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UNFPA – Country programmes and related matters

UNITED NATIONS POPULATION FUND

Draft country programme document for Panama

Proposed UNFPA assistance: \$4.5 million: \$2.5 million from regular resources and \$2 million through co-financing modalities and/or other, including regular, resources

Programme period: 5 years (2007-2011)

Cycle of assistance: First

Category per decision 2005/13: B

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

	Regular resources	Other	Total
Reproductive health	1.20	1.0	2.20
Population and development	0.60	0.5	1.10
Gender	0.45	0.5	0.95
Programme coordination and assistance	0.25	-	0.25
Total	2.50	2.0	4.50



I. Situation analysis

1. Panama ranks 56 out of 177 on the human development index, but exhibits marked disparities in income distribution and access to basic social services. The richest 10 per cent of the population receives 47 per cent of the income, while the poorest 10 per cent receives less than 1 per cent. Thirty seven per cent of Panamanians live in poverty, and 17 per cent live in extreme poverty, with rural and indigenous populations most affected.

2. The population was 3.2 million in 2005 and is growing at a rate of 1.8 per cent per year. Ten per cent of the population is indigenous. The demographic transition process offers a window of opportunity for development, assuming government investment in human capital can be increased. Internal migration has resulted in rapid, unplanned urbanization. Sixty two per cent of the population is urban and is concentrated in the provinces of Panama and Colon. The rural population is dispersed, with 65 per cent residing in 11,000 communities of less than 500 inhabitants. As a result, rural residents experience problems in accessing basic services.

3. The total fertility rate decreased from 3.2 children per woman in 1990 to 2.7 children per woman in 2004. Among rural and indigenous women, the fertility rate is 4.6. The adolescent fertility rate decreased from 91.1 children per 1,000 women to 80.2 children from 1999-2003. Nevertheless, 19 per cent of newborns are born to adolescent mothers. The contraceptive prevalence rate for modern methods is 58 per cent among non-poor women aged 15-49 years and only 36 per cent among women living in extreme poverty, suggesting an unmet need for family planning among indigenous and poor rural women.

4. In the last decade, the maternal mortality ratio has remained at 70 deaths per 100,000 live births. However, this number masks inequities

in access to high-quality obstetric care and to secondary-level health services, particularly in indigenous and rural poor areas, where 20 to 30 per cent of maternal deaths occur.

5. AIDS is the seventh leading cause of death and the second leading cause of death in those aged 15-44. Most registered cases are in large urban areas and among vulnerable groups. Only 15 per cent of national programme funds are earmarked for HIV prevention, a situation reflected in the insufficient supply of condoms and other essential commodities. Though sexuality education, including education to prevent HIV, has been integrated into the formal education curriculum, it is not taught systematically.

6. Important advances in developing legal frameworks and public policies have been achieved in women's rights and gender equality. Panama has an equal opportunities plan and a national plan to prevent domestic violence. Since 2002, pregnant adolescents have been permitted to continue their studies. Yet gender inequities persist, limiting the participation of women in the socio-political and economic spheres. Available information indicates that violence against women is a serious public health and human rights problem.

7. The socio-economic policy of the Government is based on five pillars: (a) the reduction of poverty and a fairer distribution of income; (b) economic growth to generate employment; (c) the balance of public finances; (d) the development of human capital; and (e) government reform and modernization.

II. Past cooperation and lessons learned

8. Cooperation between UNFPA and the Government began in 1975. During the past 10 years, UNFPA operated under a cooperation framework funded with \$4.1 million from regular resources. During this period UNFPA mobilized \$880,000 in parallel funds.

9. Under the cooperation framework, the programme achieved the following results: (a) the development of legal frameworks and public policies; (b) strengthening national capacity; (c) the development of replicable models in sexual and reproductive health for adolescents and indigenous populations; (d) the inclusion of sexuality education in the educational curriculum; (f) the promotion of social auditing mechanisms; and (g) mobilizing support for the International Conference on Population and Development, the Fourth World Conference on Women and the Millennium Development Goals.

10. Lessons learned include the importance of: (a) articulating local interventions with national policies to ensure sustainability; and (b) promoting networking between the Government and civil society, thereby forging strategic alliances for the national agenda.

III. Proposed programme

11. The programme, formulated using a participatory process, reflects the analysis and priorities of the common country assessment and the United Nations Development Assistance Framework (UNDAF), as well as the strategic direction of UNFPA. The programme cycle has been harmonized with the cycles of the United Nations Children's Fund (UNICEF) and UNDP.

12. The programme contributes to government efforts to reduce poverty and attain human development by promoting human rights, particularly reproductive rights, and by increased generational, social and gender equity. The programme will have three components: reproductive health; population and development; and gender. It will contribute to public policy and to the implementation and monitoring of laws and policies. Interventions will focus on poor districts, taking into account lessons learned and best practices to ensure sustainability and to facilitate the scaling up of successful programmes by the Government.

13. The programme will emphasize evidence-based advocacy and policy dialogue to allocate national funds for laws, policies and programmes; strengthening and coordinating partnerships; capacity-building at national and subnational levels; and social monitoring of public policies and laws. The programme contributes to the following UNDAF outcomes: (a) poverty reduction and the improvement of income distribution; (b) basic social services for the exercise of human rights; and (c) modernization of the Government, including the reform of the public sector.

Reproductive health component

14. Based on the UNDAF outcomes, the outcome of the reproductive health component is: Panamanian society enhances its capacity to provide and use integral, high-quality reproductive health services and programmes, including HIV/AIDS prevention, counselling and testing, in accordance with the reproductive rights and needs of citizens. There are four outputs under this component.

15. Output 1: Strengthened national capacities for formulating, implementing and monitoring sexual and reproductive health-related legal frameworks, public policies and norms within the context of government reform processes. This will be achieved by providing technical assistance to formulate a law on sexual and reproductive health as well as the second national sexual and reproductive health plan. The programme will: (a) support evidence-based policy dialogue to enhance government commitment to implement the plan; (b) support technical assistance and training in effective implementation, monitoring and evaluation for government institutions, civil society organizations and provincial commissions; and (c) pay special attention to designing and implementing a national strategy for reproductive health commodity security.

16. Output 2: Increased availability of high-quality, comprehensive sexual and reproductive

health information, education and services for young people, with a focus on the poor and vulnerable. This will be achieved by: (a) enhancing the national commitment to scale up existing services and programmes; (b) providing high-quality technical assistance and training in adolescent health, including information, education and services; and (c) providing institutional support for formal and informal sexuality education programmes of the Ministry of Education and the National Institute of Human Development. The programme will promote the participation of young people in implementing and monitoring services and programmes.

17. Output 3: Strengthened technical, managerial and sociocultural capacities of national and local institutions and community-based organizations to improve maternal health among rural and indigenous women in selected districts. This will be achieved by: (a) providing culturally sensitive technical assistance to the health sector to enhance investment in implementing and monitoring - in priority districts - the national plan to reduce maternal mortality, including revising norms to include an intercultural perspective; (b) training health professionals and authorities, non-governmental organizations (NGOs) and grass-roots organizations in effective implementation; (c) mobilizing external and private-sector resources for essential equipment and commodities; and (d) developing participatory grass-roots monitoring mechanisms with rural and indigenous women.

18. Output 4: Increased access to HIV/AIDS prevention, counselling and testing services among vulnerable groups and poor women in selected districts. This will be achieved by: (a) coordinating and linking the national sexual and reproductive health plan and the multisectoral national plan for HIV/AIDS and the respective commissions; (b) providing assistance for voluntary counselling and testing among poor pregnant women; (c) providing technical assistance to the Ministry of the Interior to

formulate the national strategic HIV/AIDS plan; (d) strengthening prevention education among women and other vulnerable groups; and (e) enhancing the managerial and technical capacities of civil society organizations, including those focusing on persons living with HIV/AIDS.

Population and development component

19. The population and development component contributes to the UNDAF outcomes of poverty reduction and modernization of the Government.

20. The two outcomes of this component are: (a) national, sectoral and local policies take into account population dynamics, reproductive health and gender issues, in the context of poverty reduction, development programmes and the Millennium Development Goals; and (b) the Government implements population-related public policies for youth and older persons. Three outputs will contribute to these outcomes.

21. Output 1: Disaggregated, updated sociodemographic data for public policy formulation are generated, analysed and disseminated. This output will be achieved by: (a) providing technical assistance and training for national institutions carrying out, analysing and disseminating population-related surveys and research studies; (b) promoting the utilization of data for policy formulation and monitoring; and (c) providing technical assistance for preparatory activities for the 2010 census, including those that address ethnic and gender concerns.

22. Output 2: Improved national capacity for considering linkages between population, reproductive health and gender in poverty- and development-related national policies, plans and programmes. This will be achieved by: (a) evidence-based political dialogues; (b) training professionals to incorporate population, reproductive health and gender issues in

poverty reduction and development programmes at national and local levels; and (c) creating a social audit mechanism to monitor the access of beneficiaries to social services linked to poverty, decentralization and development programmes.

23. Output 3: Enhanced national commitment to implement public policies for youth and for older persons. This will be achieved by: (a) assisting the implementation of public policies and programmes for youth and the elderly by increasing national funding; (b) advocating the ratification of the Iberoamerican Youth Convention and the national laws on youth and elderly persons; (c) assisting the review of the Madrid International Plan of Action on Ageing; and (d) empowering organizations serving youth and older persons to monitor public policies and advocate the ratification of pertinent laws.

Gender component

24. The expected outcome for the gender component is: national mechanisms and social movements promote and protect women's rights, including reproductive rights. This component has two outputs.

25. Output 1: Enhanced technical capacities of national human rights institutions and of women's organizations to oversee compliance of women's rights by the Government. This will be achieved by strengthening the technical and institutional capacities of human rights institutions and women's organizations to monitor women's rights in compliance with national laws, plans of action and the Convention on the Elimination of All Forms of Discrimination against Women.

26. Output 2: Strengthened capacities of national and local governments and civil society organizations to implement and monitor the national domestic violence plan and equal opportunities plan. This will be achieved by: (a) deriving lessons learned from local models and

programmes; (b) mobilizing resources to scale up programmes; (c) training national and local institutions in implementation and monitoring; (d) supporting the design of a unified information system to register and monitor gender-based violence; (e) promoting the incorporation of gender issues into labour training programmes; and (f) designing a model to measure women's empowerment in pro-poor programmes.

IV. Programme management, monitoring and evaluation

27. The programme will employ the national execution modality, in collaboration with non-governmental and grass-roots organizations. The Government and UNFPA, with support from the Ministry of Economy and Finance and the Social Cabinet, will establish a programme management committee, in coordination with the UNDAF monitoring and evaluation plans. The Government and UNFPA will organize an annual strategic meeting to assess progress and make adjustments, in addition to monitoring meetings and field visits. UNFPA will participate in the UNDAF midterm review exercise.

28. The country office consists of a non-resident country director based in Nicaragua, an assistant representative and administrative staff. UNFPA will hire national project personnel to strengthen programme implementation. The UNFPA Latin America and the Caribbean Division, the UNFPA Country Technical Services Team in Mexico City, Mexico, and national consultants will provide technical support.

RESULTS AND RESOURCES FRAMEWORK FOR PANAMA

<p>National priorities: (a) reduce the maternal mortality ratio from 70 deaths per 100,000 live births to 35 deaths per 100,000 live births by 2011; and (b) halt the spread of HIV/AIDS, tuberculosis and malaria</p> <p>UNDAF outcomes: (a) the health of the population improves through promotion and prevention strategies and increased coverage of and access to services, based on an integral health model, including sexual and reproductive health; and (b) the increase of HIV/AIDS is halted through prevention activities, care to persons living with HIV/AIDS, and condom usage</p>				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component,
Reproductive health	<p>Outcome: Panamanian society enhances its capacity to provide and use integral, high-quality reproductive health services and programmes, including HIV/AIDS prevention, counselling and testing, in accordance with citizens' reproductive rights and needs</p> <p>Outcome indicators:</p> <ul style="list-style-type: none"> ▪ Adolescent fertility rate ▪ Proportion of deliveries among poor rural and indigenous women attended by skilled health personnel ▪ Contraceptive prevalence rate ▪ Need for contraceptive commodities secured through the health budget ▪ Proportion of 15- to 49-year-old women and vulnerable groups reporting condom use at last sex <p>Baselines: Surveys; official statistical bulletins; national reports; United Nations reports; studies; qualitative research</p>	<p>Output 1: Strengthened national capacities for formulating, implementing and monitoring sexual and reproductive health-related legal frameworks, public policies and norms within the context of government reform processes</p> <p>Output indicators:</p> <ul style="list-style-type: none"> ▪ Law on sexual and reproductive health and the second national sexual and reproductive health plan formulated, with budget allocations ▪ Monitoring mechanisms of reproductive rights functioning ▪ Increased national budget for reproductive health commodities <p>Output 2: Increased availability of high-quality, comprehensive sexual and reproductive health information, education and services for young people, with a focus on the poor and vulnerable</p> <p>Output indicators:</p> <ul style="list-style-type: none"> ▪ Protocols on quality of care for sexual and reproductive health services adopted and implemented ▪ Proportion of health centres that include youth-friendly services ▪ Percentage increase in information and non-formal education programme for poor and vulnerable young people ▪ Inclusion of sexuality education in curricula of the National Institute of Human Development <p>Output 3: Strengthened technical, managerial and sociocultural capacities of national and local institutions and community-based organizations to improve maternal health among rural and indigenous women in selected districts</p> <p>Output indicators:</p> <ul style="list-style-type: none"> ▪ Proportion of hospitals and/or emergency obstetric care units in rural and indigenous areas providing 24-hour emergency obstetric care with an intercultural perspective ▪ Social audit mechanisms functioning in poor districts to monitor maternal health <p>Output 4: Increased access to HIV/AIDS prevention, counselling and testing services among vulnerable groups and poor women in selected districts</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • Proportion of family planning, maternal and infant care, and sexually transmitted infection management services that include voluntary counselling and testing for HIV • Proportion of members of national police, navy and air force who report perception of risk of contracting HIV • Proportion of members of Kuna indigenous population aware of risks of contracting HIV 	<p>Ministry of Health; <i>Caja de Seguro Social</i> (Social Security Institute); Ministry of Social Development; Ministry of Education; Ministry of Economy and Finance; National Institute of Human Development; local governments; National Assembly; National Commission of Sexual and Reproductive Health; civil society</p>	<p>\$2.2 million (\$1.2 million from regular resources and \$1 million from other resources)</p>

<p>National priority: establish social protection based on direct subsidies to families in extreme poverty</p> <p>UNDAF outcomes: a vision of integrated development based on human rights and political decentralization as a framework for national policy development</p>				
Population and development	<p>Outcome: National, sectoral and local policies take into account population dynamics, reproductive health and gender issues, in the context of poverty reduction, development programmes and the Millennium Development Goals</p> <p>Outcome: The Government implements population-related public policies for youth and older persons</p> <p>Outcome indicators:</p> <ul style="list-style-type: none"> ▪ Updated, disaggregated data used by national and local authorities ▪ Poverty and development plans at national and municipal level plans include relevant population data ▪ National and local governments implement programmes for youth and the elderly 	<p>Output 1: Disaggregated, updated socio-demographic data for public policy formulation and monitoring are generated, analysed and disseminated</p> <p>Output indicators:</p> <ul style="list-style-type: none"> ▪ Data and studies generated, analysed and disseminated ▪ Strengthened information systems at national and local levels to monitor progress towards national priorities, including the Millennium Development Goals ▪ Number of officials trained in preparatory census activities, including gender and ethnic concerns <p>Output 2: Improved national capacity for considering linkages between population, reproductive health and gender in poverty- and development-related national policies, plans and programmes</p> <p>Output indicators:</p> <ul style="list-style-type: none"> ▪ National and local authorities and professionals have the knowledge, skills and commitment to include population-related issues in development plans and programmes ▪ Social audit mechanism for monitoring social services in pro-poor programmes are operating <p>Output 3: Enhanced national commitment to implement public policies for youth and for older persons</p> <p>Output indicators:</p> <ul style="list-style-type: none"> ▪ Increased budget allocation for priority programmes for youth and older persons ▪ National laws addressing the needs of youth and older persons are assisted and promoted ▪ Review of Madrid International Plan of Action on Ageing assisted 	Office of the Controller General; Secretariat of the Social Cabinet; Ministry of Social Development; National Assembly; local governments universities	\$1.1 million (\$0.6 million from regular resources and \$0.5 million from regular resources)
<p>National priority: reduce all forms of discrimination against women</p> <p>UNDAF outcomes: (a) strengthened gender equality by means of social participation, income equity and the implementation of strategies to reduce domestic violence; (b) improved surveillance and social auditing to guarantee the exercise of human rights and the achievement of the Millennium Development Goals</p>				
Gender	<p>Outcome: National mechanisms and social movements promote and protect women's rights, including reproductive rights</p> <p>Outcome indicators:</p> <ul style="list-style-type: none"> ▪ Laws and public policies on gender equity and women's rights applied and monitored ▪ Incidence of gender-based violence measured ▪ Increased participation of poor and indigenous women in gender-related programmes 	<p>Output 1: Enhanced technical capacities of national human rights institutions and of women's movements to oversee compliance of women's rights by the Government</p> <p>Output indicators:</p> <ul style="list-style-type: none"> ▪ Mechanism designed and functioning to monitor laws and public policies by women's movement and organizations ▪ Knowledge and skills of human rights institutions and women's organizations strengthened <p>Output 2: Strengthened capacities of national and local governments and civil society organizations to implement and monitor the national domestic violence plan and equal opportunities plan</p> <p>Output indicators:</p> <ul style="list-style-type: none"> ▪ Capacity of institutions and civil society on gender-related issues increased ▪ Integrated, multisectoral system to monitor gender-based violence operating ▪ Model for measuring women's empowerment in pro-poor programmes implemented ▪ Funds for implementing priority programmes of equal opportunities plan increased 	Secretariat of the Social Cabinet; National Commission of Women; Ombudsman's Office; National Assembly; Office of the Attorney General; local authorities Women's organizations; grass-roots organizations	\$0.95 million (\$0.45 million from regular resources and \$0.5 million from other resources) Programme coordination and assistance \$0.25 million from regular resources