



Economic and Social Council

Distr.: Limited
30 July 2019

Original: English
English, French and Spanish only

United Nations Children's Fund

Executive Board

Second regular session 2019

11–13 September 2019

Item 5 (a) of the provisional agenda*

Country programme document

Angola

Summary

The country programme document (CPD) for Angola 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 \$15,370,000 from regular resources, subject to the availability of funds, and \$35,322,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2020 to 2022.

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 2019.

* [E/ICEF/2019/21](#).

Note: The present document was processed in its entirety by UNICEF.



Programme rationale

1. The 2020–2022 country programme of cooperation between the Government of the Angola and UNICEF comes at a time of significant opportunity, building on initial achievements towards the Sustainable Development Goals and supporting the country towards its national development priorities, including graduation to middle-income status in early 2021 and continued devolution of functions to provincial and local governments.

2. Sixty-four per cent of the total population (30.4 million in 2018) is below the age of 24, with 48 per cent children under the age of 15.¹ Angola has one of the highest fertility rates in Southern Africa, estimated at 6.2 children per woman,² which causes rapid population growth that substantially challenges state capacity for proportionate public investment allocations and poverty reduction.

3. Investing in today's children and future generations is therefore extremely important to ensure they are prepared to sustain the country's development. The migration of rural populations to urban areas continues to accelerate, with peri-urban slums becoming the predominant feature in towns. An estimated 63 per cent of the population lives in urban areas, an uneven population distribution that poses challenges for urban and rural planning, housing, water and sanitation, access to electricity and provision of social infrastructure and services.

4. Poverty and multiple and overlapping deprivations still hinder the survival and physical, psychological and social development and protection of children. The estimated Gini coefficient for Angola is 0.43 (2008).³ In 2018, 51.2 per cent of Angolans were multidimensionally poor (29.9 per cent in urban areas and 88.2 per cent in rural areas).⁴

5. A 2018 Multiple Overlapping Deprivation Analysis (MODA) of multidimensional child poverty in Angola concluded that 74.4 per cent of children under 18 years of age are poor and suffer three to seven deprivations at a time, in the areas of nutrition, health, child protection, malaria prevention, education, information, housing, water and sanitation.⁵ Further equity analysis profiled the most deprived areas and informed geographic targeting in six provinces and peri-urban Luanda.⁶

6. Angola remains prone to natural disasters and health emergencies, including floods, droughts and disease outbreaks. The country is affected by migration, conflict and other regional crises, which have detrimental impacts on the affected populations, particularly the most vulnerable women and children, while undermining access to services and pushing the population deeper into poverty.⁷

7. Half of children under five are born without skilled attendance at birth, with 35 per cent of under-five deaths occurring during the neonatal period.⁸ The neonatal mortality rate remains high, although it declined from 25 to 24 per 1,000 live births between 2010 and 2015.⁹ The under-five mortality rate decreased from 145 per 1,000

¹ National Statistics Institute (Instituto Nacional de Estatística, INE), Census 2014, 2016.

² INE, Key Findings of the Angola Multiple Indicators and Health Survey (IIMS: Inquérito de Indicadores Múltiplos e de Saúde), 2015-2016.

³ INE, Inquérito Integrado sobre o Bem Estar da População (IBEP), 2008.

⁴ Oxford Poverty and Human Development Initiative, Global MPI Country Briefing: Angola (sub-Saharan Africa), 2018.

⁵ INE-UNICEF, Childhood in Angola – A Multidimensional Analysis of Child Poverty, 2018.

⁶ UNICEF, Data mining based on IIMS, 2015–2016 and 10 key indicators, 2018.

⁷ UNICEF, Angola Floods and Droughts: One year later, 2018.

⁸ INE, IIMS, 2015-2016.

⁹ INE, IIMS, 2015-2016.

live births in 2005 to 68 per 1,000 in 2015. The maternal mortality ratio stood at 477 per 100,000 live births in 2015.¹⁰

8. Thirty-eight per cent of children under 5 years old are chronically malnourished, with figures ranging from 22 per cent to 51 per cent across the provinces. Acute malnutrition is still prevalent among under-five children, at around 5 per cent; and micronutrient deficiencies are widespread among children 6–59 months old, with only 6 per cent receiving vitamin A supplementation. Malaria is the main cause of child mortality after diarrhoea and acute respiratory infections (ARI). Only one fifth of children under 5 years old sleep under insecticide-treated mosquito nets. Lack of access to services and distribution challenges persist, as well as limited availability of qualified and competent human resources and a lack of training, supervision and motivation.

9. The births of only 25 per cent of Angolan children aged 0–59 months are registered in a timely manner and only 11 per cent of children have access to some form of preschool education.¹¹ Although access to education has substantially improved, with over 2.6 million children enrolled in primary school in 2018, approximately 25 per cent of children are deprived of primary education, especially the poorest: girls, children with disabilities, minority linguistic and ethnic groups, and people living in remote rural areas (due to the limited number of schools). Other social and cultural barriers also prevent access to education services. Access to quality education remains a challenge.

10. The net enrolment rate in primary education is 71.3 per cent. However, the enrolment rate drops drastically to 39.7 per cent (42.6 per cent for boys, 37.0 per cent for girls) for secondary education (grades 7 to 12). Girls' access to education is limited by lack of safety, mobility, resources and decision-making and limited access to knowledge, information and technology; and the excessive burden on girls associated with ideals and expectations regarding gender roles.¹²

11. Thirty-five per cent of girls are pregnant before the age of 19, and 30 per cent get married before that age. In addition, 24 per cent of girls aged 15–19 years old have suffered physical or sexual violence; while one in three married girls in the same age group have been victims of intimate partner violence (physical or sexual).¹³ Exposure to sexual violence increases with age. Harmful cultural practices and traditions and deep-rooted stereotypes regarding gender roles contribute to the persistence of violence against women. Children in conflict with the law have limited access to alternatives to custodial sentences, and child-sensitive procedures are still incipient in judicial processes.

12. The lessons learned from implementation of the UNICEF-supported model of integrated social action centres (Centros da Acção Social Integrada, CASI) by the Government emphasized the need to promote investment in convergent service delivery models so that specific children are reached with a full package of social services and to develop decentralized models that can be scaled up by the Government and partners. Evidence of increased state investment in the social sectors, in particular nutrition, strongly suggests that engaging government and civil society partners in budget analysis and advocacy to promote investment for children contributes to increased knowledge on budgeting processes and informs political decision-making towards increasing budget allocations. UNICEF experience of enhancing links along the humanitarian and development nexus, especially in the refugee response, has seen

¹⁰ WHO, Trends in maternal mortality: 1990 to 2015, 2015.

¹¹ INE, Census 2014.

¹² INE, IIMS, 2015-2016.

¹³ INE, IIMS, 2015-2016.

that building the resilience of communities and institutions can lead to consistently stronger and more sustainable results. Another notable lesson, addressing harmful social norms, has initiated promotion of positive societal transformation and child rights.

13. The country programme priorities are firmly grounded in the principles of leaving no child behind and realizing the rights of all children in Angola. Over the next three years, 2020–2022, convergent programming at decentralized level in the health; nutrition; water, sanitation and hygiene (WASH); child protection; education; and social protection sectors to reduce multiple deprivations will help to meet the needs of children in their first and second decades of life.

Programme priorities and partnerships

14. In the context of the United Nations Development Assistance Framework (UNDAF), 2020–2022, the overall goal of the country programme is to contribute to achievement of the national Sustainable Development Goal priorities set forth in the National Development Plan, 2018–2022, through strengthening of national policies, normative frameworks and social service systems to promote social justice and reduce poverty and inequity. UNICEF will lead the first UNDAF outcome (social and economic transformation) and contribute to the remaining outcomes (adolescents, youth and women’s empowerment; climate and resilience-building; and democracy and stability).

15. In line with the UNICEF Strategic Plan, 2018–2021 and the Gender Action Plan, 2018–2021, the programme will contribute to achievement of the National Development Plan and Sustainable Development Goal results through four key programme outcome areas: (a) child survival and development (0–59 months), including maternal health; (b) child development, protection and participation, with a focus on girls and adolescents (6–18 years); (c) strengthening capacities for decentralized integrated and convergent social services and a conducive national policy and public finance environment for children; and (d) programme effectiveness.

16. In order to address the multiple deprivations affecting children and women, relevant government ministries at all levels will need to enhance their capacities to design, develop and cost integrated/multisectoral social services packages for national scale-up, which will lead to target populations increasingly being engaged and utilizing integrated and convergent quality social services, and ultimately a reduction in multidimensional deprivations. The main assumptions underpinning achievement of this goal are that if ongoing decentralization of decision-making and resources is enhanced, and capacities are strengthened at municipal level, the Government will be able to deliver convergent and integrated multisectoral services nationwide.

17. UNICEF will support the following National Development Plan strategies:

(a) *Gender-responsive* programming, informed by the gender programmatic review of the country programme,¹⁴ with a focus on adolescent girls and pregnant women;

(b) *Capacity-building* for strengthened systems and implementation of policy at scale to deliver expanded quality services in a sustained manner at decentralized level;

¹⁴ UNICEF Angola, Gender Programmatic Review of the Angola Country Office Programme, March 2018.

(c) *Service-delivery* strengthening, through enhancement of protocols, procurement planning, financing and management, and development of a convergent package of social services reaching specific children;

(d) *Enhancement of the linkages between humanitarian and development interventions*, including disaster preparedness and resilience-building;

(e) *Demand-creation* for convergent and integrated social services and social norms change to adopt positive practices and enhance social accountability;

(f) *Leveraging resources and partnerships*, including public finance management and analysis to allocate resources for children and increase effectiveness of spending;

(g) *Evidence-creation and advocacy* to ensure that data and research are used to improve policies, resource allocation, programme results and accountability;

(h) *Innovation* to strengthen the role of children and adolescents in providing programme feedback and using online platforms and other technologies and approaches such as “sentinel sites” to increase evidence-based and beneficiary-oriented contributions to policy.

18. At the national, provincial and municipal levels, the country programme will capitalize on and support the decentralization process by leveraging government resources for local institutions and promoting their capacities, ownership and sustainability, directly contributing to key action programmes of the National Development Plan, namely, decentralization of finance and administration; decentralization and improvement of public services at municipal level; and reform of local administration.

Child survival and development

19. UNICEF will strive to ensure that increased proportions of girls and boys (aged 0–59 months) and pregnant women, especially in the targeted municipalities in six deprived provinces and peri-urban Luanda, have equitable access to and use essential quality social services (for maternal and newborn health, child health, nutrition, water and sanitation, birth registration, early stimulation and development, pre-primary education and social protection). The theory of change proposed to achieve this outcome calls for the following:

20. Communication for development will be used to increase knowledge among pregnant women, mothers, fathers and caregivers of the benefits of social services, and increase (a) use of critical health, nutrition, WASH and early childhood development (ECD) services; (b) access to birth registration services; and (c) knowledge and adoption of key healthy and positive practices. Moreover, community engagement will be undertaken to promote behavioural and social change and scale up and sustain Community-Led Total Sanitation (CLTS) towards the achievement of open-defecation-free status. Capacity-building will also be undertaken to enhance client-friendly and gender-sensitive skills and attitudes among service providers (social workers, teachers, nurses and community workers).

21. Strategic interventions include developing improved quality social service packages and convergent multisectoral service delivery interventions, which will be supported in particularly deprived communities and households to promote health, nutrition, WASH, early childhood education and child protection. These will comprise antenatal care, home visits to newborn children, immunization and vitamin A supplementation and, where needed, screening and care for acutely malnourished children. UNICEF will support implementation of a national strategy to prevent stunting among children under 5 years old and the enhanced coordination of WASH

interventions, including CLTS. Community-based ECD models will be consolidated while community-based ECD centres will be developed to provide integrated services and training for front-line ECD workers. UNICEF will support community-level implementation of protocols to protect children from violence, abuse and neglect, including a free and universal birth registration service. In six selected municipalities in three provinces, a model non-conditional cash transfer programme will be piloted to reach children under 5 years old.

22. The capacity of government and non-governmental partners will be strengthened to enhance resilience and reduce shocks and the impact of humanitarian crises on under-five children. This will include community-level training in disaster preparedness; establishment of functioning early warning information systems; mechanisms for accountability to affected populations; preparedness and response planning; strengthening of humanitarian coordination mechanisms; and establishment of child-sensitive risk management plans.

23. UNICEF will support relevant government ministries at national, provincial and municipal levels to enhance their capacities to design, develop and cost social services packages for national expansion to implement, monitor and report on policies and social programmes for girls and boys aged 0–59 months who are affected by multiple overlapping deprivations, especially in targeted, deprived areas such as remote rural areas and the peri-urban area of Luanda.

Child development, protection and participation (children aged 6–18 years)

24. UNICEF will strive to ensure that increased proportions of children and adolescents (6–18 years), particularly girls living in deprived areas, have enhanced and equitable uptake of quality social services (primary, secondary and alternative education, adolescent health, violence prevention, child-friendly justice and adolescent participation). The theory of change proposed to achieve this outcome calls for the following:

25. Communication-for-development approaches will be used to support parents and caretakers of children and adolescents aged 6–18 years, especially girls, and to help adolescents become knowledgeable about the benefits of the social services provided, willing to use them and engaged in discussions and community dialogue regarding their own development. Communication for development will also be used to address social norms and practices that adversely affect adolescent health (such as gender-based and sexual violence, alcohol and unprotected sex). It will be used to generate and use evidence on knowledge, attitudes and practices in communities concerning girls' education and violence, and to address gender-specific, sociocultural and other barriers to completion of girls' primary and secondary education.

26. The principal interventions include a broad spectrum of convergent multisectoral activities towards improved and quality social service packages to be made available to children aged 6–18 years, particularly girls in targeted, deprived areas. These packages will comprise: developing school management capacity for efficient and effective allocation of human and other resources to increase enrolment and retention of girls in primary and secondary education; providing water and sanitation services in schools and health centres; providing health and nutrition education within the school curriculum; evidence-based advocacy and technical assistance to advance legal prohibition of violence against children and harmful practices and improve child-friendly responses by health, social work, justice and law enforcement services, including on sexual violence; adolescent nutrition counselling following national standards to reduce the prevalence of anaemia among girls; comprehensive HIV education for behavioural change for adolescents and youth;

providing antiretroviral treatment for prevention of mother-to-child transmission of HIV; and improving the health of pregnant women living with HIV.

27. The capacity of government and non-governmental partners will be strengthened to enhance resilience and reduce shocks and the impact of humanitarian crises on children under 5 years old. This will comprise risk-informed, climate-proof and risk-responsive health, education and WASH infrastructure; implementation of intersectoral child protection protocols and case management in humanitarian action and for children on the move; prevention and response to sexual exploitation and abuse; strengthening of climate-resilient WASH solutions in drought-affected areas; and training of community service providers for trauma resilience.

28. UNICEF will support relevant government ministries at national, provincial and municipal levels to enhance their capacities to design and cost social service packages; and to implement, monitor and report on policies and social service programmes for children and adolescents aged 6–18 years, particularly girls.

Strengthening capacities for decentralized convergent social services

29. UNICEF will strive to ensure that disadvantaged girls and boys benefit from improved, integrated and convergent social services at municipal, provincial and national levels. The theory of change proposed to achieve this outcome calls for the following:

30. The capacity of the public sector will be enhanced to generate, analyse, monitor and report evidence and associated resources on the multi-deprivational situation of women and children. This comprises: (a) institutional strengthening of the National Statistics Institute for the generation, analysis and dissemination of data, in coordination with line ministries, to strengthen sector data and information systems to facilitate more integrated policy objectives; (b) promoting MODA as an instrument for the design, implementation, budgeting and monitoring of social policies; (c) identifying and budgeting for programmatic solutions to overcome multidimensional poverty through convergent social services; and (d) strengthening, documenting and budgeting of CASIs and the cash transfer programme.

31. The capacity of provincial governments and municipal administrations will be built to more effectively manage and deliver integrated and convergent social services. This comprises technical support for: (a) the social protection policy; (b) planning and budgeting to support the government's decentralization process; (c) planning and budgeting at municipal level to improve the quality of service delivery and increase demand for and use of available services for children, adolescents and families, to enhance the adolescent participation, and obtain beneficiary feedback to enhance service delivery; (d) planning, monitoring and evaluation capacity of studies, planning and statistics cabinet officers at national and municipal level; and (e) research, studies and evaluation of social services delivery and social protection schemes in partnership with universities and civil society.

32. Coordination mechanisms will be established across sectors to enhance the delivery of integrated and convergent social services for girls and boys (0–18 years) that are managed by national and provincial governments and municipal administrations. UNICEF will provide technical assistance for the legal framework and technical capacity for the establishment of social sector coordination mechanisms at national, provincial and municipal levels, including for emergency preparedness and response, and for policy dialogue with civil society.

33. Public finance management and planning will be enhanced at all levels, especially to support delivery of integrated and convergent social services for girls and boys (0–18 years) that are managed by provincial governments and municipal

administrations. The focus will be on the enabling environment through the provision of technical assistance and engagement with key ministries, the presidency through Casa Civil, and Parliament to support the nationwide expansion of convergent social services. Technical support will be provided for: (a) budget allocation and execution transparency, through capacity development for municipal and provincial governments, ministries and the Parliament; (b) dialogue among sectors and social actors on evidence-based budget allocation and expenditure through efficiency analysis; and (d) advocacy for a budget allocation increase for the social sectors.

Programme effectiveness

34. UNICEF will ensure that the country programme is effectively designed, coordinated, managed and supported to meet quality programming standards and achieve results for children. The programme effectiveness outcome will provide quality assurance, cross-sectoral coordination, communication, advocacy and partnerships to support the other components of the country programme. Programme coordination will ensure alignment and coherence of interventions across the three programme components, and alignment with the government's coordination structures, under the framework of the UNDAF and in close coordination with other United Nations agencies to support collective achievement of results.

35. Evidence-based programming will promote the generation, analysis and use of evidence for improved equity-focused planning, monitoring and evaluation of programmes. The UNICEF partnership with the National Statistics Institute will be further consolidated to generate timely, quality, disaggregated, child-focused and gender-sensitive research, data and reports. UNICEF will also support data and sectoral information systems management.

36. UNICEF will conduct external communication, public advocacy, partnerships and social change communication to accelerate results across the programme. Evidence and innovative approaches will be used to raise awareness of child rights and inequities, mobilize public and private support for policy change and programme implementation, engage media and digital platforms to encourage positive social norms, and build coalitions to strategically influence domestic resources and high net-worth individuals and companies towards sustainably investing in children and youth while promoting a credible brand.

37. In partnership with government institutions and civil society, youth organizations will be supported to actively participate in programming for children and adolescents. New strategic alliances will be formed with the private and philanthropic sectors for specific programmes. Above all, UNICEF will play a convening and leveraging role for stakeholders to partner effectively to realize the rights of children and adolescents. South-South networks will be used to promote mutual learning and exchange of good practices

38. In the framework of the UNDAF, the UNICEF contribution will be delivered in close collaboration with key governmental and non-governmental institutions and partners, as detailed in the results and resources framework. Strategic partnerships will be sustained with the World Bank, the International Monetary Fund, the European Union, the Global Partnership to End Violence Against Children, the Generation Unlimited partnership, the Global Fund and Gavi, the Vaccine Alliance, United Nations agencies, the private sector, academia and civil society.

Summary budget table

<i>Programme component</i>	<i>(In thousands of United States dollars)</i>		
	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Child survival and development	4 803	14 504	19 307
Adolescent development and participation	2 882	9 190	12 072
Strengthening capacities for decentralized convergent social services	2 882	5 814	8 696
Programme effectiveness	4 803	5 814	10 617
Total	15 370	35 322	50 692

Programme and risk management

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

40. The country programme will contribute to achievement of relevant outcomes of the UNDAF 2020–2022 through multi-United Nations agency workplans and in collaboration with relevant line ministries, parastatal institutions, civil society organizations, the private sector and research institutions. Security-related support will be provided by the United Nations Department of Safety and Security.

41. This CPD is risk-informed and UNICEF will work with government and development partners to strengthen early warning systems and real-time monitoring, and to build on innovative good practice approaches across the humanitarian-development nexus. In addition, through use of evidence-based advocacy and communication, UNICEF will act as a catalyst for cross-sectoral integration of emergency preparedness and bringing together and building levels of trust among government, external partners and other stakeholders.

42. UNICEF will continue to monitor the effectiveness of governance and management systems, stewardship of financial resources and management of human resources. Management of the harmonized approach to cash transfers will be strengthened to assess key strategic, programmatic, operational and financial risks and define appropriate risk control and mitigation measures. A business operations strategy will harmonize and reduce costs, and the United Nations funds and programmes operating in Angola will share common services.

Monitoring and evaluation

43. UNICEF will work with the National Statistics Institute and other United Nations funds and programmes to monitor progress towards planned results and national and international goals, and to track inequities using the results and resources framework indicators, based on the Sustainable Development Goals, UNDAF, UNICEF Strategic Plan, 2018–2021 and the UNICEF Eastern and Southern Africa regional priorities.

44. Emphasis will be placed on decentralized planning processes, improving programme performance monitoring, creating feedback mechanisms to strengthen systems, and conducting peer reviews with Government and implementing partners.

45. UNICEF will also work with partners to strengthen national monitoring and evaluation capacity by improving the quality of sectoral information systems, institutionalizing results-based management and supporting national surveys, such as the 2020 Demographic and Health Survey. Sentinel site methodology will be introduced for regular data collection by trained community members, on the status of key indicators on child well-being, including disaggregated data that highlights equity and gender disparities.

46. Research, evaluations, thematic studies and periodic surveys on key issues and specific interventions will inform the annual and mid-term reviews of the country programme with the Ministry of Economy and Planning and relevant line ministries. The reviews will capture key lessons learned and guide any adjustments of the country programme that may be necessary.

Annex

Results and resources framework

Angola – UNICEF country programme of cooperation, 2020–2022

Convention on the Rights of the Child: All articles.

National priorities: Aligned with the National Development Plan (Plano de Desenvolvimento Nacional, PDN), 2018–2022, directly or indirectly, 38 of 83 “action programmes”

Sustainable Development Goals: 1–6, 9–11, 16–17

UNDAF outcomes involving UNICEF: 1) Social and economic transformation; 2) Adolescents, youth and women’s empowerment; 3) Climate and resilience building; and 4) Democracy and stability

Outcome indicators measuring change that reflect the UNICEF contribution

Outcome 1:

1.2.1 Proportion of the population living below the national poverty line

2.2.1 Prevalence of chronic malnutrition in children under 5 years of age

3.1.1 Maternal mortality rate

3.1.2 Proportion of births attended to by qualified personnel

3.2.1 Under-five child mortality rate

4.2.2: School attendance rate (one year before official enrolment rate into primary education)

Outcome 2:

5.1.1 Existence of legal framework to promote, implement and monitor gender equality and non-discrimination

5.2.1 Proportion of women and girls 15 years or above that have suffered physical, sexual or psychological violence from their current or previous partner, in the last 12 months.

8.6.1: Proportion of unemployed youth (15–24 years) who do not attend school

Outcome 3:

6.b.1: Proportion of municipalities with established and functioning policies and procedures for the participation of local communities in the management of water and sanitation systems.

6.2.1: Proportion of population that uses safe sanitation services, including hand washing with water and soap.

11.5.1 Number of deaths and of people directly affected by disasters, per 100 000 inhabitants

13.1.3 Proportion of local governments that have adopted and implemented local risk reduction strategies, as per national disaster risk reduction strategies.

Outcome 4:

16.2.2 Number of child victims of human trafficking per 100,000 inhabitants

Related UNICEF Strategic Plan, 2018–2021 Goal Areas: 1–5

UNICEF regional priorities. 1, 2, 3, 4, 5

UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
					RR	OR	Total
<p>Child survival and development (0–59 months)</p> <p>1. By 2022, increased proportions of girls and boys (0–59 months) and pregnant women, especially in targeted municipalities in six deprived provinces and peri-urban Luanda, have equitable access to and use essential quality social services (for maternal and newborn health, child health, nutrition, water and sanitation, birth registration, early stimulation and development, pre-primary education and social protection)</p>	<p>Percentage of live births attended by skilled health personnel (doctor, nurse, midwife or auxiliary midwife)</p> <p>B: 50% (2016 Multiple Indicator and Health Survey IIMS)</p> <p>T: 60% (PDN: 60)</p>	<p>IIMS 2020 – National Statistics Institute/Instituto Nacional de Estatística (INE) Ministry of Health – Studies, planning and statistics cabinet officers (GEPE).</p>	<p>1.1: Increased numbers of families and caregivers of girls and boys (0–59 months), especially in targeted, deprived areas, have adopted at least five key positive and healthy practices.</p> <p>1.2: Improved, quality social service packages (for maternal and newborn health, child health, nutrition, water and sanitation, birth registration, early stimulation and development, pre-primary education, and social protection) are developed, enhanced and made available to girls and boys (0–59 months) and pregnant women especially in targeted, deprived areas.</p> <p>1.3: Governmental and non-governmental partners have strengthened capacities and systems for emergency preparedness and response, and for implementing risk-informed programmes for children aged 0–59 months, especially in targeted, deprived areas.</p> <p>1.4: Relevant government ministries at central, provincial and municipal levels have enhanced capacity to design, cost, monitor and report on policies and strategies of social service packages, for girls and boys (0–59 months) and pregnant women, especially in targeted, deprived areas.</p>	<p>Coordination: The presidency through Casa Civil.</p> <p>Policy development and enhancing quality and use of convergent social services: Ministries of Social Action, Family and Promotion of Women; Education; Health; Justice and Human Rights; Environment; Energy and Water; Youth and Sports; Telecommunications and Information Technology; and Territorial Administration and State Reform; National Institute for Prevention and Mitigation of AIDS; National Institute for Children (INAC), Civil Protection Agency, Social Action Fund (FAS); World Bank, United States Agency for International Development (USAID), European Union, Civil society (World Vision), Gavi, the Vaccine Initiative, Global</p>	4 803	14 504	19 307
	<p>Percentage of children less than 1 year that received DTP (diphtheria/tetanus /pertussis)-containing vaccine</p> <p>B: 40% (2016)</p> <p>T: 65% (PDN: 90)</p>	<p>IIMS 2020 – INE. Ministry of Health – GEPE.</p>					
	<p>Number of Sphere standards met (in relation to management of severe acute malnutrition)</p> <p>B: 1</p> <p>T: 3</p>	<p>Survey</p>					
	<p>Percentage of children under 5 years of age whose births have been registered with a civil authority</p> <p>B: 25% (IIMS 2016)</p> <p>T: 35%</p>	<p>IIMS 2020 – INE. Ministry of Justice and Human Rights–GEPE.</p>					
	<p>Number of children aged 6–59 months who receive vitamin A supplementation</p> <p>B: 5.7% (2016)</p> <p>T: 20% (PND: 50)</p>	<p>IIMS 2020 – INE. Ministry of Health – GEPE.</p>					
	<p>Net enrolment ratio in pre-primary education</p> <p>B: 11% (INE)</p> <p>T: 18% (PDN target 1.2 million children)</p>	<p>Ministry of Education – GEPE.</p>					

UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
					RR	OR	Total
	Percentage of the population practising open defecation B: 53% T: 45%	Ministry of Water – GEPE.		Fund, United Nations Population Fund (UNFPA) and World Health Organization (WHO).			
Child development and participation (6-18 years) 2. By 2022, increased proportions of children and adolescents (6-18 years), particularly girls living in deprived areas, have enhanced and equitable uptake of quality social services (primary, secondary and alternative education, adolescent health, violence prevention, child-friendly justice processes and adolescent participation).	Net enrolment ratio in primary / secondary education Primary: B: 71.3% (IIMS, 2016) T: 75% Secondary: B: 39.7% (IIMS, 2016) T: 45%	Ministry of Education-GEPE.	2.1: Increased numbers of mother, fathers and caregivers, children and adolescents (6–18 years), especially in targeted, deprived areas, have adopted positive practices and improved knowledge of essential behaviours and acceptance of the benefits of available social services (primary, secondary and alternative education, adolescent health, violence prevention, child-friendly justice processes and adolescent participation). 2.2: Improved and quality social service packages (primary, secondary and alternative education, adolescent health, violence prevention, child-friendly justice processes and adolescent participation) are more available to children aged 6–18, particularly girls in targeted, deprived areas. 2.3: Governmental and non-governmental partners have strengthened capacities and systems for emergency preparedness and response, and for implementing risk-informed programmes for children aged 6–18, particularly girls, especially in targeted, deprived areas.	Coordination: The Presidency through the “Casa Civil”. Partnerships for policy development and enhancing the quality and use convergent social services include: Ministries of Social Action, Family and Promotion of Women; Education; Health; Environment; Energy and Water; Justice and Human Rights; Youth and Sports; Telecommunications and Information Technology Territorial Administration and State Reform, INAC, FAS; World Bank, USAID, European Union, Global Partnership to end Violence Against Children, national and international civil	2 882	9 190	12 072
	Proportion of schoolchildren using basic water, sanitation and hygiene (WASH) services in schools B: 52% T: 60%	Ministry of Education-GEPE.					
	Percentage of women aged 15–19 years with anaemia B: 52.3% (2007) T: 30%	IIMS 2020 – INE. Ministry of Health – GEPE.					
	Percentage and number of pregnant women living with HIV with lifelong access to antiretroviral treatment for prevention of mother-to-child transmission of HIV and for their own health B: 34% = 7 100 pregnant women T: 70% = 33 380	IIMS 2020 – INE. Ministry of Health – GEPE.					

UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
					RR	OR	Total
	Percentage of girls aged 15–19 years who have experienced physical or sexual violence B: 24% (IIMS 2016) T: 20%	IIMS 2020 – INE. Ministries of Health / Justice and Human Rights – GEPE.	2.4: Relevant government ministries at central, provincial and municipal levels have enhanced capacity to design, cost, monitor and report on policies and strategies of social services packages (primary, secondary and alternative education, adolescent health, violence prevention, child-friendly justice processes and adolescent participation) for children aged 6–18, particularly girls in targeted, deprived areas.	society organizations; UNFPA, WHO, INE (monitoring and surveys).			
Strengthening capacities for decentralized convergent social services 3. By 2022, disadvantaged girls and boys benefit from improved integrated and convergent social services at municipal, provincial and national levels	1. Number of children/households covered by social protection systems/cash transfers. B: 15 000 children T: 80 000 children B: 10 000 households T: 55 000 households	INE and GEPEs of relevant ministries.	3.1: Enhanced public sector capacity to generate, analyse, monitor and report evidence and associated resources on the multi-deprivation situation of women and children. 3.2: Provincial governments and municipal administrations have strengthened capacity to more effectively manage and deliver integrated and convergent social services, especially in targeted, deprived areas. 3.3: Strengthened and functional multisectoral coordination mechanisms are in place to enhance the delivery of integrated and convergent social services for girls and boys (0–18 years), managed by provincial governments and municipal administrations, especially in targeted, deprived areas. 3.4: Public finance management and planning at all levels is enhanced, especially to support delivery of integrated and convergent social services for girls	Coordination: The presidency through the Casa Civil. Close partnerships with: Ministries of Economy and Planning; Finance; Territorial Administration and State Reform; Social Action, Family and Promotion of Women; Education; Health; Environment; Energy and Water; Justice and Human Rights, Youth and Sports; Communication, INE, INAC, FAS, World Bank, International Monetary Fund, European Union, United Nations Development Programme,	2 882	5 814	8 696

UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
					RR	OR	Total
			and boys (0–18 years), managed by provincial governments and municipal administrations especially in targeted, deprived areas.	International Labour Organization, UNFPA, Food and Agriculture Organization of the United Nations, academia and national and international civil society organizations.			
Programme effectiveness 4. The country programme is effectively designed, coordinated, managed and supported to meet quality programming standards in achieving results for children	Number of performance areas which are rated 80 per cent or more of achievement every year B: 3 T: 5	Insight – performance scorecards	4.1: UNICEF staff and partners are provided with guidance, tools and resources to effectively design and manage programmes. 4.2: UNICEF staff and partners are provided with guidance, tools and resources to effectively plan and monitor programmes.	Ministries of Communication; Economy and Planning; Territorial Administration and State Reform	4 803	5 814	10 617
	Number of high-profile individuals (Goodwill Ambassadors, influencers, such as political, community and religious leaders) whose public support amplifies UNICEF advocacy messages and initiatives B: 3 T: 20	Country office annual report	4.3: UNICEF staff and partners are provided with guidance, tools and resources for effective communication on child rights issues with stakeholders. 4.4: UNICEF staff and partners are provided with tools, guidance, and resources for effective advocacy and partnerships on child rights issues with stakeholders.				
Total resources					15 370	35 322	50 692