Country programme document

El Salvador

Summary

The country programme document (CPD) for El Salvador is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of $4,795,000 from regular resources, subject to the availability of funds, and $8,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2016 to 2020.

In accordance with Executive Board decision 2014/1, the present document reflects comments made by Executive Board members on the draft CPD that was shared 12 weeks before the second regular session of 2015.
Programme rationale

1. The children of El Salvador, some 2.2 million in all, represent 35 per cent of the population of approximately 6.3 million.\(^1\) Two out of every ten children are under the age of 5, while four out of every ten are adolescents. Around six out of every ten children live in urban areas. Children make up a sizeable proportion of the more than 3 million Salvadorans who live outside the country as a result of intense migration patterns.

2. Compared to two decades ago, Salvadoran children today enjoy more opportunities for their survival, development and protection. The under-five mortality rate has decreased by 73 per cent; more children attend and complete primary school; and the proportion of poor households has steadily decreased. Children enjoy a legal, policy and programmatic framework intended to protect their rights, through the Law for the Integral Protection of Children and Adolescents (LEPINA) and the Youth Law. El Salvador celebrated, in 2015, 20 years of reforms to the juvenile justice system.

3. Fiscal pressures, low economic growth, violence, inequities and certain social norms challenge the sustainability of gains for children. The Government of El Salvador positions human well-being at the centre of its 2014-2019 Five Year Development Plan (NDP),\(^2\) with its three priorities: sustainable economic growth; inclusive education and social equity; and citizen security, with children as key beneficiaries. Therefore, the government’s strategies seek to improve future outcomes and opportunities for children.

4. Over the past five years, the country’s gross domestic product (GDP) has grown by 1.8 per cent on average, and 2.2 per cent growth is projected for 2015, the lowest of Central America. Public sector debt as a proportion of GDP is projected to increase from 42.4 per cent (2008) to 62.4 per cent (2014).\(^3\) Nonetheless, per capita investment in children stands at $434, a level above that of several countries in Central America. Public sector spending has increased from 12.8 per cent (2008) to 14.8 per cent (2012) of GDP, in part because of important health and education social protection programmes.\(^4\) Monetary poverty affects 44 per cent of children, compared to 35 per cent of adults.\(^5\) Approximately 61 per cent of all children suffer multidimensional poverty (deprived of at least one of their rights), and the majority of them are in rural areas (58 per cent).\(^6\) Approximately 70 per cent of poor children live in households without social protection.\(^7\)

5. El Salvador has one of the lowest child mortality rates in Central America, resulting from immunization and infectious diseases control programmes. However, neonatal mortality accounts for 59 per cent of all deaths of children under age one, principally due to low birthweight and congenital anomalies.\(^8\) Disparities exist according to geographical residence, place of health care service, income and educational status of women; whereas the

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\(^1\) Multiple Purpose Household Survey (EHPM), 2013.
\(^3\) Central Reserve Bank and Ministry of Finance, 2015.
\(^5\) EHPM, 2013.
\(^8\) Ministry of Health, 2014.
national child mortality rate is 20 deaths per 1,000 live births, it jumps to 29 deaths in the lowest economic quintile and to 43 deaths when mothers have little education.\textsuperscript{9}

6. The maternal mortality ratio fell from 56 (2009) to 38 deaths (2013) per 100,000 live births, but 41 per cent of these deaths is concentrated among girls, adolescents and young women aged 10–24. Twenty-five per cent of all maternal deaths are suicides, 75 per cent of which were committed by girls, adolescents and young women.\textsuperscript{10} Underscoring this challenge are inadequate health-seeking behaviours among teen mothers, who account for 23 per cent of all pregnancies.

7. Chronic malnutrition is a barrier to child development, with profound inequities. Whereas 14 per cent of all children under the age 5 suffer from stunting, the percentage increases to 24 in the lowest quintile and to 25 when the mother has little education.\textsuperscript{11}

8. A total of 29,799 cases of HIV have been reported since 1984, 62 per cent of which were among men and 38 per cent among women. Prevention of mother-to-child transmission accounts for less than 1 per cent of all new HIV cases.\textsuperscript{12}

9. Important strides have been made in the public education system. Early childhood education has been a public policy priority since 2009, responding to low enrolment rates: under 2 per cent for children aged 0-3 and 56 per cent for children aged 4-6. Official data indicate that 57 per cent of children who are not enrolled in early childhood education live in the country’s 120 poorest municipalities (out of 262).\textsuperscript{13} Approximately 53 per cent of children from rural areas attend pre-primary school, compared to 64.7 per cent in urban areas.

10. The net enrolment rate in primary school increased from 86 per cent (2000) to 93 per cent (2013), with gender parity. Enrolling and retaining adolescents in secondary school represent enormous challenges. Although the net enrolment rate in lower- and upper-secondary levels increased between 2000 and 2013 from 43 per cent to 65 per cent, and from 27 per cent to 38 per cent, respectively, a large number of adolescents still have never reached or completed secondary school.\textsuperscript{14} For example, fewer children and adolescents from the lower quintile (26.4 per cent) attend school than those in the upper quintile (42.8 per cent). More girls attend secondary school (40.9 per cent) than boys (37.2 per cent), reflecting a critical gender issue.\textsuperscript{15}

11. In 2014, 6 per cent of the entire student population left school, and 86 per cent of schools reported student dropout. This was principally due to violence, including gender-based violence, in and around schools: some 27 per cent of schools reported gang activity as a reason students left school, and 65 per cent and 47 per cent indicated students moved their residence or migrated, respectively, with both actions indirectly associated with violence.\textsuperscript{16}

12. Government spending on education averaged 3.14 per cent of GDP since 1995, which is below the regional average of 5.2 per cent. Spending is concentrated on recurrent expenditures such as salaries, and not enough is invested in improving quality or

\textsuperscript{9} Multiple Indicator Cluster Survey (MICS) 2014.

\textsuperscript{10} Ministry of Health, 2013, 2014.

\textsuperscript{11} MICS, 2014.

\textsuperscript{12} Ministry of Health, 2014.

\textsuperscript{13} Ministry of Education, School Census Data, 2000-2013.

\textsuperscript{14} Educación de El Salvador en cifras (Ministry of Education, 2014; NDP).

\textsuperscript{15} EHPM, 2013.

\textsuperscript{16} Ministry of Education, 2014.
The quality of education is affected by the relatively low academic qualifications of teachers, with fewer than 13 per cent possessing an advanced degree in education, and the rest having only some technical qualifications.

13. The most significant barrier to child and adolescent well-being is violence in their homes, communities and schools. El Salvador has the highest global child homicide rate. Between 2005 and 2013, a total of 6,300 child homicides were reported, with 89 per cent of the victims boys aged 15-19. More than 60 per cent of all child deaths are intentional. Eighty per cent of homicides are committed by adults. Bullying is another challenge, reported by 42 per cent of sixth-grade children, as is abuse and murder of girls and women. Close to 71 per cent of all cases of female sexual abuse were reported against girls, and El Salvador has reportedly the highest femicide rate in the world.

14. Aggravating the situation of violence against children is the limited resolution capacity of the judicial system. Of 121,755 crimes committed in 2013-2014, 89 per cent (107,962) were taken to court, and 36,592 of these were closed, leaving a total of 71,370 cases still open.

15. Disintegrated family structures due to migration, poverty and violence negatively impact the development of children. An estimated 37 per cent of children live without their mother, father or both parents, while 15 per cent of children live in households where at least one family member has migrated. Early-childhood stimulation practices are inadequate and gender-differentiated: some 40 per cent of mothers play with their children, compared to only 8 per cent of fathers, whilst fewer than 20 per cent of children live in households that have three or more children’s books. Insufficient early childhood services and inadequate parental practices leave children reaching primary school with deficient literacy and numeracy skills.

16. Close to 10,000 unaccompanied Salvadoran migrating children were detained in and returned from the United States and Mexico in 2014, compared to approximately 6,000 in the previous year. The principal causes of migration were seeking family reunification, escaping from violence and lack of educational, vocational and employment opportunities for adolescents. Accidents, sexual assault (especially of girls), child trafficking and death are common during the migratory route.

17. Census data indicate that 1.6 per cent of children have some form of disability, and probably underestimate the figure, given the stigma and discrimination associated with this condition. Children with disabilities in El Salvador suffer more violence, sexual abuse and exclusion from health, education and protection services than children without disabilities.

18. El Salvador is highly vulnerable to disasters, especially earthquakes, tropical storms and volcanic eruptions, potentially affecting 95 per cent of the population. To date, many

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20 GPO.
21 EHPM, 2013.
22 MICS 2014.
24 Economic Commission for Latin America and the Caribbean (ECLAC), 2013.
families and communities are still recovering from two devastating earthquakes in 2001, while a powerful tropical depression in 2011 affected the entire country, generating losses of US$840 million, or 4 per cent of GDP. Advances have been made to prioritize children and their families affected by emergencies.  

19. The right to participation of children and adolescents has been promoted through consultations for the post-2015 agenda, the NDP and the National Policy on the Integral Protection of Children and Adolescents, as well as the establishment of a Children’s Consultative Committee to advise the National Council for Children and Adolescents (CONNA). El Salvador ratified the third Optional Protocol to the Convention on a Communications procedure.

20. The Committee on the Rights of the Child has recommended the reversal of the high vulnerability children and adolescents experience, especially through neonatal mortality, chronic malnutrition, adolescent pregnancy, violence and school dropout and poor enrolment. The Committee also urged El Salvador to address systemic issues such as certain social and cultural norms, integration of different protection systems and prioritizing children in public policies and budgets. The Committee on the Elimination of Discrimination against Women urged the State to adopt a strategy to eliminate sexist stereotypes in schools and to address violence against women and girls.

21. The UNICEF situation analysis of children and the midterm review confirm three lessons learned: (a) development and protection gains are not reaching all children living in high vulnerability with basic social services; (b) the principal duty-bearers for the protection of children – parents, communities and school staff – are the main perpetrators of violence against children; and (c) a profound change is required in the way Salvadorans treat their children and hold government accountable for developing programmes that uphold the rights of all children. UNICEF’s comparative advantages in capacity development, evidence generation, policy dialogue, partnerships, advocacy and South-South cooperation should continue, focusing on improving the coverage, quality and efficiency of services to reduce inequities that affect the most disadvantaged children. UNICEF should also foster active citizenship participation to position children at the heart of policy development.

Programme priorities and partnerships

22. The overall objective of the country programme is to support national efforts for the universal realization of children’s rights. Special attention will be given to reducing inequities, particularly among the most disadvantaged children and adolescents, and the progressive elimination of the barriers faced in exercising their rights. Converting inequities into opportunities for children is central to the programme, by ensuring that the home, community and school fully nurture and protect their children. The country programme supports the NDP and the United Nations Development Assistance Framework (UNDAF), and is in alignment with UNICEF’s Strategic Plan 2014-2017. As a Delivering as One country, the programme seeks complementarities with other United Nations agencies to enhance the efficiency of interventions.

23. The programme will respond to the key threats to children’s rights through four components: (a) children protected from violence; (b) inclusive education; (c) healthy start in life; and (d) social inclusion and children’s rights monitoring. The programme contributes

25 ECLAC, 2011.
to these outcomes by supporting the removal of those barriers that affect the most disadvantaged and vulnerable, such as children living in poverty, rural areas and communities affected by violence, who lack social protection and who live in single-parent homes, with a gender perspective. Due attention will be given to migrant and indigenous children, and those with disabilities, through partnerships with specialized organizations. Strategic efforts will be intensified to strengthen national capacities for the realization of children’s rights and to modify social norms and behaviours to provide protective environments for children. Children and adolescents will be supported to participate in the design, monitoring, and implementation of public policies. The programme will continue strengthening its knowledge management strategy through the production of evidence on the situation of children to inform policy, programme and budget formulation. The Gender Action Plan will focus on gender-based violence, adolescent pregnancy and gender-sensitive parenting in early childhood. Resilience against natural disasters is built into all components. Public advocacy, social mobilization and communication for development will support the programme.

24. The programme will address barriers in the legal framework, limited institutional coordination, insufficient financial resources and weak monitoring and evaluation. The programme will assist government partners to reach the most excluded children, strengthen skills of local service providers and improve the integral protection system. Demand barriers include low educational levels of caregivers, social norms that hinder child care practices and insufficient participation of children and adolescents in policy processes.

**Children protected from violence**

25. This component will improve access to child protection systems at the national and subnational levels and enable counterparts with capacity to protect children and adolescents from violence and ensure restitution of their rights, as well as reinsertion of adolescents in conflict with the law. The overall objective is to ensure a life free from violence, abuse, exploitation and neglect, with a particular focus on gender-based violence. Special attention will be placed on girls vulnerable to sexual abuse and to boys prone to gang-related violence, living in the most violent communities.

26. An important barrier to an improved child protection system is the limited inter-institutional coordination. UNICEF will continue supporting the consolidation and improvement of coordination mechanisms at various levels (geographic and between institutions), and also assist CONNA in the development and implementation of mechanisms that facilitate coordination and evaluation of efforts across institutions as well as between the national and community levels to increase children’s access to preventive and response services. CONNA, line ministries, institutions, authorities at the subnational level, and civil society organizations (CSOs) related to the integral protection of children and adolescents are key partners.

27. The implementation of the child protection system at the local level is limited due to insufficient resources, representing an important barrier to enhanced family- and community-based child protection. UNICEF will support selected municipalities to design and implement inter-sectoral strategies and programmes for the prevention of violence against children and adolescents, including gender-based violence and provision of gender-sensitive services. The aim is to document replicable models that yield positive results for children for potential replication nationally.

28. Another barrier is the shortage of specialized programmes to attend to highly vulnerable children and adolescents, such as those in contact and conflict with the law, victims of
violence, unaccompanied child migrants, pregnant adolescents and children and adolescents at risk of gang conscription. UNICEF will support national authorities to strengthen such specialized programmes, in coordination with CONNA, the Salvadoran Institute for the Integral Development of Children and Adolescents (ISNA), the Ministries of Justice and Public Security, Health and Education, the Vice-Ministry of Salvadorans Abroad and CSOs.

29. Violence and fear are a daily reality for most Salvadoran children, limiting the exercise of their rights and the development of their full potential. This component envisages interventions associated with behavioural change and social mobilization, by focusing on providing children, adolescents, their families and community leaders with mechanisms to actively participate in the creation of safe environments through a nationally replicable gender-sensitive model. It will also support the expansion of the ¿No te Indigna? (Doesn’t it outrage you?) campaign, based on the global #END Violence against Children campaign, to highlight, with a gender focus, violence against children in the family, school and community.

**Inclusive education**

30. This component will improve access to quality education mainly at the early childhood and secondary school levels for improved completion rates, ensuring a gender perspective and involvement of male caregivers and fathers in proper parenting. The objective is to contribute to the decrease of over-age students and the increase of early education (aged 0-6) and lower and upper secondary net enrolment. Particular target groups of this outcome are out of school children under age 6 and adolescents living in poverty and in violent communities.

31. The situation analysis of children confirms the limited availability of quality programmes for early childhood education at the subnational level. UNICEF will support Government institutions and CSOs to develop and implement inter-institutional protocols and coordination mechanisms to expand gender-sensitive models of early childhood education, involving family and community structures (children aged 0-3) and the institutional track (children aged 4-6) to support better preparedness and transition into primary school. The main partners are national Government institutions in early childhood education, municipal governments and CSOs that provide services at the local level, and families and community organizations.

32. Current education policies and the normative framework have limited operational instruments for the effective inclusion of out-of-school children and adolescents into the system, especially in contexts of violence. This component will support the Ministry of Education in the development and implementation of inclusive and gender-focused guidelines and models to improve the retention of students at risk of dropping out, and to incorporate children and adolescents who are out of school because of pregnancy, disability, poverty and violence, including gender-based. UNICEF will support the implementation of local demonstrative models aimed at keeping adolescents in secondary school, with a strategy to document results, lessons learned and opportunities for scaling up.

33. Monitoring the application of quality education standards in schools, and the effectiveness and relevance of education policies, remains a challenge. UNICEF will support the Ministry of Education in the refinement and implementation of the public school monitoring system supported by a gender-sensitive evaluation mechanism of education policies and programmes to support the quality of education and school support strategies. The active participation of school administrators, teachers, students and parents is critical to
facilitate continuous and interactive feedback between the national and subnational levels, including local communities and School Management Committees.

34. Another barrier to guaranteeing the right of education for all children is the low value assigned by society to early childhood and secondary education, and the insufficient awareness of education rights, reflected both in the levels of enrolment and in public investment. UNICEF will continue promoting education as a right through behaviour-change strategies and sensitization campaigns, but also as a means for improved individual, family and community life, and stronger social cohesion. This objective entails partnerships to analyse public investment with academia, research centres, education networks, the private sector and the media.

Healthy start in life

35. This component contributes to scaling up Committing to Child Survival: A Promised Renewed (APR) and other regional and global commitments to halt child and maternal mortality, reduce chronic malnutrition, and involve families and caretakers in healthy, nurturing, non-violent and gender-sensitive child-rearing practices that enable young children to develop and thrive to their fullest capacity. Due consideration is given to the elimination of vertical transmission of HIV. The component prioritizes children living in impoverished female-headed rural households, which account for the highest child mortality and teen pregnancy rates.

36. Despite recent progress in the health sector, the normative and policy framework encounters challenges in ensuring greater impact on child health and nutrition. UNICEF will support the Ministry of Health in the development and implementation of a strategy to improve and scale up cost-efficient models of quality prenatal, delivery and perinatal care, expanding quality health services for children aged 0-5. UNICEF will play a convening role, in close coordination and alignment with the Pan American Health Organization, the United Nations Population Fund and selected national and local civil society partners. Barriers identified in the Millennium Development Goals 4 and 5 Acceleration Framework have been taken into account.

37. Challenges remain in the supply of health services in remote rural zones. UNICEF will support subnational authorities in the development and implementation of systems to facilitate coordinated responses to guarantee the access of children, women and families to quality and integral health and nutrition services. The municipalities prioritized will be selected among those with the highest rates of neonatal mortality, chronic malnutrition and teen pregnancy.

38. The component will create the opportunities to enhance the use and effectiveness of mechanisms for increased accountability and demand from rights holders about health services, and will include the development of tools that allow authorities and society to monitor and mobilize around the supply, affordability and appropriateness of child health and nutrition services. Behaviour-change strategies will be built into this process to stimulate healthy practices of parents and active demand for services. Key partners are the Ministries of Health and Education, the National Neonatal Alliance and the subscribers to APR. UNICEF also participates in the Scaling Up Nutrition movement and Mesoamerica without Hunger initiative.

Social inclusion and monitoring of children’s rights
39. This component enables children and adolescents, particularly the most excluded and disadvantaged, to benefit from integrated social protection systems that ensure their inclusion and improved equity. The component will ensure that institutional responses for the protection, development and care of children and adolescents are effective, integrated, properly funded, and focused on relevant transformations for the full enjoyment of children’s rights.

40. The universal social protection system of El Salvador has several programmes for children that could achieve more effective and efficient results if delivered in a more integral and coordinated manner. UNICEF will support the Government to strengthen inter-sectoral management, such as the registration of children and follow-up mechanisms, for enhanced effectiveness of social policy and incorporation of children into inclusive systems that protect them from poverty. Activities will complement the other three components to ensure convergence and documentation of results at the sectoral level.

41. In a context of limited resources and great demands for the realization of the rights of children and adolescents, public policies and interventions need to be pertinent, efficient, and evidence-based. This component strengthens national capacities for monitoring and analysing the situation of children, by making available comparable and disaggregated statistics on children, and evaluating national policies and programmes that focus on their well-being with initiatives at the national and subnational levels targeting the most vulnerable. Partnerships and alliances will be developed with academia, research centres and civil society. National authorities and civil society will be supported to monitor recommendations of the Committee on the Rights of the Child, the Committee on the Elimination of Discrimination against Women, and the Committee on the Rights of Persons with Disabilities.

42. Resource allocations for the social protection system, sectoral policies and child-centred interventions have increased recently, but the coverage is insufficient to effect a substantive change in the lives of the most disadvantaged children, and could also be more efficient. UNICEF will support the Government and civil society in the development and use of mechanisms to monitor and analyse public investment in children at the national and subnational levels, leading to institutionalized child-sensitive public budgeting and improved participation, demand and accountability for children and other stakeholders.

Cross-sectoral

43. This component supports programme management, including technical assistance and activities in the four components related to communication for development, programme performance monitoring and evaluation, and disaster risk reduction.
Summary budget table

<table>
<thead>
<tr>
<th>Programme component</th>
<th>Regular resources</th>
<th>Other resources</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children protected from violence</td>
<td>900</td>
<td>2 500</td>
<td>3 400</td>
</tr>
<tr>
<td>Inclusive education</td>
<td>900</td>
<td>2 500</td>
<td>3 400</td>
</tr>
<tr>
<td>Healthy start in life</td>
<td>900</td>
<td>1 000</td>
<td>1 900</td>
</tr>
<tr>
<td>Social inclusion and monitoring of children’s rights</td>
<td>1 000</td>
<td>1 000</td>
<td>2 000</td>
</tr>
<tr>
<td>Cross-sectoral</td>
<td>1 095</td>
<td>1 000</td>
<td>2 095</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>4 795</strong></td>
<td><strong>8 000</strong></td>
<td><strong>12 795</strong></td>
</tr>
</tbody>
</table>

Programme and risk management

44. UNICEF will ensure programme quality, efficiency and effectiveness through the regular updating of its risk profile, with special focus on: partner relations; change management; funding predictability; natural disasters; processes, procedures and controls; knowledge management; and talent management.

45. The UNICEF resource mobilization and leveraging strategy responds to the evolving donor trends in the country and region. Regular resources will secure technical expertise to assist partners develop innovative models and initiatives, undertake evaluation and document best practices, while other resources will focus on taking models to scale.

46. UNICEF regularly updates its Early Warning/Early Action system, and financial resources will help to improve stockpiling and readiness. Emergency preparedness and resilience will be prioritized, and capacity-building undertaken for programme partners and UNICEF staff. UNICEF will lead the education and nutrition clusters and co-lead the protection, water, sanitation and hygiene, and shelter clusters.

47. UNICEF contributes to the achievement of four of the five outcomes of the UNDAF, and will chair relevant thematic working groups based on expertise. DaO Standard Operating Procedures will be managed by the United Nations Country Team. UNICEF will ensure full compliance with the Harmonized Approach to Cash Transfers. Annual reviews, coordinated by the Vice-Ministry for Development Cooperation and the Presidential Technical and Planning Secretariat, will assist partners to identify corrective actions to ensure transparent use of resources and achievement of expected results.

48. This CPD outlines UNICEF contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at country level. Accountabilities of managers at the country, regional and headquarter levels with respect to country programmes are prescribed in the organization’s programme and operations policies and procedures.
Monitoring and evaluation

49. UNICEF will strengthen monitoring and evaluation capacities of national and subnational government and civil society partners to monitor the situation of children, the impact of national policies and programmes on their well-being, and the compliance of the Government with the recommendations related to the principal child rights conventions and treaties. Focused capacity-building of selected partners, and the annual updating and publication of a data-set on child indicators developed by the National Institute of Statistics, will be undertaken with UNICEF support.

50. The UNICEF-supported MICS, other survey, and administrative data will be used to establish baselines to monitor the key programme outcome results. In the context of DaO, a coordinated, multi-agency approach to institutional capacity-strengthening will be pursued. UNICEF and the United Nations Development Programme will support the development of a national multidimensional poverty and social protection monitoring system.

51. The United Nations Monitoring and Evaluation Working Group, which includes UNICEF, will regularly monitor the evolution of indicators associated with the UNDAF outcomes. UNICEF will undertake two upstream evaluations of the national policy on early childhood development and violence prevention, and of the strategy for out-of-school children.
### Results and resources framework

**El Salvador-UNICEF country programme of cooperation, 2016-2020**

#### Convention on the Rights of the Child articles:
1-7,9, 10-19, 22-32, 34,36-40

#### National priorities:
1. Five Year Development Plan Objectives 2014-2019
2. Human development potential
3. Citizen’s security
4. Access to universal quality health services
5. Transition to a fair and equitable society.

**UNDAF outcomes involving UNICEF:**
1. Access to quality basic goods and services
2. Consensus building
3. Resilience to disasters
4. Citizen security and justice

**Outcome indicators measuring change that include UNICEF contribution**
- Multidimensional poverty index
- Decent work index
- Aggregated indicator of government effectiveness
- World risk index
- Violence against children index

**Related UNICEF Strategic Plan outcomes:**
- Health
- Nutrition
- Education
- Child Protection
- Social Inclusion

<table>
<thead>
<tr>
<th>UNICEF outcomes</th>
<th>Key progress indicators, baselines and targets (To be disaggregated by gender, area and well-being)</th>
<th>Means of verification</th>
<th>Indicative country programme outputs</th>
<th>Major partners, partnership frameworks</th>
<th>Indicative resources by country programme outcome, by regular resources (RR) and other resources (OR) (in thousands of United States dollars)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Children protected from violence</strong></td>
<td></td>
<td></td>
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</tbody>
</table>
By 2020, children and adolescents in the most violent municipalities have increased access to | 
Indicator 1: Proportion of cases resolved by the Protection Boards Baseline: 20% Target: 40% | 
School census National Council for Children and Adolescents | **Output 1.** CONNA and related institutions are equipped to implement effective instruments and mechanisms for the coordination, articulation and evaluation of the National Integral Protection System | CONNA Ministry of Education (MOE) Vice-Minister of Salvadorans Abroad | **RR** 900 **OR** 2 500 **Total** 3 400 |
**protection systems** allowing them to live free from violence, abuse, exploitation, and neglect, with a particular focus on gender-based violence.

| Indicator 3:  | Proportion of children and adolescents whose cases have been resolved who are in specialized restitution and reintegration programmes Baseline: TBD by end-2015 Target: TBD by end-2015 | (CONNA) statistics Multiple Indicator Cluster Survey (MICS) |

Output 2. Selected municipalities have capacity to implement a validated strategy for the prevention of and protection from violence against children and adolescents, including gender-based violence, as part of the framework established by the National Integral Protection System

Output 3. National authorities have capacity to implement strengthened and specialized programmes for attention to and restitution of rights of child victims of violence, and unaccompanied child migrants

Output 4. Children and adolescents from selected schools and municipalities have increased knowledge on the prevention of gender-based violence and generate greater peer awareness around the issue, focusing on sexual violence and the prevention of adolescent pregnancy

**Inclusive education**

By 2020, children and adolescents,  

| Indicator 1:  | Net attendance rate in early education and preschool |

Output 1. Government institutions and civil society organizations (CSOs) that provide early childhood education

| Ministries of Education and Health |

| 900 | 2 500 | 3 400 |
particularly the most disadvantaged, have increased access to, and complete full cycles of, quality early childhood and secondary education in an inclusive education system.

<table>
<thead>
<tr>
<th>Indicator 1:</th>
<th>School census</th>
<th>Education implement inter-sectoral protocols for coordinated scaling up of successful models of early education</th>
</tr>
</thead>
<tbody>
<tr>
<td>among children in the two poorest quintiles</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Early childhood (0-3 years)</td>
<td>Baseline: T: 2.0% M: 2.0% F: 2.0%</td>
<td></td>
</tr>
<tr>
<td>Preschool (0-4 years)</td>
<td>T: 59.9% M: 60.2% F: 59.6%</td>
<td>Target: 5 additional percentage points</td>
</tr>
<tr>
<td>Indicator 2:</td>
<td>Net attendance rate in lower- and upper-secondary education among the two poorest quintiles</td>
<td></td>
</tr>
<tr>
<td>Baseline: Lower secondary:</td>
<td>T: 62.4 % M: 61.4% F: 63.4%</td>
<td></td>
</tr>
<tr>
<td>Upper secondary:</td>
<td>T: 39.0% M: 37.2% F: 40.9%</td>
<td>Target: 5 additional percentage points</td>
</tr>
<tr>
<td>Indicator 3:</td>
<td>Transition rate to upper-secondary education</td>
<td></td>
</tr>
<tr>
<td>Baseline:</td>
<td>T: 79.7% M: 79.0% F: 80.5%</td>
<td>Target: 3 additional percentage points</td>
</tr>
<tr>
<td>Indicator 4:</td>
<td>Out-of-school children at the lower-secondary level</td>
<td></td>
</tr>
<tr>
<td>Baseline: 57,091</td>
<td>Target: 50,000</td>
<td></td>
</tr>
</tbody>
</table>

Output 2. The Ministry of Education implements validated mechanisms, teaching practices, management tools and operational procedures to facilitate retention of students and inclusion of out-of-school adolescents.

Output 3. Subnational authorities and communities/ School Management Committees have access to information at school-level that feeds findings back to the educational community in order to improve education services provision.

Output 4. The Ministry of Education, the Salvadoran Network for the Right to Education and civil society have increased capacity and evidence for advocating for increased investment in public education.

CONNA
Salvadoran Institute for the Integral Development of Children
Planning and Technical Secretariat of the Presidency (STPP)
National Registry of Natural Persons
CSOs
### Healthy start in life

By 2020, children, particularly those aged 0-5, and pregnant women have increased access to quality health and nutrition services, healthy lifestyles and rearing practices that allow children to fully develop.

<table>
<thead>
<tr>
<th>Indicator 1: Percentage of teenage (aged 15-19) pregnant women attended to at least four times during pregnancy</th>
<th>Ministry of Health (MOH) statistics</th>
<th>Output 1. The Ministry of Health implements a validated strategy for the enhancement and scaling up of cost-efficient Maternal and Child Health (MCH) models.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline: 90%</td>
<td>MOH/MOE</td>
<td>MOH/SE</td>
</tr>
<tr>
<td>Target: 95%</td>
<td></td>
<td>900</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Indicator 2: Chronic malnutrition rate (under 5 years)</th>
<th>MOH reports</th>
<th>Output 2. Authorities in selected subnational areas with high levels of neonatal mortality and chronic malnutrition utilize validated coordinating tools to guarantee access of children to integral and quality health and nutrition services.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline: 13.6%</td>
<td></td>
<td>MOH/SE</td>
</tr>
<tr>
<td>Target: 10%</td>
<td></td>
<td>1 000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Indicator 3: Percentage of children (0-5 months) being exclusively breastfed</th>
<th></th>
<th>Output 3. The Government, CSOs, and the private sector have access to an information mechanism to monitor bottlenecks on MCH and mobilize demand for quality public health and nutrition services.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline: 47%</td>
<td></td>
<td>MOH/SE</td>
</tr>
<tr>
<td>Target: 52%</td>
<td></td>
<td>1 900</td>
</tr>
</tbody>
</table>

### Social inclusion and monitoring of children’s rights

By 2020, children and adolescents who face multiple deprivations have increased access to pertinent, effective and integrated social protection systems that are properly.

<table>
<thead>
<tr>
<th>Indicator 1: Percentage of children living in monetary poverty covered by social protection schemes</th>
<th>Multi-Purpose Household Survey</th>
<th>Output 1. Government institutions related to children’s social protection systems use management tools for appropriate inter-sectoral coordination to improve the efficiency and effectiveness of the public policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline: 31%</td>
<td>Social Protection Universal System statistics</td>
<td>STPP</td>
</tr>
<tr>
<td>Target: 40%</td>
<td></td>
<td>MOE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Indicator 2: Incidence of multidimensional poverty in children</th>
<th></th>
<th>Output 2. Government institutions implement comprehensive and</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline: 60%</td>
<td></td>
<td>MOH/SE</td>
</tr>
<tr>
<td>Target: 55%</td>
<td></td>
<td>2 000</td>
</tr>
</tbody>
</table>

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>MOH/SE</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
funded, monitored and evaluated.

<table>
<thead>
<tr>
<th>Indicator 3: Percentage of GDP in public spending invested in children</th>
<th>Updated studies on financing in children and multidimensional child poverty</th>
<th>specialized mechanisms to monitor the situation of children and adolescents, and evaluate impact of public policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline: 6% Target: 10%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indicator 4: Percentage of GDP in public spending invested in social protection for children</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Baseline: 0.9% Target: 1.5%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Output 3.** Government institutions have mechanisms to monitor and analyse the level and quality of public investment in children

**Output 4.** CSOs have tools and mechanisms to access data and information about programmes and investments in children

<table>
<thead>
<tr>
<th>Cross-sectoral (description on page 9)</th>
<th>1 095</th>
<th>1 000</th>
<th>2 095</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total resources</td>
<td>4 795</td>
<td>8 000</td>
<td>12 795</td>
</tr>
</tbody>
</table>