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UNFPA – Country programmes and related matters

UNITED NATIONS POPULATION FUND

Draft country programme document for Sao Tome and Principe

Proposed UNFPA assistance:	\$2.3 million: \$1.5 million from regular resources and \$0.8 million through co-financing modalities and/or other, including regular, resources
Programme period:	5 years (2007-2011)
Cycle of assistance:	Fifth
Category per decision 2005/13:	A

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

	Regular resources	Other	Total
Reproductive health	0.80	0.50	1.30
Population and development	0.25	0.10	0.35
Gender	0.20	0.20	0.40
Programme coordination and assistance	0.25	-	0.25
Total	1.50	0.80	2.30

I. Situation analysis

1. Over the past two decades, Sao Tome and Principe has faced a number of challenges, including macroeconomic instability, a chronic deficit in the balance of payments, and large debts, which reached \$361 million in 2005. The poverty rate increased from 36 per cent in 1987 to 54 per cent in 2001. Fifteen per cent of the population lives on less than \$1 per day. The Government revised its poverty reduction strategy in 2005 and elaborated a programme for 2006-2008 that gives high priority to improving access to basic social services. Sao Tome and Principe joined the initiative for Heavily Indebted Poor Countries in 2000, but has been unable to derive benefits from the initiative due to difficulties in meeting finance requirements.

2. The 2001 census indicated that the country had a population of 137,599 persons, with an annual population growth rate of 1.6 per cent. The total fertility rate declined from 5.9 children per woman in 1991 to 4.7 children per woman in 2001, due to an expansion of family planning services and information and a subsequent increase in the contraceptive prevalence rate for modern methods, from 15 per cent in 1996 to 28.7 per cent in 2005. Thirty-five per cent of the population is aged 10-24 years, while 26 per cent is aged 10-19 years. Young people face poverty, low levels of education and limited employment opportunities. The limited availability of and access to reproductive health information and services exacerbate the vulnerability of young people, particularly young girls, who often have early and unwanted pregnancies.

3. The infant mortality rate declined from 60.8 deaths per 1,000 live births in 1991 to 54.2 deaths per 1,000 live births in 2001. However, it rose to 59 deaths per 1,000 live births in 2005, due to an increase in infectious and diarrhoeal diseases. Life expectancy is 63.9 years (61.4 years for males and 66.5 for females). The maternal mortality ratio is high, at 287.9 deaths per 100,000 live births in 2004, despite the fact that over 90 per cent of births are attended by a health professional such as a

nurse, midwife or physician. Antenatal care is also high, at 99.5 per cent. The high maternal mortality ratio may be attributed to the lack of high-quality emergency obstetric care; the lack of a supervisory mechanism to oversee deliveries; and the limited numbers of facilities where women can deliver.

4. Approximately 89 per cent of health facilities provide maternal, child health and family planning, but few facilities provide emergency obstetric care. Even where family planning is offered, utilization is low because of sociocultural barriers and the poor quality of service delivery.

5. The HIV/AIDS prevalence rate among pregnant women increased from 0.1 per cent in 2001 to 1.5 per cent in 2005. The number of new infections continues to rise, especially among young people and women. Low condom use and the high prevalence of sexually transmitted infections facilitate the spread of HIV.

6. Although women constitute 51 per cent of the population, only five of the 55 members of parliament are women. The literacy rates for women and men are 64.1 per cent and 72.1 per cent, respectively. Gender-based violence is a concern, but there is a lack of reliable data on the problem.

II. Past cooperation and lessons learned

7. In the area of population and development, the previous programme strengthened the government commitment to population issues. It supported the analysis and publication of the 2001 population census data, the preparation of a protocol document for the first demographic and health survey, and the processing of civil registration data. It also provided support for: (a) integrating population and gender issues into the planning process; (b) creating a population and development unit within the Ministry of Planning and Finance; (c) formulating the first declaration on the population and gender policy; and (d) formulating the national gender strategy. The programme also promoted gender equity and HIV

prevention through advocacy and behaviour change communication efforts.

8. In the area of reproductive health, the programme helped to extend and improve services by integrating reproductive health services into most health facilities. It also helped to develop a national reproductive health policy and reproductive health standards; a training curriculum for service providers; and increased the availability of reproductive health commodities. The programme trained a team of reproductive health trainers and managers at central and district levels and carried out research and surveys on reproductive health among adults and adolescents. In addition, the programme supported sensitization activities on reproductive health issues. These activities were conducted within health facilities, through outreach activities in rural communities and through the mass media.

9. Adolescent reproductive health issues were addressed by: (a) incorporating sexual and reproductive health education into the curricula of primary and secondary schools; (b) improving the availability of gender-sensitive, integrated health information and services for adolescents, emphasizing HIV prevention; and (c) institutionalizing youth-friendly services in public facilities, including schools.

10. Key lessons learned from implementing the previous programme included the need for a multisectoral approach to address reproductive health issues and a strong communications component to promote behavioural change and increase the demand for reproductive health services. These activities should be accompanied by a gender component to address women's needs and rights. Past experience has underlined the importance of national ownership, achieved through the active involvement of national counterparts.

III. Proposed programme

11. The proposed programme takes into account the findings of the common country assessment (CCA) and the priorities of the United Nations Development Assistance Framework (UNDAF),

as well as the conclusions of the midterm evaluation and annual reviews of the previous programme. The programme is aligned with the national poverty reduction strategy for 2003-2015, the Millennium Development Goals, the Programme of Action of the International Conference on Population and Development (ICPD) and the UNFPA multi-year funding framework, 2004-2007.

12. The goal of the country programme is to contribute to national efforts to improve the quality of life of the people of Sao Tome and Principe by: (a) promoting universal access to sexual and reproductive health through improved access to information and services; (b) preventing HIV; (c) promoting gender equity between men and women; and (d) integrating population, reproductive health and gender into development policy and plans.

13. The UNFPA programme will contribute to the following UNDAF outcomes: (a) by 2011, a larger number of vulnerable populations will have access to quality basic social services and a healthy environment; (b) by 2011, public institutions will protect human rights and will ensure equity within natural resource distribution and sustained dialogue with civil society; and (c) by 2011, a gender dimension will be integrated into all levels of cooperation to ensure equality of women and men in political, economic and social life.

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

Reproductive health component

15. The reproductive health component has two outcomes: (a) increased access to and utilization of integrated, high-quality reproductive health and HIV prevention services; and (b) increased adoption of responsible and safe behaviour regarding reproductive health and HIV/AIDS among men, women and young people.

16. Output 1: Increased availability of a package of high-quality, integrated health services, including family planning, adolescent sexual and reproductive health, and emergency obstetric care. This output will be achieved by scaling up reproductive health services, including those for adolescents, and by upgrading selected health facilities to provide emergency obstetric care. The programme will support capacity-building among service providers in life-saving skills, programme management, family planning, adolescent sexual and reproductive health, and interpersonal communication skills. The programme will strengthen health centres, including youth centres, and will develop standards to improve the quality of services. UNFPA will also strengthen government capacity in reproductive health commodity security and promote the development of alternative financing mechanisms.

17. Output 2: Increased coverage and utilization of high-quality HIV prevention services, including voluntary counselling and testing, the prevention of mother-to-child transmission, and condom programming, particularly for young people and pregnant women. This output will be achieved by: (a) strengthening and expanding existing information and counselling centres; (b) integrating voluntary counselling and testing in all facilities providing reproductive health; and (c) strengthening male and female condom programming.

18. Output 3: Increased knowledge of and abilities in sexual and reproductive health and HIV/AIDS prevention among men, women and young people. This output will be achieved by providing high-quality information and by supporting communication activities in order to create responsible reproductive health behaviour among all population groups. The programme will also strengthen the capacity of target groups to protect themselves from HIV infection. It will strengthen the capacity to plan, manage and coordinate a multisectoral behaviour change communication strategy, which will include peer education and an out-of-school component.

Population and development component

19. The outcome of this component is: national and sectoral policies, plans, programmes and budgets take into account population and development linkages.

20. Output 1: Increased availability and use of population and reproductive health data, disaggregated by age and gender. The programme will support national statistical plans (2004-2007 and 2008-2011), including preparations for the 2011 population and housing census and the birth registration campaign. It will also support operations research, sociocultural studies, and the 2006 demographic and health survey. Within the context of the UNDAF and in collaboration with United Nations agencies and the Ministry of Planning, the programme will assist in developing the *DevInfo* database to support national programme implementation, monitoring and evaluation. The programme will also help to establish a country programme database.

21. Output 2: Strengthened national institutional and technical capacity to integrate population, reproductive health and gender issues into policies, strategies, plans and budgets. The programme will conduct training to strengthen the capacity of personnel to integrate population, reproductive health and gender issues into the development planning process, and into policies, strategies, plans and budgets. To create a positive environment for this integration, the programme will strengthen the capacity of implementing partners to advocate population, reproductive health and gender issues. The programme will also help institutions of higher education to conduct research and training activities in the areas of population, reproductive health and gender.

Gender component

22. The outcome of this component is: improved institutional and social frameworks to promote women's and girls' rights and advance gender equity and equality.

23. Output 1: Strengthened capacity of national and local institutions, including the Government,

parliament and civil society organizations, to implement the national gender strategy. This output will be achieved by supporting the capacity-building efforts of national institutions and mechanisms to mainstream gender concerns, promote gender equality and rights, and empower women. The programme will also strengthen partnerships and networks with youth, the media, women ministers and parliamentarians, opinion leaders and professional associations.

IV. Programme management, monitoring and evaluation

24. The management, monitoring and evaluation of the country programme will be aligned with the monitoring plan and coordination mechanism of the UNDAF and with the poverty observation unit of the Ministry of Planning and Finance. United Nations partner agencies will give priority to joint programming to enhance the development of and better monitor the goals and objectives of the poverty reduction strategy paper, the ICPD Programme of Action and the Millennium Development Goals.

25. The Ministry of Planning and Finance will serve as the government coordinating authority. The Ministry of Health will coordinate the implementation of the reproductive health component and the Ministry of Planning and Finance will coordinate the population and development and the gender components. Implementing partners include government departments, United Nations agencies and national non-governmental organizations.

26. The programme will establish systematic planning, monitoring and evaluation mechanisms within the framework of results-based management. The programme will generate data from sociocultural research findings, management information systems, the census and other surveys, using indicators agreed upon by the Government, the United Nations system and other partners. UNFPA will develop a resource mobilization strategy targeting the Government and donors.

27. The UNFPA country office in Sao Tome and Principe consists of a non-resident country

director, an assistant representative, a finance/administrative associate and a secretary. Programme funds will be earmarked for one national programme post and one driver, within the framework of the approved country office typology. National project personnel may also be recruited to strengthen programme implementation. The UNFPA Country Technical Services Team in Harare, Zimbabwe, will provide technical support.

RESULTS AND RESOURCES FRAMEWORK FOR SAO TOME AND PRINCIPE

National priority: human resource development and access to basic social services UNDAF outcome: by 2011, a larger number of vulnerable populations will have access to quality basic social services and a healthy environment				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Reproductive health	<p>Outcome: Increased access to and utilization of integrated, high-quality reproductive health and HIV prevention services</p> <p>Outcome indicators:</p> <ul style="list-style-type: none"> • Percentage of the target population who have undergone voluntary counselling and testing for HIV/AIDS • Proportion of births attended by skilled health personnel • Proportion of adolescents using adolescent reproductive health services by gender • Contraceptive prevalence rate <p>Baseline: CCA/UNDAF, 2007-2011</p> <p>Outcome 2: Increased adoption of responsible and safe behaviour regarding reproductive health and HIV/AIDS among men, women and young people</p> <p>Outcome indicators:</p> <ul style="list-style-type: none"> • Percentage of target population using condoms during their last intercourse • Contraceptive prevalence rate • HIV prevalence among pregnant women • HIV prevalence rate among young people <p>Baseline: CCA/UNDAF, 2007-2011</p>	<p>Output 1: Increased availability of a package of high-quality, integrated reproductive health services, including family planning, adolescent sexual and reproductive health, and emergency obstetric care</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • Proportion of health units providing integrated reproductive health services • Proportion of health units providing adolescent and youth-friendly services • Proportion of health units providing basic and comprehensive emergency obstetric care <p>Baseline: CCA/UNDAF, 2007-2011</p> <p>Output 2: Increased coverage and utilization of high-quality HIV/AIDS prevention services, including voluntary counselling and testing, the prevention of mother-to-child transmission, and condom programming, particularly for young people and pregnant women</p> <p>Output indicator:</p> <ul style="list-style-type: none"> • Proportion of health units providing integrated reproductive health services with voluntary counselling and testing services <p>Baseline: CCA/UNDAF, 2007-2011</p> <p>Output 3: Increased knowledge of and abilities in sexual and reproductive health and HIV/AIDS prevention among men, women and young people</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • Percentage increase in knowledge among men and women of complications of pregnancy and delivery • Proportion of young people who identify correctly ways to prevent the sexual transmission of HIV • Proportion of schools providing information on reproductive health and HIV prevention through their curricula <p>Baseline: CCA/UNDAF, 2007-2011</p>	<p>Ministries of: Health; Education; and Youth; National HIV/AIDS commission</p> <p>UNICEF; WHO; WFP; World Bank; Global Fund to Fight AIDS, Tuberculosis and Malaria</p> <p>Ministries of: Health; Education; and Youth; National HIV/AIDS commission</p> <p>Mass media</p> <p>UNICEF; WHO; WFP; World Bank; Global Fund to Fight AIDS, Tuberculosis and Malaria</p>	<p>\$1.3 million (\$0.8 million from regular resources and \$0.5 million from other resources)</p>

National priority: public institutional reform, reinforcement of national capacity and promotion of a policy of good governance UNDAF outcome: by 2001, public institutions will protect human rights and will ensure equity within natural resource distribution and sustained dialogue with civil society				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Population and development	<p><u>Outcome:</u> National and sectoral policies, plans, programmes and budgets take into account population and development linkages</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> • Poverty reduction strategy paper as well as national and sectoral policies, plans and programmes take into account population, reproductive rights and gender • Percentage increase in health-sector budget allocated for contraceptive procurement • Amount of non-core resources mobilized in support of reproductive health and gender <p><u>Baseline:</u> CCA/UNDAF (2007-2011); poverty reduction strategy; national and sectoral plans</p>	<p><u>Output 1:</u> Increased availability and use of population and reproductive health data, disaggregated by age and gender</p> <p><u>Output indicator:</u></p> <ul style="list-style-type: none"> • Comprehensive socio-economic databases, including demographic data, are available <p><u>Baseline:</u> CCA/UNDAF (2007-2011)</p> <p><u>Output 2:</u> Strengthened national institutional and technical capacity to integrate population, reproductive health and gender issues into policies, strategies, plans and budgets</p> <p><u>Output indicator:</u></p> <ul style="list-style-type: none"> • Number of staff of implementing partners able to integrate population issues into development planning processes <p><u>Baseline:</u> CCA/UNDAF (2007-2011); draft of political declaration on population and gender</p>	<p>Ministry of Planning and Finance; National Statistical Institute</p> <p>UNICEF; UNDP; World Bank</p>	<p>\$0.35 million (\$0.25 million from regular resources and \$0.1 million from other resources)</p>
National priority: creation of institutional and financial conditions for the implementation of a national gender strategy (2005 government programme) UNDAF outcome: by 2011, a gender dimension will be integrated into all levels of cooperation to ensure equality of women and men in political, economic and social life				
Gender	<p><u>Outcome:</u> Improved institutional and social frameworks to promote women's and girls' rights and advance gender equity and equality</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> • National and sectoral mechanisms established to plan, implement and monitor the implementation of the gender strategy • Number of sectoral plans with gender issues integrated in them • Partnership with civil society established <p><u>Baseline:</u> CCA/UNDAF (2007-2011); gender strategy</p>	<p><u>Output 1:</u> Strengthened capacity of national and local institutions, including the Government, parliament and civil society organizations, to implement the national gender strategy</p> <p><u>Output indicator:</u></p> <ul style="list-style-type: none"> • Number of institutions with the capacity to promote gender equality and equity and the advancement of women and girls <p><u>Baseline:</u> CCA/UNDAF (2007-20011); national gender strategy</p>	<p>Ministry of Planning and Finance</p> <p>UNICEF; UNDP; WHO; WFP; World Bank</p>	<p>\$0.4 million (\$0.2 million from regular resources and \$0.2 million from other resources)</p> <p>----- Total for programme coordination and assistance: \$0.25 million from regular resources</p>