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**UNFPA – Country programmes and related matters**

**United Nations Population Fund**

**Country programme document for Costa Rica**

Proposed indicative UNFPA assistance:	\$6 million: \$2.7 million from regular resources and \$3.3 million through co-financing modalities or other resources
Programme period:	Five years (2023-2027)
Cycle of assistance:	Sixth
Category:	Tier III
Alignment with the UNSDCF Cycle	United Nations Sustainable Development Cooperation Framework, 2023–2027

## I. Programme rationale

1. Costa Rica is an upper-middle-income country, ranking 62 out of 189 countries in the human development index (HDI, 2019). It is a politically stable country, with a solid democratic culture and democratic institutions. Despite the enactment of redistributive policies, poverty and inequalities have been on an upward trend over the last decades, furthered in 2020 by the impact of the COVID-19 pandemic. Poverty and extreme poverty currently stand at 26.2 per cent and 7 per cent, respectively (National Institute on Statistic and Census (INEC), 2020), while the Gini coefficient rose from 0.485 in 2008 to 0.519 in 2020. Unemployment increased from 12.4 per cent in 2019 to 20 per cent in 2020, with a disproportionate impact on women and young people, overrepresented in the informal sector and unpaid care work.

2. Costa Rica is a multiethnic country, with a population of 5.2 million people, concentrated in urban areas (72.5 per cent). An estimated 7.8 per cent are Afro-descendants and 2.4 per cent are Indigenous people (Census, 2011). Fifteen per cent are young people aged 15-24 years while 9.6 per cent are adults aged 65 and older. One out of five people aged 18 and older (18.2 per cent) has some type of disability; 60.9 per cent of these are women. About one out of ten people living in Costa Rica (9.5 per cent) is of foreign origin (mainly from Nicaragua). Costa Rica hosts the largest number of asylum-seekers in Central America (155,000 at the end of 2021), equivalent to 3 per cent of its population.

3. The country is in full demographic transition, with declining mortality rates, an average life expectancy of 80.9 years, and a low fertility rate of 1.4 children per woman. The demographic dividend is ending, while aging is rapidly advancing, with the percentage of adults over 65 expected to double between 2022 and 2050 (from 9.6 to 20.8 per cent). This has important implications for the country's economy, social security, health system sustainability and care work, as well as sexual and reproductive health and rights (SRHR).

4. Costa Rica is a State party to all major international human rights conventions, conferences and other instruments. Although national legal and policy frameworks are aligned to these commitments, their implementation is often hampered by weak inter-institutional coordination. Various policies have been enacted on SRHR, such as access to a wide range of contraceptive methods (including emergency contraception) and to therapeutic abortion, and non-discrimination. Costa Rica was also the first Central American country to allow same-sex marriage.

5. The Costa Rican health system promotes universal access to healthcare through the Costa Rican Social Security Fund (CCSS), achieving a population coverage of 83.9 per cent. However, effective access to SRHR is not yet a reality for all, with a number of uninsured, such as medium or long-term unemployed people and people under irregular migratory status. Insured people still face barriers related to the quality of services, including long waiting lists, inadequate information, lack of pre-conceptional counselling, limited territorial accessibility in Indigenous territories and coastal, rural and border areas. Migrants, low-income people, unemployed workers, lesbian, gay, bisexual, transgender, intersex, queer/questioning and asexual (LGBTIQ+) people, and persons with disabilities often face access barriers, reporting discriminatory attitudes, based on harmful gender and social norms. A broad multi-stakeholder dialogue is required to tackle issues related to aging and demographic resilience within a human rights and gender-based approach.

6. Seventy per cent of women aged 15-49 years old, married or in union, use modern contraceptive methods. The unmet need for contraceptive methods was 13.7 per cent in 2018, a percentage that rises to 31 per cent for adolescents and 18.2 per cent for women with disabilities. During the COVID-19 pandemic, contraceptive consumption declined to the levels of more than five years ago (CCSS, 2020). Financial barriers have played a significant role, as over 60 per cent of Costa Ricans acquire contraceptives in the private sector, relying on out-of-pocket expenses.

7. Costa Rica's offer of family planning services spans a comprehensive range of contraceptives. In 2021, the pill was the most used method in public services (37 per cent), followed by male condoms (20 per cent) and quarterly injections and implants (15 per cent in both cases). Subdermal implants are offered by the public health system only to girls under

20 years, and health personnel lack adequate training for its placement and withdrawal. Non-hormonal intrauterine devices are available but are not commonly used due to misinformation about its use. Female condoms are used by less than 1 per cent of women, and effective access to emergency oral contraception is challenged by service providers, who often claim conscientious objection for not dispensing it, based on personal beliefs or limited knowledge, and demand on both methods is scarce. Furthermore, there are institutional regulations that promote the right to “free and informed choice” in reproductive matters, but their implementation is weak, particularly in rural areas.

8. Contraceptives are accessible for adolescents; however, social norms maintain the stigma about adolescent sexuality, and health providers lack a human rights-based approach to guarantee age-appropriate services. Since the incorporation of comprehensive sexuality education (CSE) in the school curriculum in 2012, Costa Rica experienced an important reduction of adolescent pregnancies, with the adolescent birth rate declining from 67.1 per 1,000 women aged 15-19 years in 2012 to 26.6 in 2021. However, unplanned pregnancies are still high (over 70 per cent) and the continuity of CSE programmes has been undermined by myths and misinformation among parents on the curricula’s content.

9. Costa Rica is close to achieving zero preventable maternal deaths, having reported 20 maternal deaths in 2020, equivalent to a maternal mortality ratio of 34.4 per 100,000 births, the highest value of the last decade. Socio-economic inequalities continue to cause maternal deaths. An estimated 70 per cent of maternal deaths recorded in 2020 corresponded to unemployed or underemployed women. Births to foreign-born mothers registered in the country accounted for more than 20 per cent in 2020, a proportion that increased in recent years. Migrant women reported a risk of dying while giving birth 1.7 times higher than Costa Rican mothers. Women continue to experience delays in timely and respectful maternity care, as existing standards and protocols are not always followed. Around 57.7 per cent of women in reproductive age who gave birth between 2016 and 2018 reported having experienced at least one type of obstetric violence. Women often lack information about their rights, face geographic barriers to access services, and do not always receive quality care from an intercultural perspective.

10. The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) Committee urged Costa Rica to double efforts to prevent and address violence against women. The lack of disaggregated data on gender-based violence (GBV) hampers these efforts. The only national survey on violence against women, which provides key baseline indicators for related Sustainable Development Goals (SDGs), dates to 2003. Sexual violence is one of the most common forms of violence experienced by women in the country. From 2016 to 2020, the Prosecutor’s Office received 47,483 complaints of sexual crime: 17 per cent were rapes and 68 per cent were sexual crimes (excluding rape) perpetrated against children and adolescents. Afro-descendant women are more exposed to harassment, sexual assault, rape, sexually transmitted infections (STIs) and early pregnancy, with 41 per cent reporting having been groped, touched or kissed without their consent during school life. Also, 20 per cent of women with disabilities reported having been forced to engage in sexual practices. Although Costa Rica has a robust system for GBV prevention and response, women have reported bottlenecks in access to GBV services, particularly long distances, inadequate service hours and facilities, and insufficient information.

11. Since the approval of Law 9406 in 2016, Costa Rica prohibits the marriage of persons under the age of 18; nevertheless, in 2018, a study on women aged 20-24 years, showed that 17 per cent were married or in union before 18 – that figure increased to 40 per cent among lower-income women and reached 70 per cent among women without schooling. Costa Rica also penalizes other harmful practices, including early unions, commonly referred to as “improper relationships” (sexual relations between adolescents and adults with a significant age gap). Nineteen per cent of adolescents of African descent aged 15-19 years reported having started their sexual life within improper relationships, almost double than white or *mestizo*<sup>1</sup> women. Discriminatory social and gender norms and impunity prevail as structural causes of GBV and other harmful practices.

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<sup>1</sup> Mestizo – of mixed European and Indigenous American ancestry

12. Costa Rica has a solid national statistical system, although the generation, analysis, disclosure and interoperability of data from census, surveys and administrative records need to be standardized. The country also needs to strengthen the availability of disaggregated data by key stratifiers (sex, age, ethnicity, sexual orientation, gender identity, geographic location, disability and migratory status) to visualize inequalities and ensure follow-up of international commitments. The 2022 Census will provide policymakers with updated socio-demographic data to better respond to the needs of those left furthest behind and challenges posed by the demographic transition.

13. Costa Rica is vulnerable to natural hazards, particularly hurricanes and earthquakes, whose intensity has increased with climate change. The country is recognized as a leader in sustainable development. Human rights and gender perspectives as well as the ‘leave no one behind’ principle are integrated within its Plan for Decarbonization by 2050 and the Gender and Climate Change Action Plan, launched in 2022.

14. The proposed programme is aligned to national priorities, within the framework of the United Nations Sustainable Development Cooperation Framework (UNSDCF) 2023-2027, and its strategic priorities: (a) Inclusion; (b) Governance; (c) Prosperity; and (d) Resilience.

15. UNFPA brings its comparative advantages to the collective United Nations efforts, particularly its technical expertise in: (a) mainstreaming of the ‘leave no one behind’ principle in public policies; (b) incorporation of intercultural and gender-transformative approaches in SRH and GBV services; (c) promotion of adolescents and youth health and rights; and (d) incorporation of data/population dynamics in development planning.

16. The thematic evaluation of the previous UNFPA country programme (2018-2022) and the evaluation of the United Nations Development Assistance Framework (UNDAF) 2018-2022 highlighted effectiveness of UNFPA in supporting the national implementation of international recommendations on human rights, gender equality and the sustainable development agenda, including the International Conference on Population and Development (ICPD) Programme of Action, the Montevideo Consensus and other relevant commitments within the International Decade of People of African Descent.

17. The thematic evaluation highlighted the following lessons learned: (a) capacity development of institutions to incorporate international commitments in national policies and plans and community-based organizations to strengthen demand of their rights have facilitated the advancement of the ICPD agenda; (b) institutional capacity development at the local level enables the implementation of national guidelines, reducing inequalities; (c) innovative partnership and co-financing strategies were pivotal in leveraging domestic and private investments for the three transformative results; and (d) the generation of evidence on the cost of inaction in SRH and GBV-related issues proved effective to positioning the three transformative results in public policies.

## **II. Programme priorities and partnerships**

18. The new country programme for 2023-2027 has been developed in close consultation with national partners, including government institutions and authorities, civil society and community-based organizations, including Afro-descendants, people with disabilities, women and young people. It responds to the national priorities reflected in the National Development Plan 2023-2026 and relevant national policies and plans; the 2030 Agenda and the SDGs, particularly SDGs 3 and 5; the UNSDCF 2023-2027 for Costa Rica; the ICPD Programme of Action, the Montevideo Consensus and the ICPD+25 voluntary national commitments. The latter relate to accelerating the fulfilment of the rights of Afro-descendant people in Latin America and the Caribbean.

19. The proposed programme will help Costa Rica to consolidate its achievements in SRH, address emergent needs and promote sexual and reproductive rights and a life free of violence for women, adolescents and youth, focusing on the populations furthest left behind. These include rural, Indigenous and Afro-descendant people, adolescents and young people, persons with disabilities, LGTBQ+ groups, migrants and refugees. The programme’s key entry point for

accelerating the achievement of the three transformative results will be addressing the linkages between demographic transition and sexual and reproductive health and rights. UNFPA will leverage its normative role to bridge policy implementation gaps and anticipate population changes in the upper middle-income country, which is well positioned to become a testing ground for innovative, forward-looking and sustainable policies aimed to build demographic resilience with a human rights-based, gender-based and 'leave no one behind' approach. UNFPA will leverage its technical expertise to strengthen the capacities of national institutions to improve access to contraception, timely and quality maternal care, prevention and care of GBV and other harmful practices, particularly "improper relations" (early unions) and child and adolescent pregnancy, as well as emerging needs linked to the demographic transition (infertility, reproductive cancers, climacteric and menopause) from a life-course approach.

20. This programme will employ four accelerators: (a) the integration of human rights-based, intersectional and gender-transformative approaches in SRH and GBV policies and services, to reach those left furthest behind; (b) innovation and digitalization to integrate population dynamics and megatrends, particularly low fertility, aging, migration and others, in public policies through data systems, research and training; (c) partnerships with national and local governments, civil society organizations and other United Nations organizations, and South-South and triangular cooperation; (d) resilience-building and complementarity among development, humanitarian and peace-responsive efforts, ensuring access of the most vulnerable women and girls to essential SRH and life-saving GBV services, in the context of increasing effects of climate change and human mobility. Accordingly, UNFPA will support the country in the implementation of climate change-related plans.

21. The programme will leverage strategic partnerships with government and non-governmental institutions, at national and local levels, civil society and community organizations and academia, as well as non-traditional sectors (economy, environment), engaging in multi-stakeholder dialogues, based on evidence and investment cases, to accelerate the three transformative results. UNFPA will engage with partners strategically, building on their respective comparative advantages in advancing the ICPD agenda: with local governments to support increased domestic budget allocations; with community-based organizations to target local needs, generate public awareness and support advocacy efforts; with the private sector to promote the inclusion of the three transformative results into the corporate social responsibility agenda. Coordination with other United Nations organizations will be central to achieving programmatic results, such as: increasing access and coverage of SRH services [with the Pan American Health Organization (PAHO/WHO)]; transformation of gender and social norms and promotion of CSE [with UN-Women, the United Nations Educational, Scientific and Cultural Organization (UNESCO) and UNICEF]; inclusion of GBV and SRH in the national response to human mobility [with the United Nations High Commissioner for Refugees (UNHCR) and the International Organization for Migration (IOM)]; and generation and use of disaggregated data and emergency preparedness and resilience to climate change [with UNDP].

**A. Output 1. Strengthened integration of universal coverage and access to SRH and GBV services and the exercise of reproductive rights of those left furthest behind into national and local policies and plans, considering territorial and social inequalities, demographic and epidemiological transitions and other megatrends (climate change and human mobility), in line with international human rights commitments**

22. This output contributes to the three strategic plan outcomes and UNSDCF outcomes 2.1 (institutional modernization); 3.1 (addressing gaps to decent work); and 4.1 (national and multisectoral risk-management). It will do so by protecting the advancements in sexual and reproductive rights, through support to the country in the design and implementation of universal, inclusive, cost-effective and resilient policies aimed to expand access to SRH and GBV prevention and care services, considering territorial and social inequalities, demographic and epidemiological transitions and other megatrends. By supporting policies for increased coverage of the universal health insurance for women in the informal labour market, UNFPA will also contribute to reducing gaps in access to decent work. UNFPA will emphasize its normative role,

by leveraging its advocacy and advisory expertise to include the intersectional and gender-sensitive approaches in the implementation of human rights instruments, such as CEDAW, the Montevideo Consensus, the ICPD+25 voluntary national commitments, the Universal Periodic Review and voluntary national reviews.

23. *Key interventions:* evidence-based advocacy, policy dialogue and national and local capacity development to: (a) strengthen the country's capacities in the design and implementation of evidence-based policies to increase access of those left furthest behind to SRHR, GBV prevention and care, without discrimination, in line with international human rights' recommendations; (b) strengthen the country's capacities in the design and implementation of policies to respond to challenges linked to the epidemiological and demographic transitions (low fertility and aging) and other megatrends, based on evidence (generated within output 4), prioritizing those left furthest behind and using human rights-based, intercultural, life course, intersectional and gender-sensitive approaches; (c) strengthen the country's capacities in the inclusion of SRH (including the minimum initial service package) and GBV in national and local emergency preparedness, response, recovery and resilience plans related to emergencies, climate change and migration; (d) strengthen the health sector through a strategy that improves efficiency/sustainability of public expenditure related to SRH (contraceptives procurement, cost of prevention versus care), based on evidence.

**B. Output 2: Strengthened national and subnational institutions to provide access to quality SRH and GBV prevention and care services without discrimination, reaching women, adolescents and young people, and those left furthest behind, using human rights, intercultural, life-course and intersectional, and gender approaches, within the context of the demographic transition and other megatrends**

24. This output will contribute to the three strategic plan outcomes and UNSDCF outcomes 1.2 (full participation of women and girls in their diversity); and 2.1 (institutional modernization) by expanding universal access to the comprehensive package of SRH services and GBV prevention and care services. This will be achieved by focusing on enhancing the quality of services, particularly at the primary health care level, so that they respond to the needs of the furthest left-behind (migrants, refugees, indigenous people, Afro-descendants, LGBTIQ+ groups, persons with disabilities, and people living in coastal, border and rural areas), in development and humanitarian settings as well as to emerging SRH and GBV needs, linked to Costa Rica's demographic and epidemiological transitions and the impact of other megatrends (climate change, pandemics, human mobility and humanitarian need).

25. *Key interventions:* advocacy, policy dialogue and capacity development to: (a) strengthen the capacities of Ministry of Health and CCSS, to improve access to the comprehensive package of SRH services (maternal health, respectful maternity care, contraception, pre-conceptional counselling, post therapeutic abortion care, HIV/STIs prevention, among others), prioritizing coastal, border and rural areas, by enhancing their quality through the implementation of standards that respond to the needs of those left furthest behind, using human rights-based, intercultural, life-course, intersectional and gender-sensitive approaches; (b) strengthen the capacity of CCSS to incorporate a life-course approach in the provision of SRH and GBV services, addressing the emerging needs linked to the demographic transition (infertility, reproductive cancers, climacteric and menopause) and other megatrends, particularly human mobility and climate change; (c) strengthen the capacities of the National System for Care and Prevention of Violence against Women to improve access to high-quality services for GBV survivors, (detection, psychosocial and physical attention, social protection and legal services), including the elimination of harmful practices, incorporating human rights-based, intercultural, life course, intersectional and gender-sensitive approaches; (d) strengthen the capacities of the Ministry of Public Education through projects, training programmes or interventions that strengthen the coverage and quality of in-school CSE; and (e) strengthen local emergency committees for the inclusion of SRH, GBV and related data management in their preparedness and response to emergencies and humanitarian situations.

**C. Output 3: Strengthened capacities of civil society and community organizations, at national and subnational levels, to advocate and demand the sexual and reproductive rights and the bodily autonomy of women, adolescent and the furthest left-behind populations, to address gender and social norms**

26. This output will contribute to the three strategic plan outcomes and UNSDCF outcomes 1.1 (transformation of social and gender norms and full exercise of human rights) and 1.2. (full participation of women and girls in their diversity) by improving the agency of women, adolescents, and young people, to advocate for their sexual and reproductive rights, strengthening their leadership and networking. This will in turn contribute to a transformation of discriminatory gender and social norms, which limit the exercise of sexual and reproductive rights and underpin GBV and other harmful practices, particularly adolescent pregnancies, sexual violence and improper relationships (early unions).

27. *Key interventions:* advocacy, capacity development, coordination and partnerships to: (a) strengthen the organizations in support of women, youth and other groups furthest left behind (particularly Afro-descendants, indigenous people, and persons with disabilities) to promote women's empowerment for the demand of sexual and reproductive rights and of the right to a life free from violence, and increased social mobilization; (b) establish a national mechanism that allows the engagement of social/community organizations in the promotion of positive social and gender norms, including positive masculinities; (c) convene multi-stakeholder dialogues to address discriminatory gender and social norms in legislation, policies and services, within human rights-based, intercultural, life-course, intersectional and gender-sensitive approaches; and (d) strengthen the capacities of social organizations to implement strategies for out-of-school CSE, aligned with international standards, to reach those left furthest behind.

**D. Output 4: Strengthened generation, analysis, and use of disaggregated data to visualize social and territorial inequalities that affect the furthest left-behind populations in the exercise of sexual and reproductive rights, population change and other megatrends for enhanced public policymaking and follow-up to international commitments**

28. This output will contribute to the three strategic plan outcomes and UNSDCF outcome 2.2 (results-based planning and budgeting, with intersectional, gender and human rights approaches) by strengthening the stewardship of the National Statistics System (SEN) and related institutional capacities for the generation and use of disaggregated data, utilizing data from the 2022 Census, surveys and administrative records. UNFPA will leverage the power of data and evidence to inform the design, implementation and evaluation of public policies, as detailed in output 1, using a range of 'leave no one behind', gender-sensitive and human-rights-based approaches.

29. *Key interventions:* advocacy, capacity development, coordination and partnerships and South-South and triangular cooperation to (a) strengthen the capacities of the National Statistics System to generate key population data outputs (population projections, census reports and vital statistics) utilizing the data from the 2022 Census, surveys (youth, SRH, household and time use surveys) and administrative records to enhance public policymaking with a 'leave no one behind' focus; (b) strengthen partnerships with academia for the generation of studies/publications on SRH and GBV-related issues (GBV causes, menstrual health, unplanned pregnancy, burden of disease linked to sexual and reproductive rights, among others) that particularly affect those left furthest behind, to support programmatic interventions and follow-up on international recommendations, including the Montevideo Consensus, the ICPD Programme of Action and the ICPD+25 voluntary national commitments; (c) standardize and ensure inter-operability of administrative records and other statistical tools; and (d) strengthen the capacities of non-government actors to monitor the achievement of the three transformative results and follow-up on international recommendations while considering megatrends, such as demographic transition, migration and climate change adaptation and resilience.

### III. Programme and risk management

30. The new country programme will be implemented through partners, including national and subnational governments, civil society organizations (particularly those of furthest left-behind populations), academia and multiple stakeholders. UNFPA will participate in the implementation of the United Nations business operations strategy and the harmonized approach to cash transfers, where feasible. UNFPA will continue to engage in interagency working groups and pursue the development of joint programmes with other United Nations organizations.

31. Considering the upper-middle-income country context of Costa Rica, UNFPA will engage in innovative partnerships and co-financing strategies, moving from funding to financing, based on lessons learned from the previous cycle (SDG Fund, social investment bonds). The country office will explore co-financing opportunities (contraceptive procurement) as well as new partnerships and resource mobilization opportunities with multilateral donors/organizations, regional and subregional integration mechanisms (COMISCA-SICA,<sup>2</sup> the European Union, the Organization of American States), international financial institutions (Inter-American Development Bank, World Bank), and the private sector (corporate social responsibility). South-South and triangular cooperation will be leveraged to promote linkages between 2030 Agenda and the response to demographic challenges (particularly aging and low fertility).

32. The country office has the necessary expertise to implement the programme. However, it will strengthen capacities in strategic communications as well as project and data management to mobilize social organizations for increased advocacy on sexual and reproductive rights, transformation of social norms and evidence-generation to leverage the normative role of UNFPA and transform Costa Rica into a testing ground for innovative and sustainable policies addressing the demographic transition and other megatrends. Additional support will be sought from UNFPA headquarters and regional and other country offices, as required. External support will be provided by consultants, centres of excellence and volunteers, as needed.

33. The potential risks to the programme include: (a) the country's fiscal crisis, affecting public expenditure in social programmes and UNFPA co-financing agreements with public institutions; (b) limited experience of the local private sector and donors partnering with the public sector on ICPD-related issues; (c) lower prioritization of the three transformative results in the post-pandemic period. To mitigate these risks, the country office will diversify partnerships and funding sources, articulate multi-stakeholder platforms that promote public-private partnerships at the local level and strengthen advocacy for increased domestic investment in the three transformative results, building on evidence generated with UNFPA support. As a risk-mitigating factor, UNFPA will also support a strategy for ensuring preparedness and building resilience to address the impact of pandemics by advocating for the continuity of programme delivery of SRH services.

34. In emergency situations, in consultation with the relevant authorities, UNFPA may reschedule activities to respond better to emerging problems, especially life-saving measures.

35. 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

36. UNFPA and the Government, through the Ministry of National Planning and Economic Policy, will manage and monitor the country programme, in accordance with UNFPA policies and procedures, results-based management and accountability frameworks.

37. UNFPA will participate in joint planning, programming, monitoring, evaluation, and reporting of the UNSDCF and will integrate monitoring and reporting of the country programme

<sup>2</sup> Council of Ministers of Health of Central America and the Dominican Republic (COMISCA); Central American Integration System (SICA)

results, using the UNInfo platform. The country office will prepare annual workplans derived from the country programme, generating a feedback mechanism to inform and adjust implementation.

38. The monitoring and evaluation plan of the country programme is aligned with the UNFPA Strategic Plan, 2022-2025, and the UNSDCF monitoring and evaluation plan, and includes field-monitoring visits, a midterm review, financial performance reviews, thematic and programme evaluations, progress reports, risk assessment/mitigation actions, knowledge management activities and a final evaluation of the country programme. UNFPA will collaborate with its partners to strengthen national monitoring and evaluation mechanisms and will also participate in the final evaluation of UNSDCF in 2026.

39. UNFPA will contribute to strengthening national monitoring and reporting capacities on progress of the 2030 Agenda and SDGs (voluntary national reports), the Montevideo Consensus, the ICPD Programme of Action and the ICPD+25 voluntary national commitments.

## RESULTS AND RESOURCES FRAMEWORK FOR COSTA RICA (2023-2027)

<b>NATIONAL PRIORITY:</b> National Development Plan, 2023-2026.				
<b>UNSDCF OUTCOME:</b> 2.1. By 2027, institutions are transformed and modernized to provide quality, inclusive, innovative, effective, efficient, timely, flexible and gender transforming public services focused on people, articulated with other institutions and with a strong territorial approach, allowing municipalities to become the main agents of change in local development, especially in coastal, border and rural areas. 3.1. By 2027, the creation of decent jobs and growth engines of the creative, circular, resilient, sustainable, inclusive economy is accelerated, mainly in coastal, border and rural territories, and there is a greater and more equitable investment in people, eliminating barriers and creating capacities and opportunities for inclusive and sustainable production and financing. 4.1. By 2027, Costa Rica builds future scenarios, has a national and multisectoral risk management system and an integrated early warning system included in the risk and reduction risks plans				
<b>RELATED UNFPA STRATEGIC PLAN OUTCOME(S):</b> 1. By 2025, the reduction in the unmet need for family planning has accelerated. 2. By 2025, the reduction of preventable maternal deaths has accelerated. 3. By 2025, the reduction in gender-based violence and harmful practices has accelerated.				
<b>UNSDCF outcome indicators, baselines, targets</b>	<b>Country programme outputs</b>	<b>Output indicators, baselines and targets</b>	<b>Partner contributions</b>	<b>Indicative resources</b>
<p><u>UNSDCF outcome indicators:</u></p> <ul style="list-style-type: none"> <li>• Proportion of population covered by some social programme, disaggregated by age and disability status (under formulation) <i>Baseline: TBC (2021); Target: TBD (2027)</i></li> <li>• Proportion of women employed in informal employment <i>Baseline: 44.7% (2021); Target: 33% (2027)</i></li> <li>• Open unemployment rate for women <i>Baseline: 17.3% (2021); Target: 11% (2027)</i></li> <li>• Proportion of local governments adopting and implementing disaster risk reduction strategies at the local level <i>Baseline: 98.78% (2020); Target: 100% (2027)</i></li> </ul> <p><u>UNFPA Strategic Plan outcome indicator(s):</u></p> <ul style="list-style-type: none"> <li>• The country has laws and regulations that guarantee full and equal access to women and men aged 15 years and older to SRH care, information and</li> </ul>	<p><u>Output 1:</u> Strengthened integration of universal coverage and access to SRH and GBV services and the exercise of reproductive rights of those left furthest behind into national and local policies and plans, considering territorial and social inequalities, demographic and epidemiological transitions and other megatrends (climate change and human mobility), in line with international human rights commitments</p>	<ul style="list-style-type: none"> <li>• Number of evidence-based policies and plans designed and/or implemented to improve the exercise of sexual and reproductive rights and to increase coverage and access to high-quality multisectoral SRH and GBV services for those left furthest behind (indigenous and Afro-descendants, people living in rural areas, persons with disabilities, migrants, LGTBQ+ groups), with UNFPA support, in line with international human rights recommendations <i>Baseline: 4 (2022); Target: 8 (2027)</i></li> <li>• Number of national and local policies and plans designed and/or implemented with UNFPA support that respond to demographic and epidemiological transitions and other megatrends, based on population projections derived from the 2022 Census <i>Baseline: 0 (2022); Target: 4 (2027)</i></li> <li>• Number of national and local emergency preparedness, response, recovery and resilience plans, including those related to pandemics, climate change and migration, which integrate SRH (including MISP) and GBV response, elaborated with UNFPA support <i>Baseline: 1 (2022); Target: 20 (2027)</i></li> <li>• Strategy developed to improve the efficiency and sustainability of public expenditure related to SRH at the national level, based on evidence generated with UNFPA support <i>Baseline: No (2022); Target: Yes (2027)</i></li> </ul>	<p>National Council of Persons with Disabilities; National Council of Older Persons, national inter-institutional commissions on SRH and GBV, National Institute of Women (INAMU), National Children's Board (PANI), Ministry of Health; National Institute for Social Welfare (IMAS), Costa Rican Social Security Fund (CCSS); Ministry of Planning and Economic Policy; judiciary branch, Ministry of Public Education, Commission for risk prevention and emergency care; Ministry of Environment and Energy; United Nations organizations</p>	<p>\$1.3 million (\$0.8 million from regular resources and \$0.5 million from other resources)</p>

<p>education <i>Baseline: 2020 (Yes); Target: (Yes)</i></p> <ul style="list-style-type: none"> <li>The country adopts and implements national disaster-risk reduction strategies, in line with the Sendai Framework for Disaster Risk Reduction 2015-2030 <i>Baseline: Yes (2016); Target: Yes (2030)</i></li> </ul>				
<p><b>NATIONAL PRIORITY:</b> National Development Plan, 2023-2026</p>				
<p><b>UNSDCF OUTCOME:</b> 1.2. By 2027, women and girls in their diversity are at the centre of development, lead their own full participation, in a safe environment and their voices are heard. 2.1. By 2027, institutions are transformed and modernized to provide quality, inclusive, innovative, effective, efficient, timely, flexible and gender transforming public services focused on people, articulated with other institutions and with a strong territorial approach, allowing municipalities to become the main agents of change in local development, especially in coastal, border and rural areas.</p>				
<p><b>RELATED UNFPA STRATEGIC PLAN OUTCOME:</b> 1. By 2025, the reduction in the unmet need for family planning has accelerated. 2. By 2025, the reduction of preventable maternal deaths has accelerated. 3. By 2025, the reduction in gender-based violence and harmful practices has accelerated.</p>				
<p><b>UNSDCF outcome indicators, baselines, targets</b></p>	<p><b>Country programme outputs</b></p>	<p><b>Output indicators, baselines and targets</b></p>	<p><b>Partner contributions</b></p>	<p><b>Indicative resources</b></p>
<p><u>UNSDCF outcome indicator(s):</u></p> <ul style="list-style-type: none"> <li>Number of cases of femicide <i>Baseline: 18 (2021); Target: 0 (2027)</i></li> <li>Number of births to girls under 13 years of age (rape) <i>Baseline: 13 (2020); Target: 0 (2027)</i></li> <li>Proportion of births to mothers between the aged 13-17 years in the context of an improper relationship and with unknown age of the father or undeclared father <i>Baseline: 88% (2020); Target: 56,4% (2027)</i></li> </ul> <p><u>UNFPA Strategic Plan outcome indicator(s):</u></p> <ul style="list-style-type: none"> <li>Coverage of essential health services <i>Baseline: 84,4% (2020) Target: TBD</i></li> </ul>	<p><u>Output 2:</u> Strengthened national and subnational institutions to provide access to quality SRH and GBV prevention and care services without discrimination, reaching women, adolescents and young people, and those left furthest behind, using human rights, intercultural, life-course and intersectional, and gender approaches, within the context of the demographic transition and other megatrends</p>	<ul style="list-style-type: none"> <li>Number of public health facilities that improve access to the comprehensive package of SRH services, incorporating standards, protocols and guidelines for attention to the needs of those left furthest behind, particularly Afro-descendants, Indigenous people and persons with disabilities, prioritizing coastal, border and rural areas <i>Baseline: 1(2022); Target: 10 (2027)</i></li> <li>Number of interventions implemented by CCSS with UNFPA technical support to improve quality and expand access of women and left-behind populations to services for emerging SRH needs (low fertility, infertility, reproductive cancers, climacteric and menopause) <i>Baseline: 0 (2022); Target: 5 (2027)</i></li> <li>Number of higher education and professional training programmes supported by UNFPA that integrate SRHR and prevention of GBV and other harmful practices, including improper relationships, with life-course, intercultural, intersectional and gender-sensitive approaches <i>Baseline: 0 (2022); Target: 6 (2027)</i></li> <li>Number of interventions implemented by the Ministry of Education with UNFPA technical support to strengthen access and quality of in-school CSE, at national and local levels <i>Baseline: 1 (2022); Target: 4 (2027)</i></li> </ul>	<p>Ministry of Health; CCSS; Ministry of Public Education; INAMU; PANI; Commission for risk prevention and emergency care; local governments; Local Emergency Commission; judiciary branch; academia; donors; private sector; United Nations organizations</p>	<p>\$1.4 million (\$0.6 million from regular resources and \$0.8 million from other resources)</p>

<ul style="list-style-type: none"> <li>The country adopts and implements national disaster-risk reduction strategies, in line with the Sendai Framework for Disaster Risk Reduction 2015-2030 <i>Baseline: Yes (2016); Target: Yes (2030)</i></li> </ul>		<ul style="list-style-type: none"> <li>Number of initiatives implemented with UNFPA support to strengthen prevention and care of GBV and other harmful practices, including improper relationships, with life course, human rights, intersectional, intercultural and gender approaches. <i>Baseline: 2 (2022); Target: 10 (2027)</i></li> <li>Number of local emergency committees, trained by UNFPA to include SRH, GBV and related data management, in humanitarian response settings, including those related to pandemics, climate change and migration <i>Baseline: 1 (2022); Target: 84 (2027)</i></li> </ul>		
<p><b>NATIONAL PRIORITY:</b> National Development Plan, 2023-2026</p>				
<p><b>UNSDCF OUTCOME:</b> 1.1. By 2027, all people, particularly women in their diversity and people in vulnerable conditions, have agency and participate and lead the transformation of social and gender norms and have a more effective impact on the full exercise of their human rights, with a particular focus on the communities furthest behind in development to reverse historical inequities. 1.2. By 2027, women and girls in their diversity are at the centre of development, lead their own full participation, in a safe environment and their voices are heard.</p>				
<p><b>RELATED UNFPA STRATEGIC PLAN OUTCOME:</b> 1. By 2025, the reduction in the unmet need for family planning has accelerated. 2. By 2025, the reduction of preventable maternal deaths has accelerated. 3. By 2025, the reduction in gender-based violence and harmful practices has accelerated.</p>				
<p><b>UNSDCF outcome indicators, baselines, targets</b></p>	<p><b>Country programme outputs</b></p>	<p><b>Output indicators, baselines and targets</b></p>	<p><b>Partner contributions</b></p>	<p><b>Indicative resources</b></p>
<p><u>UNSDCF outcome indicators:</u></p> <ul style="list-style-type: none"> <li>Number of civil society organizations created and led by populations in situations of vulnerability recognized by national institutions (young people, person with disabilities, women, Indigenous people, children, Afro-descendants, older adults) (under formulation) <i>Baseline: 1.6(2019); Target: 1(2027)</i></li> </ul> <p><u>Related UNFPA Strategic Plan outcome indicator(s):</u></p> <ul style="list-style-type: none"> <li>The country has laws and regulations that guarantee full and equal access to women and men aged 15 years and older to SRH care, information and education <i>Baseline: Yes (2020); Target: Yes</i></li> </ul>	<p><u>Output 3:</u> Strengthened capacities of civil society and community organizations, at national and subnational levels, to advocate and demand the sexual and reproductive rights and the bodily autonomy of women, adolescent and the furthest left-behind populations, to address gender and social norms</p>	<ul style="list-style-type: none"> <li>Number of women and youth-led organizations and/or organizations of those left furthest behind (particularly Afro-descendants, indigenous and persons with disabilities), strengthened by UNFPA, that promote women’s agency and capacity to demand their sexual and reproductive rights and their right to a life free from violence, in line with international human rights recommendations <i>Baseline: 2 (2022); Target: 25 (2027)</i></li> <li>Existence of a functional mechanism to engage social and community organizations/networks in the promotion of positive social norms, particularly positive masculinities, established with UNFPA support. <i>Baseline: No (2021); Target: Yes (2027)</i></li> <li>Number of multi-stakeholder dialogues and/or initiatives, conducted with UNFPA support, to address discriminatory gender and social norms and stereotypes, GBV and other harmful practices, particularly early unions, in legislation, policies and service provision <i>Baseline: 0 (2022); Target: 5 (2027)</i></li> <li>Number of institutions or social organizations that implement strategies for out-of-school comprehensive sexuality education for those left furthest behind, following international guidelines <i>Baseline: 1 (2022); Target: 9 (2027)</i></li> </ul>	<p>INAMU, National Council of Young People, Ministry of Justice and Peace, PANI, Ministry of Public Education, Vice Ministry of Youth, civil society and community organizations; volunteers; United Nations organizations</p>	<p>\$1.4 million (\$0.5 million from regular resources and \$0.9 million from other resources)</p>

<ul style="list-style-type: none"> <li>Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care <i>Baseline: 89.2% (2015); Target: TBD</i></li> </ul>				
<p><b>NATIONAL PRIORITY:</b> National Development Plan, 2023-2026</p>				
<p><b>UNSDCF OUTCOME:</b> 2.2. By 2027, Costa Rica will have a planning and budgeting based on results, with intersectional gender and human rights approaches, enabling citizen participation and consolidating partnerships between the public and private sectors to catalyse innovative financing mechanisms that accelerate the 2030 Agenda.</p>				
<p><b>RELATED UNFPA STRATEGIC PLAN OUTCOME:</b> 1. By 2025, the reduction in the unmet need for family planning has accelerated. 2. By 2025, the reduction of preventable maternal deaths has accelerated. 3. By 2025, the reduction in gender-based violence and harmful practices has accelerated.</p>				
<p><b>UNSDCF outcome indicators, baselines, targets</b></p>	<p><b>Country programme outputs</b></p>	<p><b>Output indicators, baselines and targets</b></p>	<p><b>Partner contributions</b></p>	<p><b>Indicative resources</b></p>
<p><u>UNSDCF outcome indicators:</u></p> <ul style="list-style-type: none"> <li>Number of statistical operations and data systems strengthened and modernized (innovative tools such as dashboards) to influence the integration of population dynamics in public policies <i>Baseline: ND (2021); Target: ND (2027)</i></li> </ul> <p><u>Related UNFPA Strategic Plan outcome indicator(s):</u></p> <ul style="list-style-type: none"> <li>The country (a) has conducted at least one population and housing census during the last 10 years; (b) proportion of births registered; (c) proportion of deaths registered <i>Baselines: (a) Yes; (b) 100%; (c) 100%; Targets: (a) Yes; (b) 100%; (c) 100%</i></li> </ul>	<p><u>Output 4:</u> Strengthened generation, analysis, and use of disaggregated data to visualize social and territorial inequalities that affect the furthest left-behind populations in the exercise of sexual and reproductive rights, population change and other megatrends for enhanced public policymaking and follow-up to international commitments</p>	<ul style="list-style-type: none"> <li>Number of key population data outputs (population projections, vital statistics, census reports), supported by UNFPA, that use disaggregated data from the 2022 Census, surveys and administrative records to visualize social and territorial inequalities, population change and other megatrends <i>Baseline: 1 (2022); Target: 10 (2027)</i></li> <li>Number of studies, publications and/or evaluations on SRH and GBV-related issues particularly affecting those left furthest behind, particularly Afro-descendants, Indigenous people and persons with disabilities, produced with UNFPA support, which support the follow-up on international commitments <i>Baseline: 3 (2022); Target: 8 (2027)</i></li> <li>Number of initiatives fostered by the National Statistics System (SEN), with UNFPA support, to strengthen the standardization, digitalization, interoperability and/or disaggregation of administrative records systems and statistical tools to follow up on international recommendations on SRHR and GBV <i>Baseline: 1 (2022); Target: 4 (2027)</i></li> <li>Number of civil society organizations trained in data management and analysis for enhanced monitoring of the three transformative results and follow-up on international human rights recommendations <i>Baseline: 0 (2022); Target: 25 (2027)</i></li> </ul>	<p>National Institute of Statistics and Census, National Statistics System (SEN), INAMU, Ministry of Health, CCSS, IMAS, National Council of Young People, judiciary branch, Supreme Electoral Tribunal; academia; United Nations organizations</p>	<p>\$1.7 million (\$0.6 million from regular resources and \$1.1 million from other resources)</p> <p>Programme coordination and assistance: \$0.2 million from regular resources</p>