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Final common country programme document for Cape Verde, 2012-2016

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I. Situation analysis

- 1. Natural resource-poor Cape Verde, a small insular nation, made up of 4,033 square kilometres of mostly barren volcanic rock, took a courageous step when it in 2008 graduated from least developed country (LDC) status, the second country in the world to do so. The total resident population is 491,875 inhabitants, 54 per cent of whom are under 24. Annual population growth is 1.2 per cent according to the 2010 census, the first fully digital census in Africa. The Cape Verdean diaspora is at least as large as the resident population. The country is on track to meet most of the Millennium Development Goals (MDG) targets by 2015, particularly with regards to education and health, and many of its development indicators stand out as exceptions for the region. The overall quality of its human resources has transformed the country into an emerging provider of expertise in different countries of the region, particularly but not exclusively lusophone, on issues ranging from e-governance and e-census, to civil protection and emergency response.
- 2. Real gross domestic product (GDP) per capita grew from \$902 in 1990 to \$3,206 in 2008, while poverty rates fell from 49 per cent in 1990 to 27 per cent in 2007. Infant mortality rates decreased from 57.9 per thousand in 1995 to 20.1 in 2009. The number of attended births increased from 55 per cent in 1998 to 87 per cent in 2007, and life expectancy at birth was estimated in 2010 at 77 years for women and 69 years for men. Significant progress has also been made in the overall contraceptive prevalence rate: the proportion of women of reproductive age who were using (or whose partner was using) a modern contraceptive method in 2005 was 44 per cent, significantly higher than regional averages.
- 3. More than 80 per cent of the population has access to electricity and 63 per cent to sanitation facilities. In the health sector, significant investments were made in human resource development. The doctor and nurse ratio for 10,000 habitants increased respectively from 3.9 and 8.5 in 2003 to 4.9 and 9.8 in 2009, with higher concentrations of qualified health professionals in the two main urban areas.
- 4. Important factors that contributed to Cape Verde's transformation include strong governance, sound democratic institutions, transparent and participative electoral processes and a free media, with a high level of participation of women in key governmental and electoral positions, with parity achieved in the executive branch. The country's ambitious "transformation agenda" aims to construct a dynamic economy where growth can be sustained, to strengthen an innovative, competitive and job-creating private sector, and to reinforce regulatory institutions. Authorities have engaged in a major state reform programme, aimed at addressing remaining capacity gaps in public administration. This is also meant to support Cape Verde's choice to further integrate into the Global economy, including World Trade Organization (WTO) accession in 2008, and a special partnership with the European Union the same year.
- 5. Despite its exceptional progress, Cape Verde is a country in transition, still faced with economic vulnerabilities associated with its previous LDC status. Two key contributors to the economy, tourism and remittances, are highly dependent on the overall global financial climate. The tertiary sector employs the majority of the active working population, and there is considerable scope to expand and improve productive sectors such as agriculture, which absorbs only 11 per cent of the total work force.
- 6. The third critical contributor to the economy, official development assistance (ODA), has, since Cape Verde's graduation, been on the rise, as the country has had increasing access to concessional lending. (This is shown in the 2011 Survey on Monitoring the Paris Declaration.) ODA is expected to decrease, however, because of financial difficulties of main partners and the end of the transition period granted by donors at graduation. Given that the aid environment is evolving increasingly towards lending, and given the uncertain

prospects for increased domestic resources, national ambitions for fast and equitable progress will be under increased pressure in the coming years. In addition, integration into the global economy clearly demands increasing levels of competitiveness, for which both public and private capacities need to be further built.

- 7. Within this context, employment generation remains a key priority for the country, though both investments in public works and the development of private sector investment for job creation. Unemployment, currently at 13 per cent, has been an ongoing concern, particularly as regards youths between 15 and 24, and increasingly with regards to university graduates. Women are more affected by unemployment than men (25.5% of women are unemployed compared to 18.3% of men).
- 8. The informal sector, which employed 18 per cent of the population in 2009, remains the most important source of new employment. This has implications on several fronts. A recent survey conducted by the National Institute of Statistics confirmed that those engaged in the informal sector generate lower revenues, and have less access to both social protection schemes as well as financial services. It also showed that women make up 52.5 per cent of the informal sector workers, with revenues estimated to be half of those of the male workers in the same sector. It is in the informal sector that the majority of the some 16,300 children at work are to be found, and the government is launching a major initiative to eliminate child labor.
- 9. The nationally identified requirement of diversifying the productive base is both mindful of and constrained by existing environmental challenges, including groundwater scarcity, recurrent drought, fragile ecological systems and soil erosion, while insularity and climate change are expected to have serious consequences on what are already sensitive ecosystems, In addition, the November 2009 dengue fever epidemic, while showing the remarkable response capacity of the country, did serve as a reminder that, in addition to natural disasters, the country is also vulnerable to health-related crises.
- 10. As part of its proactive engagement for integration to the global economy, Cape Verde is defending an inclusive growth agenda. In line with this commitment, disparities have become of growing concern to national authorities at various levels. Gender-based disparities in employment, revenue, social protection, political participation and representation of women, and as related to gender-based violence were at the basis of the elaboration of the National Plan for Gender Equality and Equity, and of the National Plan for Gender based violence, both implemented by the Institute for Gender Equality and Equity (ICIEG). Both plans were evaluated in 2011, highlighting the need to pursue and consolidate efforts, particularly taking into account the role of women as primary caregivers for an important part of the country's children, notably within the 48% of households headed by women in 2010 (INE). Bringing the MDGs to All, or a homogeneous attainment of the MDGs throughout the nation has also earned increasing national attention. As highlighted by the National MDG report 2010, regional and urban/rural disparities have persisted as regards to many of the MDG targets and indicators, particularly those relating to poverty and the social-protection system, and to access to water and sanitation. Fourteen out of 22 municipalities have poverty rates equal or higher than the national average. Although peri-urban poverty, also associated with violence and urban crime is a reality, poverty remains a rural phenomenon (44% rural and 13% urban). Regional and other disparities are of particular relevance for the youth who have, in some instances, unequal access to employment, to secondary and higher education, to professional training and to employment, while others are faced with increasing levels of exposure to violence and abuse (including sexual abuse), delinquency, drug abuse and conflict with the law. Increasing rates of early pregnancies (21 per cent of 15-19 year old girls in 2008) are also placing adolescent girls at higher risk of perpetuating cycles of poverty and marginalization. Building on its quite extraordinary achievements on all socio-economic indicators, Cape Verde is now faced with the requirement of a qualitative leap, aiming to an

irreversibly positive development path within a complex global financial context. This is also the objective of the state reform process, which aims to consolidate public institutional capacity to promote growth as well as a more inclusive society, where quality and equity goals need to replace access objectives.

II. Past cooperation and lessons learned

- 11. The past cooperation cycle (2006-2011) saw two critical changes, both of a particularly pilot nature: the past programme was one common to all four former Ex-Com agencies: UNDP, UNFPA, UNICEF and the World Food Programme (WFP). This was the first programme of this kind. It was also part of the creation of the first joint office operation, in which a single representative, staff and office were to serve jointly the mandates of UNDP, UNFPA, UNICEF and WFP. Building on this initial breakthrough, Cape Verde was also included, in 2008, in the eight pilot countries for the Delivering as One (DaO) initiative, adopting an all-encompassing One UN programme. The preceding common country programme document (CCPD) was integrated and delivered as part of the One UN programme. Key results of the 2006-2011 CCPD relate to:
- (a) a smooth transition process supported by the "National Transition Strategy" and "Transition Support Group", with positive impact on the budget support process and increased donor use of national systems;
- (b) promoting state reform at central and municipal levels through: development of e-systems of management, supporting structural changes to increase transparency and rigour, in a recently introduced budget-support setting;
- (c) conducting the electoral census, based on civil registration;
- (d) strengthening micro-finance regulation and improvement of entrepreneurship among vulnerable groups, especially women and youth;
- (e) sustained support of the statistical system, notably regarding the conduct of major datacollection operations, including the first fully digital census in Africa;
- (f) strengthening conservation and preservation of critical biodiversity and ecosystems;
- (g) building adaptive capacity to climate change in the water sector and coastal zones;
- (h) enhancing the national civil-protection capacity relating to disaster risk reduction;
- (i) contributing to the expansion and quality of services in the health, education, social and child-protection sectors, through support for reform in these sectors;
- (j) promoting better integration in the political agenda of issues related to children, adolescents and youth, with a more comprehensive inter-sectoral approach and interventions, and a significant improvement in the legal framework for the rights of children and in the sexual and reproductive health and rights for adolescents and youth; and
- (k) sustained support for the introduction of new vaccines and better integration of HIV/AIDS in reproductive health programmes.

These achievements have allowed Cape Verde to serve as a good example in key development areas and to offer technical assistance to some countries in the African region, e.g., on e-systems and the digital census.

12. The last programme cycle of the four agencies – UNDP, UNFPA, UNICEF and WFP – set the stage for better-coordinated interventions and emerging opportunities for better integration of the assistance provided by each individual agency, building on the common administrative platform of the joint office. Following the conclusions of the country-led evaluation of the Delivering as One conducted in 2010, the proposed programme will better capitalize on the individual agencies' comparative advantages and expertise, within the framework of joint and integrated approaches. This is expected to strengthen policy dialogue and advocacy, thus better supporting the country in critical areas linked to evidence-based policymaking, planning, monitoring and evaluation. In this regard, the programme should support a more coherent system for data production and analysis of desegregated statistical and non-statistical information by age, sex, region and socio-economic characteristics.

- 13. Regarding the MDGs more generally, and building on partnerships with both central and local authorities, the issue of disparities in the equitable realization of the MDGs was placed on the agenda of both national and international partners. A call was made for increased and better targeted investments in the future. This has been particularly effective in the cases of the water and sanitation targets. In these cases support provided for the elaboration of a national plan for basic sanitation and for the national plan for the integrated management of water resources has led to an unprecedented mobilization of resources to address disparities and inequalities related to access to water and sanitation.
- 14. On the health front, support for the national vaccination programme, with the inclusion of new vaccines in the Expanded Vaccination Programme (PEV), and support for the establishment of national reproductive-health programmes and services, particularly for the youth, has expanded. The cost has also come to be borne entirely by government budgets. The proposed new programme cycle builds on the reviews and evaluations of the results achieved to date, and reflects the changed status of the country. Thus the new programme better responds to new requirements for: (i) support better tailored to evidence-based policymaking; (ii) increasingly structured, decentralized support for direct results relating to local MDGs; (iii) continued close monitoring of the vulnerabilities of the country and the impacts of its graduation on vulnerable groups; (iv) recognition of the need for better structured South-South cooperation, enabling Cape Verde to export expertise in the region; and (vi) improved coordination and creative partnerships with international partners, particularly budget support partners, building on the relative importance of the United Nations system as a financial partner to Cape Verde.

III. Proposed programme

20. The proposed programme, covering the 2012-2016 timeframe, was elaborated following the United Nations Development Assistance Framework (UNDAF) for the same period, and conceived as a contribution to the national priorities defined by the Government programme for 2012-2016. These are expected to be further defined in the Poverty Reduction Strategy Paper (DECRP III) to be finalized in 2011 for the same period. Of the seven strategic priorities outlined in the Government's programme for the period at hand, the proposed assistance will directly contribute to the following three: (i) "Build a dynamic, competitive, innovative, and sustainable economy, with shared prosperity for all"; (ii) "Promote social development and cohesion, and facilitate access to basic services"; and (iii) "Consolidate democracy, and good governance". Taking into account the small size of the country and of its population, and building on lessons learned from past cooperation, the proposed programme will move away from pilot initiatives, developing programme-based interventions aiming at nationwide impact. These will be articulated around three levels of assistance: (i) support to human rights and gender-based macro-economic policy choices; (ii) consolidation of institutional ("meso level") capacities for adequate management of the country's multiple transitions; and (iii) development of local and community capacities (micro) for direct impacts on the improvement of living conditions. The interventions are intended to benefit essentially children, youth and women of Cape Verde. The programme is proposed in response to the four pillars identified by the UNDAF, namely: (i) inclusive growth and poverty reduction; (ii) consolidation of institutions, democracy and citizenship; (iii) reduction of disparities and promotion of equity; and (iv) environmental sustainability and climate change adaptation.

Pillar 1: Inclusive growth and poverty reduction

- 21. Assistance under this pillar will focus on the following three priorities.
- (a) Increased economic competitiveness, particularly related to the restructuring of the trade sector. This work will focus notably on the update and implementation of the Diagnostic Trade Integration Study (DTIS) prepared by Cape Verde as part of the first integrated

framework, and support capacity development of the private sector, with a specific focus on small and medium-sized enterprises (SMEs). There will be a view to increasing SMEs contribution to growth and to the generation of decent employment.

- (b) Formulation and implementation of evidence-based policies for gender-sensitive and child-friendly social protection, as well as for sustainable social-sector financing, in light of mounting pressures on limited domestic resources and a push for cost recovery and elimination of subsidies.
- (c) Identification and implementation of programme and policy options for poverty/vulnerability monitoring and reduction, with a specific focus on gender-based and monetary equity, while reducing environmental degradation and enhancing a low-carbon emission development strategy. Assistance under this axis will mainly take the form of high-level advisory services, for prospective poverty, vulnerability and equity analyses, reflecting evolving population dynamics. These studies are to be conducted and then translated into an inclusive sectoral and macroeconomic policy agenda. High-level technical assistance will also focus on SMEs, including rural enterprises, supporting capacity development and access to other support services. The work will also focus on an operational definition of financial inclusion targets, green production and environmental sustainability. Analyses should also enable the development of adequate measurement tools and indicators to assess the contribution of SMEs to employment generation and economic growth.

Pillar 2: Consolidation of institutions, democracy, and citizenship

- 22. Interventions under this pillar will focus on the following four priorities.
 - (a) Improved efficiency and efficacy of public administration with a focus on strategic evidence-based planning and budgeting capacities, as well as on the national monitoring and evaluation (M&E) system. This effort will particularly involve the health, education (including preschool), social development, justice, and youth and employment sectors. It will be carried out in close coordination with the Prime Minister's office in charge of state reform, and the finance and planning ministry. As part of Paris Declaration implementation, support will also be provided to the Ministry of External Affairs in setting up and operationalizing aid-efficiency mechanisms, mainly by providing technical assistance and promoting exchanges of experience with other middle-income countries.
 - (b) Improved capacities of the statistical system through: financial support to a selected number of statistical operations; institutional support to the National Institute of Statistics; capacity building in the above-mentioned sectors in order to increase the availability and adequate use of sector statistics in line with best practices of quality, comparability and disaggregation.
 - (c) Capacity development of control institutions, notably the Tribunal of Accounts, for increased and improved control over the use of central and decentralized public resources
 - (d) Supporting mechanisms for improved dialogue and participation of social actors and citizens, particularly women and youth, in the planning and evaluation of public policies and programmes. This will include supporting: electoral-cycle independent institutions, civic education, and civil society monitoring of the adaptation and implementation of a regulatory framework in line with commitments of Cape Verde entered into with regard to international human rights conventions.

Pillar 3: Reduction of disparities and promotion of equity

- 23. Assistance under this pillar will focus on three priorities.
 - (a) Developing an adequate understanding of the nature, determinants, depth and manifestation of disparities and inequities in the realization of MDGs throughout the country. This work will build on analyses of both national and local bottlenecks, and ensure the integration and implementation of adequate responses into sectoral policies.

This latter effort will involve in particular the sectors of health (including reproductive health), education, water and sanitation, social and child protection, justice and juvenile justice, and employment.

- (b) Building the capacity of municipalities and local service providers in full coordination with the Ministry of Territorial Management, to plan, finance and deliver quality services adapted to the local situation, guaranteeing equitable access to the most vulnerable groups, particularly youths, adolescents and women.
- (c) Develop and improve community-based and family approaches for social-change initiatives, to include buy improving communications. This work should result in improving demand for and use of public services, particularly by adolescents, youths and women, but also in addressing critical child-development and child-protection issues. The effort will also address gender-based violence and, as regards climate change, promote avoidance of decisions that are not environmentally sustainable.

Pillar 4: Environmental sustainability and climate change adaptation

- 24. Interventions under this pillar will focus on the following three priorities.
 - (a) Consolidating environmental governance and mainstreaming environmental sustainability, climate change adaptation and mitigation, disaster risk reduction and management in policies and programmes at national and local levels, This work will focus on growing economic sectors such as tourism and infrastructure; on rural development and food security; on integrated water and sanitation management and access; and on renewable energy. All of these areas present specific gender challenges, such as those related to livelihoods strategies, access to resources including information and participation in decision-making processes. These will be analysed and taken into account in intervention design and implementation.
 - (b) Reinforcing the development of an integrated and gender-sensitive approach to the protection of biodiversity, to be implemented by both the public and private sectors.
 - (c) Capacity building of civil society and municipal actors for gender-sensitive advocacy, and the formulation and implementation of community-based sustainable natural-resources management projects, particularly via the Small grants Programme of the Global Environment Fund (GEF).
- 25. Considering that the transversality of this pillar is central to economic and social needs, and the fact that the well-being of the population depends on ecosystems, the preservation of the natural resource base is an integral part of this support to the national development framework. Under this assistance the relationship between land degradation and poverty reduction will take a central role, focusing on gender equity and the most vulnerable rural families, particularly women and children, in order to break the vicious cycle between poverty and land degradation. Climate change risks and opportunities will be screened in all vulnerable sectors. The overarching challenge of water scarcity, particularly for the most vulnerable families in rural areas, will also be addressed.

IV. Programme management, monitoring and evaluation

- 26. The entire programme will be nationally executed with efforts made to increase the integration of evolving national planning and financial management systems. This will entail continuous support to the national monitoring and evaluation system currently being elaborated. In addition, and in coordination with the National Institute of Statistics, there will be a need to increase the availability of fully disaggregated data, to support analysis and planning. The joint office will continue to make use of the harmonized approach to cash transfers (HACT), which has been in place since 2006. It will provide improved support to national partners' capacity-development efforts in this regard.
- 27. UNDP will continue to be the support agency, as established at the time of creation of the joint office, providing administrative, financial and programmatic rules and procedures.

Efforts will be made by the office to further review internal structures, processes and systems, adequately calling on the Headquarters services of the three agencies, with a view to reducing both transaction and overall costs of the office, while efficiently supporting the interventions of the three constituting agencies in a fully integrated manner. The programme will be managed and executed within the framework of the UNDAF, giving preference to joint programming modalities, with annual reviews anchored to UNDAF monitoring mechanisms. Joint United Nations-Government pillar-based working groups will ensure substantive supervision and monitoring of the execution. Nevertheless, agency-specific concerns will continue to be followed according to the indicators reflected in the agencies' specific matrices under an integrated monitoring and evaluation system. Reporting will be carried out in a similar fashion. Building on existing partnerships, the office will seek increasing collaboration with international partners, particularly Budget Support Group members, while aiming to identify new opportunities for the mobilization of resources, including by developing partnerships with emerging and non-traditional donors.

Annex 2. UNFPA results and resources framework for Cape Verde, 2012 - 2016

National priorities: (a) promote development and social cohesion and facilitate access to basic services; and (b) reorganize the national health system and ensure its sustainability

UNDAF outcomes: (a) efforts to reduce disparities and inequities are integrated into sectoral and intersectoral policies at national and local levels; and (b) development of

high-quality local services and their use by the most vulnerable populations is guaranteed

| Programme Partners | | | | | | | | |
|--------------------|--|--|--------------------|-----------------------|--|--|--|--|
| component | Country programme outcomes, | Country programme outputs, indicators, baselines and targets | 1 arthers | Indicative resources | | | | |
| component | indicators, baselines and | committy programme companies, manerices, casecutes and an gets | | by programme | | | | |
| | targets | | | component | | | | |
| Reproductive | Outcome: National and local | Output 1: By 2016, intersectoral partnerships, especially among the health, | Cape Verdean | \$4 million | | | | |
| health and | institutions address | education and youth sectors, are reinforced to improve responses to the needs | Institute for | (\$3 million from | | | | |
| rights | disparities in sexual and | of young people in the areas of sexual and reproductive health and rights and | Gender Equality | regular resources and | | | | |
| | reproductive health and | HIV prevention, especially for young women | and Equity; | \$1 million | | | | |
| | rights, especially among | Output indicators: | Ministries of: | from other resources) | | | | |
| | young people and women | Percentage of adolescent pregnancies. Baseline: 15% (2009); Target: to | Education; | | | | | |
| | Outcome indicators: | be determined | Health; and | | | | | |
| | Policies and strategies at | Contraceptive prevalence rate among young people | Youth, | | | | | |
| | the central level integrate the | Baseline: 23% (2005); Target: to be determined (disaggregated by age, sex, | Employment and | | | | | |
| | needs of local and special | municipality, urban/rural area and quintile) | Human | | | | | |
| | groups, in line with the | Percentage of young people with access to reproductive health services | Resources | | | | | |
| | Programme of Action of the | at youth centres and health centres, including those operated by non- | Development | | | | | |
| | International Conference on | governmental organizations (NGOs) | Decentralized | | | | | |
| | Population and Development | Baseline: not available; Target: 50% | health structures; | | | | | |
| | (ICPD) Baseline: 0; Target: 2 (health | Number of sectoral contingency plans that are gender sensitive. | hospitals; NGOs, | | | | | |
| | and youth) | Baseline: 0; Target: 2 | including those | | | | | |
| | Percentage of family | Percentage of institutional deliveries Percentage of institutional deliveries | focusing on | | | | | |
| | planning programme costs, | Baseline: to be determined; Target: to be determined, and analysed by age, municipality and urban/rural area | reproductive | | | | | |
| | including purchases of | Percentage of HIV-positive pregnant women who have access to | health | | | | | |
| | contraceptives, covered by the | services that prevent mother-to-child transmission of HIV. Baseline: | | | | | | |
| | national budget | 85%; Target: 95% | World Health | | | | | |
| | Baseline: 0%; Target: 100% | Output 2: By 2016, 100 per cent of family planning financing is borne by the | Organization and | | | | | |
| | | national budget | other United | | | | | |
| | | Output indicator: | Nations | | | | | |
| | | Percentage of contraceptive costs that are covered by the national | organizations | | | | | |
| | | budget. Baseline: 0 (2012); Target: 40% (2014) | | | | | | |
| | | Output 3: By 2016, health structures, especially reproductive health | | | | | | |
| | | structures, offer services that meet minimum standards of quality at both | | | | | | |

| | T | | T | T |
|----------------|--|--|----------------------|-------------------------|
| | | central and decentralized levels | | |
| | | Output indicators: | | |
| | | Percentage of unmet need for family planning (disaggregated by age, | | |
| | | sex, municipality, urban/rural area and quintile). Baseline: 10% (2005); | | |
| | | Target: 5% | | |
| | | Percentage of users satisfied with reproductive health services | | |
| | | (disaggregated by age, sex, municipality, urban/rural area and quintile). | | |
| | | Baseline: to be determined; Target: 50% | | |
| National prior | rities: (a) promote development and | d social cohesion; and (b) facilitate access to basic services | | |
| UNDAF outco | omes: (a) public administrations an | d institutions are more efficient and effective in planning, budgeting, implemen | ting, and monitoring | and evaluating, in line |
| | | and participation are guaranteed, particularly for youth and women | υ, ε | ζ, |
| Programme | , (,) | | | |
| component | Country programme outcomes, | Country programme outputs, indicators, baselines and targets | Partners | Indicative resources |
| component | indicators, baselines and | The state of the s | | by programme |
| | targets | | | component |
| Population | Outcome 1: Policymakers and | Output 1: By 2016, the capacity of national and subnational statistical | Ministries of: | \$1.7 million |
| and | NGOs make better use of | institutions is reinforced to better integrate indicators related to the | Education; | (\$1 million from |
| development | disaggregated data at national | Millennium Development Goals and the Programme of Action of the ICPD | Finance and | regular resources and |
| development | and decentralized levels for | Output indicators: | Planning; and | \$0.7 million from |
| | decision-making on population | Number of key Millennium Development Goals and ICPD indicators, | Health; | other resources) |
| | dynamics and on reducing | disaggregated by gender, age and geographical area, which are integrated | National Institute | other resources) |
| | disparities | into existing information systems and databases. Baseline: 1 (education); | of Statistics | |
| | Outcome indicator: Percentage | Target: 4 | of Statistics | |
| | of data and information systems | Percentage of Millennium Development Goal indicators produced using | UNDP | |
| | on population dynamics and the | comprehensive data disaggregated by sex, age, urban/rural area and | UNDI | |
| | reduction of disparities | municipality | | |
| | disaggregated at national and | Baseline: 0%; Target: 70% | | |
| | local levels. Baseline: data are | Dascille, 070, Target, 7070 | Cape Verdean | |
| | partially disaggregated; Target: | Output 2: By 2016, all key sectoral policies address the needs of young | Institute for | |
| | at least 50% of new data are | people in a changing environment | Gender Equality | |
| | | Output indicator: | | Total for programme |
| | fully disaggregated at national and local levels | | and Equity; | coordination and |
| | | Number of sectors that address issues related to young people and that | Ministry of | assistance: |
| | Outcome 2: The rights and | encourage the social participation of youth in programme areas, as called for | Youth, | \$1.2 million |
| | multisectoral needs of women | in the strategic plan for youth, 2012-2016. Baseline: 0; Target: 4 | Employment and | |
| | and young people are | Output 3: By 2016, strengthened multisectoral mechanisms are | Human | |
| | incorporated into public | operational to reduce and respond to violence against women and girls | Resources | |
| | policies, poverty reduction | Output indicator: | Development; | |
| | plans and expenditure | • Percentage of women aged 15-49 who have experienced domestic violence | municipalities | |
| | frameworks | during the last 12 months. Baseline: 20%; Target: to be determined | | |
| | Outcome indicators: | Output 4: By 2016, civil society, media, women and men in programme | NGOs focusing | |

| The multisectoral needs of | areas promote responsible sexual behaviour and prevent violence against | on reproductive | |
|--|---|-----------------|---|
| women and young people are | women | health, women | |
| better reflected within the third | Output indicators: | and young | |
| national growth and poverty | • Percentage of women and men aged 15-49 who agree that a husband or | people | |
| reduction strategy paper. | companion is justified in hitting or beating his wife or companion for specific | | |
| Baseline: needs are partially | reasons (per urban/rural location, island and quintile). Baseline: 17% women, | International | |
| integrated into second paper; | 16% men (2005); Target: to be determined | Labour | |
| Target: needs are fully | • Number of communication programmes on sexual behaviour and gender | Organization; | |
| integrated into third paper | violence that are implemented. Baseline: 0 (complete); Target: 3 | UN-Women | |
| Multisectoral mechanisms are | | | |
| in place to monitor and reduce | | | |
| gender-based violence. | | | |
| Baseline: gender-based violence | | | |
| networks in 8 of 22 | | | 1 |
| municipalities; Target: | | | 1 |
| strengthened national | | | 1 |
| coordination, wider local | | | |
| coverage (over 50%, 11 | | | 1 |
| municipalities) | | | |