

## Country Programme Performance Summary

A. Country Information		
Country name: Colombia		
Category per decision 2013/31: Pink	Current programme period: 2015-2020	Cycle of assistance: VI

### B. Country Programme Outputs Achievement *(please complete for all your CP outputs)*

**Output 1.** Increased capacity of national and local authorities for the delivery of integrated quality sexual and reproductive health services (maternal health, adolescent sexual health, family planning, HIV and gender-based violence prevention) that include a human rights and gender equality approach, focusing on vulnerable groups and humanitarian settings.

Indicators	Baseline	Target	End-line data
<ul style="list-style-type: none"> <li>Percentage of territorial entities that apply guidelines, protocols and standards to deliver high quality sexual and reproductive health services as a result of implementing the national policy on sexuality, sexual rights and reproductive rights.</li> </ul>	0%	80%	100% (120%)
<ul style="list-style-type: none"> <li>Number of initiatives for generation of demand for family planning</li> </ul>	2	10	29(290%)
<ul style="list-style-type: none"> <li>Number of territorial entities that have the capacity to implement the Minimum Initial Service Package at the onset of a crisis</li> </ul>	0	8	9 (113%)
<ul style="list-style-type: none"> <li>Number of local humanitarian contingency plans that include sexual and reproductive health, gender-based violence, and adolescents and youth</li> </ul>	0	8	9 (113%)

#### Key Achievements (input also from the last CP evaluation)

During the VI Programme, UNFPA strengthened the capacity of the Ministry of Health and Social Protection (MSPS), to improve access in the territories to comprehensive and high quality sexual and reproductive health services achieving the socialization of the National Policy on Sexuality, Sexual Rights and Reproductive Rights (PNSDSDR for its acronym in Spanish) across Colombia's 37 territorial entities. This was achieved ensuring: i) the translation of the PNSDSDR into a friendlier language; a communication strategy with 10 animated infographic videos for PNSDSDR socialization; the mapping tools to identify relevant actors at a territorial level to promote the policy, an advocacy guide to PNSDSDR implementation: an application to facilitate the local planning process; and a model for Policy Monitoring and Evaluation, which includes the definition of indicators and their baselines to monitor PNSDSDR implementation.

Moreover, UNFPA strengthened technical and financial capacity of the Ministry of Health and Social Protection for the creation of a digital institutional repository, which included 350 sexual and reproductive health documents and a virtual application (minisite\_app), hosted on the official MSPS website, which facilitates searching options for sexual and reproductive health information, available to the public on: <https://www.minsalud.gov.co/salud/publica/SSR/Paginas/home-salud-sexual.aspx>.

To improve civil society organizations' capacities, UNFPA strengthened technical and financial capacities of the Ministry of Health and Social Protection for: i) the dissemination and socialization of the National Policy on Sexuality, Sexual Rights and Reproductive Rights, with 81 CSOs, 32 of them youth organizations, ii) training in VTP (voluntary termination of pregnancy) for 90 young women in three municipalities, education on sexual and reproductive rights (SRR), and HIV prevention for 45 indigenous youth from the Wayuu, Kankuamo, Wiwa,

Embera, Nassa, and Kamza People; iii) training of 5 indigenous educators and 300 youth and women in HIV prevention.

To strengthen institutional capacities in voluntary termination of pregnancy care, UNFPA supported the training of staff members from 15 healthcare institutions. During the follow-up, it became evident that 14 of the institutions (93%) and 22 staff members implemented the Work Plans to guarantee a first-level suitable service.

In the area of Human Immunodeficiency Virus (HIV), UNFPA strengthened the national capacities through technical and financial support and achieved the donation of female condoms; ii) the design of a protocol to measure stigma and discrimination against those living with HIV; iii) a proposal for the update and report on Decree 1543 dated 1997, which “regulates the management of HIV/ Acquired Immunodeficiency Syndrome - AIDS infections, and Sexually Transmitted Diseases (STIs)” with the aim of influencing public policy; iv) the creation of a technical document on the national strategy for comprehensive condom programming in Colombia and the development of HIV prevention strategies with the National Indigenous Organization of Colombia (ONIC) for the education of the young indigenous population, focusing on ethnicity, gender, and sexual orientation; with the organization of women living with HIV for the socialization of female condoms and mobilization within the framework of women’s autonomy through peer training; and with the Positive Youth Network (Red de Jóvenes Positivos) through peer education processes that promote prevention with other young people living with or without HIV, also strengthening the youth chapter of the Colombian Network of people living with HIV. The technical committee for the Inter-agency (WHO/PAHO, UNDP, UNFPA, and UN-WOMEN) Project on Combined Prevention of HIV was consolidated, joined by the Health Department of Bogotá (SDS), the MSPS, the Financial Fund for Development Projects (FONADE), the National League against AIDS, and others. UNFPA has led this educational strategy by providing training with a focus on prevention for more than 300 youth from key populations for men who have sex with men-MSM- and Transgender Women, and 350 health professionals. Similarly, thanks to the educational process carried out by UNFPA, two collection and Pre-Exposure Prophylaxis (PrEP) care centers have been opened, serving 450 youth associated with the project. A document on care guidelines that consider the gender and non-discrimination approach for LGBTI people in six health departments (Bogotá, Cali, Medellín, Cartagena, Barranquilla, and Santa Marta) was also created and shared, ensuring training and education of 250 health professionals and HIV referrals.

To contribute to the implementation of the National Policy on Sexuality, Sexual Rights and Reproductive Rights in the framework of peacebuilding, the CO has implemented the inter-agency project (UNFPA-IOM-PAHO/WHO), “Health for Peace, Strengthening Communities,” coordinated and led by the MSPS; the first phase was completed, and the second one is currently underway to develop health actions, including SRH (maternal health, contraception, and SRH of adolescents and young people), in the 26 regions where the Territorial Training and Reincorporation Spaces (ETCR) for ex-combatants are currently located for post conflict transition and normalization in Colombia. This project is supported financially by the UN Multi-Partner Trust Fund for Sustaining Peace in Colombia (MPTF), through which UNFPA has improved capacities in SRH, maternal health, and prevention with 25 hospitals and 25 municipal health departments. As of 2019, 1,324 health care professionals and technicians and 30 community health agents from an indigenous IPS have been trained, and 50 anti-shock garments, 25 PEP kits, 600 monthly contraceptive injections, 2,000 oral contraceptive packs, 2,000 emergency contraceptive pills, 3,975 female condoms, 4,000 IUDs, 10,295 subdermal implants and 26 tools for IUD insertion have been delivered. Also, the institutional capacities were improved for the implementation of the adolescent pregnancy prevention strategy (through technical assistance to 77 staff members from local institutions), and management of sexual violence care pathways (through technical assistance to local violence advisory boards).

The capacities of 1,487 people from the ETCR and surrounding communities were strengthened through training workshops on sexual and reproductive rights, access to contraceptives, and prevention and attention for sexual violence, to demand their rights, especially their SRR. Those who received training were indigenous, afro-descendants, young people under 18, and ex-combatants.

To support efforts to reduce maternal mortality, there were advocacy and political dialogues on traditional midwifery with the National Indigenous Organization of Colombia, ONIC’s departments of health, women, family,

and generation, and the deputy health commissioners delegated by the Permanent Committee for Consultation with Indigenous Peoples (Tairona Indigenous Confederation – CIT and Indigenous Authorities of Colombia); in addition, an assessment on indigenous maternal health was conducted, which was included in the study's final report: "Social Determinants of Inequalities in Maternal and Neonatal Mortality in Arhuaca and Wayuu: Evidence and Proposals for Intervention." Based on this assessment, an inter-agency strategy (UNFPA, UNICEF, WHO/PAHO and WFP) was prepared in coordination with the MSPS, for the reduction of extreme maternal morbidity and maternal mortality in indigenous peoples with the health authorities in the departments of Cesar and La Guajira. In the framework of this project and other UNFPA actions, the capacities of 268 health professionals in the departments of La Guajira, Cesar and Bolivar were improved in areas relating to sexual and reproductive rights, safe motherhood as a right, interculturality and humanization of services through education on "key practices that save lives." Based on this, capacity-building, strategies were defined to ensure that health services for indigenous communities adapt their maternal care services with an ethnocultural approach, and community support networks were built to strengthen referral and counter-referral systems. Two hospitals in the municipalities of Pueblo Bello (Cesar) and Uribia (Guajira) started implementing actions for ethnocultural adaptation.

In addition, the capacities of 583 traditional health agents were improved, from afro-descendant and indigenous Wayuu, Kankuamo, and Arhuaco communities in the departments of La Guajira and Cesar. For the Nasa and Embera peoples and afro-descendant communities in the departments of Chocó and Nariño, training was done on providing hygienic and safe, low-risk delivery care, identifying warning signs, emergency care in community contexts, strengthening networks with the health system and coordinating referral pathways. In order to document this good practice, the characteristics and practices of traditional midwives in La Guajira and Cesar were systematized and a comparison of conceptions and practices from traditional and biomedical perspectives was made. Two inter-agency bulletins were created, which record the life histories of Arhuaca and Wayuu midwives, identify effective intercultural strategies, describe the lines of action in the inter-agency cooperation strategy, and present the decalogue of actions for the ethnocultural adaptation of delivery rooms.

In humanitarian response, 30,000 female condoms were donated as part of the control response to the ZIKA outbreak of 2015 and 2016 to help women prevent unwanted pregnancies.

UNFPA, in coordination with the MSPS and in association with local partners, was able to improve the capacities of public institutions in the provision of services for the Venezuelan migrant population, in contraception, safe management of obstetric emergencies, comprehensive care for sexual violence, and voluntary termination of pregnancy. 513 staff members, 411 health care professionals from 40 health entities, and 20 humanitarian response teams in 15 border municipalities were trained. Manual vacuum aspiration kits (MVA) were provided to 11 institutions, with anti-shock garments to 7 of them. Methods of contraception, mainly long-acting, were given to 9,432 women (7,825 migrants and 1,607 people affected by the conflict), 4,566 people were trained on SRH and SRR, and 5,922 youth received hygiene kits to improve their self-care. Also, 11 young community volunteers (UNV) were trained to be educators in order to contribute in the knowledge and exercise of SRR.

Given the insufficient local institutional capacity to respond to humanitarian needs related to Sexual and Reproductive Health, UNFPA acted to provide services, through implementing partners, with permanent training and technical assistance for attention centered on guaranteeing sexual and reproductive rights, with a focus on maternal bio-psycho-social risks, the application of eligibility criteria for contraception, and referral pathways according to the identified situations, which allowed for improved access to SRH services related to contraception, maternal health, and Voluntary Termination of Pregnancy (VTP), for 8,298 women (migrants from Venezuela, victims of the armed conflict, and host populations) in 20 municipalities in nine departments.

Regarding initiatives for the demand for Family Planning:

In the framework of cooperation with the MSPS, and with Fundared Materna, in the context of the "Safe motherhood as a result of using highly adherent and effective contraceptive methods in the immediate postpartum period," project, UNFPA increased adherence to different methods of contraception (reversible contraceptives of prolonged action, Copper T-IUD, or the subdermal implant Jadelle®) in postpartum women, prior to being released from the hospital, through specialized counseling, in comparison to a reference population receiving routine care.

This was communicated to health authorities from the Departments of Health in Medellín and Cartagena, and the directors and health workers in the following hospitals: General in Medellín, Hermenegildo de Fex Hospital Unit (Unidad Piloto de Manrique) in Medellín, and the Rafael Calvo Maternity Hospital in Cartagena.

Also, local capacity-strengthening was done through direct technical assistance and training: i) on contraception in the departments of Norte de Santander and Chocó, with an emphasis on contraceptive counseling and application of long-acting methods; ii) in follow-up to circular 013/16 regarding the guarantee of provision and access to contraceptive methods and dual protection; iii) to the MSPS contraception committee to generate strategies for removing barriers to the provision and effective use of methods; iv) to the agents of the General System for Social Security in Health (SGSSS), in prioritized territories in 6 departments (Atlántico, La Guajira, Chocó, Huila, Norte de Santander and Sucre), with 329 participants from 53 municipalities.

To strengthen local capacities for the implementation of the Minimum Initial Service Package (MISP):

UNFPA in coordination with the MSPS developed a “Practical guide for the implementation of the MISP for sexual and reproductive health in humanitarian crisis situations in Colombia,” approved by the MSPS, keeping in mind the normative framework and responsibilities of the health sector, and the sectoral organization of a national guide for risk and disaster attention, which provides guidelines and priorities for sexual and reproductive health care. This guide was positioned to be incorporated in local contingency plans with three departmental entities and 40 municipalities, the National Technical Committee with the participation of the Health Cluster, the Gender Violence subgroup of the Protection Cluster, and the MSPS , .

With respect to the response to the COVID19 pandemic, work is being carried out with local health institutions and sub-national authorities in two prioritized departments (Norte de Santander and Arauca) to guarantee key sexual and reproductive health activities (MISP), as well as to guarantee the response in gender based violence and the incorporation of minimum standards. In addition, a series of technical assistance webinars are being carried out with the Ministry of Health for the country's health teams on topics, such as contraception, maternal health, abortion, HIV, to provide technical tools that improve access to sexual and reproductive health services and channel the concerns and needs of the territories.

UNFPA requested and obtained additional funding from the UN Multi-Partner Trust Fund for Sustaining Peace in Colombia, MPTF; the CO is currently implementing the second phase of the Health for Peace project, with the International Organization for Migration, and the Pan-American Health Organization (PAHO). The budget was increased in \$1.8 million for the COVID-19 response, and is covering the procurement of personal protection supplies for two months, for a total of 171 municipalities; procurement of 8,550 dignity kits, as well as antibacterial gel, masks, and gloves, for each of the 171 municipalities for women in vulnerable situations; 26 nurses to strengthen contraception counselling outside the hospital in 26 municipalities covered by the project; implants for 7250 women, among others.

For the incorporation of Sexual and Reproductive Health, Gender Based Violence, and youth and adolescents in the local contingency plans, UNFPA, together with the MSPS, identified the local humanitarian structure and the positioning of the issue in the sexual and reproductive health referrals in all local health departments. Direct technical assistance was provided to three territorial entities and a document was developed with recommendations for the incorporation of actions for sexual and reproductive health, including MISP, gender-based violence prevention, and sexual and reproductive health care for adolescents and youth in humanitarian situations. This document was shared with the departments of Chocó, Arauca, Meta, La Guajira, Norte de Santander, and Guaviare (Popayán, Quibdó, and Riohacha). Also, 155 professionals from the health, protection, justice, and education sectors were trained on the importance of preparing and implementing actions oriented to protect sexual and reproductive health and rights during emergency and humanitarian crisis situations. These political advocacy actions and technical assistance led to the development of seven local contingency plans (which included issues related to SRH, GBV, adolescents and youth) in the departments of Nariño, Arauca and Norte de Santander. These actions included the provision of supplies (anti-shock garments, Manual Vacuum Aspiration MVA kits and

pharmacological treatment) to 12 healthcare institutions. Also, staff in 21 health teams were trained on emergency obstetric care (EmOnC) and safe abortion management.

Furthermore, the incorporation of an sexual and reproductive rights approach was achieved during emergency care in Mocoa (flood emergency that left more than 1400 people dead, more than 400 injured, with an official number of 200 missing and more than 1,000 affected people), through support from UNFPA for inter-agency actions as well as from the MSPS during the emergency. A statement was issued by UNFPA regarding the population's Sexual and Reproductive Rights and Sexual and Reproductive Health in humanitarian emergency situations, a tool was created to collect key information regarding SRH as an input to the Situational Health Room in Mocoa, SRH materials were sent to the Municipal Secretariat and hospital in Mocoa, and there was a joint mission with the MSPS's SRH area, which contributed to the creation of the Multi-Cluster/Sector Initial Rapid Assessment -MIRA report.

The targets in all indicators were exceeded, due to changes in the national context that allowed for the mobilization of resources, and reaching regions that had not been previously considered.

**Output 2.** Increased national capacity to guarantee the human rights of adolescents and youth, through laws, policies and programmes

Indicators	Baseline	Target	End-line data
<ul style="list-style-type: none"> <li>Number of programmes implemented to promote access to high-quality sexual and reproductive health services for adolescent and youth (including prevention of adolescent pregnancy and HIV)</li> </ul>	1	4	5 (125%)
<ul style="list-style-type: none"> <li>Number of participatory platforms that advocate for increased investments in marginalized adolescents and youth, within development and health policies and programmes</li> </ul>	0	40	50 (125%)
<ul style="list-style-type: none"> <li>Number of local entities that implement comprehensive sexuality education initiatives and programmes, aligned with international standards</li> </ul>	0	20	19 (95%)

**Key Achievements** (input also from the last CP evaluation)

*With regard to programmes implemented to strengthen Sexual and reproductive services and care for adolescents and youth:*

UNFPA strengthened technically and financially the capacities of 650 people of MSPS and local health entities from 88 municipalities, including health officials from 37 territorial entities, military personnel and youth from social organizations, for the introduction of adolescent and youth interventions and sexual and reproductive health in the promotion pathway and the health promotion and maintenance pathway for the new model that will progressively replace the previous care programme. In addition, six technical documents were produced and disseminated to strengthen sexual and reproductive health care for adolescents and young people within the framework of the new health model approved by the MSPS: the Comprehensive Health Care Model (MIAS).

The study on Quality of Adolescent and Youth Friendly Health Services in Colombia was completed, which is part of the study on Quality and Coverage in Latin America, led by UNFPA Latin America and the Caribbean Regional Office.

*To strengthen youth platforms for advocacy in Sexual and Reproductive Health and Righth:*

UNFPA strengthened the capacities of the Ministry of Health, through technical and financial support to the design and implementation of communication strategies aimed at promoting social behavior change in adolescents and youth, especially in the priority areas of the post-conflict plan: i) "Sexuality #SinMisterios (Without Mysteries) for the prevention of pregnancy", published by the MSPS page "Generación Más" (Generation Plus) <http://www.generacionmas.gov.co/Pages/Default.asp> and <https://www.facebook.com/UNFPAColombia/notes> ii)

“I choose to take care of myself”, a digital strategy with emphasis on condom use and access to HIV testing, especially targeted to youth belonging to key HIV populations, iii) “For the Right to Decide”, which seeks to inform the population about voluntary pregnancy termination, disseminated by MSPS through <https://es-la.facebook.com/MinSaludCol/> and the website [minsalud.gov.co/ive](https://minsalud.gov.co/ive).

UNFPA, in collaboration with the Presidential Advisory Office for Youth, Colombia Joven, strengthened the capacities of more than 1,200 officials related to youth care/training and more than 200 youth from CSOs through the Virtual Diploma Course for Institutional Actors and Youth on youth issues, including a module for SRH training.

The capacities of 26 youth platforms were strengthened through training and technical assistance on sexuality, sexual and reproductive rights, adolescent pregnancy prevention and gender based violence. These trainings included more than 650 youth, including indigenous and Afro-descendant youth from vulnerable regions.

In addition, as part of the Foreign Ministry’s Comprehensive Programme for Children and Adolescents, and in coordination with this entity, UNFPA country office strengthened the capacities of 250 youth, 40 teachers and 30 professionals from the education and health secretariats of 10 municipalities that were trained in sexuality and SRHR.

The 1st Meeting of Youth Organizations and Follow-up to Agenda 2030 was held, with the participation of 30 youth from Chocó, Urabá, Bogotá, Cali and Nariño, strengthening their capacities for demanding their sexual and reproductive rights

The (virtual) publication and dissemination of the national strategy document for the prevention of pregnancy in children and adolescents was carried out; UNFPA supported the participation of three young persons from indigenous peoples, Afro-descendant communities and peace agendas in the regional leadership camp, *Youth Now! (¡Juventudes Ya!)* in Puebla, Mexico in 2019, as well as the participation of two young people in the World Summit on Population and Development, held in Nairobi, and one youth in the replica of the Cairo Conference, with the objective of strengthening their capacities for political advocacy, participation and recognition of their human rights and SRHR, Agenda 2030 and Montevideo Consensus. 41 young people from all regions of the country participated as trainers in the National Youth Camp, led by UNFPA in Colombia. These youth belonging to indigenous, Afro-descendant and LGBT communities, as well as some with functional diversity, linked their local processes to global agendas and built their capacities in youth leadership, political advocacy, gender, SRHR, communication for development, and coordination strategies for working in networks.

In 2019, 206 youth from 50 organizations and youth networks strengthened their capacities for political advocacy, for participation in the monitoring of public policies that involve them, and for the effective demand of their rights, including sexual and reproductive rights. This was achieved through training, as well as the exchange of experiences in six youth leadership camps in Bogotá, Cali, Medellín, Villavicencio, Cartagena and Leticia.

In addition, through the “Revela2” edutainment initiative, UNFPA, in collaboration with academia and CSOs, trained 76 teachers and principals from seven municipalities in Atlántico, strengthening their capacities in sexual and reproductive health and rights.

*To promote sexuality education initiatives and programmes in line with international standards:*

As part of the inter-agency agreement (UNFPA-UNICEF-UNDP) with the Ministry of National Education, UNFPA supported the strengthening of capacities, through of p specialized technical assistance, to 95 local education authorities for the design of action plans for local coexistence committees and the review and evaluation of local routes for comprehensive care for school coexistence, as well as the development of educational guidelines and teaching sequences for the incorporation of comprehensive sexuality education (CSE), and gender equity in projects on education for peace.

In collaboration with Universidad de los Andes, UNFPA provided technical support for the development of two massive open online courses (MOOCs) on Sexuality and Education, and Sexuality and Human Rights, which have

reached more than 25,000 students in several countries of the region, strengthening their capacities in sexual and reproductive rights

UNFPA arranged for two indigenous youth from the Kankuamo and Senú peoples to receive scholarships to participate in FLACSO’s virtual course on CSE. As a result of this participation, and the technical assistance of UNFPA the following was achieved: i) a revision of the institutional educational project for the educational institution in La Mina, Cesar for the inclusion of CSE from the viewpoint of the Kankuamo People; ii) facilitation of training spaces in SRR for indigenous youth from 5 communities of the Kankuamo Indigenous Reservation; iii) a training and intercultural dialogue exercise in SRR with 40 indigenous youth from the Kankuamo Indigenous Reservation in the traditional territory of Ramalito.

UNFPA Colombia, as the Latin American and Caribbean pilot country of the global out-of-school CSE project, led the development of a model and training research proposal in the Department of Atlántico, with the support of WHO and UNFPA Latin America and the Caribbean Regional Office, and the participation of the Universidad del Norte. This will enable the territorialization of the project in six municipalities of the Atlántico, prioritized by ICBF: Barranquilla, Soledad, Campo de la Cruz, Malambo, Sabanalarga, and Santa Lucía.

With respect to the COVID19 pandemic response, UNFPA, as part of the sexual and reproductive health subcluster, of the health cluster, is supporting an initiative of the Presidential Advisory Office for the Equality of Women to address adolescent pregnancy prevention, tackling its determinants, particularly the lack of access to contraception services, and the increase in sexual violence, during COVID-19 pandemic.

The country office is committed to achieve by December 31, 2020, the only target not achieved to date.

**Output 3.** Increased national capacity of state and civil society organizations to prevent sexual orientation discrimination and gender-based violence, as well as cultural practices harmful for the life and health of girls and women, through the delivery of multisectoral services for vulnerable groups and those affected by humanitarian crises

Indicators	Baseline	Target	End-line data
<ul style="list-style-type: none"> <li>Number of indigenous communities that declare the abandonment of female genital mutilation</li> </ul>	2	8	3 (38%)
<ul style="list-style-type: none"> <li>Number of civil society organizations that have implemented social accountability mechanisms for addressing the reproductive rights of women and girls and marginalized and key populations</li> </ul>	52	80	80 (100%)
<ul style="list-style-type: none"> <li>Number of local governments with gender-based violence prevention, protection and response, including female genital mutilation, integrated into sexual and reproductive programmes and plans</li> </ul>	10	50	62 (124%)

**Key Achievements** (input also from the last CP evaluation)

*With regard to the abandonment of harmful practices:*

UNFPA contributed to greater visibility and positioning of the problem of female genital mutilation (FGM) as a harmful cultural practice undermining women’s health and a form of gender-based violence, through advocacy and policy dialogue. This was done at institutional level (Ministry of Health and Social Welfare and local health authorities), and at the community level, with National Indigenous Organization of Colombia-ONIC, the Regional Indigenous Organization of the Cauca Valley (ORIVAC), the Regional Indigenous Corporation of Risaralda (CRIR), and the Association of Wounaan, Embera Dovidá, Katío, Chamí, and Tule Indigenous Councils of the Department of Chocó (ASOREWA).

In collaboration with the Ministry of Health, UNFPA achieved dialogue and exchange of experiences with 26 indigenous reservations of the Embera People in the departments of Risaralda, Chocó and Valle del Cauca. and

among the entire Embera Nation (Dóvida, Eyabida, Eperara, Siapidara, Chamí and Katío), in an effort to eradicate this practice across the nation, and the departmental committee for the eradication of female genital mutilation in Valle del Cauca was reactivated.

Under the leadership of UNFPA and the Presidential Agency for Cooperation (APC), the consolidation of the South-South cooperation strategy between Colombia and Burkina Faso for the identification and quantification of female genital mutilation in Colombia was achieved. UNFPA and APC joined forces with the Colombian Institute for Family Welfare (ICBF), the Ministry of Health, the National Administrative Department of Statistics (DANE), the Ministry of Internal Affairs, and UNFPA.

UNFPA, through its work with the Chocó Ethnic Midwifery Network and with Regional Indigenous Organization of Valle del Cauca (ORIVAC), and the Valle Governor's Office, led the participation of eight Embera indigenous peoples' organizations in institutional and community-based actions aimed at promoting the eradication of FGM.

UNFPA, in coordination with the Ministry of Health, achieved the development of the "Guidebook for the clinical management of FGM cases", which was socialized among eight health care entities located in the areas with the highest occurrence of this practice. In addition, 54 officials strengthened their capacities, through the training in the integration of prevention, protection and response measures to situations of gender-based violence, including FGM, into sexual and reproductive health care programmes and plans.

*To strengthen civil society organizations to advocate for gender equality:*

UNFPA, together with other UN System agencies, supported the organization of the Second National Summit of Women and Peace. As a result of this Summit, women and their organizations developed a Manifesto, in which they expressed the main agreements and common agenda for the endorsement, follow-up and implementation of the Peace Accords.

The UNFPA country office, together with the Colombian Social Foundation CedaVida, carried out the systematization and exchange of experiences of six regional social experiences and a significant national institutional experience in the promotion of non-hegemonic and co-responsible masculinities.

UNFPA provided technical assistance for the inclusion of sexual and reproductive health and rights issues in the agenda of the National Council of Indigenous Women of Colombia (CONAMIC).

Different media outlets were monitored for their coverage of issues related to gender, sexual orientation, gender identity, sexual health, sexual and reproductive rights, and comprehensive sexuality education (CSE). The document that resulted from this monitoring includes the proposed methodology, the monitoring tools used, and a timeline matrix, as well as the identification of actors who influenced public opinion regarding the issues monitored.

The capacities of civil society organizations to respond to gender-based violence were strengthened, with an emphasis on the prevention of sexual violence through the promotion of sexual and reproductive rights, and the prevention of sexual violence.

With UNFPA's technical support, the Universidad del Bosque (Bogotá) was able to build its capacities for advocacy on SRR, gender equality and new masculinities. The model was replicated in Quibdó, Chocó.

*To support local governments in incorporating GBV prevention and response into their local plans and programmes:*

UNFPA engaged in advocacy and technical assistance with local governments, training public officials in SRH and GBV prevention and care. As a result, 58 municipalities have integrated prevention, protection and response to gender-based violence, including FGM, into their sexual and reproductive health plans and programmes.

UNFPA, in collaboration with UNWomen, and in coordination with the National Department of Statistics DANE, achieved the design of 10 indicators of the personal and social impact of gender-based violence, and a methodology



for using administrative records for statistical purposes that will enable public entities to feed the information system within the Gender-based Violence Information System (SIVIGE).

*With regard to GBV actions in humanitarian contexts:*

UNFPA, in collaboration with UN Women and the Gencap Mission, (Gender Standby Capacity Project-GenCap—an IASC initiative created in 2007 in collaboration with the Norwegian Refugee Council-NRC), achieved capacity strengthening on gender and GBV issues for 52 gender focal points belonging to the Local Coordination Teams (ELC). In addition, they were able to incorporate the gender and GBV approaches, and the generation of tools for the collection and analysis of differentiated information for women and girls as part of the MIRA and protection tools.

UNFPA achieved the development/adjustment and printing and dissemination of care pathways for victims of GBV, recommendations for the care of victims of sexual violence, training booklets on gender, SRH, GBV and peace for Afro descendent women, and training on sexual violence and the use of evidence collection kits for sexual crimes with 22 health officials in the municipalities of Quibdó, Litoral de San Juan and Bajo Baudó.

Thanks to the technical and strategic co-leadership in the GBV Sub-Group (co-led with UN Women), and the construction of advocacy and development pieces, the consolidation and visualization of GBV data to improve the understanding of the humanitarian situation and the coordination of the response, UNFPA achieved the integration and positioning of the gender and GBV issue in the humanitarian teams (ELCs) within the spaces of the national GIFMM and the local GIFMM, Protection Cluster and SRH Sub-cluster, among others.

UNFPA achieved, through the training of trainers, the strengthening of capacities in case management of 30 GBV experts from different agencies and organizations at the country level, to contribute to better care and avoid revictimization of survivors.

Thanks to the implementation of the GBV component in the humanitarian response, the programme contributed to strengthen the capacities of 250 people in 16 health institutions and 9 health/protection response teams established by the project and providing GBV services in 9 municipalities. Through these actions, the project improved the capacities of these people, affected by both the armed conflict and migration, to implement minimum GBV prevention and response actions in emergency situations. This led to the identification of barriers and the implementation of technical assistance and advocacy actions, with 103 local institutions participating in the efforts to minimize gaps in care.

Additionally, with UNFPA's technical support, Standard Operating Procedures (SOPs) were developed and validated in eight municipalities proposed by LACRO; a flowchart summarizing the SOPs and an annexed document listing the barriers identified in each municipality were also prepared. Strengthening efforts included the delivery of Post-exposition PEP KITS and a forensic evidence collection kit to all health institutions, as well as the delivery of communication materials to women and institutions in the municipalities covered. Similarly, the strengthening of available care services for GBV survivors was achieved in 6 municipalities along the transit route of migrants, through the delivery of eight post-rape treatment kits and eight forensic sampling kits for rape, as well as training in national GBV guidelines and protocols, specialized medical treatment, and medical care for the clinical management of rape.

Through technical assistance, UNFPA contributed to strengthen the capacities of 250 people from 95 response teams on the clinical management and comprehensive care of sexual violence, as well as the management of PEP kits and forensic kits. As a result of this process, institutional protocols, sectoral and intersectoral routes were reviewed and actions were developed to strengthen the capacities of public institutions involved in humanitarian response. Similarly, medical, psychosocial and protection teams built case management skills, with a survivor-centered approach, minimum standards for GBV care and prevention, and pathways of care. In addition, UNFPA improved the response capacity of 16 institutions in six border municipalities along the walking route between Cúcuta and Bucaramanga, through the delivery of PEP Kits and Forensic Kits.

UNFPA succeeded in creating, consolidating and strengthening 19 Safe Spaces in four priority departments and trained 459 community leaders in the identification, prevention and counseling of GBV survivors. As a result,

4,062 women, adolescents and girls (mainly survivors of various types of violence, migrant women, Venezuelan women, indigenous displaced persons, Afro-descendants who are victims of the armed conflict, and women who trade sex for survival, among others who are at risk of GBV) benefited from these spaces. Of these women, 480 received psychosocial support and their cases were managed; and 6,031 people were trained in GBV prevention and pathways of care. Moreover, an SRH/VBG response capacity assessment was conducted in eight municipalities.

In the current context of the COVID19 pandemic, the CO has made significant efforts to maintain GBV prevention actions in municipalities on the border with Venezuela. GBV prevention activities have been carried out in the municipalities prioritized for the care of the migrant population, reaching homes through community leaders, with whom accompaniment is done remotely, as well as through messages on social networks with available services, helplines and GBV prevention.

In addition, technical assistance has been provided to the Secretary of Women of both Bogota and Medellin Municipal governments; and together with UN Women, as co-leaders of the GBV subgroup, two relevant documents have been prepared and widely distributed: 1. GBV Prevention and Response in the context of COVID-19 pandemic; 2. Support to the national response to GBV in the context of COVID-19 pandemic.

With the Prevention Sexual Exploitation and Abuse (PSEA) Task Force, a document was prepared on “Prevention of Sexual Exploitation and Harassment in the context of COVID-19 in Colombia”.

UNFPA, in partnership with the Office of the Attorney General, supported the design and development of a route for dealing with sexual harassment when the perpetrator is a public official.

With UNFPA support, thirteen (13) national entities evaluated their degree of compliance with Law 1719/14 on sexual violence based on the series of indicators developed by the Attorney General’s Office, as well as the progress made in compliance with Law 1257/08 on gender-based violence, ten years after its enactment.

Under UNFPA’s coordination and leadership, the GBV Sub-Group strengthened the national capacity to respond to sexual violence by agreeing on and developing a “Practical Guide to Prevent and Respond to GBV, with an Emphasis on Sexual Violence in Humanitarian Settings”, and a “GBV in Emergencies Induction Package”. The project is geared toward United Nations System officials, Humanitarian Country Team actors, and members of the GBV Sub-Group, Clusters and Local Coordination Teams to improve their capacity to respond to and prevent sexual violence.

About the first target in this section in respect of indigenous communities that declare the abandonment of female genital mutilation, it was not achieved due to the very high costs required to reach the communities that are localized in remote and disperses areas, and sometimes affected by violence.

**Output 4.** Increased capacity of national and local actors, including the national statistics system, to produce and disseminate high-quality disaggregated data and analysis on population dynamics that enables the mapping of demographic disparities and socioeconomic inequalities for poverty eradication and sustainable development.

Indicators	Baseline	Target	End-line data
<ul style="list-style-type: none"> <li>Number of local governments incorporating the analyses of population dynamics in their policies and plans</li> </ul>	36	50	47 (94%)
<ul style="list-style-type: none"> <li>Population situation analysis formulated, with participation of national institutions, and used to identify priorities and formulate policies and programmes</li> </ul>	0	1	1 (100%)

**Key Achievements** (input also from the last CP evaluation)

*With regard to the incorporation of Population Dynamics into Local Plans and Policies:*

Through technical assistance and coordination with the Federation of Colombian Municipalities and the European Union (in some cases), agreements beyond 2030 were reached in 11 municipalities in Meta, and five in Nariño.

This was achieved, through the revision of Territorial Management Plans, and multi-stakeholder platforms that integrate hard and soft skills, strengthen territorial governance processes and contribute to peacebuilding and sustainable development and collaborative work (institutions, civil society, and planning bodies) of documents for the monitoring and evaluation of territorial planning schemes (EOT). In addition, 170 people were certified as Local Experts in Population and Development.

Through advocacy and technical assistance, UNFPA strengthened capacities in integrated development management, peacebuilding and territorial planning processes with a population, rights, gender and territory-based approach in eight municipalities covered by the PDET (Development Plans with a Regional Approach) in three departments; this was done in partnership with the FORPAZ Programme of the German Cooperation Agency, GIZ. In addition, the PASE al Desarrollo strategy and its successful experiences in health planning, development and land use planning were included as a reference in the regional report document for the Third Regional Conference on Population and Development.

In association with the MSPS, as part of the implementation of the Pase a la Equidad en Salud strategy (developed by UNFPA with Universidad Externado), UNFPA was able to strengthen the technical capacities of the regional health teams of 32 departments and in six districts on comprehensive health planning. The evaluation of this process determined that 74% of the Plans adequately incorporated the analysis of their population dynamics and produced recommendations that will make it possible to improve territorial planning processes in health in order to advance in the fulfillment of the objectives of the Ten-Year Public Health Plan 2012-2021, and Agenda 2030 for Sustainable Development. In addition, UNFPA developed an application in Shockwave Flash Object, which allows territorial entities to incorporate approaches based on rights, gender, age, life-course and social determinants in regional planning processes.

*Regarding the construction of the Population Situation Analysis:*

UNFPA, in association with the National Planning Department (DNP), and through specialized technical assistance and the participatory work developed with the government's leading group National Planning Department of National Statistics Department, Ministry of Health and Social Protection (*DNP, DANE, MSPS, Ministry of Foreign Affairs*) supported the development and dissemination of the Population Situation Analysis (ASP): *ASP Colombia*, which links population dynamics to sexual and reproductive health, and gender equality.

In addition, through technical assistance and advocacy with the inter-institutional population working group (comprising DNP, DANE, MSPS, the Special Administrative Unit at Migration Colombia (UAMC), and the Ministry of Foreign Affairs), UNFPA was successful in developing the Pilot Regional Population Situation Analysis- La Guajira 2019. This analysis made it possible to understand the population dynamics and their relationships with the national ASP, the most recent information produced in the 2018 National Population Census and the information on migration from Venezuela. As a result of this pilot, a practical diagnostic model of demographic and population dynamics called "Population Triage" was designed and developed for use across all the country's departments. This was part of the process of designing the 2020-2023 Development Plans, and other planning instruments for sustainable development. It also served as an input for the development of territorial assessments and strategies, and the definition of outcome goals for the improvement of the population's quality of life. It takes into consideration Agenda 2030 and its SDGs, the global and regional conferences on population and development (Cairo and Montevideo), and the National Development Plan (NDP). These population triages can be viewed on the dashboard designed for this purpose, on the DNP Terridata platform and on the UNFPA website, providing useful information to decision-makers, academia, and civil society in the context of citizen participation processes.

In the framework of agreements with the DNP, DANE, MSPS and UNFPA, advances in methodological and conceptual developments were achieved to improve the availability of socio-demographic information and its analysis, and to strengthen local capacity for planning and policy formulation, monitoring and evaluation, through technical and financial assistance. These developments include:

- The design of the structure and components of the new Socio-Demographic Indicator System (SISD)

- A proposal for the improvement and updating of the indicators of the Family Policy Observatory;
- The collection of inputs for the design of a public policy on care;
- Adjustment of the indicators on the control panel for follow-up to the “Strategy for comprehensive care for children and adolescents with emphasis on the prevention of adolescent pregnancy 2015-2025” in conjunction with the monitoring and evaluation model of the National Policy on Sexuality, Sexual Rights and Reproductive Rights (PNSDSDR).
- A resource flow survey aimed at measuring investment in SRHR;
- Improvement of the new Sisben Beneficiary Identification System;
- Contribution with five international professors to the International Seminar-Workshop “Economy, Gender and Indicators”.
- The regulatory, conceptual and operational framework of the Integrated Information System on Gender Violence (SIVIGE) in the context of the National Statistical System (SEN);
- Assessment of three administrative records on Sexual Violence;
- International technical assistance for the measurement and analysis of irregular migration at borders, for the incorporation of new techniques for Population Projections and for the e-census.
- Development and application of a new reporting tool on vital events (births and deaths) to reduce under-registration of ethnic groups located in dispersed areas (Pilot test in Chorrera, Amazonas).
- Evaluation of the National Population and Housing Census (CNPV) 2018, carried out via a mission undertaken by the Latin American and Caribbean Center for Demography (CELADE), UNFPA, LACRO and UNFPA Uruguay for DANE and the national evaluation committee, the results of which were published for public consultation on the DANE website: <https://www.dane.gov.co/index.php/estadisticaspor-tema/demografia-y-poblacion/censo-nacional-de-poblacion-y-vivenda-2018/informacion-tecnica>
- Evaluation, analysis and dissemination of an estimate of census omission in the CNPV 2018 at a departmental level in rural and dispersed regions with the assistance of UNFPA’s Technical Division, and World Pop at the University of Southampton, the results of which are available at: <https://www.dane.gov.co/files/censo2018/informacion-tecnica/cnpv-2018-presentacion-omision-censal.pdf>
- The completion of the birth registries sub estimation (vital statistics) and its presentation in Dakar (Senegal) and Panama City (Panama) to UNFPA’s Regional Office for West and Central Africa (WCARO), the InterAmerican Development Bank (IDB), and Statistics Institutes in Latin America and the Caribbean.
- Expert validation of future assumptions for the estimation of population projections.

On the other hand, the UNFPA country office successfully implemented the “GRADI” Information Generation, Collection, Analysis and Dissemination project, which was structured into a dashboard for the four UNFPA outcomes and the departmental classification according to the UNFPA three transformative results. GRADI, along with the four applications, is hosted on a dashboard at: <https://unfpadashboard.herokuapp.com/>

UNFPA led the development of data and information on GBV for the estimation of the People in Need (PIN) on sexual violence in the framework of the humanitarian cycle, and continued support was provided to OCHA for the incorporation of the gender and GBV approaches in the assessment of the humanitarian situation in Colombia and in the estimation of data related to differential impact by gender, survivors and population at risk.

UNFPA led the generation of information on adolescent fertility in girls aged 15-19 and 10-14, early marriage, prenatal care, and gender-based violence, which served as input for evidence-based communication materials developed in partnership with the MSPS.

A document on aging in Colombia was developed with UNFPA Regional Office’s support.

*The office also made significant progress in the follow-up to the SDGs, including:*

Within the framework of the DANE-UN Working Group (16 agencies) in which UNFPA is the Technical Secretary, a roadmap was defined for the follow-up of the SDG indicators. In addition, methodological developments and regional exchanges for the generation of knowledge were achieved for the measurement of indicators: 17.18.1, 6.3.2, 6.6.1, 8.6.1, 3.7.2. Also for indicator 3.2.2 on neonatal mortality from the National Demography and Health survey (ENDS) and the “DHS rate” in the R suite software, where progress was made for the Colombian case in order to obtain indicator estimates with unpublished disaggregation. Moreover, technical support was provided to DANE to implement advancements in methodological issues that support the calculations. In some cases, this permitted the culmination of the process, finally obtaining the estimation of SDG indicators 3.4.2, 3.6.1, 3.7.2, 5.2.1, 5.2.2, 5.3.2, 5.6.1, 5.6.2 and 8.6.1. For this purpose, together with the DANE SDG team, the barometer methodology was designed, taken from the survey on statistical capacities of the Economic Commission for Latin America and the Caribbean (ECLAC). In association with DANE and FAO, a guide was developed for the preparation of work plans in order to close information gaps in the measurement of indicators to be used by UN cooperation agencies.

UNFPA developed the pedagogical strategy “0 to 17 in 60 minutes”, which, by using a dynamic and innovative methodology, makes it possible to increase the level of basic awareness of the SDG among diverse audiences. On average, it increased awareness by 60%, compared to the baseline measured at the beginning of each exercise, thus contributing to improve the national and local capacity to follow-up on the Sustainable Development Goals, through workshops that reached more than seven cities, 11 institutions, 450 people. In addition, in partnership with Presidential Agency for Cooperation APC, four workshops were held to integrate SDG with international cooperation projects and South-South cooperation.

*During this Country Programme, the office spearheaded various innovation strategies:*

UNFPA successfully developed an enhanced intelligence application called “Echo”, in partnership with Universidad de Córdoba (Unicordoba) and the Ministry of Science, Technology and Innovation (MinTIC)’s Center for Digital Public Innovation, with financial support from UNDG. This application allows for the generation of large data analyses through the consolidation of individual interviews that are transformed into text and translated using artificial intelligence into Agenda 2030 language, namely into its goals and objectives, which are useful for providing guidance to participatory territorial planning processes and public policy formulation, particularly in sub-national planning processes. Using the ECHO tool (in partnership with national institutions), 13,426 guided discussions on SDGs were held and 105 testimonies were collected from Venezuelan migrants, which made it possible to highlight different functionalities for participatory planning and territorial organization and to promote awareness of Agenda 2030.

The country office, with support from the Technical Division in New York, and funding from the innovation fund, implemented the Social Media Data Tracker (SMDT) project, which involves collecting data from social networks with official data in order to make informed, evidence-based decisions. Twelve focus group discussions were held in Barranquilla, regarding the information that youth have about contraceptives. Based on these discussions, the semantic web that feeds the scraping tool was constructed. As a result, a dashboard was structured to generate comparisons of official data and updated sources related to myths and beliefs about contraception among the youth of this city. Data was disaggregated by sex, age and income level, to take them to public policy decision makers and in turn develop a targeted campaign by the RTVC public media system in order to break the myths related to these issues among the youth of Barranquilla.

UNFPA Colombia, in collaboration with the Mexico country office and the Regional Office for Latin America and the Caribbean, tested the collaborative work and tools for the development of innovative ideas and the acceleration of projects that are in the proof-of-concept phase in the context of the project “Creating value through innovation”. Activities included the mapping of the global innovation ecosystem, conducted a survey of representatives and staff (14 countries and 122 UNFPA LAC staff), and organized two bootcamps (in Mexico and Colombia). The Bootcamp held in Colombia counted on the participation and support of the national government (Ministry of Foreign Affairs, MSPS, Presidential Border Management, UNGRD and DNP), accelerated three humanitarian response projects in Bogotá, and fostered partnerships with the private sector.

In addition, UNFPA succeeded in promoting a culture of innovation within the office, in order to present and initiate discussion around innovation aimed at achieving the three zeros and advancing the SDGs in Colombia. The target that has not been achieved to date, will be achieved by December 31, 2020.

<b>C. National Progress on Strategic Plan Outcomes<sup>1</sup></b>	<b>Start value</b>	<b>Year</b>	<b>End value</b>	<b>Year</b>	<b>Comments</b>
<b>Outcome 1: Increased availability and use of integrated sexual and reproductive health services (including family planning, maternal health and HIV) that are gender-responsive and meet human rights standards for quality of care and equity in access</b>					
Percentage in which at least 95% of service delivery points in the country have seven life-saving maternal/reproductive health medicines from the WHO priority list	NA		NA		The country does not have a national information system to provide this data.
Contraceptive prevalence rate (total)	61,2	2010	64,9	2015	Source: ENDS 2015 p. 54
Proportion of demand for contraception satisfied (total)	79,1	2010	81	2015	Source: ENDS 2015, p.147. Women aged 15-49
Percentage in which at least 60% of service delivery points in the country have no stock-out of contraceptives in the last six months	NA		NA		The country does not have a national information system to provide this data.
Percentage in which at least 80% of live births in the country are attended by skilled health personnel	98,94	2016	98,33	2018	Source: SISPRO-MSPS (institutional births) <a href="https://www.sispro.gov.co/Pages/Home.aspx">https://www.sispro.gov.co/Pages/Home.aspx</a>
Number of adapted and implemented protocols for family planning services in the country that meet human rights standards including freedom from discrimination, coercion, and violence	1	2015	2	2018	In 2017, with support from UNFPA, the protocols were updated to more explicitly incorporate human rights standards and were adopted by Resolution No. 3280-2018. In addition, the country adopted the SRH protocol for patients with disabilities that includes contraception through Resolution No. 1904-2017.

<sup>1</sup> The format is aligned to the UNFPA Strategic Plan outcomes, 2014-2017.

Percentage of women and men aged 15-49 who had more than one sexual partner in the past 12 months who reported use of a condom during their last intercourse (female/male)	33,7	2010	31,1	2015	Source: ENDS 2015 p. 330
Has the country increased the national budget for sexual and reproductive health by at least 5 per cent?	NA		NA		The country does not have a national information system to provide this data.

### **Summary of National Progress**

Colombia was able to reduce its maternal mortality rate from 51.27 in 2016 to 45.29 in 2018 (Sispro-MSPS).

Colombia reduced its age specific fertility rate for adolescents 15-19 years old, from 63.95 per 1,000 women 15-19 in 2015 to 60.54 in 2018.

The Ministry of Health (MSPS) organized the Technical Working Group on Contraception, which seeks to overcome barriers in the delivery and effective use of methods.

The Ministry of Health (MSPS) led the creation of the SRH sub-cluster under the health cluster, which is co-led by UNFPA.

Progress was made in the implementation of Sentence No. 355-2006 to enable more women to access safe abortion, based on possible causes for abortion services provided in the national regulatory framework

After a participatory exercise, the SRHR Law was drafted with the aim of promoting sexual and reproductive rights and establishing mechanisms for their effective protection. This law, which was not studied by Congress, has the support of the Congressional Women's Legal Committee and represents progress in the availability of regulations for providing SRH services.

In Colombia, Resolution No. 3280-2018 issued by the Ministry of Health in 2018 defines the characteristics and conditions of the specific training of professionals for low-complexity childbirth attendance.

**UNFPA's Contributions** *Please provide contributions to those outcomes only to which the CP contributed. Not all outcome areas are expected to be covered under UNFPA contributions.*

UNFPA succeeded in positioning SRH and SRHR in national peacebuilding strategies and policies, integrating key issues of the mandate into the spaces of normalization and into policies and programs that were designed in the territories most affected by armed conflict and violence.

UNFPA supported the country's humanitarian response to SRH and GBV; consolidated the leadership of the SRH sub-cluster within the health cluster, for effective coordination of the humanitarian SRH response in the country; and lent continuity to humanitarian actions financed with resources from the United Nations Central Emergency Response Fund (CERF). The CERF projects aimed at strengthening national and local response capacities, as well as, the provision of comprehensive SRH and GBV prevention services through implementing partners.

UNFPA achieved, through policy dialogue and advocacy, the inclusion of minimum SRH interventions (contraception with emphasis on long acting reversible contraceptive methods, care during pregnancy and childbirth, access to safe abortion services that do not put women's lives at risk, care for STIs, including HIV, and mechanisms for institutional strengthening and prevention of GBV, as priorities for care) in the 2020 humanitarian response plans for Colombia: Humanitarian Response Plan (HRP), and Regional Refugee and Migrant Response Plan (RMRP).

UNFPA as co-lead of SRH/GBV sub-cluster with the Ministry of Health (MSPS), achieved the design of a study on SRH needs of 70% of the migrant population located in 17 municipalities of the country was advanced and a technical document for health service providers was developed, together with the MSPS, aimed at identifying

SRH/GBV needs, estimating the migrant population and approximate costs related to care. This document sent by the MSPS to the Ministry of Foreign Affairs constitutes the SRH and GBV requirements for addressing the humanitarian emergency in the country resulting from the mixed migratory flows from Venezuela.

UNFPA supported the MSPS through technical assistance in reviewing technical guidelines, in light of evidence-based international recommendations (including those of the International Confederation of Midwives, ICM) and a feasibility assessment, with the UNFPA regional office and the implementing partner of the Obstetric Nursing program in the region (University of Chile), for implementation in the Colombian context.

**Outcome 2: Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health**

Percentage of young women and men aged 15-24 who correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission (female/male)	81,2%	2010	83,6%	2015	*Women aged 15-24 only. The outcome refers to identifying condom use as a form of prevention. There is no country data for the composite indicator.
Does the country have laws and policies that allow adolescents (regardless of marital status) access to sexual and reproductive health services?	Yes		Yes		National Policy for Sexuality, Sexual Rights, and Reproductive Rights

**Summary of National Progress**

The technical document titled "Pregnancy among Children and Adolescents in Colombia—An Approach to Rurality" was published, presenting an updated situational analysis and recommendations for institutional action.

The study "Public Social Expenditure on Adolescents and Youth (GPSAJ)" was updated; it presents a detailed analysis of the investment of the Colombian State and regional institutions in adolescents and youth, and incorporates the differentiated needs of men and women in terms of SRHR.

The National Development Plan 2018-2022 included investment in youth.

A methodology for the prevention of youth involvement in illegal economies was developed and piloted in the municipality of Riosucio, and SRH indicators for adolescents and youth were incorporated into the municipality's Public Policy for Youth.

The National Working Group on CSE was activated with the participation of various key actors, such as academia, the District Secretariat of Education of Bogotá, the Ministry of National Education, Ministry of Health, and NGOs.

**UNFPA's Contributions**

UNFPA made progress in knowledge management by collecting data and providing technical assistance for the preparation of the document on adolescent pregnancy in Colombia and for the MILENA study to estimate the socio-economic impact of adolescent pregnancy and motherhood in Colombia.

UNFPA led the incorporation of sexual and reproductive rights as a specific agreement to be worked on at the regional level, within the 21 agreements established at the Conference of Youth Ministers of Ibero-America.

UNFPA provided technical and financial assistance to the Colombia Joven National Youth System to update the study on public expenditure on youth. It also provided technical assistance to Colombia Joven and the Paz y Reconciliación Foundation to conduct a differentiated situation analysis to determine how young men and women are affected by the context of illegal economies (sexual exploitation, gender-based violence, sexual violence, and femicide), and advocated with key actors for the inclusion of investment in youth in the National Development Plan.



The country office carried out advocacy and technical assistance for the incorporation of SRHR and the gender perspective in the Inter-Ethnic Schools initiative (a space for youth leadership of indigenous, Afro and rural youth, for the prevention of forced recruitment and sexual exploitation); and for the development of methodologies and tools with a differential approach, for the prevention of youth involvement in illegal economies.

UNFPA supported the activation of the “Mesa Nacional de EIS” (National CSE Working Group) and advocated to position the topic in the dialogue groups at the DNP during the design of the National Development Plan 2018-2022.

UNFPA provided technical assistance to formulate the strategy for the prevention of pregnancy in children and adolescents in the country.

Within the framework of UNFPA's technical assistance to the intersectoral commission on SRHR, technical support was provided for the development of the Andean Week for the Prevention of Adolescent Pregnancy, during which the gaps for adolescents in rural areas, their impact on gender inequality, and how this relates to early partnership were made visible, and the regional program (UNFPA-UNICEF-UN Women) for the prevention of child marriage was launched as a determining factor in pregnancy among children and adolescents.

UNFPA strengthened partnerships with the public and private sectors, as well as with strategic civil society actors with the aim of promoting the comprehensive development of young people in Colombia, as part of Agenda 2030, the Sustainable Development Goals, and the UNFPA Regional Initiative *165 million reasons - A call for investment in adolescents and youth*.

**Outcome 3: Advanced gender equality, women’s and girls’ empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth**

Does the country have the gender equality national action plans that integrate reproductive rights with specific targets and national public budget allocations?	NA		NA		The country has action plans that integrate reproductive rights but these plans do not have a specific budget allocated.
Proportion of taken actions by the country on all of the Universal Periodical Review (UPR) accepted recommendations on reproductive rights from the previous reporting cycle	100%	2008	92,3%	2013	2008: 6/6 Recommendations on which action was taken 2013: 24/26 Recommendations on which action was taken 2018: 54 Recommendations on which there are as of yet no reports <a href="http://www.uprdatabase.org/recommendations">http://www.uprdatabase.org/recommendations</a>
Percentage of women aged 15–49 who think that a husband/partner is justified in hitting or beating his wife/partner under certain circumstances	SD		2,17	2015	

**Summary of National Progress**

The Embera community in Valle del Cauca signed an agreement for the eradication of FGM.

Colombia has an inter-agency coordination body on gender violence linked to the Humanitarian Country Team Protection Cluster and the UNCT Inter-agency Gender Group.

The country has a National Strategy for the eradication of Female Genital Mutilation and gender-based violence among indigenous peoples.

The Unit for Comprehensive Care and Reparation of Victims (UARIV) has incorporated the gender and differential approaches into strategies for the psychosocial care of victims.

The Office of the Attorney General's Office has an evaluation of Law No. 1257-2008 for the prevention of forms of violence against women.

**UNFPA's Contributions**

UNFPA provided technical support to the MSPS and the Risaralda health directorate for the implementation of the plan to improve maternal and infant health and sexual and reproductive health, with emphasis on the prevention and care of female genital mutilation among the Embera Katio and Embera Chami populations in the departments of Risaralda and Chocó.

UNFPA and UN Women are co-leaders of the GBV sub-group, which has completed six of the nine steps for the consolidation of an inter-agency mechanism for humanitarian affairs and GBV.

UNFPA supported the development of the protocol for clinical management of cases of female genital mutilation.

UNFPA provided technical assistance to the Victims Unit (UARIV) for the systematization, validation, and socialization of the experience of the Strategy for Group Emotional Recovery (EREG) for victims of sexual violence, and provided support for the integration of gender and differential approaches for ethnic groups through a methodology proposal, as well as for rural populations in strategies of psychosocial care.

UNFPA actively participates in the Inter-Agency Gender Group, in which activities are carried out to support gender mainstreaming, as well as GBV prevention in the country, including the commemoration of November 25 and the following 16 days of activism as part of the International Day for the Elimination of Violence Against Women, among other activities.

Thanks to the joint support of UNFPA, UN Women, and UNICEF, the eradication of child marriage was included as a priority issue in the National Development Plan.

UNFPA supported the Colombian Institute of Family Welfare (ICBF) in structuring a training model for officials on sexual and reproductive rights, the Convention on the Rights of Persons with Disabilities, and the exercise of their SRHR in Colombia, among other topics.

UNFPA has been positioned as a key humanitarian actor for the prevention of gender-based violence in Colombia, and its capacity to complement the humanitarian response through data, information, and trends in GBV associated with both conflict and migration and shelter. This was achieved through the continuity and strengthening of the co-leadership of the Gender-Based Violence Sub-Group, advocacy and technical support for three strategic documents for humanitarian response (HNO, HRP, and RMRP), and advocacy with traditional humanitarian response donors.

**Outcome 4: Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality**

Has the country had at least one census of good quality that was processed, analyzed and disseminated following internationally agreed recommendations (during the last 10 years)?	NO	2015	YES	2020	National Population and Housing Census 2018
Has the country collected, analyzed and disseminated a national household survey that allows for the estimation of key population and reproductive health indicators (in the last 5 years)?	YES	2010	YES	2020	ENDS 2015

Has the country completed evaluations on strategic interventions around sexual and reproductive health and adolescent and youth?	NO	2015	YES	2019	YFSHS Quality Evaluation - 2019
Proportion of new national development plans that address population dynamics by accounting for population trends and projections in setting development targets	YES	2014	YES	2018	NDP 2014-2018 NDP 2018-2022

### **Summary of National Progress**

Colombia has a National Population Situation Analysis and 33 territorials “triage” that provide input for the planning and monitoring of plans, programmes, and policies.

Disability was included in National Population and Housing Census 2018 in question 55 and was considered under the psychosocial approach in accordance with international frameworks.

In partnership with DANE, APC, the Ministry of Health, ICBF, and UNICEF, a South-South cooperation process was established with Burkina Faso to promote indicator 5.3.2 on female genital mutilation (FGM).

The Inter-Institutional Population Working Group was set up, which has been key in promoting the publication, dissemination, and analysis of relevant population data at the local, regional and national levels, as well as promoting dialogue on achievements and challenges of the Montevideo Consensus.

### **UNFPA’s Contributions**

UNFPA supported the Colombian delegation's participation in the Third Regional Conference on Population and Development (Third RCPD), and the preparation of the national report on the implementation of the Montevideo Consensus on Population and Development, achieving a participatory report of high technical quality based on the Colombia ASP in which the country's progress and challenges in the area of sexual and reproductive health were presented, as well as those relating to population dynamics and regional inequalities.

UNFPA supported a side event to the Third RCPD led by Colombia’s National Planning Department (DNP), in which there was an exchange of experiences among seven LAC countries on population dynamics, regional inequalities, closing gaps, and challenges in the implementation of the Montevideo Consensus on Population and Development. A regional working group was also created to follow up and implement Chapters A and G of the Montevideo Consensus, which the parties hope will be promoted through further experience exchange.

The Population Situation Analysis has been a key reference for the national report on the RCPD held in Lima, the analysis of reproductive rights, and the demographic transition in the light of the State of World Population and the 2018-2022 National Development Plan. In addition, it has allowed for the promotion of other issues on the UNFPA population and development agenda, such as the National Transfer Accounts (NTA), to make visible gender inequities and the relevance of their consideration in public policy decision-making.

The UNFPA country office carried out advocacy work with congressional representatives and legislative officials to position UNFPA issues and the SDGs, and to provide elements for the debate with the government on the drafting of the 2018-2022 National Development Plan, as well as for the drafting of laws with an SDG approach. The participation of 39 Legislative Technical Units from the House of Representatives and 17 from the Senate was achieved.

UNFPA, as part of the Humanitarian-Development Nexus group (UNFPA, UNDP, OCHA, RC), and the formulation of HNO 2019 (with OCHA, UMAIC, iMMAP) provided technical assistance for the development of a methodological exercise that allowed the Local Coordination Teams (LCTs, which are the concrete expression of inter-agency work at the local level) to advance in identifying population, socioeconomic, environmental, and political institutional elements that are determining factors in humanitarian situations, as well as those elements that contribute to advancing the response.

In addition, from this exercise, the HNO included for the first time, a chapter on humanitarian and development nexus and established a basis for joint analysis on the causes of the needs of the most vulnerable, which also contributed to the UNSDCF Common Country Analysis.

During 2018, support was given to Colombia's national voluntary report on the implementation of the Montevideo Consensus and the participation of the government delegation in the Third Regional Conference on Population and Development.

In the area of gender statistics, eight public institutions agreed on a normative, conceptual, and operational framework for the Integrated Information System on Gender-Based Violence (SIVIGE), a fundamental step towards the standardization and harmonization of administrative records of cases of gender-based violence. In addition, recommendations were made to three administrative registries and the first interoperability indicator was consolidated.

As part of the road to Nairobi, the first meeting to analyze progress and challenges with respect to the Montevideo Consensus on Population and Development —"Reflections on its implementation in Colombia"—was held. This meeting made it possible to position the regional P&D agenda at the national level, assess the progress of its implementation in Colombia with the attendant challenges of continuity, and generate inputs for the preparatory meeting in Mexico and the ICPD25 commemoration in Nairobi, Kenya. These events provided opportunities for advocacy and policy dialogue.

An article was drafted on Chapter G of the Montevideo Consensus “Regional inequalities and the exercise of rights: A view from the gaps and their implications in four countries of Latin America and the Caribbean to achieve the three zeros in 2030” on gaps of unmet needs for family planning (Proxy 3.7.1); it will be part of a regional document.

As part of CELADE's mission to Colombia in 2019, a workshop was held with the DANE SDG group and Vital Strategies participated in the measurement of indicator 3.7.2 on adolescent fertility. The conclusions established the need to develop a methodology that corrects the coverage of the vital statistics with new population projections, as a result of the new Census. The publication of the data from the National Population and Housing Census (CNPV) 2018 is considered to be the perfect opportunity to seek a better estimate of this indicator.

The inclusion of the question on disability in the CNPV was promoted by the RC, UNFPA, and three other agencies that engaged in advocacy with the Ministry of Health and DANE for its consideration.

#### D. Country Programme Resources

SP Outcome Choose only those relevant to your CP	Regular Resource (Planned and Final Expenditure)		Others (Planned and Final Expenditure)		Total (Planned and Final Expenditure)	
Increased availability and use of integrated sexual and reproductive health services	1.9	2,2	3.3	1.5	5.1	3.7
Youth policies and programmes, and increased availability of comprehensive sexuality education	0.7	0.6	0.4	0.9	1.1	1.5
Advanced gender equality, women's and girls' empowerment, and reproductive rights	0.75	0,6	0.25	1,2	1.0	1.8

Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics	0.9	1,1	0.4	1.0	1.3	2.1
Programme coordination and assistance	<b>0.5</b>	<b>0,5</b>	-	-	<b>0.5</b>	<b>0.5</b>
<b>Total</b>	<b>4.7</b>	<b>5,0</b>	<b>4.4</b>	<b>4.6</b>	<b>9.1</b>	<b>9.6</b>