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UNFPA – Country programmes and related matters

DRAFT

United Nations Population Fund

Country programme document for Colombia

Proposed indicative UNFPA assistance:	\$30.0 million: \$3.8 million from regular resources and \$26.2 million through co-financing modalities or other resources
Programme period:	Four years (2025-2028)
Cycle of assistance:	Eighth
Category:	Tier II
Alignment with the UNSDCF Cycle	United Nations Sustainable Development Cooperation Framework, 2024–2027

I. Programme rationale

1. Colombia is a diverse, multiethnic, and multicultural country, with an estimated population of 52.5 million inhabitants, of which 9.34 per cent are Afro-Colombian (Afro-descendants, Black, mulatto, and Palenquero), 4.3 per cent Indigenous, 0.05 per cent Raizal and 0.006 per cent Rom (hereinafter “ethnic populations”). Over the last decades, the country has undergone a steady demographic transition process, characterized by declining fertility rates (currently 1.7 children per woman) and a change in the population age structure. The Colombian population is still demographically young, with 46.7 per cent below 30 years of age. This figure increases, within a range of 53 per cent to 72.6 per cent, in eight departments located on the border with Venezuela and Brazil. With people over 60 years old representing 14.5 per cent of the population, the aging process is expected to accelerate in the coming years. Persons with disabilities represent 7.1 per cent (CNPV 2018). Based on national estimates, 501,000 people of legal age identify as lesbian, gay, bisexual or transgender.
2. Colombia is an upper middle-income country that has shown remarkable progress in socioeconomic development and poverty reduction in recent decades, as reflected in its high Human Development Index (0.752 in 2021). However, based on its Gini coefficient (0.548 in 2022), it is the most unequal country in Latin America. The COVID-19 pandemic strongly impacted the economy and increased poverty, which affected 33 per cent of the population in 2023, with significant rural/urban disparities (45.9 per cent versus 33.8 per cent, respectively). Poverty is higher among adolescents and youth (55.5 per cent), women (41.4 per cent versus 33.1 per cent for men), Afro-Colombians (45 per cent), and indigenous people (61.9 per cent), compared to 36.6 per cent for the total population.
3. Colombia faces multiple converging crises, characterized by the protracted armed conflict, forced displacement, migration, and vulnerability to climate change. Despite the 2016 Peace Agreement between the Revolutionary Armed Forces of Colombia (FARC) and the Government, which ended a five-decade-long conflict, violence persists. Over 9.7 million people are victims of the armed conflict, of which 3.2 million (33 per cent) are adolescents and youth aged 12-28 years (as per the country’s age definition). Ethnic populations, particularly indigenous and Afro-descendant women, are particularly affected by the armed conflict (29.6 per cent). An estimated 7.6 million victims are eligible for rights restitution by the Government.
4. Colombia ranks fourth globally in the number of internally displaced persons (8.6 million), predominantly in rural areas (87 per cent). Approximately 80 per cent of them are women and children, particularly among indigenous (59 per cent) and Afro-Colombian (62.7 per cent) communities. Based on official migration data, regular migratory flows (both foreigners and Colombians) reached approximately 18.47 million people, the highest historical figure since statistics are available (Observatory of Migration, Migrants and Human Mobility, 2023). Flows of undocumented migrants also increased, including migrants from Venezuela living in Colombia, migrants entering daily for work and services, and those in transit pertaining to different nationalities. In 2023, the Humanitarian Need Overview of the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) estimated that 7.7 million people were in need. In this context, migrant women and girls are particularly vulnerable to gender-based violence, including sexual violence, and human trafficking.
5. Colombia, the third most biodiverse country in the world, is also particularly vulnerable to climate change and natural disasters. Seasonal and climate change-related events have increased in recent years, exacerbating food insecurity, diseases, population displacement and loss of livelihoods, among other consequences.
6. Colombia is a supporter of the International Conference on Population and Development (ICPD) Programme of Action and currently holds the Presidency of the Regional Conference on Population and Development (2024-2026). The country has made remarkable legal and policy achievements in terms of gender equality and women’s political participation and economic inclusion; sexual and reproductive rights; and the prevention, care and protection against gender inequalities and gender-based violence (GBV), including advances in implementation of the women’s peace and security agenda. The current National Development Plan (NDP) 2022-2026

identifies strategic priorities and targets aiming at increasing contraceptive prevalence rate, reducing maternal mortality and adolescent pregnancies, and eliminating violence against women and girls.

7. Despite important achievements in key ICPD-related indicators, progress has been uneven, amid structural and intersectional disparities by race/ethnicity, age, gender, rural/urban location, migration status, disability and other intersecting factors, which need to be addressed to accelerate progress.

8. Unmet need for family planning among women aged 15-49 years in union is 6.7 per cent (DHS, 2015). Unmet need among adolescents aged 15-19 years is three times higher (19.3 per cent), with only 28.5 per cent using modern contraceptives within the same age group (compared to 61.4 per cent among women aged 15-49 years). Unmet need reaches 8.8 per cent in rural areas, compared to 6 per cent in urban settings. Departments with majority ethnic populations report higher unmet needs, notably Vaupés (38.4 per cent), Chocó (17.6 per cent), and Guainía (17.2 per cent). While average fertility rates have declined over the past decades, fertility rates among adolescents aged 15-19 years have done so more slowly than among women aged 20-49 years (1.3 per cent versus 2.45 per cent per year). In 2021, the adolescent fertility rate reached 53.4 births per 1,000 aged 15-19 years, recording higher rates in rural than urban areas (67.8 per cent versus 46.8 per cent). Birth rates among girls aged 10-14 years remain high (2.18 births per 1,000 adolescents in 2022) and are often linked to sexual violence and early unions.

9. Adolescent pregnancies impact on adolescents' ability to develop their full potential and on the country's development. The opportunity cost of adolescent pregnancy is estimated at 0.56 per cent of Colombia's gross domestic product (UNFPA, 2020). Access of adolescents and young people to modern contraceptive methods and health services that are responsive to their needs is limited, particularly in rural and conflict-affected areas and among ethnic and migrant populations. During the pandemic, contraceptive use among adolescents dropped by 34.1 per cent; and in 2021, it had not yet returned to pre-pandemic levels. Limited comprehensive sexuality education (CSE) in school and out-of-school settings, the prevalence of early unions, and sexual violence, especially in contexts of armed conflict, are also important determinants, which require integrated policy responses.

10. After a sustained, though uneven decline over the last decades, between 2018 and 2021, the maternal mortality ratio peaked from 45.3 to 83.16 deaths per 100,000 live births. This was due to the COVID-19 pandemic, worsening internal conflict in rural areas, and a higher record of maternal deaths among migrant women. In 2022, this ratio resumed previous trends, dropping to 48.46 per 100,000 live births (Ministry of Health (MOH), 2023), although not yet down to pre-pandemic levels. Significant and intersectional disparities are observed in access to sexual and reproductive health (SRH) services, including maternal health, based on geography, ethnicity, vulnerability, and age. Maternal mortality is 1.2 times higher in rural areas, 2.4 times higher among Indigenous women, 1.3 times higher among Afro-Colombian women, and 2.5 times higher among girls aged 10-14 years. Foreign nationals residing in Colombia accounted for 12.6 per cent of maternal deaths in 2022 (MOH, 2022). Maternal mortality is largely due to preventable direct causes: obstetric haemorrhage, hypertensive disorders, and obstetric sepsis. Women and young girls, particularly in rural areas and among ethnic communities, face barriers in access to information and comprehensive high-quality SRH services with ethno-cultural adaptation, lack of skilled birth attendants in rural and dispersed areas and unmet need of modern contraceptive methods. Reducing maternal mortality is a national priority. In 2022, the Ministry of Health and Social Protection, with the support of UNFPA and the Pan American Health Organization (WHO/PAHO), launched the Plan for the Accelerated Reduction of Maternal Mortality, which sets a target of 32 per 100,000 live births by 2026.

11. Seven out of 10 women aged 13-49 years, currently or ever in a relationship, have experienced some form of violence. Young women aged 20-24 years and adolescents aged 15-19 years exhibit the highest violence rates (70.9 per cent and 68.9 per cent, respectively). In the context of the armed conflict, 90.3 per cent of sexual violence victims are women, adolescents, and girls. Adolescent girls are the main victims of sexual violence and experience harmful practices, such as child marriage and early unions. About 4.8 per cent of girls and adolescents

aged 10-17 years are or have been in union, with higher rates in rural areas (7.3 per cent), among Indigenous (8.5 per cent), Black, Afro-Colombian, Raizal, or Palenquera (6.0 per cent) populations, and those with no education (11.8 per cent), with a glaring manifestation of intersectional inequalities. Furthermore, Colombia is the only Latin American country acknowledging the practice of female genital mutilation (FGM), especially among Indigenous peoples. While the Embera community has officially recognized this practice, unofficial records suggest it may also occur in other communities.

12. Despite a broad regulatory framework on the prevention, protection, reparation and response to gender-based violence, legal and policy frameworks on harmful practices, such as FGM, early and forced marriage, the diversity of women and LGBTIQ+ are lacking. Implementation gaps also limit women's access to justice, health and protection services, as well as effective measures for care and restoration of rights. Another significant challenge is progress in the intersectional approach to GBV, due to important gaps in GBV data.

13. Colombia has a solid data institutional framework, governed by the National Administrative Department of Statistics (DANE). UNFPA has supported the strengthening of the National Statistical System (SEN) and local statistical information systems, through the continuous generation and review of the population situation analysis, among other tools. Nevertheless, efforts need to be accelerated to improve the quality and coverage of disaggregated data to bridge the Sustainable Development Goal (SDG) data gaps, ensure the statistical visibility of populations in situations of vulnerability, and support evidence-based policies. In line with these needs, in 2023, DANE adopted the National Statistical Plan, 2023-2027 to promote sustainable development, equity and prosperity with a differential and intersectional approach, based on robust national and territorial data.

14. The UNFPA country programme for 2025-2028 will support national efforts to address these challenges, in line with the National Development Plan, 2022-2026 and the United Nations Sustainable Development Cooperation Framework (UNSDCF) for Colombia, 2024-2027, through its three strategic priorities: (a) consolidating peace, human security, and social justice; (b) enhancing social protection and socioeconomic inclusion for vulnerable populations, migrants, and refugees; and (c) advancing the 2030 Agenda for Sustainable Development.

15. UNFPA will build on its comparative advantages, particularly its expertise in (a) the generation of disaggregated data for SDG indicators; (b) the development of SRH and GBV policies with a gender, generational, human rights and intersectional perspectives; (c) the provision of SRH and GBV services in humanitarian contexts and across the humanitarian-development-peace continuum; and (d) promoting innovation through various tools.

16. The programme incorporates key recommendations from the thematic evaluations of the previous programme, particularly the following: (a) prioritize work with women and youth leaders and organizations to accelerate results; (b) involve communities and traditional authorities, especially of ethnic populations, in project design to ensure greater ownership and sustainability; (c) increase coordination with other United Nations organizations and government entities to enhance efficiency and coverage of interventions; and (d) leverage the ability of UNFPA to reach the most marginalized populations by tailoring strategies to local needs.

II. Programme priorities and partnerships

17. The proposed programme has been developed through extensive consultations with key stakeholders, including government ministries and entities, civil society organizations (including organizations of Afro-descendants, indigenous, women, youth and people with disabilities), other United Nations organizations and international cooperation actors, which will continue to be involved throughout the programme cycle to ensure progress and full accountability.

18. Considering structural inequalities among populations and territories, within the context of Colombia's converging crises, the country programme will contribute, with national partners and other United Nations organizations, to close equity gaps, accelerating the achievement of goals of the NDP 2022-2026. The UNFPA-specific contribution will focus on NDP goals related to maternal mortality, unmet need for family planning, adolescent pregnancy, gender-based

violence, youth development and resilience-building, which align with the three transformative results of UNFPA. The focus will be on adolescents and young people aged 12-28 years (as defined by national legislation), with special attention to girls, women, ethnic communities, and other marginalized groups, including people with disabilities, migrants and refugees, populations involved in peace-building processes and LGBTIQ+ groups, as drivers of development, social transformation and peace-building efforts. The programme will support the implementation of a comprehensive agenda that combines peacebuilding, development and humanitarian strategies for territorial development, from a continuum approach.

19. The programme will have both a national and subnational scope, focusing on rural and border areas with high maternal mortality and adolescent pregnancies. Within the framework of a United Nations system-wide and coordinated work, UNFPA will adopt a differentiated and territorial approach to address inequality gaps, focusing on the populations in situations of greater vulnerability and prioritized territories, to be jointly defined between the Government and the United Nations system. This approach is expected to lead to strengthened thematic and territorial coordination among United Nations development and humanitarian actors in Colombia.

20. The main modes of engagement will be advocacy and policy dialogue, capacity development, knowledge management, coordination and partnerships. UNFPA will seek and nurture new partnerships with national and subnational government entities, civil society, the private sector, academia, other United Nations organizations, and international development partners. South-South and triangular cooperation will be a crucial mode of engagement, given Colombia's leadership in ICPD-related public policy issues, as reflected in the Montevideo Consensus on Population and Development, the voluntary national ICPD+25 commitments and the outcomes of the fifth Regional Conference of Population and Development.

21. Programme interventions utilize human rights, gender and intersectional approaches, drawing on the recommendations of the Committee on the Elimination of All Forms of Discrimination against Women (CEDAW) and the Universal Periodic Review (UPR). Leave no one behind, data and innovation will be key programme accelerators, contributing to improved geographic and population targeting, as well as coordination with other United Nations organizations and development actors. Innovation will contribute to tackling barriers in the achievement of programme results in different areas, such as digitalization, to ensure continuity and improved quality of essential health and social services for women and young people and artificial intelligence and big data to bridge statistical gaps.

UNSDCF Strategic Priority 1 – Consolidating total peace, human security, and social justice

22. If UNFPA supports the implementation of comprehensive, intersectional and inclusive public policies for women, adolescents and young people, for the exercise of their sexual and reproductive rights, then it will have contributed, together with other United Nations organizations, to strengthening their role as subjects of change, supporting the efforts of the Colombian State to consolidate peacebuilding, human security and social justice. Likewise, it will have contributed to the reduction of maternal mortality, adolescent pregnancy, gender-based violence and harmful practices.

A. UNSDCF Outcome 1, Output 1.3. Support the development of strategies for the implementation of the comprehensive reincorporation policy, the monitoring of the implementation of the 2016 Peace Agreement and other peace dialogue and conflict resolution processes with a territorial approach

23. Key interventions include: (a) advocating for the implementation and monitoring of international commitments made by the Colombian State regarding peace, with emphasis on gender equality and the rights of women, youth, ethnic populations, LGBTIQ+ groups, people with disabilities, particularly sexual and reproductive rights and the right to a life free of violence; (b) strengthening institutional capacities for the implementation of the National Action Plan of the United Nations Security Council resolution 1325 on women, peace and security, including actions related to prevention, care and reparation for GBV survivors in the context of the armed

conflict, with emphasis on ethnic populations, rural, displaced, people with disabilities and migrant populations; (c) supporting the development and implementation of the first National Action Plan of United Nations Security Council resolution 2250 on youth, peace and security, including accountability mechanisms; and (d) supporting the design, implementation and evaluation of transformational projects for young people, with an emphasis on women, adolescents and youth in vulnerable situations, contributing to institutional and social strengthening for the implementation of the Havana Peace Agreement (2016) and other processes related to peace building and conflict risks mitigation.

UNSDCF Strategic Priority 3 – Social protection and socioeconomic inclusion, with emphasis on vulnerable populations, migrants and refugees

24. If UNFPA supports the reduction of gaps in access to SRH and GBV services faced by adolescents, young people and women, particularly in rural and conflict-affected areas, in contexts of poverty, and among people in human mobility, then it will have contributed, in collaboration with other United Nations organizations, to supporting the efforts of the Colombian State to strengthen social protection and advance socio-economic inclusion, with emphasis on prioritized territories and populations in situations of greatest vulnerability, including migrants and refugees. Likewise, it will have contributed to reducing maternal morbidity and mortality and adolescent pregnancy in Colombia.

B. UNSDCF Outcome 3, Output 3.1. Support for the development of strategies that promote equality and equity of opportunities for the guarantee of rights and access to inclusive, efficient and high-quality goods and services, with an emphasis on health, education, housing, among others, within the framework of a universal and adaptive social protection system

25. Key interventions include: (a) strengthening the capacities of the health system and the national care system institutions for the full integration of human rights, including sexual and reproductive rights, gender and intercultural approaches in the design and implementation of policies and programmes, considering the specific needs of adolescents, young people and women; (b) supporting the implementation of national strategies and programmes on ICPD-related issues, particularly the National Policy on Sexuality and Sexual and Reproductive Rights and the Plan for the Accelerated Reduction of Maternal Mortality, as well as the inclusion of sexual and reproductive rights in other prioritized public policies; (c) supporting the development of innovative and scaled-up strategies and models in primary health care to eliminate barriers to access to high-quality, comprehensive, inclusive and culturally appropriate SRH services for adolescents, young people and women living in rural and dispersed areas and in contexts of greater vulnerability, ethnic populations, LGBTIQ+ groups, people with disabilities, pregnant women, victims of the armed conflict, and people affected by disasters in prioritized territories; (d) supporting the development of innovative strategies to advance SRH and rights within indigenous and Afro-Colombian populations' own and intercultural health models, including culturally appropriate and accepted models of care, considering regulatory frameworks for ethnic populations in prioritized territories; and (e) strengthening the capacities for advocacy and protection of sexual and reproductive rights of civil society and community-based organizations, particularly organizations of women, LGBTIQ+ groups, adolescents and youth with ethnic affiliation, migrants, displaced, rural people, survivors of GBV and their families and people with disabilities, to better support policy formulation, implementation and monitoring.

C. UNSDCF Outcome 3, Output 3.3. Support in the development of response actions, humanitarian care, protection, regularization and socioeconomic inclusion for refugees and migrants, in transit and with a vocation to stay, returnees and host communities

26. Key interventions include: (a) supporting the generation of knowledge on protection gaps in the guarantee of rights and SRH of the population in situation of human mobility, with an emphasis on women, pregnant women, adolescents and girls; (b) supporting the implementation of the Minimum Initial Service Package for SRH and Minimum Standards for prevention and

response to gender-based violence in emergencies, to reduce loss of life, mitigate risks and address immediate needs, particularly of women and girls in territories affected by crises; (c) improving the resilience of SRH and GBV multisectoral services systems, including community, health, protection, justice and education services, through strengthened emergency response mechanisms as well as mitigation, preparedness and adaptation capacities; (d) supporting innovative initiatives to ensure access to CSE, both in school and out-of-school settings, for adolescents and young people in vulnerable situations, such as commercial sexual exploitation linked to tourism activities and conflict-affected areas; and (e) developing an innovative operational intervention model on the peace-humanitarian-development continuum, focusing on the implementation of a comprehensive agenda that integrates peacebuilding, development and humanitarian strategies for territorial development.

Strategic Priority 5: Enablers of the 2030 Agenda for Sustainable Development

27. If UNFPA contributes to strengthen national and subnational statistical capacities to generate evidence on inequality gaps as well as organization's capacity for monitor progress in achieving SDG targets as well as address social and gender norms that perpetuate discrimination and gender-based violence and harmful practices, then UNFPA will have contributed, together with other United Nations organizations, to supporting the efforts of the Colombian State to implement the 2030 Agenda and the SDGs, including efforts to promote women as subjects of change. Likewise, it will build capacity and actively empower individuals and groups to claim their rights and participate in decision-making. By doing so, it will have contributed to the three transformative results.

D. UNSDCF Outcome 5, Output 5.2. Support for capacity building to implement the intersectional and differential gender approach and develop actions that promote gender equality, women's empowerment and the elimination of gender-based violence

28. Key strategic interventions include: (a) strengthening accountability mechanisms for the follow-up and monitoring of the promotion, protection and enjoyment of the rights to education, sexual and reproductive health and rights, social protection and a life free of violence and discrimination for women, adolescents and young people, following recommendations of the UPR, CEDAW, the Montevideo Consensus and the Inter-institutional Population Working Group, among others; (b) strengthening the capacities of national and subnational governments for intersectoral coordination and the design and implementation of programmes, policies and strategies aimed at preventing and addressing GBV, violence due to prejudice and harmful practices (i.e. child marriages and early unions, and female genital mutilation) and their determinants; (c) supporting the adaptation of a comprehensive and intersectional approach to GBV, with an emphasis on the application of the Minimum Standards for prevention and response to gender-based violence in emergencies and other international standards on essential services for survivors of GBV and the "one stop centre" model adapted to the Colombian context; (d) providing technical assistance in the formulation and implementation of gender equality policies, plans and programmes, using intercultural and intersectional approaches, with an emphasis on women, adolescents and young people, including support for the expansion and scale-up of the 'Casas por la Dignidad de las Mujeres' model and other territorial initiatives as well as youth and women's organizations for monitoring and implementation; and (e) supporting the development and implementation of social innovation strategies for the transformation of social and gender norms, including comprehensive sexual education and CSE, promoting their socioeconomic inclusion and environmental sustainability, with an emphasis on the reduction of unintended pregnancies, the prevention of sexual violence and harmful practices, particularly child marriages, early unions and female genital mutilation.

E. UNSDCF Outcome 5, Output 5.6. Support for the strengthening of the national statistical system and territorial statistical information systems to facilitate disaggregated and high-quality data management

29. Key interventions include: (a) strengthening statistical capacities and data generation, reducing gaps in SDG measurement, monitoring and acceleration, at national and subnational levels (considering the Territorial Statistical Capacity Index), with an emphasis on SDGs 3, 5, 11, 13, 16 and 17; (b) strengthening capacities for the development and implementation of traditional statistics operations as well as alternative methods (i.e. inclusive digital transformation based on citizenship), to improve demographic intelligence and statistical visibility of populations in situations of greater vulnerability – according to life-course, ethnic-racial affiliation, disability, migration status, spatial location and effects of climate change – for evidence-based policies and programmes; (c) providing technical assistance for data collection and development of population situation analysis () and innovative tools for demographic intelligence and analysis of population dynamics (i.e. territorial population triage).

III. Programme and risk management

30. The country programme will contribute to national priorities and the UNSDCF results, including achieving the SDGs and the three transformative results. It will be implemented through various partners, including national and subnational governments and multiple stakeholders. UNFPA will facilitate participatory joint planning, implementation, and monitoring of workplans with key partners, using a harmonized approach to cash transfers and other tools to manage financial risks.

31. Coordination with other United Nations organizations will be central to achieving joint results of the UNSDCF 2024-2027. UNFPA will leverage its participation or coordinating role in various interagency groups (i.e. UN-DANE SDG Interagency Group, UN Interagency Group on Youth), the Operations Management Team and its co-leadership of the SRH and GBV subclusters, within the humanitarian country team, comprising over 100 partners.

32. An integrated partnership and resource mobilization plan will support programme implementation. UNFPA will foster partnerships, including with nontraditional actors, such as the private sector, and actively seek funding opportunities. While continuing to mobilize humanitarian response resources, which represent a significant part of its resource base, the country office will expand and diversify funding to increase sustainability and financing for the three transformative results and the SDGs, including through bilateral cooperation, the United Nations system, including the Multi-Partner Trust Fund, the SDG Fund of Digital Transformation, the UNFPA Strategic Investment Fund, and United Nations Programme for People with Disabilities. Additional financing will also be unlocked from multilateral organizations, development banks and the business sector.

33. Within the context of multiple converging crises, UNFPA has identified the following risks: (a) challenges related to ongoing reforms, new subnational government plans, and national elections in 2026; (b) increased need for humanitarian assistance, including SRH and gender-based violence care, particularly for ethnic and rural women and girls; (c) social and institutional barriers to high-quality SRH services for vulnerable populations; and (d) challenges in reaching the most vulnerable due to security issues and climate change effects. UNFPA will develop and periodically update a risk mitigation plan, including contingency plans, with national stakeholders.

34. UNFPA will realign its office structure to programme results, through: (a) the establishment of a consolidated operations unit that will centralize programme, administrative, and finance functions to deliver high-quality programmes and results; (b) a strengthened technical team focusing on the provision of high-quality technical assistance, support to strategic policy dialogue, knowledge generation and dissemination, and innovation; (c) mainstreaming of humanitarian response under the SRH and GBV components; and (d) strengthened capacities in resource mobilization and strategic partnerships. The programme will rely on United Nations volunteers to strengthen capacity to deliver.

35. This country programme document outlines UNFPA contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of the managers at UNFPA with respect to country programmes are prescribed in the UNFPA programme and operations policies and procedures, and the internal control framework.

IV. Monitoring and evaluation

36. The UNFPA country office and the Ministry of Foreign Affairs will oversee programme implementation, holding regular coordination and follow-up meetings based on UNSDCF guidance, UNFPA policies, results-based management principles, and the agreed monitoring and evaluation plan.

37. As part of the UNSDCF monitoring and evaluation group, UNFPA will contribute to monitoring and to periodic and annual reports and the final evaluation. It will also help the United Nations country team (UNCT) monitor the ‘leave no one behind’ principle by developing disaggregated data and indicators.

38. The country programme’s monitoring and evaluation plan aligns with the UNSDCF plan, the UNFPA Strategic Plan, 2022-2025, and relevant indicators of the NDP 2022-2026. It includes spot checks, field visits, quarterly and annual reviews, and partner training, as needed, in collaboration with other United Nations organizations. Result-based management will guide the programme, using data and evidence to shape interventions and establish learning and accountability mechanisms.

39. A final country programme evaluation will be carried out, as well as project evaluations, to identify lessons learned and document good practices.

40. UNFPA, in partnership with the UNCT, will contribute to strengthening the capacities of relevant national entities to monitor and report on national commitments to the 2030 Agenda, the ICPD commitments and the UPR, among other international treaties and human rights instruments.

RESULTS AND RESOURCES FRAMEWORK FOR COLOMBIA (2025-2028)

NATIONAL PRIORITY: Human security and social justice, women as promoters and actors of change, youth with rights leading transformations for life, ethnic populations, the construction of an egalitarian, diverse Colombia free from discrimination, and guarantees for the removal of barriers for people with disabilities.				
UNSDCF OUTCOME: 1. By 2027, Colombia will have made progress in closing gaps and in providing access to rights for the people most affected by the armed conflict through the generation of opportunities for participation and socioeconomic inclusion, to sustain territorial peace and social justice.				
RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 1. By 2025, the reduction in the unmet need for family planning has accelerated. 2. By 2025, the reduction of preventable maternal deaths has accelerated. 3. By 2025, the reduction in gender-based violence and harmful practices has accelerated.				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<u>Related UNFPA Strategic Plan Outcome indicator(s):</u> <ul style="list-style-type: none"> Colombia has laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education. <i>Baseline: No; Target: Yes</i> 	<u>UNSDCF output 1.3.</u> Support the development of strategies for the implementation of the comprehensive reincorporation policy, the monitoring of the implementation of the 2016 Peace Agreement and other peace dialogue and conflict resolution processes with a territorial approach.	<ul style="list-style-type: none"> Number of youth organizations, supported by UNFPA, that monitor the implementation of human rights commitments related to the peace and youth agendas <i>Baseline: 0 (2024); Target: 10 (2028)</i> Number of youth organizations that participate in the design, implementation, or monitoring of the National Action Plan for United Nations Security Council resolution 2250 on youth, peace and security, with UNFPA technical and/or financial support <i>Baseline: 0 (2024); Target: 80 (2028)</i> Number of prioritized territories where UNFPA has supported the consolidation of transformative peace projects led by young people. <i>Baseline: 4(2024); Target: 40 (2028)</i> 	Unit for Comprehensive Care and Reparation for Victims of the Conflict (UARIV); Agency for Reincorporation and Normalization (ARN); Agency for Territorial Renewal (ART); Ministries of: Foreign Affairs; Health and Social Protection; Equality and Equity; Youth Secretariats or Offices, Women’s Offices; Embassies; European Union; civil society and community-based organizations; United Nations organizations.	\$6.7 million (\$0.7 million from regular resources and \$6.0 million from other resources)
NATIONAL PRIORITY: Human security and social justice, women as promoters and actors of change, youth with rights leading transformations for life, ethnic populations, the construction of an egalitarian, diverse Colombia free from discrimination, and guarantees for the removal of barriers for people with disabilities.				
UNSDCF OUTCOME(S): 3. By 2027, Colombia will have made progress in the effective enjoyment of rights through goods and services that guarantee equality and social and productive equity.				
RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 1. By 2025, the reduction in the unmet need for family planning has accelerated. 2. By 2025, the reduction of preventable maternal deaths has accelerated. 3. By 2025, the reduction in gender-based violence and harmful practices has accelerated.				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<u>Related UNFPA Strategic Plan Outcome indicator(s):</u> <ul style="list-style-type: none"> Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 girls aged 15-19 years <i>Baseline (15-19 years): 53.4 (2021); Target: 46 (2030)</i> <i>Baseline (10-14 years): 2.53 (2021);</i> 	<u>UNSDCF output 3.1.</u> Support for the development of strategies that promote equality and equity of opportunities for the guarantee of rights and access to inclusive, efficient and high-quality goods and services, with an emphasis on health, education, housing,	<ul style="list-style-type: none"> Number of national and subnational policies, programmes and plans related to sexual and reproductive health and rights, with an emphasis on maternal mortality reduction, that integrate human rights, using gender and intercultural approaches, with UNFPA support <i>Baseline: 0 (2024); Target: 6 (2028)</i> Number of ethnic traditional birth attendants who have strengthened their capacities in sexual and reproductive rights with UNFPA support, through the implementation and scaling up of the “Partera Vital” model in priority territories <i>Baseline: 354 (2024); Target: 1,500 (2028)</i> 	Ministries of: Health and Social Protection; Equality and Equity; civil society and community-based organizations; other United Nations organizations.	\$7.9 million (\$0.9 million from regular resources and \$7.0 million from other resources)

<i>Target (10-14 years): 1 (2026)</i>	among others, within the framework of a universal and adaptive social protection system.	<ul style="list-style-type: none"> Number of health institutions that have implemented initiatives to reduce access barriers to SRH services, focusing on adolescents, youth and ethnic populations, in priority territories, with UNFPA support <i>Baseline: 0 (2024); Target: 50 (2028)</i> 		
<u>Related UNFPA Strategic Plan Outcome indicator(s):</u> <ul style="list-style-type: none"> Maternal mortality rate to 42 days <i>Baseline: 48.46 (2022); Target: 32 (2030)</i> 	<u>UNSDCF output 3.3.</u> Support in the development of response actions, humanitarian care, protection, regularization and socioeconomic inclusion for refugees and migrants, in transit and with a vocation to stay, returnees and host communities.	<ul style="list-style-type: none"> Number of women, adolescents, and youth in humanitarian settings benefiting from high-quality SRH services, as well as prevention and protection from GBV, through UNFPA support <i>Baseline: 24,000 (2024); Target: 38,000(2028)</i> Number of national policies and local emergency preparedness and response plans that incorporate SRH and GBV issues to be addressed in existing, emerging and complex crisis contexts <i>Baseline: 3 (2024); Target: 9 (2028)</i> Number of UNFPA-supported safe spaces for women and girls and specialized service points assisting women and girls affected by the conflict, migration and other crises <i>Baseline: 6 (2024); Target: 15 (2028)</i> Number of officials from government and cooperating partners, health institutions and multisectoral GBV services who receive technical support from UNFPA to ensure safe and timely delivery of life-saving services for preventing and responding to GBV and providing SRH care, in protracted and acute crisis contexts <i>Baseline: 450 (2024); Target: 900 (2028)</i> 	Ministries of: Health and Social Protection; Equality and Equity; National Unit for Risk and Disaster Management (UNGRD); UARIV; Migration Colombia; humanitarian institutions, organizations and partners at national and subnational levels; civil society organizations; United Nations organizations	\$5.3 million (\$0.3 million from regular resources and \$5.0 million from other resources)
NATIONAL PRIORITY: Human security and social justice, land planning around water and environmental justice, internationalization, productive transformation for life and climate action, and regional convergence women as promoters and actors of change, youth with rights leading transformations for life, ethnic populations, the construction of an egalitarian, diverse Colombia free from discrimination, and guarantees for the removal of barriers for people with disabilities.				
UNSDCF OUTCOME(S): 5. By 2027, the Colombian State will have improved its capacity to monitor and implement the 2030 Agenda through more efficient information systems and knowledge management, resource mobilization with new sources of financing and effective strategies for incorporating differential, gender and rights-based approaches in sustainable development initiatives.				
RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 1. By 2025, the reduction in the unmet need for family planning has accelerated. 2. By 2025, the reduction of preventable maternal deaths has accelerated. 3. By 2025, the reduction in gender-based violence and harmful practices has accelerated.				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<u>Related UNFPA Strategic Plan Outcome indicator(s):</u> <ul style="list-style-type: none"> Percentage of women who have been physically forced by their husband or partner to have sexual relations or acts <i>Baseline: 7.6 (2015) Target: 5 (2030)</i> Percentage of women who have been physically forced 	<u>UNSDCF output 5.2.</u> Support for capacity building to implement the intersectional and differential gender approach and develop actions that promote gender equality, women's empowerment and the elimination of	<ul style="list-style-type: none"> An inclusive accountability mechanism, with the participation of women and youth-led organizations, has been established, with UNFPA support, to monitor the implementation of UPR, CEDAW, the women, peace and security agenda and other human rights recommendations related to sexual and reproductive rights and GBV <i>Baseline: No (2024); Target: Yes (2028)</i> Number of UNFPA-supported policies, plans and programmes addressing gender equality and GBV that incorporate an intercultural and intersectional approach, with emphasis on women, adolescents and young people 	Ministries of: Foreign Affairs; Health and Social Protection; Equality and Equity; Justice; Presidential Agency for Cooperation (APC) Colombia; Congress of the Republic; Office of the Attorney General of the Nation; Administrative Department of Statistics (DANE); Family Welfare Institute (ICBF); Office for	\$6.7 million (\$0.7 million from regular resources and \$6.0 million from other resources)

<p>by someone other than their husband or partner to have sexual relations or acts <i>Baseline: 4.5 (2015)</i> <i>Target: 2.5 (2030)</i></p>	<p>gender-based violence.</p>	<p><i>Baseline: 0 (2025); Target: 10 (2028)</i></p> <ul style="list-style-type: none"> • A comprehensive community-based model based on social innovation for transforming social and gender norms, preventing and responding to GBV and harmful practices, and promoting gender equality from an intersectional approach has been developed and implemented by UNFPA. <i>Baseline: No (2024), Target: Yes (2028).</i> • A national coalition comprising government entities, civil society organizations, youth groups, academia, and other key stakeholders has been established with UNFPA support to promote and advocate for CSE both in school and out-of-school settings <i>Baseline: No (2024), Target: Yes (2028)</i> 	<p>National Reconciliation; Legal Medicine; National Health Institute; Department of Social Prosperity (DPS); Family Commissariats; Governorships of prioritized territories; civil society and community-based organizations; Embassies; United Nations organizations; Verification Mission.</p>	
<p><u>Related UNFPA Strategic Plan Outcome indicator(s):</u></p> <ul style="list-style-type: none"> • Percentage of UNFPA-prioritized SDG indicators produced domestically <i>Baseline: 35%; Target: 60%</i> 	<p><u>UNSDCF output 5.6.</u> Support for the strengthening of the national statistical system and territorial statistical information systems to facilitate disaggregated and high-quality data management.</p>	<ul style="list-style-type: none"> • National Statistical Plan 2023-2027 has been implemented with UNFPA support in producing and disseminating disaggregated, georeferenced, and open data, including innovative sources, based on citizens contributions, considering demographic changes, young people, people with disabilities, and megatrends <i>Baseline: No (2024), Target: Yes (2028)</i> • A multi-stakeholder alliance has been established for the territorial localization of the SDGs, with the support of UNFPA, including increased SDGs ownership, bridging of data gaps for SDG measuring, monitoring and use in public policies to accelerate the 2030 Agenda and the three transformative results. <i>Baseline: No (2024); Target: Yes (2028)</i> • Number of reviews of the population situation analysis of Colombia, which incorporate demographic changes, population diversity, with a focus on youth and the impact of megatrends, including climate change, supported by UNFPA, in their preparation and dissemination for evidence-based public policies <i>Baseline: 1 (2024); Target: 3 (2028)</i> • Colombia has designed and implemented an action plan to comply with the priority measures of the Montevideo Consensus, with the support of UNFPA, within the framework of the Presidency of the fifth Regional Conference on Population and Development, promoting the achievement of the three transformative results and placing emphasis on young people and populations in situation of vulnerability <i>Baseline: No (2024); Target: Yes (2028)</i> 	<p>DANE; National Planning Department (DNP); Ministries of: Equality and Equity; Health and Social Protection; Housing, City, and Territory; Interinstitutional Population Working Group; ART; Migration Colombia; DPS; UNGRD; APC; governorships of prioritized territories; civil society organizations; United Nations organizations.</p>	<p>\$2.9 million (\$0.7 million from regular resources and \$2.2 million from other resources) ————— Programme coordination and assistance: \$0.5 million from regular resource</p>