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**UNFPA – Country programmes and related matters**

**United Nations Population Fund**

**Country programme document for Ecuador**

Proposed indicative UNFPA assistance:	\$21.0 million: \$3.4 million from regular resources and \$17.6 million through co-financing modalities or other resources
Programme period:	Four years (2023–2026)
Cycle of assistance:	Eighth
Category:	Tier III
Alignment with the UNSDCF cycle	United Nations Sustainable Development Cooperation Framework, 2022–2026

*Note:* The present document was processed in its entirety by UNFPA.

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## I. Programme rationale

1. Ecuador is a multi-ethnic and multicultural country with a population of 17.9 million, of which 64 per cent live in urban areas and 36 per cent in rural areas; 7.2 per cent self-identifies as Afro-descendants and 7 per cent as indigenous. Six per cent are people with disabilities. As the share of the working-age population (64 per cent) is greater than the economically dependent (36 per cent), Ecuador is enjoying a period of demographic dividend, expected to end by 2050.<sup>1</sup>

2. Ecuador is an upper-middle-income country with a per-capita gross domestic product (GDP) of \$5,643.<sup>2</sup> The COVID-19 pandemic strongly impacted the economy, causing a 7.8 per cent GDP decline in 2020 and a parallel increase in poverty and unemployment rates, accompanied by an intensified burden on domestic and care work, disproportionately affecting women. Income inequality also rose, with the Gini coefficient climbing from 0.469 in 2018 to 0.474 in 2021. Due to the socioeconomic situation, the presence of organized crime, drug trafficking and violent conflict, the country is experiencing a security crisis. Between 2020 and 2021, the homicide rate doubled, from 7.83 to 14.06 deaths per 100,000 inhabitants.

3. The National Development Plan, 2021-2025, emphasizes the Government's commitment to the 2030 Agenda for Sustainable Development, the Sustainable Development Goals (hereafter, the Goals) and the Programme of Action of the International Conference on Population and Development (ICPD). Sexual and reproductive health and rights, gender equality, youth rights and the right to a life free of violence are recognized by the Constitution and upheld by advanced legal and policy frameworks, including the national sexual and reproductive health plan, the intersectoral policy for the prevention of pregnancy in girls and adolescents, a comprehensive law and plan for the prevention and eradication of gender-based violence, a ten-year health plan and a national agenda for gender equality. Despite sustained progress, advancing policy implementation requires enhanced inter-institutional coordination and appropriate resourcing to reach the furthest left-behind populations, particularly indigenous people, Afro-descendants, persons with disabilities, migrants and refugees, and lesbian, gay, bisexual, transexual, intersex and queer (LGBTIQ+) persons.

4. The COVID-19 pandemic has reversed over a decade of progress in key ICPD-related indicators, particularly the maternal mortality ratio, which, after declining from 59 to 37 per 100,000 live births between 2010 and 2019, climbed again to 57.6 per 100,000 live births in 2020. The confinement measures imposed during COVID-19 also caused a reduction of 25 per cent in family planning consultations, 19 per cent in antenatal care and 41 per cent in gender-based violence consultations between 2019 and 2020.<sup>3</sup> Femicides nationwide grew by 18 per cent in 2020.<sup>4</sup>

5. Despite a robust legal and regulatory framework for maternal health, including the national plan for the reduction of maternal and neonatal mortality and the standards for intercultural maternal health care, policy implementation and decentralized decision-making need to be strengthened. Women face barriers to accessing quality and timely care, particularly when obstetric complications arise. The care model has not fully implemented the intercultural approach at local levels. Social determinants of maternal mortality include poverty, level of schooling and ethnicity, intersecting with age and geographic location. Of the maternal deaths recorded in 2020, 47 per cent correspond to women under 29 years old and 14 per cent to indigenous women.<sup>5</sup> Maternal mortality ratios are two times higher in provinces on the coast, central highlands and the Amazon, where indigenous and Afro-descendant populations are concentrated and high levels of poverty, gender-based violence and adolescent pregnancy are registered.

<sup>1</sup> National Institute of Statistics and Censuses, 2012.

<sup>2</sup> Central Bank of Ecuador, 2020.

<sup>3</sup> The Ecuadorian Technical Planning Secretariat, 2021.

<sup>4</sup> Secretariat of Human Rights, 2020.

<sup>5</sup> Ministry of Public Health, 2021.

6. The main reasons for maternal death are direct obstetric causes (63.79 per cent): hypertensive disorders (33 per cent); obstetric haemorrhage (19 per cent); complications derived from abortion (4 per cent); and other obstetric complications (7 per cent). Indirect causes represent 34 per cent. Although average skilled birth attendance is 96 per cent at the national level, this is lower in rural areas and the Amazon region (77 per cent).<sup>6</sup> In 2018, there were only 1.35 midwives per 10,000 inhabitants, mostly concentrated in urban areas. Respectful maternity care also shows major gaps, with disparities among public and private health systems. Thirty-eight per cent of births attended in public health facilities were by Caesarean section, compared to 75 per cent in private institutions.<sup>7</sup> Forty-eight per cent of women have experienced at least one act of gynaecological-obstetric violence throughout their lives. This figure is higher among indigenous women and those with low education levels (70 per cent), and Afro-descendant women (49 per cent).

7. Reducing preventable maternal deaths requires addressing these major gaps: (a) removing access barriers and improving the quality of maternal health care, basic and comprehensive emergency obstetric and neonatal services, and timely referral systems among national health system institutions, particularly in rural and remote areas; (b) strengthening primary health care with the expansion of health personnel with midwifery competencies; and (c) implementing a timely maternal mortality surveillance and response system, with participatory and accountability mechanisms.

8. Over the last three decades, the total fertility rate declined from 3.8 to 2.2 births per woman. However, higher fertility rates are observed in the Amazon territories (3.7) and among indigenous (2.6) and Afro-descendants (2.3). Modern contraceptive prevalence among women ages 15-49 is 72 per cent, though it is significantly lower among indigenous (41 per cent) and Afro-descendant women (57 per cent). The unmet need for modern contraceptive methods is 7.5 per cent. However, it is higher for rural and indigenous women (14 per cent), women with low educational levels (8 per cent) and low income (9 per cent). Indigenous women record the lowest access to family planning and the highest unmet need for modern contraceptive methods. Although the country has a regulatory framework for family planning, it is necessary to strengthen contraceptive procurement planning processes with demand-driven disaggregated data and the logistics system to ensure effective access and coverage in the public health system. Overcoming access barriers also requires addressing socioeconomic, cultural aspects and discriminatory attitudes of health providers towards the furthest left behind.

9. The Ministry of Health is the main provider of family planning services, covering the full range of contraceptives, including emergency oral contraception. Tubal ligation is the most widely used method (37 per cent), followed by injectables (19 per cent), oral contraceptives (14 per cent) and subdermal implants (11 per cent).<sup>8</sup> Long-acting reversible contraceptives, subdermal implants and intrauterine devices have low coverage, particularly among adolescents, mainly due to limited training of health-care providers, and lack of appropriate counselling and information to address misconceptions of providers and users. The omission cost due to unplanned pregnancies is 17 times higher than the cost of effective prevention, calling for increased investment in sexual and reproductive health as a cost-effective measure to promote socioeconomic development.<sup>9</sup> In 2018, investment in sexual and reproductive health contributed to preventing 198,592 unintended pregnancies, 26,479 abortions, 100 maternal deaths and 1,324 infant deaths.<sup>10</sup>

10. Ecuador has a high adolescent pregnancy rate (63.61 per 1,000 women ages 15-19), ranking third in the Andean region. Every day, 137 adolescents ages 15-19 and five girls under 14 years old become mothers.<sup>11</sup> Adolescent pregnancy rates present significant disparities by geographic location, income and ethnicity. Rural areas show a higher percentage of adolescents who have at

<sup>6</sup> National Institute of Statistics and Censuses, 2020.

<sup>7</sup> National Institute for Health and Nutrition, 2018.

<sup>8</sup> Ibid.

<sup>9</sup> UNFPA, the non-governmental organization SENDAS, and the Ministry of Public Health, 2015.

<sup>10</sup> UNFPA-supported MiPlan study.

<sup>11</sup> National Institute of Statistics and Censuses, 2020.

least one child (19 per cent), compared to urban areas (14 per cent) and the national average (16 per cent). This figure is also higher for indigenous (16.4 per cent) and Afro-descendant (15.6 per cent). Adolescent pregnancy affects life prospects and contributes to intergenerational reproduction of poverty. Adult mothers are 6 per cent more likely to complete school and 11 per cent to attain higher education than adolescent mothers ages 15-19.<sup>12</sup> Since 2021, the methodology of curricular opportunities for comprehensive sexuality education has been in place; however, it has not yet been implemented.

11. Ecuador presents high gender-based violence levels: 65 of every 100 women experienced it in their lifetime and 33 per cent have experienced sexual violence.<sup>13</sup> Ethnicity, age, disability and migration status are key stratifiers associated with higher gender-based violence incidence. From January to August 2022, 53 femicides were registered nationwide. Barriers to accessing gender-based violence services include lack of family and community support; fear of perpetrators' reprisals and stigma; institutional revictimization; lack of trust in the protection system and knowledge of their rights; accessibility and geographical barriers; limited technical capacity of gender-based violence service providers; and lack of infrastructure and operational procedures to support remote service provision.

12. Society legitimizes behaviours, gender and social norms that contribute to gender-based violence and intersectional discrimination. Forty-five per cent of women (a percentage that rises to 70 per cent among indigenous and 78 per cent among those with low educational levels) believe that they should be responsible for housekeeping, caring for children and the elderly, while men are the family financial providers.<sup>14</sup> Acceptance of gender-based violence leads to impunity and challenges in accessing protection services: 97 per cent of women who suffered sexual violence never reported it.<sup>15</sup> Despite a legal framework prohibiting marriage under age 18, early/forced unions are legitimate social practices, which limit women and adolescents' autonomy and are closely linked to sexual violence and adolescent pregnancy.

13. Ecuador is a country of origin, transit and destination of migrants. As of August 2022, there are 551,000 refugees and migrants from Venezuela in the country.<sup>16</sup> Seventy per cent of immigrant women surveyed have not had access to sexual and reproductive health services in the previous year and 13 per cent faced gender-based violence.<sup>17</sup> Due to the regional socioeconomic, environmental and insecurity context, migration is expected to increase, leading to worsened humanitarian situations, especially in the northern and southern borders. Currently, there are 873,000 people in humanitarian need in Ecuador.<sup>18</sup>

14. The country is highly vulnerable to disasters, including volcanic eruptions, floods and earthquakes, exacerbated by climate change effects. The 2016 earthquake caused more than 600 fatalities.<sup>19</sup> Disasters often cause interruptions in sexual and reproductive health and gender-based violence services provision and use, particularly affecting women and girls from the furthest left-behind populations. In line with the Government's prioritization of the health system's resilience, UNFPA will support the integration, prioritization and strengthening of sexual and reproductive health and rights and gender-based violence in climate change policy.

15. Despite a strengthened national statistical system, the generation and use of disaggregated data by key stratifiers (e.g., age, ethnicity, gender, disability status, human mobility) and their intersectionality is a challenge. UNFPA technical support for conducting the population and housing census in November 2022, thematic surveys, and strengthening administrative records is key to generating critical data and evidence for policymaking and development planning.

<sup>12</sup> UNFPA-supported MiPlan study.

<sup>13</sup> National Institute of Statistics and Censuses, 2019.

<sup>14</sup> Ibid.

<sup>15</sup> Ibid.

<sup>16</sup> Working Group for Refugees and Migrants, 2022.

<sup>17</sup> International Organization for Migration, 2022.

<sup>18</sup> Working Group for Refugees and Migrants, 2022.

<sup>19</sup> National Management Services for Risks and Emergencies, 2016.

16. The UNFPA new country programme, 2023-2026, is aligned to the national priorities, reflected in the United Nations Sustainable Development Cooperation Framework (UNSDCF), 2022-2026, through its strategic priority areas: (a) social protection and quality social services; (b) environmental management and climate action; (c) socioeconomic equality and sustainable productive transformation; and (d) rule of law, strong institutions and social cohesion. UNFPA directly contributes to priorities 1 and 4, building on its comparative advantages: technical advisory role in the development and implementation of evidence-based public policies on sexual and reproductive health and rights and gender-based violence prevention and response; facilitation of inter-institutional coordination to effectively implement sexual and reproductive health and rights-related policies; generation of evidence and data for development planning; and proven technical know-how in logistics, management and monitoring systems.

17. The final evaluation of the UNFPA country programme, 2019-2022, highlighted significant achievements in: implementing legal/policy frameworks for sexual and reproductive health and rights, gender equality and gender-based violence; mobilizing domestic resources for modern contraceptive procurement through a co-financing agreement with the Ministry of Health, contributing to the funding-to-financing shift; and mainstreaming the needs of persons with disabilities in public policies. The new country programme, 2023-2026, builds on the lessons of the current cycle, particularly: (a) the expanded UNFPA presence in territories registering the greatest gaps is key to accelerating the three transformative results; (b) the use of innovative modalities to ensure continuity of services during the pandemic (e.g., telemedicine, use of mobile apps and promoters for epidemiological surveillance) have proven effective in reaching the furthest behind; (c) the use of intercultural and inclusive communication strategies makes it possible to advance the transformation of discriminatory gender and social norms, reaching local communities; and (d) capacity-development strategies and multi-stakeholders partnerships favour the inclusion of persons with disabilities.

## II. Programme priorities and partnerships

18. The proposed programme was developed through consultations with various stakeholders, including government authorities, academia, other United Nations organizations, civil society and community-based organizations, representing the furthest left behind. It is aligned to the national priorities, outlined in the National Development Plan, 2021-2025 and other national policies and plans; the 2030 Agenda and the Goals (directly contributing to Goals 3 and 5, and indirectly to Goals 1, 4, 10, 11, 16 and 17); the UNSDCF, 2022-2026; the UNFPA Strategic Plan, 2022-2025; the ICPD Programme of Action, the Montevideo Consensus and the ICPD+25 voluntary national commitments. At the 2019 Nairobi ICPD+25 Summit, Ecuador reiterated its resolve to maintain public policies and investments for the fulfilment of sexual and reproductive health and rights and the social and economic inclusion of people in situations of greatest vulnerability. UNFPA will support government and civil society efforts to implement these commitments by establishing national and subnational mechanisms for their follow-up, ensuring the participation, visibility and inclusion of the furthest behind.

19. Building on its strategic positioning within the United Nations country team and its comparative advantages, UNFPA will act as the main catalyst to advance the exercise of sexual and reproductive health and rights and the right to a life free of violence for women, youth, adolescents and girls, particularly the furthest left behind (e.g., Afro-descendants, indigenous people, people with disabilities, LGBTIQ+ population, refugees and migrants) within a resilient and sustainable society. Maternal mortality will be the focus of the programme, considering the significant increase in the number of preventable maternal deaths after the pandemic and the Government's prioritization of this issue in the national agenda. By improving maternal health, UNFPA will also ensure contributions towards the other two transformative results. Of the maternal deaths registered in 2020, 10 per cent corresponded to adolescents. For this reason, ending unmet needs for contraceptives and preventing adolescent pregnancy are strategic pillars of the national plan for maternal mortality reduction, which also promotes bodily autonomy as an enabler for the reduction of gender-based violence and other harmful practices. UNFPA will use

key entry points, such as the National Development Plan, 2021-2025, and the upcoming population and housing census that will provide updated and disaggregated data, especially on the furthest left behind populations, for enhanced evidence-based policies.

20. The programme vision will be achieved through four interconnected outputs, pursuing the complementarity of interventions across development-humanitarian-peace contexts and resilience-building interventions, including disaster risk reduction and climate change adaptation. UNFPA will expand access of the most vulnerable women and girls to essential and lifesaving sexual and reproductive health and gender-based violence services, particularly in the context of increased climate change impact and human mobility, especially in the northern and southern borders, working in coordination with other United Nations organizations and integrating the Refugees and Migrants Working Group. Human rights, gender, intercultural and intersectional approaches are mainstreamed across programme interventions to ensure structural barriers for accessing sexual and reproductive health and rights and gender-based violence services are addressed.

21. The following four game-changing ‘accelerators’ will be employed: leaving no one behind and reaching the furthest left behind; coordination, partnership and South-South and triangular cooperation; data and evidence; and innovation. The leaving no one behind principle will be an overarching accelerator/strategy, as realizing the sexual and reproductive health and rights of all people in Ecuador requires bridging equity gaps. The programme will use an intersectional approach to tackle the structural factors (e.g., age, gender, ethnicity, migration and disability status) that leave important segments of the populations behind, looking at their interactions with income, geographic location, among other segregation factors. This will require working closely with the organizations of the furthest left behind.

22. UNFPA will leverage strategic partnerships with national and subnational government authorities and non-governmental partners (e.g., women and youth-led, Afro-descendants and indigenous organizations), the National Assembly, justice sector, academia, bilateral cooperation, the international finance institutions, the private sector and other development actors. UNFPA will also coordinate, in line with the UNSDCF, with other United Nations organizations, leveraging its leadership or co-leadership role within interagency working groups (e.g., adolescent pregnancy prevention, gender and human rights, migrants and refugees, HIV/AIDS, humanitarian response, including the gender-based violence subgroup). South-South and triangular cooperation will be strengthened to tap into the regional knowledge community’s expertise on census operations and data analysis.

23. UNFPA will develop and promote innovation, particularly: investing in information technologies to promote increased access to sexual and reproductive health and strengthen national statistics capacities; applying behavioural insights to foster attitudinal changes of health personnel and rights-holders and transform gender and social norms; and foster services’ adaptation to the needs of persons with disabilities through accessible and inclusive formats.

24. The programme will leverage the UNFPA normative role through an emphasis on evidence-based advocacy/policy dialogue and capacity development of government authorities to enhance sexual and reproductive health and gender-based violence legal/policy frameworks at the national and local levels, compounded by other modes of engagement. At the subnational level, UNFPA has prioritized the territories with the widest gaps in the achievement of the three transformative results, namely those located on the coast and the Amazon region (Morona Santiago, Esmeraldas, Guayas, El Oro and Napo), based on a UNFPA-developed compound index. This index integrates indicators on the three transformative results and their intersections with the underlying factors leading to structural discrimination and inequalities: maternal mortality ratio, adolescent pregnancy rate, gender-based violence incidence, number of femicides, percentage of indigenous and Afro-descendant populations, number of persons with disabilities, and population density. The northern border provinces will also be a priority territory by virtue of their humanitarian needs, the potential for resource mobilization, and strengthening of the development-humanitarian-peace continuum approach.

**A. Output 1. Policy and accountability. Strengthened integration of sexual and reproductive health and rights, prevention and response to gender-based violence and other harmful practices into legal, policy and accountability frameworks, at the national and local levels, applying the development-humanitarian-peace continuum approach**

25. This output will contribute to the three strategic plan outcomes and UNSDCF outcomes 1 (social protection and high-quality social services) and 4 (more effective institutions and guarantee of rights) by contributing to strengthen an enabling policy framework for the realization of sexual and reproductive health and rights and a life free from violence, through the integration of sexual and reproductive health and rights and gender-based violence into the universal health coverage and other relevant policy frameworks. The programme will also strengthen accountability mechanisms, ensuring the visibility, inclusion and participation of the furthest left behind.

26. *Key strategic interventions* include: policy dialogue, advocacy and capacity development to: (a) develop, revise and implement evidence-based legal and policy frameworks, financing and accountability mechanisms related to sexual and reproductive health and rights, focusing on maternal health, family planning, adolescent pregnancy, HIV and sexually transmitted infection prevention, comprehensive sexuality education and gender-based violence; (b) promote initiatives for increased sustainable financing to effectively accelerate the three transformative results; (c) support the design of a national comprehensive sexuality education strategy; (d) implement the plan to accelerate the reduction of maternal and neonatal mortality; (e) strengthen midwifery regulation, association, education and service provision, according to the International Confederation of Midwives guidelines and UNFPA global strategy on midwifery; (f) strengthen capacities of government institutions for the incorporation and fulfilment of international human rights standards in national legal and policy frameworks related to sexual and reproductive health and rights and gender-based violence and other harmful practices; (g) strengthen the capacities of civil society organizations (CSOs), including women and youth-led networks, and organizations of persons with disabilities for the demand, fulfilment and oversight of international human rights standards; (h) strengthen the capacities of national and subnational government institutions and CSOs to scale up the implementation of the comprehensive and sustainable strategy for gender-based violence prevention and response in emergencies in prioritized territories, and integrate sexual and reproductive health and gender-based violence prevention and response in humanitarian and climate change adaptation plans.

**B. Output 2. Quality of care and services. Strengthened capacity of the national health system to increase coverage and access to high-quality, comprehensive sexual and reproductive health and gender-based violence information and services, within an equity-based approach, across the development-humanitarian-peace continuum**

27. This output will contribute to the three strategic plan outcomes and UNSDCF outcome 1 (social protection and high-quality social services) and 4 (more effective institutions and guarantee of rights) by increasing access and coverage to the comprehensive package of high-quality essential sexual and reproductive health and gender-based violence services, in humanitarian and development contexts. These interventions will contribute to reducing preventable maternal deaths, adolescent pregnancies and gender-based violence and other harmful practices.

28. *Key strategic interventions* include: (a) advocacy and capacity development of the Ministry of Health and the national health system to: (i) promote the incorporation of an equity, rights-based and intersectional approach in service provision to respond to the sexual and reproductive health needs of the furthest left behind, particularly by ensuring access to the sexual and reproductive health comprehensive package of care (minimum initial service package), including contraception, counselling, evidence-based interventions for adolescent pregnancy reduction, basic and emergency obstetric care and access to comprehensive abortion care in line with World

Health Organization guidelines and the national legal framework; (ii) strengthen the national maternal mortality surveillance and response system, promoting the inclusion of CSOs; (iii) strengthen the role of professional midwives in enhancing coverage and access to sexual and reproductive health services and care; (b) advocacy, knowledge management and technical assistance to support government authorities in the implementation and scaling up of cost-effective interventions and investments in sexual and reproductive health, improving health personnel distribution and guaranteeing resources and supplies for service delivery; (c) strengthen the implementation of comprehensive sexuality education following international guidelines; (d) provide technical assistance to enhance the capacity of gender-based violence service providers at the national level to deliver comprehensive, high-quality and gender-transformative, survivor-centred essential services, through an intersectional approach, including prevention, protection and care (in the justice, health and social sectors), gender-based violence case management and self-care; (e) advocate for strengthened coordination mechanisms for sexual and reproductive health, maternal mortality reduction and gender-based violence prevention and response, including in emergencies; (f) advocate for and provide technical assistance to service providers aimed at adopting quality and efficiency standards, addressing barriers to access gender-based violence services and implementing non-victimizing referral mechanisms, through a multisectoral approach; and (g) providing knowledge management to support the design of innovative and digital solutions, with the active participation of youth, to expand access to sexual and reproductive health and gender-based violence services.

**C. Output 3. Gender and social norms. Strengthened mechanisms and capacities of key actors, institutions and CSOs to transform discriminatory gender and social norms to advance gender equality and women’s decision-making**

29. This output will contribute to the three strategic plan outcomes and UNSDCF outcome 1 and 4 by addressing discriminatory gender and social norms that are a structural factor contributing to high levels of preventable maternal deaths, adolescent pregnancy and gender-based violence, and early unions/marriages. UNFPA will promote actions that support increased bodily autonomy and scaling up of demand for sexual and reproductive health services, by women and young girls, particularly from the furthest left behind, adopting an ecological approach and working in partnership with a wide range of stakeholders, including women and youth-led organizations.

30. *Key strategic interventions* include: advocacy, capacity development and coordination to: (a) strengthen multi-stakeholder national and subnational mechanisms to address discriminatory gender and social norms at the individual, social and institutional levels related to the three transformative results; (b) strengthen the capacities of key government ministries, the National Assembly, and the justice sector for the formulation and implementation of social and behavioural change strategies to address gender-based violence, promoting gender equality and positive masculinities approaches; (c) strengthen the capacities of social movements and communities to empower the furthest-behind women, adolescents and youth to exercise their rights and bodily autonomy and to demand access to high-quality sexual and reproductive health and gender-based violence services; (d) work in partnership with government authorities, civil society and community-based organizations, other United Nations organizations, academia and the private sector to develop comprehensive, inclusive and innovative strategies and awareness-raising campaigns to transform gender and social norms; and (e) strengthen the capacities of youth-led organizations to address discriminatory gender and social norms, through training of trainers programmes, peer-to-peer work and community-monitoring.



**D. Output 4. Population change and data. Strengthened population data systems and evidence to ensure the availability and accessibility of disaggregated data and evidence on sexual and reproductive health and gender-based violence that consider population change and megatrends (inequalities, climate change, migration and demographic transition), applying a humanitarian-development-peace continuum approach**

31. This output will contribute to the three strategic plan outcomes and UNSDCF outcome 1 and 4 by strengthening national data and information systems to improve the availability of evidence and quality data on sexual and reproductive health and gender-based violence, disaggregated by key stratifiers (e.g., age, gender, ethnicity, disability and migration status) that consider megatrends (e.g., climate change, migration, inequalities and demographic transition). This will contribute to evidence-based decision-making, greater articulation at the national and local levels and follow-up to the Montevideo Consensus and the Goals.

32. *Key strategic interventions* include: knowledge management, capacity development and coordination to: (a) strengthen the capacities of the National Institute of Statistics and Censuses (INEC), other government entities, and CSOs for the generation, analysis and use of disaggregated data from census, administrative registries, surveys, geographic information systems and alternative data sources (e.g., satellite images), allowing the identification of intersectional inequalities, especially on the furthest left behind populations, sexual and reproductive health and rights, gender-based violence, population dynamics and disabilities; (b) strengthen the capacities of the Ministry of Health, INEC, and the Civil Registry to produce vital statistics, especially those related to maternal mortality and births; (c) strengthen the interoperability of the national statistics system and the national health system, also through South-South cooperation; (d) conduct and implement research and generate evidence on the three transformative results, including: results and impact evaluation of UNFPA interventions; applying behavioural insights to increase access to sexual and reproductive health and gender-based violence services; estimating cost and benefits of closing gaps for the achievement of the three transformative results; studies on megatrends (inequalities, climate change, migration and demographic transition) and their impact on the three transformative results; (e) strengthen national capacities to ensure follow-up to the 2030 Agenda and the Goals, the Montevideo Consensus, the ICPD Programme of Action, and the ICPD+25 voluntary national commitments.

### **III. Programme and risk management**

33. UNFPA will implement the programme through national partners, including government and non-government organizations and other partners. It will participate in the implementation of the United Nations business operations strategy and the harmonized approach to cash transfers (HACT) where feasible. The country office will continue to actively engage in inter-agency working groups and pursue the development of joint programmes with other United Nations organizations.

34. UNFPA will continue to pursue an integrated resource mobilization and partnership strategy, prioritizing innovative financing approaches, South-South and triangular cooperation, joint initiatives with other United Nations organizations and co-financing with the Government and the private sector. The country office will also advocate to ensure the sustainability of the co-financing agreement with the Ministry of Health for contraceptive security, which contributes to the funding-to-financing shift. The alliance with the international financial institutions will be key to promote health system reform towards more efficient and universal services. Alliances with municipalities will also be strengthened to enhance the coverage of sexual and reproductive health and gender-based violence services at the local level.

35. The country programme will be implemented through a human resources structure composed of a representative; a programme team; and financial, operational and communication teams. Capacities will be strengthened in the areas of management, population and development, and innovation. Support from UNFPA headquarters and/or the regional office and/or other country

offices will be sought, as needed. Additional human resources will be mobilized for volunteerism and the inclusion of youth, women, and persons with disabilities.

36. The programme has identified the following risks: (a) high personnel turnover affecting institutional capacities and sustainability; (b) influence of anti-rights groups on legal and institutional frameworks related to gender, sexual and reproductive health and rights and comprehensive sexuality education; (c) insufficient government financial resources or delays in disbursements; (d) protracted effects of the COVID-19 pandemic, other pandemics and humanitarian emergencies; and (e) socio-political conflicts and organized crime affecting governance and security. To mitigate these risks, UNFPA will: (a) enhance sustainable capacity-building and institutionalized training processes, including those with academia; (b) foster advocacy and policy dialogue to advance legal and policy frameworks, using evidence generated on cost of inaction; (c) enhance internal strategic communications, partnerships, community and resource mobilization capacities; (d) adapt to humanitarian situations under a programme criticality approach to allocate resources, according to emerging priorities.

37. If necessary, and in consultation with the Government, UNFPA may reprogramme funds to respond to emergencies.

38. 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 the managers at UNFPA concerning country programmes are prescribed in the UNFPA programme and operations policies and procedures, and the internal control framework.

#### **IV. Monitoring and evaluation**

39. UNFPA and the Government, through the Ministry of Foreign Affairs and Human Mobility, will oversee the country programme, using results-based management and accountability frameworks, following UNFPA policies and procedures. UNFPA will participate in joint planning, monitoring and evaluation of the UNSDCF, UN-Info, integrated with the country programme results framework.

40. The programme will support the strengthening of results-based management capacities of UNFPA staff and partners. It will also promote feedback mechanisms to inform programme management decisions, learning, adaptive management, and flexible programming to respond to changing contexts. The country office will monitor programme performance, conducting field-monitoring visits and annual technical meetings with implementing partners to track progress and adjust work plans, as needed.

41. UNFPA and its partner organizations have elaborated a costed evaluation plan, which includes a final country programme evaluation to assess progress towards the three transformative results. Evaluation design will be based on human rights, gender-transformative, age-responsive and intersectional approaches.

42. UNFPA will contribute to strengthening national capacities to monitor the National Development Plan 2021-2025, the 2030 Agenda and the Goals (i.e., voluntary national reports), the Montevideo Consensus, the ICPD Programme of Action, and the ICPD+25 voluntary national commitments.

## RESULTS AND RESOURCES FRAMEWORK FOR ECUADOR (2023-2026)

<b>NATIONAL PRIORITY:</b> National Development Plan, 2021-2025, policies 5.2, 6.1, 6.3.				
<b>UNSDCF OUTCOME(S):</b> 1. By 2026, people, considering their age, sex, ethnic self-identification and diversity, particularly those in situations of vulnerability and emergency contexts, increase their equal and equitable access to social protection and quality social services, including food, health, education, water, sanitation and hygiene, housing, care and culture. 4. By 2026, the State and society will have more effective institutions and greater capacities for the protection, promotion and guarantee of rights, inclusion, participation, social cohesion, gender equality, reduction of threats to human security and the eradication of all forms of violence.				
<b>RELATED UNFPA STRATEGIC PLAN OUTCOME(S):</b> 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.				
<b>UNSDCF outcome indicators, baselines, targets</b>	<b>Country programme outputs</b>	<b>Output indicators, baselines and targets</b>	<b>Partner contributions</b>	<b>Indicative resources</b>
<p><u>UNSDCF outcome indicators:</u></p> <ul style="list-style-type: none"> <li>Maternal mortality ratio (per 100,000 live births) <i>Baseline: 57.6 (2020); Target: 38.41 (2025)</i></li> </ul> <p><u>Related UNFPA strategic plan outcome indicator(s):</u></p> <ul style="list-style-type: none"> <li>Country has laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education <i>Baseline: Yes; Target: Yes (2026)</i></li> </ul>	<p><u>Output 1.</u> Strengthened integration of sexual and reproductive health and rights, prevention and response to gender-based violence and other harmful practices into legal, policy and accountability frameworks, at national and local levels, applying the development-humanitarian-peace nexus approach</p>	<ul style="list-style-type: none"> <li>Number of laws, policies, plans, and accountability frameworks on sexual and reproductive health and gender-based violence with a leaving no one behind and intersectional approach, developed, revised and/or implemented with UNFPA support <i>Baseline: 20 (2022); Target: 30 (2026)</i></li> <li>Comprehensive sexuality education strategy designed, at the national level, and implemented in prioritized territories, with UNFPA support <i>Baseline: No (2022); Target: Yes (2026)</i></li> <li>Number of CSOs from the furthest left behind populations, supported by UNFPA, that have strengthened capacities for monitoring of sexual and reproductive and gender-based violence norms and policies, at national and local levels <i>Baseline: 7 (2022); Target: 10 (2026)</i></li> <li>Number of provinces where a comprehensive and sustainable strategy for gender-based violence prevention and response in emergency is scaled up, with UNFPA support <i>Baseline: 3 (2022); Target: 7 (2026)</i></li> </ul>	<p>UNDP, UNICEF, UN-Women, United Nations Educational, Scientific and Cultural Organization (UNESCO), Pan American Health Organization (PAHO) / World Health Organization (WHO), United Nations High Commissioner for Refugees (UNHRC), International Organization for Migration (IOM), United Nations Volunteers programme (UNV), United Nations Office on Drugs and Crime (UNODC), UN Office for the Coordination of Humanitarian Affairs (OCHA), Office of the High Commissioner for Human Rights (OHCHR), Ministry of Health, Ministry of Education, Ministry of Social and Economic Inclusion, Human Rights Secretariat, National Institute of Statistics and Census, National Assembly, Judiciary Council, National Councils for Equality CSOs, women and youth-led coalitions and networks, academia, local governments, and community-based organizations.</p>	<p>\$1.4 million (\$0.9 million from regular resources and \$0.5 million from other resources)</p>
<p><u>UNSDCF outcome indicators:</u></p> <ul style="list-style-type: none"> <li>Adolescent birth rate (ages 15-19 years) per 1,000 women in that age group <i>Baseline: 63.61 (2019); Target: 39.4 (2025)</i></li> </ul> <p><u>Related UNFPA strategic plan outcome indicator(s):</u></p>	<p><u>Output 2.</u> Strengthened capacity of the national health system to increase coverage and access to high-quality, comprehensive sexual and reproductive health</p>	<ul style="list-style-type: none"> <li>Number of health personnel, including professional midwives, trained in maternal health, emergency obstetric and neonatal care and/or family planning, within high-quality standards and an intercultural approach, supported by UNFPA, at national level <i>Baseline: 400 (2022); Target: 800 (2026)</i></li> <li>Percentage of health facilities in prioritized geographic areas that have at least 5 modern contraceptive methods, including long-acting reversible contraceptives and</li> </ul>	<p>Ministry of Health, Ministry of Education, Ministry of Social and Economic Inclusion, Human Rights Secretariat, INEC, academia, other United Nations organizations, international cooperation agencies, local governments, midwives federations, civil society and community-based organizations</p>	<p>\$15.6 million (\$1.0 million from regular resources and \$14.6 million from other resources)</p>

<ul style="list-style-type: none"> <li>Proportion of births attended by skilled health personnel <i>Baseline: 96.4% (2020); Target: 98.5% (2025)</i></li> <li>Proportion of women of reproductive age with unmet need for family planning with modern methods (ages 15-49) <i>Baseline: (national): 7.5% (2018); Baseline (indigenous women): 14.3% (2018); Target: (national): 7.5% (2026) Target: (indigenous women): 10.3% (2026)</i></li> </ul>	<p>and gender-based violence information and services, within an equity-based approach, across the development-humanitarian-peace continuum</p>	<p>emergency oral contraception, with UNFPA support <i>Baseline: 80% (2022); Target:85% (2026)</i></p> <ul style="list-style-type: none"> <li>Number of adolescents and youth that received comprehensive sexuality education following international standards, in prioritized territories <i>Baseline: 13,468 (2022); Target:20,000 (2026)</i></li> <li>Number of health and humanitarian response personnel trained in minimal initial service package, supported by UNFPA, at the national level <i>Baseline: 3,471 (2022); Target:4,000 (2026)</i></li> <li>Number of public service providers trained by UNFPA in gender-based violence prevention and response services and/or gender-based violence in emergencies <i>Baseline: 2,936 (2022); Target:4,500 (2026)</i></li> <li>Number of CSOs trained by UNFPA in gender-based violence prevention and response services, positive masculinities, gender-based violence in emergencies and/or sexual and reproductive health and rights <i>Baseline: 36 (2022); Target:50 (2026)</i></li> </ul>		
<p><u>UNSDCF outcome indicators:</u></p> <ul style="list-style-type: none"> <li>Femicide rate (number of femicides per 100,000 women) <i>Baseline: 0.87 (2020); Target: 0.80 (2025)</i></li> </ul> <p><u>Related UNFPA Strategic Plan outcome indicator(s):</u></p> <ul style="list-style-type: none"> <li>Proportion of women ages 15-49 who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care <i>Baseline: 86.7% (2018); Target: 90% (2026)</i></li> </ul>	<p><u>Output 3.</u> Strengthened mechanisms and capacities of key actors, institutions and CSOs to transform discriminatory gender and social norms to advance gender equality and women's decision-making</p>	<ul style="list-style-type: none"> <li>Existence of a multi-stakeholder national or sub-national mechanisms to address discriminatory gender and social norms, stereotypes, practices related to three transformative results <i>Baseline: No (2022); Target: Yes (2026)</i></li> <li>Number of social organizations that advocate for tackling harmful social and gender norms, stereotypes and discriminatory practices, supported by UNFPA <i>Baseline: 10 (2022); Target: 20 (2026)</i></li> <li>Number of women, adolescents, and youth, from the furthest left behind populations, that receive information and training from UNFPA to exercise their sexual and reproductive health and rights <i>Baseline: 269 (2022); Target:600 (2026)</i></li> </ul>	<p>United Nations organizations, international cooperation agencies, civil society and community-based organizations, academia</p>	<p>\$2.5 million (\$0.5 million from regular resources and \$2.0 million from other resources)</p>
<p><u>UNSDCF outcome indicators:</u></p> <ul style="list-style-type: none"> <li>Country has conducted at least one population and housing census during the last 10 years</li> </ul>	<p><u>Output 4.</u> Strengthened population data systems and evidence to ensure the</p>	<ul style="list-style-type: none"> <li>Country produces census reports, with disaggregated data on youth, migrants, indigenous and afro-descendant populations, people with disabilities, and gender issues, with UNFPA technical support <i>Baseline: No (2022); Target: Yes (2026)</i></li> </ul>	<p>National Institute of Statistics and Census, Ministry of Health, National Secretariat of Planning, national councils for gender equality and disabilities, United Nations organizations, CSOs, international cooperation agencies</p>	<p>\$1.0 million (\$0.5 million from regular resources and \$0.5 million</p>

<p><i>Baseline: No (2021); Target: Yes (2026)</i></p> <p><u>Related UNFPA strategic plan outcome indicator(s):</u></p> <ul style="list-style-type: none"> <li>• Proportion of births and deaths registered <i>Baseline: Births: 96% (2021); Deaths: 80% (2021); Target: Births: 100% (2026); Deaths: 90% (2026)</i></li> </ul>	<p>availability and accessibility of disaggregated data and evidence on sexual and reproductive health and gender-based violence that consider population change and megatrends (e.g., inequalities, climate change, migration and demographic transition), applying a humanitarian-development-peace continuum approach</p>	<ul style="list-style-type: none"> <li>• Country counts on updated subnational population projections disaggregated by age and sex, with UNFPA technical support <i>Baseline: No (2022); Target: Yes (2026)</i></li> <li>• Country produces and disseminates disaggregated data on the Goals' prioritized indicators (3, 5), supported by UNFPA <i>Baseline: No (2022); Target: Yes (2026)</i></li> <li>• Sexual and reproductive health and rights and gender-based violence indicators are collected periodically and made publicly available, with UNFPA technical support <i>Baseline: No (2022); Target: Yes (2026)</i></li> <li>• Number of people from public institutions and/or CSOs trained by UNFPA in generation, analysis and dissemination of high-quality and disaggregated information on sexual and reproductive health, gender-based violence and population dynamics, including maternal mortality surveillance systems <i>Baseline: 2,173 (2022); Target: 3,000 (2026)</i></li> <li>• Number of studies and research on priorities for the achievement of the three transformative results, elaborated with UNFPA technical assistance <i>Baseline: 17 (2022); Target: 25 (2026)</i></li> </ul>		<p>from other resources)</p> <hr/> <p>Programme coordination and assistance: \$0.5 million from regular resources</p>
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