



**Executive Board of the  
United Nations Development  
Programme, the United Nations  
Population Fund and of the United  
Nations Office for Project Services**

Distr.: General  
12 July 2011

Original: English

**Second regular session 2011**

6 to 9 September 2011, New York

Item 7 of the provisional agenda

**UNFPA – Country programmes and related matters**

**UNITED NATIONS POPULATION FUND**

**Final country programme document for Sao Tome and Principe**

Proposed indicative UNFPA assistance:

\$5.65 million: \$2.65 million from regular resources and \$3 million through co-financing modalities and/or other, including regular, resources

Programme period:

Five years (2012-2016)

Cycle of assistance:

Sixth

Category per decision 2007/42:

A

Proposed indicative assistance by core programme area (in millions of \$):

	Regular resources	Other	Total
Reproductive health and rights	1.20	2.0	3.20
Population and development	0.60	0.6	1.20
Gender equality	0.35	0.4	0.75
Programme coordination and assistance	0.50	-	0.50
<b>Total</b>	<b>2.65</b>	<b>3.0</b>	<b>5.65</b>

## I. Situation analysis

1. Although reliable statistical data on poverty are not available, empirical observations indicate that the economic situation in Sao Tome and Principe has deteriorated since the last household survey, which was conducted in 2001. That survey estimated the poverty level at 53.8 per cent, and the extreme poverty level at 15.1 per cent. Unless economic growth is accelerated and the effectiveness of national institutions is improved, the country is not likely to achieve all of the Millennium Development Goals.

2. The country is, however, likely to achieve the goals related to primary education, child mortality, and HIV/AIDS, malaria and other diseases if it maintains its recent efforts in these areas. Sao Tome and Principe may be able to achieve the goals related to maternal health and environmental sustainability if the country and its partners increase their efforts in these areas. However, the country is unlikely to achieve the goals related to extreme poverty, gender equality and the establishment of a global partnership for development.

3. The population of Sao Tome and Principe is about 160,000, and the annual population growth rate is 1.8 per cent. About 51 per cent of the population is female, and 21 per cent is between 15-25 years of age. The estimated life expectancy is 67.6 years (65.1 years for males and 70.1 years for females). The total fertility rate, which was 4.9 children per woman in 2009, has not decreased since 2001. The contraceptive prevalence rate for modern methods, 30.7 per cent in 2009, has shown little increase since 2006.

4. The infant mortality rate declined from 45 deaths per 1,000 live births in 2006 to 38 deaths per 1,000 live births in 2009. The maternal mortality ratio declined from 267 deaths per 100,000 live births in 2006 to 158 deaths per 100,000 live births in 2009.

5. The expansion of reproductive health services and information has led to improvements in several indicators related to child and maternal health. Eighty-two per cent of births are attended by a health professional, and the antenatal care coverage rate is 98 per cent. About 89 per cent of health facilities provide maternal and child health services and family planning, but few facilities provide emergency obstetric care. The use of family planning methods is low because of sociocultural barriers. The availability of and access to reproductive health information and services are limited. This situation exacerbates the vulnerability of young people, particularly young girls, many of whom have early and unwanted pregnancies.

6. The overall prevalence rate for HIV/AIDS was 1.5 per cent in 2009; the rate was 1.7 per cent for males and 1.3 per cent for females. The number of new infections continues to rise, especially among young people and women. Condom use is 64 per cent among sexually active young men aged 15-24 and 56 per cent among young women in the same age group. Although the Government has a budget line for reproductive health commodities, the overall amount allocated to the health sector accounts for about 11 per cent of the total budget.

7. Some progress has been made in reducing gender disparities. Among the 55 elected members of Parliament, the number of women increased from four in 2005 to 10 in 2009. The literacy rates for women and men aged 15-49 years are 85 per cent and 93.8 per cent, respectively. Although the Government adopted a law against domestic violence, gender-based violence remains a challenge, because of limited capacity in the areas of prevention and care. According to the 2009 demographic and health survey, 34 per cent of women have experienced emotional, physical or sexual violence at the hands of their spouses.

## II. Past cooperation and lessons learned

8. In the area of reproductive health and rights, the previous country programme: (a) helped scale up reproductive health services and information

and counselling centres; (b) supported capacity-building among service providers in the areas of life-saving skills, programme management, family planning, adolescent sexual and reproductive health, and interpersonal communication skills; (c) supported the development of standards to improve the quality of services; (d) strengthened government capacity in reproductive health commodity security; (e) integrated voluntary counselling and testing in most of the facilities providing reproductive health services; and (f) supported communication activities, including peer education and interventions for out-of-school youth, in order to promote responsible reproductive health behaviour among all population groups.

9. In the area of population and development, the previous programme strengthened government capacity and commitment to achieve the goals of the International Conference on Population and Development. The programme supported the first demographic and health survey, conducted in 2008-2009, as well as preparation and planning for the 2011 population census. It also provided support for: (a) the development of the national plan for the development of statistics, 2009-2018; (b) the development and launching of a database of socio-economic indicators; (c) the development of advocacy activities to create a positive environment for the integration of population, reproductive health and gender issues; (d) the creation of a population and development unit within the Ministry of Planning and Development; and (e) the formulation of the first population policy.

10. In the area of gender equality, the programme: (a) helped to increase the number of institutions and parliamentarians with the capacity to promote gender equity and equality; (b) supported training sessions on gender; and (c) provided technical assistance to operationalize the first national gender strategy and the development of skills within the national gender institute to coordinate and provide guidance to other sectors on gender-related issues.

11. Key lessons learned from implementing the previous programme included the need for a

multisectoral approach to address reproductive health issues and a strong communication component to promote behavioural change and the repositioning of family planning in the national development agenda. These activities should be accompanied by a strengthened gender component to address women's needs and rights. Past experience has underlined the need to enhance national ownership through the involvement of national institutions, including civil society organizations, and to strengthen the monitoring and evaluation component of the programme.

### III. Proposed programme

12. The proposed programme takes into account the findings of the country analysis and the priorities of the United Nations Development Assistance Framework (UNDAF), as well as the conclusions of the evaluations and the annual reviews of the previous programme. The programme is aligned with the national poverty reduction strategy, 2003-2015, the Millennium Development Goals, the Programme of Action of the International Conference on Population and Development and the UNFPA strategic plan, 2008-2011.

13. The UNFPA programme will contribute to the following UNDAF outcomes: (a) by 2016, the most vulnerable populations increase their usage of decentralized basic social services and participate in their management; and (b) by 2016, national institutions at central and local levels increase implementation of the rules and principles of good governance of public affairs, to consolidate the rule of law and respect for human rights.

14. The proposed programme has three components: reproductive health and rights; population and development; and gender equality. These components incorporate cross-cutting dimensions such as gender analysis and a human rights-based approach.

*Reproductive health and rights component*

15. The reproductive health and rights outcome is: increased use of high-quality reproductive health services by males and females, especially young people, who are the most at risk.

16. Output 1: Increased capacity of national institutions to deliver high-quality, integrated sexual and reproductive health services, including family planning, HIV prevention services and maternal health services. This output will be achieved by: (a) strengthening national capacity for developing and implementing policies, guidelines, standards and protocols; (b) strengthening the health system to deliver reproductive health services and information, including for adolescents and young people; (c) strengthening the skills of health professionals, in particular in family planning and emergency obstetric care; and (d) strengthening the capacity of key ministries and civil society to conduct advocacy initiatives to reinforce the health system, human resources, and the implementation of policies and protocols, including family planning, reproductive health commodity security and emergency obstetric care.

17. Output 2: Increased capacity of national institutions, including the Government and civil society organizations, to carry out behaviour change communication efforts on reproductive health, the prevention of HIV, and gender. This output will be achieved by: (a) strengthening the capacity of the institutions in high-quality information production and to promote communication activities for responsible reproductive health behaviour among all population groups; and (b) strengthening the capacity to plan, manage and coordinate a multisectoral behaviour change communication strategy, which will include peer education and an out-of-school component.

*Population and development component*

18. The outcome of this component is: increased integration of population and development linkages into national and sectoral policies, plans, programmes and budgets.

19. Output 1: Increased capacity of national institutions to produce, analyse and manage sociodemographic data, disaggregated by age and gender, for decision-making and development planning. The programme will: (a) provide institutional and technical support to national statistical systems for data production, processing and dissemination, including the 2011 population and housing census; (b) support operational research, demographic studies and sociocultural studies, in particular the second demographic and health survey planned for 2014; and (c) strengthen existing population databases to support national programme implementation, monitoring and evaluation.

20. Output 2: Strengthened capacity of national institutions and experts, including civil society organizations, to integrate population issues into policies, strategies, plans and budgets. The programme will support: (a) strengthening the capacity of staff from key ministries and civil society organizations to integrate population, reproductive health and gender issues into development planning; (b) strengthening the capacity of national institutions to conduct advocacy initiatives to promote the use of population data and research on the linkages between development and population dynamics, gender and reproductive health, including HIV/AIDS; (c) strengthening partnerships to integrate population issues into programmes, policies and activities; and (d) formulating and reviewing policies, strategies and frameworks, including revising and updating the current population policy.

*Gender equality component*

21. The outcome of this component is: improved mechanisms and institutional and social capacity to promote the rights of women and girls and advance gender equity and equality.

22. Output 1: Strengthened technical capacity of national and local institutions, including civil society organizations, to analyse gender concerns and mainstream them into policies, plans and budgets. This output will be achieved by: (a) strengthening the capacity of institutions to develop, implement and review gender strategies and plans, including the revision of the current national gender strategy; (b) strengthening the capacity of staff from key ministries and civil society organizations to integrate gender issues into the development planning process, as well as policies, strategies, plans and budgets; (c) strengthening partnerships and networks with youth, media, women ministers and parliamentarians, opinion leaders and professional associations as well as civil society organizations; and (d) strengthening the capacity of institutions to conduct advocacy activities on gender issues.

23. Output 2: Strengthened capacity of national institutions, including civil society organizations, to prevent and address gender-based violence. This output will be achieved by: (a) strengthening the capacity of institutions to develop and implement strategies to combat gender-based violence; and (b) strengthening the capacity of institutions to conduct advocacy activities on gender-based violence.

#### **IV. Programme management, monitoring and evaluation**

24. UNFPA will align the management, monitoring and evaluation of the country programme with the monitoring plan and coordination mechanism of the UNDAF, as well as with the national poverty reduction strategy. United Nations partner organizations will give priority to joint programmes to better monitor the objectives of the poverty reduction strategy, the Programme

of Action of the International Conference on Population and Development, and the Millennium Development Goals.

25. The Ministry of Planning and Development will be responsible for the overall coordination of the programme and the population and development component. The Ministry of Health and Social Affairs will coordinate the implementation of the reproductive health and gender components. Implementing partners include government departments in partnership with national non-governmental organizations.

26. The programme will establish systematic planning, monitoring and evaluation mechanisms within the framework of results-based management. UNFPA and the Government will ensure: (a) compliance with the results-based management approach; (b) accountability; and (c) the security of office staff and property.

27. The UNFPA country office in Sao Tome and Principe consists of a non-resident country director, based in the Dakar, Senegal, subregional office, an assistant representative, a finance/administrative associate and a finance/administrative assistant. UNFPA will earmark programme funds for three national programme analysts and one driver, within the framework of the approved country office typology. UNFPA may also recruit national experts and consultants to strengthen programme implementation. The country office will seek technical assistance from the UNFPA subregional office in Dakar, Senegal, the UNFPA regional office in Johannesburg, South Africa, and other units within the organization.

## RESULTS AND RESOURCES FRAMEWORK FOR SAO TOME AND PRINCIPE

<b>National priority:</b> poverty reduction strategy paper strategic priority: development of human resources and access to basic social services <b>UNDAF outcome:</b> by 2016, the most vulnerable populations increase their usage of decentralized basic social services and participate in their management				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Reproductive health and rights	<p><b>Outcome:</b> Increased use of high-quality reproductive health services by males and females, especially young people, who are the most at risk</p> <p><b>Outcome indicators:</b></p> <ul style="list-style-type: none"> <li>• Maternal mortality ratio Baseline: 158 maternal deaths per 100,000 live births; Target: 67 maternal deaths per 100,000 live births</li> <li>• Contraceptive prevalence rate Baseline: 30.7%; Target: 45%</li> <li>• Percentage of births attended by skilled health personnel Baseline: 81.7%; Target: 95%</li> </ul>	<p><b>Output 1:</b> Increased capacity of national institutions to deliver high-quality, integrated sexual and reproductive health services, including family planning, HIV prevention services and maternal health services</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>• Percentage of health units providing at least three modern contraceptive methods. Baseline: 87%; Target: 95%</li> <li>• Number of operational basic emergency obstetric and newborn care facilities Baseline: 5; Target: 7</li> <li>• Percentage of HIV-positive pregnant women receiving antiretroviral drugs to reduce the risk of mother-to-child transmission. Baseline: 70%; Target: 90%</li> </ul> <p><b>Output 2:</b> Increased capacity of national institutions, including the Government and civil society organizations, to carry out behaviour change communication efforts on reproductive health, the prevention of HIV, and gender</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>• Percentage of schools providing information on reproductive health and HIV prevention through their curricula Baseline (public schools): 39%; Target: 100%; Baseline (private schools): 33%; Target: 67%</li> <li>• Percentage of men, women and young people who correctly identify ways to prevent the sexual transmission of HIV Baseline: 70.2% (men); 68% (women); Target: 80% (men); 75% (women) Baseline: 64.6% (boys); 65.4% (girls); Target: 80% (boys); 80% (girls)</li> </ul>	Ministries of: Education; Health; and Youth; mass media; United Nations Children's Fund (UNICEF); United States Agency for International Development (USAID); World Bank; World Food Programme; World Health Organization	\$3.2 million (\$1.2 million from regular resources and \$2.0 million from other resources)
<b>National priority:</b> poverty reduction strategy paper strategic priority: (a) reform public institutions, reinforce national capacity and promote a policy of good governance; and (b) mechanisms for monitoring, evaluating and updating the poverty reduction and sectoral strategies <b>UNDAF outcome:</b> by 2016, national institutions at central and local levels increase implementation of the rules and principles of good governance of public affairs, to consolidate the rule of law and respect for human rights				
Population and development	<p><b>Outcome:</b> Increased integration of population and development linkages into national and sectoral policies, plans, programmes and budgets</p>	<p><b>Output 1:</b> Increased capacity of national institutions to produce, analyse and manage sociodemographic data, disaggregated by age and gender, for decision-making and development planning</p> <p><b>Output indicator:</b></p> <ul style="list-style-type: none"> <li>• Number of institutions with at least two staff members skilled in data analysis. Baseline: 1; Target: 8</li> <li>• Number of surveys, studies and socio-economic databases, including demographic data available Baseline (surveys): 4; Target: 10 Baseline (studies): 1; Target: 6 Baseline (databases): 1; Target: 2</li> </ul>	Ministry of Planning and Development; National Institute of Statistics; UNDP; UNICEF; USAID; World Bank	\$1.2 million (\$0.6 million from regular resources and \$0.6 million from other resources)

Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
	<u>Outcome indicators:</u> <ul style="list-style-type: none"> <li>Number of national and sectoral policies, plans and programmes budget reviewed or developed that integrate population issues Baseline: 2; Target: 7</li> <li>Percentage of national budget allocated for health programmes Baseline: 11%; Target: 17%</li> <li>Percentage of budget allocated for educational programmes Baseline: 10%; Target: 17%</li> </ul>	<u>Output 2:</u> Strengthened capacity of national institutions and experts, including civil society organizations, to integrate population issues into policies, strategies, plans and budgets <u>Output indicators:</u> <ul style="list-style-type: none"> <li>Number of staff members in key ministries and civil society organizations capable of integrating population variables into the development planning process who are involved in reviewing and designing development strategies Baseline (ministries): 5; Target: 15 Baseline (civil society organizations): 0; Target: 28</li> <li>Number of social and political leaders reached through advocacy activities to support the integration of population variables Baseline: 20; Target: 100</li> </ul>	Ministry of Finance and International Cooperation; Ministry of Planning and Development; Director General of Planning  USAID; UNDP; UNICEF; World Bank	
<p><b>National priority:</b> poverty reduction strategy paper strategic priority: (a) reform public institutions, reinforce national capacity and promote a policy of good governance; and (b) mechanisms for monitoring, evaluating and updating the poverty reduction and sectoral strategies</p> <p><b>UNDAF outcome:</b> by 2016, national institutions at central and local levels increase implementation of the rules and principles of good governance of public affairs, to consolidate the rule of law and respect for human rights</p>				
Gender equality	<u>Outcome:</u> Improved mechanisms and institutional and social capacity to promote the rights of women and girls and advance gender equity and equality <u>Outcome indicators:</u> <ul style="list-style-type: none"> <li>Number of national and sectoral mechanisms established to plan, implement and monitor the implementation of the gender strategy Baseline: 2; Target: 4</li> <li>Number of sectoral plans integrating gender issues Baseline: 1; Target: 4</li> <li>Number of partnerships established with civil society Baseline: 13; Target: 15</li> </ul>	<u>Output 1:</u> Strengthened technical capacity of national and local institutions, including civil society organizations, to analyse gender concerns and mainstream them into policies, plans and budgets <u>Output indicators:</u> <ul style="list-style-type: none"> <li>Number of government institutions with the capacity to mainstream gender issues and promote the advancement of women and girls Baseline:3; Target: 9</li> <li>Number of policies developed or reviewed with gender mainstreaming and analysis tools and methodologies Baseline: 0; Target: 7</li> <li>Number of civil society organizations with the capacity to mainstream gender issues and promote the advancement of women and girls Baseline: 0; Target: 5</li> </ul> <u>Output 2:</u> Strengthened capacity of national institutions, including civil society organizations, to prevent and address gender-based violence <u>Output indicators:</u> <ul style="list-style-type: none"> <li>Number of mechanisms established to prevent gender-based violence Baseline: 2; Target: 5</li> <li>Number of institutions with the capacity to promote gender equality and equity and the advancement of women and girls Baseline: 2; Target: 5</li> </ul>	Ministry of Health and Social Affairs; Ministry of Justice; Ministry of Planning and Development  UNDP; UNICEF  Community-based and faith-based organizations; non-governmental organizations; women's networks	\$0.75 million (\$0.35 million from regular resources and \$0.4 million from other resources)  Total for programme coordination and assistance: \$0.5 million from regular resources