



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

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UNITED NATIONS POPULATION FUND

Final country programme document for Uruguay

Proposed indicative UNFPA assistance: \$9 million: \$3.7 million from regular resources and \$5.3 million through co-financing modalities and/or other, including regular resources

Programme period: Five years (2011-2015)

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	1.2	3.8	5.0
Gender equality	1.0	0.5	1.5
Population and development	1.0	0.5	1.5
Programme coordination and assistance	0.5	0.5	1.0
Total	3.7	5.3	9.0

I. Situation analysis

1. According to the 2009 national Millennium Development Goals report, sustained economic growth caused the poverty rate to decline from 31.9 per cent in 2004 to 20.5 per cent in 2008, and the extreme poverty rate to drop from 3.9 per cent to 1.5 per cent. Nevertheless, economic inequalities exist. For example, the percentage of poor people among those younger than 18 is greater than the percentage among people over 65.

2. The demographic dynamics of the poor population differ from those of the non-poor population. The total fertility rate for poor women is greater than that for non-poor women, even though the desired number of children for the majority of women is two. Although the availability of reproductive health commodities for poor women has improved, there is a need to ensure that a wide range of contraceptive methods is accessible at health centres in remote and poor areas.

3. With 13.8 per cent of the population older than 64, Uruguay has one of the most aged populations in the region. This has affected the design of social policies and the distribution of social public spending. Social security and pensions are placing a growing financial burden on the Government.

4. Over 15 per cent of the population resides abroad. Because 55 per cent of emigrants are young people between the ages of 20 and 29, emigration is accelerating the ageing phenomenon. Negative migration balances have led to a loss in the working-age population, and a loss of skilled workers in particular. Remittances have not reached significant levels.

5. Gender inequality is evident in the way women use their time and in the amount of unpaid work they perform. The ongoing household survey (2007) shows the contribution women make to social welfare through unpaid work. Women devote two thirds of their time to unpaid work, which limits their opportunities to access material and social resources and to participate in political,

economic and social decision-making. Gender-based violence is widespread, as is shown by the increase in the number of filed complaints (7,680 complaints in 2007, 8,825 in 2008, and 9,251 in 2009).

6. In the area of reproductive health and rights, the Government has designed and implemented new public policies and programmes. However, achieving universal access to comprehensive, gender-sensitive and rights-based sexual and reproductive health services remains a challenge.

7. Maternal health indicators are promising. Nevertheless, the number of obstetric check-ups among poor women with lower educational levels is often below the recommended standard.

8. The HIV/AIDS epidemic is concentrated among vulnerable populations. The epidemic affects mostly men (65.5 per cent), though the ratio of men to women decreased from 5 to 1 in 1988 to 3 to 1 in 2008. The main form of transmission is sexual (68 per cent). HIV/AIDS is increasingly affecting the younger population.

9. In recent years the Government has adopted a human rights-based approach, promoting gender equality, reproductive rights, and participatory approaches to development. Examples of these approaches include the national social emergency attention plan, the national integrated health system, and the increase in public expenditures in education.

II. Past cooperation and lessons learned

10. UNFPA established a liaison office in Uruguay in 2004. UNFPA and the Government developed the first country programme for the 2007-2010 period. The programme focused on: (a) institutional strengthening in the areas of reproductive health and rights, gender, and the national statistical system; (b) training human resources and building alliances between governmental and non-governmental stakeholders; and (c) generating knowledge for use in decision-making.

11. The programme contributed to: (a) the increased availability of reproductive health commodities; (b) the development of a national reproductive health programme with a strong gender-based approach; (c) the strengthened capacity of civil society to monitor progress in achieving the objectives of the Programme of Action of the International Conference on Population and Development (ICPD); (d) the building of a knowledge base on the dynamics of intergenerational relations and disparities; and (e) the empowerment of women political leaders and the organization of a comprehensive sex education programme.

12. Resource-mobilization efforts have also been effective. Initially, the programme was budgeted at \$4 million, but this figure reached \$7 million in 2009. UNFPA strengthened the human resources structure of its office in Uruguay during this time.

13. Uruguay was one of eight pilot countries for the 'Delivering as One' process. Through inter-agency work, the United Nations reform process has reinforced programmatic coherence and reduced overlapping. However, the challenge is to develop a new cooperation profile for United Nations organizations in upper middle-income countries. The capacity of the United Nations to engage in upstream public policies in the areas of human rights and development will be important for sustaining the programme.

14. UNFPA has developed the capacity to provide technical assistance to national counterparts in implementing the ICPD Programme of Action in a more efficient and effective way.

III. Proposed programme

15. UNFPA and the Government developed the proposed programme in consultation with civil society and donors. The programme is aligned with national priorities, and is guided by the United Nations Development Assistance Framework (UNDAF), the ICPD Programme of Action, the Millennium Development Goals and the UNFPA strategic plan, 2008-2013.

16. The outputs of the proposed programme will contribute to the achievement of two national

priorities: (a) to improve the development of good-quality human capital (in the areas of early childhood, health and education) in order to reduce inequalities and intergenerational, gender, racial and regional inequities; and (b) to consolidate democratic governance at national and local levels through citizen participation, strengthened government organizations, and a national human rights protection system, in accordance with the declarations and conventions adopted by Uruguay.

17. Programme strategies will focus on: (a) promoting advocacy and policy dialogue; (b) building alliances and partnerships; and (c) building knowledge. The strategies will link poverty-reduction efforts with human rights, gender and culturally sensitive approaches.

Reproductive health and rights component

18. The reproductive health and rights component will contribute to the UNDAF outcomes that support universal access to reproductive health and the consolidation of a national response to HIV/AIDS. The comprehensive sex education programme will complement health-sector interventions. This component has two outcomes: (a) the national integrated health system implements national health policies, particularly universal access to reproductive health services; and (b) the educational system designs and implements policies that improve the quality of education, decrease drop-out rates in secondary schools and increase access to higher education. Two outputs contribute to these outcomes.

19. Output 1: Comprehensive, high-quality reproductive health services offered for poor and vulnerable people. This will be achieved by: (a) implementing, monitoring and evaluating health policies within the framework of the law defending the right to sexual and reproductive health; and (b) supporting the provision of contraceptive supplies and technical assistance for implementing the national strategic plan for HIV/AIDS, 2010-2015.

20. Output 2: The sex education programme is consistently integrated into primary, secondary,

technical and teacher education. This will be achieved by: (a) providing teacher education as well as informal and peer education; (b) promoting the participation of parents and civil society organizations in the area of reproductive health and rights; and (c) strengthening provincial sex education groups, documentation and reference centres, and inter-institutional and intersectoral sex education programmes.

Gender equality component

21. The gender component will contribute to the UNDAF goal of: (a) reducing gender inequalities, by improving the political participation, representation and advocacy skills of women and young people; and (b) promoting the design and implementation of policies and mechanisms related to preventing, detecting and responding to violence against women and girls. The component will contribute to two UNDAF outcomes: (a) the Government and civil society have designed and implemented policies and institutional mechanisms to reduce gender, age and racial inequalities; and (b) the Government and civil society implement mechanisms to prevent, detect and address violence against women and children. Two outputs will contribute to these outcomes.

22. Output 1: The Government improves its capacity to design and implement policies that seek to increase equal opportunities for women and men. This will be achieved by: (a) strengthening government and civil society mechanisms to promote gender equality at national and local levels; (b) supporting the formulation and implementation of plans that promote equal opportunities and rights at national and local levels; (c) promoting the implementation of public policies in the area of gender, including strengthening the gender information system to enhance monitoring and evaluation efforts; and (d) strengthening the technical capacity of the Government and civil society to incorporate gender and rights approaches into programmes that care for children and older adults as well as for efforts that promote the recognition of the value of unpaid work.

23. Output 2: Strengthened capacity of governmental and non-governmental organizations to prevent and manage gender-based violence. This

will be achieved by strengthening the capacity of women's organizations to prevent and manage gender-based violence, including sexual harassment, and training public officials, in particular police and judicial system officials.

Population and development component

24. The population and development component will contribute to UNDAF outcomes that seek to improve the quality of, access to and utilization of sociodemographic information for the design, implementation and monitoring of public policies. This component will contribute to the achievement of two UNDAF outcomes: (a) public institutions and civil society improve their capacity to be accountable for public policies through access to and the transparent use of information; and (b) the Government implements social cohesion policies focused on one's habitat, with the aim of reducing regional disparities. Two outputs will contribute to these outcomes.

25. Output 1: The national statistical system possesses sociodemographic information that facilitates the design, monitoring and evaluation of policies at national, departmental and district levels. The programme will provide support to the National Institute of Statistics for developing the 2010/2011 census, and for coordinating the efforts of statistics units that generate information in the areas of health, gender, migration, youth and ageing.

26. Output 2: National and local governmental and non-governmental organizations are able to analyse population dynamics in order to design, develop, implement and monitor public policies. The programme will provide support to technical entities to enable them to incorporate demographic variables into national, departmental and local planning, in particular in relation to trends in age structure, intergenerational relations, and internal and external migration. In addition, UNFPA and the Government will develop capacity-building programmes to strengthen human resource capacity in this area. The country programme will promote the use of new mechanisms that seek to integrate Uruguayans living abroad into national and local development processes.

IV. Programme management, monitoring and evaluation

27. UNFPA and the Government will monitor and evaluate programme implementation in accordance with established UNFPA guidelines and procedures, using results-based management and accountability frameworks. The UNFPA country office, in coordination with executing and implementing partners, will be responsible for overall monitoring and evaluation. UNFPA and its national counterparts will meet at least twice a year to review the progress of the programme. The review will be conducted within the framework of the 'Delivering as One' process.

28. During this programme cycle, UNFPA will seek to enhance the role of Uruguay in South-South cooperation, by identifying centres of excellence and knowledge bases that could provide other countries in the region with valuable inputs for the development of their own population policies and programmes.

29. The UNFPA country office in Uruguay consists of a country director residing in Lima, Peru, an assistant representative, two national professional staff, an administrative associate and a finance associate. UNFPA may recruit additional national programme professionals and administrative support personnel as needed. The UNFPA regional office for Latin America and the Caribbean, located in Panama City, Panama, will provide additional technical and programme assistance.

RESULTS AND RESOURCES FRAMEWORK FOR URUGUAY

<p>National priorities: (a) to improve the development of good-quality human capital (in the areas of early childhood, health and education) in order to reduce inequalities and intergenerational, gender, racial and regional inequities; and (b) to consolidate democratic governance at national and local levels through citizen participation, strengthened government institutions, and a national human rights protection system, in accordance with the declarations and conventions adopted by Uruguay</p> <p>UNDAF outcomes: (a) the national integrated health system implements national health policies, particularly universal access to reproductive health services; (b) the educational system designs and implements policies that improve the quality of education, decrease the drop-out rates in secondary schools and increase access to higher education; (c) the Government and civil society have designed and implemented policies and institutional mechanisms to reduce gender, age and racial inequalities; (d) the Government and civil society implement mechanisms to prevent, detect and address violence against women and children; (e) public institutions and civil society improve their capacity to be accountable for public policies through access to and the transparent use of information; and (f) the Government implements social cohesion policies focused on one's habitat, with the aim of reducing regional disparities</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:</u> The national integrated health system implements national health policies, particularly universal access to reproductive health services</p> <p><u>Outcome indicator:</u></p> <ul style="list-style-type: none"> The reproductive health components of the health system are adequately funded, staffed and supported by appropriate technology <p><u>Outcome:</u> The educational system designs and implements policies that improve the quality of education, decrease drop-out rates in secondary schools and increase access to higher education</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> Retention rates in secondary schools Enrolment rates in higher education 	<p><u>Output 1:</u> Comprehensive, high-quality reproductive health services for poor and vulnerable people</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> Number of health centres that provide integrated reproductive health services with a gender and rights approach Number of health centres in poor districts of the country that provide a complete range of contraceptive methods Number of health services that provide information and counselling on preventing and treating HIV Existence of a national strategic plan responding to the HIV epidemic <p><u>Output 2:</u> The sex education programme is consistently integrated into primary, secondary, technical and teacher education</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> Number of educational centres that have adopted the national programme on sex education Number of school teachers who have been trained to follow the guidelines of the national programme on sex education 	<p>Ministry of Education; Ministry of Public Health; national sex education programme</p> <p>United Nations Joint Programme on HIV/AIDS</p>	<p>\$5 million (\$1.2 million from regular resources and \$3.8 million from other resources)</p>

Gender equality	<p>Outcome: The Government and civil society have designed and implemented policies and institutional mechanisms to reduce gender, age and racial inequalities</p> <p>Outcome indicator: The number and quality of government-funded programmes seeking to reduce social disparities initiated or enhanced during the 2011-2015 period</p> <p>Outcome: The Government and civil society implement mechanisms to prevent, detect and address violence against women and children</p> <p>Outcome indicators:</p> <ul style="list-style-type: none"> • Existence of a health protocol for cases of sexual violence • Existence of social programmes on the prevention of violence against children and adolescents 	<p>Output 1: The Government improves its capacity to design and implement policies that seek to increase equal opportunities for women and men</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • Number and quality of government-funded programmes that seek to reduce inequalities in opportunities between men and women and that were initiated or enhanced from 2011 to 2015 <p>Output 2: Strengthened capacity of governmental and non-governmental organizations to prevent and manage gender-based violence</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • Number of women victims of gender-based violence who have received proper attention by public services • Number of high-quality monitoring reports on gender-based violence at national and local levels that are produced by women's organizations and that contain recommendations for public services 	<p>Departmental governments; Ministry of the Interior; Ministry of Public Health; Ministry of Social Development; Office of Planning and Budget; Parliament</p> <p>Universities</p> <p>United Nations system in Uruguay</p>	<p>\$1.5 million (\$1 million from regular resources \$0.5 million from other resources)</p>
Population and development	<p>Outcome: Public institutions and civil society improve their capacity to be accountable for public policies through access to and the transparent use of information</p> <p>Outcome indicators:</p> <ul style="list-style-type: none"> • Number of local governments with sociodemographic information systems • Number of line ministries with strategic information systems in place <p>Outcome: The Government implements social cohesion policies focused on one's habitat, with the aim of reducing regional disparities</p> <p>Outcome indicator:</p> <ul style="list-style-type: none"> • Coverage of social cohesion programmes, including the improvement of the habitat programme 	<p>Output 1: The national statistical system possesses sociodemographic information that facilitates the design, monitoring and evaluation of policies at national, departmental and district levels</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • The 2010 census round is completed and the results are fully accessible to the public • Number of local government technical personnel trained to use sociodemographic data for local planning purposes <p>Output 2: National and local governmental non-governmental organizations are able to analyse population dynamics in order to design, develop, implement and monitor public policies</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • Existence of an intersectoral population commission • Number of government-funded policies that are designed and approved during this programme cycle and that respond to population trends and dynamics 	<p>Departmental governments; National Institute of Statistics; Office of Planning and Budget</p> <p>Universities</p>	<p>\$1.5 million (\$1 million from regular resources and \$0.5 million from other resources)</p> <hr/> <p>Programme Coordination and Assistance: \$0.5 million from regular resources and \$0.5 million from other resources</p>