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**UNFPA – Country programmes and related matters**

**United Nations Population Fund**

**Country programme document for Uruguay**

Proposed indicative UNFPA assistance: \$5.25 million: \$2.50 million from regular resources and \$2.75 million through co-financing modalities and/or other resources, including regular resources

Programme period: Five years (2016-2020)

Cycle of assistance: Third

Category per decision 2013/31: Pink

Proposed indicative assistance (in millions of \$):

| Strategic plan outcome areas          |                                | Regular resources | Other resources | Total       |
|---------------------------------------|--------------------------------|-------------------|-----------------|-------------|
| Outcome 1                             | Sexual and reproductive health | 1.20              | 1.50            | 2.70        |
| Outcome 4                             | Population dynamics            | 0.93              | 1.25            | 2.18        |
| Programme coordination and assistance |                                | 0.37              | -               | 0.37        |
| <b>Total</b>                          |                                | <b>2.50</b>       | <b>2.75</b>     | <b>5.25</b> |



## I. Situation analysis

1. Uruguay is one of the smallest countries in South America, with a population of 3.47 million people. It ranks high (50 out of 187 countries) in the 2014 human development index. After 12 years of strong economic performance, at an average growth rate of 5 per cent, Uruguay was recently classified as a high-income country within World Bank categories.

2. Political and economic stability throughout the last decade have provided the enabling environment and necessary fiscal space for advancing proactive and inclusive social policies and programmes with a human rights, gender, generational and culturally sensitive approach, which were driving factors in the steady decline in poverty and inequality. Between 2004 and 2014, poverty rates fell dramatically, from 39.9 per cent to 9.7 per cent, as almost 1 million Uruguayans rose out of poverty. Similarly, inequality has declined (Gini coefficient of 0.46 in 2006 to 0.38 in 2013).

3. In the context of these social reforms, the government agenda set important priorities during the last decade on access to health, including sexual and reproductive health, education, gender equality and ethnic relations. Some legislative advancements are worth noting: (a) creation of an integrated national health system, aiming to ensure access to comprehensive health services, based on the principles of universality, accessibility and sustainability; (b) Law on the Right to Sexual and Reproductive Health (2008), recognizing sexual and reproductive rights as human rights; (c) Law on the Voluntary Interruption of Pregnancy; (d) Law on Education, incorporating comprehensive sexuality education into early childhood, primary and secondary education levels, as well as into technical and vocational teacher training; and (e) legislative reforms in the field of sexual diversity. These reforms have helped to promote sexual and reproductive health services and rights in Uruguay, positioning the country in a leadership role in the region in the advancement of the International Conference on Population and Development (ICPD) agenda.

4. While bold reforms strived to provide equal opportunities and rights for all Uruguayans, persistent social and economic disparities still hamper the full realization and enjoyment of these rights for all population groups. Children, young women and girls and Afro-descendants are the most affected. Poverty among young people (under age 18 years), is 18.4 per cent, almost double the national average and nine times higher than among those aged 65 years and above. Despite falling fertility levels, adolescent fertility rates remain at 60 live births per 1,000 women, with a higher incidence among Afro-descendants and low-income and less educated women. Adolescent pregnancy is three times higher among young poor girls than among other women. Only 1 out of 3 young people in Uruguay completes mandatory school education, with a significantly lower proportion among youth in the lowest quintiles.

5. Although systems are in place for access to reproductive health services, adolescents lack sufficient knowledge of sexual and reproductive rights. Recent research shows that 65 per cent of adolescent pregnancies are unplanned, while only 54 per cent of women report having enough autonomy to negotiate contraceptive use with their partners. The HIV epidemic shows a slowly increasing trend, with 40 per cent of new infections among those aged 15-34 years. Stigma and discrimination are critical issues for young people living with HIV. Despite legislative reforms in sexual diversity, discrimination against lesbian, gay, bisexual, transgender and intersex people persists, hindering fulfilment of their human rights, notably in health and education.

6. Violence against women is still a major concern. The first national survey on gender-based violence shows alarming data, as 7 out of 10 women in Uruguay have experienced violence at some point in their life. Uruguay ranks second in the region for the number of women murders at the hands of their partner or ex-partners.

7. Uruguay is at an advanced stage of demographic transition; fertility rates have fallen below replacement levels (from 2.5 children per woman in 1996 to 1.9 children per woman in 2015). It is an ageing country, with 18.6 per cent of the population aged 60 years and older; 22.6 per cent aged 15-29 years; and only 21 per cent under age 15. These demographic trends pose pressing challenges for public policies.

8. Investment in the younger generations is essential, both from the point of view of the realization of their rights and from an intergenerational perspective, as continuous development depends on the ability of a shrinking working-age population to sustain a growing number of dependent and inactive people. Simultaneously, the long process of emigration experienced by the country since the 1960s has also affected its demographics, removing large contingents of the younger population.

9. Within this context, the creation of a national social care system aims to develop mechanisms to ensure the care of dependents (children aged 0-3 years, people with disabilities and the elderly), to support the realization of their rights as well as the rights of their caregivers (mainly women), offering them opportunities to integrate themselves into the economic activity and to develop their life projects.

## **II. Past cooperation and lessons learned**

10. The final evaluation of the second country programme reflected the achievement of the following results: (a) full alignment with the UNFPA strategic plan, national priorities and the government agenda, responding to the needs of the most vulnerable population groups; (b) timely and innovative generation of information, analysis and evidence for the design and approval of public policies on youth, the elderly, gender, care, HIV and AIDS, and sexual diversity; (c) facilitation of the reception and delivery of South-South and triangular cooperation, giving legitimacy to multi-stakeholder participation models in various relevant areas of the ICPD agenda and; (d) effective implementation and achievement of results through a well-planned strategic cause-effect approach to the results chain.

11. The strategic partnerships brokered in the lead-up to the first Regional Conference on Population and Development, held in Uruguay in 2013, leveraged political commitment towards the ICPD agenda, facilitating enhanced ownership and sustainability. The creation of a sectoral government commission for specific consideration of population issues has strengthened national capacities for their inclusion in public policy. Working closely with the Government of Uruguay to capitalize on expertise and advancement of public policies is instrumental for UNFPA to establishing synergies and transfer knowledge to neighbouring countries.

12. Among the main lessons learned, the same evaluation recommended that UNFPA (a) maintain an operational structure to build on and ensure sustainability of achievements by preserving the added value the Fund has as an important strategic partner in national development; (b) engage in tailored advocacy and provide capacity development to strengthen strategic partnerships with civil society organizations for social monitoring on the implementation of public policies and to demand fulfilment of human rights, including sexual and reproductive rights; (c) develop tools and mechanisms to ensure a more systemic results-based budgeting and; (d) articulate collaborative monitoring leading to national ownership and results validation.

## **III. Proposed programme**

13. The proposed programme is aligned with: (a) the United Nations Development Assistance Framework (UNDAF) 2016-2020, with both country programme outcomes contributing to the following priority areas: inclusive and equitable social development; and democratic development based on rights; (b) the Uruguayan five-year budget plan for the

same period, particularly in the areas of social care systems, health, education, security and infrastructure. The programme was developed in close consultation with the Government, civil society and United Nations organizations.

14. The programme builds on the important achievements of Uruguay over the last decade and its role as a regional player in terms of advancing social public policies. UNFPA will leverage strategic partnerships and resources to support the provision and reception of South-South and triangular cooperation and to enhance budget allocations for the advancement of the ICPD agenda at the national and subregional levels. As an essential part of the proposed programme, UNFPA will foster (in partnership with other countries in the Southern Cone, particularly Argentina) the transfer of know-how on sexual and reproductive health and rights, data and the generation of evidence for public policies that have proven to be successful in the region

15. Aligned with UNFPA strategic plan, 2014-2017, operating in a recently classified high-income country, the programme reflects an upstream shift of its work towards increased advocacy and policy dialogue and advice, in support of government efforts in reducing social and regional disparities and implementing successful public policies to advance the ICPD agenda. These efforts will be complemented by knowledge management strategies aimed at building evidence for decision-making and capacity development. The programme will apply gender, intergenerational, cultural and ethnic-sensitive and human-rights approaches across all areas of intervention.

16. The programme will link analysis of key population trends to the broader framework of the 2030 Agenda for sustainable development, specifically addressing universal access to sexual and reproductive health, the promotion of human rights for all, as well as population issues, such as aging, migration, geographical inequalities and social care systems.

17. The programme will prioritize the development, implementation and evaluation of public policies for the integration of sexual and reproductive health services and sexuality education, particularly for youth, ensuring that services are gender-responsive and meet human rights standards.

## **A. Outcome 1: Sexual and reproductive health**

18. Output 1: Policies and implementation mechanisms are strengthened to ensure universal and equitable access to sexual and reproductive health services, particularly for marginalized groups. UNFPA will achieve this through (a) advocacy to promote universal access to sexual and reproductive health and rights, including their linkages with HIV and AIDS and sexually transmitted infections; (b) provision of technical assistance to build on existing social public policies to benefit and reach the most excluded and marginalized population groups, also as part of disaster risk management plans and emergency preparedness and response; (c) development of participatory platforms to promote the engagement of adolescents and young people in the development and monitoring of policies and programmes on human rights, respect for diversity and gender, including gender-based violence; (d) policy dialogue for youth-friendly and inclusive sexual and reproductive health services; (e) promotion and development of internet and mobile technologies to reach out to adolescents and young people to foster behavioural change and communication; (f) advocacy and provision of technical advice on the integration of sexual and reproductive health, adolescents and youth and gender-based violence prevention and care into the national humanitarian preparedness plan; and (g) mapping and systematization of promising practices and their dissemination through South-South and triangular cooperation.

19. Output 2: Increased national capacity to implement comprehensive sexuality education programmes in formal and non-formal spheres and to monitor their quality, focusing on excluded and vulnerable adolescents and young people. This will be achieved by (a) supporting development and implementation of systems to monitor and evaluate

coverage and quality of education programmes; (b) strengthening linkages between sexuality education programmes and sexual and reproductive health services; (c) advocating for inclusion of sexual diversity issues and prevention of gender-based violence in sexuality education programmes; (d) providing policy advice for expansion of comprehensive sexuality education programmes throughout the country; and (e) generating evidence for extraction, systematization and dissemination of good and promising practices, including through South-South and triangular cooperation.

## **B. Outcome 4: Population dynamics**

20. The programme aims to evolve from generating data to creating evidence for policy and programme design and implementation and to monitoring and evaluation of public policies.

21. Output 1: Increased availability of evidence on population dynamics and its linkages with sustainable development, sexual and reproductive health, including HIV and gender equality, for the design, implementation and evaluation of public policies. This will be achieved through the provision of technical assistance, policy advice and advocacy to (a) generate, analyse and disseminate evidence on existing sociodemographic and regional inequalities; (b) use data and information for the design, development, monitoring and evaluation of public policies, with a particular focus on youth and an intergenerational perspective; (c) technical advice to strengthen implementation of the integrated information system on vital statistics; (d) optimize and expand new information sources to utilize emerging opportunities brought by the data revolution in support of population and sustainable development; (e) provide South-South and triangular cooperation on the use of statistical data for decision-making; and (f) share with other countries, as a specific South-South cooperation activity, the experience of the Sectorial Commission of Population as a successful tool for driving the inclusion of population dynamics in public policies.

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

22. UNFPA and the Uruguayan Agency for International Cooperation will manage and coordinate the overall country programme, using a results-based framework. National execution, through carefully selected implementing partners based on their ability to deliver high-quality programmes at national and local levels, is the preferred implementation arrangement.

23. UNFPA, the Government and partner organizations are committed and accountable to deliver the expected results of the programme by regularly undertaking joint participatory reviews and monitoring and evaluation of programme implementation. The application of the standard operating procedures on delivering together will establish synergies among United Nations organizations, including, where possible, through the implementation of joint programmes. National and regional institutions and experts will provide technical assistance, including through South-South and triangular cooperation.

24. The country office will develop a partnership plan and a resource-mobilization strategy to leverage national and international donor funds and private-sector resources. The strategy will specifically consider the high-income country context, the UNFPA business model and the governance system in various partnership modalities, including with the Government, civil society organizations and academic institutions, building on ongoing joint resource mobilization efforts, particularly between Argentina and Uruguay, given their financial and cultural ties. To this end, UNFPA will engage in subregional and multi-country programming to scale up best practices.

25. The country office includes staff funded from the UNFPA institutional budget to perform management and development-effectiveness functions. UNFPA will allocate programme resources for staff members who provide technical and programme expertise to

implement the programme. As the country office will focus on upstream engagement, re-profiling of some staff may be required to advance the UNFPA agenda through partnerships, engagement, communications and other skills associated with advocacy and policy advice.

26. In the event of an emergency, UNFPA may, in consultation with the Government, reprogramme activities, especially life-saving measures, to respond to humanitarian situations. The programme will utilize technical, operational and programmatic support from the UNFPA regional office, headquarter units and other sources.

## RESULTS AND RESOURCES FRAMEWORK FOR URUGUAY (2016–2020)

| <p><b>National priority:</b> Inclusive and equitable social development.<br/> <b>UNDAF outcome:</b> Policies dedicated to development of the capacities of people – especially policies for early childhood, adolescence and youth, health (including sexual and reproductive health), chronic non-communicable diseases, nutrition, education, labour and employment – and the institutions responsible for implementation have been strengthened.<br/> <b>Indicators:</b> Percentage of gross domestic product in education. Baseline: 4.7%; Target 6%. Percentage of young people (aged 18-24 years) who attend education. Baseline: 38.5%; Target: to be set. Adolescent fertility rate. Baseline: 59 births per 1,000 women aged 15-19 years; Target: to be set. Percentage of the population aged 4-17 years not attending education. Baseline: 6.6%; Target: 5%.</p> |   |  |   |  |
|---|---|--|---|--|
| <i>UNFPA strategic plan outcome</i>   | <i>Country programme outputs</i>  | <i>Output indicators, baselines and targets</i>  | <i>Partners</i>   | <i>Indicative resources</i>  |
| <p><b>Outcome 1: Sexual and reproductive health</b><br/>           Increased availability and use of integrated sexual and reproductive health services, including family planning, maternal health and HIV, that are gender-responsive and meet human rights standards for quality of care and equity in access</p> <p><u>Outcome indicator(s):</u></p> <ul style="list-style-type: none"> <li>Percentage of adolescent girls who attended consultations in sexual and reproductive health services<br/> <i>Baseline: 40%; Target: 60%</i></li> <li>Mother-to-child transmission of syphilis and HIV<br/> <i>Baseline (HIV): 5 %; Target: 2%<br/>               Baseline (Syphilis): 2.1 cases per 1,000 births; Target: 0.5 cases per 1,000 births</i></li> </ul>   | <p><u>Output 1:</u> Policies and implementation mechanisms are strengthened to ensure universal and equitable access to sexual and reproductive health services, particularly for marginalized groups</p>                                     | <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>Existence of a national intersectoral strategy for the prevention of adolescent pregnancy developed with UNFPA support<br/> <i>Baseline: 0; Target: 1</i></li> <li>Number of strategies or guidelines that have been updated, with UNFPA support, for enhanced focalization on adolescents and youth<br/> <i>Baseline: 0; Target: 1</i></li> <li>Number of regional departments that incorporate subdermal implants in the contraceptive package offered in the public health system<br/> <i>Baseline: 8; Target: 19</i></li> </ul>  | Ministry of Public Health; Administration of State Health Services; Ministry of Social Development; Ministry of Education and Culture; Sexuality Education Programme of the National Public Education Administration; local governments; civil society organizations. | \$2.0 million (\$0.8 million from regular resources and \$1.2 million from other resources)    |
|   | <p><u>Output 2:</u> Increased national capacity to implement comprehensive sexuality education programmes in formal and non-formal spheres and to monitor their quality, focusing on excluded and vulnerable adolescents and young people</p> | <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>Number of formal and non-formal programmes that integrate comprehensive sexuality education, including sexual diversity approach and gender-based violence prevention<br/> <i>Baseline (formal): 1; Target: 1<br/>               Baseline (nonformal): 1; Target: 3</i></li> <li>Existence of a country-led evaluation of the Comprehensive Sexuality Education Programme, focusing on quality and relevance of the programme for the most marginalized adolescents and young people<br/> <i>Baseline: No; Target: Yes</i><br/>               Number of programmes supported by UNFPA that ensure the engagement of men and boys around gender equality and sexual and reproductive health and rights.<br/> <i>Baseline: 3; Target: 5</i></li> </ul> | Sexuality Education Programme of the National Public Education Administration; Ministry of Social Development; Ministry of Education and Culture  | \$0.70 million (\$0.40 million from regular resources and \$0.30 million from other resources) |

|   |  |  |  |   |
|---|--|--|--|---|
| <p><b>National priority:</b> Democratic development based on rights.</p> <p><b>UNDAF outcome:</b> Strengthened state capacity, at national and subnational levels, to generate information for strategic planning and the design, implementation, monitoring and evaluation of policies, ensuring transparency of public administration and promoting citizen participation.</p> <p><b>Indicators:</b> Existence of a strategic planning document for 2030-2050 that includes diagnosis and objectives in population, education, health, gender, culture, production, geopolitics, environment, territory and technology. Baseline: 0; Target: 1. Percentage of all procedures that can be performed by e-government tools. Baseline: 1.2%; Target: 90%. Existence of an interinstitutional commission to monitor the sustainable development goals. Baseline: 0; Target: 1</p> |  |  |  |   |
| <p><b>Outcome 4: Population dynamics</b><br/>Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality</p> <p><u>Outcome indicator(s):</u></p> <ul style="list-style-type: none"> <li>• Number of new development plans that incorporate population trends and projections in the definition of development objectives<br/><i>Baseline: 0; Target: 2</i></li> <li>• Data system in place that allows for contingency and preparedness planning<br/><i>Baseline: No; Target Yes</i></li> <li>• Number of evaluations on strategic interventions around sexual and reproductive health and adolescent and youth<br/><i>Baseline: 0; Target 1</i></li> </ul>          | <p><u>Output 1:</u> Increased availability of evidence on population dynamics and its linkages with sustainable development, sexual and reproductive health, including HIV and gender equality, for the design, implementation and evaluation of public policies</p> | <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>• Number of reports issued by the Intersectoral Population Commission, with support from UNFPA, which provide evidence for the formulation, monitoring and evaluation of public policies.<br/><i>Baseline: 12; Target: 20</i></li> <li>• Existence of a plan that schedules the periodic conduct of thematic surveys on gender-based and generational violence, youth time-use and care.<br/><i>Baseline: No; Target: Yes</i></li> <li>• Number of scientifically sound monitoring and evaluation procedures applied when introducing new programmatic interventions on sexual and reproductive health and for adolescents and youth<br/><i>Baseline: 0; Target: 2</i></li> <li>• Number of experiences in population policies shared by Uruguay through South-South cooperation activities<br/><i>Baseline: 1; Target: 5</i></li> </ul> | <p>Office of Planning and Budget of the Presidency of the Republic; National Public Education Administration; National Statistics Institute; Ministry of Public Health; Ministry of Social Development; academia</p> | <p>\$2.18 million (\$0.93 million from regular resources and \$1.25 million from other resources)</p> <hr/> <p>Total for programme coordination and assistance: \$0.37 million from regular resources</p> |