



**Executive Board of the  
United Nations Development  
Programme and of the  
United Nations Population Fund**

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**UNITED NATIONS POPULATION FUND**

**Country programme document for Colombia**

Proposed indicative UNFPA assistance: \$10.5 million: \$5 million from regular resources and \$5.5 million through co-financing modalities and/or other, including regular, resources

Programme period: Five years (2008-2012)

Cycle of assistance: Fifth

Category per decision 2005/13: B

Proposed indicative assistance by core programme area (in millions of \$):

	Regular resources	Other	Total
Reproductive health	2.5	3.5	6.0
Population and development	1.2	1.0	2.2
Gender	0.6	1.0	1.6
Programme coordination and assistance	0.7	-	0.7
<b>Total</b>	<b>5.0</b>	<b>5.5</b>	<b>10.5</b>

## **I. Situation analysis**

1. Colombia has experienced economic growth as well as low inflation and interest rates. The resulting climate of confidence has stimulated investment. Between 2002 and 2006, the poverty rate fell from 56 per cent to 45 per cent and the extreme poverty rate fell from 22 to 12 per cent. Reducing poverty, however, remains a challenge, particularly in rural areas and among displaced populations. Internally displaced persons number approximately 2 million.

2. The annual population growth rate was 1.2 per cent during 2000-2005, due to a drop in fertility and a high rate of international migration. The country is in the third stage of its demographic transition and has a high proportion of youth and adults and an increasing number of people over 65. The Government has begun to recognize that it should invest in the health and development of youth and adolescents. Some 3.3 million people have migrated abroad. A comprehensive national migration policy that would facilitate the productive use of remittances is a priority.

3. The total fertility rate fell from 3.2 children per woman in 1986 to 2.4 in 2005. Regional, socioeconomic and ethnic disparities in fertility persist. The adolescent fertility rate is rising. Adolescents account for 21 per cent of all pregnancies, and are the most affected by sexual violence. These problems are acute in rural areas, among indigenous peoples, among Colombians of African descent, among poor adolescents, and in large cities. The maternal mortality ratio is not commensurate with the high rate of skilled birth attendance (91 per cent), which suggests a need to increase access to high-quality reproductive health services, especially among vulnerable population groups and internally displaced persons.

4. The contraceptive prevalence rate among women in union (78 per cent) is high by Latin American standards. Nevertheless, there are

disparities among regions and among people of different socioeconomic and educational levels. Adolescents and internally displaced indigenous and rural populations have difficulty accessing contraceptive services. Female sterilization, the most popular contraceptive method, is used by 31 per cent of women using contraception. In contrast, the male sterilization rate is only 1.8 per cent. Cases of sexually transmitted diseases, including HIV and AIDS, are often underreported. The HIV prevalence rate among those aged 15 to 49 is estimated at 0.7 per cent and has increased among women and youth.

5. Despite achievements in education, women face discrimination in the labour market; have low political representation; and are victims of gender-based violence. Gender equity has not been achieved in the area of sexual and reproductive health and rights. Although the national development plan and other national strategic frameworks give priority to the production and use of sociodemographic data, inequalities in the capacity to access and use high-quality data persist. This has hampered development planning, especially at the local level.

## **II. Past cooperation and lessons learned**

6. The fourth country programme (2003-2007) helped the Ministry of Social Protection to design, implement and monitor the national policy on sexual and reproductive health. The programme developed local area projects in six departments and two regions, which focused on implementing the national policy. There is a need to implement the national policy in a uniform manner at regional and local levels and to guarantee universal access to reproductive health services, especially for adolescents and youth.

7. Responding to the humanitarian situation of the country, the programme supported initiatives for women, adolescents and youth affected by displacement and violence from

illegal armed groups. UNFPA support also included activities that promoted sexual and reproductive health and rights and that sought to prevent HIV among displaced populations.

8. The programme supported information, education and communication strategies for adolescents and youth, using a sociocultural approach that incorporated artistic, recreational and sports components. UNFPA promoted cooperation with United Nations organizations, non-governmental organizations (NGOs), national and local universities, and community groups, and with social, political, cultural and religious leaders.

9. UNFPA supported the development of innovative sex education programmes in five culturally diverse regions. The programme supported the incorporation of sexual and reproductive health components into the school curriculum, and provided training for teachers to enable them to introduce the new curriculum in their classrooms. The programme also worked with the military forces to: (a) promote sexual and reproductive health and rights issues; (b) promote gender equality and equity; and (c) prevent HIV and AIDS and gender-based violence.

10. Advocacy and policy dialogue strategies led to a number of achievements. The Attorney General and the Ombudsman oversaw the implementation of national norms and international agreements on reproductive health, gender-based violence, and the rights of women and adolescents. This initiative requires continued support to further strengthen the enforcement of programmes, laws and policies.

11. The programme helped to design methodologies to incorporate population dimensions into local development planning. UNFPA supported the 2005 population census and the national demographic and health survey, which increased the availability of up-to-date information and helped to incorporate

population and development issues in national development planning.

### III. Proposed programme

12. The proposed programme builds on the priorities in the national development plan (2006-2010); the poverty reduction strategy (2004-2015); the national sexual and reproductive health policy; the legal code for children and adolescents; the national youth policy; and the results of the United Nations Development Assistance Framework (UNDAF).

13. Responding to national priorities, the programme will: (a) develop the national capacity to address national priorities in the area of population; (b) expand and strengthen strategic alliances with national institutions, civil society organizations and United Nations organizations; (c) promote integrated action in areas affected by poverty and forced displacements, with special attention to vulnerable populations, including people of African descent and indigenous peoples; and (d) adopt life-cycle and culturally sensitive approaches. The programme includes three components: (a) reproductive health; (b) population and development; and (c) gender. UNFPA will mainstream interventions regarding adolescents and youth in all components.

14. UNFPA will seek to undertake joint programming with United Nations organizations in the following areas: (a) displaced and vulnerable populations, including those located on the international borders of the country; (b) HIV and AIDS; (c) gender equality; and (d) adolescent and youth development and health.

#### *Reproductive health component*

15. This component supports the following national priorities and UNDAF outcomes: (a) advancement towards universal access to high-quality health services, including those focusing on sexual and reproductive health; (b)

strengthening the national response to HIV and AIDS; and (c) improving the quality of education. The programme will provide financial, technical and policy support to achieve five outputs.

16. Output 1: The capacity of government and civil society organizations is strengthened to implement the national sexual and reproductive health policy. The programme will: (a) support the revision, dissemination and implementation of comprehensive service standards; (b) develop service models for victims of sexual and gender-based violence and cervical cancer; (c) expand the range of contraceptive methods covered by health benefit plans; (d) implement comprehensive reproductive health service models at subnational and local levels; and (e) strengthen the information, monitoring and evaluation systems of the national sexual and reproductive health policy.

17. Output 2: Government and civil society organizations are strengthened in order to reduce maternal morbidity and mortality, with an emphasis on the most vulnerable populations, including indigenous and displaced populations. The programme will: (a) undertake advocacy activities to increase the visibility of maternal mortality and morbidity issues; (b) encourage the application of obstetric care standards to improve the quality of care in public and private health-provider networks; (c) support the training of health-care providers on obstetric norms and standards; (d) help to strengthen maternal health surveillance systems; (e) promote social mobilization processes and strengthen maternal health social networks; and (f) increase access to, and the availability and use of, contraceptive methods.

18. Output 3: Government, civil society organizations and communities recognize, promote and advance sexual and reproductive health and rights, with a focus on women, adolescents, youth, people of African descent and indigenous peoples affected by internal displacement and humanitarian situations. The

programme will: (a) support adolescent- and youth-friendly sexual and reproductive health services; (b) strengthen the capacity of health institutions to address the needs of women, adolescents and youth and to reduce barriers to access services; (c) articulate behavioural change communication strategies to promote healthy sexual and reproductive health lifestyles; (d) strengthen the capacity of organizations for women, adolescents and youth to demand sexual and reproductive health services; and (e) support the provision of reproductive health information and services to reduce adolescent pregnancy.

19. Output 4: Strengthened intersectoral response to prevent HIV and AIDS and provide comprehensive care. The programme will: (a) support the adoption of models that integrate prevention, detection and care for HIV and AIDS with sexual and reproductive health services; (b) develop behaviour change communication activities for groups vulnerable to HIV; (c) promote access to and the consistent use of condoms, especially among women, adolescents and youth; and (d) promote sexual and reproductive health services in the armed forces and police, with an emphasis on preventing HIV and AIDS and sexual violence.

20. Output 5: Strengthened capacity of all educators to promote sexual and reproductive health and rights and gender equity, and to prevent HIV, AIDS and gender-based violence. The programme will: (a) support the implementation of innovative approaches in the national sexuality education programme; (b) support behavioural communication strategies for out-of-school adolescents and youth; and (c) strengthen the capacity of adolescents and youth to exercise their reproductive rights.

#### *Population and development component*

21. This component will contribute to the UNDAF outcome related to supporting the design and implementation of strategies that

seek to reduce poverty and achieve the Millennium Development Goals.

22. Output 1: National, regional and local development planning is strengthened to include population, reproductive health and gender issues in poverty-alleviation strategies. The programme will: (a) provide technical assistance to include and implement reproductive health and gender equity components in poverty-alleviation strategies; and (b) strengthen the national capacity to collect, analyse and disseminate disaggregated sociodemographic information.

23. Output 2: Improved understanding of population dynamics and its relationship to poverty eradication and the achievement of the Millennium Development Goals. The programme will: (a) support the formulation and implementation of a training strategy to increase the number of policymakers, academics and researchers in population and development; (b) support research and policy formulation in the area of international migration; (c) support the analysis and design of policies on ageing; and (d) support action-oriented research on other population-related topics and emerging issues, including those concerning indigenous peoples.

#### *Gender component*

24. Within the UNDAF priority framework, this component seeks to guarantee, protect and re-establish reproductive rights, particularly those of women and adolescents, by strengthening the legislative and judicial systems.

25. Output 1: Strengthened national capacity to design and implement legal and regulatory initiatives that promote gender equity, prevent sexual and gender-based violence, and protect and guarantee reproductive rights. The programme will: (a) seek to ensure that legal and regulatory frameworks (both national and international) on reproductive rights and gender

equity, including the implementation of human rights committee recommendations, are implemented; (b) strengthen the capacity of public ministries and their ability to provide oversight at national, subnational and local levels; (c) promote, in cooperation with community organizations, the exercise of and demand for reproductive rights, as well as public dialogue and social oversight; (d) develop alliances with congress, the high courts, national mechanisms that address the status of women, and the judicial sector to promote reproductive rights and gender equity; (e) seek to strengthen institutional and community capacity to prevent, detect and respond to gender-based violence, particularly violence involving populations affected by displacement and poverty; and (f) promote the availability and use of standardized information on gender-based violence among institutions.

#### **IV. Programme management, monitoring and evaluation**

26. UNFPA and the Government will monitor the programme through existing national systems. The Ministry of Foreign Affairs, the Presidential Agency for Social Action and International Cooperation, and UNFPA will undertake annual reviews of the programme. UNFPA and national counterparts will carry out regular field visits. UNFPA technical advisers and national consultants will provide technical assistance.

27. The country office includes a representative, an assistant representative and administrative support staff, as per the approved country office typology. In order to strengthen programme execution, UNFPA will earmark programme funds for four national programme staff and two administrative support staff. UNFPA will seek to mobilize additional resources from donor countries as well as from public and private organizations.

**RESULTS AND RESOURCES FRAMEWORK FOR COLOMBIA**

**National priorities:** (a) reducing the maternal mortality ratio; (b) reducing adolescent pregnancy; (c) preventing HIV infections among high-risk groups; (d) improving national, regional and local development planning capacity; and (e) reducing gender-based violence  
**UNDAF goal:** strengthened national capacity to increase access to, and the use and quality of, social and productive services in an equitable manner, with an emphasis on disadvantaged territories and vulnerable populations

Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Reproductive health	<p><u>Outcome 1:</u> Universal access to high-quality health services, including sexual and reproductive health services</p> <p><u>Outcome 2:</u> Strengthening the national response to HIV and AIDS</p> <p><u>Outcome 3:</u> Increased availability of high-quality education that addresses sexual and reproductive health and rights, gender equity, and violence-prevention issues</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> <li>• Increased contraceptive prevalence rate</li> <li>• Increased number of births attended by a skilled health attendant</li> <li>• Reduced HIV prevalence rate</li> <li>• Reduced number of adolescent pregnancies</li> <li>• Reduced maternal mortality ratio</li> <li>• Increased percentage of adolescents receiving sexual and reproductive health education</li> </ul>	<p><u>Output 1:</u> The capacity of government and civil society organizations is strengthened to implement the national sexual and reproductive health policy</p> <p><u>Output indicator:</u></p> <ul style="list-style-type: none"> <li>• Increase in the number of contraceptive methods offered in health benefit plans</li> </ul> <p><u>Output 2:</u> Government and civil society organizations are strengthened in order to reduce maternal morbidity and mortality, with an emphasis on the most vulnerable populations, including indigenous and displaced populations</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>• Existence of a national plan to reduce maternal mortality</li> <li>• Percentage of targeted municipalities conducting maternal mortality audits</li> </ul> <p><u>Output 3:</u> Government, civil society organizations and communities recognize, promote and advance sexual and reproductive health and rights, with a focus on women, adolescents, youth, people of African descent and indigenous peoples affected by internal displacement and humanitarian situations</p> <p><u>Output indicator:</u></p> <ul style="list-style-type: none"> <li>• Percentage of targeted municipalities offering adolescent-friendly sexual and reproductive health services</li> </ul> <p><u>Output 4:</u> Strengthened intersectoral response to prevent HIV and AIDS and provide comprehensive care</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>• Percentage of targeted municipalities developing comprehensive strategies for HIV prevention</li> <li>• Percentage of public health resources in targeted municipalities spent in condoms</li> </ul> <p><u>Output 5:</u> Strengthened capacity of all educators to promote sexual and reproductive health and rights and gender equity, and to prevent HIV, AIDS and gender-based violence</p> <p><u>Output indicator:</u></p> <ul style="list-style-type: none"> <li>• Percentage of public schools in targeted municipalities that implement the sexual and reproductive health education programme</li> </ul>	<p>Attorney General's Office; Ministries of: Communication; Social Protection; Education; and National Defence; Presidential Commission on Special Programmes</p> <p>Municipal and departmental health and education secretariats</p> <p>Colombian Family Welfare Institute; Columbian Youth Programme</p> <p>NGOs</p> <p>Community organizations</p> <p>National Administrative Department of Statistics</p>	<p>\$6 million (\$2.5 million from regular resources and \$3.5 million from other resources)</p>

Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Population and development	<p><u>Outcome:</u> National capacity is strengthened to design and implement strategies to reduce poverty and achieve the Millennium Development Goals</p> <p><u>Outcome indicator:</u></p> <ul style="list-style-type: none"> <li>Level of achievement of Millennium Development Goals at national and regional levels</li> </ul>	<p><u>Output 1:</u> National, regional and local development planning is strengthened to include population, reproductive health and gender issues in poverty-alleviation strategies</p> <p><u>Output indicator:</u></p> <ul style="list-style-type: none"> <li>Percentage of targeted municipalities that incorporate population, gender and rights dimensions in development plans, programmes and budgets</li> </ul> <p><u>Output 2:</u> Improved understanding of population dynamics and its relationship to poverty eradication and the achievement of the Millennium Development Goals</p> <p><u>Output indicator:</u></p> <ul style="list-style-type: none"> <li>Number and type of research projects on the interactions between population and poverty undertaken and disseminated</li> </ul>	<p>Ministry of Environment; Presidential Agency for Social Action and International Cooperation; Planning and Census Departments; Colombian Youth Programme</p> <p>Universities; Research centres</p>	<p>\$2.2 million (\$1.2 million from regular resources and \$1 million from other resources)</p>
Gender	<p><u>Outcome:</u> Guarantee, protect and re-establish reproductive rights, particularly those of women and adolescents, by strengthening the legislative and judicial systems</p> <p><u>Outcome indicator:</u> Compliance with the recommendations of the Convention on the Elimination of All Forms of Discrimination against Women</p>	<p><u>Output 1:</u> Strengthened national capacity to design and implement legal and regulatory initiatives that promote gender equity, prevent sexual and gender-based violence, and protect and guarantee reproductive rights</p> <p><u>Output indicator:</u></p> <ul style="list-style-type: none"> <li>Percentage of targeted municipalities that develop comprehensive gender-based violence response models</li> </ul>	<p>Attorney General's Office; Congress</p> <p>National Women's Network</p>	<p>\$1.6 million (\$0.6 million from regular resources and \$1 million from other resources)</p>
				<p>Total for programme coordination and assistance: \$0.7 million from regular resources</p>