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UNFPA – Country programmes and related matters

UNITED NATIONS POPULATION FUND

Draft country programme document for Panama

Proposed indicative UNFPA assistance: \$4 million: \$2.4 million from regular resources and \$1.6 million through co-financing modalities and/or other resources, including regular resources

Programme period: Four years (2012-2015)

Cycle of assistance: Second

Category per decision 2007/42: B

Proposed indicative assistance by core programme area (in millions of \$):

	Regular resources	Other	Total
Reproductive health and rights	1.0	0.9	1.9
Population and development	0.8	0.3	1.1
Gender equality	0.4	0.4	0.8
Programme coordination and assistance	0.2	-	0.2
Total	2.4	1.6	4.0



I. Situation analysis

1. Panama is a multi-ethnic, multicultural country. Nearly one fifth of the population is indigenous (12.3 per cent) or of African descent (9.2 per cent).
2. Despite strong economic growth over the past five years and a gross national product per capita of \$13,000, Panama ranks second in the region in terms of income inequality. The richest 10 per cent of the population receives nearly half of the total national income, while the poorest 10 per cent receives only 1 per cent of the total gross domestic product. Nearly one third of the population (32.4 per cent) lives in poverty, and 14.2 per cent of the population lives in extreme poverty.
3. Social and economic disparities have the greatest impact on indigenous populations. Ninety-six per cent of indigenous Panamanians live in poverty. Overall literacy levels are high (94 per cent), but literacy levels among indigenous populations are as low as 41 per cent. In some indigenous population groups, only 57 per cent of women can read, compared to 74 per cent of men.
4. While the overall total fertility rate is 3.1 births per woman, among indigenous groups the total fertility rate is 6.2 births per woman. The unmet need for family planning is nearly three times higher among indigenous women (70 per cent) than among women in urban areas (24 per cent). Although the overall modern contraceptive prevalence rate for women of reproductive age in union is 49 per cent, the rate is only 19 per cent among indigenous women.
5. The national maternal mortality ratio, 60 maternal deaths per 100,000 live births, is five times higher among indigenous women (300 maternal deaths per 100,000 live births). Although 88.5 per cent of births are attended by skilled personnel, among indigenous women this figure is 45.1 per cent.
6. Disparities between indigenous and non-indigenous groups include: (a) the lack of adequate health infrastructure in highly dispersed communities; (b) the lack of health personnel who speak indigenous languages and are familiar with culturally appropriate health-care provision strategies; (c) gender roles that inhibit health-seeking behaviour; (d) widespread discrimination; and (e) poverty.
7. Adolescents and youth (15 to 24 years of age) comprise 16.9 per cent of the population. Panama has attained universal primary education, but attendance drops dramatically in the higher grades, with only 45 per cent of youth completing secondary school. The adolescent fertility rate (82.9 births per 1,000 women aged 15 to 19) has increased in recent years. The 2009 demographic and health survey reported that nearly one third of indigenous, adolescent respondents were pregnant or had given birth.
8. The HIV prevalence rate is 0.9 per cent. The epidemic is concentrated, with the highest HIV prevalence rates among men in high-risk groups (10.8 per cent) and among sex workers (3.3 per cent). The HIV prevalence rate among indigenous groups, although relatively low, is increasing.
9. Panama ranks lowest in the region in terms of women's representation at high decision-making levels and ranks 105 of 129 globally. However, one of the six women serving in the legislature is indigenous.
10. Gender-based violence is a serious concern. Female homicides increased from 24 in 2001 to 51 in 2010.

11. Although indigenous populations exhibit the highest degree of vulnerability, there are other vulnerable and underserved population groups, including Panamanians of African descent and the aged.

II. Past cooperation and lessons learned

12. UNFPA cooperation in Panama began in 1975. UNFPA established a country office in Panama in 1992. In 2006, the first country programme, covering the period 2007-2011, mobilized \$4.5 million (\$2.5 million in regular and \$2 million in other resources).

13. Achievements of the 2007-2011 country programme included: (a) the first national survey on sexual and reproductive health in 25 years; (b) a certificate programme on sexual and reproductive health at the national university; (c) the inclusion of young people within policy-making entities and networks; and (d) strengthened local capacity in reproductive health commodity security.

14. Additional programme achievements included: (a) undertaking an initiative to reduce maternal mortality among the poorest indigenous women, the Ngäbe-Buglé; (b) training health-care providers to provide culturally appropriate services; (c) mobilizing communities around the needs of women with obstetric complications; (d) training community health promoters; (e) establishing a maternity waiting home; and (f) providing essential equipment for health centres.

15. Preliminary results of the programme evaluation indicate that women report receiving improved care and respect. The evaluation also found that the number of prenatal care visits and skilled birth attendants has increased.

16. UNFPA participated in the United Nations reform process, with active

membership in all working groups and relevant inter-agency initiatives. The UNFPA country office led the gender thematic group, the HIV and AIDS joint team and the technical group on indigenous issues. UNFPA also participated in two joint programmes and served as the leading technical organization to prevent violence against women.

17. The evaluation of the 2007-2011 country programme found that UNFPA had contributed to the promotion of social equity and the improvement of national capacity. Lessons learned included: (a) involving local authorities and men in the programme leads to a community-level impact; (b) strengthening local civil society and government organizations is essential to ensure sustainable results; and (c) a communications strategy is vital to create awareness and disseminate best practices among key stakeholders.

III. Proposed programme

18. The proposed programme is based on government priorities and the United Nations Development Assistance Framework (UNDAF), 2012-2015, and incorporates recommendations identified in the evaluation of the previous country programme. It also takes into account the Millennium Development Goals, the Programme of Action of the International Conference on Population and Development, and the UNFPA strategic plan, 2008-2013.

19. The programme has three components: (a) reproductive health and rights; (b) population and development; and (c) gender equality. The programme addresses the needs of young people, adolescents, indigenous populations, Panamanians of African descent, and the aged, while mainstreaming gender and human rights.

20. UNFPA will participate in joint programmes in four UNDAF priority areas: (a) the achievement of the Millennium Development Goals; (b) the consolidation of democracy; (c) citizen security; and (d) climate change.

Reproductive health and rights component

21. This component has one outcome: increased access to high-quality sexual and reproductive health services, including services for HIV and AIDS, with a focus on indigenous people and other vulnerable population groups.

22. Output 1: Increased national capacity to provide sexual and reproductive health services, including services for HIV and AIDS, with a focus on indigenous people and other vulnerable population groups. In cooperation with partners, UNFPA and the Government will: (a) train health-care providers in the areas of human rights, gender and culture, as well as in sexual and reproductive health care; (b) support the Ministry of Health in procuring and managing reproductive health commodities; (c) train Ministry of Health staff and mobilize communities to address emergency obstetric complications; (d) train health personnel and peer promoters to implement participatory demand-creation strategies; and (e) integrate the prevention of sexually transmitted infections (including human papilloma virus and HIV) into reproductive health services, focusing on indigenous people, adolescents, and Panamanians of African descent in vulnerable situations.

23. Output 2: Increased availability of comprehensive sexual and reproductive health information, education and services, including on HIV and AIDS, for adolescents and youth. The programme will: (a) strengthen the knowledge and capacity of opinion leaders and civil society to promote comprehensive sex education and life skills; (b) train service providers to provide high-quality, youth-

friendly services; (c) provide technical assistance to develop curricula for comprehensive sex education; and (d) produce and disseminate information, education and communication materials on sexual and reproductive health.

Population and development component

24. This component will contribute to the following outcome: national institutions are able to formulate, implement and monitor evidence-based, rights-based, gender-sensitive and culturally appropriate legislation, national development plans, public policies and regulations, and plans to reduce vulnerability to climate change.

25. Output 1: Increased national capacity to generate, analyse and disseminate sociodemographic data disaggregated by age, sex and ethnicity, data on population dynamics, and data on reproductive health, including on HIV and AIDS. The programme will: (a) train professionals at institutions of higher learning to generate and use data for public policy formulation directed at adolescents, youth, indigenous people, Panamanians of African descent, and the aged; (b) support and train staff at national entities to analyse and monitor policy-related data; and (c) support research to generate evidence on HIV and AIDS, sexual and reproductive health, indigenous populations, Panamanians of African descent, youth and the demographic transition.

26. Output 2: Strengthened national capacity to reduce vulnerability to climate change and integrate sexual and reproductive health into emergency planning and humanitarian response. The programme will: (a) train and support partners to develop public policies related to populations in vulnerable situations, including indigenous groups, Panamanians of African descent, adolescents and youth, and the aged; and (b) develop strategies to incorporate the minimum essential services

package for reproductive health in humanitarian settings into disaster-preparedness plans and train health providers in its use.

Gender equality component

27. The outcome of this component is: the rights of women and adolescent girls, particularly indigenous women, are integrated into national policies, violence-prevention plans, and plans designed to address the needs of victims of all forms of gender-based violence.

28. Output 1: Increased capacity of the Government, as well as civil society organizations, to promote, guarantee and monitor, with a multicultural focus, legal, financial and policy frameworks that govern the reproductive and human rights of women and adolescents. The programme will: (a) provide technical assistance and training to integrate a gender perspective into national and municipal budgets; (b) provide technical support to government and civil society mechanisms to protect human rights, with a focus on women, youth, indigenous populations, and Panamanians of African descent; and (c) strengthen organizations for youth, women, indigenous women, and Panamanians of African descent.

29. Output 2: National and local governments and civil society organizations have increased capacity to implement comprehensive prevention and care programmes for women and adolescents who are victims of violence, including violence in emergency situations, human trafficking, and sexual violence. The programme will: (a) provide technical assistance to strengthen the legal and regulatory frameworks related to gender-based violence; (b) integrate efforts to halt gender-based violence into capacity-building strategies at all levels; (c) provide technical assistance, including a unified database, to expand services to victims of gender-based violence; and (d) promote

participatory, rights-based and gender-sensitive strategies to prevent violence against girls and young women.

IV. Programme management, monitoring and evaluation

30. The programme will employ a results-based approach, supported by a communications strategy, to implement and monitor programme performance and administration, as per the recommendations of the current programme evaluation and the UNDAF monitoring and evaluation plans. UNFPA and the Ministry of the Economy will establish a joint committee for strategic guidance and to monitor progress through field visits and annual meetings.

31. UNFPA and local implementing partners will implement the programme jointly, using the national execution modality whenever possible. National and international consultants will provide technical cooperation in programme implementation. The UNFPA regional office in Panama City, Panama, will facilitate the provision of technical and programmatic support.

32. The country office in Panama consists of a non-resident country director based in Nicaragua, an assistant representative, three programme analysts and three support staff. The maternal mortality prevention project in the remote territories of Ngäbe-Buglé, which are 450 kilometres west of Panama City, Panama, requires a sub-office that includes a project coordinator and three programme-funded staff.

RESULTS AND RESOURCES FRAMEWORK FOR PANAMA

National priorities: (a) attainment of the Millennium Development Goals; (b) democracy-building; (c) strengthening citizens' security; and (d) environmental sustainability and climate change UNDAF outcome: achievement of the Millennium Development Goals, by strengthening the capacity for integrated implementation by government agencies and civil society and by prioritizing the most vulnerable regions and groups				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Reproductive health and rights	<p>Outcome: Increased access to high-quality sexual and reproductive health services, including services for HIV and AIDS, with a focus on indigenous people and other vulnerable population groups</p> <p>Outcome indicators:</p> <ul style="list-style-type: none"> • Unmet need for contraceptives among indigenous and non-indigenous populations Baseline: 70.4% indigenous, 24.4% non-indigenous; Target: to be determined • Total number of births to indigenous women attended by skilled providers Baseline: 55%; Target: to be determined • Percentage of people aged 15-24 who can correctly identify one or more forms of HIV prevention. Baseline: demographic and health survey, and the 2009 complementary analysis; Target: to be determined • Number of adolescents who are pregnant or who have given birth at the time of the demographic and health survey Baseline: 20% non-indigenous, 32% indigenous; Target: 15% non-indigenous and 27% indigenous adolescents are pregnant or have given birth 	<p>Output 1: Increased national capacity to provide sexual and reproductive health services, including services for HIV and AIDS, with a focus on indigenous people and other vulnerable population groups</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • Number of indigenous districts (through health centres and communities) prepared to handle emergency obstetric complications Baseline: 4 districts in the Ngäbe-Buglé territories; Target: 5 districts in the Ngäbe-Buglé territories and 2 in another territory • Perception of the quality and accessibility of sexual and reproductive health services among indigenous women and other vulnerable populations Baseline: perception of quality and accessibility in 2012; Target: perceived improvement in quality of services • Proportion of family planning commodities purchased by the Government Baseline: numerator is the annual government expenditure; denominator is the cost of total family planning commodities required; Target: to be determined <p>Output 2: Increased availability of comprehensive sexual and reproductive health information, education and services, including on HIV and AIDS, for adolescents and youth</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • Number of national partners that include comprehensive sex education in their programmes Baseline: number of programmes that include comprehensive sex education in 2011; Target: to be determined, based on 2011 review • Number of health centres supported by UNFPA that provide adolescent-friendly sexual and reproductive health services Baseline: number in 2011; Target: to be determined based on 2011 review 	<p>Local governments; Ministries of Education; Health; and Social Development; Social Security; National Commission on HIV/AIDS; traditional authorities</p> <p>Non-governmental organizations (NGOs); universities</p>	\$1.9 million (\$1 million from regular resources and \$0.9 million from other resources)
UNDAF outcomes: (a) strengthened capacity of local and national governments to effectively and comprehensively formulate, implement and evaluate transparent public policies related to human development; and (b) vulnerability to climate change, emergencies and natural disasters is reduced, along with the emission of greenhouse gases, through intersectoral actions directed towards the efficient and sustainable use of human resources at the national and local level				
Population and development	<p>Outcome: National institutions are able to formulate, implement and monitor evidence-based, rights-based, gender-sensitive and culturally appropriate legislation, national development plans, public policies and regulations, and plans to reduce vulnerability to climate change</p>	<p>Output 1: Increased national capacity to generate, analyse and disseminate sociodemographic data disaggregated by age, sex and ethnicity, data on population dynamics, and data on reproductive health, including on HIV and AIDS</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • National survey on sexual and reproductive health conducted Baseline: not applicable; Target: survey is conducted by 2015 • Number of government and civil society professionals that have increased knowledge and skills to incorporate population dynamics, human rights, reproductive health and multiculturalism into public policies Baseline: 56 professionals trained as of 2011; Target: 72 additional professionals trained by 2015 	<p>Gorgas Institute; National Civil Protection System; National Institute for Statistics; National Institute for Women; Ministries of: Health; Interior; and Social Development;</p>	\$1.1 million (\$0.8 million from regular resources and \$0.3 million from other resources)

	<p>Outcome indicators:</p> <ul style="list-style-type: none"> • Number of national policy documents, including those related to climate change, that integrate population dynamics, sexual and reproductive health, human rights and cultural sensitivity. Baseline: Number of such plans in 2011; Target: to be determined, based on 2011 review • Number of national programmes that focus attention on indigenous people and other vulnerable populations Baseline: number of such programmes as of 2011; Target: to be determined 	<p>Output 2: Strengthened national capacity to reduce vulnerability to climate change and integrate sexual and reproductive health into emergency planning and humanitarian response</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • Number of national plans to reduce vulnerability to climate change that incorporate the explicit protection of women and sexual and reproductive health interventions Baseline: not included currently; Target: included by 2015 • Number of affected people served by UNFPA during emergency situations Baseline: number of people served in 2010; Target: to be determined 	<p>Social Cabinet Technical Secretariat</p> <p>NGOs; universities</p>	
<p>UNDAF outcomes: (a) Panama implements the recommendations of the Universal Periodic Review and develops special processes to protect human rights; and (b) implementation of comprehensive and effective local and national strategies and policies to prevent all forms of violence and to care for and treat the effects of violence</p>				
Gender equality	<p>Outcome: The rights of women and adolescent girls, particularly indigenous women, are integrated into national policies, violence-prevention plans, and plans designed to address the needs of victims of all forms of gender-based violence</p> <p>Output indicator:</p> <ul style="list-style-type: none"> • Number of national policies adopted by the Government to promote women's rights Baseline: Number of such plans in 2011; Target: to be determined, based on 2011 review 	<p>Output 1: Increased capacity of the Government, as well as civil society organizations, to promote, guarantee and monitor, with a multicultural focus, legal, financial and policy frameworks that govern the reproductive and human rights of women and adolescents</p> <p>Output indicator:</p> <ul style="list-style-type: none"> • Number of government institutions or NGOs that include budgetary lines for actions related to the empowerment of women, with a focus on women and adolescents who are indigenous or of African descent Baseline: Number of such organizations in 2011; Target: to be determined based on 2011 review <p>Output 2: National and local governments and civil society organizations have increased capacity to implement comprehensive prevention and care programmes for women and adolescents who are victims of violence, including violence in emergency situations, human trafficking, and sexual violence</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • Number of municipalities that have developed plans to prevent and address gender-based violence, including violence against girls and young women Baseline: 5; Target: 10 • Number of government organizations that report data to the SIEGPA (<i>Sistema de Indicadores con Enfoque de Género de Panamá</i>) gender database. Baseline: to be determined; Target: 100% 	<p>Congress; judiciary; local governments; Ministries of: Health; Interior; and Security; Public Ministry; National Institute for Women; National Civil Protection System; National Women's Commission; Office of the Ombudsperson</p> <p>Women's organizations; universities</p>	<p>\$0.8 million (\$0.4 million from regular resources and \$0.4 million from other resources)</p> <hr/> <p>Total for programme coordination and assistance: \$0.2 million from regular resources</p>