

## Country Programme Performance Summary

<b>A. Country Information</b>		
Country name: El Salvador		
Category per decision 2013/31: Yellow	Current programme period: 2016-2021	Cycle of assistance: VIII

<b>B. Country Programme Outputs Achievement</b> <i>(please complete for all your CP outputs)</i>
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**Output 1: Increased capacity of the Ministry of Health to incorporate human rights and gender equality approaches into the provision of integrated quality sexual and reproductive health services, including in humanitarian settings**

Indicators	Baseline	Target	End-line data
Number of guidelines and standards developed with technical support from UNFPA and adopted by the Ministry of Health that include gender and human- rights approach to the provision of sexual and reproductive health services	<i>0</i>	<i>4</i>	<i>5</i>
National capacity to implement Minimum Initial Service Package at the onset of a crisis in place	<i>No</i>	<i>Yes</i>	<i>Yes</i>
National strategy for social behaviour change, communication strategies for adolescent and youth, including from key populations, in place	<i>No</i>	<i>Yes</i>	<i>Yes</i>
Number of national institutions supported by UNFPA that implement the comprehensive condom programming strategy	<i>0</i>	<i>1</i>	<i>1</i>

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

During the VIII Country Programme, UNFPA in El Salvador contributed to developing the national capacities of the Ministry of Health (MINSAL) through interventions that enabled: (i) securing gender, human rights, and non-discrimination approaches in the sexual and reproductive health regulatory frameworks; (ii) implementing policies and timely measures in sexual and reproductive health and sexual and reproductive rights; (iii) introducing FP management tools; (iv) diversifying the contraceptive basket; and (v) modernizing sexual and reproductive health care services for young people and adolescents. Thus, UNFPA contributed to strengthen the country's health care reform, which prioritized comprehensive health care with a family and community approach in sexual and reproductive health. The high-level advocacy informed by knowledge management, multi-stakeholder coordination, and the commitment from the Ministry of Health is one of the key success factors.

The interventions were aimed at making changes in the following areas:

1. **Changes in public policy approaches:**

UNFPA contributed to amplifying the national health care reform whose perspective of comprehensive care with a family and community approach defined sexual and reproductive health as a general state of well-being. With the support of UNFPA, the Ministry of Health adopted the human rights, gender, and generational perspective in its management plans and tools, thus strengthening health care services. It further integrated the promotion, prevention, and protection of sexual and reproductive rights.

In addition, from the gender perspective, UNFPA collaborated with bringing to the forefront the pregnancy of girls and adolescents as a comprehensive health problem and a human rights issue, which is linked to gender-based violence and failure of the social protection system. This link helps understand sexual and domestic violence towards girls and adolescents as a violation of sexual and reproductive rights.

From a human rights perspective, the Country Office helped broaden the understanding of obstetric care. The “Technical Guidelines for the care of women during the pre-conception, prenatal, childbirth, puerperium, and newborn period” adopted an approach based on the promotion, prevention, and care of complications, and introduced the concept of “obstetric violence” (delay in providing urgent medical care during childbirth, indifference to requests from the pregnant woman, inadequate provision of information, inadequate treatment of pain). The generational perspective served to frame the need to improve sexual and reproductive health services for young people and adolescents, considering them as *subjects of rights* in decision-making processes and ensuring their “best interests”.

## **2. Changes in Regulatory Frameworks:**

The Country Office assisted in the modernization and expansion of the regulatory frameworks for sexual and reproductive health care to guarantee universal access and remove all kinds of discrimination. UNFPA contributed to standardizing the technical procedures and the conceptual and legal bases that are mandatory for National Health System institutions and the Salvadoran Social Security Institute. The Country Office contributed to the improvement of relevant standards to reduce maternal mortality and obstetric risk. The “Technical Guidelines for the care of women during the pre-conception, prenatal, childbirth, puerperium, and new-born period” (which updated the 2011 version) aimed to reduce maternal and infant morbidity and mortality (a goal of the National Health Policy and the SDGs), adding provisions to identify women that are at high reproductive risk. These guidelines establish norms to manage morbidity and mortality related to sexual and reproductive health, HIV transmission, and planning comprehensive sexual and reproductive health services in the early phases of a humanitarian emergency, and the use of MISPP. In addition, these regulations proved to be appropriate to improve the response to sexual and mother-to-child transmission of the Zika virus, particularly for health personnel in the municipalities that were affected the most (Chalatenango, Cabañas, and Cuscatlán).

Moreover, the Country Office supported the strategy for humanized care in childbirth, which included the prevention of obstetric violence and clinical post abortion care. UNFPA provided technical assistance to prepare a protocol that facilitate clinical care for women who experienced abortions at the Sonsonate Hospital.

The Country Office supported other regulations with operational guidelines to reduce maternal morbidity and mortality: the “Technical Guidelines for the Application of the Yellow Code in the Integrated and Comprehensive Health Service Network, *RIIS*” for sepsis detection and management, and the “Technical Guidelines for the Application of the Orange Code in the Integrated and Comprehensive Health Service Network, *RIIS*” for the detection and management of hypertension associated with pregnancy. UNFPA supported the dissemination and implementation of the Red Code for the prevention and management of obstetric haemorrhaging. It also helped with the updating of gynaecologists certified in the management of extreme morbidities (sepsis, haemorrhaging, and hypertension), resourcing 28 maternity hospitals with capacities to address the main causes of perinatal maternal morbidity and mortality in the country.

The Country Office collaborated with the updating of the “Technical guidelines for the provision of contraceptive services”, in consultation with the National Health Forum. The guidelines included the latest 2015 WHO recommendations, with specific sections for special populations such as adolescents, prescribing sexual and reproductive health counselling throughout all health levels, and guidelines for the registration and control of contraceptive supplies.

UNFPA made contributions for the adoption of specific regulations to provide care to adolescents and young people on sexual and reproductive health, which resulted in the "Technical guidelines for comprehensive health care for adolescents and young people in the Integrated and Comprehensive Health Service Network [RIIS]" in 2018. These guidelines are the first of their kind in the country and provide standards to develop “friendly” services to procure differentiated services, areas, and consultations for adolescents. Also, a proposal for a manual on sexual and reproductive health care for adolescents was prepared for use at the *Ciudad Mujer Joven* Programme.

The guidelines contributed to the institutionalization of deliveries and births, achieving 99.2% in 2018. These regulations contributed to the reduction of the maternal mortality ratio, which in 2018 was 28.6 per 100,000 live births. In the Universal Periodic Review (UPR) Report, El Salvador highlighted the significant decrease in maternal morbidity and mortality as a human rights achievement. This entailed a 29% reduction compared to 2015 (before the start of the current programme cycle). Furthermore, it is worth noting that in 2015, the Ministry of Health excluded maternal suicide from the calculation of the ratio, therefore the decrease recorded may be less. Due to the maternal mortality increased registered in 2020, UNFPA provided technical assistance to the Ministry of Health to develop guidelines for remote care for pregnant women through a telecare service to prevent complications during pregnancy and maternal deaths.

### **3. Institutional strengthening:**

Within the framework of the Co-Financing Agreement between the Ministry of Health and UNFPA (2016-2021), the Country Office collaborated with the strengthening of universal and quality sexual and reproductive health services. This agreement served to provide technical assistance from UNFPA to the Ministry of Health in the logistical management of medicines, implementation and expansion of the Strategy for the Assurance of Medicines and Health Supplies for Sexual and Reproductive Health (AISRR), and monitoring and record-tracking of active users of contraceptive methods, as well as sexual and reproductive health supplies procurement and distribution.

UNFPA collaborated with planning the availability of Sexual and Reproductive Health and FP drugs and supplies at the MINSAL. The Country Office promoted the incorporation of a committee with government actors to improve the logistics chain to overcome shortages. A diagnosis of the logistics management gaps was done with South/South Cooperation and the advice of PRISMA. This led to readapting the technical skills of specialized vendors for pharmacies, who improved the dispensation alternatives. The Ministry of Health took the first steps to implement a technical proposal to improve the logistical management of sexual and reproductive health medical supplies to cut down the delivery times of contraceptive supplies in the Ministry of Health regional warehouses and, in addition, the pharmacies of the seven most important hospitals in the country were strengthened.

UNFPA contributed to the standardization of the recording, management, and data on users of permanent methods since this information is necessary for planning the procurement of sexual and reproductive health supplies as well as other management decisions. The Country Office contributed to the improvement of the Information System of the Ministry of Health by including 193,646 users of permanent methods and improving the coordination of health levels to generate reliable data on the indicator "Active users of family planning".

Moreover, UNFPA facilitated professional updating for health professionals in the management and use of contraceptives, especially long-acting methods (IUD and subdermal implants) as well as other modern temporary methods. In addition, support was provided to the Ministry of Health to create communication campaigns on

contraception, reproductive risk, preconception care, pregnancy, sexual violence, early unions, and the prevention of adolescent pregnancy. These interventions help eradicate prejudices and reserves of health care staff to strengthen contraceptives promotion and provision, and improve the quality of contraceptive counselling.

UNFPA is providing support to the Ministry of Health in the adoption of eight of the WHO quality standards for sexual and reproductive health care for adolescents. In coordination with the Latin America and the Caribbean Regional Office, progress was made to harmonize the required information, through South/South Cooperation (with training provided by the University of Santiago, Chile). With the “Project for strengthening the protection and exercise of sexual and reproductive rights by promoting a reduction in adolescent pregnancy and gender-based violence in Central America”, we contributed to enhance 30 health facilities (3 hospitals and 27 Community Family Health Facilities) with the adaptation of an area for differentiated care for adolescents, provision of equipment and supplies for sexual and reproductive health, to ensure the provision of comprehensive health services. With the support of REPROLATINA: personnel from the health facilities of the target municipalities were trained to build capacity to provide differentiated care; UNFPA designed educational tools on Comprehensive Sexuality Education outside of the classroom to support health care providers, and ludic kits were handed out to develop methodologies with adolescents. In a humanitarian emergency, UNFPA supported the training of health personnel in the use of MISP for sexual and reproductive health care (including sexual violence).

The greater availability of contraceptives favoured the reduction of adolescent pregnancies. In 2015, 30% of all pregnant women were girls and adolescents, whereas, in 2017, it was 28%. In absolute numbers, there were 656 fewer pregnancies in the 10-14 age group and 5,098 fewer in the 15-19 age group, amounting to 5,754 fewer pregnant adolescents between 2015 and 2017. The decline is observed, mostly, between the ages of 15 to 19. The reduction among girls aged 10 to 14 did not occur with the same intensity, which is a remaining challenge since these cases are usually the result of sexual violence.

**Output 2: Strengthened capacities of young people to advocate for the development and implementation of comprehensive laws, policies, and regulations on sexual and reproductive health and rights, including comprehensive sexuality education, and the provision of care in humanitarian contexts, focused on the protection of very young adolescent girls aged 10-14 years**

Indicators	Baseline	Target	End-line data
Number of subnational offices of the Ministry of Education that implement comprehensive sexuality education in schools with UNFPA support	0	7	7
Youth platforms supported by UNFPA that advocate with national and local decision-makers for increasing investment in youth and adolescent programmes	0	3	3

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

The Programme supported processes for young people and adolescents' empowerment as agents of change in Sexual and Reproductive Rights, Gender-Based Violence, and Comprehensive Sexuality Education. The interventions carried out renewed the State's policies and actions in matters of adolescence and youth, particularly in sexual and reproductive rights. In addition, UNFPA collaborated strengthening youth leadership in tune with the B axis of the Montevideo Consensus and worked with innovative practices with the Faith-based organizations.

Interventions in Adolescents and Young People refer to youth participation in the sexual and reproductive health agendas and services; plans and programmes and coordination with social organizations to promote comprehensive sexuality education and sexual and reproductive rights of young people and adolescents. These steps led to

institutional, social, and cultural processes that contributed to reducing pregnancies in teenage girls and gender-based violence.

The interventions were aimed at generating changes in the following areas:

**1. Public policy approaches:**

UNFPA interventions contributed to updating the approaches of State policies and actions concerning adolescents and young people, particularly on sexual and reproductive rights, promoting an inter-institutional and participatory methodology. The adoption of these approaches was reflected in the “2016-2019 Intersectoral Strategic Plan for Comprehensive Health Care for Adolescents and Young People” drafted in a highly participative planning process. This plan adopted gender and human rights concepts that were not present in its previous version (2012-2014). In coordination with the National Youth Institute (INJUVE), UNFPA contributed to update the generational perspective, introducing sexual and reproductive rights, and adolescent pregnancy as a core aspect to build autonomous life projects. One innovation was the introduction of Comprehensive Sexuality Education and Sexual and Reproductive Health in the “*Jóvenes con Todo*” employability programme (for young people of working age in conditions of vulnerability) by training 31 technicians from 11 programme locations on sexual and reproductive health.

UNFPA supported and led the development of the 2017-2027 National Intersectoral Strategy for the Prevention of Pregnancies in Girls and Adolescents (ENIPENA), whose general objective is to “Eliminate Pregnancy in girls and adolescents through coordinated intersectoral interventions integrating a human rights, gender, and inclusion-based approach that facilitates the empowerment of girls and adolescents to reach their full development”. This strategy was approved in 2017 by the Government of El Salvador.

**2. Institutional strengthening:**

For the implementation of ENIPENA, the Country Office requested support from the government of Canada for the regional project "Strengthening the promotion, protection, and exercise of sexual and reproductive rights by promoting the reduction of teenage pregnancies and gender-based violence in Central America", from 2018 to 2021 in the municipalities of Santa Ana, Ahuachapán, Izalco, Acajutla, Colón, San Martín, Soyapango, San Miguel, Jiquilisco, and Usulután, involving national institutions (Health, Education, Child protection) and CSO's.

UNFPA supported the efforts and strengthened the capacities of the Youth Parliamentary Group of the Legislative Assembly, whose agenda prioritized education and employment; prevention of pregnancy and abuse during childhood and adolescence, political and civic participation of youth, among others. Efforts were made with different parliamentarians to submit draft laws on comprehensive sexuality education.

UNFPA supported a plan for the implementation of Comprehensive Sexuality Education in the educational system from the kindergarten (initial) level up to high school and linked comprehensive sexuality education to gender-based violence. It further supported the preparation of notebooks for students from 7<sup>th</sup> to 9<sup>th</sup> grade and the updating of "Methodological guides for teaching in the classroom" and the "Technical guidelines for Educational Circles with Pregnant Adolescents". The Country Office supported a specialized course on Comprehensive Sexuality Education (additional to the existing basic one), with greater complexity of knowledge. As a result, the curriculum was updated and there was continuous teacher training, and, for the first time, Comprehensive Sexuality Education was introduced in higher education.

At the field level and within the framework of the "Canada Project" and the "Spotlight Initiative", the Country Office trained 559 teachers from 437 schools on Comprehensive Sexuality Education, in coordination with the

departmental offices of the MINED in Santa Ana, Ahuachapán, Sonsonate, La Libertad, San Salvador, San Miguel, and Usulután. These municipalities belong to the seven subnational offices of the Ministry of Education. Within the framework of the intersectoral approach, UNFPA trained 1,330 adolescent health professionals to link health and education.

UNFPA supported the INJUVE by training the Youth Centres technical personnel on Comprehensive Sexuality Education, through resources mobilized from the United Kingdom and Canada. As a result, INJUVE is doing the adolescent pregnancy prevention campaign “*Yes to Choice, No to Chance*” which trained a network of youth facilitators working in the field (Sonsonate, Ahuachapán, Ilopango, Mejicanos, Berlin, San Francisco Gotera).

### **3. Changes in social imaginaries**

UNFPA also contributed to transform stereotypes and beliefs by developing research-based communication strategies on social media. UNFPA was present at events to exchange key policy ideas to influence stakeholders’ viewpoints, such as the annual forum “Good practices in comprehensive adolescent health with emphasis on pregnancy prevention” promoted by the Ministry of Health and the Intersectoral Partnership for Adolescents for professionals, institutions and social organizations. Also, UNFPA promoted the “First Intergenerational and Regional Comprehensive Sexuality Education Congress” in El Salvador (in 2019), with the collaboration of the Latin America and the Caribbean Regional Office. The final declaration positioned comprehensive sexuality education as a “tool for empowerment”.

A Diploma Course for pastors was done in association with the Universidad Evangélica and the ACT Alliance. The participants pointed out the need to raise awareness on gender-based violence and sexual and reproductive health among their churches and members, acknowledging that institutions (including the churches) are areas where violence is exerted against girls and young women.

UNFPA supported the review of the draft “Law on Education in Affectivity and Responsible Sexuality”, rejected by the Legislative Assembly in 2018. Despite this setback, the Youth Parliamentary Group placed Comprehensive Sexuality Education on its Parliamentary Agenda and the Country Office took this window of opportunity to raise awareness among policymakers and provide support to prepare a new Framework Law draft for the comprehensive development of education and teaching on sexuality, during 2019.

### **4. Empowerment of adolescents and young people**

The Country Office collaborated with participatory processes for the empowerment of young people as agents of change in Sexual and Reproductive Rights, Comprehensive Sexuality Education, and Gender-Based Violence, with over 25 youth organizations and networks, in line with priority action B of the Montevideo Consensus.

UNFPA fostered spaces for the coordination and dialogue between state and social organizations, supporting the preparation of the official report for the Regional Conference on Population and Development in Lima, Peru. It was an unprecedented experience open to debates, and concluded with the development of a national population policy draft.

UNFPA collaborated with the construction of local youth, peace, and security agendas, in response to Resolution 2250. A consultation process was done with youth organizations and networks on Comprehensive Sexuality Education, Sexual and Reproductive Rights, and Gender-Based Violence, prioritizing four municipalities (Sonsonate, Jiquilisco, Tecoluca, and Ciudad Delgado). These agendas linked the SDGs and the Montevideo Consensus. This process consolidated a follow-up group, with local working groups (tables) and a reflection on

the need to strengthen the youth law and the INJUVE's institutional framework to enhance the participation of young women as agents of peace and development.

Another outcome was the rise of youth leaders in the regional and international stage who participated in the *Juventudes Ya! Towards ICPD+25* camp from UNFPA in Latin America and Nairobi. The 35 young participants made 25 commitments for the full implementation of the Montevideo Consensus and the ICPD Programme.

The Country Office supported the social participation processes of territorial networks and the national coordination of youth organizations to develop adolescent-friendly sexual and reproductive health services. This led to drafting a methodological proposal to improve sexual and reproductive health services from the perspective of young people.

**Output 3: Strengthened capacities of national government institutions and civil society organizations to incorporate gender-based violence prevention and care and sexual and reproductive rights into national policies and programmes, focused on very young adolescent girls, youth, and women.**

Indicators	Baseline	Target	End-line data
Number of public institutions supported by UNFPA that comply with Universal Periodic Review recommendations on the sexual and reproductive rights of women, girls, and adolescents	0	2	5
Number of civil society organizations supported by UNFPA that implement a social monitoring mechanism on sexual and reproductive rights	0	4	6
Number of public institutions supported by UNFPA that implement a specialized system to provide attention and care to adolescent girls survivors of sexual violence	0	3	7

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

The Country Programme contributed to consolidating intersectoral public policies to address gender inequality and developing capacities to address sexual violence and pregnancy of girls and adolescents (in compliance with SDG 5 and the mandate of the Strategic Plan 2018-2021). In addition, UNFPA collaborated with the renewal of frameworks of public policies and intersectoral methodologies. As a result, it was possible to sensitize government decision-makers and legislators on these issues and position the sexual violence and pregnancy of girls and adolescents as severe violations of rights.

Gender Equality interventions were based on the need to develop plans and programmes that bring about cultural changes among State personnel; the construction of a specialized system to provide attention to gender-based violence; and, social agreements that enable girls and adolescents to exercise their sexual and reproductive rights. The progress made allowed for institutional processes and behavioural changes contributing to the reduction of teenage and girls' pregnancies, the early union of women, and the epidemic rates of femicide.

The interventions were aimed at contributing to four components:

**1. Changes in public policy approaches:**

UNFPA contributed to updating public policy analytical frameworks: it introduced the youth and generational perspective in gender policies and introduced women's empowerment in youth and child protection policies.

The Country Office helped converge two usually separate rights agendas; women's rights and children's rights, placing the human rights of *adolescent girls* at this intersection. ISDEMU and the *Ciudad Mujer* Program included the pregnancy of girls and adolescents as gender-based violence and contributed to overcoming an adult-centred approach. In turn, the National Council for Children and Adolescents (CONNAs) and the Salvadoran Institute for the Comprehensive Development of Children and Adolescents (ISNA), adopted the pregnancy of girls and adolescents as a violation of sexual and reproductive rights.

The Country Office collaborated in expanding gender-based violence dimensions helping to place obstetric violence, harassment in public transportation, and sexual harassment in the workplace on the public agenda. Regarding human trafficking and the trafficking of persons for sexual exploitation, UNFPA positioned the issue with the interagency project "Prevention of Violence against Women, Trafficking, and Femicide in Central America" (BA1)

## **2. Regulatory frameworks:**

UNFPA contributed to generating greater adherence to the treatment of sexual and reproductive rights regulations as a way to ensure the empowerment of women and girls. with the argument that "the pregnancy of girls and adolescents should be considered one of the forms of violence that most impacts the personal aspirations and health of this population group", the Country Office promoted the prohibition of child marriages. In coordination with the Latin America and the Caribbean Regional Office and as part of an interagency initiative (with UNICEF and UN Women), the Family Code was reformed in 2017 with the full support of the congress representatives present at the session, without any abstentions or opposing votes to Legislative Decree 754/2017.

UNFPA provided argumentative inputs to the Legislative Assembly based on the study "Maternity and union in girls and adolescents: Consequences of the violation of their rights" and the "2015 Map of pregnancies in girls and adolescents in El Salvador". By linking the pregnancy of girls under the age of 18 to sexual violence, the idea of a girl starting a family at an early age was challenged as well as the stigmas on female sexual behaviour. In summary, the Country Office contributed to the elimination of harmful practices in compliance with UNFPA's transformative results and contributed to SDG 5, which proposes the elimination of child, early, and forced marriages.

UNFPA provided technical assistance to the Intergovernmental Commission on Sexual and Reproductive Rights convened by the Government of El Salvador to provide a regulatory response to the petition of the "*Campaign of the 17*", a social movement with an international scope aimed to release 17 women who have been incarcerated due to abortion. Along with the Office of the United Nations High Commissioner for Human Rights (OHCHR), UNFPA provided support with systematic evidence for the institutional debates held based on these claims.

## **3. Institutional strengthening:**

The Country Programme contributed to the consolidation of intersectoral public policies to address gender inequality. ENIPENA is one of the most emblematic outcomes. The Government recorded this policy as the greatest recent achievement for gender equality in the country report for the XIV Regional Conference on Women.

The decisive role of UNFPA in the ENIPENA Strategy is acknowledged by different government and civil society actors, due to the high quality of its technical, specialized, and scientific assistance.

Furthermore, UNFPA contributed to anchor the ENIPENA in the field by implementing a comprehensive model of action at community levels through the "Project for strengthening the protection and exercise of sexual and reproductive rights by promoting a reduction in adolescent pregnancy and gender-based violence in Central

America”. This will help to work in a coordinated manner on the dimensions of gender equality and women’s empowerment, gender-based violence, sexual and reproductive rights, and youth. These interventions prioritize the protection of the rights of women aged 10 to 14 (considered to be *rights holders*), the promotion of violence-free schools that possess knowledge on Comprehensive Sexuality Education, and the provision of Sexual and Reproductive Health services that are friendly to adolescents and young people. Within the framework of these interventions, a total of 150 young people from 7th to 9th grade were recipients of educational scholarships, in 10 municipalities selected by the ENIPENA Technical Committee from among 25 municipalities prioritized due to their pregnancy and Gender-Based Violence rates. The young women belong to 300 educational centres identified by MINED as lacking any other type of program support.

On Gender-Based Violence, the Country Office sought to position the victims at the centre of comprehensive care. To this end, it supported the strengthening of the capacities of the Salvadoran Institute for the Development of Women.

The efficacy of UNFPA support can be observed in the expansion of the National Care System specialized in violence, which manages and coordinates the responses from the State for the care provided to Gender-Based Violence victims. As part of the Spotlight Initiative, the Country Office supported the Monitoring System of the Comprehensive Care Units Specialized in Violence (UIAEM) and the National Care System as a whole. This has facilitated comprehensive and inter-institutional care for victims and is aimed at incorporating the Essential services package for women and girls facing violence international standards.

Furthermore, UNFPA contributed to the intervention strategies on Gender-Based Violence in different institutions such as the “Strategy for the Prevention of Femicide and Sexual Violence” and the “Strategy for the prevention and care of sexual violence in girls under the age of 18.”

At the *Ciudad Mujer Joven* Programme, UNFPA supported the "Strategy for the prevention of sexual violence in schools", introducing novel and appropriate actions for young people and adolescents, with age-appropriate recreational components in the Department of Santa Ana and Usulután and municipalities such as San Martín.

The Country Office provided technical assistance for Gender-Based Violence and Sexual and Reproductive Health courses at the National Training School for Substantive Equality, training State staff on gender-based violence.

Lastly, UNFPA supported ISDEMU in the provision of over 400 emergency kits for migrant caravans going to the United States, in partnership with UN Women, the Ministry of Health, and the General Directorate of Migration.

#### **4. *Changes in social imaginaries:***

UNFPA contributed to changing stereotypes and cultural beliefs that beget gender discrimination and the subordination of women. To this end, advocacy and political dialogue relied on a communications strategy developed by the Country Office to achieve widespread dissemination of the transformative messages. Furthermore, UNFPA collaborated with campaigns on femicide violence, gender-based violence, and sexual violence such as: “*Let’s break the silence*”, “*Violence against women is violence against society*” and “*Let’s put an end to longstanding impunity*”, and REDFEM, which raised awareness on the LEIV and attained accession from the judicial sector (RED-FEM 2018).

UNFPA developed actions to promote girls' empowerment, such as the "Lideresas por la Vida" platform, which facilitated access to awareness and information on the prevention of gender-based violence, health, and reproductive rights.

Similarly, through the Spotlight initiative, the country office developed the group "Tejedores de equidad." UNFPA developed this initiative with a group of men from different organizations that promoted the change of cultural norms from positive masculinities.

**Output 4 y 5: Population Dynamics**

**Output 4. "Strengthened capacities of national institutions to generate, use and disseminate timely, high-quality disaggregated socio-demographic data for evidence-based decision-making."**

Indicators	Baseline	Target	End-line data
Surveys and/or administrative registries conducted with UNFPA support where key domestic variables related to demographic dynamics have been included (sexual and reproductive health, migration)	1	2	3
Number of national institutions supported by UNFPA that generate sociodemographic and reproductive health data based on harmonized methodology allowing for aggregating data and comparability	0	3	4
Number of new or updated disaggregated sociodemographic databases accessible to the public to enable the follow-up of socioeconomic and demographic inequalities.	7	10	10

**5. "Strengthened capacities of government institutions and civil society organizations in analysis and utilization of sociodemographic evidence to incorporate population dynamics into public policies and programmes related to sexual and reproductive health and gender equality, focused on adolescents and youth, including in humanitarian contexts"**

Indicators	Baseline	Target	End-line data
Number of studies and reports developed with UNFPA support that address population dynamics to identify development trends in sexual and reproductive health, gender and youth	8	16	13
The country has conducted the population situation analysis with UNFPA support	0	1	1
Number of public policies developed with UNFPA support to protect the rights of migrants and their families	0	1	1

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

UNFPA, within the framework of interventions related to demographic dynamics, focused its contributions on the generation of scientific evidence that would improve the services provided by the State on Sexual and Reproductive Health, Gender-Based Violence, and migration. The systematic evidence provided on the Salvadoran reality by the Programme made the country's development challenges visible, offering evidence about the magnitude of the problems and placing them on the public and institutional agenda. The interventions: (i) positioned the need for a Population and Housing Census as a central input for planning, (ii) showed the relevance of investment in youth for sustainable development, (iii) collaborated with the formulation of public policies on migration and population issues, (iv) provided information for actions on GBV, and (v) supported the country in following up on its international commitments.

During the execution of the programme, UNFPA supported and contributed to knowledge products, surveys, and polls to the country, among them:

<i>Knowledge Products</i>	<i>Year</i>
<i>Maternity and union in girls and adolescents: Consequences of the violation of their rights [Sp. Maternidad y unión en niñas y adolescentes: Consecuencias en la vulneración de sus derechos] (UNFPA, MINSAL, ISNA, ISDEMU, CONNA, INJUVE)</i>	2016
<i>Map of pregnancies in girls and adolescents in El Salvador [Sp. Mapa de embarazos en niñas y adolescentes en El Salvador] 2015 (UNFPA)</i>	2016
<i>Map of pregnancies in girls and adolescents in El Salvador [Sp. Mapa de embarazos en niñas y adolescentes en El Salvador] 2017 (UNFPA)</i>	2019
<i>The economic cost of pregnancy in girls and adolescents [Sp. El costo económico del embarazo en niñas y adolescentes] (UNFPA)</i>	2017
<i>The Social Cost of Pregnancy and Early Unions in girls and adolescents [Sp. El Costo Social del Embarazo y Uniones Tempranas en niñas y adolescentes] (UNFPA)</i>	2017
<i>Study on Public Social Expenditure on youth for the 2014 - 2016 period [Sp. Estudio sobre el Gasto Público Social en juventud para el periodo 2014 – 2016] (UNFPA)</i>	2017
<i>Demographic opportunities of the population waves of El Salvador</i>	2019
<i>Identification of financing to achieve the targets of the Sustainable Development Goals (SDGs) related to the transformative results of the 2018 - 2021 UNFPA Strategic Plan</i>	2019
<i>Surveys</i>	
<i>Survey of Victimization and Perception of Insecurity (Culture of Peace Survey) [Sp. Encuesta de Victimización y Percepción de Inseguridad (Encuesta de Cultura de Paz)] (DIGESTYC)</i>	2017
<i>Survey of Victimization and Perception of Insecurity (Culture of Peace Survey) [Sp. Encuesta de Victimización y Percepción de Inseguridad (Encuesta de Cultura de Paz)] (DIGESTYC)</i>	2018
<i>Survey of Victimization and Perception of Insecurity (Culture of Peace Survey) [Sp. Encuesta de Victimización y Percepción de Inseguridad (Encuesta de Cultura de Paz)] (DIGESTYC)</i>	2019
<i>National Survey of Violence Against Women [Sp. Encuesta Nacional de Violencia Contra las Mujeres] (DIGESTYC)</i>	2017
<i>Survey on the perception of workplace and sexual harassment in public institutions [Sp. Encuesta sobre percepción del acoso laboral y sexual en las instituciones públicas]</i>	2018

The study “Demographic opportunities of the population waves of El Salvador” provided a comprehensive vision between population dynamics, development, and individual well-being, with a gender approach. With wide public and media coverage, the Country Office positioned three urgencies for development: (i) the growing aging of the population and the limited existing capacities for dignified aging; (ii) gender equality as a necessary condition for seizing of the demographic dividend, introducing the concept of “female demographic dividend”; and (iii) the country’s opportunity to reallocate resources and intergenerational transfers in light of population changes.

The Country Office has continuously advocated for the undertaking of a population census as a priority on the development agenda, and although it has not yet been carried out, UNFPA has provided technical assistance to

highlight the importance and define the census project. The lack of an up-to-date census has limited the availability of statistics that provide new sociodemographic data that is accessible to the public to enable the monitoring of socio-economic and demographic inequalities.

Likewise, UNFPA provided inputs for the country to meet its regional and international development commitments. Of note are the contributions to the “Country Report on the progress in the implementation of the Montevideo Consensus on Population and Development”, presented at the third Regional Conference and which was the result of joint work between government actors and social organizations brought together under the Salvadoran Coordination for the Montevideo Consensus. This mixed State/civil society space was deemed to be a “*strategic contribution*” by UNFPA, due to the political value of multi-stakeholder dialogue.

With regards to the 2030 Agenda, the Country Office promoted actions for the generation of a national system of indicators for the fulfilment of the SDGs. The information generated enabled the presentation of the national report “Voluntary National Review of the Implementation of the 2030 Agenda for Sustainable Development in El Salvador” at the High-Level Political Forum on Sustainable Development in 2017. It further enabled the construction of a web portal to monitor the indicators. UNFPA fostered the confluence of the SDGs with the Operational Guide for the Montevideo Consensus and collaborated with the territorial dissemination of the 2030 Agenda with pilot municipal planning interventions with the SDGs, intending to scale it up in the future.

Within the framework of UNFPA’s “Transformative Results”, the Country Office collaborated with the measurement of costs and gaps for the achievement of SDG 3 (“Avoid preventable maternal deaths” and “Meet the demand for contraceptives”) and SDG 5 (“Eradicate Gender-Based Violence”). The Country Office developed its own methodology with government participation. Good national and international practices were identified for the fulfilment of SDG 3 and SDG 5. Likewise, as a global pilot, it represents an instrument for UNFPA in its efforts to measure the gaps of the three transformative results.

The Country Office provided support to the authorities in the design of public policies through documents, studies, and surveys. Of note is the development of a proposal for a National Population Policy and its action plan, a fundamental contribution as it is a systemic and multidimensional policy, to understand the needs of all age groups, especially the most vulnerable groups such as indigenous groups, LGBTI groups, the elderly, people with disabilities. This proposal is deemed to be innovative since it raises topics related to caring and also seeks to seize upon the demographic dividend. The policy resulted from the joint work of government actors (SETEPLAN, MRREE, ISDEMU, INJUVE, SecIS, DIGESTYC, and MINSAL) and social organizations grouped in the Salvadoran Coordination for the Montevideo Consensus. This process was aided by South/South Cooperation and the support of the National Population Commission of Mexico.

Likewise, the Country Office contributed under an interagency initiative to the development of the National Policy for the Protection and Development of the Migrant Person and their Family (2017), calling for a broad consultation process under the leadership of CONMIGRANTES. The policy adopted a rights and gender approach and provides for the creation of a Single National Migration Information System (with gender indicators). This policy provided inputs for the performance of the Government of El Salvador during the pro tempore presidencies of the Regional Conference for Migration and the Community of Latin American and the Caribbean States. Furthermore, it became a timely instrument to raise awareness among State personnel about the uncertainty of the “Temporary Protected Status” immigration programme for Salvadoran (and Central American) migrants in the United States. Within this framework, the first Municipal Office for the Provision of Care to the Migrant Person (Zacatecoluca) was created, and the local coordination of service providers to the Salvadoran migrant population was also established.

The Country Office also made contributions to sectoral policies. UNFPA population dynamics products were useful for youth and gender policies. The study “2014-2016 Public Social Expenditure on Youth [es. *Gasto Público Social en Juventud, 2014-2016*]” was developed with the Technical and Planning Secretariat of the Presidency of the

Republic, using a methodology from the Latin America and Caribbean Country Office. This study provided evidence of the social investment made in the population aged 15 to 29 (30% of the total population) and enhanced the estimates. As a result, the country has a six-year time series of continuous estimates, disaggregated by different types of spending (specific, indirect, extended, and on public goods). Institutions have benefited from this result by using this data for their public policies, the strengthening of their System of Indicators, and other programs. The study further contributes to the long-term welfare policies of El Salvador and calls upon those responsible at different jurisdictional levels to invest more, since spending is concentrated at the Central Government level, compared to lower contributions from Local Governments.

Regarding Gender-Based Violence, surveys of population dynamics have been important for policies and interventions. The Violence Against Women Survey, supported by the Country Office and carried out by DIGESTYC, was the first measurement that addresses violence against women in the country. This survey is aligned with international standards and the strategic objectives of the Beijing Platform for Action. ISDEMU used the data to base the “Strategy for the Prevention of Femicide and Sexual Violence”, for the national accountability reports on Gender-Based Violence, and the action reports submitted to international and regional organizations (such as CEDAW and the Regional Conference on Women).

UNFPA supported the First Survey on the Perception of Workplace and Sexual Harassment at public institutions (surveyed at 67 agencies), carried out by DIGESTYC. The results of the survey led to awareness-raising actions on sexual and workplace harassment in the public sector.

With regards to Sexual and Reproductive Health, UNFPA and other UN agencies have supported the process for conducting the National Health Survey (ENS, for its Spanish initials). The survey will offer health information on women of childbearing age between the ages of 15 and 49, infants under the age of five, among other population groups, from 14 departments and 219 municipalities. It will also provide 182 indicators on topics such as Sexual and Reproductive Rights, child development, education, nutrition, and HIV, among others.

UNFPA provided inputs for security and migration policies, by administering three rounds of the Survey of Victimization and Perception of Insecurity (Culture of Peace) of the Infosegura Project (UNDP), under the remit of DIGESTYC.

Regarding vital statistics, the Country Office collaborated with the creation of the Inter-Institutional Committee on Vital Statistics and a roadmap for the unification of information sources, through better coordination at the inter-institutional and sub-national levels. The Country Office provided contributions that allow making strides in the creation of the unique birth code (CUN, for its Spanish initials) which will enable the traceability of Family Records in some municipalities.

UNFPA also contributed by increasing the capacities of DIGESTYC for census preparation, surveying, and analysis, proposing a “*structural intervention*” in which “*DIGESTYC will be strengthened*”. At this directorate, the Country Office collaborated with the incorporation of the Technical Committee on the Census (SETEPLAN, DIGESTYC, UNFPA, UNDP) to coordinate the “census project” with a budget estimate. A diagnosis of DIGESTYC’s capacities, a map of risks and mitigation strategies were undertaken through South/South Cooperation with the Latin America and Caribbean Regional Office. The Country Office promoted the training and updating of technical personnel on census cartography with the Latin American and Caribbean Demographic Centre (CELADE). This training has made a substantive contribution to government institutions since they lack demographic training programs. As a result, there are now work guidelines with greater technical strengths and budget estimates, and personnel that possesses up-to-date demographic knowledge.

C. National Progress on Strategic Plan Outcomes <sup>1</sup>	Start value	Year	End value	Year	Comments
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					
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	38.5%	2018	42%	2019	Report on strategy to ensure sexual and reproductive health supplies MINSAL-UNFPA, 2019
Contraceptive prevalence rate (total)	28%	2016	32%	2020	Co-Financing Report 2020 MINSAL-UNFPA
Proportion of demand for contraception satisfied (total)	88.9%	2014	88.9%	2020	Family Health Survey (MICS) 2014.  The unmet demand for 2020 was 11.1%. Currently, the MICS is being updated and its results will be presented in 2022.
Percentage in which at least 60% of service delivery points in the country have no stock-out of contraceptives in the last six months	44%	2016	86%	2020	2020 Co-Financing MINSAL-UNFPA. This indicator in this report is evaluated for 3 months
Percentage in which at least 80% of live births in the country are attended by skilled health personnel	99%	2014	98.9%	2020	SIMMOW MINSAL
Number of adapted and implemented protocols for family planning services in the country that meet human rights standards	1	2017	1	2020	MINSAL. Regulation Office

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

including freedom from discrimination, coercion, and violence					
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)	23%	2014	23%	2014	Latest oficial data of the Family Health Survey (MICS) 2014.
Has the country increased the national budget for sexual and reproductive health by at least 5 percent?	NA		NA		There is no national system providing that data in the country.

### Summary of National Progress

El Salvador achieved a reduction in the maternal mortality ratio from 27.4 in 2016 to 24.3 in 2019 per 100,000 live births. The total fertility rate (births per woman) fell from 2.10 (2015) to 2.02 (2019); the specific fertility rate in adolescents between the ages of 15 and 19 fell from 70.17 (2016) to 67.77 (2019). El Salvador increased coverage and decreased contraceptive shortages. In addition, the offer of methods went from 5 to 7 modern methods. The supply of contraceptive methods reached 67% in 2018 (up from 44% in 2016) and the percentage of RIISS health facilities with modern contraceptive methods increased from 31.4% (2016) to 60% (2018). In 2020, the maternal mortality ratio increased by 72 percent compared with 2019 (currently at 41.8 deaths per 100,000 live births), with an increase of 17 percent in adolescents.

The Ministry of Health developed the "Technical Guidelines for the Provision of Contraception Services". In addition, it promotes the strategy of humanized childbirth care, which includes the prevention of obstetric violence and the obligatory nature of abortion care in progress.

The country improved the Health Information System (SIMMOW), by incorporating 193,646 users of permanent methods and strengthened the coordination of health levels for the generation of reliable data in the indicator "Active users in family planning"

The Government of El Salvador, as of 2020, has a telecare service that attends pregnant women or women who have recently had a birth; children under the age of five; and the population requiring mental health care during the confinement in the COVID-19 Pandemic. Between August 5, 2020, and February 28, 2021, the number of calls answered was 24,074. El Salvador has public policies related to the exercise of the rights of women, young people, and adolescents concerning sexual and reproductive health and sexual and reproductive rights, such as the National Intersectoral Strategy for the Prevention of Pregnancy in Girls and Adolescents, ENIPENA 2017-2021.

The Ministry of Health has strengthened the following regulatory documents within the framework of the health reform: Technical guidelines for the operation of maternal waiting homes (2017); National Sexual and Reproductive Health Policy (2012); Technical guidelines for the care of women in the pre-conception period, childbirth, puerperium and newborn (2011); Operational technical guidelines for the national strategy to reduce perinatal and neonatal maternal mortality (2011), among others.

In addition, the Ministry of Health made improvements in sexual and reproductive health care by implementing guidelines and clinical protocols that contributed to the institutionalization of deliveries and births, achieving 99.2% in 2018. These regulations contributed to the reduction of the maternal mortality ratio, which in 2019 was 24.3 per 100,000 live births, exceeding the target set in SDG 3 in advance. INCLUIR PANDEMIS TELECENTRO Y HOSPITALES

The Ministry of Health strengthened universal and quality sexual and reproductive health services, improving the logistics management of medicines, and the implementation and expansion of the Strategy for the Assurance of Medicines and Health Supplies for Sexual and Reproductive Health (AISRR), covering 51% of micro networks nationwide.

### **UNFPA's Contributions**

UNFPA collaborated with the visualization of the pregnancy of girls and adolescents as a comprehensive health problem, linked to gender-based violence and a failure in the social protection system, which helped understand sexual and domestic violence against girls and adolescents as a violation of sexual and reproductive rights. To this end, the generation of the map of teenage pregnancy in 2015 and 2021 was useful to identify the municipalities most affected by this problem.

UNFPA supported national targets to reduce maternal deaths by updating guidelines for maternal care, pregnancy, childbirth, and postpartum care; and strengthened the competence of health providers in care and counselling for pregnant women and complications arising from pregnancy and childbirth, birth spacing, and family planning. Counselling tools and materials were provided for the prevention of pregnancy with high reproductive and obstetric risk. UNFPA helped to broaden the Ministry of Health's understanding of obstetric event care and the adoption of prevention, and care approach, and introduced the concept of "obstetric violence".

UNFPA provided technical assistance for the development of a proposed protocol on professional secrecy and conscientious objection and carried out specific interventions at Sonsonate Hospital due to the high rate of abortion complaints. To achieve the decrease in the fertility rate, UNFPA supported the development of the National Intersectoral Strategy for the Prevention of Pregnancy in Girls and Adolescents 2017-2027 and strengthened adolescent-friendly health services, which included the improvement of 30 health facilities (3 hospitals and 27 UCSF) with the adaptation of an area for differentiated care for adolescents, provision of equipment and supplies in Sexual and Reproductive Health.

With the support of REPROLATINA, health personnel from health facilities in 10 municipalities (prioritized in ENIPENA) were trained to increase their skills for differentiated care for adolescents.

UNFPA contributed to the AISRR Strategy goal of universal access to quality Sexual and Reproductive Health supplies on time, and according to personal preferences increased coverage, decreased shortages and the supply of contraceptives went from 5 to 7 modern methods. In 2019, AI Sexual and Reproductive Health was implemented by 28 maternity wards and 36 micro health networks (including 449 Community Family Health Units, UCSF), equivalent to 51.4% of the micro-networks of the five health regions. The supply of contraceptive methods reached 86% in 2020 (up from 44% in 2016). The percentage of RIISS health facilities with modern contraceptive methods increased from 31.4% in 2016 to 85% in 2020.

UNFPA designed educational tools in Comprehensive Sexuality Education (outside the classroom) to support health providers, and MAVEX kits were provided for the development of playful methodologies in adolescents.

In a humanitarian emergency, UNFPA supported the training of health personnel in the use of PIMS for sexual and reproductive health care (including sexual violence).

UNFPA consolidated the implementation of co-financing agreements and carried out advocacy actions with national authorities to increase the budget allocated for the purchase of supplies and contraceptives. As a result of this action, the government increased from \$509,548.80 in 2016 to \$1,023,421.29 in 2020, substantially improving the non-shortage of contraceptives from 44% in 2016 to 86% in 2020.

UNFPA has trained health providers in updating contraceptive technology; accrediting health personnel in the use of long-term contraceptive methods and equipping equipment for IUD insertion and implantation.

UNFPA provided technical assistance for the improvement of the logistics chain of supplies and medicines at the national level and in specialized pharmacies.

UNFPA advocated and facilitated the Ministry of Health's adoption of the human, gender, and generational rights perspective in its management plans and tools, strengthening health care, and integrating the promotion, prevention, and protection of Sexual and Reproductive Rights. The Country Office contributed to standardizing the technical procedures and the conceptual and legal bases of mandatory use for the institutions of the National Health System and the Salvadoran Social Security Institute for the attention to Sexual and Reproductive Health, under a focus on human rights, gender, and inclusion such as maternal care guidelines, vital facts, care for adolescents, attention to all forms of violence, family planning and Comprehensive Sexuality Education guides in the non-formal setting.

UNFPA also carried out other studies that strengthened the country's public policy: Study on the economic cost of pregnancies in girls and adolescents (2017) which indicated that early motherhood alters the educational and economic trajectory of the person; Maternity and Union in girls and adolescents (consequences in the violation of their rights), document deepened the analysis of the causes and consequences of unions and pregnancy and adolescents in developing countries and the document presented in the context of World Population Day 2017, entitled: The social cost of pregnancy and early unions in girls and adolescents, which compiles 14 stories of girls and adolescents which symbolize the 14 departments of the country.

Additionally, in 2020, in response to the pandemic and with the support of the Embassy of Canada, UNFPA supported, technically and financially, the formulation of a medical telecare model to provide remote care to pregnant women, women who have had a birth; children under the age of five; and the population that required mental health care during confinement. The staff was trained in the use of teleservice and computer tools for their registration and continuity and supported with economic resources for the development of the computer platform for teleservice.

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

Percentage of young women and men aged 15-24 who correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission (female/male)	31.1	2014	31.1	2014	Family Health Survey (MICS)
Does the country have laws and policies that allow adolescents (regardless of marital status) access to sexual and reproductive health services?	Yes	2009	Yes	2020	Ministry of Health's Sexual and

					Reproductive Health Policy
<b>Summary of National Progress</b>					
<p>The Five-Year Development Plan 2014-2019 included investment for youth. Highlights include the "<i>Jóvenes con Todo</i>" Programme that introduced the approaches of sexual and reproductive health, sexual and reproductive rights, gender, and human rights.</p>					
<p>The country has the National Intersectoral Strategy for the Prevention of Pregnancy in Girls and Adolescents 2017-2027 (ENIPENA) and its respective operational plan.</p>					
<p>The country developed the Guidelines "Adolescent Friendly Health Services" and established coordination with the Higher Council of Public Health to begin the process of accreditation of services provided to adolescents. Additionally, the training program in the model of friendly services was updated with a focus on inclusion, gender, and human rights.</p>					
<p>At the national level, the availability of contraceptives, sexuality education, and the promotion of friendly services were strengthened. The Ministry of Health provided: 48,858 contraceptive counselling for 43,552 female adolescents and 5,306 male adolescents; 39,232 educational sessions on sexual and reproductive health including the promotion of adolescent-friendly services (21,325 adolescent women and 17,907 adolescent men). Additionally, the knowledge of 150 health professionals was updated with the technical guidelines for the provision of contraceptive methods in adolescents and 100 professionals in the insertion of subdermal implants. The country expanded the supply of long-term reversible contraceptive methods for adolescents in the postpartum period in national hospitals.</p>					
<p>The Ministry of Health adopted a specific regulation for sexual and reproductive health care for adolescents and young people that resulted in the "Technical Guidelines for comprehensive health care for adolescents and young people in the RISS" in 2018.</p>					
<p>The country's education system implemented Comprehensive Sexuality Education from kindergarten (initial) to secondary education and made a link with gender-based violence. It also implemented the "Methodological Guidelines for Teaching in the Classroom" and the "Technical Guidelines for the Development of Educational Circles with Pregnant Adolescents".</p>					
<b>UNFPA's Contributions</b>					
<p>UNFPA advocated and supported the Five-Year Development Plan 2014-2019 to introduce sexual and reproductive health, sexual and reproductive rights, gender and human rights approaches, resulting in specific programmes and initiatives by the National Youth Institute for the care and prevention of young people in Sexual and Reproductive Health and Sexual and Reproductive Rights.</p>					
<p>UNFPA accompanied the regular operation of the ENIPENA Technical Committee, the fulfilment of its short-term Operational Plan, and the strengthening of the National Council for Children and Adolescents (CONNA) as the coordinating entity.</p>					
<p>UNFPA contributed to the territorial anchorage of ENIPENA and implemented a comprehensive model of action at community levels through the "Canada Project"</p>					
<p>The Country Office trained young mentors as well as teen and young mothers in second pregnancy prevention and promotion of positive parenting. It also trained young men as masculinity mentors. All of the above contribute to</p>					

expanding care coverage and improving access to confidential and non-discriminatory sexual and reproductive health services.

UNFPA developed the study "Social Public Expenditure on Youth, 2014-2016", using a methodology from the Latin America and Caribbean Country Office. This study provided evidence of social investment in the population aged 15-29 (30% of the total population), and improved estimates. The State Institutions take up the indicators of this study for their programs and policies.

UNFPA facilitated the updating of health professionals in the management and use of contraceptives, especially long-term contraceptives (IUDs and subdermal implants) and other modern temporary methods.

UNFPA supported and achieved curriculum updating and continuing teacher training and, for the first time, Comprehensive Sexuality Education was introduced in higher education.

Similarly, UNFPA supported the efforts and strengthened the capacities of the Parliamentary Group of Youth of the Legislative Assembly, from which issues such as education, employment, prevention of pregnancies and abuses in childhood and adolescence, and political and citizen participation of youth, among others, were prioritized.

<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 gender equality national action plans that integrate reproductive rights with specific targets and national public budget allocations?	Yes	2015	Yes	2019	ISDEMU's National Equality Plan 2016-2020. <a href="https://oig.cepal.org/sites/default/files/el_salvador_plan_nacional_de_igualdad_2016-2020.pdf">https://oig.cepal.org/sites/default/files/el_salvador_plan_nacional_de_igualdad_2016-2020.pdf</a>
Proportion of actions taken by the country on all of the Universal Periodical Review (UPR) accepted recommendations on reproductive rights from the previous reporting cycle	100%	2010	100%	2014	Recommendations 2010: 5/5 Recommendations upon which there were actions taken. Recommendations 2014: 4/4 Recommendations upon which there were measures taken. Recommendations 2020: 12 Recommendations on Sexual and Reproductive Health that the State should present progress made in 2024.
Percentage of women aged 15–49 who think that a husband/partner is justified in hitting or beating his wife/partner under certain circumstances	No		No		The national survey on violence against women does not register information about this indicator.
<b>Summary of National Progress</b>					

The Salvadoran Institute for the Development of Women, as the leading institution for women's rights, was able to consolidate inter-institutional coordination that allows it to monitor, promote and guarantee compliance with the regulatory framework and public policies on equality and non-discrimination against women.

The country formulated the National Policy for a Life Free of Violence for Women and the following guidelines and mechanisms for the promotion and protection of women's right to a life free of violence: Municipal Guidelines for Equality and Life Free of Violence for Salvadoran Women;

- Manual on guidelines for the identification of types and modalities of violence against women;
- Reading guide of the Special Comprehensive Law for A Life Free of Violence for Women with a psycho-social approach;
- Guidelines for the Accreditation, Monitoring, and Evaluation of Institutional Units of Specialized Care for Women;
- Guidelines for the accreditation and operation of Shelters; Protocol of Specialized Care for Women Facing Violence;
- Guidelines for the Prevention of Violence against Women and the Mainstreaming of the Principle of Equality and Non-Discrimination in the Educational Communities of El Salvador; and
- Protocol of Action to address Sexual Violence in the Educational Communities of El Salvador of MINEDUCYT.

In addition, ISDEMU scheduled the radio programme "*Voz Mujer*", a space for the dissemination of women's rights. The country implemented the National System for Substantive Equality (SNIS), in which more than fifty institutions from the three organs of the State and the Public Prosecutor's Office participate. This system closely monitors and follows up on 92 national institutions and 262 municipal governments.

The progress in the strategy of mainstreaming the principle of equality and non-discrimination against women, as of 2018, showed that 64.8% of the institutions of the three Organs of the State, implement at least two public policy instruments for the advancement of equality and discrimination against women.

At the municipal level, 172 Municipal Governments (representing 65.65%), have Municipal Women's Units; 90 Municipal Governments (34.3%) have formulated their respective Equality Plan; and only 21 mayors (8%) have a budget allocated for actions related to equality.

The Government has a Strategy for the Prevention of Femicide and Sexual Violence.

In 2016, the State created the Specialized Jurisdiction for a Life Free of Violence and Discrimination for Women.

El Salvador reformed the Family Code by preventing child marriage in 2017.

The country expanded the National System of Specialized Care in Violence (SNA) for the care of victims of gender-based violence.

ISDEMU created the National Training School for Substantive Equality, for the training of State personnel, thereby institutionalizing a vocational training policy to strengthen the capacities of institutions in compliance with the normative framework for substantive equality.

The country has a Monitoring System for Comprehensive Units of Attention Specialized in Violence (UIAEM).

In the field of political participation, for the period 2018-2021, El Salvador has 26 deputies and 27 mayors. In the period 2014-2019, 8 women held positions in the Government Cabinet, 3 Ministers, and 5 Deputy Ministers.

Government institutions carried out mass dissemination campaigns aimed at generating equal opportunities and working conditions for women, including: "Equal work, equal pay"; "Decent employment free of violence for women"; and "Work, study, training, and occupations do not have sex, decide to grow."

DIGESTYC completed the 2017 Time Use Survey, an input for the calculation of the Satellite Account of Unpaid Work in Households that mainly affects women.

In 2016, a proposal to reform the Criminal Code was presented to the Legislative Assembly, to address the situation of abortion when women, girls, and adolescents are sexually abused; to save the life of the pregnant woman and preserve her health; and when there is a malformation of the foetus that makes extra uterine life unviable. The proposal did not advanced.

### **UNFPA's Contributions**

UNFPA contributed through the analysis frameworks updates in public policies to converge two usually separate rights agendas, women's rights and children's rights, placing at this intersection the human rights of adolescent girls.

UNFPA contributed to overcoming an adult-centric approach, promoting that national bodies such as ISDEMU will incorporate the pregnancy of girls and adolescents as part of the Gender-Based Violence.

The Country Office collaborated in the expansion of the dimensions of Gender-Based Violence, contributing to putting obstetric violence, harassment in collective transportation, and sexual harassment at work on the public agenda.

UNFPA accompanied the strengthening of the capacities of ISDEMU, the Specialized Technical Commission (CTE), in its regulatory tasks and the construction of an integrated response system.

UNFPA contributed, together with ISDEMU, to the development of the "Strategy for the Prevention of Femicide and Sexual Violence" and the "Strategy for the Prevention and Care of Sexual Violence in Girls Under 18 Years of Age".

In the *Ciudad Mujer Joven* Programme, UNFPA supported the "Strategy for the Prevention of Sexual Violence in Schools", introducing innovative and appropriate actions for young people and adolescents, with playful components according to these age groups.

In support of the local implementation of ENIPENA, UNFPA supported a total of 150 young people from 7th to 9<sup>th</sup> grade with scholarships, in 10 municipalities selected by the ENIPENA Technical Committee, that were among 25 prioritized due to their pregnancy and gender-based violence rates.

UNFPA provided argumentative inputs to the Legislative Assembly based on the study "Maternity and union in girls and adolescents: Consequences in the violation of their rights" and the "Map of pregnancies in girls and adolescents in El Salvador 2015".

UNFPA supported the development of pregnancy maps in girls and adolescents in El Salvador (2015, 2017, 2020) showing that early pregnancy was the result of sexual violence.					
Outcome 4: Strengthened national policies and international development agendas through the 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 good quality census that has been processed, analysed, and disseminated following internationally agreed recommendations (over the past 10 years)?	No	2007	No	2021	Population and Housing Census 2007
Has the country collected, analysed, and disseminated a national household survey to estimate key population and reproductive health indicators (over the past 5 years)?	Yes	2014	Yes	2020	National Health Survey 2014 Multipurpose Household Survey
Has the country completed evaluations on strategic interventions around sexual and reproductive health and adolescent and youth?  Has the country completed evaluations of strategic interventions around sexual and reproductive health and adolescents and young people?	Yes	2017	Yes	2018	Report by El Salvador on progress in the implementation of the Montevideo Consensus on Population and Development (includes Sexual and Reproductive Health and Youth).  Annual Report (2018) National Intersectoral Strategy for the Prevention of Pregnancy among Girls and Adolescents (2017-2027)
Proportion of new national development plans that address population dynamics taking into account demographic trends and projections in setting development goals	No	-	No	-	The country has not yet managed to carry out the new population census.
<b>Summary of National Progress</b>					
The country has shown progress in improving statistical instruments for collecting information at the national and/or territorial level, such as thematic surveys on gender, health, security, economic, employment:					
<ul style="list-style-type: none"> <li>• Multipurpose Household Survey 2015, 2016, 2017, 2018, 2019, 2020 (EHPM) (DIGESTYC);</li> </ul>					

- National Health Survey 2014, (DIGESTYC);
- Victimization and Perception of Insecurity Survey, 2017,2018 y 2019 (Culture of Peace Survey) (DIGESTYC);
- National Survey on Violence Against Women, 2017 (DIGESTYC);
- Survey on the perception of workplace and sexual harassment in public institutions, 2018, 2019 (DIGESTYC).

The country made progress in reviewing and publishing national, departmental and municipal population projections, which has made it possible to have the structure by sex, age, and location of the population at the territorial level and to review the main socio-economic indicators. These inputs have had an impact on an improvement in the sampling framework of the EHPM 2020 and the mapping of some vulnerable populations.

In 2016 the government created the Inter-Institutional Committee on Vital Statistics for the unification of information sources, through better inter-institutional and sub-national coordination.

The country moved forward with the unique birth code (CUN) that will enable the traceability of Family Records in some municipalities.

### **UNFPA's Contributions**

UNFPA, within the framework of interventions related to demographic dynamics, supported the State with the generation of scientific evidence that has improved the services provided by the State in Sexual and Reproductive Health, Gender-Based Violence and migration, and the institutional conditions that guarantee the exercise of rights throughout the life cycle.

In addition, it fostered high-level advocacy spaces, based on systematic studies of the Salvadoran reality that contributed to make visible, in the public agenda, the issues related to the challenges of development. The study "Demographic opportunities of the population waves of El Salvador" stands out, which provided a comprehensive vision between population dynamics, development, and individual well-being, with a gender focus.

The Country Office renewed the analysis frameworks for a better understanding of development challenges. He placed on the public agenda that early fertility is a failure of the social protection system and not merely a health issue; and that early union and early pregnancy has "costs" in terms of systemic development, linking it with the intergenerational mechanisms of reproduction of poverty, among other contributions. The interrelated (and non-sectoral) work of the programmatic interventions, the country office professional skills, the mainstreaming of the gender equality perspective, and the continuous dialogue with the partners, contributed to these conceptual innovations.

UNFPA's contributions to the "Country Report on Progress in the Implementation of the Montevideo Consensus on Population and Development" presented at the third Regional Conference are highlighted. It was the result of the joint State/civil society work and was considered a "strategic contribution" of UNFPA due to the political value of the multi-stakeholder dialogue, which led to the elaboration of the proposal for the National Population Policy.

UNFPA provided spaces for articulation and dialogue between the State and social organizations, supporting the preparation of the official report for the Lima meeting. It was an unprecedented experience, which was extended to the debate and concluded with the elaboration of the national population policy. The Articulation developed autonomous oversight capacities and presented an Alternative Compliance Report, as part of the social monitoring of the Montevideo Consensus through the regional platform "Mira que te Miro".

UNFPA strengthened the capacities of the Inter-Agency Committee on Vital Statistics, with the support of the Latin America and Caribbean Country Office and the definition of a roadmap to move forward in less use of paper and more use of software to obtain information in real-time.

UNFPA supported the development of knowledge products, such as: Maternity and union in girls and adolescents: Consequences in the violation of their rights (2016); Map of pregnancy in girls and adolescents, (2015, 2017 and 2020); The economic cost of pregnancy in girls and adolescents (2017); The Social Cost of Pregnancy and Early Unions in Girls and Adolescents (2017); Study on public social spending on youth for the period 2014-2016; Identification of financing to achieve the targets of the Sustainable Development Goals (SDGs) related to the transformative results of the UNFPA strategic plan 2018-2021. These studies, diagnoses, surveys, and surveys of sociodemographic information were the benchmark for regulatory frameworks, public policies, and the strengthening of institutional capacities.

D. Country Programme Resources						
SP Outcome Choose only those relevant to your CP	Regular Resource (Planned and Final Expenditure)		Others (Planned and Final Expenditure)		Total (Planned and Final Expenditure)	
	Increased availability and use of integrated sexual and reproductive health services	\$1.9	\$1.7	\$2.5	\$3.6	\$4.4
Youth policies and programmes, and increased availability of comprehensive sexuality education	\$0.6	\$1.0	\$0.9	\$1.1	\$1.5	\$2.1
Advanced gender equality, women's and girls' empowerment, and reproductive rights	\$0.6	\$0.8	\$0.9	\$2.5	\$1.5	\$3.3
Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics	\$0.9	\$0.8	\$0.2	\$0.8	\$1.1	\$1.6
Programme coordination and assistance	\$0.5	\$0.3	-	-	\$0.5	\$0.3
<b>Total</b>	<b>\$4.5</b>	<b>\$4.5</b>	<b>\$4.5</b>	<b>\$8.0</b>	<b>\$9.0</b>	<b>\$12.5</b>