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UNFPA – Country programmes and related matters

UNITED NATIONS POPULATION FUND

Final country programme document for Nicaragua

Proposed indicative UNFPA assistance: \$17.3 million: \$8.3 million from regular resources and \$9.0 million through co-financing modalities and/or other resources, including regular resources

Programme period: Five years (2013-2017)

Cycle of assistance: Eighth

Category per decision 2007/42: B

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

Strategic Plan Outcome Area	Regular resources	Other	Total
Population dynamics	1.5	0.7	2.2
Maternal and newborn health	1.6	3.0	4.6
Gender equality and reproductive rights	1.0	0.5	1.5
Young people's sexual and reproductive health and sexuality education	3.0	4.8	7.8
Programme coordination and assistance	1.2	-	1.2
Total	8.3	9.0	17.3

I. Situation analysis

1. Nicaragua increased its economic growth rate from 2.8 per cent of its gross domestic product in 2008 to 4.5 per cent in 2011. This has allowed increased investments in social services, as reflected in improved social indicators. Nicaragua is a lower middle-income country, with 42.5 per cent of the population living in poverty and 14.6 per cent living in extreme poverty. Poverty is higher among rural residents.

2. The population, estimated at 5.9 million in 2012, is growing at an annual rate of 1.2 per cent. The next census is scheduled for 2015.

3. Approximately 63.5 per cent of the population is younger than 30. The resulting 'demographic bonus' plays an essential role in reducing poverty and inequities and in contributing to development. There is a need to invest in youth, including in sexuality education and in sexual and reproductive health and rights.

4. Nicaragua has implemented a national strategy on sexual and reproductive health and developed policies and legal frameworks on gender-based violence, sexuality education and youth. These efforts have contributed to advances in achieving the Millennium Development Goals, particularly those related to reproductive health and rights.

5. The total fertility rate decreased from 3.3 children per woman in 2001 to 2.7 in 2007. The contraceptive prevalence rate is 72.4 per cent. The unmet need for family planning decreased from 23.9 per cent of women of reproductive age in 1993 to 10.7 in 2007, due to the government commitment to the national logistics system and community-

based strategies. Despite these advances, 27.5 per cent of all births in 2009 occurred among girls aged 10-19.

6. The maternal mortality ratio declined from 73.3 maternal deaths per 100,000 live births in 2000 to 67 in 2010. Adolescents accounted for 22 per cent of maternal deaths in 2010. Wide disparities exist across geographical regions due to difficulties in accessing services. The Caribbean coast and the centre-north regions accounted for 52.2 per cent of all maternal deaths in the last 10 years. To achieve Millennium Development Goal 5, there is an urgent need to improve maternal health. HIV/AIDS is concentrated among young people, who accounted for 53 per cent of reported cases in 2009.

7. Gender inequalities persist. Gender-based violence is considered a public health and safety issue, affecting nearly 48 per cent of women who are married or in union. Between 2005 and 2009, approximately 50 per cent of reported rape victims were adolescent girls.

8. Government priorities include addressing the impact of climate change and reducing risks related to natural disasters. Recurrent floods and droughts affected 150,000 people in 2011. Approximately 10,000 people were evacuated to shelters, most of them women. Effective preparedness and response efforts are needed to address gender-based violence and ensure sexual and reproductive health in emergency situations.

II. Past cooperation and lessons learned

9. UNFPA assistance to Nicaragua began in the mid-1970s. The seventh country programme, 2008-2012, focused on: (a) improving access to and the quality of

sexual and reproductive health services; (b) strengthening the Ministry of Health's management systems for reproductive health commodity security; (c) advocating the inclusion of sexuality education in the school curricula and in alternative education programmes and providing technical support to do so; (d) generating and disseminating data used by decision makers to formulate development plans, public policies and laws; and (e) strengthening national efforts to address gender-based violence and enable women to exercise their reproductive rights.

10. According to the final programme evaluation conducted by UNFPA and the Government in 2011, the programme strengthened: (a) national efforts to address gender-based violence by developing a comprehensive care model for female victims; (b) national efforts to address youth concerns by including sexuality education in the school curricula and alternative education programmes; and (c) national capacity for reproductive health commodity security by increasing the procurement of contraceptives from fiscal funds from 10.5 per cent in 2007 to 74.8 in 2011.

11. Challenges and lessons learned included the need to: (a) strengthen the implementation of the programme to advance policy development; (b) enhance coordination to deliver a high-quality programme; (c) develop a robust monitoring and evaluation system, increasing the use of the evaluation findings; (d) continue participation in the sector-wide approach and in the health donor committee, to facilitate high-level policy dialogue; and (e) continue the education and communication strategy, focusing on young people to increase their ability to exercise their reproductive rights.

III. Proposed programme

12. The proposed programme is aligned with national priorities and the United Nations Development Assistance Framework (UNDAF), 2013-2017, the Programme of Action of the International Conference on Population and Development, the Millennium Development Goals and the revised UNFPA strategic plan outcomes, with a focus on achieving Millennium Development Goal 5. The programme builds on lessons learned from the previous country programme.

13. The Government led the development of the programme in collaboration with donors, partners and United Nations organizations. The programme will achieve the proposed outputs by using the following strategies: (a) capacity development; (b) programmatic approaches; and (c) policy dialogue, partnerships and communication.

14. Proposed strategies for capacity development include: (a) improving technical capacity for designing, implementing, monitoring and evaluating policies and programmes; (b) strengthening national capacity to address the relationships among poverty reduction, comprehensive sexual and reproductive health services, and gender-based violence prevention and care, including in emergency situations; and (c) leveraging national resources in government programmes.

15. The strategies for programmatic approaches include: (a) mainstreaming human rights, gender equality, generational perspectives and intercultural diversity throughout the entire programme cycle; (b) using evidence-based programming that seeks to elaborate and implement public policies; and (c) using results-based management and improving the integration

of all country office resources to enhance programme delivery.

16. The programme will promote policy dialogue, partnerships and communication by: (a) identifying and disseminating achievements and good practices; (b) mobilizing resources, including those from non-traditional partners; and (c) positioning and articulating the agreements of the International Conference on Population and Development Beyond 2014 with the Government and the United Nations country team.

Population dynamics

17. One output related to this strategic plan outcome will contribute to the following UNDAF outcome: distributive public policies applied to promote human development.

18. Output 1: National and local institutions have strengthened capacity to incorporate, into public policies and plans, population dynamics and its linkages with the needs of young people, with sexual and reproductive health, and with gender-based violence. UNFPA will achieve this output by: (a) using evidence-based data from the census and surveys to elaborate, implement, monitor and evaluate public policies and plans incorporating issues related to population dynamics, youth, sexual and reproductive health, gender-based violence and humanitarian situations; (b) developing the capacity of public officials through training and technical assistance; and (c) South-South collaboration and web-based platforms.

Maternal and newborn health

19. One output related to this strategic plan outcome will contribute to the following UNDAF outcome: prioritized populations have equal access to health services throughout their

lifetime, with an emphasis on maternal, child and women's health policies and programmes.

20. Output 1: National and local institutions have strengthened capacity to provide high-quality maternal and newborn health services at the community level, in particular for women and girls, including in humanitarian settings. UNFPA will achieve this output by: (a) strengthening the capacity of health-care providers in obstetric emergencies and newborn care; (b) supporting the implementation of community-based interventions, including those related to maternal waiting homes and the community-based distribution of contraceptives; (c) providing technical support and commodities to implement a minimum initial service package for reproductive health services in emergency situations; and (d) supporting the Ministry of Health in achieving Millennium Development Goal 5.

Gender equality and reproductive rights

21. One output related to this strategic plan outcome will contribute to the following UNDAF outcome: national capacity (legislative, judicial and executive branches) is strengthened to assure oversight of and compliance with normative processes, policies and programmes.

22. Output 1: National institutions strengthen their capacity to provide a coordinated response to prevent and address gender-based violence and sexual violence, focusing on young women and adolescents, including in humanitarian settings. UNFPA will achieve this output by: (a) supporting the implementation of the comprehensive care model for victims of gender-based violence, especially young women; (b) supporting the leading and coordinating role of the national Institute for Women; and (c) developing and implementing guidelines for a humanitarian response that

includes gender-based violence prevention and care.

Young people's sexual and reproductive health and sexuality education

23. Two outputs related to this strategic plan outcome will contribute to the following UNDAF outcome: prioritized populations have equal access to health services throughout their lifetime, with an emphasis on maternal, child and women's health.

24. Output 1: Improved access to comprehensive, high-quality reproductive health services for young people, including adolescents, focusing on HIV prevention and adolescent pregnancy. UNFPA will achieve this output by: (a) supporting the consolidation and expansion of youth-friendly health services; (b) improving the knowledge of young people on preventing HIV and sexually transmitted diseases; (c) strengthening the Government's community health strategy for comprehensive reproductive health assistance; and (d) strengthening the leading role of the Ministry of Health.

25. Output 2: National and local institutions strengthen their capacity to implement comprehensive sexuality education and counselling, including HIV prevention, for young people and adolescents. UNFPA will achieve this output by: (a) strengthening the technical capacity of the Ministry of Education to implement sexuality education within the school curricula, building on the achievements of the previous programme cycle; (b) improving the quality and coverage of school counselling units; and (c) supporting municipal houses for young people and supporting community-based organizations to promote sexual and reproductive health and rights through alternative education programmes.

IV. Programme management, monitoring and evaluation

26. UNFPA and the Government, through the Ministry of Foreign Affairs, will coordinate the programme, using results-based management. National execution, through carefully selected implementing partners, is the preferred implementation arrangement. UNFPA will continuously monitor the performance of its partners and make adjustments as necessary, including in emergency situations. The United Nations action plan will emphasize sustainability and will establish synergies among United Nations organizations. Integrated action by the country office will be the core premise for programme delivery.

27. The UNFPA country office includes staff funded from the UNFPA institutional budget who perform management and development-effectiveness functions. UNFPA will allocate programme resources for staff members who provide technical and programme expertise, as well as associated support, to implement the programme.

28. The country office will develop a resource-mobilization strategy to leverage international donor resources and private-sector resources. The programme will promote South-South cooperation to enhance national capacity. National and regional institutions will provide technical assistance. The UNFPA Latin America and the Caribbean regional office will also provide support. In the event of an emergency, UNFPA may, in consultation with the programme country, reprogramme activities, especially life-saving measures, to better respond to emerging issues.

RESULTS AND RESOURCES FRAMEWORK FOR NICARAGUA

<p>National priority: reduction of multiple inequities and poverty to achieve sustainable human development UNDAF outcome: distributive public policies applied to promote human development</p>				
UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partners	Indicative resources
<p>Population dynamics addressed in national and sectoral development plans and strategies <u>Outcome indicator:</u> Number of national development plans and poverty reduction strategies that address population dynamics and its interlinkages with young people, sexual and reproductive health, gender equality and poverty reduction Baseline: 1; Target: 2</p>	<p><u>Output 1:</u> National and local institutions have strengthened capacity to incorporate, into public policies and plans, population dynamics and its linkages with the needs of young people, with sexual and reproductive health, and with gender-based violence</p>	<p><u>Output indicators:</u></p> <ul style="list-style-type: none"> • Number of national and local institutions supported to implement gender-based violence policies, plans and expenditure frameworks Baseline: 12; Target: 30 • Number of institutions supported to incorporate, in policies and plans, including humanitarian response plans, demographic data from the census and from surveys related to youth issues, sexual and reproductive health, and gender Baseline: 6; Target: 10 	<p>Decentralized governments; Institute for Women; Institute for Youth; Institute of Information for Development; Institute of Territorial Studies; National Assembly; Technical Secretariat of the Presidency</p>	<p>\$2.2 million (\$1.5 million from regular resources and \$0.7 million from other resources)</p>
<p>National priority: reduction of multiple inequities and poverty to achieve sustainable human development UNDAF outcome: prioritized populations have equal access to health services throughout their lifetime, with an emphasis on maternal, child and women’s health policies and programmes</p>				
<p>Maternal and newborn health improved <u>Outcome indicators:</u></p> <ul style="list-style-type: none"> • Maternal mortality ratio Baseline: 67 maternal deaths per 100,000 live births; Target: 27 • Percentage of births attended by skilled personnel Baseline: 74%; Target: 85% 	<p><u>Output 1:</u> National and local institutions have strengthened capacity to provide high-quality maternal and newborn health services at the community level, in particular for women and girls, including in humanitarian settings</p>	<p><u>Output indicators:</u></p> <ul style="list-style-type: none"> • Percentage of health-care providers qualified to provide emergency obstetric care services in selected departments Baseline: 50%; Target: 85% • Number of health units in selected municipalities supported to implement community health strategies for the reduction of maternal health mortality Baseline: 10; Target: 40 	<p>Ministry of Health; maternal waiting homes network; municipalities Community-based organizations</p>	<p>\$4.6 million (\$1.6 million from regular resources and \$3 million from other resources)</p>
<p>National priority: reduction of multiple inequities and poverty to achieve sustainable human development UNDAF outcome: national capacity (legislative, judicial and executive branches) is strengthened to assure oversight of and compliance with normative processes, policies and programmes</p>				

UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partners	Indicative resources
<p>Gender equality and reproductive rights advanced</p> <p><u>Outcome indicator:</u> Number of national response mechanisms developed to combat gender-based violence, including in humanitarian response situations Baseline: 1; Target: 3</p>	<p><u>Output 1:</u> National institutions strengthen their capacity to provide a coordinated response to prevent and address gender-based violence and sexual violence, focusing on young women and adolescents, including in humanitarian settings</p>	<p><u>Output indicators:</u></p> <ul style="list-style-type: none"> • Number of national institutions supported to implement a comprehensive care model for female victims of gender-based violence and sexual violence Baseline: 0; Target: 12 • Number of selected institutions supported to implement a registry of, and follow-up system for, sexual violence cases Baseline: 3; Target: 5 • Number of institutions supported by UNFPA to implement humanitarian-response guidelines on preventing gender-based violence and sexual violence and caring for the victims of such violence Baseline: 0; Target: 10 	<p>Institute for Women; Ministries of: Governance; Health; Family; and Education; national system for mitigating, preventing and addressing disasters; ombudsman; police; Public Prosecutor's Office; selected municipalities; Supreme Court of Justice</p>	<p>\$1.5 million (\$1 million from regular resources and \$0.5 million from other resources)</p>
<p>National priority: guarantee the right of the Nicaraguan people to food security, health, education and well-being UNDAF outcome: prioritized populations have equal access to health services throughout their lifetime, with an emphasis on maternal, child and women's health</p>				
<p>Young people's sexual and reproductive health and sexuality education improved</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> • Adolescent birth rate Baseline: 106 births/1,000 women aged 15-19 Target: 100/1,000 • Percentage of schools implementing age-appropriate sexuality education on a national scale Baseline: 4.2%; Target: 25% 	<p><u>Output 1:</u> Improved access to comprehensive, high-quality reproductive health services for young people, including adolescents, focusing on HIV prevention and adolescent pregnancy</p> <p><u>Output 2:</u> National and local institutions strengthen their capacity to implement comprehensive sexuality education and counselling, including HIV prevention, for young people and adolescents</p>	<p><u>Output indicators:</u></p> <ul style="list-style-type: none"> • Number of health units in prioritized municipalities supported to implement youth-friendly services for young people and adolescents Baseline: 0; Target: 43 • Percentage of service delivery points, in selected municipalities, supported to avoid stock-outs of contraceptives, including condoms, for the prevention of HIV and adolescent pregnancy Baseline: 64.5%; Target: 85% • Percentage of schools supported to provide counselling on sexual and reproductive health Baseline: 78%; Target: 85% • Percentage of municipal houses for young people, in selected municipalities, that are supported to implement interventions to provide sexuality education and counselling Baseline: 10; Target: 75 	<p>Ministries of: Education; Governance; and Health; maternal waiting homes network; National Institute of Technology; Nicaraguan AIDS Commission; Nicaraguan Association for People Living with HIV/AIDS; Regional Autonomic Education System; Community-based and youth organizations; universities</p>	<p>\$7.8 million (\$3 million from regular resources and \$4.8 million from other resources)</p> <hr/> <p>Total for programme coordination and assistance: \$1.2 million from regular resources</p>