



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

Distr.: General
9 November 2020

Original: English

First regular session 2021

1 to 4 February 2021, New York

Item 8 of the provisional agenda

UNFPA – Country programmes and related matters

DRAFT

United Nations Population Fund

Country programme document for Uruguay

Proposed indicative UNFPA assistance: \$5.3 million: \$2.5 million from regular resources and \$2.8 million through co-financing modalities or other resources

Programme period: Five years (2021-2025)

Cycle of assistance: Fourth

Category per decision 2017/23: Pink

Alignment with the UNSDCF Cycle UN Sustainable Development Cooperation Framework for Uruguay (2021-2025)

Proposed indicative assistance (in millions of \$):

Programme outcome areas		Regular resources	Other resources	Total
Outcome 1	Sexual and reproductive health	0.5	1.5	2.0
Outcome 2	Adolescents and youth	0.5	-	0.5
Outcome 3	Gender equality and women's empowerment	0.5	-	0.5
Outcome 4	Population dynamics	0.7	1.3	2.0
Programme coordination and assistance		0.3	-	0.3
Total		2.5	2.8	5.3

I. Programme rationale

1. Uruguay is a country of 3.53 million inhabitants, with 95 per cent living in urban areas. Uruguay's population structure is increasingly ageing, with 14.6 per cent aged 65 or older and 19.7 per cent under the age of 15. This process is accelerated by the steady fall in the total fertility rate, consistently below replacement level over the last two decades (1.49 in 2019), and emigration, particularly of younger generations. As ageing advances and the demographic dividend comes to an end in 2030, Uruguay will increasingly face policy challenges demanding reforms in order to sustain economic growth and ensure social protection. Investing in women, adolescents and young people's health, education and wellbeing in the context of an ageing society represents a strategic policy choice, both from a rights, gender and intergenerational perspective, as it will allow to continue on the path of sustainable development, while contributing to reshape both the gender and the generational contracts. Investing in women's empowerment through reproductive choices and increased participation in the work force will also allow to harvest the benefits of the gender dividend, contributing to widen the demographic dividend.

2. Uruguay is a high-income country, ranking in the high human development category. Over the last decade, political and economic stability, accompanied by the enactment of redistributive and inclusive policies, sustained economic growth, while reducing poverty and inequality. Between 2004 and 2014, poverty fell from 40 per cent to 8 per cent and extreme poverty from 4.7 per cent to 0.1 per cent. However, more recently poverty reduction has stagnated (at around 9 per cent) and is expected to increase as a result of the socio-economic impact of the pandemic.

3. Poverty and inequalities in access to services and opportunities are strongly correlated to age and gender, intersecting with ethnicity and territory. In 2019, the poverty rate among children and adolescents below age 14 years was ten times higher than among adults 65 years and older (16.5 per cent vs 1.8 per cent). An estimated 91 per cent of poor people live in households headed by adolescents and young people; 59 per cent of these poor people live in households headed by women with little education (34 per cent have never attended secondary school) and precarious jobs (58 per cent with no paid work). Afro-descendants, who represent 8 per cent of the total population, are the most affected population group, subjected to various forms of discrimination and exclusion. In 2006, poverty in this population group was almost double that in the general population (55.4 per cent vs 30.2 per cent) and in 2019, it was 2.49 times higher (18.7 per cent versus 7.5 per cent). The territorial distribution of poverty shows two clear divides: one between the north (where Afro-descendants concentrate), presenting the highest levels of poverty (11.3 per cent), and the southern departments (4.8 per cent, with the exclusion of Montevideo); and the other in segregated areas within the capital city of Montevideo.

4. The country successfully confronted and contained the recent COVID-19 pandemic with an important stock of social resilience capital, given its low levels of poverty and extreme poverty, a universal healthcare system with strong primary level provision, and a robust social protection system. Over the last two decades, Uruguay has made substantive progress regarding sexual and reproductive health and rights. It has enacted policies, plans and programmes to advance: (a) universal access to sexual and reproductive health services (Law on Sexual and Reproductive Health; Policy on Reproductive Health Commodity Security; Law on Voluntary Interruption of Pregnancy) (b) sexuality education (Programme for Comprehensive Sexuality Education); (c) gender equality and women's empowerment (Law on Opportunities and Equality; Comprehensive Gender-Based Violence Law); and (d) addressing adolescent pregnancy and motherhood (National Strategy for the Prevention of Unintended Adolescent Pregnancy). It has also advanced affirmative policies towards the most vulnerable groups, including Afro-descendants, people with disabilities and key populations (National Plan on Afro-descendant rights; National Plan on Sexual Diversity; Employment Policy for People with Disabilities). However, persistent poverty and intersectional inequalities, exacerbated by the impact of the COVID-19 pandemic, may affect Uruguay's ability to further achievements and reach the three UNFPA transformative results during the

Decade of Action. The limited access to sexual and reproductive health services within the context of the pandemic has, in some cases, caused greater restrictions to access and shortage of contraceptive methods as well as increased gender-based violence. It will be important to hold onto these hard-won gains, especially within the context of a shrinking fiscal space.

5. Uruguay stands out in the region for its low maternal mortality ratio (14.9 deaths per 100,000 live births in 2018), with deaths mainly due to non-preventable causes. The country is close to achieving zero preventable maternal deaths and additional efforts targeting the most vulnerable women should continue to reach such goal. At the same time, policy focus will shift towards excellence in maternal health, particularly reducing the high level of caesareans, ensuring humanized delivery and childbirth, and implementing updated pregnancy care protocols and post-obstetric event contraception. Hence, efforts need to be strengthened in the implementation, monitoring and evaluation of programmes and resource allocation.

6. Uruguay has taken important steps to address unmet needs for contraception from a rights perspective, by ensuring universal access to sexual and reproductive health services, including the range of contraceptive methods. However, age, education and income levels greatly influence the use of contraceptives. Unmet need for contraception among women aged 15-45 years is 8.9 per cent, rising to 32 per cent among adolescents and young women aged 15-19 years (National Reproductive Behaviour Survey, ENCOR 2017). Among low-income and less educated women, the use of modern contraception is lower (due to reduced power of negotiation with their partners) and knowledge of some contraceptive methods, such as emergency contraception, is limited. In the context of COVID-19, access to contraceptive methods, which has always been guaranteed in Uruguay, may suffer disruptions due to a possible shortage of contraceptives.

7. Adolescent fertility reached its lowest historical level in 2019 (31.6 per 1,000 women aged 15-19 years). Nevertheless, 38 per cent of pregnant women or mothers indicated that their pregnancies were unplanned, rising to 61 per cent among adolescent mothers under age 20 (Perinatal Information System, 2019). Pregnancies among girls under age 15, which are often associated with sexual abuse, continue to require special attention. Adolescent motherhood occurs in the sectors with the most unsatisfied basic needs and among the most excluded population groups. In 2019, 11 per cent of adolescents in the first income quintile aged 15-19 years had at least one child, while in the fifth quintile it was zero (Continuous Household Survey, 2019). Afro-descendant women had earlier and higher fertility than the rest of the population (one child more than the average). The main determinants of persistent adolescent pregnancy are: (a) poverty and lack of opportunities, fostering cultural patterns that value maternity as a desirable status in adolescent girls' life projects; (b) socio-cultural barriers in access; (c) discontinuous use of modern contraceptive methods; (d) limited adaptation of sexual and reproductive health services to adolescents and young people's specific needs; (e) uneven implementation of comprehensive sexuality education programmes; and (f) early unions and sexual violence, particularly affecting adolescent girls under age 15. Approximately 30 per cent of women aged 20-24 years began living with a partner before the age of 18 (ENCOR 2017).

8. HIV prevalence among people aged 15-49 years in 2018 was low (0.6 per cent). However, an increase of almost 20 per cent was recorded since 2018 in the number of cases, particularly among those aged 15-44 years. While Uruguay is close to the elimination of HIV vertical transmission (less than 2 per cent in 2018), a growing trend of congenital syphilis was recorded in the last two years, reaching 1.4 per 1,000 births.

9. Gender-based violence is a major problem in Uruguay, which records one of the highest femicide rates in South America (1.7 per 100,000 women). An estimated 76.7 per cent of women have experienced gender-based violence at some point in their lives and 47 per cent have experienced violence by a partner or former partner at least once in their lives. A greater incidence of domestic violence has been observed among women with disabilities. Adolescents and young people, particularly those who identify as lesbian, gay, bisexual, transgender or intersex (LGBTI), face violence, discrimination and stigma based on sexual orientation or gender expression and identity, particularly in education and the workplace. Approximately

one out of two LGBTI students experienced some form of harassment or aggression in school. The confinement measures implemented within the context of COVID-19 have increased the amount of femicides, police complaints and emergency calls related to gender-based violence. The need for a more coordinated response, greater availability of disaggregated data on gender-based violence incidence and prevalence and the transformation of patriarchal and socio-cultural norms are key factors to be addressed.

10. The National Statistical Institute, governing body of the National Statistical System, needs to strengthen the generation, analysis and dissemination of timely and quality disaggregated data for adequate monitoring of the Sustainable Development Goals (SDGs) and the Montevideo Consensus. The Master Statistical Plan (2007) needs updating in order to strengthen generation, analysis and use of timely and quality data, with levels of coverage and disaggregation (by urban/rural areas, sex, age, ethnicity, sexual diversity, human mobility, disability status and others) both for the monitoring of international agendas and evidence-based policy-making. The 2020 Population Census, postponed to 2023 due to the pandemic, and the use of administrative records for statistical purposes represent an important opportunity for UNFPA to support Uruguay's commitment to closing data gaps.

11. The UNFPA programme is aligned with the United Nations Cooperation Framework for Sustainable Development (UNSDCF) for Uruguay 2021-2025, contributing to its strategic priorities: (a) an economy that innovates, generates employment and guarantees the sustainability of development; (b) an efficient public administration, present in the territory and accountable to the citizens; (c) a State that ensures high-quality education, social protection and health to all people; and (d) a society that protects the weakest and promotes their autonomy.

12. UNFPA will contribute to UNSDCF results, based on its comparative advantages in data analysis, technical assistance to government implementing partners and brokering multisectoral coordination. This will be done by: (a) promoting universal access to comprehensive sexual and reproductive health services; (b) promoting adolescent and youth policies that ensure an enabling environment for the realization of their rights and the full development of their potential; (c) promoting gender equality, women's empowerment and protection from gender-based violence; and (d) promoting the generation, analysis and use of information to increase the efficiency and accountability of public policies. It will also do so by strengthening strategic alliances and joint interventions with other United Nations organizations, especially WHO/PAHO, UNDP, UNICEF, and UN-Women.

13. The programme will build on the achievements and lessons learned from the current cooperation cycle. UNFPA has positioned itself as a trusted partner providing expert technical assistance for the design, implementation, monitoring and evaluation of public policies. Among the lessons learned: (a) inter-institutional and intersectoral coordination are key in advancing the implementation of public policies (National Strategy for the Prevention of Unintended Adolescent Pregnancy); (b) greater articulation with the UNFPA programme in Argentina allowed to advance initiatives with a subregional scope, while also generating strategic knowledge and scaling up innovative strategies through South-South exchanges; (c) focusing on addressing the needs of the most vulnerable population groups (low-income women and youth, Afro-descendants, LGBTI groups, people with disabilities) is key to reducing poverty and inequalities, particularly in the context of the COVID-19 pandemic; and (d) strengthening the advocacy and monitoring capacities of civil society (particularly women's and youth) organizations, contributes to sustainable interventions.

II. Programme priorities and partnerships

14. Programme results are aligned to three of the four UNSDCF strategic priorities (2, 3 and 4) and selected outcomes, directly contributing to SDGs 1, 3, 5, 10 and 17, and indirectly to all other SDGs. The programme will also contribute to the three UNFPA transformative results, targeting structural inequalities and social exclusion, as critical determinants of maternal mortality, unmet need for contraception and gender-based violence. During this programme

cycle, while sustaining important achievements in maternal mortality reduction over the last decades, UNFPA will focus on the prevention and reduction of gender-based violence from a generational perspective, addressing violence in all its forms, including intimate partner violence, sexual violence, femicide, obstetric violence, among others, in order to contribute to a new gender and generational contract, guided by the ‘leaving no one behind’ principle. The programme will address structural barriers to adolescents and youth life projects and institutional and cultural discrimination, which exert a form of violence, truncating the rights and potential of women, adolescents and youth. The empowerment of the furthest left-behind population groups (low-income women, adolescents and youth, Afro-descendants, LGBTI groups, people with disabilities), will be a key strategy. The programme will underpin this focus by strengthening national capacities to generate evidence and disaggregated data (by age, gender, ethnicity, territory and status) to visualize the situation of these groups, as well as design, implement, monitor and evaluate evidence-based public policies.

15. UNFPA will articulate interventions at the national and territorial level, partnering with local actors to contribute to greater impact in a context of limited resources. Building on lessons learned, it will continue mobilizing inter-institutional and multisectoral coordination to prevent adolescent pregnancy and address gender-based and generational violence, including violence based on sexual orientation, gender identity, and disability.

16. The proposed programme will apply the following guiding principles: (a) leave no one behind; (b) promote and protect human rights; (c) gender equality and women’s empowerment; (d) accountability; and (e) resilience. Interculturality in programme interventions will be pursued to ensure ownership and impact. The programme will promote complementarity in humanitarian and development interventions, particularly in the context of the COVID-19 response, building on Uruguay’s social resilience capital and strengthening it to cope and prepare for the health demands and socio-economic effects of the pandemic and an eventual increase in cases, which hits the most vulnerable the hardest.

17. The programme will support the Government in the implementation of the Montevideo Consensus on Population and Development and the Nairobi commitments, within the framework of the 2030 Agenda: (a) generate strategic knowledge for the design, implementation and monitoring of public policies, including accountability; (b) maintain the progress achieved: closing equity gaps in sexual and reproductive health and developing innovative projects in sexual and reproductive health, gender (particularly gender-based violence response), disability, diversity and HIV; (c) strengthen the capacities of civil society organizations and local implementing partners, promoting efficiency, sustainability and oversight of public policies; (d) visualize the ageing process and its implications for development; and (e) promote the generation of disaggregated data, ensuring the statistical visibility of Afro-descendants, people with disabilities, LGBTI and other neglected groups.

18. The programme will use four main modes of engagement: (a) advocacy and evidence-based policy dialogue; (b) capacity development, at national and subnational levels, including government institutions and civil society organizations; (c) knowledge management; and (d) coordination and partnerships. Service delivery could be used, particularly in the context of COVID-19 response (only with non-regular resources). Special emphasis will be placed on the generation of evidence and documentation of best practices capitalizing on Uruguay’s advancement in the design, implementation and evaluation of progressive and inclusive public policies on ICPD-related issues and in fostering the incorporation and participation of civil society (especially those representing the most vulnerable populations) in the design, implementation and monitoring of UNFPA initiatives and government interventions where UNFPA is involved.

19. The programme will leverage partnerships with government entities at national and subnational levels, civil society, the private sector, academia, other United Nations organizations and international development partners. South-South and triangular cooperation will be an important tool for the exchange of good practices, knowledge and learning with other countries in ICPD and Montevideo Consensus priorities. Partnering with national counterparts, in coordination with the Uruguayan Agency for International Cooperation

(AUCI), UNFPA will promote exchanges with other countries in the areas of: sexual and reproductive health and rights, adolescents and youth rights, adolescent pregnancy prevention, HIV, gender-based violence, and the Census. The programme will strengthen coordination and exchanges with other UNFPA offices in the Southern Cone, particularly Argentina, in order to scale-up good practices.

A. Sexual and reproductive health and rights

20. *UNFPA will contribute to UNSDCF outcome 3.2 (Strategic Priority 3), through a UNFPA-specific output: Strengthened national and subnational capacities to deepen and widen policies, plans and programmes to achieve universal access to comprehensive and quality evidence-based sexual and reproductive health services and information in development and emergency settings, focusing on women, adolescents and young people in situation of greater vulnerability (low-income, afro-descendants, LGBTI, people with disabilities).*

21. The programme will strengthen national and subnational capacities to deepen the implementation of Uruguay's inclusive healthcare model, expanding universal access to sexual and reproductive health services, including modern contraceptives, especially for low-income women and youth, Afro-descendants, LGBTI groups, and people with disabilities. This will be done by supporting government efforts for the implementation of maternal health protocols and the intersectoral strategy for adolescent pregnancy prevention, and response to sexually transmitted infections (STIs)/HIV/AIDS, while also strengthening the capacities of civil society organizations to advocate for sexual and reproductive rights and monitor the implementation of public policies. Through these interventions, UNFPA will contribute to improve maternal health, prevent unintended pregnancies in girls and adolescents, and reduce the risk of STIs/HIV transmission, contributing to ensure health for all people.

22. Key interventions are: (a) advocacy and technical assistance to governmental sectors, academia and civil society organizations for the inclusion of sexual and reproductive health and rights, sexual diversity, gender equality, ethnicity, generations and intercultural approaches in policies, programmes and services at national and subnational levels; (b) technical assistance to strengthen effective practices to improve maternal health by enhancing the implementation of pregnancy and safe delivery protocols, as well as information, monitoring and evaluation systems, including in the COVID-19 context; (c) capacity development to the health system for enhanced implementation of policies aimed at expanding access to sexual and reproductive health services, including in the COVID-19 context, focusing on young people, particularly among the most vulnerable populations (low-income, Afro-descendants, people with disabilities and LGBTI groups); (d) technical assistance to the Ministry of Health for the establishment of a logistic management information system to ensure access to commodities, including long-acting reversible contraceptives nation-wide; (e) advocacy, policy dialogue and technical assistance to expand the outreach of a nation-wide intersectoral strategy for the prevention of unintended adolescent pregnancy, including forced motherhood in girls under age 15; (f) advocacy and technical assistance to strengthen the national response to STIs and HIV/AIDS, including in the framework of the COVID-19 pandemic, promoting innovative models to address the needs and rights of adolescents and young people, particularly LGBTI people; (g) strengthening partnerships with academia, civil society organizations and the public sector to generate strategic information to improve the effectiveness of interventions and measurement of results; (h) strengthen the capacities of civil society (particularly women's and youth) organizations, including those of Afro-descendants, people with disabilities, and LGBTI groups, to advocate and monitor public policy implementation.

B. Adolescents and youth

UNFPA will contribute to UNSDCF outcome 4.2 (Strategic Priority 4), through a UNFPA-specific output: Strengthened national and subnational capacities for the design, implementation and monitoring of laws, policies and programmes that promote adolescents and youth rights, development and well-being, including sexual and reproductive health and rights, focusing on adolescents and youth in situations of greater vulnerability.

23. The programme will contribute to strengthen capacities of governmental institutions, civil society and academia to develop, implement and monitor programmes that promote adolescents and young people's full potential and ensure the realization of their rights, including sexual and reproductive rights, focusing on those in situation of greatest vulnerability (Afro-descendants, people with disabilities, LGBTI groups, those living with HIV, and those living in border areas). Emphasis will be placed on increasing their knowledge and skills through enhanced implementation of comprehensive sexuality education programmes. These interventions will contribute to promote their autonomy and protection, understanding adolescence and youth as critical stages in the transition to adulthood, and laying the foundations for Uruguay's socio-economic development in the context of an ageing society.

24. Key interventions are: (a) advocacy, policy dialogue and technical assistance to governmental sectors, academia and civil society organizations for the inclusion of adolescents' and youth's sexual and reproductive rights in public policies, plans, programmes, at national and sub-national levels; (b) advocacy with the national and subnational government sectors and institutions for increased investment in youth policies and programmes from a life-course and intergenerational approach, including through responsive budgeting; (c) capacity development of governmental institutions and civil society organizations for enhanced implementation and monitoring of programmes targeted to adolescents and young people, including comprehensive sexuality education programmes in the formal and out-of-school settings, at both national and subnational levels; (d) generation of evidence on adolescent sexuality and reproductive behaviours, sexual violence and early unions, to inform policy-making, including the legal reform process on the prevention of early unions; (e) coordination and partnerships with other United Nations organizations and partners to promote adolescents and youth rights, particularly of LGBTI and people with disabilities; (f) capacity development of adolescent and youth organizations, particularly Afro-descendants, people with disabilities, youth living with HIV, and LGBTI groups, to advocate for their rights, including sexual and reproductive rights, gender equality and sexual diversity.

C. Gender equality and women's empowerment

25. *UNFPA will contribute to UNSDCF outcome 4.1 (Strategic Priority 4), through a UNFPA-specific-output: Strengthened national and subnational capacities for the implementation, monitoring and evaluation of the multisectoral response to gender-based and generational violence, in development and emergency settings, with an emphasis on women, adolescents and young girls in situations of greater vulnerability (low-income, Afro-descendants, people with disabilities, LGBTI groups)*

26. The programme will strengthen the capacities of governmental and non-governmental institutions to provide a multisectoral response to gender-based and generational violence in different settings, at both national and territorial levels, particularly through the implementation of programmes on gender-based violence prevention and care. UNFPA will contribute to address the socio-cultural determinants that sustain gender-based and generational violence through awareness-raising and capacity development of women's and youth organizations, particularly when representing those furthest left-behind (low-income, Afro-descendants, women and young girls with disabilities, and LGBTI groups). It will also gather information and advocate for the strengthening of social protection measures for vulnerable women head of households and women survivors of gender-based violence. Through these interventions, it will contribute to reduce gender-based violence, building a society that protects the most vulnerable and promotes their autonomy.

27. Key interventions are: (a) advocacy and policy dialogue with governmental institutions, academia and civil society organizations to strengthen an intersectoral response to gender-based and generational violence, at national and subnational levels, based on the results of the evaluation of the 'plan for a life free from violence'; (b) technical assistance for the implementation of gender-based and generational violence prevention programmes with a multisectoral and inter-institutional approach, in particular the inter-agency programme of 'essential services for girls and women victims of violence'; (c) generation of disaggregated

data and evidence on gender-based violence, including against women and girls with disabilities and LGBTI people, to inform public policy-making; (d) advocacy and technical assistance to governmental institutions to develop and implement programmes that address gender-based violence against the most vulnerable groups, particularly adolescent girls, Afro-descendant women, LGBTI groups, and people with disabilities, considering the differential impact of the COVID-19 pandemic; (e) advocacy and policy dialogue work for increased investment and budget allocation for the implementation of the Law on Violence and the National Violence against Women Plan; (f) coordination and partnerships with other United Nations organizations and civil society organizations to address gender-based violence prevention and comprehensive care, including sexual violence, considering adaptation to remote modalities under the COVID-19 emergency; (g) advocacy and technical assistance to promote gender-transformative norms and new masculinities through non-formal education strategies and communications campaigns.

D. Population dynamics

28. *UNFPA will contribute to UNSDCF outcome 2.3 (Strategic Priority 2) through a UNFPA-specific output: Strengthened national capacities to generate, analyse, use and disseminate high-quality disaggregated data on population dynamics and its linkages with poverty and sustainable development, enabling enhanced monitoring of the 2030 Agenda and Montevideo Consensus and the identification of inequalities for evidence-based policymaking, in development and emergency settings.*

29. UNFPA will contribute to strengthen national capacities to generate, analyse and use disaggregated data and evidence in order to visualize inequalities that hamper the full realization of people's rights and that will support the incorporation of population dynamics into the design, implementation, monitoring and evaluation of public policies. These interventions will contribute to greater transparency and accountability.

30. Key interventions: (a) technical assistance to the National Statistical System for the generation of disaggregated data and evidence aimed at addressing and locating inequalities in the territory, with special emphasis on the preparation of the new population census and increased statistical exploitation of administrative records; (b) generation of evidence on the linkages between population dynamics, sustainable development and sexual and reproductive health (low fertility, ageing, youth and demographic dividend, gender equality, gender-based violence, human mobility); (c) technical assistance to strengthen the use of small-area estimations to map the furthest left-behind population groups; (d) advocacy, policy dialogue and technical assistance with governmental institutions to give continuity to the National Sectorial Commission on Population to follow up on the population and development agenda arising from the Montevideo Consensus; (e) advocacy and policy dialogue with governmental institutions for increased use of data and evidence in the design, formulation, monitoring and evaluation of public policies, particularly those aimed at addressing equity gaps.

III. Programme and risk management

31. The programme will be implemented with national partners. The 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.

32. The programme will articulate interventions and mobilize resources with different partners, including national and subnational government institutions, civil society organizations, universities and scientific societies, professional associations, and other United Nations organizations. Ongoing inter-agency programmes will continue to be implemented and new joint initiatives will be promoted, particularly with Common Chapter agencies (data for sustainable development; gender equality and women's empowerment; adolescent and maternal health) and other topics related to adolescents and youth, gender and generations-based violence, and people with disabilities.

33. The following risks for programme implementation were identified: changes in regulatory, policy and institutional frameworks that may limit the advancement of sexual and reproductive rights; and increased socio-economic impact of the preventive measures enacted within the context of the COVID-19 response, which may cause changes in public policy priorities. The following risk-mitigation strategies will be adopted: (a) strengthening joint cooperation in the post-COVID-19 recovery phase; (b) advocacy and policy dialogue to continue positioning the ICPD agenda, the Montevideo Consensus and the Nairobi commitments; (c) strengthening coordination and partnerships with other United Nations organizations, including joint programmes and joint resource mobilization; (d) promoting technological innovation and innovative approaches; and (e) promoting intersectoral actions and developing strategies to reach out to the most vulnerable populations.

34. The country office structure and capacities are adequate to implement the proposed programme. Strategic partnerships with academia will increase the scope and quality of the technical assistance provided. The country office will pursue coordinated initiatives with other country offices in the Southern Cone to enhance the subregional impact of UNFPA action. Technical support will be sought from the regional office and headquarters, as necessary.

35. UNFPA may, in consultation with the Government, reprogramme activities to respond to humanitarian situations.

36. 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.

IV. Monitoring and evaluation

37. UNFPA and the Government of Uruguay, led by the Uruguayan Agency for International Cooperation (AUCI), will oversee the country programme, in accordance with the procedures agreed upon in UNSDCF guidance, 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 country programme monitoring and evaluation plan, aligned to the UNSDCF monitoring and evaluation plan, based on UNSDCF results and joint workplans. For the reporting and consolidation of this information, the UN INFO platform will be used. UNFPA will actively participate in the implementation, monitoring, annual reports and evaluation of the UNSDCF.

39. The monitoring and evaluation plan will help identify lessons learned, document good practices, and strengthen evidence-based decision-making and accountability. This plan will include technical monitoring meetings with national and local counterparts and implementing partners; periodic reviews to monitor progress in results achievement; risk assessment and adoption of appropriate corrective measures; evaluations; periodic financial performance reviews and annual progress reports and meetings, including the generation of knowledge and identification of good practices.

40. A midterm review and final country programme evaluation will be carried out to analyse progress, reorient strategies and align the country programme with the next UNFPA strategic plan, for 2022-2025.

41. UNFPA will contribute to strengthening national capacities for monitoring and reporting the country's commitments to the 2030 Agenda (voluntary national reports), the Montevideo Consensus and the Nairobi commitments.

RESULTS AND RESOURCES FRAMEWORK FOR URUGUAY (2021-2025)

NATIONAL PRIORITY: A State that ensures quality education, social protection and health for all people				
UNSDCF OUTCOME INVOLVING UNFPA: 3.2. By 2025 Uruguay has strengthened its health system in coverage, access, efficiency and sufficiency and its public health initiatives with a focus on primary care and prevention, including sexual and reproductive health, mental health and nutritional security and health.				
RELATED UNFPA STRATEGIC PLAN OUTCOME: Sexual and reproductive health				
UNSDCF outcome indicator(s), baselines, target(s)	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<p><u>UNSDCF Outcome indicator(s):</u></p> <ul style="list-style-type: none"> Not available <p>Related UNFPA Strategic Plan Outcome indicator(s):</p> <ul style="list-style-type: none"> Proportion of women of reproductive age who have their need for family planning satisfied with modern methods (a) Women aged 15-49 years: Baseline: 91.1%; Target: more than 95% (b) Adolescents aged 15-19 years: Baseline (2016): 68% Target: more than 90% 	<p><u>UNFPA-specific output:</u> Strengthened national and subnational capacities to deepen and expand policies and programmes to achieve universal access to comprehensive and high-quality evidence-based sexual and reproductive health services and information, in development and emergency settings, focusing on women, adolescents and young people in situations of greater vulnerability (low-income, Afro-descendants, LGBTI groups, and people with disabilities)</p>	<ul style="list-style-type: none"> Percentage of national health providers that participate in updated training to ensure access to quality-assured adolescent-friendly sexual and reproductive health services with UNFPA support <i>Baseline: 0%; Target: 70%</i> Percentage of national health providers that use the new protocols to ensure access to the essential health services package for survivors of sexual violence with UNFPA support <i>Baseline: 0%; Target: 80%</i> Number of health students that finalized the optative curricula course supported by UNFPA about health, sexual diversity, prevention of stigma and discrimination against LGBTI people <i>Baseline: 420; Target: 750</i> Number of UNFPA-supported studies and research on adolescent and youth sexuality, focusing on vulnerable groups, that inform public policies <i>Baseline: 5; Target: 10</i> Number of indicators in the gender information system that address sexual and reproductive health for highly vulnerable women (low income, Afro-descendants, LGBTI groups) <i>Baseline: 0; Target: 3</i> Percentage of partners of pregnant women that have access to protective equipment (required due to COVID19 epidemiological protocols) that allow them to accompany women during childbirth and obstetric visits <i>Baseline: 0; Target: 80%</i> 	<p>Ministries of: Health, Social Development, Education and Culture; Health Institutions; Public Education Administration; civil society organizations; academia; other UN organizations</p>	<p>\$2.0 million (\$0.5 million from regular resources and \$1.5 million from other resources)</p>
NATIONAL PRIORITY: A society that protects the weakest and promotes their autonomy				
UNSDCF OUTCOME INVOLVING UNFPA: 4.2. Protecting and giving voice to children, adolescent and youth and ending all forms of violence especially targeting the most vulnerable				
RELATED UNFPA STRATEGIC PLAN OUTCOME: Adolescents and youth				

<p><u>UNSDCF Outcome indicator(s):</u></p> <ul style="list-style-type: none"> • Not available <p><u>Related UNFPA Strategic Plan Outcome indicator(s):</u></p> <ul style="list-style-type: none"> • Uruguay engages adolescents and youth, including marginalized adolescents and youth, in the formulation of sexual and reproductive health policies and plans <i>Baseline: No; Target: Yes</i> • Adolescent fertility rate (per 1,000 aged 15-19 years): <i>Baseline 31; Target: 15</i> (per 1,000 aged 10-14 years): <i>Baseline 0.7; Target: 0.35</i> 	<p><u>UNFPA-specific output:</u></p> <p>Strengthened national and subnational capacities for the design, implementation and monitoring of laws, policies and programmes that promote adolescents and young people rights, development and well-being, including sexual and reproductive health and rights, focusing on adolescents and youth in situations of greater vulnerability</p>	<ul style="list-style-type: none"> • Number of formal and non-formal education programmes that incorporate comprehensive sexuality education using gender, masculinities and diversity approaches with emphasis on gender and generational-based violence prevention, with UNFPA support <i>Baseline (formal): 1; Target: 1 (non-cumulative)</i> <i>Baseline (non-formal): 3; Target: 6 (cumulative)</i> • Sexual and reproductive health and sexuality issues incorporated in the new National Youth Survey <i>Baseline: No; Target: Yes</i> 	<p>Ministries of: Health, Social Development, Education and Culture, Interior; Health Institutions; Uruguay Children and Adolescent Institute; Public Education Administration; civil society organizations; academia; other UN organizations</p>	<p>\$0.5million (\$0.5 million from regular resources)</p>
<p>NATIONAL PRIORITY: A society that protects the weakest and promotes their autonomy</p>				
<p>UNSDCF OUTCOME INVOLVING UNFPA: 4.1. Gender equality, women’s empowerment and an end to GBV, protecting the most vulnerable women</p>				
<p>RELATED UNFPA STRATEGIC PLAN OUTCOME: Gender equality and women’s empowerment</p>				
<p><u>UNSDCF Outcome indicator(s):</u></p> <ul style="list-style-type: none"> • Not available <p><u>Related UNFPA Strategic Plan Outcome indicator(s):</u></p> <ul style="list-style-type: none"> • Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by age and place of occurrence <i>Baseline: 19.5%; Target: 15%</i> 	<p><u>UNFPA-specific output:</u></p> <p>Strengthened national and subnational capacities for the implementation, monitoring and evaluation of the multisectoral response to gender-based and generational violence, in development and emergency settings, with emphasis on women, adolescents and young girls in situations of greater vulnerability (low-income, Afro-descendants, people with disabilities, LGBTI)</p>	<ul style="list-style-type: none"> • UNFPA is incorporated in multi-stakeholder mechanisms to address gender-based violence including new plan to end gender-based violence and multi-stake holders communications strategies <i>Baseline: No; Target: Yes</i> • Number of modules of the ‘essential services package for women and girls subject to violence’ incorporated into the intersectoral national response to GBV, with UNFPA support <i>Baseline: 2; Target: 4</i> • New survey on gender-based violence conducted with UNFPA support, collects disaggregated data on the incidence of violence among the most vulnerable groups (low-income women, Afro-descendants, LGBTI, people with disabilities) <i>Baseline: No; Target: Yes</i> • Existence of an inter-agency strategy supported by UNFPA, established to eliminate early unions and discriminatory gender and sociocultural norms that affect women and girls with focus on vulnerable groups (low-income, Afro-descendants, LGBTI, people with disabilities) <i>Baseline: No; Target: Yes</i> 	<p>Ministries of: Health, Social Development, Education and Culture, Interior; Health Institutions; Uruguay Children and Adolescent Institute; Public Education Administration; Nation Attorney; civil society organizations; academia; other UN organizations.</p>	<p>\$0.5million (\$0.5 million from regular resources) from other resources)</p>

NATIONAL PRIORITY: An efficient Public Administration, present in the territory and accountable to citizens				
UNSDCF OUTCOME INVOLVING UNFPA: 2.3. By 2025 the State has developed data and information systems for knowledge management, evidence-based policy making and improved evaluation capacities				
RELATED UNFPA STRATEGIC PLAN OUTCOME: Population dynamics				
Specific framework outcome indicator(s), baselines and target(s)	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<p><u>UNSDCF Outcome indicator(s):</u></p> <ul style="list-style-type: none"> Not available <p><u>Related UNFPA Strategic Plan Outcome indicator(s):</u></p> <ul style="list-style-type: none"> 2020 round of Population and Housing Census conducted <i>Baseline: No; Target: Yes</i> Number of the 17 UNFPA-prioritized Sustainable Development Goal indicators that are produced domestically <i>Baseline: 12; Target: 17</i> 	<p><u>UNFPA-specific output:</u></p> <p>Strengthened national capacities to generate, analyse, use and disseminate high-quality disaggregated data on population dynamics and its linkages with poverty and sustainable development, enabling enhanced monitoring of the 2030 Agenda and Montevideo Consensus and the identification of inequalities for evidence-based policy-making, in development and emergency settings</p>	<ul style="list-style-type: none"> Number of updated data sources (Census; other surveys/research) supported by UNFPA utilized to map populations left behind in order to meet the three UNFPA transformative results <i>Baseline: 0; Target: 3</i> Number of UNFPA-prioritized SDG indicators, with the appropriate dimension of disaggregation, regularly and timely produced for inclusion in the national statistical plan <i>Baseline: 12; Target:14</i> Map of unsatisfied basic needs disaggregated by age, gender and ethnicity, elaborated with UNFPA support, based on 2023 Census data <i>Baseline: No; Target: Yes</i> 	<p>National Statistics Institute; Ministry of Social Development; University of the Republic; Office of Planning and Budgeting; National Congress of Mayors</p>	<p>\$2.0 million (\$0.7 million from regular resources and \$1.3 million from other resources)</p>