



SITUATIONAL ANALYSIS OF THE RIGHTS OF PERSONS WITH DISABILITIES

PANAMA



COUNTRY BRIEF



UNPRPD MPTF
Partnership on the Rights of Persons with Disabilities



UNITED NATIONS
PANAMA

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November 2022

Disclaimer

This brief was prepared by the Technical Secretariat. It summarizes the key findings from the situational analysis report and does not necessarily reflect the position of the UNPRPD MPTF.

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ACRONYMS AND ABBREVIATIONS

| | |
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| CONADIS | National Advisory Council on Disability |
| CRPD | Convention on the Rights of Persons with Disabilities |
| CSS | Social Security Fund |
| FENAPEDI | National Federation of Persons with Disabilities |
| INAMU | National Institute for Women |
| INEC | National Institute of Statistics and Census |
| INGRID-H | Disability Inclusion in Hospital Disaster Risk Management |
| MEDUCA | Ministry of Education |
| MIDA | Ministry of Agricultural Development |
| MIDES | Ministry of Social Development |
| MINGOB | Government Ministry |
| MINSA | Ministry of Health |
| MITRADEL | Ministry of Employment and Labour Development |
| MPTF | Multi-Partner Trust Fund |
| NGO | Non-Governmental Organization |
| ONDIS | National Disability Observatory |
| ONSIPD | National Office of Comprehensive Health Care for Persons with Disabilities |
| OPDs | Organizations of Persons with Disabilities |
| PENDIS | First Survey on Disability in Panama |
| SDGs | Sustainable Development Goals |
| SENADIS | National Secretariat on Disability |
| UNCT | United Nations Country Team |
| UNPRPD | United Nations Partnership to Promote the Rights of Persons with Disabilities |
| UNSCDF | United Nations Sustainable Development Cooperation Framework |

1 BACKGROUND

The United Nations Partnership on the Rights of Persons with Disabilities Multi-Partner Trust Fund (UNPRPD MPTF) is a unique partnership that brings together United Nations (UN) entities, governments, organizations of persons with disabilities (OPDs), and broader civil society to advance the implementation of the Convention on the Rights of Persons with Disabilities (CRPD) and disability-inclusive Sustainable Development Goals (SDGs) at the country level around the world.

The UN entities participating in UNPRPD are ILO, OHCHR, UNDESA, UNDP, UNESCO, UNICEF, UNFPA, UN Women and WHO. Other UNPRPD members include the International Disability Alliance and the International Disability and Development Consortium (IDDC). The main contributors to the UNPRPD MPTF are Australia, Finland, Norway, Sweden and the United Kingdom.

In 2020, with the Strategic and Operational Framework 2020-2025 UNPRPD adopted a new programme design approach. The Framework moves towards proactive, results-oriented joint programming to drive implementation of the CRPD and disability-inclusive SDGs.

In the same year, the UNPRPD launched its fourth funding call and invited UN Country Teams (UNCTs) to submit proposals for joint country-level programmes with the objectives of advancing CRPD implementation and improving the implementation of disability-inclusive SDGs. The 26 selected teams (see Annex 1) were then allocated an initial budget to deliver an induction training, conduct a country situational analysis and complete a full joint programme proposal based on the findings of the situational analysis.

The 26 countries each conducted a comprehensive multistakeholder situational analysis to identify gaps and opportunities around preconditions to CRPD implementation and agree on a set of recommendations to address them.

From February to November 2021, the Panama UNCT conducted the comprehensive situational analysis. The methodology included a desk review of relevant literature, key informant interviews and focus groups, stakeholder mapping exercises, and consultative workshops with key stakeholders.

The full situational analysis report can be found [here](#).

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WHY A COUNTRY ANALYSIS?



Many countries still struggle to transform the CRPD into concrete policies, systems, programmes and services that uphold the rights of persons with disabilities. It is urgent that governments and their implementation partners deliver on their SDG commitments through CRPD-compliant interventions. To support countries in the most catalytic way requires understanding the main bottlenecks and priorities in each country in relation to the fulfilment of the CRPD. We needed to know who the key stakeholders are, how implementation/monitoring mechanisms are functioning (or not), which capacities stakeholders may need to improve, and which ongoing development processes could be leveraged to become more disability inclusive.

The situational analyses were designed to:

- Inform the design of future PRPD funded programmes in the country and serve as a baseline for them;
- Inform UNCTs of gaps in achieving disability inclusion in ongoing national processes and programmes and recommend further, in-depth analysis where needed;
- Build a base of mutual understanding and working relationships among UN entities, government, OPDs and other civil society organizations, as well as the private sector and academia, as the basis for future co-design of joint programmes;
- Strengthen the capacity of those stakeholders to more effectively include and address the rights of persons with disabilities as outlined in the CRPD; and,
- Serve as an advocacy tool for ODPs and other civil society partners, both national and international.

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INTRODUCTION TO DISABILITY CONTEXT IN PANAMA

| | |
|---|---------------------------------|
|  Population | 3,405,813 |
|  Disability Prevalence | 2.9% [2010] ¹ |

Panama is gradually making the transition from a medical model of disability to a human rights-based one that seeks to include persons with disabilities in all spheres of society. The scope of Panama’s efforts to achieve CRPD compliance is demonstrated in the development and design of its public policies. In the 2005 document, *La Discapacidad en Panamá: Situación Actual y Perspectivas* [Disability in Panama: Current situation and outlook], the then-Minister of Health stated that Panama faced a great challenge in Panama to achieve equal opportunities for persons with disabilities to participate in Panamanian society, ensuring access to services such as health, education and work, recognizing their identity, and enabling them to live their lives with dignity.

The creation of the National Secretariat on Disability (SENADIS) launched a new phase in providing support to persons with disabilities in Panama. It takes a human rights perspective, reflected in the development of the 2005-2009 first strategic plan, the establishment of sectoral and civil society coordination mechanisms, the conduct of the first specialized census on persons with disabilities (2006 PENDIS), the design of the National Disability Policy, and awareness-raising, promotion, research and human resources training activities.

Panama was among the first countries to ratify the CRPD in 2007. Its first report was submitted in 2015.

4 FINDINGS

4.1 Stakeholder coordination mechanisms

The key stakeholders responsible for implementing and monitoring the CRPD are highlighted below. The full list of stakeholders is included in the full report.

Government

CONADIS is a national policymaking body and consultation mechanism that develops institutional plans with the participation of OPDs and government institutions. However, despite awareness-raising and training activities, these mechanisms have not managed to change the systems so that they align with CRPD principles.

SENADIS is the technical secretariat of CONADIS. It is an administrative body, placed under the president's office. It is responsible for issuing regulations for the implementation of policies on social inclusion of persons with disabilities and their families. Because SENADIS is a regulatory body at the presidential level, it has the authority to direct other public bodies (ministries) to implement the provisions reflected in the National Strategic Plans on disability. However, in practice, implementation depends on those ministries' priorities, capacities and budget resources. According to SENADIS, the critical factors for ensuring the effective implementation of public disability policy include political will at the highest levels, financial viability, skilled human resources, a disability-sensitive institutional culture and advanced technology.

SENADIS is governed by a Board of Directors that approves its budget (Board members include representatives of Ministry of Social Development (MIDES), Ministry of Health (MINS), Ministry of Education (MEDUCA), Ministry of Employment and Labour Development (MITRADEL), Ministry of Housing and Regional Development, Ministry of Public Works, Ministry of Economy and Finance, Panamanian Institute for Special Rehabilitation (IPHE), two representatives of OPDs, two representatives of organizations of parents of persons with disabilities, and a representative of non-governmental organizations (NGOs) that work with persons with disabilities).

Both government and non-government partners implement programmes and interventions to address disability in Panama. The most important governmental agencies in this area

are MIDES, MEDUCA, MINSA, National Rehabilitation and Physical Medicine Institute, National Mental Health Institute, MITRADEL, the Ombudsman's Office, IPHE and the Ann Sullivan Centre of Panama.

Organisations of persons with disabilities

According to data provided by SENADIS, Panama has 112 organizations addressing the rights of persons with disabilities; 53 of them are OPDs, including a federation, the National Federation of Persons with Disabilities (FENAPEDI). These OPDs are located in the country's 10 provinces. So far, no association has been established in the indigenous regions (comarcas). OPDs have limited capacity to organize (especially in rural and indigenous territories) and address the disabilities that create the greatest vulnerability (intellectual and psychosocial disabilities, or intersectionality).

UN System

The United Nations system in Panama supports some initiatives addressing the rights of persons with disabilities in their programming and in accessibility to information. However, disability must be mainstreamed further in the UN system's projects and programmes as stipulated in the UN Disability Inclusion Strategy.

Other important stakeholders

The National Disability Observatory (ONDIS) is an independent mechanism established to monitor the implementation of the CRPD according to its article 33.

The National Coordination Council for Development is a consultative body for all sectors of Panamanian society. It is responsible for ensuring that the goals of the National Agreement for Development are met; its long-term strategic objectives are to support Panama's development as a democratic and equitable society.

The National Institute for Women promotes, coordinates and executes the Policy of Equal Opportunities for Women through plans, programmes and actions aimed at reducing the social exclusion of women in Panama.

The Ann Sullivan Panama Center is a civil society organization that engages in advocacy and service provision to enhance the rights of persons with autism and other types of cognitive disabilities.

Summary of stakeholder coordination analysis

- To ensure that all persons with disabilities enjoy the same human rights and opportunities as all other members of society, the capacities of both rights holders and the organizations that represent them must be strengthened, as well as those of the duty bearers who have an obligation to fulfil these rights.
- OPDs have limited capacity in the areas of operations and finances (strategic management and resource mobilization), and collaboration (joining efforts and setting common goals).

- Barriers also range from a structural lack of resources to difficulty accessing services and dealing with mental and attitudinal barriers linked to cultural issues and stigma. These factors hinder the mobilization and organization of people with disabilities.
- OPDs are divided and unable to work together because they lack a common goal on which to focus their efforts. Although FENADEPI is associated with regional networks, it does not seem to have the necessary capacities to transfer the knowledge obtained through this exchange or harness the benefits of these relationships on behalf of the movement of persons with disabilities in Panama. OPDs do not take an intersectional or rights-based approach.
- Participation mechanisms are just emerging. Although forums such as CONADIS and the National Coordination Council do exist, opportunities for OPDs to participate at the highest level of government have been limited, due partly to their own weaknesses, inefficient engagement mechanisms and the institutions' medical welfare understanding of disability, which does not view OPD involvement as valuable.

4.2 Preconditions for disability inclusion

In its Strategic Framework, UNPRPD has identified five preconditions as foundational elements that must be in place to address the rights of persons with disabilities across sectors. The following findings focus on these preconditions in the Panama context.

- 1 Equality and non-discrimination
- 2 Accessibility
- 3 Inclusive service delivery
- 4 CRPD-compliant budgeting and financial management
- 5 Accountability and governance

Equality and non- discrimination

Panama is transitioning from a medical welfare model of understanding disability to a human rights model that seeks the inclusion of persons with disabilities in all spheres of society. An assessment of the legal framework points to a wide range of legal instruments with a human rights-based approach to disability, including the Constitution, the ratified CRPD and the Convention on the Elimination of All Forms of Discrimination against Women.

However, regulations that are based on outdated perceptions and include derogatory language still prevent the full recognition of persons with disabilities as rights holders. This leads, among other things, to a lack of standardization in the actions of State institutions, the prevalence of stigma and prejudice, and the persistence of discriminatory practices that violate rights, such as exclusion from the education system or non-consensual sterilization.

The persistence of stigma and prejudice towards persons with disabilities, as well as a welfare and medical model for addressing disability, limit progress towards understanding disability from a human rights-based perspective. Efforts made to achieve this transformation, such as enacting and implementing laws, adopting new policies, and mainstreaming disability within sector-specific policies, have not yet led to the inclusion of persons with disabilities as rights holders in Panamanian society.

Although a national disability strategy exists – developed with a human rights-based approach and tied to the achievement of the SDGs – it lacks an evaluation and monitoring framework and a budget to implement the measures envisaged. State institutions have not fully adopted disability mainstreaming, one of the crucial elements of the strategic plans formulated to date. Although available data and testimonies gathered during this analysis show that women and girls with disabilities are twice as vulnerable, thus further limiting the exercise of their rights, disability policies do not take a gender-sensitive approach.

The United Nations system in Panama has created opportunities for persons with disabilities to participate in programming, as reflected in the United Nations Sustainable Development Cooperation Framework (UNSCDF) 2021-2025, its theory of change, intervention strategies and the outcome indicators defined.

Key findings

- Disability-related stigmas and stereotypes still prevail in Panamanian society at all levels.
- Expressions of inequality and discrimination towards persons with disabilities persist in families, communities and in public and private services, particularly against women and children.
- Some legal provisions are not aligned with the CRPD's principles. For example, some legal provisions include elements that hinder the autonomy of persons with disabilities to make their own decisions.
- Discrimination and violence against women with disabilities, particularly those living in rural and regional areas, is not reported and these women lack access to justice.
- OPD inclusion is limited because these organizations have poor strategic capacity and no joint advocacy agenda. Also, consultation and coordination mechanisms are not able to support OPD participation and pursue the necessary accessibility measures. Therefore, OPDs cannot fully engage actively and in a binding and permanent manner in existing participation activities or mechanisms.

Inclusive service delivery

Disability assessment and referral services

Panama does not have a comprehensive, multi-disciplinary identification and assessment system in place. To date, most assessments are made by the health sector, which creates teams composed of various disciplines. Based on these assessments, persons are referred to health services under the Unified Referral and Counter-Referral System. In addition, SENADIS conducts disability certifications and has certified 9,997 persons with disabilities as of the date of this document.

According to associations of parents from the provinces, access to early diagnosis and intervention is more difficult in rural and indigenous areas compared to urban areas. Access to screening tests in rural areas is scarce. Families of limited means often do not follow the recommended therapies and treatments because of the difficulty and high cost of travelling to the capital from the provinces and comarcas to attend appointments with specialists. Qualified professionals who can conduct hearing, visual and neurodevelopmental screening tests are scarce. While these services must be more available to the population, the lack of advanced equipment in these areas is a major limiting factor.

Disability support services

Adequate disability support services are lacking due to the limited scope and coverage of services and the extent to which they are tailored to the most vulnerable groups of persons with disabilities, such as women with disabilities. In Panama, two State laboratories produce assistive devices (orthotics and prosthetics only). The high cost of materials for producing these devices limits their availability to persons with disabilities. The Rotary Disability Fund provides assistive devices for persons with disabilities, delivering devices valued at approximately US\$75,000 in 2021. Other support services, such as braille, large print and sign language interpretation, are not widely available in Panama, which limits access to information and essential services for persons with disabilities.

Mainstream services

The situational analysis report provides an overview of disability inclusion mainstream services, including social protection, education, health, employment and access to justice. While the brief highlights key gaps, further details may be found in the full report.

Despite the laws and policies in place, persons with disabilities have limited access to general public services. The individuals consulted note that the most critical general services that they need are transport, education, employment, health, justice and housing. They all pointed to the systematic lack of support in communication (such as sign language interpreters or documents in braille), community services, and assistance related to mobility and technology.

Social protection

Panama has several social protection programmes for the inclusion of persons with disabilities. However, the report notes that these programmes cannot cover the high cost associated with disabilities. In addition, individuals may not receive benefits from two social protection programmes simultaneously.

Health

Panama has a network of rehabilitation facilities dedicated exclusively to persons with disabilities. However, OPDs are concerned with the lack of comprehensive and cross-sectoral rehabilitation response within the country. The capacity of rehabilitation centres is not sufficient to serve the population of children and adolescents with disabilities. Participants in the focus group on health-related issues pointed out that programmes and specialists are limited in the provinces. These are primarily concentrated in Panama City, so travel costs are high.

Education

The laws state that inclusive education involves curriculum adaptation, refurbished physical spaces, and the provision of assistive devices and technologies that enable persons with disabilities to access the curriculum and equal opportunities. However, the education system has not been able to create such an inclusive environment. The coverage and extension of inclusive education programmes are limited due to the lack of resources available, both to implement reasonable accommodations and train teaching staff. MEDUCA recognizes the need to move towards an educational system

that is inclusive of all children and adolescents to ensure accessibility to all educational institutions, strengthen teacher capacity to use inclusive tools such as universal design for learning, and raise awareness regarding inclusion among all staff members to combat stigma and discrimination.

Employment

MITRADEL includes the Department for the Socio-Economic Integration of Persons with Disabilities, which offers guidance services and job placement training for persons with disabilities. MITRADEL data indicates that 3,890 persons with disabilities (1,244 women and 2,646 men) are enrolled in this programme.

Key findings

- Coverage of the disability assessment and certification process and the referral system is unclear and inadequate and does not consider the distinct needs of various disability types and geographical locations.
- Although Panama has an extensive legal framework that fosters the provision of inclusive services, in practice, general services have not been adequate to guarantee the right to inclusion, participation and autonomy of persons with disabilities. Service coverage is inadequate to guarantee access to services, particularly in rural and indigenous areas.

Accessibility

Despite the moral, legal and fiscal incentives that may exist, no sustained efforts have been undertaken to ensure that public and private spaces are accessible to persons with disabilities. During the analysis, persons with disabilities and the organizations that represent them noted setbacks in progress towards accessibility in recent years. For example, voice announcements are no longer made in the transport system. In addition, accessibility investments are based on meeting the needs of the most visible groups of persons with disabilities (visual, hearing and physical), but other conditions are not considered. While efforts have been made to include accessibility standards for new buildings, retrofitting existing infrastructure will take time and resources to complete.

Access to information is a critical issue. Persons with disabilities lack access to relevant information both because they do not know where to look for it and because it is not available in the formats required to guarantee access. Efforts are made to provide sign language services, but they are limited and services are not available in all schools, universities, workplaces or government offices. Private sign language interpreter services are expensive, so persons with disabilities living in poverty cannot afford to pay for them. Access to information for persons with cognitive disabilities is even more complex because the country and its institutions have not made sufficient progress towards generating information in plain language.

Early warning systems are not adapted to the needs of each type of disability. Moreover, measures taken to respond to the global COVID-19 pandemic did not consider the

impacts on accessibility for persons with disabilities, so no mitigating measures were implemented. This affected the continuity of education, medical treatment, professional support, employment, complaint handling mechanisms and information, thereby increasing poverty, vulnerability and inequality.

Key findings

- Information relevant to persons with disabilities is not available or accessible in formats suited to the specifics of each disability.
- Employers do not implement reasonable accommodations to expand the ability of persons with disabilities to properly perform their duties in the workplace.
- The effects of the COVID-19 pandemic with regard to access to employment, education and health have affected persons with disabilities to a greater extent, especially those who live in rural and indigenous areas.

CRPD compliant budgeting & financial management

Financial planning and monitoring

At the time of this analysis, no disaggregated figures were available to determine State institutions' investments in efforts to provide inclusive services to persons with disabilities. The only budget that can be identified as a direct State investment is that allocated to SENADIS, based on its overall mission. The available information indicates that \$7.6 million dollars was allocated to SENADIS in 2021, 68 per cent of which was allocated to its operation and 32 per cent to investments. The allocation to MIDES' conditional cash transfer programme for people with disabilities (Guardian Angel) was identified, which totalled around \$4.6 million dollars for 2021.

In addition, the equal opportunity offices or directorates do not control budget allocations, which are centralized with decisions approved by general directorates. Aside from that, the sources of funding for OPDs (or the budgets they manage) are unknown. The national strategic plans leveraged by SENADIS for the inclusion of persons with disabilities (2005-2009, 2011-2014 and 2015-2019) do not include estimated implementation costs or available budgetary sources. MINSA's budget lacks funds earmarked exclusively for disability.

Based on the information identified, persons with disabilities or their organizations have not been consulted or involved in decision-making processes regarding the allocation of the national budget.

Regulation and support for the additional costs of disability

Several of the individuals consulted stated that the costs they must incur to actively participate in society are onerous and regularly out of their reach.

Key findings

- There is no disaggregated information to identify the budgetary allocation for specific programmes addressing persons with disabilities or the mainstreaming of disability in the budgets allocated to state institutions.
- Although subsidy programmes exist, they are not sufficient to cover the costs associated with disabilities.

Accountability and governance

Inclusive evidence and data gathering systems

The interviews and literature reviews found that disaggregated data is not available that would make it possible to identify vulnerable groups among all persons with disabilities, their socioeconomic status, and the areas that require greater investment to fulfil the rights of persons with disabilities. The data collected did not allow us to determine the updated prevalence of disability among women and men, by age group, or the province with the highest prevalence.

Disability-related data are insufficient overall. Only PENDIS presents information disaggregated by disability in different areas. However, these data should be updated as the survey was conducted in 2006. The disaggregation of data by gender, ethnicity, geographical distribution or type of disability is still pending, as noted by the various treaty monitoring mechanisms when they issue recommendations to Panama. The country acknowledged this in its voluntary report to the Committee on the Rights of Persons with Disabilities. Before the COVID-19 pandemic, Panama was preparing to conduct a new statistical study on disability, the National Census and Disability Prevalence Survey.

Information systems with disability-disaggregated data are essential to create and analyse indicators, especially those related to the SDGs. Despite efforts to modernize MINSA's and CSS' electronic records, no disability-disaggregated data exist. Furthermore, there are no unified data that can provide nationwide information in real time to support decision-making. Several institutions interested in implementing the Disability Inclusion in Hospital Disaster Risk Management methodology have been trained with support from the Pan-American Health Organization. This has helped them improve the inclusion of persons with disabilities when managing health disaster risks at hospitals.

National accountability mechanisms

ONDIS was created to monitor CRPD implementation. However, it suffers from significant resource limitations and has yet to perform its mandate. The role of the Ombudsman's Office is to handle complaints, petitions and mediation and to organize trainings on the rights of persons with disabilities (internal and external). It prepares annual reports that cover the work of its disability unit. In addition, as mentioned under the stakeholder analysis, CONADIS and SENADIS operate in this area.

The weaknesses in the public administration system include the lack of interinstitutional coordination, continuity and follow-up in implementing policies, plans and programmes resulting from changes in administration, including the dismissal of technical officials. This lack of continuity affects the consolidation of OPDs within the public policy accountability and monitoring mechanisms.

OPDs report that they are not familiar with the accountability mechanisms under international conventions and treaties and within the National Assembly, how the mechanisms function, and the role that OPDS can play within them. While every report refers to these mechanisms, OPDs do not validate them and rarely consult the documents. This indicates that the documents are inaccessible to OPDs due to format, complexity and language – and a lack of support to interpret them.

The accountability mechanisms identified in the information search process show that:

- The coordination and monitoring mechanisms have overlapping mandates and suffer from weaknesses in continuity, cooperation and synergies, and lack resources.
- Government agencies prepare annual accountability reports, but the documents are not widely disseminated or accessible in all necessary formats.
- ONDIS presents significant institutional weaknesses resulting from limited budgets.
- Although OPDs participate in CONADIS, their participation is not regular or permanent.

The search process did not find evidence of a monitoring methodology or indicators to evaluate programme implementation.

Key findings

- There are no official statistics on disability that are updated or disaggregated by gender, age, ethnicity, origin, geographical distribution, type of disability, migration status and LGBTQ+.
- Although legislation in force and mandatory accountability mechanisms exist for public servants, their weaknesses and lack of coordination make it difficult to create systems to monitor and evaluate public policies and ensure the permanent participation of persons with disabilities and the organizations representing them.

4.3 Cross-cutting approaches: Participation, inequalities, gender

The UNPRPD has adopted three cross-cutting approaches to be intrinsically applied across all of UNPRPD MPTF's work, including its structures, programmes, and processes to ensure full and meaningful participation of all persons with disabilities.



Participation:

Enabling full and effective participation of persons with disabilities



Inequalities:

Ensuring the inclusion of marginalized and underrepresented groups of persons with disabilities



Gender:

Addressing gender inequality and advancing the rights of women and girls with disabilities

Participation

CONADIS is the main forum for OPD participation and coordination and for their public policy advocacy efforts. Through CONADIS, OPDs participated in drafting the 2006 Disability Policy and in all the development and validation processes and accountability seminars that SENADIS organized in its role as CONADIS' technical secretariat.

All legally established organizations in Panama have the right to participate in debates and decision-making on disability laws, regulations and policies. However, OPDs have not participated on a regular, consistent basis. Representatives of OPDs and their families who participated in the UNPRPD Induction Training in 2021 repeatedly stated a need for more training, accessible information and a stronger movement. This would help them achieve visibility and advocacy in order to be heard and considered as partners and stakeholders in the country's development efforts. Organizations of parents of children and adolescents with disabilities report that their participation is minimal and often depends on the goodwill of institutional representatives (more powerful and influential organizations may participate more actively). Overall, all the organizations interviewed noted that their participation in policymaking and programming is limited and that they are not consulted regularly.

Gender

Although women with disabilities participate as rights-holders and belong to organizations, their specific needs and capacities, as well as the difficulties and obstacles they face, are not sufficiently documented or addressed. The majority of OPDs are also led by men, except in those organizations that focus on women with disabilities. The intersectionality of gender and disability should be higher on the agendas of both institutional actors and OPDs.

Inequalities

Although there is a lack of detailed information from each organization, the information available identifies invisible or underrepresented groups, such as persons with intellectual and psychosocial disabilities. Furthermore, as there is no solid cross-sectoral approach to address the issue, the challenges faced by people subject to multiple forms of discrimination, such as women, girls, indigenous women, people of African descent, LGBTQ+ people and migrants with disabilities, remain invisible. Underrepresentation is also significant among persons with disabilities who are deprived of their liberty/legal capacity and are confined to institutions or homes, persons with disabilities in rural areas, organizations of persons with intellectual disabilities who represent themselves (rather than represented by parents), migrants, and refugees. This is partly because no specific organizations exist to address the needs of these groups (including FENADEPI) and the challenges faced by persons with disabilities subject to multiple forms of discrimination.

The OPDs interviewed stated that unregistered OPDs in rural and comarca areas are invisible and lack representativeness. As mentioned in the findings section, only one organization of parents of persons with intellectual disabilities stated that it had links with an indigenous comarca. Current challenges include addressing the invisibility of groups of persons with psychosocial and intellectual disabilities, as well as groups of persons with disabilities affected by multiple and simultaneous forms of discrimination - such as women, girls, indigenous women, people of African descent, LGBTQ+ people and migrants with disabilities - and the organization and positioning of groups of women with disabilities.

4.4 Disability inclusion in broader development, humanitarian and emergency contexts

National Development Plans

The UNSCDF 2021-2025, based on the Common Country Analysis, makes particular reference to vulnerable populations, including persons with disabilities. Therefore, they must be considered when designing and implementing development initiatives.²

To promote compliance with the 2030 Agenda and the SDGs, the United Nations system in Panama supports:

- the creation of incentives for persons with disabilities to obtain employment;
- investment in transforming general services into inclusive services;
- research and capacity-building in data generation and analysis for public policy, such as developing a gender profile and support to MIDES and other ministries to use tools that help integrate SDGs into public policies, as well as support for development initiatives addressing vulnerable groups (indigenous people, people of African descent, women, people with disabilities and youth); and,
- programme management by creating interagency thematic groups to monitor issues related to the SDGs, gender, migrants and disability; mainstreaming the rights of children and adolescents with disabilities; advocacy and awareness-raising to ensure that persons with disabilities can enjoy their rights fully; and the analysis of the socioeconomic impact of the pandemic and its effects on women and vulnerable groups.

Panama presented its second Voluntary National Review in 2020 which highlights disability inclusion across various sectors.³

Climate change, Disaster risk reduction and humanitarian action

Some progress has occurred in Panama in developing inclusive emergency response initiatives. SENADIS developed the Guide for Comprehensive Disaster Risk Management in Inclusive Education Centres and the Signabulary (Sign Vocabulary) for disaster risk reduction and immediate response in emergencies. Additionally, MINSA began a cycle of trainings to implement disability inclusion in disaster risk management in hospitals, in coordination with the Pan American Health Organization.

SENADIS, in collaboration with the National Civil Defence System, developed a roadmap for inclusion, protection and care of persons with disabilities in comprehensive risk, emergency and disaster management in Panama, and the 2016-2019 safety plan for persons with disabilities in emergency situations.

COVID-19

The COVID-19 pandemic affected persons with disabilities disproportionately, especially those who live in rural and indigenous areas. The measures taken in response to the global

pandemic did not consider the effects on accessibility for persons with disabilities, so no mitigating measures were implemented. This affected continuity of education, medical treatment and professional support, employment, complaint handling mechanisms and information, thereby increasing poverty, vulnerability and inequality.

Access to education services was very limited during the COVID-19 crisis. The main challenges were the lack of resources within families, the digital divide that still exists in society, connectivity and maintaining the connection between teachers and learners with disabilities in virtual contexts. MEDUCA and the Panamanian Institute for Special Rehabilitation took some measures to ensure the continuity of education, but they were not robust enough to overcome the restrictions.

Panama's unemployment rate increased from 7.1 per cent in 2019 to 18.5 per cent in 2020 as a consequence of the crisis that the pandemic triggered in all economic sectors. It was also estimated that the levels of informal employment increased by almost 10 percentage points, reaching 52.8 percent of the workforce. Panama has faced challenges in understanding how persons with disabilities participate in the workforce. Because annual household surveys do not measure their labour force participation, a significant information gap exists regarding their actual contribution to economic activities. The COVID-19 pandemic is believed to have exacerbated the social and labour difficulties of persons with disabilities, although there are no statistics on this question.

To date, OPDs lack rigorous data on the effects of COVID-19 on the population of persons with disabilities. Some NGOs have conducted polls or surveys to develop estimates of the impact on women, people of African descent, LGBTQ+ and migrants, but no conclusive data were obtained.

5 CONCLUSIONS

Guaranteeing equal rights and opportunities to all persons with disabilities, as established by the Convention on the Rights of Persons with Disabilities, is an ongoing challenge for Panama. Although the government has made considerable progress, collaborative efforts are still needed by government, civil society, the private sector, academic and most importantly, persons with disabilities and their representative organizations.

The situational analysis refers to the advances made and the limitations of the Republic of Panama, as a State Party of the CRPD, in taking measures to enforce the rights of persons with disabilities. It focuses on identifying challenges and gaps that hinder the consolidation of the necessary preconditions to attain them, taking the Sustainable Development Goals (SDGs) into account. Based on the findings, the key recommendations on the way forward are outlined below:

■ Invest more in transformative measures

UN agencies can support the development of national data collection methods (e.g., surveys and program monitoring data) based on the Washington Group Set of Questions. UN agencies can also support development of disability-disaggregated objectives, targets and monitoring indicators in the national and sectoral plans supported, as well as ensuring reporting on these indicators.

■ Support awareness-raising, visibility and knowledge dissemination for inclusion

UN agencies should lead by example and promote a new paradigm that recognizes persons with disabilities as subjects of rights and considers social barriers discriminatory. This requires support for an awareness-raising process that fosters receptivity of the rights of persons with disabilities and advocates for positive perceptions and recognition of their capacities.

■ Strengthen the disability movement

UN agencies should provide support to capacity development in areas such as management, strategic planning, advocacy and engagement in planning and monitoring of development and humanitarian efforts. Consultation platforms need to be more inclusive and budget for reasonable accommodation. UN agencies could also facilitate coordination and development of joint advocacy agendas, while also ensuring participation of the most marginalized groups.

■ **Support accessibility measures and inclusive services**

The UN should support the development of a well-functioning national system for identification, assessment and rehabilitation that also reaches the most marginalized areas and groups. This includes sign language interpretation. Access to reproductive health for women and girls is another key priority, as is development of inclusive learning environments for children with disabilities.

ANNEX 1: 26 SELECTED COUNTRIES

Argentina
Colombia
Guatemala
Panama
Trinidad & Tobago

AMERICAS

Cameroon
DRC
Eswatini
Ghana
Rwanda
Sierra Leone
Tanzania
The Gambia
Tunisia
Zimbabwe

AFRICA

Montenegro
North Macedonia
Republic of Moldova

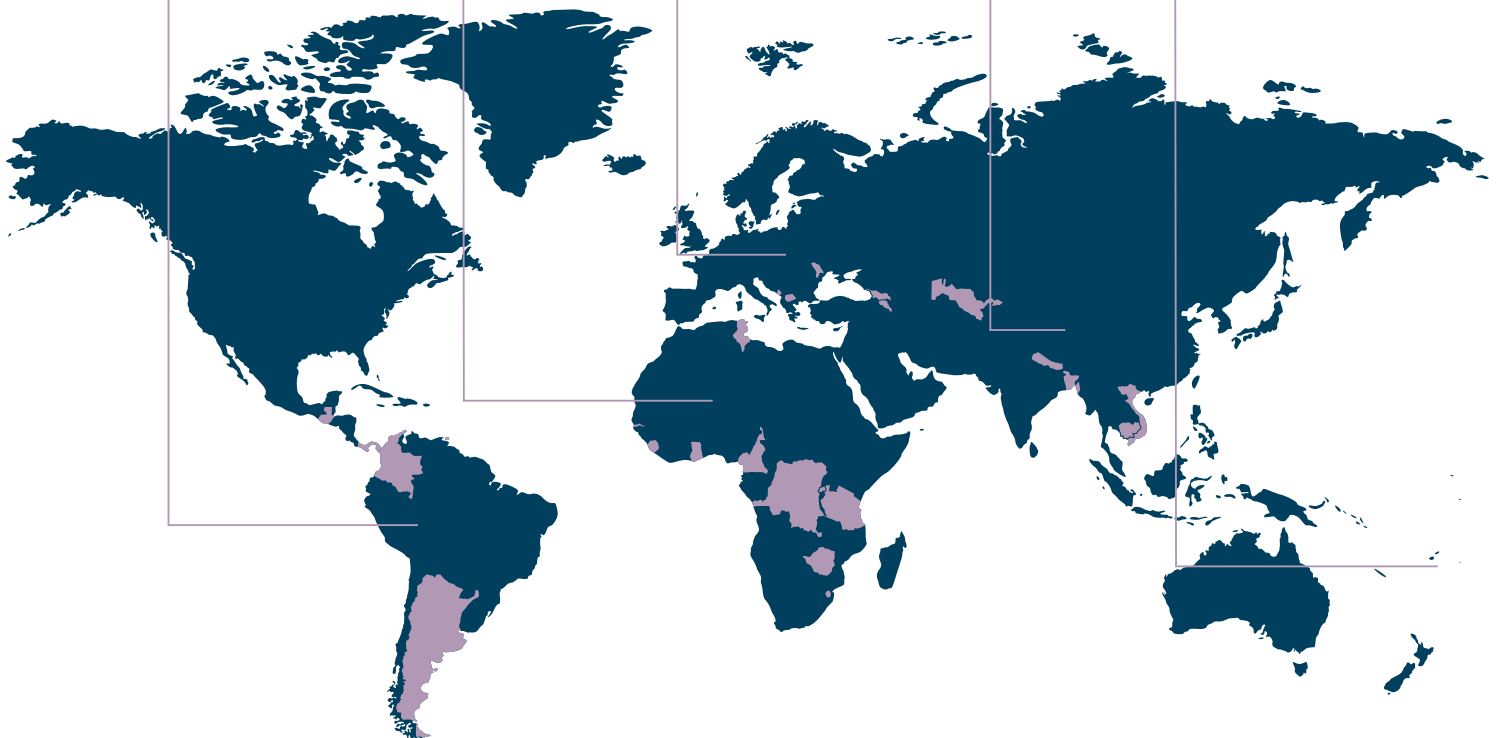
EUROPE

Armenia
Bangladesh
Cambodia
Georgia
Nepal
Uzbekistan
Vietnam

ASIA

Cook Islands

OCEANIA



ENDNOTES

- 1 Population and Housing Census 2010
- 2 <https://panama.un.org/es/159064-marco-de-cooperacion-de-las-naciones-unidas-para-el-desarrollo-sostenible-2021-2025>
- 3 <https://hlpf.un.org/countries/panama/voluntary-national-review-2020>



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