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UNFPA – Country programmes and related matters

UNITED NATIONS POPULATION FUND

Draft country programme document for Uruguay

Proposed UNFPA assistance:	\$4 million: \$1.8 million from regular resources and \$2.2 million through co-financing modalities and/or other, including regular, resources
Programme period:	4 years (2007-2010)
Cycle of assistance:	First
Category per decision 2005/13:	B

Proposed assistance by core programme area (in millions of \$):

	Regular resources	Other	Total
Reproductive health	0.6	0.9	1.5
Population and development	0.6	0.7	1.3
Gender	0.4	0.6	1.0
Programme coordination and assistance	0.2	-	0.2
Total	1.8	2.2	4.0



I. Situation analysis

1. Uruguay experienced an economic recession from 1999-2002, which transformed it into a society in which large segments of the population, particularly young people, lack access to basic social and economic rights. During this period, the percentage of poor people doubled, from 15 per cent in 1999 to 31 per cent in 2003. Since 2003, half of the population under 18 lives below the poverty line. There is a growing concentration of children, adolescents and youth in the lower income levels, resulting in an unequal distribution of wealth across generations.

2. Thirteen per cent of the population is older than 65 years, making Uruguay the fastest ageing country in Latin America and the Caribbean. The country has made little progress in addressing the specific needs of the growing population of elderly Uruguayans.

3. Despite its early demographic transition, Uruguay has experienced uneven reductions in fertility. Women with access to family planning information and methods have a total fertility rate of 2.3 children per woman, while the rate for women with lower educational levels is 5.7 children per woman. However, most Uruguayan women, regardless of social class, consider two to be the ideal number of children. The fact that fertility rates are significantly higher for poorer women suggests that they have greater difficulty in exercising their reproductive rights.

4. HIV/AIDS prevalence is increasing, with more women and youth being affected. There is a need for sustained public policies that provide information on HIV/AIDS and promote safe sexual behaviour. No large-scale information and awareness campaigns have been organized to combat the epidemic.

5. Despite equal access to education, women are over represented among the unemployed. They are also more likely than men to work in precarious jobs, and to receive lower remuneration for the same work. The participation of women in managerial and political positions is low. There is

no comprehensive policy on how to eliminate domestic and sexual violence; rather, there is a set of isolated programmes. There is a need for a more integrated approach to the problem.

6. National statistics have not been consistently collected in recent years, and the quality of available statistics has deteriorated. As a result, population data are not effectively used and disseminated. A lack of qualified human resources has hampered the incorporation of population data into the formulation, implementation and monitoring of public policies.

7. Emigration has risen over the last four decades, peaking during the recent economic crisis. This trend has led to a brain drain, as working-age Uruguayans sought jobs outside of the country. This trend has compounded the ageing phenomenon, which in turn has generated pressure on the social security and health systems. Because most emigrants emigrate with their entire families, the Uruguayan economy has not benefited from significant remittances.

8. In 2005, the new Government demonstrated its concern for social issues by introducing a series of reforms and policies, including: (a) decentralization; (b) health-sector reform, which addresses reproductive health issues; (c) a gender equity policy; (d) a national policy for Uruguayans who have emigrated; and (e) a capacity-building plan for the national statistics system.

II. Past cooperation and lessons learned

9. UNFPA has increased its support and presence in Uruguay in response to the economic crisis. UNFPA created a liaison office in August 2004. Since then, UNFPA has provided \$1 million in assistance. The proposed programme, the first UNFPA cycle of assistance in Uruguay, builds on previous assistance while responding to the priorities and policies of the new Government.

10. UNFPA has helped to: (a) build the capacity of government institutions in the areas of sexual and reproductive health, gender, and statistical

systems; (b) train human resources in these areas; (c) strengthen partnerships between government and non-government stakeholders to promote the Programme of Action of the International Conference on Population and Development (ICPD); (d) build the capacity of civil society organizations advocating for gender equity and equality; and (e) generate knowledge to support decision-making related to gender and sexual and reproductive health.

11. After reviewing activities carried out through the liaison office, UNFPA and the Government agreed that developing a country programme would enhance the quality of the assistance being delivered. The Government and UNFPA decided that the greatest impact would be achieved by focusing on formulating, implementing and monitoring public policies. UNFPA realized that it was able to leverage alliances between the public sector, civil society and the academic sector. In addition, United Nations reform, including the simplification and harmonization of programming and a common operational platform, could provide United Nations organizations and agencies with the appropriate environment in which to promote the ICPD Programme of Action.

III. Proposed programme

12. The proposed programme reflects the objectives, results and strategies of the United Nations Development Assistance Framework (UNDAF), which includes national priorities. It is aligned with the Millennium Development Goals, the ICPD Programme of Action, and the UNFPA multi-year funding framework. It will contribute to three of the four priorities in the UNDAF through: (a) institutional capacity-building and the training of human resources in reproductive health, gender, and population and development; and (b) the strengthening of partnerships to advance the ICPD agenda.

13. Programme strategies will focus on: (a) evidence-based political dialogue and advocacy; (b) strengthening and coordinating partnerships with government, academic and civil society

organizations; and (c) improving the knowledge base to support public policies. The programme will focus on rights and will use a gender perspective approach, with special attention paid to actions that seek to reduce poverty. It will have three components: (a) reproductive health; (b) gender; and (c) population and development.

Reproductive health component

14. The expected outcomes of the reproductive health component are: (a) improved access to high-quality reproductive health services; and (b) improved access by poor young people to information and counselling services to prevent HIV/AIDS.

15. To achieve these outcomes, UNFPA will support health-sector reform efforts, facilitating high-level dialogue on the importance of implementing sexual and reproductive health policies. UNFPA efforts will also include: (a) supporting the training of professionals and technical experts from selected government institutions so that they are able to correctly estimate demand for social services, including reproductive health; and (b) facilitating knowledge-sharing between academia, civil society and the Government in order to improve their capacity to formulate, implement and monitor social policies.

16. The programme will help to improve access to reproductive health services, including information and counselling services to prevent HIV/AIDS among poor adolescents and youth. UNFPA will provide technical assistance to draft and enforce legislation and to ensure the correct application of technical guidelines, procedures and protocols. It will also assist civil society organizations in their advocacy activities and facilitate knowledge-sharing and training on sexual and reproductive health among service providers, youth and decision makers.

17. The programme will provide technical assistance to enable public education institutions to

include rights-based, gender-sensitive sexual and reproductive health education in primary and secondary education curricula, and will also support modules for non-formal education. The programme will support peer education, teacher training and interventions that include the participation of parents and civil society organizations in reproductive health issues. It will also seek to increase the knowledge base on the linkages between sexual and reproductive health and educational and sociocultural issues.

18. Within the framework of health-sector reform, UNFPA will strengthen the capacity of the Government in forecasting, procuring, storing and distributing reproductive health commodities.

Gender component

19. The expected outcome of the gender component is strengthened institutions and policies oriented towards reducing inequity and discrimination, with a special emphasis on gender and intergenerational relations. To achieve this outcome, UNFPA will support strategic planning and the management of government programmes that seek to overcome intergenerational and gender inequity, ensuring that the programmes include a gender and cross-generational perspective.

20. The programme will support civil society organizations in their capacity to influence and monitor public policies that safeguard gender equity, inter-generational equity and reproductive rights, and that seek to protect women against domestic violence. The programme will emphasize strengthening networks that connect organizations that advocate gender equity and the reduction of gender-based violence.

21. In addition, the programme will support actions that: (a) increase the participation of women in political organizations and parliament, at the local and regional levels, by facilitating town hall debates with women politicians; (b) provide training in the areas of gender policies,

reproductive health, and population and development; and (c) strengthen the infrastructure of and technical support to the Women Parliamentarians' Group.

Population and development component

22. The expected outcomes of the population and development component are: (a) national and local governments integrate a sociodemographic perspective into their territorial planning; (b) the Government has institutional mechanisms to connect Uruguayans living abroad with national economic, scientific and technological, social and cultural communities; and (c) improved design and implementation of poverty reduction policies that emphasize the importance of youth and the biological and social determinants of poverty.

23. To achieve these outcomes, UNFPA will build the capacity of selected government institutions to design policies and develop programmes that take into account the linkages between population and development. UNFPA and the Government will accomplish this by: (a) training ministerial and municipal civil servants in charge of designing, executing and monitoring public policies; and (b) strengthening the ability of government entities to generate information and execute policies.

24. The programme will support an integrated strategy in selected national and local government organizations in order to improve the national statistics system. This support will include: (a) technical assistance to improve the capacity of the National Statistics Institute to redesign its statistical instruments and improve its analytical capacity; (b) the facilitation of coordination among statistical units producing sectoral information, in particular those in the areas of health, gender, adolescents, youth and social policy, and local government statistical units; (c) the publication and dissemination of statistics and sociodemographic and population analyses; (d) the creation of statistical units in localities where they do not exist; and (e) the development of statistical tools and information.

25. The programme will assist the Ministry of Foreign Affairs in designing and implementing an internship programme for qualified Uruguayans living abroad. The interns would spend time in-country providing strategic know-how to national institutions.

IV. Programme management, monitoring and evaluation

26. The programme will employ a results-based management methodology, with monitoring and evaluation based on the UNDAF monitoring and evaluation plan. The Government and UNFPA will establish a programme management mechanism to provide supervision and strategic orientation. At least twice a year, UNFPA staff and their national counterparts will carry out supervisory visits to project sites. The Government and UNFPA will review the country programme annually. UNFPA will participate in the UNDAF midterm review.

27. In accordance with the approved country office typology, the UNFPA office in Uruguay consists of an assistant representative and local administrative staff. The office will seek to strengthen its cooperation with non-governmental and community-based organizations, recognizing their comparative advantage in programme execution. The UNFPA Country Technical Services Team in Mexico City, Mexico, and national consultants will provide technical assistance

RESULTS AND RESOURCES FRAMEWORK FOR URUGUAY

<p>National priorities: (a) sustained and sustainable growth of the Uruguayan economy, with an emphasis on the diversification of production, participation in international markets (within and outside the region), and the incorporation of scientific and technological innovation into production processes and investment growth; (b) reduced poverty (in particular, in younger generations), emphasizing the eradication of abject poverty; and (c) reduced inequity (economic, social, inter-generational, gender, territorial and ethnic) in access to high-quality social services</p> <p>UNDAF outcomes: (a) by 2010, the country will have made progress in generating new capacity to incorporate knowledge, innovation and diversification of processes into the production of goods and services aimed at sustained and sustainable growth; and (b) by 2010, the country will have made progress in designing and managing policies that eradicate extreme poverty and reduce poverty; and (c) by 2010, the country will have made progress in designing and managing policies and in providing equitable access to quality social services, to address discrimination and promote social integration processes</p>				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Reproductive health	<p><u>Outcome:</u> Improved access to high-quality reproductive health services</p> <p><u>Outcome indicator:</u></p> <ul style="list-style-type: none"> ▪ Contraceptive prevalence rate <p><u>Outcome:</u> Improved access by poor young people to information and counselling services to prevent HIV/AIDS</p> <p><u>Outcome indicator:</u></p> <ul style="list-style-type: none"> ▪ Proportion of the population aged 15-24 with comprehensive, correct knowledge of HIV/AIDS 	<p><u>Output 1:</u> Professionals and technicians (who influence decision-making processes) from government entities and selected municipal governments are able to link population dynamics to development processes and correctly estimate future trends in the supply and demand for social services, including reproductive health</p> <p><u>Output indicator:</u></p> <ul style="list-style-type: none"> • Selected policies incorporate variables and demographic projections <p><u>Output 2:</u> Rights-based, gender-sensitive education in sexuality and reproductive health is incorporated into primary and secondary school educational programmes and non-formal educational programmes</p> <p><u>Output indicator:</u></p> <ul style="list-style-type: none"> • Percentage of primary and secondary public education centres that have adopted gender-sensitive, rights-based educational programmes <p><u>Output 3:</u> Strengthened response to the HIV/AIDS epidemic through increased availability of information and preventive services</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> • Number of health care centres that provide attention and specific sexual and reproductive health counselling to adolescents and youth • Health budget allocated to prevent and control HIV/AIDS 	<p>Presidency; Ministry of Public Health; selected municipal governments; Public education organizations; non-governmental organizations (NGOs)</p> <p>Ministry of Public Health; country coordination mechanism</p> <p>NGOs working in the field of HIV/AIDS</p>	\$1.5 million (\$0.6 million from regular resources and \$0.9 million from other resources)
Gender	<p><u>Outcome:</u> Strengthened institutions and policies oriented towards reducing inequity and discrimination, with a special emphasis on gender and intergenerational relations</p>	<p><u>Output 1:</u> Priority programmes of the Ministry of Public Health improve their strategic planning and management capacity</p> <p><u>Output indicator:</u></p> <ul style="list-style-type: none"> • Health-sector reform includes guidelines prepared for priority programmes <p><u>Output 2:</u> Non-governmental women's organizations will have strengthened their capacity to safeguard gender, cross-generational equity and reproductive rights, and to protect women against domestic and sexual violence</p>	<p>Ministry of Public Health; women parliamentarians; local congresswomen; women's secretariats in local governments</p>	\$1.3 million (\$0.6 million from regular resources and \$0.7 million from other resources)

Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Gender (cont'd)	<p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> • Presence of national and local mechanisms in force to address and reduce gender-based violence • Proportion of women participating in political parties, workers' unions, business associations and private business management • Proportion of women in government ministries, the legislature and the judiciary • Average salary ratio of men and women in equivalent positions and jobs 	<p><u>Output indicator:</u></p> <ul style="list-style-type: none"> • Number of organizations in civil society that actively promote gender equity and reproductive rights and address domestic violence <p><u>Output 3:</u> The National Women's Institute, the women's secretariats in local governments, the Women Parliamentarians Caucus and local congresswomen will have strengthened their capacity to formulate, execute and monitor policies and strategic plans (including plans on equal opportunities) in their respective jurisdictions</p> <p><u>Output indicator:</u></p> <ul style="list-style-type: none"> • Degree of execution of National Plan on Equal Opportunities 	NGOs; NGO networks on gender and domestic violence; NGOs advocating for women's rights; National Women's Institute	(see above)
Population and development	<p><u>Outcome:</u> National and local governments integrate a sociodemographic perspective in their territorial planning</p> <p><u>Outcome indicator:</u></p> <ul style="list-style-type: none"> • Sociodemographic data updated and available on official web page <p><u>Outcome:</u> The Government has institutional mechanisms to connect Uruguayans living abroad with national economic, scientific and technological, social and cultural communities</p> <p><u>Outcome indicator:</u></p> <ul style="list-style-type: none"> • Number of consultative councils created in the main cities hosting Uruguayans abroad <p><u>Outcome:</u> Improved design and implementation of poverty reduction policies that emphasize the importance of youth and the biological and social determinants of poverty</p> <p><u>Outcome indicator:</u></p> <ul style="list-style-type: none"> • Percentage of youth aged 12-25 living below the poverty line 	<p><u>Output 1:</u> National and selected municipal governments have the capacity to plan and design policies and develop programmes that take into account the linkages between population and development, using demographic data and analyses</p> <p><u>Output indicator:</u></p> <ul style="list-style-type: none"> • Government organizations and selected municipalities have qualified staff to manage socio-demographic data and the integration of population variables into the design of programmes and policies <p><u>Output 2:</u> The Foreign Office and the University of the Republic of Uruguay establish an internship programme in government institutions and organizations, academic institutions and/or the private sector for qualified Uruguayans</p> <p><u>Output indicator:</u></p> <ul style="list-style-type: none"> • Number highly qualified Uruguayans living abroad who participate in the internship programme, working at government institutions, academic organizations and businesses in Uruguay <p><u>Output 3:</u> The Government and the University of the Republic of Uruguay strengthen their knowledge base on the linkages between population dynamics and poverty to promote its use in the design, implementation, evaluation and monitoring of public policies</p> <p><u>Output indicator:</u></p> <ul style="list-style-type: none"> • Number of systematized and updated socio-demographic statistical sources 	<p>Ministries and selected municipalities; National Statistics Institute; Presidency of the Republic; University of the Republic of Uruguay</p> <p>Foreign Office; University of the Republic</p> <p>Selected ministries; National Statistics Institute; University of the Republic of Uruguay</p>	<p>\$1 million (\$0.4 million from regular resources and \$0.6 million from other resources)</p> <hr/> <p>Total for programme coordination and assistance: \$0.2 million from regular resources</p>