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Draft country programme document**

Uruguay

Summary

The draft country programme document (CPD) for Uruguay is presented to the Executive Board for discussion and comment. The draft CPD includes a proposed aggregate indicative budget of \$4,250,000 from regular resources, subject to the availability of funds, and \$11,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2021 to 2025. The budgeted regular resources will be generated locally.

* E/ICEF/2021/1.

** In accordance with Executive Board decision 2014/1, country programme documents (CPDs) are considered and approved in one session, on a no-objection basis. This draft CPD, and a costed evaluation plan, will be presented to the Executive Board for review from 17 November to 7 December 2020. The final CPD will be posted to the Executive Board web page in English six weeks in advance of the 2021 first regular session and in the other designated languages four weeks in advance.

Programme rationale

1. Uruguay progressed to high-income status in 2013. It has the third highest Human Development Index (0.804) in the region, ranking 55th of 189 countries globally. Of 3.5 million people in the country, 873,000 are children and adolescents under 18 years old.

2. Overall poverty in Uruguay fell from 32.5 per cent in 2006 to 7.9 per cent in 2017, but it rose to 8.8 per cent in 2019.¹ Poverty in households headed by single women reached 15 per cent in 2019, while in households headed by single men it stood at 6.1 per cent. Poverty among children and adolescents remains higher than the overall measure: 16 per cent of children and adolescents were poor in 2019, and 46 per cent of all poor people were children and adolescents. Poverty among Afrodescendent children and adolescents stood at 27.6 per cent. In the provinces located in the north of the country and particularly those next to Brazil, performance in human development indicators tends to be lower and poverty levels higher.

3. The child mortality rate decreased from 12.1 per 1,000 in 2007 to 6.8 per 1,000 in 2019.² However, in some provinces (Artigas, Rocha, Salto), the mortality rate remains above 10 per 1,000. Attendance at early childhood education centres has increased steadily: 75 per cent of children aged 3 years attend; nevertheless, a large disparity persists between the richest (95 per cent) and poorest households (61 per cent).³

4. In the last 15 years there has been a sustained increase in overweight and obesity among children of primary school age, increasing from 26 per cent in 2004 to 36 per cent in 2018.⁴ Children under the age of 4 years already have twice the observed global rate (6 per cent versus 12 per cent). Overweight and obesity are two of the main risk factors of noncommunicable diseases, which are the leading cause of death in Uruguay, accounting for 84 per cent of deaths.

5. Uruguay has a very high level of school attendance.⁵ Education has been compulsory for children aged 4 to 17 years since 2008. Practically all children complete primary education (98 per cent) and then continue to secondary education. However, only 44 per cent of adolescents complete their secondary education by ages 21 to 23 years. A significant proportion drop out of formal education without completing ninth grade (24 per cent) or twelfth grade (57 per cent), with significant gender differences: 43 per cent of boys aged 18 years have already abandoned secondary school, compared with 28 per cent of the girls of the same age. Disparities in graduation rates among adolescents are very significant: the completion of upper secondary education (twelfth grade) among adolescents in the highest income quintile is almost five times higher than in the lowest (79 per cent and 14 per cent, respectively). Boys and Afrodescendent students also have lower graduation rates (34 per cent and 25 per cent, respectively) than girls and non-Afrodescendent students.

6. According to the 2011 census, barely 48 per cent of adolescents with disabilities manage to complete basic secondary education and only 25 per cent manage to complete upper secondary education. At the primary level, educational coverage is 91

¹ All statistics related to poverty are from the National Statistics Institute (INE).

² Data on child mortality are from the Ministry of Public Health.

³ Data from the Ministry of Social Development.

⁴ Data on malnutrition are from the National Administration of Public Education (ANEP), the Childhood Development and Health Survey (ENDIS) and UNICEF.

⁵ All statistics related to education are from ANEP and INE.

per cent, but the problem is of a different nature: a significant proportion of children with disabilities still attend “special schools”, separated from the rest of the children.

7. Between 2011 and 2019 the number of recorded cases of violence against children and adolescents rose from 800 in 2011 to 4,774 in 2019, representing an increase of more than 500 per cent.⁶ Violence against children continues to persist: 52.5 per cent of children aged 2 to 4 years were subjected to some form of violent discipline in 2018.⁷ This includes situations ranging from psychological violence (43.5 per cent of children) to physical violence (34.8 per cent) and severe physical violence (2.4 per cent).

8. According to the national survey on the prevalence of generation- and gender-based violence of 2019, there were 288,894 children and adolescents (32 per cent) living in households where some type of violence was practised against girls and women over 15 years of age. Furthermore, 20 per cent of women reporting violence against themselves also reported violence against their children.

9. Uruguay has the second highest rate of incarceration of the overall population in the Latin American and Caribbean region, 337 out of 100,000 inhabitants.⁸ The proportion of adolescents convicted of a crime that were deprived of liberty fell from 67 per cent in 2016 to 45 per cent in 2018. However, despite government efforts, the living conditions and treatment of adolescents deprived of their liberty in detention centres — mostly boys — is still a challenge.

10. The rate of institutionalization of children in Uruguay in 2019 was much higher (371 out of 100,000 inhabitants) than in the rest of the region (97 out of 100,000 inhabitants). In its most recent report in 2015, the Committee on the Rights of the Child⁹ recommended that deinstitutionalization measures be implemented and that greater efforts be made for reunification with the families. In 2019, 5,290 children and adolescents were in alternative care, boys and girls in equal proportion.¹⁰ Two thirds were in residential care units, and one third in family-based care. The proportion of children younger than three years of age in non-family residential care decreased from 45 per cent to 25 per cent between 2015 and 2018. However, 75 per cent of adolescents were in residential care and only 25 per cent in family-based care.

11. Although there is no comprehensive source of mental health data, some data point to mental-health issues among adolescents. In 2019 there were 34 suicides among adolescents (from 10 to 19 years of age),¹¹ 76 per cent of them by males and 85 per cent older than 14 years of age. The suicide rate in 2019 stood at 11.3 per 100,000 among adolescents aged 15 to 19 years, comprising a quarter of all deaths, and it jumped to 28.4 among those aged 20 to 24 years. According to the 2018 national survey of drug use among high school students, the level of alcohol consumption by 29 per cent of children aged 13 to 17 years was problematic, while 13 per cent were high-risk cannabis consumers.

12. A Gender Programmatic Review was conducted to strengthen understanding of gender inequalities. The analysis confirmed that gender operates as a structural barrier to equality and equity for girls, boys and adolescents, requiring cross-sectoral and

⁶ Data from the System for the Protection of Children and Adolescents against Violence.

⁷ Data from ENDIS.

⁸ Data from World Prison Brief.

⁹ Committee on the Rights of the Child, Concluding observations on the combined third to fifth periodic reports of Uruguay (CRC/C/URY/CO/3-5).

¹⁰ All statistics for children in alternative care are from the National Institute for Children and Adolescents.

¹¹ All mortality data are from the Ministry of Public Health.

intergenerational approaches to ensure adequate attention to transforming harmful gender norms in order to achieve the full realization of girls' rights.

13. Uruguay has made good progress in consolidating a child rights culture in many areas over the last two decades. Nevertheless, the awareness of and commitment to fully realizing child rights on key specific issues remain insufficient. Only 28 per cent of the population say they "know well" the rights of the child, and 52 per cent report "having heard" of or knowing something about child rights. Society still has not reached a level of awareness and commitment sufficient to realize the rights of children and adolescents in the areas of persistent deprivation and inequities.

14. The private sector is key to advocating for children's rights, given its scope as an employer, its economic impact and its influence on society. In Uruguay the role of business is still incipient, and there is great potential to foster consciousness and commitment from companies that would translate into policies and business practices to benefit children.

15. The right of adolescents to participate is recognized in policies and programmes in Uruguay. However, there is still room for more coordination. In addition, despite the existence of formal participation mechanisms, they are not commonly known to adolescents, who consider them adult-centred. Only 15.6 per cent of adolescents aged 14 to 17 years have participated in forums in which public policies are planned, discussed or evaluated.¹²

16. A national survey carried out by UNICEF in 2019 to assess adult perceptions of adolescents showed that respondents do not have a positive image of adolescents: 67 per cent of adults consider that adolescents do not share most of their own values, 58 per cent believe that they are not tolerant and 88 per cent consider them to be consumerists. In addition, 44 per cent of adolescents aged 14 to 17 years have felt discriminated against, according to a 2018 survey.

17. The country has a system in place to respond to emergency-related risks, coordinated by the National Emergency System. The coronavirus disease 2019 (COVID-19) pandemic has highlighted the importance of such a system. The response of the Government to the pandemic has been timely and proportionate; the country has been praised as a good example of pandemic management. However, according to the United Nations Development Programme, the economy of Uruguay will go through a recession in 2020, with significant real depreciation and higher inflation.

18. A microsimulation underway at the University of the Republic (the main public university in Uruguay) has produced preliminary estimates showing that poverty among children and adolescents may have risen from 16 per cent in 2019 to nearly 20 per cent in the second quarter of 2020 as a result of income loss in the most vulnerable households. A survey of the effects of the pandemic on the use of time, conducted by the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women) and UNICEF, shows that the abrupt decline of work activity by parents and the increase in the demand for childcare has deepened gender gaps.

19. According to data from the UNICEF Brand Barometer Study of 2018, UNICEF is uniquely positioned in Uruguay as a highly trusted and respected impartial agency, able to convene stakeholders and mobilize the public in favour of child rights. As child deprivations remain and may increase with the COVID-19 pandemic, UNICEF remains essential in Uruguay to provide technical assistance, be a knowledge leader and trusted convener and provide policy advice based on global strategies that have proven effective and are aligned with international standards.

¹² Data from the National Institute for Adolescents and Youth.

20. The main lessons learned during the previous country programme, on the basis of evaluations, studies and reviews conducted jointly with the Government and other partners, are: (a) inequities lie at the heart of persistent child deprivations — a consistent and strengthened equity focus is needed across the first two decades, since deprivations in early childhood result in continuing deprivations in childhood and adolescence; (b) communication campaigns have been effective and are essential in influencing awareness and social norms — to achieve changes in attitudes regarding key child rights and promote sustained action by civil society, it will be critical to tailor strategies and content around specific groups; and (c) stronger linkages are needed between upstream communication, advocacy and policy interventions by national authorities and downstream support for implementation, capacity development, modelling and innovation by authorities and local organizations at the subnational level.

21. On the basis of the above-mentioned data and analysis and national consultations, the country programme will have three proposed programme components: (a) child protection; (b) social inclusion; and (c) social mobilization, child rights monitoring and advocacy. Human rights, gender equality, adolescent empowerment and the Business for Results initiative will be key cross-cutting principles and approaches.

Programme priorities and partnerships

22. The proposed Government of Uruguay-UNICEF programme of cooperation for the period 2021 to 2025 builds on achievements made and lessons learned and will provide a foundation for continued progress towards the Sustainable Development Goals and the recommendations of the human rights treaty bodies. The proposed programme has been developed pursuant to the United Nations Sustainable Development Cooperation Framework (UNSDCF) and contributes, through the UNSDCF results framework, to the achievement of the national Sustainable Development Goal priorities set out in outcomes 2.1 2.2, 3.1, 3.3, 4.1, 4.2 of the UNSDCF. Under the leadership of the Uruguayan International Cooperation Agency (AUCI), UNICEF has worked closely with multiple line ministries, civil society and the private sector; the proposed country programme is aligned with ministry and national goals and plans.

23. The overall approach is to promote equity for the full realization of child rights. The programme envisages, by 2025, the transformation of social norms regarding patriarchal gender roles and violence against children, adolescents and women; increasing benefits to the most vulnerable children and adolescents from inclusive multisectoral quality services; and the placement of children's and adolescents' rights higher on the public and political agendas.

24. In respect of the theory of change for the country programme, the rights of children and adolescents, especially of the most vulnerable, will be realized if the following conditions are met: (a) wide sections of society (including such newer actors as business) acquire the relevant knowledge and adopt positive attitudes and changes in social norms and business practices and policies (especially with regard to gender, disability, violence and the stigmatization of adolescents); (b) trends that go against the Convention on the Rights of the Child are reversed; (c) a mobilized public undertakes consistent actions in favour of child rights; (d) public policy and social services prioritize the most excluded children to reduce inequities, on the basis of quality disaggregated equity data; (e) intersectoral capacities at the national and subnational levels are strengthened; (f) rights holders and care providers with greater knowledge of child rights are enabled to exercise their rights and responsibilities; and (g) social protection schemes can improve child budgets. The main assumptions are

that evidence-based communication and advocacy campaigns will not only change social attitudes but also lead to sustained actions by the State, civil society and the business sector in favour of child rights; the Government will remain committed to child rights; key new partnerships can be operationalized; and positive changes in gender roles can be achieved. The main risks are that impacts related to COVID-19 will worsen economic conditions, increase poverty and decrease social expenditure; that social norms do not change sufficiently; that social attitudes towards minorities and the most vulnerable groups worsen; and that neither the necessary intersectoral coordination nor that between social policies and social protection is achieved.

Child protection

25. The child protection component will build on progress achieved to innovate and adapt strategies for tackling the bottlenecks underlying persistent violence against children and women, including sexual exploitation; promote deinstitutionalization; strengthen child protection response services; monitor, evaluate and support an integral child protection system; and improve juvenile justice. UNICEF will partner with UN-Women and other entities to address the common causes and consequences of violence against children and women.

26. UNICEF will strive to improve prevention, detection and response for children at risk of violence (including gender-based violence). The organization will support interventions to strengthen the capacities of families, carers and service staff as well as intersectoral coordination between education, health, special protection and social protection services to link the response to violence against women with the response to violence against children, without losing the integrity and specificity of approach to either form of violence. UNICEF will continue its advocacy and technical assistance to incorporate the prevention of violence against children and women into key social policies at the national and subnational levels. Mass campaigns, parenting programmes and mobilization initiatives will address violence, ensuring that families and communities become aware that violence-based discipline, patriarchal practices and violence against women and girls are harmful practices.

27. Family-based alternative care models for children deprived of or at risk of being deprived of parental care will be promoted. The country programme proposes (a) to work with professionals and services to promote greater reliance on family-based alternatives for children deprived of or at risk of losing family care, including the strengthening of the national adoption system; (b) to consolidate an inter-institutional model of support (including specialization on such topics as mental health and disability) for families at risk of losing care for their children, including families in which adults are at risk of being deprived of their liberty; (c) to support data initiatives for monitoring, tracking and analysing factors that prevent family reintegration of children and adolescents living in institutions; (d) to analyse the linkages between social policies and the social and child protection systems to identify entry points for improvement; and (e) to develop interventions to strengthen the capacity of vulnerable families through communication for development (C4D) strategies and support for carers.

28. The country programme will also contribute to the development of procedures and policies to reduce the obstacles children face in accessing specialized justice and avoid their further victimization. Particular emphasis will be placed on strengthening the capacities of judges, prosecutors, lawyers and legal aid providers to provide the justice system with the knowledge and tools (a) to respond to gender-based violence against women and children; (b) to strengthen the juvenile justice system in accordance with international child right standards; (c) to prioritize diversion and non-custodial sentences for adolescents in conflict with the law; (d) to ensure that the system supports adolescents in conflict with the law in their reintegration into society

through rehabilitation support and aftercare services; and (e) to reduce the institutionalization of children and adolescents.

29. In cooperation with national authorities, UNICEF will help to ensure that the child protection system has the capacities and tools to monitor and ensure the adequate case management of the most excluded children and adolescents, including victims of violence; those in need of psychosocial and mental health support, including those at risk of suicide; children living in institutions; migrant and refugee children; and children of incarcerated parents. The programme will support the establishment of an independent specialized organization with the mandate of monitoring and advocating for the rights of the most excluded children and adolescents and will promote the strengthening of child rights civil society organizations for the same purpose.

Social inclusion

30. Children from a vulnerable background are likely to experience multiple overlapping deprivations in health, education and social protection from early childhood through their second decade. This programme component combines interventions across diverse social service sectors into an integrated approach so children can exercise their rights early on, starting with comprehensive access to early childhood development (ECD) services, high standards of health (both physical and mental) and the completion of secondary education for all children and adolescents. The interventions will be supported with social protection schemes at the national and subnational levels.

31. UNICEF will seek to increase access to and demand for quality ECD services, especially among the poorest households and families with children with disabilities, by promoting increased awareness of their importance in child development. These results will be achieved through communication campaigns and C4D, by reinforcing the capacities of frontline workers and improving intersectoral protocols. Other proposed interventions include strengthening the knowledge and capacities of families for good early child development practices. The interventions will be complemented with strategies to prevent violence against children, including gender-based violence.

32. A pressing issue is to reduce overweight in children, as it is a risk factor for non-communicable diseases. There will be a twin focus on interventions (a) to support nutrition programmes in ECD, schools and health systems; and (b) to strengthen the capacities of families related to healthy feeding and nutrition. Advocacy to achieve consistent and clear labelling and regulate the marketing of processed foods will be another core intervention. Mass communication campaigns will seek to reach the public and decision makers, while C4D interventions will target and support the most vulnerable families.

33. Developing skills for a successful transition into either higher education or the labour market, supporting resilience and promoting good physical and mental health are key to supporting adolescents. UNICEF will strengthen the capacities of the education and health systems to articulate an inter-institutional response and provide integral support for positive adolescent development.

34. UNICEF will provide support to the education system to increase the flexibility and relevance of academic programmes, develop innovative proposals in teacher training and classroom practices and reduce the curriculum gaps between the needs and expectations of adolescents. It will also provide technical assistance in the development and expansion of innovative educational proposals for adolescents at risk of educational disengagement, such as full-time and extended-day high schools, and in the development of alternative and flexible models of upper secondary

education that articulate education and work. UNICEF will also support programmes aimed at improving education completion rates among the most vulnerable and excluded groups.

35. To ensure access, educational continuity, participation and achievements for the most vulnerable, especially children and adolescents with disabilities, UNICEF will promote universal design for learning in all educational centres and completion of the transition from special to inclusive education. UNICEF will strengthen the monitoring and evaluation of education aimed at the inclusion of children and adolescents with disabilities, provide assistance in the elaboration of a national plan for inclusive education and promote training in inclusive education for teachers at the undergraduate and graduate levels. It will also support accessibility in educational centres and the development of inclusive school materials.

36. To increase the reach of social protection policies among the most vulnerable groups, including migrant children, children with disabilities and Afrodescendent children and girls, it is very important to consider local conditions. Therefore, UNICEF will work with subnational authorities to help them design, implement and monitor social protection policies complementary to national ones and in accordance with international and regional human rights standards.

Social mobilization, child rights monitoring and advocacy

37. To achieve progress in addressing the persistent deprivations and inequities that children face, it is necessary to place children's and adolescents' rights on a sustained, higher place on the public and political agendas, and to create commitment towards the rights of the most vulnerable children. Communication, advocacy and social engagement, including that of adolescents, are critical means for driving change for children, including enabling shifts in legislation and public policies, increasing private and public resources for children and activating public support.

38. Given the persistence of certain traditional attitudes and social norms, new strategies to address bottlenecks will be adopted to achieve lasting changes in attitudes and to sustain actions by society on behalf of child rights. The focus will be on the rights of the most excluded children: the poor, girls and young women, those with disabilities, adolescents at risk, those living in the provinces experiencing the greatest deprivation and Afrodescendent and migrant children.

39. UNICEF will promote intersectoral coordination and support the development of a coherent and integrated approach to adolescent participation and civic engagement in key areas that affect their lives and where they feel that change is needed, such as climate change; mental health support, including suicide prevention; and the transition from education to work. Interventions will strengthen the knowledge, attitudes and capacities of adolescents and adults to build an intergenerational approach and commitment towards positive development, including gender equality.

40. The mobilization strategy for the private sector includes support for companies to implement concrete actions in favour of children and act as a group to promote child-sensitive practices in the private sector. Specific areas for collaboration with companies include reconciling work and family life; the detection of and response to violence against women and children; the promotion of good parenting practices; breastfeeding; and participation in capacity-building practices aimed at promoting educational continuity and the labour insertion of adolescents, including of those with disabilities.

41. Activities from the social inclusion component as well as those of the rest of the programme require quality and timely data, disaggregated by gender and age.

UNICEF will support the national statistics system in generating necessary data related to children and adolescents; government evaluation capacities; and the generation of evidence by academia and civil organizations through evaluations, research and studies.

42. An area of interest for UNICEF will be subnational governments that have a close understanding of the local territory and can complement the efforts of the Government in carrying out policies. UNICEF will support strategies aimed at building the capacities of local institutions and authorities with regard to child-centred social policies, child protection, monitoring and evaluation frameworks and data generation (including the participation of adolescents) to monitor the situation of children and adolescents in their region. UNICEF will support the evaluation and scale-up of effective local experiences.

43. As Uruguay has reached virtual universal coverage in several social services through innovative policies, the country's experience has great value for innovation and horizontal cooperation. Drawing lessons learned about which strategies can be effective to reach the most-excluded children and adolescents and promoting innovation, UNICEF will foster international exchange and collaboration on deinstitutionalization, the prevention of violence against children across all sectors and the protection of the rights of migrant children, among others.

Programme effectiveness

44. The programme effectiveness component will ensure efficient and effective programme management, enhanced external relations, institutional communication, monitoring and evaluation. It covers programme coordination and such cross-cutting issues as gender-sensitive programming, programme performance monitoring and the Business for Results strategy. The component will also contribute to the expansion of the South-South cooperation efforts of Uruguay for children's rights.

Summary budget table

<i>Programme component</i>	<i>(In thousands of United States dollars)</i>		
	<i>Regular resources^a</i>	<i>Other resources</i>	<i>Total</i>
Child protection	1 050	3 300	4 350
Social inclusion	1 200	3 750	4 950
Social mobilization, child rights monitoring and advocacy	1 100	2 700	3 800
Programme effectiveness	900	1 250	2 150
Total	4 250	11 000	15 250

^a The budgeted regular resources will be generated locally.

Programme and risk management

45. The present country programme document summarizes UNICEF contributions to national results and is the principle mechanism for accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. The responsibilities and accountability of managers at the country, regional and headquarters levels are defined in the policies and procedures regarding the organization's programmes and operations.

46. The country programme will be implemented in coordination with AUCI. Partnerships with government institutions at the national and provincial levels and also with civil society, academia, the private sector, multilateral and bilateral development agencies and United Nations agencies within the framework of UNSDCF will be essential to achieving the outcomes. UNICEF will strengthen intersectoral synergies and coordination and provide technical support to improve programme efficiency.

47. UNICEF will regularly identify and mitigate risks as identified in the theory of change and emerging risks on an ongoing basis, including identifying child vulnerabilities to climate change, to achieve planned results. Within the framework of the UNSDCF, UNICEF will support national efforts to respond to the economic and social impact of the COVID-19 pandemic.

48. The programme will consider potential risks that could impact the situation of children and the organization's work, including the occurrence of natural hazards such as storms and floods, and other potential threats to business continuity, including the impact of climate change and environmental degradation. UNICEF will mitigate those risks by incorporating emergency preparedness in regular programming and in private sector fundraising.

49. Early warning mechanisms will be used to anticipate significant situations that could necessitate adjustments to programme implementation. Internally, the UNICEF enterprise risk management tool will control risks associated with the harmonized approach to cash transfers, trends in the local fundraising environment (especially other resources), the impact of emergencies on the programme, office greening and staff changes.

50. UNICEF will strengthen the management of the harmonized approach to cash transfers and sustain compliance with other risk-control mechanisms. UNICEF will continue to strengthen the efficiency and effectiveness of its operations with overall cost consciousness. Efforts will be intensified to work with other United Nations agencies through the Business Operations Strategy to benefit from additional cost-saving measures.

51. UNICEF will continue to participate fully in the United Nations country team's monitoring and evaluation task force and, in partnership with the Resident Coordinator and AUCI, facilitate UNSDCF monitoring and evaluation.

52. Results-based management, monitoring and evaluation and innovation will inform and ensure programme quality, efficiency and effectiveness. Special efforts will be focused on the regular monitoring of programme and financial indicators to take corrective action when required. Regular reviews will also serve as strategic moments of reflection for necessary programme adjustments and improvements.

Monitoring and evaluation

53. The results and resources framework (see annex) forms the basis for monitoring and evaluation. Workplans will be developed and programme results will be reviewed with government partners and other key stakeholders.

54. UNICEF will support the efforts of the Government with quantitative and qualitative studies and child-focused household surveys to inform the country programme, address key data gaps and monitor progress in relation to relevant national plans, the Sustainable Development Goals and other child rights indicators.

55. Evaluations, as outlined in the costed evaluation plan, will support decision-making, including for scaling up key initiatives and models that will be developed as

part of the programme. UNICEF will support the Government, the National Institute of Statistics and line agencies in the generation of disaggregated data and knowledge based on evidence. It will also carry out evaluations in child rights-related areas, which will provide greater insight into the deprivations, barriers and disparities that exist across categories of sex, income quintiles, ethnicity, disability condition and location.

56. UNICEF will continue to participate in the United Nations country team UNSDCF working group, chaired by the Resident Coordinator, and the programme working groups that review the strategic management and achievements of the UNSCDF. UNICEF contributions to UNSCDF outcomes will be reviewed within those mechanisms.

Annex

Results and resources framework

Uruguay – UNICEF country programme of cooperation, 2021–2025

<p>Convention on the Rights of the Child: (relevant articles of the Convention): Articles 4, 6, 8–29, 31–37, 39, 40 and 44</p> <p>National priorities: inclusive and equitable social development and democratic development based on human rights; Sustainable Development Goals 1, 2, 3, 4, 5, 10, 13, 16, 17</p>
<p>United Nations Sustainable Development Cooperation Framework outcomes involving UNICEF:</p> <p>1: Child protection: outcomes 2.2, 4.1 and 4.2 2: Social inclusion: outcomes 3.1, 3.3 and 4.2 3: Social mobilization, child rights monitoring and advocacy: Outcomes 2.1 and 4.2</p> <p>Outcome indicators measuring change that reflect the UNICEF contribution</p>
<p>Related UNICEF Strategic Plan, 2018–2021 Goal Areas: (1) Every child survives and thrives; (2) Every child learns; (3) Every child is protected from violence and exploitation; (4) Every child lives in a safe and clean environment; and (5) Every child has an equitable chance in life</p>

UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
					RR	OR	Total
1. By 2025, more children and adolescents, especially the most excluded, live in family-based protective environments free of violence, and have access to social and legal services that better protect them against all types of violence, abuse and exploitation.	Children aged 2 to 4 years who were subjected to some form of violent physical discipline B: 34.8% T: 25%	Child development and health survey (Encuesta de Nutrición, Desarrollo Infantil y Salud (ENDIS))	1.1. More families and communities are aware of child violence-based discipline, patriarchal practices and violence against women and girls as harmful practices. 1.2 The justice system has the capacity and tools to (a) respond to gender-based violence against women and children; (b) strengthen the juvenile justice system in accordance with international child rights	Special Protection System to Address Violence against Children and Adolescents (Sistema Integrado de Protección a la Infancia y Adolescencia contra la Violencia) National Public Education Administration (ANEP) National Institute for the Social Inclusion of	1 050	3 300	4 350
	Percentage of children and adolescents living in households with violence against girls and women over 15 years of age B: 32% T: 25%	National survey on gender-based violence					

<i>UNICEF outcomes</i>	<i>Key progress indicators, baselines (B) and targets (T)</i>	<i>Means of verification</i>	<i>Indicative country programme outputs</i>	<i>Major partners, partnership frameworks</i>	<i>Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)</i>		
					<i>RR</i>	<i>OR</i>	<i>Total</i>
	<p>Percentage of girls and boys in conflict with the law who are subject to a diversion order or alternative measure as opposed to a custodial sentence</p> <p>B: 54% T: 60%</p>	INISA	<p>standards; (c) prioritize non-custodial sentences for adolescents in conflict with the law; (d) ensure that the system supports adolescents in conflict with the law in their reintegration into society through rehabilitation support and aftercare services; and (e) reduce institutionalization of children and adolescents.</p>	<p>Adolescents (INISA)</p> <p>Uruguayan Institute for Children and Adolescents (INAU)</p> <p>State Health Services Administration (ASSE)</p> <p>Office of the Attorney General (Fiscalía General de la Nación)</p> <p>National Women's Institute (Inmujeres)</p> <p>Ministries of the Interior; Social Development; and Health</p> <p>Judiciary</p> <p>Parliament</p> <p>National Committee for the Eradication of Sexual Exploitation</p> <p>National Human Rights Institute (INDDHH)</p> <p>University of the Republic</p> <p>Catholic University of Uruguay</p> <p>National Institute of Statistics (INE)</p> <p>Evaluation Agency</p> <p>United Nations Population Fund (UNFPA), United Nations Entity for Gender Equality and</p>			
	<p>Number of children and adolescents (0–17 years) living in residential care</p> <p>B: 2,700 T: 100</p>	INAU administrative data	<p>1.3 More family-based alternative care models for children deprived of or at risk of being deprived of parental care are designed, completed and agreed to be implemented. The adoption system is strengthened.</p> <p>1.4 The child protection system has the capacity and tools to monitor and ensure the adequate case management of the most excluded children and adolescents (victims of violence; children in need of mental-health support, including those at risk of suicide; those living in institutions; and migrant children).</p>				

UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
					RR	OR	Total
				the Empowerment of Women (UN-Women) Committee for Child Rights of Uruguay National Association of Civil Society Organizations Private sector			
2. By 2025, more of the most vulnerable and excluded children and adolescents are reached by intersectorally coordinated policies on education, health and social protection that benefit them in their first two decades.	Percentage of children under 5 years of age from families below the poverty line enrolled and attending early child development centres B: 49.6% T: 55.0%	Continuous Household Survey (ECH), INE, ENDIS	2.1 Improved national capacity to deliver and monitor high-quality early child development services, focused on the most excluded families and on children with disabilities. 2.2 Improved knowledge and strengthened capacity of families, schools, health centres and other child services to prevent non-communicable diseases. 2.3 The education system has strengthened capacities for inclusive education and ensuring that more adolescents, particularly the most disadvantaged, have access to quality and innovative education and finish upper secondary school with twenty-first century skills, including resilience and mental-health and life skills. 2.4 Strengthened capacity of subnational governments to devise and implement more equity-focused social	National Integrated System of Care Ministry of Social Development Uruguay Grows with You (UCC), Ministry of Social Development	1 200	3 750	4 950
	Percentage of children aged 5 to 9 years who are overweight B: 39% T: 35%	ENDIS		National Nutrition Institute (INDA), Ministry of Social Development INAU			
	Lower secondary education completion rate B: 67.7% T: 75.0%	ANEP		Child and Family Care Centres (Plan CAIF) Ministry of Education and Culture Ministry of Public Health			
	Percentage of all children in primary school enrolled in "special schools" B: 2.7% T: 1%	ANEP		INDDHH ANEP ASSE			
	Local governments with implemented plans and budgets that reflect local	Internal UNICEF research and reports		Subnational governments (Intendencias departamentales)			

UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
					RR	OR	Total
	child priorities, including priorities of the most vulnerable children (decentralization and local governance) B: 2 T: 5		programmes in coordination with the national Government and in accordance with international and regional human rights standards.	Parliament UNFPA United Nations Development Programme (UNDP) Pan American Health Organization/World Health Organization (PAHO/WHO)			
3. By 2025, children and adolescent rights have a sustained higher place in the public agenda and the private sector, informed by relevant and improved data, with enhanced adolescent participation.	Number of people taking action on behalf of children B: 85,000 T: 135,000	Specific survey	3.1 The general public, decision-makers (public and private), media, professionals, community workers and families demonstrate greater awareness, understanding, and commitment to sustained actions in favour of child and adolescent rights. 3.2 More adolescents, especially the most vulnerable, participate in decision-making processes that affect them through mechanisms at the national and subnational levels, including in the areas of sustainable development and climate change. 3.3 National and subnational policies are increasingly evidence-based, with data that allow monitoring and advocacy of children's and adolescents' rights (particularly the most disadvantaged) as well as for the evaluation of programmes.	Subnational governments (Intendencias departamentales) Parliament National Institute for Youth (INJU), Ministry of Social Development National Division of Evaluation and Monitoring, Ministry of Social Development UCC INE Ministry of Public Health National Emergency System National Institute for the Evaluation of the Education System (Instituto Nacional de Evaluación Educativa (INEED) Evaluation Agency	1,100	2,700	3,800
	Percentage of adolescents aged 14-17 years that have participated in different forums in which public policies are planned, discussed or evaluated B: 15.6% T: 25%	National survey of adolescents and youth (ENAJ)					
	Number of businesses engaged by UNICEF that have integrated child rights approaches into their business activities and relationships B: 15 T: 25	Internal UNICEF research and reports					

<i>UNICEF outcomes</i>	<i>Key progress indicators, baselines (B) and targets (T)</i>	<i>Means of verification</i>	<i>Indicative country programme outputs</i>	<i>Major partners, partnership frameworks</i>	<i>Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)</i>		
					<i>RR</i>	<i>OR</i>	<i>Total</i>
				ANEP Network of Business Owners for Sustainable Development (Red de Empresas por el Desarrollo Sostenible) UNDP			
4. Programme effectiveness					900	1 250	2 150
Total resources					4 250	11 000	15 250