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Country programme document for Sao Tome and Principe

Proposed indicative UNFPA assistance:	$8.3 million: $2.5 million from regular resources and $5.8 million through co-financing modalities or other resources
Programme period:	Five years (2023-2027)
Cycle of assistance:	Eighth
Category:	Tier I
Alignment with the UNSDCF cycle	United Nations Sustainable Development Cooperation Framework, 2023–2027

I. Programme rationale

1. The population of Sao Tome and Principe totals approximately 219,000 and grows at an annual rate of 1.9 per cent. Approximately 50 per cent of the population is female, and more than one third of households are headed by women. Young people under 25 years represent 62 per cent of the population, which presents an opportunity to harness the demographic dividend by prioritizing investments in human capital, decent jobs and gender equality. Only 3.3 per cent of the population are over the age of 65, of which 4.1 per cent are women. Investments are needed in health care, social protection and pensions to guarantee that they are not neglected, in turn allowing the country to leverage the demographic dividend. Persons with disabilities comprise 3.5 per cent of the population (2012 census) among which 54 per cent are women and 31 per cent are under 19 years old. The population is highly urbanized, 72.8 per cent of which are estimated to be living in towns and cities in 2019, and 40 per cent in the district of Água Grande, located in the capital city of São Tomé.[1] The population density of Sao Tome and Principe, which comes to 219.8 people per square kilometre, is relatively high but falls below other small States. Migration to the country is negligible.

2. The economic growth rate of the country over the past 10 years has been approximately 4.1 per cent. During the COVID-19 pandemic, the country experienced a decline in economic growth from 3.1 per cent in 2020 to 1.8 per cent in 2022.[2] The socioeconomic development of Sao Tome and Principe has been partially funded by government resources, sustained by external assistance, borrowing by the Government as well as direct foreign investment, mainly in the tourism and related services sector. Since the fiscal base of the country remains limited, approximately 97 per cent of the public investment budget is financed through debt and external assistance. Its socioeconomic progress over the past decade qualifies the country to graduate from the category of least developed countries by the end of 2024. Gross national income per capita equalled $1,960. Between 1990 and 2019, Sao Tome and Principe's human development index value increased from 0.452 to 0.625, placing it 135 out of 189 countries and territories after adjusting for inequality,[3] and the Gini coefficient rose from 32.1 in 2000 to 56.3 in 2017, indicating an alarming increase in the inequality gap.[4]

3. Recent estimates from the World Bank show that about one third of the population of Sao Tome and Principe lives in extreme poverty, which falls below the international poverty line of $1.90 per day. Persistently high poverty rates, increasing inequality, low status and insecure employment all show that segments of the population have not benefited in an equitable way from its modest development achievements and economic growth.

4. Poverty affects women and men at the same level. Approximately 66.7 per cent of men are poor and 66.5 per cent of women are poor. However, poverty differs depending on the size of households, education level and the employment of the head of the household. National poverty (46.1 per cent) affects households that have an average of five or more members. Female-headed households, which comprise 33.7 per cent of households, are poorer than their male equivalents, experiencing a poverty rate of 61.6 per cent compared with 55.8 per cent for men. Among households in the lowest wealth quintile, 71 per cent have a household head who has completed, at most, primary school, and only 25 per cent have entered secondary education. Among this same quintile, 3.9 per cent have a household head who has been in higher education (including technical education). Among the wealthiest quintile, a much higher 47.2 per cent of families have achieved higher education.

5. Sao Tome and Principe has made progress to ensure access for the population to socioeconomic services such as health, education and employment. However, those furthest left behind have not been able to benefit from the socioeconomic development of the past decade. These include people living in a situation of poverty or extreme poverty; women and youth suffering from violence and a lack of access to the labour market; children suffering from violence and poor nutrition; people working in the informal sector; people in rural areas who have

[1] United Nations Human Settlements Programme, 2019.
[2] International Monetary Fund, 2022.
[3] UNDP, *Human Development Report*, 2019.
[4] World development indicators, 2020.

relatively the lowest access to services; people on the island of Principe due to its double insularity and high cost of transport; and the elderly and persons with disabilities.

6. Sao Tome and Principe is a small island developing State, characterized by its steep volcanic mountains, deeply dissected landforms, moist winds, broad-leaf forests and rich volcanic soils. The impact of climate change is highly apparent and affects the most vulnerable groups as well as the productive sector and the provision of social and health services. The country adopted a road map for the implementation of the Small Island Developing States Accelerated Modalities of Action (SAMOA) Pathway and conducted its midterm review in 2018, which highlighted that the financial and technical capacity to mitigate climate change need to be strengthened.

7. The total fertility rate of Sao Tome and Principe decreased from 4.4 to 3.8 children per woman between 2014 and 2019. The contraceptive prevalence rate for modern methods increased from 37.4 to 46 per cent,[5] due to the expansion of integration of sexual and reproductive health services as well as the free access to modern contraceptive supplies. The need for family planning using modern methods has also increased from 41 per cent in 2014 to 60 per cent in 2019.[6] However, unmet need for family planning (27.1 per cent) remains concerningly high, particularly among young people (32 per cent). Although the country committed to attain a contraceptive prevalence rate of 50 per cent at the Nairobi Summit, a challenge still exists for the Government's commitment to buy contraceptives due to limited fiscal space. To further increase access to family planning, UNFPA will continue to use its comparative advantage, especially for the procurement of contraceptives and resource mobilization support.

8. Adolescent pregnancy (occurring before the age of 19) is also a concern, showing a steady increase from 16 per cent in 2014 to 21.9 per cent in 2019. The rate is higher in rural areas, where 26.7 per cent of adolescents were pregnant in 2019 against 20.3 per cent in 2014. The fertility rate of adolescents was 86 per thousand births in 2019, and in the rural area it was 102. The fertility rate is higher among poor adolescents (177) versus the affluent (33), and it represents 210 per thousand among adolescents with a basic education level, against 68 per thousand among adolescents with a secondary level. Adolescent pregnancy impacts the secondary enrolment rate for girls at 31 per cent versus 46 per cent for boys. This situation negatively affects their future well-being, income, social status and fulfilment of their potential, which may consequently perpetuate poverty. Sao Tome and Principe has made substantial progress in maternal health. Maternal deaths decreased from 158 per 100,000 live births in 2009 to 74 per 100,000 live births in 2014. Institutional delivery increased from 92.5 per cent in 2014 to 95.4 per cent in 2019.[7] The country is close to achieving 70 per 100,000 live births as per the 2022-2025 target of its strategic plan. The expansion of existing facilities, including basic signal functions for emergency obstetric and neonatal care services delivered with midwives, contributed to this achievement.

9. However, the basic emergency obstetric and neonatal care facilities do fully function and in all six maternity facilities in the country; only one comprehensive emergency obstetric and neonatal care service exists. The referrals received at the comprehensive emergency obstetric and neonatal care facility far exceed its capacity to provide quality services. With one functioning comprehensive emergency obstetric and neonatal care in the country, it has become overloaded with cases, which in turn has affected the quality of services. The limited coverage to other regions to provide all basic emergency obstetric and neonatal care services leaves those furthest behind, particularly in rural areas, lagging even further. Moreover, physician density amounts to 0.5 per 1,000 population, and with only three national gynaecologists/obstetricians, the high number of women and girls who need care do not receive services.

10. Having a gender inequality index of 0.537, Sao Tome and Principe ranks 133 out of 189 countries. Gender inequality is persistent and prominent throughout the country, deeply rooted in slowly changing social and cultural norms and a system of patriarchy and discrimination that shape attitudes often passed down through generations. Gender inequality also relies on unequal access to the labour market, income and women's political participation and restricts women's leadership opportunities and access to decision-making positions. Gender is not

[5] Multiple indicator cluster survey, 2019.
[6] Ibid.
[7] Ibid.

sufficiently mainstreamed into the development plans, implementation and monitoring of existing policies.

11. Early marriage is prevalent in the country, primarily taking the form of informal unions rather than legal marriages. Even though the legal age of marriage is 18, it is common to see young girls married before that age. In 2019, an estimated 32 per cent of women are married by law or union before the age of 18 – 26.8 per cent of the poorest families participate in early marriage/union, while 3.7 per cent fall among the richest, presenting a significant economic disparity. Early marriage/union affects girls at a crucial stage in their lives, causing them to drop out of school and perpetuate the poverty cycle.

12. Gender-based violence also remains a challenge because of the negative changes in power dynamics, social norms and women and girls' status in society. According to multiple indicator cluster survey (2019), 18 per cent of women ages 15-49 think that women can be beaten by their partners under certain circumstances, compared with 11 per cent of men. Police reports show an increase in the cases of domestic violence, child, sexual and gender-based violence. In 2019, 484 cases of violence were registered, of which 14.8 per cent were committed against women and/or children. In 2020, this increased to 19.1 per cent among 615 cases of violence, most of them occurring during the COVID-19 lockdowns. The management of gender-based violence is not adequately articulated across the relevant sectors of social protection, health and justice services.

13. The evaluation of the seventh country programme, 2018-2022, noted key achievements that include: (a) updating sexual and reproductive health (including family planning services), national documents and policies; (b) strengthening the supply-chain management of contraceptives; increasing access to family planning services (in 2019, 100 per cent of health services offered five modern contraceptive methods and had no stock-outs); (c) increasing the availability of qualified human resources for emergency obstetric and neonatal care (30 new midwives and 20 new anaesthetists); (d) upgrading equipment for 75 per cent of maternities; (e) strengthening the national capacities in its logistics management information systems and malware information sharing platform; and (f) increasing the percentage of districts and basic/secondary schools that are involved in adolescent sexual and reproductive health and comprehensive sexuality education from 14 to 67 per cent and 29 to 67 per cent, respectively. These interventions contributed to positive progress trends in reducing maternal mortality, increasing the contraceptive prevalence rate, reducing unmet needs and increasing the satisfaction needed for modern contraceptives for family planning.

14. In addition, the National Statistical Office strengthened its capacity with seven new statistical officers that will contribute to implementing the fifth census and support the production of evidence-based information. The seventh country programme, 2018-2022, also supported several studies, such as emergency obstetric and neonatal care assessments, reproductive health commodity security surveys and an multiple indicator cluster survey 6, which provided disaggregated data on key indicators and information that supported the implementation and monitoring of the programme in the areas of reproductive health, family planning, securing of reproductive health commodities, gender-based violence and adolescents and youth.

15. Partnerships were strengthened during the programme cycle, which allowed it to benefit from co-financing resources mobilized for maternal health, expand family planning services and ensure the provision of sexual and reproductive health services during the COVID-19 pandemic. The seventh programme also leveraged/mobilized resources to cover the full cost of the fifth population census budget and the expansion of comprehensive sexuality education in and out-of-schools, which will be implemented during the new country programme, 2023-2027.

16. The lessons learned and challenges from the seventh country programme, 2018-2022, relate to: (a) the persistence of social norms barriers regarding sexual and reproductive health and rights, including family planning; (b) weak ownership of the programme by implementing partners, alongside high government staff mobility; (c) the need to improve the implication of stakeholders in implementation, monitoring and evaluation; (d) the need to advocate for training midwives to focus on emergency obstetric and neonatal care services, and improve quality of supervision of emergency obstetric and neonatal care services; and (e) the need to intensify comprehensive

sexuality education in and out-of-school at the district level and improve coordination of the mechanism of gender-based violence prevention and response. The COVID-19 pandemic had slowed programme implementation in the last two years.

17. UNFPA actively supported the elaboration of the United Nations Sustainable Development Cooperation Framework (UNSDCF) and common country analysis. UNFPA will exercise its comparative advantages in the areas of: (a) sexual and reproductive health and rights, and maternal health and family planning; (b) adolescent sexual and reproductive health and rights; (c) adolescent and youth development; (d) bodily autonomy; (e) human rights-based approaches; (f) leaving no one behind, including persons with disabilities; (g) the demographic dividend; (h) the provision of continued sexual and reproductive health services; (i) the gender-based violence response for populations affected by climate change and humanitarian situations; (j) gender-based violence prevention and response services; and (k) sociodemographic disaggregated data and strengthening statistical systems to support the delivery of joint results.

II. Programme priorities and partnerships

18. The new country programme, 2022-2027, aligns with the national development strategy – the Sao Tome and Principe Transformation Agenda 2030: The country we need to build – in which the Government states its aim of enabling *Saoto*, meaning to "live with dignity, in a stable, democratic and peaceful modernized country, capable of offering quality services at the regional and global level". This programme is anchored in the UNSDCF, 2023–2027, through outcome 1: "By 2027, people in Sao Tome and Principe, in particular the people left behind and most vulnerable, benefit from quality and inclusive social systems and have access to integrated social protection"; and outcome 4: "By 2027, people benefit from transparent, responsive and gender-sensitive institutions." In this vein, the plan will contribute to Sustainable Development Goals (hereafter the Goals1), 3, 5, 10, 13, 16 and 17 as well as Agenda 2063 of the African Union.

19. The programme also aligns with the UNFPA Strategic Plan, 2022-2025, in its goal to enhance universal access to integrated sexual and reproductive health and reproductive rights by supporting the actions of national partners to accelerate achievement of the three transformative results: zero unmet need for family planning, zero preventable maternal deaths, and zero gender-based violence and harmful practices. It will support the Government in realizing its voluntary national commitment made at the Nairobi Summit to achieve the Programme of Action of the International Conference on Population and Development (ICPD).

20. The vision of the new country programme is that by 2027, women, adolescents and young people, particularly those left furthest behind and are the most vulnerable, will benefit from better access and universal coverage to quality sexual and reproductive health and rights, information and services, and integrated responses to gender-based violence. In this vein, the programme is committed to increasing family planning needs, especially among young girls and adolescents, from 60 per cent to 75 per cent by 2027 and help reduce the maternal mortality rate from 74 maternal deaths to 70 per 100,000 live births by 2030. To achieve these commitments, the programme will focus on three main outputs related to: quality of care and services, gender and social norms, and adolescents and youth.

21. As per the previous analysis, these outputs will be obtained by implementing strategic interventions defined from selected accelerators pathways that include: (a) improving the quality and accessibility of services, supplies and information; (b) strengthening programme management, accountability and intersectoral coordination network; (c) improving the mobilization of civil society and community participation to address social norms and claim rights; (d) empowering adolescents and young people; (e) improving the production and use of disaggregated sociodemographic data, research and surveys; and (f) using integrated and innovative approaches.

22. These strategic interventions will be made with a view to: increase the demand for family planning, in particular among vulnerable adolescents and women; strengthen the supply chain and ensure the availability of family planning commodities to the 'last mile', using digital innovation; strengthen capacities to provide quality emergency obstetric and neonatal care services to support

the ‘last mile’ to achieve the thresholds for reducing preventable maternal deaths; address gender social norms, mindsets, positive masculinity, bodily autonomy and weak institutional capacities alongside strengthening an integrated management mechanism for gender-based violence cases; and expand the implementation of comprehensive sexuality education for adolescents and young people in and out-of-school.

23. The new programme will deploy six accelerators: (a) using human rights-based and gender-transformative approaches to support delivery of rights-based sexual and reproductive health and services; (b) scaling up innovative, high-impact practices, including the use of proven digital solutions; (c) supporting partnerships, including South-South and triangular cooperation, to mobilize technical capacity and resource mobilization for programme delivery; (d) generating and using evidence for accelerating progress towards the three transformative results and seizing the opportunity of the upcoming 2023 population census to privilege research actions aimed at designing interventions for marginalized groups and scaling up the improvement of administrative data, emphasizing the use of civil registration and vital statistics; (e) staying anchored in the principle of ‘leaving no one behind’ by reaching the furthest behind, including those in rural areas; and (f) using resilience and adaptation to ensure the implementation of the programme, following the COVID-19 pandemic, climate change and any unexpected humanitarian situation.

24. The programme will call for a shift in the approach and ways of working, by focusing on decentralization and prioritizing field-oriented innovative interventions, with the involvement of beneficiaries/communities and local authorities across the entire process. In this regard, it has considered the issues arising from the programme evaluation and the national consultation with key stakeholders in health, youth, human rights, gender, education and civil society organizations (CSOs), including the Association of People with Disabilities. In addition, an ongoing qualitative study will provide evidence on the barriers to the access and use of contraceptives, insights to strengthen the capacity of women, girls and vulnerable groups, and will map their locality to claim their rights to access sexual and reproductive health and rights services. The findings of the study will be foundational for targeting interventions that respond to the needs of women and adolescent girls and the most vulnerable groups.

25. The programme will partner with the Government, district authorities, CSOs and United Nations organizations to reach those left behind, particularly women and girls living in rural areas and persons with disabilities, to address gender-based violence, gender exclusion and discrimination, and ensure equity in access to quality and rights-based reproductive health and family planning services. UNFPA will take advantage of existing joint programme initiatives targeting adolescent, youth, women and girls in rural areas, including acting on sexual and reproductive health and rights, including family planning and the fight against sexual and gender-based violence, alongside the World Food Programme, the International Labour Organization, the United Nations Human Settlements Programme and the World Bank.

A. Output 1. By 2027, strengthen the capacity of institutions and communities to assure universal and equitable access to sexual and reproductive health and rights, family planning, maternal health and gender-based violence information and services, including supplies

26. This output will: (a) scale up targeted interventions to address women and girls with unmet needs for family planning by mapping their locality, including causes and obstacles; and (b) improve the quality of emergency obstetric and neonatal care services. It contributes directly to UNSDCF outcome 1 by strengthening institutional capacities – with active community participation – to implement the national health policy and strategies for universal health coverage.

27. The programme will support: (a) the strengthening of reproductive health commodity security, focusing on supply-chain management and ‘last mile’ assurance; (b) innovative approaches and the development of apps to increase the demand of family planning services and improve communication between service providers at different levels to increase the quality of care, particularly for emergency obstetric and neonatal care, adolescent sexual and reproductive health and rights for counselling and gender-based violence services for women and girls;

(c) management capacity, including the production and use of disaggregated data; (d) strengthening the emergency obstetric and neonatal care supervision, using the technology, information and communication strategy to connect providers working in designated basic emergency obstetric and neonatal care facilities with the national referral hospital; (e) support innovation integration in monitoring the maternal death ratio through civil registration and vital statistics data; (f) scaling up adolescent and youth-friendly family planning services; and (g) integrating sexual and reproductive health and rights into the resilience and preparedness plan. All interventions will promote a safe environment approach by supporting the integration of safe disposal of reproductive health commodity security in line with the Ministry of Health policies and procedures.

B. Output 2. By 2027, strengthen the capacity of institutions and communities to assure access to information and integrated management approach to address gender-based violence and discriminatory gender and social norms

28. This output will contribute to: (a) improving the management of an integrated approach of gender-based violence cases, including the production and use of disaggregated data; and (b) addressing social norms that drive gender-based violence and gender inequality to reduce the incidence of gender-based violence and contribute to reducing the gender inequality index. It contributes directly to output 4 of UNSDCF outcome 1 to ensure multisectoral case management is strengthened for the prevention and coordinated response to violence, especially against women and children.

29. The programme will support: (a) strengthening coordination mechanisms for the implementation of national strategies on the prevention and response to gender-based violence through a multisectoral approach; (b) implementing and reviewing human rights recommendations related to gender equality and discrimination; (c) empowering adolescents, youth and female-led social enterprises to scale up anti-gender-based violence movements; (d) strengthening the capacity of national institutions (police, health facilities, the Ministry of Justice (which is in charge of human rights)), civil society and youth organizations on social norms that drive gender-based violence and gender inequality, positive masculinity and bodily autonomy.

C. Output 3. By 2027, strengthened skills and opportunities for adolescents and youth, in particular adolescent girls, to ensure their bodily autonomy, leadership and participation, and to build human capital

30. This output will enhance the skills of adolescents and youth, in particular girls, to allow them to make informed decisions about their lives, including bodily autonomy and those related to their sexual and reproductive health and rights. It seeks to mitigate adolescents' risk of embracing harmful behaviours such as early union while promoting positive factors that support youth development and harness demographic opportunities. It contributes to output 2 of UNSDCF outcome 1, which seeks to strengthen institutional capacities – with active community participation – to achieve quality learning results, including behavioural changes and market-oriented skills.

31. The programme will support: (a) intensifying in-school and out-of-school comprehensive sexuality education to improve knowledge of family planning methods and information about related services; (b) strengthening the capacity of youth structures and CSOs to coordinate, implement and monitor the delivery of sexual and reproductive health youth programmes, including linking sexual and reproductive health interventions with programmes on youth economic empowerment; (c) continuing advocacy to catalyse the Government's and CSO investments in young people to harness the demographic dividend; (d) continuing technical support to the Government to undertake the fifth census in 2023 and provide disaggregated data for decision-making and monitoring the Goals, ICPD Programme of Action, the three transformative results, and country development.

III. Programme and risk management

32. The Ministry of Foreign Affairs, Cooperation and Communities is responsible for the overall coordination of the UNSDCF. UNFPA will align management of the country programme with the UNSDCF coordination mechanism. The Ministry of Planning, Finance and Blue Economy will oversee programme implementation, with the National Institute for the Promotion of Gender Equality as the government coordinating authority. The programme will leverage a wide range of traditional and non-traditional partners to contribute to high-quality results for populations left behind, including the departments in the Ministry of Health, Ministry of Education, Ministry of Youth, and Ministry of Economy, in partnership with CSOs. In this regard, the partnership plan and resource mobilization strategy will be updated for engagement with government institutions, civil society and donor entities.

33. Collaboration with the United Nations country team and United Nations organizations individually will be harnessed through joint programmes, where feasible, to strengthen alliances and leverage resources in line with the delivering-as-one approach and the UNSDCF. The programme will strengthen South-South and triangular cooperation partnerships to leverage financial donations as well as the bilateral exchange of knowledge, and it will benefit from technical, operational and programmatic support from the UNFPA country office, regional office and headquarters. Country office staff will be realigned to meet the competencies needed for effective programme delivery.

34. The country programme will be implemented within the management and accountability structure of joint workplans, to be signed by the United Nations and implementing partners. Prior to their selection, implementing partners will be submitted to a prevention of sexual exploitation and abuse assessment within the inter-agency steering committee. Both direct and national execution will be the operational modalities to execute the eighth country programme, 2023-2027. The harmonized approach to cash transfers will continue to be applied, leveraging inter-agency cooperation for risk mitigation and cost-effectiveness.

35. Programme risks include: (a) sociocultural norms that undermine gender inequality and make it harder to achieve positive change; (b) constricted fiscal space resulting in reduced domestic financing of programmes; (c) declining donor resources to address social sector priorities due to the post-COVID-19 economic recovery as well as climate change and geopolitical shocks; (d) a decrease in funding opportunities due to the country's transition to lower middle income status; and (e) limited civil-society and community-based action to demand accountability.

36. To mitigate these risks, the programme will: (a) leverage capacity and technical expertise using evidence-based advocacy to promote human rights and advocate for the removal of gender sociocultural barriers; (b) promote positive masculinity; (c) develop an integrated partnership and resource mobilization strategy to identify opportunities for innovative financing; (d) support an enhanced data management system to track populations left behind; (e) support capacity-building of CSOs and communities demanding accountability for rights and results; and (f) offer limited country office human resources to respond to programme needs.

IV. Monitoring and evaluation

37. UNFPA will align the monitoring and evaluation of the country programme with the UNSDCF monitoring plan and coordination mechanism, which gives priority to joint programmes. UNFPA is committed to monitoring progress jointly as part of the broader commitment to development effectiveness and accountability under the delivering-as-one approach. The plan will include the monitoring of programme, operational and financial performance through regular meetings, field visits, quarterly reporting, annual programme reviews and assurance activities, such as spot checks and audits, when applicable. Results-based monitoring tools will be used to track and report on programme results. The programme will strengthen the capacity of staff and partners on result-based management and data collection to inform reporting.

38. In collaboration with other United Nations organizations and the World Bank, the programme will support the fifth population census, the demographic and health survey, civil registration and vital statistics, and routine data, which will function as accelerators in monitoring the programme, the three transformative results and the UNSCDF. A final country programme evaluation will be conducted to contribute to the UNSDCF evaluation. UNFPA will support United Nations country team processes by engaging in UNSDCF outcome result groups, including the data for development and evaluation group, joint reporting, and quality assurance, as well as the United Nations joint system for reporting in UNInfo.

39. The programme will support thematic and project evaluations, documentation of good practices and joint assessments, such as voluntary national reports and universal periodic reviews, in order to contribute to tracking progress on the Goals, the transformative results, and the Nairobi Summit ICPD+25 voluntary national commitments.

40. UNFPA will manage the eighth programme of cooperation through its country office in Sao Tome, consisting of a non-resident country director who is based in Cameroon and is responsible for overall strategic guidance and oversight regarding programmatic and operational aspects; and a head of office who is responsible for office management, coordination and overall oversight of all aspects related to programme planning, implementation, monitoring, partnerships, resource mobilization and operations. UNFPA will utilize programme funds based on a programme costing plan and will ensure the human resources plan responds to programme needs within the framework of the approved country office. National experts and consultants will be recruited based on the assessment of expertise required to strengthen programme implementation. The country office will seek technical assistance from the UNFPA regional office and other country offices (through knowledge-sharing) and will promote South-South cooperation.

41. In addition, the head of office, as a member of the United Nations country team, will have mutual accountability, with the United Nations Resident Coordinator, for contributions and support for the implementation of the UNSDCF and other inter-agency agreements of the United Nations country team.

RESULTS AND RESOURCES FRAMEWORK FOR SAO TOME AND PRINCIPE (2023-2027)

NATIONAL PRIORITY: National Transformation Agenda 2030 vision: The *Saoto people* live with dignity, in a stable, democratic and peaceful society and modernized country, capable of offering quality services at the regional and global level.				
UNSDCF OUTCOME(S): 1. By 2027, people in Sao Tome and Principe, in particular the people left behind and most vulnerable, benefit from quality and inclusive social systems and have access to integrated social protection. 4. By 2027, people benefit from transparent, responsive and gender-sensitive institutions.				
RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 1. By 2025, the reduction in the unmet need for family planning has accelerated. 2. By 2025, the reduction of preventable maternal deaths has accelerated. 3. By 2025, the reduction in gender-based violence and harmful practices has accelerated.				
UNSDCF outcome indicators, baselines, targets	**Country programme outputs**	**Output indicators, baselines and targets**	**Partner contributions**	**Indicative resources**
UNSDCF outcome indicators: • Family planning satisfied with modern methods (Goal 3.7.1) *Baseline: 60.4% (2019); Target: 75 % (2027)* • Maternal mortality rate (Goal 3.1.1) *Baseline: 74% (2014); Target: 70% (2027)* • Births attended by skilled health personnel (Goal 3.1.2) *Baseline: 96.8% (2014); Target: 98% (2027)* • Adolescent birth rate (Goal 3.7.2) *Baseline: 21.9% (2019); Target: 15% (2027)* • Women aged 20-24 years who were married or in a union (a) before age 15; and (b) before age 18 (Goal 5.3.1) *Baselines: (a): 5.4%; (b): 28% (2019); Targets: (a): 4.5%; (b): 25% (2027)* UNSDCF outcome and related UNFPA strategic plan indicators:	Output 1: By 2027, strengthen the capacity of institutions and communities to assure universal and equitable access to sexual and reproductive health and rights, family planning, maternal health and gender-based violence information and services, including supplies.	• Percentage of health units providing adolescent sexual and reproductive health services *Baseline: 2020: 7%; Target: 2022: 50%* • Percentage of districts with an integrated logistics management information systems and network *Baseline: 42% (2021); Target: 86% (2027)* • Percentage of designated health facilities (maternities/ hospitals) that provide full basic package of emergency obstetric and neonatal care services *Baseline: 13% per cent (2021); Target: 75% (2027)* • Number of designated health facilities (health centres/hospitals) integrating gender-based violence services *Baseline: 1 (2021); Target: 5 (2027)*	Ministry of Health, Ministry of Planning, Ministry of Finance and Blue Economy, Ministry of Education and High School, United Nations organizations	$3.7 million ($1.0 million from regular resources and $2.7 million from other resources)
	Output 2: By 2027, strengthen the capacity of institutions and communities to assure access to information and integrated management approach to address gender-based violence and discriminatory gender and social norms.	• Existence of multi-stakeholder coordination mechanisms operational for prevention and management gender-based violence cases *Baseline: No (2022); Target: Yes (2027)* • Number of operational social networks advocating for discriminatory gender and social norms *Baseline: 1 (2021); Target: 3 (2027)* • Number. of women and girls subjected to violence that have accessed at least one of the essential services that comprise the essential services package related to health, police, the justice system or social services *Baseline: 548 (2021); Target: 300 (2027)*	Ministry of Health, Ministry of Justice, Ministry of Public Administration, Ministry of Human Rights, National Institute for the Promotion of Gender Equality, the media, United Nations organizations	$1.9 million ($0.5 million from regular resources and $1.4 million from other resources)
	Output 3: By 2027, strengthened skills and opportunities for adolescents and youth, in particular adolescent girls, to ensure their bodily autonomy, leadership and participation, and to build human capital.	• Percentage of districts with at least one youth association operational in prevention of early pregnancy, and girls' empowerment *Baseline: 28% (2021); Target: 71% (2027)* • Percentage of districts with multi-stakeholder coordination mechanisms on adolescents and youth *Baseline: 28% (2021); Target: 71% (2027)* • Number of adolescents and youth reached by comprehensive sexuality education in school *Baseline: 5,000 (2021); Target: 25 000 (2027)*	Ministry of Youth, Ministry of Health, Ministry of Education and High School, Youth Institute, student associations, youth associations, the media, United Nations organizations	$2.3 million ($0.6 million from regular resources and $1.7 million from other resources)

• Proportion of sustainable development indicators produced at the national level (Goal 17.18.1) *Baseline: 48% (2021); Target: 60% (2027)* • The country has conducted the fifth population and housing census (Goal 17.19.2) *Baseline: No (2021); Target: Yes (2027)*		• Number of adolescents and youth reached by comprehensive sexuality education out of school *Baseline: 8 000 (2021); Target: 60 000 (2027)*		Programme coordination and assistance: $0.4 million from regular resources