

## Format for the Country Programme Performance Summary

<b>A. Country Information</b>		
Country name: <b>Costa Rica</b>		
Category per decision 2013/31: <b>PINK</b>	Current programme period: <b>2013-2017</b>	Cycle of assistance: <b>Fourth</b>

<b>B. Country Programme Outputs Achievement</b> <i>(please complete for all your CP outputs)</i>
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**Output 1. Government institutions and civil society organizations have strengthened capacity to provide a coordinated response to prevent and address gender-based violence and sexual violence, including in emergency situations.**

Indicators	Baseline	Target	End-line data
<ul style="list-style-type: none"> <li>• Number of institutions and civil society organizations that provide a coordinated response to gender and sexual violence according to agreed norms</li> </ul>	<i>1</i>	<i>4</i>	<i>6</i>
<ul style="list-style-type: none"> <li>• Number of institutions implementing the inter-institutional protocol on comprehensive care for victims of sexual violence during the first 72 hours after the sexual assault</li> </ul>	<i>0</i>	<i>5</i>	<i>7</i>

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

- Strengthening of the implementation of the “Law to criminalize violence against women” (2009) through the creation of local networks, as prevention agents, which provide comprehensive response in the territories.
- Production and dissemination of qualitative and quantitative information for the preparation of draft laws aimed at preventing “improper relationships” (sexual relations or unions between an adolescent or child with an adult, in the context of unequal and abusive relationships) and avoiding the prescription of crimes of sexual violence committed against children and adolescents. The law against “improper relationships” was approved in 2016.
- Strengthening of the Judiciary and the health sector for the implementation of the Inter-institutional Protocol for comprehensive care of victims of rape (the first 72 hours of the event).
- Prevention of sexual violence through friendly materials aimed at adolescents and young people and those in vulnerable situations such as the temporary migrant population of the ngäbe buglé people and the deaf youth.
- Strengthened the country's institutional capacities for response to humanitarian crises by incorporating the gender-based violence prevention approach into preparedness and humanitarian response.

**Output 2. Government institutions and civil society organizations have strengthened capacity to implement and monitor the strategic plan of the national policy on sexuality, and the HIV strategic plan, prioritizing men in high-risk groups and young migrants.**

Indicators	Baseline	Target	End-line data
<ul style="list-style-type: none"> <li>• Number of institutions and civil society organizations that implement, monitor and evaluate the strategic plan of the national policy on sexuality and the HIV strategic plan</li> </ul>	<i>1</i>	<i>7</i>	<i>24</i>
<ul style="list-style-type: none"> <li>• Number of intersectoral committees and commissions that include sexual and reproductive health norms or specific actions within their policies, plans and priorities, especially those related to young people and migrants</li> </ul>	<i>4</i>	<i>7</i>	<i>7</i>

<ul style="list-style-type: none"> <li>Number of high school centres that include sexuality education according to the strategic plan of the national policy on sexuality</li> </ul>	<i>0</i>	<i>15</i>	<i>Nacional (800)</i>
<p><b>Key Achievements</b> (<i>input also from the last CP evaluation</i>)</p> <ul style="list-style-type: none"> <li>Contributed to the implementation and follow-up of the National Sexuality Policy (2010) through technical advice, facilitation of dialogue and knowledge management.</li> <li>Design and validation of a system of indicators for monitoring and follow-up of Costa Rica international and national commitments in the area of sexual and reproductive health.</li> <li>Contributed to the Implementation and Monitoring of the National HIV/AIDS Strategic Plan (with emphasis on populations with vulnerable conditions), as well as other key instruments such as the Universal Access Strategy for Male and Female Condoms and the Prevention and Care Initiative for MSM and Transgender Women through advocacy, technical advice and knowledge generation.</li> <li>Contributed to the introduction of the female condom within the national contraceptive offer, through technical support to the Ministry of Health and the Costa Rican Social Security System.</li> <li>Contributed to the introduction of new modern methods of contraception within the national contraceptive offer, particularly aimed at preventing adolescent pregnancy, through technical support to the Costa Rican Social Security System.</li> <li>Enhancement and expansion of the National Policy on Comprehensive Sexuality Education (CSE) as well as specific school programmes that deal with CSE, with the participation of multiple stakeholders (i.e. National Institutions and NGOs) and the adoption of a human rights approach.</li> </ul>			
<p><b>Output 3. Government institutions and civil society organizations have strengthened capacity to improve access to and the quality of sexual and reproductive health services, especially for underserved youth and adolescents, including migrants and indigenous populations.</b></p>			
<b>Indicators</b>	<b>Baseline</b>	<b>Target</b>	<b>End-line data</b>
<ul style="list-style-type: none"> <li>Number of selected counties that implement the model for preventing adolescent pregnancy and providing comprehensive care</li> </ul>	<i>0</i>	<i>11</i>	<i>12</i>
<ul style="list-style-type: none"> <li>Number of primary health-care centres that implement user-friendly services or good practices for sexual and reproductive health care for underserved adolescents and migrants and indigenous youth is increased by public and civil society institutions in selected counties</li> </ul>	<i>3</i>	<i>6</i>	<i>15</i>

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

- National Policy on Sexuality Education. Through technical and financial support, UNFPA contributed to the drafting of a new National Policy on Sexuality Education. The process took place with the participation and consultation of multiple stakeholders, such as academia, NGOs, different departments of the Ministry of Education, among others. Additionally, UNFPA provided technical and financial support for the inclusion of sexuality education in the orientation programmes of both elementary and high school.
- Supported the implementation of a Model of Prevention and Comprehensive Care of Adolescent Pregnancy and Adolescent-Friendly Services. This model was developed through a participatory process and was the basis for training health providers in different regions, starting with Alajuelita. Subsequently, a group of experts participated in the definition of institutional competencies of the Model. Additionally, other regions were included such as Quepos, Aguirre, Purral, Alajuelita, Turrialba, Limón, Aserri, Guadalupe, and Alajuela. On the other hand, UNFPA also supported the expansion of the supply of contraception directed to prevent adolescent pregnancy, specifically in the region of La Cruz, Guanacaste, a pilot project took place for the introduction of modern long-lasting contraceptives. , though technical advice, capacity building, generation of knowledge, focusing on the regions with the highest incidence of adolescent pregnancy.
- Training and empowerment of temporary indigenous migrants (ngäbe bugle) in matters of sexual and reproductive health with cultural relevance.

**Output 4: Government institutions have strengthened capacity to harmonize statistical data on population dynamics, gender-based violence, sexual and reproductive health, young people and the elderly, to facilitate evidence-based decision-making and policy formulation, implementation, monitoring and evaluation.**

Indicators	Baseline	Target	End-line data
• Number of selected institutions that implement the guidelines of the national statistical system to update harmonized statistics on gender-based violence, sexual and reproductive health, young people and elderly	1	5	8
• Number of selected institutions that produce and use harmonized data to formulate, implement and monitor public policies focusing on young and elderly people, with an intercultural perspective	2	6	6

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

- Specialized technical advice for the design and implementation process of the Sexual and Reproductive Health Indicators System
- Supported the II National Survey of Sexual and Reproductive Health (2015), the most specialized data gathering on sexual and reproductive health of the country. This survey enables policy making in various areas, such as ages of sexual initiation, knowledge about contraceptive methods, beliefs and bias, among others. Additionally, UNFPA has supported the II National Survey of Violence against Women (in progress), through technical advice and financing.
- Contributed to a process of national ownership of the Consensus of Montevideo on Population and Development and its relationship with the Agenda 2030, through advocacy, promotion of political dialogue and knowledge dissemination
- Production of statistical information to map and monitor the evolution of adolescent pregnancy, through the analysis of administrative records UNFPA has mapped the country to identify the regions with most adolescent pregnancy throughout the years.

C. National Progress on Strategic Plan Outcomes <sup>1</sup>	Start value	Year	End value	Year	Comments
<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					
Contraceptive prevalence rate (total)					
Proportion of demand for contraception satisfied (total)					
Percentage in which at least 60% of service delivery points in the country have no stock-out of contraceptives in the last six months					
Percentage in which at least 80% of live births in the country are attended by skilled health personnel					
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	NO	2012	NO	2016	The country has progressed with the Standard of care for adolescent people: SS / SR component, which represents an advance, but is limited to adolescents and, therefore, does not include other populations
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)					

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

Has the country increased the national budget for sexual and reproductive health by at least 5 per cent?					

**Summary of National Progress**

Costa Rica has a solid and accessible health system for almost the entire population, with skilled birth attendance of about 99%. It has favorable indicators in many aspects, when compared with other countries; for example, the fertility rate in adolescents is 56 per thousand, the lowest in Central America. However the situation is different in some regions of the country where there are cantons that have more than 100 births per 1000 adolescents, particularly in the border, coastal and rural areas and those with high numbers of indigenous and migrant people.

It is also important to note that the country faces challenges in the provision of up-dated modern contraceptive supply. For example, the current Family Planning Standard was issued more than 20 years ago and has not been updated; the contraceptive supply available in public services is limited and outdated and comprehensive Sexuality Education is only taught at some levels of public education, reaching only adolescents between 13 and 15 years.

**UNFPA's Contributions**

UNFPA supported the strengthening of the political and administrative framework in order to improve sexual and reproductive health services, especially for adolescents. The Plan of Action of the National Sexuality Policy was designed and the elaboration of the HIV Strategic Plan was supported.

Additionally, UNFPA supported the design of models and methodologies for the strengthening of health services, through an Institutional Handbook for Adolescent Group Approach, aimed at the promotion of sexual and reproductive health as part of the Comprehensive Care for Adolescents at the national level. Furthermore, directed to specific populations, contributions were made to strengthen the capacities of health officials from three cantons with a high presence of indigenous population, to address the sexual and reproductive health of Ngäbe and Buglé population. In this regard, education materials were produced directed to indigenous population as well as the development of materials for people with disabilities, among which a campaign on sexual and reproductive rights addressed to deaf young people stands out.

In the area of comprehensive sexuality education, the country office provided technical and financial assistance for the updating of the policy of sexuality education and the inclusion of sexuality education in primary and secondary orientation plans, as well as the development of materials for its implementation.

The country office also contributed to the generation of evidence for the expansion of the contraceptive offer, particularly for the incorporation of the female condom and the subdermal implant into the national supply. In addition, political dialogue was promoted through the analysis of information on adolescent pregnancy through administrative records and the conduction and analysis of the II National Survey of Sexual and Reproductive Health, as an input for the development of public policies in the field.

UNFPA also contributed to the strengthening of the capacities of key institutions in charge of the humanitarian response, providing information on GBV and sexual and reproductive health.

<b>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</b>					
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)					
Does the country have laws and policies that allow adolescents (regardless of marital status) access to sexual and reproductive health services?					
<b><u>Summary of National Progress</u></b>					
<b><u>UNFPA's Contributions</u></b>					
This outcome was not selected. As consequence of the alignment with SP, the CO concentrated only in two outputs of SRH					

<b>Outcome 3: Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth</b>					
Does the country have the gender equality national action plans that integrate reproductive rights with specific targets and national public budget allocations?					
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	10% (SSR) 28% (SSR y Gen).	2014	28%	2014	The 2014 report is the only report for the quinquennial 2013 – 2017.
Percentage of women aged 15–49 who think that a husband/partner is justified in hitting or beating his wife/partner under certain circumstances					

### **Summary of National Progress**

In Costa Rica, there are various laws and policies for the protection and empowerment of women, such as the Domestic Violence Act, the Violence against Women Act, the Gender Equality and Equity Policy, the National Plan for Attention and Prevention of Domestic Violence, among others.

However, a culture prevails that tolerates and perpetuates gender-based violence, affecting girls and adolescents. By 2014, 11.3% of the complaints filed in the country were related to the Law on Criminalization of Violence against Women. The incidence of intrafamily violence was 335.7 in women and 118.1 in men per 100,000 in 2014. The incidence of domestic violence was 335.7 in women and 118.1 in men per 100,000 inhabitants in 2014.

Until 2016 the marriage of persons under the age of 18 was accepted, with the consent of their parents. This was prohibited with the approval of Law 9406. Nevertheless, the unions of adults with children and adolescents are still common, and they affects to a greater extent migrant, indigenous, girls and adolescents living in border and coastal areas.

### **UNFPA's Contributions**

UNFPA contributed to the implementation of the Project BA1 "Prevention of violence against women", carried out in 10 national territories, which are characterized by high rates of violence against women. Methodologies were developed for the creation of self-help groups of women victims of violence; the carrying out of social audits for the evaluation of the services provided by the State; and the inclusion of femicide as an indicator of national development.

It also contributed to the evaluation of the implementation of the Protocol for the care of women victims of rape and in the development of an Action Plan to meet the recommendations of the evaluation. Additionally, UNFPA advocated for the extension of the Protocol to other regions of the country and to include emergency oral contraception as part of the care provided to the female victims, as well as strengthen the capacities of the personnel in charge of its application.

Along with diverse partnerships (i.e. NGOs such as Paniamor Foundation) and through the generation of evidence and political dialogue, UNFPA promoted the inclusion of "improper relations" (abusive and unequal relationships of adult men with girls and adolescents), as a national problem, in the public agenda. These activities were important inputs for the approval of Law 9406, which prohibits the marriage of underage persons and criminalizes sexual relations with persons under 18 years old.

UNFPA also contributed to the strengthening of the services provided by institutions for the attention to gender-based violence, in cantons with a high presence of indigenous people, particularly Ngäbe and Buglé, through the development of materials and training on power relations and cultural sensitivity, of personnel of institutions and cultural advisers.

In the South-South cooperation area, UNFPA promoted exchange of Costa Rican best practices with Guatemala and Panama in the areas of gender equality, protection of gender based-violence victims, and maternal mortality surveillance and response.

**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)?	YES	2011	YES	2011	The CO collaborated in the pre-census activities of the 2011 Census.
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)?					
Has the country completed evaluations on strategic interventions around sexual and reproductive health and adolescent and youth?					
Proportion of new national development plans that address population dynamics by accounting for population trends and projections in setting development targets					

**Summary of National Progress**

Costa Rica has a National Statistical System (SEN) integrated by different institutions. The SEN has accomplished important results in the monitoring of indicators and their use in the formulation of public policies. However, gender issues, human rights, and especially the visibility of specific populations such as indigenous people, Afro-descendants and persons with disabilities, are still a challenge that the country faces in improving its statistics, both at the level of surveys and censuses, and at the level of administrative records.

The country has made progress in accomplishing commitments of the 2030 Agenda, and an SDG Secretariat has been set up within the Ministry of Planning. However, the country still lacks an institutional coordination in population and development issues. Currently, the Ministry of Planning is analyzing the possibility of creating a coordination mechanism for the follow-up of ICPD and the Montevideo Consensus.

**UNFPA's Contributions**

UNFPA contributed to the strengthening of the National Statistical System (SEN), through the identification of gaps in gender and sexual and reproductive health. To fill these gaps the II Survey on Sexual and Reproductive Health was carried out and a Survey on Violence against Women is in process, as well as a System of Information in Sexual and Reproductive Health.

The CO contributed in the definition of strategic variables for the next censuses and statistical operations as the ethnic variable and the analysis of the SDGs through census data

Finally, UNFPA contributed to the strengthening of institutional capacities in areas related with the ICPD and the Montevideo Consensus of institutions members of SEN, particularly the National Institute on Statistics and Census (INEC), through participation in inter-institutional meetings, review and support of the Montevideo Consensus' Operational Guide and participation in international follow-up meetings. The same process was carried out with civil society organizations.



<b>D. Country Programme Resources<sup>2</sup></b>						
<b>SP Outcome</b>  <b>Choose only those relevant to your CP</b>	<b>Regular Resource (Planned and Final Expenditure)</b>		<b>Others (Planned and Final Expenditure)</b>		<b>Total (Planned and Final Expenditure)</b>	
	Increased availability and use of integrated sexual and reproductive health services	1.3	1.2	0.6	0.2	1.9
Youth policies and programmes, and increased availability of comprehensive sexuality education	-	-	-	-	-	-
Advanced gender equality, women's and girls' empowerment, and reproductive rights	0.8	0.4	0.3	0.8	1.1	1.2
Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics	0.9	0.7	0.3	-	1.2	0.7
Programme coordination and assistance	<b>0.3</b>	<b>0.3</b>	-	-	<b>0.3</b>	<b>0.3</b>
<b>Total</b>	<b>3.3</b>	<b>2.6</b>	<b>1.2</b>	<b>1.0</b>	<b>4.5</b>	<b>3.6</b>

<sup>2</sup> At the approval of the CPD 2013-2017, regular resources were assigned at the amount of US \$ 660,000 per year. However, in 2014 and in the framework of the alignment with the UNFPA Global strategic plan 2014-2017, an operational model was established that implied a progressive reduction of RR: for 2015 \$ 510,000; for 2016 US \$ 417,045 and for 2017 US \$ 332,210. In relation to other resources, the target was to mobilize \$1.2 million in 5 years and the actual amount was 1.01 million.