



**Executive Board of the  
United Nations Development  
Programme and of the  
United Nations Population Fund**

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**UNITED NATIONS POPULATION FUND**

**Country programme for Paraguay**

Proposed UNFPA assistance: \$5.5 million: \$4.5 million from regular resources and \$1 million through co-financing modalities and/or other, including regular, resources

Programme period: 5 years (2007-2011)

Sixth

Cycle of assistance:

B

Category per decision 2005/13:

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

	Regular resources	Other	Total
Reproductive health	2.3	0.7	3.0
Population and development	1.2	0.3	1.5
Gender	0.5	-	0.5
Programme coordination and assistance	0.5	-	0.5
Total	4.5	1.0	5.5

## I. Situation analysis

1. The population of Paraguay is 5.9 million and is expected to increase to 10 million by 2050. The population growth rate, 2.3 per cent, is the second highest in the Americas. Fifty-seven per cent of the population lives in urban areas. The urban population is growing at an annual rate of 3.5 per cent, due to natural growth and internal migration. Much of the population lives in the metropolitan area of Asuncion and in neighbouring *departamentos* (departments), which represent 20 per cent of the national territory.

2. The percentage of the population under 15 declined from 41.5 per cent in 1992 to 33.1 per cent in 2005. This led to an increase in the economically active population – from 51 per cent in 1992 to 61 per cent in 2005, and may signal the beginning of a demographic bonus, provided that appropriate investments are made in health, education and employment.

3. Total poverty increased from 30.3 per cent to 41.4 per cent between 1995 and 2003. However, the last two years have shown a slight improvement, with a decline to 38.2 per cent in 2005. In 2005, total poverty affected 2.2 million inhabitants, 60 per cent of whom resided in urban areas. Unequal income distribution is associated with this poverty.

4. The loss and degradation of ecosystems continues, in part because the country lacks the capacity to provide basic services. This has increased environmental damage, and has affected the quality of life and health of the population, in particular indigenous communities, women and subsistence farmers. In 2005, 28.5 per cent of the population had no access to safe drinking water.

5. The total fertility rate is 3.5 children per woman. However, the rate is 4.5 children per woman in rural areas, and 2.9 children per woman in urban areas. Among female adolescents and young adults, 57 per cent have had sexual relations; 44 per cent did not use contraceptives during their first sexual

intercourse. Among young women aged 15-19, 11 per cent have had one or more pregnancies, with higher percentages in rural areas. The modern contraceptive prevalence rate among women aged 15 to 44 who are married or have a partner increased from 48 per cent in 1998 to 61 per cent in 2004. However, inequities in access to health care are evident in the disparities in the use of contraceptives.

6. Despite efforts to improve health-care coverage and quality, deficiencies persist. The maternal mortality ratio is 157 deaths per 100,000 live births in 2004. Risks are high for contracting sexually transmitted infections, including HIV, especially in the border areas and in penitentiaries; among commercial sex workers; and among children and adolescents living or working on the streets. HIV prevalence among pregnant women increased from 0.2 per cent in 2000 to 0.8 per cent in 2002, and from 0.6 per cent to 2.6 per cent among commercial sex workers.

7. The new national health policy is fostering reform in the health sector. However, public expenditure in social sectors is low: education received 3.2 per cent and health received 2.7 per cent of the gross domestic product in 2005. Eighty-one per cent of the population lacks health insurance.

8. Although principles of gender equality have been mainstreamed in laws and policies, inequality persists. Women occupy only 10 per cent of seats in congress; female-led households receive 15.4 per cent less than those headed by males; and the illiteracy rate in rural areas is 15.4 per cent for women compared to 10.7 per cent for men. Gender-based violence is also a problem: 33.4 per cent of women aged 14 to 44 reported they had been victims of verbal violence; 19.3 per cent reported physical violence; and 7.6 per cent reported sexual violence.

9. To achieve the Millennium Development Goals, the Government developed policies such as the 2011 growth with equity plan. These policies form the basis of the United Nations

Development Assistance Framework (UNDAF). They have also guided the development of the 2007-2011 UNFPA country programme.

10. Paraguay seeks to achieve universal access to reproductive health by 2015, as agreed at the International Conference on Population and Development (ICPD). Achieving the Millennium Development Goals requires the integration of this goal into strategies to reduce maternal mortality, improve maternal health, reduce child mortality, promote gender equity, combat HIV/AIDS and eradicate poverty.

## II. Past cooperation and lessons learned

11. UNFPA has implemented five cycles of country programmes. The current programme (2002-2006) was approved for \$4.4 million, including \$3.5 million from regular resources and \$0.9 million from other resources. It supported: (a) the development of public policies in the areas of population and development, sexual and reproductive health, and gender; (b) gender mechanisms at national and municipal levels; and (c) capacity-building in population and development, sexual and reproductive health, and gender at national and decentralized levels.

12. Through multi-stakeholder political dialogue and joint action, the programme helped to: (a) mobilize support to protect and promote reproductive rights; (b) develop legal and regulatory mechanisms that facilitated intersectoral coordination; (c) ensure high-quality sexual and reproductive health care, employing a rights-based approach; (d) ensure the availability of contraceptives and funds in the general budget to procure the contraceptives; and (e) ensure the inclusion of issues such as family planning and sexually transmitted infections in guidelines and protocols.

13. The achievements of the country programme should be consolidated by strengthening alliances in the public and private sectors, including with non-governmental organizations (NGOs) and the academic

community. The decentralization process must also be supported, focusing on developing local capacities to sustain programmes and to contribute to the achievement of the ICPD Programme of Action and the Millennium Development Goals.

## III. Proposed programme

14. The proposed programme is based on the UNDAF, which is based on the national poverty reduction strategy. It is aligned with the ICPD Programme of Action and the UNFPA multi-year funding framework. UNFPA and the Government developed the programme with the participation of civil society. Programme strategies will focus on: (a) strengthening institutional and community capacity to develop public policies that promote equity; (b) promoting evidence-based advocacy and policy dialogue to advance the ICPD agenda; (c) strengthening and coordinating partnerships among different government institutions, civil society and the international community; and (d) actions that have a rights, gender and intercultural perspective. The programme will consist of three components: (a) reproductive health; (b) population and development; and (c) gender.

### *Reproductive health component*

15. UNFPA will support Paraguay in its efforts to achieve universal sexual and reproductive health in the context of health reform. Outcomes for this component are: (a) increased access to culturally and gender-sensitive sexual and reproductive health services and education; and (b) improved capacity of women, young people and excluded populations to demand high-quality health services and education.

16. Output 1: Increased availability of comprehensive, client-oriented and gender-sensitive sexual and reproductive health services. This output will be achieved by supporting: (a) consensus-building tools, inter-institutional partnerships and social surveillance systems; (b) permanent in-service training; (c) the inclusion of reproductive health care as part

of health insurance packages; and (d) client-oriented strategies, guidelines and health-care models.

17. Output 2: Nationwide availability of reproductive health commodities, including contraceptives. This output will be achieved by supporting: (a) techniques that estimate contraceptive needs, facilitate procurement and distribution efforts, and evaluate usage; (b) contraceptive information and logistic systems with technical and financial controls; (c) the substitution of contraceptive donations by procurement from national resources; (d) advocacy to guarantee reproductive health commodity security; and (e) the availability of condoms for adolescents, young people and vulnerable populations to prevent unwanted pregnancies and sexually transmitted infections, including HIV/AIDS.

18. Output 3: Increased demand for culturally sensitive, client-oriented sexual and reproductive health information and services. This output will be achieved by: (a) mainstreaming information on sexuality and gender equity in school curricula; (b) promoting peer-education strategies; (c) developing educational materials and tools; (d) supporting the empowerment and social participation of youth organizations; (e) providing information and services for the urban poor, subsistence farmers and indigenous communities; and (f) encouraging the participation of young people in strategies that prevent unwanted pregnancies and sexually transmitted infections, including HIV.

#### *Population and development component*

19. UNFPA will support efforts to incorporate population and development factors into national and local development plans and poverty-alleviation strategies. Outcomes for this component are: (a) increased use of high-quality, disaggregated sociodemographic data at national, departmental and local levels; and (b) national and subnational policies, plans and strategies take into account population and development linkages.

20. Output 1: Increased analysis of population-related data disaggregated by sex, age and income at national, state and local levels. This output will be achieved by supporting: (a) surveys and studies on poverty, demography, sexual and reproductive health, and internal and international migration; (b) preparatory activities for the 2012 population census under the Southern Common Market (MERCOSUR) common census framework; (c) the dissemination of sociodemographic information and research results; and (d) the promotion and dissemination of population- and development-related issues.

21. Output 2: Improved technical capacity of public and private institutions at national and local levels to use and disseminate data for planning, monitoring and policymaking. This output will be achieved by: (a) supporting the creation of the national statistics system, including the National Institute of Statistics; (b) promoting the creation of statistical units in the departments, and the analysis and use of census baseline data with appropriate computing tools; (c) supporting the training of department and local government officials in using sociodemographic information; and (d) ensuring that poverty- and inequity-reduction strategies are in the forefront of the public agenda.

22. Output 3: Improved national capacity to integrate population issues into national and sector-wide development policies, programmes, strategies and action plans. This output will be achieved by: (a) coordinating the population policy with other policy frameworks at national and local levels; (b) strengthening the technical capacities of population and development professionals and specialized institutions; (c) improving institutional capacity to conduct studies and develop scenarios that link poverty, migration, gender, family, youth, ageing and indigenous communities; (d) developing conceptual frameworks that link population dynamics with poverty, sexual and reproductive health (including HIV), human rights and gender; and (e) conducting advocacy activities with politicians, parliamentarians and decision

makers at national, departmental and local levels.

*Gender component*

23. UNFPA will strengthen mechanisms and promote sociocultural practices that ensure gender equality and the empowerment of women. The expected outcome for this component is: public policies promote women's empowerment and autonomy and guarantee gender equity.

24. Output 1: Policies to prevent gender-based violence are implemented at the national level. This output will be achieved by: (a) developing a database and implementing protocols for victims of gender-based violence; (b) enhancing national capacity to prevent gender-based violence and to care for victims of such violence; (c) supporting systems to monitor and evaluate the implementation of prevention and treatment policies.

25. Output 2: Political and social support is mobilized to achieve gender equity and equality. This output will be achieved by: (a) promoting the consideration of gender and human rights perspectives in legislative initiatives; (b) strengthening technical capacity to mainstream gender in resource-allocation processes; (c) promoting the implementation of public policies on gender and supporting the development of follow-up indicators; and (d) strengthening political dialogue between the Government and civil society to implement international agreements to which the country is party.

26. Output 3: Women and adolescents are empowered to exercise their sexual and reproductive rights. This output will be achieved by: (a) promoting women's leadership; (b) promoting the empowerment of women and adolescents, with an emphasis on preventing unwanted pregnancies and sexually transmitted infections, including HIV; and (c) supporting women's movements and organizations to promote broader social and political participation of women, including young women.

**IV. Programme management, monitoring and evaluation**

27. National execution will be used to execute and implement the programme. The UNFPA country office will strengthen collaboration with non-governmental and grass-roots organizations, making use of their expertise. The UNFPA Country Technical Services Team in Mexico City, Mexico, and national consultants will provide technical assistance.

28. The programme will use a results-based management methodology and will monitor performance on the basis of UNDAF monitoring and evaluation plan. The Government and UNFPA will establish a programme management committee to oversee programme activities and provide strategic guidance. UNFPA and national counterparts will make supervisory visits to project sites at least twice a year. The Government and UNFPA will conduct annual programme reviews. UNFPA will participate in the UNDAF midterm review.

29. The UNFPA country office consists of a non-resident country director based in Peru, an assistant representative and support staff. To strengthen implementation and national execution of the programme, UNFPA will recruit four national consultants in the areas of reproductive health, population and development, gender and advocacy, along with necessary support personnel.

**RESULTS AND RESOURCES FRAMEWORK FOR PARAGUAY**

<p><b>National priority:</b> to reduce poverty and improve the quality of life of poor populations, by developing human capital and providing greater access to basic services</p> <p><b>UNDAF outcomes:</b> (a) governance strengthened with participative, decentralized public policies and with citizenship surveillance to guarantee human rights; and (b) institutional capacities and communities improved to reduce poverty and increase access to social services</p>				
<b>Programme component</b>	<b>Country programme outcomes, indicators, baselines and targets</b>	<b>Country programme outputs, indicators, baselines and targets</b>	<b>Partners</b>	<b>Indicative resources by programme component</b>
Reproductive health	<p><u>Outcome 1:</u> Increased access to culturally and gender-sensitive sexual and reproductive health services and education</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> <li>▪ Proportion of births attended by skilled health personnel</li> <li>▪ Proportion of health centres that offer comprehensive reproductive health care</li> </ul> <p><u>Outcome 2:</u> Improved capacity of women, young people and excluded populations to demand high-quality health services and education</p> <p><u>Outcome indicator:</u></p> <ul style="list-style-type: none"> <li>▪ Contraceptive prevalence rate disaggregated by age, sex, economic status and residence</li> </ul>	<p><u>Output 1:</u> Increased availability of comprehensive, client-oriented and gender-sensitive sexual and reproductive health services</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>▪ Number of policies and programmes related to sexual and reproductive health programmes being implemented</li> <li>▪ Proportion of public health services offering modern family planning methods</li> <li>▪ Number of health facilities offering client-oriented sexual and reproductive health services</li> <li>▪ Proportion of women under 24 using family planning and the proportion of women in this age group whose deliveries are attended by skilled health personnel</li> </ul> <p><u>Output 2:</u> Nationwide availability of reproductive health commodities, including contraceptives</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>▪ Proportion of adolescents and youth protected during first sexual intercourse</li> <li>▪ Proportion of people in vulnerable population groups using condoms</li> </ul> <p><u>Output 3:</u> Increased demand for culturally sensitive, client-oriented sexual and reproductive health information and services</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>▪ Proportion of departments and local governments developing education and communication programmes in sexual and reproductive health</li> <li>▪ Number of community leaders involved in the decision-making process in local health councils</li> </ul>	<p>Ministries of: Finance; Public Health and Social Welfare; Education and Culture; and Planning; National Health Council; Social Security Institute; Women's and Youth Social Action Secretariats; Sexual and Reproductive Health Council; regional health directorates; parliament; departmental and local governments; armed forces; police</p> <p>Inter-institutional Group for Contraceptive Security; Paraguayan Chamber of Pharmacies; civil society; NGOs; young people's organizations; universities; academic centres; media</p> <p>Pan American Health Organization; Joint United Nations Programme on HIV/AIDS; UNDP; United Nations Children's Fund; United States Agency for International Development; World Bank; Inter-American Development Bank; Canadian International Development Agency</p>	<p>\$3 million (\$2.3 million from regular resources and \$0.7 million from other resources)</p>

<b>UNDAF outcomes:</b> (a) governance strengthened with participative, decentralized public policies and with citizenship surveillance to guarantee human rights; (b) institutional capacities and communities improved to reduce poverty and increase access to social services; and (c) natural and cultural patrimony is adequate and guarantees sustainable development, equitable distribution of its benefits, and quality of life				
<b>Programme component</b>	<b>Country programme outcomes, indicators, baselines and targets</b>	<b>Country programme outputs, indicators, baselines and targets</b>	<b>Partners</b>	<b>Indicative resources by programme component</b>
Population and development	<p><u>Outcome 1:</u> Increased use of high-quality, disaggregated sociodemographic data at national, departmental and local levels</p> <p><u>Outcome indicator:</u></p> <ul style="list-style-type: none"> <li>Number of policies and/or plans using disaggregated data to realize objectives and substantiate strategies</li> </ul> <p><u>Outcome 2:</u> National and subnational policies, plans and strategies take into account population and development linkages</p> <p><u>Outcome indicator:</u></p> <ul style="list-style-type: none"> <li>Number of policy documents, plans and strategies incorporating linkages between population and development</li> </ul>	<p><u>Output 1:</u> Increased analysis of population-related data disaggregated by sex, age and income at national, state and local levels</p> <p><u>Output indicator:</u></p> <ul style="list-style-type: none"> <li>Number of publications using sociodemographic information at national, departmental and local levels</li> </ul> <p><u>Output 2:</u> Improved technical capacity of public and private institutions at national and local levels to use and disseminate data for planning, monitoring and policymaking</p> <p><u>Output indicator:</u></p> <ul style="list-style-type: none"> <li>Number of policy documents that use sociodemographic information</li> </ul> <p><u>Output 3:</u> Improved national capacity to integrate population issues into national and sectoral development policies, programmes, strategies and action plans</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>Number of research studies linking population, development, gender, intercultural perspectives and poverty</li> <li>Number of available studies on future sociodemographic scenarios linking population with social demands</li> <li>Number of key population and development factors incorporated into poverty alleviation strategies</li> </ul>	<p>Government ministries; General Directorate of Statistics, Surveys and Census; Inter-institutional Population Committee; Technical Planning Secretariat; Parliament; departmental and local governments</p> <p>Local development organizations; universities; NGOs; central, departmental and local government institutions; Inter-agency committee on population (CIP); civil society organizations</p>	\$1.5 million (\$1.2 from regular resources and \$0.3 from other resources)
<b>UNDAF outcomes:</b> (a) governance strengthened with participative, decentralized public policies and with citizenship surveillance to guarantee human rights; and (b) institutional capacities and communities improved to reduce poverty and increase access to social services				
Gender	<p><u>Outcome:</u> Public policies promote women's empowerment and autonomy and guarantee gender equity</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> <li>Number of national, departmental and local mechanisms that promote and protect gender equity and women's and adolescent's empowerment in place</li> <li>Percentage of women in decision-making positions at the national, departmental and local levels</li> </ul>	<p><u>Output 1:</u> Policies to prevent gender-based violence are implemented at the national level</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>Number of national, departmental and local mechanisms monitoring gender-based violence</li> <li>Number of persons trained to prevent gender-based violence</li> </ul> <p><u>Output 2:</u> Political and social support is mobilized to achieve gender equity and equality</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>Number of legislative initiatives incorporating gender equity and women's empowerment</li> <li>Number of NGOs promoting the political participation of women</li> </ul> <p><u>Output 3:</u> Women and adolescents are empowered to exercise their sexual and reproductive rights</p> <p><u>Output indicator:</u></p> <ul style="list-style-type: none"> <li>Number of civil society organizations promoting gender equity, encouraging the empowerment of women and adolescents, and advocating sexual and reproductive rights</li> </ul>	<p>Ministry of Finance; Ministry of Public Health and Social Welfare; Women's Secretariat in the Presidency; women's secretariats of departmental and local governments; parliamentary gender committees</p> <p>Rural, urban and indigenous women's networks; NGOs</p>	<p>\$0.5 million from regular resources</p> <hr/> <p>Total for programme coordination and assistance: \$0.5 million from regular resources</p>