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Programme, the United Nations
Population Fund and the United
Nations Office for Project Services**

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UNFPA – Country programmes and related matters

United Nations Population Fund

Country programme document for the Bolivarian Republic of Venezuela

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| Proposed indicative UNFPA assistance: | \$28.6 million: \$3.4 million from regular resources and \$25.2 million through co-financing modalities or other resources |
| Programme period: | Four years (2023-2026) |
| Cycle of assistance: | Fourth |
| Category: | Tier II |
| Alignment with the UNSDCF Cycle | United Nations Sustainable Development Cooperation Framework, 2023–2026 |

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

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I. Programme rationale

1. The Bolivarian Republic of Venezuela ranks 113th out of 189 countries in the Human Development Index (HDI, 2021). Life expectancy at birth is 76 years for women and 68.3 years for men. The country's population is estimated at 32.6 million. It is at an advanced demographic transition stage, although there are differences among states, with those presenting the highest concentration of rural populations still in the early transition stages. Children under the age of 14 represent 25.3 per cent of the total, while people aged 65 years and older represent 7.5 per cent, showing an incipient, yet gradual aging process. People aged 15-64 years represent 67.2 per cent of the population, offering unique opportunities to reap the benefits of the demographic dividend.

2. The Bolivarian Republic of Venezuela actively participated in the High-Level Political Forum on Sustainable Development, and the National Development Plan, known as "Plan de la Patria, 2019-2025", is aligned to the 2030 Agenda and the Sustainable Development Goals (SDGs). The Plan includes a specific action agenda in the economic, social, territorial, political, and cultural dimensions, including a set of all-encompassing goals, which also reflect strong support for the Programme of Action of the International Conference on Population and Development (ICPD).

3. Despite the design and implementation of policies aligned to these international frameworks, there are gaps that require a doubling of efforts in various areas, including health, sexual and reproductive rights, and policies for inclusion of those left furthest behind. The Plan also promotes the "protection of the people," in line with the principle of 'leaving no one behind,' providing a relevant platform for strengthening UNFPA cooperation with the country to accelerate the achievement of the SDGs and the three transformative results of UNFPA.

4. The country's health system promotes universal access to health services, including sexual and reproductive health (SRH). It has a public policy to reduce maternal mortality, in line with the Plan de la Patria and the SDGs commitments. Coordination with United Nations organizations and other partners has facilitated progress towards achievement of the SDGs, particularly SDGs 3 and 5. The country is advancing in the implementation of the operational manual for the implementation of the maternal route strategy and the official guidelines for the management of pregnant women infected with COVID-19, which have been technically supported by UNFPA.

5. Although institutional births are high, there are opportunities for improvement, highlighted in the Strategy for the Reduction of Maternal Mortality, particularly regarding (a) training of health personnel, which undergo frequent turn-over; (b) timely referrals of pregnant women who require emergency care from the communities to maternal health centres and between low-risk and high-risk maternity hospitals; (c) improvements in the provision of supplies and infrastructure strengthening of health centres; and (d) communication strategies to reach out to communities, including increasing awareness of warning signs during pregnancy.

6. Early and adolescent pregnancy is a priority issue for the country. Specific policies and programmes have been designed to address the high rates of adolescent fertility, considering the cultural issues that can affect the autonomy of adolescents to decide on their life projects, as well as limited access to contraceptives in the public health system.

7. In 2018, the Government approved the National Plan for the Prevention and Reduction of Early Pregnancy and Pregnancy in Adolescence (PRETA), based on an ecological, gender and rights-based approach. PRETA includes a comprehensive sexuality education (CSE) strategy as one of its main strategic pillars, calling for strengthened implementation of the strategy at the national level. The strategy is twofold: on one hand, aims at strengthening the implementation of CSE in school settings by reaching out to children and adolescents through the basic education subsystem, from the nursery through secondary education; on the other hand, it aims to strengthen CSE in out-of-school settings through community outreach strategies.

8. Gender-based violence (GBV) prevention and care is also an issue of special interest for the Government, which elevated it to a key national public policy within the framework of the Plan de la Patria and the programmatic agenda for women and gender equality, known as "Mamá Rosa." The country pursues the continuation and deepening of policies to prevent and address GBV from a comprehensive perspective, including specific policies targeting discriminatory gender and

social norms that underpin GBV, as well as the development of mechanisms for GBV prevention, detection and case management. The Bolivarian Republic of Venezuela has an advanced legal framework, stemming from the Organic Law on the Right of Women to a Life Free of Violence. Progress has been made in the establishment of specialized institutions for GBV prevention and response. This provides an enabling framework for supporting the Government in this commitment, including by strengthening the consultative spaces for groups of women and youth and their participation.

9. UNFPA has an opportunity to leverage its expertise in strengthening data systems and their availability and use, contributing to the design, implementation, monitoring and evaluation of evidence-based public policies that allow making visible the intersectional vulnerabilities and needs of the furthest-behind populations. In this regard, UNFPA will support the National Statistical System in promoting the availability of official data with a high level of disaggregation and geostatistical causality, and considering dimensions such as gender, life cycle, disability status, sexual diversity, human mobility, aging, demographic dividend, climate change, among others. This will contribute to accelerating the achievement of the 2030 Agenda, the SDGs, the Montevideo Consensus goals, and the goals established in the Plan de Patria. The country has strengthened the use of modern technology to capture information in the 15th Population and Housing Census in 2022, as evidenced by the implementation of e-census. UNFPA has also promoted strengthened use of tools for the digitization and georeferencing of information.

10. The proposed programme is aligned with the national priorities set forth in the Plan de la Patria and reflected in the United Nations Sustainable Development Cooperation Framework (UNSDCF) 2023-2026, namely strategic priority 1 (Strengthening the resilience of the population with a gender, equity, intergenerational perspective, and a human rights-based approach); strategic priority 2 (Promoting sustainable, resilient, and innovative development of Venezuela, aligned with environmental sustainability principles, ‘leaving no one behind’); and strategic priority 3 (Achieving the 2030 Agenda by promoting sustainable, inclusive, and equity-based social cohesion). UNFPA contributes programmatically to 9 of the 11 UNSDCF outcomes, while leading or co-leading results groups in three of them. UNFPA contribution is based on its comparative advantages, particularly (a) its recognized leadership and technical expertise in providing support to all levels of government in matters related to sexual and reproductive health, family planning, gender-based violence, comprehensive sexuality education, and population and development; (b) its physical presence across the country, with a capacity to implement pilot interventions at the local level and scale them up at the national level; (c) its ability to facilitate inter-institutional articulation and convene a wide range of stakeholders, including the Government, academia, social organizations, the private sector, other United Nations organizations as well as development and humanitarian actors; (d) its capacity to leverage partnerships and mobilize resources from traditional and non-traditional donors and organizations; (e) its experience in developing and implementing interventions focused on vulnerable groups, particularly indigenous peoples, persons with disabilities, Afro-descendants and LGBTIQ+ groups; and (f) its expertise in the implementation of the ‘triple nexus’ approach.

11. The final evaluation of the previous country programme (originally 2015-2019, followed by three extensions) and other evidence highlighted the relevance of UNFPA in helping to reduce preventable maternal deaths, unmet family planning needs and GBV. It also highlighted lessons learned, which have informed the development of the new programme: (a) integrated policy dialogue, advocacy and technical assistance strategies increase the effectiveness, efficiency and sustainability of results; (b) interventions that prioritize national leadership and strengthen the articulation between State and other partners are key to positioning the ICPD agenda, particularly in an environment where the challenge of strengthening institutional and social capacities persists; (c) strengthening partnership and resource mobilization is key to making programme actions possible.

12. The evaluation also recommended to: (a) take better advantage of the inter-institutional leadership of UNFPA on gender issues; (b) deepen cooperation with the National Statistical and Geographic System for the indicator systems of the National Development Plan and the SDGs; (c) strengthen knowledge management to generate evidence for development planning; and

(d) prioritize and strengthen inter-institutional advocacy to address issues related to sexual and reproductive health, family planning and GBV.

II. Programme priorities and partnerships

13. The proposed programme has been developed in consultation with the Government, other United Nations organizations, social organizations, academia, the private sector and other stakeholders. It is aligned with the 2030 Agenda, the SDGs and the Plan de la Patria as key national planning documents, contributing directly to SDGs 3 and 5 and indirectly to the SDGs 1, 4, 10, 11, 16 and 17. It is also aligned to the sectoral plans of the National Economic and Social Plan as well as other relevant sectoral programmes and strategies, such as the National Plan for Contraception; PRETA; the Concerted Strategy for the Reduction of Maternal Mortality; the National Plan for Humanized Childbirth; the National Plan for Sexual and Reproductive Rights; the National Protocol for the Clinical Management of Sexual Violence; and the Law for the Right of Women to a Life Free of Violence.

14. The Plan de la Patria is aligned to the ICPD Programme of Action and the Montevideo Consensus. At the ICPD+25 summit in Nairobi in 2019, Venezuela expressed support for the promotion of sexual and reproductive rights, gender equality, the acknowledgement and use of the demographic dividend, prevention and care of GBV and harmful practices, and committed to leverage the necessary financing to sustain these achievements.

15. The vision of the proposed country programme is to support the efforts of the Bolivarian Republic of Venezuela to ensure that those left furthest behind (adolescents, women, indigenous people, Afro-descendants, migrants, persons with disabilities and LGBTIQ+ groups) have universal coverage and access to quality and resilient sexual and reproductive health and gender-based violence services, contributing to the reduction of preventable maternal deaths, the prevention and reduction of unintended pregnancies, and gender-based violence and other harmful practices. The key entry point for this programme will be addressing the structural vulnerabilities and inequalities that affect women, adolescents and young people and those left furthest behind by promoting coordinated, coherent and complementary actions among key actors and financing mechanisms to accelerate the achievement of the three transformative results.

16. The programme will be implemented at national and subnational levels, focusing on four interconnected priorities: (a) quality of care and services; (b) gender and social norms; (c) population change and data; and (d) humanitarian action.

17. To achieve its objectives, UNFPA will employ the following accelerators: (a) human rights-based and gender-transformative approaches; (b) 'leaving no one behind' and 'reaching the furthest behind first'; (c) partnerships, coordination, South-South and triangular cooperation; and (d) resilience, adaptation and complementarity among development, humanitarian and peace-responsive efforts, with an integrated approach for lifesaving actions, cooperation to strengthen capacities and promotion of a peace culture. Catalytic actions to help strengthen interagency coordination and the nexus approach will be implemented.

18. In the Bolivarian Republic of Venezuela, UNFPA will primarily employ the following modes of engagement: advocacy and policy dialogue to advance the implementation of existing legal and policy frameworks; capacity building to strengthen the provision of high-quality sustainable SRH and GBV care services; and coordination and partnerships to strengthen multisectoral coordination and institutional articulation.

19. The programme will leverage strategic partnerships and South-South and triangular cooperation, including, among others, with the Government, at the national and subnational levels, non-governmental partners, the National Assembly, the justice sector, academia, bilateral organizations, international financial institutions, the private sector and international cooperation organizations. Greater coordination will be sought with other United Nations organizations. UNFPA will work, among others, with the Pan American Health Organization (WHO/PAHO), UNICEF, UNDP, UN-Women, the World Food Programme (WFP), the United Nations High Commissioner for Refugees (UNHCR), the International Organization for Migration (IOM) and UNAIDS in different areas, such as: SRH of women, adolescents and young people; maternal

health; and pregnancy prevention in girls and adolescents; prevention of HIV/AIDS and other sexually transmitted infections; database and information systems; and comprehensive sexuality education. It will also collaborate with UN-Women, IOM, UNHCR and UNICEF on GBV prevention and response; and with the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) on emergency preparedness from natural disasters.

A. Output 1. Strengthened capacity of systems, institutions and communities to ensure coverage and access to high-quality, comprehensive sexual and reproductive health information and services, including family-planning supplies, as well as essential services, to address gender-based violence and harmful practices, at national and subnational levels, using a nexus approach

20. This output contributes to the three strategic plan outcomes and UNSDCF outcome 1.1 (comprehensive and quality health services, with an emphasis on maternal and child health care, nutrition, and sexual and reproductive health). UNFPA will work closely with the Ministry of Health, the Ministry of Women, academia and professional associations by contributing to increase universal coverage and access to essential and high-quality SRH and GBV services, particularly in the primary level of care, while also ensuring full accessibility and protection of the populations in situations of greatest vulnerability through targeted policies and services. UNFPA will focus on maternal health and contraception, prevention of HIV/STIs, GBV prevention and care, and adolescent pregnancy prevention, aligning activities with related public policies and plans, particularly PRETA and the National Protocol for the Clinical Management of Sexual Violence.

21. *Key strategic interventions:* advocacy and policy dialogue, capacity development, knowledge management, coordination and partnerships to: (a) strengthen the capacities of the public health system to: (i) improve access to the comprehensive package of high-quality SRH and GBV services and care by populations in situations of greater vulnerability, in particular low-income people from rural areas, indigenous people and persons with disabilities, using a rights-based approach and the integration of HIV prevention services alongside the SHR and GBV services; (ii) promote international quality standards for adolescent health services; (iii) ensure the effective implementation of standard protocols of care for obstetric emergencies by improving the quality of care and capacities of the health personnel using on job training processes and an innovative master class system that will allow its replicability through remote access videos, including timely referrals and effective identification of alarm signs; (iv) promote the incorporation of professional midwifery in the country, based on the International Confederation of Midwives (ICM) international standards and the UNFPA Global Strategy for Professional Midwifery; (v) expand access to modern contraceptives, including long-acting reversible contraceptives (LARCs), from a human rights-based, bodily autonomy and empowerment approach; (vi) equip health personnel with improved skills for family planning care, focusing on counselling from a rights-based approach, and GBV prevention; (vii) improve the quality of care in maternal health services, including by conditioning facilities and strengthening the capacities of health personnel to address discriminatory gender social norms that underpin non-respectful maternal care and obstetric violence; (b) increase domestic funds available for the procurement and distribution of modern contraceptive methods; (c) strengthen national and subnational technical capacities to increase coverage and quality of multisectoral GBV services, including case management, psychosocial and legal support, access to justice, and clinical management of sexual violence, using a survivor-centred approach, promoting empowerment, autonomy and resilience-building.

B. Output 2: Strengthened mechanisms and capacities of governmental, social and community organizations to address discriminatory gender and social norms to promote gender equality and women's decision-making, using a nexus approach

22. This output contributes to the three strategic plan outcomes and UNDSCEF outcomes 1.2 (full access, permanence and quality of inclusive education); 1.3 (strengthened inclusive social protection systems); and 3.3 (environment of citizen security and freedom from violence, with

emphasis on gender-based violence). It will do so by contributing to building women's and girls' skills and knowledge about their rights as well as increasing political will and strengthening institutional capacity to transform discriminatory gender and social norms as the structural and underlying factors of GBV and harmful practices. UNFPA will work with national and subnational institutional mechanisms as well as with social and community organizations, particularly women-led and youth-led organizations and those organizations that promote women's rights. Efforts will focus on reaching those left furthest behind: adolescents and women in situations of vulnerability and protection risk, people in situations of human mobility, persons with disabilities and their caregivers, Afro-descendants, LGBTIQ+ groups and Indigenous women, promoting intersectional actions and policies.

23. *Key strategic interventions:* (a) advocacy and policy dialogue, coordination and multi-stakeholders partnerships with a wide range of actors, including government ministries and institutions (e.g. the Ministries of Women, Communication, Youth, Health and Education), the public and private media, academia, and social organizations, especially women-led and feminist organizations, to create awareness and understanding of discriminatory gender and social norms and promote actions to transform them; (b) technical assistance and knowledge management to the Ministry of Education, to strengthen the implementation of CSE in school settings, by expanding their outreach and increasing teacher competencies through training, innovative learning distance projects and supervision; (c) capacity development of social and community organizations for the implementation of out-of-school CSE, through community facilitators, community spaces, design of communication campaigns, in partnership with public media and the private sector, to reach adolescents, including indigenous adolescents and those with disabilities, promoting their empowerment and the exercise of positive masculinities; (d) advocacy, policy dialogue and capacity development with the Ministry of Women and the institutional framework of the gender justice for: (i) strengthening policies, plans, and mechanisms, such as National Plan for a Life Free of Violence, Bodies for Complaints, Prosecutors and Specialized Courts, national hotlines, among others; (ii) developing specialized protocols, technical manuals and guidelines that impact the coverage and quality of the institutional response; (iii) strengthening national capacities for the effective implementation of the Organic Law for the Right of Women to a Life Free of Violence and the deconstruction of discriminatory gender and social norms, to produce behavioural changes in GBV institutional response; (e) technical assistance to the National Council for Persons with Disabilities to promote actions and policies for a differentiated and inclusive approach to GBV, focusing on adolescents and women with disabilities; (f) capacity development of women-led social organizations, feminist networks and movements as well as organizations that promote positive masculinities, for the demand of their rights; (g) support national efforts to follow up on human rights recommendations stemming from the Universal Periodic Review, with an emphasis on SRH, GBV and youth, and the implementation of the voluntary commitments on ICPD+25 made in Nairobi in 2019.

C. Output 3: Data and information systems are strengthened to generate disaggregated and geographically defined data and evidence for the design, implementation and monitoring of public policies that account for population change and other megatrends, particularly demographic transition, migration and climate change

24. This output contributes to the three strategic plan outcomes and UNDSCF outcomes 1.3 (strengthening of social protection systems and essential services); 2.4 (right to municipal and territorial development); 3.2 (modernization of the State); 2.1 (inclusive production systems) and 2.3 (adaptation, reduced vulnerability and mitigation of the effects of climate change). UNFPA will work closely with the Ministry of Planning, the National Institute of Statistics and the National Geographic Institute as governing bodies of the national statistical and geographic system, to strengthen data and information systems for the generation and dissemination of high-quality, timely and current socio-demographic data, that are geographically defined and with the necessary level of disaggregation by key stratifiers (age, ethnicity, territory, gender, sexual diversity, disability and human mobility status). The wealth of data produced will contribute to supporting the design and implementation of public policies that address the needs of those left

furthest behind and enhance follow-up on progress of the 2030 Agenda and the SDGs, the Montevideo Consensus and the voluntary national commitments on ICPD+25.

25. *Key strategic interventions:* advocacy, knowledge management and technical assistance to the National Statistical and Geographic system to: (a) process the e-census and the field survey of the 15th Population and Housing Census, including the dissemination of its results and the elaboration of key outputs (studies, research, surveys, subnational population projections); (b) conduct thematic surveys, studies and (qualitative and quantitative) research on issues related to SRH, GBV and megatrends, to shed light on population change and demographic dynamics, according to territories and characteristics of population groups; (c) produce a population situation analysis and a study on national transfer accounts, highlighting population changes, diversity and the impact of megatrends, including climate change, as relevant inputs for public policymaking; (d) update and improve the quality of vital statistics and administrative records, particularly regarding maternal and neonatal mortality and adolescent births; (e) produce indicators domestically that help to fill the gaps in the monitoring of SDGs relevant to the UNFPA mandate; (f) generate and disseminate evidence and knowledge on relevant megatrends, particularly migration, the demographic dividend, aging and climate change, and their impact on the progress on the three transformative results and the achievement of the SDGs.

D. Output 4. Strengthened capacity of critical actors and systems in preparedness, early action and provision of life-saving interventions that are timely and integrated, conflict-, climate- and peace-sensitive, as well as gender-transformative

26. This output will contribute to the three strategic plan outcomes and UNSDCF outcomes 1.1 (comprehensive and inclusive management of human development); 3.3 (environment of citizen security and free of violence, with an emphasis on gender-based violence); and 1.4 (reduction of people's vulnerability to disaster risks, adverse and global events). It will do so by improving access to SRH and GBV protection services through life-saving actions, recognizing the impact of adverse environments on the sexual and reproductive health and protection of women, adolescent girls and youth. This output will complement output 1, which focuses on the provision of services using a nexus approach.

27. *Key strategic interventions:* (a) advocacy, capacity development, knowledge management, coordination and partnerships to: (i) strengthen the supply of timely and high-quality life-saving essential SRH and GBV services in health services, particularly the primary healthcare network, contributing to resilience-building on adverse and global events; (ii) support strategic and operational coordination among humanitarian actors, within the GBV Area of Responsibility of the Protection Cluster and the SRH sub-working group in the health cluster, to promote a comprehensive and coordinated SRH and GBV programming approach in case of adverse events; (iii) strengthen early warning systems and practices linked to disaster-risk reduction, climate change adaptation and resilience-building, aimed at ensuring SRH and GBV services continuity; (iv) strengthen the capacities of public officials and service providers to scale up sustainable and life-saving SRH and GBV services.

III. Programme and risk management

28. The proposed programme will be implemented under the supervision of the Ministry of Planning, in coordination with the Ministry of Foreign Affairs, through implementing partners and other stakeholders, using a results-based management approach. The harmonized approach to cash transfers will also be used, where feasible, as well as principles embedded in the policies and procedures of other United Nations organizations to manage financial risks. UNFPA will continue to actively participate in interagency working groups and will seek to develop joint programmes with other United Nations organizations.

29. The country programme will shift from the funding of individual projects to the financing of the three transformative results, developing country office capacities to influence diverse sources of public, private, domestic and international finance. In this endeavour, it will map the financial landscape, assess funding gaps and prepare joint strategies with other United Nations organizations to cover the identified gaps. UNFPA will continue its efforts to mobilize resources,

leveraging its comparative advantages and trust-based partnerships with the Government, social organizations, the private sector, international donors, international financial institutions and United Nations organizations. In this regard, UNFPA will promote coordinated, coherent and complementary actions among stakeholders and donors as well as funding and financing mechanisms to provide comprehensive life-saving services, development cooperation and peacebuilding support. UNFPA will emphasize innovation and digitalization, communication strategies and partner diversification, documenting and evaluating experiences and sharing good practices towards programmatic sustainability and scalability under the ‘triple nexus’ approach, as well as promoting South-South and triangular cooperation.

30. The programme will be implemented through a revamped structure that is better aligned to the current country context and national priorities, which relies on a cadre of experienced professionals spanning programme, technical and operational areas. The proposed structure will place greater emphasis on direct service delivery, while continuing to strengthen UNFPA advocacy and policy dialogue, knowledge management and coordination and partnerships to leverage the normative role of UNFPA in an upper-middle-income country context. Capacities will be strengthened in the following areas: gender and social norms; population change and data; and humanitarian action. The country office will seek the support of the UNFPA regional office and headquarters, inter-agency working groups and implementing partners, as needed.

31. UNFPA identified the following key implementation risks: (a) significant or consistent delay or disruption of operational services; (b) global logistics crisis of supply chains, which compromises timely delivery of supplies; (c) long-term effects of the COVID-19 pandemic or new emergency situations; (d) limitations in access to health assistance, protection services and supporting mechanism facilities; (e) increased appearance of groups opposed to the ICPD agenda.

32. To mitigate these risks, UNFPA will: (a) establish joint emergency systems with other United Nations organizations, including joint response in emergency rooms, updated business continuity plans and programme criticality; (b) prepare long-term agreements with local suppliers that could serve as supply alternatives and prepare joint supply agreements with other United Nations organizations; (c) contribute to strengthening national capacities to respond to the COVID-19 pandemic and future epidemics or emergency situations through increased preparedness and early-action mechanisms; (d) maintain coordination mechanisms or spaces with national institutions in matters of security to facilitate mobilization in the territory to enable access to facilities; and (e) strengthen evidence-based dialogue and communications to support the design of policies and plans based on scientific evidence.

33. . In the event of an emergency, UNFPA may, in consultation with the Government, reprogramme activities, especially life-saving measures, to better respond to emerging issues.

34. 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

35. UNFPA, together with the Government, through the Ministry of Planning, will conduct continuous and systematic monitoring and evaluation of the country programme at all stages of its implementation, ensuring its full adherence to the UNSDCF guidance, UNFPA policies and procedures, results-based management principles and standards, and the jointly agreed monitoring and evaluation plan.

36. The monitoring and evaluation plan will be aligned with the National Development Plan (Plan de la Patria) as well as with the UNFPA Strategic Plan, 2022-2025, and the UNSDCF, 2023-2026. It will include review meetings, field monitoring and follow-up visits and periodic monitoring within the framework of the national statistical and geographical system, to assess the programmatic and financial progress of the workplans, including a risk analysis, to achieve the expected results.

37. A country programme evaluation will be conducted at the end of the cycle, which will inform the design of the next country programme and contribute to the final evaluation of the UNSDCF, 2023-2026.

38. The UNFPA country office is committed to strengthening national capacities, at national and local levels, for the follow-up, monitoring and evaluation of interventions, guided by established methodological criteria.

39. UNFPA will contribute to strengthening national capacities for monitoring and reporting of the ICPD Programme of Action, the 2030 Agenda (including voluntary national reports), the SDGs, the Montevideo Consensus and the ICPD+25 voluntary national commitments.

RESULTS AND RESOURCES FRAMEWORK FOR THE BOLIVARIAN REPUBLIC OF VENEZUELA (2023-2026)

| NATIONAL PRIORITY: Plan de la Patria. General Objective 2.3.6.2 and Specific Objective 2.2.1.2.2 | | | | |
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| UNSDCF OUTCOME: 1.1. By 2026, the prioritized population living in Venezuela will benefit from integral and quality health services, with a focus on full accessibility and protection of the most vulnerable social groups, with an emphasis on maternal and child health care, nutrition, and sexual and reproductive health, attending to the Venezuelan cultural diversity | | | | |
| 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"> • Proportion of births attended by skilled health personnel <i>Baseline: 98%; Target: 98%</i> • Maternal mortality ratio <i>Baseline (2020): 84.4 per 100.000 live births; Target: <70 per 100.000 live births</i> | Output 1: Strengthened capacity of systems, institutions and communities to ensure coverage and access to high-quality, comprehensive sexual and reproductive health information and services, including family-planning supplies, as well as essential services, to address gender-based violence and harmful practices, at national and subnational levels, using a nexus approach | <ul style="list-style-type: none"> • Number of women, adolescents and youth, including women and young people with disabilities, benefited from high-quality services related to sexual and reproductive health, prevention and protection from gender-based violence) and harmful practices, supported by UNFPA <i>Baseline: 275,000; Target:1,800,000</i> • Number of emergency obstetric and newborn care services, supported by UNFPA, that implement the standard protocol of care, at national level <i>Baseline: 21; Target: 45</i> • Number of comprehensive health services for adolescents, supported by UNFPA, that offer family planning counselling and modern methods, including LARCs, following international standards <i>Baseline: 15; Target: 45</i> • Number of initiatives supported by UNFPA in partnership with University of Health Sciences, to promote the incorporation of professional midwives in the country for addressing the SRH needs of the hardest-to-reach communities <i>Baseline: 0; Target: 4</i> • Number of states that apply the National Plan for the Clinical Management of Sexual Violence, with UNFPA support <i>Baseline: 10; Target:12</i> | Ministry of Health; National Institute for Social Security; Society of Obstetrics and Gynaecology of Venezuela; University of Health Sciences Social Organizations; United Nations organizations | \$10.8 million (\$1.1 million from regular resources and \$9.7 million from other resources) |
| NATIONAL PRIORITY: Plan de la Patria. General Objective 2.2.1.2 and Specific Objective 2.3.8.3.3. | | | | |
| UNSDCF OUTCOME(S): 1.2. By 2026, the prioritized population, such as children and adolescents, will enjoy full access, permanence, and quality of inclusive education, as well as other vocational training programs to provide development opportunities for women and young people with a public, universal approach, full accessibility, and protection, to enhance the demographic dividend. 1.3. By 2026, the prioritized population living in Venezuela will enjoy strengthened inclusive social protection systems, continued access to essential services and social policies focused on poverty reduction and the demographic dividend, including a rights-based approach, spatial disaggregation, gender focus and ethnic perspective, with a strengthened statistical and geographic system. 3.3. By 2026, the population that lives in Venezuela, particularly the groups at risk of being left behind, will benefit from the strengthening of state justice institutions, from an environment of citizen security and freedom from violence, with an emphasis on ending gender-based violence. | | | | |
| RELATED UNFPA STRATEGIC PLAN OUTCOME: 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 |

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| <p><u>UNFPA Strategic Plan outcome indicators:</u></p> <ul style="list-style-type: none"> The 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</i> | <p><u>Output 2:</u> Strengthened mechanisms and capacities of governmental, social and community organizations to address discriminatory gender and social norms to promote gender equality and women's decision-making, using a nexus approach.</p> | <ul style="list-style-type: none"> Number of governmental institutions, social and community organizations supported by UNFPA to address discriminatory gender and social norms, stereotypes, practices and power relations <i>Baseline: 5; Target: 9</i> Number of schoolteachers trained in CSE at national level, with UNFPA support, following international standards <i>Baseline: 630; Target: 2,520</i> Number of adolescents who have benefited from out-of-school CSE programmes, in selected municipalities, with UNFPA support (disaggregated by sex, age and special status) <i>Baseline: 1,500; Target: 79,000</i> The country has at least one social movement advocating for tackling harmful social and gender norms, stereotypes and discriminatory practices that support the achievement of the transformative results <i>Baseline: No; Target: Yes</i> Number of governmental institutions, social and community organizations, networks and/or coalitions of men and boys, supported by UNFPA, promoting positive masculinities and actively advocating for the three transformative results <i>Baseline: 5; Target: 15</i> | <p>Ministry of Health; Ministry of Education; Ministry for Women and Gender Equality; Ministry for Indigenous Peoples; Advisory Council of the PRETA Plan; National Council for People with Disabilities; National Institute for the women; Ministry of the interior, Justice and Peace; Ombudsman office; Ministry of Communication and Information; Public ministry; social and community organizations; United Nations organizations</p> | <p>\$6.6 million (\$0.7 million from regular resources and \$5.9 million from other resources)</p> |
| <p>NATIONAL PRIORITY: Plan de la Patria. National Objective 3.3, General Objective 2.7.9.2</p> | | | | |
| <p>UNSDCF OUTCOME(S): 1.3. By 2026, the prioritized population living in Venezuela will enjoy strengthened inclusive social protection systems, continued access to essential services and social policies focused on poverty reduction and the demographic dividend, including a rights-based approach, spatial disaggregation, gender focus and ethnic perspective, with a strengthened statistical and geographic system. 2.1. By 2026, the target population will have benefited from an inclusive, economically, and environmentally sustainable production system, with prioritized production chains and the development of value chains, which fosters interrelationship and scientific-technological innovation, and promotes the creation of decent work and income generation, with special emphasis on the economic empowerment of women and young people in favour of the country's demographic dividend. 2.3. By 2026, Venezuela will have adapted, reduced vulnerability and mitigated the effects of climate change, in particular of the most vulnerable population, together with the application of measures for the conservation of biodiversity, as well as urban and rural environmental management and recovery, as a basis for a development that respects nature. 2.4. By 2026, the Venezuelan population, with an emphasis on groups at risk of being left behind, will benefit from the expansion of the right to the city, contemplated in the new urban agenda, and the development of resilient cities within the framework of a planning strategy and territorial development based on systemic and functional regionalization, contemplating productive specialization and the development of the regional urban system, infrastructure, services and environmentally sustainable mobility. 3.2. By 2026, the population living in Venezuela will benefit from the modernization of the State to guarantee maximum efficiency in the development, management and access to information on public policies, including the strengthening of the national statistical and geographic system</p> | | | | |
| <p>RELATED UNFPA STRATEGIC PLAN OUTCOME: 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> | | | | |
| <p>UNSDCF outcome indicators, baselines, targets</p> | <p>Country programme outputs</p> | <p>Output indicators, baselines and targets</p> | <p>Partner contributions</p> | <p>Indicative resources</p> |
| <ul style="list-style-type: none"> Related UNFPA Strategic Plan outcome indicator(s): The country has conducted at least one population and housing census during the | <p><u>Output 3:</u> Data and information systems are strengthened to generate disaggregated and geographically defined data and evidence for the</p> | <ul style="list-style-type: none"> Number of population situation analysis conducted on population changes and the impact of megatrends, with the support of UNFPA <i>Baseline: 1; Target: 2</i> Number of technical documents concerning key population dynamics on megatrends and specific populations groups, including subnational population projections, with disaggregated information, in development | <p>Ministry of Planning; National Institute of Geography; National Institute of Statistics; Ministry of Women and Gender Equality; Ministry of</p> | <p>\$3.5 million (\$0.4 million from regular resources and \$3.1 million from other</p> |

| <p>last 10 years Baseline: Yes; Target: Yes</p> <ul style="list-style-type: none"> Proportion of sustainable development indicators produced at the national level with full disaggregation when relevant to the target, in accordance with the Fundamental Principles of Official Statistics <i>Baseline: 47% (2022); Target: 60% (2025)</i> | <p>design, implementation and monitoring of public policies that account for population change and other megatrends, particularly demographic transition, migration and climate change.</p> | <p>and humanitarian contexts <i>Baseline: 3; Target: 10</i></p> <ul style="list-style-type: none"> Number of vulnerability assessments, geo-referenced mappings on the potential impact of natural disasters on the achievement of the transformative results, elaborated with UNFPA support <i>Baseline: 6; Target: 10</i> Country produces SDG indicators relevant to UNFPA mandate that allow enhanced follow-up of the SDGs, the Montevideo Consensus and the ICPD+25 voluntary national commitments <i>Baseline: Yes; Target: Yes</i> Number of specialized studies conducted within the National Statistics System on issues related to the use of census data and/or specific surveys with the support of UNFPA <i>Baseline: 3; Target: 6</i> | <p>Youth and Sports; Ministry of Indigenous Peoples; National Institute for Women; Public ministry; local and federal governments; Ombudsman office; National Council for People with Disabilities; academia/universities and research institutions; United Nations organizations</p> | <p>resources)</p> |
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| <p>NATIONAL PRIORITY: Plan de la Patria. General Objective 2.7.6.10</p> | | | | |
| <p>UNSDCF OUTCOME: 1.4. By 2026, the prioritized population living in Venezuela will reduce risk of disasters, vulnerability to adverse events and global changes, and improve protection against them, ensuring equal participation and leadership by the State in the communities affected.</p> | | | | |
| <p>RELATED UNFPA STRATEGIC PLAN OUTCOME: 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> | | | | |
| <p>UNSDCF outcome indicators, baselines, targets</p> | <p>Country programme outputs</p> | <p>Output indicators, baselines and targets</p> | <p>Partner contributions</p> | <p>Indicative resources</p> |
| <p><u>Related UNFPA Strategic Plan outcome indicator(s):</u></p> <ul style="list-style-type: none"> The country adopts and implements national disaster risk reduction strategies, in line with the Sendai Framework for Disaster Risk Reduction 2015-2030 <i>Baseline: No Target: Yes</i> | <p>Output 4: Strengthened capacity of critical actors and systems in preparedness, early action and provision of life-saving interventions that are timely and integrated, conflict-, climate- and peace-sensitive, as well as gender-transformative</p> | <ul style="list-style-type: none"> The country has applied the inter-agency minimum standards for gender-based violence in emergencies programming, during a humanitarian emergency, with UNFPA support <i>Baseline: Yes; Target: Yes</i> The country has functioning inter-agency coordination mechanisms or platforms to address SRH and GBV in emergencies, with UNFPA support <i>Baseline: Yes; Target: Yes</i> The country has a national-level preparedness framework that integrates SRH and GBV, with UNFPA support <i>Baseline: No; Target: Yes</i> Number of local actors with strengthened capacities to provide lifesaving and gender-transformative interventions from timely, integrated and conflict-, climate- and peace-sensitive approaches <i>Baseline: 6,879; Target: 14,500</i> The country has a coordinated platform of dialogue that promotes community engagement, public and private partnerships, and leadership of youth and women, to accelerate the transformative results <i>Baseline: Yes; Target: Yes</i> | <p>Civil protection and disaster management; social organizations; United Nations organizations</p> | <p>\$7.2 million (\$0.7 million from regular resources and \$6.5 million from other resources)</p> <p>Programme coordination and assistance: \$0.5 million from regular resources</p> |