

Sao Tome and Principe

Country programme document 2012-2016

The draft country programme document for Sao Tome and Principe (E/ICEF/2011/P/L.27) was presented to the Executive Board for discussion and comments at its 2011 annual session (20-23 June 2011).

The document was subsequently revised, and this final version was approved at the 2011 second regular session of the Executive Board on 15 September 2011.

Basic data[†]
(2009 unless otherwise stated)

Child population (<i>under 18 years</i>)	0.1
U5MR (<i>per 1,000 live births</i>)	78
Underweight (<i>%, moderate and severe, 2008-2009</i>)	13
(<i>%, urban/rural</i>)	12/14
Maternal mortality ratio (<i>per 100,000 live birth, 1994-2006</i>)	150
Primary school enrolment (<i>% net, male/female</i>)	95/97
Survival rate to last primary grade (<i>%, 2007</i>)	74
Use of improved drinking water sources (<i>%, 2008</i>)	89
Use of improved sanitation facilities (<i>%, 2008</i>)	26
Adult HIV prevalence rate (<i>%</i>)	..
Child labour (<i>%, 5-14 years old, 2006</i>)	8
Birth registration (<i>%, under 5 years, 2006</i>)	69
(<i>male/female, urban/rural, poorest/richest</i>)	70/68, 70/67, 63/78
GNI per capita (<i>US\$</i>)	1 140
One-year-old immunized with DPT3 (<i>%</i>)	98
One-year-old immunized against measles (<i>%</i>)	90

[†] More comprehensive country data on children and women can be found at www.childinfo.org/.

Summary of the situation of children and women

1. Sao Tome and Principe is a small island nation located in the Gulf of Guinea, with a population of 163,784 (2010 estimate). The country ranks among the group of least developed countries.
2. Over 53 per cent of the population is poor, according to the Poverty Profile Study (2001), and the poverty is more pronounced among female-headed households (56 per cent). The highest levels of poverty are found in the Northern region (71 per cent) followed by the Southern region (65 per cent) and the Autonomous Region of Principe (60 per cent). The mechanisms of social protection are inefficient and do not cover the needs of the most deprived populations, namely children belonging to the poorer quintiles, mothers with little or low levels of education, single-female-headed households, mainly in the districts of Caué, Cantagalo, Lembá and Príncipe.
3. Sao Tome and Principe endorsed the Paris Declaration on Aid Effectiveness in 2006, though little has yet been done. An aid coordination unit has been operational since 2010; however, weak coordination has been a significant bottleneck, mainly in the health sector. Santomean civil society is still relatively young and with limited capacity, but is active in the areas of health, water and sanitation, education and protection of children, especially in the most remote rural areas where radio and television broadcasts are not available.
4. Infant mortality and under-five child mortality rates have decreased, from 71 per 1,000 live births and 111 per 1,000 live births, respectively, in 2001 to 38 per 1,000 live births and 63 per 1,000 live births, respectively, in 2009. Neonatal mortality rates

are higher in the Centre region (26 per 1,000 live births) and in the North region (19 per 1,000 live births). The child mortality risks are three times higher for children living in families of the poorest quintile than for those living in families of the wealthiest quintile.

5. The maternal mortality rate remains high (150 per 100,000 live births in 2009) despite some progress. The major causes are the poor quality of services, poor quality of equipment, inefficient service organization standards, early pregnancies and ignorance by future mothers of the signs of a high-risk delivery.

6. Overall, the HIV prevalence rate is 1.5 per cent. Among youth aged 15-19 years, it is estimated to be 0.6 per cent among girls and 0.8 per cent among boys. The rural areas are more affected than urban centres (2.2 per cent and 0.8 per cent respectively). Prevention of mother-to-child transmission (PMTCT) services have been provided in 32 out of 37 health centres. However, disparities in antiretroviral (ARV) drug coverage and antenatal care are visible; only eight health centres placed in urban areas provide ARV treatment and few doctors have sufficient skills to administer ARV treatment.

7. Birth registration rates have increased, from 69 per cent in 2006 to 75 per cent in 2009, as result of a successful intersectoral programme between the Ministries of Justice and Health, jointly supported by the United Nations Development Programme (UNDP) and UNICEF. There are some emerging and increasing phenomena in child protection, such as child labour and children begging in the streets. In 19 per cent of families, at least one member was victim of sexual violence; victims are predominantly (97 per cent) female. Sexual abuse of minors is greater in the Central region, especially in Agua Grande and Mé-Zochi, the most densely populated districts.

8. The net enrolment in primary school (through 6th grade) was 89 per cent in 2009 (87.5 per cent for boys and 90.2 per cent for girls). Quality of education remains an issue, with high drop-out rates (12.6 per cent) and repetition rates (15.4 per cent). The access to the second level of basic education (grades 5 and 6) is still limited because schools offering it are located mainly in the district capitals; regional differences in access are pronounced (from 40 per cent in Agua Grande to 10 per cent in Lobata). Despite its recognized importance in the preparation for school education, pre-school education is not mandatory or free, and there is no early childhood development policy. Enrolment is at 52 per cent of children aged 3-5 years, with no significant gender disparities.

9. Access to drinking water and basic sanitation varies according to the wealth quintile. The access to improved drinking water is estimated at 95 per cent for the wealthiest quintile, against 79 per cent for the poorest. The inequity in basic sanitation is even greater: 33 per cent of the population in wealthiest quintile have access to improved sanitation facilities, compared to 8 per cent in the poorest.

Key results and lessons learned from previous programme of cooperation, 2007-2011

Key results achieved

10. *Advocacy and social policies.* With UNICEF technical assistance, the first and second monitoring reports on the Convention on the Rights of the Child were produced and sent to the Committee on the Rights of the Child. The report on *A World Fit for Children* was released in 2007. The review of the national penal

code was a major step in the harmonization of national laws with the key international conventions.

11. *Communication, partnerships and resource mobilization.* Two community radio stations were established, in partnership with UNESCO and the organization International Alert, to increase access to information for the more deprived. A national campaign on hand washing with soap for diarrhoea prevention was developed in close collaboration with the Department of Water, the national Red Cross, the African Development Bank and the Alisei organization, reaching more than 85 per cent of children and their families. A campaign on avian influenza prevention was undertaken nationwide in collaboration with the Ministries of Health and Agriculture, the World Health Organization (WHO) and non-governmental organization (NGO) partners. The campaign results were impressive, as only three children were affected by the epidemic.

12. *Child survival and development.* UNICEF support, mainly in vaccination and nutrition, has contributed to reductions in child and maternal mortality. The immunization programme covers more than 80 per cent of the target groups in all districts. Other encouraging results achieved in 2008 are increased antenatal care (98 per cent) and an increase in the assistance of skilled attendants at delivery (82 per cent), both in collaboration with WHO, the United Nations Population Fund (UNFPA) and NGOs. The improvement of PMTCT services, including ARV treatment, in collaboration with Brazilian Government, has ensured universal access for pregnant HIV-positive women and children.

13. *Basic education.* The child-friendly schools initiative has contributed, in collaboration with the World Food Programme, to an improvement of pedagogical conditions and in the school environments, including increased access to piped water and improved hygiene and basic sanitation. The Government, in partnership with UNICEF, worked with seven non-formal education centres, NGOs and religious groups to disseminate the Sara Communication Initiative,¹ which contributed to training of about 45 per cent of girls from rural areas on life skills. The country programme also supported the production and dissemination of statistical information on the education system.

14. *Water, sanitation and hygiene.* A WASH information management system is being installed in all districts under the leadership of the Ministry of Natural Resources. More than 780 family latrines were constructed, in collaboration with UNDP, the African Development Bank and NGOs, benefiting more 30.000 children and their respective families.

15. *Child protection.* Child birth registration in all maternity centres was institutionalized in January 2010, in close collaboration between the Ministry of Health and the Ministry of Justice and UNDP, reaching over 90 per cent of newborns. The institutional framework for the protection of the rights of children and women has been enhanced by a growing level of collaboration and the increased number of institutions concerned about those issues. The country programme

¹ The Sara Communication Initiative was developed, with UNICEF assistance, in 10 countries of Eastern and Southern Africa. The dramatized radio series revolving around Sara and her friends communicates to adolescent girls and their parents a number of important messages on early marriage, female genital cutting, sexual harassment, HIV/AIDS and girls' domestic workload and the importance of staying in school.

contributed to the production and dissemination of data on child protection through studies on child labour, early pregnancies and paternity, on sexual abuse and exploitation of minors and on the evaluation of sexual and reproductive health structures for adolescents and young people.

Key lessons learned

16. In view of the frequent changes of Government, the implementation of the country programme was carried out in partnership with civil society institutions.

17. The South-South Initiative, known as *Laços Sul-Sul*, provided Sao Tome and Principe with an excellent opportunity to outline and share information on key developments and constraints tied to PMTCT programme, in particular the need for improved networking, greater technical human resources and better sharing of partners' best practices.

The country programme, 2012-2016

Summary budget table

Programme	<i>(In thousands of United States dollars)</i>		
	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Advocacy, social policies and partnerships	525	625	1 150
Capacity development for child survival, development and protection	2 231	1 875	4 106
Cross-sectoral costs	994	—	994
Total	3 750	2 500	6 250

Preparation process

18. The preparation process of the new cycle began with the Common Country Assessment undertaken by the United Nations agencies in collaboration with the Government and partners. A strategic planning retreat was held with the Government, bilateral partners and NGOs to identify areas of comparative advantage of the United Nations system agencies. UNICEF and its partners, under the leadership of the Ministry of Finance and International Cooperation, held a series of consultations to identify the main challenges facing children and the main strategies for the 2012-2016 cycle. The final outcome was the UNDAF. This strategic analysis allowed for a deeper understanding of the development situation and the main challenges facing the country and, consequently, the identification of the main priorities and areas of cooperation within the new cycle: (a) governance and gender equality; (b) sustainable economic growth, poverty eradication and nutritional security; (c) access to basic social services; (d) environmental conservation; and (e) disaster, water and sanitation management.

Programme and component results and strategies

19. The overall aim of the country programme is to contribute to the achievement of Millennium Development Goals, particularly by reducing the vulnerability and inequities of deprived children and women while ensuring their rights to survival,

development, protection and participation. The small size of the country allows for taking all interventions to scale. Communication for development and monitoring and evaluation will be cross-cutting for all programmes components.

20. The advocacy, social policies and partnerships programme component will help set up, by the end of 2016, a social protection system with adequate financial resources for the most disadvantaged and strengthen institutional and civil society capacities.

21. The programme component on capacity development for child survival, development and protection will help ensure that, by the end of 2016, access to and quality of basic social services (health, nutrition, education and care for HIV/AIDS), especially for the most vulnerable, have increased and that the legal framework for the protection of the most vulnerable children has been strengthened.

22. Within the overall the focus on equity and the framework of reducing disparities, the country programme will concentrate on the most deprived children and will take advantage of strong government commitment to the social sectors to accelerate social policy and legal reforms. Key strategies include equity-focused advocacy for (a) a comprehensive and sustainable social protection policy; (b) the improvement of service delivery in order to reduce child and maternal mortality; (c) the development of a national policy on water and sanitation to ensure that all schools are compliant with the water, sanitation and hygiene strategy; (d) the development of integrated services to respond to violence, abuse and exploitation of the most vulnerable children and women.

23. Other strategies include (a) making basic education and pre-school education universal; (b) improving the quality of education, with particular emphasis on equity, participation and accountability of all stakeholders; (c) supporting training in the preparation of emergency plans in education; (d) broadening partnerships with civil society organizations, United Nations agencies and the mass media and establishing new alliances with Parliament, the private sector and district councils; (e) expanding South-South cooperation (Brazil, Nigeria and South Africa), especially the sharing of experiences.

Relationship to national priorities and the UNDAF

24. The country programme will contribute to the implementation of national priorities, as defined in the National Poverty Reduction Strategy, the National Strategy for Gender Equality and Equity and the National Strategy for Education, to reach the Millennium Development Goals. The UNDAF outcomes, mainly those related to the basic social services, constitute the basis for this country programme.

Relationship to international priorities

25. The programme will continue to strengthen national capacities for the implementation of the Convention on the Rights of the Child and the Convention on the Elimination of Discrimination against Women. It will also contribute to the achievement of the Millennium Development Goals and those of *A World Fit for Children*, protecting children against abuse, exploitation, violence, negligence, in short, promoting a favourable environment for girls and boys, in particular for the most vulnerable living in precarious situations.

Programme components

26. **Advocacy, social policies and partnerships.** This programme component will support the Government in the following areas: (a) integration of the specific needs of vulnerable children (girls and boys) and women in planning processes at national and sectoral levels; (b) production and utilization of disaggregated data, through thematic studies and surveys, on the situation of boys, girls and women, focusing on the most vulnerable groups; (c) drafting and implementation of a national social protection plan; (d) development of social protection tools, with a range of protective and capacity enhancement mechanisms, to help overcome child poverty and vulnerability; (e) legislative reform to harmonize national legislation with the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women; and (f) expansion of partnerships with local authorities, religious institutions, bilateral partners, NGOs and the private sector.

27. **Capacity development for child survival, development and protection.** This component will achieve the following child survival results: (a) ensure that all children under the age of one are fully immunized; (b) focus on the quintiles with the least coverage, improve access to services; (c) support the Government in the reduction of neonatal, infant and maternal mortality, in particular in the most deprived districts, with improved postnatal care and improvement in the quality of delivery in all maternity centres; (d) monitor the main causes of maternal mortality and develop support for implementation of a maternal mortality audit policy, in close collaboration with WHO and UNFPA; (e) increase efforts to reduce cases of severe acute malnutrition and to increase exclusive breastfeeding; (f) with regard to malaria, focus on promoting the use of long-lasting insecticide-treated bed nets in the most deprived quintiles; (g) with regard to HIV/AIDS, focus activities on girls and boys, in urban and rural areas, as well as the most marginalized groups, to increase their knowledge in terms of prevention and protection.

28. Concerning education, the component will support the Ministry of Education in efforts to achieve universal access, to improve the quality of basic education and to increase the number of child-friendly schools. It will ensure that at least 50 per cent of children have access to pre-school education. Attention will be given to children with special needs, in particular those in the most vulnerable areas. The improvement in school hygiene, water and sanitation conditions, and taking into account gender specificities, will constitute one of the priorities in facilitating a healthy school environment. An education plan on emergencies will be designed and adopted. Teacher's training will be introduced.

29. Concerning child protection, the component will support the Government in continuing its legislative reform efforts, harmonizing national legislation with the Convention on the Rights of the Child and the Convention on the Elimination of Discrimination against Women, thereby promoting the creation of a more protective environment for children and women. It will advocate the availability and use of integrated services in response to violence, abuse and exploitation of the most vulnerable children and women.

30. Key strategies will include strengthening capacities, providing support to civil society in communication for development activities, and, in partnership with NGOs and communities, encouraging behavioural change in favour of more protective social practices and norms.

31. **Cross-sectoral costs** will cover the expenses of management activities and programmes support, including planning and coordination, personnel and operation costs, including logistics, administration, finance and the security of UNICEF staff, as well as the implementation costs that are not allocated individually to programmes.

Major partnerships

32. Each component will strengthen the existing partnerships with key government sectors, United Nations agencies, including non-resident agencies. Emphasis will be given to the development of innovative partnerships with bilateral donors and alliances with district councils. Particular attention will be given to partnerships with civil society organizations on issues regarding maternal and child health, popularization of the Convention on the Elimination of Discrimination against Women, early pregnancy and promotion of good hygiene practices among school children and those out of school.

33. Collaboration with bilateral partners will be reinforced, to establish alliances supporting efforts in the survival, protection, participation and education of children. Special attention will be given to the collaboration with the embassies of Angola, Nigeria, Portugal and South Africa on health and protection areas. The South-South collaboration with Brazil will continue, specifically in PMTCT and HIV prevention in schools.

34. Partnerships with the private sector will also be developed, to mobilize resources for communication for development strategies, in particular for the most vulnerable communities and groups.

Monitoring, evaluation and programme management

35. The programme will be coordinated by a team of designated focal points from different government institutions. The team will be led by the Directorate of Cooperation within the Ministry of Finance and Cooperation as well as by UNICEF. The capacity of the group in monitoring and evaluation will be strengthened through training, technical assistance and exchange of monitoring tools.

36. The country programme will be monitored and evaluated through (a) a five-year integrated monitoring and evaluation plan; (b) field visits and community consultations by the Government and UNICEF; (c) programme-specific evaluation and impact studies; (d) bi-annual evaluations, (e) the midterm review in 2014; and (f) the final review of the UNDAF cycle in 2015.

37. National data collection will be monitored through STPInfo (the national DevInfo database), the Multiple Indicator Cluster Survey 4 and sectoral surveys, as well as data research and analysis, reports generated by partners, and evaluation of the social protection policy.
