



## Uruguay One UN Coherence Fund

### Final Project Narrative Progress Report

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**Country and Thematic Area**

Uruguay, Social Services

**Programme No: F2**  
**MDTF Office Atlas No: 66247**  
 Programme Title: Support for the strengthening of public institutions that work in the social area.

**Participating Organization(s):**  
 Resident Agency: UNFPA  
 Non-Resident Agencies: ILO, UNOPS

**Implementing Partners:**  
 Office of Planning and Budget (OPP)  
 Ministry of Public Health (MSP)  
 Bank of Social Provision (BPS)  
 National anti Drug Board (JND)

**Programme Budget (from the Fund):**

|               |                       |
|---------------|-----------------------|
| ILO           | 713,835               |
| UNFPA         | 239,488               |
| UNOPS         | 465,273               |
| <b>Total:</b> | <b>US\$ 1,418,596</b> |

**Programme Duration (in months): 27**  
Start date<sup>1</sup>: 3-Sep-2008  
End date: 30-Dic-2010

Original end date: 30-Jun-2010  
 Revised end date: 30-Dic-2010 in accordance with the ToRs, the grace periods, and the extension granted.

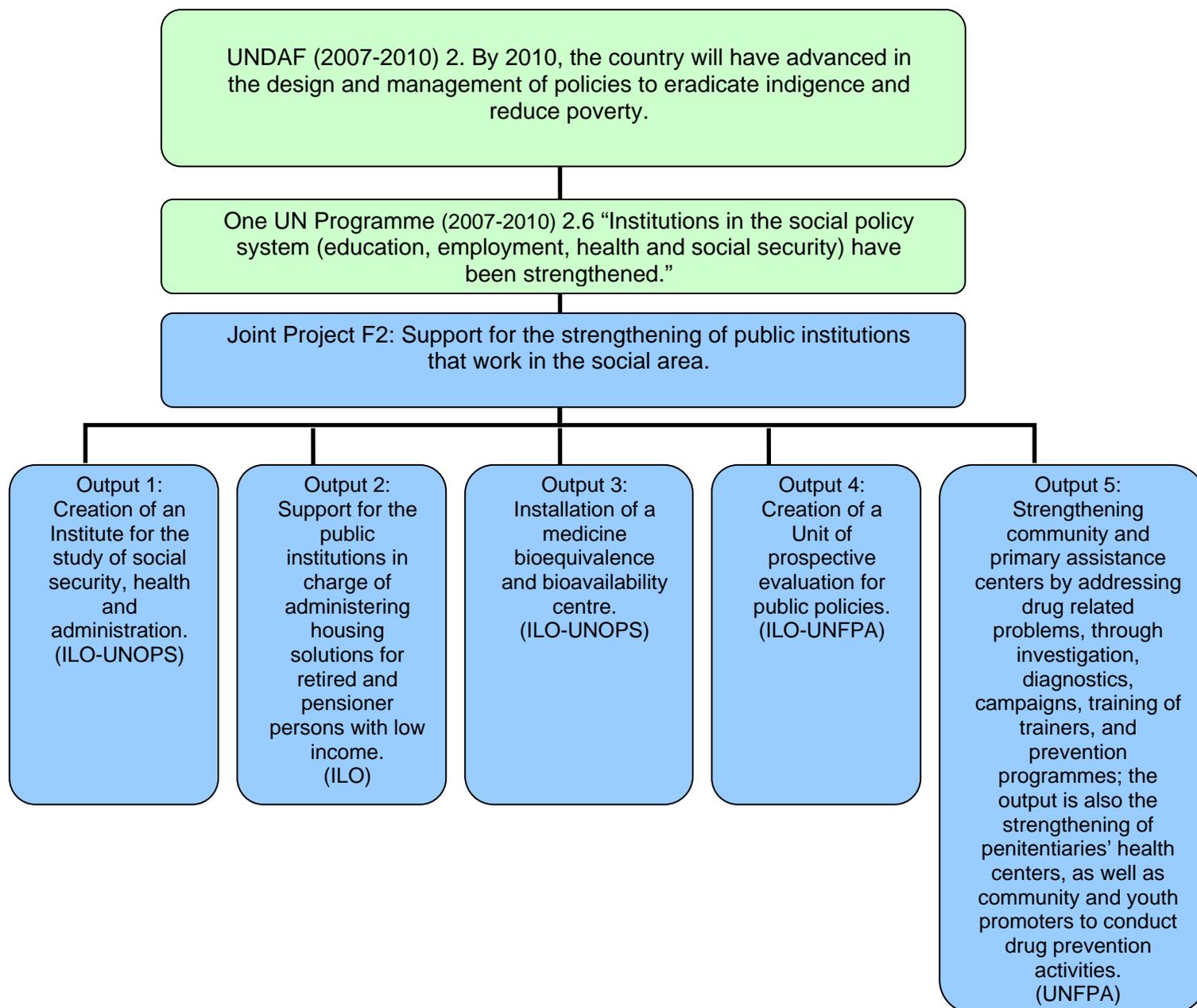
Budget revision: UNOPS received additional USD 27,536 to complete activities. New total for the project: USD 1,418,596.

<sup>1</sup> The start date is the date of the first transfer of funds from the MDTF Office as Administrative Agent.

## I. PURPOSE

|   |  |
|---|--|
| <p><b>Programme Description:</b></p>      | <p>This project was developed as one of the objectives of the One UN Programme 2007-2010 “Building Capacities for Development” in Uruguay.</p> <p>The project strengthened the capacities of the public institutions that manage social policies. Created an Institute for Social Security, Health and Administration Studies. Supported the institutions in charge of administering low income, senior citizen housing facilities. Installed a medicine bioequivalence and bioavailability centre. Evaluation of social policies’ impact.</p>   |
| <p><b>Development Goal:</b></p>           | <p>UNDAF (2007-2010) 2. By 2010, the country will have advanced in the design and management of policies to eradicate indigence and reduce poverty.</p>  |
| <p><b>Outcome:</b></p>                    | <p>One UN Programme (2007-2010) 2.6 “Institutions in the social policy system (education, employment, health and social security) have been strengthened.”</p>   |
| <p><b>Outputs and Key Activities:</b></p> | <p>The project has the following outputs.</p> <ol style="list-style-type: none"> <li>1. Creation of an Institute for the study of social security, health and administration.</li> <li>2. Support public institutions in charge of administering housing solutions for retired and pensioner persons with low income.</li> <li>3. Installation of a medicine bioequivalence and bioavailability centre.</li> <li>4. Unit of prospective evaluation for public policies.</li> <li>5. Strengthening community and primary assistance centers by addressing drug related problems, through investigation, diagnostics, campaigns, training of trainers, and prevention programmes; the output is also the strengthening of penitentiaries’ health centers, as well as community and youth promoters to conduct drug prevention activities.</li> </ol> |

## Outputs for the joint project F2 and their relation to the One UN Programme and the UNDAF



## II. RESOURCES

| Participating UN Organization(s) | Approved Joint Programme Budget | Approved Disbursements (2008) | Approved Disbursements (2009) | Approved Disbursements (2010) |
|----------------------------------|---------------------------------|-------------------------------|-------------------------------|-------------------------------|
| ILO                              | 713,835                         | 153,599                       | 404,354                       | 155,882                       |
| UNFPA                            | 239,488                         | 74,365                        | 103,384                       | 61,739                        |
| UNOPS                            | 465,273                         | 432,708                       | 5,029                         | 27,536                        |
| <b>Total:</b>                    | US\$ 1,418,596                  | US\$ 660,672                  | US\$ 512,767                  | US\$ 245,157                  |

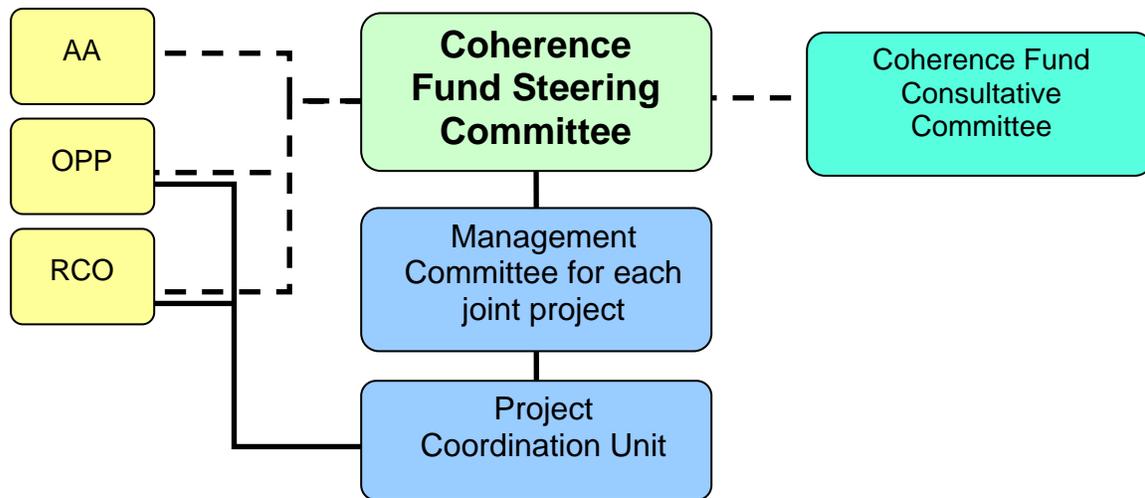
### III. IMPLEMENTATION AND MONITORING ARRANGEMENTS

To support the One UN Programme (2007-2010), the Government and the UNS in Uruguay agreed to establish the Uruguay One UN Coherence Fund; a common, un-earmarked, development fund, under the leadership of the Resident Coordinator. The Uruguay One UN Coherence Fund supports the coordinated resource mobilization, allocation and disbursement of donor-contributed resources for the unfunded elements of the One UN Programme.

The Uruguay One UN Coherence Fund has several governance mechanisms to ensure proper management of funds, supervision of project execution, and monitoring of results. The mechanisms are: The Coherence Fund Steering Committee, The Coherence Fund Consultative Committee, The Management Committees, and the Administrative Agent (AA).

The members of the Management Committee were: Office of Planning and Budget (OPP), Ministry of Public Health (MSP), Bank of Social Provision (BPS), National anti Drug Board (JND), the Resident Coordinator's Office (RCO), the executing UN Agencies (ILO, UNOPS, UNFPA) and the associated UN Agencies (UNAIDS, WHO, UNDP, UNIFEM).

**Governance mechanisms for the Uruguay One UN Coherence Fund.**



### IV. RESULTS

#### Partnerships and inter-Agency relationship:

The Management Committee gathered all relevant stakeholders in the joint project and was utilized as the space to share information and to reach consensus on issues related to the implementation of the agreed activities. National Counterparts often utilized this space as an interaction between their institutions. This was a positive externality facilitated by the joint project.

Throughout implementation, there was a very good level of collaboration among implementing UN Agencies (ILO, UNFPA and UNOPS); this facilitated planning activities, adjusting the work plan and monitoring the implementation of the project. UN Agencies coordinated their efforts and often adjusted their implementation strategies according to the needs of the project as a whole. Particularly, when

UNOPS had run into unexpected financial gap for the implementation of the bio-equivalency center, other UN Agencies made available their remaining funds to UNOPS. This also included an additional disbursement from the Coherence Fund to UNOPS.

Despite the good will and efforts demonstrated in-country by the UN Agencies, it is necessary to note the difficulties encountered by Agency HQ units in the final financial rendition and the return of remaining funds to the Coherence Fund as agreed in the Terms of Reference.

**Output 1: Creation of an Institute for the study of social security, health and administration. (ILO-UNOPS)**

The Institute was successfully installed.

ILO and the Faculty of Economic Studies of the University of the Republic reached an agreement on the design of the Institute's curricula.

The following courses were held:

- Distance Training of Trainers course taken by staff from BPS and other public institutions, dictated by the ILO Study Centre in Turin.
- Face to face course on Social Security dictated by an ILO specialist.

**Output 2: Support for the public institutions in charge of administering housing solutions for retired and pensioner persons with low income. (ILO)**

A comprehensive approach towards senior citizens was taken into account, considering housing as a factor of inclusion. This component produced the following:

- Diagnosis and design for Management of Housing Solutions in implementation phase.
- A study on construction requirements costs and budgets.
- A systemic approach strategy for Housing Management.
- A platform for a Geographical Information System.
- A survey was held directed at users of temporary housing facilities and potential program's beneficiaries. It also included a study on applicants, with a view to determine the demand of temporary housing facilities in qualitative and quantitative terms.
- A public awareness campaign, consisting of a TV spot and leaflets informing on rental subsidies for low income pensioners and retired.
- An Inter-institutional Seminar on housing solutions was held.

**Output 3: Installation of a medicine bioequivalence and bioavailability centre. (ILO-UNOPS)**

The project installed a medicine bioequivalence and bioavailability center. This supported an initiated an effort considered to be an integral part of the Health Reform carried out by the Government, as well as its value in fostering academic activities, teaching and research.

- An agreement between the University of the Republic and the National Administration of Public Health Services was subscribed.
- The centre produced studies on: high performance liquid chromatography generated techniques (HPLC) to quantify drugs in several biologic fluids, as well as protocols for bioequivalence studies, protocols for volunteers selection, information material for volunteers and the Centre's Quality Manual.

#### **Output 4: Unit of prospective evaluation for public policies. (ILO-UNFPA)**

Technical support and training was provided for the development of web application for the study of public policies. This on-line Public Policies Simulator enables users to access different options in various areas, such as taxes or non-contributory transfers. It then produces results that show the impact that such policy may have over poverty, inequalities or fiscal cost, among others. Public access to the web interface was provided along with the user manuals and other documents produced by the team using a similar methodology. This Public Policies Simulator provides valuable input for decision makers in the matter.

This output had two main lines of action:

1. Institutionalization of the methodology of the ex-ante evaluation of public policies related to the Government's *Plan de Equidad – Equality Plan* (taxation, health, family allowances, food stamps, etc).
2. Creation of the simulation programme through the web interface for users in the technical and political fields that work in social policies.

Activities carried out include:

- Discussions held within the working team and with representatives of organizations engaged in the subject matter. Transfers and taxes that could be subject to simulation were defined, while the possibility of including others variables remains open.
- Preparation of Procedure and Operation Manuals. This activity was carried out as the Simulator's complexity raised due to the incorporation of new parameter settings. Manuals for family allowances and food allowances were completed and uploaded on the Simulator's web page.
- Web application for non contributory transfers (family allowances and food stamps).
- Promotion of the Simulation Programme for ex-ante evaluations (web interface).
- Presentation of the Social Policies Simulator before relevant authorities and technicians (potential users). 35 people were present. The activity took the form of a workshop, allowing audience participation.
- Meetings with technicians from relevant organizations to exchange ideas over possible parameter settings.
- Four simulation exercises were carried out.

Main achievements:

- Selection of the taxes and transfers to be included in the Simulator.
- Programming of non contributory transfers (family allowances and food stamps, pensions and other transfers) as well as coverage and contributions to the National Health Insurance (SNIS).
- The design of a web interface that allows the simulation of family allowances and food stamps by users is currently on line.
- Relevant contacts with other public institutions and technicians.
- Preparation of relevant documents on simulating the impact of current policies. Newly proposed policies (creation of a Basic Income, incorporation of retired citizens and minors to the SNIS)

<http://www.agev.opp.gub.uy/simulador/servlet/hlogin>

**Output 5: Strengthening community and primary assistance centers by addressing drug related problems, through investigation, diagnostics, campaigns, training of trainers, and prevention programmes; the output is also the strengthening of penitentiaries' health centers, as well as community and youth promoters to conduct drug prevention activities. (UNFPA)**

The fifth output focused on strengthening the community as well as primary attention centers and penitentiaries with addressing drug related problems. The following activities were carried out within the output's six lines of action:

1. An Assistance and Protection Center was set up in a policlinic situated in the neighborhood of *La Teja* (a community with a low-income population). It focused on problematic drug abusers, and it's supported by the Neighbors Association and a multidisciplinary team.
2. The project "*Siembras en centros educativos*" (sowing in education centers) was carried out through an agreement with the non-governmental organization *El Abrojo* in all 19 Departments. More than 27,000 children, 1,500 educators and nearly 10,000 families participated and received educational handouts. This project was supported by the local anti drug boards and aimed to strengthen local communities, improve relationships at personal, family and community levels, promote sustainable development, improve health conditions, and promote healthy coexistence habits, through the Education and Promotion of Life Skills.
3. Drug abuse prevention activities were carried out by 30 young promoters in a series of high schools and night clubs in Montevideo. Handouts and audiovisual materials were prepared for that purpose.
4. Support was provided to the Board of Prisoners and ex Prisoners in strengthening the Programme on Alternative Punishments to Prison, through a psychosocial team that provides support and follow through on alternative punishments to prison sentenced by penal judges.
5. A pilot experience was implemented at the Penitentiary Complex (COMCAR), which consisted of an attention and rehabilitation mechanism for drug addict inmates. This task was carried out by a multidisciplinary team comprised of professionals in the fields of health and social assistance. 10 inmates were treated in a special module.
6. Training courses in several trades, such as assistant baker, were carried out through a joint agreement with the National Penitentiary Direction, the Ministry of Health and the National Institute for Adolescents and Children (INAU). Their objective was to provide students with the necessary skills that will contribute to their rehabilitation and social reinsertion. More than 150 students graduated from 14 courses given in 8 institutions (COMCAR, La Tablada, INAU Montevideo, INAU San José, San José Prison, Libertad, Cabildo, Portal Amarillo, and National Rehabilitation Centre).

### **Challenges and lessons learned**

General difficulties:

- Timing differences in the reception of funds by the Agencies caused setbacks and significant differences in the execution percentages of the outputs. This also provided difficulties when jointly requesting the project's 3<sup>rd</sup> disbursement, obliging to resort to the Emergency Fund in order to provide continuity to activities financed by UNFPA.
- Efforts carried out by Agencies and National Associates in order to jointly request the 4<sup>th</sup> and final disbursement in December 2009, are worth pointing out.

Lessons learned:

- The importance of creating spaces for institutional coordination, which in turn generate great benefits to all the actors involved in the process.
- The importance of setting a clear methodology from the start of the project's formulation, which enables to measure advances through both qualitative and quantitative substantial indicators, as well as the proper elaboration of chronograms and budget execution plans.

- The significant role played by the RCO in contributing to find a solution to the difficulties that emerged throughout the project.
- Despite the Project's initial difficulties, more and better synergies were created among executing Agencies and national associates, resulting in excellent execution levels.
- The flexibility shown by Agencies to adapt to the National Associates' execution needs is worth noticing. Despite the fact that sometimes the Agencies' timeframes were longer than those expected by the National Associates, both parties made significant efforts to synchronize the Project's pace.
- Agencies' Procedure manuals specially designed for the use of National Associates in this pilot experience played a significant role in facilitating execution and ease of transactions (ILO and UNFPA).

## V. MONITORING

| Expected results  | Indicators  | Status/measure |
|---|---|----------------|
| Output 1: Creation of an Institute for the study of social security, health and administration.   | • Refurbishing of the institute.  | Completed      |
|   | • Equipment installed.  | Completed      |
| Output 2: Support for the public institutions in charge of administering housing solutions for retired and pensioner persons with low income.   | • Diagnosis and design of housing solutions for the elder.                                  | Completed      |
|   | • Public awareness campaign.  | Completed      |
|   | • Survey of users of temporary housing facilities.  | Completed      |
| Output 3: Installation of a medicine bioequivalence and bioavailability centre.   | • Establishment of a Bioequivalence and bioavailability centre.                             | Operational    |
| Output 4: Creation of a Unit of prospective evaluation for public policies.   | • Policies and Procedures.  | Developed      |
|   | • Participants in Social Policies Simulator workshop  | 35             |
|   | • Simulation exercises carried out.   | 4              |
|   | • Web interface for family allowances and food stamps use.                                  | Available      |
| Output 5: Strengthening community and primary assistance centers by addressing drug related problems, through investigation, diagnostics, campaigns, training of trainers, and prevention programmes; the output is also the strengthening of penitentiaries' health centers, as well as community and youth promoters to conduct drug prevention activities. | • Number of children benefiting from the Education and Promotion of Life Skills programme.  | 27,000         |
|   | • Number of educators benefiting from the Education and Promotion of Life Skills programme. | 1,500          |
|   | • Number of families benefiting from the Education and Promotion of Life Skills programme.  | 10,000         |
|   | • Number of inmates treated for drug addiction.   | 10             |
|   | • Number of drug prevention courses implemented.  | 14             |

## VI. ABBREVIATIONS AND ACRONYMS

|        |  |
|--------|--|
| AA     | Administrative Agent                       |
| BPS    | Social Security Bank                       |
| CFCC   | Coherence Fund Consultative Committee      |
| CFSC   | Coherence Fund Steering Committee          |
| COMCAR | Penitentiary Complex                       |
| DaO    | Delivering as One                          |
| HPLC   | High Performance Liquid Chromatography     |
| ILO    | International Labor Organization           |
| INAU   | Institute for Adolescents and Children     |
| IT     | Information Technology                     |
| JND    | National Drug Board                        |
| MDTF   | Multi-Donor Trust Fund                     |
| MSP    | Ministry of Public Health                  |
| MTSS   | Ministry of Labour and Social Security     |
| OPP    | Office of Planning and Budget              |
| PUNO   | Participating United Nations Organization  |
| RCO    | Resident Coordinator's Office              |
| SNIS   | National Health Insurance                  |
| UNCT   | United Nations Country Team                |
| UNOPS  | United Nations Office for Project Services |
| UNRC   | United Nations Resident Coordinator        |
| UNS    | United Nations System                      |