

Country Programme Performance Summary

A. Country information		
Country Name: Panama		
Category by decision 2013/31: Pink	Current programming period : 2016 - 2020	Assistance cycle: III

B. Achievement of country program outputs (*fill in all your CP outputs*)

Output 1. Strengthened national capacity to improve access to integrated sexual and reproductive health services (including family planning, maternal health and HIV), including in humanitarian settings, with human rights, gender and interculturally sensitive approaches.

Indicators	Baseline	Target	Endline- data
<ul style="list-style-type: none"> Number of plans and protocols on maternal health, HIV and SRH focused on indigenous peoples with human rights, intercultural and gender approaches 	2	2	4
<ul style="list-style-type: none"> Number of health services that have specific guidelines, protocols and standards for the provision of quality integrated sexual and reproductive health services for adolescents and youth. 	8	15	90
<ul style="list-style-type: none"> Number of health regions supported by UNFPA trained to implement MISP 	0	2	2
<ul style="list-style-type: none"> Integrated logistics management information system is functional for forecasting and monitoring reproductive health commodities 	0	1	0

Key achievements (*contributions also from the last PC evaluation*)

UNFPA contributed to strengthen the national capacity to improve access to integrated sexual and reproductive health services (including family planning, maternal health and HIV), with a focus on the most excluded populations, particularly indigenous people. To this aim, UNFPA Panama technically accompanied the Ministry of Health (MINSa) in the formulation and implementation of various plans, standards and protocols on maternal health, HIV and sexual and reproductive health adapted to the specific needs and culture of indigenous populations, with approaches that take into account human rights, interculturality and gender. These plans and protocols include the following:

1. National Plan for the Reduction of Maternal and Perinatal Mortality 2015-2020 (PNRMMP)
2. National Plan for the Elimination of Mother- to-Child Transmission of HIV and Syphilis for 2025
3. Protocol for Culturally Appropriate Free Birth Care, 2017
4. Technical-administrative standards and care protocols of the Women's Health Programme, 2020

Access to quality maternal health services: using an intercultural and community approach

UNFPA has a longstanding working relationship with the National Programme for Reduction of Maternal Mortality (PNRMMP) in the Ngäbe Bugle region and Chiriquí, using an intercultural and gender approach with participation of Community Organizations. This model includes the training of community multipliers (mostly women), as well as empirical midwives, the establishment of maternal waiting houses, the application of birth delivery guidelines with

an intercultural approach, coordination efforts with the community health services and community leaders, the development of educational materials, among others. This model showed its effectiveness in access to health services, delivery care and the reduction of maternal mortality, in the areas of intervention.

UNFPA has provided assistance and strengthened the technical capacity in the Comarca region for better coordination with the National Sexual and Reproductive Health Programme of the Ministry of Health together with the framework for the implementation of the National Plan for the Reduction of Maternal and Perinatal Mortality (PNRMMP). Interventions focused on obstetric emergency training of health personnel, strengthening community multipliers knowledge on counseling and the development of regulations with an intercultural approach to maternal waiting homes. For example, encouraging the adoption of a birth position of the individual woman's choice, including upright position.

The creation of three (3) specialized training centers for emergency obstetric care and the application of the Red Code protocols stand out as evidence-based strategies for the management of obstetric hemorrhage (the main cause of maternal death in the country). Both MINSA and health personnel emphasize the effectiveness of supporting this low-cost methodology, with limited resources, yet mobilizing the support of UNFPA Regional Offices and institutionalizing the simulation centers. Currently, Panama has three simulation centers for training in obstetric emergencies that are a reference for the entire country: Panama, Veraguas and Chiriquí. The Jose Domingo de Obaldia Hospital authorities have seen Red Code workshops as an achievement and have expanded the programme with other related topics such as hypertensive disease of pregnancy and sepsis infections.

Another important aspect related to the implementation of the National Plan for the Reduction of Maternal and Perinatal Mortality (PNRMMP) is the support to the establishment and sustainability of new maternal waiting homes. Panama has five homes located in the Ngobe-Buglé Comarca, which contribute to improving access to institutional and humanized childbirth, as established in the Protocol for Culturally Appropriate Childbirth Care, 2017 supported by UNFPA. According to the latest DHS (ENASSER, 2015), UNFPA has contributed to assisting government efforts to improve institutional delivery in the Ngobe Bugle Comarca, which has increased from 43.1% (2009) to 88% (2015). This pilot programme has also generated key evidence to support the establishment of new maternal waiting homes in other areas of the country (Darien), as an effective strategy to reach out to the most excluded and geographically isolated populations.

In relation to community multipliers as agents of promotion, prevention and education in maternal health, the experience of more than 10 years in indigenous comarcas shows that access to maternal health and family planning services have improved. Although local and national health authorities have recognized the importance of the figure of the multiplier, it still needs to be integrated within the health system to allow its sustainability.

It is worth mentioning that UNFPA, together with PAHO / WHO, continued to support the HIV program with the implementation of the Plan for the Elimination of mother-to-child transmission of HIV and syphilis, together with the UNFPA Regional Office.

Adolescent-Friendly Health Services (AFHS): Access, Education, and Capacity Building

UNFPA has also contributed to strengthen health services with guidelines, protocols and standards for the provision of quality sexual and reproductive health services for adolescents and youth.

First of all, one of the key activities to ensure access to Adolescent-Friendly Health Services (AFHS) has been expanding coverage to other health regions in the country. Adolescent-Friendly Health Services have been in operation since 2012; since then, UNFPA continued to strengthen these services by providing technical assistance, contributing to the institutionalization of the AFHS as a key intervention model to reduce adolescent pregnancies through increased access to health services for adolescents and young people.

Secondly, to ensure access to and delivery of quality services, UNFPA Panama, with the support of the Regional Office, has contributed to the development of AFHS quality standards, which were tested and agreed upon by the Health

authorities and adolescent groups, based on international recommendations and national regulations. The standards have been adopted by the Ministry of Health's policies and programs, and are included in the “Master Plan for Health during early childhood, childhood and adolescence of Panama, 2018-2025”.

Thirdly, with technical and financial assistance from UNFPA Regional Office, UNFPA Panama country office supported the expansion of the range of methods for the prevention of the first and second pregnancy in adolescents, with long-term contraceptives (subdermal implants). At present, a pilot study is being carried out in 12 health centers to measure the method uptake. During the monitoring of the AFHS, multidisciplinary teams have been trained and prepared for advisory / orientation services on Family Planning. UNFPA has worked to eliminate barriers, such as the need to have the presence of parents or guardians, for the delivery of FP methods. The study will provide important information and evidence on the most cost effective and quality methods to ensure adolescents and young people’s uptake of methods.

Fourth, Adolescent-Friendly Health Services are valued as key interventions for the implementation of sexuality education programmes in out of school contexts. In these spaces, different methodologies are introduced to teach life-skills for the development of adolescents and young people life projects. These methodologies include:

- Peer to Peer Education (PE): Reaching out to adolescents in school and out of school settings through their peers, usually with the support of AFHS.
- The inclusion of SRH topics (pregnancy, STIs) to prevent the use of tobacco. UNFPA has developed a Toolkit in the form of a flip chart called: “Prevention of the use of tobacco, drugs and alcohol” that is used for counseling and prevention of these habits, which is now being used by the Ministry of Education (MEDUCA) in Healthy Schools, Free of Tobacco and Smoke Programme.
- Implementation of the “Strong Families Programme” for the management of risk behaviors in adolescents aged 10-14 years. The importance of incorporating this strategy lies in the elimination of social barriers to Comprehensive Sexuality Education (CSE).
- Development of other materials and tools based on CSE quality criteria.

Finally, UNFPA CO, together with the Ministry of Health (MINSAs), has made different efforts to strengthen the capacities of the comprehensive multidisciplinary teams of the AFHS and sexual and reproductive health, through awareness-raising and continuing education, with an emphasis on contraception methods for adolescents. Recently, UNFPA contributed to the design of a postgraduate academic curriculum for the Specialization in the Management of Adolescents within the University of the Americas (UDELAS). It is aimed at the Ministry of Health providers and personnel who serve adolescents, UNFPA personnel and other actors.

Implementation of the MISP for reproductive health

In the first year of implementation of the Country Programme, two government institutions (the Ministry of Health and the National Civil Protection System (SINAPROC)) were trained in Humanitarian Response and in the application of the Minimum Initial Service Package for Reproductive Health (MISP) for the implementation of a plan in the metro area of Panama and Colón Health Regions. The plan was presented to both institutions to be incorporated in their joint programmatic activities.

Integrated logistics management information system works to forecast and monitor reproductive health commodities

An evaluation report of the Ministry of Health’s drugs supply and logistic cycle, conducted by UNFPA in 2010 evidenced the need to fortify their information system. UNFPA offered its technical assistance to improve the logistics information system in order to guarantee the reproductive health supplies security. Nevertheless, the Ministry of Health decided to prioritize a broader rearrangement of the system, creating the “National Directorate of Drugs and Health Supplies”. This organizational restructuring once completed considered outsourcing the adoption of a new information system.

Output 2. Strengthened capacity of public institutions and social organizations to design and implement comprehensive sexuality education programmes, including the prevention of adolescent pregnancy, that promote young people's sexual and reproductive rights

Indicators	Baseline	Target	Endline data
<ul style="list-style-type: none"> Number of UNFPA-supported institutions that implement comprehensive sexuality education programs 	1	2	1
<ul style="list-style-type: none"> UNFPA-supported national strategy to deliver out-of-school comprehensive sexuality education in accordance with international standards is in place in the Ministry of Health through youth-friendly health services 	1	2	7
<ul style="list-style-type: none"> Number of alliances among government institutions, private sector, UN organizations that advocate and implement communication strategies for the prevention of adolescent pregnancy 	0	3	1

Key achievements (contributions also from the last PC evaluation)_

UNFPA has contributed to strengthen the capacity of public institutions and social organizations to design and implement comprehensive sexuality education programs that promote the sexual and reproductive rights of young people, with special attention to the prevention of adolescent pregnancy. In 2016 UNFPA initiated the preparation of comprehensive sexuality education (CSE) guidelines for teachers within the Ministry of Education to incorporate in the Public School curricula. Due to engagement in public discussions around the content of CSE, the Ministry of Education put the development of the guidelines on hold. Therefore, UNFPA focused its efforts and support on the implementation of Comprehensive Sexuality Education through the Adolescent-Friendly Health Services of the Ministry of Health only, with an extracurricular focus. That is why we only reached one public institution and not the two initially considered.

In order to increase access of Panamanian adolescents to Comprehensive Sexuality Education (CSE) programmes, the Country Office, together with the Ministry of Health, requested the support of the Regional Office to advance a CSE proposal in out of school contexts, based on evidence from AFHS educational activities among adolescents. This has had an impact on improving adolescents' access to health services, including sexual and reproductive health services, family planning, STIs, GBV and counseling, among others. A situational diagnosis for the implementation of this proposal is currently underway. In this sense, peer education of adolescents who attend Adolescent Friendly Health Services has been identified as a good practice of non-formal sexual education.

The Training Programme for adolescents as peer educators (PE), designed and implemented since 2012 by the Ministry of Health with UNFPA's technical and financial support, is developed across six stages. It is a comprehensive programme, based on the promotion of life skills and the development of life projects, with an emphasis on the prevention of adolescent pregnancy, HIV and other STIs, GBV, sexual violence and prevention of smoking, as well as the promotion of vaccination against the Human Papilloma Virus (HPV), among other contents. The innovation that this experience brings is that the model is being replicated under the supervision of professional staff from health centers or other qualified collaborators, using participatory methodologies that allow "learning by playing and learning by doing", with the support of recreational tools, such as games, bingo and cards.

In 2014, the Ministry of Health adopted the 8 International Standards to improve the quality of Adolescent Friendly Health Services. In 2018 there were seven Advisory Councils for Adolescents. Standard number 8, which is based on social participation of adolescents, was included within the framework through the establishment of the Advisory Councils of Adolescents for the Right to Health and Education.

Regarding the strengthening and technical assistance to youth policies, UNFPA together with youth organizations, have advocated that the Ministry of Social Development address this issue. There is a renewed interest from the youth sector in improving the National Youth Council and implementing the Strategic Youth Plan (2015-2019). In addition, UNFPA, together with UNDP and the Ibero-American Youth Organization (OIJ) published the document “Youth in figures” (2016), one of the few sources of data on the situation of youth in Panama.

UNFPA stands out for its support to local governments and strengthening the leadership of Afro-Panamanian and indigenous youth and their organizations in sexual and reproductive health and rights, particularly in the province of Colón. This work has been valued by the Office of the Resident Coordinator of the UN System, highlighting the importance of working with local governments and its impact on marginalized populations. Other initiatives supported by UNFPA are conversations with young people, such as the exchange of opinions among young people on various issues of the Panamanian reality, including advocacy for Sexual and Reproductive Rights, and the implementation of leadership among adolescents within the framework of peer to peer education that includes life project, building citizenship and promoting social participation.

UNFPA has developed strong partnerships and generated alliances with government institutions, diplomatic representations of Japan and Canada and the private sector around the prevention of teenage pregnancy and Adolescent Friendly Health Services. A key example is the Cost Financing Agreement signed between UNFPA Panama and the Ministry of Health (MINSa) to strengthen comprehensive education actions for the prevention and consumption of tobacco and its derivatives in children and adolescents in school and out of school settings, including families, health personnel and teachers. Government resources were mobilized through the National Commission for the Prevention and Control of Tobacco, which supported the strengthening of the Adolescent Friendly Health Services, highlighting the harmful effects that tobacco products and their derivative have on the sexual and reproductive health of adolescents and young people. This initiative also made it possible to further strengthen the partnership between UNFPA and the Ministry of Health, within the framework of the Childhood, Adolescence and Sexual Reproductive Health Programs. As a result, monthly meetings of SRH and adolescence coordinators were convened and institutionalized, representing a platform for the exchange of experiences, training, follow-up and monitoring of the Programme.

Contributions of financial resources donated through the Diplomatic Representations of the Japanese and Canadian Embassies allowed for refurbishing of Adolescent Friendly Health Services of the Ministry of Health by the Japanese Government in the order of USD \$274,000 and the development of Transmedia platform for CSE with youth organizations thanks to a contribution of USD \$ 20,000 by the Canadian Government. In order to make alliances with the private sector to achieve an adolescent pregnancy prevention strategy, UNFPA approached some private companies: Banco General, Dell, MEDCOM (Canal 13 de TV -Telemetro). A joint programme was established with Dell, through training of volunteers from Dell who work at the community level. They used the didactic tools of UNFPA on issues of Sexual and Reproductive Health, prevention of adolescent pregnancy and HIV prevention and AIDS.

Output 3. Strengthened capacity of government institutions and civil society organizations to promote gender equality, reproductive rights, and the empowerment of women.

Indicators	Baseline	Target	Endline data
Number of civil society organizations and community-based networks supported by UNFPA that implement accountability mechanisms for addressing the reproductive rights of girls, adolescents and young women	4	8	6

Number of public institutions supported by UNFPA with capacities to respond in an integrated manner to reproductive rights and GBV with Essential Service Packages focusing on sexual violence particularly in adolescents and young women	2	4	6

Key achievements (contributions also from the last PC evaluation)

Support for strengthening the capacities of government entities and civil society

UNFPA has continued implementing actions from the previous cycle to strengthen gender equality, sexual and reproductive health and rights and women's empowerment and autonomy, by adopting a life-cycle approach, territorial focus, integrating women, and ethnic groups especially indigenous and Afro-descendants, who are excluded from the benefits of development and are exposed to risk factors such as gender-based violence.

Through policy dialogue, knowledge management and technical assistance, UNFPA has contributed to strengthen social accountability mechanisms and legal frameworks to address gender-based violence, including sexual violence, and promote the reproductive rights of adolescents, young girls and women through their life-cycle, taking into account age-appropriate and culturally-sensitive approaches. This has been achieved through consultations using mechanisms such as the National Committee against Violence against Women (CONVIMU) and the 14 Women's Care Centers established throughout the country.

As a result of its work, UNFPA is considered as a key government partner for strengthening the mechanisms that govern the implementation of women's rights and prevention and reduction of gender-based violence. Regulatory processes have been supported at sub-national levels (provincial and municipal), for example, Law 82, which typifies violence and femicide as crimes.

Building on the lessons learned from the BA-1 "Project for the reduction of violence against women, human trafficking and femicide, including community action strategies", implemented during the previous programme cycle, UNFPA has doubled its efforts to support gender equality and women's empowerment, focusing on strengthening a coordinated and intersectoral response to gender-based violence and the prevention of sexual violence in girls, adolescents and young people. Between 2016 and 2020, UNFPA CO has contributed to:

- Strengthening institutions and national and subnational mechanisms for the advancement of gender equality and women's rights. This includes strengthening the capacities of the National Women's Institute (INAMU), as well as training public officials in prevention and care of SRH and GBV. In 2016 and from 2018 to date, 325 officials have been trained on the essential services programme. UNFPA is also supporting the "Gender Equality seal (silver seal), an initiative led by the National Women's Institute (INAMU) and supported by the UN interagency group on gender (in which UNFPA actively participates), that acknowledges public and private institutions that join initiatives for GBV prevention.
- Advocacy and capacity-building for the inter-sectoral approach to violence against adolescents and young girls through support to the establishment of consultation and coordination mechanisms, such as the National Council for Women (CONAMU) and the National Committee Against Violence against Women (CONVIMU), made up of more than 30 institutions of Public, Private and Civil Society Organizations.
- Technical support to the government for the establishment of Essential Services for women victims of gender-based violence, through the expansion of coverage of the Comprehensive Centers for Attention to Women (CINAMUS), which are currently 14 and operate throughout the country, including the Ngabe Buglé and Embera Wounaan Comarca regions. The CINAMUS were strengthened with training, educational

materials, and infographics, among others. Similarly, support is given to the “Casas Tuteladas” (shelters) to monitor and protect women survivors of violence, articulating with other government initiatives for women’s economic empowerment, such as “Seed Capital Programme”.

UNFPA has technically supported the National Secretariat for Children, Adolescents, Youth and Family (SENNIAF), to uphold the rights of girls, boys and adolescents to live a life without violence, especially sexual abuse that is categorized as a harmful practice and requires the articulation of different governmental instances to protect girls and boys against sexual abuse. Sexual child abuse is a complex social issue that needs to be addressed and generate more awareness. UNFPA together with government institutions, civil society organizations and other UN Agencies helped produce a set of communication materials consisting of short videos, coloring books and didactic material for schoolteachers and parents to make visible the risk factors of sexual abuse to which girls and boys are exposed to in daily life. These materials have been disseminated through digital networks, printed material distributed to members of the educational community (students, teachers, and parents), in youth organizations at the municipal level and community networks.

Since 2017, UNFPA has been leading and actively supporting the implementation of the Joint Interagency Programme “Essential Services for Women and Girls Victims of Violence”, carried out by the National Women’s Institute (INAMU) and other UN organizations such as: UN Women, UNDP, UNFPA, PAHO / WHO and the United Nations Office on Drugs and Crime (UNODC). The approach to Essential Services combines interventions of coordination and articulation of: i) Health Services (medical diagnosis of GBV victims) ii) Police and Judicial Services (filing a lawsuit against the aggressor); iii) Social Services (Counseling and therapy) iv) Coordination of Local Government Authorities. The Legal framework and regulations against Gender-Based Violence are robust; however, the articulation and coordination amongst the different institutions that intervene in planning, management, monitoring and reporting violence still requires support and strengthening.

UNFPA has strived together with other UN agencies to generate further opportunities for women and overcome structural barriers that limit women’s full participation in politics. UNFPA supports the strengthening of Afro-descendant women's movements and their leadership both through the various civil society women’s groups and the National Secretariat for the Development of Afro-Panamanians (SENADAP), which currently integrates the Political Platform of Women of African Descent in the Americas and the Caribbean. UNFPA supported the First Meeting of Afro-descendant Women with a gender and intergenerational approach in Colón, with the participation of other international agencies and women's organizations in which they analyzed the origins of discrimination against black and indigenous peoples, making clear the need to combat prejudice.

Output 4. Strengthened national capacity to ensure the availability of data on sociodemographic issues, gender violence, sexual and reproductive rights, maternal mortality, adolescents and youth, for the formulation and implementation of evidence-based policies and programs.

Indicators	Baseline	Target	Endline Data
Number of research studies and surveys carried out on sociodemographic issues, adolescent pregnancy, maternal mortality, gender violence and sexual and reproductive rights of adolescents and on information from young people, with a gender and cultural perspective.	1	2	4
Number of institutions using data and evidence, obtained with UNFPA’s support, for the formulation of policies and programmes.	0	3	3

Key achievements (contributions also from the last PC evaluation)			
<p>UNFPA contributed to strengthening national capacity to ensure the availability of data across the four outputs of the country programme, with a strong focus on knowledge management, technical assistance to government institutions on the use of data for the formulation and implementation of evidence-based public policies, plans and programs at the national and local levels.</p>			
<p>Among the main achievements is the development of the National Survey on Sexual and Reproductive Health (ENASSER 2014-2015), to which UNFPA contributed through technical assistance in its planning, development, publication and dissemination of its results. ENASSER is published every five years with the participation of the Gorgas Institute for Health Studies (ICGES), the Ministry of Health (MINSAs), the Ministry of Finance (MEF) and UNFPA, with the technical support of the National Institute of Statistics (INEC). It provides key data for public policy development and is the main source of reference on sexual and reproductive health topics.</p>			
<p>UNFPA also supported the development of other studies on socio - demographic challenges, particularly research studies on the situation of specific population groups, such as indigenous populations in Chiriquí, Afro-descendants and migrants, among them:</p>			
<ol style="list-style-type: none"> a. A diagnosis that describes the situation of the Ngäbe migrants and their impact on the local economy of the Coffee producing areas of Panama (“The cost of not investing in reproductive health of the Ngäbe Buglé population that migrates to the coffee harvest”). b. An exploratory study on the migrant population on the border, with an intercultural approach and on their sexual and reproductive rights (“ Report on Irregular Migration and Sexual Health, Reproductive Health (Chiriquí); c. A Study on the situation of women of African descent in Panama (2019) , carried out at the request of the National Secretariat for the Development of Afro-Panamanians (SENADAP), with the support of UNDP and UNFPA. This study is of particular interest as it contributes to increasing awareness of the situation of Afro-Panamanians, ethnic self-identification, and the preparation of the 2020 Population and Housing Census. 			
<p>UNFPA also supported the organization of the XIII Afro - Central American Women's Conference (ONECA), which brought together more than 68 women leaders from various civil society organizations on different social and economic issues. The results of this meeting fed into the deliberations of the High Level Meeting to accelerate the Rights of Afro descendant people of Latin American and Caribbean, held in San José, Costa Rica, in 2019.</p>			
<p>UNFPA also contributed to the report "Youth in Figures" (2016), jointly developed with UNDP, in coordination with the Ministry of Social Development and the National Statistics Institute (INEC), which shed light on the situation of Panama´s youth (about 25% of the total population) providing information on the sociodemographic context, education, health, work, political participation, legal and security situation, with a focus on gender, disability and intercultural approaches.</p>			
<p>Finally, UNFPA has provided technical support for the preparation of the Voluntary National Reports of the SDGs, as well as the country reports on the implementation of the priority measures of the Montevideo Consensus, and of progress towards the SDGs indicators. In fact, the Voluntary National Report of Panama refers to the need to strengthen the collection and availability of statistical data related to Gender, among other areas. In addition, UNFPA supported the monitoring of the UPR concluding observations to the country, particularly those related to the ICPD agenda, promotion of human rights, gender, adolescence and youth and intercultural approaches.</p>			
<p>Furthermore, UNFPA has supported the National Statistics Institute (INEC) in the preparation of the Census 2020. In March 2019, UNFPA helped prepare a Risk Matrix evaluation of the Census, and participated in the Experimental Census in July 2019, along with other UN observers. The development of the experimental census allowed to identify areas that require strengthening in different aspects of the census.</p>			

As part of the institutional capacity building, in August 2018, officials from INEC, Ministry of Health, and the Civil Registry of the Electoral Tribunal (TE) received support for their participation in a regional workshop on vital statistics organized by ECLAC (Chile). The results of this support are evidenced in the improvement of the vital statistics of the country.

C. National progress in the results of the strategic plan [one]	Initial value	Year	Final 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 drugs from the WHO priority list	90%	2016	92 %	2020	Source MINSA
Contraceptive prevalence rate (total)	50.8%	2015	50.8%	2015	Source ENASSER 2015
Proportion of demand for contraceptives satisfied (total)	75%	2015	75%	20 15	Source ENASSER 2015
Percentage in which at least 60% of service delivery points in the country have no stock-out of contraceptives in the last six months	68%	2016	73%	2020	Source MINSA
Percentage in which at least 80% of live births in the country are attended by skilled health personnel	88.5%	2009	96.0%	2015	Source ENASSER 2015
Number of adapted and implemented protocols for family planning services in the country that meet human rights standards including freedom from discrimination, coercion and violence	yes	2016	yes	2020	Source MINSA
Percentage of women and men ages 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)	12.0% - F 56.4% M	2014	14.1% - F 13. % - M	2020	Source ENASSER 2015
Has the country increased the national budget for sexual and reproductive health by at least 5 percent?	yes	2016	yes	2020	Source MINSA
<u>Summary of national progress</u>					
Panama has a National Health Policy and Strategic Guidelines 2016-2025, which constitute the guiding pillar in health matters of the State. With respect to our mandate under Health Policy No. 3 establishes the following, "Achieve access and universal health coverage with equity, efficiency and quality."					

- Line of action 3.2 - contemplates the Compliance with Essential Neonatal Obstetric Care in public health facilities,
- Line of action 3.3 - refers to the Implementation, Follow-up, Surveillance and Control of the National Reproductive Health Program, and includes the execution of national plans, norms, guides and protocols.

Panama has made progress in three fundamental areas of Access to Sexual Reproductive Health during the third programme cycle of 2015-2020 in the following indicators

- 1). Maternal Mortality Rate: Has been reduced from 60.3 per 100,000 live births (2010) to 36.3 for the year 2017. (Source, official figures from INEC). Nevertheless, the maternal mortality ratio in rural areas remains high (45.6 per 100,000 live births),
- 2) Number of prenatal care visits: prenatal checkups increased, from 76.9% to 96.4% (Source, ENASSER 2015)
- 3) Skilled attendance at birth increased from 88.6% to 96.3% in the indigenous Comarcas. In 2009, only 43.7% of deliveries occurred in health facilities; however, by 2015 institutional deliveries doubled to 87%. (Comarca Guna Yala 91.8%, Comarca Ngabe Buglé 87.5%, Comarca Emberá Wonam 63.8%) (Source: ENASSER 2014-2015)

Panama has strengthened the technical capacities of health personnel who attend obstetric emergencies, specifically postpartum hemorrhages, which represent the main cause of maternal death in the country. Panama has 3 simulation centers for training in the Red Code strategy in Panama, Veraguas and Chiriquí.

Panama has established an Observatory of Sexual and Reproductive Health that collects and analyzes relevant information with quarterly reports from the Maternal and Perinatal Mortality Commission. Due to the consequences of the COVID 19 pandemic, the observatory is publishing the bulletins every month.

Despite the advances, Panama continues to have significant gaps in access to Family Planning. The percentage of use of modern family planning methods dropped from 59.3 in 2009 to 46.4 in 2015. Therefore, a fundamental challenge is to improve the shortage and oversupply of family planning methods, probably caused by a weak logistics system for the assurance of reproductive health supplies.

Panama has been strongly affected by the COVID-19 Pandemic, with over 120,000 positive cases and 2,500 deaths related with the outbreak up to the beginning of October, 2020. Lethality is at 2.1% but the full impact in the decrease of assistance to maternal health facilities for prenatal controls or giving births at home is yet to be fully accounted for.

UNFPA contributions

UNFPA has contributed to reduction of preventable maternal deaths through the establishment of the “Maternal Mortality Reduction Programme 2015-2020”, which implemented differentiated strategies within an intercultural framework. These strategies focus on community education and participation, removing barriers to access maternal and reproductive health and family planning services (including the establishment of maternal waiting homes and “Red Code” medical training to address obstetric complications due to haemorrhages), women's empowerment and partnership-building at the local level, including the integration of community multipliers. UNFPA is now supporting the government in the redesign of appropriate strategies to address the impact of Covid-19.

It is worth noting that other indigenous territories, where UNFPA is not present and where the Maternal Mortality Reduction programme is weak or does not have maternal waiting homes or community multipliers, such as the indigenous comarcas of Emberá-Wounaan (392.2), Guna Yala (339.6), are now recording the highest ratio of maternal deaths, as compared to the comarca Ngabe Buglé (83.6) where UNFPA supported the implementation of the Maternal Mortality Reduction programme.

UNFPA contributed to developing a protocol and various guidelines for the application of the Red Code strategy, which were used in the training of approximately 200 health professionals (gynecologists, obstetricians, general practitioners, nurses and nursing assistants) in emergency situations and carried out simulation scenarios, which seek to develop skills for coordinated and systematic work with the ultimate goal of reducing maternal mortality and morbidity caused by obstetric hemorrhages.

UNFPA contributed to the preparation, validation, layout, printing and distribution of the Technical and Administrative Standards and Care Protocols of the Comprehensive Women's Health Programme within the framework of the National Reproductive Health Programme, in addition, to supporting the development of the new National Plan for the Elimination of Mother-to-Child Transmission of HIV and Syphilis.

UNFPA Panama has recently been requested by the new authorities to contribute in filling the gaps in access to family planning supplies in the logistics system, hence it is now engaging in conversations with the Ministry of Health about the roll out of a simple software called SALMI (Drug Supplies Logistics Information System), which presents several comparative advantages. Discussions are underway to reduce the challenges of logistics and timely supply of family planning options.

In response to the COVID-19 pandemic, UNFPA has contributed to the provision and supplies of Personal Protective Equipment (PPE) for the Ministry of Health as well as the purchase of cleaning supplies for eight (8) hospitals and maternal healthcare centers throughout the country.

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)	<i>36.2% - F 34.9% - M</i>	<i>2015</i>	<i>36.2% - F 34.9% - M</i>	<i>2015</i>	<i>ENASSER font 2015</i>
Does the country have laws and policies that allow adolescents (regardless of marital status) access to sexual and reproductive health services?	<i>yes</i>	<i>2016</i>	<i>yes</i>	<i>2020</i>	<i>Source MINSA</i>

Summary of national progress

Panama has a National Health Policy and Strategic Guidelines 2016-2025, which represent the guiding pillar in health matters in the country. The Health Policy No. 3 establishes the importance of "Achieving access and universal health coverage with equity, efficiency and quality". Furthermore, line of action 3.2.5 of the Health Policy establishes the adaptation of the infrastructure and organization of the primary healthcare facilities of the Ministry of Health and the Social Security Fund for the provision of quality care in the Youth-Friendly Health Services.

Panama updated and presented a Master Plan for Health during early childhood, childhood and adolescence 2018-2025. The strengthening of Adolescent Friendly Health Services (AFHS) was prioritized, with emphasis on the prevention of adolescent pregnancy, the prevention of sexually transmitted infections, including HIV, and the prevention of gender-based violence and smoking.

Panama presented the technical document titled "Interinstitutional Strategic Plan for Youth Panama 2015-2019" as a joint proposal for Youth public Policy supported by UNFPA, UNDP and the OIJ (the Iberoamerican Youth Organization). This was to serve as the basis for the development of a comprehensive approach to public policy under the leadership of the Ministry of Social Development.

Between 2015 and 2018, adolescent pregnancies showed a steady decline of 10 percent in the 15-19 age group. However, pregnancies in adolescent girls aged 10-14 rose by 3 percent, pointing to a serious problem often linked to sexual abuse. Adolescent pregnancies are higher in rural areas and in the indigenous comarcas, where they represent one out of every four and one out of every three pregnancies, respectively (DHS, 2015).

Panama issued Law 60 of 2016 that reforms Law 29 of 2002 with respect to pregnant minors, guaranteeing the rights of adolescent pregnant girls to continue their studies and not be subjected to discrimination within the Educational system. As a result, the National Council of the Pregnant Minor of Panama (CONAMA), that integrates 6 government institutions, has been established due to the high volume of pregnant adolescents who need orientation and care. There has been generated greater awareness and visibility of the issue of sexual abuse against girls, boys and adolescents.

UNFPA contributions

UNFPA has strengthened the Adolescent Friendly Health Services (AFHS) as a Multicomponent Programme, (Comprehensive Care, Education, Family, Citizenship and M&E) that is supported by the Technical and Administrative Standards of the National Programme for Children and Adolescents and the Master Plan of Health during Early Childhood, Childhood and Adolescence (2018-2025) of the Ministry of Health.

Through the adoption of 8 quality standards in primary care to respond to the needs of adolescents, the programme improved adolescent care in health centers, establishing a model that can be replicated.

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

UNFPA has contributed to strengthen advocacy capacities of adolescents to demand their rights to health, through the establishment of the Advisory Councils of Adolescents for the Right to Health and Social Participation. Currently they have been installed in seven (7) health regions throughout the country, that generate empowerment and platforms for adolescents to contribute their ideas and participate in solutions within their communities.

“Juventudes Ya! - Youth NOW! is a youth participation strategy of the United Nations Population Fund (UNFPA) to promote youth participation in Latin America and the Caribbean through the strengthening of their capacities for political advocacy, participation and acknowledgement. It summons adolescents and young people from the region to get involved and lead the implementation of the Agenda of the International Conference on Population and Development (ICPD), the Montevideo Consensus on Population and Development in Latin America and the Caribbean and the 2030 Agenda for the Sustainable Development Goals. From Panama, more than 30 youths participated in the National event and from that cohort 3 participated in the International event held in Mexico in 2019.

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

Does this country have the gender equality national action plans that integrate reproductive rights with specific targets and national public budget allocations?	0	2016	01	2020	<i>Public Policy Action Plan for equal opportunities for women 2016-2019,</i>
Proportion of taken actions by the country on all of the Universal Periodical Review (UPR) accepted	05	2016	01	2020	<i>Law 82 and putting the 14 CINAMUS into operation</i>

recommendations on reproductive rights from the previous reporting cycle					
Percentage of women aged 15–49 who think that a husband / partner is justified in hitting or beating his wife / partner under certain circumstances	6.4%. MIC 2013	2016	6.1% (Study of Violence against Women) of the Gorgas Institute, INAMU	2018	<i>Even a segment of the population justifies violence by their partners, especially in indigenous areas, as confirmed by ENASSER 2014-201 5</i>

Summary of national progress

Panama has various coordination mechanisms for prevention and response to gender-based violence, such as the National Committee against Violence against Women (CONVIMU), a mechanism that articulates actions to prevent and care for gender-based violence and femicide (as regulated by Law 82 of 2013). However, most of these mechanism require greater coordination among them and with other State institutions.

In 2017, Panama participated, though the National Institute of Women, as a pilot in the implementation of the Regional Joint Programme of Essential Services for Women, Girls and Adolescents, which establishes minimum standards of care and articulates and strengthens intersectoral and inter-institutional coordination mechanisms for planning, management, monitoring and reporting violence.

The country has established an Action Plan for the Public Policy on Equal Opportunities for Women (PIOMM 2016-2019), which contains all the guidelines on gender matters and has served as a reference to define national programs and plans.

There are still important challenges in the advancement of gender equality and women's empowerment, particularly in what refers to the monitoring and evaluation of the application of the Public Policy Plan for Equal Opportunities for Women and the assessment of the effectiveness of the intersectoral mechanisms responsible for its application, such as the National committee against violence against women (CONVIMU) and the Committee for the prevention of violence against children and adolescents (CONIPREVINNA). The proposal to raise the status of the National Institute of Women to a Ministry is still under discussion. There is a need for strengthened and regular generation of statistics on gender-based violence, disaggregated by age, sex, ethnicity, migration or disability status, ensuring institutional resources and political support for the implementation of essential services.

UNFPA contributions

UNFPA leads the process of dissemination and implementation of the Essential Services Program for women, girls and adolescents in the country through the development of tools for analyzing the state of institutions in the application of standards that improve the quality of care, strengthen the capacities of different actors. UNFPA and UNDP have jointly promoted a pilot project in the Chorrera district, with the participation of municipal authorities and technicians from the Ministry of Health, the Women's Institute, and the National Secretariat for Children and Adolescents.

UNFPA and UN Women are co-leaders of the inter-agency gender group, carrying out coordinated actions in favor of institutional strengthening on gender-based violence prevention. UNFPA supports the process of elaboration of national reports, including Beijing, CEDAW, and UPR contributing to the analysis of the sexual and reproductive health status of women, adolescents, and young people.

UNFPA and IOM technically support actions of gender-based violence prevention in the case of migrants. More recently, they have supported government and civil society organizations (Hebrew Immigrant Aid Society (Hias), Red Cross, Refugee Education Trust (RET), Norwegian Council, National Office for the Attention of Refugees (ONPAR), National Secretariat for Children, Adolescents, Youth and Family (SENNIAF) that offer care to migrants and refugees in GBV prevention and care. UNFPA supports the training in GBV prevention and care of migration officials in the border areas of Darién and Chiriquí.

UNFPA provided technical support to women's and young girls' organizations, strengthening their technical capacities with an intergenerational, age, ethnic and intercultural approach, which has favored the exchange of different views and enriched the perspectives on how to address gender issues.

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

Has the country had at least one census of good quality that was processed, analyzed and disseminated following internationally agreed recommendations (during the last 10 years)?	<i>XI Census of Population & VII of Housing</i>	<i>2010</i>	<i>1</i>	<i>2020</i>	<i>Has been postponed till further notice.</i>
Has the country collected, analyzed and disseminated a national household survey that allows for the estimation of key population and reproductive health indicators (in the last 5 years)?	<i>0</i>	<i>2016</i>	<i>0</i>	<i>2020</i>	<i>The last survey of Living Standards was carried out in 2008,</i>
Has the country completed evaluations on strategic interventions around sexual and reproductive health and adolescent and youth?	<i>1</i>	<i>2016</i>	<i>0</i>	<i>2020</i>	<i>We only have the ENASSER survey 2014-2015, which is the only reference in terms of SSR and GBV.</i>
Proportion of new national development plans that address population dynamics by accounting for population trends and projections in setting development targets	<i>2</i>	<i>2016</i>	<i>3</i>	<i>2020</i>	<i>There is the 1- National Plan for Children and Adolescents 2018-2025. 2- National Plan for the Reduction of Maternal Mortality 2015-2020 3- Senior Plan 2019.</i>

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Summary of national progress

Panama still has a centralized national planning of public policy approach, in this context there are limitations in the data collection instruments, and weaknesses in disaggregating the indicators according to geographic area, ethnicity, population groups, economic condition, educational level, among others (MIDES VNR 2020).

But more recently with the creation of the Technical Roundtable of Social Statistics and Indicators, there has been an opportunity to strengthen national statistics and the National Statistical System, through the demand for basic, quality, reliable and timely information that, when shared with all institutions, has contributed to have better SDG indicators (MIDES VNR 2020). The National Statistics Institute (INEC) has recently approached UNFPA with a request for technical assistance in strengthening Vital Statistics (CRVs), Administrative Registries, and COVID – 19 impact on social economic indicators, beyond the support for the Census.

In 2018, Panama prepared its First National Report on progress in the implementation of the Montevideo Consensus, which was presented at the III Regional Conference on Population and Development in Latin America and the Caribbean, held in Lima, Peru, in August 2018.

Panama also launched its Second National Survey on Sexual Reproductive Health (ENNASER – DHS) 2014-2015, through the Gorgas Memorial Institute for Health Studies. The DHS is currently the most reliable source of information on sexual reproductive health in the country.

In May 2020, Panama was preparing to launch the National Population and Housing Census, however, because of technical administrative issues, the Census was postponed to a later date. Within the context of the COVID-19 Pandemic, tightened fiscal measures were introduced by the Government, prioritizing health expenditures associated with the response to the pandemic. These austerity measures have led to further postponement of the Census and possible reconsideration of the Census modality, which is yet to be determined.

Panama established an inter-institutional commission, called the “Afro-Census Technical Commission”, made up of various Afro-descendant civil society organizations, as well as the National Statistics Institute (INEC) and the National Secretariat for the Development of Afro-Panamanians (SENADAP). The objective of the Technical Table is to exchange information and provide technical advice to guide decision-making regarding the ethnic-racial question, which will be implemented in the XII National Population and VIII Housing Censuses of 2020.

Panama has sought to strengthen the Vital Statistics Unit, within the National Statistics Institute, by Decree N° 49-2019-DNMySC May 23, 2019, which establishes a new Organizational Structure and Manual for the functions of the Institute. The other key players in the generation of Vital Statistic data are the Ministry of Health and the Civil Registry of Panama.

UNFPA contributions

UNFPA assisted the Ministry of Social Development (MIDES) in organizing public consultations with key stakeholders from government institutions and civil society organizations to assess the progress in the implementation of the Montevideo Consensus. It also supported Panama delegation’s participation in the Third Regional Conference on Population and Development and the preparation of the National Report on the implementation of the Montevideo Consensus. The UNFPA country office carried out advocacy work on the Montevideo Consensus with the Secretariat of the Social Cabinet and participating Ministries under the guidance of the Vice President and the Minister of Social Development. UNFPA also ensured their participation at the ICPD +25 Summit in Nairobi, attended by Vice Ministers and top officials.

UNFPA has technically supported the planning, elaboration and publication of the DHS 2014-2015 (ENASSER), which has become the benchmark for data on sexual and reproductive health, family planning, HIV/AIDS, empowerment and violence against women in Panama. Public presentations of the Report were done in various regions of the country along with the Gorgas Institute and the Ministry of Health Officials for dissemination of the content of the report to civil society organizations and academia in the Country.

UNFPA and the UN RC Office in Panama support the request of the Comptroller's Office to evaluate the status of the 2020 Census of Panama. Two international and national technical missions were carried out for the elaboration of a technical collaboration agreement, for the design of instruments and materials. However, the whole process was suspended due to the COVID-19 pandemic.

UNFPA, together with ECLAC and CELADE, has accompanied the Technical Commission with Afro-descendant groups and the National Development Secretariat for Afro-Panamanians (SENADAP) in formulating the question of self-identification, and the need for a massive national campaign, so that people become aware and generate recognition and pride for being Afro-descendants in Panama. UNFPA has contributed to making the demands and contributions of the Afro-descendant population visible in the country, through policy and advocacy actions, technical support to women's and youth organizations, and strengthening of social participation platforms, such as the National Secretariat for the Afro-descendant Population, which brings together key actors in the country.

In 2018, UNFPA, with ECLAC's support, has strengthened the development of capacities of key actors of Vital Statistics units within INEC, Ministry of Health and the Civil Registry. The results of this cooperation are evident in the improvement of the country's vital statistics, particularly in reference to indicators related to the sociodemographic situation of people with disabilities, women, adolescents and young people, as well as indigenous people, and Afro-descendant populations, allowing to enhance reporting on the SDGs and the Montevideo Consensus.

UNFPA, as part of the interagency group on Human Mobility of the United Nations System (OIM, OCHA, ACNUR, UNICEF & UNFPA), provided support to the Government in the design of humanitarian strategies and responses to more than 2,500 migrants who have settled in border areas of Darién and Chiriquí. These migrants, who are passing through the country, have seen their mobility restricted due to COVID-19. UNFPA has facilitated dialogue with the Ombudsman's Office with the aim of advocating for solutions and a response in accordance with their Human Rights. Similarly, UNFPA has provided guidance on GBV prevention and care, women's reproductive health and provision of personal protection equipment to health officials.

D. Country Programme Resources						
SP Outcome	Regular Resource (Planned and Final Expenditure)		Others (Planned and Final Expenditure)		Total (Planned and Final Expenditure)	
Choose only those relevant to your CP						
Increased availability and use of integrated sexual and reproductive health services	0.7	0.8	1.5	0.1	2.2	0.9
Youth policies and programmes, and increased availability of comprehensive sexuality education	0.3	0.6	1.5	0.5	1.8	1.1
Advanced gender equality, women's and girls' empowerment, and reproductive rights	0.4	0.3	0.5	0.1	0.9	0.4
Strengthened national policies and international development agendas through integration of	0.3	0.3	0.2	0.1	0.5	0.4

evidence-based analysis on population dynamics						
Programme coordination and assistance	0.3	0.3			0.3	0.3
Total	2.0	2.4	3.7	0.8	5.7	3.2

Regular resources received during the Third cycle period were higher than originally planned thanks to the signature of a Cost Financing Agreement (CFA) with the government from the Tobacco Fund Commission, which allowed UNFPA to be eligible to receive USD \$ 100,000 in matching funds. Additionally, UNFPA was assigned USD \$ 300,000 in 2020 for purchase of Personal Protection Equipment (PPE) to help support Maternal Health Centers and the Medical Personnel to continue attending patients during the COVID-19 pandemic.

Mobilization of non-core resources was not as successful as expected having a short fall of USD \$ 2.5 KK during this period due to the postponement of funding for CSE and the non-continuation of the BA-1 Central American project that was to continue in the region.

[1] The format is aligned with the results of the UNFPA Strategic Plan, 2014-2017.