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

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Item 12 of the provisional agenda
UNFPA – Country programmes and related matters

UNITED NATIONS POPULATION FUND

Final country programme document for Cuba

Proposed indicative UNFPA assistance: $6.5 million: $4 million from regular resources and $2.5 million through co-financing modalities and/or other resources, including regular resources

Programme period: Five years (2014-2018)
Cycle of assistance: Eighth
Category per decision 2007/42: C

Proposed indicative assistance (in millions of $):

<table>
<thead>
<tr>
<th>Strategic Plan Outcome Area</th>
<th>Regular resources</th>
<th>Other</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population dynamics</td>
<td>1.2</td>
<td>0.8</td>
<td>2.0</td>
</tr>
<tr>
<td>Young people’s sexual and reproductive health and sexuality education</td>
<td>1.5</td>
<td>1.5</td>
<td>3.0</td>
</tr>
<tr>
<td>Gender equality and reproductive rights</td>
<td>0.7</td>
<td>0.2</td>
<td>0.9</td>
</tr>
<tr>
<td>Programme coordination and assistance</td>
<td>0.6</td>
<td>-</td>
<td>0.6</td>
</tr>
<tr>
<td>Total</td>
<td>4.0</td>
<td>2.5</td>
<td>6.5</td>
</tr>
</tbody>
</table>
I. Situation analysis

1. Cuba, a middle-income country with a high human development index and progressive social policies, is updating its economic model to better address the needs of its population. The Government’s efforts to preserve attained social indicators and achieve sustainable development face persistent challenges. Although Cuba is not characterized by profound social inequalities, economic and social disparities exist among population groups and territories. The global financial crisis and an ongoing economic, commercial and financial embargo imposed by the United States of America negatively impact the country and limit access to international financial sources.

2. The population, estimated at 11.3 million in 2011, is increasing at an annual rate of 0.06 per cent. The total fertility rate, which has been below replacement levels for more than three decades, is 1.7 children per woman. The age structure reflects a high degree of ageing. Eighteen per cent of the population is 60 or older, a fact that influences dependency and intergenerational relations. Although reliable demographic statistical information is available, there is a need for data related to specific population issues, including: (a) ageing; (b) gender equality; and (c) migration.

3. The maternal mortality ratio has declined slowly in recent years, from 46.5 maternal deaths per 100,000 live births in 2008 to 40.6 in 2011. The direct maternal mortality ratio slightly increased between 2008-2011, from 29.4 to 31.6 maternal deaths per 100,000 live births, with differences among regions.

4. Although the contraceptive prevalence rate is high (77.8 per cent in 2011), there are unmet needs for family planning and the contraceptive method mix is inadequate. In 2011, condoms represented 12 per cent of contraceptive usage among married women of reproductive age (including women in consensual unions), hormonals 16 per cent, and intrauterine devices (IUDs) 51 per cent. Health authorities are making efforts to increase the use of modern family planning methods, specifically condoms and hormonal methods, particularly among young women. The adolescent fertility rate, which increased from 44.9 to 57.3 births per 1,000 women aged 15-19 from 2005-2011, is a concern.

5. Cuba has made significant progress in the area of sexuality education. However, unwanted pregnancies and relatively high abortion rates persist as a result of inadequate contraceptive practices, particularly among adolescents and young people. The HIV prevalence rate is 0.1 per cent. However, the country has not achieved a steady decline in the HIV prevalence rate. Behaviour regarding safer sexual practices varies among groups and territories, and HIV prevalence rates are higher among men aged 25-39. During the last five years, the prevalence rate among women increased in some territories, particularly in the provinces of Artemisa, Pinar del Río, Granma and Santiago de Cuba.

6. The Government has achieved significant progress in the area of gender equality. However, inequalities persist as a result of a predominantly patriarchal culture. Despite women’s high levels of social participation and professional development, they shoulder higher burdens than men in the areas of family care and housework. This unbalance will increase if care services for the elderly are not provided by the Government to support the ageing population. Gender-based violence is a growing concern. There is a need for improved coordination among organizations and institutions involved in preventing and
draws attention to gender-based violence and violence within the family.

7. Cuba is often exposed to natural disasters, which affected approximately 54 per cent of total population in the past five years. The country has a national strategy to manage and reduce the risk of disasters. The provision of sexual and reproductive health services to population groups in vulnerable situations, using a gender-sensitive, rights-based approach, remains a challenge, despite its prioritization by the Government.

8. Cuba fully endorses the Programme of Action of the International Conference on Population and Development. Although the country has achieved Millennium Development Goals 2, 3 and 4, there is a need for additional efforts to support the achievement of the remaining goals by 2015. Cuba has confirmed its commitment to the principles of South-South cooperation and supports the transfer of knowledge, the exchange of experiences, and peer learning.

II. Past cooperation and lessons learned

9. The seventh UNFPA country programme, 2008-2012, sought to: (a) improve the quality of education and services for sexual and reproductive health, including HIV prevention; (b) integrate population and development perspectives into policies and programmes; and (c) promote gender equality.

10. The final programme evaluation revealed the following achievements: (a) strengthened institutional capacity to provide sexual and reproductive health services; (b) increased options and availability of contraceptive methods; (c) improved national programmes on sexuality education and the prevention of sexually transmitted infections and HIV; (d) strengthened national and local capacity to produce high-quality sociodemographic information; (e) the development of skills and knowledge management by decision makers and other specialists to integrate the effects of the demographic transition into policies and development plans; (f) the sensitization and training of decision makers and service providers to incorporate gender in policies and programmes; and (g) strengthened institutional capacity to diagnose and prevent gender-based violence and violence within families.

11. The evaluation highlighted the need to: (a) further strengthen results-based management; (b) improve the synergy between national institutions and United Nations organizations to increase programme effectiveness; and (c) prioritize youth issues, maternal health, intergenerational relations, ageing, internal migration, and the effects of climate change.

12. Continued UNFPA support is required to achieve national objectives and avoid setbacks. UNFPA cooperation has helped national institutions develop best-practice models that can benefit other countries within the framework of South-South cooperation.

III. Proposed programme


14. To develop national capacity, the programme focuses on: (a) population dynamics; (b) young people’s sexual and reproductive health and sexuality education; and (c) gender equality and reproductive rights. The programme
will achieve the proposed outputs by using the following strategies: (a) building a knowledge base to design and implement evidence-based policies and programmes; (b) technical assistance, training and equipment to improve the performance of public institutions; and (c) policy dialogue, partnerships and strengthening social communication efforts.

15. UNFPA will also support the Government in the areas of: (a) local development; (b) coordination and partnerships among institutions and social organizations; (c) the collection of information on thematic programme areas; (d) resource mobilization; and (d) technical assistance and South-South cooperation.

16. UNFPA will collaborate with other United Nations organizations to improve the coherence, efficiency and effectiveness of the country programme implementation, with the goal of achieving results.

Population dynamics

17. There is one output under the UNFPA strategic plan outcome on population dynamics, which will also contribute to the UNDAF outcome: development programmes improve the integration of population dynamics, gender and territorial specificities.

18. Output: Strengthened capacity of statistical and academic institutions to incorporate population dynamics, including ageing, and its interlinkages with sexual and reproductive health and gender equality in development programmes. This output will be achieved by: (a) raising awareness of and providing training on population dynamics and its linkages with development for decision makers and technical specialists in key institutions; (b) providing technical support to government institutions for data generation and knowledge management at national and subnational levels; and (c) strengthening the capacity of subnational institutions for local development planning, using an approach that addresses population concerns.

Young people’s sexual and reproductive health and sexuality education

19. There are two outputs under the UNFPA strategic plan outcome in the area of young people’s sexual and reproductive health and sexuality education, which will contribute to the following UNDAF outcome: quality and sustainable social and cultural services are developed, using an intergenerational, territorial and gender-equality approach.

20. Output 1: Enhanced capacity of national and local health services to provide sexual and reproductive health care, including family planning and maternal health services, with an emphasis on adolescents and young adults. The programme seeks to achieve this output by: (a) supporting the consolidation of sexual and reproductive health programmes, including prevention programmes, with a focus on the needs of adolescents and youth; (b) improving family planning services, with an emphasis on adolescents and young adults; (c) strengthening reproductive health commodity security, including the provision and use of a greater range of contraceptive methods; (d) providing technical and financial assistance for the provision of high-quality emergency obstetric care; and (e) training service providers and providing technical and financial assistance to implement the minimum initial service package for reproductive health in humanitarian situations.

21. Output 2: Strengthened capacity of health and educational institutions and civil society organizations to improve the implementation of national programmes on
sexual and reproductive health and education, sexually transmitted infections and HIV prevention, using a gender-based and rights-based approach. The programme will achieve this output by: (a) providing technical assistance to update the national programme on sexual and reproductive health and education; (b) strengthening national curriculum management and teacher education and training programmes on comprehensive sexuality education; (c) strengthening the participation of adolescents and young adults in the design, implementation and monitoring of initiatives on sexuality education; and (d) providing technical assistance to expert teams, peer support groups and volunteer promoters in selected municipal departments to prevent sexually transmitted infections and HIV in the most affected communities.

Gender equality and reproductive rights

22. There is one output under the UNFPA strategic plan outcome on gender equality and reproductive rights, which will contribute to the UNDAF outcome: quality and sustainable social and cultural services are developed, using an intergenerational, territorial and gender-equality approach.

23. Output: Strengthened capacity of governmental institutions and civil society organizations to implement policies and programmes that incorporate gender equality and prevent and address gender-based violence. This will be achieved by: (a) providing technical and financial assistance to the women’s studies departments in universities to mainstream gender in higher education; (b) supporting training programmes for decision makers (including parliamentarians, national and local authorities, and civil society leaders), government officers and service providers (educational, legal and health) on gender equality and to address gender-based violence; and (c) promoting action on advocacy to engage young men, particularly opinion leaders and journalists, in efforts to promote gender equality and reproductive rights and prevent gender-based violence.

IV. Programme management, monitoring and evaluation

24. The national execution modality is the preferred arrangement for programme implementation. UNFPA and the Government will apply a results-based management approach to planning, monitoring and evaluating the country programme.

25. UNFPA and the Government will assess and select implementing partners on the basis of their relevance to the programme and their capacity and ability for high-quality implementation. UNFPA and the Government will monitor programme implementation and periodically adjust implementation arrangements, as necessary.

26. The UNFPA country office and the Ministry of Foreign Trade and Investment will be responsible for the supervision and evaluation of the programme. UNFPA guidelines and procedures will guide the implementation of the programme. The country office includes staff funded from the UNFPA institutional budget who perform management and development effectiveness functions. UNFPA will earmark programme funds to ensure adequate staff capacity to provide technical and programme expertise, as well as for management and operations support, in order to implement the programme effectively and efficiently.

27. In the event of an emergency, UNFPA may, in consultation with the Government, reprogramme activities, especially life-saving measures, to better respond to emerging concerns.
## RESULTS AND RESOURCES FRAMEWORK FOR CUBA

**National priorities**: population dynamics, quality of life and the sustainability of social and cultural services

**UNDAF outcome**: development programmes improve the integration of population dynamics, gender and territorial specificities

**UNFPA indicators**: number of national institutions improving the incorporation of population dynamics and gender in their programmes of development

<table>
<thead>
<tr>
<th>UNFPA strategic plan outcome</th>
<th>Country programme outputs</th>
<th>Output indicators, baselines and targets</th>
<th>Partners</th>
<th>Indicative resources</th>
</tr>
</thead>
</table>
| **Population dynamics**     | **Output**: Strengthened capacity of statistical and academic institutions to incorporate population dynamics, including ageing, and its interlinkages with sexual and reproductive health and gender equality in development programmes | **Output indicators**:  
  - Number of decision makers and technical specialists of national and subnational institutions trained to incorporate information on population dynamics in national development programmes  
  - Number of subnational governments supported by UNFPA that incorporate population dynamics in their development plans  
  **Baseline**: decision makers, 250; specialists, 22; Target: decision makers, 600; specialists, 70  
  **Baseline**: 4; **Target**: 8 | Media; National Bureau of Statistics and Information; research centres; subnational governments and institutions | **$2 million** ($1.2 million from regular resources and $0.8 million from other resources) |

**National priorities**: population dynamics, quality of life and the sustainability of social and cultural services

**UNDAF outcome**: quality and sustainable social and cultural services are developed, using an intergenerational, territorial and gender-equality approach. Indicator: number of social and cultural services in selected territories supported

| Young people's sexual and reproductive health and sexuality education | **Output 1**: Enhanced capacity of national and local health services to provide sexual and reproductive health care, including family planning and maternal health services, with an emphasis on adolescents and young adults | **Output indicators**:  
  - Number of UNFPA-supported community health services centres using updated sexual and reproductive health protocols  
  - Number of health professionals trained in reproductive health risk and emergency obstetric care  
  - Number of UNFPA-supported community family planning service centres that provide at least three contraceptive methods  
  **Baseline**: 250; **Target**: 450  
  **Baseline**: 460; **Target**: 782  
  **Baseline**: 226 (50%); **Target**: 316 (70%) | Civil society organizations; media; Ministries of Education and Public Health | **$1.2 million** ($0.5 million from regular resources and $0.7 million from other resources) |

| Young people's sexual and reproductive health and sexuality education | **Output 2**: Strengthened capacity of health and educational institutions and civil | **Output indicators**:  
  - National Programme for Sexual Health and Education updated and implemented with UNFPA support  
  **Baseline**: 0; **Target**: 1 | Civil society organizations; media; Ministries of Education and | **$1.8 million** ($1 million from regular resources and $0.8 million from other resources) |
<table>
<thead>
<tr>
<th>Output</th>
<th>Output indicators:</th>
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<tbody>
<tr>
<td>• Number of women’s studies departments in teacher training institutions and medical science universities supported to implement action plans on gender equality and gender-based violence at the institutional and community level Baseline: 0; Target: 5</td>
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<tr>
<td>• Number of decision makers (parliamentarians, national and local authorities and civil society leaders) trained to implement policies and programmes on gender equality and to prevent and address gender-based violence Baseline: 180; Target: 1,250</td>
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<tr>
<td>• Number of young men, opinion leaders and journalists trained to promote equitable gender roles and to discourage violence against women Baseline: 280; Target: 1,000</td>
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**Gender equality and reproductive rights**

**Outcome indicator:**

- Number of national institutions that incorporate gender equality, reproductive rights and the prevention of gender-based violence in their programmes Baseline: 4; Target: 8

| Academic institutions; civil society organizations; Federation of Cuban Women; media | $0.9 million ($0.7 million regular resources and $0.2 million from other resources) |
| Academic institutions; civil society organizations; Federation of Cuban Women; media | $0.9 million ($0.7 million regular resources and $0.2 million from other resources) |

**National priorities:** population dynamics, quality of life and the sustainability of social and cultural services

**UNDAF outcome:** quality and sustainable social and cultural services are developed, using an intergenerational, territorial and gender-equality approach. Indicator: degree of progress in implementing a programme with a gender approach

| Public Health; research centres | from other resources |
| Public Health; research centres | from other resources |

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Women aged 15-19

Society organizations to improve the implementation of the national programmes on sexual and reproductive health and education, sexually transmitted infections and HIV prevention, using a gender-based and rights-based approach

- Number of localities supported by UNFPA that have incorporated sexuality education programme at the school level Baseline: 169 (1 per municipality); Target: 845 (5 per municipality)
- Number of municipal departments and their technical teams supported by UNFPA in the implementation of the national programme to prevent sexually transmitted infections and HIV Baseline: 9 departments, 4 teams; Target: 14 departments, 14 teams