Executive summary

In 2017, the Government of Cabo Verde consolidated its political and governance strategy. The National Sustainable Development Plan 2018–2021, aligned with the Sustainable Development Goals (SDGs) and the 2030 Agenda for Sustainable Development, was finalized and will support the definition of more comprehensive measures to reduce inequalities, particularly among children. The process was participatory and created opportunities to advance mechanisms for monitoring and enhancing children’s rights and well-being, for example, the approval of the new Education Sectoral Plan in alignment with the SDGs.

The Education Forum held in October 2017, with UNICEF Cabo Verde and World Bank support, represents a turnaround in the education sectoral planning process. Another important development in 2017, achieved by UNICEF in cooperation with the International Labour Organization (ILO) and the United Nations Development Programme (UNDP), was the establishment of a national single registry of vulnerable households and potential beneficiaries of social protection programmes, a major achievement with a potential to transform social safety nets for the most vulnerable children. Linked to this, new legislation on social transfers and unemployment subsidies was also adopted; the World Bank is considering financing of the national social protection programme based on such developments.

The partnership with the World Bank was strengthened during the year in the domains of social protection and education. More than 300 technicians and academics participated in the forum which allowed a large dissemination of the new education policy framework. During the year, UNICEF continued its technical support and advocacy to strengthen childcare for 0–3-year-olds within the overall framework of care policies and social protection, with a reinforced impact on children’s early childhood development, as well as on gender gaps in income and labour force participation, which typically affect mothers of young children. This resulted in the recognition of childcare for 0–3-year-olds at the core of the care policy approved by the Government, and in the development of a regulatory framework for child day-care centres for 0–3-year-olds.

During the year, UNICEF continued to advocate for and build national capacities to cater to special needs of children with disabilities. One of the results of this advocacy was the establishment of a rehabilitation services centre for children with disabilities, established by the Government in partnership with UNICEF and to be managed by a coalition of non-governmental organizations (NGOs). In order to ensure equal access to these services, a family support mechanism was also designed.

In late 2017, the country experienced one of the most severe droughts since 1977, highlighting its high vulnerability to climate change. The Government launched an emergency program focused on the agricultural sector. The drought is having a significant impact on water availability, agriculture and livestock production systems; impacts are also expected on health, education and poverty, with the full impact to be seen after March 2018. UNICEF has successfully advocated for an in-depth multisectoral assessment of impact and needs, with a focus on children’s health and education; the assessment is planned for late January 2018, in cooperation with the United Nations Office for the Coordination of Humanitarian Affairs. The
Government of Cabo Verde took steps in 2017 to strengthen disaster risk reduction and resilience, including related to climate change, as exemplified by the preparation of the National Strategy for Disaster Risk Reduction and Recovery.

On the protection side, the country continues to face challenges regarding the number of reported cases of child sexual abuse (around 150 incidents a year). Justice reform is ongoing, aiming to improve justice processes. UNICEF is fully involved in supporting implementation of the national plan against sexual violence against children and adolescents. An emerging priority is children on the move, mostly in the context of internal (between islands) and international (from the West African coast) migratory movements related to tourism development in some of the islands. In this framework, UNICEF has started a collaboration with the International Organization for Migration (IOM) to train protection actors in the country and discuss the development of national protocols for protecting children’s rights in this relatively new situation.

An important challenge for the country is the absence of data to monitor child poverty and vulnerabilities on a regular basis. In 2018, UNICEF will undertake a situation analysis of children and adolescents with a focus on child poverty and inequalities. The process to collect data for the Demographic and Health Survey (DHS) was launched, following UNICEF advocacy, and availability of the data is expected by the end of the 2017.

**Strategic Plan 2018–2021**

2017 represented the last year of the implementation of this programme cycle and the design of a new Joint Country Programme Document (CPD). The new programme is adjusted to the United Nation’s organizational context in Cabo Verde, where a joint office delivers for three agencies – UNICEF, UNDP and United Nations Population Fund (UNFPA) – with an integrated results framework. The development of the new country programme is an innovation in that it constitutes the first example of a fully integrated CPD, fully aligned with the SDGs, the three agencies' strategic plans and the common chapter of the strategic plans of UNDP, UNFPA, UNICEF and UN WOMEN.

This alignment process is a unique opportunity to respond in a coherent way to the challenges of a least developed, lower-middle-income country like Cabo Verde, still facing development constraints, including those affecting children. According to the Household Income and Expenditure Survey, 35.6 percent of Cabo Verdeans are poor and 10.6 percent are extremely poor, with inequality being one of the country’s greatest challenges. Unemployment rate is 15 percent with higher incidence among women than men (17 per cent compared to 13 percent). Last data on child poverty (from 2007) indicates that around 40 per cent of children lived in poor households.

The implementation of the new Strategic Plan 2018–2021 will require, particularly in the case of Cabo Verde, a coordinated and multidimensional approach to the development of partnerships and resource mobilization, one of the key areas of work foreseen in the new country programme document. A management review was undertaken aiming to adjust the office structure to the needs of the new programmatic strategy, to identify lessons learned from implementation of the Joint Office, and to enhance efficiency. The change plan was approved in late 2017 and will start implementation in January 2018.

**Emerging areas of importance**

**Greater focus on the second decade.** In 2017, the country approved the Adolescent Health Strategy. The strategy is aligned with the health strategic documents and the Child Statute.
Cabo Verde is in demographic and epidemiological transition and, for this reason, the universal health coverage of adolescent-responsive health systems is critical. The coordination between education, health and social inclusion services and availability of resources (financial and human) to ensure the shift from the adolescent-friendly to adolescent-responsive system is a mechanism that will ensure equity in the access to services. Adolescents are one of the target groups in the new Country Programme Document (2018–2022).

Accelerate integrated early childhood development (ECD). Since 2012, the country has been working on an integrated early childhood development plan. Early childhood care and education (ECCE) was integrated in the Education Policy and implementation mechanisms were deeply discussed at the Education Forum. The new country programme document identified the health sector as an entry point for a more systematic and coordinated approach for early childhood stimulation. UNICEF supported the Baby Week Initiative promoted by a Brazilian institution that aimed to promote awareness about nurturing care.

Children on the move. A new area for support is emerging, related to the situation of children on the move, as Cabo Verde is quickly becoming a country of transit and more importantly a country of immigration, primarily from the coast of West Africa (Guinea Bissau, Guinea Conakry, Nigeria, Senegal and others), due to booming tourist and construction industries. In this context, the partnership with IOM has intensified, particularly the need for more evidence to inform national response, systems and policies. In October 2017, the Country Office (with excellent support from UNICEF Mozambique) together with IOM held a capacity-building exercise in the three main affected and vulnerable islands. Close to 100 officials participated – from national institutions, local authorities, law enforcement and NGOs – to strengthen their capacity to deal with children on the move in the context of both internal and international population movements.

### Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>CPD</td>
<td>country programme document</td>
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<tr>
<td>DHS</td>
<td>Demographic and Health Survey</td>
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<tr>
<td>JO</td>
<td>Joint Office of UNDP, UNFPA and UNICEF</td>
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<tr>
<td>ILO</td>
<td>International Labour Organization</td>
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<tr>
<td>IOM</td>
<td>International Organization for Migration</td>
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<tr>
<td>NGO</td>
<td>non-governmental organization</td>
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<tr>
<td>PEDS</td>
<td>Plano Estrategico de DesenvolvimentoSustentavel (Sustainable DevelopmentPlan)</td>
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<tr>
<td>SDG</td>
<td>Sustainable Development Goals</td>
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<tr>
<td>UN</td>
<td>United Nations</td>
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<tr>
<td>UNDP</td>
<td>United Nations Development Programme</td>
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<tr>
<td>UNFPA</td>
<td>United Nations Population Fund</td>
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<tr>
<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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### Capacity development

UNICEF, in partnership with the International Labour Organization (ILO) and the United Nations Development Programme (UNDP), supported Cabo Verde in the implementation of a single registry for the social protection system. A total of 10,509 households from 16 out of 23 municipalities were registered. This work was completed by national institutions and a capacity development programme was developed in order to ensure sustainability of the programme and regular monitoring and update of the database. In addition, all technicians and local counselors from social areas in all the 16 municipalities were trained on social protection.
Capacity of 92 teachers from preschool, primary and secondary schools was strengthened on child sexual abuse and exploitation. This intervention is included on the Sexual Abuse and Exploitation Action Plan validated in 2016.

UNICEF continued the support for capacity development of the special education team at the Ministry of Education. Some 79 teachers were trained in the Braille system (reading and writing). Parents and teachers from selected municipalities received training either in sign language and/or methodologies for the care of deaf students.

**Evidence generation, policy dialogue and advocacy**

UNICEF Cabo Verde has used policy dialogue and advocacy as its main tools for promoting transformation. 2017 being the last year of the programmatic cycle, many initiatives have come to fruition with the adoption of national policies that are expected to enhance the lives of children. Examples include: the adoption of the new Education Sectoral Plan, fully aligned with SDGs and integrating preschool education in the public education system; the approval of the National Adolescent Health Strategy; the establishment of the social protection single-registry system; the approval of a system of care including children 0–3 years old as childcare priorities; and the establishment of a centre of treatment and rehabilitation for children with disabilities.

**Partnerships**

In 2017, several interventions were elaborated in partnership with other UN agencies and partners.

- UNICEF Cabo Verde partnership with UNFPA and Global Fund to develop and implement a comprehensive programme to eliminate mother-to-child transmission of HIV. As a result of this partnership, 98 per cent of women who are pregnant have taken HIV tests through public services and the treatment-abandon rate decreased from 6 to 2 percent in the last five years. These results prompted WHO and UNICEF to propose that Cabo Verde embrace the process of pre-elimination of vertical HIV transmission. This can allow certification at the regional level until 2020.
- UNICEF, in partnership with UNDP, is supporting the country in incorporating disaster risk reduction and urbanization into the policy framework. In 2017, the Disaster Risk Reduction Strategy was technically approved. The formulation of a National Disaster Risk Reduction policy and a National Post-disaster Recovery Framework represent major steps toward the establishment of a comprehensive framework for the disaster risk reduction linked to climate change issues.
- On social protection, UNICEF partnership with ILO and UNDP facilitated the creation of a single registry of potential beneficiaries of social protection programmes, a major achievement with a potential to transform social safety nets for the most vulnerable
- In partnership with the World Bank, the Education Forum was held.
- In partnership with UNFPA, the Adolescent Health Strategy was elaborated.
- In partnership with WHO, the Expanded Immunization Plan (PAV 2017–2021) was elaborated.

**External communication and public advocacy**

UNICEF Cabo Verde supported the communication strategy for the malaria outbreak based on data produced through the assessment made in three geographical areas (98 per cent of cases). The plan had a focus on the coordination of different interventions in order to work efficiently and avoid duplication and to monitor and evaluate the results of communication
interventions. The results of the assessment reoriented all the communication strategies. Social media is being used due the proportion of young people from rural and urban areas with access to and confidence in this technology, according to a knowledge, attitudes and practices study.

**South-South cooperation and triangular cooperation**

In the context of support to the families affected by Zika congenital syndrome a South-South cooperation was established with Brazil. A team of national specialists went to Brazil to share experiences and identify best practices to be replicated in Cabo Verde.

**Human rights-based approach to cooperation**

In 2017, UNICEF supported the elaboration of the Human Rights Committee Strategic Plan. The implementation of this plan will ensure the correct monitoring of the Convention on the Rights of the Child, optional protocols and all other conventions that have direct impact on children. In addition, the country started the regulation of the Child Statute, which represents an important step for the effective implementation of this important child rights document.

**Gender equality**

The new country programme that will start in 2018 will allocate at least 15 per cent of resources to promoting gender equality. In Cabo Verde, the gender perspective in some areas should put special attention on boys. For example, dropout rates in the secondary level affect more boys than girls. The Country Office will continue to support the implementation of the national Gender Strategy and Gender-Based Violence Strategy.

**Environmental sustainability**

UNICEF worked to enhance disaster risk reduction and to promote livelihoods through sustainable solutions. The formulation of a National Disaster Risk Reduction policy and a National Post-disaster Recovery Framework represent a major step to the establishment of a comprehensive framework for the disaster risk reduction linked to climate change issues. Since 2013, the Office has been implementing measures to reduce UNICEF’s environmental footprint. The work of the Green Office team continued and deepened, and the use of solar panels and measures to reduce water, paper and electricity consumption were implemented. A substantial reduction in electricity use was verified.

**Effective leadership**

The management review of the Joint Office (JO) was carried out in a participatory way, under the technical leadership of specialists appointed by the UNDP, UNFPA and UNICEF regional directors. This resulted in a change plan proposing a revision of the Joint Office organizational structure to match the programmatic needs of the new country programme document and to respond to lessons learned from the functioning of the Joint Office; savings of 17 per cent are expected. It is expected that implementation of the change plan will have a positive impact on effectiveness and efficiency of support and improve staff well-being.

The Country Office has started to undertake the emergency preparedness platform (EPP) exercise, which was a welcome development in terms of preparedness related to the specificities of UNICEF support. It is expected that the exercise will be concluded in 2018.

Since Cabo Verde was one of the original pilot countries for Delivering as One, the application of One UN standard operating procedures is well advanced in all areas. While the Joint Office
provides an example of 100 per cent operational integration between three agencies (UNDP, UNFPA and UNICEF) and is therefore a very advanced model of operational integration, providing services to all non-resident agencies as well as common services and common premises, challenges remain in operationalizing the concept of operating as one beyond the Joint Office. The initial business operations strategy roadmap will be revamped, in conjunction with the new UNDAF, and it is hoped that this process will be able to galvanize efforts.

**Financial resources management**

The Office monitors cash advances to the implementing partners monthly assuring timely reporting. Budget implementation rates are expected to reach 90 per cent. As part of the harmonized approach to cash transfers (HAFT) assurance system, the audit of implementing partners was carried out and no major issues were identified. Also, the HACT assurance plan was carried out according to plan.

In 2018, 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 general operating expenses.

**Fundraising and donor relations**

The country mobilized support from the French National Committee to implement nutrition interventions. During 2017, the CO was focused on preparation of the country programme document and closure of the previous cycle. Cabo Verde is a graduated lower-middle-income country, with reducing official development assistance and with most bilateral as well as multilateral partners focused on economic governance issues. There is a need to support the country to enhance innovative partnerships and non-traditional resource mobilization channels. A financing for development strategy is planned for 2018 and a resource mobilization strategy mission for the country programme document will also take place.

**Evaluation and research**

No evaluation was undertaken in 2017. An evaluation plan was designed in the context of the new country programme.

**Efficiency gains and cost savings**

By its very nature, 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 effects 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, procurement, and administration.

**Supply management**

The Office has made use of long-term agreements and the support of the UNICEF Supply Division on health-related procurement, including nutrition supplements and medical equipment for the strengthening of obstetric and neonatal care services. However, efforts remain to be made on the procurement planning components, namely the procurement plan, to ensure more quality and efficiency of systems.
Construction works were delivered only in the operational sphere, due to the need for substantial repairs to the office building in response to security concerns.

<table>
<thead>
<tr>
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<tr>
<td>Programme</td>
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<td>International IC Education Plan</td>
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<td>National IC Education Plan</td>
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<td>Operations</td>
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<tr>
<td>Emergency Building Repair/Maintenance</td>
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<td><strong>TOTAL</strong></td>
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<tbody>
<tr>
<td>Operations</td>
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<tr>
<td>Govt. Procurement Services Support, EPI Vaccines</td>
<td>158,934.23</td>
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<tr>
<td>Govt. Procurement Services Support, Yellow Fever Vaccines</td>
<td>21,618.75</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>180,552.98</strong></td>
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**Security for staff and premises**

In 2017, the Office finalized the development of a comprehensive business continuity plan (BCP), which is now operational, covering all aspects of risk mitigation for Country Office functionality in the event of a crisis. A comprehensive BCP testing exercise has not yet taken place and is scheduled for 2018. A specificity is that the BCP is developed according to UNDP templates and uploaded on the UNDP site since UNDP is providing the operational platform for the Joint Office. In 2017, the Office invested in some construction costs in order to ensure implementation of the minimum United Nations standard operating procedures for access control, and to ensure repairs of damaged parts of the office building, which potentially posed a threat to staff security.

**Human resources**

The overall performance of the Office in the global staff survey (GSS) was positive. The most important issues highlighted were strongly related to the need, expressed for many years by staff and managers alike, for a revamping of the organizational structure of the Office. Hence, the major contribution to resolve GSS staff issues in 2017 was definitely the carrying-out of the management review, leading to a revised organizational structure and a change plan to be implemented in 2018. At the same time, the country office developed a GSS response action plan, which was developed with the staff, and which is being implemented. One of the measures implemented during the year was the clarification and update of delegations of authority for all staff.
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 a number of support services to others 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

The expanded immunization plan was developed with technical and financial support from UNICEF Cabo Verde and WHO. The strategy focused on 1) elimination and eradication of vaccine-preventable diseases, 2) introduction of new vaccines, 3) effective vaccine management, 4) communication/communication for development, 5) sustainability and mobilization of partnerships, and 6) information system/vaccination data. The percentage of children completely immunized was 90 per cent, with disparities between municipalities (MoH, 2017).

Infant and maternal mortality declined substantially in 2015 compared to 2014, representing 15.3/1000. The country registered five cases of maternal mortality. However, regional variations continue, and challenges persist. Perinatal mortality still represents 53 per cent of the infant mortality rate, a reduction in 7 points for the entire programme cycle (2012–2017). As a result of the prevention of mother-to-child transmission (PMTCT) interventions in Cabo Verde, 91 per cent of women who were pregnant were tested, 93 per cent of those who were seropositive are in treatment and the mother-to-child transmission rate is below 3 per cent. These results prompted WHO and UNICEF to encourage the Government to embrace the process of pre-elimination of the vertical transmission. This can allow the certification at regional level until 2020.

UNICEF, in partnership with UNFPA, supported the reinforcement of the HIV-AIDS Programme regarding psychosocial follow up. As a result of this, 72 per cent of lost-to-follow-up cases were recovered. In 2017, 56 women who were either pregnant or new mothers were referred and home visit programmes were implemented. In addition, the quality and adequacy of services to adolescents in 90 per cent of health facilities were assessed by MoH joint teams. The Adolescent Health Plan and the Strategic Plan for Sexual and Reproductive Health was technically validated.

UNICEF and the Ministry of Health signed an agreement for the MoH to allocate resources from domestic sources to micronutrient powder (MNP) acquisition. The plan is for a smooth assumption of the costs for the procurement of the MNP by the domestic budget from 2017–2019, followed by technical assistance from UNICEF (35 per cent in 2017, 50 per cent in 2018 and 100 per cent in 2019).

OUTPUT 1 The MoH central services have capacities to plan, budget, mobilize resources for and execute the PNDS.
Analytical statement of progress
UNICEF continued to support capacity reinforcement on health management and policy execution in order to improve the efficiency of health interventions. A training on financial management for all health programme managers on planning and management, including budgeting process, was conducted. It was an opportunity to improve synergies and complementarity among programmes.

OUTPUT 2 Universal coverage is sustained for children under 1 year old for immunizations by 2017.

Analytical statement of progress
The expanded immunization plan was developed with technical and financial support from UNICEF and WHO. In addition, an Extended Immunization Program Technical Manual (VAP) was updated and validated according to standards and procedures for VHG and immunization techniques. The manual was disseminated in 75 per cent of the health structures. In 2018, manuals will be provided to the remaining 25. The process of introducing inactive polio vaccine (IPV injectable) was completed at 100 per cent of health structures at national level.

One hundred per cent of health workers were trained on the job for the introduction of the new vaccine VPI. As part of the implementation of the Effective Vaccination Management (EVM) Improvement Plan, training and awareness sessions were held at the customs department of Praia international airport, on the topics of reception, temperature control, adequate storage and process of official delivery of vaccines to the Ministry of Health.

One hundred per cent of the technicians from the Expanded Immunization Programme at the central and regional levels were trained in the vaccine management tool/stock management tool (SMT) with regional UNICEF technical assistance, with immediate implementation in November 2017. The national capacity was reinforced on SMT and on temperature cartography. The training benefited national services providers, UNICEF and WHO staff.

Cabo Verde has validated the new vaccination calendar, with the introduction of the widening of the age range from 0–5 years to 0–18 years (school age), and the integration of VPI, tetanus and diphtheria (Td) and the yellow fever vaccine. This measure is part of efforts to improve immunization of the general population in the process of eliminating neonatal tetanus.

OUTPUT 3 By 2017, percentages of exclusive breastfeeding are improved and under-five 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 laboratories of the health centres of the island of Sal and Maio were technically reinforced and equipment was provided for the effective dosage of iodine in the salt produced.

The pilot programme on home fortification for children under five years old with multiple micronutrient powder (MNP)Vitaferro was implemented in seven islands. Some 5,936 children received the powder according to the protocol defined.
In order to evaluate the BFHI's Ten Steps and compliance with the Code of Marketing of BreastMilk Substitutes, the health structures of the municipalities of Sao Vicente, Santa Catarina, Sao Filipe and Praia were evaluated. The analysis shows a compliance with the breastfeeding policy in the health services and with the BFHI standards. However, there are challenges and recommendations have been made to improve services, to be reassessed within six months by 2018.

Some 85 per cent of the technicians in the child health and nutrition services of the health centres of the islands of São Vicente, Sal, Praia, Fogo and the six municipalities of the Sanitary Region of Santiago Norte were trained on the Ten Steps to Successful Breastfeeding.

**OUTPUT 4** Decentralized services for antenatal care, skilled attendance at birth, PMTCT and postnatal care are provided to all pregnant women and newborns, supported by improved family practices

**Analytical statement of progress**

To reduce disparities and increase access to vaccine services for remote populations, three new spaces were supported (Sal and Boavista Islands – two of the largest touristic islands in the country – and Maio Island).

Fully 100 per cent of new physicians and nurses in the health centres of the four most isolated islands in the country, with greater difficulties of transportation to refer urgent cases, were trained on emergency obstetric and neonatal care (EmONC).

UNICEF continued to monitor and support the interdisciplinary teams at the Central Hospital of Praia and the Interministerial Coordination Group to provide a good quality of services and counselling for families with children born with congenital syndrome due to the Zika virus.

In partnership with UNFPA, UNICEF supported the adequacy of the services at two health structures in order to provide response for the specific needs of adolescents. The Strategic Plan on Adolescent Health (2017–2021) was elaborated. UNICEF ensured the integration of child rights aspects in the strategy. Community-based monitoring and socio-psychological support for mothers and children born from HIV-positive mothers continued with UNICEF support.

**OUTCOME 2** There are 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**

In 2017, the Government approved the new Education Sectoral Plan and a project was submitted to the Global Partnership for Education for financing. The new sectoral plan was aligned with the new government orientations and priorities, namely: 1) extension of compulsory and basic education up to the 12th year, 2) integration of preschool education into the public education system, 3) teaching of foreign languages, and the use of the mother tongue in education.

No major changes in education indicators occurred during 2017. A total of 136,288 children were enrolled in the school year 2016–2017. Primary school attendance was nearly universal (62,494 children enrolled) and rates of primary school dropout and repetition rates were low (1
per cent dropout). For secondary education, 50,889 children were enrolled (52 per cent girls); dropout rate was 7 per cent and repetition rate was around 24 per cent. The coverage of preschool services is around 81 per cent.

In 2017, the country organized the Education Forum which represented a change in the approach of sectoral planning. All the major education bottlenecks in the country were widely discussed with the participation of public, private and civil society organizations. UNICEF, in partnership with the World Bank, supported the realization of the Forum.

**OUTPUT 1**
By 2017, access to quality preschool education programmes is increased.

**Analytical statement of progress**
In line with the Government’s program to guarantee access to preschool for all children aged from 4 to 5 years old, UNICEF is supporting the preschool curriculum revision. A proposal of guidelines for the preschool functioning was elaborated and is under discussion with different actors. In 2017, the document for the regulation and definition of minimum standards of quality for the day-care facilities for children 0–3 years was presented and technically validated. A capacity-building plan for service providers was designed and will be implemented in 2018.

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

**Analytical statement of progress**
A census of teachers was completed in 2017. The capacity of the planning department was reinforced with the recruitment of two new staff for the EMIS. The statistical coordinators from all municipalities were trained on the use of new tools for data collection and storage. These trainings were aligned with the new strategic plan monitoring framework and the Sustainable Development Goals.

**OUTPUT 3**
Dropout rates in primary and secondary schools are analyzed and explicitly addressed by policies and programmes.

**Analytical statement of progress**
UNICEF Cabo Verde supported the implementation of the new school network reconfiguration, including monitoring of the process. Field visits were carried out to evaluate the conditions and constraints of the school infrastructures and collect subsidies from local agents and communities for the reorganization of the school network. Each municipality prepared a plan for the implementation of the reorganization of the school network.

**OUTPUT 4**
By 2017, healthy, inclusive, safe and gender-sensitive learning environments are established in all primary schools.

**Analytical statement of progress**
UNICEF continued to support the special education initiative. In partnership with other sectors, such as health and social inclusion, a training of trainers in early learning and stimulation techniques to support the families with children with microcephaly was conducted. Some 179 teachers were trained in the Braille system of reading and writing. Parents from the Municipality
of Santa Catarina de Santiago received training in sign language. In addition, teachers from São Domingos, Porto Novo and Boa Vista were trained in methodologies for the care of deaf students.

**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**
The child protection system in Cabo Verde faces some challenges that need to be addressed in order to ensure child development in an equitable way. Child sexual abuse continued to be an issue in the country, with 166 reports of incidences of sexual violence against children reported. About 468 children are in formal foster care and 86 in residential care. The financing mechanisms for child protection system need to be improved.

UNICEF continued the advocacy for a child poverty analysis process, and in 2017, UNICEF support, in partnership with ILO and UNDP, allowed the definition of a single registry of potential beneficiaries of social protection programmes. This major achievement has the potential to transform social safety nets for the most vulnerable children. The new legislation on social transfers and unemployment subsidies and the single registry for social protection programmes were adapted.

The regulation of the Child Statute started in 2017. The National Plan to Fight Child Sexual Violence is being implemented. The plan has five components, with an integrated approach and a mechanism to improve monitoring and coordination. Data on child protection need to be improved and have a better systematization order to contribute to timely intervention and policy definitions.

The Government of Cabo Verde took steps in 2017 to strengthen disaster risk reduction and resilience, as exemplified by the preparation of the National Strategy for Disaster Risk Reduction and Recovery.

**OUTPUT 1** By 2017, the legal and institutional framework for the national child protection system is fully operational, including for birth registration.

**Analytical statement of progress**
The draft of a proposal for the regulation of the Child and Adolescent Statute was presented and discussed. This is the first in a number of technical discussions that will be held before the final approval in 2018.

The Government was assisted by UNICEF and UNDP to elaborate the new Strategic Plan of the Human Rights Committee. UNICEF, in partnership with UNDP, UNFPA and OHCHR, has been reinforcing the capacities of government officials and civil societies to elaborate reports on Conventions on Human rights. This is also a means for the Government to do 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.

**OUTPUT 2** By 2017, organizational and human capacities of child protection central and decentralized actors support gender-appropriate services.
**Analytical statement of progress**
Childcare centres, especially emergency centres, 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 centres was disseminated. In addition, decentralized training workshops have been carried out for staff at all eight centres to reinforce 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**
Implementation of the Action Plan on Children and Adolescents Sexual Abuse and Exploitation – approved by the Council of Ministers in November 2016 – began in January 2017. UNICEF supported psychosocial services on the islands with populations with the highest degree of vulnerabilities. An awareness campaign started in 2017. In addition, 92 teachers from preschool, primary and secondary schools were trained on sexual abuse and exploitation issues.

**OUTPUT 4** By 2017, the Justice system delivers gender-appropriate protective services for child victims and witnesses, and for children in conflict with law.

**Analytical statement of progress**
In 2017, UNICEF supported the design of a database with indicators related to children and justice. The system is being designed and will provide information to strengthen child justice. The country is undertaking a reflection on reform of the justice sector and UNICEF is advocating for child-sensitive justice approach.

**OUTCOME 4.** Fully disaggregated statistics are 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**
UNICEF support was key to many policy developments and transformative processes with an overall focus on improving child development. On SDG implementation, UNICEF, in partnership with UNDP support, enhanced national capacities to align national development goals, indicators and targets to SDGs and to use Agenda 2030 to enhance national planning efforts. One of the main results was the adoption of the National Sustainable Development Plan 2017–2021, aligned with the SDGs.

On social protection, UNICEF support, with ILO and UNDP, allowed the definition of a single registry of potential beneficiaries of social protection programmes, a major achievement with a potential to transform social safety nets for the most vulnerable. In 2017, the country adopted new legislation on social transfers and unemployment subsidy and adopted a single registry for social protection.

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 Demographic and Health Survey (DHS) is from
2005. The implementation of the new DHS started in 2017, and data are expected to be available in 2018.

OUTPUT 1 The national statistical system is supported to generate and disseminate on a timely basis disparity- and equity-focused statistics on the situation of children, adolescents and women.

Analytical statement of progress
UNICEF is supporting the implementation of the Demographic and Health Survey (DHS) in order to better inform child rights policies. UNICEF contributed to putting technical and logistical conditions in place to undertake the survey in 2017–2018.

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

Analytical statement of progress
In the framework of the implementation of the new social protection system, a single social registry methodology was defined and data collected in all 23 municipalities of the country. The communication plan and the awareness campaign were implemented. The methodology to monitor the beneficiaries and the regulation of social benefits for people with disabilities was also developed. Some 16 training sessions for 175 social technicians were held. These interventions are implemented (in partnership with UNDP and ILO) to establish a comprehensive framework for social protection in the country and increase the efficiency of resources allocated to the sector.

OUTPUT 3 Child-friendly gender-sensitive municipal planning is supported, including for contingency planning.

Analytical statement of progress
Since 2016, Cabo Verde has been developing a Detailed Urban Risk Assessment (DURA-CV). The overall purpose of the DURA-CV is to generate evidence on risk information for fostering best practices in risk-informed development and urban resilience by piloting Urban Risk Management (URM) in three municipalities. Pilot implementation of detailed urban risk assessments is expected to develop and test methodologies and approaches. Additionally, DURA-CV seeks to raise awareness among decision makers on the relevance of evidence-based risk information and on how to put children in the centre of these analyses and decisions, in particular in urban areas. The DURA process is ongoing and challenges related to the availability of the data are the main constraint for the finalization of the process. The current plan is to use data available from the finalization of the single registry to inform DURA.