



**Executive Board of the  
United Nations Development  
Programme, the United Nations  
Population Fund and the United  
Nations Office for Project Services**

Distr.: General  
30 October 2019

Original: English

**First regular session 2020**

3-6 February 2020, New York

Item 7 of the provisional agenda

**UNFPA – Country programmes and related matters**

**DRAFT**

**United Nations Population Fund**

**Country programme document for Paraguay**

|                                       |   |
|---------------------------------------|---|
| Proposed indicative UNFPA assistance: | \$7.5 million: \$3.7 million regular resources and \$3.8 million through co-financing modalities or other resources |
| Programme period:                     | Five years (2020-2024)  |
| Cycle of assistance:                  | Eighth  |
| Category per decision 2017/23:        | Yellow  |

| Strategic plan outcome areas          |   | Regular resources | Other resources | Total      |
|---------------------------------------|---|-------------------|-----------------|------------|
| Outcome 1                             | Sexual and reproductive health          | 1.4               | 2.5             | 3.9        |
| Outcome 2                             | Adolescents and youth                   | 0.8               | 0.0             | 0.8        |
| Outcome 3                             | Gender equality and women's empowerment | 0.5               | 0.0             | 0.5        |
| Outcome 4                             | Population dynamics                     | 0.6               | 1.3             | 1.9        |
| Programme coordination and assistance |   | 0.4               | -               | 0.4        |
| <b>Total</b>                          |   | <b>3.7</b>        | <b>3.8</b>      | <b>7.5</b> |

## I. Programme rationale

1. Paraguay is a landlocked country bordering Argentina, Brazil and Bolivia, with a population of 6.8 million (2018). With 28.4 per cent of the population aged 15-29 years, the country has the unique opportunity to promote sustainable development by investing in adolescents and youth.
2. Paraguay is a middle-income country, ranking high in the human development index. Despite recent economic growth (average 4.4 per cent between 2003 and 2018), poverty affected almost 1 in 4 people (24.2 per cent) in 2018, while 4.8 per cent of the population live in extreme poverty, with a greater incidence found in rural areas (34.6 per cent) and among adolescents and youth aged 10-29 years (24.8 per cent), women (24.7 per cent) and indigenous people (66.2 per cent). Due to the large concentration in wealth (Gini coefficient of 0.49 in 2018) and land ownership, Paraguay features one of the highest levels of inequality in the region.
3. The national development plan places poverty reduction and inclusive economic growth among its strategic pillars, in line with the 2030 Agenda for Sustainable Development. Despite these efforts, the implementation of social policies faces chronic challenges in coverage and quality of services, requiring greater social investment for sustainable growth. The benefits of economic growth are not always equally distributed; women and girls, adolescents, young people and other vulnerable groups are hindered in exercising their rights, in particular their sexual and reproductive rights. Enhancing social investment policies is the Government's priority for 2018-2023.
4. Paraguay is committed to the Montevideo Consensus on Population and Development. Progress has been made in the policy framework related to the International Conference on Population and Development (ICPD), such as the National Plan of Action for Population and Development 2018-2019, National Sexual and Reproductive Health Plan 2019-2023; National Plan for Adolescent Health 2016-2021; Equality Plan 2018-2024; Plan on Violence against Women 2015-2020; and the Law of Integral Protection of Women against All Forms of Violence. Nevertheless, policy implementation gaps persist, as evident in the high rates of maternal mortality, adolescent pregnancy and gender-based violence.
5. The maternal mortality ratio remains high, above the regional average (67.3 per 100,000 live births in 2017), despite a 30 per cent reduction between 2013 and 2017. Adolescents and youth aged 15-29 years account for 47.4 per cent of these deaths. The leading causes of maternal deaths are abortion, haemorrhage, pre-eclampsia/eclampsia and sepsis. Despite the high coverage of institutional birth and prenatal care (97.9 per cent and 85.3 per cent, respectively), gaps persist in the quality of services; the access to prenatal care is lower among adolescents and poor women, as well as those with lower levels of education, particularly among indigenous people and in rural areas.
6. Unmet need for family planning is higher among adolescents and youth aged 15-19 years (13.9 per cent). The prevalence of modern contraceptive methods is 66.5 per cent among women aged 15-49 years married or in a union. The logistics and management information system for sexual and reproductive health commodity security still finds limitations in forecasting needs, product selection, purchase, procurement, storage, distribution and management of supplies.
7. Adolescents and youth are unable to fully develop their life projects as their life-skills are limited. More than 60 per cent of them are outside the education system, enter the labour market in precarious conditions, have little access to health services and have few opportunities to participate in public policies and programmes. Young people aged 20-29 years account for 40 per cent of new HIV diagnoses. Paraguay has increased efforts to meet the needs of this age group, such as the incorporation of comprehensive sexuality education in national legislation, but a youth policy and increased social spending (1 per cent of gross domestic product for 2013-2016, the lowest in the Southern Cone) are still pending.
8. Unintended adolescent pregnancy is a challenge and policy priority. The adolescent fertility rate is the highest in the Southern Cone, with 72 births per 1,000

women aged 15-19 years. The fertility rates are 50 per cent higher in rural areas, 2.5 times higher in indigenous adolescents and double in the lowest quintiles. Limited access to information on sexual and reproductive health and rights and contraceptive methods, early unions and sexual violence are its main determinants. Between 2008 and 2017, childbirths among girls under age 15 increased 14 per cent; in 2017, 38.4 per cent of girls under age 15 were in union at the time of giving birth.

9. Violence against women is a serious social issue, related to stereotypes, and socio-cultural norms and discrimination. Every six days a woman dies of femicide. Between 2011 and 2015, the national police recorded an average 1,570 victims of domestic violence, mostly women (85 per cent); 4 of 10 were children, adolescents and girls under age 29. Furthermore, violence against lesbian, gay, bisexual, transgender and intersex (LGBTI) people are a concern.

10. Paraguay is exposed to extreme climate phenomena, mainly floods and droughts. In 2019, floods affected 4 per cent of the population. The multisectoral response and disaster risk reduction and management efforts need to be strengthened, especially in implementing strategies with a rights-based approach that enhance the response and strengthen resilience to emergencies.

11. The generation, analysis and use of disaggregated data need to be strengthened to guide evidence-based public policies that address inequalities and guide follow-up on the National Development Plan, the Sustainable Development Goals, the Montevideo Consensus and recommendations from international human rights mechanisms. The stewardship of official statistics requires a greater level of autonomy. Since 2005, the country has a population policy, but it needs updating. Organizing the 2022 population census, taking into account the lessons learned from the previous round, is a challenge.

12. The proposed programme builds on the main recommendations from the previous programme evaluation: (a) continue advocacy and political dialogue with the Government and civil society to influence public policies; (b) promote interventions that tackle the needs of adolescents and youth, indigenous people, people with disabilities and LGBTI people; (c) support comprehensive approaches to public policies, particularly from a rights-based and gender-based perspective; (d) strengthen national capacities for data and evidence generation and their use in decision-making; (e) strengthen the capacities of civil society organizations to advocate for rights, particularly sexual and reproductive rights and non-discrimination; and (f) identify additional financial resources for programme sustainability.

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

13. The new programme was developed in consultation with the Government, civil society and international cooperation agencies, including United Nations organizations. It is aligned with the Paraguay 2030 National Development Plan –which is linked to the 2030 Agenda; the United Nations Sustainable Development Cooperation Framework (UNSDCF) 2020-2024; the National Human Rights Plan; and Montevideo Consensus. It will contribute to the implementation of international human rights recommendations, particularly linked to SDGs 1, 3, 4, 5, 10, 11, 16 and 17, in Paraguay's System for Monitoring Recommendations (known as SIMORE).

14. The programme aims to enable women, adolescents and young people, particularly those most vulnerable, to develop their full potential, taking advantage of the demographic dividend and contributing to the three UNFPA transformative results. It seeks to: (a) advance universal access to sexual and reproductive health, contributing to the reduction of maternal mortality and adolescent pregnancy; (b) strengthen the life-skills of girls, boys, adolescents and youth and their participation; (c) prevent and reduce gender-based violence and other harmful practices, and discrimination; and (d) strengthen the national statistical system and evidence-based public policies. The programme scope is national, with specific interventions focused at the territorial level, and integrates emergency preparedness, response and resilience-building across interventions.

15. UNFPA will use advocacy and policy dialogue, capacity development, knowledge management, coordination and partnerships, with human rights, gender, multiculturalism and life-cycle approaches cross-cutting for the programme. South-South and triangular cooperation will be fostered, particularly related to adolescent pregnancies, census, youth, sexual violence and emergencies. Generation of information, based on the best available evidence and good practices, and strategic communication will support programme management. UNFPA will coordinate actions with other United Nations organizations, contributing to strengthen national capacities as a cross-cutting strategy.

16. UNFPA, together with UNDP and UNICEF, will promote the necessary coordination to accelerate achievement of Agenda 2030 and National Development Plan objectives and to leave no one behind. Government efforts to achieve significant measurable results in terms of systems and institutions will be supported to improve people's lives. Common initiatives will focus on supporting the localization of the SDG agenda; strengthening the social protection system, with a life-cycle approach and an emphasis on women, children, adolescents and youth; promoting gender equality and women's empowerment; and strengthening data and evidence to enable high-impact programmes.

17. The programme will cooperate with the Government in the follow-up and implementation of the recommendations received from international human rights mechanisms, as identified by SIMORE and in coordination with the government institutions that administer it.<sup>1</sup>

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

18. *Output 1: Strengthened national capacity for universal access to and coverage of high-quality and comprehensive sexual and reproductive health services, especially for women, adolescents and youth, and vulnerable people, in development and humanitarian contexts.* Key interventions are: (a) policy dialogue and technical assistance to implement sexual and reproductive health policies and plans, update and disseminate regulations based on quality standards and evidence, strengthen monitoring of the national programme and plan for sexual and reproductive health and the national platform to reduce maternal and neonatal mortality; (b) advocacy, policy dialogue and technical assistance for designing, implementing and monitoring the national plan for the reduction of unintended adolescent pregnancies; (c) technical support to improve the quality of inclusive sexual and reproductive health services, with a multicultural approach, responding to the needs of indigenous people, people with disabilities and LGBTI people, in development and humanitarian contexts; (d) policy dialogue to maintain maternal and neonatal mortality as a priority and technical support for interventions to reduce them; (e) technical support to increase access to family planning, including counselling; (f) policy dialogue and technical assistance to expand the coverage of sexual and reproductive health information and services for adolescents; (g) technical assistance to strengthen the sexual and reproductive health commodity supply chain; and (h) advocacy and technical support to strengthen civil society and the private sector capacities to promote reproductive rights.

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

19. *Output 1: Strengthened national and subnational capacity to develop, implement and monitor policies and programmes that promote the rights of adolescents and youth, in particular their sexual and reproductive health and rights and their participation.* The interventions include: (a) technical assistance to national and subnational institutions to

---

<sup>1</sup> Particularly the recommendations issued by: the Universal Periodic Review (A/HRC/32/9), Committee on the Elimination of Discrimination against Women (CEDAW/C/PRY/CO/7), Committee on Economic, Social and Cultural Rights (E/C.12/PRY/CO/4), Committee on Civil and Political Rights (CCPR/C/PRY/CO/R.4), Committee on the Rights of Persons with Disabilities (CRPD/C/PRY/CO/), Committee on the Rights of the Child (CRC/C/PRY/CO/3) and Special Rapporteurs of the Human Rights Council (A/HRC/34/58/Add.1; A/HRC/32/32/Add.1; A/HRC/30/41/Add.1).

develop and implement comprehensive and multisectoral policies, plans and programmes for the exercise of adolescents and youth rights; (b) advocacy, policy dialogue and technical assistance to national and subnational institutions to develop and implement life-skills programmes, including sexual and reproductive health and rights, non-discrimination and non-violence; (c) advocacy and policy dialogue at national and subnational levels to improve public investment in health, education and protection of adolescents and youth, including those living in border areas; (d) strengthen leadership, partnerships and advocacy capacities of adolescents and youth, civil society organizations and the private sector to participate, promote and demand for programmes on reproductive rights and life-skills, in formal and non-formal contexts.

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

20. *Output 1: Strengthened national capacity to promote the rights and empowerment of women, adolescents and young girls, especially to prevent and respond to violence, in development and humanitarian contexts.* Interventions include: (a) advocacy for the implementation of national and international normative frameworks on human rights and for the enactment of a law against all forms of discrimination; (b) technical assistance to strengthen institutional mechanisms to respond to violence and ensure protection, including a multisectoral approach for the comprehensive response to sexual violence and abuse; (c) coordination with other United Nations organizations to implement the interagency programme on essential services for female victims of violence; (d) advocacy, policy dialogue and technical assistance to the private sector and civil society organizations, particularly women's organizations, to implement national and community programmes to modify sociocultural norms that naturalize violence and discrimination; (d) generation of evidence on early unions and their linkages to gender-based violence; and (e) technical assistance to apply the minimum standards of prevention and response to gender-based violence in emergency contexts.

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

21. *Output 1: Strengthened national capacity for generation, analysis and use of high-quality disaggregated data for the development and monitoring of evidence-based public policies and follow-up on the Sustainable Development Goals and the Montevideo Consensus.* Interventions include: (a) advocacy and policy dialogue to promote the creation of the National Statistics Institute; (b) policy dialogue and technical assistance to update the population policy and mainstream population dynamics in public policies; (c) technical assistance to strengthen the national statistical system for monitoring the Sustainable Development Goals and the Montevideo Consensus, supporting the improvement of administrative records, particularly in health and education; (d) policy dialogue and technical assistance for the preparatory and implementation phases of the census in 2022, and for the use and dissemination of census data; (e) generation of studies and evidence on national transfer accounts, particularly in the areas of youth, gender and ageing; (f) advocacy, policy dialogue and technical assistance to regional initiatives on adolescents and youth in border areas; and (h) technical assistance to strengthen the social protection system.

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

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. Direct execution will be the preferred programme implementation arrangement, except in specific cases of cooperation with social organizations. UNFPA will apply the United Nations standard operating procedures and implement a harmonized approach to cash transfers.

24. The programme identified institutional weakness, rotation of authorities, lack of qualified human resources, insufficient financing and pressure from anti-rights groups as critical risks, for which mitigation measures have been established. These include: actions to strengthen capacities of the Government and social organizations; mobilization of non-regular resources and donor diversification, including private sector involvement; evidence generation and development of communication and partnership strategies. UNFPA has strengthened its strategic partnerships and resource mobilization with the Government, *Itaipu Binacional* (binational hydroelectric power generation project between Paraguay and Brazil), the private sector and South-South and triangular cooperation. Considering the limited presence of cooperation agencies and the restriction of several of those present to operate through multilateral organizations, the country office will explore new partnerships with bilateral and multilateral organizations in the next cycle. Regular resources will be the main funding source.

25. The current staffing arrangement is adequate to implement the proposed programme, although adjustments may be needed to respond to new emerging priorities. Support will be sought from the regional office, headquarters and other country offices, as necessary.

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

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

27. UNFPA and the Government, through the Ministry of Foreign Affairs, will monitor the programme, following UNFPA policies and procedures.

28. An evaluation of a strategic programme outcome area will be carried out to inform the following programme cycle.

29. UNFPA office will coordinate the collection and use of information for monitoring and evaluation of activities with implementing partners from the Government, civil society, and other United Nations organizations. Field-monitoring visits and meetings will be held with relevant partners at least once a year.

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

| National priority: Poverty reduction and social development  |   |  |   |  |
|--|---|--|---|--|
| UNSDCF Outcomes: (1) By 2024, people who live and transit in Paraguay, especially those in vulnerable situations, have a national system of social protection and care with equitable access to quality and comprehensive services; (2) By 2024, empowered civil society will have strengthened its capacity to articulate, generate alliances and influence civic spaces, for the exercise of human rights and social cohesion  |   |  |   |  |
| UNFPA strategic plan outcome   | Country programme outputs   | Output indicators, baselines and targets   | Partner contributions   | Indicative resources   |
| <p><b>Outcome 1: Sexual and reproductive health</b></p> <ul style="list-style-type: none"> <li>Unmet need for family planning<br/><i>Baseline (15-49 years): 12%; Target: 10%</i><br/><i>Baseline (15-19 years): 14%; Target: 11%</i></li> <li>Proportion of births attended by skilled health personnel<br/><i>Baseline: 91%; Target: 95%</i></li> <li>Percentage of women aged 15-19 using modern contraceptive methods<br/><i>Baseline: 69%; Target: 73%</i></li> </ul>   | <p><b>Output 1:</b> Strengthened national capacity for universal access to and coverage of high-quality and comprehensive sexual and reproductive health services, especially for women, adolescents and youth, and for people in situations of vulnerability, in development and humanitarian contexts</p> | <ul style="list-style-type: none"> <li>National plan for prevention of unintended adolescent pregnancies designed, implemented and disseminated<br/><i>Baseline: No; Target: Yes</i></li> <li>Percentage of public health facilities offering adolescent comprehensive sexual and reproductive health services according to quality standards<br/><i>Baseline: 1.4%; Target: 5%</i></li> <li>Percentage of live born by type of professional who attended delivery, according to health regions of occurrence (only doctors and obstetricians), per year<br/><i>Baseline: 91%; Target: 96%</i></li> </ul>  | <p>Government; civil society; academia; media; private sector; international cooperation agencies; other United Nations organizations</p> | <p>\$3.9 million (\$1.4 million from regular resources and \$2.5 million from other resources)</p> |
| UNSDCF Outcomes: (1) By 2024, people who live and transit in Paraguay, especially those in vulnerable situations, have a national system of social protection and care with equitable access to quality and comprehensive services; (2) By 2024, empowered civil society will have strengthened its capacity to articulate, generate alliances and influence civic spaces, for the exercise of human rights and social cohesion; (3) By 2024, women, adolescents and young people exercise their civil, political, economic and social rights by participating in, and benefiting from, the actions of the State, in environments free of violence and in conditions of equality |   |  |   |  |
| <p><b>Outcome 2: Adolescents and youth</b></p> <ul style="list-style-type: none"> <li>Number of national sexual and reproductive health policies formulated involving adolescents and youth, including the most vulnerable<br/><i>Baseline: 4; Target: 7</i></li> </ul>  | <p><b>Output 1:</b> Strengthened national and subnational capacity to develop, implement and monitor policies and programmes that promote the rights of adolescents and youth, in particular their sexual and reproductive health and rights, and their participation</p>                                   | <ul style="list-style-type: none"> <li>Number of sectors with strategies that integrate sexual and reproductive health of adolescents and youth, including those marginalized<br/><i>Baseline: 2; Target: 3</i></li> <li>Number of institutions and organizations implementing life-skills programmes in formal and non-formal settings<br/><i>Baseline (formal): 1; Target: 2</i><br/><i>Baseline (non-formal): 3; Target: 6</i></li> <li>Number of institutional mechanisms for the participation of young people in policy dialogue and programming, including in humanitarian contexts<br/><i>Baseline: 3; Target: 4</i></li> <li>Number of UNFPA-supported youth and social organizations advocating for their rights and against discrimination<br/><i>Baseline: 7; Target: 9</i></li> </ul> | <p>Government; civil society; academia; media; private sector; international cooperation agencies; other United Nations organizations</p> | <p>\$0.8 million (\$0.8 million from regular resources)</p>  |

|  |  |  |   |   |
|--|--|--|---|---|
| <p><b>UNSDCF Outcomes:</b> (1) By 2024, women, adolescents and young people exercise their civil, political, economic and social rights by participating in, and benefiting from, the actions of the state, in environments free of violence and in conditions of equality; (2) By 2024, national and subnational institutions in the public sector, private sector, civil society organizations and communities have strengthened their resilience, risk management capacity and response to emergencies and the effects of climate change, from a rights and gender perspective; (3) By 2024, the State improves access to justice and multidimensional security, compliance with frameworks and agreements signed on human rights, equality and non-discrimination, as well as other environmental and climate change commitments</p> |  |  |   |   |
| <p><b>Outcome 3: Gender equality and women’s empowerment</b></p> <ul style="list-style-type: none"> <li>• Proportion of ever-partnered women and girls aged 15 and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months<br/><i>Baseline: 8.0 %; Target: 7.0 %</i></li> </ul>  | <p><u>Output 1:</u> Strengthened national capacity to promote the rights and empowerment of women, adolescents and young girls, especially to prevent and respond to violence, in development and humanitarian contexts</p>                            | <ul style="list-style-type: none"> <li>• Operational plan implemented to prevent and respond to sexual violence in emergencies<br/><i>Baseline: No; Target: Yes</i></li> <li>• Inter-institutional strategy implemented for multi-sectorial and coordinated response to sexual violence and abuse<br/><i>Baseline: No; Target: Yes</i></li> <li>• Number of social organizations advocating and monitoring laws and policies for non-discrimination and the rights of adolescents, women and girls<br/><i>Baseline: 4; Target: 8</i></li> <li>• Number of organizations that include strategies addressing changes in sociocultural norms that naturalize violence and discrimination<br/><i>Baseline: 0; Target: 3</i></li> </ul> | <p>Government; civil society; academia; media; private sector; international cooperation agencies; other United Nations organizations</p> | <p>\$0.5 million (\$0.5 million from regular resources)</p>   |
| <p><b>UNSDCF Outcomes:</b> (1) By 2024, the State strengthens its management capacity with efficiency and transparency, mapping inequalities, implementation and monitoring of the SDGs and Paraguay 2030 National Development Plan; (2) By 2024, the State will have strengthened its capacities for the generation, adaptation and promotion of knowledge and scientific-technological innovation accessible in the diversification and improvement of the productivity and competitiveness of its economy with social and environmental sustainability with inclusive character</p>   |  |  |   |   |
| <p><b>Outcome 4: Population dynamics</b></p> <ul style="list-style-type: none"> <li>• One population and housing census conducted in the last 10 years<br/><i>Baseline: 0; Target: 1</i></li> </ul>  | <p><u>Output 1:</u> Strengthened national capacity for generation, analysis and use of high-quality disaggregated data for the development and monitoring of evidence-based public policies and follow-up to the SDGs and the Montevideo Consensus</p> | <ul style="list-style-type: none"> <li>• Census 2022 database publicly accessible online at microdata-level, with possibility of disaggregation for smaller administrative units<br/><i>Baseline: No; Target: Yes</i></li> <li>• Number of UNFPA-prioritized SDG indicators produced domestically<br/><i>Baseline: 6; Target: 10</i></li> <li>• Number of UNFPA-supported studies on population dynamics used in public policies and programmes<br/><i>Baseline: 0; Target: 3</i></li> <li>• Number of institutions, policies and tools to strengthen population and development institutionalization supported by UNFPA<br/><i>Baseline: 2; Target: 3</i></li> </ul>  | <p>Government; academia; media; private sector; international cooperation agencies; other United Nations organizations</p>                | <p>\$1.9 million (\$0.6 million from regular resources and \$1.3 million from other resources)</p> <hr/> <p>Programme coordination and assistance: \$0.4 million from regular resources</p> |