

Guatemala

Country programme document 2010-2014

The draft country programme document for Guatemala (E/ICEF/2009/P/L.29) was presented to the Executive Board for discussion and comments at its 2009 second regular session (14-16 September 2009).

The document was subsequently revised, and this final version was approved at the 2010 first regular session of the Executive Board on 12 January 2010.

Basic data[†]
(2007 unless otherwise stated)

Child population (millions, under 18 years)	6.6
U5MR (per 1,000 live births)	39
Underweight (% , moderate and severe, 2002)	23 ^a
Maternal mortality ratio (per 100,000 live births, 2006)	130 ^b
Primary school enrolment (% net, male/female, 2006)	96/92
Survival rate to last primary grade (% , 2005)	63
Use of improved drinking water sources (% , 2006)	96
Use of adequate sanitation facilities (% , 2006)	84
Adult HIV prevalence rate, %	0.8
Child labour (% , 5-14 years old, 2000)	29
GNI per capita (US\$)	2,440
One-year-olds immunized with DPT3 (%)	82
One-year-olds immunized with measles vaccine (%)	93

[†] More comprehensive country data on children and women are available at www.unicef.org.

^a Refers to 3-59 months.

^b Estimate developed by WHO/UNICEF/UNFPA and the World Bank in 2005, which is adjusted for underreporting and misclassification of maternal deaths.

The situation of children and women

1. Thirteen years ago, Guatemala signed peace accords in the hopes of putting an end to more than three decades of internal armed conflict and strengthening its democracy. Since then, four democratic governments have been elected, but implementation of the social agenda enshrined in those accords is still pending. This is especially the case with regard to the rights of indigenous people, who suffered most of the consequences of the violence. The fragility of the State limits its ability to guarantee people's social and economic rights. Discrimination and exclusion based on gender, social status and ethnic origin produce considerable difficulties for the exercise of human rights, especially those of women and the indigenous population. The reality is the worst in rural areas where, for example, only 2 of every 10 girls attend primary school, and almost 70 per cent of women are illiterate. They face the same inequalities in subsequent educational levels, work opportunities and health.

2. The territory of Guatemala covers 108,000 km², divided into 22 departments and 333 municipalities. It is characterized by ethnic, cultural and linguistic diversity. The country has 13.4 million inhabitants, of whom 49.3 per cent are under age 18. Some 41 per cent of the population identifies itself as indigenous, distributed among three major population groups: the Maya, the Xinka and the Garífuna. An estimated 54 per cent of the population lives in rural areas and 46 per cent in urban areas. At the current annual growth rate (2.6 per cent), the Guatemalan population is expected to double in 28 years.

3. Between 2004 and 2007, the country enjoyed macroeconomic stability, but growth rates of more than 4 per cent had limited impact on the well-being of most of the population. Exclusion and disparities increased, with 46.8 per cent of the total income concentrated in the hands of the wealthiest 10 per cent, whereas the poorest 20 per cent hold just 2.4 per cent of income. Although Guatemala is the largest economy in Central America, 51 per cent of the population lives in poverty and 15 per cent in extreme poverty (both figures based on income). Among the indigenous population that lives in rural areas, the percentage rises to 71.9. Indigenous peoples have fewer opportunities, greater health risks and limited access to public services. The main source of foreign exchange income is remittances sent by emigrants to more than 980,000 households. In 2008, these represented close to 11 per cent of the gross national product.

4. The main nutritional problem in Guatemala is chronic malnutrition (height for age), which affects 49.3 per cent of children under 5 years old. A fifth of them (21.1 per cent) suffer from severe chronic malnutrition. Gaps are large between urban and rural areas. Chronic malnutrition affects 80 per cent of the indigenous population because of extreme poverty and inappropriate child nutrition practices. Only 50.6 per cent of children under 6 months of age are exclusively breastfed, and only two-thirds of children aged 6 to 8 months receive complementary food. An estimated 39.7 per cent of all children aged 6 to 59 months suffer from anaemia, as well as 20 per cent of reproductive-age women. The country's institutions have been strengthened to manage anaemia in recent years, with the approval of the Law on Food and Nutritional Security and creation of a responsible secretariat. Despite these efforts, insufficient budgets drastically limit the State's response.

5. Many Guatemalans do not have access to safe drinking water, and a significant part of the mostly rural population lacks improved sanitation facilities. The largest deficiency in access to safe drinking water is in rural areas of departments such as Escuintla (69.1 per cent) and Alta Verapaz (63.5 per cent).¹ In rural areas, coverage of improved sanitation services is much lower than in urban areas.

6. Guatemala has the third highest rate of child mortality in the Western Hemisphere (39 deaths per 1,000 live births) and is sixth in maternal mortality (130 deaths per 100,000 live births).² The country has only 9.7 doctors and 3.6 nurses for every 10,000 inhabitants. Of total deliveries receiving assistance, 31.4 per cent are assisted by trained staff; of these, only 7.1 per cent meet the required quality standards and conditions.³ These national averages hide an even more critical situation in the interior of the country and particularly among the indigenous population, where the maternal mortality ratio is 211 per 100,000 live births and the neonatal mortality ratio is 30 per 1,000 live births. Immunization coverage increased from 18 per cent in 1989 to 70 per cent in 2008.⁴ Budget allocated to the Ministry of Health has remained static, below 1 per cent of the gross domestic product since 1998, representing around 16 per cent of social spending. Resources for primary care are limited at health centres and posts.

¹ "Second progress report on the Millennium Development Goals in Guatemala", SEGEPLAN, 2006, page 208.

² International Bank for Industrial Development.

³ G. Estrada, "The health system in Guatemala", 2008, page 88.

⁴ National Immunization Programme, 2007.

7. The primary school enrolment rate reached 96 per cent in 2007. Less significant progress was achieved at other levels, with pre-school coverage of 48 per cent and secondary school coverage of 36 per cent. Overall statistics show few gender differences in primary and pre-school education coverage rates, statistics disaggregated by gender and ethnic group show that indigenous girls finish primary school at lower rates than boys. Dropout rates are high, revealing the inefficiency of the school system. Retention is a central problem, since only 4 of every 10 children who enter primary school finish it. Girls, indigenous groups and rural households do not have the same access to education as do boys, the non-indigenous and urban households. Indigenous girls attend school for an average of three years. The coverage of bilingual intercultural education in primary school has increased slowly: of 7,832 schools with indigenous students, only 1,869, or 22 per cent, have a certified bilingual teacher. Low social demand, the lack of trained teachers and insufficient promotion, linked to low budgets, account for this inadequate coverage.

8. Mother-to-child transmission is the predominant route for HIV infection in young children.⁵ Preliminary data based on seroprevalence show that, in 2007, 30,000 women aged 15 to 49 were infected. An estimated 3,900 children were born infected with HIV between 2007 and 2009.⁶ Only 111 women received services aimed at preventing mother-to-child transmission in 2007, representing a tiny proportion of total cases. The availability of shortened treatment at low cost has provided the possibility of preventing these infections. With specific interventions, the transmission rate could be reduced to less than 1 per cent. Identification and registration of HIV-positive children presents difficulties that must be overcome to ensure they receive treatment.

9. State institutions have been seriously weakened by the increase in organized crime and drug trafficking. The weakness of security forces, an inefficient justice system and insecurity threaten the rule of law and democratic structures in the country. Undeniable strides in legislative reform are threatened by the deficient operation of justice, evidenced by the high levels of impunity.⁷ Most seriously affected by the limited access to justice are children, especially the indigenous, and women. An average of 46 girls and boys are killed each month. Most of them are adolescents, and the main cause of death is firearms. Homicidal violence increased by 137 per cent between 1999 and 2008, from 2,655 to 6,692 homicides a year. The country faced the most violent year in its history in 2008. Guatemala has one of the highest rates of female murders in the world (603 deaths in 2006, 591 in 2007 and 722 in 2008).⁸ According to the Guatemala report of the International Commission against Impunity, of 10,865 complaints received in 2008, 89.3 per cent were not solved and 10.7 per cent resulted in a court decision. Out of this last figure, only 9.6 per cent resulted in a conviction, meaning that 2 per cent of the total complaints were followed by an actual conviction; the impunity rate was 98 per cent. An

⁵ J. Martinez, "Feeding the infants of HIV-infected mothers", *Bulletin of the World Health Organization*, March 2004, 82(3).

⁶ Proposal for the extension of prevention of vertical transmission" UNICEF, September 2007, p. 4.

⁷ According to the International Commission against Impunity in Guatemala (Comisión Internacional contra la Impunidad en Guatemala), out of 100 cases of homicides, 2 are resolved by the legal system.

⁸ Report of the International Commission against Impunity in Guatemala, 2008.

international index on the perception of corruption in various countries ranks Guatemala 96th among 180 countries.

10. For many years, international adoptions were not managed properly in Guatemala. Between 1997 and 2007, more than 30,000 children were given up for international adoption by a system that offered no assurances regarding the child's origin or the suitability of the adopting family. This situation changed drastically in 2007, when the Congress of the Republic ratified the Convention on Protection of Children and Co-Operation in Respect of Intercountry Adoption (The Hague Convention) and the Adoption Law, which is harmonized with the Convention. The Adoption Law and The Hague Convention are now being implemented, and substantial progress has been made. This marks a drastic qualitative improvement over the previous situation. The law stipulates investigation of the child's origin and the suitability of the adoptive family. In addition, national adoption has become a viable option. The challenge lies in implementing the law using ethical and transparent criteria in adoption procedures and in accrediting international adoption agencies.

11. With the entry into force of the Law against Sexual Violence, Exploitation and Trafficking in Persons, Guatemala became the last country in Central America to adapt its criminal legislation to expand the scope of child protection.

12. The available statistics on family violence and child abuse give a limited idea of the current situation, because adequate mechanisms have not been put in place to gather this information and because silence and fear prevail. Only 8,231 cases of domestic violence were reported in the capital city in 2004. On the other hand, the most recent mother and child national survey shows that 32 per cent of women aged 15 to 49 believe that physical punishment is necessary for the education of girls and boys.

13. Cultural patterns, poverty and exclusion explain the large proportion of girls and boys who work, especially in rural areas where the indigenous population lives and the protection situation is most critical. According to the latest national employment survey, a quarter of all children and adolescents aged 7 to 16 were part of the labour force, many of them performing very demanding tasks, frequently without compensation. Family agricultural work is an important obstacle to school attendance for girls and boys, in addition to the inability of educational institutions to serve children who do not speak Spanish. The current economic situation has forced a growing number of families to remove their children from school and place them in a marginal, precarious and dangerous labour market.

14. Guatemala is also subject to environmental risks. In 2005 it was hit by tropical storm Stan, in 1998 it suffered the devastating effects of hurricane Mitch and in 1991 it was affected by serious drought. The latest disasters have contributed to the economic and social deterioration of the country, with direct consequences for the poor population, particularly the indigenous. In recent years, climate change has magnified the losses from small-scale disasters, making them more significant than larger and more sporadic events. Guatemala is also located in a seismic risk area.

Key results and lessons learned from previous cooperation, 2005-2009

Key results achieved

15. UNICEF contributed to four key achievements: (a) Strengthening national and institutional awareness of the challenge of chronic malnutrition for the country and its particularly devastating effect on indigenous children. This included development of the national programme for reduction of chronic malnutrition, which is contributing to achievement of Millennium Development Goal 1 (reduce malnutrition by 50 per cent by 2015). These actions were carried out in coordination with the Food and Nutrition Security Secretariat and various private, public and international organizations; (b) Ratification of The Hague Convention and enactment of the Adoption Law. This put an end to the processing of adoptions by public notaries. It also increased coverage and specialization of the justice system for children and adolescents and follow-up of their actions and the resulting impact; (c) Development of a bilingual curriculum for preschool education and a proposal for a comprehensive early childhood public policy. This was nationally discussed to create awareness on the importance of giving priority to the country's indigenous children, and particularly indigenous girls; and (d) A strategy to reduce mother-to-child transmission of HIV, including quick tests for pregnant women during prenatal visits, treatment for emergencies and at the time of childbirth as well as comprehensive paediatric diagnosis and care.

16. UNICEF and a group of international development partners and non-governmental organizations helped develop a public policy for children and adolescents in 51 of the 333 municipalities of the country and helped create municipal councils for children and adolescents in 33 of them. Through these councils, children and adolescents participate in formulating and following up on policies. The country has sound decentralization legislation that includes citizen participation mechanisms capable of promoting public policies in favour of children and adolescents. In practice, however, the country's excessive centralization limits this possibility, inhibiting the most underdeveloped regions from seeking their own solutions. Where positive results have been achieved, communication has played an important and strategic role. Through partnerships with the mass media, \$8.3 million was leveraged in free airtime in 2008 for broadcasting television programmes, campaigns and other communication events that helped promote a rights-based culture.

Lessons learned

17. Following are some of the lessons learned during the country programme of cooperation.

18. One, it is important for Guatemala to support the fight against impunity. Investment in legislative reform, security and justice, and thus progress for children, cannot be sustained without it. Coordinated action with the diplomatic missions has yielded good results, and this experience should be extended to other issues. Monitoring of the implementation of the laws is a priority.

19. Two, specific strategies should be extended, including coverage of decentralized health services, establishment of a nutritional surveillance system, early detection of HIV through quick tests, improved sanitary conditions in schools

and disaster response and preparedness. Partners in strengthening these strategies are the Pan American Health Organization/World Health Organization and the World Bank.

20. Three, to achieve a substantive improvement in children's educational achievement, steps must be taken to ensure that all girls and boys, particularly indigenous children, receive at least one year of preschool education, start school at the appropriate age, finish primary school and learn in their mother tongue.

21. Four, to broaden the scope of municipal policies that favour the rights of children and adolescents, the scale of interventions needs to be expanded in coordination with private and public institutions, development banks and international organizations.

22. Fifth, collaboration by United Nations agencies in developing proposals for the Millennium Development Goals-United Nations Development Programme thematic windows has proved very positive, making it one of the best United Nations coherence practices. In addition to its financial advantages, this coordination is a practical way of linking each agency's work based on clearly defined objectives.

The country programme, 2010-2014

Summary budget table

<i>Programme</i>	<i>(In thousands of United States dollars)</i>		<i>Total</i>
	<i>Regular resources</i>	<i>Other resources</i>	
Health, nutrition and water, sanitation and hygiene	1 887	13 680	15 567
Protection and education	1 468	11 390	12 858
Adolescent development	518	4 280	4 798
Cross-sectoral costs	357	650	1 007
Total	4 230	30 000	34 230

Preparation process

23. In June 2007, the United Nations Country Team agreed to extend the duration of the 2005-2008 cooperation cycle until the end of 2009 as a bridge to enable preparation of the United Nations Development Assistance Framework (UNDAF) in coordination with the elected officials who would take office in January 2008. Preparation of the new Common Country Assessment /UNDAF began in April 2008 and continued in 2009. The UNDAF was signed on 22 June 2009.

24. In 2008, UNICEF participated in preparing the 2010-2014 programme. The 2007 midterm review and the medium-term strategic plan for 2006-2009 were the starting point for discussions on developing the programme in coordination with the recently created International Cooperation Council. It includes the Presidential Secretariat for Planning and Programming, the Ministry of Foreign Affairs, the Ministry of Finance and a representative of the Presidency of the Republic. Key ministries were also consulted to ensure alignment of the plans. The work also

involved discussion with the main bilateral donors and civil society partners, who all made valuable contributions.

25. The programme aims to protect the rights of children, adolescents and women in Guatemala, in the context of the global economic crisis. It reflects the objectives of supporting a democratic and pluralistic society, avoiding discrimination and making clear progress towards achievement of the Millennium Development Goals and reduction of impunity.

26. The 2010-2014 programme will be implemented in the framework of the UNDAF, in coordination with Governmental and non-governmental partners; United Nations agencies, funds and programmes; and donors. It will give priority to the indigenous and particularly to indigenous girls. Working at national and departmental levels, the programme will emphasize the 130 municipalities that have been prioritized by the national Government as part of its poverty reduction strategy.

27. The following are the expected results: (a) in the 130 municipalities the number of pregnant women, mothers and children under 6 who have access to comprehensive, quality and respectful health services has increased by 10 per cent; (b) in the 130 municipalities chronic malnutrition in children under 5 has been reduced by 10 per cent; safe water and sanitation services are accessible for girls and boys; and they practice good hygiene; (c) 50 per cent of the indigenous children in five departments have finished quality primary education; (d) 60 per cent of the indigenous children in five departments have access to quality preschool education; (e) access to the integrated care package for preventing mother-to-child transmission of HIV has increased for at least 40 per cent of HIV-positive women who receive prenatal care, and 80 per cent of children born to HIV-positive mothers have access to quality paediatric care; (f) in the 130 municipalities at least 300,000 adolescents have the necessary skills to reduce HIV risk and vulnerability; (g) in the 130 municipalities children and adolescents have access to prevention and care programmes for victims of violence; (h) all girls and boys are protected by an adoption system that ensures their right to a family; (i) children and adolescents have access to a quality, specialized justice system; (j) in 20 municipalities children and adolescents have access to a comprehensive protection system; (k) all the 130 municipalities monitor the well-being of children and adolescents and implement programmes that guarantee their rights; (l) comprehensive state monitoring and evaluation systems are strengthened at the local, departmental and national level to effectively support evidence-based planning and evaluation; and (m) public investment in children and adolescents is increased to reduce sub-national coverage disparities in key sectors.

28. The programme will promote implementation of a rights-based approach for children and adolescents throughout the life cycle. This will involve (a) a population, intercultural and gender approach that focuses on actions favouring the rights of children, adolescents and women; (b) generation of knowledge on children's rights as a tool for action, to support decision-making and develop a more solid basis for programme action and advocacy; (c) capacity-building of Government entities, NGOs and community-based organizations; (d) promotion of public policies that emphasize decentralized action (at the municipal level) and improved public education; (e) strengthening of the family as the most appropriate protective environment for children's development; (f) promotion of participation by civil society, girls and women, in particular with regard to asserting their rights

in the fight against impunity; and (g) communication and social mobilization based on evidence and the results of monitoring and evaluation.

29. Communication actions will be strengthened to improve citizens' knowledge, attitudes and practices. The cooperation will also support coordination of emergency preparedness and response actions, risk reduction and adequate preparedness and emergency response capacity, based on a human rights approach emphasizing populations that are affected or at risk. Special emphasis will be placed on the responsibilities of UNICEF, in coordination with the water, sanitation and hygiene, education, protection and nutrition sectors.

Relationship to national priorities and the UNDAF

30. The Government's policy priorities for 2008-2012 are population and development and ethnic and gender equality. Other priorities are (a) rural development; (b) conversion of the national energy matrix to renewable energy sources; (c) revitalization of the Development Council system working at regional and local levels to promote community involvement and participation in decision-making processes; and (d) geographic focus of interventions by territorial assignment of public strategies and policies. National priorities are linked with the areas of cooperation in the UNDAF: (i) the environment, disaster risk management and water and sanitation management; (ii) social development, including health, education and economic opportunity; (iii) governance and citizen participation; (iv) food security and nutrition; and (v) the rule of law, security and justice.

31. Additionally, the Government has said that its administration will be based on four strategic programmes: (a) solidarity and human loyalty; (b) governance and civic loyalty; (c) productivity and economic loyalty; and (d) regional scope and loyalty among inhabitants. In this framework, the four fundamental work areas are security, rural development, social investments (especially in favour of women and children) and housing. As part of the United Nations system, UNICEF has participated in discussions with the Government to ensure coherence among the objectives contemplated by the Government and the objectives of the 2010-2014 country programme.

Relationship to international priorities

32. The frameworks for the programme are the Convention on the Rights of the Child; the Convention on the Elimination of All Forms of Discrimination against Women; the Convention on the Rights of Persons with Disabilities; the Durban Declaration; United Nations Declaration on the Rights of Indigenous Peoples; UNICEF Core Commitments for Children in Emergencies; the United Nations Secretary-General's Study on Violence against Children; the goals of the United Nations General Assembly Special Session on HIV/AIDS; Education for All; the Millennium Development Goals; and the Millennium Declaration. The programme will serve as a tool to facilitate implementation of the recommendations of the Committee on the Rights of the Child (2001).

Programme components

33. The proposed programme is fully consistent with the challenges identified by the Common Country Assessment/UNDAF. The four components of the 2010-2014 cooperation programme are as follows:

34. **Health, nutrition, water and sanitation.** The objective is to contribute to reduced morbidity and mortality among the newborn, children and women of reproductive age. The health component will focus on neonatal, child and maternal health. It will support national efforts to improve access to skilled delivery care and assistance, comprehensive attention to childhood diseases, universal screening of pregnant women to prevent transmission of HIV from mother to child, and access to treatment for infected children.

35. The nutrition component will focus on improving living conditions of children under 6 and pregnant and breastfeeding women to reduce chronic malnutrition levels. It will support implementation of the national strategy for reduction of chronic malnutrition and, with other United Nations system agencies, of the Millennium Development Goals thematic funds on children, food security and nutrition (MDG Achievement Fund). The water, sanitation and hygiene components will focus on facilitating demonstration systems in schools and communities to improve access to services and adaptability to climate change. Community participation will be organized to improve the environment.

36. In view of the prevailing inequality, the programme will give priority to regions with indigenous rural and poor populations. It will promote coordination among State actors to encourage comprehensive approaches for public and private action. It will promote joint actions by the Ministries of Health and Education, the Food and Nutritional Security Secretariat and other social protection agencies, such as the Social Welfare Secretariat and the First Lady's Social Affairs Secretariat. It will develop advocacy, information, communication, education and social mobilization processes by working with the media and alternative communication systems, such as interpersonal communication involving community/family traditions and practices, to strengthen the political agenda on issues involving early childhood. It will strengthen follow-up and evaluation; promote behaviour change to deal with the economic crisis in the context of the free health care policy and the drop in tax revenues; and it will incorporate communication on emergency prevention, preparedness and response linked with health, nutrition and basic sanitation.

37. **Education and protection.** The programme will aim to help ensure quality basic education that is culturally relevant and to protect and restore the rights of children and adolescents. UNICEF will focus on the most vulnerable and marginalized sectors of society, particularly the indigenous and girls in rural areas, emphasizing inclusion, educational assistance and protection.

38. The education component will address early and preschool education, intercultural bilingual education in primary school, educational management in municipalities, participation of indigenous children and adolescents, and disaster risk management. The main activities will include technical assistance to implement bilingual intercultural education policies, education for peace and citizenship, and training of adolescent leaders, teachers and parents. Emphasis will be given to municipal actions to increase completion of primary education, expand non-formal early education models, conduct studies, surveys and baseline studies, disseminate knowledge and increase awareness-raising about intercultural bilingual education. A community-based monitoring system will be developed and applied to reinforce indigenous demands for intercultural bilingual education, with a focus on increased coverage.

39. The protection component will further build on the recommendations of the Study on Violence and on the work of the Special Representative of the Secretary-General on Violence against Children. It will concentrate on developing the protection system at national and municipal levels; prevention of family violence, sexual exploitation and trafficking that affects children; strengthening of national institutions; harmonization of laws with international instruments, including approval of laws on arms/munitions and criminal investigation; and initiatives for working with adolescents at risk. Protection activities cover training and capacity building for officials and technicians of protection agencies, technical assistance in the field, lobbying of decision-makers and studies, including baseline studies and communication actions. The programme will develop monitoring and evaluation systems with civil society participation to monitor passage and implementation of laws. The communication strategy will work towards universal preschool and primary education; eradication of dangerous child labour; social mobilization to fight impunity in crimes against children; and development of local protection systems. Emphasis will be placed on ensuring children's protection in emergencies.

40. **Adolescent development.** The programme seeks comprehensive and differentiated care for adolescents, as well as opportunities for full participation using creative approaches. It will concentrate on facilitating access to health services, formal education, comprehensive pregnancy care, Education for Life, participation in community social development and access to reproductive health services. The communication and risk prevention component will emphasize prevention of early pregnancies and adolescent maternal deaths; prevention and treatment of sexually transmitted infections/HIV; and prevention of violence, abuse, ill treatment and exploitation along with strengthening the system that assists adolescents in conflict with the law. It will promote leadership in the cultural, social and economic areas, taking advantage of experience acquired, especially by indigenous peoples. To enlarge the scale of the adolescent programme, a more dynamic cooperation mechanism between UNICEF and multilateral as well as bilateral donors will be pursued in order to generate synergies.

41. The programme will give priority to the use of alternative communication systems and access to relevant knowledge in the context of crisis, insecurity and impunity. A youth-friendly approach will be followed in working with marginalized indigenous adolescents affected by traditional family practices, who live in unsafe, vulnerable areas and are excluded from education. The programme will promote policies that consider ethnic origin and gender, the right to education for pregnant adolescent girls, protection against exploitation in domestic work, raising the legal age for marriage, and the creation of safe spaces for adolescents for counselling and support. Emphasis will be given to communication for development and advocacy, mobilization, partnerships, use of new technologies and promotion of behaviour change and citizen participation, focusing on work with and for adolescents. Research will be carried out to clarify levels of adolescent marginalization and exclusion. The use of the mass media and alternative means of communication will be promoted; management of knowledge with adolescents; production of multimedia materials; and strengthening of the monitoring and evaluation systems to aid in measuring progress. Adolescents will receive training in disaster prevention, preparedness and response.

42. **Cross-sectoral component.** This includes all activities that support implementation of the programme, including salaries for staff performing cross-

cutting functions associated with supplies, information technologies, communications, public policy development promotion, monitoring and evaluation, and coordination.

Major partnerships

43. The main partners for programme implementation will be the Ministries of Education, Justice, Public Health and Social Assistance; the Judiciary; the Social Welfare Secretariat; the Office of the Solicitor General of the Nation; the Food and Nutrition Security Secretariat; and municipalities. Other key partners will be members of non-governmental organizations; community associations and selected faith-based organizations; indigenous and Afro-descendant movements; private sector institutions; and the mass media. The development of mechanisms to facilitate the participation and voice of girls, boys, adolescents and women will be given priority in implementing the programme.

44. The country programme will benefit from the experience and expertise of United Nations agencies, funds and programmes that participate in the UNDAF and will cooperate through inter-agency thematic groups. Likewise, the programme will liaise with multilateral and bilateral donors to coordinate relevant interventions.

Monitoring, evaluation and programme management

45. The Presidential Secretariat of Planning and Programming is the Governmental institution responsible for coordinating implementation of this country programme. An intersectoral mechanism will be established, involving the Presidential Secretariat of Planning and Programming, UNICEF and other partners. Annual work plans will be prepared jointly by the Government, other partners and UNICEF.

46. An Integrated Monitoring and Evaluation Plan will be elaborated, and all country programme components will be jointly reviewed yearly. Disaggregated data will be collected and disseminated, demonstrating progress in the 130 selected municipalities. UNICEF will participate in the UNDAF monitoring and evaluation processes through the inter-agency thematic groups.

47. All communication and reporting activities will be evidence informed and multi-level in terms of accountabilities: (a) funds and resources and their impact on UNICEF supported activities; (b) funds and resources and their impact on activities foreseen in the UNDAF; and (c) social, humanitarian and developmental programmes linked to the Millennium Development Goals and the Millennium agenda.
