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Population Fund and the United  
Nations Office for Project Services**

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**UNFPA – Country programmes and related matters**

**United Nations Population Fund**

**Country programme document for Panama**

Proposed indicative UNFPA assistance: \$4.8 million: \$2.1 million from regular resources and \$2.7 million through co-financing modalities or other resources

Programme period: Five years (2021-2025)

Cycle of assistance: Fourth

Category per decision 2017/23: Pink

Alignment with the UNSDCF Cycle UN Sustainable Development Cooperation Framework for Panama (2021-2025)

Proposed indicative assistance (in millions of \$):

Programme outcome areas		Regular resources	Other resources	Total
Outcome 1	Sexual and reproductive health	0.5	-	0.5
Outcome 2	Adolescents and youth	0.4	0.7	1.1
Outcome 3	Gender equality and women's empowerment	0.4	-	0.4
Outcome 4	Population dynamics	0.5	2.0	2.5
Programme coordination and assistance		0.3	-	0.3
<b>Total</b>		2.1	2.7	4.8

Note: The present document was processed in its entirety by UNFPA.

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## I. Programme rationale

1. Panama has a population of 4.31 million people (2020), distributed among ten provinces and five indigenous regions, known as *comarcas*. An estimated 67.9 per cent live in urban areas and the remaining 32.1 per cent in rural areas. The country's geographic characteristics have historically shaped its economy and population dynamics, favouring human mobility and making Panama one of the most diverse countries in the region. According to the latest Census 2010, indigenous people, belonging to seven different ethnic groups, represent 12.3 per cent of the population. An estimated 9.2 per cent recognize themselves as Afro-descendants. Migrants represent up to 10 per cent of the total population. According to the latest available data (National Survey on Disability, 2006), people with disabilities account for 11.3 per cent of the population.

2. Panama is a country in full demographic transition. An estimated 25 per cent are adolescents and young people aged 10-24 years and 8.5 per cent are adults 65 years and older. As the demographic dividend will reach its peak in 2025, Panama needs to double its investment in adolescents and young people, particularly the most excluded (indigenous, Afro-descendants, people living in rural areas, migrants and people with disabilities), who face structural barriers and discrimination in access to services.

3. Panama ranks in the high human development category. In the last five years, it has been among the fastest growing economies in the region (average 4.6 per cent annually). The Panama Canal revenues, which generate a sizable proportion of the central government's income, have contributed to finance social programmes aimed at reducing poverty and extreme poverty, largely through subsidies and other cash-transfer initiatives. Despite progress, significant disparities persist along ethnic, territorial, gender, and age lines, which strongly intersect with status (migration and disability). In 2018, the Multidimensional Poverty Index (MPI) at the national level reached 19 per cent, although it was four times higher in the indigenous *comarcas* (93.4 per cent in the Ngäbe Buglé; 91.4 per cent in the Guna Yala; and 70.8 per cent in the Emberá comarca) and two times higher in the provinces of Bocas del Toro (44.6 per cent), Darién (40 per cent) and Colon (38.1 per cent), where a large proportion of Afro-descendants live. Women, adolescents and young people, among indigenous and Afro-descendant communities, living in rural areas, migrants and people with disabilities are the most affected by poverty.

4. The situation of irregular migrants in transit through Panama has become particularly acute over the last years. Migrant women, particularly adolescent girls, are at a higher risk for gender-based violence, unplanned pregnancies, human trafficking and exploitation. The Darien province, bordering with Colombia, suffers particularly complex challenges, as it mostly harbors indigenous natives, *campesinos* (farmers), migrants, and Afro-descendants, who live in rurally dispersed areas amidst high levels of poverty and structural exclusion. The closing of borders between Panama and neighbouring countries, in the context of the preventive measures against the COVID-19 pandemic, has increased the challenges and risks faced by these population groups, exceeding the State's capacity to respond.

5. Achieving the three UNFPA transformative results in Panama will require a targeted effort to tackle poverty and inequalities, as well as exclusion and discrimination, based on ethnic, territorial, age, gender and status disparities. This will become even more critical in the post-COVID-19 period, as current indicators related to poverty and inequalities as well as health and gender-based violence are expected to deteriorate. The Government has made important efforts to ensure the effective implementation of public policies and reach out to the most excluded populations, as evidenced by the Plan Colmena and the Plan Panama Solidario. However, institutional coordination, especially at the territorial level, disaggregated data generation and results-based management, monitoring and evaluation need to be strengthened.

6. The average national maternal mortality ratio decreased, from 46.3 in 2009 to 36.3 deaths per 100,000 live births in 2017, showing a minor downward trend. Nevertheless, the maternal mortality ratio in rural areas remained high (45.6 per 100,000 live births), with the

indigenous comarcas of Emberá-Wounaan (392.2), Guna Yala (339.6), and the Ngabe Buglé (83.6) recording the highest ratio, along with the Darien province (95.4). The medically assisted birth rate (96 per cent) also drops to 87 per cent in indigenous regions (DHS, 2015). The majority of maternal deaths in rural areas continue to be obstetric causes (particularly haemorrhages), and its determinants are linked to geographic and socio-cultural factors, which represent barriers to access high-quality services and relevant information, including skilled attendance at birth and satisfaction of the demand for family planning. In the Ngabe-Bugle comarca, maternal deaths have declined over the last years, also because of the implementation of the UNFPA-supported maternal mortality reduction programme, 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.

7. There continues to be a gap between demand and supply of contraceptive methods, especially in rural areas and among indigenous women, young girls and adolescents aged 15-19. During the period 2013-2014, the unmet need for family planning was 24.2 per cent, reaching 35.8 per cent among indigenous women and 59.9 per cent among sexually active adolescents aged 15-19. The use of modern contraceptives by married or unmarried women decreased from 59.3 per cent in 2009 to 50.8 per cent in 2014 (DHS, 2015), particularly due to limited users’ information on range and cost effectiveness of family planning methods as well as challenges in managing the logistics cycle.

8. Adolescent pregnancy is a priority challenge for the country. In 2017, the adolescent fertility rate was 79 per 1,000 women aged 10-19, with 17.8 per cent of live births occurring in adolescent mothers aged 15-19. Although adolescent pregnancy in the 15-19 age group showed a decrease of 1.8 per cent between 2015 and 2017, pregnancies in adolescent girls aged 10-14 have risen, 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). Among the main determinants: limited access to comprehensive sexuality education and life-skills among adolescents, their main source of information being their peers; limited access to contraceptive methods, especially for low-income, rural and very young, less educated adolescents; sexual violence and early unions.

9. HIV prevalence is relatively low (0.9 per cent). However, new HIV cases are mainly reported among young people and AIDS is the third leading cause of death in adolescents aged 15-24. A study by the Gorgas Institute showed that 98 per cent of the young people surveyed have little knowledge on HIV forms of transmission and prevention measures and 78.4 per cent reported having had their first sexual intercourse before age 16, and 27 per cent reported having one or more STIs.

10. The design and implementation of comprehensive sexuality education programmes need to be strengthened. Since 2017, in the context of limited progress in the implementation of the Comprehensive Sexuality Education Law, UNFPA has advanced in the establishment of the "Adolescent-Friendly Health Services" initiative, contributing to strengthen sexual education and life-skills of adolescents and young people in non-formal contexts, based on rights, gender and intercultural approaches.

11. Gender inequalities and gender-based violence, including femicide represent serious challenges. An estimated 34 per cent of women have experienced partner violence. In 2020, 36 per cent of crimes against freedom and sexual integrity affects adolescents aged 14-17 years old. Some studies suggest that gender-based violence is higher in rural and indigenous areas, among afro-descendant women, migrant women and women with disabilities. However, more disaggregated data are needed to fully understand their realities. Multiple

determinants contribute to this problem: lack of a multi-sectorial and coordinated response, limited access to essential services, and patriarchal and sociocultural stereotypes.

12. Panama's national statistical system needs to strengthen the generation, analysis, and dissemination of timely and high-quality disaggregated data for appropriate follow-up of the sustainable development goals (SDGs) and the Montevideo Consensus' indicators. A greater level of disaggregation is needed by territory (rural/urban), ethnicity (i.e. Afro-descendants), and status (migration and disability), to achieve enhanced visibility of the furthest left-behind groups. The 2020 national Population and Housing Census, now postponed to 2022 in the context of the pandemic, represents an important opportunity to strengthen the availability of disaggregated data. Additionally, enhanced analysis and use of data for evidence-based public policies are needed.

13. The proposed programme is aligned with the United Nations Sustainable Development Cooperation Framework (UNSDCF) for Panama, 2021-2025, within the context of the 2030 Agenda and national priorities. The UNSDCF will contribute to reducing prevailing socio-economic and territorial inequalities, so that all Panamanian citizens, especially the most left-behind, can realize their human rights, have access to justice, live in peace, and achieve sustainable development, both for the present and future generations. UNFPA programme will contribute to the achievement of three of the four UNSDCF outcomes, namely: (a) reduce economic, social, and environmental inequalities, ensuring equitable access to quality essential social services, sustainable livelihoods and financial resources; (b) promote participatory governance and inclusive, effective, transparent and fair national and local institutions at the service of the people; and (c) promote inclusive and comprehensive protection of rights, with special emphasis on the prevention and care of all forms of violence and discrimination, leaving no one behind.

14. UNFPA will contribute to address the structural causes that prevent the achievement of the SDGs, in areas where it has a comparative advantage within the UNCT, namely: (a) generation of population and sexual and reproductive health data to monitor the Montevideo Consensus and the SDG indicators, at the national and territorial levels; (b) the development of quality, innovative, intercultural maternal health strategies and adolescent-friendly health services; (c) the expertise and knowledge in gender equality, women's empowerment and gender-based violence prevention and response; and (d) a relationship of partnership and trust with governmental and non-governmental organizations (particularly women and youth).

15. The programme builds on lessons learned from the current cooperation cycle, such as: (a) strengthening national partners' capacities at the national and subnational levels and engaging Afro-Panamanian and indigenous populations in programme interventions increase the efficiency, effectiveness, and sustainability of results; (b) increasing coordination with other UN organizations supports government efforts to meet international commitments; (c) the establishment and institutionalization of sustainable information systems contribute to the availability of disaggregated data for more evidence-based and targeted public policies; (d) strengthening resource mobilization and results-based management enables the achievement of UNFPA transformative results.

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

16. The proposed programme is aligned with the National Strategic Plan, the Strategic Government Plan 2019-2024, and sectoral policies; the 2030 Agenda for Sustainable Development; the UNSDCF for Panama, 2021-2025; the ICPD Programme of Action and the Montevideo Consensus. Through the UNSDCF outcomes, it will contribute to the achievement of SDGs (Goals 1, 3, 5, 10 and 16), and indirectly to all other SDGs, and hence to UNFPA three transformative results. UNFPA will build on past achievements, expanding interventions aimed at further reducing preventable maternal deaths, through the scaling up of successful intervention models, which use culturally-sensitive and community strategies to increase access to quality integrated sexual and reproductive health services, particularly

of the most vulnerable women, young girls and adolescents (indigenous, Afro-descendants, rural people, migrants and people with disabilities). At the same time, it will aim to reduce unmet need for family planning, particularly among adolescents and young people, thus contributing to reduce adolescent pregnancies, particularly among the most excluded adolescent girls. This twin-track strategy will also allow to reinforce synergies, as addressing adolescent pregnancies will allow to also reduce the number of preventable maternal deaths. The programme will build the resilience of institutions and communities at the national and local levels, seeking to influence both underlying and structural causes that account for inequalities and discriminations. It will do so by addressing: barriers to access sexual and reproductive health and gender-based violence services, including geographic, institutional, economic, and cultural barriers; sociocultural and gender determinants that impact people's behaviour; discrimination based on age, ethnicity, gender, migration and disability status.

17. The geographical scope of the programme will be national and subnational, focusing on the indigenous comarcas, Darien, Western Panama, and Colon. It will apply the following principles: protection and promotion of human rights; leave no one behind; gender, life-cycle and interculturality approach; accountability and resilience. Complementarity in humanitarian and development interventions, particularly in the context of COVID-19 response and human mobility settings, will be promoted.

18. UNFPA will use the following modes of engagement: (a) advocacy and evidence-based policy dialogue to create an enabling policy environment and influence behaviour changes; (b) capacity development at the national and subnational levels, focusing on strengthening institutions and civil society organizations; (c) knowledge management; and (d) coordination and partnerships, including through South-South and triangular cooperation for innovative models. Particular emphasis will be placed on strengthening the generation of disaggregated data and evidence as a key cross-cutting strategy to support evidence-based and more targeted policies, as well as strengthen monitoring of pilot models, through relevant indicators, to enhance accountability, contributing to the identification of lessons learned and good practices for scaling up.

19. The programme will also contribute to the Montevideo Consensus priority measures and the Nairobi Summit commitments: (a) combating gender inequalities and discrimination through leadership and empowerment of women throughout their life-cycle; (b) promoting youth participation in national processes and decision-making; (c) promoting the autonomy of the most vulnerable populations, particularly indigenous and Afro-descendants, in exercising their human rights, framed within the International Decade for Afro-descendants.

20. In line with United Nations reform and lessons learned from the current cycle, UNFPA will strengthen coordination with other UN organizations, improving programmatic synergies and coherence based on territorial and/or target group criteria. UNFPA will pursue joint initiatives with the Common Chapter agencies (UNDP, UNICEF and UN-Women), as well as other agencies, particularly in the areas of maternal and neonatal health, gender equality and women's empowerment, gender-based violence, empowerment of adolescents and youth.

## **A. Sexual and reproductive health**

21. *UNFPA will contribute to UNSDCF outcome 1, through the UNFPA-specific output: Strengthened national and local capacities for the implementation of evidence-based plans and programmes to increase access to integrated services and information on sexual and reproductive health and reproductive rights for women, adolescent and young girls in conditions of greater vulnerability, across humanitarian and development settings.*

22. UNFPA will contribute to ensure the full exercise of sexual and reproductive health and rights and increase access to high-quality integrated sexual and reproductive health services for the most vulnerable groups, through evidence-based intercultural and community strategies and interventions, including innovative technologies. These interventions will contribute to promote inclusive development and prevent and reduce maternal and neonatal deaths, adolescent pregnancy, STIs/HIV, and sexual violence, by ensuring equitable access

to quality and inclusive sexual and reproductive health services, particularly for the most excluded women, adolescent and young girls, living in rural areas, indigenous, Afro-descendants, migrants in transit and people with disabilities.

23. Key strategic interventions are: (a) advocacy, policy dialogue and coordination with national, local and traditional authorities and institutions and other United Nations organizations for improved territorial implementation and review of the National Strategic Plan for the Reduction of Maternal and Perinatal Morbidity and Mortality, 2015-2020, also within the context of the COVID-19 pandemic; (b) capacity development of health personnel of the Ministry of Health (at national and local levels) and the Social Security Fund for timely response and care to the main obstetric causes of maternal deaths, including obstetric haemorrhage; (c) technical assistance to the Ministry of Health to strengthen the outreach of integrated sexual and reproductive health services in dispersed, rural and indigenous areas, through intercultural frameworks, accessible formats and innovative strategies that reduce maternal and neonatal mortality (i.e. App technology innovation project), strengthen demand and access to family-planning services, prevent and respond to sexual violence, provide counselling and prevent STIs/HIV, including within the COVID-19 pandemic; (d) technical assistance to strengthen the functioning of the maternal waiting homes, particularly in indigenous regions and in provinces with a strong presence of Afro-descendant populations (i.e. Darien); (e) strengthen adolescent health services within a health system approach, including through regional scale-up of the Quality Standards in Adolescent-Friendly Health Services, greater interinstitutional coordination with local adolescent and youth programmes, and partnerships with civil society organizations; (f) advocacy and technical assistance to the Ministry of Health to strengthen the logistics management information system for sexual and reproductive health commodities, including family planning methods; (g) generation of data and evidence on innovative strategies for the reduction of maternal mortality and prevention of adolescent pregnancy and STIs/HIV, implemented in the indigenous comarcas, to enable scaling-up of initiatives and South-South and triangular cooperation; (h) technical assistance to strengthen the capacities of the Ministry of Health, the National Border Service (SENAFRONT), the Migration Service and the National Secretariat for Childhood and Adolescence for the inclusion of the Minimum Initial Service Package (MISP) in humanitarian response, with a focus on the care of pregnant migrant women and adolescents in transit.

## **B. Adolescents and youth**

24. *UNFPA will contribute to UNSDCF outcome 2 through the UNFPA specific-output: Strengthened national and subnational capacities to design and implement programmes that tackle the determinants of adolescent and youth sexual and reproductive health, particularly adolescent pregnancy, and promote their participation in decision-making, across development and humanitarian settings.*

25. UNFPA will strengthen the capacities of government and non-governmental institutions, at national and local levels, to design and implement programmes that tackle adolescent and youth sexual and reproductive health, development and well-being. In synergy with the output on sexual and reproductive health and rights, this output will place special emphasis on strengthening the outreach of adolescent health services within a comprehensive approach, which addresses the multiple determinants of adolescent pregnancy, beyond the provision of services, including comprehensive sexuality education, early unions, gender-based violence, and limited opportunities for developing their potential. It will particularly strengthen the implementation of comprehensive sexuality education programmes in out-of-school contexts, to develop adolescents and young people's knowledge and skills to make autonomous and informed decisions. UNFPA will also strengthen youth institutionality at national and local levels, while also increasing youth participation in decision-making. Through these interventions, it will contribute to strengthen participatory and inclusive governance and institutions, without leaving anyone behind.

26. Key strategic interventions are: (a) advocacy and capacity development of national sectors for the design and implementation of multisectoral programmes aimed at adolescents

and youth, particularly the most excluded, focusing on sexual and reproductive health and rights and using the life-cycle, gender, intercultural and inclusiveness approaches; (b) advocacy and technical assistance to the Ministry of Health for the development of a strategy for out-of-school comprehensive sexuality education, based on UNESCO international guidelines; (c) strengthen advocacy and monitoring capacities of adolescent and youth organizations, particularly indigenous, Afro-descendants and young people with disabilities, for their active participation in initiatives that promote their sexual and reproductive health and rights; (d) strengthen the institutionality of youth through advocacy and technical assistance for the establishment of mechanisms of participation for adolescents and youth at the national and local levels; (e) coordination and partnerships with other United Nations organizations and civil society to address the social determinants of adolescents and youth sexual and reproductive health, particularly the prevention of adolescent pregnancy and sexual violence; (f) generation of disaggregated data and evidence on social determinants of adolescent pregnancy, particularly early unions and sexual violence.

### C. Gender equality and women's empowerment

27. UNFPA will contribute to UNSDCF outcome 4, through the UNFPA specific-output: *Strengthened multisectoral and inter-institutional capacity at the national and subnational level to prevent and respond to gender-based violence against women, adolescents and girls, particularly the most vulnerable, across development and humanitarian settings.*

28. UNFPA, in partnership with other United Nations agencies, will contribute to strengthen national and territorial capacities for multisectoral and coordinated response to gender-based violence, by increasing access to essential quality services for attention and care of gender-based violence, focusing on the most vulnerable women, adolescents and girls (Afro-descendants, indigenous, migrants and women with disabilities) in development and humanitarian settings. Behaviour-change strategies, including advocacy, evidence-generation, community engagement and mobilization, women's empowerment and awareness-raising campaigns, will be employed as critical tools to promote transformation of social norms, contributing to eradicate gender-based violence and early unions, and fight discrimination. Through these interventions, the programme will contribute to promote an inclusive and comprehensive system of protection of rights, with special emphasis on the prevention and care of all forms of violence and discrimination based on gender and sensitive to all people in vulnerable conditions.

29. Key strategic interventions are: (a) engage in advocacy and policy dialogue with the authorities to increase the State's commitment to gender-based violence prevention and attention, including through increased budget, in partnership with the women's movement, organizations of indigenous, Afro-descendant women and women with disabilities as well as other United Nations organizations; (b) strengthen planning, management, monitoring and reporting capacities of gender-based violence intersectoral and inter-institutional coordination mechanisms for enhanced implementation of the essential services package at the territorial level, in coordination with other United Nations organizations, particularly UNDP, UNICEF and UN-Women; (c) technical assistance for the generation of improved administrative records and disaggregated data on gender-based violence, including by geographic location, age, sex, ethnicity, migration and disability status; (d) generate evidence on gender-based violence and other harmful practices among indigenous communities, Afro-descendants and people with disabilities; (e) advocacy with national, local and traditional authorities and with community organizations to raise awareness on harmful practices, particularly early unions, in the indigenous comarcas; (f) mobilize and engage communities and organizations, including men's organizations and networks, to promote women's empowerment and change of social norms, promoting healthy and non-violent masculinities; and (g) coordination and partnerships with civil society organizations and other United Nations organizations (particularly UNHCR, IOM, PAHO/WHO) to address gender-based violence against migrants and refugees, especially in the temporary migrant camps in Darien and Chiriqui.

## D. Population dynamics

30. UNFPA will contribute to UNSDCF outcome 2 through the UNFPA-specific output: *strengthened capacities of the national statistical system to generate, map, analyse, use and disseminate disaggregated data to monitor the SDGs and the Montevideo Consensus and improve the implementation of targeted and evidence-based public policies.*

31. UNFPA will carry out actions to strengthen national statistics so that they are reliable, solid and incorporate disaggregated data based on ethnic, gender, status and geographic and territorial criteria to visualize inequalities and the furthest left-behind population groups, particularly indigenous, Afro-descendants, people living in rural areas, migrants and people with disabilities. It will also strengthen the generation of evidence-based plans and programmes for public policy design. These actions will contribute to strengthening the capacity of institutions to incorporate the demographic dynamics into public policies to achieve and monitor the SDGs and the Montevideo Consensus for accountability and more inclusive, effective, transparent and fair participatory governance.

32. Key strategic interventions are: (a) technical support to the National Institute of Statistics and Census (INEC) to strengthen the capacities and role of the national statistical system as lead national institution for statistical issues; (b) technical, operational and programmatic support to the National Institute of Statistics and Census for the 2020 round of census, ensuring the capacity, level of quality and coverage necessary to provide a solid demographic base for national planning, within a geospatial framework; (c) technical assistance to increase data disaggregation by ethnicity, gender, migration and disability status, and territory, to visualize the furthest left-behind population groups, particularly indigenous peoples, Afro-descendants, people with disabilities and migrants, through the census ballot, administrative records and national surveys; (d) advocacy and technical assistance to strengthen vital statistics; (e) generation of evidence and knowledge based on primary data sources, such as the census, administrative records and vital statistics, the DHS and other surveys, research and studies; and (f) technical assistance and advocacy for implementation, monitoring and reporting of the Montevideo Consensus and the 2030 Agenda.

## III. Programme and risk management

33. The programme will be implemented with national partners. Mixed modalities of implementation (direct and national execution) will be used, seeking ownership and the development of national and local capacities. The harmonized approach to cash transfers will be used in a coordinated fashion with other United Nations organizations to manage financial risks. Cost definitions and classifications for programme and development effectiveness will be charged to the relevant projects.

34. UNFPA will articulate its interventions with different partners, including national and subnational government authorities, civil society organizations, community leaders, academia, private sector, development banks, professional associations, donors, other United Nations organizations, and volunteers. It will mobilize domestic resources through government co-financing, global joint funding initiatives as well as the private sector.

35. The programme is informed by a careful analysis of risks, identified as follows: (a) changes in legislative, policy, regulatory and/or institutional frameworks that may limit the advancement of sexual and reproductive rights and the right to a life free from violence; (b) substantial reduction in financial resources or delays in disbursements; (c) increased impact of the COVID-19 pandemic or new emergency situations; and (d) accountability risks. The following mitigation strategies will be implemented: (a) policy dialogue to continue advancing the implementation of the Montevideo Consensus, the Nairobi commitments and the SDGs; (b) diversification of partners and funding sources; (c) use of remote modalities to adapt to the mobility restrictions caused by the COVID-19 or other emergencies; (d) strengthened partnerships with organizations with a territorial presence; and (e) increased capacity development and monitoring to achieve results.



36. The technical and programmatic structure of the office will be strengthened to ensure adequate capacity for effective implementation of the programme, particularly on population dynamics and adolescents and youth, considering the need to strengthen the national statistical system, particularly in the framework of the 2020 census round, and the proposed programme's increased focus on adolescents and youth. The country office will also leverage partnerships within the United Nations system and other development partners, optimizing use of available human resources at the national level. Technical support from the regional office and headquarters will be sought, as necessary.

37. UNFPA may, in consultation with the government, reschedule programme activities to respond to humanitarian and crisis situations.

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

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

39. UNFPA and the Ministry of Foreign Affairs, through the Vice-Ministry of Multilateral Affairs and Cooperation, will oversee the country programme, in accordance with the procedures agreed upon in the United Nations reform, the UNSDCF guidance, UNFPA policies and procedures, results-based management principles and standards, and the jointly agreed monitoring and evaluation plan. UNFPA will participate in the UNSDCF monitoring and evaluation processes, including the review of annual reports.

40. UNFPA will work with relevant governmental and non-governmental partners, as well as with other United Nations partners, bilateral and multilateral organizations, in order to strengthen national and local capacities and their monitoring and reporting systems. This will contribute to strengthen accountability, ownership and institutionalization of results both by national and local institutions and by rights-holders.

41. The country office will develop, together with its partners, a country programme monitoring and evaluation plan, aligned to the UNSDCF Monitoring and Evaluation Plan, on the basis of the UNSDCF results and joint workplans. This plan will include: technical monitoring meetings with national and local counterparts and implementing partners; field visits; periodic meetings to monitor progress in results achievement; risk assessment and adoption of appropriate corrective measures; periodic financial performance reviews; and annual progress reports and meetings, including the generation of knowledge and the identification of good practices. This Plan will allow to identify lessons learned, document good practices, strengthen evidence-based decision-making and accountability.

42. Based on the evaluation plan, UNFPA will summarize the envisioned thematic and programme evaluation and how outcomes will inform programming vis-à-vis the medium-term vision of the programme as well as emphasize the innovative and participatory approaches to the planned evaluations, where applicable.

43. A midterm review will be carried out to analyse progress made, reorient strategies, and align the country programme with the next UNFPA strategic plan for 2022-2025.

44. UNFPA will contribute to strengthening national capacities for monitoring and reporting the country's commitments to the 2030 Agenda (voluntary national reports), the Montevideo Consensus and the Nairobi commitments.

## RESULTS AND RESOURCES FRAMEWORK FOR PANAMA (2021-2025)

<b>NATIONAL PRIORITY:</b> Strategic Pillar 4: Fighting Poverty and Inequality				
<b>UNSDCF OUTCOME INVOLVING UNFPA:</b> By 2025, Panama promotes a sustainable and inclusive development: it ensures equitable access to essential services and livelihoods for all people; promotes inclusion, innovation, competitiveness, industrial development and entrepreneurship, with a territorial and human rights approach.				
<b>RELATED UNFPA STRATEGIC PLAN OUTCOME:</b> Outcome 1. Sexual and Reproductive Health and Rights				
UNSDCF outcome indicator(s), baselines, target(s)	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<u>UNSDCF Outcome indicator(s):</u> <ul style="list-style-type: none"> <li>Not available</li> </ul> <u>Related UNFPA Strategic Plan Outcome indicator(s):</u> <ul style="list-style-type: none"> <li>Proportion of births attended by skilled health personnel <i>Baseline (Comarca Ngabe-Bugle): 57%; Target: 67%</i> <i>Baseline (Darien): 85%; Target: 90%</i></li> <li>Unmet need for family planning <i>Baseline (15-49): 24.2%; Target: 15%</i> <i>Baseline (15-19): 54.9%; Target: 45%</i> <i>Baseline (Comarca Ngabe Bugle): 57.3%; Target 50%</i> <i>Baseline (Comarca Embera Wounan): 46.8%; Target 40%</i> <i>Baseline (Comarca Guna Yala): 59.5%; Target 50%</i></li> </ul>	<u>UNFPA-specific output:</u> Strengthened national and local capacities for the implementation of evidence-based plans and programs to increase access to integrated services and information on sexual and reproductive health and reproductive rights for women, adolescent and young girls in conditions of greater vulnerability, across humanitarian and development settings	<ul style="list-style-type: none"> <li>Number of territories (indigenous comarcas/districts) that incorporate intercultural and community strategies to increase access of the most vulnerable population groups, particularly indigenous and afro descendant rural women and adolescent girls, to maternal health services and information <i>Baseline: 1; Target: 3</i></li> <li>Number of adolescent-friendly services facilities that implement at least 80% of the international standards, in selected provinces/indigenous comarcas <i>Baseline: 10; Target: 30</i></li> <li>MISP is included in Ministry of Health training activities for humanitarian response, including for refugees and migrants, with the support of UNFPA <i>Baseline: No; Target: Yes</i></li> <li>A logistics management information system, including “reaching the last mile”, for forecasting and monitoring sexual and reproductive health commodities is functional <i>Baseline: No; Target: Yes</i></li> </ul>	Social Cabinet Technical Secretariat; Ministry of Health; Health regions; Ministry of Foreign Affairs; Local and indigenous authorities; community organizations; National Service of Migration; NGOs, media; territorial indigenous and afro-descendant organizations; academia; private sector; other UN organizations.	\$0.5 million (\$0.5 million from regular resources)
<b>NATIONAL PRIORITY:</b> Strategic Pillar 4: Fighting Poverty and Inequality				
<b>UNSDCF OUTCOME INVOLVING UNFPA:</b> By 2025, Panama has participatory governance and inclusive, effective, transparent and fair national and local institutions at the service of the people, articulated among themselves and in alliance with non-governmental actors; with a territorial, human rights, intercultural, gender, life-course approach and without leaving anyone behind				
<b>RELATED UNFPA STRATEGIC PLAN OUTCOME:</b> Outcome 2. Adolescents and youth				
<u>UNSDCF Outcome indicator(s):</u> <ul style="list-style-type: none"> <li>Not available</li> </ul> <u>Related UNFPA Strategic Plan Outcome indicator(s):</u>	<u>UNFPA-specific output:</u> Strengthened national and subnational capacities to design and implement programmes that tackle the determinants of adolescent and youth sexual and reproductive health, particularly	<ul style="list-style-type: none"> <li>Number of pilot health centres with adolescents and youth friendly services that implement an out-of-school comprehensive sexuality education curriculum, according to international standards, with UNFPA support <i>Baseline: 0; Target: 6</i></li> </ul>	Social Cabinet Technical Secretariat; Ministry of Social Development; Ministry of Health; Health regions;	\$1.1 million (\$0.4 million from regular resources and \$0.7 million from other resources)

<ul style="list-style-type: none"> <li>Number of national sexual and reproductive health policies and programmes that incorporate adolescents and youth, especially the most marginalized <i>Baseline: 1; Target: 2</i></li> <li>Percentage of women and men aged 15-24 years who correctly identify both ways of preventing the sexual transmission of HIV and reject major misconceptions about HIV transmission <i>Baseline (women): 36.2%; Target: 46</i> <i>Baseline (men): 34.9%; Target: 44</i></li> </ul>	<p>adolescent pregnancy, and promote their active participation in decision-making, across development and humanitarian settings</p>	<ul style="list-style-type: none"> <li>Number of adolescents that receive HIV counselling for greater awareness in the Adolescent Youth Friendly Health Services <i>Baseline: 782; Target: 1,500</i></li> <li>Number of provinces that have institutional mechanisms for the participation of adolescents and young people, particularly those in condition of greater vulnerability, in policy dialogue and programming <i>Baseline: 7; Target: 15</i></li> <li>Research on the linkages between adolescent pregnancy and early unions carried out with UNFPA support <i>Baseline: No; Target: Yes</i></li> </ul>	<p>Ministry of Foreign Affairs; National Secretariat of Childhood, Adolescence and Family; National Institute of Human Rights; Association of Municipalities of Panama; civil society organizations; other UN organizations; territorial indigenous and afro-descendant organizations</p>	
<p><b>NATIONAL PRIORITY:</b> Strategic Pillar 4: Fighting Poverty and Inequality</p>				
<p><b>UNSDCF OUTCOME INVOLVING UNFPA:</b> By 2025 Panama has an inclusive and comprehensive system of protection of rights, with special emphasis on the prevention and care of all forms of violence and discrimination based on gender, life-course, and sensitive to all people in vulnerable</p>				
<p><b>RELATED UNFPA STRATEGIC PLAN OUTCOME:</b> Outcome 3. Gender equality and women's empowerment</p>				
<p><u>UNSDCF Outcome indicator(s):</u></p> <ul style="list-style-type: none"> <li>Not available</li> </ul> <p><u>Related UNFPA Strategic Plan Outcome indicator(s):</u></p> <ul style="list-style-type: none"> <li>Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by age and place of occurrence <i>Baseline: 4.6%; Target: 3%</i></li> </ul>	<p><u>UNFPA-specific output:</u> Strengthened multisectoral and inter-institutional capacity at the national and subnational level to prevent and respond to gender-based violence against women, adolescents, and girls, particularly the most vulnerable, across development and humanitarian settings</p>	<ul style="list-style-type: none"> <li>Number of sectors that implement coordinated, timely and quality care routes for survivors of gender-based violence, including specific strategies for prioritized populations (indigenous, afro descendant, rural women and girls, women with disabilities and refugees and migrants <i>Baseline: 1; Target: 2</i></li> <li>Number of women subjected to violence in prioritized territories (indigenous comarcas, provinces) who have accessed the essential services package <i>Baseline: 9,589; Target: 12,500</i></li> <li>Number of health and migration personnel in migrant and refugee camps in Chiriquí and Darien trained by UNFPA for the prevention and response to gender-based violence for migrant women and adolescent girls <i>Baseline: 60; Target: 100</i></li> <li>Number of studies on gender-based violence towards afro-descendant women, women with disabilities and indigenous women, produced with UNFPA support <i>Baseline: 1; Target: 3</i></li> </ul>	<p>Ministry of Health; National Institute of Women; National Secretariat for Childhood, Adolescence and Family; Ministry of Foreign Affairs; other UN organizations; territorial indigenous and afro-descendant organizations</p>	<p>\$0.4 million (\$0.4 million from regular resources)</p>

<b>NATIONAL PRIORITY:</b> Strategic Pillar 1: Good Governance				
<b>SPECIFIC FRAMEWORK OUTCOME:</b> By 2025, Panama has participatory governance and inclusive, effective, transparent and fair national and local institutions at the service of the people, articulated among themselves and in alliance with non-governmental actors; with a territorial, human rights, intercultural, gender, life-course approach and without leaving anyone behind				
<b>RELATED UNFPA STRATEGIC PLAN OUTCOME:</b> Outcome 4. Population Dynamics				
<b>Specific framework outcome indicator(s), baselines and target(s)</b>	<b>Country programme outputs</b>	<b>Output indicators, baselines and targets</b>	<b>Partner contributions</b>	<b>Indicative resources</b>
<p><u>UNSDCF Outcome indicator(s):</u></p> <ul style="list-style-type: none"> <li>Not available</li> </ul> <p><u>Related UNFPA Strategic Plan Outcome indicator(s):</u></p> <ul style="list-style-type: none"> <li>Population and Housing census conducted <i>Baseline: No; Target: Yes</i></li> </ul>	<p><u>UNFPA-specific output:</u> Strengthened capacities of the national statistical system to generate, map, analyse, and use disaggregated data to monitor the SDGs and the Montevideo Consensus and improve the implementation of targeted and evidence-based public policies</p>	<ul style="list-style-type: none"> <li>Number of updated data sources (Census, DHS, CRVS, other surveys) supported by UNFPA utilized to map populations left behind in order to meet the three zeros with disaggregated data <i>Baseline: 0; Target: 3</i></li> <li>Post-censal evaluation carried out with UNFPA technical, operational and programmatic assistance <i>Baseline: No; Target: Yes</i></li> <li>Annual Vital Statistics and civil registry data generated and published, with UNFPA support <i>Baseline: No; Target: Yes</i></li> <li>Number of the UNFPA-prioritized SDG indicators included in the National Statistical Plan <i>Baseline: 7; Target: 12</i></li> </ul>	<p>General Comptroller of the Republic; National Institute of Statistics; Social Cabinet Technical Secretariat; Ministry of Health; Ministry of Foreign Affairs; Gorgas Institute for Research in Health; Latin-American and Caribbean Centre for Demography; National Secretariat for the Development of Afro-Panamanians; UN organizations.</p>	<p>\$2.5 million (\$0.5 million from regular resources and \$2.0 million from other resources)</p>