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**UNFPA – Country programmes and related matters**

**United Nations Population Fund**

**Country programme document for Costa Rica**

Proposed indicative UNFPA assistance: \$3.6 million: \$1.6 million from regular resources and \$2 million through co-financing modalities and/or other resources, including regular resources

Programme period: Five years (2018-2022)

Cycle of assistance: Fifth

Category per decision 2013/31: Pink

Proposed indicative assistance (in millions of \$):

Strategic plan outcome areas		Regular resources	Other resources	Total
Outcome 1	Sexual and reproductive health	1.0	1.0	2.0
Outcome 3	Gender equality and women's empowerment	0.2	0.4	0.6
Outcome 4	Population dynamics	0.2	0.6	0.8
Programme coordination and assistance		0.2		0.2
<b>Total</b>		1.6	2.0	3.6



## I. Programme rationale

1. Costa Rica, with a total population of 4.8 million, is facing the exhaustion of the demographic dividend and a process of accelerated aging it is the third most aged country in Latin America and 28th in the world-ageing index. People under age 15 represent 23 per cent of the population; adolescents and youth aged 15-24 represent 17.5 per cent. White or mestizo people constitute 83.6 per cent, while 10.4 per cent identify themselves as another ethnic group. Around 10.5 per cent are people with disabilities. Costa Rica is a major country of destination of intra-regional migrants (mainly from Nicaragua, El Salvador, Colombia, Haiti, Venezuela and Cuba), who represent 9.6 per cent of the population and 12 per cent of the economically active population.

2. Costa Rica, an upper middle-income country, ranks in the high human development index. Over the last decades, it has undergone economic and social modernization, with remarkable advancements in terms of the well-being of the population. However, inequality has been rising, with the Gini index increasing from 0.485 in 2008 to 0.52 in 2016. Income poverty has stagnated at around 20 per cent since 1994; unemployment has risen, to over 10 per cent in 2015. Poverty and unemployment disproportionately affect women, particularly women who are young, indigenous, migrants, Afro-descendants, inhabitants of coastal and border areas, or with disabilities. These populations and inhabitants of the areas mentioned often do not have access to services, including high-quality sexual and reproductive health services adapted to their needs. However, there is still insufficient qualitative and quantitative information about these populations.

3. Women tend to perform the bulk of unpaid dependent care and household work for an increasingly ageing population, which prevents them from seeking formal employment in the labour market. The net rate of female labour participation is only at 43.6 per cent. To tackle the aging process and advance gender equality, Costa Rica must invest in women, eliminating the gender-gap and allowing them to enter the labour market under better conditions. UNFPA plans to contribute to achieving sustainable development in Costa Rica, by supporting efforts to reconcile the productive and reproductive roles of women and the different manifestations of gender inequality, such as unequal access to sexual and reproductive health and reproductive rights, adolescent pregnancy and gender-based violence, including abusive and unequal relationships affecting girls and adolescents.

4. In 2016 Costa Rica signed the National Pact for the Sustainable Development Goals (SDGs) with civil society organizations, the private sector and other stakeholders, including the United Nations, committing to reach out to the furthest left behind in development and prosperity. In line with the national priorities identified in the National Pact and the UNDAF 2018-2022, UNFPA will contribute to the achievement of the SDGs, particularly SDGs 3.7, 5.2, 5.3, 5.6, 17.18 and 17.19.

5. Although the country has ratified several international human rights instruments, their incorporation in national legislation and programmes is often limited. Costa Rica has made progress in enacting policies, regulations and guidelines related to sexual and reproductive health, such as the National Policy on Sexuality, 2010-2021. However, these instruments are fragmented or lack proper implementation. Despite wide access to sexual and reproductive health services, these are lacking in quality and cultural sensitivity. With a limited supply and an outdated Family Planning Standard, unmet need for contraceptive methods is 17 per cent.

6. Adolescent pregnancy is still high, despite significant reduction in the last five years. The adolescent fertility rate is 56 per 1,000 women aged 15-19 and is even higher in rural, border, and coastal areas (65 per 1,000). Indigenous adolescents report 10 per cent more pregnancies than non-indigenous and adolescent migrants also report 10 per cent more pregnancies than Costa Rican women. Around 69.1 per cent of adolescent mothers do not attend school and 79 per cent lag behind, compared to 17.8 per cent and 30 per cent respectively among non-mothers. As a result, their entry into the labour market will be under less favourable conditions than that of those who

complete secondary education. Furthermore, uneven comprehensive sexuality education is taught in schools and is limited to adolescents aged 13-15.

7. A culture persists that tolerates and perpetuates gender-based violence, affecting mainly girls and adolescents. By 2014, 11.3 per cent of the judicial complaints filed in the country were related to violence against women. Sixty per cent of women who had sex before age 15 did so with a partner five to ten years older, making them vulnerable to abuse and violence. Around 6 per cent of girls aged below 15 report being in union or married, a percentage that increases to 23 per cent for those under 18 years old, with a higher incidence in coastal provinces (Guanacaste, Puntarenas and Limón).

8. Costa Rica has a solid information system, along with an institutionalized National Census (latest one was conducted in 2011). However, there are gaps in knowledge and data on aging, gender-based violence, sexual and reproductive rights, particularly of the most vulnerable groups, such as young girls and adolescents, people with disabilities, afro-descendants, indigenous people, and migrants, among others. Furthermore, the use of available information and data for the design of public policies and programmes needs to be strengthened.

9. Costa Rica is vulnerable to natural disasters, particularly hurricanes, floods and earthquakes. Disaster-preparedness measures, including gathering data for risk management and implementing age and gender-sensitive protocols that address the needs of vulnerable populations are needed.

10. The final evaluation of the country programme 2013-2017 highlighted UNFPA substantial contributions to the development of relevant public policies and programmes, including the Law 9406 banning child marriage, outlawing abusive and unequal relationships in girls and adolescents, as well as to the increased availability of statistics data on sexual and reproductive health. Lessons learned and recommendations from this evaluation indicate that: (a) multi-sectoral partnerships at the highest political level strategically support positioning of ICPD issues in the national agenda; (b) work in partnership with civil society organizations, particularly in areas where State structures are weak, produces positive results; (c) strategies for localizing actions allow to reach those furthest behind; (c) the office work model requires optimizing available resources for greater efficiency and exploiting synergies with other United Nations organizations and institutions to achieve impact with reduced human resources.

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

11. The proposed country programme for the 2018-2022 period responds to the national priorities established in the 2014-2018 National Development Plan; the 2030 Agenda; the United Nations Development Assistance Framework (UNDAF) 2018-2022 for Costa Rica; and the Montevideo Consensus for Population and Development.

12. The proposed programme will contribute to advance gender equality and reduce gender gaps, by empowering women and young girls, especially those in vulnerable situations, to claim their sexual and reproductive rights and promoting their access to sexual and reproductive health services, in order to prevent adolescent pregnancy and address gender-based violence. Advocacy, policy dialogue/advice and coordination and partnerships, including South-South and triangular cooperation will be the main modes of engagement in line with the country classification.

13. UNFPA advocacy actions will particularly promote policies that provide women and adolescent girls with the knowledge and skills to make informed choices about their sexual and reproductive health, including through access to comprehensive sexuality education, and policies that provide an enabling environment for shared responsibility among Costa Rican women and men of childbearing and elder care in the context of an ageing society. The generation of evidence will also orient and support policy dialogue and advocacy efforts. UNFPA will contribute to fostering south-south and triangular cooperation, in key areas of Costa Rican expertise (such as gender equality, protection of gender based-violence victims, and maternal mortality surveillance and response).

14. The needs of adolescents and young people will be mainstreamed in the programme, ensuring that: (a) sexual and reproductive health services supported under outcome 1 are specifically targeted towards adolescents and young people; (b) actions to promote the empowerment of women and address gender-based violence under outcome 3 include specific strategies for adolescents and young people, including for abusive and violent relationships; (c) the generation and use of evidence under outcome 4 will include the identification of gaps in access to sexual and reproductive rights of adolescents and young people.

15. The proposed programme will leverage strategic partnerships, in line with the programme objectives. Governmental authorities will be UNFPA main counterparts. Partnerships with civil society organizations will play a greater role in this cooperation cycle, supporting efforts to empower women to claim their sexual and reproductive rights.

16. A possible redefinition of the country's priorities following the presidential elections, scheduled for 2018 and the need to garner consensus for the implementation of internationally-agreed objectives in sexual and reproductive health and reproductive rights, may pose risks to the achievement of programme objectives, for which relevant risk mitigation strategies may need to be put in place.

#### **A. Outcome 1: Integrated sexual and reproductive health**

17. Output 1: Strengthened national capacities for the design and implementation of evidence-based policies, plans and programmes to achieve universal access to high-quality sexual and reproductive health information and services, prioritizing adolescent girls, indigenous, Afro-descendants and migrant women and women living in border and coastal areas. UNFPA will engage in advocacy and policy dialogue to: (a) ensure that national policies, plans and programmes on sexual and reproductive health are updated, based on the latest evidence and in line with international human rights standards, with a special focus on adolescents and young people, indigenous, Afro-descendants and migrant women and women living in border and coastal areas; (b) expand and improve the implementation of the comprehensive sexuality education programme, from a women's empowerment and gender-based violence prevention approach; and (c) promote inclusion of sexual and reproductive health emergency preparedness and response in local emergency committee's plans.

#### **B. Outcome 3: Gender equality and women's empowerment**

18. Output 1: Strengthened policy, legal and accountability frameworks to advance gender equality and empower women in situation of vulnerability to exercise their sexual and reproductive rights through their life course and be protected from gender-based violence. UNFPA will engage in advocacy and policy dialogue to: (a) promote the development and implementation of policies, programmes and strategies aimed at the empowerment of women and young girls, particularly adolescents at risk of early unions, adolescent pregnancy and gender-based violence; (b) strengthen the advocacy and social monitoring capacities of civil society organizations to follow-up on compliance of national legislation with the recommendations of international human rights instruments, particularly those related to sexual and reproductive rights and the prevention of gender-based violence; and (c) provide technical assistance to the National Commission for Prevention of Risk and Emergency Care for the incorporation of gender-based violence prevention and sexual and reproductive health into disaster risk management and humanitarian response programmes.

#### **C. Outcome 4: Population data systems and demographic intelligence**

19. Output 1: Strengthened capacity of population data systems to map and address inequalities, through the generation, analysis, and use of high-quality disaggregated data, to guide evidence-based policies and report progress against the SDGs and the Montevideo Consensus. UNFPA will utilize advocacy and policy dialogue, technical assistance and knowledge management strategies in order to: (a) strengthen generation of data from administrative records, particularly in relation to sexual and reproductive health and reproductive rights issues, adolescent pregnancy and gender-based violence,

including in humanitarian settings; (b) engage in advocacy and policy dialogue to strengthen the use of evidence on the linkages between the gender dividend, population dynamics and sustainable development, to guide public policies and programmes that seek to advance gender equality and address the gaps that limit the exercise of women's sexual and reproductive rights during their life course.

### **III. Programme and risk management**

20. 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.

21. Considering the upper-middle-income country context, UNFPA will leverage resource mobilization opportunities existing in Costa Rica: public government funds; joint interagency programmes and mechanisms; international donors and multilateral organizations; and the private sector.

22. Management and delivery of programme activities and funds to achieve specified results can be implemented by partners, United Nations organizations or UNFPA. The country office will ensure that an appropriate risk analysis is carried out in accordance with the harmonized approach to cash transfers. UNFPA will coordinate actions with other United Nations organizations, particularly in the areas of contraceptive supplies (PAHO/WHO), comprehensive sexuality education (UNESCO), early marriage and unions (UNICEF), production and use of data and emergency preparedness (UNDP).

23. The office consists of staff financed from the institutional budget, performing advocacy, management and development activities, and personnel charged to programme resources consisting of specialized staff to fulfil the programme objectives. If additional support is required, it will be sought from the cluster integrated by Nicaragua, Panama and LACRO, from other country offices, or individual consultants. In emergency situations, after consultation with the country, UNFPA may reschedule activities to respond better to emerging problems, especially life-saving measures.

24. Compliance with these results may be threatened by potential programmatic risks, such as ceiling reduction, or limitations to sign and implement cost-sharing mechanisms. To mitigate these potential risks, UNFPA will seek innovative mechanisms, such as small contributions agreements with the Government, at national and local levels; the development of multi-country proposals with the Costa Rica, Nicaragua and Panama cluster and with the participation of the regional office. Additionally, the country office will develop a group of proposals directed to forge non-traditional partnerships, including with the corporate and private sector and municipalities.

### **IV. Monitoring and evaluation**

25. UNFPA and the Government, through the Ministry of National Planning and Economic Policy, will manage and monitor the country programme, per UNFPA policies and procedures, using results-based management and accountability frameworks. UNFPA will integrate a reference group for programme monitoring and evaluation, composed of key government institutions and civil society. UNFPA will actively participate in UNDAF follow-up processes, including the final evaluation by 2021 and other inter-agency evaluation initiatives.

The activities of the proposed programme will be monitored through the follow-up of work plans, compliance with HACT and field visits, spot checks, and in coordination with the implementing partners. An advocacy strategy will be formulated for each year of the programme, which will be evaluated internally year by year.

A midterm evaluation will be conducted in order to assess the continued relevance of the country programme in relation to the priorities of the new Government. In

accordance with UNFPA guidelines, a country programme project or activity, or a co-financing agreement project, will be evaluated and audited accordingly.

## RESULTS AND RESOURCES FRAMEWORK FOR COSTA RICA (2018-2022)

<b>National priority:</b> Promote national agreements to accelerate compliance with SDGs <b>UNDAF outcome:</b> Strengthened capacities for dialogue to accelerate compliance with SDGs <b>Indicator:</b> Number of spaces of dialogue with the participation of multi-stakeholders. <i>Baseline: 3; Target: 4</i>				
UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<b>Outcome 1: Sexual and reproductive health</b>  <u>Outcome indicators:</u> <ul style="list-style-type: none"> <li>Unmet need for family planning <i>Baseline (age 15-49 years): 17%; Target: 7%</i> <i>Baseline (age 15-19 years): 18%; Target: 8%</i></li> <li>Laws and regulations that guarantee women aged 15-49 years access to sexual and reproductive health care, information and education are in place. <i>Baseline: No; Target: Yes</i></li> </ul>	<u>Output 1:</u> Strengthened national capacities for the design and implementation of evidence-based policies, plans and programmes to achieve universal access to quality sexual and reproductive health information and services, prioritizing adolescent girls, indigenous, Afro-descendants and migrant women and women living in border and coastal areas	<ul style="list-style-type: none"> <li>Number of policies, plans and programmes updated in order to increase access to sexual and reproductive health services for adolescent girls, indigenous, Afro-descendants, migrant and those living in border and coastal areas <i>Baseline: 3; Target: 7</i></li> <li>Existence of a comprehensive sexuality education programme, aligned with international standards, in formal settings <i>Baseline: No; Target: Yes</i></li> <li>Number of local emergency committees that include sexual and reproductive health emergency preparedness and response in their emergency plans <i>Baseline: 1; Target: 7</i></li> </ul>	Ministry of Planning; Costa Rican Social Security Fund; Ministry of Health; Ministry of Public Education; academia; municipalities; civil society organizations; United Nations organizations.	\$2.0 million (\$1.0 million from regular resources and \$1.0 million from other resources).
<b>Outcome 3: Gender equality and women's empowerment</b>  <u>Outcome indicator(s):</u> <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: NA; Target: 95</i></li> </ul>	<u>Output 1:</u> Strengthened policy, legal and accountability frameworks to advance gender equality and empower women in situation of vulnerability to exercise their sexual and reproductive rights through their life course and be protected from gender-based violence	<ul style="list-style-type: none"> <li>Number of policies, plans and programmes, supported by UNFPA, aimed to empower women, particularly those in situation of vulnerability, through their life course <i>Baseline: 2; Target: 4</i></li> <li>Number of reports produced by civil society organizations, with UNFPA support, that monitor compliance with the recommendations of human rights instruments, particularly related to sexual and reproductive health and reproductive rights the right to live a life free from violence <i>Baseline: 0; Target: 3</i></li> </ul>	Ministry of Planning; National Institute of Women; National Council of Persons with Disabilities; National Council of the Elderly Person; National Commission for Prevention of Risks and Emergency Care; civil society organizations; United Nations organizations	\$0.6 million (\$0.2 million from regular resources and \$0.4 million from other resources).
<b>National priority:</b> Improve efficiency and effectiveness of public management to advance compliance with the SDGs. <b>UNDAF outcome:</b> Data generation and knowledge production to improve the efficiency and effectiveness of public management. <b>Indicators:</b> A national system of indicators for the monitoring of SDGs with disaggregation. <i>Baseline: 0; Target: 1</i> . Number of institutions producing information for closing gaps. <i>Baseline: 0; Target: 1</i>				
<b>Outcome 4: Population dynamics</b>  <u>Outcome indicators:</u> <ul style="list-style-type: none"> <li>Proportion of sustainable development goals indicators at the national level with full disaggregation when relevant to the target, in accordance with</li> </ul>	<u>Output 1:</u> Strengthened capacity of population data systems to map and address inequalities, through the generation, analysis, and use of high-quality disaggregated data, to guide evidence-based policies and report progress against the SDGs	<ul style="list-style-type: none"> <li>Number of administrative records systems strengthened, with UNFPA support, particularly in relation to sexual and reproductive health and reproductive rights issues, adolescent pregnancy and gender-based violence, including in humanitarian settings. <i>Baseline: 0; Target: 3</i></li> <li>Number of public policies, plans and programmes that use evidence on the linkages between population</li> </ul>	National Institute of Statistics and Census; Ministry of Health; Young Person's Council; National Council of the Elderly Person; National Council of	\$0.8 million (\$0.2 million from regular resources and \$0.6 million from other resources).

<p>the Fundamental Principles of Official Statistics  <i>Baseline: NA; Target: 100%</i></p> <ul style="list-style-type: none"> <li>• At least one census of good quality was conducted following internationally agreed recommendations (during the last 10 years)  <i>Baseline: 1; Target: 1</i></li> </ul>	<p>and the Montevideo Consensus</p>	<p>dynamics, particularly ageing, the gender dividend, and sustainable development  <i>Baseline: 1; Target: 3</i></p>	<p>Persons with Disabilities; civil society organizations; academia; United Nations organizations</p>	<p>Total for programme coordination and assistance: \$0.2 million from regular resources.</p>
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