Executive Summary

The year 2016 was characterized by the unusual coincidence of three electoral processes - legislative, local and presidential – taking place between March and October. The elections were considered transparent by international observers. Election results paved the way not only to a reorientation of development thinking and strategy, but also to a revision of the state structure and to a reconfiguration of leadership and managerial positions within the public administration. In this context, UNICEF Cabo Verde continued to advocate for policy reforms in the education and child protection sectors, resulting in the elaboration of the operational plans of the education sector, and in the adoption by the new Government of a landmark national plan against sexual abuse.

Since October 2015, the Zika epidemic has heavily impacted Cabo Verde, with more than 8000 cases reported nationwide. During the evolution of the epidemic, 394 pregnant women were suspected of having been infected with the Zika virus. In March 2016, the first case of neurological complications was notified in an infant born of a woman infected by Zika in the first trimester of her pregnancy. Up to December 2016, 15 microcephaly cases of children born of mothers having reported symptoms of Zika virus were notified nationwide. UNICEF participated actively in UN efforts to support implementation of the national preparedness and response plan for Zika and other arboviruses.

As a result of the partnership between UNICEF, UNFPA, UNWOMEN and WHO: a communication strategy was implemented, including aspects related to child rights; the pre and postnatal services were improved to better respond to the needs of women and children in the context of the epidemic; a comprehensive mechanism to follow pregnant women and monitor children with microcephaly was implemented; families of children born with microcephaly were trained on appropriate early stimulation tools and techniques; and a partnership was established with UNICEF Brazil for knowledge sharing and South-South cooperation on Zika.

After nine years without data to measure poverty, the new data was made available in 2016. The data shows a poverty reduction of 2.4 per cent from 2017 to 2015 as poverty rates fell from 26.6 per cent in 2007 to 24.2 per cent in 2015, with a slight increase in urban (15 per cent) and reduction in rural areas (41 per cent), while extreme poverty remains at 10 per cent (IDRFIII). These results are being used by the Country Office for sustained advocacy and to start the child poverty analysis process in 2017. UNICEF continues to advocate for the implementation of the Demographic and Health Survey to better inform child rights policies. All conditions are now in place for the survey to be carried out in 2017.

On the 24th of November 2016, Cabo Verde was officially declared polio-free, a major recognition of country work and the support of UNICEF and others partners According to the Minister of Health it was a great achievement but the country will have to continue to maintain the routine vaccination coverage level above 95 per cent, strengthen the surveillance of all acute flaccid paralysis in children under 15 years and improve its detection indicators.
As part of the UN working group on social protection, UNICEF Cabo Verde contributed to a strategic dialogue with the Government on social protection, resulting in momentum for reform towards a more equitable and efficient system, integrating a single registry, a cash transfer programme and a care system with direct impact on children’s rights. In addition, in the context of the country’s evolving vulnerability to disaster risk, UNICEF led unprecedented work in a child-centered analysis for disaster risk reduction that was integrated into the broader scope of the National Disaster Risk Reduction Strategy and the Post-Disaster Recovery Framework supported by UNDP. New partnerships were fostered with local and international universities, as well as with UNICEF India and UNICEF Nepal to develop methodologies to carry out this important intervention.

In addition, the Country Office supported the fight against anaemia among children under five years old with the introduction of a pilot programme on home fortification. The pilot phase will cover almost 40 per cent of children under 5 in Cabo Verde. Finally, UNICEF participated in UN-wide advocacy efforts to place the Sustainable Development Goals at the center of the new Government’s priorities, resulting in a high-level commitment to a national planning process aligned with the goals.

**Humanitarian Assistance**

Since October 2015, more than 8,000 cases of the Zika virus have been reported in Cabo Verde. January was the peak of the epidemic for 2016, with more than 500 cases notified. A significant decrease in the number of cases began to be verified from the month of March, with 62 cases notified. During the evolution of the epidemic, 394 pregnant women suspected of having been infected by the virus and 15 children with neurological complications (microcephaly) were notified. In April, UNICEF responded to a Government request and the Country Office assisted in developing and implementing a communication strategy to improve the prenatal and postnatal services for the psychosocial care of the families with neurological complications (microcephaly); as well as assistance in the implementation of mechanisms to follow pregnant women and monitor children with microcephaly. A partnership was established with UNICEF Brazil to promote sharing knowledge and practices on Zika management and monitoring mechanisms. Strengthening mechanisms that ensure the rights of children born with microcephaly and their family is the main purpose of this cooperation with UNICEF Brazil.

Support from the Joint Office of UNDP, UNFPA and UNICEF (JO) was provided to UN Coordination in the context of the contingency planning for Brava Island, at the time when a volcanic eruption seemed imminent in July 2016. The JO worked closely with the UNDAC team leading to a contingency planning instrument being developed for the first time for the island.

**Emerging Areas of Importance**

**Climate.** As one of the Small Island States (SIDS), the archipelago of Cabo Verde is prone to many extreme weather and natural hazards such as flash floods, droughts, landslides, wild fires, coastal degradation, earthquakes and volcanic eruptions. Many coastal communities are vulnerable to disasters caused by these extreme weather and geological hazards. Tropical rainstorms often generate intense flash floods, which cause soil erosion. The flooding of the low-lying catchments results in the degradation of the ecosystems and has adverse impacts on water supply and food security. Cabo Verde is exposed to volcanic hazards as well, as shown by the recent eruption of the active stratovolcano lying on the island of Fogo (23rd November 2014 – 8th February 2015). In addition, several islands, including Maio, Boavista and Sal are subject to coastal erosion due to their low elevation and sea-level rise, which has potentially adverse impacts on the tourism industry and the
livelihood of the communities on these islands.

The low availability of human and logistics resources hampers the country’s capability to timely and effectively respond to disasters. The lack of comprehensive hazard and risk assessments as well as the weakness of information-management/communication mechanisms limit risk-informed decision-making, thereby undermining the country’s effectiveness in preventing and reducing disaster risks and managing recovery processes in a sustainable manner. Thus, prioritization of needs in the multi-hazard context of Cabo Verde is essential for reducing risks and minimizing consequential vulnerabilities of children.

UNICEF in partnership with UNDP is supporting the country in incorporating disaster risk reduction and urbanization in the policy framework. In 2016, the country started to develop a Detailed Urban Risk Assessment (DURA-CV). The overall purpose of the DURA-CV is to generate evidence on risk information for fostering practice in risk-informed development and urban resilience in Cabo Verde, by piloting Urban Risk Management (URM) in three municipalities. Through pilot implementation of detailed urban risk assessments, it is expected to develop and test methodologies and approaches. Additionally, it seeks to raise awareness among decision-makers on the relevance of evidence-based risk information and how to put children in the center of these analyses and decisions, in particular in urban areas.

Integrated early childhood development (ECD). UNICEF has been oriented to address issues at the systemic and organizational level. In this sense, supporting policy formulation, suggesting most relevant institutional arrangements, proposing most relevant financing mechanism are interventions oriented towards creating the enabling environment for ECD to be mainstreamed at all levels of development. The country made important progress in putting this issue on the public agenda. In 2016, with election results and the reconfiguration of leadership and managerial positions within the public administration, UNICEF continued to advocate for ECD policy. Within the framework of the new government programme some changes are being made in the ECD programme. An important result is the institutional arrangement for the 0-3 years old that is now placed at National Directorate of Social Inclusion.

This clear vision about the institutional framework is a major gain in terms of the implementation of the ECD programme for this age range as it will enable conditions for a more coherent policy framework and coordination. In addition, it will allow the integration of these policies and interventions in the new care system under definition. A work to define the typology and the minimum standards of quality for the kindergarten for 0-3 years old is ongoing. This will be an important contribution of UNICEF in this area. The Government started to integrate one year of preschool in the education system.

**Summary Notes and Acronyms**

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>CCPD</td>
<td>Common Country Programme Document</td>
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<tr>
<td>C4D</td>
<td>Communication for Development</td>
</tr>
<tr>
<td>DHS</td>
<td>Demographic and Health Survey</td>
</tr>
<tr>
<td>DURA-CV</td>
<td>Detailed Urban Risk Assessment Cabo Verde</td>
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<tr>
<td>ECD</td>
<td>Early Childhood Development</td>
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<tr>
<td>IDRFIII</td>
<td>Inquérito as Despesas e ReceitasFamiliares (Budget and Consumption Survey)</td>
</tr>
<tr>
<td>JO</td>
<td>Joint Office of UNDP, UNFPA and UNICEF</td>
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<tr>
<td>KAP</td>
<td>Knowledge Attitudes and Practices</td>
</tr>
<tr>
<td>LACRO</td>
<td>Latin America and Caribbean Regional Office</td>
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</table>
MODA Multi-Overlapping Deprivation Analysis
MoH Ministry of Health
MoE Ministry of Education
PFA Acute Flaccid Paralysis
SDGs Sustainable Development Goals
WCARO West and Central Africa Regional Office (UNICEF)
UN United Nations
UNDAC United Nations Disaster Assessment and Coordination
UNDP United Nations Development Programme
UNFPA United Nations Population Fund
UNICEF United Nations Children’s Fund
GBV Gender-based Violence

**Capacity Development**

Twenty community-based organizations and fifteen Government representatives were trained in the practical tools of child-centered risk assessment. This training was organized in partnership with UNICEF India and UNICEF Nepal and the main purpose of the training was to build the capacity of development professional working with children on risk-informed planning, conduct child-centered risk assessment and integrate risk analysis into development plans and programmes.

In cooperation with Terre des Hommes Brazil, two training sessions of national actors on restorative justice were held in Praia and Brazil. Thirty-five technicians from different sectors (justice, police and child protection) were trained in approaches for child-sensitive justice.

The capacities of the special education team, MoH and Ministry of Social Inclusion were reinforced in early stimulation techniques. Fifteen technicians of these institutions were trained to work with children with neurological complications due to the ZIKA virus. It aims to start stimulation of these children in the early ages due the impact of these intervention for child development. In addition, capacities of the National Institute of Public Health were reinforced in C4D to implement this approach in the context of Zika epidemic. The results of the knowledge, attitude and practices study was used to inform C4D intervention.

The capacities of the National Nutrition Programme were reinforced to implement the pilot programme on home fortification. Several training sessions on the home fortification approach were conducted in all seven islands covered by the pilot. To better monitor the initiative, capacities for data collection, monitoring and evaluation were also improved.

In the education sector, capacities in sectoral planning were reinforced to improve the quality of the technical contributions and the implementation of the education operational plan under elaboration.

**Evidence Generation, Policy Dialogue and Advocacy**

With the changes in the Government following the election, a new orientation toward development strategy and for the configuration of leadership and managerial positions within the public administration was defined. In this context, advocating for policy reforms and ensuring that child rights and equity were guaranteed was the main objective of UNICEF Cabo Verde’s work during 2016. A sectoral analysis of the education sector elaborated in 2015 was an important tool for policy dialogue in this sector and resulted in the revision of the Education Policy Letter to adjust to the new policy orientation. Evidence generated by the analysis supported some decisions in 2016, namely to initiate the process to integrate...
one year of preschool in the education system in 2018.

To build a more coherent communication strategy for the Zika response, a community assessment was conducted to generate evidences on knowledge, attitude and practices (KAP) of the population. The WHO KAP methodology package for Zika was adapted and applied in a sample of the population. The survey covered subjects related to prevention, discrimination and transmission.

The country hasn’t implemented a Demographic and Health Survey (DHS) since 2005. The DHS is the only survey at national level that can provide data on child nutrition, HIV-AIDS, VBG and other important indicators to inform child development policy definition and monitoring. In 2016, UNICEF together with UNFPA continued to advocate for the implementation of the Demographic and Health Survey and all conditions are now in place for the survey to be carried out in 2017.

**Partnerships**

According to the country programme evaluation, the “JO model facilitates inter-agency political dialogue to develop a common positioning strategy and institutional partnerships to achieve the expected outputs and outcomes, as well as their sustainability”. UNICEF Cabo Verde is maximizing this advantage to break silos and work collaboratively with internal and external partners. In 2016, several interventions were elaborated in partnership with others UN agencies and partners.

UNICEF participated actively in the UN efforts to support implementation of the national preparedness and response plan for Zika and other arboviruses in partnership between UNICEF, UNFPA, UNWOMEN and WHO.

Considering the need for understanding the behaviour of child sexual offenders and how to prevent such abuse and how to allow the recuperation of those in prison for the offense, UNICEF in partnership with the Danish NGO - Bornefonden - supported the Government through the National Commission of Human Rights to elaborate a study on the profile of sex offenders of children in Cabo Verde. The study was discussed with all stakeholders in a workshop with the participation of government institutions, civil society organization and academia. The study was considered as of good quality and appropriate recommendations were suggested for the measures to be taken.

UNICEF partnered with UNFPA and the Global Fund to develop and implement a comprehensive programme to eliminate mother-to-child transmission of HIV. As result of this partnership, 98 per cent of pregnant women were tested for HIV through public services and the treatment abandon rate decreased from 6 to 2 percent in the last five years.

UNICEF in partnership with UNDP is supporting the country in incorporating disaster risk reduction and urbanization in the policy framework. In 2016, the country started to develop a Detailed Urban Risk Assessment (DURA-CV) and the child- centered vulnerability to disaster analysis.

**External Communication and Public Advocacy**

UNICEF supported the communication strategy for Zika based on evidence produced through a knowledge, attitudes and practices study. The plan focused on the coordination of different interventions to work efficiently and avoid duplication, and finally to monitor and evaluate the results of communication interventions. For the first time the National Institute for Public Health developed a strategy based on results of a KAP study to inform risk communication. The study shows that while 83.9 per cent of the population agree that
everyone is at risk of contracting Zika, only 2.8 per cent know that women in reproductive age are at high risk. Based on these results, comprehensive communication material and C4D intervention was developed. Social media was used due the proportion of young people from rural and urban areas with access to this technology and the level of confidence that this age group has in this mechanism, according to KAP study. The KAP study also highlighted the high level of confidence that the population has in health workers. This result was important for the definition of communication messages for the health workers, for example.

**Identification and Promotion of Innovation**

Risk analysis needs to be a regular dynamic activity that reflects complex ways multiple risks interact. In response to the needs, UNICEF Cabo Verde is developing an innovative system, using technology for data driven development planning. Taking advantage of UNICEF’s global initiative, the Country Office is developing an innovative approach to using MODA methodology to identify the children who suffer from deprivations that would make them particularly vulnerable to disaster risks. The MODA methodology is well equipped to use existing databases not only to describe the deprivations of children but especially also to analyse in what combinations these deprivations prevail and to identify and study who are the children suffering from different combinations and especially from multiple simultaneous deprivations. This multidimensional child poverty approach is being fine-tuned to into feed in a child-centered risk disaster assessment.

**Human Rights-Based Approach to Cooperation**

The Government was assisted by UNICEF to update the report to the Committee on the Rights of Children that was elaborated two years ago. UNICEF in partnership with UNDP, UNFPA and OHCHR has been capacitating government officials and civil society to elaborate reports to Conventions on Human rights as a mean for the Government do also the self-assessment of the materialization and protection of Human Rights as prescribed in the United Nations Conventions that were ratified by Cabo-Verdean Parliament.

Considering the need for understanding the behaviour of sexual abusers of children to inform interventions and to allow the recuperation of those in prison, UNICEF in cooperation with Bornefonden has supported the Government through the National Commission of Human Rights to elaborate a study on the profile of sex offenders in Cabo Verde. The study was discussed with all stakeholders in a workshop with the participation of government institutions, civil society organization and academia.

In commemorating the International Day of Human Rights 2016 the National Commission of Human Rights involved primary and secondary schools for a march along the main avenues in three cities of Cabo Verde: Praia, Mindelo and Sal-rei which are in the three different respective Islands: Santiago, S.Vicente and Boavista. The wide media coverage enhanced UNICEF Cabo Verde’s visibility.

**Gender Equality**

In 2016, UNICEF continued to advocate for a better integration of gender issues in child policies and interventions. The action plan to fight child sexual abuse and exploitation was adopted by the new Government. Note that 95 per cent of children victims of sexual abuse are girls. In 2016, one hundred forty-nine cases of sexual abuse were notified.
Environmental Sustainability

To build capacities in disaster risk reduction and to have necessary orientation to lead and support integration of Child Centered Disaster Risk Reduction within governments and UN programmes, a comprehensive capacity development programme is being implemented by UNICEF and UNDP in Cabo Verde. In 2016, twenty community-based organizations and fifteen Government representatives were trained on the practical tools of child-centered risk assessment.

This training was organized in partnership with UNICEF India and UNICEF Nepal and the main purpose of the training was to build the capacity of development professionals working with children on risk informed planning, conduct child centered risk assessment and integrate risk analysis into development plan and programme. In addition, a long-term agreement was established with the University of Twente to have a more sustainable mechanism for capacity development in this area in Cabo Verde.

Effective Leadership

Given the specific nature of the Joint Office of UNDP, UNFPA and UNICEF, the main organizational priority for 2016 continued to be the finalization of the management review of the office, to bring the structure and business processes of the office more in line with the current programmatic priorities, as well as to ensure an optimally efficient use of financial and human resources, and to respond to the most recent Global Staff Survey findings. This will be a complex exercise, given the three agencies involved, which will require specific technical expertise.

The main strength of the programme in 2016 was its national ownership and sustainability, given the strong alignment with national priorities and the close cooperation between UNICEF Cabo Verde and implementing partners to ensure quality and soundness of results which are integrated into national policies and practices. Another area of strength, particularly in terms of efficiency and effectiveness, was the promotion of synergies with other agencies, UNDP and UNFPA in the context of the Joint Office. Areas to be adjusted include strengthening the monitoring and evaluation system through the improvement of indicators in the country programme. Also, NIM capacities need to be strengthened given the transformation of the public administration after the 2016 elections.

Regarding risk management, the Joint Office of UNDP, UNFPA, UNICEF, has used UNDP management systems since 2006. The Integrated Annual Work plan is prepared each year, according to UNDP model, which requires systematic identification and monitoring of risks, rigorous identification and use of risk mitigation solutions that are assessed on a quarterly basis during the year. At the project level, a similar risk management system is also established to identify and mitigate implementation risks. The office is fully compliant with a Harmonized Approach to Cash Transfer (HACT).

Financial Resources Management

The office funding and organizational architecture for implementation of results was one of the factors highlighted by the evaluation of the country programme (CCPD 2012-2016). The evaluation highlighted the overall effectiveness of the Joint Office model for implementation of results, by merging operational and technical capacities of UNDP, UNICEF and UNFPA. Some concerns remain on the management ratio, linked to the CO staffing structure needing to support implementation of three agencies.

The office monitors the cash advances to the implementing partners on a monthly basis assuring timely reporting. Budget implementation rates are expected to reach 92 per cent.
As part of HACT, the audit of certain high-risk partners was carried out and no major issues were identified.

In 2017, the office will continue to invest in implementation of the Green Office project, aiming to reduce the office premises and operations environmental footprint, mainly by increasing energy efficiency, and to reduce costs.

**Fundraising and donor relations**

The office will finalize preparation of the new CPD 2018-2022, in line with the UNDAF and the national development plan to be prepared by the Government by February 2017. In this regard, the office will be preparing a portfolio of concept notes and programme documents for resource mobilization for the new programme, and strongly invest in implementation of the Joint Office Resource Mobilization Action Plan.

Two concept notes were submitted for resource mobilization: 1) to Japan, to reinforce the capacity of the country in the response to Zika, and 2) for the French UNICEF National Committee in the domain of nutrition, specifically on home fortification.

**Evaluation and Research**

In 2016, an independent evaluation of the Common Country Programme of UNDP, UNFPA and UNICEF (CCPD 2012-2016) was carried out. For the first time since the establishment of the Joint Office and definition of the common country programme of UNDP, UNFPA and UNICEF an evaluation was carried out. This CCPD final evaluation aimed to ascertain the outcomes and outputs of the Common Country Programme Document (CCPD) 2012-2016 measured against its original purpose and objectives, and capture the evaluative evidence of the relevance, effectiveness, efficiency and sustainability of this strategic programme document, which will set the stage for the next programme cycle. An advisory panel comprising of technical experts from the country offices and the regional offices from UNDP, UNFPA and UNICEF was constituted to enhance the quality of the evaluation.

The evaluation of the Common Country Programme of UNDP, UNICEF and UNFPA was a challenge for the Country Office. The nature of this programme with three different planning matrices and the establishment of a technical group with members of the three Regional Offices required specific and adaptive management measures. The management response of the evaluation was elaborated and will be implemented during 2017.

**Efficiency Gains and Cost Savings**

The nature of the Joint Office of UNDP, UNFPA and UNICEF promotes technical and programmatic synergies. There is an operational efficiency gain derived from the existence of a single administrative and operational structure rather than the traditional three-agency model, and this has a significant impact on reducing transaction costs and harmonizing business practices. In addition, there are some obvious efficiency gains achieved by decreasing the number of organization representatives from three to one and by merging the administrative and financial teams and common support areas such as logistics and office techno structure.

A green office plan is being implemented and results show a seven per cent decrease in the energy consumption in 2016.

**Supply Management**

The Office has made use of long term agreements (LTAs) and the support of the UNICEF supply division on health-related procurement, including nutrition supplements and medical
equipment for the strengthening of obstetric care services and neonatal disorders. However, efforts remain to be made on the procurement planning components, namely the procurement plan, to ensure more quality and efficiency of systems.

Note that no constructions were delivered in 2016.

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount USD</th>
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<tbody>
<tr>
<td>Programme</td>
<td>79,230.00</td>
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<tr>
<td>Operations</td>
<td>7,523.00</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>86,753.00</strong></td>
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**Security for Staff and Premises**

The business continuity plan is operational. In 2017, the office will have to invest in some construction costs to ensure implementation of the minimum UN standard operating procedures for access control. An overarching priority will be finalization of the first business operations strategy for Cabo Verde.

**Human Resources**

According to the CCPD evaluation report “the JO model is highly valued. The integration of organizational and directive intelligence on the same people allows for a holistic understanding of the situation, the positioning of issues in a way that fosters the strengths of each agency and the search for cooperative, and not competitive, formulas among agencies, and this is particularly appropriate for a small country such as Cabo Verde”.

The Joint Bureau uses the UNDP management systems and the staff participated in the Global Staff Survey (GSS). The survey results were discussed with all staff. These discussions resulted several recommendations that were implemented during 2016 in order improve the areas requiring special attention from the Management of the Office (life balance and professional growth and development). A new Global Staff Survey was launched in December 2016 and the results will be available in 2017.

**Effective Use of Information and Communication Technology**

The communications equipment and standards of the Office are according to UNDP policies, in accordance with the operating agreements of the Joint Office. The Office provides support services to other UN House agencies, using existing systems.

**Programme Components from RAM**

**ANALYSIS BY OUTCOME AND OUTPUT RESULTS**

**OUTCOME 1** Women and children have equitable access to better quality national and decentralized health services

**Analytical Statement of Progress:**
Since October 2015, the ZIKA epidemic has heavily impacted Cabo Verde, with more than 7,500 cases have been reported nationwide. During the evolution of the epidemic, 394 pregnant women suspected of having been infected by the ZIKA virus. On March 2016, the
first case of neurological complication was notified in an infant born of a woman infected by ZIKA in the first trimester of her pregnancy. Up to December 2016, 14 microcephaly cases of children born of mothers having reported symptoms of ZIKA virus were notified nationwide. UNICEF participated actively to the UN efforts to support implementation of the national preparedness and response plan for ZIKA and other arboviruses.

As result of the partnership between UNICEF, UNFPA, UNWOMEN and WHO: a communication strategy, including C4D, was implemented, including aspects related to child rights; the pre and postnatal services were improved to better respond the needs of women and children in the context of the epidemic; a comprehensive mechanism to follow pregnant women and monitor children with microcephaly was implemented; families of children born with microcephaly were trained on appropriate early stimulation tools and techniques and; and a partnership was established with UNICEF Brazil for knowledge sharing and South-South cooperation on Zika.

On the 24th of November 2016, Cabo Verde was officially declared polio-free, a major recognition of country work and UNICEF and other partners support on immunization. Vaccine coverage rates continues above 90 per cent and Vaccination Programme has been strengthened with UNICEF support to ensure adequate monitoring and quality of the services provided. The country has successfully completed the tVPO Switch at bVPO process. In 2016, a considerable effort has been devoted in anaemia intervention for children under five years old. The implementation of a pilot programme on home fortification started and it will cover almost 40 per cent of under five years old children in Cabo Verde. A monitoring and evaluation strategy was defined to allow evaluation at the end of this phase and the definition of the scaling-up strategy.

OUTPUT 1 the MoH central services have capacities to plan, budget, mobilize resources for and execute the PNDS.

Analytical Statement of Progress:
UNICEF continues to support the capacity reinforcement on health management and policy execution to improve the efficiency of health interventions. In this regard, a training on financial management for all health programme managers was conducted. It was an opportunity to improve synergies and complementarity among programmes.

OUTPUT 2 Universal coverage sustained for children U1 years for immunizations by 2016.

Analytical Statement of Progress:
In 2016, the effective vaccine management (EVM) defined in 2015 with UNICEF support was fully implemented. Capacities of one hundred per cent of technicians from the central and local level was reinforced capacity building the adequacy of procedures, supervision of health structures, and improvement of the vaccine reception and distribution system at the country level and between islands. In addition, the coordination capacity of the National Vaccination Programme was strengthened in planning, monitoring, programme implementation and partnership mobilization.

The country has successfully completed the tVPO Switch at bVPO process. Since April 2016, the country’s vaccination calendar has been updated with the replacement of the measles vaccine (at 9 months) for measles, mumps & rubella (MMR) vaccine in addition to the MMR at fifteen months. In addition, tetanus-toxoid (TT) was replaced for tetanus-diphtheria (TD). The introduction of the inactivated polio vaccine (IPV) was postponed until January 2017 due to the unavailability of the vaccine at global level.

Following the recommendations of the cold chain (CdF) rehabilitation plan with UNICEF and WHO support, the cold chain was completely modernized improving the storage capacity
and the quality of the vaccine. This change took current and future needs into account, for example for the possible introduction of new vaccines, namely HPV, Rotavirus and Pneumococcal Conjugated Vaccine (PCV). Note that Cabo Verde continues to count with the support of UNICEF on have access to affordable prices and to mobilize partners in this domain.

The immunization strategic plan (CIMP 2017-2021) process was initiated. The Plan is scheduled to be finalized early 2017 and it’s supported by UNICEF and WHO.

OUTPUT 3 By 2016, percentages of exclusive breastfeeding are improved and U5 anemia rates are analyzed and reduced in an equitable manner

Analytical Statement of Progress:
According to the strategies defined in the National Food and Nutrition Programme (PNAN 2015-2020), UNICEF continued to support the availability and distribution of iron and deworming tablets for more than 100,000 children from primary schools and public kindergartens

The pilot programme on home fortification for children under five years old with multiple micronutrient powder (MNPs) – VITAFERRO - was initiated in seven islands. The home pilot initiative strategy was approved by the national authorities and micro plans for each island, including for C4D activities, was elaborated and implemented. Two training sessions on VITAFERRO implementation strategy for stakeholders from public institutions, Municipalities, Civil Society Organizations, Community Based Associations, Churches, Social Communication was held. The baseline survey to establish the indicators to monitor the Vitaferro Initiative implementation was carried out. The Home Fortification Initiative will be launched in early January 2017. The Ministry of Health accept to start the process to integrate the costs with the micronutrients in the national Budget based in the good practices with the UNICEF vaccines phasing out in Cabo Verde.

In addition, the country started the elaboration of a breastfeeding plan based on the recommendation of the 2016 Baby-Friendly Hospital Initiative (BFHI) Congress. Considering the Zika epidemic context, all health centers carried out awareness activities for health providers and mothers/families related to breastfeeding and Zika.

UNICEF supported the integration of nutrition indicators into the Health Information System.

OUTPUT 4 Decentralized services for ante natal care, skilled attendance at birth, PMTCT and Post-natal care are provided to all pregnant women and new borns, supported by improved family practices

Analytical Statement of Progress:
The first case of neurological complications in an infant born of a woman infected by ZIKA was confirmed in March 2016. In April, an official demand was made by the Government for UNICEF support. UNICEF participated actively to the UN efforts to support implementation of the national preparedness and response plan for ZIKA and other arboviruses.

Technical support from UNICEF WCARO, UNICEF LACRO and UNICEF New York Headquarters was provided, which enabled the country and UNICEF Cabo Verde to benefit from epidemic management skills, experiences and lessons learned from Latin America region, contributing to the adequacy of strategies and measures in the areas of prevention
and response. This support also helped the country to understand the global strategy on Zika and to strengthen coordination and management of Zika virus.

In partnership UNFPA, UN WOMEN and WHO two training sessions for 35 technicians from public and private institutions, and civil society organizations technicians was provided to ensure a more comprehensive and effective response to the Zika epidemic. In addition, families of children born with microcephaly were trained on appropriate early stimulation tools and techniques.

The capacities of the interdisciplinary team at the Central Hospital of Praia and the Interministerial Coordination Group have strengthened in diagnosis, care and follow-up to provide a good quality of services and counselling for the families with congenital syndrome due to the ZIKA. A comprehensive mechanism to follow pregnant women and monitor children with microcephaly was implemented and the quality of the prenatal and postnatal services improved to better respond the needs of women and children in the context of the epidemic. A partnership was established with UNICEF Brazil for knowledge sharing and south-south cooperation on Zika.

In partnership with UNFPA, 90 per cent of obstetric and neonatal technicians of all islands was trained in emergency obstetric and neonatal care (EmONC). In addition, obstetric protocols and procedures in EmONC were developed with the support of UNICEF, UNFPA and Portuguese Cooperation. In partnership with UNFPA supported the adequacy of the services at four health structures to provide response for the specific needs of the adolescents.

The Strategic Plan on HIV/AIDS (2016-2021) was elaborated. UNICEF ensured the integration on child right aspects in the strategy, particularly related to mother-to-child prevention and specific care for children and adolescents. Community-based monitoring and socio-psychological support for mothers and children born from HIV-positive mothers continued with UNICEF support.

**OUTCOME 2** Increased retention and learning achievements in primary education and improved access to secondary education with special focus on girls. All children under 6 have access to quality, well-regulated comprehensive programmes and services for ECD.

**Analytical Statement of Progress:**
The 2016 legislative election results paved the way not only to a reorientation of development thinking and strategy, but also to a revision of the state structure and to very profound reconfiguration of leadership and managerial positions within the public administration. This led to a long transition period, called for further enhanced advocacy of UNICEF and the redefinition and resumption of programmed interventions for 2016.

The alignment with the new government orientations and priorities was critical due the natures of the interventions in the education sector. This redefinition took the important orientation of the new government’s agenda into account, namely: extension of compulsory and basic education up to the 12th year; integration of pre-school education into the public education system; teaching of foreign languages, and the use of the mother tongue in education.

No major changes in education indicators occurred during 2016. Cabo Verde is now eligible for Global Partnership for Education funds. UNICEF is supporting the definition of new education policy and all the preparation phase for the grant submission in May 2017.

Regarding the early childhood development, the lack standards and modern child-friendly
methods of work led UNICEF to start a work on the regulation of the standards for the 0-3 years' facilities. The preschool curriculum is under revision to integrate the recommendation of the early learning study conducted with UNICEF support in 2013.

An important result for ECD in 2016, is the institutional arrangement for the 0-3 years old that is now placed at National Directorate of Social Inclusion. This clear vision about the institutional framework is a major gain in terms of the implementation of the ECD programme for this age range. In addition, it will allow the integration of these policies and interventions in the new care system under definition. A work to define the typology and the minimum standards of quality for the kindergarten for 0-3 years old is in ongoing. This will be an important contribution of UNICEF in this area. The government started to integrate one year of preschool in the education system.

**OUTPUT 1** By 2016, access to quality pre-school education programmes increased

**Analytical Statement of Progress:**
In line with the government's program to guarantee the access to preschool for all children aged from 4 to 5 years old, UNICEF supported an internal reflection within the Ministry of Education on the reforms to be introduced in this subsystem. In 2016, regarding the early childhood development intervention, the focus was placed on 0 to 3 years. The alignment of the 0-3 years' interventions with the new government policy in social area denominated Care System (Sistema de Cuidados) was an important result achieved. In addition, technical assistance is being provided for the regulation and definition of minimum standards of quality for the day care facilities for 0-3 years. This will allow an organized day care or pre-school services, especially for the most deprived children.

**OUTPUT 2** Issues of inequities in and quality of education properly analyzed and monitored, explicitly addressed in policies and programmes, and sufficiently budgeted for at both central and decentralized levels

**Analytical Statement of Progress:**
The learning assessment system continued to be strengthened. The quality and the learning outcomes is being assessed with the implementation of a measurement test "Aferidas", carried out in all the primary schools in the country. The tests were applied in the mathematics and Portuguese areas and the results will be available in 2017.

Similarly, capacity of teachers on special education was reinforced with the support of Swedish experts. In this sense, training of trainers benefited 22 teachers from the southern region and 45 in the northern region of the country. An exchange and knowledge sharing mission to Sweden was carried out for the identification of concrete measures that can be adapted in each educational area in Cabo Verde. An action plan with the Government of Sweden was defined aiming the re-organization of the education system in Cabo Verde in order to improve the quality of pre-school, primary and secondary education.

With the Zika epidemic and its consequences in terms of children with microcephaly and other consequences in terms of disability, the special education team has developed partnerships with other sectors such as health and social inclusion, a training of trainers in learning early stimulation techniques to support the families with children with microcephaly was conducted.

**OUTPUT 3** Drop-out rates in primary and secondary schools analyzed and explicitly addressed by policies and programmes
**Analytical Statement of Progress:**
With the changes in the government, due to the election process, new orientation of development strategy and for the configuration of leadership and managerial positions within the public administration was defined. The sectorial analysis of education sector elaborated in 2015 was an important tool for policy dialogue in this sector and resulted in the revision of the Education Policy Letter to adjust to the new policy orientation. The operational plans for the new education policy is being developed. Two sessions on strategic planning was conducted to improve the quality of the inputs and the implementation of the new strategic document.

**OUTPUT 4** By 2016, healthy, inclusive, safe and gender-sensitive learning environments established in all primary schools

**Analytical Statement of Progress:**
The new arts education curriculum is being defined to be more equitable. The strategies for capacity building of teachers with innovative strategies for the integration of transversal issues in the curricula was launched and three workshops for data/information collection has carried out.

In addition, 45 teachers were trained in innovative techniques for arts education in primary education.

**OUTCOME 3** Children and adolescents, especially girls and women are protected from abuse, violence and exploitation through regulatory frameworks and service delivery mechanisms.

**Analytical Statement of Progress:**
After nine years without data to measure poverty, the new data was made available in 2016 with UNICEF and other partners support. According to these data, poverty reaches 24 per cent of population, a reduction of 2.4 per cent compared to 2007, and inequality in income per capita is the main driver of inequality in human development in Cabo Verde. These results are being used by UNICEF for sustained advocacy and to start in 2017 the Child poverty analysis process. According to the final evaluation of the CCPD, the UNICEF programme has been extremely relevant and significant, both in terms of supporting child poverty reduction and social inclusion in Cabo Verde. One of the main contribution in being on terms evidence based policies, and in the definition of social protection schemes.

The new Government elected in March, defined social inclusion as one of the major challenge and key priority for the coming years. In this regard, UNICEF supported a Strategic dialogue on “Social Protection in Cabo Verde” to align and coordinate the UN support to the new government orientations and goals. This dialogue put together UNDP, ILO, UNICEF, UN WOMEN in a strategic dialogue with government to analyse social protection interventions and define the UN interventions for the future. A road map was approved by the Ministry of Social Inclusion. The Government established the decentralization of the social protection services for the non-contributory regime as priority to cover the extremely poor’s who are not covered by social pension mechanism. Despite all the intervention, the preliminary version of the country analysis highlights the needs of the social protection mechanism reinforcement for the coming years. In this regard, UNICEF will continue the efforts to ensure the integration of child rights in this new approach.

The legal and institutional framework for the national child protection system still need improvements in order to ensure fully the equitable implementations of the Child and Adolescent Statute. The regulation of the statute should become effective in a coming year. Child sexual abuse and exploitation continue to be an issue in the country, 149 cases were
notified in 2016. The National Plan to Fight Child Sexual Violence was adopted by the new Government at Council of Ministries. The plan has five components and have an integrated approach and a mechanism to improve the monitoring and the coordination. Data on child protection need to be improved and have a better systematization order to contribute to timely intervention and policy definition.

UNICEF Cabo Verde participated in UN-wide efforts to advocate for SDGs to be put at the center of the new Government’s priorities, resulting on a very high-level commitment to a national planning process aligned with the SDGs. Finally, in the context of the country’s evolving vulnerability to disaster risk, UNICEF led an unprecedented work in child-centered analysis for disaster risk reduction, integrated in a broader scope of the National Disaster Risk Reduction Strategy and a Post-Disaster Recovery Framework supported by UNDP. New partnerships were fostered with local and international universities, as well as UNICEF India and Nepal to develop methodologies to carry-out this important intervention.

OUTPUT 1 By 2014, the legal and institutional framework for the national child protection system is fully operational, including for birth registration

Analytical Statement of Progress:
The implementation of the Child and Adolescent Statute is being evaluated. The preliminary results show a need to reinforce the knowledge of the statute itself by professionals of different sectors.
The Government was assisted by UNICEF to update the report for the Convention on the Rights of Children that was elaborated two years ago to be submitted to the respective committee. UNICEF in partnership with UNDP, UNFPA and OHCHR have been reinforcing the capacities of Government officials and civil society to elaborate reports to Conventions on Human Rights. This is also a mean for the Government do the self-assessment of the materialization and protection of human rights as prescribed in the United Nations Conventions that were ratified by Cape-Verdean Parliament.

Due the electoral process and the reconfiguration of leadership and managerial positions, including at the National Institute of Children and Adolescents, in 2016 UNICEF doesn’t worked at legal and institutional arrangements. In this context, UNICEF continued to advocate for policy and institutional reforms in the child protection sector. The normal functioning of the Comité Pro-Criança was one of the domain of advocacy. Regarding this, the new Government is analysing the reconfiguration of the Committee to enlarge its nature and participation.

OUTPUT 2 By 2016, organizational and human capacities of child protection central and decentralized actors support gender-appropriate services

Analytical Statement of Progress:
Childcare centers, especially emergency centers, which accommodate child victims of abuse, neglect and abandonment, are being supported by UNICEF in order to reinforce their organizational and human resource capacities. The situation analysis of the centers was finalized and will be launched in 2017. In addition, decentralized training workshops were carried out for all the eight centers staff aiming to reinforce the skills and knowledge.

OUTPUT 3 Levels of violence, exploitation and abuse of children, adolescents and women are reduced as a result of a change in social norms

Analytical Statement of Progress:
The Action Plan on Children and Adolescents Sexual Abuse and Exploitation developed during 2014/2015 was approved by the Council of Ministers at the end of November 2016.
This represents an important engagement of the new government in child protection issues. In 2017, it will be printed and dissemination and a campaign will be launched in partnership with NGO’s and the Institute for Children and Adolescents (ICCA).

Considering the need for understanding the behaviour of sexual abusers of children and define more effective response, UNICEF in partnership with Bornefonden has supported the Government through the National Commission of Human Rights to elaborate a study on the profile of sex offenders in Cabo Verde. The study was discussed with all stakeholders in a workshop with the participation of government institutions, civil society organization and academia.

OUTPUT 4 By 2016 the Justice system delivers gender-appropriate protective services for child victims and witnesses, as well as for children in conflict with law

Analytical Statement of Progress:
Within the framework of the support to the system of justice for the children, in cooperation with Terre des Hommes Brazil, two training sessions of national actors on restorative justice was held in Praia and Brazil. Thirty-five technicians from different sectors (justice, police and child protection) was trained on approaches for child sensitive justice. These trainings target specific aspects of justice in schools and provided theoretical knowledge and practical tools for Magistrates, Lawyers, Polices and Social technician to improve their daily work and the quality of response. In addition, taking advantage of the presence of the presence of the NGO "Terre des Hommes Brazil" in Cabo Verde, several meetings with national authorities was carried out and the interest of the country in restorative justice increased significantly. The outline of a pilot programme is being defined.

OUTCOME 4 Fully disaggregated statistics made available and analysis utilized in support of formulation of and reporting on key child, adolescent and gender-friendly laws, policies and programmes, including contingency planning

Analytical Statement of Progress:
Over the last eight years, Cabo Verde has expanded concessional financed public investment to improve infrastructure and bolster long-term growth, but exogenous factors have clouded the outlook for public debt. The debt stock relative to the size of the economy has risen more than planned due to lower nominal growth since 2012, indicating an increase in debt risks. This situation severely constrains fiscal space, domestic resource mobilization and consequently investment in social sector. Innovative approaches and policy options are required for resource mobilization for the social sector and efficiency of resources.

UNICEF Cabo Verde is supporting the country since 2013 in the re-configuration of the social protection system (non-contributive regime) providing technical assistance and evidences for policy definition. In addition, capacity development intervention for central and decentralized institution is being supported by UNICEF in partnership with UN WOMEN and ILO.

The availability of data to measure child rights progress is still a challenge in the country. The country doesn’t implement MICS and the last DHS is from 2005. UNICEF continues to advocate for the implementation of the Demographic and Health Survey (DHS) to better inform child rights policies. The data on household consumption survey was launched in early December 2016 and will inform the next strategic programing cycle and the new child situation analysis and the country programme in 2017. In addition, data on nutrition will be also available in 2017. UNICEF contributed to put technical and logistical conditions (anthropometric equipment’s) in place to undertake the survey in 2017.
OUTPUT 1 The national statistical system is supported to generate and disseminate on a timely basis disparity / equity-focused statistics on the situation of children, adolescents and women

Analytical Statement of Progress:
After nine years without data to measure poverty, the new data was made available in 2016. The data shows a poverty reduction of 2.4 per cent from 2017 to 2015 as poverty rates fell from 26.6 per cent in 2007 to 24.2 per cent in 2015, with a slight increase in urban (15 per cent) and reduction in rural areas (41 per cent), while extreme poverty remains at 10 per cent. These results are being used by UNICEF for sustained advocacy and to start in 2017 the child poverty analysis process. UNICEF continues to advocate for the implementation of the Demographic and Health Survey (DHS) to better inform child rights policies. UNICEF contributed to put technical and logistical conditions in place to undertake the survey in 2017.

OUTPUT 2 Fiscal options are identified for child friendly social protection and the reduction of child poverty

Analytical Statement of Progress:
As part of the UN working group on social protection, UNICEF contributed to a strategic dialogue with the government on social protection, resulting the creation of a momentum for reform towards a more equitable and efficient system, integrating a single registry, a cash transfers programme and a care system with direct impact on children rights.

OUTPUT 3 child friendly gender sensitive municipal planning is supported, including for contingency planning

Analytical Statement of Progress:
In 2016, the country started to develop a detailed urban risk assessment (DURA-CV). The overall purpose of the DURA-CV is to generate evidence on risk information for fostering practice in risk-informed development and urban resilience in Cabo Verde, by piloting urban risk management (URM) in three municipalities. Through pilot implementation of detailed urban risk assessments, is expected to develop and test methodologies and approaches. Additionally, it seeks to raise awareness among decision-makers on the relevance of evidence-base risk information and how to put children in the center of these analysis and decision, particularly in urban areas.

To build capacities in disaster risk reduction and to have necessary orientation to lead and support integration of Child Centered Disaster Risk Reduction within governments and UN programmes, a comprehensive capacity development programme is being implemented by UNICEF and UNDP in Cabo Verde.

In 2016, twenty community based organization and fifteen Government representatives were trained on the practical tools for child centered risk assessment. This training was organized in partnership with UNICEF India and Nepal and the main purpose of the training was to build the capacity of development professional working with children on risk informed planning, conduct child centered risk assessment and integrate risk analysis into development plan and programme. In addition, a long-term agreement was stablished with the University of Twente in order to have a more sustainable mechanism for capacity development in this area in Cabo Verde.

Thanking advantage of the UNICEF initiative, the office is developing an innovative approach to use MODA methodology to identify the children who suffer from deprivations
that would make them particularly vulnerable to disaster risks. The MODA methodology is very well equipped to use existing databases not only to describe the deprivations of children but especially also to analyze in what combinations these deprivations prevail and to identify and study who are the children suffering from different combinations and especially from multiple simultaneous deprivation. This multidimensional child poverty approach is being fine-tuned to feed the child-centered risk disaster assessment.

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**Lessons Learned**

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