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Draft country programme document**

Cuba

Summary

The draft country programme document (CPD) for Cuba is presented to the Executive Board for discussion and comment. The draft CPD includes a proposed aggregate indicative budget of \$4,210,000 from regular resources, subject to the availability of funds, and \$6,585,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2020 to 2024.

* E/ICEF/2020/1.

** In accordance with Executive Board decision 2014/1, country programme documents (CPDs) are considered and approved in one session, on a no-objection basis. This CPD, and a costed evaluation plan, will be presented to the Executive Board for review from 19 November to 9 December 2019. The final CPD will be posted to the Executive Board web page in English six weeks in advance of the 2020 first regular session and in the other designated languages four weeks in advance.

Programme rationale

1. Cuba is ranked seventy-third on the Human Development Index¹ and sixty-fifth on the Gender Inequality Index, out of 189 countries and territories assessed in 2018.² It is classified as an upper-middle-income country.³ The under-five mortality rate is 5 deaths per 1,000 live births⁴ and the life expectancy is 76.5 years for men and 80.45 years for women.⁵ Cuba has an ageing population: 20.4 per cent of the population is over 60 years old; children and adolescents represent a decreasing proportion of the total population (19.8 per cent); and the fertility rate among women is 1.65 children per woman.

2. The country's social policies guarantee equal opportunities and rights for all, without exclusion, and protection from all types of violence, free universal access to health and education, and democratic and participatory access to culture and sport. The constitution adopted in February 2019 recognizes children and adolescents as full rights-holders and sets out the responsibilities of the State, society and families to protect them from all types of violence and ensure their full development. Social sector investments in 2017 were 17.4 per cent of the gross domestic product (GDP) for public health and social assistance, and 6.2 per cent for education.⁶

3. In 2015, Cuba became the first country to eliminate mother-to-child transmission of HIV and congenital syphilis, with this status recertified by the World Health Organization in 2017. Infant mortality remains stable at 4 deaths per 1,000 live births, with 99.5 per cent of children reaching their fifth birthday. A national immunization programme provides free and accessible coverage for 13 diseases to 95 per cent of the population.

4. UNICEF reported in 2017 that Cuba was among the 15 countries in the world whose social policies provide the best start in life: universal free education during the first two years; at least six months of paid maternity leave; and 12 months of paid parental leave after birth. The country has an inclusive cultural policy with a system of community institutions, and values culture as a means of education and social transformation. To ensure no one is left behind, national policies provide differentiated treatment to less developed territories and vulnerable populations.

5. The National Economic and Social Development Plan for 2030 aims to maintain universal access to social services and public security and protection, improve the quality of services, and guarantee the rights and duties of all citizens with equality, inclusion, social justice and access to opportunities, upholding the principles of non-discrimination and respect for human dignity.

6. The National Plan of Action for Children, Adolescents and the Family 2015–2020 outlines the following priorities: promoting a healthy life; quality education for life and full participation, physical development and recreation; integrated child protection; and a culture of rights and participation.

¹ United Nations Development Programme, *Human Development Indices and Indicators: 2018 Statistical update*, 2018, data for 2017.

² Ibid., 2017 data.

³ World Bank Country and Lending Groups, Country classifications,

<<https://datahelpdesk.worldbank.org/knowledgebase/articles/906519>>, accessed on 24 October 2019.

⁴ UNICEF, *The State of the World's Children 2019*, UNICEF, New York, October 2-10.

⁵ Directorate of Medical Records and Health Statistics, Ministry of Public Health, *Statistical Yearbook of Health, 2018*, Havana, 2019.

⁶ National Office of Statistics and Information (Cuba), *Statistical Yearbook of Cuba, 2017*.

National Accounts, National Office of Statistics and Information (2018 edition).

7. The gross national income per capita is \$6,570 (2013). However, the persistence and intensification of the economic, commercial and financial embargo imposed by the United States of America restricts access to international sources of financing and affects the country, particularly children and adolescents. The severe economic crisis of the 1990s, slow GDP growth (1.2 per cent in 2018) and the effects of hurricanes and droughts have created a complex social outlook.

8. The maternal mortality ratio has remained constant over the past five years. In 2018, there were 43.8 maternal deaths per 100,000 live births. A total of 33.2 per cent of children under six months old are exclusively breastfed and 24 per cent continue to be breastfed at 20 to 23 months.⁷ Community-acquired infections, such as acute respiratory infections and acute diarrhoeal diseases, are the main reasons families and caregivers seek medical care for children. They are also the third leading cause of death in children under 1 year of age and the second leading cause of death among preschool children. The combined measles, mumps and rubella vaccine is not produced in Cuba due to technological and financial limitations; international support is therefore required to ensure universal coverage.

9. Overweight and obesity in early childhood have reached 17.3 per cent. Iron-deficiency anaemia, mainly in children 6 to 24 months of age, is a public health problem.⁸ The proportion of pregnant women with anaemia in the third trimester of pregnancy is 23.2 per cent.⁹

10. Adolescent vulnerability is increased by early sexual relations (with the start age becoming younger); high adolescent fertility (54 per 1,000 live births, with 14 per cent of births in 2018 involving adolescent mothers) and sexually transmitted infections (STIs), together with low risk perception of STIs and HIV (e.g., 50 per cent of adolescents regard the possibility of contracting STIs as remote). Between 2016 and 2017, accidents were the main cause of mortality among children and young people aged 10 to 19 years, with a rate of 8.3 (2016) to 8.6 (2017) per 100,000 population. The highest proportion were road accidents.

11. Almost all children aged 6 to 11 years (99.5 per cent) are enrolled in primary school and 83.5 per cent of adolescents aged 12 to 17 years are enrolled in secondary school. Performance in primary school is high, with grades in mathematics, reading, writing and science above the regional average.¹⁰

12. There are currently 697,422 children aged 0 to 5 years enrolled in institutional and non-institutional programmes for early childhood care and preschool education. Seventy-six per cent of children aged 3 to 5 years attend the Educate Your Child programme, with attendance highest in the western provinces (80 per cent). A total of 20.5 per cent of the programme's promotors are certified teachers. In 2014, 18 per cent of fathers of children aged 36 to 59 months participated in their education.¹¹

⁷ Multiple Indicator Cluster Survey (MICS) Cuba, 2014.

⁸ National Institute of Hygiene, Epidemiology and Microbiology, National study on the non-nutritional risk factors of anemia, Sectoral report, Havana 2017.

⁹ National Institute of Hygiene, Epidemiology and Microbiology, Sentinel sites for maternal nutrition monitoring, Sectoral report, Havana, 2017.

¹⁰ United Nations Educational, Scientific and Cultural Organization/Latin American Laboratory for Assessment of the Quality of Education, Student achievement in Latin America and the Caribbean, First report on the Second Regional Comparative and Explanatory Study, Santiago de Chile, 2008.

¹¹ MICS Cuba, 2014.

13. In 2012, there were 41,374 children with disabilities in Cuba, which represented 1.8 per cent of children aged 12 to 17 years.¹² Some 57 per cent had visual and intellectual disabilities. There was a higher prevalence of disabilities among children in rural areas (2.1 per cent), a rate than was higher than among their peers in urban areas. Between 2017 and 2018, a total of 33,975 children and adolescents with disabilities (34 per cent female and 81 per cent with intellectual disabilities) were enrolled in 355 special schools, and 11,037 children and adolescents studied in 1,978 regular schools.

14. In 2018, 594 adolescents with disabilities (14.5 per cent of the total enrolment in vocational schools) and adolescents who have experienced academic failure attended 51 vocational schools to develop skills for their integration into society and the workplace.¹³ A total of 4,098 adolescents aged 13 years or older (84.7 per cent male) were enrolled in initial vocational programmes (265 adolescents) and advanced vocational programmes (3,833 adolescents).¹⁴

15. Just over a third of households (36 per cent) use a combination of violent disciplinary practices. Twenty-one per cent of children aged 1 to 14 years have experienced psychological aggression, and 28 per cent physical punishment, with higher rates in the central and eastern regions. Severe physical punishment is less common and affects only 2.5 per cent of children and adolescents. Some 4 per cent of women and 7 per cent of men interviewed sought to justify domestic violence.¹⁵

16. Adolescents under age 16 who have come into conflict with the law are dealt with through an administrative process and are not punished by the Juvenile Care Councils (Consejos de Atención a Menores (CAM)). The councils comprise specialists from different sectors who determine educational measures based on recommendations from Diagnostic and Orientation Centres and Centres for the Evaluation, Care and Orientation of Minors. The councils also perform joint community monitoring with the Ministry of Education and the Public Prosecution Service. Adolescents involved in serious offences are sent to comprehensive education schools after the possibilities of reintegration into their family and community environment have been exhausted.

17. Around 450 children and adolescents are resident in 52 homes for children without family protection due to parental death, abandonment, imprisonment or psychiatric illnesses. These children have no other relatives to take responsibility for their care.

18. In 2014, 26 per cent of women aged 20 to 24 years had entered into their first marriage or union before the age of 18 years.¹⁶ In 2017, 898 women aged 14 to 17 years and 107 men in the same age group got married.¹⁷

19. In 2018, 56 per cent of the population was connected to the Internet¹⁸ and 1.87 million Cubans had mobile data on their phones, with 5,000 new users each day.¹⁹ Growing and

¹² Percentage of children with disabilities: Atlas of Childhood and Adolescence in Cuba, Analysis based on the Population and Housing Census 2012, Editorial, University of Havana, 2017.

¹³ Ibid.

¹⁴ Ibid.

¹⁵ MICS Cuba, 2014.

¹⁶ Ibid.

¹⁷ National Statistics and Information Office, Demographic Yearbook of Cuba, Havana, 2017.

¹⁸ Digital 2019: Essential Insights into How People Around the World use the Internet, Mobile Devices, Social Media, and E-Commerce, Hootsuite, 2019.

¹⁹ Granma, [3G data connection: What is done to improve it? www.granma.cu/cuba/2019-02-28/conexion-por-datos-3g-que-se-hace-para-mejorarla-28-02-2019-23-02-15](http://www.granma.cu/cuba/2019-02-28/conexion-por-datos-3g-que-se-hace-para-mejorarla-28-02-2019-23-02-15), accessed 24 October 2019.

accelerated access to information and communication technology and social media exposes children and adolescents to a wide range of digital content and risks.

20. Cuba is highly vulnerable to the effects of climate change, including rising sea levels, and is at constant risk of hurricanes, earthquakes and droughts. Despite being an international leader in disaster risk reduction (DRR), disasters continue to cause considerable damage, affecting vulnerable communities and generating average annual losses of around 4.6 per cent of GDP.²⁰

21. The financial and technological barriers created by low economic growth, the intensification of the economic, commercial and financial embargo imposed by the United States and natural disasters all affect the quality of health, education, culture and protection services. At the same time, lack of awareness and sociocultural norms limit the adoption of healthy and safe behaviours and lifestyles, affecting the well-being of children and adolescents and the enjoyment of rights, especially among vulnerable and at-risk people.

22. A lesson learned from the previous country programme of cooperation concerned the effective implementation of the communication for development (C4D) strategy. In addition to the results obtained regarding increasing fathers' involvement in their children's upbringing; the approach to social norms that promote gender equality; and the removal of sociocultural barriers to accessing social services, implementation of the strategy has permitted closer work with families and systematic monitoring of results at the community level.

Programme priorities and partnerships

23. The programme is aligned with three of the four outcomes of the United Nations Sustainable Development Cooperation Framework (UNSDCF) 2020–2024, and with the goals and objectives of the 2030 Agenda for Sustainable Development.

24. The programme will be implemented through strategic alliances with the Government at the national and territorial levels, academic institutions, civil society organizations and other United Nations organizations, under the leadership and coordination of the Ministry of Foreign Trade and Foreign Investment.

25. UNICEF will implement the common chapter of the strategic plans of the United Nations Development Programme (UNDP), UNICEF, the United Nations Population Fund (UNFPA) and the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women). The common chapter will apply a differentiated approach for integrating child participation mechanisms into national and subnational development plans.

26. UNICEF will address the links between development and humanitarian assistance through integrated approaches to preparedness, responsiveness and resilience-building, incorporating gender equality during each of these stages.

27. Cuba has achieved universal health and education coverage and its indicators for children are higher than the regional average. Therefore, the programme's objective is to support the country to improve the quality, effectiveness and efficiency of health, education, culture and protection services. As ownership and sustainability are integral aspects of national policies that prioritize children, UNICEF will act as a catalyst partner by providing an up-to-date vision and know-how, generating knowledge, modernizing capacities,

²⁰ Wallemacq, P. and R. House, *Economic Losses, Poverty and Disasters 1998–2017*, United Nations Office for Disaster Risk Reduction and Centre for Research on the Epidemiology of Disasters, 2018.

providing the necessary tools and supplies, contributing to the improvement of protective environments for children, adolescents, families and communities, and promoting participation.

28. The programme will focus on three priority areas, identified in consultation with national actors and aligned with the National Economic and Social Development Plan for 2030, the Sustainable Development Goals and with three of the five Goal Areas of the UNICEF Strategic Plan, 2018–2021: every child survives and thrives; every child learns; and every child is protected from violence and exploitation. Challenges to their achievement include weak institutional capacity, intersectoral coordination and partnerships, social and cultural norms, gender stereotypes, and risky behaviour and practices. The programme aims to contribute to overcoming these barriers through advocacy with institutions, communities, families and children and adolescents, C4D, inter-institutional coordination and capacity-building.

29. All programme components will incorporate a gender approach, in line with the UNICEF Gender Action Plan, 2018–2021 and with the second decade and Generation Unlimited priorities. The programme will focus on supporting the Government in promoting integrated adolescent health, humanized childbirth, promoting breastfeeding and responsible parenthood to combat the division of roles based on gender, preventing double discrimination against children with disabilities, promoting enrolment in vocational schools based on interests and capacities, and raising awareness of gender-based violence and strengthening the legal culture, within the framework of the new Constitution.

30. Based on the recommendations of the Committee on the Rights of the Child Concluding observations for Cuba (2011) and the Committee on the Rights of Persons with Disabilities General Comment No. 4 (2016) on the right to inclusive education, the programme will address equity, prioritizing children in geographical areas with indicators below the national average, children with disabilities, children without family protection and children who have committed acts classified as offenses, and supporting the Government in resolving maternal and child health challenges.

31. In line with the State Plan for Climate Change (Tarea Vida) and the Nationally Determined Contributions report, the programme will promote the participation of children in the development and implementation of DRR plans, strengthening the humanitarian-development response. The programme will address waterborne diseases, nutrition and water, sanitation and hygiene during emergencies through inter-agency coordination. It will work with the United Nations Educational, Scientific and Cultural Organization to support the Government in post-disaster psychosocial recovery.

32. An integrated, evidence-based, multisectoral C4D strategy will address perceptions, behavioural change and the transformation of social norms to improve the health, education and protection of children and adolescents. Capacity-building of relevant actors and a knowledge management strategy will contribute to the quality of service delivery. UNICEF will facilitate South-South cooperation for sharing public policies, good practices, methodologies, innovations and knowledge about the rights of children. It is important to highlight the potential of Cuba for South-South cooperation in DRR – even beyond the region.

33. The adequacy and sustainability of interventions supported by UNICEF are ensured by government leadership, participation and empowerment, based on political stability and prioritizing children. The Government guarantees free and universal coverage of social services, especially for vulnerable populations, including children, adolescents and pregnant women. It also guarantees access to communities and information, and provides infrastructure, human resources and logistics.

Every child survives and thrives

34. This component will address barriers to quality maternal and child and adolescent health services and nutrition to ensure support for the well-being and development of children, adolescents and their families in priority territories, including in emergency situations. It will work with other sectors, with a focus on maintaining achievements in maternal and child health care in terms of survival and expanding efforts to ensure improved quality of life and well-being during the life cycle, starting in the early years through adolescence. It will support improved knowledge, skills and positive practices among professionals, children, adolescents, families and communities in relation to gender, social norms, cultural beliefs and parenting patterns.

35. Once the health system provides quality integrated services, and children, adolescents and their families take ownership of their rights, have access to integrated health care and adopt positive practices and healthy behaviours that take gender equality into account, children and adolescents will have improved conditions to survive and thrive, even in emergency situations.

36. Working in partnership with other sectors and involving community participation, this component will use advocacy, C4D and education to build capacity among primary health care workers to improve breastfeeding practices and prevent anaemia, overweight and obesity. It will also address information gaps related to child and adolescent nutrition among both boys and girls.

37. In partnership with other sectors and with community involvement, the component will include capacity-building for health workers on humanized childbirth, prevention and early detection of risks during pregnancy, and integrated health care for children, with an emphasis on the first 1,000 days of life. Tools will be used to assess the quality of care and identify early warning signs of prevalent childhood diseases, in addition to promoting participatory and responsible parenting.

38. The component will respond to the UNICEF national commitments and programming principles for the second decade of life through capacity-building, including providing essential tools and supplies to health workers and workers from other sectors to enable them to provide integrated, multisectoral and gender-sensitive adolescent health care. It will help to develop capacities and build resilience and include the effective participation of adolescents to promote healthy behaviours and risk prevention for traffic accidents, STIs and HIV.

39. UNICEF will work with government institutions at all levels, including the Ministries of Public Health and Education, the Centre for Youth Studies, the National Road Safety Commission and the National School of Public Health. In alignment with the priorities of the UNSDCF, UNICEF will expand inter-agency coordination with the Pan American Health Organization/World Health Organization, the World Food Programme, UNDP and UNFPA for nutrition, disease prevention and integrated adolescent health. UNICEF will work with the education and protection sectors to prevent anaemia, overweight and obesity, as well as to address water and sanitation issues in emergencies.

Every child learns

40. This component will address the quality of inclusive education in early childhood for children with disabilities in regular and vocational schools, as well as in DRR strategies. This will help to ensure that more children, including those living in territories vulnerable to disasters, have access to inclusive, quality and relevant education, even in emergency situations. Strengthening the knowledge and skills of teachers, children, adolescents and

families will foster better educational support and behavioural change, which will benefit children and adolescents by supporting their inclusion in society and increasing their resilience to disasters and climate change.

41. The programmatic logic is based on the benefits of the provision of inclusive and quality services by teachers: vulnerable children and adolescents are free from stigma and benefit from equal educational opportunities; families and caregivers adopt positive parenting and co-responsibility patterns, participating in educating children and adolescents; children, adolescents, families and communities are more resilient to the risks of disasters and climate change; and children and adolescents are better equipped for learning and development.

42. This component will respond to the unmet demand for childcare and the need to improve the quality of institutional and non-institutional services for early childhood development. It will build knowledge and capacity among educators, children, adolescents and families, use advocacy to improve the quality of inclusive education for vulnerable children and adolescents, and encourage responsible parenting behaviour.

43. The programme will implement a new model of learning for life skills and integration of adolescents in vocational schools, in line with the UNICEF priorities for the second decade, the Generation Unlimited partnership and the currently under development skills framework for life, employment and decent work. Teachers and officials at 51 vocational schools will help to refine the model by developing and exchanging new concepts, positive parenting patterns, values and life projects.

44. Aimed at teachers and rural families, the programme will address barriers to social and educational inclusion, lack of knowledge, harmful parenting perceptions and practices and disaster and climate change risks for children, adolescents, families and communities. It will focus on capacity-building for rural teachers for inclusive education, advocacy and providing educational tools for families, teachers and communities, as well as generating evidence to promote inclusion and participation.

45. The programme aims to improve the perception of the multi-hazard approach to disasters by training children and adolescents as agents of change, building capacity and knowledge for designing DRR plans for educators and communities, increasing spaces for participation and advocacy, and supporting knowledge management.

46. It will build intersectoral synergies with the health component to promote positive parenting patterns and men taking co-responsibility in childcare and parenting. Similarly, it will also promote intersectoral synergies with the protection component to prevent violence in schools and homes, especially against vulnerable children and adolescents.

47. UNICEF will work with government institutions at all levels, involving different departments of the Ministries of Education, Public Health, and Science, Technology and Environment; the Latin American Reference Centre for Preschool Education; the Federation of Cuban Women; the Latin American Reference Centre for Special Education; the National Civil Defense; and the Cuban Red Cross.

Every child is protected from violence and exploitation

48. This component will address the quality of prevention and response services for all types of violence against children. It will involve capacity-building for the protection of groups exposed to complex situations of vulnerability, including people who have committed acts classified as crimes with aggravated social behaviours, and victims or witnesses of crimes, so that more children and adolescents from priority groups and regions will benefit from prevention and protection services and violence-free spaces.

49. The main barriers to be addressed by this component relate to a lack of knowledge of the right to protection from violence, its forms and consequences (including gender-based violence and violence in digital settings), insufficient evidence on the behavioural determinants of violence; and gaps in the supply and demand for quality, gender-sensitive prevention, counselling and quality care services.

50. When protective institutions and professionals are better equipped to provide quality services to prevent and protect against violence, children and adolescents will have the knowledge and skills to demand their right to a life free from violence; families, caregivers and communities will consider all types of violence unacceptable and harmful and adopt positive parenting behaviours; and children and adolescents will enjoy an environment free from violence and have improved well-being.

51. The component will build community and institutional capacity and promote protective spaces. Advocacy with institutions, communities, families, children and adolescents will raise awareness of violence affecting children and of the existing prevention and response mechanisms among decision makers, professionals from different sectors, institutions, communities, families and caregivers. The generation of evidence-based, contextualized educational and communication tools, together with training, will strengthen the culture of the rights of children and adolescents, taking advantage of the opportunities created by the new Constitution.

52. This component will address barriers to specialized care and the social reintegration of children and adolescents who have committed acts defined as crimes in legislation. It will improve the capacities of professionals, institutions and community actors involved in the care and social reintegration of adolescents in conflict with the law, and lead to the development of socio-educational tools, training and communication.

53. Intersectoral synergies will be established with the health component to promote responsible behaviours by fathers, mothers and other caregivers as well as positive parenting, in addition to providing education to prevent violence in schools and violence against vulnerable children and adolescents.

54. UNICEF will work at the central and local levels with the Ministries of Justice, the Interior, Education, Culture, and Labour and Social Security; the institutions of the justice system; the Office of the City Historian of Havana; the National Union of Jurists of Cuba; the University of Havana, the reference centres for the rights of children and adolescents; vocational schools; the women and family orientation centres; intersectoral working groups in municipalities and communities; cultural promoters; and art instructors.

Programme effectiveness

55. This component will provide technical and strategic assistance to support the implementation and management of the programme. It includes programme coordination costs and cross-cutting elements such as fundraising, emergency response, gender and rights mainstreaming, risk-based programming, knowledge management, research, monitoring and evaluation, and communication.

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>
Every child survives and thrives	998	2 880	3 878
Every child learns	985	2 035	3 020
Every child is protected from violence and exploitation	984	961	1 945
Programme effectiveness	1 243	709	1 952
Total	4 210	6 585	10 795

Programme and risk management

56. UNICEF will monitor programme results using programmatic and management indicators, taking the actions required to implement the budget and programmatic strategies, complemented by governance structures defined in the annual management plans. Institutional risk management will mitigate the risks associated with supply management, fundraising trends, the impact of emergencies caused by climate change, natural phenomena or epidemics, financial risks associated with the international outlook and the effects of the economic, commercial and financial embargo; the greening of the office; and Internet connectivity.

57. UNICEF will participate in the management of the UNSDCF, including in the United Nations country team (UNCT) and the steering committee, which is led by the Minister of Foreign Trade and Foreign Investment and guides and supervises the work of the United Nations system in Cuba. UNICEF will actively participate in the coordination of the UNSDCF working groups. Results-based management and innovation will contribute to programme quality, efficiency and effectiveness.

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

Monitoring and evaluation

59. The results and resources framework forms the basis for programme monitoring and evaluation, providing information and data to support implementation.

60. Biannual and annual review meetings and joint monitoring visits, coordinated by the Ministry of Foreign Trade and Foreign Investment with the participation of programme counterparts, will report on progress and challenges based on annual workplans. UNICEF will participate in the UNSDCF monitoring committee to monitor joint activities, plans and initiatives. The UNCT will monitor standard operating procedures as well as implementation of General Assembly resolution 72/279 on the repositioning of the United Nations development system.

61. Government-led administrative systems will facilitate monitoring and analysis by using sectoral and territorial statistics based on childhood indicators, with a geographic focus

and an emphasis on demand, supply and use of disaggregated data. UNICEF will build capacity to produce gender-sensitive data on the most disadvantaged groups of children and adolescents, in order to eliminate barriers to gender equality.

62. The C4D behaviour change strategy will be guided by knowledge, attitude and practices surveys aligned with pre-defined programmatic priorities by area, with specific target audiences.

63. The knowledge management strategy will integrate the approaches, tools and criteria used by national experts on childhood and growth and development contexts to increase the availability of robust evidence. The programme will systematize and disseminate sectoral statistical reports and the analysis of the sociodemographic situation produced by the National Statistics and Information Office and the statistical divisions of the Ministries of Education and Public Health, which will be complemented with knowledge generated by research institutes.

64. The research, impact monitoring and evaluation plan and the costed evaluation plan will complement capacity-building for monitoring, research, the use of evaluation methodologies and gender analysis to support decision-making, the improvement of existing policies focused on childhood and development and promotion of innovation.

Annex

Results and resources framework

Cuba – UNICEF country programme of cooperation, 2020–2024

<p>Convention on the Rights of the Child: Articles 3, 6 and 24</p> <p>Recommendations of the Committee on the Rights of the Child for Cuba (2011): 15, 17, 25, 37, 40, 44, 46, 48, 55 and 56.</p> <p>National priorities: National Economic and Social Development Plan for 2030</p> <p>Sustainable Development Goals: 2–5, 10, 13, 16–17.</p>
<p>United Nations Sustainable Development Cooperation Framework (UNSDCF, 2020–2024) outcomes involving UNICEF: Outcome 1. National and local governments and institutions implement sustainable, equitable and inclusive comprehensive territorial development strategies within the framework of the decentralization process; Outcome 3: Institutions, productive sectors and services, territorial governments and communities improve the protection and rational use of natural resources and ecosystems, resilience to climate change and integrated management of disaster risk reduction; Outcome 4: Improved accessibility and quality of public services and social protection and care systems, considering the demographic dynamics, with an emphasis on groups in conditions of vulnerability, with a focus on gender and human rights.</p> <p>Outcome indicators measuring change that reflect UNICEF contribution: (not currently available)</p>
<p>Related UNICEF Strategic Plan, 2018–2021 Goal Areas: 1. Every child survives and thrives; 2. Every child learns; 3. Every child is protected from violence and exploitation</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
<p>Every child survives and thrives: By 2024, children, adolescents and their families in priority territories receive better quality health care and nutrition to support well-being and development, including in emergency situations.</p>	<p>Percentage of live births weighing less than 2,500 grams. B: 5.1% (2017) T: Percentage kept below 5%.</p>	<p>Statistical Yearbook of Health</p>	<p>• Health professionals in selected provinces have increased capacity to promote best practices for food for healthy nutrition for pregnant women, children in early childhood and schoolchildren aged 6 to 12 years old,</p>	<p>Ministry of Public Health; community organizations; United Nations system the Cuban Institute of Radio and Television.</p>	998	2 880	3 878
	<p>Percentage of children under 6 months with exclusive breastfeeding. B: 33.2% (2014) T: 50%.</p>	<p>Multiple Indicator Cluster Surveys (MICS)</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 children under 5 years of age who are overweight. B: 12.1% (2017) T: 12%	Sentinel sites	including in emergency situations. • Health professionals in selected provinces have increased capacity to provide higher quality integrated maternal and child health-care services, including in emergency situations. • Adolescents from selected provinces know more about personal health.				
	Percentage of children receiving the measles, mumps and rubella vaccine procured by UNICEF. B: 58% of children 1 year of age (2018) T: 58% of children 1 year of age	Expanded Programme on Immunization					
	Percentage of adolescents 15–19 years of age with comprehensive knowledge of HIV. B: 60.3% ¹ (2016) (M: 60.8%; F: 59.9%) T: 90% (M: 89%; F: 90%)	HIV Prevention Indicator Survey					
Education: By 2024, more children in early childhood, those with disabilities, adolescents in vocational schools or those living in territories vulnerable to disasters have access to inclusive, quality and relevant education, even in emergency situations.	Percentage of girls aged 36–59 months attending early childhood education programmes. B: 75.9% (M: 75.1%; F: 77.0%) (2014) T: 95%	Multiple Indicator Cluster Survey Sectoral Statistical Report	• Increased capacity of early childhood educational agents to provide quality education. • Teachers and rural families have the knowledge, tools and skills to provide specialized	Ministry of Education; Latin American Reference Centre for Special Education; associations of people with disabilities; National Civil Defense United Nations system; and	985	2 035	3 020
	Technical and vocational education enrolment per 100,000 population.	Statistical Yearbook of Education					

¹ National Statistics and Information Office.

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>B: 1,465 children per 100,000 population (2019/20 school year) T: 1,354 per 100,000 population.</p> <p>Number of children and adolescents with disabilities studying in regular education. B: 11,037 (2017/8 school year) T: annual increase of 5%, up to 13,800</p>	Statistical Yearbook of Education	<p>educational care for children and adolescents with disabilities in regular education, contributing to their educational and social inclusion.</p> <ul style="list-style-type: none"> • Adolescents in vocational schools benefit from a new model of training for life skills, employment and decent work. • Children and adolescents from communities vulnerable to multiple risks have the capacity to participate in the design and implementation of risk reduction plans. 	the Cuban Institute of Radio and Television.			
<p>Protection: By 2024, more children and adolescents from priority groups and territories will benefit from quality prevention and protection services and spaces that are free from violence.</p>	<p>Percentage of men and women who think physical punishment is necessary to raise/educate children. B: 4.2% (2014) T: 50% reduction</p>	MICS	<ul style="list-style-type: none"> • Specialized institutions and professionals have increased capacity to provide integrated protection to children and adolescents in priority territories and groups for situations of violence and other conditions of vulnerability. • Institutions, organizations, 	Ministries of Justice, the Interior, Education and Culture; Federation of Cuban Women; University of Havana; United Nations system; academia; and the Cuban Institute of Radio and Television	984	961	1 945
	<p>Proportion of children 1–17 years of age who suffered physical punishment and/or psychological aggression from their caregivers in the last month,</p>	MICS					

<i>UNICEF outcomes</i>	<i>Key progress indicators, baselines (B) and targets (T)</i>	<i>Means of verification</i>	<i>Indicative country programme outputs</i>	<i>Major partners, partnership frameworks</i>	<i>Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)</i>		
					<i>RR</i>	<i>OR</i>	<i>Total</i>
	disaggregated by sex and age. B: 36% (M: 36.8%; F: 35.2%) (2014) T: 10% reduction		families and communities of priority groups and territories have the knowledge and tools for the specialized care and social reintegration of children and adolescents who have committed acts that the law classifies as crimes with aggravated behaviour.				
	Number of children and adolescents participating in or leading civic participation initiatives B: 70,000 (2018) T: 140,000	Sectoral reports					
	Percentage of children in contact with administrative and judicial bodies who benefit from interventions to improve community social reintegration programmes. B: 0% (2018) T: 25%	Sectoral reports					
Programme effectiveness	Number of mid-year and annual reviews B: 1 per year T: 1 per year	UNICEF internal monitoring	Effective and efficient programme management, operational support and financial and human resources management for achieving country programme results.	National counterparts; National Statistics and Information Office; United Nations system.	1 243	709	1 952
Total resources					4 210	6 585	10 795