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UNFPA – Country programmes and related matters

United Nations Population Fund

Country programme document for Paraguay

Proposed indicative UNFPA assistance:	\$9.7 million: \$3.7 million from regular resources and \$6.0 million through co-financing modalities or other resources
Programme period:	Five years (2025-2029)
Cycle of assistance:	Ninth
Category:	Tier II
Alignment with the UNSDCF Cycle	United Nations Sustainable Development Cooperation Framework, 2025–2029

I. Programme rationale

1. Paraguay is a landlocked country, with a population of 6.1 million (Census, 2022). It is a multicultural and multilingual country, with two official languages: Spanish and Guaraní. An estimated 140,000 people identify themselves as indigenous (Indigenous Census, 2022). The population is still young, with 25 per cent under 15 years old and 25.5 per cent aged 15-29 years (ECLAC projections). However, demographic trends indicate that by the year 2100, one third of the Paraguayan population will be 60 years old or older. These trends beckon the need for policy changes to take advantage of the ongoing demographic dividend, leveraging the country's human capital, while preparing for population ageing.

2. Since 2014, Paraguay has been classified as an upper-middle-income country, with a per capita GDP of US\$ 6,020. The country enjoys macroeconomic and fiscal stability and between 2004 and 2023, it has been steadily growing by an average 3.7 per cent. Monetary poverty declined from 57.7 per cent in 2002 to 22.7 per cent in 2023 (World Bank), with the Gini index declining from 0.57 to 0.45 over the same period. Nonetheless, significant disparities persist. The richest 10 per cent of the population hold 35.7 per cent of the national wealth, while the lowest 10 per cent holds only 1.7 per cent. Urban per capita income is 1.7 times higher than rural.

3. Economic reliance on agriculture, animal husbandry and hydroelectric energy production make Paraguay particularly vulnerable to the impact of climate change. In 2019, Paraguay ranked 95th out of 189 countries (World Bank), regarding vulnerability to climate change. Climate-related events (mainly drought), food and fuel inflation, and low social protection coverage caused extreme poverty to increase from 3.9 per cent in 2021 to 5.6 per cent in 2022 (INE, 2023). The highest risks of emergencies derive from cyclic droughts and floods, with a high probability of occurrence and severe impact due to limited preparedness and capacity to respond.

4. The prevalence of the use of modern contraceptive methods at the national level is 66.5 per cent, while the unmet need for family planning of women aged 15-49 years old in Paraguay is 8.5 per cent (ECLAC, 2022). The unmet need of Indigenous women is twice the national average (20 per cent). The unmet need for family planning for adolescents aged 15-19 years (13.9 per cent) is higher than among women aged 30-34 years (9.9 per cent). Adolescents and young people are also the most affected by sexually transmitted infections (STIs), including HIV. For every 10 new HIV diagnoses, 4 are adolescents and young people aged 10-29 years). Although the Constitution guarantees the right to family planning, there are barriers in access to contraception, including a lack of knowledge about family planning, large distances from services, and a lack of cultural and language adaptations of services. Despite the high proportion of institutional birth, there is an insufficient offer of immediate contraception following obstetrical events (1.3 per cent in 2022), poor financing and recurrent shortages of some contraceptive methods, especially subdermal implants and short-term contraceptives.

5. The adolescent birth rate is 72 births per 1,000 women aged 15-19 years; it is more than double that among indigenous adolescent girls (174 births). The number of births among adolescents aged 10-14 years is persistently high, with 405 births in 2023. Adolescent pregnancy is a major health and socio-economic problem. Adolescent pregnancy costs Paraguay US\$136.5 million per year, equivalent to 0.35 per cent of its gross domestic product (GDP) (UNFPA, 2019). With the support of UNFPA, intersectoral public programmes contributed to a reduction by 26 per cent in the number of live births among adolescents aged 15-19 years and by 23 per cent in girls aged 10-14 years, over 2016-2020. However, when disaggregated, this indicator shows an increase by 20 per cent in indigenous adolescents aged 15-19 years and by 35 per cent in indigenous girls aged 10-14 years. Second motherhood has also increased among girls (both indigenous and non-indigenous) aged 10-14 years. Adolescent pregnancies are linked to poverty, school drop-out, naturalization of gender-based violence (GBV), including sexual violence, early and forced unions, the lack of information on sexual and reproductive health and reproductive rights with an intercultural approach, limited access to contraceptives (including post-obstetric event contraception). Sexual abuse is the main cause of adolescent pregnancy in the 10-14 year old age group, pointing to gaps in the social protection system. Accelerating the reduction of adolescent pregnancy requires targeted multisectoral interventions specifically tailored for each age group (10-14 years and 15-19 years).

6. Although maternal mortality declined (from 86.4 maternal deaths per 100,000 live births in 2016 to 78.9 in 2020), in 2021 it spiked to 160 per 100,000 live births, as a result of the impact of the COVID-19 pandemic. In 2023, maternal mortality declined to 84.7 per 100,000 live births. However, it is still far from the national SDG target of 56 per 100,000 live births by 2030. Women, especially adolescents and indigenous women in situations of poverty and vulnerability, face geographic and cultural barriers to access high-quality and timely care. The maternal mortality ratio among indigenous women aged 10-54 years (358 per 100,000 live births) is more than four times higher than among non-indigenous women (78.9 per 100,000 live births). In 2023, 31 per cent of maternal deaths were among adolescents and indigenous women. Maternal mortality is also higher among adolescents aged 10-19 years and has increased by 66 per cent (from 53.5 to 88.6 per 100,000 live births) between 2016 and 2021. Despite a relatively high level of institutional births (98.1 per cent in 2020), women continue to die due to the poor quality of healthcare, with weak emergency obstetric care, ineffective implementation of protocols with intercultural approach and insufficient trained health professionals. Midwives represent only 3 per cent of public-sector health human resources. Insufficient health financing is a major barrier to accelerate results.

7. Violence against women is widespread. Since 2016, Paraguay has enacted legislation to address the problem. Nevertheless, in 2021 an estimated 78.5 per cent of women older than 18 years have suffered some form of violence (physical, psychological, sexual and economic) at least once in their lifetime, and it is higher among adolescents and young women aged 18-29 years. Around 60 per cent of women aged 18 or older have suffered sexual violence in their lifetime. Although child marriage (before the age of 18) is prohibited by law, early unions are common and naturalized: 21 per cent of women aged 15-49 years declared they were married or in union before age 18 (MICS, 2016). This figure reaches 30.8 per cent in indigenous women aged 15-19 years. In 2017, 16,589 people aged 13-17 years reported to be in union, 82 per cent of them girls and adolescents. The main causes of violence against women and adolescent and young girls are policies oriented to criminal prosecution rather than prevention, limited knowledge and exercise of their rights, weak social protection and justice systems. Poverty and discriminatory social, cultural and gender norms that naturalize violence are major structural causes. Moreover, adolescents and young people living in impoverished communities and in border regions also face greater risks of human trafficking and organized crime.

8. The availability of high-quality disaggregated data is limited, due to a fragmented data system, outdated and limited surveys (latest DHS dates to 2008 and MICs to 2016), and weak administrative records management; this hampers the statistical visibility of those furthest left behind, especially indigenous people and people with disabilities. Strengthening the availability of disaggregated data by gender, age, race/ethnicity, geographic location, disability and human mobility variables, is key for targeted public policies and programmes. The 2022 Population and Housing Census, as well as recent national and subnational population projections, and the study of national transfer accounts will provide a wealth of new data that can inform a better understanding of population structure and trends, to anticipate and adapt to a changing context and provide social protection for the most vulnerable.

9. The new UNFPA country programme for 2025-2029 will contribute to national priorities, as reflected within the United Nations Sustainable Development Cooperation Framework for Paraguay (UNSDCF), 2025-2029, through its four strategic priority areas: social development (priority 1); inclusive development (priority 2); institutional strengthening (priority 3); and sustainable environment (priority 4). UNFPA will contribute to priorities 1, 2 and 3, based on its comparative advantages, namely its technical expertise in adolescence and youth, sexual and reproductive health, and support to data systems strengthening and evidence-based data analysis for public policies. UNFPA is also recognized for its capacity to promote inter-institutional coordination and in leveraging partnerships with a wide variety of constituencies, including the government, the private sector, academia, subregional integration mechanisms, and international financial institutions.

10. The proposed programme builds on lessons learned from the current cycle, namely: (a) disaggregated data and evidence enable targeted interventions to bridge equity gaps among the

furthest left-behind populations, facilitating acceleration of UNFPA three transformative results; (b) sustainable and increased financing for public policies is key for scaling up and increasing the effectiveness and impact of interventions; (c) strengthening the national statistical system for the generation, analysis, use and dissemination of data is the foundation for an enhanced understanding of population dynamics and evidence-based public policies; (d) broad-based partnerships with civil society organizations, academia, other United Nations organizations and the private sector have proved effective in expanding access to sexual and reproductive health and reproductive rights; (e) UNFPA technical assistance and strategic communications were key for the sustainability of SRH services, including adolescent health and social protection services during the COVID-19 pandemic, allowing risk mitigation and the timely adjustment of strategies.

II. Programme priorities and partnerships

11. The new programme for 2025-2029 was developed through consultations with stakeholders, the government, academia, United Nations organizations, civil society, the private sector and community-based organizations representing those left furthest behind. It is aligned to national priorities, as expressed in national public policy instruments, including: the National Development Plan 2030 in updating process, the National Action Plan on Population and Development, the National Health Policy, the National Plan for Sexual and Reproductive Health, the National Plan for Comprehensive Adolescent Health, the National Plan for Reduction of Maternal, Foetal and Neonatal Morbidity and Mortality, the Equal Opportunities Plan, the National Plan for Children and Adolescence, the National Strategy on Adolescence and other relevant protocols. It also reflects the 25th anniversary of International Conference on Population and Development (ICPD+25) voluntary national commitments.

12. The programme will aim to close equity gaps in access to family planning and maternal health, contributing to the reduction of unintended adolescent pregnancy and maternal mortality, in line with national policies. It will also advance efforts for the prevention and care for survivors of gender-based violence and harmful practices, particularly child marriage and early unions. It will contribute specifically to the Sustainable Development Goals (SDGs) 1, 3, 4, 5, 10, 13, 16 and 17. The theory of change for the programme, formulated through participatory consultations, indicates that if the sexual and reproductive health of adolescents and youth and the prevention of violence and harmful practices are ensured, then the opportunities for leveraging Paraguay's human capital increase and, consequently, the possibilities of adolescents and youth in participating in the labour market and social life, as well as their increased productivity throughout their life course, also improve.

13. The new country programme builds on the lessons learned from evaluations and the achievements of the current programme, accelerating efforts through more targeted interventions that contribute to an urgent investment in adolescents and youth, in order to take advantage of the demographic dividend, while also creating enabling conditions for Paraguay to strengthen adaptation capacities, within the context of demographic change and other key megatrends. The programme aims to launch an investment proposal targeted to the public and private sectors, as well as international cooperation and national philanthropic organizations. It is also in line with the Vienna Programme of Action for landlocked countries, 2014-2024, which emphasizes the need to support the development of human capital in landlocked countries to increase their chances of overcoming the challenges inherent to their landlocked status.

14. The programme envisions a country where adolescents and young people have increased opportunities for their comprehensive development, contributing to Paraguay's efforts to leverage the human capital and take advantage of the demographic dividend. The focus of the programme will be on girls, adolescents and young women, particularly those who are in situations of vulnerability and poverty, in urban and rural areas, indigenous peoples, and people with disabilities. In this context, adolescents include people aged 10-19 years, in line with the definition adopted by the Ministry of Health in accordance with World Health Organisation (WHO) guidelines, while youth include people up to 29 years old, as per national criteria.

15. The programme results will be achieved through four interconnected and integrated outputs. Consistent with the programme focus, the needs of adolescents and young people are both reflected in a dedicated output and mainstreamed across the other three outputs (policies, services and data), which include targeted interventions, measured through indicators with disaggregated targets. These interventions also pursue complementarity across development-humanitarian-peace contexts and in resilience-building, including through disaster risk reduction and climate change adaptation actions.

16. All modes of engagement will be used to achieve results, with an emphasis on evidence-based advocacy and policy dialogue, technical support and data for evidence-generation and use. Interventions reflect equity-based, intersectoral, intercultural and life-cycle approaches.

17. The following four accelerators will be prioritized: ‘leaving no one behind’ and reaching those left furthest behind; coordination, partnerships, and South-South and /triangular cooperation; human rights and gender; and data and evidence. To operationalize leaving no one behind, it is fundamental to exploit the results of the 2022 Census for new research and projections, and for the incorporation of demographic dynamics in the design and planning of public policies, collaborating with the National Institute of Statistics (INE), and national information systems that produce key administrative data, to give visibility and promote the effective guarantee of rights of all people. The programme will cooperate with the Government in the follow-up and implementation of the recommendations from international human rights mechanisms, as identified by the Monitoring System of Recommendations in Human Rights and Sustainable Development (SIMORE Plus).¹

A. Output 1. Strengthened national and subnational policy and regulatory frameworks, to increase access to sexual and reproductive health and reproductive rights for the prevention of unintended adolescent pregnancy, maternal mortality, gender-based violence and harmful practices, particularly child marriage and early unions, focusing on adolescent girls and young women, including those belonging to indigenous and rural communities, or with disabilities.

18. This output contributes to the three UNFPA Strategic Plan outcomes and UNSDCF strategic priority 1 on social development, outcomes 1 and 7. UNFPA will strengthen an enabling policy environment to expand coverage and access to high-quality maternal health, family planning and GBV services, contributing to the post-COVID-19 recovery efforts. By improving access of adolescents and young women aged 10-29 years to SRH and GBV services and care, they will have increased opportunities for employment, empowerment and participation in the development of their community and country. The evidence generated on the return of investment in adolescent pregnancy prevention and maternal mortality reduction will sustain advocacy and policy dialogue efforts, aiming to increase sustainable financing for the three transformative results, including contraceptive procurement. These interventions will contribute to strengthening the social protection system as well as reducing adolescent pregnancy, preventable maternal deaths, HIV and GBV and other harmful practices.

19. Key strategic interventions include evidence-based advocacy and policy dialogue, capacity development, coordination and partnerships and knowledge management to: (a) strengthen the capacities of the Ministries of Health, Education, Women, Childhood and Adolescence, Social Development, the National Youth Secretary and other national and subnational governments in the design, implementation, monitoring and evaluation of evidence-based laws, policies, plans and protocols, focusing on family planning, maternal mortality reduction, prevention of unintended adolescent pregnancy, STIs/HIV, GBV, and child marriage/ early unions, social

¹ This refers particularly to recommendations issued by: the Universal Periodic Review (A/HRC/32/9), Committee on the Elimination of Discrimination against Women (CEDAW/C/PRY/CO/7), Committee on Economic, Social and Cultural Rights (E/C.12/PRY/CO/4), Committee on Civil and Political Rights (CCPR/C/PRY/CO/R.4), Committee on the Rights of Persons with Disabilities (CRPD/C/PRY/CO/), Committee on the Rights of the Child (CRC/C/PRY/CO/3) and Special Rapporteurs of the Human Rights Council (A/HRC/34/58/Add.1; A/HRC/32/32/Add.1; A/HRC/30/41/Add.1).

protection and human capital development; (b) strengthen the capacities of national and subnational governments to increase and monitor budget allocations, working in close partnership with the Ministry of Economy and Finance, for social protection programmes, human capital development, care policy and comprehensive SRH services within the universal health coverage system and policy and legal frameworks related to GBV; (c) strengthen the advocacy and public oversight capacities of civil society organizations, professional associations and community-based organizations, particularly youth, indigenous, people with disabilities, and other furthest left-behind groups to foster enhanced implementation of public policies and international commitments, including the Montevideo Consensus and ICPD+25 voluntary national commitments; (d) strengthen the use of the SIMORE Plus platform, particularly to monitor commitments related to the ICPD Programme of Action, the ICPD+25 voluntary national commitments, the Montevideo Consensus, the National Action Plan on Population and Development; and (e) promote the incorporation of SRH, social protection and GBV in national and subnational climate change adaptation/disaster-risk reduction policies, strategies and plans.

B. Output 2. Strengthened social protection programmes to increase coverage and access to high-quality information and services on sexual and reproductive health and prevention and response to gender-based violence, using equity-based, intercultural and intersectoral approaches across the nexus.

20. This output contributes to the three UNFPA Strategic Plan outcomes and UNSDCF strategic priority 1 on social development, outcome 1. UNFPA will strengthen national and subnational capacities to implement policies, plans and programmes related to social protection and human capital development, with emphasis on improving the quality and access to comprehensive SRH and GBV services. These actions will contribute to reducing maternal mortality, unintended adolescent pregnancy, and violence and harmful practices against women, children and adolescents. All interventions will use equity-based, life cycle, intercultural and intersectoral approaches, working in partnership with the Government, civil society organizations and the private sector. The co-financing agreement with the Ministry of Health provides for the procurement, with government funds, of 100 per cent of contraceptives for the national health system.

21. Key interventions include evidence-based advocacy and policy dialogue, capacity development, coordination and partnerships and knowledge management to: (a) strengthen the capacities of public servants for the implementation of protocols and standards to increase access to high-quality SRH services, and the prevention and response to GBV, focusing on the needs of women, adolescent and young girls, indigenous and rural communities, people with disabilities and other furthest left-behind groups; (b) scale up the intersectoral approach for adolescent pregnancy prevention and intersectoral routes for comprehensive care of children and adolescents victims of abuse and women survivors of GBV at national level, with targeted interventions for indigenous women and adolescents under the age of 15, in partnership with local governments, the private sector and civil society; (c) strengthen the demand for SRH and GBV services, through communication strategies with an intercultural and rights-based approach; (d) strengthen the quality of comprehensive emergency obstetric and newborn care (EmONC) and culturally sensitive maternal care and referral systems; (e) strengthen national capacities for forecasting, procurement of contraceptives, supply chain management, with the expansion and diversification of long acting reversible contraceptives (LARCs), and immediate contraception post-obstetrical event; (f) promote the effective incorporation of obstetricians at all levels of the national health system to expand the coverage of SRH care; and (g) strengthen the involvement of the private sector and civil society organizations in the promotion of SRH care and GBV prevention and response.

C. Output 3. Strengthened commitment of the public and private sectors to invest in the development of the potential of adolescent girls and young women in vulnerable situations, contributing to the full exercise of their rights and the country's human capital development.

22. This output contributes to the three UNFPA Strategic Plan outcomes and UNSDCF strategic priority 2 on inclusive economic development, outcomes 6 and 7. UNFPA will promote increased awareness and commitment of the public and private sectors to invest in the development of the comprehensive welfare of adolescent girls and young women in vulnerable situations, focusing on promoting adolescents and youth initiatives that aim to strengthen their skills and opportunities to exercise their rights, including their sexual and reproductive health, the right to a life free of violence, to continued high-quality education, to decent employment, and to enjoy a safe environment, participating in decision-making spaces as well as in the country's socio-economic life. This will, in turn, contribute to the development of the country's human capital, leveraging the demographic dividend, while also creating enabling conditions for enhanced governance and multidimensional security.

23. Key interventions include evidence-based advocacy and policy dialogue, capacity development, coordination and partnerships and knowledge management to: (a) promote increasing financing of the public and private sectors in the development of human capital; (b) generate evidence on the economic and socio demographic situation of adolescents and young girls, especially indigenous and rural people, people with disabilities and other furthest left-behind groups, including adolescents and youth living in border areas with Argentina and Brazil, for targeted public policies and investment; (c) strengthen national and subnational capacities to develop life-skills programmes to prevent violence against women and girls, child marriage and early unions, unintended adolescent pregnancy, creating the enabling conditions for socio-economic integration and participation in public life; (d) strengthen leadership and advocacy capacities of adolescents and youth, civil society organizations and the private sector to participate and promote rights and life skills in school and out-of-school contexts; (e) promote strategic partnerships and innovative initiatives to address GBV, such as "Dating without Violence", and supporting positive masculinities with military forces, for the transformation of discriminatory social norms that underpin violence and early unions, using a socio-ecological approach (family, individual, community, institutional and social/state levels); (f) support, in partnership with public and private sector, the development or scale up of strategic and high-impact communications initiatives and other innovative strategies to reach out to the furthest left-behind adolescents and youth; and (g) develop strategies to strengthen the capacities, competencies, and agency of girls, adolescents, and youth, particularly among indigenous communities, rural areas and people with disabilities, to protect themselves from multidimensional insecurity, including violence, child marriages and early unions, unintended adolescent pregnancies and climate change impacts.

D. Output 4. Strengthened capacities of the national statistical system to collect, use, analyse and disseminate high-quality sociodemographic data, with relevant disaggregation for informed public policies and programmes, ensuring the integration of demographic change and key megatrends.

24. This output contributes to the three UNFPA Strategic Plan outcomes and UNSDCF strategic priority 3 on institutional strengthening, outcome 8. In partnership with the National Statistics Institute (INE), the Ministry of Health, the Ministry of Social Development, other sectoral ministries, and academia, UNFPA will strengthen the national and subnational statistical capacities to generate updated and disaggregated data for targeted public policies and programmes aimed to close equity gaps in the exercise of SRH and rights, while also tracking progress of ICPD+25 related voluntary national commitments. The generation of data and evidence will also allow monitoring demographic changes and other key megatrends, particularly the demographic dividend, ageing, inequalities and climate change.

25. Key interventions include evidence-based advocacy and policy dialogue, capacity development, coordination and partnerships and knowledge management to: (a) strengthen national and subnational capacities to prepare for the 2030 Census round as well as the use of data from the 2022 Population and Housing Census, national and subnational population projections and national transfer accounts, to carry out population analysis for a greater understanding and characterization of Paraguay's socio-demographic reality and geo-referential analysis; (b) support the development of specialized population surveys in demographic change, sexual and reproductive health and reproductive rights, gender-based violence, to increase the availability of disaggregated data, particularly by key stratifiers, to promote the statistical visibility of those left furthest behind; (c) strengthen national capacities to improve administrative records, particularly civil registry and vital statistics and social records, focusing on sexual and reproductive health and reproductive rights, HIV, GBV and education, facilitating the transition to the registered-based Census and greater systems interoperability; (d) carry out studies on population dynamics, inequalities and key megatrends, including adolescent pregnancy, child marriages and early unions, maternal mortality and its determinants, the demographic dividend, ageing, gender-based violence, climate change and migration, and on promoting social ownership.

III. Programme and risk management

26. The programme will be implemented through various partners, including national and subnational governments, and multiple stakeholders. UNFPA will apply the United Nations standard operating procedures, as well as its own programme and operations policies and procedures. It will facilitate participatory joint planning, implementation and monitoring of workplans with key partners, using a harmonized approach to cash transfers and other tools to manage financial risks.

27. The country office will pursue an integrated partnership and resource mobilization strategy. Coordination will be strengthened through joint initiatives/programmes with other United Nations organizations on social protection, youth, security, evidence-based data collection and analysis, generation and use of socioeconomics evidence and emergency preparedness and response, to ensure the effective implementation of UNSDCF, 2025-2029. Local partnerships for joint advocacy will be established, considering the limited presence of cooperation agencies and current institutional regulations related to international cooperation. Regular resources represent the country office's bedrock for programming to advance the three transformative results, although efforts will continue to mobilize other resources from a wide variety of sources, including bilateral and multilateral donors, government co-financing and the private sector. Capitalizing on its successful experience in the current cycle, the Paraguay country office will continue the strategic shift from funding to funding and financing, by engaging prospective donors/partners, such as international financial institutions and multilateral organizations (World Bank, Inter-American Development Bank). South-South cooperation will also be promoted on issues related to the prevention of adolescent pregnancy, maternal mortality and GBV and on strengthening population data systems, particularly with countries in the Southern Cone.

28. Key programmatic risks identified include weak inter-institutional coordination that affect the implementation of public policies; turn-over of public servants, with limited hand-over; limited human resources at subnational levels, particularly in rural and hard-to-reach areas; insufficient public and private financing for the national development outcomes related to the programme; emergencies and crises, including climate-related events. Risk mitigation measures include interventions aimed to strengthen inter-institutional articulation; capacity development of governmental institutions and social organizations; strengthened generation and use of evidence, including country investment cases to increase allocation of resources for the three transformative results, in line with national development goals; partnership-building and strategic communications, to promote an enabling environment; strengthen capacities for nexus programming, to ensure anticipation and adaptation to crises, including emergencies and climate-related events.

29. The current staffing arrangement is adequate to implement the proposed programme and will be adjusted to the scale of delivery and emerging priorities, building on the strengths of the existing structure. Regarding interventions implemented with mobilized resources and their

specific requirements, the necessary technical and operational capacities for their execution will be incorporated through these funds, according to agreements with each donor. Support will be sought from the regional office, headquarters and volunteers, as necessary. Synergies and collaboration with other country offices, with complementary capacities and expertise, will be leveraged. UNFPA will explore the use of United Nations volunteers to strengthen the capacity to deliver.

30. In emergency situations, UNFPA may, in consultation with the Government, reschedule programme activities to respond to humanitarian situations.

31. This country programme document outlines UNFPA contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the UNFPA programme and operations policies and procedures, and the internal control framework.

IV. Monitoring and evaluation

32. The UNFPA country office will oversee the implementation of the country programme, following procedures agreed upon in the UNSDCF guidance, UNFPA policies and procedures, results-based management principles and standards, and the jointly agreed monitoring and evaluation plan.

33. The country programme monitoring and evaluation plan is aligned with UNFPA Strategic Plan and the UNSDCF monitoring and evaluation plan, 2025-2029, as well as relevant indicators of the National Development Plan 2030 in updating process. At the United Nations level, the country office will feed into the global inter-agency platforms, such as UNInfo, to monitor and report progress on joint workplans.

34. The plan includes field-monitoring visits, biannual reviews with implementing partners, periodic financial performance reviews, thematic and programmatic evaluations, annual progress reports, risk assessment/mitigation actions, and knowledge management.

35. UNFPA is part of the UNSDCF Steering Committee, as well as the results groups for institutional strengthening (as leader) and for inclusive social development (as co-leader). UNFPA also participates in the United Nations monitoring and evaluation group, which coordinates the drafting of the UNSDCF and monitors its results.

36. UNFPA will conduct a final country programme evaluation, which will contribute to the final evaluation of the UNSDCF. Capacity-building sessions will be organized with national/local counterparts and country office staff to build their capacities to apply results-based management in planning, monitoring, evaluation and reporting.

37. UNFPA will contribute to strengthening national monitoring and reporting capacities on the sustainable development goals, the Montevideo Consensus, the ICPD Programme of Action and the ICPD+25 voluntary national commitments.

RESULTS AND RESOURCES FRAMEWORK FOR PARAGUAY (2025-2029)

NATIONAL PRIORITY: Employment and economic growth; social protection; right to health; quality education; safety and environmental sustainability.				
UNSDCF OUTCOME(S): 1. By 2029, state institutions, within the framework of the social protection system, expand their coverage, quality and comprehensiveness with emphasis on populations in vulnerable situations, adapting the offer of social services to the real needs of the population; 7. By 2029, the Paraguayan State will have strengthened its comprehensive, efficient, effective and participatory public planning and management capabilities, including access to justice and multidimensional security, in the context of the rule of law, democracy and protection of human rights.				
RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 1. By 2025, the reduction in the unmet need for family planning has accelerated. 2. By 2025, the reduction of preventable maternal deaths has accelerated. 3. By 2025, the reduction in gender-based violence and harmful practices has accelerated.				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<u>UNSDCF outcome indicator(s) (outcome 7.2):</u> <ul style="list-style-type: none"> Percentage of human rights international recommendations that are monitored through the SIMORE Plus, disaggregated by mechanism <i>Baseline: 53% (2022); Target: TBD (2029)</i> <u>Related UNFPA Strategic Plan Outcome indicator(s):</u> <ul style="list-style-type: none"> Paraguay has laws and regulations that guarantee full and equal access to women and men aged 15 years and older to SRH care, information and education <i>Baseline: No (2024); Target: Yes (2029)</i> 	<u>Output 1.</u> Strengthened national and subnational policy and regulatory frameworks, to increase access to SRH and reproductive rights for the prevention of unintended adolescent pregnancy, maternal mortality, gender-based violence and harmful practices, particularly child marriage and early unions, focusing on adolescent girls and young women, including those belonging to indigenous and rural communities, or with disabilities.	<ul style="list-style-type: none"> Number of national and subnational laws, policies, plans, and accountability frameworks that integrate SRH, as well as the prevention and response to GBV and harmful practices, supported by UNFPA <i>Baseline: 17 (2024); Target: 24 (2029)</i> Number of civil society and community-based organizations (women, youth, indigenous, persons with disabilities and other furthest left-behind groups) that advocate or monitor public policies and international commitments, including the Montevideo Consensus goals and ICPD+25 voluntary national commitments, to contribute to human capital development and high-quality SRH, social protection and GBV services, with UNFPA technical support <i>Baseline: 9 (2024); Target: 14 (2029)</i> Percentage of resources assigned to key programmes of the Ministries of Health, Childhood and Adolescence and Women related to the three transformative results, with UNFPA advocacy and technical support <i>Baseline: 0% (2024); Target: 5% (1% per year) (2029)</i> 	National and local government; civil society and community organizations; academia; the media; the private sector; international cooperation agencies; other United Nations organizations.	\$0.9 million (\$0.9 million from regular resources)
NATIONAL PRIORITY: Employment and economic growth; social protection; right to health; quality education; safety and environmental sustainability.				
UNSDCF OUTCOME(S): 1. By 2029, state institutions, within the framework of the Social Protection System, expand their coverage, quality and comprehensiveness with emphasis on populations in vulnerable situations, adapting the offer of social services to the real needs of the population.				
RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 1. By 2025, the reduction in the unmet need for family planning has accelerated. 2. By 2025, the reduction of preventable maternal deaths has accelerated. 3. By 2025, the reduction in gender-based violence and harmful practices has accelerated.				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<u>Related UNFPA Strategic Plan Outcome indicator(s):</u> <ul style="list-style-type: none"> Maternal mortality ratio (per 100,000 live births) <i>Baseline: 84.6 (2023);</i> 	<u>Output 2.</u> Strengthened social protection programmes to increase coverage and access to high-quality information	<ul style="list-style-type: none"> Percentage of public health facilities at national level that are supported by UNFPA to incorporate quality standards in the offer of adolescent comprehensive SRH services, to reach the furthest left-behind adolescents and youth, across development and humanitarian settings <i>Baseline: 10% (2022); Target: 30% (2029)</i> 	National and local government; civil society and community organizations;	\$6.5 million (\$1.1 million from regular resources and \$5.4

<p><i>Target: 65 (2030)</i></p> <ul style="list-style-type: none"> Percentage of unmet need for contraception in (a) women aged 15-49 years and (b) disaggregated for indigenous women <i>(a) Baseline: 8,5% (2022); Target: 6% (2029)</i> <i>(b) Baseline: 20% (2016); Target: 15% (2029)</i> Number of live births among adolescent girls recorded each year at national level and among indigenous adolescents in the age group (a) 10-14 years and (b) 15-19 years <i>National level</i> <i>(a) Baseline: 472 (2022); Target: 378 (2029)</i> <i>(b) Baseline: 11,842 (2022); Target: 9,474 (2029)</i> <i>Indigenous adolescents</i> <i>(a) Baseline: 104 (2022); Target: 83 (2029)</i> <i>(b) Baseline: 729 (2022); Target: 583 (2029)</i> 	<p>and services on sexual and reproductive health and prevention and response to gender-based violence, using equity-based, intercultural and intersectoral approaches across the nexus.</p>	<ul style="list-style-type: none"> Percentage of primary health care facilities at national level that include LARCs in their contraceptive offer, using a human rights-based and intercultural approach, with UNFPA support <i>Baseline: 60% (2023); Target: 80% (2029)</i> Percentage of users of the public health services that access post-obstetric event contraceptive methods with free and informed consent, with UNFPA support, across development and humanitarian settings <i>Baseline: 1.3% (2022); Target: 40% (2029)</i> Percentage of health providers at national level trained on comprehensive EmONC, prenatal, childbirth and postnatal care, including an intercultural model of care with UNFPA support <i>Baseline: 13% (2024); Target: 20% (2029)</i> Number of districts that implement, with UNFPA support, the intersectoral model of prevention of adolescent pregnancy and the intersectoral routes for comprehensive care of children and adolescents' victims of abuse and women survivors of GBV, with targeted interventions for indigenous women and adolescents under age 15 <i>Baseline: 1 (2023); Target: 6 (2029)</i> 	<p>academia; the media; the private sector; international cooperation agencies; other United Nations organizations</p>	<p>million from other resources)</p>
<p>NATIONAL PRIORITY: Employment and economic growth; social protection; right to health; quality education; safety and environmental sustainability.</p>				
<p>UNSDCF OUTCOME(S): 6. By 2029, young people, women, indigenous peoples, migrants, people with disabilities, afro descent, rural workers and family farmers have greater access to goods and services and increase their participation in the formal labour market; 7. By 2029, the Paraguayan State will have strengthened its comprehensive, efficient, effective and participatory public planning and management capabilities, including access to justice and multidimensional security, in the context of the rule of law, democracy and protection of human rights.</p>				
<p>RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 1. By 2025, the reduction in the unmet need for family planning has accelerated. 2. By 2025, the reduction of preventable maternal deaths has accelerated. 3. By 2025, the reduction in gender-based violence and harmful practices has accelerated.</p>				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<p><u>UNSDCF outcome indicator(s) (outcome 6.3):</u></p> <ul style="list-style-type: none"> Proportion of young people (aged 15-24 years) not in education, employment or training <i>Baseline: 10.4 (2022); Target: TBD (2029)</i> 	<p>Output 3. Strengthened commitment of the public and private sectors to invest in the development of the potential of adolescent girls and young women in vulnerable situations,</p>	<ul style="list-style-type: none"> Percentage of actions from the Youth Action Plan (2024-2028) implemented by the national Government, led by the National Youth Secretariat, with UNFPA support <i>Baseline: 0% (2024); Target: 70% (2029)</i> Number of districts where public institutions implement interventions of out-of-school education for the comprehensive well-being of children and adolescents and their families, with UNFPA support <i>Baseline: 2 (2024); Target: 7 (2029)</i> 	<p>National and local government; civil society and community organizations; academia; the media; the private sector;</p>	<p>\$1.0 million (\$0.7 million from regular resources and \$0.3 million from other resources)</p>

<p><u>Related UNFPA Strategic Plan Outcome indicator(s):</u></p> <ul style="list-style-type: none"> Percentage of women aged 20-24 years married or in union (a) before age 15 or (b) before age 18 <i>Baseline: (a) 3.6%; Target: 3.1%</i> <i>Baseline: (b) 21.6%; Target: 19.5%</i> 	<p>contributing to the full exercise of their rights and the country's human capital development.</p>	<ul style="list-style-type: none"> Number of UNFPA-supported interventions promoting SRH, GBV prevention and empowerment for adolescents and youth, financed by private-sector organizations. <i>Baseline: 4 (2024); Target: 18 (2029)</i> Number of civil society and community-based organizations, including indigenous organizations, that develop strategies for the transformation of sociocultural norms that naturalize violence and harmful practices affecting adolescents and youth, with UNFPA technical support <i>Baseline: 3 (2024); Target: 7 (2029)</i> 	<p>international cooperation agencies; other United Nations organizations</p>	
<p>NATIONAL PRIORITY: Employment and economic growth; social protection; right to health; quality education; safety and environmental sustainability</p>				
<p>UNSDCF OUTCOME: 8. By 2029, the national statistical system will have strengthened its capacity for the collection, analysis, use, interoperability and dissemination of data disaggregated by key sociodemographic characteristics (sex, age, socioeconomic level, area of residence, disability status, language, race, immigration status) through the information exchange system at the national, departmental and district levels.</p>				
<p>RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 1. By 2025, the reduction in the unmet need for family planning has accelerated. 2. By 2025, the reduction of preventable maternal deaths has accelerated. 3. By 2025, the reduction in gender-based violence and harmful practices has accelerated.</p>				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<p><u>UNSDCF outcome indicators (outcome 8.3):</u></p> <ul style="list-style-type: none"> Availability of statistical information on population, according to key stratifiers (sex, age, socioeconomic level, area of residence, disability, language, indigenous pertinence, afro descendant condition, migration status), with no more than two years <i>Baseline: 77.77 (2023); Target: TBD (2029)</i> <p><u>Related UNFPA Strategic Plan Outcome indicator(s):</u></p> <ul style="list-style-type: none"> Proportion of children under five years of age whose births have been registered with a civil authority, by age <i>Baseline: 95.5% (2023); Target: 98% (2029)</i> 	<p>Output 4. Strengthened capacities of the national statistical system to collect, use, analyse and disseminate high-quality sociodemographic data, with relevant disaggregation for informed public policies and programmes, ensuring the integration of demographic change and key megatrends.</p>	<ul style="list-style-type: none"> Number of key population data outputs (population projections; reports on youth, migrants, older persons, and populations living with disability; and population mega-trends, such as mobility, urbanization and climate change vulnerability) produced with UNFPA support, exploiting the results of the Census 2022 and administrative records <i>Baseline: 3 (2024); Target: 8 (2029)</i> Number of institutions of the national statistical system that incorporate variables in their administrative records to make visible left-behind populations, with UNFPA technical support. <i>Baseline: 0 (2024); Target: 6 (2029)</i> Number of institutions of the national statistical system that strengthen their capacities to incorporate population dynamics in their agenda and work, with UNFPA support <i>Baseline: 4 (2024); Target: 12 (2029)</i> 	<p>National and local government; civil society and community organizations; academia; the media; the private sector; international cooperation agencies; other United Nations organizations</p>	<p>\$0.9 million (\$0.6 million from regular resources and \$0.3 million from other resources)</p> <p>Programme coordination and assistance: \$0.4 million from regular resources</p>