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**UNFPA – Country programmes and related matters**

**DRAFT**

**United Nations Population Fund**

**Country programme document for El Salvador**

Proposed indicative UNFPA assistance:	\$13.2 million: \$4.1 million from regular resources and \$9.1 million through co-financing modalities or other resources
Programme period:	Five years (2022-2026)
Cycle of assistance:	Ninth
Category:	Tier III
Alignment with the UNSDCF Cycle	United Nations Sustainable Development Cooperation Framework, 2022-2026

## I. Programme rationale

1. El Salvador has a population of 6.32 million, mainly concentrated in urban areas (61.7 per cent versus 38.3 per cent rural). Young people aged 15-29 years represent 26.9 per cent of the total population. With a decline in fertility rates (1.7 children per woman in 2020), the country is going through a demographic dividend that will extend until 2040. Approximately 468,075 people have some disability. Around 13,310 people identify themselves as indigenous (Nahua-Pipil, Kakawira and Lenca) and 7,441 as Afro-descendants (Census, 2007), though with important underestimations.
2. El Salvador is categorized as a country with a medium level of human development, though with persisting rural-urban, ethnic, age, gender, and territorial disparities. The gross domestic product (GDP) fell by 7.9 per cent in 2020 and the estimated growth for 2021 is around 5 per cent. Multidimensional poverty affects 28.1 per cent of households (2.1 million people), especially in rural areas (46 per cent versus 17.5 per cent in urban areas), as well as those headed by women (31.1 per cent) and by young people (41.8 per cent).
3. The net migration rate is negative (-4.8 per 1,000 inhabitants). Around 2.2 million Salvadorans live in the United States. Among the causes for migration and displacement are the lack of economic opportunities, gang violence, humanitarian crises and climate change. The country faces the challenge of integrating returnees (101,098 between 2017 and 2020). The urban areas in San Salvador and La Libertad, and the rural areas in San Miguel and La Unión are the territories with the largest rates of out-migration and the greatest number of recipients of remittances. Remittances amount to 21.6 per cent of GDP and benefit more than 1.63 million Salvadorians.
4. The country records high informality and job insecurity, underemployment and significant gender, age and rural/urban inequalities in the labour market, income levels and social protection. Unemployment is twice as high among young people, compared with the national average of 6.3 per cent. The income of the rural population is lower than that of the urban population, and only 29 per cent of people with disabilities are employed. Women are overrepresented in the economically inactive population (76.5 per cent), with an overload of unpaid domestic work (47.6 per cent), compared to men (5.9 per cent).
5. There is a high percentage of illiteracy (9.6 per cent), non-schooled population (39.3 per cent), and school dropout (4.6 per cent). It is estimated that 4 in 10 adolescents drop out of school before the end of high school (for economic, migration and violence-related factors but also due to gender-based violence and early pregnancies). Indigenous children and adolescents with disabilities face challenges in school inclusion. The impact of the COVID-19 pandemic has deepened the gaps in access to high-quality education.
6. The number of crimes, including homicides (19.5 for every 100,000 inhabitants in 2020), gang activity and a culture of violence, make insecurity a significant challenge. During 2007-2017, there were 44,334 homicides (51.7 per cent of victims were youth). The country has a femicide rate of 3.3 for every 100,000 women and, in absolute numbers, 3,911 women and girls died between 2012 and 2020. Over 90 per cent of sexual violence victims are girls and adolescents. One in four women has suffered physical violence (National Survey on Violence Against Women, 2017). Among the causes are gender and age inequality, hegemonic and violent masculinity and social tolerance to violence. Despite the relevant legal frameworks, notably the Special Comprehensive Law for a Life Free of Violence for Women and the Law on Equality, Equity and Eradication of Discrimination Against Women, there are significant gaps in their implementation and the provision of essential services on gender-based violence for survivors, especially of girls and adolescents, people with disabilities, those living in rural areas, migrants and returnees. A range of factors – the lack of coverage, accessibility, and suitability for the different needs of the population; insecurity for users and public servers; sexist attitudes and practices in providers, and work overload and burnout of providers – limit the availability of high-quality services. The legal prohibition of child marriage until age 18 in the Family Code in 2017 has not eliminated

early unions: 38,522 girls and adolescents aged 12-19 years were living in union, and 258 were under age 14.

7. El Salvador has a legal, regulatory and policy framework that has allowed progress in sexual and reproductive health and rights for women, youth and adolescents – the Special Comprehensive Law for a Life Free of Violence for Women and the Law on Equality, Equity and Eradication of Discrimination Against Women, the Law on Comprehensive Protection for Children and Adolescents, the “Born with Affection” Law, the Sexual and Reproductive Health Policy, the National Intersectoral Strategy for the Prevention of Adolescent Pregnancy, 2017-2021 (ENIPENA), the Plan for Development, Protection and Social Inclusion, 2019-2022 – but there are still gaps in the exercise of sexual and reproductive health and rights.

8. In 2020, the maternal mortality ratio increased by 72 per cent, compared with 2019 (currently 41.8 deaths per 100,000 live births), with an increase of 17 per cent among adolescents. Complications in adolescents were reported more frequently in the attention to preterm birth (11.2 per cent), infections (6.4 per cent), hemorrhages (11.7 per cent) and complications from unsafe abortions (20.5 per cent). Half of those cases were for direct causes. Most deaths occurred in the western area (33 per cent) and the metropolitan region (30 per cent). The increase in maternal deaths (in a country with 98.9 per cent of institutional births) is explained by the interruption of prenatal and postpartum attention services during the COVID-19 pandemic but also due to barriers in access to services: lack of 24-hour-a-day attention in maternity wards; limited access (due to distance, social violence, poverty); cultural barriers (belief and cultural patterns); and negative experiences with the health system (obstetric violence). Increasing budgetary allocations for better quality services for women and adolescents (under the “Growing Together” Policy) will improve obstetric care and the attention to safe childbirth.

9. The age-specific fertility rate, although decreasing (68 births for 1,000 women aged 15-19 in 2019), is above the regional average, with wide territorial disparities (higher rates: La Unión, Ahuachapán, Cabañas, Sonsonate and La Paz). In 2020, the Ministry of Health recorded 12,982 adolescent pregnancies. The number of girls under age 14 who are pregnant due to sexual violence (503 girls in 2020) raises particular concern. Despite the existence of the ENIPENA strategy and a model of adolescent and youth health services, the multisector response in the territory needs to be strengthened. Likewise, the Ministry of Education has institutionalized a training process in comprehensive sexuality education that must be promoted to reach all centres and students.

10. The Ministry of Health reports 31 per cent coverage of active users of contraceptive methods. The unmet need for contraception is 11.1 per cent for women aged 15-49 (married or in a union) and is almost twice (21.6 per cent) among adolescents aged 15-19 years. This indicator represents 10 per cent in urban areas and 14 per cent in rural areas. Both the supply and the demand were affected by the pandemic, which also increased the out-of-pocket expenses of users and the number of pregnancies (UNFPA, 2020). The most used family planning method by women is female sterilization (36.8 per cent), one of the highest in the world. Oral and injected hormonal contraceptive methods are available, including long-acting and barrier methods. Significant barriers to access to emergency oral contraception persist, especially for adolescents, and abortion is legally prohibited in the country. Despite efforts in reducing unmet need for family planning, challenges persist: interruptions of the supply in health facilities due to weaknesses in the logistic system and limited budget; discretionary prescription of methods due to providers’ beliefs and cultural patterns; lack of knowledge in users about contraception. Despite progress in HIV/STIs prevention and care, the number of new infections is worrisome, especially among adolescents.

11. El Salvador faces challenges in the generation and use of updated, high-quality and disaggregated data to identify existing inequalities and account for population dynamics and megatrends. The last population and housing census was conducted in 2007. Despite efforts in surveys, administrative records and vital statistics, these require continuous improvement. Strengthening and modernization of the national statistical system are necessary to ensure

timely decision-making, drive public policies that reduce inequalities and monitor the progress of the 2030 Agenda, the Montevideo Consensus, and the ICPD+25 voluntary commitments.

12. The proposed programme is aligned to the United Nations Sustainable Development Cooperation Framework (UNSDCF) 2022-2026, through contributions to its three strategic priorities: (a) reduction of multidimensional poverty and gaps in gender equality; (b) inclusive economic transformation and mitigation of climate change effects; and (c) strengthening of democracy, the rule of law, as well as the prevention of violence. UNFPA will actively support the work of the humanitarian country team and will coordinate the gender-based violence subsector. UNFPA will contribute with its comparative advantage within the United Nations country team: (a) advocacy to reform legal, policy and institutional frameworks favourable to the rights of women and adolescents; (b) data generation and analysis for monitoring and evaluation of public policies and the SDGs; (c) leadership and expertise in gender equality, gender-based violence and sexual and reproductive health and rights, in development and humanitarian settings, as well as in the transformation of gender and social norms; (d) experience in the promotion of rights of the most excluded groups.

13. The proposed programme is based on lessons learned from the final evaluation of the previous cycle: (a) constant evidence-based advocacy facilitates political dialogue on women, adolescents and girls rights; (b) use of a three-pronged strategy – increasing visibility (through improved data and knowledge), participation (through the enhanced engagement of organizations and groups in decision-making) and inclusion (mainstreaming gender approaches and intersectionality) – allows the programme to focus on the furthest left behind populations; (c) strengthening the capacities and leadership of youth is crucial for them to become agents of change in public policy-making and communities; (d) multisector and multi-actor public policies are more effective to address complex social problems; and (e) the implementation of multi-stakeholder community strategies increases outreach and sustainability.

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

14. UNFPA will contribute to reducing preventable maternal mortality, unmet need of family planning, and gender-based violence and harmful practices, particularly early unions, by showing, through evidence-based dialogue, its relevance for the achievement of sustainable development and progress in the implementation of the Decade for Action (especially SDGs 1, 3, 4, 5, 10, 11 and 17), the ICPD Programme of Action (Montevideo Consensus), the ICPD+25 Summit voluntary commitments and the national priorities (Social Development Plan 2019-2024).

15. The proposed programme will contribute to increasing universal coverage and equitable access to sexual and reproductive health services, including maternal health and family planning services, as well as strengthen a multisectoral response to gender-based violence with a comprehensive, ecological, resilient and rights-based approach, aimed at addressing structural causes (social and gender norms that reproduce violence and discrimination) and inequalities. To achieve these results, it will use a three-pronged strategy, focused on (a) the territory (prioritizing departments and municipalities with the worst indicators), (b) specific population groups that suffer discrimination (especially women and adolescents with disabilities, indigenous, rural, migrants, displaced and lesbian, gay, bisexual, transgender, intersex, queer, asexual (LGTBIQ+) people), and (c) focused on maintaining the development, humanitarian and peace continuum.

16. The programme will use all modes of engagement (including service delivery, where required). UNFPA will use the following accelerators: (a) human rights and gender-transformative approaches; (b) innovation, incorporating demographic intelligence and digital tools; (c) coordination and partnerships, including South-South cooperation and financing, leveraging the regional experience of other countries; (d) leaving no one behind and reaching the furthest behind first; (e) data and evidence-generation and use; and

(f) resilience, adaptation and complementarity between development and humanitarian contexts. A programmatic focus on the prevention of adolescent pregnancy will also be an accelerator.

17. To implement the programme, UNFPA will engage in wide multisector coordination and promote national ownership, supporting the efforts of government institutions. It will also generate strategic alliances with national partners, the private sector, academia, the media, international cooperating partners, and other United Nations system organizations, promoting joint programmes and actions of coordinated technical assistance. Regional and subregional initiatives will be promoted through the regional UNFPA office.

#### **A. Unmet need for family planning**

18. The programme will contribute to Strategic Plan outcomes 1 as well as to UNSDCF outcomes 1 (social well-being), 4 (decent, productive work and sustainable livelihoods).

19. *Output 1 (UNFPA-specific): policies and services. By 2026, institutions and communities strengthen their capacity to promote and implement policies, plans and protocols, as well as accountability mechanisms, adequately funded, for universal coverage and access to sexual and reproductive health information and services, with emphasis on family planning, especially for the furthest left-behind populations, in development and humanitarian settings (aligned with Strategic Plan outputs 1 and 2).*

20. UNFPA will contribute to strengthening the capacities of national and subnational institutions to implement legal, policy and institutional frameworks and programmes for access to and coverage of family planning services and will support method assurance. UNFPA will build on lessons learned from the co-financing agreement with the Ministry of Health.

21. Key interventions – advocacy and policy dialogue, capacity development, coordination and partnerships, knowledge management and service provision (where required) – aim to: (a) increase funding to ensure the continuous availability of contraceptive method mix in the field, prioritizing access to long-acting reversible methods and emergency contraception for adolescents, people living in rural areas and indigenous women, women in extreme poverty and migrants; (b) strengthen inter-institutional coordination for implementation and effective extension of the National Strategy for Pregnancy Prevention in Girls and Adolescents (ENIPENA) at the national level; (c) strengthen the capacities of institutions and civil society organizations for the management of information and adequate counseling on sexual and reproductive health services and modern contraception methods, especially in territories and populations with significant inequalities, including in humanitarian contexts; (d) strengthening the logistic management and information system for sexual and reproductive health supplies through (i) evidence-generation about the most cost-effective and accessible interventions; (ii) geographical distribution strategies to respond to territorial and group inequalities; (iii) development of technological and management innovations; (iv) capacity development of health personnel to make supply processes more efficient; and (v) monitoring the availability of supplies in hospitals and health units.

22. *Output 2 (UNSDF joint output) population changes and data. Public institutions have strengthened capacities and technical abilities for the consolidation of the national statistical system, that facilitates access to disaggregated, timely and quality data and information, allowing the incorporation of demographic dynamics in development policies and programmes, especially those related to populations that are in a condition of vulnerability (aligned with Strategic Plan output 4).*

23. UNFPA will promote a statistical and demographic intelligence culture to guide evidence-based policies and programmes, in cooperation with the Ministry of Economy, General Directorate on Statistics and Census and other government and non-government actors, and will contribute to UNinfo. The programme will contribute to making the situation of the furthest left behind groups visible, especially women and adolescents in rural areas, people with disabilities and indigenous people; and will ensure an intercultural and intersectional approach across interventions. It will also support the implementation of the

national ICPD+25 voluntary commitments regarding sustainable development, the guarantee of human rights, including sexual and reproductive health and rights, and progress on the population agenda.

24. Key interventions – advocacy and policy dialogue, capacity development, coordination and partnerships, knowledge management and innovation – aim to (a) ensure the inclusion of demographic and population dynamics and its linkages with issues like migration and climate change in development and population strategies and policies; (b) promote the use of innovative, digital and accessible means to disseminate evidence on demographic transitions and progress of the three transformative results; (c) support the design, preparation and implementation phase of the Population and Housing Census and other sources of information; (d) support the strengthening and the modernization of the national statistical system, taking advantage of South-South technical cooperation; (e) strengthen the capacities of data operators at the national and local levels to generate and analyse disaggregated information (on key stratifiers, such as ethnicity, age, gender and status) based on surveys and administrative records, in development and humanitarian settings; (f) strengthen the capacities of civil society organizations, in partnership with academia, on evidence-based advocacy; and (g) strengthen monitoring and follow-up mechanisms of government and non-governmental organizations on the implementation of the 2030 Agenda and ICPD goals (Montevideo Consensus and the ICPD+25 voluntary commitments).

## **B. Preventable maternal deaths**

25. *Output 3 (UNFPA-specific): policies and services. By 2026, institutions, organizations and communities strengthen their capacities to promote and implement policies, plans, programmes and accountability mechanisms to reduce preventable maternal mortality, responding to the needs of the territories and of the most forgotten populations (aligned with Strategic Plan outputs 1 and 2).*

26. This output will contribute to Strategic Plan outcome 2 and UNSDCF outcome 1 (social welfare) by supporting the design and implementation of policies, programmes and accountability mechanisms to ensure equitable access to high-quality and inclusive maternal health services for women, adolescents and youth, especially in rural and poorer areas, as part of the comprehensive package of sexual and reproductive health services.

27. Key interventions – advocacy and policy dialogue, capacity development, coordination and partnerships, knowledge management and service delivery (where needed) – aim to (a) ensure the update and implementation of regulations on sexual and reproductive health, with emphasis on the prevention of maternal mortality and equitable access to high-quality services for the furthest left behind women and adolescents, such as those with disabilities, rural and indigenous people and the poorest; (b) promote the use of innovative and evidence-based interventions to expand access, coverage and quality of essential and neonatal obstetric care services in the public service network using digital tools; (c) ensure adaptation and implementation of national, local and community mechanisms for continuous quality improvement of preconceptional, maternal and sexual and reproductive health services; (d) strengthen the health providers' competencies on antenatal care, respectful delivery, post-abortion care and sexual violence response in the territory; (e) strengthen local accountability mechanisms with the civil society and service users' participation; and (f) strengthen national and local capacities to ensure the resilience and continuity of sexual and reproductive health services in humanitarian contexts.

## **C. Gender-based violence and harmful practices**

28. The programme will contribute to Strategic Plan outcome 3 as well as UNSDCF outcomes 1, 6 and 7, and particularly to outcome 2 (gender equality), through a holistic (prevention, care, repair) and ecological (individual, families, communities, institutions, laws) approach to gender-based violence and harmful practices. UNFPA will seek new modalities of financing and partnerships with a large number of national and subnational government actors, diverse civil society and community organizations, media and private

sector, and other United Nations organizations, building on lessons learned from the Spotlight Initiative, the Joint Programme on Essential Services, the Inter-Agency Minimum Standards for Gender-Based Violence programming in emergencies and the Inter-Agency Programme on child marriage and early unions, among others.

29. *Output 4 (UNSDCF joint output). Selected public institutions have strengthened capacity to design, develop and implement public policies, regulatory frameworks and strategies with budgets assigned to prevent gender-based violence and femicide, violence against children, and with special focus on victims, guaranteeing access to, availability and quality of essential attention services, according to lifecycle and population type (aligned with Strategic Plan outputs 1 and 2).*

30. Key interventions – advocacy and policy dialogue, capacity development, coordination and partnerships, knowledge management and service delivery (where needed) – aim to (a) ensure adequate budget for the implementation of legal and policy frameworks promoting equality and non-discrimination and a life free of gender-based violence; (b) strengthen capacities for the provision of the essential services package for gender-based violence survivors (particularly people with disabilities, indigenous, living in rural areas and migrants) including national and regional exchanges and South-South cooperation; (c) promote the implementation of a comprehensive response and reparation programme for families of victims of femicide; (d) strengthen the multisectoral response, focusing on survivors of sexual violence, especially girls and adolescents with forced pregnancies; (e) generate information and high-quality data on gender-based violence, and knowledge on causes and effects; (f) promote the use of remote and digital modalities to access services in a continuous and adequate manner, encouraging partnerships with the private sector; (g) strengthen the capacities of civil society and users to monitor the quality of gender-based violence services in development and humanitarian contexts; and (h) strengthen the capacities of the members of the gender-based violence subsector to guarantee the continuity of services in humanitarian crises, including the effects of climate change.

31. *Output 5 (UNSDCF joint output). Selected public and private institutions and civil society organizations have strengthened capacities to harmonize, coordinate in a multisectoral manner, design, implement, monitor and evaluate public policies, regulatory frameworks and strategies to change norms, knowledge, attitudes and practices that eliminate gender stereotypes and different intersectional forms of discrimination (aligned to Strategic Plan output 3).*

32. Key interventions – advocacy and policy dialogue, capacity development, coordination and partnerships, knowledge management – aim to (a) promote strategic alliances and platforms (with the Government, civil society, the media, academia, the private sector, United Nations organizations) for awareness-raising and behavioural change communication on zero tolerance to gender-based violence and harmful practices (especially early unions and adolescent pregnancies); (b) strengthen national and local initiatives for the promotion of positive and non-violent masculinities, responsible and care-giving paternities; (c) generate evidence-based dialogue with diverse national and local actors to promote effective and innovative gender-transformative strategies for gender-based violence prevention; and (d) strengthen the capacities of civil society organizations in monitoring human rights, gender equality and gender-based violence.

33. *Output 6 (UNFPA-specific) Adolescence and youth. By 2026, adolescents and youth, particularly women and adolescents, increase their skills and opportunities to prevent unplanned pregnancy and guarantee their bodily autonomy, leadership and participation (aligned to Strategic Plan output 6).*

34. Key interventions – advocacy and policy dialogue, capacity development, coordination and partnerships, knowledge management and service delivery (where needed) – aim to (a) strengthen institutional capacities for the implementation of comprehensive sexuality education programmes, based on international standards, for in-school and out-of-school settings, targeting adolescents and youth of the furthest left behind, including children and young with disabilities or at-risk groups; (b) strengthen and scale-up the gender

transformative municipal model for autonomy of girls and adolescent pregnancy (including second pregnancy) and early union prevention in prioritized territories; (c) support the design of innovative solutions, using information and communication technologies, to bring information on sexual and reproductive rights and on gender-based violence to adolescents and youth; (d) strengthen the capacities of adolescents and youth organizations, particularly of the furthest left behind groups (in rural and poorer areas), for participation and effective leadership in the promotion of gender equality, human rights, sustainable development and peace-building; and (e) support the territorial expansion of sexual and reproductive health services for adolescents and youth.

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

35. The proposed programme will be implemented through implementing partners and other stakeholders, in coordination with the El Salvador Agency for International Cooperation. The country office will support the use of a harmonized approach of cash transfers to manage the financial risk in a coordinated manner with other United Nations organizations.

36. UNFPA has identified the following main risks: (a) the socio-economic impacts of humanitarian crises, including climate change-related disasters and the COVID-19 pandemic; (b) persisting conservative social and political views about sexual and reproductive rights, comprehensive sexuality education, gender equality and LGBTIQ+ rights; (c) insufficient allocation of resources for the population and housing census and other key statistical sources; (d) limited integration of demographic characteristics, population structures and structural inequalities in public policies; (e) insufficient political and financial support to promote the acceleration of the three transformative results; and (f) the impact of citizen insecurity on the programme at national and community levels, limiting access to rights for the populations furthest left behind.

37. UNFPA will adopt the following risk mitigation strategies: (a) supporting the resilience of health and protection systems and advocating for the mainstreaming of sexual and reproductive health and gender-based violence issues in humanitarian response and plans; (b) fostering partnerships to generate evidence-based advocacy and counteract groups against equality and rights; (c) promoting dialogue with high-level authorities for the repositioning and funding of the three transformative results, the national ICPD+25 voluntary commitments and the Montevideo Consensus, and the population census; (d) promoting inter-institutional articulation in favour of public policies and strategies for the furthest left behind groups, especially the poorest people, from rural areas, with disabilities, indigenous people, Afro-descendants, LGTBQ+ people; (e) strengthening the advocacy capacities of civil society organizations for the promotion of rights and equality; (f) developing an ambitious but prudent resource mobilization and partnership strategy; and (g) developing regular environmental analyses to identify risks and develop timely contingency and mitigation measures.

38. UNFPA will consolidate ongoing cooperation agreements while leveraging opportunities for new and innovative partnerships and joint-funding arrangements with the Government and traditional and non-traditional donors, including Salvadorans abroad. For this purpose, it will launch partnership initiatives or platforms around key country programme issues. It will participate in inter-agency initiatives in the United Nations global mechanisms and include the country in relevant regional and global projects and South-South and triangular cooperation opportunities. UNFPA will mobilize resources for the humanitarian response in the areas of its mandate as part of the humanitarian country team.

39. The technical and programme structure of the country office will be strengthened to achieve programme results and to drive the principle of “leaving no one behind” across the three transformative results. The country office staff will work across three main complementary and integrated teams: technical (responsible for programme results and technical assistance); operations (responsible for financial execution), and accelerator (responsible for promoting cross-cutting strategies and partnerships).

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

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

41. UNFPA, the Ministry of Foreign Affairs and the El Salvador Agency for International Cooperation will oversee the implementation of the programme and will hold periodic programme coordination and follow-up meetings.

42. UNFPA will be part of the UNSDCF monitoring and evaluation group, providing contributions to the annual reports and the final evaluation. It will also support UNCT efforts to monitor the implementation of the ‘leaving no one behind’ principle through the development of disaggregated data and indicators.

43. UNFPA will prepare a country programme monitoring and evaluation plan. In cooperation with partners, result-based management will be applied to the entire programme, developing a baseline for all indicators, using data and evidence to guide interventions and establishing periodic learning and accountability mechanisms. Midterm and final evaluations will be carried out, as well as evaluations of the projects implemented with mobilized resources to identify lessons learned and document good practices.

44. UNFPA, in cooperation with the UNCT, will contribute to strengthening the capacities of the National Council for Sustainable Development and other relevant entities to monitor and report about national commitments to the 2030 Agenda, the Montevideo Consensus, ICPD+25 commitments and the Universal Periodic Review, among other international treaties and instruments on human rights.

## RESULTS AND RESOURCES FRAMEWORK FOR EL SALVADOR (2022-2026)

<b>NATIONAL PRIORITY:</b> Development, Protection and Social Inclusion Plan 2019-2024 / Intermediate Result 6.6				
<b>UNSDCF OUTCOME:</b> By 2026, people, especially those in a situation of greater vulnerability and exclusion, will have equitable access to education, health, social services and a comprehensive social protection system, contributing to the reduction of multidimensional poverty and inequality gaps in all their manifestations.				
<b>RELATED UNFPA STRATEGIC PLAN OUTCOME:</b> Unmet need for family planning.				
<b>UNSDCF outcome indicators, baselines, targets</b>	<b>Country programme outputs</b>	<b>Output indicators, baselines and targets</b>	<b>Partner contributions</b>	<b>Indicative resources</b>
<p><u>UNSDCF Outcome indicators:</u></p> <ul style="list-style-type: none"> <li>Unmet family planning demand <i>Baseline: 11% (2020); Target: 8% (2026)</i></li> </ul>	<p>Output 1. (UNFPA-specific). policies and services By 2026, institutions and communities strengthen their capacity to promote and implement policies, plans and protocols as well as accountability mechanisms, adequately funded, for universal coverage and access to sexual and reproductive health information and services, with emphasis on family planning, especially for the furthest left behind populations, in development and humanitarian settings.</p>	<ul style="list-style-type: none"> <li>Annual budget executed by the Ministry of Health for procurement of contraceptive methods (in \$ million) <i>Baseline: 1.9 (2020); Target: 2.2 (2026)</i></li> <li>Number of health facilities that offer contraception services, including long-acting methods, to women, adolescents, and youth, including for the furthest left-behind (people with disabilities, migrants, rural and the poorest populations) <i>Baseline: 30 (2020); Target:130 (2026)</i></li> <li>Percentage of active MLD users (implants and IUD) in the total of women, youth and adolescents, including those in extreme poverty, belonging to populations in conditions of greater vulnerability, in municipalities supported by UNFPA <i>Baseline: 14% (national); Target:20%</i></li> </ul>	<p>Health institutions; Institute of Youth; Child protection institutions, Legislative Assembly; civil society and community organizations; United Nations organizations</p>	<p>\$3.1 million (\$0.6 million from regular resources and \$2.5 million from other resources)</p>
<p><u>UNSDCF Outcome indicators:</u></p> <ul style="list-style-type: none"> <li>Rate of sustainable development indicators produced at the national level with full disaggregation when relevant for the goal, according to the Fundamental Principles of Official Statistics <i>Baseline: 42 (2017); Target: 47 (2026)</i></li> </ul>	<p>Output 2. (UNSDF Joint output). Population changes and data Public institutions have strengthened capacities and technical abilities for the consolidation of the national statistical system, that facilitates access to disaggregated, timely and high-quality data and information, allowing the incorporation of demographic dynamics in development policies and programmes, especially those related to populations that are in a condition of vulnerability.</p>	<ul style="list-style-type: none"> <li>Number of statistical tools that include disaggregated data applying key stratifiers generated with support from UNFPA, including in humanitarian situations <i>Baseline: 0; Target: 2</i></li> <li>Number of national organizations that participate in follow-up actions of the ICPD Programme of Action and the ICPD+25 Summit Nairobi voluntary commitments <i>Baseline: 0; Target:3</i></li> <li>Number of knowledge products that generate information about the three transformative results and the demographic dynamics produced, including population situation analysis, with a focus on those furthest left behind (youth, elderly, disabilities and indigenous people), with support from UNFPA <i>Baseline: 1; Target:5</i></li> </ul>	<p>Department of Statistics and Census; Vice-presidency; Ministry of Economy; Ministry of Education; Ministry of Foreign Affairs; El Salvador Agency for International Cooperation; municipal offices; academia; United Nations organizations; civil society organizations</p>	<p>\$1.2 million (\$0.6 million from regular resources and \$0.6 million from other resources)</p>
<b>NATIONAL PRIORITY:</b> Development, Protection and Social Inclusion Plan R5.3 and National policy to support early childhood development R1.2				

<b>UNSDCF OUTCOME:</b> By 2026, people, especially those in a situation of greater vulnerability and exclusion, have equitable access to education, health, social services and comprehensive social protection systems, contributing to the reduction of multidimensional poverty and inequality gaps in all their manifestations.				
<b>RELATED UNFPA STRATEGIC PLAN OUTCOME:</b> Preventable maternal deaths				
<b>UNSDCF outcome indicators, baselines, targets</b>	<b>Country programme outputs</b>	<b>Output indicators, baselines and targets</b>	<b>Partner contributions</b>	<b>Indicative resources</b>
<p><u>UNSDCF Outcome indicators:</u></p> <ul style="list-style-type: none"> <li>Maternal mortality ratio: <i>Baseline: 41.76 per 100,000 live births (2020);</i> <i>Target: 36 per 100,000 live births (2026)</i></li> </ul>	<p>Output 3. (UNFPA-specific) By 2026, institutions, organizations and communities strengthen their capacities to promote and implement policies, plans, programmes and accountability mechanisms to reduce preventable maternal mortality, responding to the needs of the territories and of the most forgotten populations.</p>	<ul style="list-style-type: none"> <li>Percentage of facilities that guarantee the comprehensive SRH package, including the provision of inputs for attention to maternal and perinatal health and the management of obstetric complications <i>Baseline: 49%; Target: 85%</i></li> <li>Number of municipal plans of humanitarian response that integrate the MISP in emergencies in municipalities supported by UNFPA <i>Baseline: 0; Target: 10</i></li> <li>Number of regulations that adapt SRH services to the needs of adolescents, indigenous people, people living in rural areas, people with disabilities, LGTBIQ+, people in situations of human mobility and people in extreme poverty <i>Baseline: 0; Target: 5</i></li> <li>Number of services in municipalities supported by UNFPA that collect data and assess satisfaction with respectful maternal care and essential obstetric and neonatal care in the framework of the service quality platform of the Ministry of Health <i>Baseline: 0; Target: 20</i></li> </ul>	<p>Ministry of Health; Council for the Inclusion of People with Disabilities; First Lady's Office; ENIPENA Committee; Legislative Assembly; United Nations organizations; civil society organizations</p>	<p>\$1.4 million (\$0.8 million from regular resources and \$0.6 million from other resources)</p>
<b>NATIONAL PRIORITY:</b> Development, Protection and Social Inclusion Plan R6.				
<b>UNSDCF OUTCOME:</b> By 2026, all people, especially those in a situation of greater vulnerability, mainly due to gender inequalities, increase their participation and inclusion in the political, social and economic sphere and exercise their right to a life free of violence and discrimination more fully.				
<b>RELATED UNFPA STRATEGIC PLAN OUTCOME:</b> Gender-based violence and harmful practices.				
<b>UNSDCF outcome indicators, baselines, targets</b>	<b>Country programme outputs</b>	<b>Output indicators, baselines and targets</b>	<b>Partner contributions</b>	<b>Indicative resources</b>
<p><u>UNSDCF Outcome indicators:</u></p> <ul style="list-style-type: none"> <li>Percentage of women and girls that have suffered physical, sexual or psychological violence from their current or previous partners in the last 12 months <i>Baseline: sexual violence: 1.7%</i></li> </ul>	<p>Output 4. UNSDCF joint output (Policies and services). Selected public institutions have strengthened capacity to design, develop and implement public policies, regulatory frameworks and strategies with budgets assigned to prevent gender-based violence and</p>	<ul style="list-style-type: none"> <li>Number of women, adolescents, and youth (disaggregated by key stratifiers) that benefit from essential attention services for gender-based violence in the municipalities with interventions from the UNFPA, with a special focus on girls and adolescents, migrants and returnees and women with disabilities <i>Baseline: No; Target: 1500</i></li> <li>Number of national humanitarian response plans that integrate an approach to GBV centred on survivors,</li> </ul>	<p>Institute for the Development of Women; Ministry of Education; Ministry of Health; Institute of Youth; child protection institutions, justice institutions; Ministry of Local Development;</p>	<p>\$1.6 million (\$0.6 million from regular resources and \$1.0 million from other resources)</p>

<p>(2017); Target: 1.2% (2026)</p> <ul style="list-style-type: none"> <li>Percentage of state institutions that implement specific mandates to promote access to a life free of violence for women Baseline: 71.4% (2020); Target: 100% (2026)</li> </ul>	<p>femicide, violence against children, and for specialized attention to victims, guaranteeing access to, availability and quality of essential attention services, according to lifecycle and population type.</p>	<p>with support from UNFPA Baseline: 1; Target:6</p> <ul style="list-style-type: none"> <li>Number of service providers trained on multisectoral response to gender-based violence according to international standards with support from UNFPA Baseline: 800; Target:4000</li> </ul>	<p>national civil protection system; Ombudsman’s Office; civil society organizations; United Nations organizations</p>	
<p><u>UNSDCF Outcome indicators:</u></p> <ul style="list-style-type: none"> <li>Percentage of state institutions that implement at least two instruments of the equality and eradication of discrimination policies. Baseline: 64.4 (2019); Target: 70 (2026)</li> <li>Specific fertility rate in adolescents aged 15-19 years Baseline: 48.04 (2019); Target: 43.04 (2026)</li> <li>Percentage of girls and adolescents aged 12-17 years that have or have had a marriage or non-marriage relationship Baseline:Rural:61.6%;Urban:38.4% (2019); Target: Rural: 56% Urban: 33% (2026)</li> </ul>	<p>Output 5. (UNSDF) joint output Selected public and private institutions and civil society organizations have strengthened capacities to harmonize, coordinate in a multisectoral manner, design, implement, monitor and evaluate public policies, regulatory frameworks and strategies to change norms, knowledge, attitudes and practices that eliminate gender stereotypes and different intersectional forms of discrimination.</p>	<ul style="list-style-type: none"> <li>Number of national and local initiatives promoted to eliminate discriminatory regulations, stereotypes and social and gender practices, as well as gender violence and harmful practices Baseline: 0; Target: 8</li> <li>Number of organizations, networks, and coalitions of men in active advocacy for the achievement of transforming results with support from UNFPA Baseline: 0; Target:3</li> <li>Number of initiatives of capacity strengthening destined to CSOs of women (with emphasis on grassroots organizations, indigenous, women with disabilities, migrants and rural populations) for the monitoring of human rights and the promotion of equality and non-discrimination, supported by UNFPA Baseline: 1; Target:3</li> </ul>	<p>Institute of Youth; Ministry of Culture; academia; media, cultural and faith-based organizations</p>	<p>\$1.6 million (\$0.6 million from regular resources and \$1.0 million from other resources)</p>
<p><u>UNSDCF Outcome indicators:</u></p> <ul style="list-style-type: none"> <li>Specific fertility rate in adolescents aged 15-19 years Baseline: 48.04 (2019); Target: 43.04 (2026)</li> <li>Percentage of girls and adolescents aged 12-17 years who have or have had a marriage or non-marriage relationship Baseline:Rural:61.6%; Urban:38.4% (2019); Target: Rural: 56%; Urban: 33% (2026)</li> </ul>	<p>Output 6. (UNFPA-specific) By 2026, adolescents and youth, particularly women and adolescents, increase their skills and opportunities to prevent unplanned pregnancy and guarantee their bodily autonomy, leadership, and participation</p>	<ul style="list-style-type: none"> <li>Number of health facilities that apply standards for the attention of adolescents Baseline: 30; Target: 150</li> <li>Number of students that receive CSE under international standards with support from UNFPA, focused on indigenous, disabilities, migrants, rural, children and adolescents. Baseline: 13,380; Target: 25,020</li> <li>Number of girls in conditions of vulnerability that have access to programmes that promote their bodily autonomy and skills for life with support from UNFPA Baseline: 398; Target: 6,645</li> <li>Number of municipalities that implement the model of adolescent pregnancy prevention in the framework of the ENIPENA with support from UNFPA Baseline: 10; Target: 20</li> </ul>	<p>Ministry of Health; Ministry of Education, Science and Technology; Institute of Youth; child protection institutions; civil society and community organizations; United Nations organizations; international cooperation</p>	<p>\$4 million (\$0.6 million from regular resources and \$3.4 million from other resources)</p> <p>\$0.2 million: Programme coordination and assistance</p>

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