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UNFPA – Country programmes and related matters

DRAFT

United Nations Population Fund

Country programme document for Uruguay

Proposed indicative UNFPA assistance:	\$ 9.1 million: \$4.6 million from regular resources and \$4.5 million through co-financing modalities or other resources
Programme period:	5 years (2026-2030)
Cycle of assistance:	Fifth
Category:	Tier III
Alignment with the UNSDCF Cycle	United Nations Sustainable Development Cooperation Framework for Uruguay, 2026-2030

I. Programme rationale

1. As one of Latin America's most robust democracies, Uruguay has leveraged its political stability and strong institutions to achieve both high-income status and high human development (Human Development Index 0.830). Over the past four decades, it has built a strong social protection system with high coverage in health, education, and social security, supported by public social spending that grew from 14.5 per cent of the gross domestic product in 1985 to 24.5 per cent in 2022.

2. Despite progress, the country's sustainable development is hindered by persistent poverty and inequalities, which disproportionately affect specific groups, within the context of an uneven post-COVID-19 recovery. Poverty is deeply intertwined with age and gender. According to 2023 data (Continuous Household Survey-ECH, National Institute of Statistics-INE), the poverty rate for children under the age of six (20.1 per cent) was nearly 10 times higher than for the elderly (2.2 per cent). A new, more accurate, 2024 statistical methodology reveals an even starker reality, re-estimating child poverty at 32 per cent. Furthermore, Uruguay has the highest index of poverty feminization in Latin America (ECLAC, 2024), with female-headed households accounting for 68 per cent of all poor households and a staggering 93 per cent of single-parent poor households. Disparities also follow racial and disability lines: poverty among Afro-descendants (19.1 per cent) is more than double that of the white population (8.9 per cent), and an estimated 50 per cent of people with disabilities are in the lowest income quintiles, compared to 35 per cent of those without (latest available data from 2005). Poverty is most pronounced in the departments of Montevideo, Artigas, Rivera, and Salto.

3. These inequalities are compounded by the country's advanced demographic transition, which poses a critical test to Uruguay's development model. With an aging population (15 per cent over 65 years), low fertility (1.24 children per woman) and rising youth emigration, the country's social and gender contracts are under immense pressure (Vital Statistics, Ministry of Public Health-VS/MOH and Census 2023, INE). As the demographic dividend reverses, a shrinking youth cohort must achieve higher productivity to sustain social protection for a growing elderly population. Addressing this requires urgent policy reforms that aim at reshaping the social and gender contract, which refers to the set of norms, values, agreements – explicit and implicit – that regulate power relations in society: directly linked to patriarchy, racism, inequality, social injustice, among others. Supporting gender equality and investing in women's and girls' empowerment – including their bodily autonomy, health, education, sexual and reproductive rights, and labour market participation – is not only an ethical imperative but an economic necessity to foster intergenerational equity and realize the country's full demographic and gender dividend.

4. Uruguay's deep commitment to international frameworks, including Agenda 2030 and the ICPD Programme of Action, has driven two decades of significant social progress, including the signing of the Montevideo Consensus in 2013, which is also a critical platform for accountability. This commitment has translated into a wide array of landmark laws, plans and strategies – often supported by UNFPA – that advance sexual and reproductive health, gender equality, the protection against gender-based violence, and the rights of those left furthest behind. Key achievements include: the Law on Sexual and Reproductive Health, the Policy on Reproductive Health Commodity Security, the Law on Voluntary Interruption of Pregnancy, the National Programme for Comprehensive Sexuality Education, the Comprehensive Gender-Based Violence Law, the National Strategy for the Prevention of Unintended Adolescent Pregnancy and the implementation of the Convention on the Rights of People with Disabilities. The impact of these policies is unquestionable, with adolescent fertility reaching a historical low in 2024 (20.1 per 1,000 women aged 15-19 years) and preventable maternal deaths nearing zero (VS/MOH, 2024).

5. Despite significant legal and policy progress, gaps remain in reaching those left furthest behind. While the overall unmet need for contraception is 8.9 per cent (ENCOR, 2017), the disparity is more pronounced among low-income and less educated women. This group experiences lower use of modern contraception, often due to reduced negotiating power with partners, and has limited knowledge of methods like emergency contraception. Additionally, while overall HIV prevalence remains low (0.6 per cent in 2023), cases are rising among men who have sex with men (a 20 per cent increase) and increasing rates of congenital syphilis disproportionately affect the poorest women and children (Epidemiological situation of HIV/AIDS, 2023, MOH).

6. While Uruguay has successfully lowered its adolescent fertility rate, a high proportion of pregnancies remain unplanned, especially among populations in situations of greatest vulnerability. In 2023, 34.3 per cent of mothers reported their pregnancy was unplanned, a figure that surges to 56.9 per cent among adolescent mothers

under the age of 20 (VS/Perinatal Information System (SIP), 2023). This issue is particularly acute among Afro-descendant women, who, due to greater vulnerability and poverty, tend to have more children and at an earlier age than the general population. The persistence of adolescent pregnancy is driven by several interconnected factors: (a) poverty and lack of opportunities, often linked to racism and structural discrimination, which foster cultural patterns that value early motherhood as a desirable status in adolescent girls' life projects; (b) socio-cultural barriers in access and limited adaptation of sexual and reproductive health (SRH) services to adolescents and young people's needs, due to systemic failures in accessibility, staffing, and confidentiality; (c) limited empowerment and ability of adolescents, particularly those in situation of greater vulnerability, to make free and informed decision-making about their lives and bodies; (d) discontinuous use of modern contraceptive methods, highlighting the need to increase demand for and access to long-acting reversible contraceptives (LARCs); (e) uneven implementation of comprehensive sexuality education programmes, hindered by gaps in coverage, teacher training, resource availability and curriculum development; and (f) early unions and sexual violence, particularly linked to pregnancies in adolescent girls under age 15 years.

7. With preventable maternal deaths nearing zero (9.6 deaths in 2022/2023), Uruguay's focus is shifting from mortality reduction to enhancing overall maternal well-being, especially for women in poverty, who face significant disparities (VS/MOH). Approximately 21 per cent of pregnant women live in poverty, and a disproportionate number of poor households with young children are female headed (estimates based on ECH/INE). Key priorities now include reducing caesarean sections, promoting humanized childbirth and improving access to updated pregnancy care and post-obstetric contraception. This new focus is also centred on addressing critical gaps like obstetric violence – reported by 3 in 10 women in health centres in 2019 – and supporting mental health during and after pregnancy.

8. Gender-based violence (GBV) remains one of Uruguay's most critical challenges. Despite progressive laws, key indicators such as femicides, domestic violence reports and sexual violence against children and adolescents have either stagnated or worsened. Uruguay has one of South America's highest femicide rates – 2.49 per 100,000 women (National Observatory on Violence and Crime, Ministry of the Interior-NOVC/MI, 2023-2024). Gender-based violence is widespread, with over 76 per cent of women aged 15 years and older reporting having experienced GBV in their lifetime – a figure that is even higher for young women, Afro-descendants, migrants and women with disabilities (GBV survey, 2019). This trend is underscored by a dramatic surge in domestic violence reports, which climbed from 26,000 in 2013 to 36,000 in 2023 (MI 2024). Children and adolescents are particularly vulnerable, as they are the primary victims of most sexual crimes. This vulnerability manifests in various harmful practices. For instance, while formal child marriage is rare, early teenage unions with significant age differences persist in impoverished regions – a problem obscured by a lack of updated data. In response, a parliamentary review is underway to raise the minimum age of marriage from 16 years to 18 years without exceptions. In educational settings, gender-based violence continues to be a threat, especially targeting LGBTIQ+ youth. Compounding these issues, new forms of community and technology-facilitated violence are on the rise, posing new and complex dangers for adolescents and young people.

9. This pervasive violence is rooted in deep structural inequalities and intersectional discrimination, which limit women's autonomy and power. As of December 2023, significant gender gaps persisted in labour force participation (56.2 per cent for women versus 71.7 per cent for men), political representation in congress (30 per cent for women), and the burden of unpaid work (34.4 hours per week for women versus 20.6 for men). (ECH/INE 2024).

10. Overcoming these challenges is a complex effort, hampered by insufficient funding, limited data and fragmented data systems, and a shortage of specialized staff. Consequently, making meaningful progress requires not only enhanced policies with gender and intersectional approaches, but also improved GBV data, interoperability of data systems, and inter-institutional coordination. It demands a concerted effort to dismantle deeply ingrained discriminatory norms surrounding gender and age. Successfully transforming Uruguay's social and gender contract is contingent upon a renewed and intensified commitment to combatting all forms of gender and generational-based violence (GGBV). This includes adopting a forward-thinking strategy for technology – one that actively mitigates its use as a tool for violence while leveraging its power to deliver innovative prevention and response solutions, especially for younger generations.

11. To truly achieve transformative change, Uruguay must anchor its efforts in a data-driven approach to identify and support its furthest left-behind populations, supported by sustainable financing for the three transformative results. As broad national indicators improve, the focus needs to shift to the granular level, where disparities persist. While the country has a strong data collection capacity, progress is hindered by the lack of

regular thematic surveys and delays in processing administrative records. The 2023 Census provides an opportunity to collect updated data to guide targeted interventions and investments in maternal health, family planning and GBV. Looking ahead, the primary challenge is to build Uruguay's demographic resilience against the challenges of an aging population, declining fertility rates and evolving migration patterns, which will test the sustainability of the labour market and social security systems. A forward-looking strategy based on data and foresight is crucial. The UNFPA role will be to support Uruguay in crafting the evidence-based policies needed to turn these demographic shifts into opportunities for sustainable and inclusive development that leaves no one behind.

12. The new UNFPA country programme will contribute to Uruguay's national priorities by aligning with two strategic areas of the United Nations Sustainable Development Cooperation Framework (UNSDCF) 2026-2030: strategic priority 1 (promoting a "care society" with social cohesion) and 3 (fostering effective democratic governance). To achieve this, UNFPA will leverage its comparative advantages in sexual and reproductive health and reproductive rights, data analysis for public policy, social inclusion strategies and its proven ability to build strategic partnerships across all sectors.

13. The programme's design is informed by key achievements and lessons from the UNSDCF evaluation, the evaluation of the current UNFPA programme, 2021-2025, and the recent internal audit undertaken. Key UNFPA achievements include: (a) generation and effective use of statistical data to map out inequalities; (b) UNFPA leadership in the development of key SRH policies, plans and programmes with an leaving no one behind (LNOB) approach; (c) advancement of disability rights through the promotion of the implementation of the Convention on the Rights of Persons with Disabilities; (d) successful resource mobilization, including government financing, for reproductive health commodity security.

14. Key lessons learned include: (a) achieving the transformative results requires adopting a dual approach of universal policies, coupled with targeted LNOB strategies to reach those furthest left behind; (b) the need to embed family planning within broader family-friendly policies that support the entire lifecycle of a woman's reproductive journey, including the promotion of women's autonomy and labour force participation, and addressing care responsibilities for children and elderly individuals; (c) the need for a more integrated, transformative approach in addressing GBV, moving beyond awareness towards systemic prevention; (d) strategic use of data – from integrating administrative records to generating localized insights – remains a cornerstone of success (i.e. integration of information from the Perinatal Information System (SIP) with socio-economic information from administrative records); (e) strong, strategic partnerships with government, civil society and academia are essential for reaching marginalized communities, mobilizing resources and influencing key policy reforms.

II. Programme priorities and partnerships

15. The proposed programme for 2026-2030 is aligned with national priorities and the UNSDCF, 2026-2030; the 2030 Agenda for Sustainable Development and the Sustainable Development Goals (SDGs); the ICPD Programme of Action and the Montevideo Consensus; and UNFPA Strategic Plan, 2026-2029. The programme will contribute directly to SDGs 3, 4, 5, 10, 11 and 17, and indirectly to SDG 1, particularly poverty among women, adolescents and children. The programme is built upon broad national consultations and stakeholder engagement. A primary source of input is the United Nations "Dialogues on the Future of Uruguay" (2022-2024), which convened over 2,000 diverse stakeholders, as well as UNSDCF-related consultations with the new government, civil society and representatives of the furthest left-behind groups. In addition, the country office has implemented a specific national consultative process with civil society organizations (CSOs) representing persons with disabilities, the LGBTIQ+ community and Afro-descendent populations. This multi-level consultation process ensures that the proposed country programme is directly aligned with national priorities and grounded in the specific needs of diverse communities.

16. The vision for the new UNFPA country programme is to contribute to laying the foundations for a more equitable and sustainable social contract for Uruguay, one that is gender-transformative and rooted in a rights-based approach. UNFPA will therefore contribute to transforming Uruguay into a "care society," a key government priority reflected within the new UNSDCF, 2026-2030. This new contract represents a socio-economic and development paradigm shift, placing the well-being and care of people at the heart of economic and social policy. This approach is critical for a nation navigating rapid population aging, the feminization of poverty and gender-based violence, as it fosters genuine inclusion by recognizing care as a shared responsibility.

17. This vision rests on a critical foundation: advancing the “unfinished agenda.” A society centred on care is impossible without ensuring universal access to sexual and reproductive health and reproductive rights, comprehensive sexuality education and women’s bodily autonomy. These fundamental rights are the building blocks that enable all Uruguayans to live free from coercion and violence. The programmatic “entry point” is driving public policy solutions tailored for Uruguay’s new demographic era, building on the comparative advantage of UNFPA in shaping a more inclusive future for all Uruguayans.

18. Forging this new contract, requires deep normative, social and cultural changes that intentionally include the furthest left-behind groups. Building on achievements from the current cycle, UNFPA will leverage LNOB strategies as a key approach to drive progress, using intersectional perspectives. This approach will focus on reaching the populations in vulnerable settings, particularly women, children and adolescents affected by poverty and disparities, considering key intersecting factors of discrimination and exclusion in access to high-quality services and development opportunities, such as age, gender, sexual diversity, ethnicity and disability status, among others. To ensure no one is left behind, the UNFPA strategy will harness the power of data. Leveraging its strong reputation for demographic intelligence in Uruguay, UNFPA will generate disaggregated, granular data to visualize inequalities through a human rights-based approach, shape evidence-based and targeted policies and programmes, and driving investment where they will have the greatest impact. This evidence-driven approach is key to catalysing investment, driving a strategic shift from direct project funding toward building sustainable financing models that advance the three transformative results. A clear example of this shift is the project, “Towards Zero Poverty in Pregnant Women and Early Childhood,” which is set to unlock \$7 million in state financing by creating a real-time data system for monetary transfers and timely interventions. Innovation and digitalization will act as force multipliers for this work, allowing UNFPA to use technology to gather real-time data and deliver tailored services directly to those most in need.

19. This strategy of linking evidence to policy and financing is the foundation for the evolving role of UNFPA in a high-income country context, like Uruguay. To reinforce its positioning, UNFPA will deepen its shift to a more robust policy and advisory role, leveraging multi-stakeholder partnerships and resources to ensure population dynamics, sexual and reproductive health and rights, and gender equality are central to Uruguay’s future. This approach is especially powerful in Uruguay, whose advanced social and demographic context makes it an ideal public policy laboratory for piloting innovative solutions to complex “second-generation” ICPD issues; these include developing integrated care systems for an aging population, creating family-friendly policies and tackling the remaining pockets of adolescent pregnancy and gender-based violence. The lessons learned in Uruguay can provide a valuable roadmap for other countries in the region (and beyond) navigating similar demographic transitions.

20. The country programme vision will be achieved through two prioritized and interconnected programme outputs. This programme’s theory of change hinges on a powerful synergy: robust demographic intelligence (output 1) serves as the engine for effective, gender-transformative policy and financing frameworks (output 2). This synergy creates a virtuous cycle where data informs action and policy results demand deeper insights, to respond to emerging challenges and opportunities opened by demographic shifts. This data-to-policy pipeline will not only achieve specific programme goals but will contribute to building the fundamental pillars of a new societal contract for Uruguay, one that ensures fairness and shared responsibility between men and women and across all age groups.

A. Output 1. Strengthened national capacities to leverage demographic intelligence, data and statistical systems for gender-transformative, inclusive and human rights-based policies and programmes that are responsive to demographic change and advance sustainable development.

21. This output contributes to UNFPA three strategic plan outcomes and UNSDCF outcomes 3.1 (*inclusive and comprehensive evidence-based policies*). To build Uruguay’s demographic resilience and advance the three transformative results, UNFPA will focus on enhancing sociodemographic analysis to inform evidence-based and human rights-based approaches, public policies and programmes that advance the rights of those furthest left behind. This will be pursued by promoting the integration of advanced analytical tools into the design of gender-responsive social protection, health and education policies. Furthermore, UNFPA will continue to support the integration of diverse data sources to enable timely, localized socioeconomic analysis, which is crucial for identifying and reaching the most underserved populations, such as women, children, Afro-descendants, people

with disabilities, among others, and closing Uruguay's remaining gaps in the three transformative results. As such, Uruguay is set on a path to become a model of next-generation data systems, leveraging censuses, administrative records, surveys and population estimates, in line with UNFPA global standards.

22. Key interventions include advocacy, policy dialogue, technical assistance, coordination and partnerships to: (a) support the reactivation of a sectorial population commission as a main institutional body advising the executive on population dynamics, demographic resilience and the monitoring framework of the Montevideo Consensus priority measures; (b) promote the full exploitation of national census data to develop sociodemographic analysis (i.e. socio-demographic atlas, population situation analysis), including small-area population estimates and territorial demographic profiles that support local-level policy design and territorial equity through a human rights-based approach; (c) support the expansion of statistical use of administrative records to determine population size and other relevant development characteristics; (d) support interconnection of registry information to enable the creation of an information system (SIP-SIIAS) that tracks pregnant women and their newborns, helping to focus social protection schemes and reduce the number of children born into poverty; (e) promote the consolidation, regular implementation and financing of essential surveys, including those on time-use, gender-based violence, and youth, linking them with the Continuous Household Survey (ECH), to enable a comprehensive analysis of their connection to broader socioeconomic conditions, thereby strengthening the monitoring of the gender and generational contract; (f) deepen the understanding of how demographic dynamics impact development financing, through the analysis and dissemination of the results of innovative tools, such as national transfer accounts, national time transfer accounts, and national inclusion accounts; (g) establish identification of good practices and public policy solutions, to be systematized and shared within the framework of South-South cooperation.

B. Output 2. Strengthened national and subnational policies, accountability and financing frameworks to close remaining gaps in the three transformative results and move beyond, to enhance the adaptation to demographic change, advancing the rights of those furthest left behind.

23. This output contributes to UNFPA Strategic Plan outcomes 1, 2 and 3, and UNSDCF outcomes 1.1 (coverage, quality, equity, and sustainability of the social protection system and services to reduce poverty), 1.2 (coverage and quality of the care system); 1.3 (policies, normative frameworks and practices to eliminate discrimination on multiple grounds), and 3.2 (institutional architecture improved to ensure social cohesion, the prevention of and response to violence, security, and access to justice). The UNFPA strategy to achieve this output follows a dual track. First, to complete the “unfinished agenda,” UNFPA will address remaining policy gaps in the three transformative results (ending preventable maternal deaths, unmet need for family planning and gender-based violence and harmful practices), using an LNOB approach. This involves strengthening policies that protect pregnant women and newborns through improved healthcare and social protection; expanding access to a full range of modern contraceptives, with an emphasis on LARCs; and implementing systemic policies to prevent gender and generation-based violence by tackling its root causes, including the lack of bodily autonomy. To accelerate the third transformative result, UNFPA will foster a major shift in effort, consistency and approach, based on three pillars: partnership-building, improved diagnostics and strengthened GGBV prevention and response, including through expanded reach of comprehensive sexuality education (CSE) programmes. Second, to move “beyond the zeros,” UNFPA will promote a broader vision of well-being that connects reproductive rights to a comprehensive, gender-transformative social contract. Through this integrated strategic approach, UNFPA will improve key health outcomes (i.e. maternal health, reduced adolescent pregnancy, reduced gender and generation-based violence) and contribute to critical socio-economic goals, including tackling the infantilization and feminization of poverty, increasing women's labour force participation and educational attainment, and improving social cohesion. These strategic lines will be implemented by responding to population changes and promoting the capacity to adapt to them in a proactive and transformative manner, integrating demographic data and analysis into public policies. This comprehensive approach positions Uruguay as a laboratory of public policies that can share its experiences and lessons learned with other countries through South-South and triangular cooperation (SSTC). These SSTC strategies will be implemented in partnership with the Uruguayan Agency for International Cooperation (AUCI). Collaboration will also extend to the Resident Coordinator's Office and other UNFPA country and regional offices through mechanisms such as expert visits, virtual exchanges, and the sharing of knowledge products and best practices.

24. Key interventions include evidence-based advocacy and policy dialogue, technical assistance, coordination, knowledge management and policy implementation monitoring, to contribute to: (a) designing, implementing and monitoring a new set of policies and social protection schemes linked to improved and timely healthcare for pregnant women and their newborns, leveraging strategic financing, improved data systems and interinstitutional coordination, in partnership with other United Nations organizations (i.e. the Pan American Health Organization (PAHO/WHO) and UNICEF); (b) strengthening the policy coalition (women's NGOs, academia, trade unions, elderly organizations) to advance the National Integrated Care System by advocating for increased fiscal allocations, expanded coverage and enhanced quality of care; (c) strengthening the national contraceptive supply chain and SRH policy by enhancing coordination between health authorities and providers and improving needs assessment, monitoring and 'last-mile' assurance to ensure universal access to a full range of modern contraceptives (particularly LARCs), technical assistance on SRH and rights, including family-friendly policies; (d) scaling up public policies that incorporate a comprehensive, adolescent-centred approach to well-being, grounded in bodily autonomy, integrating the prevention of unintended pregnancies, expanded reach and effectiveness of CSE, in both formal and informal educational settings, and prevention of gender and generation-based violence; (e) strengthening interinstitutional coordination, implementation and monitoring to prevent and respond to GGBV, including technology-facilitated violence; (f) ensuring the integration of LNOB approaches into public policies on sexual and reproductive health and rights, gender equality and population policies, to ensure rights and choices for all in the context of the demographic resilience and intelligence; (g) integrating the commitments of the Montevideo Consensus as a key reference point for monitoring and assessing policy progress; and (h) establishing identification of good practices and public policy solutions, to be systematized and shared within the framework of South-South cooperation.

III. Programme and risk management

25. The programme will be implemented through various partners, including national and departmental governments, CSOs and other stakeholders. Activities will adhere to United Nations standard operating procedures and UNFPA policies, ensuring accountability and effective risk management through joint planning and a harmonized approach to cash transfers.

26. This programme vision reflects the transition that UNFPA Uruguay has already started in the previous cycle, leading the charge of a transformed business model. It formalizes the country office's established focus on a high-level advisory role, fully aligning with the spirit of the UN 2.0, the UN80 Initiative and the quadrennial comprehensive policy review (QCPR). Within the context of the business model review, the UNFPA Uruguay country office already follows an advisory-focused model without international representation, as part of a Southern Cone cluster with Brazil, Argentina and Paraguay. This model sharpens the office's established focus on policy dialogue, data-driven advocacy, and its role as a convener. It also enhances collaboration and the sharing of technical resources across the Southern Cone, with specialized support provided cost-effectively from the Brazil country office, the regional office or headquarters, based on the principle of subsidiarity.

27. The backbone of this vision is the office's core asset: a small, highly reputed team, whose deep technical expertise and extensive reach into national and subnational public policy domains enable a focus on high-level policy engagement and on strategic engagements that amplify impact of UNFPA. The current structure will be maintained: a head of office financed by regular resources; a programme and operational team, with most of the funding of the positions combining regular resources and other resources or fully financed by other resources. The country office team consists of specialists with proven expertise and leadership in the core mandate areas of UNFPA. They possess key skills in intersectoral coordination, technical assistance, advocacy and resource mobilization. This internal capacity is amplified by Uruguay's strong and coordinated United Nations country team (UNCT), which allows for the leveraging of collective expertise. Furthermore, the country office is committed to promoting opportunities for people from furthest left-behind groups. This commitment is demonstrated not only through inclusive human resource practices but also through the established experience of involving these groups directly in UNFPA projects – a practice the country office will continue to strengthen. This lean structure is designed for flexibility and sustainability, supplemented by subregional, regional and global expertise and financial resources as needed. The core sustainability of country office operations will be ensured through co-financing of programme posts and programmatic actions with other resources. In the previous cycle, resources from other sources tripled, increasing the UNFPA financial capacity threefold to influence policy and collaborate with the Government in policy innovation. By 2030, it is expected that 25-30 per cent of operational and programme costs will be financed by other resources.

28. A cornerstone of this new model is a proactive partnership and resource mobilization strategy to expand and diversify the office's resource base. UNFPA plays a central role in driving United Nations coherence in Uruguay, building strategic alliances to advance the rights of those furthest left behind. This collaborative spirit is demonstrated in large-scale, multi-partner initiatives such as "Violence in Focus," where UNFPA works alongside the European Union, UN-Women, UNDP and UNICEF to combat gender-based violence and tackle digital-based violence. The challenges of this kind of violence represent an opportunity to seek innovative partnerships with technology and communication companies within the framework of their social responsibility actions. The programme also builds targeted alliances on specific mandates, working with PAHO/WHO on SRH and disability, with UNESCO on CSE, and with the International Organization for Migration and UNICEF on initiatives for migrant youth and for Afro-descendants. The UNFPA partnership strategy extends beyond the United Nations system. Building on successful partnerships with the Uruguayan Government, the country office will prioritize strengthening relationships with non-traditional partners (i.e. Ministry of Finance, Office of Planning and Budgeting, Attorney General's Office). Furthermore, the strategy includes engaging multilateral development banks (i.e. Inter-American Development Bank, the World Bank, the International Monetary Fund) as programmatic partners, and exploring opportunities with the private sector, potentially through regional projects. With traditional core resources expected to decrease, these mobilized resources will be strategically allocated to catalyse the policy impact by funding larger, externally managed projects in national priority areas and ensure the sustainability of the core UNFPA team. The country office will strive to mobilize sustainable financing, engaging other potential allies (government, private sector, international financial institutions) to expand and diversify funding. Through advocacy, technical assistance and innovative financing, in collaboration with the UNCT, UNFPA will coordinate efforts to close financing gaps.

29. Potential risks to the programme's implementation include: global political, social or economic crises, pandemics, and climate change, which may divert resources and attention from programme goals; a highly competitive environment within the context of limited fiscal space may challenge the scope of UNFPA programming and efforts to leverage increased resources; a reduction in overall development funding may lead to a weakening of key civil society partners. To mitigate these risks, UNFPA will implement a multi-pronged risk mitigation strategy: use data, investment cases and demographic intelligence to demonstrate the cost-effectiveness and long-term economic returns of investing in the ICPD agenda, showing how investing in youth, in women in all their diversity and in health prevents future costs, and how gender equality and reproductive health are critical for economic recovery, public health resilience, and social cohesion; UNFPA will actively lead and participate in joint United Nations programmes and resource mobilization efforts while continuing to expand and diversify the programme's funding base; continue strengthening strategic communications to clearly articulate and demonstrate the unique value proposition of UNFPA – its role as a normative leader, its expertise in demographic intelligence, and its focus on rights-based approaches. Progress will be achieved in working with non-traditional partners (private sector, international financial institutions, South-South cooperation, media, digital content creators). Finally, some critical issues that have national consensus on the need for an adequate response represent key opportunities for the office to draft a new strategy to engage non-traditional actors to support the programmatic activities.

30. 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

31. UNFPA and the government of Uruguay, under the leadership of the Uruguayan Agency for International Cooperation (AUCI), will monitor the country programme. This process will adhere to the agreed-upon procedures of the UNSDCF, as well as UNFPA results-based management standards and principles.

32. As an active member of the UNSDCF Steering Committee and the UN Monitoring and Evaluation Group, UNFPA will ensure full alignment and contribute to the annual reporting and evaluation of the broader United Nations framework

33. Given the quality of the most recent country programme evaluation (CPE), with no significant contextual changes that would require major programme adjustments compared to the previously evaluated cycle, and in

light of the context and financial constraints, the country office does not plan to conduct a CPE for 2026-2030. Instead, the evaluation strategy will use the evaluation of the new UNSDCF (2026-2030) to promote the incorporation of evaluation gaps on some of the specific topics arising from the CPE. Also, the evaluation of the project “Violence in Focus” (carried out with funds from the European Union), as well as other funded projects that may arise during the period, is foreseen.

34. A detailed country programme monitoring and evaluation plan will be developed with partners, and progress will be tracked using the UN-Info platform. The monitoring and evaluation plan is designed to strengthen accountability, support evidence-based decision-making, and systematically document lessons learned and good practices. The monitoring and evaluation framework will formalize clear feedback mechanisms and adaptive management processes, ensuring programme adjustments and reinforcement are timely. Key activities will include: technical supervision meetings with national and local partners; periodic reviews to monitor progress towards results; ongoing risk assessment, rapid analysis of monitoring data and implementation of corrective and interactive actions; and annual progress reports and reviews of financial performance.

35. In line with the UNFPA commitment to accountability, the programme will incorporate key recommendations from a recent internal audit. While the audit highlighted successful resource mobilization efforts, it also recommended strengthening results planning, reporting and monitoring – particularly for programme supplies management. The country office is taking immediate action and has engaged with regional and global headquarters to fully implement these recommendations, further enhancing the robustness of the programme’s monitoring systems.

36. UNFPA will contribute to strengthening national capacities for monitoring and reporting on country commitments to the 2030 Agenda, the Montevideo Consensus and the ICPD voluntary national commitments, supporting the generation and delivery of voluntary national reports.

RESULTS AND RESOURCES FRAMEWORK FOR URUGUAY (2026-2030)

NATIONAL PRIORITY: 3. Effective democratic governance based on strong and transparent institutions that promote decentralization and the participation of all people.				
UNSDCF OUTCOME: 3.1 By 2030, the branches of the State, at both national and subnational levels, will have strengthened their capacities to design, implement, and evaluate comprehensive, participatory, and evidence-based public policies, using territorial, intersectional, human rights-based, gender, and generational approaches, with a focus on innovation.				
RELATED UNFPA STRATEGIC PLAN OUTCOME(S): Outcome 1: By 2029, reduction in the unmet need for family planning has accelerated; Outcome 2: By 2029, reduction in preventable maternal deaths has accelerated; Outcome 3: By 2029, the reduction of gender-based violence and harmful practices has accelerated; Outcome 4: By 2029, adaptation to demographic change has strengthened the resilience of societies for current and future generations, while upholding individuals right and choices				
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> The country has a dedicated section on demographic change and its implications in national and/or sectoral development strategies <i>Baseline: No (2025); Target: Yes (2030)</i>	<u>Output 1.</u> Strengthened national capacities to leverage demographic intelligence, data and statistical systems for gender-transformative and inclusive policies that are responsive to demographic change and advance sustainable development.	- Number of key population data outputs produced with UNFPA support, exploiting the results of the Census 2023 and thematic surveys (Youth, Time Use, Gender and Generational Violence, NTA, NTTA, NIA, etc.). <i>Baseline: 3 (2025); Target: 8 (2030)</i> - Number of intercensal population estimates generated from inputs from administrative records, elaborated with technical support from UNFPA <i>Baseline: 0 (2025); Target: 2 (2030)</i> - Sectorial Population Commission reactivated and fully functioning, with UNFPA support, to guide the country's adaptation to demographic change and advance sustainable development <i>Baseline: No (2025); Target: Yes (2030)</i>	Office of Planning and Budget, Ministry of Finance, National Institute of Statistics; Ministry of Social Development; Ministry of Health, Academia (Universities and think tanks); national Congress of Mayors, private sector, media, civil society and other United Nations organizations	\$3.4 million (\$1.5 million from regular resources and \$1.9 million from other resources)
NATIONAL PRIORITY: 1. A care society that promotes social cohesion and coexistence, comprehensive well-being, and the development of the capabilities of all people, in order to guarantee the full exercise of human rights. 3. Effective democratic governance based on strong and transparent institutions that promote decentralization and the participation of all people				
UNSDCF OUTCOME: 1.1 By 2030, the coverage, quality, equity, and sustainability of the social protection system and services, including health, education (including sexual education), housing, and nutrition, will have improved, with special attention on women, children, adolescents, and youth, as well as other groups in situation of vulnerability, in order to reduce poverty and structural inequalities in all their dimensions; 1.2 By 2030, the coverage and quality of the care system will have improved, based on shared responsibility and with a focus on early childhood, older persons, and persons with disabilities, contributing to reducing the high burden of unpaid work for women, facilitating their integration into the labour market, and promoting their autonomy, particularly among low-income groups 1.3 By 2030, normative frameworks, public policies, and state practices will promote sustained social changes aimed at eliminating discrimination on multiple grounds, including gender and diversity, age, ethnic-racial origin, disability, geographic location, human mobility status, and homelessness, among others; 3.2 By 2030, the institutional architecture incorporates improvements to ensure social cohesion, the prevention of and response to violence (particularly against women and children), security, and access to justice.				
RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 1 By 2029, reduction in the unmet need for family planning has accelerated; 2. By 2029, reduction in preventable maternal deaths has accelerated; 3 By .2029, the reduction of gender-based violence and harmful practices has accelerated; 4. By 2029, adaptation to demographic change has strengthened the resilience of societies for current and future generations, while upholding individuals right and choices.				

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> - Adolescent birth rate per 1,000 women in that age group: (a) (aged 10-14 years and (b) (aged 15-19 years) <i>(a) Baseline: 0.33 (2024); Target: less than 0.33 (2030)</i> <i>(b) Baseline: 20.1; Target: less than 20 (2030)</i> - Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by age and place of occurrence <i>Baseline: 19.5% (2020); Target: less than 19.5% (2030)</i> - National budget allocations—including for health, social protection, and infrastructure—are informed by population projection <i>Baseline: No (2025); Target: Yes (2030)</i>	<u>Output 2.</u> Strengthened national and subnational policies, accountability and financing frameworks to close remaining gaps in the three transformative results and move beyond and enhance adaptation to demographic change, advancing the rights of the furthest left-behind.	- A national system of health and social protection focused on pregnant women and mothers of newborns is established, with UNFPA support <i>Baseline: No (2025); Target: Yes (2030)</i> - Number of national institutions that have adopted the National Plan for Comprehensive Sexuality Education, based on a comprehensive, adolescent-centred approach to well-being, with the advisory support of UNFPA <i>Baseline: 0 (2025); Target: 5 (2030)</i> - National Institution for Public Policies on Disability established (aligned with the Convention on the Rights of People with Disabilities), with the support of UNFPA <i>Baseline: No (2025); Target: Yes (2030)</i> - Number of plans, programs or strategies that integrate prevention and response to technology-facilitated gender-based violence, supported by UNFPA <i>Baseline: 0 (2025); Target: 5 (2030)</i> - Number of institutions supported by UNFPA that increased the public budget for 3TRs funding and for population data and policy analysis <i>Baseline: 0 (2025); Target: 3 (2030)</i>	Ministry of Health; Ministry of Social Development; Ministry of Finance; Office of Planning and Budget; Ministry of Education and Culture; National Public Education Administration; Ministry of the Interior; Justice; health institutions; civil society organizations; academia; private sector; technology companies; media; and other United Nations organizations.	\$5.5 million (\$2.9 million from regular resources and \$2.6 million from other resources)
Programme coordination and assistance				\$0.2 million from regular resources.