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UNFPA – Country programmes and related matters

United Nations Population Fund

Country programme document for Colombia

Proposed indicative UNFPA assistance: \$8.2 million: \$4.2 million from regular resources and \$4.0 million through co-financing modalities or other resources

Programme period: Four years (2021-2024)

Cycle of assistance: Seventh

Category per decision 2017/23: Pink

Alignment with the UNSDCF Cycle United Nations Sustainable Development Cooperation Framework, April 2020 – December 2023

Proposed indicative assistance (in millions of \$):

Programme outcome areas		Regular resources	Other resources	Total
Outcome 1	Sexual and reproductive health	1.8	1.7	3.5
Outcome 2	Adolescents and youth	0.5	0.4	0.9
Outcome 3	Gender equality and women's empowerment	0.5	1.1	1.6
Outcome 4	Population dynamics	0.9	0.8	1.7
Programme coordination and assistance		0.5	-	0.5
Total		4.2	4.0	8.2

I. Programme rationale

1. Colombia is a diverse and multi-ethnic country, with an estimated population of 50.4 million inhabitants, including 9.3 per cent of the population that defines itself as Afro-descendants, 4.4 per cent as indigenous, and 0.6 per cent as belonging to the Rom Gypsy people. Colombia is still a country with young population, with 26 per cent of the population aged 15-29 years and 8.2 per cent adolescents aged 10-14 years. As the demographic window of opportunity will remain open until 2039, Colombia needs to invest in adolescents and youth to boost the country's sustainable development in the coming decades.

2. Colombia is an upper middle-income country, according to the most recent World Bank classification in 2019, and the fourth largest economy in Latin America. Poverty rates fell from 49.7 per cent in 2002 to 27 per cent in 2018; extreme poverty fell from 23.8 per cent to 7.2 per cent within the same period. Colombia has significant territorial and urban/rural disparities, intersecting with age, gender and ethnic disparities. The multidimensional poverty rate in rural areas is three times higher than in urban areas (39.9 per cent versus 13.8 per cent); young people (61.1 per cent) and women (44 per cent) are disproportionately affected.

3. The Final Agreement to end the Armed Conflict with the Revolutionary Armed Forces of Colombia, (FARC-EP), signed in 2016, laid the ground for the creation of the Development Programmes with a Territorial Focus (PDETs) as a mechanism to achieve a structural transformation of the rural environment and territorial renewal. The Policy "Peace with Legality" prioritizes the 170 PDET municipalities most affected by violence, poverty, illicit economies and a weak presence of the State in the territories. Seventy-five per cent of these municipalities are rural, concentrate around 15 per cent of the country's population, and are home to 2.5 million victims of the armed conflict.

4. Colombia has requested international assistance for a coordinated response to the needs of refugees and migrants from Venezuela, complimentary to the State's efforts. To date, there are 1.8 million refugees and migrants from Venezuela were estimated to be in Colombia; 500,000 are Colombian returnees. It is estimated that 42,000 Venezuelans travel in and out every day seeking work and services. Migrant women and girls are especially vulnerable to gender-based violence, including sexual violence, human trafficking, and exploitation. The national Government has expressed the need for United Nations support under the leadership of UNFPA, and together with other relevant agencies, in coordinating and strengthening the response in sexual and reproductive health and gender-based violence. Activities must take into account the possible impact of the COVID-19 pandemic, and must follow the established mitigation protocols established.

5. Despite progress, Colombia faces challenges to achieve the three transformative results of the UNFPA Strategic Plan, 2018-2021, which strongly correlate with inequality gaps. Although the maternal mortality ratio (51.3 deaths per 100,000 live births) is below the regional average, it is 7.7 times higher in the poorest departments of the country, 3.8 times higher among indigenous women, and 3.1 times higher among Afro-descendant women. Maternal mortality is largely due to preventable direct causes: obstetric haemorrhage, hypertensive disorders, and obstetric sepsis. Among its determinants are barriers to access to information and comprehensive high-quality sexual and reproductive health services with ethno-cultural adaptation, unmet needs of modern contraceptive methods, and a lack of skilled birth attendance in rural and dispersed areas.

6. The unmet need for contraception in sexually active women aged 15-49 years is 12 per cent; the figure almost doubles among sexually active adolescents aged 15-19 years and those with lower educational level. The HIV prevalence is 0.4 per cent, which has increased among young people in recent years, mainly affecting the LGBTI population. The specific fertility rate is 60.5 births per 1,000 adolescents aged 15-19 years (56.8 in urban areas versus 69.9 in rural areas), and 2.83 per 1,000 girls aged 10-14 years (2.5 in urban areas versus 3.7 in rural areas). Adolescent pregnancy is a serious challenge, which has a social and economic impact, not only on adolescents, but also their families and communities,

contributing to the intergenerational cycle of poverty. Their main determinants are a lack of access to modern contraceptive methods and health services that are responsive to the specific needs of adolescents and young people, as well as limited comprehensive sexuality education (CSE), early unions and sexual violence, especially affecting girls below age 14 years.

7. Seven out of 10 women in Colombia have suffered some form of violence by their partner and 34.1 per cent have suffered sexual violence by a person other than the intimate partner. Girls under 15 years old are the most affected, representing 75.7 per cent of sexual violence cases against women in 2018. Approximately 4.9 per cent of the girls were in unions before they turned 15, and 23.4 per cent before the age of 18, with a significant rural-urban gap. In addition, in Colombia, harmful practices, such as female genital mutilation cases, have been registered among some indigenous communities. Despite a broad regulatory framework on gender-based violence, there are still gaps in access to justice, health and protection, limiting women's access to effective measures for care and restoration of rights.

8. UNFPA will continue supporting the national statistical system for the generation, analysis and use of timely and high-quality data, with good coverage and disaggregation (by urban/rural, sex, age, ethnic group, sexual diversity, human mobility, condition of disability and others). This will be done largely through in-depth studies on the 2018 National Population and Housing Census, and actualization of the National and Territorial Population Analysis. Both will serve as evidence for the planning and follow-up of all UNSDCF actions.

9. The country programme is aligned with the United Nations Sustainable Development Cooperation Framework (UNSDCF) for Colombia 2020-2023, with the 2030 Agenda for Sustainable Development, and responds to national challenges and priorities, as defined in the National Development Plan 2018-2022 and the National Strategy of International Cooperation (ENCI) 2019-2022. The UNSDCF identifies three strategic priority areas for United Nations support: (a) stabilization: the "peace with legality" policy; (b) migration as a development factor; (c) technical assistance for the acceleration of catalytic Sustainable Development Goals (SDGs).

10. Based on the priorities defined by the National Government, UNFPA contributes to achieve UNSDCF results in all three areas, promoting interventions aimed to bridge inequalities and strengthen the resilience of institutions, people and communities, contributing to stabilization and consolidation of the territories, to the acceleration of the SDGs and to strengthening national capacities. It will contribute to empower women, young people and adolescents, particularly adolescent girls, among the most vulnerable population groups, by supporting the Government in the realization of reproductive rights and access to comprehensive and high-quality sexual and reproductive health services and the elimination of gender-based violence and harmful practices, across development and humanitarian settings. UNFPA will build on its comparative advantages in the generation of disaggregated data and evidence for the measurement and monitoring of SDG indicators at national and territorial (local) levels, the formulation of public policies with a gender, differential, and intersectional approach, and promotion of adolescents and young people's rights.

11. The programme will build on lessons learned from the current cycle of cooperation: (a) increasing focus on the most hard-to-reach population groups and articulation of strategic interventions at the territorial level, in partnership with other United Nations organizations, contributes to a greater impact and maintains a territorial presence within the context of limited resources; (b) strengthening capacities of governmental organizations, civil society, and implementing partners at the local level promotes efficiency and sustainability; (c) institutional articulation for enhanced positioning of the International Conference on Population and Development (ICPD) and the 2030 Agenda for Sustainable Development in the country favours the promotion of sexual and reproductive rights; (d)

promoting knowledge generation and a results-based management institutional culture for learning and accountability contributes to the achievement of transformative results.

II. Programme priorities and partnerships

12. UNFPA will guide its programme in alignment with what has been established in United Nations reform. The programme will focus on the reduction of adolescent pregnancy and its determinants, thus contributing to all three UNFPA transformative results and the three UNSDCF strategic priority areas. In coordination with other United Nations system agencies, and through the three UNSDCF strategic priority areas, the programme will particularly contribute to SDGs 1, 3, 5, 8, 10, 11, 16 and 17. The UNSDCF and country programme interventions are also articulated with the Humanitarian Response Plan, prioritizing municipalities and vulnerable population groups. The programme will support the Government's efforts to reduce maternal mortality in rural and dispersed areas prioritized by the National Government, reduce unmet need for contraception, and implement actions that respond to the Pact for Equity for Women within the NDP 2018 – 2022. This Pact considers the promotion of sexual and reproductive rights for girls, boys and adolescents, and proposes alternatives for the territorial articulation, such as the generation of dialogues for the transformation of practices, such as female genital mutilation in girls and adolescents, and the generation of mechanisms so communities can identify and report gender-based violence and harmful practices in a differentiated manner. UNFPA will support resilience building by strengthening the presence of institutions and the State in prioritized PDET municipalities, with a focus on ensuring attention to sexual and reproductive health and rights of the most vulnerable groups, ensuring the articulation of the humanitarian-development-peace nexus. It will also strengthen national capacities to analyse population dynamics in the context of the demographic transition, thus contributing to reduce SDG gaps and advance the 2030 Agenda.

13. The implementation of the CPD will have as guiding principles: (a) application of General Assembly resolutions 71/243 on the QCPR and 72/279 related to the United Nations development system reform; (b) recommendations and lessons learned from the independent evaluation of the UNDAF 2015-2019 and the CPD 2015-2019; (c) results-based management; and (d) the Paris Declaration on Aid Effectiveness. The 'leave no one behind' principle is mainstreamed throughout the programme and focuses on the population groups furthest behind: women, adolescents and young people in situations of greatest vulnerability: those living in rural areas, in situations of human mobility or affected by violence and poverty (ex-combatants and their families), Afro-descendants and indigenous communities, people of sexual diversity, and people with disabilities.

14. The programme will use the range of modes of engagement, including South-South and triangular cooperation, in the context of the priorities defined by the National Government; and service delivery (in humanitarian settings), and special emphasis will be given to partnerships with United Nations agencies. In order to strengthen territorial development in contexts of violence, poverty and high migration, strategies to operationalize the humanitarian-development-peace nexus across programme interventions will also be implemented. Innovation will continue to be a strategy to respond in the best possible way to the different social contexts, including exchanges within Colombia to promote joint learning and knowledge management in territorial initiatives.

15. The proposed programme will support the Government in the implementation of the Montevideo Consensus on Population and Development and the Nairobi Summit commitments, as follows: (a) accelerate the reduction of preventable maternal deaths in rural and dispersed areas; (b) promote girls and adolescents' development and prevent gender-based violence; (c) improve young people and adolescents' health and reduce adolescent pregnancy; (d) make visible the demographic transitions and their implications for development; and (e) ensure the generation of disaggregated statistical information to overcome the invisibility of migrant populations, Afro-descendants, indigenous populations, people affected by the violence and poverty, and other key population groups.

A. Stabilization: Peace with legality

16. If UNFPA, in coordination with other United Nations organizations, contributes to: support the efforts of the Colombian State in the comprehensive and effective reincorporation of the ex-combatants of the FARC-EP and their families; strengthen the reactivation of local and community development in PDET municipalities through empowerment of women and prevention of gender-based violence, as well as access to sexual and reproductive health; then Colombia will increase its capacity to strengthen the presence and institutional offer of the State in the PDET municipalities, to ensure the rights of the populations most affected by the conflict, and to achieve the stabilization and consolidation of the territories without leaving anyone behind.

17. Under this component, UNFPA will contribute to three joint outputs (1.1.4, 1.2.4 and 1.2.8), and their respective outcomes of the UNSDCF, as well as outcomes 1 and 3 of UNFPA Strategic Plan, 2018-2021.

18. The programme will contribute to strengthen the capacities of territorial entities and the health, protection and education sectors to improve women's, adolescents and young people's access to quality comprehensive sexual and reproductive health services, including services for survivors of gender-based violence in the territories prioritized by the Government. It will implement strategies for the empowerment of people and communities, including strengthening the capacities of women's organizations to advocate for sexual and reproductive health and rights and gender-based violence prevention. Through these interventions, the programme will contribute to create an institutional and community environment conducive to addressing the social determinants of maternal mortality, early pregnancy and gender-based violence, as contribution to the peacebuilding process. It will also contribute to improving the lives of the most vulnerable women and adolescent girls (indigenous, Afro-descendants, the Rom, rural, ex-combatants, migrants, LGBTI and people with disabilities) and address gender-based violence, including sexual violence and early unions, which contribute to adolescent pregnancy.

19. The key strategic interventions are: (a) advocacy and policy dialogue, as necessary, in order to align territories to national policies; as well as technical assistance to: (i) the Ministry of Health and territorial health entities, for inclusion in their plans of evidence-based interventions aimed at expanding access to sexual and reproductive health services, including HIV prevention and other infections of sexual transmission, reproductive rights and attention to gender-based violence; (ii) territorial health institutions, for improved access to high-quality comprehensive sexual and reproductive health services and attention to gender-based violence, with ethno-cultural adaptation, and guided by a life-course approach, focusing on women, adolescents and young people in rural areas and migrants; (b) technical assistance and coordination with other United Nations organizations to support Government's initiatives to: (i) implement the National Strategy for the Prevention of Adolescent Pregnancies (aged 10-19 years), particularly among very young adolescents, with national and territorial actions in health, protection and education; (ii) implement the National Strategy for the Reduction of Maternal Mortality and Extreme Morbidity, with emphasis on indigenous, Afro-descendants and rural communities under the guidelines of the national Government; (c) technical assistance to national and territorial health sector entities to: (i) reduce barriers to access modern contraceptive methods, including in humanitarian and emergency settings, focusing on adolescents and youth; (ii) strengthen the capacities and competencies of relevant health personnel to reduce barriers to *accessing* safe abortion services for victims of sexual violence, in those cases considered legal under the national regulatory framework; (d) advocacy and political dialogue, as necessary, to align territories with national policies, and technical assistance to: (i) national and territorial entities for incorporating gender equality into policies and programmes; (ii) most left-behind women and women's organizations to advocate for their rights and raise awareness about stereotypes that contribute to gender-based violence, including sexual violence and early unions, as key determinants of adolescent pregnancy; (iii) indigenous communities, leaders,

and organizations to change deeply-rooted social norms and attitudes towards female genital mutilation.

B. Migration as a development factor

20. *If* UNFPA, in coordination with other United Nations organizations, contributes to support the efforts of the Colombian State to respond to the migration from Venezuela by: granting humanitarian assistance to the populations in situation of vulnerability; and strengthening institutions for the provision of sectoral services; *then*, Colombia will be able to ensure better socioeconomic integration and access to services of the Venezuelan migrant population, returned Colombians and host communities, and thus make migration an opportunity for development.

21. *Under this component, UNFPA will contribute to three joint outputs (2.1.2, 2.1.3, and 2.2.1) and their respective outcomes of the UNSDCF, as well as outcomes 1, 2 and 3 of UNFPA Strategic Plan 2018-2021.*

22. The programme will contribute to strengthening national and territorial capacities to provide sexual and reproductive health services particularly in emergency and humanitarian contexts, as well as incorporate gender equality, women's empowerment, prevention and attention to gender-based violence and other harmful practices, in policies and programmes. In turn, UNFPA, together with the other agencies of the Country Team, will also strengthen women-led organizations to advocate for women's rights and engage in their communities contributing to gender-based violence prevention. Through these actions, UNFPA will contribute to advance sexual and reproductive rights, with emphasis on rural, indigenous and Afro-descendant populations, migrants, women and young ex-combatants, their families and rural and host communities in humanitarian contexts.

23. Key strategic interventions. In this priority area of the UNSDCF, specific interventions will also be put in place: (a) advocacy and political dialogue, as necessary, in order to align territories to national policies, coordination and technical assistance to strengthen the capacities of health, education, justice and protection institutions to implement intersectoral routes for gender-based violence prevention and care and elimination of other harmful practices; (b) coordination and technical assistance to: (i) the UN gender-based violence sub-group of the protection cluster, and the sexual and reproductive health and gender-based violence sub-cluster in the health cluster, for the response in the territories, according to the Sexual and Reproductive Health Plan of the latter, in compliance with the minimum standards in humanitarian response; (ii) health entities to implement the Minimum Initial Services Package (MISP) in sexual and reproductive health, and the minimum standards for prevention and response to gender-based violence in emergencies, with emphasis on adolescents, youth and migrant women and those from the host communities, including different strategies for indigenous populations, Afro-descendants, people with disabilities and LGBTI populations; (c) provision of comprehensive sexual and reproductive health information and services, including HIV prevention and health supplies, to improve the care of pregnancy and childbirth and attention to sexual violence at primary care and referral-level institutions.

C. Acceleration of the Sustainable Development Goals

24. *If* UNFPA, in partnership with other United Nations organizations, contributes to support the efforts of the Colombian State in: ownership of the SDGs and tools for their follow-up, promotion and monitoring; the implementation of actions aimed at gender equality; promotion of the 'orange' economy and creation of entrepreneurship and employability opportunities for young people; and territorial planning and risk management, *then*, Colombia will have strengthened territorial governments and governmental and state institutions to accelerate the inclusion of the most vulnerable, leaving no one behind, to reduce SDGs gaps and compliance with the 2030 Agenda.

25. *Under this component, UNFPA will contribute to four joint outputs (3.1.1, 3.1.3, 3.2.2, 3.6.4), and their respective outcomes of the UNSDCF, as well as outcomes 2, 3 and 4 of UNFPA Strategic Plan 2018-2021.*

26. The programme will strengthen the capacities of the National Statistical System for the production of disaggregated data to identify the groups most left behind, thus contributing to reduce information gaps and strengthening evidence-based policies. Likewise, it will strengthen institutional capacities for the formulation and implementation of development plans, as well as land use planning, using population, gender and rights-based approaches. Thus, interventions will contribute to support government efforts to accelerate the 2030 Agenda, focusing on SDGs 3 and 5.

27. Key interventions include: (a) technical assistance to: (i) the National Statistical System, within the framework of the SDGs Inter-Agency Group, for the production of disaggregated data at national and territorial levels, with emphasis on indigenous population, Afro-descendants, people with disabilities, LGBTI populations, in order to reduce the information gaps for the measurement and monitoring of prioritized SDG indicators and the Montevideo Consensus indicators; (ii) support the realization, analysis and dissemination of statistical operations related to population dynamics that allow for timely, reliable and high-quality data and evidence for sustainable development policies and plans to leave no one behind, both in development and humanitarian contexts; (iii) public institutions, planning bodies and civil society organizations in the municipalities prioritized for the review and adjustment of land-use plans, using various methodologies (Pass to Development, Population Situation Analysis; Population Triage), ensuring population-based, rights-based and gender-based approaches; (b) advocacy, policy dialogue and promotion, as necessary, in order to align territories to national policies, and technical assistance for: (i) multisector alliances between the Government, the private sector and academia for ownership and acceleration of the 2030 Agenda at national and territorial levels; (ii) innovative projects and tools based on creative exploration, focused on users, including cutting-edge technologies to accelerate achievement of the SDGs.

D. Adolescents and youth

28. The programme will contribute to strengthen national and territorial capacities of institutions to ensure the inclusion the rights of youth, particularly sexual and reproductive rights, in public policies as well as strengthen the capacities of youth organizations to advocate for their rights. By doing so, it will support Government's efforts to promote the rights of the most vulnerable adolescents and young people, focusing on developing evidence-based policies and programmes that address the determinants of adolescent pregnancy and generate opportunities for young people to become agents of change.

29. *Under this component, UNFPA will contribute, through a UNFPA specific output and one joint output of the UNSDCF (3.4.1) and its respective outcome, as well as outcome 2 of the UNFPA Strategic Plan 2018-2021.*

30. Key strategic interventions include technical assistance to: (a) territorial entities of prioritized municipalities, for the development and implementation of comprehensive sexuality education programmes in schools and out-of-school settings, particularly targeted to adolescent girls; (b) national and territorial entities for the implementation of the 'Sacúdete' ("shake off") strategy, through the generation and adaptation of methodological and innovative tools; (c) strengthen capacities of adolescents and youth organizations to participate in initiatives that promote sexual and reproductive health and rights, including early unions and adolescent pregnancy prevention in humanitarian, development and peacebuilding settings; (d) national and territorial entities for the development of initiatives (Sacúdete Strategy), public policies, plans and programmes that address the needs of youth in situations of vulnerability.

III. Programme and risk management

31. The programme will be implemented with national and international partners. The harmonized approach to cash transfers will be used in a coordinated fashion with other United Nations agencies to manage financial risks. Cost definitions and classifications for programme and development effectiveness will be charged to the relevant projects.

32. The programme will articulate its interventions and mobilize resources with different partners, including national and territorial government authorities, civil society organizations, universities and scientific societies, professional associations, traditional donors, volunteers and other United Nations organizations. South-South cooperation will be strengthened in key ICPD areas, particularly on adolescent pregnancy, maternal mortality, territorial planning and follow-up to the 2030 Agenda for Sustainable Development, according to priorities of the National Government.

33. Ongoing inter-agency programmes will continue to be implemented. New joint initiatives will be promoted, particularly with the common chapter agencies (UNDP, UNICEF and UN-Women), in: poverty reduction; empowerment of women, adolescents and young people; eradication of violence against women and girls, including harmful practices.

34. The following risks were identified for programme implementation: changes in regulatory, policy and institutional frameworks that may limit the advancement of sexual and reproductive rights; national regulatory framework for government co-financing of cooperation programmes; exacerbation of situations of conflict, violence and insecurity in the prioritized territories; increased impact of COVID-19 contention and mitigation measures. Risk-mitigation strategies will be adopted: advocacy and policy dialogue as necessary, in order to align territories to national policies, to continue positioning the ICPD agenda, the Montevideo Consensus and the Nairobi Summit commitments; strengthening partnerships for resource mobilization, including with the private sector and donors that support the humanitarian response and co-financing with subnational governments, as well as coordination with other United Nations organizations; advice on security issues, virtual strategies to deal with mobility restrictions, as well as partnerships with local organizations that have a presence in the territory to reach out to the most vulnerable populations.

35. The technical and programmatic structure of the office will be strengthened to ensure adequate capacity for proposed programme implementation. Strategic alliances will be brokered with other United Nations organizations in Colombia and with academia in order to respond effectively and in a timely manner to growing demands for technical assistance. The country office will also request technical support from the regional office and UNFPA headquarters, as necessary. UNFPA may, in consultation with the Government, reprogramme activities to respond to humanitarian situations.

36. 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

37. UNFPA and the Government of Colombia, led by the Ministry of Foreign Affairs and the Presidential Agency for International Cooperation of Colombia (APC-Colombia), and the National Department of Planning (DNP), will oversee the country programme, in accordance with the United Nations reform principles, National Development Plan 2018-2022, UNSDCF guidance, UNFPA policies, procedures and guidelines, results-based management principles and standards, and monitoring and evaluation plan agreed with the Ministry of Foreign Affairs and within the monitoring framework of the UNSDCF.

38. The programme will be aligned with the UNSDCF monitoring and evaluation system, based on UNSDCF results and joint workplans. For the reporting and consolidation of this

information, the UNinfo platform will be used. UNFPA will actively participate in the UNSDCF implementation, monitoring and revisions, if any, including related annual reports, that will be presented annually, in the first quarter of the following year, and UNSDCF evaluation.

39. With the objective of documenting lessons learned and good practices to strengthen evidence-based decision-making, learning and accountability, the UNFPA monitoring and evaluation plan in Colombia includes: technical monitoring meetings with implementing partners; monitoring visits in the territories, some of which will be accompanied by the Government, based on agreed timetable; periodic internal reviews for monitoring progress, evaluations of joint projects, risk assessment, and adjustment to workplans, if necessary; and the use of global platforms for monitoring budget implementation, progress reports and achievement of results, knowledge generation and replication of good practices.

40. Likewise, a midterm evaluation of the programme will be carried out to analyse progress made, reorient strategies and align the country programme with the following UNFPA strategic plan, which will begin in 2022, and the next national development plan in 2023; a final report of the Country Programme will be presented in the first quarter of 2025. There will also be an independent final evaluation, whose results must be delivered in the first quarter of 2024, so as to constitute inputs for a possible new Country Programme.

41. UNFPA will contribute to strengthening national capacities for monitoring and reporting the country's commitments regarding the 2030 Agenda for Sustainable Development (voluntary national reports), the Nairobi Summit commitments and the Montevideo Consensus.

RESULTS AND RESOURCES FRAMEWORK FOR COLOMBIA (2021-2024)¹

NATIONAL PRIORITIES: Stabilization: Peace with Legality Policy.				
UNSDCF OUTCOMES INVOLVING UNFPA: Outcome 1.1. FARC ex-combatants in the process of reinstatement and their families have access to a comprehensive and effective reincorporation with support from the UN country team in coordination with the Ministry for Stabilization and Consolidation and the agency for the reincorporation and normalization, as a complement to the efforts of the Colombian State. Outcome 1.2. Communities of the PDET municipalities prioritized by the national government improve their quality of life, through the design and implementation of strategies within the framework of the PDET roadmap, with special emphasis on the gender approach and ethnically differentiated communities with the support of the United Nations Country Team, as a complement to the efforts of the Colombian State;				
RELATED UNFPA STRATEGIC PLAN OUTCOME: Outcome 1: Sexual and reproductive health and reproductive rights; Outcome 2: Adolescents and youth; Outcome 3: Gender equality and empowerment of women				
UNSDCF outcome indicators, baselines and targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<p>Related UNFPA Strategic Plan Outcome indicator(s):</p> <ul style="list-style-type: none"> • Maternal mortality ratio (x per 100.000 live births) <i>Baseline: 51.3; Target: 45</i> • Proportion of women of reproductive age who have their need for family planning satisfied with modern methods: <i>Baseline: 86.2%; Target: 88.2%</i> (aged 15-49 years) <i>Baseline: 48.6%; Target: 53%</i> (aged 15-19 years) 	<p>UNSDCF joint output 1.1.4. Support for the structuring and implementation of strategies and initiatives for the economic and social reintegration of women with an emphasis on productive projects, labour ties, solidarity economies, care economy, prevention of gender violence and comprehensive sexual and reproductive health and attention to children, adolescents and young people</p>	<ul style="list-style-type: none"> • Number of prioritized PDET municipalities in which health institutions have capacity for providing LARCs, especially for adolescents and youth (aligned to SP output 2.3) <i>Baseline: 26; Target: 45</i> • Number of health institutions in prioritized PDET municipalities that implement the national protocol for obstetric emergency and newborn care, according to international minimum standards (aligned to SP output 2.1) <i>Baseline: 26; Target: 45</i> • Number of PDET municipalities in which at least 60% of health institutions provide essential services package for survivors of sexual violence (aligned to SP output 2.4) <i>Baseline: 26; Target: 50</i> 	<p>Ministry of Health and Social Protection, (MSPS); Colombian Institute of Family Welfare (ICBF); Advisory Office for Consolidation and Stabilization; Agency for Reincorporation and Nationalization, ARN; Presidential Advisory Office for Women Equality (CPEM); National Service for Learning, SENA; Colombia in Peace Fund, FCP; Agency for Rural Development, ADR; Agency for the Renewal of Territory, ART; Department/ Municipal Health Secretaries; Health Management Companies (EPS); Health care institutions (IPS); civil society organizations; UN organizations; private sector; national and territorial indigenous and Afro-descendant organizations.</p>	<p>\$2.9 million (\$1.5 million from regular resources and \$1.4 million from other resources)</p>
	<p>UNSDCF joint output 1.2.4. PDET initiatives that promote economic empowerment, the promotion of gender equality relations, leadership and participation of women and girls in their ethnic, age and sexual diversity.</p>	<ul style="list-style-type: none"> • Percentage of prioritized PDET municipalities that implement intervention strategies that empower the most vulnerable groups (youth and women) to exercise their SRR and a life free of violence (aligned to SP output 9.3) <i>Baseline: 12%; Target: 90%</i> 		
	<p>UNSDCF joint output 1.2.8. Technical assistance for the national and territorial institutions and instances prioritized by the national Government within the framework of the Peace with Legality Policy, for the implementation of the PDETs.</p>	<ul style="list-style-type: none"> • Percentage of prioritized PDET municipalities that incorporate strategies to improve access of the most vulnerable population groups to integrated and quality SRH information and services in their plans (aligned to S.P output 1.1) <i>Baseline: 80%; Target: 95%</i> 		

¹ Once the UNSDCF outcome indicators are approved, this RRF will be modified in order to incorporate those relevant to the UNFPA country programme.

NATIONAL PRIORITY: Migration as a Development Factor.				
UNSDCF OUTCOME INVOLVING UNFPA: Outcome 2.1. Venezuelan migrant population, returning Colombians and host communities in greater vulnerability, receive integrated, differential, coordinated and quality humanitarian assistance in the municipalities and localities prioritized by the National Government with the contribution of the UN country team to the efforts of the State; Outcome 2.2. The Venezuelan migrant population, the Colombian returnees and the host communities have access to quality and differentiated services in health, education, family welfare, food and nutritional security and habitability in municipalities and localities prioritized by the national Government with the contribution of the UN Country Team to the efforts of the State.				
RELATED UNFPA STRATEGIC PLAN OUTCOME: Outcome 1: Sexual and reproductive health and reproductive rights; Outcome 3: Gender equality and empowerment of women				
Related UNFPA Strategic Plan Outcome indicator(s): <ul style="list-style-type: none"> Number of women, adolescents, and youth who have utilized integrated sexual and reproductive health services. <i>Baseline:</i> 10,700; <i>Target:</i> 15,000	UNSDCF joint output 2.1.2. The relevant institutions and non-governmental actors have timely and quality care routes and strategies for prioritized populations.	<ul style="list-style-type: none"> Updated strategy to coordinate the response in the territory and ensure compliance with minimum standards in the humanitarian response in SRH and GBV by interagency coordination mechanisms (aligned to SP output 5.4 and 11.5) <i>Baseline:</i> Strategy to be updated; <i>Target:</i> Updated strategy Number of prioritized municipalities that apply the minimum standards for preventions and response to GBV in emergencies (aligned to SP output 11.4) <i>Baseline:</i> 15 <i>Target:</i> 50 	MSPS; ICBF; Office for the Comprehensive Response to Migration from Venezuela; Ministry of Foreign Affairs; Mixed Migration Flows Interagency Group, GIFMM; Presidential Agency for Cooperation (APC-Colombia); National Planning Department (DNP); CPEM; Department/ Municipal Health Secretaries; EPS; IPS; Profamilia; civil society organizations; United Nations organizations; private sector; national and territorial indigenous and Afro-descendent organizations	\$1.7 million (\$1.0 million from regular resources and \$ 0.7 million from other resources)
	UNSDCF joint output 2.1.3. Relevant institutions and non-governmental actors have the capacity and inputs to provide services to prioritized populations that are complementary to their regular offer.	<ul style="list-style-type: none"> Number of women, adolescents and youth humanitarian settings, who access quality integrated sexual and reproductive health services (aligned to SP output 11.3) <i>Baseline:</i> 10,700; <i>Target:</i> 15,000 		
	UNSDCF joint output 2.2.1. The institutions strengthen their management capacities in the development and implementation of comprehensive prevention and care routes in health, education, family welfare, food and nutritional security and habitability.	<ul style="list-style-type: none"> Number of health service providers with the capacities to provide the MISP in SRH in humanitarian contexts (aligned to SP output 3.4) <i>Baseline:</i> 161; <i>Target:</i> 350 Number of women and girls affected by GBV in humanitarian contexts, that have access to packages of essential services for GBV prevention and care (aligned to SP output 11.3) <i>Baseline:</i> 580; <i>Target:</i> 2,000 		
NATIONAL PRIORITY: Acceleration of catalytic SDGs				
UNSDCF OUTCOME INVOLVING UNFPA: Outcome 3.1. The national government and territorial entities strengthen their capacities to accelerate the 2030 Agenda and SDGs with the support of the UN Country Team to the efforts of the State; Outcome 3.2 The National Government and territorial governments, in particular category 5 and 6 municipalities, implement gender-equality policies, plans, programmes and projects, with the support of the United Nations country team, and in accordance with national government guidelines; Outcome 3.6. The territorial governments, in particular category 5 and 6 municipalities, design, implement and effectively monitor their planning tools, with the support of the United Nations country team, and in accordance with the guidelines of the National Government.				
RELATED UNFPA STRATEGIC PLAN OUTCOME: Outcome 4: Population dynamics				

<p>Related UNFPA Strategic Plan Outcome indicator:</p> <ul style="list-style-type: none"> Proportion of SDG Indicators produced at the national level with full disaggregation when relevant to the target, in accordance with the fundamental principles of official statistics <p><i>Baseline: 55%; Target: 80%</i></p>	<p>UNSDCF joint output 3.1.1. Technical assistance for closing information gaps in measuring the 2030 Agenda and the SDGs.</p>	<ul style="list-style-type: none"> Number of indicators of the SDGs global follow up mechanism for production and inclusion in the National Statistical Plan, with UNFPA support (aligned to SP output 13.7) <i>Baseline: 2; Target: 12</i> Number of high-quality statistical products generated and published, including post-census studies and vital statistics (aligned to SP output 13.6, 13.1) <i>Baseline: 3; Target: 6</i> 	<p>DNP; National Statistics Department (DANE); Ministry of Housing city and territory (MVCT); National Registry of Civil Status; CPEM; Agustín Codazzi Geographic Institute (IGAC); Colombian Geological Service; National Risk Management Unit (UNGRD); ART; departmental governments; municipalities; academia; civil society organizations; United Nations organizations; private sector.</p>	<p>\$2.2 million (\$0.7 million from regular resources and \$1.5 million from other resources)</p>
	<p>UNSDCF joint output 3.1.3. Technical assistance to the national government's strategy for ownership, territorialisation and promotion of partnerships to accelerate compliance with the 2030 Agenda</p>	<ul style="list-style-type: none"> Percentage of territorial entities that access demographic data and analysis, (including projections disaggregated by age, sex, location, and considering small area estimates and sexual and reproductive rights indicators), with UNFPA's support in second generation Population Situation Analysis (aligned to SP outputs 14.1, 14.3) <i>Baseline: 0%; Target: 100%</i> 		
	<p>UNSDCF joint output 3.2.2. Technical support for the implementation of the gender equality budget tracer at national and territorial level and institutional strengthening for the design and implementation of gender equality policies, plans, programmes and projects</p>	<ul style="list-style-type: none"> Number of prioritized municipalities that incorporate gender equality, SRR and GBV prevention and attention in their gender equity policies, plans and programs, in line with relevant international human rights standards (aligned to SP output 9.1) <i>Baseline: 15; Target: 50</i> 		
	<p>UNSDCF joint output 3.6.4. The Territorial Planning Schemes (OET) and the land-use Plans (POT) have technical assistance for their design, implementation and evaluation.</p>	<ul style="list-style-type: none"> Number of prioritized municipalities that receive UNFPA technical assistance for territorial plans to explicitly integrate population dynamics, including changing age structure, population distribution and projections (aligned to SP output 14.2) <i>Baseline: 48; Target: 94</i> Number of prioritized municipalities that receive UNFPA technical assistance to generate and use tools at the territorial level to illustrate the vulnerability of populations to natural disasters and humanitarian crises (aligned to SP output 14.4) <i>Baseline: 0; Target: 30</i> 		
<p>For CPD Option C – RRF includes outcomes not captured in the UNSDCF</p>				
<p>NATIONAL PRIORITY: Youth Citizenship Charter. Alignment with NDP on: Girls and boys first: Integral development from early childhood to adolescence, Orange Youth, No one is left behind, Promotion of sexual and reproductive rights for children and adolescents.</p>				
<p>SPECIFIC FRAMEWORK OUTCOME: Outcome 3.4 The National Government, through the Orange Economy National Policy and the “Sacúdete” Strategy, strengthens its capabilities to consolidate the entrepreneurial ecosystem, innovation, cultural transformation and productive inclusion and formal employment, with the contribution from the United Nations country team to the efforts of the State.</p>				
<p>RELATED UNFPA STRATEGIC PLAN OUTCOME: Outcome 2: Adolescents and youth</p>				

Specific framework outcome indicators, baselines and targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<p>Related UNFPA Strategic Plan</p> <p>Outcome indicator(s):</p> <ul style="list-style-type: none"> Engagement of adolescents and youth, including marginalized adolescent and youth in the formulation of national sexual and reproductive health policies <p><i>Baseline:</i> No; <i>Target:</i> Yes</p>	<p>UNFPA output:</p> <p>Strengthened national and subnational capacity through technical assistance to design, implement and monitor policies and programmes that promote adolescents and youth rights, particularly sexual and reproductive health and rights, across peace, development and humanitarian settings.</p> <p>UNSDCF joint output 3.4.1.</p> <p>Technical assistance to national institutions for the design and implementation of the “Sacúdete” Strategy</p>	<ul style="list-style-type: none"> Percentage of prioritized PDET municipalities that have plans and projects for in-school and out-of-school CSE, according to international standards, supported by UNFPA (aligned to SP output 6.2 and 6.3) <i>Baseline:</i> 10%; <i>Target:</i> 50% (in-school) <i>Baseline:</i> 8%; <i>Target:</i> 50% (out of school) Elements of SHR and GBV incorporated in the implementation of the “Sacúdete” Strategy <i>Baseline:</i> No; <i>Target:</i> Yes 	<p>MSPS; Presidential Advisory Office for Youth; Ministry of Education; Territorial Education Secretaries; Profamilia; Ministry of Information and Communication Technologies-MINTIC-; ICBF; Departmental/municipal health secretaries; EPSs; IPSs; civil society organizations; United Nations organizations; private sector; national and territorial indigenous and Afro-descendants organizations.</p>	<p>\$0.9 million (\$0.5 million from regular resources and \$0.4 million from other resources)</p> <p>Programme coordination and assistance 0.5 million from regular resources</p>