1. Introduction

This note outlines the Theory of Change for the Programme of Cooperation between the Government of Sao Tome and Principe and UNICEF for 2017-2021 and is in line with the draft CPD that has been pre validated by the Government in early March 2016.

The Republic of Sao Tome and Principe is a small island state classified among the lowest middle-income countries. The total population is around 197,900 people and the per capita Gross National Income was $1,570 as per 2014 estimates. The country is considered as a fragile state as economy and population remain very vulnerable to external, domestic shocks and climate change and is dependent of External aid (93% of national budget).

During the last five years Sao Tome and Principe has managed to gradually enhance its Human Development Index compared with most African countries. The 2012-2013 Second Poverty Reduction Strategy (PRSP II) and the 2014 MICS5 revealed that Sao Tome and Principe met MDGs on education, maternal health, malaria and HIV/AIDS and made significant progresses on Gender. However, these results are challenged by persistent inequities. Major public reforms have not been able to alleviate poverty and ensure social inclusion for all children. With 86.9% of children aged between 0 and 4 years being poor\(^1\), on average children are much poorer than the rest of population (62%). These children primarily live in the East and North West regions, and grow within vulnerable families (i.e. female headed households), and in the suburbs of the capital. Low achievements for children result mainly from the weak investment in the social sectors, low technical capacity in some sectors and need for improved infrastructures and policy reforms.

The country programme (CP) 2017-2021 will contribute to national efforts by addressing disparities that affect the most vulnerable children. UNICEF’s contribution will be made within the context of “Delivering as One” requested by the Government for the implementation of the 2017-2021 UNDAF. The UNDAF’s strategies will focus on enhancing national ownership, strengthening development actors’ capacity, improving targeting mechanisms to reach the “hard-to-reach”, and strengthening resilience capacity to external shocks and climate change. In addition to this, UNICEF consulted with its partners and selected a set of strategies among those recommended by the UNICEF Theory of Change (“ToC”), which seem to be a good fit for the country. UNICEF’s support to the Government both at upstream and downstream levels, will facilitate a system-based rather than a facility-based approach, and evidencing impact by modelling successful initiatives that can be scaled up at the national level. UNICEF specific strategies will focus on the improvement of public policies, systems and strengthening capacity of communities by building protective frameworks and by reducing risk factors in order to create opportunities to promote child rights and lift most vulnerable children from social exclusion. In close partnership with development agencies, civil society organizations and communities, UNICEF will assist national counterparts generate evidences to be used for advocacy and policy purposes in order to focus on strategic results for children. Concentrating on key measurable results will help strengthen national capacity, set priorities and guide decisions about the best use of available resources to reach most vulnerable children. Sao Tome and Principe’s current political stability provides a unique opportunity to change decision-making approaches as well as policies. In addition, UNICEF will invest in communication for development to empower children, youth and communities with regards to health, education, protection and best family practices, especially in addressing gender-based issues and early education. The use of innovative approaches to facilitate participation of children and youth and reinforce community empowerment will improve bottom up-accountability. Partnerships will play a key role and will be used at the national level to strengthen planning and coordination capacity by establishing new strategic alliances.

---

\(^1\) Situation analysis of children and women in Sao Tome and Principe, applying MODA to MICS5 data, UNICEF, 2015
This will also help better assess risks and addressing humanitarian emergencies through integrated emergency response. In order to also create the necessary strength within communities to prevent shocks due to natural risks and emergencies, resilience building, social cohesion strengthening and community engagement will act as cross-cutting objectives for all programmes. Partnership at national level will primarily target line Ministries, the Parliament, development agencies, mass media, districts councils and influential coalitions such as that of women and youth associations. UNICEF will also utilize joint planning and joint targeting approaches with UN agencies and other development agencies in areas where such approaches can have added value for children. At local level, partnership will be built with districts councils and communities. Intersectoriality will be used to reinforce synergy between the various programme components, strengthen partnership and improve cost efficiency for cross-sectoral interventions like those planned for early childhood, child protection and life skills for adolescents and youth. UNICEF will also help strengthen South-South cooperation established with Portuguese-speaking countries such as Brazil and Cap Verde for experience and knowledge sharing, especially in innovative areas capable to improve community engagement and good governance in social sectors. The Ministry of Foreign Affairs and Communities (MOFA) will be the national coordinating body for the programme of cooperation.

2. Prioritized issues and areas

Priorities selected for the country programme 2017-2021 draw largely from the findings of the 2014 MICS5 survey and the subsequently conducted 2015 Situation Analysis of Children and Women (SITAN), the National Transformation Agenda 2030, the recommendations made in 2013 to Sao Tome and Principe by the Convention on the Rights of the Child (CRC) Committee, findings of the strategic visioning and “strategic moment of reflection” meetings and a series of issues and intent reports developed on various areas (i.e. demography, health, child protection, social protection, youth, communication for development, innovation, partnerships, etc.). These assessments show that deprivations differ depending on children’s age, sex, region and family economic status.

Children aged 0 to 6 years old represent 34% of the population. Based on recently conducted Multiple Overlapping Deprivation Analysis (MODA), the most vulnerable of them are those aged 0 to 4 years who are deprived from protection (71.9%), sanitation (62.7%) and nutrition (49.2%). Leading causes of these deprivations include high prevalence of communicable diseases and malnutrition caused by poor access to sanitation (due to cultural practices and lack of sanitation facilities) and inadequate parenting and caring practices. Around 26% of children aged 6 to 8 months do not receive food adequate to their age and 37.7% of children aged 0 to 23 months are not adequately breastfed, with an increasing trend from the poorest quintile (29 percent) to the richest (42 percent). Underlying causes include lack of parents’ awareness (frequently associated with low mother’s education level), lack of access to quality care (i.e. staff not skilled and services not adequately equipped). Root causes include family poverty, especially for children in rural areas and in Southeast and Western regions.

Despite a relatively wide poverty, Sao Tome and Principe has invested significantly in the health sector. The 12% of the total annual public expenditures dedicated to this sector contributed to scale high impact interventions on maternal and child health, introduce new vaccines, improve nutrition services and help implement the option B+ of PMTCT strategy in all health units. The national health policy ensures that the national health system is based on the principles of universality of coverage at all levels of service and no preconception or privilege with Primary Health Care provided by a network of services organized around the Health District. At present Sao Tome and Principe has 7 health districts, including the Autonomous Region of Principe. Each district is made up of a number of Health Centres, Health Posts and Community Health Posts. The Health Centres offer health care, promotion, prevention, and hospitalization services. The Health Posts provide a less extended range of services while the Community Health Posts provide basic first aid care and carry out health promotion in rural communities. To date, the country has 38 care delivery units, including a reference hospital, 7 health centers and 30 health posts. These health facilities are spread out across the country in such a way that access to health care is normally guaranteed for the vast majority of the population in an average time of 60 minutes on foot. There are also some private health

---

2 Dimensions used for MODA have been for protection violent discipline, access to improved sanitation facilities and for nutrition chronic malnutrition and infant and child nutrition
Neonatal care is quasi absent in health units, including in the maternity located at Principe. Leading causes of infant mortality include high prevalence of diarrhea, pneumonia and malnutrition. Around 17% of children are underweight and 67% suffer from anemia. Older children die due to difficult access to care including to essential drugs and micronutrients. Only 50% of diarrhea, IARI and malaria cases are appropriately cared for. Underlying causes include weak management at district levels (i.e. poor data collection, weak management of procurement and supply, poor use of epidemiological and statistic criteria for establishing plans, allocating resources and ensuring participation of the population through the recovery of health costs, insufficient supervisions due in part to the state of the vehicle fleet), poor quality of care and lack of essential commodities in health facilities (i.e. only 50% of diarrheal diseases and pneumonia cases receive essentials drugs). Poor access to basic sanitation (only 40.9% of the population has access to basic sanitation), inadequate parents’ care and feeding practices, play also major roles in child mortality. Other underlying causes include limited geographical and financial access to health services for poor families (in 2014, 73% of the women living in poorest households reported four or more antenatal care visits compared with 93% among richest households). Although the implementation of the National Health Development Plan (NHDP) is supported by several development agencies (WB, WHO, AfDB, UNICEF), global initiatives (i.e. Global Fund, GAVI…) and Civil Society Organizations (Red Cross, ASPAF, Health for All) the health system is marked by a low system efficiency (i.e. lack of evaluation of the implementation and financing of the NHDP, little coordination between development agencies) and low investment by the State. Based on this situation analysis and UNICEF’s comparative advantage (acknowledged experience in the domain or being the only development partner in the sector) and limited resources, the country programme will focus on health, nutrition, HIV/AIDS and WASH system strengthening through reinforcement of policy framework, capacity building of service providers, modelling of successful initiatives, demand increase and bottom-up accountability. More specifically, the country programme will contribute to bridge the iniquity gaps in term of access to quality health, nutrition, HIV/AIDS and sanitation services for girls, boys, pregnant women and mothers of the lowest wealth quintiles and most deprived geographical areas. Given UNICEF’s niche and other partners’ added-value, a specific emphasis will be put in neonatal mortality reduction, eMTCT, fight against chronic malnutrition through promotion of IYCF and fight against anemia, as well as promoting best practices related to hygiene and sanitation.

Sao Tome and Principe has managed to put education at the heart of its development. Based on the concepts of the Education For All strategy and the Global Partnership for Education, the country developed a specific education policy, successive action plans with the last one being the 2012-2021 Education Sector Plan. Since 2010, Sao Tome and Principe has also developed a national inclusive education strategy. Every year Sao Tome and Principe dedicates around 12% of its public expenditures to education. Taken together, these investments helped scale school provision and implement several initiatives to attract and retain children in schools (i.e. provisions of free meals and textbooks to all primary education students, etc.). In primary education net intake rate increased to 95.8% in 2014 while gender parity was achieved. Despite these progresses transition from primary to secondary

---

3 MICS3 STP, INS, 2006  
4 MICS5 STP, INS, 2016  
5 In 2014 the rate was 0% according to the Health Information system 2015 report.  
6 UN IGME, 2013  
7 MICS5 STP, INS, 2016  
8 UNICEF Mid Term Review 2014, UNICEF  
9 UNESCO Institute for Statistics, 2015
remains low with high dropout rates of 20.4% of children in primary levels\textsuperscript{10}, 63.6%\textsuperscript{11} children in preschool age are not enrolled in an education facility and 10,603 aged 5 to 17\textsuperscript{12} years old are out of school (i.e. 12% of children of official primary school ages are out of school). The most affected are children with special educational needs (i.e. around 50% of these children are out of school). Girls are particularly discriminated with 87.5% of pregnant girls and young mothers being out of school. Compared to other countries, Sao Tome and Principe ranks among the lagging countries for the indicators on learning\textsuperscript{13}. The literacy rate is 80% among the youth population; this is lower than the average youth literacy rate in other lower middle-income countries. Leading causes include lack of preschool facilities (especially in poor districts), lack of education means (i.e. furniture to accommodate all children), inadequate parents’ practices (i.e. late entry) and limited financial opportunities for poor children in secondary education\textsuperscript{14}. Underlying causes include gaps in administrative and pedagogical management, policies and regulations (i.e. age of first entry, repetition, attendance of pregnant girls), low birth registration rates\textsuperscript{15} in remote districts, poor education system efficiency, low children and community participation and poor quality of education. 60 % of primary education teachers and inspectors lack pedagogical competencies and around 57.5 % of teachers of primary education and 70% of secondary work less than 14 hours per week. This is one of the most challenging cases in Africa\textsuperscript{16}. Based on this situation analysis, on UNICEF’s global priorities (improvement of primary and lower secondary access and learning outcomes for girls in countries where significant numbers of girls are routinely excluded from education and for children with disabilities) and the high commitment of the Global Partnership for Education, the country programme will focus on specific niches in early childhood, schooling at the right age and access to quality primary and secondary education. More specifically, the CP will contribute to bridge the iniquity gaps in term of access to quality primary and secondary education for girls and boys of the lowest wealth quintiles and most deprive geographical areas.

In Sao Tome and Principe children face various and frequent violations of their rights to child protection (CP). Child Labor is widespread despite the existence of an institutional framework (i.e. National Action Plan against Child Labor, anti-Child Labor Committee). Children are increasingly engaged in child labor (20.8% in 2006\textsuperscript{17} and 26 % in 2014\textsuperscript{18}) including domestic and street work\textsuperscript{19}, either paid or unpaid. The most exposed are children living in rural areas (31.6%) and in Principe (43.2%). Violence is also widespread. According to MICS5 79.5% of children are victims of psychological and emotional violence as disciplinary method and 10% victims of physical punishment at home, even the youngest children are experiencing violent forms of discipline: 67.9 % of children aged 1-2 are exposed to violent practices and rates get higher as children get older (82 % for children aged 3-4).The most affected are young boys (75.4%) living in poor households with their father either absent or playing a minor role in the family decision-making. The phenomenon is fueled by the wide acceptance of violence against girls and women. Sexual abuse is not well known even if a 2010 study\textsuperscript{20} has indicated that in 18.5% of the surveyed households adults were aware about sexual abuse cases. During the preparation of the recent SITAN interviews revealed practices where young girls engage in sexual activities with teachers for benefits. There is a growing number of children without adequate family care or alternative care. Some of them live and subsist in the street while some others are placed in residential care settings mainly run by NGOs. Only a small number of placed children are real orphans. Although the law prohibits child marriage around 18.5% of girls aged between 15 and 19 years old are married or in union. The highest rates are found in rural areas (25.4%) and in poor families (39.6%)

\begin{thebibliography}{99}
\begin{itemize}
\item \textsuperscript{10} idem
\item \textsuperscript{11} MICS 2014, INS, 2016
\item \textsuperscript{12} The age group of 5 to 17 years old includes three levels of education (i.e. preschool, primary and secondary) with different characteristics.
\item \textsuperscript{13} National Education Profile 2014 Update, World Bank, 2014
\item \textsuperscript{14} UNICEF Mid Term review 2014, data from Ministry of Education
\item \textsuperscript{15} Situation of Children and women, Sao Tome and Principe, UNICEF, 2015
\item \textsuperscript{16} World Bank, 2015
\item \textsuperscript{17} Data from MICS3 (INS 2006) adjusted in the UNICEF 2015 SITAN
\item \textsuperscript{18} INS, MICS5, INS 2016
\item \textsuperscript{19} Study on the application of ILO Conventions No. 138 and No. 182 and its recommendations on the national legislation of the CPLP countries, ILO, 2013
\item \textsuperscript{20} Ministry of Employment and Social Affairs and UNICEF: Study on sexual abuse and exploitation on minors, 2010
\end{itemize}
\end{thebibliography}
compared to 4% in the wealthiest quintile). Child marriage/union often lead to early pregnancies. These violations of the right of children to protection are due to poverty (i.e. family cannot afford basic social means including fees for secondary education and family breakdown) and a high number of beliefs (i.e. residential care is the best option for abandoned children, marriage is a good way for a girl to be cared for when parents cannot afford basic expenses, punishment is a way to educate children...). Underlying causes include gaps in laws (silent about prohibition of harmful practices or including contradictory provisions\textsuperscript{21}), low enforcement of existing laws, and reduced access to basic social services (i.e. secondary education for pregnant girls, contraceptives) and child protection services\textsuperscript{22}. However, the main cause is the weak functioning of the current child protection system that lacks leadership, means, tools, skilled staffs, and coordination to ensure effective child protection prevention and response at both community and institutional levels. Based on this situation analysis and the expertise of UNICEF in building sustainable and affordable child protection system the country programme will assist the country in selected niches including development of agreed standards, development of capacity of key stakeholders, establishment of a solid monitoring system, and promotion of positive social customs and behaviours at both influential decision makers and community level.

Although each child deprivation has its specific causes, most child deprivations are caused by a series of common factors among which poverty and local beliefs play key roles. To overcome the barrier of poverty and social exclusion, the country developed a social protection framework that includes a National Poverty Reduction Policy, a law and a national social protection strategy, and contributory and non-contributory social protection mechanisms targeting the most vulnerable families and children. Most popular projects include school canteens, free access to primary health care, dedicated employments and cash transfers. However, these investments were not able to prevent disparities in child development (i.e. access to preschool, safe drinking water, chronic malnutrition, early marriage/union, etc.). In addition to lack of state’s financial resources main causes include fragmented project approaches, limited scale of social protection projects, poor coordination among social protection actors and ineffective targeting systems. Based on this situation analysis and UNICEF’s comparative advantage (acknowledged experience in the domain), the country programme will focus on specific niches such as the capacity building of partners in social protection, and especially social cash transfers, and the strengthening of the social protection system with the development of adequate management and monitoring tools.

Although the country has made significant efforts to address the needs of adolescents and youth (i.e. National Youth Policy, free access to reproductive health services, provisions in legislation, initiatives of the Ministry of Education and NGOs in vocational training), young people (35.8% of the population\textsuperscript{23}) are deprived of basic rights such as access to sanitation, education, protection, knowledge and participation. Around 45% live in urban areas and 62.4% are located in the two most populated districts of Agua Grande (40.2%) and Mé Zochi (25.2%). The majority of young people, particularly those living in marginalized rural and urban communities, are forced to either drop out of school or to graduate lacking practical skills. It makes the youth more vulnerable to abusive practices that could lead to health risks and antisocial behaviours. As illustration only 30% of adolescents 15-19 years of age has comprehensive correct knowledge on HIV, while 48% of girls and 97% of boys\textsuperscript{24} report having high risk sex\textsuperscript{25}. In addition to family poverty, a weak education system and the absence of youth in the development agenda hamper the ability to properly meet their needs. This is due to gaps in policy, specific projects, communication for behavior changes and adequately trained staff. Based on this situation analysis and UNICEF’s comparative advantage (acknowledged experience in the domain or being the only development partner in the sector) and limited resources, the country programme will focus on developing and disseminating life skills appropriate for young people in the country. More specifically, the CP will contribute to bridge the iniquity gaps in term of access to quality primary and secondary education to young people of the lowest wealth quintiles and most deprived geographical areas.

\textsuperscript{21} Corporal punishment of children in STP, Report prepared by the Global Initiative to End All Corporal Punishment of Children (www.endcorporalpunishment.org), updated on December 2015
\textsuperscript{22} Marrying too young, data based on 2008 DHS, UNFPA, 2012
\textsuperscript{23} Youth, Strategic intent paper, UNICEF, 2016
\textsuperscript{24} UNICEF global HIV/AIDS databases (Sept 2015)
\textsuperscript{25} Higher-risk sex is defined as sex with a non-marital, non-cohabitating sexual partner
3. Theory of Change for Program Components

The vision of the cooperation established between Sao Tome and Principe and UNICEF for the period 2017-2021 foresees that, in medium and long term, all children of Sao Tome and Principe enjoy their rights to health, nutrition, education and protection. This vision will be achieved through improved care, stronger parenting practices and strengthened access to basic social services. Priority is given to the most deprived children as evidenced by the most recent Multiple Overlapping Deprivation Analysis. In this context UNICEF will provide strategic supports, which are divided in 3 types: those addressing the demand, those addressing the quality of services and those aiming at enabling the programme environment. The structure of the country programme for the period 2017-2021 is composed by 5 programmatic outcomes with each 2 outputs as follows:

Outcome 1: Equitable Child Survival: health, HIV, nutrition and sanitation

Pregnant women, newborns and young children, especially the most vulnerable, benefit from quality neonatal, child health, HIV, nutrition and sanitation services, including in emergency situations

Output 1: Equity-focused legislation, policies and strategic plans related to pregnant women, newborns and young children health, HIV prevention and control, nutrition and sanitation are developed
Output 2: Capacity of key government institutions at district and community level to provide and monitor quality health, HIV, nutrition and sanitation services, in regular and emergency situations, is strengthened

Outcome 2: Education

Children, especially the most vulnerable, benefit from quality gender-responsive parental education, early learning and primary and secondary education, including in emergency situations

Output 1: Education sector’s capacity to legislate, plan, budget for and implement reforms related to access to quality early education and retention of children in primary and secondary levels is strengthened
Output 2: Capacity of parents, caregivers, communities and educators to provide integrated quality early childhood development (early stimulation, learning, safety, care and nutrition) is strengthened

Outcome 3: Child Protection

Vulnerable groups, in particular children and women, benefit from adequate protection against violence, abuse and exploitation.

Output 1: Government capacity to legislate, plan, budget for and implement prevention and response to violence, abuse, exploitation and neglect of children strengthened.
Output 2: Government, communities and civil society capacity to work on prevention, identification and reporting of child abuse, violence and exploitation and provision of appropriate care strengthened, especially for vulnerable groups.

Outcome 4: Social Inclusion

Vulnerable groups, in particular children and women, benefit from improved social protection systems guided by generated evidence.

Output 1: Quality disaggregated and gender-sensitive data for evidence-based decisions, advocacy, programming and enhanced participation of vulnerable groups through surveys available.
Output 2: National capacity to provide child-sensitive social protection services and to review its policy or develop related legislation as needed is strengthened.

Outcome 5: Adolescents and Youth empowerment

Adolescents and youth, in particular girls and the most vulnerable, contribute to the creation and benefit from services of reproductive health, education, training, and information responding to their needs

Output 1: Boys and girls benefit from life-skills interventions by skilled service providers to empower and increase their participation, influence decision making and enhance their capacities to prevent early pregnancy, alcohol consumption and other risky behaviours
Output 2: Capacity of Government and civil society to provide alternative non-formal educational services for out-of-school adolescents, especially the most vulnerable, is strengthened.

3.1 Outcome 1: Pregnant women, newborns and young children, especially the most vulnerable, benefit from quality neonatal, child health, HIV, nutrition and sanitation services, including in emergency situations.

The long-term vision of success of the country programme 2017-2021 is aligned with the national health policy and the national health system principles. It foresees universality of health coverage at all levels of service, with no preconception or privilege with Primary Health Care provided by a network of services organized around the Health District. This vision assumes that all children must be healthy and protected against the most frequent health, nutrition and hygiene risks. The most vulnerable shall be receiving special attention. A health system, closely connected to safe drinking water and adequate basic sanitation systems, will function adequately at national, subnational and community levels and ensure child rights.

The country programme component on “Equitable Child survival: Health, HIV, nutrition and sanitation” supported by UNICEF will contribute to achieving this vision by strengthening specific niches of the health system, as part of UN agencies support to the national Development Plan (2030 Transformation Agenda) in reaching the Sustainable Development Goals. A stronger health system will allow quick identification of children at risks of disease or death and their early care provision, including in emergency situations, and in collaboration with relevant sectors and with communities. This involves strengthening the capacities of health system services and communities, particularly in areas where are living the most vulnerable children of Sao Tome and Principe. In addition, beliefs and attitudes will begin to shift so they are more conducive to preventing mothers and child health, especially newborns and very young children and eventually this will lead to changes in practices that are harmful to children.

Ultimately, the successful implementation of the country programme component “Equitable Child survival: Health, HIV, nutrition and sanitation” implies that in 2021 stakeholders - especially at the district levels - will be capable of translating existing national legislation and policies on health, into regulations and mechanisms to effectively deliver quality health services for children. Protocols and mechanisms will be in place to prevent/address the most frequent risks as foreseen in the Integrated Management of Mother and Child Illness strategy and in the high impact interventions package. Health decision makers, frontline health workers and opinion leaders will be aware of their accountabilities and will use technical competencies and means to deliver quality health care in both promotion and response areas.

With the Ministry of Health as coordinating agency for programme action and in close partnership with development agencies, UNICEF will contribute to the achievement of this outcome through the two following priority outputs and their related actions.

3.1.1 Output 1: Equity-focused legislation, policies and strategic plans related to pregnant women, newborns and young children health, HIV prevention and control, nutrition and sanitation are developed.

In Sao Tome and Principe, like in the majority of developing countries, mothers and child-survival strategies have been implemented without strong consideration of equity. As a result strategic approaches like IMCI and high impact health care package have generally been to first reach the mothers and children who were the most easily reached. However, the mothers and children who are easiest to reach are those whose risk of mortality is the lowest. As a result, children at greatest risk stay as the least likely to receive lifesaving interventions they need. Effective implementation of lifesaving interventions requires a functioning primary health-care system. To improve the equity dimension in implementing IMCI interventions health decision makers need to select the areas with greatest need, rather than those that are easiest to reach. The effectiveness of the health strategy to reduce child mortality and especially neonatal mortality is dependent on effective and accessible referral care services, which is not possible if the management is weak and basic means are not available. UNICEF support will focus on making...
districts and health facilities able to provide, especially in the most vulnerable areas, effective health care, services by enabling environment, legislation, adequate budget and good governance of health system selected areas on coordination, health policies, regulations and budget frameworks will be reviewed to make them more equity focused and informed by evidence.

Although the implementation of the National Health Development Plan is supported by several development agencies, global initiatives and Civil society (WB, WHO, ADB, UNICEF, Global Fund, GAVI, Red Cross, ASPAF, Health for All), several bottlenecks in the coordination and resources mobilization impact health services. There is a need to establish new partnerships to address neglected matters such as neonatal care. UNICEF’s capacity in mobilizing resources and leverage on partnerships (i.e. with Government agencies, CSOs, etc) will play a fundamental role to create an enabling environment for an effective neonatal, immunization and nutrition services. UNICEF, in partnership with major development agencies in Sao Tome and Principe and abroad, will address selected bottlenecks evidenced during the preparation of the 2014 GAVI submission for the Extended Programme of Immunization. UNICEF will focus on advocacy and evidence generation to influence decision makers to gradually increase the share of health and immunization in the national state budget. UNICEF will also support the national counterparts to reinforce multi sectoral and multi agencies coordination mechanisms. In other child health domains (nutrition, PMTCT, sanitation), UNICEF will continue to play either a leadership role in implementation (i.e Home Food Fortification programme) or a convening leading role in triangulating cooperation between development agencies and national counterparts. Specific attention will be paid to modelling of good practices in nutrition (i.e. fight against malnutrition through revision of nutrition policy and strategy to strengthen IYCF and fight against anemia), HIV/AIDS (i.e. eMTCT) and sanitation, i.e. focus is on governance (development of sanitation policy, strategy and plan).

UNICEF will advocate for the strengthening of cross and multi-sectoral approaches to ensure that child health is addressed through a holistic approach. This is key as assessments have shown that strong child health rely on integrated, multidisciplinary and intersectoral interventions rather than isolated strategies. In this regard, UNICEF will support the Ministry of Health to address the lack of coordination between ministries and between national counterparts and development agencies (also evidenced during the preparation of the 2014 project proposal to GAVI). Using the lessons learned from the implementation of the First 1,000 days programme UNICEF is currently supporting, the country programme will encourage the Ministry of Health to work with the Ministries of Social Affairs, Youth, Infrastructures and Natural Resources and Education to coordinate health promotion activities in early childhood centers and strengthen social protection schemes in support of the most disadvantaged families in targeted rural areas.

In order to keep the issue of neonatal health on the top of the decision makers’ agenda UNICEF will support the Ministry of Health to create a specific working group on neonatal health gathering most influential people known for their expertise and knowledge in newborn care.

To address bottlenecks caused by of lack of budget, maternal and child health, key surveys and assessments (Demographic and Health Survey in 2018, MICS in 2020 and evaluation of parental education programme) will provide evidence to measure progress/shortfalls in child mortality and serve as a basis for policy dialogue (i.e. Neonatal issues, insufficient budget allocation).

UNICEF will also support the Ministry of Health to develop the National Information System capacity. Particular attention will be given to indicators currently missing and critically needed to assess progresses against program expected results and dismantle bottlenecks/barriers that affect services delivery. A strengthened National Health Information System will enable the generation of relevant information to monitor outputs. Training on monitoring approaches will develop capacity of implementing partners, sustain implementation of decentralized monitoring and enable the capture of changes resulting from programme implementation.

3.1.2 **Output 2:** Capacity of key government institutions at district and community level to provide and monitor quality health, HIV, nutrition and sanitation services, in regular and emergency situations, is strengthened.
The WHO defines a health system as all organizations, people and actions whose primary intent is to promote, restore and maintain health. To be able to meet the demand of the beneficiaries a health system needs relevant policies, trained health workforce, relevant information, basic health infrastructures and commodities, financing and good governance. Service delivery requires availability of these building blocks at all levels of implementation including the district. The support provided under this output will enable the Ministry of Health and selected districts’ teams to ensure an effective and equity-focused implementation on the national health policy with a focus on neglected maternal and child health issues (i.e. on pregnant women, new-borns and young children, especially the most vulnerable).

Based on this premise, UNICEF, in partnership with WHO, UNFPA, and GAVI will support the review of selected health policies specifically those regulating health district management. An empowered local team will ensure an effective local planning, will lead to the establishment of local management mechanisms that support better identification of mothers and children at high risk and ensure they can have access to quality care appropriate to their needs. This means that health districts teams will be able at decentralized level to allocate staff, financial and logistical resources to priorities and disparities evidenced during periodic and regular MoRES analysis (i.e. MoRES has been recently nationwide scaled up with UNICEF support).

In addition to the review of the district management policy, selected investment in capacity development for decision makers leading health districts will facilitate the use of the revised district management model and tools. Roles and responsibilities will be clarified with regards to planning, service provision, procurement and supply, supervision and health promotion. The oversight of health facilities will be reinforced with most frequent supervision visits and on time feedbacks including by sharing data and analysis produced during MoRES analysis. Supervision guidelines will be revisited accordingly. These improvements backed by closer supervision activities will contribute to improve data collection, strengthen staff accountability with regards to their responsibilities towards the extension at community level of the integrated management of childhood illnesses strategy, reinforce the participation of development partners in the financing and implementation of local district health plan, ensure better availability of essential commodities in under-served facilities and reduce disparities affecting the outreach zones.

UNICEF will address bottlenecks that impede the supply and quality of care and the functioning of health facilities for maternal and neonatal care by supporting the training of frontline workers (nurses and community health workers). This training coupled to capacity development activities and community participatory programming activities and a technical and logistical support, will improve availability of quality service delivery. UNICEF will also provide basic materials and means to improve health services in one urban district, a rural most deprived district and the Prinicipal autonomous region equipped with a minimal capacity to deliver quality basic emergency obstetric and basic new-born care. Depending on the commitment of development agencies in the scaling up plan UNICEF will provide additional training and essential commodities to neglected districts and maternities.

A specific support will be provided to address the persistent sanitation issues identified in urban areas. Provided in partnership with the European Union26, this support will include technical assistance and logistic means to scale the building of basic and affordable sanitation facilities. Communication for behavior and social change will target the ban of open-defecation practices.

In nutrition, UNICEF will give priority to supporting home food fortification with micronutrients programme by working on the supply (provision of micronutrients) and demand of services. Based on the findings of the assessment undertaken in the previous country programme on child feeding practices, UNICEF will advocate to generate increased commitment to IYCF and the development of policies, legislation, strategies and plans to implement the main operational targets of the WHO-UNICEF Global Strategy for Infant and Young Child Feeding and for scaling up of comprehensive, multi-level interventions to protect, promote, and support breastfeeding, and

26 Current cooperation agreement between STP and the EU foresee investments in urban districts
complementary feeding. This will be supported by developing capacity of health and community health workers and conducting supportive supervision to implement integrated infant and young child feeding counseling and support (addressing both breastfeeding and complementary feeding) at key maternal and child health contacts. Further, actions include improving breastfeeding practices in maternity facilities through institutionalization of the Breastfeeding or the Baby Friendly Hospital Initiative (BFHI), promoting establishment of mother to mother support groups and targeted communication activities using multiple channels and messages tailored to the local context and the specific barriers. To address the issue of anemia supplementation strategy with multiple micronutrients will be used in addition to optimizing use of locally available foods. UNICEF will also provide support to build capacity of basic health facilities and better address/prevent acute malnutrition cases, especially those linked to cases of HIV positive children.

Well-equipped health workers will ensure an effective implementation of the integrated management of childhood illnesses strategy, particularly in targeted rural areas. In collaboration with CSOs and under the supervision of health district teams, community leaders will play key roles in informing and discussing with communities and parents on the best way to make health care available, these frontline health workers (i.e. nurses and community health workers) will be able to provide quality care provision, ensure health promotion with a priority given to maternal and new born care and collect, store and analyze data. The systematic use of the decentralized monitoring will enable assessment of progress towards locally planned results and progress made with respect to producing an enabling health service delivery environment (management of essential commodities).

Coupled with a good supply, demand for quality maternal and neonatal care will be increased through affordable care, communication on positive attitudes/practices, and continuous availability of services.

Evidence generated by assessments and studies in the health sector will be used to create public debates and advocate for the overcoming of current blood tests barriers (i.e. cost recovery) that not only prevent a high number of pregnant mothers from using maternal services, and decrease the likelihood of detecting antenatal complications/risks.

Based on the premise that empowered caregivers can lead to positive change in attitudes and behaviours for young children, social norms will be key. This bottleneck will be addressed by the development and implementation of a comprehensive communication plan for social and behavior change. Such integrated communication strategies will target barriers related to basic family practices (low use of soap during hands washing, frequent open defecation), and poor health care demand (late referral to health services when children suffer from moderate diarrhea…). Through a gradually rolled out plan, communities will become involved and informed of existing services. Communication activities will be implemented preferably through cross-sectoral approaches and by using opportunities offered by existing programmes such as the parental education programme and early childhood interventions. They will directly target a wide range of caregivers (parents, grand-parents and neighbors of families with young children and pregnant women, opinion leaders). The plan will promote community discussions led by opinions and community leaders who have the capacity and background to promote child health and positively impact parenting practices. Community dialogue and face-to-face activities will promote adequate feeding practices for mothers during pregnancy, complementary child feeding, exclusive breastfeeding, home food fortification for children and other healthy practices (washing, use of impregnated bed nets…). Communication activities will also take advantage of commemorative ceremonies, such as the African immunization week and the international breastfeeding week, to alert the population on how to reduce risks during pre and neonatal periods. These events generally offer a good opportunity to mobilize media and advocate through high opinion leaders and local and decision-makers. Coordination and monitoring mechanisms will be established to oversee the implementation of C4D activities, to maintain coherence and to avoid the duplication of activities implemented during the parenting programme. Implementation of communication activities will be made through integrated approaches including early childhood education and protection projects.

The parental education activities will continue to be given a high priority as it represents a very good opportunity to inform and discuss with parents on service availability, positive local practices for mothers and child health and selected malnutrition issues like anemia. Partnering with community-based agencies like CSOs will be key as these CSOs have several facilities that offer health care (especially first contact and awareness-raising activities).
UNICEF will partner with UNDP and the National Commission for the Preparation of Responses to Emergencies (COMPREC) to support the Ministry of Health in strengthening national and targeted district teams to develop and implement emergency preparedness and response plans, complying with the Core Commitments for Children in Humanitarian Action. These plans will help mitigating impact of a humanitarian crisis when they occur.

Whilst the programme component on Equitable Child Survival will support specific niches where UNICEF has comparative advantages, it is assumed that the counterparts will maintain a critical mass of staff within the directorates in charge of child health programmes, at both national and district levels, and ensure minimal coordination between development and implementing agencies to carry forward planned interventions. The programme component on Child survival will be working under the assumption that enabling conditions will be met by the Ministry of Health to ensure that trained service providers receive support and supervision and are sufficiently motivated to readily apply acquired knowledge and skills and provide quality education services.

3.2 Outcome 2: Children, especially the most vulnerable, benefit from quality gender-responsive parental education, early learning and primary and secondary education, including in emergency situations.

As indicated in the Theory of Change, “Education is both a fundamental human right and an investment, providing economic, health and societal benefits to nations, communities and individuals”. Sharing this statement the country envisions in its second Education Sector Plan for the period 2012-2022, that all children complete a full education cycle. The final objective of the Sao Tome and Principe’s government is to provide 12 years of free (6th up to 18th year) quality education to all children and youth, as well as offer higher and technical education opportunities. This vision assumes that a national education system that accommodates all children (during early childhood, preschool, primary and secondary levels) exists and functions adequately at national, regional and local levels.

The country programme component on “Education” will contribute to achieving this vision by strengthening some specific niches of the education system, as part of UN agencies support to the national Development Plan (2030 Transformation Agenda) in reaching the Sustainable Development Goals. A stronger education system following a good preparation of children at their earlier ages, through an expanded and improved preschool service, will reduce late entry at school and limit dropout rates, including in emergency situations. The improvement of the quality of teaching and learning at primary and secondary levels, especially in the most vulnerable areas will help to reduce the dropout rates and ensure improved equity for girls and socially deprived children.

This involves, in Sao Tome and Principe, strengthening the capacities of parents and the national education system services, particularly in areas where are living the most vulnerable children. In addition, beliefs and attitudes towards education will begin to shift so they are more protective for children and eventually this will lead to changes in practices that are harmful to children, especially for children having special needs and girls at secondary education. Ultimately, the successful implementation of the country programme component “Education” means that in 2021 caregivers and teachers, especially at the community level, will be capable of translating existing national legislation and policies on early stimulation and education, into mechanisms to effectively deliver parenting and education services for children that ensure their full and holistic development. In coordination with relevant sectors parents, community leaders, teachers, school principals and decisions makers will be aware of their responsibilities towards education and development of children, and will use required competencies and means to deliver quality early stimulation and learning.

The outputs selected for the country programme component on Education will target a limited number of specific niches where UNICEF support is expected to play a leveraging role: (1) Education sector’s capacity to legislate, plan, budget for and implement reforms related to access to quality early education and retention of children in primary and secondary levels is strengthened and (2) Capacity of parents, caregivers, communities and educators to provide integrated quality early childhood development (early stimulation, learning, safety, care and nutrition) is strengthened.
With the Ministry of Education as coordinating agency for programme action and in close partnership with the Local Education Group and development agencies, UNICEF will contribute to the achievement of this outcome through the two following priority outputs and their related actions.

### 3.2.1 Output 1: Education sector’s capacity to legislate, plan, budget for and implement reforms related to access to quality early education and retention of children in primary and secondary levels is strengthened

Although the reform and the scaling up of the education system in Sao Tome and Principe is strongly supported by the GPE and the WB, the UNICEF’s support will play a key role. It will support national counterparts to dismantle some of the remaining barriers that prevent children, especially the most vulnerable, benefitting from quality parental education, preschool, primary and secondary education. In particular, UNICEF will work in policy and legislative frameworks where no technical and financial support is expected in the short and medium terms. Such support will play a strong leveraging role in achieving the outcome selected for education by the UN agencies. It will help to fill gaps evidenced during the assessment of the Millennium Development Goal for Education and will represent a good basis the post-2015 development agenda, in which UNICEF’s advocacy on education is particularly important.

To address the issues of low quality of teaching and learning at both primary and secondary levels, UNICEF will work mainly at the upstream level through targeted initiatives aiming at enabling the education environment. The goal will be to strengthen political commitment and accountability in the planning and the scaling of qualitative and inclusive education activities.

In the area of early childhood, UNICEF will build on the capacities developed among policy makers during the development of the national ECD policy, the implementation of the better parenting and the 1,000 days programmes, the assessment of children skills at the entrance of primary school and the simulation models cost/scenarios and, in partnership with WB, will support evidence generation. The findings of a rapid assessment of the small ECD structures implemented in the previous programme of cooperation will help the country to select a small number of realistic models that can be scaled nationwide. UNICEF will also make use of these findings to advocate with policymakers for a rapid political validation of the recently drafted ECD policy and for additional funding for scaling up the most affordable options.

At a highest institutional level, UNICEF will join national and development agencies’ efforts that aim at improving the delivery of basic education services with a focus on greater equitable access, better quality and improved local governance of service. Taking into account that Sao Tome and Principe has already received a significant grant from WB and GPE to improve the in-service teacher training and to the management of human resources, UNICEF will concentrate its assistance on developing capacity of selected national education experts in creating, releasing and implementing new standards for quality education services that comply with international standards and the concept of child friendly schools. Revised regulations and tools on minimal entry age, repetition, drop out, enrollment and attendance of pregnant girls, monitoring and supervision will help lifting some recurrent barriers that prevent especially children with special needs and pregnant girls in completing a full secondary education.

The issue of quality of learning will be also addressed through a development agencies coordinated support to review to revise current teaching methods, development of a set of activities like prevention of violence and harmful practices inside schools and school governance. School governance will be also pursued as factor of quality education. Development of capacity of school administrators and parents associations’ members in areas such as management, monitoring and community participation, child protection, nutrition and the promotion and participation of parents’ associations will strengthen schools capacity to be better responsive to their environment including by addressing the needs of hard-to-reach children, and the phenomenon of violence in schools.

To enhance the value of the policy dialogue and the support to be provided at this upstream level, UNICEF will also work on generating evidence and on advocating. Technical support will help a more rapid scaling up of the Education Management Information System (EMIS) developed with the support of the WB. The data generated by the EMIS will be used together with the findings of the 2016 Simulation for Equity in Education and other
selected studies (out of school children study, better parental education programme…) to conduct technical meetings and open public debates with the view to influence policy makers to invest more on human resources management (i.e. recruitment, career development, training) and innovations. These two factors are key determinants in enhancing the quality of learning.

UNICEF will encourage and technically assist the Direction of Basic Education and the Direction of Pre-School Education to assess the projects launched in distance learning and the innovative virtual platform for teachers and further will create spaces and events for advocacy and policy dialogue for the scaling of the most affordable, effective and sustainable components. This support will also include experience sharing and South-South cooperation with countries having implemented successful projects in this domain.

UNICEF will continue to give high priority to activities targeting development of parents’ capacity. The findings of the assessment of the Parental education programme will help determining how existing structures within communities operate and on what practices and beliefs work needs to be done. This will help to adapt operational strategies and communication to the context of families to be reached. Innovative approaches like the use of health workers in community health centers could be used to reach parents. Added to focused public debates on ECD and education these communication activities will contribute to better enable the ECD environment at both central and local levels, facilitate the mobilizing of funds needed for the scale up of ECD, improve cross sectoral linkages and better serve socially excluded children’s needs.

As Sao Tome and Principe is prone to natural disasters resulting from climate change, an advanced planning is critical to building resilience and responding effectively in humanitarian disaster. UNICEF will partner with UNDP and the National Commission for the Preparation of Responses to Emergencies (COMPREC) to support the Ministry of Education staff in undertaking risk assessments and strengthening national and targeted local teams capacity in developing and implementing emergency preparedness and response plans based on the Core Commitments for Children in Humanitarian Action. UNICEF will also advocate ensuring that education policies and plans reflect these assessments and appropriate risk management measures. UNICEF will advocate ensuring that education policies and plans reflect these risks assessments and appropriate disaster risk management measures

### 3.2.2 Output 2: Capacity of parents, caregivers, communities and educators to provide integrated quality early childhood development (early stimulation, learning, safety, care and nutrition) is strengthened.

The ToC recommends, rather than trying to address all aspects of education, UNICEF can play a greater role on concentrating its support on early learning, equity, learning outcomes and education in emergencies. Based on this, the second output selected in Sao Tome and Principe is concentrated on early childhood with a particular focus on capacity development of the population.

In the area of ECD the theory of change argues that when three pillars – supply of reading materials, demand within communities for books and reading initiatives, and capacities of facilitators and parents to engage young children in reading materials – are met – then the habit of reading will be cultivated and children will successfully engage in developing their skills and completing a full education cycle. Based on this premise UNICEF will support national counterparts to implement a series of selected initiatives mostly targeted on downstream level to establish relevant supply conditions and create demand for quality ECD services.

Since ECD and Education are crosscutting areas with activities fragmented between several sectors, a strong advocacy targeting the highest political decision makers in the health, nutrition, water, sanitation, education, and child protection sectors will help strengthening cross sectoral approaches, building sustainable interlinkages and increasing commitment of these sectors in the coordination, monitoring and joint programming. This will increase opportunities for cross-sectoral interventions and increase the availability of ECD services.

The recently adopted curricula (i.e. it highlights the role of parents and stress the psycho-social skills needed to prevent harmful practices such as the use of violence to educate children) will be widely disseminated to develop capacities of parents, caregivers, communities and educators. The improved teaching methods will be also revised
Based on evidence provided by the assessment of the evaluation of the competencies of children at the entry in primary school. They will be also further used for the implementation of new innovative service delivery approaches (i.e. “School of Parents Project” initiated in Jamaica) in two districts. UNICEF will support pilot experience, the printing of the tools needed and the training of facilitators.

When guidelines on parental engagement in setting positive conditions at home and schools are developed and appropriately implemented along with capacities of school management to communicate and engage with parents on the issue and if children engagement in school is strengthened, then those children find a conducive environment that enable them better learning. To create this conducive environment in selected high vulnerable districts, UNICEF, in addition to activities foreseen in capacity development and communication for behaviour changes will support the improvement of supply of quality education services by printing, disseminating and training essential staff on the tools developed to introduce the concept of child friendly schools, enforce revised regulations (i.e. minimal entry age, repetition, drop out, enrolment and attendance of pregnant girls) and accelerate establishments of mechanisms capable to promote children and parents’ participation. UNICEF will also supply basic commodities like classrooms’ furniture to enhance the learning environment in targeted schools located in very vulnerable and forgotten areas.

The theory of change argues that critical importance should be paid to activities engaging with families and the broader community (including religious and community leaders) as gatekeepers and decision makers. Based on this and on the premise that improved knowledge of direct caregivers on positive parenting practices can lead to positive changes in attitudes and behaviours for child development, UNICEF will support national counterparts engaged in ECD designing and implementing an integrated communication for development strategy. To this end UNICEF will support national counterparts developing and implementing a communication for behavior change integrated strategy, which will include early childhood, health and protection issues, to create a demand for early stimulation and preschool, primary and secondary quality education as well. Activities implemented in form of mass campaigns, media advertisements, social mobilization campaigns, group and face-to-face activities will target parents, children and communities and will help these stakeholders understanding child development and their social accountability in setting favorable environmental conditions needed to stimulate and care for young children, supporting learning at each age/grade level, and better participating in school management. Activities on early childhood will promote specific dialogue for a holistic development of children that includes physical, social, emotional and cognitive areas and will be developed and implemented in close collaboration with the education, health and protection to improve synergies and cross sectoral linkages between their communication strategies. A specific focus will be made on community discussions, known to be in Sao Tome and Principe as an effective approach to address the social norms that perpetuate education issues and foster positive attitudinal and behavior change.

Whilst the programme component on Education will support specific niches, it is assumed that the counterparts will maintain a critical mass of staff within the directorate in charge of education at both national and district level and ensure minimal coordination between development and implementing agencies to carry forward planned interventions. The programme component on Education will be working under the assumption that minimal enabling conditions will be met by the Ministry of Education to ensure that trained service providers receive support and supervision and are sufficiently motivated to readily apply acquired knowledge and skills and provide quality education services.

3.3 Outcome 3: Vulnerable groups, in particular children and women, benefit from adequate protection against violence, abuse and exploitation.

The Theory of Change argues that violence, exploitation and abuse represent the ultimate violation of children’s rights and pose considerable threats to the achievement of the long-term universal and country’s development goals. To address such challenge Sao Tome and Principe has developed several national legal and policy frameworks that together foresee that all children are protected from violence; abuse and exploitation with the most vulnerable of them receiving special attention and support. Achieving this goal means that Sao Tome and Principe has a holistic child protection system that functions adequately at national, subnational and community levels to ensure this protection.
Such system is expected to quickly identify violations to children’s right to protection and provide quick support to children whose rights to protection were violated or at risk to be violated. Such system is expected to work also in emergency situations, and in collaboration with relevant sectors and with communities. Building such system means also that beliefs and attitudes will begin to shift so parents, caregivers and the society as a whole become more protective for children in need of protection. This will lead to changes in practices that are harmful to children, especially for children exposed to high child protection risks like those evidenced in recent assessments (i.e. child marriage, child labor, violent discipline and placement in residential care).

The country programme component on “Child Protection” will contribute to achieving this vision by strengthening some specific niches of the child protection system, as part of UN agencies support to the national Development Plan (2030 Transformation Agenda) in reaching the Sustainable Development Goals.

Ultimately, the successful implementation of the country programme component “Child Protection” means that in 2021, both components (formal and non-formal child protection systems), work in close collaboration at all levels (i.e. with a particular focus at community level) and ensure that all children at risks or needing protection have easy access to child protection services. Parents, community leaders, workers from various sectors (social affairs, health, education, birth registration) and decisions makers will be aware of their responsibilities towards families and children, and will use required competencies and tools to deliver quality prevention and support child protection services.

The outputs selected for the country programme component on Child Protection will target a limited number of specific niches where UNICEF supports are expected to play leveraging roles: (1) Government capacity to legislate, plan, budget for and implement prevention and response to violence, abuse, exploitation and neglect of children strengthened. (2) Government, communities and civil society capacity to work on prevention, identification and reporting of child abuse, violence and exploitation and provision of appropriate care strengthened, especially for vulnerable groups.

With the lead Ministry as coordinating agency for programme action and in close partnership with development agencies UNICEF will contribute to the achievement of this outcome through the two following priority outputs and their related actions.

### 3.3.1 Output 1: Government capacity to legislate, plan, budget for and implement prevention and response to violence, abuse, exploitation and neglect of children is strengthened.

During the last decade the main child protection approach used by the country was built on the implementation of a number of specific projects targeting specific issues (see section 2/ child protection). Although these projects produced outcomes for children, their responses were not enough effective to protect children against all known forms of violence, exploitation, abuse. Today, under the national umbrella and UNDAF priority of social cohesion the country would like to change this approach and shift to a system approach. The above output will contribute to achieving the national goal and the outcome selected by the UN agencies by, more specifically, contributing to build different elements of this national child protection holistic and integrated system.

A high level advocacy will help enabling the environment needed for a strong child protection system including both formal and non-formal systems. The top priority for UNICEF will be the advocacy and policy dialogue. The findings of the assessments conducted during the previous country programme (i.e. the 2013 assessment on violence, abuse and neglect of children in Sao Tome and Principe) will be used to build a coalition of child protection allies and partners and influence the government of Sao Tome and Principe to rapidly identify and empower the line ministry with the capacity to lead the child protection area, coordinate initiatives and accelerate adoption of the national policy on child protection and related components (i.e. action plan and review of key legislation on Juvenile Justice, Child and youth at risk, adoption, placement).

To address the bottleneck of lack of integration and complementarity between agencies engaged in child protection
UNICEF will support the designated leading departments in establishing and running a functioning coordination mechanism, gathering key ministries and key implementing agencies engaged in Child Protection. This Coordination function is key element of the building of the child protection system, as it contributes to improve integration and cross-sectoral linkages, implement cost effective multidisciplinary and integrated activities and monitor the implementation of the 2015 Child Protection Action Plan. The coordination between ministries of Social Affairs, Education, Health, Justice, and Interior will be particularly strengthened with creation of ad hoc technical working groups to identify and address barriers faced by children in the areas of supply, demand and quality of child protection services (i.e. fees preventing poor children and socially excluded children to access to health for medical examination, lawyers…).

UNICEF will also advocate and provide technical assistance for the creation of a coordination mechanism gathering influential opinion leaders (religious leaders, women associations, coalition of civil society organizations, parliamentarians…..) with the objective to create a strong body that can voice and facilitate the creation of bridges between the formal system and the non-formal services composed by community based mechanisms, faithful organizations, religious leaders and private institutions. Such creation will also help to facilitate the advocacy work to be done with the decision makers in charge of review/adoptions of legal, policy and budgetary frameworks and mobilize civil society organizations in communication activities needed to foster sustainable positive attitudes and practices.

Evidence generation will play a strategic role in the building of the child protection system. A comprehensive monitoring mechanism based on a selection of a set of SMART indicators coupled with skills strengthening for selected child protection professionals will facilitate the monitoring of programme performance and enable the capture of changes resulting from programme implementation. The Child Protection Programme component will learn from the successful monitoring systems established in education and health systems.

A new reliable database informed by skilled frontline social workers will help these professionals tracing children having been in contact with a child protection service and will ensure a continuum of support till they are adequately and socially reintegrated. The building of this database will take into account the local context prevailing in terms of communication and human resources means and will seek for the most feasible, reliable and affordable options having in mind that such mechanism needs to have a nationwide coverage. Intersectoral coordination during the process of creation and management of the database will have to be strengthened and maintained for the success of this initiative.

A strong child protection system able to efficiently protect and support children needs a strong, repetitive, massive intensive and continuous communication for development component, within the integrated communication for behavior change strategy, to enable each actor of the wide range of child protection stakeholders to play correctly its positive roles and tasks. This means that the ultimate goal of communication activities is to empower each actor as gatekeeper of the rights of each child. The findings collected in the previous country programme (i.e. situation analysis on violence against children, lessons learned from the Counseling Centre Against Domestic Violence jointly supported by UNICEF and UNFPA and the assessment of the parental education programme) and a new listing of most frequent positive practices used in Sao Tome and Principe will help having a thorough understanding of key drivers perpetuating harmful and positive community and caregivers’ practices in the child protection and further guide to select the most appropriate messages and channels that can be used to prevent and mitigate child protection violations.

The development of this communication strategy will be made in close collaboration with community representatives and children. This will help to facilitate the implementation of communication activities. This communication will need the use a wide variety of messages to be channeled through a wide range of options. Messages developed based on the findings of selected evidences will help to carry out mass awareness campaigns using media and special social mobilization events like the African Child Day. These mass awareness activities will open the floor for public debates on key and sensitive issues and lead decisions makers and caregivers to understand and fulfill their political and social accountability and ultimately commit in protective measures like enacting laws and mobilizing funds for child protection.
Face-to-face activities will be implemented in forms of local communication campaigns, community dialogues and home visits performed by social workers, NGOs’ staff and trained community leaders, when possible in coordination with activities under the parental education programme. These stakeholders will be asked to promote among parents, relatives and communities dialogue on existing laws and policies, on existing formal and non-formal services and on positive traditional protective attitudes to adopt vis-a-vis child marriage, child Labour, and the high levels of domestic violence against children by caregivers.

UNICEF will use the South-South cooperation strategy by supporting selected national child protection experts visiting surrounding countries. Priority will be given to countries where holistic and systemic child protection systems are being established, and/or communication activities helped to positively changes behaviors and beliefs on harmful practices. This will help creating a critical mass of skilled people needed to build the child protection system through a long-term approach.

As Sao Tome and Principe is prone to natural disasters resulting from climate change, an advanced planning is critical to building resilience and responding effectively in humanitarian disaster. UNICEF will support the Ministry leading Child Protection in undertaking risk assessments and strengthening national and targeted local teams’ capacity in developing and implementing emergency preparedness and response plans based on the Core Commitments for Children in Humanitarian Action. UNICEF will also advocate ensuring that child protection policies and plans reflect these assessments and appropriate risk management measures.

### 3.3.2 Output 2: Government, communities and civil society capacity to work on prevention, identification and reporting of child abuse, violence and exploitation and provision of appropriate care strengthened, especially for vulnerable groups.

The Theory of Change argues that one of the major assumption behind the child protection outcome is: “Governments and other stakeholders (should) recognize that all children have the right to be protected from violence, exploitation and abuse” …and ….all the work on child protection flows from the basic recognition that children have rights, and in particular that they have the right to be protected from all forms of violence, exploitation and abuse. If key pillars of the child protection system –policy, legislation, services delivery, monitoring- are in place child protection cannot be guaranteed to vulnerable children if parents, communities, children and relevant child protection stakeholders are not aware about child protection, child protection services and do not use them. Based on this premise UNICEF will support national counterparts to implement a series of selected initiatives mostly targeted on downstream level to establish relevant supply conditions and create demand for quality child protection services.

The validation and dissemination of the model developed for Child Protection case management and referral and its supporting operating procedures will help addressing one of the barriers evidenced for the supply area in formal child protection service. The use of such tools will ensure that a continuum of quality care is provided to each child identified as child at risk and to those who have experienced child protection violations. The new case management model will then be used to produce needed guidelines and case management tools.

These tools will be, further, used to strengthen skills of frontline workers belonging to the Ministries of Employment and Social Affairs, Health, Education, Justice and Police and selected non-governmental organizations. UNICEF will support the counterparts to ensure that these trained professionals collaborate within local cross sectoral child protection coordination mechanism ensuring that children at risk and those who have experienced child protection violations are quickly identified and referred to the most suitable services where they receive support provided by workers well informed about their accountability, including for follow up of referred cases, sharing data and information needed to feed the national database on vulnerable children. For that purpose the monitoring system will be reviewed and adapted and a critical mass of specialists working at district and national level identified and empowered to perform such supervisory roles.

To address the barriers of lack of demand of child protection services, caregivers engaged in child protection, in coordination with the parental education programme, will be equipped with adequate knowledge and engaged in purposeful dialogue that can lead to positive changes in attitudes and behaviours. This will be achieved through
development and implementation of the comprehensive communication for behaviours change strategy (3.3.1). Collaboration of local child protection mechanisms with communities and local education bodies will be encouraged to enable these bodies to exercise their responsibilities regarding child protection. Communities will be encouraged to find the most appropriate mediation and conflict resolutions approaches to protect and rescue children, including by developing networks like watching child rights committees and child friendly foster families. Coordination with local education bodies (schools) will be encouraged to address the causes fueling phenomena of violence in schools, poor enrolment of pregnant girls, child labor and lack of access of children with special needs. Teachers will be sensitized to really enforce legal texts banning corporal punishment in schools and will be trained to early detect children needing assistance. Together these measures will play a key role in prevention and will help avoid duplication of services and activities.

Whilst the programme component on Child protection will support the construction of the Child protection system and the strengthening of capacities of both formal and non-formal stakeholders it is assumed that the counterparts will maintain a critical mass of staff within the directorate in charge of child protection at both national and district level to carry forward planned interventions. The programme component on Child Protection will be working under the assumption that minimal enabling conditions will be met by the line Ministry to ensure that trained service providers receive support and supervision and are sufficiently motivated to readily apply acquired knowledge and skills and undertake priority review of policies and legal frameworks.

3.4 **Outcome 4:** Vulnerable groups, in particular children and women, benefit from improved social protection systems guided by generated evidence.

The Country Transformation Agenda built on the Vision “São Tomé e Príncipe 2030” provides that “the country we need to build” has as major objective to transform the country in a way that the “Sao-Tomeans live decently in a stable, democratic and solidarity’s country by modernizing and offering high level quality services, at the region and at the global levels”. To achieve this vision the government of Sao Tome and Principe foresees a wide range of interventions around two axis: (1) acceleration of sustainable growth, employment-creating and reducing poverty and promoting food security; and (2) strengthening social cohesion. When social inclusion succeeds, the most deprived and marginalized individuals; especially children, have both the opportunities and the resources necessary to realize their rights.

To strengthen social cohesion and then achieve its vision, Sao Tome and Principe needs to work at the same time on reducing poverty and addressing discrimination. This means that the country is equipped, among others, with a solid social protection system that functions adequately at national, subnational and at community level in addressing the needs of the most deprived children. The most recent PRSP assessments showed that income disparities recently increased and social protection schemes have still very low coverage, are fragmented and do not reach those who are in critical needs. A more effective social protection system still needs to be built.

As part of the UN agencies support to the national 2030 Transformation Agenda in reaching the Sustainable Development Goals, the 2017-2021 country programme component on Social inclusion will contribute to achieving this vision and building this comprehensive social protection system by addressing some bottlenecks that impede the functioning of the social protection for children in needs.

Ultimately, the successful implementation of the country programme component “Social inclusion” means that in 2021, decision makers and professional staff (social affairs, health, nutrition, education, finances..) will be aware of their responsibilities towards families and children, and will use required competencies, mechanisms and means to effectively deliver social protection to children that are in needs of such support. This means that such system is expected to function also in emergency situations, and in collaboration with relevant sectors and with communities.

This programme component will come in support of the implementation of the national social protection strategy implemented by the Ministry of Employment and Social Affairs, which will be the coordinating agency for this outcome.
The outputs selected for the country programme component on Social Inclusion will target a limited number of specific niches where UNICEF supports are expected to play leveraging roles: (1) Quality disaggregated and gender-sensitive data for evidence-based decisions, advocacy, programming and enhanced participation of vulnerable groups through surveys available. (2) National capacity to provide child-sensitive social protection services and to review its policy or develop related legislation as needed is strengthened.

With the leading Ministry as coordinating agency for programme action and in close partnership with development agencies UNICEF will contribute to the achievement of this outcome through the two following priority outputs and their related actions.

3.4.1 Output 1: Quality disaggregated and gender-sensitive data for evidence-based decisions, advocacy, programming and enhanced participation of vulnerable groups through surveys available.

Although the national development strategy focuses on vulnerable groups, the implementation of legislation and programmes (i.e. national social protection strategy) beneficial to these groups remain limited due to lack of data and information that significantly affects the capacity of the targeting mechanisms identifying those in high needs and prevent decision makers to make effective choices in selecting the best options in social protection. In this vein country programme’s efforts will focus on the generation of evidence, the improvement of governmental partners’ capacity to analyze and utilize the generated data and the development of social policies based on evidence. Stronger social protection and monitoring and evaluation systems will reduce social exclusion and discrimination against children and will help to mitigate impact of humanitarian crisis on most vulnerable children. This output will contribute to generate focused and detailed analysis and policy responses to child poverty in areas that has not yet been tackled in Sao Tome and Principe.

Targeted technical and financial support, provided in partnership with UNFPA, UNDP, WHO and ILO, will help enabling the social inclusion environment. Updates of the Demographic and Health Survey (DHS) and the Multiple Indicators Cluster Survey (MICS) will provide more specific data and will help conduct more thorough Multiple Overlapping Deprivation Analysis and stronger preparation of the Poverty Reduction Strategy Paper. Data and information generated will help to deepen the understanding of the patterns and drivers of child poverty and child exclusion, highlight shortfalls in the implementation of the national development plan and the national social protection strategy, serve as a basis to adjust social policies and develop advocacy tools needed for opening public debates around most critical disparities that contribute maintaining high social exclusion for children.

In combination with those provided by the DHS and MICS, evidences generated by the planned study on adolescents and youth and the study on Out Of School Children will help engaging in policy dialogue with key decision makers and development agencies on youth and education with the view of lifting critical barriers (i.e. fees, regulations, etc.) that prevent adolescents, especially pregnant adolescents to complete a full secondary education. These evidences will also serve feeding monitoring reports like the next national report to be submitted to the Committee on the Convention on the Rights of the Child in 2018. Ultimately they will be also used to feed advocacy strategies, including the UNICEF Country Office communication plan. Together advocacy and policy dialogue and public debates will help at maintaining child rights and the situation of the most disadvantaged children at the top of the national development agenda.

Evidence generated by the evaluation of early childhood pilot projects will be used by national counterparts to measure the capacity of the model used to take into account children from very vulnerable families (i.e targeting mechanism and affordability) and to refine it with the objective to provide the country with an effective model that can be rapidly scaled at affordable costs within the districts reporting the highest child deprivations indexes. Similarly, the parental education programme that is currently being implemented will be evaluated using a rigorous methodology to inform further scale up, particularly in the targeted vulnerable areas. UNICEF will also stay alert and will document new issues affecting children that may occur during the country programme.
A partnership will be sought with development agencies (World Bank, ILO, WHO, European Union) in the area of public expenditures reviews for social sectors (i.e. health, nutrition, education, social protection, etc) assessment of existing non-contributory mechanisms and for the development, costing and testing of new schemes of non-contributory social protection mechanisms. The objective will be to find strategies to lift demand barriers like those preventing pregnant mothers to access basic obstetrical care, children to afford secondary education fees. The evidence produced by these reviews will serve for advocacy towards decision and political makers playing a role in budgetary allocation processes.

Building on these assessments and on the successful implementation of the Sao Tome and Principe info database, UNICEF will develop capacity of selected counterparts through their training on the analysis and use of the generated data. Taking account the lack of highly skilled people in this sector the country programme will contribute through South-South cooperation so that some national experts visit surrounding countries. Together these supports will help address policy and financial barriers, and contribute to the advocacy for increased budget allocations for programmes that target most vulnerable children.

Effective implementation of these strategies assumes that data quality will be sound enough to be accepted for use by policy makers, with minimized risk of political interference.

### 3.4.2 Output 2: National capacity to provide child-sensitive social protection services and to review its policy or develop related legislation as needed is strengthened.

The ToC argues that “the final outcome on...social inclusion... focuses on the detailed analysis and policy responses to child poverty, both by continuing UNICEF’s emphasis on multidimensional poverty, and undertaking new work and analysis in an area that has not heretofore been tackled: monetary poverty”. This includes how the organization addresses both child monetary poverty and the combined effects of the multiple dimensions of child poverty that cannot be addressed through sectoral responses.

In partnership with development agencies (WB, ILO, Portugal and Brazil cooperation agencies), the evidence generated from surveys and UNICEF’s assessments, targeted and intensive advocacy with central and districts authorities will help accelerate the establishment of real conditions to overcome barriers in supply and demand of social protection services. The programme will continue to advocate for a rapid implementation of the 2015 adopted national social protection strategy and the legal recognition of the national social protection council.

To address bottlenecks that impede the supply function of the social protection system, UNICEF will support the restructuring of the directorate of social protection (DPSS). A clear division of accountabilities among DPSS specialists coupled, with focused training and technical support, will help these experts to mainstream multidimensional child poverty in the design of the new social protection schemes and better address the lack of coverage of vulnerable categories such as mothers with many dependents and the lack of attention of the nutrition programmes (i.e. treatment of severe acute malnutrition, including for children living with HIV). This improvement will also contribute to make the tools of the social protection mechanisms (i.e. national beneficiaries’ database under construction, the monitoring system and the claim-response mechanism being established) more children sensitive, comprehensive and responsive to families and children in needs. With UNICEF support, the country will draw lessons from the current projects and will use these lessons to develop and scale up of successful pilots through new innovative schemes that are more sensitive for vulnerable children.

Selected communication activities will stimulate the demand of social protection. Through a gradually rolled out plan, communities will become involved and informed of existing services and mechanisms will be put into place to allow dialogue and accountability mechanisms between communities and service providers. Communication activities will be implemented preferably through cross-sectoral approaches to use the leveraging role of social protection support for enhancing demand of education, nutrition, early childhood and child protection services.

Whilst the programme component on Social Inclusion will support the evidence generation and the strengthening of capacities, it is assumed that the counterparts will maintain a critical mass of staff within the directorate of social protection and the national institute of statistics to carry forward such interventions. The programme component
on Social Inclusion will be working under the assumption that minimal enabling conditions will be met by the Ministry of Employment Social Affairs, to ensure that trained service providers receive support and supervision and are sufficiently motivated to readily apply acquired knowledge and skills.

3.5 Outcome 5: Adolescents and youth, in particular girls and the most vulnerable, contribute to the creation and benefit from services of reproductive health, education, training, and information responding to their needs.

The Country Transformation Agenda developed by São Tomé and Principe indicates that strengthening social cohesion includes achieving Youth promotion, consolidation of the family and protecting vulnerable groups.

When social cohesion succeeds, the most deprived and marginalized young people have the opportunities and the resources necessary to realize their rights. This means that Sao Tome and Principe is equipped with programmes, policies and mechanisms that make education available to every girl and boy. This also means that programmes are in place to address specific needs of young people (i.e. out of school, discriminated based on their gender, do not have access to subsidies and scholarships, cannot attend vocational training, or attend formal and non-formal educational opportunities that fail to develop greater their self-esteem, problem-solving and decision-making skills) including access to sex education and reproductive health information. Most recent assessments show that such complex mechanisms still needs to be built.

As part of the UN agencies support to the national 2030 Transformation Agenda in reaching the Sustainable Development Goals and building this cross sectoral mechanism, the 2017-2021 country programme component on Youth and Adolescent Empowerment will contribute to achieving the national vision for Youth and building a comprehensive system by addressing some bottlenecks that impede Young people to enjoy their rights to education, health and protection.

Ultimately, the successful implementation of the country programme component “Youth and Adolescent Empowerment” means that in 2021, decision makers, professional staff and communities will be aware of their responsibilities towards young people and will use required competencies, mechanisms and means to effectively deliver services for young people. At the same time, young people and adolescents will have the capacities and attitudes needed to advocate for their right and engage in collaboration with governmental actors and service providers. This means also that systems or mechanisms supported by UNICEF function also in emergency situations, and in collaboration with relevant sectors and with communities and young people groups.

This programme component will come in support of the implementation of the national policy on young people by the Ministry of Youth and Sports, which will be the coordinating agency for this outcome. UNICEF will work on a limited number of strategic niches concentrated on educational opportunities where UNICEF’s support is expected to bring strong added values and play leveraging roles.

The following actions will be undertaken under the two outputs selected for the outcome on Social inclusion: (1) Boys and girls benefit from Life-skills interventions by skilled service providers to empower and increase their participation, influence decision making and enhance their capacities to prevent early pregnancy, alcohol consumption and other risky behaviors (2) Capacity of Government and civil society to provide alternative non-formal educational services for out-of-school adolescents, especially the most vulnerable, is strengthened.

With the Ministry of Youth and Sports as coordinating agency for programme action and in close partnership with development agencies UNICEF will contribute to the achievement of this outcome through the two following priority outputs and their related actions.

27 Strategic intent paper on Adolescents and Youth, UNICEF, 2016
3.5.1 Output 1: Boys and girls benefit from Life-skills interventions by skilled service providers to empower and increase their participation, influence decision making and enhance their capacities to prevent early pregnancy, alcohol consumption and other risky behaviors.

Based on the premise that a growing evidence show that “both cognitive and non-cognitive abilities determine social and economic success” for young people and adults\(^28\) and using the UNICEF’s definition of life skills as being a “large group of psychosocial and interpersonal skills that can help people make informed decisions, communicate effectively, and develop coping and self-management skills that may help lead a healthy and productive life”, the programme component on “Youth and Adolescent Empowerment” will address the bottleneck of lack of knowledge and services for adolescents and young people through initiatives aiming at enabling the environment, improving the supply of services and creating the demand for specific services through the life skills approach. These initiatives will count on the participation of youth themselves in the identification of main priorities and interventions, especially through the use of innovations using social media and through the collaboration with main institutions and associations dealing with youth, like the Youth Institute and the National youth Council. Main focus will be made on most frequent risks to which Sao-Tomeans young people are exposed.

In the area of enabling the environment most of the work to be done is described in the section 3.5.2. Majority of interventions will concentrate on the coordination mechanisms that are needed in reaching young boys and girls both within and outside of the education system as well as provide reproductive health and sexual education and HIV/AIDS prevention. UNICEF will pay a critical attention to the management mechanisms and the participation of communities and young people to ensure that materials developed are well accepted and can be appropriately used. Involvement of UNICEF in strengthening vocational opportunities will be considered as an option.

The strengthening of the supply area will need a high technical expertise to build a national capacity for developing/reviewing life skills curricula. UNICEF will help creation of a curricula committee where youth coalitions, non-governmental organizations and community representatives will fully participate and ensure a share of accountability. This is mandatory to ensure further implementation.

Based on the premise that Life skills training is most effective when it offers young people a foundational basis to be healthy and productive members of their communities, the design/review of life skills curricula will give priority to topics on early unwanted pregnancies, septic abortions, sexual abuse, HIV (the highest HIV prevalence in the country, 1.5 per cent in 2014, is found among the group of adults that had their first sexual relationship before the age of 16), alcohol and substance use. These issues will constitute the core content of the national life skills around which governmental and development agencies can build later.

Strengthening skills of facilitators will constitute the second most important ingredient to ensure an effective service supply. A first group of national facilitators will be trained by an international expert to ensure the sustainability of programme. These facilitators will further train facilitators coming from district level and different groups, including young people. Training will include mastering content of the life skills programme and acquiring foundational competencies on how to engage with young people. The programme will provide logistic support to reinforce supervision and monitoring of trained staff and print and disseminate teaching and learning tools that will be developed.

In addition awareness-raising activities promoting dialogue on main risks faced by young people will be conducted following a communication for development strategy developed through a cross sectoral approach. Community discussions and advocacy will improve knowledge on life skills facilitating the implementation of community driven actions that address the beliefs that perpetuate harmful practices.

3.5.2 Output 2: Capacity of Government and civil society to provide alternative non-formal educational services for out-of-school adolescents, especially the most vulnerable, is strengthened.

According to the UNICEF ToC “Capacity development efforts include supporting governments and other partners to design comprehensive social behaviour change communication strategies for adolescents and youth, including the most disadvantaged (including children in child-headed households) and those from key populations. These activities are important ways of ensuring that adolescents and youth have access to comprehensive information about HIV and AIDS. This needs investments in producing evidence to guide the design and implementation of the strategies, in enabling the environment (including through capacity development of main stakeholders) and in creating demand for existing services. To effectively contribute to achieving the UN shared outcome on “adolescents and youth, in particular girls and the most vulnerable, contribute to the creation and benefit from services of reproductive health, education, training, and information responding to their needs”, the activities to be implemented under the above output will be aligned with the ToC’s definition and its requirements.

UNICEF, in partnership, with WHO, UNFPA, UNDP and ILO, will provide opportunities to open public debates that can in turn help accelerating the political adoption of National Youth Policy developed and technically validated in the previous country programme. These policy dialogue opportunities will serve also to advocate for a greater mainstreaming of the adolescents and young people dimension in the national development priorities. If achieved this mainstreaming will help in turn translating the goals foreseen for Youth in the 2030 National Agenda into realistic projects and interventions with increased potential to attract funds. Within the overall National Youth Policy UNICEF will concentrate its supports on selected niches that can enable the environment for young people programmes in the specific domain of education.

Since Youth and adolescents are crosscutting areas with often activities fragmented between several sectors the creation of a strong cross-sectoral coordination will help to take advantage of the limited available resources, avoid duplication in activities and create synergies and intersectoral linkages. Close collaboration between the line ministry in charge of the programme addressing needs in education and the ministry in charge of strengthening quality of education will play a key role.

UNICEF will advocate with the Ministry of Youth and Sports to establish and run a mechanism that can gather a maximum of agencies having an engagement in education. UNICEF will encourage the National Institute of Gender Promotion and the departments of Health, Education, Justice and Employment and Social Affairs to be adequately represented in such coordination. UNICEF will provide a technical support in capacity development to train selected experts of the Ministry of Youth and Sports in running such cross sectoral coordination mechanism that will deal with assessments, development of teaching and learning materials, and selection of a typology of most appropriate models for non-formal education. By working together for the same beneficiaries these selected experts will be encouraged to form a critical mass of experts that can further scale young people projects. This will help ensuring sustainability of the project and the UNICEF investments.

The evidences generated by the assessments will be used to further develop flexible learning programmes on non-formal education programmes and their supporting teaching and learning tools that are needed to train trainers and facilitators, conduct awareness and carry out educational activities.

To improve the supply of adequate educational services technical support will enable key experts from the ministries of Education and Youth and Sports revising national education policies in order to mainstream non-formal education as a strategic subcomponent of the education system. This will help in the advocacy for additional funds. Selected joint assessments will help the national experts identifying the competencies needed to develop in the national context of Sao Tome and Principe. Assessment of existing “catching-up” systems, curricula and teaching methods will help to determine their gaps and potentials develop quality standards, curricula and prepare guidelines that are specific to non-formal education and can provide sustainable learning opportunities. This will nurture youth empowerment and enhance the opportunities of socially excluded children so that they can reintegrate the formal education system. In addition, UNICEF will provide a basic logistic package to improve the supply of adequate educational services in selected districts or areas reporting high rates of young people out of schools. This package will be offered to both formal and non-formal system and will help to train and equip facilitators (i.e. supplies, printings, awareness raising resources, innovative projects implemented by young people).
To address the barrier of demand (i.e., lack of interest of families and young people who believe they do not need to send or attend schools) the country programme will integrate this component under the integrated communication for development strategy. This communication will address the both issues of preventing drop out and enrolling in formal and non-formal education services. Discussion guides will be developed based on the assessments made and with the participation of young people and communities. They will include among others reference to necessary elimination of stigma fueling pregnant students drop outs in secondary education, quality education is essential for youth to acquire the skills to enter adequately paid jobs and to have the knowledge to participate in the political processes and make informed decisions about their lives. Dissemination will use several communication channels with giving priority to face-to face activities carried out by community leaders and by young people themselves.

To boost the demand, UNICEF will actively seek partnership with development agencies, non-governmental organizations and faithful associations to have joint approaches to test alternatives such as basic subsidies and scholarship for girls and children engaged in child labor.

Based on the facts that studies have shown a strong connection for girls between basic education and improved earning potential, the growth of democracy, and protection of the environment and that education is fundamentally linked to both their physical and economic health and that of their families a specific attention will be paid on girls out of schools throughout all interventions supported to achieve this output.

3.6 Programme effectiveness component: The Country Programme is efficiently designed, coordinated, managed and supported to meet quality programming standards in achieving results for children

In order to make the greatest possible contribution to the realization of children’s rights in Sao Tome and Principe the country programme should have strengths in key interrelated management areas (i.e. leadership, decision-making and structure, talented people, work processes, and culture of effectiveness), should constantly adhere to the global UNICEF and “Delivering as One” policies and standards and be subject to thorough and continuous measurement and monitoring. In addition to these requirements and norms delivering a high quality country programme in Sao Tome should be also guided by three principles:
- The design, planning and monitoring need to be Result-Based Management (RBM) with UNICEF staff, counterparts, and partners playing an active role in all steps. This means that rolling action plans are focused on achieving specific, measurable outputs leading directly to long-term changes able themselves to bring improvements in the sustainable realization of children’s rights.
- The country programme’s Outcomes and outputs need to stay overtime aligned with national government’s priorities and international standards for quality and effective management. UNICEF staff working in Sao Tome and Principe will continuously seek for implementation ways that demonstrate value for money without compromising UNICEF ethical principles and quality of interventions. Before their implementation all support needs to be assessed against risks and for capacities to bring added values and/or play leveraging roles for the best interest of children.
- The CO’s team will be also constantly striving to achieve even higher levels of quality in the work done and the way in which it will do it. To this end high technical knowledge acquired through learning activities constitute critical key element for high quality programme delivery.

This outcome will be achieved through 4 specific outputs.

Output 1: UNICEF staff and partners are provided guidance, tools and resources to effectively design and manage programmes.

As regulators, beneficiaries, UNICEF headquarters and Regional Office, national counterparts and donors increasingly expect UNICEF Country Offices (CO) to operate with the highest management standards to ensure that interventions are the most relevant and the most efficient. This is especially true for low and middle-income countries at the present time where external aid is becoming rare and social environment less stable. To overcome
this risk the country office will seek a continuous search of effectiveness through functioning internal mechanisms that can provide a good understanding of the environment where the country programme operates, prevent and adequately mitigate risks linked to management processes and ensure adequate implementation and coordination of programmes.

**Planning.** The primary objective of any intervention of programme is to ensure product delivery on time, cost-effectively and to the customer’s expected quality. Annual Work Plans will be developed on time for each outcome with clear identification of activities to be conducted and results to be achieved, the institutions responsible for the implementation, the implementation schedule and UNICEF inputs in terms of funding, supplies and services. UNICEF staff and their counterparts will jointly develop these work plans that will be validated by the designated focal points of ministries. Their annual review will fit as much as possible in the national review of policies and programs mechanisms. Taking into account the high turnover among counterparts’ staff, the country office will ensure a high quality of work plans by developing capacity of key officials and by using the tools recommended by the RBM approach (i.e. logical frameworks…). The country office will pay a particular attention to build capacity of implementing partners (government services and NGOs) developing region or local plans.

**Work processes.** Although the CO has a limited number of staff a regular review of key work processes is necessary to foster a culture that embraces continuous improvement and effectiveness. A particular attention will be paid on procurement; human resources and other processes pointed by staffs as needing some improvement. The terms of reference and the members’ list of UNICEF statutory committees will be reviewed to reflect a dynamic implementation of UNICEF regulations and to ensure that accountabilities are harmoniously divided between the staff.

**CMT.** A specific attention will be dedicated to the functioning of the Country Management Team. Held under the leadership of the head of office, the CMT meetings will play a key role in programme effectiveness as they ensure that programme activities, communication and advocacy are implemented and are aligned with the plan of action signed with the government, follow UNICEF organizational and ethical standards and meet donors’ requirements. Such information sharing events on both programmatic and operational activities will also help to coordinate donors’ visits and special events. In addition these meetings will provide the head of office with relevant information to maintain the positioning of UNICEF on strategic priorities raised during the United Nations Coordination team (UNCT) meetings held to monitor the implementation of the UNDAF and the contingency and humanitarian responses plans. The findings of these meetings will be disseminated information on points of interest to ensure that all the CO staff work in the same team spirit and adhere to the vision lead by the head of office. The conduct of general staff meetings will also play a strong role in programme effectiveness as these events help to have staff feeling that the organizational culture rewards honesty, encourages fairness – whether in recruitment, training, and use of means– and is open about changes when needed. Such meetings will demonstrate that all staff are trusted on being capable to be involved in decision making within the scope of our capabilities.

**Programme Coordination** Team meetings held on a regular basis will have as main purpose at enhancing cross-sectoral linkages and programmatic complementarity between country programme’s components. Under the lead of the Deputy Representative the staff will collegially identify and select crosscutting priorities, share key information on progresses, bottlenecks and lessons learned faced during the implementation of action plans. Staff will collegially decide on main changes that may be introduced in the programme and will inform on partnership opportunities and advancements of large national initiatives (i.e. update of the situation analysis of children and women, MICS and DHS, cross cutting surveys like the parental education programme evaluation and national poverty reduction strategies). These meetings will also keep management and monitoring procedures and activities well harmonized across the components constituting the country programme. The core team will consist of the Deputy Representative, the section programme officers and the programme assistant. These meeting will be extended time to time to all professionals and their assistants with the objective to keep all programme staffs well abreast about program priorities, innovations and changes in management and monitoring procedures.

**UNDAF.** Participation of the CO in UN agencies mechanisms (thematic working groups, programme group, operations group, emergency, communication and operations) will ensure that the country programme meets requirement needed for the “Delivering as One”.

25
All these mechanisms will not work without professional skills. The CO will invest in capacity development of its staff to ensure that they are well abreast about foundational knowledge (Theory of changes, monitoring, Country programme development) and that managers delegate tasks appropriately, allocate sufficient resources and authority and provide necessary coaching to their national counterparts. Specific training courses will improve programme officers’ capacity in key domains including leadership, result based approaches, monitoring and evaluations. This requires a paradigm shift in thinking about managerial accountability. The needs of such training will be first discussed during staff performance evaluations and further translated into objectives in EPAS. This will make staffs and managers accountable for their results, the results of their subordinates and the overall effectiveness of the country programme.

**Output 2: UNICEF staff and partners are provided guidance, tools and resources to effectively plan and monitor programmes**

Based on the premise that dysfunctional behavior in organizations comes from having too many or too few levels/substructures of work the CO will invest on strengthening key internal monitoring and assurance mechanisms based on the local context marked by a very small CO’ team.

**Knowledge generation.** The findings of studies supported by UNICEF (see relevant sections of the country strategy note) and its partners will help making regular soft updates of the situation analysis of children (SITAN) produced in 2015. These updates will provide the country team and national counterparts with data and information on trends observed in children rights and will enable them to introduce light changes in the plans of action if needed. They will also help to tailor the CO’s external communication, fundraising and advocacy plans (see below). In 2018 the findings of the Demographic and Health Survey will help to undertake a more thorough update of the SITAN and assess the relevance and appropriateness of the theory of change of each programme outcome during the mid-term review. These findings together with the lessons earned during the mid-term review will serve as background for the next country programme of cooperation between UNICEF and Sao Tome and Principe.

The strengthening of the ability to manage risks effectively needs to be part of the office system of governance and management effectiveness. This will be achieved through strengthened capacity in assessing risks, developing ERM, planning, monitoring, development of emergency preparedness and response plans and reviewing selected work processes.

**ERM.** The mandatory update of the Enterprise Risk Management (ERM) for Sao Tome and Principe will help CO staff keep an accurate understanding of potential risks that may impact programme implementation and finding most affordable ways to minimize impacts when they occur. A good use of this tool will ensure that activities stay aligned with national priorities, comply with the signed action plans and are efficient in reaching expected results. It will also help the reengage work quickly if an incident or a crisis occurs. The review of the CO’s ERM report will be undertaken during key internal meetings like Country Management Teams (CMT) and global staff meetings.

**HACT.** In disbursing funds the CO will systematically follow the harmonized approach to cash transfers (HACT) modalities. Funds will be transferred on the basis of annual work plans agreed between the implementing partner and UNICEF. The implementation of the HACT assurance plan will be reinforced by regular feedback provided during key managerial internal events (CMT, Programme Team and general staff meeting). To ensure an effective implementation of this assurance plan the capacity of the CO staffs and their counterparts will be strengthened and the impact of these activities on their work time and performance evaluated and taken into account in the staff evaluation of their performances.

**Monitoring.** Utilization of the Result Based Management approach requires an effective reporting mechanism that can track and report results achieved. A specific attention will be paid to ensure that systematic country programme-level evaluations and reviews are conducted on a periodic basis. Although following main recommendations of the
UN reform to reduce paper work and avoid bureaucratic processes the measurement of output indicators will be done during the reviews held by outcome and for the whole programme with the implementing partners and counterparts. The reports will be used to feed the UNICEF RAM and the annual report. Taking account the small size of the country and of the country programme the CO will, however, assess to what extend data collection systems can be strengthened by the introduction of real time monitoring tools and creation of opportunities for regular feedbacks, including in regions selected as priority for implementation. In health and education the introduction of the decentralized monitoring will strengthen the quality of reporting at both local and central levels. A well-functioning monitoring mechanism will enable a comprehensive view of the performance of the country programme at various levels, will facilitate effective allocation of resources and support to maximize impacts.

Output 3: UNICEF staff and partners are provided tools, guidance and resources for effective advocacy and partnerships on child rights issues with stakeholders

Communication, Advocacy and Fundraising will constitute key elements for programme effectiveness as they play strong leveraging roles in addressing child rights.

**Communication, Advocacy and Fundraising:** In addition to specific communication for development plans developed for outputs selected in health, education, child protection and social inclusion areas partnership, advocacy and fundraising strategies will be developed based on the findings of surveys, studies, assessments and monitoring. The partnership strategy will be based on a good understanding of donors’ positions and the trends of their specific aid. Coupled with advocacy activities this strategy will reinforce UNICEF visibility and position the country as a trusted agency capable to influence the agenda on children, especially in monitoring child rights, policy dialogue and budgeting mechanisms for children. The fundraising strategy will guide the programme on focusing on partners that play strategic roles in development and in children agendas. The CO will strengthen its direct relationships with local donors’ focal points (including those based in Gabon and surrounding countries), with UNICEF global structures such as PFP, and National Committees used to support UNICEF work in Sao Tome and Principe. At national level, the programme will focus on a more structured partnership with Government entities. The CO will help to them developing their capacities in communicating around children rights issues. A broader partnership with local media – including community radios and influential coalitions (i.e. religious leaders, parliamentarians, youth, women…) will be sought. These activities will require development of communication supports.

Output 4: Strategies to address cross-cutting issues related to child rights are developed and applied.

Across all programme components, emergency and preparedness will be mainstreamed with the aim at increasing communities’ and partners’ coping strategies in case of an emergency situation. In addition within this output the CO will ensure that the programme is efficiently operated and that all necessary supplies are available and financial operations are timely performed.

**Emergency and Preparedness Plan** appropriate to local context and complying with the UN and national agencies contingency plans are developed and implemented when needed. Based on the core commitment for children in emergencies and a relevant assessment of main local risks such plan will ensure that activities are aligned with children needs and ensure that the CO’s team is achieving results and ensuring a good use of UNICEF and donors resources for children even situations deteriorate.

**Operations meetings.** The staff of the Operations section (both Operations Service Center staff based in Gabon Area Office and Sao Tome based operations staff) will also meet on a regular basis to review operations’ indicators and discuss about major events that may impact the overall effectiveness of the country programme. This will help maintaining updated mandatory tools like the table of authority. Participation of staffs from programme will be encouraged when topics will raise issues that can affect programme achievements. The operations section will meet during the Annual Management Review to take stock of the achievements of the year, identify and propose solutions to the constraints and propose priorities for the following year.
A visual presentation of the Country Programme’s Theory of Change is presented in figure 1.

4. Results Structure

The Country Programme aims to ensure that by 2021, the most deprived children in Sao Tome and Principe are enjoying their rights with particular focus to the fight of chronic malnutrition, decreasing neonatal mortality, reducing risks of violence, abuse and exploitation and improving the quality of management of victims, improving quality of education, improving inclusion of out-of-school children and those with disabilities and increasing access of vulnerable children to social protection services.

In this regard, the Country Programme will contribute to the national priority that seeks to improve good governance and social service delivery, social protection and social cohesion, as defined in the National 2030 Transformation Agenda to reach the Sustainable Development Goals. This national priority aligns with achievement of the Sustainable Development Goals 1, 2, 3, 4, 5, 6, 10, 13 and 16 (SDGs 2016-2030) and the outcome 1 in the UNDAF 2017-2021 for Sao Tome and Principe.

The Programme’s Results Structure is visually presented in figure 2 (see annex); the corresponding indicators are included in the Monitoring Framework (figure 3).

5. Monitoring outputs and demonstrating UNICEF’s contribution

The Country programme will support data generation at national and decentralized levels to assess progress in achieving identified results and in dismantling barriers. Capacity development on monitoring approaches will support implementing partners in setting up or running systems that will facilitate the monitoring of country programme performances and resulting changes to the identified areas. The MoRES being scaled up in health and education, the Education Management Information System (EMIS) being established and the to-be-established national Child Protection management information system will help generating information needed to monitor outputs and action plans results. A specific support will be provided to child protection to identify key indicators, the frequency of data collection and analysis, strategies for checking data quality, plans for use of the data and roles and responsibilities of stakeholders. As the health, education and child protection systems will be used at national, provincial, and community levels, mechanisms to ensure timely transmission of data from one level to another will be revised and improved. At community level, the programme will tap into existing community structures, where they exist and propose some where none exist to facilitate on-going dialogue with the Child Protection Agencies in order to keep track of progress on agreed plans and changes resulting from the implementation of activities.

Further, real-time, information technology communication based reporting systems will enable stakeholders monitoring key indicators. Information from these ITC-based systems will feed national databases and will be triangulated with data collected by others source. Every year reports will be produced and shared with the decisions makers and inter-sectoral coordinating bodies (child protection, ECD, youth) established at national and local levels. These reports will inform actions to further strengthen the systems by adjust their implementation approaches on the basis of evidence from both the national and community monitoring systems.

The planned Demographic and Health Survey in 2018 and the Multi Indicator Cluster Survey (MICS) in 2020 will provide important updates on indicators regarding health, education, protection and will help to run the Multiple Overlapping Deprivation Analysis to ascertain the effectiveness of the country programme on reducing inequities.

In collaboration with the coordinating body, MOFA, programme reviews (annual, or as required) will be jointly organized with relevant government ministries and non-governmental organisations to assess achievement of results, analyze constraints and opportunities encountered and together with all implementing partners decide on any needed changes to the annual work plans. Information and data will be used to feed UNDAF joint annual reviews. Progress will be captured in the Results Assessment Module in VISION and generated data in the Sao Tome and Principe Info database.
6. Resource Requirements

Key inputs for the functioning of the country programme will include staff time and technical assistance (consultants) to undertake policy dialogue and advocacy, capacity development, provision of technical expertise, communication for development initiatives, monitoring and evaluation activities. The Country Programme will need a total of US$ 1.338 million per year, or a total of US$ 6,690 million for the programme period, to be fully implemented. Of this, US$0.4 million/year will go to salaries of staff providing technical assistance, implementing and monitoring activities needed to achieve the outputs. 70% of the total budgeted amount (US$4.690 million) will be funded from Regular Resources. The RR will be used to fund priority actions, work on regulatory framework and indispensable capacity building activities, creation of models that could be scaled up with ORR funding, and monitoring/evaluation activities. The remaining 30%, or US$2.0 million, will be funded from Other Resources and will still need to be mobilized during the programme period. Whilst fundraising efforts will be directed at traditional donors, including bilateral and multilateral partners, including South-South cooperation, as well as national committees that have supported past efforts in promoting child rights and implementing lifesaving and education activities, more will be done to attract new donors and the private sector to support key interventions especially around preventing and addressing child protection issues and projects targeting Youth.

The Country Programme will be managed in Sao Tome and Principe by one International Professional (P3), 6 national officers (NOB/C), and two Programme Assistants. The Programme will also require the services of an M&E Specialist. The Programme will have recourse to international and national experts to provide high technical assistance in systems strengthening, including through close collaboration with the UNICEF Regional Office.

Funds available and required (in thousands of US$):

<table>
<thead>
<tr>
<th>Programme component</th>
<th>(In thousands of United States dollars)</th>
<th>Regular resources</th>
<th>Other resources</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equitable Child Survival: Health, HIV, nutrition and sanitation</td>
<td>1 000</td>
<td>500</td>
<td>1 500</td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td>600</td>
<td>500</td>
<td>1 100</td>
<td></td>
</tr>
<tr>
<td>Child protection</td>
<td>500</td>
<td>250</td>
<td>750</td>
<td></td>
</tr>
<tr>
<td>Social inclusion</td>
<td>590</td>
<td>250</td>
<td>840</td>
<td></td>
</tr>
<tr>
<td>Youth and adolescents empowerment</td>
<td>900</td>
<td>200</td>
<td>1100</td>
<td></td>
</tr>
<tr>
<td>Programme effectiveness</td>
<td>1 100</td>
<td>300</td>
<td>1400</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td>6 690</td>
<td></td>
</tr>
</tbody>
</table>

7. External Risks and Planned Responses

The identification of risks that can impede the achievements of the desired outcomes draw largely from the Enterprise Risk Management analysis update undertaken during the 2016 AMR.

The main risks are linked to lack of motivation, lack of professionalism and lack of government prioritization of agreed strategic choices. Public service servants have limited technical knowledge and capacity to perform their duty accordingly, coupled with limited availability/priority towards programme delivery, adversely impacting on programme implementation. As Sao Tome and Principe is still going through a process of building capacity and decentralizing accountabilities a number of mechanisms for collaboration between the national and district authorities have not yet been consolidated. This may delay programme implementation. To mitigate this, the Country Programme will dedicate a specific attention to monitoring and follow up to projects implementation learned from other decentralization efforts from other countries.

There is a possible risk of civil unrest if the fight against poverty is not addressed. Failing to implement the Transformation agenda component of economic growth and equitable distribution of growth dividends could result
in instability.

High dependence on external funding for the implementation of the Government programme coupled with the volatile funding environment for development projects are others risks. While currently UNICEF and the Government of Sao Tome and Principe have good relationships with a number of development agencies and donors keen to support projects for children, there is a risk that other global issues may divert attention and resources. If the anticipated level of external funding does not materialize, changes to the programme are inevitable with activities delayed or not implemented, as a mitigation strategy UNICEF will increase its advocacy and focus on domestic resource mobilization including from private sector.

Sao Tome and Principe is prone to natural disasters that may lead to water diseases outbreaks (due to construction of houses in flood areas, pollution of water sources, weak implementation of policies on hygiene and environmental sanitation), Zika and Ebola epidemics and malnutrition. The occurrence of a significant natural disaster may result in loss of lives and livelihoods as well as diverting resources and attention away from child protection issues. UNICEF will work throughout the programme cycle to support the establishment of comprehensive emergency preparedness and response plans in health, education, nutrition and child protection.

8. Annexes

- Figure 1: Theory of changes for Sao Tome and Principe Country Programme
- Figure 2: Results structure
- Figure 3: Monitoring Framework
The CP will dedicate a specific attention to monitoring and follow up to projects implementation. All children enjoy their Rights to Health

- Pregnant women, newborns and young children, especially the most vulnerable, benefit from quality neonatal, child health, HIV, nutrition and sanitation services, including in emergency situations.
- Capacity of key government institutions at district and community level to provide and monitor quality health, HIV, nutrition and sanitation services, in regular and emergency situations, is strengthened.

Equity-focused legislation, policies and strategic plans related to pregnant women, newborns and young children health, HIV prevention and control, nutrition and sanitation are developed.

- Partnership with national and international agencies enable policy formulation and fund mobilization to sustain immunization and nutrition programmes, scale PMTCT and improve availability of MHC to provide assistance to mothers and newborns at risk.
- Policy dialogue for new policies lift barriers (financial, management..) that prevent vulnerable groups access to specialized health obstetrical and new-borns care services.

- C4D strategy at national level to modify parents’ beliefs and behaviours(i.e. communication for development, and feed advocacy to lift barriers like low investment in health sectors
- New policy on health districts management allow improved targeting of vulnerable groups and zones at risk
- Evidences generated help development of operational strategies, ensure better monitoring and equity-based approaches.

- Basic commodities for EMOC and NBC improve availability of basic health care for pregnant mothers and newborns
- Improved sanitation conditions
- Health workers, in the selected districts, are able to identify health risks and use appropriate referral mechanism for delivering quality MCH care on time.

- Strengthened capacity of parents and community increase demand of quality services and prohibit harmful practices
- Strengthened capacity of parents and community modify parents beliefs and behaviours

UNICEF Will partner with UNDP and COMPREC to assist the MoH prepare and implement comprehensive contingency plan.

Risk
Lack of demotivation, lack of professionalism and lack of government prioritization of agreed priorities may delay programme implementation.

- Partnered with UNICEF and UNDP help build government will and support.
- Partner with national and international agencies enable policy formulation and fund mobilization to sustain immunization and nutrition programmes, scale PMTCT and improve availability of MHC to provide assistance to mothers and newborns at risk.
- Policy dialogue for new policies lift barriers (financial, management..) that prevent vulnerable groups access to specialized health obstetrical and new-borns care services.

- Partnership with national and international agencies enable policy formulation and fund mobilization to sustain immunization and nutrition programmes, scale PMTCT and improve availability of MHC to provide assistance to mothers and newborns at risk.
- Policy dialogue for new policies lift barriers (financial, management..) that prevent vulnerable groups access to specialized health obstetrical and new-borns care services.

- Partnership with national and international agencies enable policy formulation and fund mobilization to sustain immunization and nutrition programmes, scale PMTCT and improve availability of MHC to provide assistance to mothers and newborns at risk.
- Policy dialogue for new policies lift barriers (financial, management..) that prevent vulnerable groups access to specialized health obstetrical and new-borns care services.

- Partnership with national and international agencies enable policy formulation and fund mobilization to sustain immunization and nutrition programmes, scale PMTCT and improve availability of MHC to provide assistance to mothers and newborns at risk.
- Policy dialogue for new policies lift barriers (financial, management..) that prevent vulnerable groups access to specialized health obstetrical and new-borns care services.
All children enjoy their Rights to Education

- Children, especially the most vulnerable, benefit from quality parental education, early learning and primary and secondary education, including in emergency situations.

Capacity of parents, caregivers, communities and educators to provide integrated quality early childhood development (early stimulation, learning, safety, care and nutrition) is strengthened.

- Education sector’s capacity to legislate, plan, budget for and implement reforms related to access to quality early education and retention of children in primary and secondary levels is strengthened.

- Basic commodities and schools’ furniture enable education service providers to deliver quality education services.

- Training enable teachers and school principals to plan and implement equity plans involving children and parents in decision-making.

- Improved EMIS enable schools administrators and MoE to develop more equity focused plan.

- ECD coordination mechanism established and monitors implementation of the National ECD plan.

- Capacity development will enable officials to reformulate key regulations that fuel school drop out in secondary education.

- South South cooperation will help to introduce and test new ECD models.

- Training and C4D enable Parents who attend parenting activities change their beliefs, abandon harmful practices and adopt positive parenting care.

- Training of Facilitators and basic supply enable to deliver ECD in targeted areas.

- Technical and logistic support enable to introduce new models.

- Partnership with national and international agencies enable policy formulation and fund mobilization.

- Advocacy allows strengthened partnership and influence gvt officials adopt the ECD policy, costing plans and ECD models.

- Communication strategy informed by evidence address the social norms that prevent young children receive stimulation and care adapted to their needs.

- National ECD policy adequately budgeted in public expenditures.

- Evidences generated during the previous CP and by an assessment of the ECD structures will enable the decision makers to select the most affordable options that are equity based.

Risk
Lack of demotivation, lack of professionalism and lack of government prioritization of agreed priorities may delay programme implementation.

- Teaching and communities receive assistance and supervision and are willing to apply knowledge gained.

- ENABLED environment makes Ministry of Education able to strengthen the education system to deliver required service for the most at risk.

- Partnership with national and international agencies enable policy formulation and fund mobilization.

- Advocacy allows strengthened partnership and influence gvt officials adopt the ECD policy, costing plans and ECD models.

- Communication strategy informed by evidence address the social norms that prevent young children receive stimulation and care adapted to their needs.

- National ECD policy adequately budgeted in public expenditures.

- Evidences generated during the previous CP and by an assessment of the ECD structures will enable the decision makers to select the most affordable options that are equity based.

Risk
Natural disasters may overwhelm national capacities to deal with routine activities.

- UNICEF Will partner with UNDP and COMPREC to assist the MoH prepare and implement comprehensive contingency plan.

Risk
Lack of demotivation, lack of professionalism and lack of government prioritization of agreed priorities may delay programme implementation.

- UNICEF Will partner with UNDP and COMPREC to assist the MoH prepare and implement comprehensive contingency plan.

Figure 1b
All children enjoy their Rights to Protection

Vulnerable groups, in particular children and women, benefit from adequate protection against violence, abuse and exploitation.

Government and civil society capacity to work on prevention, identification and reporting of child abuse, violence and exploitation and provision of appropriate care strengthened, especially for vulnerable groups.

Social workers, parents and communities receive assistance and supervision and are willing to apply.

Government capacity to legislate, plan, budget for and implement prevention and response to violence, abuse, exploitation and neglect of children is strengthened.

Relevant ministries are agreed to collaborate, undertake necessary reforms of the current child protection system and implement complementary activities.

The CP will dedicate a specific attention to monitoring and follow up to projects implementation.

Risk
Lack of demotivation, lack of professionalism and lack of government prioritization of agreed priorities may delay programme.

Lack of demotivation, lack of professionalism and lack of government prioritization of agreed priorities may delay programme.

Risk
Natural disasters may overwhelm national capacities to deal with routine activities.

UNICEF will partner with UNDP and COMPREC to assist the MoH prepare and implement comprehensive contingency plan.

• Child protection coordination mechanism established to allow a good functioning of the overall CP system
• Partnership with others ministries, programmes and sectors and implementing partners ensure a comprehensive and holistic approach to child protection
• Policy dialogue to accelerate official minister appointed for adoption of major policies and reach agreement on the CP system based on formal/non formal sub-systems
• South South cooperation with field visits to surrounding countries having a good experience boost the building of a new CP system
• C4D strategy addresses social norms, and harmful beliefs and practices
• Child protection coordination mechanism developed for a functioning of the referral case management mechanism
• Key child protection Policies and legislation reformulated and able to better protect and support children at risks
• Evidences generated help development of operational strategies; ensure better monitoring and equity-based approach
• Parents and communities education with increased knowledge and awareness around child protection rights and support positive attitudes and behaviours
• Strengthened participation of local opinions leaders (religious and community leaders) allows better coordination between formal and non formal CP sub systems and allow to reach sustainable changes in behaviours and practices
• C4D mass and face-to-face interventions modify attitudes and beliefs of parents and children and
• Logistic support will enable trained social workers to deliver effective CP services
• Trained child protection workers identify and use appropriate established referral mechanism for the delivery of services and follow up
• Training of child protection services providers across sectors enable identification of children at risk and those who have experienced child protection

Assumption
• Child protection coordination mechanism established to allow a good functioning of the overall CP system
• Partnership with others ministries, programmes and sectors and implementing partners ensure a comprehensive and holistic approach to child protection
• Policy dialogue to accelerate official minister appointed for adoption of major policies and reach agreement on the CP system based on formal/non formal sub-systems
• South South cooperation with field visits to surrounding countries having a good experience boost the building of a new CP system
• C4D strategy addresses social norms, and harmful beliefs and practices
• Child protection coordination mechanism developed for a functioning of the referral case management mechanism
• Key child protection Policies and legislation reformulated and able to better protect and support children at risks
• Evidences generated help development of operational strategies; ensure better monitoring and equity-based approach
• Parents and communities education with increased knowledge and awareness around child protection rights and support positive attitudes and behaviours
• Strengthened participation of local opinions leaders (religious and community leaders) allows better coordination between formal and non formal CP sub systems and allow to reach sustainable changes in behaviours and practices
• C4D mass and face-to-face interventions modify attitudes and beliefs of parents and children and
• Logistic support will enable trained social workers to deliver effective CP services
• Trained child protection workers identify and use appropriate established referral mechanism for the delivery of services and follow up
• Training of child protection services providers across sectors enable identification of children at risk and those who have experienced child protection

Output
Relevant ministries are agreed to collaborate, undertake necessary reforms of the current child protection system and implement complementary activities.

Implementation strategy
The CP will dedicate a specific attention to monitoring and follow up to projects implementation.
All children enjoy their Rights to Social Protection

Vulnerable groups, in particular children and women, benefit from improved social protection systems guided by generated evidence

Decision makers are willing to apply knowledge gained and tools developed

Enabled environment makes the MESA able to strengthen the social protection schemes o deliver required service for the most at risk

Quality disaggregated and gender-sensitive data for evidence-based decisions, advocacy, programming and enhanced participation of vulnerable groups through surveys available

National capacity to provide child-sensitive social protection services and to review its policy or develop related legislation as needed is strengthened

- Key relevant staffs trained on social policy and use of comprehensive data are able to identify bottlenecks impeding child rights and take appropriate policy and budget measures for the delivery of services needed by children with a priority given to the most vulnerable
- Sao Tome Info Database feed with relevant and accurate data inform decision makers on policy implementation
- Partnership sought for public expenditures reviews in health, education, social protection
- Evidences generated by DHS, MICS and others targeted surveys and studies assessments performed in partnership with development agencies enable review or development of policies, legal frameworks and new non-contributory social protection mechanisms for vulnerable children
- Partnerships and Linkages with health, Nutrition and Education programmes will help review to make social protection policy holistic and plan and budget comprehensive for social protection for children
- Advocacy will enable social protection being at the top of the development agenda
- Innovative new schemes and targeting methods will contribute to reaching the most vulnerable children and families
- Key staffs from the MoESA trained in targeted topics: database, social protection
- Key staffs visit social protection pilot countries

The CP will dedicate a specific attention to monitoring and follow up to projects implementation

Risk
Lack of demotivation, lack of professionalism and lack of government prioritization of agreed priorities may delay

Risk
Natural disasters may overwhelm national capacities to deal with routine

UNICEF Will partner with UNDP and COMPRE to assist the MoH prepare and implement comprehensive contingency plan

Figure 1d

**Figure 1d**

- Partnerships and Linkages with health, Nutrition and Education programmes will help review to make social protection policy holistic and plan and budget comprehensive for social protection for children
- Advocacy will enable social protection being at the top of the development agenda
- Innovative new schemes and targeting methods will contribute to reaching the most vulnerable children and families
- Key staffs from the MoESA trained in targeted topics: database, social protection
- Key staffs visit social protection pilot countries

Risk
Natural disasters may overwhelm national capacities to deal with routine

Assumption

Output

Implementation strategy
All young people enjoy their Rights to Development

Adolescents and youth, in particular girls and the most vulnerable, contribute to the creation and benefit from services of reproductive health, education, training and information responding to their needs

Boys and girls benefit from life-skills service providers to empower and increase their participation, influence decision making and enhance their capacity to prevent early pregnancy, alcohol consumption and other Risky behaviors.

Capacity of Government and civil society to provide alternative non-formal educational services for out-of-school adolescents, especially the most vulnerable.

Facilitators, young people, parents and communities receive assistance and supervision and are willing to apply knowledge gained.

Relevant ministries are agreed to collaborate, undertake necessary changes in current young people approaches and implement complementary activities.

- Strengthened coordination help to increase effectiveness and efficiency of young people projects.
- Technical support and training of selected National counterparts will help to have a critical mass of national experts in youth projects and life skills development.
- Advocacy will help in creating partnership, strengthening interlinkages between the MoEAS and education and health and enabling decision makers of various sectors to have Youth at the top of the development agenda.

C4D strategy developed at national level to modify youth, decision makers and communities beliefs and attitude on most frequent risky behaviours and on need of enrolment in non-formal education.

A series of strategic life skills approved by decision makers, influential leaders and Youth representatives enabled to carry out standardized and measurable capacity development activities.

Curricula and training material for non-formal education enable environment for projects implementation.

Evidences generated by assessment of catching up system, curricula and teaching methods will be used to develop Curricula and training material for non formal education enable projects to be implemented.

UNICEF Will partner with UNDP and COMPREC to assist the MoH prepare and implement comprehensive.

Government officials adequately plan and budget for child and adolescents programmes.

Young people have adequate knowledge and strengthened capacity to change their practices and attend non-formal school.

Communication activities enable changes in beliefs and attitudes among young people, their relatives and communities.

Availability of basic supplies enables projects to be implemented.

Trained life skills facilitators (including young people organizations) in the selected regions, are able to deliver appropriate messages on risky behaviours and enrolment in non-formal education.

- Young people have adequate knowledge and strengthened capacity to change their practices and attend non-formal school.

- Communication activities enable changes in beliefs and attitudes among young people, their relatives and communities.

- Availability of basic supplies enables projects to be implemented.

- Trained life skills facilitators (including young people organizations) in the selected regions, are able to deliver appropriate messages on risky behaviours and enrolment in non-formal education.
All children and young people enjoy their Rights to a Holistic Development

Output 1
Country Office’s work environment allows UNICEF and counterparts make effective decisions for the development and the implementation of the country programme 2017-2021.

Minimal resources (fund and human resources) are mobilized and made available for the implementation

Risk
Lack of demotivation, lack of professionalism and lack of government prioritization of agreed priorities may delay programme implementation

Output 2
Well-informed UNICEF decision makers improve the effectiveness of the country programme implementation

Minimal resources (fund and human resources) are mobilized and made available for the implementation

Efficient implementation of the HACT assurance quality
Efficient monitoring based on relevant outputs indicators and through periodic reviews guide decision makers to stay aligned with programme priorities
Fundraising strategy help to mobilize adequate resources for country programme implementation
Sound communication and advocacy strategies help to position UNICEF as a trusted agency in policy dialogue
Well coordination functioning mechanisms help the team to implement collegially the country programme and ensure that implementation is aligned with major requirements: national agenda and priorities, UNDAF outcome and donors requirements

Counterparts trained on relevant HACT modalities
UNICEF trained on accurate policies and strategies including self-learning
Update on UNICEF and UN agencies processes prevent miss use of UNICEF assets
Well-functioning of statutory committees

UNICEF Will partner with UNDP and COMPREC to assist the MoH prepare and implement comprehensive contingency plan

Risk
Natural disasters may overwhelm national capacities to deal with routine activities

Figure 1f
Figure 2
Sao Tome and Principe
Country Programme
2017-2021

National Transformation agenda 2030
Strengthening Social Cohesion

UNDCAF
Disparities and inequities are reduced at all levels through the effective participation of key and vulnerable groups and the development and utilization by these groups of protection and basic social services

Outcome 1
Pregnant women, newborns and young children, especially the most vulnerable, benefit from quality nutrition and sanitation services, including in emergency situations

Output 2
Equity-focused legislation, policies and strategies related to pregnant women, newborns and young children’s health, HIV prevention and control, nutrition and sanitation are developed

Output 1
Capacity of key government institutions at district and community level to provide and monitor quality health, HIV, nutrition and sanitation services, in regular and emergency situations, is strengthened

Outcome 2
Children, especially the most vulnerable, benefit from quality parental education, early learning and primary and secondary education, including in emergency situations

Output 2
Capacity of parents, caregivers, communities and educators to provide integrated quality early childhood development (early stimulation, learning, and nutrition) is strengthened

Outcome 3
Vulnerable groups, in particular children and women, have access to adequate protection against violence, abuse and exploitation

Output 2
Government and civil society capacity to work on prevention, identification and reporting of child abuse, violence and exploitation and provision of appropriate care and nutrition is strengthened, especially for vulnerable groups

Output 1
Government capacity to legislate, plan, budget for and implement prevention related to violence, abuse, exploitation and neglect of children is strengthened

Outcome 4
Disparities and inequities are reduced at all levels through the effective participation of key and vulnerable groups and the development and utilization by these groups of protection and basic social services

Output 2
National capacity to provide child-sensitive social protection services and to review its policy or develop related legislation as needed is strengthened

Output 2
Capacity of Government and civil society to provide alternative non-formal educational services for out-of-school adolescents, especially the most vulnerable, is strengthened

Output 1
National capacity to provide child-sensitive social protection services and to review its policy or develop related legislation as needed is strengthened

Output 1
Quality disaggregated and gender-sensitive data for evidence-based decisions, advocacy, programming and enhanced participation of vulnerable groups through surveys available

Output 1
Data and evidence for effective programme design, implementation, monitoring and evaluation, especially for out-of-school adolescents, is strengthened

Outcome 5
Addictive and youth, in particular girls and the most vulnerable, contribute to the creation of a safer environment to live in, to access health, education, training and information responding to their needs

Output 1
Boys and girls benefit from life-skills service providers to empower and increase their participation, influence decision-making and enhance their capacity to prevent early pregnancy, alcohol consumption and other risky behaviours

Output 1
Capacity of Government and civil society to provide alternative non-formal educational services for out-of-school adolescents, especially the most vulnerable, is strengthened
Figure 3: Monitoring Framework

<table>
<thead>
<tr>
<th>Results</th>
<th>Key progress indicators</th>
<th>Baseline (2015 or otherwise indicated)</th>
<th>Targets</th>
<th>Means of verification</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sustainable Development Goals</strong>: 1, 2, 3, 4, 5, 6, 10, 13 and 16</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>National Transformation Agenda 2030</strong>: UNDAF 2017-2021 Outcome: Disparities and inequities are reduced at all levels through the effective participation of key and vulnerable groups and the development and utilization by these groups of protection and basic social services</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Outcome 1: Child Survival</strong></td>
<td>Percentage of children aged 12-23 months fully immunized.</td>
<td>65.8% (2014)</td>
<td>80%</td>
<td>MICS</td>
</tr>
<tr>
<td></td>
<td>Percentage of children age 6-59 months with anemia</td>
<td>67.5% (2014)</td>
<td>45%</td>
<td>MICS/DHS</td>
</tr>
<tr>
<td></td>
<td>Number of children born to mothers living with HIV who have been infected through vertical transmission, at 18 months of age</td>
<td>3 (2015)</td>
<td>0</td>
<td>Ministry of Health reports</td>
</tr>
<tr>
<td></td>
<td>Percentage of the urban population using improved sanitation facilities</td>
<td>Total: 47.5% (2014) Urban: 53% (2014)</td>
<td>Total: 65% Urban 70%</td>
<td>MICS</td>
</tr>
<tr>
<td><strong>Output 1</strong>: Equity-focused legislation, policies and strategic plans related to pregnant women, newborns and young children, especially the most vulnerable, benefit from quality neonatal, child health, HIV, nutrition and sanitation services, including in emergency situations</td>
<td>Health Management Information System generates periodic reports with data disaggregated by age, sex at national and local level</td>
<td>No</td>
<td>Yes</td>
<td>INE/STP Info</td>
</tr>
<tr>
<td></td>
<td>Costed implementation plan for maternal, newborn and child health care available</td>
<td>No</td>
<td>Yes</td>
<td>Ministry of Health reports</td>
</tr>
<tr>
<td></td>
<td>MNCH communication plan has been developed, budgeted and implemented</td>
<td>Yes</td>
<td>Yes</td>
<td>Ministry of Health reports/Health Reproductive Programme (PSR)</td>
</tr>
<tr>
<td></td>
<td>Communication Strategy for CMAM available</td>
<td>No</td>
<td>Yes</td>
<td>Ministry of Health reports National Programme (PSR)</td>
</tr>
<tr>
<td><strong>Output 2</strong>: Capacity of key government institutions at district and community level to provide and monitor quality health, HIV, nutrition and sanitation services, in regular and emergency situations, is strengthened</td>
<td>Number of districts updated having Contingency plan and including nutrition</td>
<td>0</td>
<td>7 (100%)</td>
<td>Ministry of Health reports</td>
</tr>
<tr>
<td></td>
<td>Number of districts receiving UNICEF support reporting stock outs lasting more than one month for DTP</td>
<td>0</td>
<td>0</td>
<td>Ministry of Health reports Health Reproductive Programme (PSR)</td>
</tr>
<tr>
<td></td>
<td>Number of districts receiving UNICEF support reporting stock outs lasting more than one month of measles and rubella vaccine</td>
<td>0</td>
<td>0</td>
<td>Ministry of Health/Health Reproductive Programme (PSR) reports</td>
</tr>
<tr>
<td>Percentage of Health facilities providing PMTCT services</td>
<td>100%</td>
<td>100%</td>
<td>Ministry of Health reports National HIV Programme (PNLS)</td>
<td></td>
</tr>
<tr>
<td>PHC centres providing clinical care to children under five using the IMNCI approach</td>
<td>5</td>
<td>7</td>
<td>Ministry of Health reports/Health Reproductive Programme (PSR)</td>
<td></td>
</tr>
<tr>
<td>Number of health facilities that provide SAM treatment services</td>
<td>1</td>
<td>7 (100%)</td>
<td>Ministry of Health reports National Programme on Nutrition (PNN)</td>
<td></td>
</tr>
<tr>
<td>Percentage of health facilities with adequate communication materials on complementary feeding</td>
<td>0%</td>
<td>100%</td>
<td>Ministry of Health reports/Health Reproductive Programme (PSR)</td>
<td></td>
</tr>
<tr>
<td>Additional number of people with access to sanitation in the reporting year only as a result of UNICEF direct support</td>
<td>0</td>
<td>TBD</td>
<td>Government/projects reports</td>
<td></td>
</tr>
<tr>
<td>Number of DHSS targeted districts in which barriers and bottlenecks related to child survival are monitored</td>
<td>7</td>
<td>7 (100%)</td>
<td>Ministry of Health reports</td>
<td></td>
</tr>
</tbody>
</table>

**Outcome 2: Education**

Children, especially the most vulnerable, benefit from quality parental education, early learning and primary and secondary education, including in emergency situations

| Gross enrolment ration in pre-primary education | 52.8% (2014) | 60% | UNESCO (IUS) |
| Percentage of children under 5 years meeting relevant growth and developmental milestones (early childhood development index), disaggregated by wealth quintile, gender and urban/rural | Total: 54.5%; Poorest quintile: 51,2%; Male: 53,7%; Female: 55,4%; Urban: 53,5%; Rural 56,6% (2014); | Total: 70%; Poorest quintile: 65%; Male: 70%; Female: 70%; Urban: 70%; Rural: 70% | MICS (2020) |
| Percentage of children of secondary school age out of school, disaggregated by wealth quintile and gender | Total: 11,6%; Poorest quintile: 22,6%; Male: 12.6%; Female: 10.7% (2014); | Total: 7%; Poorest quintile: 15%; Male: 9%; Female: 8% | MICS (2020) |

**Output 1:**

Education sector’s capacity to legislate, plan, budget for and

<p>| Education Sector Policy/Plan with quality prevention and response mechanisms to address gender based violence in and around schools | No | Yes | Ministry of Education reports |</p>
<table>
<thead>
<tr>
<th>Output 1: Government capacity to legislate, plan, budget for and implement prevention and response to violence, abuse, exploitation and neglect of children strengthened.</th>
<th>Existence of an effective functioning cross-sectoral coordination mechanism for child protection</th>
<th>No</th>
<th>Yes</th>
<th>Minutes of Child Protection Intersectoral Committee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Existence of legislation on the right for children to take legal action without parental consent</td>
<td>Yes</td>
<td>Yes</td>
<td>Bulletin of the Republic</td>
</tr>
<tr>
<td></td>
<td>Existence of a national mechanism to identify and refer the most deprived children to relevant services and facilitate cash and other in-kind assistance</td>
<td>No</td>
<td>Yes</td>
<td>Ministry of Employment and Social Affairs</td>
</tr>
<tr>
<td>Output 2: Capacity of parents, caregivers, communities and educators to provide integrated quality early childhood development (early stimulation, learning, safety, care and nutrition) is strengthened.</td>
<td>Number of schools that received support from UNICEF through the child-friendly school or similar model</td>
<td>50</td>
<td>100</td>
<td>Ministry of Education reports</td>
</tr>
<tr>
<td></td>
<td>Percentage of schools supported by UNICEF where learning outcomes are measured</td>
<td>0%</td>
<td>100%</td>
<td>Ministry of Education reports</td>
</tr>
<tr>
<td></td>
<td>Percentage of School management committees (or parent teacher association or school communities or similar structure) trained with UNICEF funding</td>
<td>50%</td>
<td>100%</td>
<td>Ministry of Education reports</td>
</tr>
<tr>
<td></td>
<td>Percentage of schools supported by UNICEF and that are accountable to parents associations at primary and secondary levels</td>
<td>40%</td>
<td>100%</td>
<td>Ministry of Education reports</td>
</tr>
<tr>
<td>Output 3: Vulnerable groups, in particular children and women, benefit from adequate protection against violence, abuse and exploitation.</td>
<td>Children 2-14 years who experience violent disciplinary practices by an adult member of the household, disaggregated by poorest quintile</td>
<td>Total: 80%; Poorest quintile: 81.7%</td>
<td>Total: 60%; Poorest quintile: 60%</td>
<td>MICS</td>
</tr>
<tr>
<td></td>
<td>Percentage of children who benefitted from legal aid and legal representation services</td>
<td>77.1% (2010)</td>
<td>85%</td>
<td>Ministry of Interior, Ministry of Justice</td>
</tr>
</tbody>
</table>

implement reforms related to access to quality early education and retention of children in primary and secondary levels is strengthened:

- Existence of an regulated effective early learning policy with clear budget allocation in place
- Existence of a well-functioning examinations system
- Availability of an Education Management Information System that transparently feeds findings back to communities or school management committees
- Existence of a national Education Contingency plan

| No | Yes | Ministry of Education reports | No | Yes | Ministry of Education reports | No | Yes | Ministry of Education reports | Yes | Yes | Ministry of Education reports | Yes | Yes | Ministry of Education reports |

- Existence of an effective functioning cross-sectoral coordination mechanism for child protection
- Existence of legislation on the right for children to take legal action without parental consent
- Existence of a national mechanism to identify and refer the most deprived children to relevant services and facilitate cash and other in-kind assistance

- Existence of a well-functioning examinations system
- Availability of an Education Management Information System that transparently feeds findings back to communities or school management committees
- Existence of a national Education Contingency plan

| Number of schools that received support from UNICEF through the child-friendly school or similar model | 50 | 100 | Ministry of Education reports |
| Percentage of schools supported by UNICEF where learning outcomes are measured | 0% | 100% | Ministry of Education reports |
| Percentage of School management committees (or parent teacher association or school communities or similar structure) trained with UNICEF funding | 50% | 100% | Ministry of Education reports |
| Percentage of schools supported by UNICEF and that are accountable to parents associations at primary and secondary levels | 40% | 100% | Ministry of Education reports |

- Existence of an effective functioning cross-sectoral coordination mechanism for child protection
- Existence of legislation on the right for children to take legal action without parental consent
- Existence of a national mechanism to identify and refer the most deprived children to relevant services and facilitate cash and other in-kind assistance
<table>
<thead>
<tr>
<th><strong>Output 2:</strong> Government and civil society capacity to work on prevention, identification and reporting of child abuse, violence and exploitation and provision of appropriate care strengthened, especially to vulnerable groups.</th>
<th>Number of professionals in contact with children trained to prevent, identify, report and respond to child protection cases as per existing laws and policies</th>
<th>0</th>
<th>100</th>
<th>Projects’ reports</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number of functioning child protection systems offering preventive and response services in regions supported by UNICEF</td>
<td>0</td>
<td>2</td>
<td>Projects’ reports</td>
</tr>
<tr>
<td></td>
<td>Number of districts having Police, Family and Juvenile Protecting Units operating according to child and women friendly guidelines</td>
<td>0</td>
<td>7</td>
<td>Ministry of Interior</td>
</tr>
<tr>
<td></td>
<td>Availability of new procedures and services for children in contact with law are applied and delivered in line with international norms</td>
<td>No</td>
<td>Yes</td>
<td>Ministry of Justice</td>
</tr>
<tr>
<td></td>
<td>Number of Professionals working in regions supported by UNICEF and in contact with children trained to prevent, identify, report and respond to child protection cases as per existing laws and policies</td>
<td>0</td>
<td>30</td>
<td>Project’s reports</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Outcome 4:</strong> Vulnerable groups, in particular children and women, benefit from improved social protection systems guided by generated evidence.</th>
<th>Existence of disaggregated national household survey data on child-focused targets of SDGs collected</th>
<th>MICS in 2014</th>
<th>DHS in 2018 and MICS in 2020</th>
<th>Survey reports</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Percentage of state budget allocated to social protection</td>
<td>1.5%</td>
<td>3%</td>
<td>Ministry of Finance</td>
</tr>
<tr>
<td></td>
<td>Percentage of vulnerable children receiving cash transfers</td>
<td>12%</td>
<td>35%</td>
<td>Ministry of Employment and Social Affairs</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Output 1:</strong> Quality disaggregated and gender-sensitive data for evidence-based decisions, advocacy, programming and enhanced participation of vulnerable groups through surveys available.</th>
<th>Percentage of surveys planned and carried out</th>
<th>80%</th>
<th>100%</th>
<th>IMEP review</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Percentage of surveys and studies carried out and which findings were validated by national counterparts</td>
<td>80%</td>
<td>100%</td>
<td>IMEP review</td>
</tr>
<tr>
<td>Output 2:</td>
<td>Child and gender sensitive national social protection costed annual action plans are in place and dully followed</td>
<td>No</td>
<td>Yes</td>
<td>DPSS reports</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------</td>
<td>----</td>
<td>-----</td>
<td>--------------</td>
</tr>
<tr>
<td></td>
<td>National social cash transfer programmes are monitored and yearly reviewed based on monitoring results</td>
<td>No</td>
<td>Yes</td>
<td>DPSS reports</td>
</tr>
<tr>
<td>Outcome 5:</td>
<td>Adolescents and young people aged 15-24 years with comprehensive knowledge about HIV and AIDS, disaggregated by sex</td>
<td>Female: 42.2% Male: 43.2% (2014)</td>
<td>Female: 80% Male: 80%</td>
<td>MICS (2020)</td>
</tr>
<tr>
<td></td>
<td>Percentage of women 20-24 years that had at least one child before the age of 18</td>
<td>27.3% (2014)</td>
<td>20%</td>
<td>MICS (2020)</td>
</tr>
<tr>
<td></td>
<td>Percentage of secondary school adolescents aged 10-14 years who had consumption of alcoholic beverages at least once</td>
<td>14.7% (2015)</td>
<td>8%</td>
<td>Survey of the National drugs Institute</td>
</tr>
<tr>
<td></td>
<td>Percentage of out-of-school adolescents benefiting from alternative gender-responsive non formal educational services</td>
<td>0%</td>
<td>40%</td>
<td>Programme reports</td>
</tr>
<tr>
<td>Output 1:</td>
<td>Number of youth enrolled in the programme, disaggregated by sex</td>
<td>0</td>
<td>300</td>
<td>Programme’ records/reports</td>
</tr>
<tr>
<td></td>
<td>Percentage of youth enrolled and completing programme, disaggregated by sex</td>
<td>0%</td>
<td>90%</td>
<td>Programme’ records/reports</td>
</tr>
<tr>
<td>Output 2:</td>
<td>Availability of new training material for out-of-school adolescents’ programme</td>
<td>No</td>
<td>Yes</td>
<td>Programme records/reports</td>
</tr>
<tr>
<td></td>
<td>Number of trainers skilled to provide alternative non-formal educational services</td>
<td>0</td>
<td>20</td>
<td>Programme records/reports</td>
</tr>
</tbody>
</table>
of-school adolescents, especially the most vulnerable, is strengthened.

**Programme effectiveness Outcome**

The country programme is efficiently designed, coordinated, managed and supported to meet quality programme standards in achieving results for children.

<table>
<thead>
<tr>
<th>Output 1</th>
<th>Output 2</th>
<th>Output 3</th>
<th>Output 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNICEF staff and partners are provided guidance, tools and resources to effectively design and manage programmes</td>
<td>UNICEF staff and partners are provided guidance, tools and resources to effectively plan and monitor programmes</td>
<td>UNICEF staff and partners are provided tools, guidance and resources for effective advocacy and partnerships on child rights issues with stakeholders</td>
<td>Strategies to address cross-cutting issues related to child rights are developed and applied.</td>
</tr>
<tr>
<td>Programme coordination meetings annually within UNICEF and externally with partners and other agencies</td>
<td>Programme coordination meetings: 16</td>
<td>Programme coordination meetings: 24</td>
<td>Programme components on equitable child survival, child protection, adolescents and youth and education have specific plans for inclusion of emergency preparedness developed and effectively implemented</td>
</tr>
<tr>
<td>Number of coordination meetings: 16</td>
<td>Review meetings with partners: 2</td>
<td>Review meetings with partners: 2</td>
<td>plans not existent</td>
</tr>
<tr>
<td>UNDAF Social Cohesion thematic group meetings (led by UNICEF): NA</td>
<td>UNDAF Social Cohesion thematic group meetings (led by UNICEF): 4</td>
<td>UNDAF Social Cohesion thematic group meetings (led by UNICEF): 4</td>
<td>plans exist and are implemented</td>
</tr>
<tr>
<td>Percentage of annual budget implementation rate of regular resources</td>
<td>92%</td>
<td>95%</td>
<td>Vision reports</td>
</tr>
<tr>
<td>Percentage of activities of the annual integrated monitoring and evaluation plan effectively completed</td>
<td>68%</td>
<td>90%</td>
<td>Annual IMEP report</td>
</tr>
<tr>
<td>Percentage of UNICEF advocacy events featured in national media</td>
<td>90%</td>
<td>100%</td>
<td>Press clips</td>
</tr>
<tr>
<td>Programme coordination meetings: 24</td>
<td>Review meetings with partners: 2</td>
<td>Review meetings with partners: 2</td>
<td>Annual reports</td>
</tr>
</tbody>
</table>