmet need for family planning among women aged 15-49 years is 8 per cent, it increases among young women (12.5 per cent) and adolescents (22.3 per cent). In 2017, contraceptive methods among sexually active women of reproductive age in unions included: condoms (14.5 per cent), hormonal contraceptives (12.4 per cent) and intrauterine devices (50 per cent). Female sterilization is high (23 per cent). Health authorities strive to improve the structure of contraceptive methods and increase the availability and use of hormonal methods and condoms, particularly among young women.

7. Cuba is considered a regional reference in comprehensive sexuality education programmes. Nevertheless, unwanted pregnancies, high abortion rates and prevalence of sexually transmitted infections, particularly among adolescents and young people, call for continued efforts in the implementation of comprehensive sexuality education programmes in this population group. An estimated 15.8 per cent of girls aged 15-19 years were married or in union. Despite low fertility rates, the adolescent fertility rate increased between 2008 and 2018, from 49.2 to 54.0 births per 1,000 women aged 15-19 years, with territorial differences (higher in the eastern provinces). Gender inequality,

early unions, uneven access to information on sexuality and sexual and reproductive health, and unprotected sex are among the main determinants of adolescent pregnancy. In 2016, it is estimated that syphilis and blennorrhagia incidence rates exceeded 50 per 100,000 in adolescents. An estimated 15.8 per cent of girls aged 15-19 years were married or in union.

8. The Government prioritizes the promotion of sexual and reproductive health and rights, particularly among adolescents and young people. This includes strategies and programmes to prevent and address infertility, integrated into the framework of a national programme to address infertility in couples. A need to strengthen the organization of infertility services and address technology limitations prevails.

9. Cuba has made important progress in the area of gender; however, inequalities associated with the predominance of a patriarchal culture persist. Despite women's high levels of social participation and professional development, they continue to shoulder higher burdens than men in family care and domestic work. This imbalance has increased due to the growing demand for care as a result of the ageing process. Gender-based violence is a growing concern – 26.7 per cent of women suffered partner violence sometime in their life (2016) – making it necessary to improve coordination among organizations and institutions involved in gender-based violence prevention and care.

10. Cuba has a robust population data system. The National Statistics and Information Office annually publishes *The economic and social panorama of Cuba* and *The demographic indicators of Cuba and its territories*. The latest census was in 2012; the 2022 population and housing census will provide updated sociodemographic information for evidence-based policymaking. The Government prioritizes ensuring availability of disaggregated data and information to monitor the indicators of the NESDP, the Sustainable Development Goals (SDGs) and the Montevideo Consensus.

11. Cuba is highly exposed to natural hazards (hurricanes, tropical storms, tornados and drought). While the country has a national strategy to manage and reduce disaster risk and a national plan to address climate change, it is important to strengthen the integration of population dynamics, gender-oriented and rights-based approaches in these policies.

12. The evaluation of the previous country programme highlighted significant lessons learned: (a) participation of national counterparts in design, planning, implementation and monitoring of programme interventions ensured a high level of ownership; (b) selection of strategic counterparts with connections at the highest levels of decision-making is key to achieving an impact in policy-making in 'pink-category' countries; (c) working with counterparts with a national and territorial presence and incorporating vulnerable groups in programmes ensures greater scope of the interventions.

## **II. Programme priorities and partnerships**

13. The proposed country programme is aligned with the National Economic and Social Development Plan 2030; the 2030 Agenda; the United Nations Sustainable Development Cooperation Framework (UNSDCF), 2020-2024; and the Montevideo Consensus. It will contribute to SDGs 3, 4, 5, 10, 11, 16 and 17. The programme was developed in consultation with the Government, academia, civil society organizations, and other United Nations organizations.

14. The proposed programme contributes to the national objective of building a more prosperous and sustainable country by 2030. Programme interventions will improve access to and coverage of high-quality sexual and reproductive health services, contributing to the reduction of maternal mortality and morbidity, and unmet need for family planning, as well as prevention of adolescent pregnancy, sexually transmitted infections, including HIV/AIDS, with emphasis on women, adolescents and young people, particularly in the eastern provinces. Building on the country's progress in comprehensive sexuality education programmes, the programme will improve the quality of in-school and out-of-school programmes, promoting participation of adolescents and youth in their design, implementation and monitoring. It will also strengthen institutional capacities to design, implement and monitor policies and

programmes aimed at gender equality and prevention of gender-based violence. In response to Cuba's demographic challenges, UNFPA will foster the incorporation of population dynamics in development plans. Data generation and analysis will support programme interventions, ensuring the availability and use of disaggregated data for greater impact and focus of development policies and programmes. The programme will be national in scope, while also focusing specific interventions in the eastern region, reaching out to population groups in situations of vulnerability (people discriminated on the basis of sex, age, race, gender, gender identity, sexual orientation, disability or place of residence).

15. The modes of engagement will be advocacy and policy dialogue, capacity development, knowledge management, coordination and partnerships. UNFPA will encourage South-South and triangular cooperation, particularly in comprehensive sexuality education in the Caribbean. At the Government's request, limited use of programme resources can be made to purchase long-acting contraceptives for adolescents; accordingly, a business case is being submitted.

16. The programme will leverage strategic partnerships with the Government at national and subnational levels, as well as with academia, civil society organizations and international cooperation agencies. UNFPA plans to partner with other United Nations organizations, particularly UNDP (on population dynamics), UNICEF (adolescent pregnancy) and UN-Women (gender-based violence). UNFPA will address the development-humanitarian nexus, through integrated approaches in emergency preparedness and response, and in resilience-building, advocating for the inclusion of sexual and reproductive health and gender equality in emergencies.

#### **A. Outcome 1: Sexual and reproductive health**

17. *Output 1: Improved national and subnational capacities for the implementation of policies and programmes that ensure access to and coverage of high-quality comprehensive sexual and reproductive health services and the exercise of sexual and reproductive rights for all people, particularly adolescents and vulnerable groups, across development and humanitarian settings.* Key interventions include: (a) promoting multisectoral dialogue on evidence-based standards and guidelines that improve access to and utilization of high-quality comprehensive sexual and reproductive health services, focusing on adolescents and young people; (b) providing technical assistance and advocacy to improve competencies and skills of health providers for adolescent pregnancy prevention, strengthening gender-based, rights-based and intersectoral approaches; (c) providing technical support for scaling up quality standards in adolescent sexual and reproductive health services; (d) providing technical assistance to the health care system and advocacy for the provision of high-quality maternal health services, including respectful maternity care and the timely management of obstetric complications and emergencies; (e) providing technical assistance to the health care system to expand the availability of contraceptive methods in service delivery points, especially for adolescents and young people; (f) strengthening the capacities of health services for implementation of the Minimum Initial Service Package to address sexual and reproductive health and sexual violence in humanitarian settings; (g) and strengthening health care system capacities for the provision of services for infertile couples, following a rights-based and non-discriminatory approach.

#### **B. Outcome 2: Adolescents and youth**

18. *Output 1: Strengthened national and subnational capacity to design, implement and monitor policies and programmes that promote adolescents and youth sexual and reproductive health and rights, particularly comprehensive sexuality education programmes.* Key interventions include: (a) providing technical assistance to the Ministry of Education to strengthen implementation of comprehensive sexuality education programmes, according to the latest international comprehensive sexuality education standards; (b) providing technical support to national and subnational institutions to harmonize the design, implementation and monitoring of comprehensive sexuality education programmes through increased institutional coordination and

partnerships with civil society organizations; (c) promoting adolescent and youth leadership and participation in comprehensive sexuality education strategies, through intergenerational and rights-based approaches, at national and subnational levels; (d) supporting the generation of evidence on the importance of investing in adolescents and youth through a life-course approach, within the context of an ageing society, and on the linkages between comprehensive sexuality education and sexual and reproductive health, gender equality, early unions and adolescent pregnancy.

### **C. Outcome 3: Gender equality and women's empowerment**

19. *Output 1: Strengthened national and subnational capacities for the design, implementation and monitoring of legal frameworks, policies, plans and programmes to advance gender equality and empower women and girls to exercise their sexual and reproductive rights and be protected from gender-based violence and other forms of discrimination, across development and humanitarian settings.* Programme interventions include: (a) providing technical assistance in developing and implementing legal frameworks, policies and programmes focused on the elimination of gender equality gaps, particularly those related to adolescent pregnancy and early marriages and unions; (b) generating, analysing and disseminating evidence on gender inequalities and their linkages with adolescent pregnancy, early unions and gender-based violence; (c) engaging in advocacy and policy dialogue to raise awareness among decision-makers, technical personnel and representatives of civil society organizations (ensuring the participation of men and boys) on gender equality and gender-based violence; (d) strengthening referral mechanisms among ministries, institutions and civil society organizations involved in the design and implementation of an effective and multi-sectoral response to gender-based violence, including in humanitarian settings; (e) providing, in partnership with other United Nations organizations, technical assistance to government institutions and civil society organizations on time-use and care for the design and implementation of related public policies and interventions.

### **D. Outcome 4: Population dynamics**

20. *Output 1: Improved national and subnational capacity to implement public policies and programmes that incorporate population dynamics and their linkages to sexual and reproductive health and gender equality, through intergenerational and rights-based approaches, across development and humanitarian contexts.* Programme interventions include: (a) providing technical assistance to national and subnational governments and institutions, the National Statistics and Information Office and academia on the integration of population dynamics and their linkages with sexual and reproductive health and gender in development plans and programmes, including in humanitarian contexts; (b) promoting the generation and geo-referencing of socio-demographic data, in particular the 2022 census, and specialized sociodemographic surveys for use in national policies and programmes, in monitoring UNFPA-prioritized SDG indicators and the Montevideo Consensus indicators; (c) providing technical assistance to national and subnational institutions to collect information, conduct research, monitor and evaluate policies and programmes, including the NESDP; (d) strengthen multisectoral and United Nations interagency partnerships to raise awareness and visibility on the linkages among ageing, gender equality and the economy of care, and strengthening institutional capacities related to protection and care systems.

## **III. Programme and risk management**

21. National execution will be the preferred programme implementation arrangement. UNFPA supports the implementation of United Nations reform efforts at country level as well as the joint business operations strategy and the harmonized approach to cash transfers.

22. This country programme document outlines UNFPA contributions to national results, and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with

respect to country programmes are prescribed in the UNFPA programme and operations policies and procedures, and the internal control framework.

23. Programme results may be affected by the intensification of the economic, commercial and financial blockade, aggravated by the limited opportunities to mobilize other resources. To mitigate risks, the country office will: advocate for positioning the UNFPA mandate in the public agenda; strengthen partnerships with strategic actors; seek opportunities for resource mobilization with bilateral and multilateral donors; and seek co-financing mechanisms with other United Nations agencies to optimize the use of financial resources.

24. Staffing arrangements are adequate to deliver the proposed programme. The country office may resort to staff capacities and skills of the Mexico and Dominican Republic country offices, headed by the same representation, and will also seek technical support from the regional office and headquarters, as necessary.

25. UNFPA may, in consultation with the Government, reschedule programme activities, to respond to humanitarian situations.

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

26. UNFPA and the Government, through the Ministry of Foreign Trade and Investment, will manage and monitor the country programme, following UNFPA policies and procedures, using results-based management and accountability frameworks.

27. UNFPA will monitor programme performance by conducting field visits, quarterly reviews, spot checks, and annual meetings with implementing partners to track progress and adjust workplans, as needed. A midterm review will be conducted to assess progress and eventual reorientation of programme strategies.

28. UNFPA will actively contribute to strengthening national capacities for results-based planning, monitoring, reporting and evaluation. It will also contribute to United Nations system programming processes and participate in the midterm review and final evaluation of the UNSDCF 2020-2024.

## RESULTS AND RESOURCES FRAMEWORK FOR CUBA (2020-2024)

<b>National priority:</b> Human development, equity and social justice <b>UNSDCF Outcome:</b> Improved accessibility and quality of public services and social protection and care systems, considering the population dynamics, with emphasis on groups in conditions of vulnerability, with a focus on gender and human rights				
UNFPA strategic plan outcomes	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<b>Outcome 1: Sexual and reproductive health</b>  <u>Outcome indicator:</u> <ul style="list-style-type: none"> <li>Unmet need for family planning (for women aged 15-19 years) <i>Baseline: 22%; Target: 18%</i></li> </ul>	<u>Output 1:</u> Improved national and subnational capacities for the implementation of policies and programmes that ensure access to and coverage of high-quality comprehensive sexual and reproductive health services and the exercise of sexual and reproductive rights for all people, particularly adolescents and vulnerable groups, across development and humanitarian settings	<ul style="list-style-type: none"> <li>Number of municipalities that have implemented adolescent health quality standards to favour access and utilization of sexual and reproductive health services <i>Baseline: 3; Target: 18</i></li> <li>Number of maternal health facilities that have implemented the national protocol on respectful maternity care <i>Baseline: 0; Target: 15</i></li> <li>Number of territories that have strengthened their capacities for the implementation of MISIP, including attention to sexual violence <i>Baseline: 0; Target: 5</i></li> <li>Number of high-technology assisted reproduction centres with expanded capacities <i>Baseline: 0; Target: 5</i></li> </ul>	National institutions; subnational governments; United Nations organizations	\$1.6 million (\$0.7 million from regular resources and \$0.9 million from other resources)
<b>National priority:</b> Human development, equity and social justice <b>UNSDCF Outcome:</b> Improved accessibility and quality of public services and social protection and care systems, considering the population dynamics, with emphasis on groups in conditions of vulnerability, with a focus on gender and human rights				
<b>Outcome 2: Adolescents and youth</b>  <ul style="list-style-type: none"> <li>Adolescent fertility rate (per 1,000 women aged 15-19 years) <i>Baseline: 54; Target: 49</i></li> </ul>	<u>Output 1:</u> Strengthened national and subnational capacities to design, implement and monitor policies and programmes that promote adolescents and youth sexual and reproductive health and rights, particularly comprehensive sexuality education programmes	<ul style="list-style-type: none"> <li>Number of in-school and out-of-school programmes that incorporate and implement the latest United Nations technical guidelines on comprehensive sexuality education <i>Baseline (in-school): 0; Target: 1; Baseline (out-of-school): 0; Target: 2</i></li> <li>Monitoring and evaluation system for CSE initiatives established <i>Baseline: No; Target: Yes</i></li> <li>Number of adolescents and young people that are reached by skills-training programmes that foster decision making about sexual and reproductive rights and participation <i>Baseline: 52; Target: 500</i></li> </ul>	National institutions; academia; civil society organizations; United Nations organizations	\$0.7 million (\$0.3 million from regular resources and \$0.4 million from other resources)
<b>National priority:</b> Human development, equity and social justice <b>UNSDCF Outcome:</b> Improved accessibility and quality of public services and social protection and care systems, considering the population dynamics, with emphasis on groups in conditions of vulnerability, with a focus on gender and human rights				
<b>Outcome 3: Gender equality and women's empowerment</b>  <ul style="list-style-type: none"> <li>Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological</li> </ul>	<u>Output 1:</u> Strengthened national and subnational capacities for the design, implementation and monitoring of legal frameworks, policies, plans and programmes to advance gender equality and empower women and girls to	<ul style="list-style-type: none"> <li>Number of institutions and civil society organizations that implement strategies and programmes to advance gender equality and non-discrimination against women and girls, at the national and subnational level <i>Baseline: 3; Target: 8</i></li> <li>Number of sectors that have developed intervention strategies that empower vulnerable groups to exercise</li> </ul>	Civil society organizations; national institutions; academia; subnational governments;	\$0.8 million (\$0.5 million from regular resources; \$0.3 million from other resources)

<p>violence by a current or former intimate partner in the previous 12 months <i>Baseline: 26.7%; Target: 20%</i></p>	<p>exercise their sexual and reproductive rights and be protected from gender-based violence and other forms of discrimination, across development and humanitarian settings</p>	<p>their sexual and reproductive rights and be protected from gender-based violence <i>Baseline: 1; Target: 3</i></p> <ul style="list-style-type: none"> <li>• Number of Eastern region municipalities that incorporate prevention of adolescent pregnancy and early unions in their development plans <i>Baseline: 0; Target: 5</i></li> </ul>	<p>United Nations organizations</p>	
<p><b>National Priorities:</b> Human development, equity and social justice; Effective, efficient and socially integrated Government  <b>UNSDCF Outcomes:</b> (1) Improved accessibility and quality of public services and social protection and care systems, considering the population dynamics, with emphasis on groups in conditions of vulnerability, with a focus on gender and human rights; (2) Government and national and subnational institutions implement integral, sustainable, inclusive and equitable development strategies in the framework of decentralization process</p>				
<p><b>Outcome 4: Population dynamics</b></p> <ul style="list-style-type: none"> <li>• Proportion of SDG indicators produced at the national level, with full disaggregation, when relevant to the target, in accordance with the fundamental principles of official statistics <i>Baseline: 30%; Target; 70%</i></li> </ul>	<p><u>Output 1:</u> Improved national and subnational capacity to implement public policies and programmes that incorporate population dynamics and their linkages to sexual and reproductive health and gender equality, through intergenerational and rights approaches, across development and humanitarian settings</p>	<ul style="list-style-type: none"> <li>• Number of subnational governments with development plans that explicitly integrate population dynamics <i>Baseline:12; Target: 20</i></li> <li>• Number of national and subnational policies and programmes that address the linkages between population dynamics, the needs of adolescents and youth, sexual and reproductive health, and gender <i>Baseline: 0; Target: 2</i></li> <li>• Number of studies and investigations that provide up-to-date, disaggregated and geo-referenced information for monitoring NESDP 2030, the SDGs and the Montevideo Consensus <i>Baseline: 50; Target: 70</i></li> <li>• Number of UNFPA-prioritized SDG indicators produced domestically <i>Baseline: 12; Target: 16</i></li> </ul>	<p>National institutions; academia; subnational governments, civil society organizations; United Nations organizations</p>	<p>\$1.2 million (\$0.5 million from regular resources and \$0.7 million from other resources)</p>