

**Country Programme Performance Summary**  
**Country Programme for Panama**  
**2012-2015**

<b>A. Country Information</b>		
Country name: Panama		
Category per decision 2013/31:	Current programme period: 2012-2015	Cycle of assistance: 2

**B. Country Programme Outputs Achievement** (please complete for all your CP outputs)

**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**

Indicators	Baseline	Target	End-line data
1.1 Number of indigenous districts (through health centres and communities) prepared to handle emergency obstetric complications	1. Four districts in the Ngäbe-Buglé territories	1. Five districts in the Ngäbe-Buglé territories and 2 in another territory	Four districts in the Ngäbe-Buglé territories
1.2 Perception of the quality and accessibility of sexual and reproductive health services among indigenous women and other vulnerable populations	2. Perception of quality and accessibility in 2012	2. Perceived improvement in quality of services	Good quality intercultural attention in the Jose Domingo Obaldia Hospital and Chami EMOC
1.3 Proportion of family planning commodities purchased by the Government	3. 65%	3. 85%	85%

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

**1. Number of indigenous districts (through health centers and communities) prepared to handle obstetrical emergency complications.**

- UNFPA's work is evident and noticeable in more than 42 communities in the districts of Ñurum, Muna, Duima, Nole, Besiko and Mironó, by way of social community promoters who have received training in Pregnancy Care Promotion and SRH and imparted training to health workers in more than 20 institutions of primary health care centers in the region with respect to attending women during pregnancy and facing obstetric emergencies during child labor;
- Generation of Evidence and Research done during this period: (1) Recovery of local knowledge on nutrition of pregnant women;(2) Sanitary and health strategies for pregnant women who migrate during the coffee harvest; (3) Study titled "Road to reversing maternal deaths; (4) Systematizing lessons learned of good practices; (5) Situation Analysis of African descent and indigenous populations based on census results from 2010. (6)Study on the impact of using subdermal implants was also done; (7) Compiling information for putting together a database on the work of community outreach.
- Strengthening Community work evidenced by setting up and running, 16 Community Articulation Groups (GAC) to reduce the incidence of the third delay (delay to reach the hospital) that causes maternal death. 4 GACs are organized and have legal capacity, that is contributing with a more effective management together with the Health Ministry (MINSA).
- The work done on improving maternal health with indigenous peoples in the Ngabe Bugle Comarca is highly valued especially because of an integral approach based on cultural sensitivity. This now has been outlined and schematized to further replicate in other indigenous groups. It is also important to emphasize, the vital role of community participation and orientation of maternal health services with an intercultural focus. This will allow for a more effective system to cope with the obstetric emergencies in the indigenous population

## **2. Perception of the quality and accessibility of sexual and reproductive health services among indigenous women and other vulnerable populations**

- It is quite visible the work the Programme has done in collaboration with the maternity ward of “Hospital José Domingo Obaldía” in training and updating health personnel that work in primary health care centers in Chiriqui Province and the Ngäbe Buglé territory or Comarca. The continuous work with social community promoters in raising awareness about SRH and reduction of maternal deaths in the community is evident.
- Together with the Ministry of Health (MINSA) and the Ngäbe Buglé Indigenous Council (CNB), we are working in training, accompanying, monitoring and evaluating the effect of social community promoters (MC) is increasing the demand for diverse services. Such as, mapping of pregnant women in prioritized health centers, delivery of traffic lights bags or kits to raise awareness and increase pregnancy controls in priority health centers. There has been a diverse elaboration of communication material respectful and in accordance with the laws and regulations of the country, for example; guidelines on procedures and protocols of care in the delivery room, flip charts for social community promoters (MC) to use when conveying information of SRH services, thematic booklets, glossary of terms on the basis of the Perinatal Clinical History chart, and a teaching guide for incorporating a Human Rights and culturally sensitive approach when focusing on these issues.
- Other achievements have been assistance and support by the José Domingo Obaldía Maternity Hospital in training and updating health personnel that work in primary health care centers in Chiriqui Province and the Ngäbe Buglé territory or Comarca for attending complications during childbirth.
- Improved the quality of reproductive health services, a Knowledge Management strategy was adopted by implementing a Post Graduate course in various topics; 1) Gynecology and Obstetrics with emphasis on intercultural focus; 2) Induction to the Ngäbe Culture and basic language elements for health officials and 3) Development of a glossary of terms to assist in the translation of the most frequently used words in the care of pregnant women at the time of delivery and the postpartum period.

## **3. Proportion of family planning commodities purchased by the Government**

- Programme support through the purchase of inputs for Sexual and Reproductive Health (contraceptives) and other medicines provided through UNFPA procurement office in Copenhagen is evident. The total amount provided by the government in 2012 was 810,893 for total inputs, with an amount of \$ 298.491.00 for the purchase of contraceptives.
- The main causes of shortages of reproductive health commodities are associated with the existence of a weak logistics system (lack of a logistics information system; poor training of personnel involved in the logistics system selection process, estimation and storage of inputs not standardized, inefficient, lack of an inventory control system , etc.). The Programme supported the Government to solve this situation.
- In 2010 with support from UNFPA GPRHCS Fund, the Ministry of Health initiated a process to strengthen their system of supplies, starting with a needs assessment of the logistics cycle, and designing an intervention plan and improvement of skills, framed in the strategy of continuous improvement. The main achievement of this process focused on strengthening the steering role of MINSA (restructuring guidelines, standards, procedures, and creating manuals to improve the management of the supply chain). In addition, the acquisitions segment of MINSA was strengthened, achieving 2 MOU signed between the Ministry of Health ( MINSA) and UNFPA for the purchase of contraceptives and other medicines. This was done through the Office of Procurement Services of UNFPA, based in Copenhagen. The purchases were made in 2012 and 2013.

**Output 2: Increased availability of comprehensive sexual and reproductive health information, education and services, including on HIV and AIDS, for adolescents and youth**

Indicators	Baseline	Target	End-line data
2.1 Number of national partners that include comprehensive sex education in their programmes	3 National Government counterparts (MINSA, MIDES y Universidad de Panamá and 24 NGOs	1 of the government y 4 additional NGOs	4 National Government counterparts and 25 NGOs
2.2 Number of health centres supported by UNFPA that provide adolescent-friendly sexual and reproductive health services	1 (Colón)	6 Health Centres in San Miguelito, Panama Oeste and Panama Metropolitana	12 Health centres in San Miguelito, Panama Oeste, Panama Metropolitana, Chiriqui and Comarca Ngabe.

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

**1. Number of national partners that include comprehensive sex education in their programmes**

- The Programme mainly provided technical and financial assistance to academic institutions such as the Faculty of Education at the University of Panama, to strengthen the skills of school teachers on comprehensive sexuality education. A curricula for a Post Graduate and Master Programme on Education & Population, Sexuality and Human Development (EPSDH) was designed and implemented at the headquarters of the Faculty of Education and three of its Regional University Centers (Colon, Los Santos and San Miguelito). As result of this initiative, 125 professionals completed the Post Graduate EPSDH course and 15 finished the Master Programme. In addition, the capacities of Professors at the University of Panama who gave the Post Graduate and Masters of SRH issues, population and development and gender equity were strengthened. Also, an international accreditation of this specialization was achieved by the ACAP (Accreditation Academy of Central America).
- The following strategies were used to address the Comprehensive Sexuality Education,
  - ✓ Coordination wiith the University of Panama in fulfilling the need for training school teachers, in Comprehensive Sexuality Education through their Faculty of Education;
  - ✓ Coordination at community level, local and regional levels of the Ministry of Health (MINSA) to promote advocacy on public policy related with these issues in a “bottom – up” manner, from local governments, upward towards national institutions;
  - ✓ Peer Education was an additional strategy to fill the institutional gap of comprehensive sexuality education and shown to have a high impact on the promotion of sexual and reproductive rights of adolescents and youth;

**2. Number of health centers supported by UNFPA that provide adolescent-friendly sexual and reproductive health services**

- The Country Programme has provided technical and financial assistance to 12 health centers in 6 regions (Panama Centro, Panama West, San Miguelito, Colon, Chiriquí, Ngäbe Bugle) to provide care through Friendly Teen Services (SAA). On one hand strengthening the provision and management, improving the capabilities of health personnel serving adolescents according to national standards and protocols, and secondly, boosting demand for services.
- Promoting and achieving the formation of Teenage Networks in each of the targeted regions by providing training for adolescents in Education Amongst Peers on topics of SRH, by promoting skills for life and emphasizing on values. The program focused on prevention of unwanted pregnancies, prevention of sexually transmitted diseases, HIV / AIDS prevention and Gender-Based Violence in-school spaces.

**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**

<b>Indicators</b>	<b>Baseline</b>	<b>Target</b>	<b>End-line data</b>
<ul style="list-style-type: none"> <li>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</li> </ul>	10	15	15

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

- 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**
  - The National Women’s Institute (INAMU) created in 2008, is the governing institution related with Public Policy on Equal Opportunities for Women with the support of the National Council for Women (CONAMU). They have insistently lobbied for the need of boosting institutional budgets to attend the many needs of Women’s organizations in this country.
  - There are 30 women’s organizations between government institutions and NGO’s that don’t have disaggregated budgets to clearly define resources allocated to gender equity issues. The lack of attention to this matter is a pending issue that is being called upon at the highest level of Government.

**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**

<b>Indicators</b>	<b>Baseline</b>	<b>Target</b>	<b>End-line data</b>
<ul style="list-style-type: none"> <li>Number of municipalities that have developed plans to prevent and address gender-based violence, including violence against girls and young women</li> </ul>	5	10	10
<ul style="list-style-type: none"> <li>Number of government organizations that report data to the SIEGPA (Indicator System with a Gender Focus).</li> </ul>	30	100%	100%

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

**2. (i) Number of Municipalities that have elaborated plans for prevention and combat of gender violence including violence against girls and young women.**

- Legal frameworks- The programme contributed to the approval of laws and mechanisms against domestic violence, such as: i) Law No. 79 of 2011 "On Human trafficking and related activities; ii) Law No. 82 of 2013 "taking steps to prevent violence against women and reform the Criminal Code to Criminalize Femicide and punishing acts of violence against women"; Chapter V of the Act, detailing the formation, structure and functioning of CONVIMU; iii) Resolution No. 7/14 of December 12, 2014 "adopting the Rules of Procedure for the National Committee Against Violence against Women (CONVIMU), this Committee is composed of fourteen (14) state institutions and five civil society organizations that are active with a track record in the defense against violence and promotion of women’s human rights. These five (5) civil society organizations expressed their interest in participating, and meet the requirements of the Law and Regulations.
- Two Joint Programmes were implemented: "Alliance for a life without violence" and “Window for Peace”; Local networks against violence were established such as the one in “Canto del Llano” and another one was consolidated in the district of Arraijan leading to the creation of local plans and the empowerment of these communities. Support efforts in legal terms were made to allow the implementation of national laws, the initiation of the “National Plan for Prevention” and “Promotion of solidarity based lifestyles”, through technical support of community networks that promote a culture of peace and equity.
- The Programme “Culture for Peace” contributed to strengthening the capacity of institutions of the justice system (Judiciary, Public Ministry) and the National Police, through the production of knowledge in the form of studies and research, local security plans and drawing up guidelines for the training of facilitators on prevention of domestic violence and gender, sexual health and reproductive health, STD / HIV / AIDS with emphasis on human rights.
- National protocols of care for victims of domestic violence were developed:
  - ✓ Pocket Decalogue for Police Action with Victims of Domestic Violence. National Police.
  - ✓ Application Protocol for the Law Against Domestic Violence.
  - ✓ Protocol for Suspicion of Domestic Violence. Ministry of Health - National Police.
  - ✓ In addition a positioning statement of women's organizations on the strategic guidelines was submitted to presidential candidates through the IV Covenant on Women’s Pact for Development and Equality.
- In 2014 the approval of the sub-regional in project on Prevention of GBV for Central America countries, which included Panama, contributed through the programme to prevent GBV, trafficking and femicide in 12 selected municipalities. The programme supported the adoption of Law or Act 82, which defines the crime of "femicide" and the creation of the National Committee to combat violence against women (CONVIMU), whose technical secretariat is responsible to INAMU ( National Women Institute). A programme was developed for capacity building of youth and women in prevention for 12 municipalities as plaintiffs of their sexual and reproductive rights were developed.

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

Indicators	Baseline	Target	End-line data
<ul style="list-style-type: none"> <li>• National survey on sexual and reproductive health conducted</li> </ul>	ENASSER - 2009	initiated ENASSER-2014	ENASSER -2014 is conducted.

<ul style="list-style-type: none"> <li>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</li> </ul>	56 professionals trained as of 2011	72 additional professionals trained by 2015	80 public servants
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**Output 2: Strengthened national capacity to reduce vulnerability to climate change and integrate sexual and reproductive health into emergency planning and humanitarian response**

Indicators	Baseline	Target	End-line data
<ul style="list-style-type: none"> <li>Number of national plans to reduce vulnerability to climate change that incorporate the explicit protection of women and sexual and reproductive health interventions</li> </ul>	0	1	An Operational Plan by MINSA for Risk Management, Prevention incorporating Gender-Based Violence and protection of adolescents and youth SRH. (MISP)
<ul style="list-style-type: none"> <li>Number of affected people served by UNFPA during emergency situations</li> </ul>	1,666 women received dignity kits	Distribution institutional and coordination with local governments	2000 dignity kits were distributed through INAMU, MINSA, and Municipalities of Arraijan and Chorrera

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

- Government institutions have developed actions aimed at incorporating SRH in disaster response situations, as well as counseling work focused mainly for women, but the focus towards response plans has been mainly concentrated in Chiriquí, rather than nationally.
- Efforts focused on the formation of generational replacement capacity through internships with INEC staff to CELADE. INEC has been supported and backed by the development of research based on data from the latest national census: Diagnosis of the Indigenous People of Panama based on the Population and Housing Census of 2010 and Diagnosis of Afro-descendants in Panama based on the Population and Housing Census of 2010 and Diagnosis of the Situation of the Elderly. Workshops were developed for technical staff of the Social Cabinet on the use of Redatam we developed and launched the Master Program in Population, Society and Development with emphasis in Demography.
- At present we are advocating for introducing the ethnic variable in death certificates and thereby have more precise current figures on maternal deaths. With the School of Sociology of the University of Panama we are working at the Observatory for reproductive rights of indigenous women in the country, with emphasis on maternal health.
- In relation to the number of affected women who benefit from the services of UNFPA in emergency situations, it is closely related to the direct response of emergencies, which is done through the Ministry of Health (MINSA) and delivery of kits in SRH.

C. National Progress on Strategic Plan Outcomes <sup>1</sup>	Start value	Year	End value	Year	Comments
<b>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</b>					

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

Percentage in which at least 95% of service delivery points in the country have seven life-saving maternal/reproductive health medicines from the WHO priority list.	85%	2012	90%	2014	Source MOH 2014
Contraceptive prevalence rate (total)	58.0%	2009	62.5%	2014	Source MOH 2014
Proportion of demand for contraception satisfied (total)	72.6%	2010	72.6%	2014	ENASSER 2014 has not been completed, therefore no updated data
Percentage in which at least 60% of service delivery points in the country have no stock-out of contraceptives in the last six months	65%	2011	75%	2014	Source MOH 2014
Percentage in which at least 80% of live births in the country are attended by skilled health personnel	88.5%	2009	94.3%	2012	Source ENASSER
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	2012	Yes	2014	Source MOH 2014
Percentage of women and men aged 15-49 who had more than one sexual partner in the past 12 months who reported use of a condom during their last intercourse (female/male)	39.7% M 50.4% H	2009	12.2% M 56.4 H	2014	ENASSER 2014 has not yet been completed, so there is no national data on SRH updated
Has the country increased the national budget for sexual and reproductive health by at least 5 per cent?			Yes	2014	

## Summary of National Progress

**UNFPA's Contributions** Please provide contributions to those outcomes only to which the CP contributed. Not all outcome areas are expected to be covered under UNFPA contributions.

- The most significant contribution has been to demonstrate that we ensure an enabling environment for the mother and child especially for indigenous peoples, with the incorporation of the intercultural approach. It is a strategy that addresses, care during pregnancy, childbirth, postpartum and family planning for indigenous mothers. The Ministry of Health has begun an effort to overcome the limited cultural accessibility of programs for maternal and child health. Standards of care and maternal health plans are being revised with an approach that breaks away with traditional focus on the disease instead of focusing on people and their life cycle:
- Improve registration systems of maternal and child health care in general and maternal deaths in particular, incorporating an ethnic approach to all data sources and in all stages of compiling information as a model in Chiriqui and the CNB, which is now used more broadly and funded by IADB programs.
- Work has begun to reinterpret conventional indicators in light of the right to cultural integrity, ensuring the full participation of communities and indigenous peoples in these processes through the Master's Program of Public Health and Demography and also with the diverse educational programs of health personnel in prioritized areas.
- Staff training in emergency obstetric care, use of long-term family planning methods and advocacy to continue purchasing them in the future.
- Involve the community through Community Multipliers (volunteer health promoters), which identify and guide pregnant women, with their birth plans, offer support for the transfer to the nearest health facility or Hospital referral. In priority communities there is The House of the Ngäbe Walker, a Center for Passage or Half way Home for more than 36 communities that use the facilities during migration.
- Translators in the delivery room and postpartum HJDO Maternity and Emergency Obstetric Centers.
- With regard to UNFPA and support for MINSA to improve inventories of medicines especially for family planning and other provisions for sexual and reproductive health. We prioritized strategy for capacity building of personnel involved in the logistics system and in supporting the acquisition of inputs and provisions.
- The creation of the Department of Pharmaceutical Management and the preparation of the Manual of Organization and Functions and its Strategic Plan.
- The standardization of a Needs Assessment Methodology and Inventory Control System (ICS) and a Guide for Estimating and Scheduling Medical Purchases is underway.
- A Manual of Good Storage Practices was developed to regulate the operation of the logistics process from medical supply stores.
- The 14 Regional Medical Storage Facilities were provided with computers to implement the LS Sum Software to strengthen the Information System for Logistics Management.
- A situation analysis was done of the Information System for Logistics Management (SIAL) and a plan to strengthen the MINSA SIAL in order to systematize records, reports and responsible persons for ensuring the flow of information along the chain of supplies of all inputs.
- A Communication Strategy, based on the Social Marketing, aimed at internal and external users, was developed in order to make visible progress related to the restructuring of the logistics cycle.

### **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)	12.4% Men(m) 14.9 Female	2009	12.4% M 14.9% F	2009	ENASSER 2014 has not yet been completed, so there is no national data on SRH updated
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Does the country have laws and policies that allow adolescents (regardless of marital status) access to sexual and reproductive health services?	Yes	2006	Yes	2014	The law provides that the age of consent to apply for health services is at 16,. However, standards of comprehensive care for adolescents suggest that medical personnel attend adolescents always looking for attention.
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**Summary of National Progress**  
**UNFPA's Contributions**

- During this programming cycle improving Friendly Teen Services was prioritized, with emphasis on teen pregnancy prevention, prevention of sexually transmitted infections including HIV and prevention of Gender Based Violence.
- Since 2012 the Ministry of Health with technical support from the United Nations Population Fund, developed the Program to Strengthen Friendly Health Services for Adolescents (SSAA) 6 facilities in 12 Health Regions: Colón, San Miguelito, Panama Metro, West Panama, Chiriqui and Ngäbe Bugle.
- Intervention in the SSAA aims to improve the offer by strengthening capacities of health personnel serving adolescents and boost demand and access to services, and promote the networking of teenagers, and boost in community spaces, educational activities for adolescents and youth in the prevention of early pregnancy, HIV and violence.
- The main strategy used was the Peer Education among teenagers, supervised (EPAS) using game friendly (ludic) methodologies and printed manuals for the training of trainers.
- For this program they developed the following educational tools:
  - Flipchart Skills for Life and SRH aimed at adolescents and young people and Facilitator Manual.
  - Educational games or based on the contents of the flipchart, (i) bingo game, (II) card game - "You decide" and (iii) board game called- "Health and Life Project"), to promote the advantages offering using life skills in social learning and promote the use of services
  - Growing without HIV Prevention through education, consultation document on sex education for educators.
- In 2014 the SAA program has trained 120 teenagers as peer educators that have impacted about 600 adolescents in their communities. It reported only one (1) pregnancy among adolescents participating in the program.
- In addition, they have trained 80 health workers who care for adolescents, in application of standards and use of operational guidelines.

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

	Start value	Year	End value	Year	Comments
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Does the country have the gender equality national action plans that integrate reproductive rights with specific targets and national public budget allocations?	1	2004	2	2013	There is a National Plan against Violence 2004-2014 (review) and the Action Plan of the National Policy on Equal Opportunities 2013- National Plan Against Trafficking incorporating a National Commission against Trafficking in Persons, where inter-institutional participation of the Ministry of Security and the National Institute of Women at its Board members
Proportion of taken actions by the country on all of the Universal Periodical Review (UPR) accepted recommendations on reproductive rights from the previous reporting cycle	7	2011	0	2015	The country debates on these topics with the participation of young people and women's organizations, nevertheless the law has not been approved because of opposition of conservative religious groups
Percentage of women aged 15–49 who think that a husband/partner is justified in hitting or beating his wife/partner under certain circumstances	N/A	N/A	15%	2009	Mainly Indigenous women have these beliefs for cultural reasons

## Summary of National Progress

### UNFPA's Contributions

- The greatest contribution of UNFPA has been in strengthening the institutional of the National Institute for Women based on Law No. 71 of December 23, 2008 "establishing the National Institute for Women" from being a dependent Department of the Ministry of Social Development ( MIDES) to an independent institution with its own budget. This has allowed a better positioning and greater recognition of the National Institute for Women with the rest of government agencies. Efforts have been made to increase budgetary allocations, but it has been a difficult job that has required redefinition of the roadmap for achieving this goal at the highest level, through technical support in the operationalization of its structure, to comply with its leading role in public policy on Equal Opportunities for Women.
- Technical support for amendments of Law 82 on violence and femicide, applying the model of care, establishing mechanisms favorable for women to optimize operations at governmental and inter-sectoral level.
- Strengthening and updating some priority indicators for the Gender Indicator System of Panama. (SIEGPA) under the responsibility of the National Institute of Statistics (INEC).
- The preparation and approval of the Public Policy on Equal Opportunities for Women is evidenced by Decree No. 244 of December 18, 2012 "Public Policy on Equal Opportunities for Women" and supports the development of the Policy Action Plan.
- Development of manuals for the operation of Shelters for Victims of Violence, and is in a process a review and validation of the Manual for Networks against Domestic Violence, extracted from lessons learned from 15 functional networks that are operating. It was initially aimed at addressing domestic violence, extended to building a manual of violence against women, including all forms, but emphasizing on sexual violence, trafficking and femicide.
- Technical support to develop youth training booklets on various topics such as: Assertive dating, self-esteem, leadership, mediation and conflict resolution, use of theater as an educational tool, and a manual for young facilitators. Youth Forum compromised for a life without gender violence; Dialogues with University Students and masculinity workshops.
- We have established various advocacy actions with authorities at the highest level to highlight and engage them in addressing issues of violence against women, trafficking and femicide through forums, workshops in order to strengthen the capacities of and Trafficking Committee CONVIMU
- Support for mechanisms of analyzing the country's progress and accountability through instruments such as CEDAW contained in the UPR on violence against women, analysis of international instruments with the Judicial School Judiciary Authorities , Public Ministry, Foreign Ministry, national Commission for Afro descendent Women, Black Ethnicity groups, Afro, indigenous and national Women´s organizations.
- It is also providing technical support together with Lacro to Municipal Capacity building. Municipal Actors and youth stakeholders from Torrijos Carter, Cerro Batea and Veranillo District of San Miguelito strengthened in prevention and care of sexual violence.
- Panama is at the regional level, making visible progress and defining the strategic lines on gender equality and sharing best practices with other countries, international forums such as the Committee on the Elimination of All Forms of Discrimination against Women (CEDAW ) and representation in the technical meetings of CEVI, Regional Conference on Women, Population and Development Conference, in instances such as the Inter-CIM Women's Committee, SICA, ECLAC COMMCA- among other spaces for intervention, under President Pro Tempore Council of Ministers for Women of Central America (COMMCA). Similarly INAMU policy contributed to the development of Equality and Gender Equality for Central COMMCA promoted and adopted by SICA.

### **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)?	Yes	2010		The added value from the 2010 National census is that for the first time, the self determination of afro descendent acknowledgement was incorporated.
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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)?	No		No		
Has the country completed evaluations on strategic interventions around sexual and reproductive health and adolescent and youth?	No		No		
Proportion of new national development plans that address population dynamics by accounting for population trends and projections in setting development targets	Yes	2014	Yes	2014	Operational Plan for Risk Management of the Health Sector, with the components of prevention to gender-based violence and the promotion of SRH

### **Summary of National Progress**

#### **UNFPA's Contributions**

- On the subject of data, it has succeeded in boosting research based on an analysis of census data on topics relevant to UNFPA as the case of Afro descendants, indigenous people and elderly adults. We have contributed to capacity building through a generational succession of talent development for the Statistics Institute ( INEC), fortifying the Social Cabinet with the use of Redatam, Courses on demography through CELADE, and finally the approval of the Masters Program in Population Development and Society that is building a new generation of demographers and research oriented toward population issues (youth, migration, adolescents, among others.)
- In the area of emergencies and disasters
  - We contributed with MINSA to develop the Operational Plan for the Risk Management Plan of the Health Sector, with components for Prevention of Gender Based Violence and the Promotion of SRH
  - We developed a post graduate degree in Risk Management in conjunction with the University of Panama focused towards local governments, which includes a module on the Prevention of Gender-Based Violence and Promotion of the SRH.
  - Have trained focal points of the Integrated Health System for Emergencies and Disasters (SISED) in the use of MISP, the Prevention of Gender-Based Violence and Promotion of the SRH

<b>D. Country Programme Resources</b>						
<b>SP Outcome</b>	<b>Regular Resource (Planned and Final Expenditure) (In \$)</b>		<b>Others (Planned and Final Expenditure) (in \$)</b>		<b>Total (Planned and Final Expenditure) (in \$)</b>	
<b>Choose only those relevant to your CP</b>						
Increased availability and use of integrated sexual and reproductive health services	0.6	0.8	0.4	0.2	1.0	1.0
Youth policies and programmes, and increased availability of comprehensive sexuality education	0.5	0.3	0.0	0.0	0.5	0.3
Advanced gender equality, women's and girls' empowerment, and reproductive rights	0.2	0.3	1.1	0.8	1.3	1.1
Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics	0.3	0.1	0.0	0.0	0.3	0.1
Programme Coordination and Assistance	0.2	0.3	0.0	0.0	0.2	0.3
<b>Total</b>	<b>1.8</b>	<b>1.8</b> Error! Not a valid link.	<b>1.5</b>	<b>1.0</b>	<b>3.3</b>	Error! Not a valid link.