

## ANALYTIC REPORT OF THE NATIONAL PROGRESS

### “Plus 5” Revision of the Special Session of the United Nations General Assembly on Children – 2002

#### “A World Fit for Children” Action Plan

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#### **I. INTRODUCTION**

1. The current year is to mark the analysis of the progress achieved as a result of the commitment undertaken and the promises made in 2002 during the Special Session of the United Nations General Assembly for Children, in which the Republic of Cape Verde was represented by two children.

2. Considered as one of the most important follow-ups of the World-wide Meeting for Children in 1990, the Special Session, besides reviewing the progresses achieved for children during the 90s, intended to renew the commitments of the States and to engage in specific actions for the next decade. A World Fit for Children (WFFC) was one of the most important documents created during the referred Meeting. It established the governments’ commitment in taking essential measures related to: a) implementation of laws, policies, and effective national action plans; making available the resources that can

guarantee the protection of children's rights and their well-being; b) setting up or reinforcing national institutions such as *inter alia* and *ombudspersons* independent for the children, when appropriate, or other institutions for the promotion and protection of children's rights; c) developing national systems to monitor and assess the impact of the actions on children, and d) increasing awareness and comprehension of children's rights.

3. The current report was prepared for the purpose of analyzing the steps given in the development of the goals, actions and initiatives fixed in the aforementioned Plan. It also reviews each objective as far as possible and identifies gains achieved in terms of childhood and adolescence in Cape Verde.

4. The current report was prepared according to the *guidelines* available for its accomplishment.

5. The development of this report counted on the participation of organized representatives of civil society and adolescent delegates of the 5<sup>th</sup> Child-Youth Parliament from the Municipality of Praia, who expressed their opinions, criticisms, and observations about the issues described in this document in a meeting held recently. Therefore this report seeks to reflect the concerns of those participants who highlighted its importance, beyond speaking of national gains to separate the actions and initiatives of the different islands, in order to get a more real and trustworthy perspective of the problems that affect each locality. The above-mentioned participants also underlined the need to reinforce the monitoring instruments, intensify the cooperation among institutions, and improve socialization of available data and statistics.

## **II. MAIN ACTIONS DEVELOPED FOR THE CHILDREN IN ORDER TO ACHIEVE THE AIMS OF THE PROGRAM "A WORLD FIT FOR CHILDREN"**

6. Many actions were developed in order to integrate the Millennium Development Goals (MDG) and the WFFC Action Plan, at national and regional levels in Cape Verde, from which we underline the following:

### ***Policies and Structured Programs***

7. It is important to underline that at policy and program levels, many of the documents directly mention the MDG and, although not mentioned verbally, the Action Plan for WFFC, incorporating the objectives, actions and strategies defined within the MDG.

They also take into consideration results and orientations presented during recent United Nations Conferences, World-wide Meetings, and the international and regional forums, of which the World Forum of Education (Dakar, 2000) is specially highlighted.

8. The *Government Program for the VI Legislature , 2001-2005*, that establishes the main directives for all the sectors of intervention of the State, approved and defined the *National Development Plan 2002-2005 (NDP)*, as a basic instrument for reference in which objectives and their corresponding strategies for implementation are defined for the integral development of the country. The MDG are clearly prescribed in the NDP as goals to be achieved, and many objectives and strategies defined in WFFC were also considered.

9. Other plans for the sectors of intervention were developed based on the NDP, and they have been oriented to carry out their function so as to achieve the internationally assumed objectives, namely in the area of childhood and adolescence. Among the sectors is the Ministry of Labor, Family and Solidarity, which through the role of ICCA (Capverdean Childhood and Adolescence Institut) sought to develop actions that defend and protect children's rights and guarantee the improvement of their well-being. For this reason, ICCA has been adopting annual action plans that are developed in parallel with the Action Plan for WFFC (ICCA's *Action Plans for 2002, 2003, 2004, 2005 e 2006*).

10. Along the same lines, there are other documents used for planning that are equally important in the area of childhood and adolescence that must be mentioned and that have been marking relevant activities for each sector, such as: the Poverty Reduction Strategy Program (PRSP), the Round Table about Early Childhood in Cape Verde, 2001, the *National Health Policy (PNS)*, the *National Plan for School Health* (in progress), *Strategic Plan for the Fight Against HIV/AIDS*, 2006-2010, the *Education for All National Action Plan (PNAET)*, 2002, *the Human Rights and Citizenship National Action Plan (PNADHC)*, 2003, the *National Plan for Gender Equity and Equality (PNIEG)*, 2005-2009, the document *Agriculture and Fishery: Development Strategy for the Horizon of 2015 and the Action Plan for 2005-2008*, the *Second National Action Plan for Environment*, Horizon 2004-2014 (PANA II), and the *National Program for Food Security*, 2007- 2011.

## ***Legislation***

11. At the legislative level, following the orientations expressed in the NDP and also indicated in the PNADHC, the Government of Cape Verde in 2004 initiated the process of Legal and Institutional Reform in the Area of Childhood and Adolescence through resolution n° 5/2005 reached on February 28<sup>th</sup>, 2005 by the Cabinet, which is coordinated by the Ministry of Labor, Family and Solidarity and the Ministry of Justice. This amendment aims to reformulate the legislation concerning children by adapting it to the new approach, already ratified in the Republic Constitution of 1992 and in the Convention on the Rights of the Child [UNCRC], of which Cape Verde has been a part since 1991 (Law n° 29/IV/91, December 30<sup>th</sup>, 1991), as well in the African Charter for Children's Rights and Well-being (Law n° 74/IV/92, February 22<sup>nd</sup>, 1992). This current process has anchored itself in the WFFC Action Plan in such a way that all the principles covered by the Plan, primarily that related to the superior interest of the child, have directed the legal reform, whose objective is to combine into one statute the rights established for the child and adolescent in all relevant sectors.

**Comment [CP1]:** Better choice of vocabulary so as not to be redundant (Pode ser uma palavra melhor, para que não fique supérfluo)

## ***Actions and Social Mobilization***

12. Concerning this topic, it is important to underline the work ICCA has been involved in as the national organization in charge of the promotion and implementation of social policy regarding childhood and adolescence, and that has been developing a series of activities in favor of children's rights.

13. Likewise, various ministries, namely those responsible for health and education, have been playing important roles concerning the achievement of the MDG and planned objectives.

14. It is worth emphasizing that for the accomplishment of the aforementioned activities on this topic, partnership with non-governmental organizations has been fundamental, particularly those which concern social mobilization. The government has made efforts to call the NGOs to participate in actions to be executed, so they have been completely involved in the planning and implementation of the MDGs and the WFFC Action Plan. These partnerships in the period from 2002 to 2006 developed actions and activities connecting to the following programs:

**Program:** *Promotion and Dissemination of Children's Rights*

15. With special focus on the spreading of information about the Convention on the Rights of the Child, many activities were facilitated:

- a) Completion of lectures, workshops, newsletter, guides, etc.;
- b) Campaign sensitization on the topic of birth registration.
- c) Fulfillment of the III, IV and the V Children's Parliament. These parliaments are composed of free and fair elections among children and adolescents from 12 to 15 years of age from all the education establishments of the country. 920 children and adolescents participated in the first Parliament session, 1015 in the second, and 1110 in the third one, and they elected 74 delegates in the first, 75 in the second (including one representative of the Cape Verdean Diaspora from Guinea-Bissau), and 78 in the third (including three representatives of the Cape Verdean Diaspora from Angola, São Tomé and Príncipe, and the United States). The program aims to contribute to: a) the development of the practice of citizenship; b) the creation of a space where youth can express their opinions about questions that concern them; and c) a reflection on their rights and the gathering of information aiming to improve the mechanisms and instruments of the promotion and defense of children's rights.

**Program:** *Social Protection and Reintegration*

16. Within this initiative the following services were established:

- a) "*Rendering of Social Services*": A total of 1905 cases were attended by ICCA's services in 2002-2003, 1576 cases in 2004-2005, 1449 cases in 2005-2006, and so far 833 cases have already been attended in the first semester of 2006.
- b) "*Assistance with Childhood Emergency*"
  - Creation of **Children's Emergency Centers** (CEI): The Centers aim to provide assistance for daily emergency situations, guaranteeing protection 24 hours per day, 7 days per week, through two CEIs situated in the two largest urban centers of the country (Praia, since January 2004, and Mindelo since March 2004), attending to children from all over Cape Verde. Under ICCA's responsibility, the CEIs are intended for the provisional reception of child victims of abuse, sexual exploitation,

maltreatment, negligence and desertion. Each Center is prepared to receive 25 children, both male and female, 0-12 years of age.

- *Denunciation Line – Child SOS*: This project was implemented in January of 2005 by ICCA and it aims to provide a free, continuous service 24 hours a day, assisting with accusations of maltreatment, abuse, exploitation, and other violations of children’s rights with the purpose of providing immediate responses for those situations and anticipating a coordinated intervention of various partners: the State Attorney General, the judiciary police force, local police authorities, pediatricians, health stations and clinics, schools, and Cape Verde Telecom.

e) *“Implementation of the Foster/Substitute Family Project”*: This project aims to ensure children the right to live with a family and a community, avoiding the need for institutionalization. The initiative was implemented in 2005 by ICCA; currently it is in the process of dispersal and registration of possible substitute families, and placing the children from the CEIs in Praia and Mindelo with the selected families.

d) *“Implementation of National Welfare Centers for Children at Risk”*: The aim is to guarantee protection and security to children in risky situations, to facilitate their social integration, and improve their personal and social behavior. The following are centers established throughout the country:

- **Lém Cachorro Centre**: Located in Praia, the center has been in service since 2002-03 under the management of the Padre Luís Allaz Foundation (an NGO) and coordinated by ICCA, It functions as a non-residential open system with programs during the day that assist children of both sexes, from 7 to 17 years of age. In the past year there have been around 80 children frequenting the Center.
- **Picos Juvenile Centre**: The center began functioning in 2002-03; in the Municipality of São Salvador do Mundo, in the interior of the island of Santiago, and is also under the management of the Padre Luís Allaz Foundation. It is a closed residential system with the aim of protection, assisting male children and adolescents aged 7-17 that come from various parts of the country. Currently, there are 29 boys living in the Center.

Comment [CP2]: Is the date correct here?

- **Assomada Juvenile Centre:** It started functioning in 2005 in Assomada within the municipality of Santa Catarina, in the interior of Santiago. Also under management of the Padre Luís Allaz Foundation, the Center functions as a protective residential program assisting female children and adolescents aged 7-17 from all parts of the country. Currently there are 40 girls living in the Center.
  - **Chã de Matias Juvenile Centre / Project –To Integrate, Not Surrender:** It began functioning with the partnership of ICCA in 2005 in Espargos, on the island of Sal. The Center is managed by the Association of Chã de Matias. It functions as a non-residential open structure with male and female children and adolescents, aged 7-17. The Center has the ability to shelter 40 youth, but has presently exceeded capacity by assisting 67 children and adolescents.
  - **Nho Djunga Juvenil Centre:** Opening its service in 1988 in Mindelo on the island of São Vicente, the Center falls under the aegis of the Ministry of Labor, Family and Solidarity. Between its two functions, both residential and non-residential, the Center is prepared to shelter 120 children and adolescents. Presently, there are 44 boys aged 10-18 living under the protective residential system, and there are 90 male and female children attended to by the open day center system. The Center involves itself in several diverse activities including efforts towards literacy, sports, leisure time activities, and professional training.
  - **Others:** There are other important Centers that function under the administration of non-governmental organizations, such as: Centro Juvenil Irmãos Unidos (United Brothers and Sisters Children’s Center), Aldeia SOS, Centro da Acrides, Fundação Infância Feliz (the Happy Childhood Foundation), Operação Carinho (Operation Care), etc.
- e) *“Education in an Open Environment”*: This program started in 2004 and aims to promote opportunities for socio-familial and school reintegration for children in situations of risk, and children of and/or on the streets. With that objective, the following activities were developed: i) Analysis of the situation for children and families at risk who find themselves in Social Protection Centers; ii) A study of

the vulnerability children of or on the streets face of contracting HIV/AIDS or other STIs (prepared by ICCA); iii) Support provided to children of or on the streets as regards health and education; and iv) Provision of professional training. Within this general initiative, ICCA is currently supporting 80 children.

- f) “*Psychosocial Assistance for Children*”: At the ICCA headquarters and delegations, CEIs in Praia and Mindelo, and Social Reintegration Centers, social and psychological assistance were given to children with problems that affect their and their respective families’ normative development.

**Program:** *Studies, Research and Planning*

17. This program seeks to develop studies and research inquiries in order to identify social and legislative policies that more appropriately respond to the needs associated with childhood and adolescence, and to ensure an improved system of monitoring the situation of minors in the country. Within this aim, the following studies have been carried out and publicized since 2002:

- a) Study on the situation of children without birth registrations in Cape Verde (ICCA);
- b) Study on violence and sexual abuse committed against children (ICCA);
- c) Study on vulnerability of children on or of the streets in terms of STIs (Sexually Transmitted Infections) and HIV/AIDS (ICCA);
- d) Study about child labor in Cape Verde (in progress, ICCA);
- e) Study of gender-based violence (Cape Verdean Institute for Gender Equality and Equity (ICIEG));
- f) Study on school health (in progress; Ministry of Education, ICASE);
- g) Study on health behaviors in school-aged children (Zé Moniz Association);
- h) Study on the sexual and reproductive health of young people at the high schools on Santiago (Ministry of Health, GTZ);
- i) Study on the social and economic situation of orphans in Cape Verde (Cape Verdean Institute of Solidarity, ICS / Coordination Committee for the Fight against AIDS, CCS-SIDA, 2005);
- j) Inquiry about the predominance of intestinal parasite problems at the primary schools and kindergartens in Cape Verde, 2004-2005 (Ministry of Health, ICASE);

k) Accomplishment of the Reproductive Health Demographic Survey, 2005 (IDRS-II).

**Program:** *Training*

18. The objective of this program is to improve the intervention capacity of the employees of ICCA and other similar institutions. To this aim, trainings were developed on various topics and national professionals completed training in foreign institutions abroad.

**Program:** *Institutional Reinforcement*

a) “Creation of Municipal Committees for the Defense of Children’s Rights (CMDDC)”:

The aim of this project is to create committees in all the municipalities of Cape Verde where there are no representative delegations of ICCA, in case: São Domingos, São Miguel, Santa Cruz, Tarrafal, Mosteiros, São Lourenço dos Orgãos, São Salvador do Mundo, Santa Catarina do Fogo, Ribeira Grande de Santiago, Porto Novo, Ribeira Grande, Paul, and the islands of Maio, Boavista, São Nicolau, and Brava. The project also aims to encourage the creation of spaces where community members can direct their accusations of neglect or maltreatment and receive the necessary support to solve problems connected with child and adolescent protection. This project counts on the partnership of town halls, public prosecution, the Tribunal Court, health posts, delegations of the Ministry of Education and Higher Learning, and the national police.

b) “Creation of an ICCA Delegation for the Fogo/Brava Region”:

A new delegation for the region that includes Fogo and Brava was established in the city of S. Filipe, which will give support to the four municipalities of the region. It works in conjunction with the Municipal Committee for the Defense of Children’s Rights already created in the Mosteiros municipality. This new structure seeks to be in close proximity to the general population of these municipalities, and in connection with other local organizations working with minors (i.e. the court system, state prosecutor, police, health and education institutions, and NGOs) make progress towards the fulfillment of children’s rights.

### III. THE RESOURCES DIRECTED TOWARDS CHILDREN

19. Although in the present report it has not been possible to include a general evaluative framework of the resources allotted to reach the objectives of the WFFC Action Plan and/or the MDGs, it can be noted upon analysis of the last national budget of Cape Verde in 2006 that the promotion of children's well-being is a latent concern. The Budgetary Law of 2006, as concerns children, has calculated amounts of money reserved for the protection of children's rights, foreseeing the need for expansion and improvement of functioning in preschools, improvement in quality of the primary schools, and others in the education field; reproductive and children's health; protection of the child's rights (particularly those in situations of risk), and other related items.

20. Concerning ICCA, it is noticeable that over the years the budget for the institution has gained financial reinforcement, as presented on the table below:

**Budget of the Cape Verdean Institute of the Child and Adolescent**

Year	Estimates	Investment Budget	Total (USD)
<b>2000</b>	218.154	-	<b>218.154</b>
<b>2001</b>	194.932	-	<b>194.932</b>
<b>2002</b>	202.701	-	<b>202.701</b>
<b>2003</b>	275.753	69.270	<b>345.023</b>
<b>2004</b>	230.359	143.421	<b>373.780</b>
<b>2005</b>	345.698	248.085	<b>593.783</b>
<b>2006</b>	331.964	248.279	<b>580.243</b>
<b>2007</b>	343.467	342.688	<b>686.155</b>

\* 1 USD = 84 ECV

Source: ICCA, 2006

21. Thus, as ICCA has been intensifying their efforts since the end of 2003, especially through the implementation of new projects, the budget for the institution has also been raised.

22. Regarding the health field, there was a visible, progressive and supported increase of the Estimates for the Health item, superior to 10 % of the GE (General Estimates).

23. In the education field, where a great portion of resources are allocated for children, adolescents and young people, expenses have clearly increased, especially in the 90s. It rose from 13 % of the Estimates in 1990, to approximately 20 % in 2000.

#### **Education Expenses**

	1980	1985	1990	1997*	2000*
<b>Impact of Education Expenses in PIB (%)</b>	4,4	5,6	5,9	8,5	7,1
<b>Impact of Education Expenses in GE (%)</b>	9,4	10,0	13,0	18,0	20,2

*Source:* MFP/MED: Revision of the Public Expense with Education, 2000.

24. However, it is important to underline that, besides the resources predicted in the Estimates, NGOs have been another important source of capital mobilization to finance projects related to childhood and adolescence.

#### **IV. DEVELOPMENT AND USE OF ACCOMPANYING INSTRUMENTS TO ACHIEVE WFFC/OMD**

25. In addition to adopting national and sector –based plans and programs, various governmental departments have followed the evolution of existing indicators in order to achieve the MDGs. In 2004, for example, a report was published mid-term that evaluated the state of the country with regard to accomplishment of the MDGs. It was observed that progress had been achieved in many areas, and where progress was not noted, suggestions were made to reinforce activities or to adjust strategies in order to accomplish established goals.

26. Observing that the production of data and statistics is a basic instrument of evaluation, the current orientation from the NDP establishes the necessity of promoting the diffusion of official statistics, in order to improve access to this sort of information and to develop a statistical culture in Cape Verde.

27. To this end, the National Statistics System (SEN) was created by Law n.º 15/V/96, on November 11<sup>th</sup>, with new modifications introduced by Law n.º 93/V/99, on March 22<sup>nd</sup>. The objectives of the National Statistics System are to produce and disseminate official statistics information; to reinforce the capacity of official statistics producers, in

particular the National Institute of Statistics (INE), which serves as the executive central organ of SEN for the development of statistical activities to respond to information needs at the regional, national and international levels; to implement the coordination among sector-based statistics producers (OPES); to develop a feasible national and global statistics system for decision makers and for general users.

28. The Organs of the National Statistics System are: a) National Statistics Council, the organ of government that orients and coordinates the SEN; b) National Institute of Statistics, the central executive organ of the SEN, in charge of the production, coordination and diffusion of official statistical data; c) Producer organs of the sector-based statistics which are responsible for the collection, treatment and analysis of information in different areas.

29. It is through this system that principal inquiries have been made to collect information in childhood and adolescence sectors. Among recent inquiries, that contributed significantly to knowledge concerning the reality of Cape Verdean children, it is important to highlight the Demographic Inquiry of Reproductive Health 2005 (IDSR-II); the 2001/2002 Inquiry on Families' Expenses and Incomes; the "Children" and "Education" Census 2000 and the Unified Questionnaire of Basic Indicators of Well-being 2006 (QUIBB-CV).

30. In Cape Verde, MICS is not used, but many indicators from this inquiry have been employed in other inquiries in the country, such as the ones mentioned above. In general, the basic set of indicators recommended by UNICEF, OMS and UNESCO have been used to evaluate and monitor progress relating to the OMD and the Master Plan for WFFC.

31. In Sum, the principal sources of information are the extensive statistical operations, such as: the censuses, family inquiries, and inquiries on demographics and reproductive health.

32. In 2001, the Government of Cape Verde presented an Initial Report concerning the Convention on Child's Rights, which compiled and updated all the solicited information available to the Committee of Child's Rights at that time. However, according to the Committee on Child's Rights, the data collecting system has demonstrated weaknesses in areas covered by the Convention. Therefore from that time on, it has endeavored to

develop a system of indicators and data collection, in accordance with recommendations to organize the data by sex, age and by urban versus rural areas.

33. Another recommendation taken from the analysis of Cape Verde's Initial Report was that indicators and data should be used to prepare, implement and evaluate the politics and programs in order to reinforce respect for the Convention of Child's Rights.

34. Considering those remarks, it is important to emphasize that documents of a political and programmatic nature have taken into account a diagnosis of the local and national realities of Cape Verde, in order to orient the respective action plans they establish. The PNIEG, PNADHC, PND, PNLN, and PNS all follow this protocol.

35. Nonetheless, if on the one hand it is necessary to recognize the existing efforts to regularly produce the statistical data, on the other hand, it must be noted that these operations are very expensive and depend on external financing, which does not guarantee the continuity of the system.

36. Besides the INE, there are other governmental departments in Cape Verde responsible for collecting sector-based data, at local, regional and national levels, as is the case in the education, health, police, and childhood protection sectors, as well as within the Bank of Cape Verde.

37. In the realm of education, data collection is achieved through activities coordinated by the various levels of the education system. Data collection starts in educational establishments, with local statistical technicians. Next the data is analyzed from a regional/local perspective by the Delegates of Education, which exist in every municipality. Finally, information is sent to the Studies and Planning Office of the Ministry of Education. This process has provided the education sector with improved access to updated data and has facilitated the efficient adaptation and rapid implementation of policies and actions.

38. The health sector has also produced statistical data. Nevertheless, it must be emphasized that studies on this matter are not generated continuously and thus very often it is difficult to follow the evolution of health related questions. Moreover, criteria and mechanisms for the attribution and management of financial resources are still strictly administrative, with no relation to epidemiological data and statistics. Thus the benefits

for the health of the population may not be accurately reflected in the estimated level of expense *per capita*.

39. In regards to data on criminality in Cape Verde, one observes a progressive improvement in data collection. The Detective Force Institution has collected data concerning crimes committed against children in the country's principal urban centers, and has categorized them by sex and age group, which has permitted them to better articulate intervention policies. Similarly, the Attorney General has produced data at their services level. Nevertheless, these are less accurate and very often disregard the issue at the national level.

40. In the context of ICCA's services, one can observe a growing interest in the production of precise and truthful statistical information through daily services or through the periodic completion of studies. Two recent examples include "The study on violence and sexual abuse committed against children (ICCA) and "Study of the vulnerability of street children to IST/VIH/SIDA (ICCA)". One of the objectives of these studies was the creation of a database for each of the subjects, which has in fact already been accomplished. At the same time, the studies discuss specific plans of action based on the realities discovered in the field.

41. Among the studies that have improved our understanding of the reality of the Cape Verdean child, it is important to mention the study on the healthy behavior of school aged children, developed in the country's high schools in 2003, which employed the model, *Health Behavior in School-aged Children of the World Health Organization (HBSC/OMS)*, to examine adolescents' lifestyle and behavior. The objective of that study is to orient policies that promote young people's health.

42. Childhood Emergency Centers and the Centers for Assistance have also implemented a daily system of information collection by analyzing cases of assistance in order to optimize intervention strategies. Similarly, ICCA and its delegations have organized data on the performance of services by group, age, nature and origin of the cases, and by follow-up recommendations.

## **V. EXPANDING PARTNERSHIPS FOR CHILDREN AND IMPROVING PARTICIPATION**

43. In the interest of implementing the WFFC Action Plan, the government of Cape Verde has worked since 2002 to establish and reinforce partnerships with different collaborators at the national, regional, and local levels. The aim of these partnerships has been to collect contributions offered by the partners, for the promotion and protection of children's rights to assure their wellbeing. Based on this aim, partnerships have been established in the following areas:

44. *Partnership with children:* ICCA, in collaboration with children and adolescents from schools and centers of assistance, hosted The Children's Parliament III, IV and V which, through the participation of children and adolescents from throughout the country, created a forum of debate, discussion and reflection on diverse questions of infancy and adolescence prevalent in the country. The opinions and comments presented by the group in parliament are taken in consideration for the development and implementation of its programs. During the last Parliament, children and adolescent could debate on the process of legal and institutional reform that is still in progress. In addition, children and adolescents have participated in outings in commemoration of dates such as International Child's Day and the Day of the African Child.

45. *Partnership with parents, relatives, child guardians, and other caretakers:* Policies on childhood in Cape Verde, applied through actions developed by ICCA, in educational establishments, in the court system, and so on, reflect the notion that child protection is ensured primarily by the family, who must be called to play an active role questions related to this topic. To promote the participation of families and others in activities- which include speeches, cases before the Courts that require the intervention of the Prosecuting Counsel, in addition to the topics of various campaigns, such as the initiative to register child's birth- they ask that parents take responsibility for their children.

46. *Partnership with governments and local authorities:* With the goal of guaranteeing the protection of children's rights, of developing initiatives at the community level, and of facilitating a faster and more efficient intervention, partnerships with Municipalities of Cape Verde were established to make the CEIs functional, to create Municipal Committees for the Defense of Children's rights, to assess the living situation of children

in every municipality, and to evaluate the possibility of creating a center for the protection of children's rights or of reopening delegations. The same partnership was established with the prosecuting counsel, courts, health posts, delegations of the Ministry of Education, and the national police.

47. *Partnership with members of Parliament:* In this realm, the National Assembly of Cape Verde has actively participated in the Children's Parliament.

48. *Partnership with Non-Governmental Organizations and Community-based Organizations:* In the interest of designing action plans in collaboration with civil society, and given the fact that it may contribute significantly to the promotion of children's well-being, various partnerships were established to further various projects such as: the promotion of activities and trainings related to childhood; assistance to CEIs and the Attendance Centers; creation of a center for the protection of children's rights or the reopening of delegations where they already exist. In this arena, the following civil society entities should be mentioned: Fundação Infância Feliz (Happy Childhood Foundation), the Padre Luís Allaz Foundation, the Chã de Matias Association, the Nazarene Solidarity League, Peace Corps Cape Verde, the Zé Moniz Association, Caritas, Associação pelos Direitos da Criança e da Família (Association for the Rights of the Child and Family), Operação Carinho (Operation Care), Irmãos Unidos (Brothers and Sisters United), Acrides, etc.

49. *Partnership with the Private Sector:* Given that the private sector plays an important role in social action, demonstrated by its support of initiatives that benefit children, partnerships with private entities were established to promote activities related to children, families, school and the community, such as the commemoration of holidays relevant to children and, in the case of the a partnership with Cabo Verde Telecom (telephony company), the implementation of the Denunciation Line service.

50. *Partnership with Media and Media organizations:* The media plays an important role in society since it diffuses information and also orients the population. The main objective of the media partnership is to aid in the promotion of children's rights through radio programs (especially through "Radio Educativa" and "Radio de Cabo Verde"), and on television (Televisão de Cabo Verde).

51. *Partnership with international and regional organizations:* United Nations agencies have contributed in the implementation of several projects in Cape Verde. In this realm, UNICEF and other UN Funds and Programs have been important partners. Among the projects developed in Cape Verde, it is important to mention: the Children's Parliament, the creation of materials for the promotion of children's rights, the operation of the CEI, the development of research studies, legal and institutional reform, the creation of municipal committees for the defense of children's rights, the reinforcement of institutional capacities, etc.

52. *Partnership with various governmental sectors:* The objective of this partnership is to improve the State's capacity to answer questions related to the protection of children's rights more quickly and effectively. Governmental sectors have collaborated together to plan individual or continuous actions, in order to avoid duplicating the activity. Among the partnerships established in this field, the following warrant mention: ICCA and the Head Office of Registry and Identification in promoting the importance of birth registration; ICCA and the Courts and Procurement Agencies; ICCA with the National Assembly and the Ministry of Education for the execution of the Children's Parliament; ICCA and the detective force, national police, hospitals, health posts, schools and others in the implementation of the Denunciation Line; ICCA and Ministry of Labor, Family and Solidarity, Ministry of Justice, Attorney General, Head Office of Penitential services and Social Reintegration, National Commission for Human Rights and Citizenship, to direct the process of Legal and Institutional Reform on childhood protection; ICCA and the Committee for Coordination of the Fight Against AIDS (CCS-SIDA) to develop projects related to the protection of children in risky situations and/or living on the street; ICCA and ICASE and PAM in the area of school health and nutrition; ICCA and other partners working on the creation of Municipal Committees; ICCA, the Ministry of Justice and other partners involved in the project, Young People in Conflict with the Law.

53. *Partnership with Foreign Entities:* In this sphere it is important to mention the partnership with the Portuguese Ministry of Labor and Social Security, which provides support for the Centers of Social Protection; Partnership with the Spanish Cooperation for the execution of projects related to children on the street; Partnership with the Embassy of Brazil in Cape Verde, Secretary of State of Ceará-Brazil, which provides support for

training ICCA employees and for institutional reinforcement; Partnership with the Portuguese Co-operation for the acquisition of computer equipment and furniture for ICCA headquarters in the city of Praia, and for the Sal and São Vicente offices. Partnership with Nova de Lisbon University's Institute of Hygiene and Tropical Medicine and with the Technical University's Faculty of Human Motivation in developing studies on Cape Verdean adolescent lifestyles.

## **VI. ACHIEVEMENT OF WFFC's ACTION PLAN AND OBJECTIVES RELATED TO THE MDGS**

54. This section provides a review of the latest data available on the fulfillment of WFFC's Action Plan objectives in regards to the MDGs and the Millennium Declaration, as well as a discussion of trends, challenges, and achievements observed.

### **The Commitment:**

#### **ODM 1: "To Eradicate Extreme Poverty" and WFFC: "To Promote a Healthy Lifestyle"**

##### Analysis of the Current Situation and Trends.

55. **Poverty:** Systematized and organized programs have been adopted to orient the fight against poverty. As a result, indicators have shown an improvement in the country's poverty rate. A reduction from 49% in 1990, to 36.7% in 2002, demonstrates a high probability of achieving the Millennium Goal established for 2015.

56. **Malnutrition in Children:** To evaluate malnutrition in children under five years of age, weight deficiency indicators of delay in growth and weight loss have been employed. The prevalence of weight deficiency in 2002 for children under five years old was 6%, that is less than half the level observed in 1990 (16%), marking the successful fulfillment of that goal. Concerning the delay in childhood growth, change has also been positive. The average annual rate has been reduced by approximately 3% per year from 1990 to 2002. However, the remaining challenge is to reverse the trend in weight loss, which increased by an average rate of 4% per year from 1990 to 2002. (See Table 1)

57. **Growth of infants with low birth weight:** Data on this subject has improved which permits us to assert that the objectives established in the WFFC's Action Plan were attained. Between 1993 and 1998, the percentage of infants born with low birth weight (under 2.5 kilos) was 13%. This figure was reduced to 6% for the period between 2002 and 2005.

58. **Breast-feeding:** In Cape Verde, Health services have promoted exclusive breast-feeding for children under 6 months old. The data collected in 2005 demonstrated that the average duration of breast-feeding in Cape Verde was 4.3 months. Two demographic inquiries about reproductive health conducted in 1998 and 2005 to address this question demonstrated that relevant sensitization campaigns had produced positive results. (See Tables 2 and 3)

59 **Vaccine Coverage:** The adoption of a strong vaccination policy to prevent illnesses has reduced public health problems. Data from the last IDSR-II demonstrate that the vaccine coverage goal of 80% was missed by a small margin. In 2005, the percentage of the vaccine coverage in Cape Verde was 73.6%.

60 **Measles:** The last epidemic of measles occurred in Cape Verde in 1997 (8,584 cases). Since then, vaccines have been used to protect children. Data was not available on infant mortality. Nevertheless, the ratio of children under one year vaccinated against measles specifically is almost always less than 90%, while the ratio of children under one year receiving complete vaccinations varies between 68.6% and 79.2%, according to the data from 1991 to 2002. In 2005, 81.7% of children from 12 to 23 months were vaccinated against measles. The trend is towards a reduction in the incidence of illness.

61. **Maternal Tetanus and newborns:** Although we could not obtain data on incidence of tetanus in mothers and newborns, the Centers for Reproductive Health have been sensitizing pregnant women on this problem and have been promoting the tetanus vaccination.

62. **Polio:** Since gaining independence in 1975, Cape Verde has experienced two epidemics of polio, one in 1986 and another in 2000. Since then, there have been no registered cases of polio in Cape Verde.

63. **Iodine and Vitamin Deficiency:** The data used in this report are taken from a study conducted in 1997 on children from 6 to 12 years old. That study revealed an iodine

deficiency in the country and around a 25.5% prevalence of endemic goiters. Vitamin A deficiency in children under 5 years old is not considered to be a serious public health problem.

64. **Anemia:** According to available data, it can be observed that Cape Verde almost reached the objective established in the WFFC's Action Plan. In 1996, the prevalence of anemia in children from 0 to 50 months was 70.4%. This figure was reduced to 52.1% in 2005.

65. **Other illnesses:** Diphtheria and whooping cough were eradicated and there have been no registered cases of these illnesses for a long time.

*Challenges and Achievements based on the aims established in the WFFC Action Plan.*

66. Although significant improvement in children's chances of survival was indicated by a reduction in infant mortality, and by the fact that the main causes of death are still prenatal infections, infectious and parasitic illnesses, and acute respiratory infections still mandate a strategic intervention in the social sectors (education, health, nutrition, water supply, and sanitation) to promote changes in behavior, attitudes, and practices in the family and service sectors. Concerning the performance of the National Health System (SNS), weaknesses have still been noted in primary care rendered; overload of the central Hospital; excessive costs; incorrect prescriptions and frequent depletions in medicine supplies; quantitative and qualitative inadequacy in the professional healthcare arena; deficient subsystem of sanitary information, etc. To improve the aforementioned situation, a multi sector-based action was planned for the 2007/ 2011 National Food Security Program, which aims to improve health and children nutrition indicators.

**The Commitment:**

**MDG 2: "To Attain Universal Elementary Education" and**

**WFFC: "To Promote a Quality Education"**

*Analysis of the Current Situation and Trends.*

67. *Completion of the education cycle:* Group analysis constitutes one of the main mechanisms to evaluate the evolution of students who complete a pre-determined cycle

of study. Thus, analysis of the evolution of the group from 1990 demonstrates that 52% of students that started at the 1<sup>st</sup> grade level concluded their 6<sup>th</sup> year of schooling. Analyzing the group from 1996 on the same cycle, the percentage had increased to 76%, and for the group of 2001, the expectation is a positive continuation to about 82%. Hence, there is hope that in 2015 the values will be in agreement with the established objective.

68. *Kindergarten and Basic Education*: The Census of 2000, analyzing the question involving those children who never attended classes in an educational establishment, found that 63% of them are between 4 and 5 years old. It was confirmed that one of the reasons for that fact is the inadequate expansion of the preschool system, and the weak financial conditions of Cape Verdean parents to pay their children's school fees. This does not constitute a serious problem, since the children can integrate into the school system when they are 7 years old. Yet taking this fact into consideration, in 2003 they had adopted strategic orientations in the area of early childhood education. The government and different institutions have recognized the importance of early intervention in the development of the child. As a result, the PNAET has concentrated their activities in the area of preschool, coinciding with the age group of 4-to 6-year-olds in order to promote an integrated approach for this target group, widening and improving services, and implementing the training and progress of administrators of education.

69. Analyzing the evolution of enrolment in preschool education from 1990/1991 to 2003/2004, it is noticeable that there was a significant rise of more than 100%, proving that the objective established in the Action Plan for WFFC was reached. (See Table 4).

70. The last decade registered a considerable increase in the population of school-aged children (6-11 years old), with an average annual growth rate of 2.96%. This upsurge was accompanied in the period between 1985 and 1997 by a wide expansion over six years of basic elementary education, which became compulsory beginning in 1991. Thus, it must be underlined that the evolution of the net rate of primary school education progressed from 73% in 1990 to 96% in 2000, and then to 96.5% in 2005, representing a significant gain. Currently, based on statistics from 2005/06, the percentage of pupils who concluded basic education is 78.7%, from which 79.1% are male and 78% are female. (See Table 5)

Challenges and Progresses according to the aims established on the WFFC Action Plan.

71. The inexistence of a holistic vision of the child constitutes a strong constraint to the effectiveness of actions included in the plan. The fact that the interventions are sector-based in nature and do not involve in entirety the needs and rights of children added to the inadequate involvement of all the partners in the process, had created a disconnect between the results and the investments. Compulsory elementary education has been the substantial priority of the education system for the last decade. In quantitative terms this level of education became a significant contribution to the reduction of illiteracy in younger age groups. Despite the visible advances regarding the socialization of education that is reflected in the greater rate of schooling, the expansion of the Integrated Elementary Education system and later that of Secondary Education, did not correspond with the training policies that were developed with the support of the Training School for Teachers. Hence, there is still a great lack of teachers to instruct in the three phases of basic elementary education as well as secondary education, with only 59% of qualified teachers.

**The Commitment:**

**MDG 3: "To Promote Gender Equality and the Empowerment of Women" and  
WFFC: "To Promote a Quality Education"**

Analysis of the Current Situation and Trends.

72. Cape Verde is aware of the importance of the promotion of gender equality since it benefits women and children simultaneously, as was concluded in the UNICEF report on the State of the World's Children 2007.

73. Concerning the gender disparity in basic and secondary education, it can be observed that Cape Verde has already reached the established goals and that gender equality is guaranteed. The ratio of girls to boys in basic education was 0.94 in 2004-05, and in the same period for secondary education the ratio was 1.1. The equality of access to the education system is also guaranteed for girls to the extent that a marked prevalence can be observed in the number of girls registered in elementary and secondary education as compared to the number of boys.

74. In the scope of adult literacy it is evident that women who act as heads of the household constitute the group that faces the greatest financial difficulties, largely as a result of the significant rate of illiteracy. These women in addition to being responsible for caring for all family members generally perform work that earns little income due to a lack of education. In order to control this problem, a general adult literacy program was developed and has been implemented through diverse education programs particularly aimed at adult women living in rural areas. The Elementary Education for Adults Plan, whose goal is to universalize elementary education for adolescents and adults, is the equivalent of the 6 years of compulsory elementary education for children, but teaches more than basic reading and writing. It integrates activities related to local community development and aims to articulate instruction with basic professional trainings.

75. In recent years with the intensification of actions for adult education, particularly aimed at women, there were significant gains that have contributed to the increase in national literacy rates from 63% in 1990 to 75% in 2000. In the same time period, rates for women aged 15-24 changed from 86.4% to 95.5%, and for men from 90% to 95%. (See Table 6)

*Challenges and Progresses according to the goals established in the WFFC Action Plan.*

76. The percentage of young mothers aged 12-19, currently at 9.8%, has constituted a problem in terms of their educational opportunities, as of the 9.8%, only 13.6% are studying. In the scope of higher education, during the academic year 2000-01 the number of women predominated in relation to the men, the ratio of girls to boys being 1.26 in 2000 and 1.04 in 2001.

77. Illiteracy remains predominant among women; according to the 2000 Census, from the total number of illiterate citizens registered 69.4% were women, representing 2.3 illiterate women for each illiterate man. However the illiteracy rate has diminished in such a way that illiteracy among young women aged 15-24 is lower than that of men in the same age group. In spite of substantial gains achieved in adult education levels, there are still some constraints that should be taken into consideration in the National Plan for Universal Education, including the following: high illiteracy rates of people over age 15, with a significant percentage (32.8%) of the people between 35 and 49; large social

inequality and marked geographic disparity; the aggravation of the socioeconomic situation and the consequent increase in the most disadvantaged population; the lack of connection between the General Direction of Adult Literacy and Education and the General Direction of Elementary and Secondary Education; weak political commitment to the issue of adult education as a factor in cultural, social, economic, and political development.

78. The statistical data from 2000 related to unemployment in Cape Verde demonstrated that for every 200 unemployed men there were 211 unemployed women. Yet the ratio of women who work did increase significantly between 1990 and 2000, going from 25% to 38.6%.

79. The percentage of women represented in the national government increased from 6% in 1991 to 29% in 1998. It reached 36% in 2001 and then waned to 24% in 2002, while the percentage of women in local positions of power changed from 8% to 16% between 1995 and 2000. In legislative branches of power, the percentage of female members of parliament increased from 3.8% in 1991 to 11.1% in 1995 and has remained the same since 2001.

#### **The Commitment:**

**MDG 4: "To Reduce Infant Mortality" and**

**WFFC: "To Promote a Healthy Lifestyle"**

#### Analysis of the Current Situation and Trends.

80. The infant mortality rate in Cape Verde has seen an important evolution that accompanies what has been seen on the continent of Africa and the rest of the world, particularly in the sub-regions of West and Central Africa. The rate of fatality in children under 5 years of age diminished from 56% between 1988-1993 (IDSR-1998) to 39% in 2000, though including peaks registered in 1995 at 67% and in 1997 at 64% caused by outbreaks in Cape Verde of cholera and measles, respectively. In 2004, the infant mortality rate decreased to 25.2%, meaning the rate of fatality for children under 5 reached less than half the rate from 1988-93. This demonstrates that Cape Verde has

ultimately achieved the objective established for the time period and that there is hope to achieve the future goals for 2015. (See Table 7)

Challenges and Progresses according to the aims established in the WFFC Action Plan.

81. Children under five years of age face more difficulties associated with survival, and represent around 80% of the infant mortality rate (GEP/MS). From that percentage, 80% of deaths occurred before reaching one year of age, and a significant rate corresponds to newborn fatality. The main causes of death in childhood continue to be associated with prenatal infections (42%), infectious and parasitic illnesses (22%), respiratory infections (11%), and metabolic, endocrine and nutritional illnesses (7%) (GEP/MS). The factors identified as determinants of infant morbidity and mortality are varied, and include insufficient care conditions pre-partum, during birth, and post-partum; incomplete vaccine coverage; the lack of quality and quantity of drinking water; environmental sanitation and inadequate housing conditions; and nutritional deficit and poor individual and communal hygiene.

**The Commitment:**

**OMD 5: "To Improve Maternal Health" and  
WFFC: "To Promote a Healthy Lifestyle"**

Analysis of the Current Situation and Trends

82. The level of maternal mortality in Cape Verde is lower compared to levels in Sub-Saharan Africa. It had been considerably reduced until 1999, and then in 2000 there was a worrisome surge in death rates, increasing from 5% to 11% in total number of fatalities. Considering the rate of maternal mortality in 2002, it can be determined that the objective of reducing the maternal mortality rate by three quarters was already reached. However, these ratios refer to such relatively small numbers of deaths that only a few cases of fatalities can compromise the obtained results.

Challenges and Progresses according to the aims established in the WFFC Action Plan.

83. According to the Reproductive Health Demographic Survey completed in 2005, there is nearly complete prenatal coverage in Cape Verde. In 2000 98.1% of mothers (a slight increase from 97% in 1998) had access to this important component of health during pregnancy. In urban areas, the percentage of women who made prenatal consultations had increased from 96.8%, in 1998 to 98.4% in 2005, and in rural areas the percentage increased from 97.1% to 97.8%, respectively. The average of pregnancy consultations in 2005 was 4.6 according to reproductive health centers. The IDSR from 1998 referenced an average of 4.2 prenatal consults at the national level, with a breakdown of 4.8 coming from urban settings and 3.8 from rural settings. The same study found that throughout the country, less than half of pregnancies (45.4%) were under prenatal control in the first trimester, which increased to 53.9% in the second study, representing a significant gain. It is important to mention that there are limitations in access to essential obstetric care, primarily in rural settings and often motivated by cultural reasons.

**Comment [CP3]:** This statistic is unclear--is it 4.6 consultations per day/month/year?

84. According to the data from IDSR-I, 54.7% of women in Cape Verde that had their last child in 1993 were attended to during childbirth by a health professional, and 45.1% gave birth at home. In 2005, according the IDSR-II those numbers changed to 77.7% and 20.4%, respectively. Looking particularly at rural areas, there was a significant shift as well. In 1998, 36.9% of rural women were attended to by a health professional during childbirth and 62.8% gave birth at home, while these numbers changed in 2005 to 63.5% and 33.9% respectively.

85. It is also noticeable that the use of contraceptive methods increased between women, changing from 37.1% in 1998 to 43.9% in 2005. Consequently the fecundity rate has been decreasing in Cape Verde as a result of the informative campaigns developed on reproductive health care. The ratio of children per woman was 4 between 1990 and 2000 and it diminished to 2.9 between 2002 and 2005. It is also noticeable that the fecundity rate for adolescents between 15 and 19 years old has been decreasing each year.

86. Thus, the relatively low maternal mortality level may be explained by the following factors: a large portion of the population has access to health care (80%); the rise in the number of childbirths attended by qualified health professionals; an increase in the number of trained midwives; a high percentage of people with access to essential

medicines and vaccines (80-94% in 1990); and the inclusion of NGO initiatives regarding reproductive health in the Information, Education and Communication (IEC) programs (See Table 8). Yet there are still some constraints related to the rate of maternal mortality. A significant percentage of maternal deaths occur in hospitals because, despite noted progress, weak points persist in basic and urgent obstetric care available in regional hospitals. It is to be noted that complete obstetric treatment and services are only rendered in centralized hospitals.

### **The Commitment:**

#### **MDG 6: "To Control HIV/ AIDS, Marsh-fever, and Other Illnesses"**

#### **WFFC: "To Promote a Healthy Lifestyle"**

#### Analysis of the Current Situation and Trends

87. HIV/AIDS: Since the first case of AIDS was discovered in Cape Verde in 1986, the number of cases has continuously increased, although it should be noted that the prevalence of HIV/AIDS in Cape Verde is low when compared with the numbers presented in other countries of Africa. From 1986 to 2004, the cumulative number of identified HIV/AIDS cases continued to increase, and at the end of December 2005, approximately 1710 cases of HIV/ AIDS, were identified. (See Table 9)

88. In Cape Verde the illness rate changed from 0.6% for every ten thousand inhabitants in 1996 to 1.8% in 2000. According to the second Demographic and Reproductive Health Survey (IDSR-II) accomplished with the participation of 5601 people in October 2005 among women from 15 to 49 years old and men 15 to 59, the prevalence rate of HIV/AIDS is around 0.8%. As indicated by provisional data from the study, the rate of prevalence broken up by sex is 0.4% for women and 1.1% for men. As regards the difference between urban and rural areas, the prevalence rate is 0.9% and 0.6% respectively.

89. According to the analysis of the known HIV/ AIDS cases, in 2005 the rate of infection with HIV reached in particular the more active and economically productive age group, those from 20 to 34 years of age. Of those known cases, 62.8% are HIV positive and 51% are infected with AIDS. The IDSR-II points to this age group as particularly

infected as well as those from 45-49 years old. Data from the Sentry Posts of 2003 and 2004 demonstrated that young women 15-19 years old are exposed very early to HIV, and that 30% of pregnant women are between 15 and 19 years old. The main vehicle of HIV transmission has been through sexual intercourse, which constitutes 80% of identified cases. Among the 1699 cases of HIV/AIDS identified in 2005, 126 cases (7.5%) were transmitted from mothers to their fetus (vertical transmission).

*Challenges and Progresses according to the goals established in the WFFC Action Plan.*

90. Since identifying HIV in Cape Verde a vigilant system of monitoring the virus in pregnant women was instated that allowed the prevalence rate to go from 0.48% in 1989 to 1.13% in 2002 (Source: PLS report from the Health Ministry, 2005). With the introduction of new collecting posts, new prevalence rates were registered in 2003 and 2004 at 0.89% and 0.44% respectively (See: table 10). Since noting the first case of AIDS in the country, measures were taken to guarantee the security of blood transfusions, preventing HIV and other transmittable infections and providing the systematic testing of HIV in all units of blood. An analysis of available data from 2000 to 2002 demonstrates a reduction of seroprevalence of HIV in donators of blood. There was no subsequent registry of HIV infection through blood transfusion.

91. The frequency of contraceptive use increased from 38.5% in 1999 to 45% in 2001, particularly underlining the use of the male condom, whose usage rate went from 6.6% in 1999 to 7.4% in 2001. The centers created for anonymous and free testing for HIV contamination function in the more important regions of the country and offer free individual counseling services for the population. Problems still persist related to conflict of values that affect healthy behavior choices, such as: unsafe sexual intercourse, limited perception of the risks associated with HIV/AIDS infection, lack of knowledge about the reality of the impact of HIV/ AIDS; and Cape Verde's limited technical and financial resources to support antiretroviral therapy. An analysis of the principal determinant causes of infection in Cape Verde allows us to identify the prioritized groups of people that will be given specific attention in the next years: youth both attending school and out of school; young women; isolated women in single parent situations; *vulnerable children and orphans*; sex workers and their clientele; prisoners; those with drug

addiction; people in situations of frequent mobility and their partners; Cape Verdean emigrants; foreign immigrants; and military officers and security agents.

92. *Marsh-fever*: Marsh-fever in Cape Verde is not an endemic illness, unstable and related to the great vulnerability of the country (basically on the island of Santiago). It is caused by the carrier mosquito (anopheles), the frequent movement of people from regions on the continent of Africa where Marsh-fever is endemic, and the lack of immunity in the population. When there is a good amount of rainfall, the risk of endemic illnesses increases, which explains the appearance of marsh-fever over the last few years. The autochthonous Marsh-fever, after reaching a high occurrence in 1995 and an incidence in 1996 of 1.4 cases per ten thousand inhabitants, experienced a reduction in 1997 to 0.1 cases per ten thousand inhabitants, later increasing in 2000 to 3 instances per ten thousand inhabitants. The mortality rate increased to 0.8% and the mortality rate in 2002 was 0.004 per thousand inhabitants. It is to be noted that the entire population of the regions at risk has access to effective treatment. (See Table 11)

93. *Tuberculosis*: In some municipalities of the country, there are notably inadequate conditions for developing community-level work with those infected with tuberculosis and their families, and insufficient intervention practiced through IEC. Additionally there is deficient adhesion between the health offices and Direct Observation Treatment along with inadequate financial resources and a poorly-structured fight against the illness. On the other hand, there is a decentralized structure in Cape Verde that is able to accomplish various activities to control tuberculosis, in addition to which the country is equipped with laboratories and equipment for the microscopy of the disease, despite technical difficulties or problems supplying reagents. (See Table 12)

**The Commitment:**

**MDG 7: "To Assure a Sustainable Environment"**

**WFFC: "To Promote a Healthy Lifestyle"**

Analysis of the Current Situation and Trends

94. Cape Verde has been promoting initiatives centered on Cape Verdean biodiversity and environmental protection, primarily through the intervention of the Ministry of the

Environment, Agriculture, and Fishery. In this scope, the NDP and PNLP consider one of the fundamental roles in the fight against poverty to be improvement of hygienic and sanitary conditions and the availability of drinking water.

95. *Drinking Water*: Water resources are significantly scarce in Cape Verde and the desalination of sea water constitutes the principal source of the production of drinkable water. The proportion of the population that has access to drinking water went from 52% in 1990 to 82% in 2002, and according to more recent research (QUIBB-CV), it has reached 85%. Thus, it can be considered that the objective established through the corresponding MDG was reached. (See: Table 13)

96. *Hygiene and Sanitary Conditions*: In Cape Verde, 76% of the population does not safely drain residual waters, and only 10% are linked to the general sewage system, 14% using septic tanks. A considerable percentage of the population does not have direct access to drinking water nor an adequate sanitation system available (around 60% of the families in the capital city of Praia do not have access to any type of basic sanitation). The treatment of residual waters is done exclusively in the urban centers of Praia and Mindelo.

97. *Public Health and the Environment*: A great portion of the population lives in precarious hygienic conditions, compelled by insufficient access to drinking water and by the lack of a minimum sanitation infrastructure. This fact is responsible for the circulation of contagious diseases via water sources and for the progressive contamination of the environment. The conditions mentioned above show the epidemiological profile of Cape Verde. Hence, the diarrheal illnesses from fecal-oral transmission are still representing a significant cause of infant and general mortality. In the previous decade, between 1994 and 1996 there was an epidemic of cholera that reached the whole country, registering 13,552 cases of infection. In 2000 there was an epidemic of blood diarrhea, with 9,571 identified cases and 9 fatalities. Also in 2000, there was an epidemic of polio throughout Cape Verde, an illness that is also of fecal-oral transmission and from which 54 suspected cases were registered along with 8 deaths. Poor hygiene habits among a large part of the population resulting from inadequate sanitation education and deficient water supplies, have been the prominent factors in the spreading of these illnesses. The unsatisfactory draining of rain-water, open reservoirs and wells, and the not warping of the lands had

also added to the proliferation of mosquitoes, the carriers of marsh-fever that still persists on the island of Santiago.

98. *Slum Dwellers*: A significant percentage of Cape Verdeans still live in shacks made with cardboard and thin metal sheets, a consequence of financial poverty and unemployment. The resident poor population has been utilizing unauthorized sites on which to build and therefore become exposed to the destruction of their houses by municipal authority. Additionally, the seasonal rains endanger not only the houses but their inhabitants and others when houses are constructed on inclined hillsides. The available statistics allows for the following analysis of the property titles: in 1990, 61% of the population owned their own house; in 1999 this percentage changed to 64%. The other 36% of the population lived in rented, sublet, or abandoned houses or on the street. The situation of those without shelter improved considerably, numbers passing from 836 people living on the streets in 1990 to 117 people in 2000. It is important to note that currently about 2,393 families live in shacks made with metal sheets, cardboard, etc., a precarious situation in terms of housing, sanitation and health. (See Picture 14)

*Challenges and Progresses according to the goals established in the WFFC Action Plan.*

99. The government policies from independence until 1990 were essentially directed towards rural environments in effort to fight against desertification. After 1990, there was the will and political engagement to promote sustainable environmental development, resulting in the ratification of several international conventions, namely regarding biodiversity, climate changes, desertification, and the signing of various international protocols to work towards their implementation.

100. *Drinking Water*: Although the objective related to availability of water for half of the population has been reached, there are still persistent qualitative challenges related to the rigorous and systematic control of the quality of water in the country. Investments in the improvement of quality water supply services are still lacking in order to improve public health and living conditions in the communities.

101. *Basic Sanitation*: A significant portion of the population lives in precarious hygienic conditions compelled by deficient access to quality drinking water and the inexistence of minimal sanitation infrastructure. The treatment of urban solid residues is still in the

initial phase, waiting on new and innovative solutions. Currently the residues are collected and sent to open garbage dumps where they are burned or embedded. Industrial residues are not yet considered a serious environmental concern, as the level of industrialization in the country is very low. However, in the urban centers of Praia and Mindelo the problem has already become evident. The majority of hospital waste has the same destination as urban garbage. Currently a program is in place to build infrastructure for sanitation and water supply in almost all the districts of the country. However its accomplishment is limited by poor availability of finances. An intensified preliminary study on the situation in the sanitation sector of Cape Verde was already carried through.

102. *Slum Dwellers*: In order to resolve the question of accommodation, the Imobiliária, Fundiária, e Habitação (IFH; Property, Foundation, and Housing) was created for the promotion of housing for the economically disadvantaged. This matter was removed from the framework of other services of social promotion and from the Program to Fight against Poverty because it had not reached the objectives for which it was created. Some local municipal chambers tried to legalize property titles and register various houses in their records whenever possible, and the Cape Verdean Foundation of Solidarity, the Ministry of Labor, Family and Solidarity, and city councils have also worked in the promotion of housing and accommodation in Cape Verde, for example through the project "Operation Hope".

#### **The Commitment:**

**MDG 8: "To Develop a Global Partnership for Development" and**

**WFFC: "Actions and Initiatives for the Mobilization of Resources"**

#### Analysis of the Current Situation and Trends

103. It is to be noted that in Cape Verde, the benefits of promoting an open commercial system based on predictable and non-discriminatory rules are recognized. Beyond this, in view of achieving the MDGs Cape Verde has been working to enable young people and to create better employment conditions. As regards medication, the national policy is based on the release of importation rights and on the incentive for local production of generic medications. The progresses reached by Cape Verde in terms of access to

telephone and mobile services and the Internet are important, although their costs are significantly elevated.

104. It is in this context that policies to mobilize resources have been developed. The support of partners was important in promoting gains, as well as in identifying the challenges in reducing poverty and accomplishing the MDGs, requiring further mobilization of partnerships for the effective development of the country.

105. Public aid to development recognized a reduction trend that should be reviewed. It changed in PIB percentage from 38.6% in 1991 to 11.9% in 2001. As for the structure of this assistance, the predominance of bilateral partnership can be noted. In 2001, the bilateral partners had contributed to about 10.8% of the PIB compared with 1.1% for the multilateral partners (See Table 15). Among the established partnerships, currently the protocol between the government of Cape Verde and the US has been underlined, particularly in the scope of the Millennium Challenge Account. It constitutes an important program in regards to investment in citizens, in good governance, in the incentive for economic freedom, and in the transparency of public administration. Moreover, currently important partnerships have accomplished initiatives in the area of promotion and protection of children's rights, namely those with United Nations Funds and Programs (UNICEF, UNESCO), the Ministry of Labor and Social Security of Portugal, the Portuguese Cooperation, the Calouste Gulbenkian Foundation, the German Agency for Professional Cooperation (GTZ), the Luxemburg Cooperation, the Brazilian Cooperation, etc.

106. It is important to underline that government of Cape Verde has taken important steps in promoting the involvement of the private sector in the mobilization of resources for social development, as established in the WFFC Action Plan. One of the initiatives developed is the adoption of a patronage law (Law n.º 45/VI/2004 on July 12<sup>th</sup> which establishes the legal patronage system, Lawful-Decree n.º 9/2004 on October 25<sup>th</sup> which regulates the patronage system previously referenced, in order to permit its application in the domain of sports; Lawful-Decree n.º 8/2004 on October 25<sup>th</sup> which regulates said patronage system in order to permit its application in the domain of culture).

107. It must be highlighted that Cape Verde is in the process of transitioning from the group of less-developed countries for that of middle-developed countries, having

improved its human development index in addition to other factors determinant in the process. Thus, the economy of Cape Verde will have to be reorganized to improve its competitiveness, reduce its vulnerability, and above all to reduce the strong alimentary dependence, all of which the government of Cape Verde is remaining attentive to.

*Challenges and Progresses according to the aims established in the WFFC Action Plan.*

108. Public aid to development has begun to diminish in such a way that it is essential to begin thinking about alternatives to compensate for the reduction.

109. It is to be noted that the sector for childhood and adolescence has tangentially benefited from the accumulated resources as well. Among the sectors that absorb most of these resources are identified: regional development and the environment, transportation and communications, energy, water, sanitation, public administration and education. Starting in 1997, the sectors for social promotion and the fight against poverty began to gain particular importance in the absorption of resources, although there is still much more work to be done.

**The Commitment:**

**WFFC: To protect children against abuse, exploitation and violence and to fulfill other obligations related to children's rights in accordance with the Millennium Declaration**

110. Beyond the concrete actions mentioned in the present report regarding children's protection, particularly in the realm of abuse, exploitation and violence, other measures have been adopted in the legislative field, which also constitute important steps towards the achievement of objectives established in the WFFC Action plan.

111. Thus, the new 2004 Cape Verdean Criminal Code constitutes an important step towards ensuring children's rights by criminalizing behaviors that include "mistreatment of minors or the disabled providing that offences to the body or health, or physical or psychic cruel treatment inflicted upon a minor, a disabled person or a person particularly vulnerable due to age, illness, physical or psychic deficiency by those who have under their guardianship or care, or as a subordinate or student, such a person, will be punished by imprisonment of 1 to 5 years, unless penalties of a more serious nature not apply by

virtue of another legal disposition" (article 133.º, Criminal Code). Similarly, in 2005 the new criminal code came into force mandating, according to article 289, 1, d, "the prohibition of permanent residence in a family's home of residence of an individual accused of spousal abuse or sexual or physical abuse of minors committed in the same place." This clause constitutes a great advance for the national legislation towards the effective defense of children's rights, particularly since so many offenses are committed in the privacy of the home.

112. In 2006, new legislation was approved to regulate the social and educational tutoring of minors, when, having completed twelve years and before completing sixteen, they are agents of some fact qualified for the law as crime and the organization and the functioning of the Social-Educative Centers (legislative decree n.º 2/2006, November 27<sup>th</sup>).

113. On June 10<sup>th</sup>, 2006, the government approved, through Decree n.º 39/2006, the renaming of the Cape Verdean Institute for Minors (ICM) to the Cape Verdean Institute of the Child and Adolescent (ICCA), promoting a language more consistent with international development.

114. The PND, in compliance with WFFC's Action Plan, asked the government to ratify proposals for other important international instruments relating to children and adolescents. Thus, in 2002, the country incorporated other important international and regional instruments, reinforcing current laws in this sphere, including: Protocol for the Convention on Children's Rights relating to Child Trafficking, Prostitution and Pornography (Resolution n.º 39/VI/2002, April 29<sup>th</sup>), Protocol for the Convention on Children's Rights relating to Children in Armed Conflicts (Resolution n.º 40/VI/2002, April 29<sup>th</sup>), the International Work Organization's Convention n.º 138 on the Minimum Age of Employment (Resolution n.º 157/VI/2006, January 2<sup>nd</sup>) and, on a regional level, the Additional Protocol to the African Charter on the Rights of Man and the People, relating to Women's Rights (Resolution n.º 132/VI/2005, May 30<sup>th</sup>).

115. The government of Cape Verde recognizes and espouses all the principles and values contained in the Millennium Declaration, and is committed to promoting freedom, equality, solidarity, tolerance, respect and distribution of responsibilities—both internally and in exterior relations. In this context, the government of Cape Verde has advocated

peace, security and disarmament. An important organism created in 2004, to further this goal was the National Commission for Human Rights and Citizenship(CNDHC) (Decree n.º 38/2004, October 11<sup>th</sup>) which, under the orientation of the Principles of Paris, has played an important role in the critical mission of promoting human rights, international humanitarian law and citizenship in the country. One of the most recent projects, taken on by CNDHC and the Ministry of the Education and Superior Education is the introduction in the school syllabus at all educational levels of the subject of human rights with special emphasis on the culture of peace, good-governance, and democracy.

116. Moreover, Cape Verde is engaged in the fight against terrorism, having ratified the International Convention for Suppressing the Financing of Terrorism (Resolution n.º 38/VI/2002, April 22<sup>nd</sup>), and the Convention on Preventing and Fighting Terrorism by the African Unity Organization (OUA) - later, African Union (UA) - (Resolution n.º 41/VI/2002, April 29<sup>th</sup>). It is also engaged in the fight against organized crime, adhering to such important international instruments in this arena as the Convention of the Union Against Transnational Organized Crime, as well as the Protocols for the Convention of Nations United against Transnational Organized Crime (Resolution n.º 92/VI/2004, May 31<sup>st</sup>).

117. In the sports arena and in compliance with the Millennium Declarations, an Olympic committee is supported with the intention of promoting the Olympic ideals and in turn promoting sports and peace.

118. In the realm of poverty, the country has adopted a strategy with the express intention of minimizing the impact of poverty on the lives of women and children, those generally most affected. All the objectives decided by the Millennium Declaration have already been discussed in previous sections of this chapter, namely advocacy for gender equality, the development of employment strategies for young people to acquire decent and productive jobs, encouragement of the pharmaceutical industry to produce essential medicines in a more amply available manner, strengthening the close public-private partnership for the eradication of poverty, etc.

119. In regards to the environment, it is also evident that the country has made conscientious efforts towards achieving the objectives established in the WFFC's Action Plan and in the Millennium Declaration. In addition to ratifying the Protocol of Cartagena

on Biological Security at the Convention on Biological Diversity (Decree n.º 9/2005, September 26<sup>th</sup>), Cape Verde has recently attempted to regularize and implement a culture of biodiversity protection, an orientation toward the elimination of solid, urban, industrial, and other residues, and to implement the second National Environmental Action Plan - PANA II, horizon 2004-2014 (Resolution n.º 14/2005, April 25<sup>th</sup>).

120. In regards to work in the interest of childhood needs, beyond the ratification of the OIT Convention n.º 138, a study is underway to allow for better understanding of this subject in Cape Verde and to develop an action plan to fight problems related to this subject.

121. Other subjects such as migrant workers and their families, drug addiction and alcoholism, women's rights, freedom of the press, and the promotion of democracy and peace on the African continent have also seen progress and have relied on strategies established in the WFFC's Action Plan. As testament, the report on the Elimination of All Forms of Discrimination against Women was presented recently to the convention, to foster constructive dialogue with the Committee for the Elimination of All Forms of Discrimination against Women, substantiating the notion that the promotion of children's rights is fundamentally linked to the defense of women's rights.

## **VII SUMMARY OF LESSONS LEARNED, INITIATIVES UNDERTAKEN SINCE 2002 TO MAXIMIZE PROGRESS, AND PERSPECTIVES FOR THE FUTURE**

### *In the field of children's protection:*

122. *Children's Rights:* While WFFC's Action Plan has successfully increased awareness of Children's Rights issues, some areas still lack special attention. Specifically the adoption process, in particular international adoption, remains a major concern. *For the future:* Cape Verde should attend the Haia Conference on Private International Law, which meets to determine fundamental regulations on many aspects of children's rights including international adoption, children's nutrition, and child abduction (particularly when committed by a family member), all subjects of great importance for an insolated country.

123. Abuse, exploitation and violence: Since 2002, significant advances have been observed in the area of child protection, especially in regards to victims of abuse, exploitation and violence, especially in regards to, with legal-criminal reinforcement. For the future, it will be important to strengthen mechanisms created in this area so as to effectively attend to all cases that arise in the country; to establish a mechanism of control of court cases involving children grounded in the expertise of technicians.

*On the promotion of Healthy lifestyles:*

124. *The Fight against poverty:* It was observed that despite the absolute reduction in poverty due to the growth of the PIB to an annual average rate of about 6% throughout the '90's, results in the fight against the poverty have been minimal. Inequality has increased in general, in the distribution of wealth within the population, between rural and urban areas, as well as between prosperous islands where tourist activities are concentrated and the ones that remain predominantly agricultural. It has also been observed that the country's main challenge is to assure strong and fast economic growth and its equitable distribution. *For the future:* intensify activities called for in the National Fight Against Poverty Program, mobilize resources to reduce poverty and to diminish unreliable food access, considering that children are one of the most groups most vulnerable to poverty; support the agriculture and fishing sectors, specifically through the exploitation and distribution of water for agriculture, so as to support economic development in rural zones; continue working to eliminate illiteracy in adults, particularly among women in rural areas and reinforce professional training for the poor; provide the rural population with tools for success through professional training aimed at increasing the autonomy of rural families.

125. *In the health field:* It has been observed that awareness of prenatal illness is low, and although access to drinking water improved, the problem of establishing conditions of basic sanitation still exists in all regions of the country. Weak points persist in rendering basic and urgent obstetric care, since complete obstetric care is only available at the central hospitals; additionally, follow-up services are deficient for premature births. *For the future:* Guarantee the sustainability of the enlarged vaccination program (PAV) to raise and maintain vaccination coverage levels; continue to promote exclusive breast-

feeding until 6 months; continue to expand access to drinking water to include the entire population and in order to reduce the incidence of infectious and parasitic diseases; promote health education for the entire population; adopt an integrated approach to child illnesses by standardizing prevention at the national level, by improving care for the most common illnesses at the service level, and by reinforcing care on the level of families and communities; adopt measures within the offices of health to improve basic obstetric care, to allow the evacuation of patients, and offer continuous quality care during childbirth; improve youth and adolescent access to of reproductive health services; foster awareness of the causes of maternal death; improve physical access to and quality of basic services; reinforce the management system for sanitation information to improve the planning, monitoring and evaluation of reproductive health services.

126. *Malaria*: The capacity for detecting factors of risk for disease outbreaks is weak; the fight against illnesses such as malaria is still poorly organized due to the limited number of qualified nationals in this domain and to weak planning capacity; the low level of sanitation in some zones of the country which causes stagnant water areas to develop, which in turn creates a favorable environment for the proliferation of mosquitoes. *For the future*: Considering that children and the elderly are most vulnerable to this illness, it is necessary to support the initiative "Eliminate Malaria in Africa" and to find financial and technician resources for implementing the strategy; to reinforce national planning and management capabilities and to judiciously allocate funds for the primary health care budget. *Tuberculosis*: A lack of proper conditions was observed in some districts for communitarian work with sick people and their families, as was a lack of available financial resources for medicines, equipment and reagent acquisition. *For the future*: Considering that children and the elderly are most vulnerable to this illness, it is necessary to improve the capacity for early detection/identification of pulmonary tuberculosis cases through positive microscopy and efficient treatment, as well as the implementation of a strategic national plan in this domain.

#### *On the Promotion of Quality Education*

127. *Universal Education*: There is a noted lack of pedagogical resources, highlighted by the following: a high rate of repetition, primarily in the two first phases of schooling, that

translates to 26% and 22%, respectively, of students repeating school years, according to data from 2005, which contrasts with the 12% repetition rate observed in the third phase of schooling; weak participation of parents in monitoring school progress; and deficient linkages between adult education programs and professional training to improve employability for literate adults. *For the future:* Improve transitions for children from preschool to elementary school to facilitate integration and prevent attrition and frustration; strengthen pedagogical accompaniment at the district level; consolidate social and educational supports for vulnerable children; develop alternative education options for children who abandon the educational system, as a means of preventing a regression to widespread illiteracy; to increase financial resources for the accomplishment of the Plan for Universal Education and the Strategic Plans; to reinforce teacher training institutions in order to intensify specific training programs; to support adult education programs.

#### *On Gender Equality*

128. Empowerment of Women: A series of obstacles remain that must be overcome to reach gender equality and foster female autonomy, such as: the low ratio of women in administrative positions, especially at the school management level; inequalities of access to training and to sectors traditionally dominated by men; the elevated rates of illiteracy in women over 24 years of age; the poor implementation of public policies designed to facilitate the entrance of women in the work place; gender-related job difficulties in many sectors and at the governmental level; difficulty in the production of data that fosters an appreciation of domestic work, which has been considered tantamount to inactivity or economic dependence; the lack of instruments designed to collect, analyze, and diffuse information about violence against women in all its manifestations; and the slow response to cases of violence against women, which negatively impacts the children. *For the future:* It is necessary to execute the Strategic Education Plan, with particular attention to scaling up compulsory education for children aged 6 to 8 years, the review of syllabi and school books, teacher trainings in the area of gender and the promotion of parental and community participation in school management, the reinforcement of the adult education system so that Cape Verde reaches its target; the development of a strategic plan for the

Institute For Employment and Professional Training and policies which encourage the integration of women in the labor market; the strengthening of the Cape Verdean Institute for Equality and Gender Equity to develop its projects; support for the Ministry of Justice for the introduction of the gender variable into the production of statistics on violence against women, which will generate information on this problem; support to non-governmental organizations to encourage the development of training programs, community and population sensitization, and mobilization related to gender issues .

129. HIV/AIDS: In this domain it was observed that diagnosis of the HIV infection in children under 1 year of age was problematic, due to a lack of early diagnosis techniques and to the notification of child deaths; the epidemiological monitoring of HIV/AIDS through monitoring posts was not executed with regularity; low income levels and education for a sizeable segment of the population (mainly young girls and women); conflicting values that affect behavior and increase drug and alcohol use; early sexual intercourse among adolescents (at 15 years of age) and high risk sexual behaviors; widespread perception of low risk of HIV/AIDS infection and the persistence of inaccurate knowledge on sexually transmissible infections; lack of awareness of the degree of impact of HIV/AIDS at all levels; and technical and financial constraints. *For the future:* Improve clinical diagnosis of conditions, laboratory equipment, availability of essential medicines for the treatment of sexually transmissible and opportunist infections, the implementation of orientation and sensitization services for all levels of the sanitation system; strengthen the antiretroviral therapy activities throughout the country; maintain and improve the impact of the UNIAIDS group for better coordination among partners operating at the national level; continue disseminating and sensitizing information on HIV/AIDS awareness.

*Resources, mobilization, and follow-up:*

130. *Mobilization of Resources:* ICCA allotted greater budgetary resources to child and adolescent education. However, as the population has grown in recent years, the number of young Cape Verdeans has also increased. Thus, *for the future:* it is imperative to invest more in various domains which relate to children's rights, such as health, education, sports, and others.

131. *Control and Follow-up*: Despite the establishment of statistical priorities in order to meet the millennium development goals, indicators show that the statistics required for analyzing the objectives of WFFC's Action Plan are insufficient, and some were produced long ago and thus considered obsolete. Moreover, regularity in statistical data production is still lacking, which makes evaluating the evolution of determined indicators difficult and in turn compromises the efficient application of policies and programs; reinforcement is clearly still needed in coordinating the activities of sector-based statistics producers in Cape Verde. *For the future*: It is necessary to accurately interpret and effectively exploit available data in order to plan actions, initiatives and strategies; to provide the population with improved access to statistical data; to strengthen the protocols of cooperation between INE and the agencies producing sector-based statistics; and to execute an observational study on children's rights.

132. Through this report, Cape Verde acknowledges that much remains to be done regarding children's rights. The report also demonstrates the country's commitment to striving to maintain the objectives already reached and its pledge to actively pursue the achievement of objectives not yet attained, according to the World Fit for Children Action Plan, the Millennium Development Goals, and the Millennium Declaration.