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UNFPA – Country programmes and related matters

UNITED NATIONS POPULATION FUND

Draft country programme document for Venezuela (Bolivarian Republic of)

Proposed indicative UNFPA assistance:	\$12 million: \$6 million from regular resources and \$6 million through co-financing modalities and/or other, including regular, resources
Programme period:	Five years (2009-2013)
Cycle of assistance:	Second
Category per decision 2007/42:	B

Proposed indicative assistance by core programme area (in millions of \$):

	Regular resources	Other	Total
Reproductive health and rights	3.00	3.5	6.50
Population and development	1.40	1.5	2.90
Gender equality	0.85	1.0	1.85
Programme coordination and assistance	0.75	-	0.75
Total	6.00	6.0	12.00



I. Situation analysis

1. Since 2004, increases in international petroleum prices have helped fuel the economy of Venezuela, which grew by 11.8 per cent in 2007. Government social programmes, known as ‘missions’, have helped to decrease poverty. Nonetheless, 27.5 per cent of households live in poverty, and 7.6 per cent live in extreme poverty.

2. With a population of 27.9 million in 2008, the nation is well advanced in its demographic transition. General mortality and birth rates decreased during the last 15 years. General mortality fell from 5.1 to 4.3 deaths per 1,000 persons, while the birth rate dropped from 32.8 to 21.5 births per 1,000 persons. Rapid urbanization has had a significant social impact, particularly with regard to the growth of informal employment and to security concerns in the largest urban areas. Over 90 per cent of the population lives in urban centres.

3. Twenty-one per cent of all births are to adolescent mothers. According to the 2001 census, poor adolescents are five times more likely to give birth than those with higher socio-economic and educational levels.

4. The total fertility rate fell from 3.2 children per woman in 1990 to 2.84 in 2001. According to the 1998 demographic and health survey, the contraceptive prevalence rate for women in union is 70 per cent. It is higher among better-educated women, women with higher socio-economic status, and those living in urban areas. Poor women have a significant unmet need for family planning, reflected by the gap between the desired and actual number of children.

5. The maternal mortality ratio has decreased during the last few decades and was 58 deaths per 100,000 live births in 2007. The main causes of maternal mortality are obstetric complications during and after delivery.

6. The HIV/AIDS epidemic is concentrated among vulnerable groups. Some 110,000 people were living with HIV in 2004. Although the infection ratio of men to women in 1990 was 17 to 1, by 2004 it was 4 to 1, indicating a feminization of the epidemic. Almost half of new cases occur among adolescents and people younger than 24.

7. Gender disparities persist regarding women’s access to decision-making positions, engagement in full-time employment, and participation in income-earning opportunities. In 2005, about 39,000 cases of gender-based violence were reported. The Government adopted a law on gender-based violence in 2008.

II. Past cooperation and lessons learned

8. The first UNFPA country programme was formulated in line with the 2001-2007 national development plan and the 1999 constitution. It addressed national development priorities through interventions in sexual and reproductive health and population and development. Advocacy and gender concerns were mainstreamed throughout the programme.

9. The programme helped to increase the supply of high-quality sexual and reproductive health services by supporting the formulation and implementation of sexual and reproductive health norms and protocols and by training service providers. UNFPA helped to make reproductive health commodities available and improve the national contraceptive logistics system. It also helped to address sexual and reproductive health needs, including the maternal health needs of women, adolescents and young people in the country’s largest maternity ward in Caracas, the capital. Ensuring universal access to sexual and reproductive health services under the public health model adopted by the Government presents a challenge for the next programme.

10. UNFPA supported the development of population and sex education programmes and

the training of teachers in these areas. The programme worked with the military to promote sexual and reproductive health and rights issues and to prevent HIV and gender-based violence. Efforts by the Ministry of Education to review the national curricula will provide an opportunity to further incorporate these topics in the school system.

11. The programme strengthened the national capacity to generate socio-demographic information and provided training in population and demography. UNFPA worked closely with the National Institute of Statistics, universities and specialized centres to increase the national capacity to undertake socio-demographic analysis for national and local development planning efforts. This work should continue during the next programme cycle, particularly at the local level.

12. UNFPA implemented an advocacy and partnership strategy aimed at achieving ICPD objectives and the Millennium Development Goals. UNFPA worked with women's organizations, youth organizations and civil society organizations to implement existing laws on reproductive health and rights, gender equality and prevention of violence. The programme helped to mainstream these issues in the work of civil society groups, the National Institute for Women and the National Ombudsperson's Office, and in the actions of parliamentarians. A specific component and budget are needed to build on the work already done in gender equality and gender-based violence and to expand gender mainstreaming in judicial sectors.

III. Proposed programme

13. The proposed programme builds on: (a) the national social and economic development plan, 2007-2011; (b) the United Nations Development Assistance Framework (UNDAF); and (c) the UNFPA strategic plan, 2008-2011. The programme includes three components: (a) reproductive health and rights; (b) population

and development; and (c) gender equality. UNFPA will mainstream interventions regarding adolescents and youth in all the components. To implement the programme, UNFPA will: (a) engage in policy dialogue to advance the Programme of Action of the International Conference on Population and Development (ICPD) and the Millennium Development Goals; (b) strengthen national leadership, ownership and capacity; (c) promote the creation and use of a knowledge base to support public policies and programmes; and (d) target certain areas of the country, to develop intervention models for programme components that may be expanded nationwide. The above strategies will adopt gender-sensitive, sociocultural and rights-based approaches.

14. UNFPA will collaborate on joint programming with United Nations organizations in the following areas: (a) HIV and AIDS; (b) socio-demographic data and analyses; (c) regional and local development planning; (d) gender equality, including gender-based violence; and (e) emergency response.

Reproductive health and rights component

15. This component supports national priorities, UNDAF outcomes and the following country programme outcomes: (a) increased demand for and universal access to high-quality reproductive health services; (b) enhanced national response to prevent sexually transmitted infections and HIV in young men and women and other high-risk groups; and (c) improved access of adolescents and youth to youth-friendly sexual and reproductive health services and education.

16. Output 1: The capacity of local institutions is strengthened to offer high-quality sexual and reproductive health services, based on a human rights, gender, sociocultural and community participation approach. The programme will: (a) reinforce comprehensive reproductive health service delivery; (b) strengthen mechanisms to coordinate and monitor the implementation of

local sexual and reproductive health strategies, including emergency response; and (c) promote community capacity to demand sexual and reproductive health services, especially among those living in poverty, including indigenous people and those of African descent.

17. Output 2: National and local public health services are improved to address maternal mortality, with particular attention to emergency obstetric care and family planning. The programme will: (a) promote institutional commitment to reducing maternal mortality at national and local levels; (b) support communication and social mobilization strategies on safe motherhood; (c) support the development of national and local strategies to reduce maternal morbidity and mortality, including the strengthening of surveillance systems; (d) support the design and implementation of obstetric care protocols and health-care provider training; and (e) strengthen national capacity in reproductive health commodity security.

18. Output 3: Policies and programmes to prevent sexually transmitted infections and HIV are strengthened, with a focus on women, young people and vulnerable populations. The programme will: (a) promote institutional commitment to preventing sexually transmitted infections and HIV; (b) support the development of a national strategy on HIV, including strengthening the national surveillance system; (c) strengthen the capacity of civil society organizations and networks that seek to prevent sexually transmitted infections and HIV; and (d) promote the availability of, access to and use of condoms.

19. Output 4: The capacity of the national health system is improved to offer high-quality sexual and reproductive health services for adolescents and youth. The programme will: (a) strengthen institutional commitment to preventing adolescent pregnancies; (b) assist in establishing comprehensive, youth-friendly adolescent sexual and reproductive health

services; and (c) support the mobilization of civil society organizations at national and local levels to prevent adolescent pregnancy.

20. Output 5: The capacity of the national educational system is strengthened to incorporate sex education and reproductive health issues in schools and in out-of-school programmes. The programme will: (a) support the inclusion of sexual and reproductive health content in the school curricula and in teacher training programmes; (b) support the production of educational materials on life skills and sex education; and (c) support behaviour change communication strategies for out-of-school adolescents and youth.

Population and development component

21. In line with national priorities and the UNDAF, this component will support the following country programme outcome: national capacity is strengthened to address population issues in national development planning and poverty-alleviation efforts.

22. Output 1: National capacity is strengthened to improve the availability and use of socio-demographic data to support policy formulation and national, regional and local planning. The programme will: (a) increase the availability of socio-demographic information by supporting the 2010 population census and other surveys; (b) strengthen the quality of administrative records and relevant databases; and (c) support training to improve the national capacity to generate, analyse, disseminate and use socio-demographic data.

23. Output 2: Improved understanding of population dynamics and their relation to poverty reduction and socio-economic development. The programme will: (a) undertake policy dialogue to improve understanding of the linkages between population, development and poverty alleviation; (b) promote and strengthen training activities in population and development; and

(c) promote and strengthen national academic networks and alliances to increase the knowledge base on population and development and emerging issues.

24. Output 3: National capacity is increased to integrate population, youth, gender equality and sexual and reproductive health issues into national, sectoral and local policies and plans.

The programme will: (a) promote policy dialogue to incorporate population issues in public policies; (b) support conceptual and methodological frameworks to assist in integrating population factors into development planning at national, regional and local levels; (c) help to develop public policies and programmes to increase opportunities for young people; and (d) strengthen national and local capacity to incorporate gender equality and reproductive health in emergency assessments and plans.

Gender equality component

25. This component will strengthen the national capacity to plan, implement and monitor national and local policies, plans and projects that seek to promote: (a) gender equality; (b) the rights of women and youth, emphasizing reproductive health and rights; and (c) the elimination of gender-based violence and gender discrimination.

26. Output 1: National and civil society capacity is strengthened to integrate, implement and monitor gender equality and human rights perspectives in legal frameworks, national policies and budgets. The programme will: (a) strengthen the national capacity to develop gender-responsive initiatives and monitor the implementation of national and international regulatory frameworks; (b) promote and strengthen the participation of women and young people in public decision-making; (c) support initiatives by government institutions and civil society organizations to balance the productive and reproductive roles and rights of women and men; and (d) promote and

strengthen community capacity to formulate and monitor local gender-responsive programmes and budgets.

27. Output 2: National institutions and civil society organizations are strengthened to prevent, enforce and monitor strategies and norms aimed at reducing gender-based violence at national and local levels.

The programme will: (a) strengthen the capacity of parliamentarians, judges, ombudspersons and other relevant stakeholders to promote gender equity, ensure women's rights and prevent gender-based violence; (b) strengthen the capacity of civil society organizations and networks to prevent gender-based violence; (c) increase the availability of information and the implementation of surveillance systems on gender-based violence; and (d) strengthen the capacity of the health sector to prevent gender-based violence and treat its victims.

Part IV: Programme management, monitoring and evaluation

28. UNFPA and the Government will conduct monitoring and evaluation activities through existing national systems, and will use a results-based management approach to monitor the results of the country programme in achieving UNDAF outcomes. The Ministry of Planning and Development, UNFPA and national partners will undertake annual programme reviews. UNFPA personnel and national counterparts will undertake regular field visits. National and regional institutions and experts, along with the UNFPA regional office in Panama, will provide technical assistance.

29. The UNFPA office consists of an assistant representative and administrative support staff, in conformity with the country office typology. UNFPA will hire additional programme personnel to strengthen programme implementation and will also seek to mobilize additional resources for the programme.

RESULTS AND RESOURCES FRAMEWORK FOR VENEZUELA (BOLIVARIAN REPUBLIC OF)

<p>National priorities: (a) overcome poverty and provide universal health and educational services; (b) build a public sector that serves citizens in order to transform society; and (c) promote and expand the participation of citizens in society and in the economy</p> <p>UNDAF outcomes: (a) contribute to reducing maternal and child mortality, preventing sexually transmitted infections and HIV, and reducing gender-based violence, emphasizing the sexual and reproductive health rights of women, adolescents and youth; (b) improve education at all levels, strengthening socially inclusive policies; (c) strengthen public management to reduce poverty and social inequalities, emphasizing the strengthening of the national system of statistics and local public management; (d) develop community capacity to design socially productive initiatives, and to participate in decision-making processes and in social surveillance; and (e) promote the rights of children, youth, women, indigenous peoples and people of African descent</p>				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Reproductive health and rights	<p><u>Outcome 1:</u> Increased demand for and universal access to high-quality reproductive health services</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> ▪ Maternal mortality ratio ▪ Contraceptive prevalence rate (modern methods) ▪ % of births attended by skilled health personnel <p><u>Outcome 2:</u> Enhanced national response to prevent sexually transmitted infections and HIV in young men and women and other high-risk groups</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> ▪ % of women and men aged 15-49 years who correctly identify ways of transmitting and preventing sexually transmitted infections and HIV ▪ % of youth aged 15-24 who used a condom during last high-risk sexual encounter <p><u>Outcome 3:</u> Improved access of adolescents and youth to youth-friendly sexual and reproductive health services and education</p> <p><u>Outcome indicator:</u></p> <ul style="list-style-type: none"> ▪ Adolescent fertility rate 	<p><u>Output 1:</u> The capacity of local institutions is strengthened to offer high-quality sexual and reproductive health services, based on a human rights, gender, sociocultural and community participation approach</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> ▪ % of local budgets invested in sexual and reproductive health in targeted areas ▪ Existence of high-quality sexual and reproductive health services in targeted areas <p><u>Output 2:</u> National and local public health services are improved to address maternal mortality, with particular attention to emergency obstetric care and family planning</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> ▪ National policy to reduce maternal mortality is formulated and implemented ▪ % of health services offering at least three modern contraceptive methods <p><u>Output 3:</u> Policies and programmes to prevent sexually transmitted infections and HIV are strengthened, with a focus on women, young people and vulnerable populations</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> ▪ National strategic plan on HIV formulated and implemented ▪ % of Ministry of Health budget assigned to condom procurement <p><u>Output 4:</u> The capacity of the national health system is improved to offer high-quality sexual and reproductive health services for adolescents and youth</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> ▪ % of health personnel trained in adolescent sexual and reproductive health care ▪ % of health services offering sexual and reproductive health care for adolescents <p><u>Output 5:</u> The capacity of the national educational system is strengthened to incorporate sex education and reproductive health issues in schools and in out-of-school programmes</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> ▪ Number of primary and secondary schools that incorporate sexual and reproductive health education ▪ Number of adolescent and young people reached through sex education campaigns 	<p>Health Secretary, Caracas; Ministry of Education; Ministry of Health; National armed forces; National Institute for Women; National Institute for Youth; National programme on HIV/AIDS</p> <p>Local institutions in selected areas; NGOs; Private sector; Public institutions</p>	<p>\$6.5 million (\$3 million from regular resources and \$3.5 million from other resources)</p>

Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Population and development	<p><u>Outcome 1:</u> National capacity is strengthened to address population issues in national development planning and poverty-alleviation efforts</p> <p><u>Outcome indicator:</u></p> <ul style="list-style-type: none"> ▪ National development plans and poverty reduction strategies include population dynamics, reproductive health, HIV prevention and gender equality 	<p><u>Output 1:</u> National capacity is strengthened to improve the availability and use of socio-demographic data to support policy formulation and national, regional and local planning</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> ▪ The 2010 census is conducted and the results are published ▪ Number of thematic surveys taken at national and local levels <p><u>Output 2:</u> Improved understanding of population dynamics and their relation to poverty reduction and socio-economic development</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> ▪ Number of people trained in demography and population and development ▪ Number of studies, publications and events <p><u>Output 3:</u> National capacity is increased to integrate population, youth, gender equality and sexual and reproductive health issues into national, sectoral and local policies and plans</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> ▪ Level of incorporation of young people’s rights in key national policies and plans ▪ % of municipalities in targeted areas that consider population factors in their local development plans 	<p>Central Bank of Venezuela; National Electoral Council; Ministries of: Planning and Development; Social Development and Participation; National Institute of Statistics; School of Social Management</p> <p>NGOs; Private sector; Public institutions; Universities and the academic sector</p>	<p>\$2.9 million (\$1.4 million from regular resources and \$1.5 million from other resources)</p>
Gender equality	<p><u>Outcome 1:</u> National capacity is strengthened to promote and protect the rights of women and youth, especially their sexual and reproductive health and rights</p> <p><u>Outcome indicator:</u></p> <ul style="list-style-type: none"> ▪ Level of implementation of recommendations of the Convention on the Elimination of All Forms of Discrimination against Women <p><u>Outcome 2:</u> Legislation, public policies and the protection system are strengthened to prevent and address gender-based violence</p> <p><u>Outcome indicator:</u></p> <ul style="list-style-type: none"> ▪ Reduced number of cases of gender-based violence 	<p><u>Output 1:</u> National and civil society capacity is strengthened to integrate, implement and monitor gender equality and human rights perspectives in legal frameworks, national policies and budgets</p> <ul style="list-style-type: none"> ▪ Number of laws, policies and plans, at national and local levels, that take a gender equality and reproductive rights approach ▪ Existence of national mechanisms of surveillance of the fulfilment of international agreements ▪ Number of participative and gender-responsive budgets at the local level in targeted areas <p><u>Output 2:</u> National institutions and civil society organizations are strengthened to prevent, enforce and monitor strategies and norms aimed at reducing gender-based violence at national and local levels</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> ▪ Extent of implementation of a monitoring strategy for the enforcement of the gender-based violence law ▪ % of justice personnel trained in gender equity and gender-based violence 	<p>Judicial School; Metropolitan Ombudsperson for Women’s Rights; Ministry of Social Development and Participation; National Assembly; National Electoral Council; National Institute for Youth; National Ombudsperson; National Women’s Institute; Supreme Court of Justice; NGOs; Private sector; Public institutions; Universities and the academic sector</p>	<p>\$1.85 million (\$0.85 million from regular resources and \$1 million from other resources)</p> <hr/> <p>Total for programme coordination and assistance: \$0.75 million from regular resources</p>