

Joint SDG Fund
PORTOFOLIO ON INTEGRATED SOCIAL PROTECTION AND LNOB
Joint Programme 2020 Annual Progress Report

Cover page

Country: São Tome & Principe

Joint Programme title: Reaching the furthest behind first: A catalytic approach to supporting the social protection in Sao Tome & Principe

Short title: Fostering Social Protection in STP

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End date: Dec 2021

RC: (RC a.i.) Katarzyna Wawiernia

Government Joint Programme Focal Point: His Excellency Mr. Adllander Matos, Minister of Labor and Social Affairs

Representative of Lead PUNO: Mariavittoria Ballotta, UNICEF

List of PUNOs: ILO, UNICEF, UNDP, WHO

RCO Main JP Focal Point : Luis Viegas **E-mail :** luis.viegas@un.org

Lead Agency Main JP Focal Point: Alejandra Moncada **E-mail:** amoncada@unicef.org

Contact Person for Joint Communications : Alejandra Moncada **E-mail:** amoncada@unicef.org

Budget (Joint SDG Fund contribution): **1,900,000**

Overall budget (with co-funding): **2,395,000**

Annual Financial Delivery Rate: **33%**

Rate of Committed Funding: **64%**

Short description of the Joint Programme (max 1 paragraph):

This Joint Programme (JP) is supporting the Ministry of Labor, Solidarity, Family and Professional qualification (MLSFPQ) to fully implement a unique Social Registry (SR) to enable its use by several targeted social programmes. Despite, it builds on the current support given by the World Bank to the MLSFPQ to update the cash transfer beneficiary database, the SR has the aim to be linked with different monitoring information systems of social programmes, including in the areas of health and education. Hence, the SR is expected to be effectively linked to a set of interventions aimed at improving the access of vulnerable and extreme poor families not only to cash transfer schemes, but also to social services in three on six districts of the country. The main objective of the JP is to accelerate some key SDG targets by fostering synergies through cross-sectoral coordination while expanding social protection coverage. In achieving so, the JP is supporting the Ministry of Health, Ministry of Education and the MLSFPQ to link sector interventions to the SR, including: 1) parental education programme; 2) youth engagement in the social sector; 3) access to a health services package, including an individual health monitoring and case management (possible thanks to the interoperability of the Social Registry and the DHIS2 individual tracker module). By 2022 it is expected that the Single Registry is fully implemented in three districts with an adequate legal and normative framework and ready to be scaled out and scaled up and that all families benefiting from the Vulnerable Family Programme (cash transfers targeting children) and identified as vulnerable in the social registry have had access to parental education, access to basic health and ensure access of vulnerable children to education (particularly pre-schooling). The Joint Programme is also expected to mitigate the negative effects COVID-19 on the vulnerable and extreme poor household by fostering the development of an infrastructure that will be able to respond to negative shocks in a timely manner through adequate social protection mechanisms linked to priority access to social services.

Executive summary

2020 has been marked by an unprecedented crisis that is expected to have a disproportionate impact on vulnerable groups suffering from both the impact of the pandemic, and from an expected rise in inequalities. In this context, the JP has been providing strategic support to contribute to the development of comprehensive medium/long-term plans to support inclusive and sustainable recovery, ensuring effective access to social protection programmes and basic social services to those groups that are most at risk of being left behind. By implementing the unique social registry and ensuring its interoperability to a set of social interventions, the JP will provide a much-needed tool to contribute to the integration and coordination of different social programs taking place (or planned to take place). The completeness of the database, including a wide range of variables allows the social protection programmes and social services to reach the most vulnerable groups in a coordinated manner and with multiple interventions across sectors.

Although the expected outcome indicators were not fully achieved in 2020, the JP put in place key foundations to ensure the sustainable achievement of the overall results by January 2022. It is worth highlighting that the COVID-19 has delayed or frozen many of the necessary processes necessary to achieve the expected results, and the JP started its implementation in July, and since then substantial progress took place. Firstly, the Social Registry was partially implemented in Agua Grande (country's biggest district), alongside broad advocacy efforts at the policy level to broaden the social programmes linked to the SR, beyond social protection programmes to include access to education and health. Secondly, despite the access of vulnerable families to health coverage was not achieved, the individual health tracker for case management (DHIS2) was launched by the Ministry of Health, and is in the process of being operationalized, improving the quality of the data. Moreover, the health coverage package has been validated across sectors and budgeted. These processes constitute key steps towards the implementation of the universal health coverage package that responds to the needs of the most vulnerable. Thirdly, the Parental Education Programme (PEP) was upscaled to the national level and broadened in scope to include health and education sector in its interventions, ensuring it will have a broader impact in 2021, through the achievement of behavioral change of parents from vulnerable families towards a more positive parenting practices, hence increasing the attendance of vulnerable children to school. The achievement of these results was possible partially due to the youth engagement through the national traineeship programme and the social entrepreneurship activities. The capacity building of youth as agents of change in the social area has improved the human capital in the social services platforms.

A. Annual Progress

A.1 The overall approach

Broader context and JP changes

The COVID-19 impact on a small and fragile economy like that of São Tomé and Príncipe (STP) is expected to be substantial with vulnerable groups. This crisis further exposed the vulnerabilities and inequities prevalent in the current social protection system as well as the gaps and shortcomings within and across social sectors. The Government of STP, with support from development partners, have focused on a set of specific and immediate response measures to support key public services and the continuation of social programmes target to vulnerable groups. These emergency responses have in some instances delayed the foreseen expansion of the social protection coverage. For instance, the foreseen expansion of the cash transfer programme funded by the World Bank through the utilization of the JP's implemented Social Registry, will be delayed to 2022.

In addition, the COVID 19 pandemic conditioned the achievement of expected results for 2020, due to the restrictive measures applied at both international and national level. The JP implementation started in Q3 of 2020. Hence, key milestones to achieve the 2020 targets, such as the establishment of the Social Registry, the launch of the DHIS2 individual tracker and the capacitation of front-line workers on PEP, were only achieved in Q4 of 2020. It must be highlighted that a thorough revision of the programme was not deemed appropriate in

2020, as the development of the Socio-economic Response Plan are ongoing. Although, the JP reprogrammed some activities to ensure support to the immediate national response to COVID-19, the theory of change and strategy for 2021 remains unchanged. The JP strategic support to contribute to comprehensive medium/long-term plan to support inclusive and sustainable recovery in the country remains unchanged. By implementing the unique social registry and ensuring its interoperability social intervention on various sectors, the JP will provide a much-needed tool to contribute to the integration and coordination of different interventions. The pandemic has exacerbated the consequences of the absence of coordination and integrating mechanism across sectoral platforms, where the social sector programmes fail to create the synergies necessary address those who are most at risk of be left behind.

In this context, in 2021, the JP will intensify discussions at the inter-ministerial level to ensure that the Social Register is used as multi-sectorial tool for the identification of beneficiaries for various sectoral social programs and that the interoperability with the information systems of education and health can strengthen the much needed referral system, and that provided the decision-makers with transparent and accurate data on the needs and constrains of the most vulnerable families. Finally, the priority for Q1 of 2021 is review the JP baseline and targets, leveraging on data gathered by the MICS 2019 and the priorities established in the SERP.

Ensuring that JP remains strategic and catalytic

JP Contribution to the UNDAF

In 2020, the JP has contributed the UNDAF Outcome – *"Disparities and inequalities are reduced at all levels through the full participation of vulnerable and prioritized groups, and the development and use by these groups, of social protection services and basic social services"* – through the following concrete actions:

1. A more equal selection of beneficiaries, ensuring the most vulnerable groups have access to social programmes, will be possible, given the Social Registry methodology to identify vulnerable families, through a participatory approach in the district of Agua Grande (the most populated and with highest incidence of extreme poverty). These pre-selected families are currently going through a Proxy Means Testing, with a broad range of vulnerability criteria, to determine the level of vulnerability as well as identifying the main needs to inform decision making;
2. The improvement of data collection on the health system, through the establishment of the DHIS2 tracker, where individual data on health will be monitored, ensuring the proper design and budgeting of health sector intervention, ensuring a broader coverage of basic services.
3. The capacitation of front-line workers on PEP and the increase of human resources through the young traineeship in social services, strengthened social protection system, by improving the quality of social services and their ability to provide a broader and more decentralized support to vulnerable families.

COVID-19 Reprogramming

In order to respond to the urgent government response to the pandemic crisis in 2020, the JP decided to reprogramme key activities to ensure that the most vulnerable groups have continuous access to social protection support. Two target groups were identified as the most vulnerable: the elderly and children.

Elderly people, (5% of the population of STP are aged 60 years or over, INE) have several pre-existing vulnerabilities resulting from a variety of factors that are linked to a significant decline in their income following retirement. Many elderly people have difficulties caring for themselves and depend on family members or caregivers for their daily needs which have been compromised due to quarantine regulations and the control of movement. This led to a lack of access to vital medicines and treatments, deteriorating sanitary and hygiene conditions, and food insecurity, of these group. The COVID-19 reprogramming allowed the JP to design an intervention that aims to mitigate the impacts of the pandemic on this target group highly exposed to COVID-19, through the identification of elderly living in vulnerable conditions and not receiving any support from the social pension schemes. These elders will be registered in the Social Registry in order to have priority access

to social protection programs and social services. In addition, the most vulnerable (541) have received monthly packages of food and hygiene products (for 4 months) as well as door-to-door awareness-raising actions aimed at sensitizing with COVID-19 prevention measures. This intervention was implemented by a well-established CSO, in partnership with the Ministry of Labor has been completed in December 2020.

The second intervention was targeted to children and adolescents in school age. Given STP's young population (61% of the population is under 25), this group was identified as particularly vulnerable to disruption of education. The economic hardships provoked by the pandemic, mean that some children and adolescents may not return to school at all, especially those from poor families who may be pressured to work, often in vulnerable occupations, to supplement family income. Unequal access to education, as a result of the pandemic, risks magnifying deep inequalities not only in access to quality learning for all children, but also amplifying the effect of poverty on gender equality with significant intergenerational implications for vulnerable families. The intervention on children, targeted to girls and children from the poorest quintiles. The JP has provided technical support to the Ministry of Education to develop a data base of children from vulnerable households which are at risk of dropping out of school, based on key criteria, which including gender and disability. In partnerships with the Global Partnership for Education, 6000 identified children will receive a back to school incentive package. For this, the JP has facilitated the establishment of partnership among CSOs, actively working on education, and the Ministry of Education, through participative dialogues to support the monitoring of the delivery of the package and the data collection/triangulation. The incentive package is expected to be delivered to the 6000 beneficiaries in Q1 of 2021. The list of vulnerable children will be integrated in the Social Registry.

Strategic and catalytical JP

The JP has been conceived as one of the main programmed to support the National Strategy for Social Protection in the country which aims at reducing the percentage of the Santomean population living in poverty and ensuring that the entire population has access (facilitated and improved) to basic social services. The JP is contributing directly to 4 of the 5 objectives: (i) eliminating extreme poverty through conditional cash transfers and activities promoting human capital development; (iii) promoting employability of vulnerable groups like the youth, women and the disabled; (iv) developing adequate delivery systems for the implementation of social protection programs; and (v) defining adequate coordination mechanisms for the social protection sector.

In 2020, the JP position itself as one of the key national programmes directly supporting the strategy. In October, the JP contribution to the social protection policy was presented at National Council for Social Protection. The National Council for Social Protection (NCSP), chaired by the Prime Minister, is the body that coordinates the social protection system at the policy level and meets every six months to evaluate the actions and interventions of the different actors within the national social protection system. The JP team participated together with national key stakeholders on the analysis and reflections regarding the implementation of the Action Plan of the Social Protection Strategy Policy with the objective of agreeing on policy improvement based on the priorities of the different actors involved in the National Social Protection system (including Ministry of Education, Ministry of Health, Ministry of Justice among others). Given the COVID 19 pandemic and its direct impact on children, women and youth due to the reduction in access to essential social services, several recommendations were done by the NCSP to mitigate medium to long-term consequences of the pandemic on increasing social inequality and extreme poverty. Among the priorities going forward, it was highlighted the need to guarantee a better coordination of interventions and types of aid through the JP unique social register in order to find synergies between the social programmes in the perspective of greater justice and social inclusion.

JP Alignment to SERP

The JP aligns to the main recommendations of the UN SERP, in relation to Pillar 1 and Pillar 2 recommendation. Among the key recommendations which are aligned to the JP are:

- The technical and financial capacities of the MLSFPQ are strengthened to carry out assessments of the costs and adjustment needs of program services to respond to the impacts of OVID-19, which will serve as the basis for Government decision making;
- The MLSFPQ have the technical and financial capacity to develop and implement a single national social registry of vulnerable and at-risk families that can be linked to the computer systems of other social areas such as health, education and child protection.
- The MLSFPQ has the technical and financial capacity to create and implement social programs for behavior change that will ensure the economic and social sustainability of the beneficiaries of monetary transfer programs (parental education, financial economy, support for the creation of one's own job
- The Directorate of Social Protection, Solidarity and Family (DPSSF) has a monitoring system for social programs, based on the creation of indicators and variables included in the Single Social Registry and with a view to measuring program impacts from pre-identified baselines.

In order to ensure the continuous alignment between the JP and SERP, the role of the CNPS will be strengthened as the body to coordinate and monitor the implementation of SERP Pillar 2 recommendations, so it is implemented within a unique strategy to respond to the challenges posed by COVID-19. In particular, the planned partner meeting for the JP in Sao Tome and Principe will be integrated on the resource mobilization of SERP. The RCO will leverage on this event as a pilot for thematic resource mobilization based on the 5 pillars of SERP.

A.2 Update on priority issues

SDG acceleration

- The JP, through the implementation of the Social Registry in Agua Grande (the most populated district) is contributing to the integration and coordination of different interventions currently taken place (various social programmes from Social Protection, Education and Health sectors). The SR is identifying families through the collection of key data on a broad range of vulnerability criteria, constituting the most complete data base on vulnerable households available in the country, as it disaggregates data by community and on multiple levels of vulnerability. The completeness of the database allows the social protection programmes and social services to reach the most vulnerable groups in a coordinated manner.
- In addition, the data currently being collected by the DHIS2 individual tracker will for the design and delivery of a universal health package to ensure quality access to health.
- The JP is also training and capacitating personnel on the MLSFPQ and Ministry of Health to ensure the complementary social initiatives, such as Parental Education will create necessary synergies to improve human capital and enable breaking the intergenerational cycle of poverty.
- The JP has also contributed to skills development for local youth in the social sector and the personnel of the sectoral platforms, particularly on health and education through the Parental Education Programme. The trained front-line workers are expected to improve the case management to closely monitor beneficiaries and allow them to vocalize their concerns.

Vulnerable groups

- **Women:** the JP, through Parental Education Programme (PEP), is capacitating front-line workers in the social protection, health and education sectors, in order to provide with tools to improve the services to parents. Considering, that in the country, women carry the full responsibility of children, the PEP is directly impacting vulnerable women, through an improved service delivery from social workers. One key initiative from PEP is the Baby Friendly Hospital Initiative (BFHI), to ensure that mothers and newborns receive timely and appropriate care before and during their stay in a facility providing maternity and newborn services, to enable the establishment of optimal feeding of newborns, which promotes their health and development.

- 2020: 0 this year as the sensibilization session for PEP did not started this year nor the referral system;
2021: expected 2,570 women, beneficiary of the Vulnerable Family Programme
- Children, Girls:** with the Back to School Initiative, children at risk of dropping school due to the COVID-19 socio-economic impacts, were identified and registered in a list that will be integrated to the Social Registry, and will serve to the Ministry of Education, to identify beneficiaries for social programmes, such as the school fee exemptions and also school feeding programmes. These children will also benefit from an incentive package, to support their parents to cover the fix costs of keeping their children in schools, providing them with back packs, books, uniforms and stationery.

2020: 0
2021: 6000 children (50% girls)
 - Youth:** Through the youth traineeship programme, the JP financed the subsidies for young people to work with the social protection for the one-year programme, which started in June 2020 to July 2021. These young trainees are receiving various trainings that will provide them with a set of skills to improve their chances to enter the work market, upon the finalization of the one-year traineeship. A new batch of young trainees will be selected in Jan 2020 to support the social services through the youth interaction services. Other young were involved in social entrepreneurship activities.

2020: 19 young trainees; 264 young people (involved in social entrepreneurship)
2021: 22 young trainees
 - Persons with disabilities:** The Social Registry included in the variables to select vulnerable families, disability criteria, to be disaggregated on the type of disability (physical, visual, etc.) as well as the level of each disability. This will have a positive impact on the inclusion of people with disabilities for the access to basic services, as the country does not have any database with this information.

2020: 0
2021: TBC once all data from the Social Registry is operational
 - Older persons:** The identification and support of the most vulnerable elderly during COVID-19. These identified elderlies will be registered in the SR to have priority access to the Social Pension scheme and linked to the individual monitoring health tracker (DHIS2) in 2021.

2020: 548
2021: TBC, depending on the coverage of the social pension scheme
 - Families living in extreme poverty:** As part of the SR development process, more than 3,840 vulnerable households have been identified in the district of Água Grande and 937 have already been registered in SR. This identification process followed by the registration in the RS of almost all the vulnerable families identified, will put them in the front line for access to social programs and social services. The vulnerable groups identified are comprised of households in situations of extreme poverty, the elderly and people with physical disabilities. By 2021, 5,087 families are expected to be registered in RS, with 3,501 led by women and 2,036 led by men.

2020: 0
2021: TBC depending on the available social programmes to which the registered families will have access

Gender marker

- Context analysis integrate gender analysis: For the PEP+ intervention a baseline assessment to assess the condition of parents and their parenting practices was developed. The assessment included key questions to understand constrains of parenting practices among women and man caregivers.
- Gender Equality mainstreamed in proposed outputs: in the selection of all beneficiaries (i.e. COVID repurposing, young traineeship, youth engagement on social entrepreneurship) at least 50% of beneficiaries were women and girls, as identified as more at risk to be left behind.
- Programme output indicators measure changes on gender equality in both the variables included in the criteria to select vulnerable families for the social registry and in the indicators to be included in the individual health tracker, including data on maternity health access and child registration.

- PUNO collaborate and engages with women’s/gender equality CSOs: the intervention on the back to school, which engaged CSOs, has also privileged local women associations for the delivery of some items of the kit, such as the sewing of the uniforms, where many women working as sewers and lost their income due to COVID-19 were engaged in this activity.

Partnerships

- Partnership with World Bank for the implementation for Parental Education Programme (PEP). The PEP+ is currently implemented at the national level, and as a key complementary programme for the cash transfers programme.
- The implementation of the DHIS2 was supported by HMIS partners such as University of Oslo, GAVI and Global Fund. Also, the French Cooperation (AFD) and Canadian Cooperation also supported on the acquisition of IT material for the DHIS2 implementation.
- Key partnership was also done with the Global Partners for Education and the MPTFs national partners, in relation to the COVID-19 repurposing for back to school and the social entrepreneurship.
- Partnership with CSO: During the COVID-19, In order to strengthen partnerships between the Government, the United Nations, and civil society organizations (CSOs), the JP has engaged NGO with extensive experience in the country and national coverage. The partnership has so far strengthened the capacities of national actors and communities to develop reliable and transparent database. It has also ensured that the interventions reach the most remote areas, where national institutions are not present or lack coverage.

Strategic meetings

| Type of event | Yes | No | Comments |
|--|-------------------------------------|-------------------------------------|---|
| JP launch event | <input checked="" type="checkbox"/> | <input type="checkbox"/> | A launch event took place in March 2020 where JP was presented to the technical partners in all the ministries involved. In addition, in October, the second session on the National Council for Social Protection, chaired by the Prime Minister took place. The JP was presented as part of the two main initiatives supporting the implementation of the country’s Social Protection Strategy. |
| Annual JP development partners’/donors’ event* | <input type="checkbox"/> | <input checked="" type="checkbox"/> | The partner meeting didn’t take place yet, as due to delays from COVID-19 and hence delays in the achievement of targets, the RCO and the PUNOs decided to postpone this event. The event will be done in Q1 of 2021, aligned with the SERP resource mobilization of pillar 2. |

Funding and financing

- Leverage on World Bank expansion of the Vulnerable Family Programme – planned for end of 2021, as the expansion of the programme has been delayed.
- PEP will be implemented at the national level and with a broader scope (including other social service sectors) thanks to the co-financing of World Bank.
- Global Partners of Education (GPE) co-funded the back to school initiative during COVID-19
- Youth Traineeship Programme was also upscaled to the national level thanks to funding from the private sector, Allianz, mobilized through the UNICEF Portuguese Committee.
- Youth social entrepreneurship engagement build upon a larger entrepreneurship project funded by UNDP
- MPTF II on Women empowerment Window will enhance the engagement of young women on social entrepreneurship and on the youth interaction centers.

Innovation, learning and sharing

Innovation: The JP has introduced various innovative approaches before and after the pandemic to improve the sustainability of the implementations and foster cross-sectoral collaboration. Some of these interventions include:

- Methodology to identify vulnerable families: The methodology to identify vulnerable households for the social registry, is based on two approaches: A Mixed Targeting Approach, which combines the pre-identification of vulnerable families by the communities. Then, the National Statistics Institute (INE) applies a Proxy Means Testing survey to determine the degree of vulnerability of each pre identified family. This approach is complemented by a selective approach for the identification of people or families who are not structurally vulnerable, but who fall into extreme poverty due to a shock.
- For the DIHS2 operationalization, IT quality materials were purchased to introduce patient's data from the reception, passing through the nurses and doctors thanks to the bar code sticker and infrared lecture system to allow reaching faster each patients file. The inclusion of the bar codes for each patient has the potential to be the foundation for the implementation of the digital health card in the country.
- A performance Base Fee (PBF) is under development to ensure the health professionals will collect and update the system during the transition period between the paper filling and the online filling.
- Multi-ministerial and cross-sectoral consultations: The JP led a participatory process for the adoption of the health coverage package, including representatives from the Ministries of Health and Social Affairs, Ministry of Finance, Civil Society Organizations and workers and employer' organizations.
- Youth engagement: The empower of young people through a one-year traineeship programme to support the front-line workers within the social protection and other social platforms (youth institution) and provides them with tools and capacity on entrepreneurship, to become actors of change and game changer;
- Peer to peer exchanges and south-south collaboration: the follow-up mechanism to support social entrepreneur projects targeted to young people, provided innovative concepts to encourage the younger population in social entrepreneurship. South-south cooperation and peer to peer exchanges in similar international contexts, took place with entrepreneurs with Brazil. Also, a podcast on youth social entrepreneurship was launched in 2020.
- Engagement of civil society organizations: In the context of the COVID-19 pandemic, the JP has sought partnerships with civil society organizations and Ministry of Education to implement rapid responses to identify the families which are at risk of leaving their children out of school and to design a back to school incentive package, based on identified needs.

Learning: This year, efforts to increase the visibility of the JP at the national level were made. In relation to knowledge sharing and analysis during the SEIA development, leveraging on the very holistic and comprehensive approach to the extension of social protection.

Once the Social Registry is implemented in one district, awareness seminars across key partners at the district and national level will take place. The JP cross-sectorial approach to social protection serve as a very good example for collaboration among ministries and will be leveraged in the discussions at the policy planning level.

Project activities and results are being documented and shared among national stakeholders, and UN agencies. In Q1 of 2021 a presentation of initial results of the SR implementation will be presented at the council of ministries. The joint program has shared the following data among partners:

- Mid-term progress update assessing the effectiveness of the programme
- Ensured the meaningful involvement of key partners such civil society, and others to facilitate research and share information and resources.
- Facilitating the transfer of knowledge and lessons learned to other joint programmes at the UNCT level (MPFTs)

- The SR design is expected to generate knowledge and statistics on the coverage and adequacy of social protection programs.

Strategic communications

The JP has engaged in strategic communication through presentations of JP TOC and expected impact to policymakers and launching events at the national level. Besides the JP launching event, four key launching events took place, which engaged all the JP's PUNOs, RC and the national counterparts.

1. Launch of the SR, where the RC has opened the national consultations process for the validation of the vulnerability criteria and SR registration methodology. The MLFSPQ advocated for the SR as a key tool for cross-sectoral collaboration that can be used beyond social protection.
2. Launch of the DHIS2, where the JP was presented to all health professionals, stressing the need to ensure the interoperability with the SR as a first step to ensure an inclusive and equal health coverage system.
3. National Council for Social Protection's yearly meeting: where the JP was presented as one of the two main programmes supporting the implementation of the National Social Protection Strategy.
4. Launch of Parental Education Programme.

The JP has also implemented awareness raising campaigns at the district and community level. At the community level, during the Social Registry pre-selection of families. Also, the social protection front-line workers were capacitated to explain the benefits of the SR to the vulnerable population, ensuring that expectations are carefully managed (i.e. explaining registered families that the registration does not entail automatic access to social protection support). Joint meetings also took place at the district level, with sub-national authorities, where the JP was introduced. Finally, as part of PEP implementation, social communication has been engaged to ensure key messages are delivered to the beneficiary families. In each of the events press and National TV and Radio were present, divulging the information to the whole country.

B. Annual Results

Overall progress

- On track (expected annual results achieved)
- Satisfactory (majority of expected annual results achieved)
- Not-satisfactory (majority of expected annual results not yet achieved)

Please, explain briefly: The JP progress is satisfactory, considering the underlying challenges posed by the global pandemic. The COVID-19 has exacerbated national limitations and structural gaps already present in the country. Most of the recruitments of the dedicated JP team were delayed, and the local counterparts were focused on providing a rapid plan to respond to the immediate impacts of COVID-19. A strategic planning and reprogramming during the pandemic were impossible. With all these challenges, the JP started a proper implementation in August. Despite all the challenges and the delays, the JP managed to achieve planned milestones, which are key to the achievement of the overall JP planned results.

Contribution to Fund's global results

In relation to the **Joint SDG Fund Outcome 1 - Integrated multi-sectoral policies to accelerate SDG achievement implemented with greater scope and scale**, the Parental Education Programme (PEP) was launched as a national strategy, upscaling the programme in scale (to the national level, including the island of Principe) and in scope (broadening the intervention to the different service platforms, such as health, education and social communication), resulting on an increased coverage of the programme for the beneficiaries. Similarly, the youth traineeship programme, initially launched as a pilot to respond to the lack of human resources in the social sector, was scaled up to be a programme to provide the social protection services

the resources to increase the social visit coverage to the most remote areas. This programme will be upscaled to cover other social sectors in 2021 and has the ambition to become a national civic service programme for youth. These programs also contribute to the strengthening of national capacities to implement integrated, cross-sectoral SDG accelerators (output 3, indicator 3.3). Finally, the JP supported the Ministry of Health to develop a package of essential health services. It was validated nationally and officially adopted by the Ministry of Health. It defines the basic package of essential health services to provide to the general population, guides healthcare planners on the continuity of essential health services during the COVID-19 pandemic and is mobilizing efforts for the post-pandemic health system recovery, with the focus on improving health coverage (in terms of services and population covered), for better addressing the basic health needs of the population.

As for the **Joint SDG Fund Output 3 - Integrated policy solutions for accelerating SDG progress implemented**, the JP has implemented 2 innovative solutions: the DHIS2 Tracker development and training for Single Process, External Consultation, Inpatient, Death Registry, customized programs for HIV testing (DIPS), HIV Patient Tracking, TB Patient Tracking, and Malaria Notification and Investigation in the whole Health Units (HC's and Hospitals) is an innovative solution to improve monitoring of health data. The tracker is also fostering the digitalization of health services, and the JP contributed to the purchase of IT quality materials to introduce patient's data from the reception, passing through the nurses and doctors thanks to the bar code sticker and infrared lecture system to allow reaching faster each patients file. The inclusion of the bar codes for each patient has the potential to be the foundation for the implementation of the digital health card in the country. The young traineeship programme is also an innovative intervention.

JP Outputs and Outcomes

Output 1.1, the 2020 target - vulnerable population is mobilized, informed and registered in the Social Registry in two districts → the JP mobilized and informed the vulnerable population through awareness-raising campaigns, training actions targeted at community representatives of localities with higher incidence of poverty, and finalized the registration in the RS of vulnerable families in the district of Água Grande (country's biggest district and with highest incidence of poverty). More specifically, with the participation of the communities, 3,800 vulnerable families were identified, and 937 families registered in the SR. Thanks to the elaboration of a new questionnaire of the PMT (Proxy Means Testing) survey, the SR records can be disaggregated by gender, locality, age group, as well as by disability (among other variables). Despite the constraints caused by the pandemic, key milestones in the workplan were achieved, building sound foundations for the implementation of the SR in the remaining two districts. Some of these key milestones include:

- The adoption and validation at the national level of criteria for the efficient identification of vulnerable people and elaboration of a complete and comprehensive questionnaire for the PMT (Proxy Means Testing) survey to be applied in three districts.
- An illustrated guide for the selection of vulnerable people by the community was developed
- 35 social technical workers across the country from the Directorate of Social Protection (DPSSF) were capacitated on the new methodology adopted for the selection of vulnerable people and those experiencing extreme poverty;
- Information and awareness raising regarding the Social Registry and the survey was implemented in the target communities and through in the media (TV and radio)
- 390 community representatives in Agua Grande were trained and conducted the selection process of vulnerable people in their respective localities;
- The national institute of statistics (INE) implementation of the PMT survey questionnaire and registration in the RS of more than 1/4 of pre-identified vulnerable households;
- A study on the legal framework of personal data registration systems in Sao Tome and Principe was finalized and will serve as a support for the elaboration of the legal and regulatory framework of the Social Register.

- Through the COVID-19 reprogramming, 548 vulnerable elderly who do not receive any social pension were identified and provided with immediate support during the pandemic. These group will be registered in the SR, to receive priority access to social pension.

Contribution to Outcome 1 (indicator 1): Setting up a comprehensive and transparent registry of vulnerable families, including a vast set of vulnerability criteria, provides a fundamental tool to the government to increase their capacity to reduce disparities and inequalities, identifying those most at risk of being left behind. All the data provided ensures that the registry can be used by various sectors, and hence increasing the coverage of social services and social protection to those identified to be the most vulnerable.

Output 1.2, the 2020 target - individual tracking module is developed within DHIS2 → The JP launched the DHIS2 Individual Tracker Module on October 12, 2020. The tracker is in the process of being operationalized, through the improvement on the quality of the data through the training of 57 health professionals in the use of data quality tools, as well as on how to input the data on the individual tracker module in the three pilot districts. It is noted that although pilot districts were prioritized, not all the variables of the different services were parameterized. By the end of 2020, the variables related to malaria, HIV/AIDS, vaccination and surveillance programs have been parameterized. Upon the implementation of the DHIS2 tracker a detailed assessment has been done together with the health professionals to:

- Define the specification of the equipment required to fully operationalize the system:
- Procure the necessary IT equipment, to start operationalizing the DHIS2 in 2 pilot activities, one in the main Health Center (Agua Grande) and also in the main Hospital to introduce patient's data from the reception, passing through the nurses and doctors thanks to the bar code sticker and infrared lecture system to allow faster to the patients file. The inclusion of the bar codes for each patient in the health facilities may be the nucleus for the Health card project funding implementation.
- Elaborate a guide for the process of subsidy or incentive to ensure that health professionals will input necessary data from the paper-based existing registry to the tracker, though a performance-based fees (PBF) system, to ensure health professional meet targets related to the data management of the DHIS2.

Contribution to the outcome 1 (Indicator 2) – The data provided by all the parametrized modules and captured by the individual tracker will ensure health data of vulnerable families can be access efficiently, improving their have access to essential quality health services. The government will also be able to effectively and systematically monitored these families through DHIS2.

Output 1.3, the 2020 target of 25% of targeted vulnerable households in the Social Registry participate from parental education, and % of vulnerable children who regular attend health centers. The JP did not achieve these targets, nevertheless the JP established the basis to set up the necessary steps to broaden and boost the social services through PEP and an increased coverage of health care.

Parental Education Programme has been launched at the national level and will be implemented beyond social protection, foresting collaboration across the different service platforms (health and education). The following key milestones were achieved during this reporting period:

- A baseline assessment study and the Monitoring and Evaluation (M&E) framework for the PEP implementation were finalized. The M&E framework includes key performance indicators that will allow the DPSSF to measure the programme success at the various levels. The assessment also provides key data on the JP results framework, related to the baseline of children in school age attending school as well as children attendance to health centers (both disaggregated by gender and age);
- 104 front-line professionals across different service platforms (social protection, health and education) were capacitated on PEP manual, through a participatory methodology and a decentralized approach, promoting the transmission of knowledge, skills and positive practices regarding desirable parenting behaviors and, sequentially, support the process of supervision and monitoring of training sessions for groups of families. These front-line workers will create awareness and aim at changing behaviors of

caregivers belonging to vulnerable families on positive parenting practices, aimed at increasing children school attendance.

- Through the JP, UN engaged in continuous advocacy efforts and technical support to the Ministry of Labor, Solidarity, Family and Professional Qualification (MLSFPQ) to develop a multi-sectoral strategy to define coordinating mechanism among the main actions across the different social sectors. This includes the engagement of various sectors at the decision-making level to strengthen the referral mechanism of case management of vulnerable families.

Health coverage mechanism: the health package mechanism was not yet implemented in any of districts as the COVID19 pandemic has had a strong impact on the already fragile health system. As a result, both human, financial and other resources were diverted to respond to the rapid spread of COVID-19, which translated into the low availability of focal points already overloaded, the absence of important data for costing and making it impossible to provide face-to-face technical assistance to support the definition of health coverage models and their application in a district. However, all the preparatory processes to implement the health coverage system were finalized in 2020:

- The package of essential health services was developed and validated nationally and officially adopted by the Ministry of Health. It defines the basic package of essential health services to be included in the health coverage mechanism. This document is currently guiding healthcare planners on the continuity of essential health services during the COVID-19 pandemic and is mobilizing efforts for the post-pandemic health system recovery, with the focus on improving health coverage (in terms of services and population covered), for better addressing the basic health needs of the population.
- The costing of the essential health services package was delivered, strengthening the health planning at the country level by better quantifying the financial resources required to fully implement and deliver the essential health services package to the whole population.
- A Health Statistics Yearbook 2020 available. Building on the social registry, the JP is providing technical support for the development of a social protection mechanism in health, that guarantees and expands effective access to the package of essential health services validated nationally. The calendar provided key statistics to support decision makers understand the current situation and hence reduce identified barriers in access to health services, either financial or organizational. It aims to reduce unmet health needs of the poorest and increase financial protection in health.

Contribution to the outcome 1 (Indicator 2 and 3) – The PEP is perceived as a key complementary programme to the cash transfer programme, and aims at changing the behavior of caregivers from the cash transfer families, to adopt positive parenting practices, including the importance of using the cash transfer for their children’s’ education (specially pre-primary educations, as necessary for early childhood development) and health. The effective strengthening of capacity of front-line workers, such as social workers visiting the families, educators, and community health agents, is key to ensure the parents are guided and supported across different service platforms, ensuring a sustainable change of behavior, and hence increasing the % of children in schools and visiting health centers. The COVID-19 reprogramming to identify vulnerable children that will receive an incentive package to stay in school will contribute to reduce school drop-outs due to COVID-19.

As for the essential health package, the validated package and well as its costing will contribute for resource mobilization and sustainable financing in the health sector, and to strengthen health planning, budgeting, and financial management by the Ministry of Health, contributing to the process of expanding the health coverage system.

Output 1.4 – in 2020, the target is that 150 young people (50% girls) covering 3 districts receive training and engaged in the provision of social services. The JP has trained 27 young boys and girls through the National Traineeship Programme of one year to support the work of the Directorate of Social Protection (DPSSF) to reach the most vulnerable families. The trainees received training in psychosocial support, data collection and PEP among others, in order to provide them with the necessary tools for quality intervention with families and

children at risk in the context of the COVID-19 pandemic. This initiative is co-funded by Allianz Portugal and the UNICEF Portuguese Committee.

In addition, the JP has built the capacity among youth in social entrepreneurship. Key activities include:

- Talk with well succeeded local Entrepreneurs where about 264 young people participated (77 girls and 108 boys)
- Podcasts on social entrepreneurship were produced on national radio, where social entrepreneurs were interviewed. 50% of the podcast guests were female entrepreneurs.
- A booklet, with concepts, good practices on social entrepreneurship, has been produced to raise their interest of youth on this topic.
- Target mentorship guidance for 15 Young who have been awarded a grant on UNDP project on Social Entrepreneurship in 2019.

Workplan

- JP workplan was modified
 JP workplan was not modified

The work plan was not modified. Although a reprogramming for COVID-19, these outputs were not yet fully integrated into the JP revision. The full revision of the JP and its targets will be done in Q1, in order to ensure fully alignment with SERP, due to be finalized in February.

C. Plan for the Next Year of implementation

Next year

The focus next year, in order to achieve the three main indicators, contributing to the JP Outcome, the focus towards the achievement of objectives include:

Towards the expansion of Social Programmes for vulnerable families registered in the Social Registry: The focus of the work plan will be to finalize the implementation of the Social Register in two more districts leveraging on the lessons learned from the implementation of the first district. Moreover, the JP will focus on the development of the Social Registry legal and regulatory framework. To achieve these goals the following strategies will be followed:

- Organization of information and awareness campaigns targeted to local and national authorities
- Greater advocacy efforts at the ministerial level, to ensure the Social Registry is utilized as the unique registry from vulnerable families and groups across various sectors, including health and education
- Develop and implement linkages between Social Protection programs and the Social Registry;
- Support the Ministry of Labor to develop the legal and regulatory framework to support the Social Register, which includes provisions for cross-sectoral interoperability with the various information systems, especially for health.
- Build capacities across the national institutions to develop coordinating mechanisms which leverage on the Social Registry as a tool for planning and monitoring the poverty reduction related policies.

The expected results for 2021 are to register in 5,087 vulnerable families and 2,570 of these households being covered by social protection programs.

Towards the expansion of the health coverage services among the general and the most disadvantaged population: The JP will focus on developing a social protection mechanism in health for the identified vulnerable groups linked to the already validated essential health package and its costing. In order to ensure the effective targeting, efforts will be focused on operationalization the interoperability of the DHIS2 and the Social Registry. Hence, the completion of the DHIS2 in the three districts will be closely monitored to

avoid delays that can limit the linkages among the two systems. By the end of the year, the access of at least 70% vulnerable population to essential health care services will be monitored through the DHIS2.

In addition, the JP will provide technical support to the Ministry of Health for the development of standard operating procedures for effective and qualitative data management, as well as for the development of key performance indicators, dashboards, scorecards and reports [data Aggregates and disaggregated per case. Finally, as part of the development of the universal health coverage mechanism, health care providers will be trained. Actions are planned to evaluate the financial and economic sustainability of the social pension architecture and to strengthen the social pension program.

The expected results for 2021 to increase the coverage from 0 to 70% of vulnerable families receiving the essential health care package will be revised to 55% (based on the GBD projections of 54.8% in 2019, likely to have been severely affected by the COVID-19 pandemic disruption on health services).

Towards the increase of children assisting pre-primary education among children from vulnerable families registered in the Social Registry in the three districts: In 2021, the JP will continue training and capacitating front-line workers on the different service platforms, to ensure positive parenting practices are effectively delivered to parents, in particular with relation to the importance of pre-primary schools (given the low percentage of children from 0-5 attending schools). In 2021 the JP, in partnership with the World Bank, will advocate to ensure a cross-sectoral approach to implement PEP+ is adopted at the national level and as an integral programme to achieve the strategic objectives of the National Social Protection Plan and a key complement to the Vulnerable Families Cash Transfer Programme. PEP+ can be perceived as a national programme with the potential to foster the cross-sectoral collaboration between social protection and key social sectors such as health and education, as well as with transversal groups such as youth and social communication.

The JP will continue its technical support to the DPSSF to develop standard operating procedures (SOPs) to strengthen institutional arrangements for the implementation of PEP + at the national level, establishing sectoral responsibilities: DPSSF, Education, Health, UNICEF, and other actors in the districts and in the RAP. Also, this year will continue the back to school initiative to reduce the school dropouts as result of an increasing socio-economic crisis as a result of the pandemic. Additional funds were mobilized in partnership with the Global Partners for Education and the MPFT on women empowerment.

By the end of 2021 an increase of 25% (to reach a total of 70%) of children from vulnerable families attending pre-primary schools.

As a transversal initiative, contributing to indicator 1 and indicator 3, the youth component plays a key role in providing quality social services to vulnerable families. In 2021, the Youth Traineeship Programme will be upscaled to support community-based mobilization of youth at the various youth interactions centers. These young trainees will also support on the dynamization of additional activities to continue building capacities of youth on social entrepreneurship.

Risks and mitigation measures

Lack of preparedness of the Government (including funding) to take over project activities after the end of the project and the associated risk of not sustaining project impacts over the medium and long term.

Mitigation measures: Advocacy at the ministerial level across sectors to ensure key activities are integrated in the national budget exercise so that these can be included in the national resource mobilization strategy. Strengthen the partnerships with other key development partners such as WB, EU, Bilateral cooperation and private sector. Encourage the use of SR by others SP programmes and NGOs.

Delays in the expansion of the Vulnerable Families Programme (national cash transfer programme), in view of the COVID-19 emergency window funding from World Bank, limits the possibility of SR registered families to benefit from the cash transfer until 2022.

Mitigation measures: The JP will advocate at the policy level, the unique Social Registry as a key tool to design and identify beneficiaries by all social programmes beyond the cash transfers. The linkage with the DHIS2 will be key to ensure the SR goes beyond the Social Protection sector.

The DPSSF and health personnel is not in charge of the social registry infrastructure and database management nor of the DHIS2.

Mitigation measures: Strengthen the capacity of DPSSF, including the support to Human Resources to ensure implementation of PEP, SR; Capacitate health personnel, including the provision of IT equipment necessary to facilitate the processes and automate data collection. Provide both institutions with tools for M&E and referral system

Interoperability of the SR, DHIS 2 and linkages with social services, including parental education and health package take longer than planned to become operational and potential beneficiaries do not receive the services.

Mitigation measures: Given COVID-19, the health package will be much more delayed than expected. The health package will be first implemented in AG to ensure the processes is phased and that families registered in the SR can have access to social programmes immediately. Also, the advocacy with other ministries will be crucial to ensure that other programmes, currently planned to take place can use the SR.

Annex 1: Consolidated Annual Results

1. JP contribution to global programmatic results (annual)

Global Impact: Progress towards SDGs

List up to 3 main SDG targets that your Joint Programme primarily focused on in 2020

- SDG target 1.3: Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable
- SDG target 3.8: Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all women and older persons
- SDG target 4.2: By 2030, ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education.

Global Outcome 1: Integrated multi-sectoral policies to accelerate SDG achievement implemented with greater scope and scale

1.1 Did your Joint Programme contribute to implementation of integrated multi-sectoral policies that accelerate SDG progress in terms of scope¹ in 2020?

- Yes
 No

Explain briefly: 1. The Parental Education Programme (PEP) was launched as a national strategy, upscaling the strategy in scale (to the national level, including the island of Principe) and in scope (broadening the intervention to the different service platforms, such as health, education and social communication), resulting on an increased coverage of the programme; 2. The youth traineeship programme that was initially launched as a pilot to respond to the lack of human resources in the social sector, was scale up to be a programme to provide the social protection to ensure social protection coverage at the district level.

1.2 Did your Joint Programme contribute to implementation of integrated multi-sectoral policies that accelerate SDG progress in terms of scale² in 2020? (if so, brief explanation)

- Yes
 No

Explain briefly: 1. Through the COVID-19 reprogramming, in order to reach those most at risk of being left behind, ILO and UNICEF engaged civil society organizations to identify the most vulnerable elderly and children to benefit from additional support. This approach allowed for a more comprehensive and effective identification of beneficiaries as one of the main challenges for social interventions in the country is the lack of transparent list of potential beneficiaries, done at the community level.
 2. JP is developing DHIS2 in different modules, where all health professionals are trained on the digital modules on individual data related to Single Process, External Consultation, Inpatient, Death Registry, customized programs for HIV testing (DIPS), HIV Patient Tracking, TB Patient Tracking, and Malaria Notification and Investigation in the whole Health Units (HC's and Hospitals). Some parameters in these modules will be linked to the social registry allowing the rulers to better understand the policies to be implemented for the protection strategies.

¹Scope=substantive expansion: additional thematic areas/components added, or mechanisms/systems replicated.

²Scale=geographical expansion: local solutions adopted at the regional and national level or a national solution adopted in one or more countries.

Global Output 3: Integrated policy solutions for accelerating SDG progress implemented

1.3 Number of innovative solutions tested in 2020

Total number disaggregated by % successful and unsuccessful: from those completed all successful

Provide the list: [see list of innovations under page of this report](#)

Explain briefly:

1.4 Number of integrated policy solutions implemented with the national partners in lead in 2020

Total number: 0

Provide the list

Explain briefly:

1.5 Did your Joint Programme contribute to strengthening of national capacities to implement integrated, cross-sectoral SDG accelerators in 2020?

Yes

No

Explain briefly: [Through the PEP programme and the youth traineeship programme](#)

1.6 Did your Joint Programme develop a functioning partnership framework for integrated policy solutions to accelerate progress on SDGs in 2020?

Yes

No

Explain briefly:

2. Selected global performance indicators (annual)

2.1. Did your Joint Programme contribute to the improvement of overall UNCT coherence in 2020?

Yes, considerably contributed

Yes, contributed

No

Explain briefly: [Much of the analysis from SEIA – Pillar 2 considered the experience of collaboration among UN agencies on social protection.](#)

2.2. Did your Joint Programme contribute to reduced transaction costs for participating UN agencies in their interaction with national/regional and local authorities and/or public entities compared to other Joint Programmes?

Yes,

No

N/A (if there are no other joint programmes in the country)

Explain briefly: [The country has two MPTFs which implementation is ongoing and these costs haven't been yet assessed.](#)

2.3. Was your Joint Programme aligned with the UNCT Results Groups in 2020?

Yes

No

Explain briefly:

2.4. Did your Joint Programme secure additional funding resources in 2020?

Yes

No

Explain briefly: [See page 8 of this report.](#)

3. Results as per JP Results Framework (annual)

| Result / Indicators | Baseline | Expected 2020 target | 2020 Result | Reasons for variance from planned target (if any) | Expected 2021 target | Expected final target (if different from 2021) |
|--|----------|----------------------|-------------|---|----------------------|--|
| Outcome 1: Disparities and inequalities are reduced at all levels through the full participation of vulnerable and prioritized groups, and the development and use by these groups, of social protection services and basic social services. | | | | | | |
| Outcome 1 indicator 1: Number of vulnerable families covered by social protection programmes | 890 | 1,225 | 0 | The Social Registry is not yet fully developed due to the restrictions posed by COVID-19. The national coordinator to develop the SR was only hired on August due to the freezing of recruitments on ILO. In addition, the foreseen validation of vulnerable criteria through a participatory process was delayed as presential meetings were not allowed until August. Finally, it is worth noticing one of the biggest parts of the expansion of the social protection programmes will be delayed as the World Bank has received an emergency fund for COVID-19 | 2,570 | 2,570 |

| | | | | | | |
|---|--|---|---|--|-------------|-------------|
| Outcome 1 indicator 2: Coverage of essential health services (defined as the average coverage of essential services based on tracer interventions that include reproductive, maternal, newborn and child health, infectious diseases, non-communicable diseases and service capacity and access) among the general and the most disadvantaged population | 0 | 25% | 0 | The targets set for 2020, namely a coverage rate of essential health services of 25% cannot be yet verified through the Social Register and the DHIS2. It should be noted that the individual tracking module developed in DHIS2 was launched only on October 12, 2020, and although pilot districts were prioritized, not all the variables of the different services were parameterized. | 70% | 70% |
| Outcome 1 indicator 3: proportion of children assisting pre-primary education among children from vulnerable families registered in the Social Registry in the three districts | 40% (new data from the PEP baseline study) | 65% (initially 25%, which is now 65% as the baseline changed) | 0 | The sessions to parents with the new Parental Education Programme did not started yet as the trainings and capacitation of the front-line workers planned for Q2 and Q3 of 2020, only took place in Q4 of 2021. During this period a baseline study was developed in order to assess the initial conditions of the target beneficiaries | 70% | 70% |
| Output 1.1 Target vulnerable population is mobilized, informed and registered in the Social Registry in three districts. | | | | | | |
| Output 1.1 indicator 1: Social Registry ready and operational in all three districts | 0 | 2 districts | 0 | By December 2020, the social registry identified almost 4000 vulnerable families in one district. Almost 1000 families were registered in the SR and the registration will be finalized in Jan 2020. This delay was caused by COVID-19 as the process couldn't start without the national validation of the selection criteria. | 3 districts | 3 districts |

| | | | | | | |
|--|------------------|--|--|--|--|---|
| Output 1.1 indicator 2: number of vulnerable families registered in the SR per district disaggregated by gender, age groups, and disability | 0 | <p>Agua-Grande: 3562 (M:1425; F:2135)</p> <p>Lobata: 332 (M:132; F: 200)</p> | <p>Agua-Grande: 937</p> <p>Lobata: 0</p> | As part of the RS development process, more than 3,840 vulnerable households have been identified in the district of Água Grande and 937 of these households have already been registered in the SR. This identification process followed by the registration in the RS for all the identified families in Agua Grande will be finalized in Jan 2021. The vulnerable groups identified are comprised of households in situations of extreme poverty, the elderly and people with physical disabilities. By 2021, 5,087 families are expected to be registered in RS, with 3,501 led by women and 2,036 led by men. | 4150 in the 3 districts | <p>Overall 5,087 in the 3 districts</p> <p>(with 3,501 of households led by women and 2,036 led by men)</p> |
| Output 1.2 Individual data of targeted vulnerable population in the Social Registry are monitored through DHIS2. | | | | | | |
| Output 1.2 indicator 1: individual tracking module is developed within DHIS2 | 0 (non-existent) | developed | Partially developed | The DHIS2 tracker was developed and launched in October, however by the end of 2020, only the variables related to malaria, HIV/AIDS, vaccination and surveillance programs have been parameterized. | Missing variables are developed and the DHIS2 is fully operational | DHIS2 is fully operational |
| Output 1.2 indicator 2: percentage of vulnerable population who are monitored | 0% | 0% | 0% | | 70% | 70% |
| Output 1.3 The access of targeted vulnerable households in the Social Registry to social services, including parental education, is boosted | | | | | | |

| | | | | | | |
|--|--------------------------------|-----|-------------------------|---|------------|------------|
| Output 1.3 indicator 1: percentage of vulnerable population participating in the Parental Education Programme (PEP) | 0 | 25% | 0% | The sessions to parents with the new Parental Education Programme did not started yet as the trainings and capacitation of the front-line workers planned for Q2 and Q3 of 2020, only took place in Q4 of 2021. During this period a baseline study was developed in order to assess the initial conditions of the target beneficiaries. It is expected that in Q2 and Q3 at least 75% of the vulnerable families have access to PEP, either through individual or group sessions or through key messages via radio and social communication. | 75% | 75% |
| Output 1.3 indicator 2: percentage of vulnerable children who regular attend health center's for development monitoring, disaggregated by child age group, gender and disability | 61% (0-5 years) 0% (6 - 18) | 0% | 0% | Due to COVID-19 the universal health package was not implemented in any district as the costing exercise took longer, due to delays in securing the technical experts which were abroad. | 75% 50% | 75% 50% |
| Output 1.4 Young people capacity to support the provision of social services across different sectors is developed | | | | | | |
| Output 1.4 indicator 1: number of young people trained in the provision of social services disaggregated by youth age group and gender | 0 | 150 | 104 | Small variance. The workplan has a target of 40. Need to revise this | 150 | 150 |
| Output 1.4 indicator 2: number of young people engaged in the provision of social services across sectors disaggregated by sector, youth age group and gender | 0 | 150 | 264 (77 women; 108 men) | Target exceeded. | 150 | 150 |

Annex 2: List of strategic documents

Strategic documents that were produced by the JP

| Title of the document | Date when finalized (MM/YY) | Brief description of the document and the role of the JP in finalizing it |
|---|------------------------------------|--|
| Basic health package validated by MoH | March 2020 | The list of essential care interventions necessary to develop a universal health package |
| Costing of the health package | December 2020 | The costing of the validated health package necessary for national planning to implement the health package |
| Guide for the identification of vulnerable families including vulnerability criteria: | August 2020 | Participatory and innovative methodology to select vulnerable families |
| Health calendar statistics: | December 2020 | Provide key data on health human and financial resources to ensure an informed decision making and establishment of priorities at the policy level |
| Parental Education Programme baseline assessment and M&E framework | December 2020 | Provide baseline data of beneficiary families on key indicators, to allow for a better impact assessment of the programme |

Strategic documents for which JP provided contribution

| Title of the document | Date when finalized (MM/YY) | Brief description of the document and the role of the JP in finalizing it |
|------------------------------|------------------------------------|--|
| SEIA | December | The JP coordination team was engaged in the development of the SEIA, Pillar 1 and 2. |
| | | |

Annex 3: Strategic communication results

3.1. Have you created a strategic communication plan for the Joint Programme?

- Yes
 No

Explain briefly: See page 10 of this report

3.2. What percentage of the annual budget towards communications was utilized from the total budget? (Note that the entire JP comms budget must be min 5% of the total JP budget)

Explain briefly: 5% of the overall budget was utilized in communication. More specifically, the JP has hired an international consultant who developed a series of outreach communication, from Brochures for policymakers to flyers for beneficiaries. Also, the consultant will be developing human interest stories, as well as editing videos. We have developed several t-shirts for the survey personnel, flyers and engaged youth to go to communities and engaged with beneficiaries to create awareness on the Social Registry as well as the need to provide transparent data.

3.3. Have visibility outcomes increased due to the provided funding for JP strategic communications?

- Yes
 No

Explain briefly: *The brochures supported in the communication of a common understanding of the JP vision across policy makers.*

3.4. Does the Country Profile Page on the Joint SDG Fund website contribute to your JP outreach?

- Yes
 No

Explain briefly:

3.5. How many articles (interviews, human interest stories, press releases, expert insights, etc.) about youth JP were published by an external media outlet (Non-UN published)?

Total number: 3

Explain briefly: *All our launching events (PEP, SR, DHIS2, YOUTH) had enormous coverage throughout national tv and radio. Key stakeholders were interviewed throughout the process.*

3.6. How many articles (interviews, human interest stories, press releases, expert insights, etc.) about the Joint Programme were published by the UNCT and JP PUNOs?

Total number: 10

Explain briefly: *Social media plays a big role in the country. Facebook is much used by the population.*

3.7. Have you received an increase of social media followers?

- Yes
 No

Total number: (Not mandatory)

Explain briefly:

Multi-Media Faucets

| Title of the document | Date when finalized (MM/YY) | Brief description and hyperlink (if it exist) |
|---|-----------------------------|---|
| Video on the Social Registry to raise awareness | Dec 2020 | This was broadcasted in national TV during the SR intervention in the community |
| Brochures on JP cross-sectoral approach | Dec 2020 | The IC for communication has developed a brochure for policy makers explaining the key objectives of the JP |
| Video of DHIS2 launching | Oct 2020 | This was broadcasted in the national TV and Radio, presenting the DHIS2 at the national level and introducing the linkages to social protection |

Social Media Campaigns

| Title of the document | Type (FB/Twitter/LinkedIn/Etc.) | Brief description and hyperlink (if it exists) |
|-----------------------|---------------------------------|---|
| Posts on DHIS2 | Facebook | https://fb.watch/2hHMxx_EsK/ |

| | | |
|--------------------|----------|---|
| | | https://www.facebook.com/pnudstp/posts/3337104713024833 https://www.facebook.com/pnudstp/posts/3312439725491332 https://www.facebook.com/pnudstp/posts/3309747145760590 https://www.facebook.com/pnudstp/posts/3300781816657123 |
| On Social Registry | Facebook | https://www.facebook.com/ONUJSTP/posts/1028679634312376 https://www.facebook.com/ONUJSTP/posts/997671644079842 |
| On youth: | | https://www.facebook.com/pnudstp/posts/3366899733378664 https://www.facebook.com/watch/?v=644027912926200 https://www.facebook.com/pnudstp/posts/3348406661894638 https://www.facebook.com/pnudstp/posts/3316147321787239 https://www.facebook.com/pnudstp/posts/3300335030035135 |

Annex 4: Updated JP Risk Management Matrix

| Risks | Risk Level: (Likelihood x Impact) | Likelihood: Certain - 5 Likely - 4 Possible - 3 Unlikely - 2 Rare - 1 | Impact: Essential - 5 Major - 4 Moderate - 3 Minor - 2 Insignificant - 1 | Mitigating measures | Responsible Org./Person |
|--|--------------------------------------|--|---|---|-------------------------|
| Contextual risks | | | | | |
| Fiscal situation of the country due to COVID-19 pandemic leading to lower social expenditures | 25 | 5 | 5 | Build the capacity and infrastructure for anticipating the scale up of JP to the national level and ensure its linkage to sectorial social programme, including in education, health, agriculture, tourism, etc. | RC |
| Some local population feeling resentment at the support provided to those registered in the SR | 12 | 2 | 4 | The SR's selection criteria were designed and agreed through consultative processes and the pre-selection of families was done by the community. The JP will ensure to communicate this approach to the beneficiaries effectively. Also, the SR will integrate a complains and grievance mechanisms with beneficiary participation. | PUNOs |

| | | | | | |
|---|----|---|---|--|--|
| Changes in key ministerial positions and low engagement from other ministries | 9 | 3 | 3 | Social Protection council shall keep the memory of the commitments and collective decisions. Advocacy across-ministries and engaging the Prime Minister as the NSPC | Social Protection council/ RC |
| Delays in the expansion of the Vulnerable Families Programme, in view of COVID-19 emergency window funding, limits the SR registered families to benefit from the cash transfer | 20 | 5 | 4 | The JP will advocate at the policy level, the unique Social Registry as a key tool to design and identify beneficiaries by all social programmes beyond the cash transfers. The linkage with the DHIS2 will be key to ensure the SR goes beyond the Social Protection sector. | RC/MLFPQ |
| Programmatic risks | | | | | |
| DPSS not in charge of the social registry infrastructure and database management | 16 | 4 | 4 | Strengthen the capacity of DPSSF, including the support to Human Resources to ensure implementation of PEP, SR. Provide DPSS with IT infrastructures and tools for M&E and referral system Collaboration with WB, ensuring strategic planning, and discussions consider WB changing priorities for both PEP and SR. | ILO/ UNICF (in collaboration with the World Bank) |
| The engagement required from the health personnel to ensure data is updated for the DHIS2 is not enough to ensure the effective operationalization of the individual tracker | 20 | 4 | 5 | The need to capacitate health personnel, including the provision of IT equipment necessary to facilitate the processes and automate data collection. Integrate within health personnel TORs the provision to ensure accurate data is collected regularly in DHIS2, linking it to an incentive system. Mobilize resources to ensure the necessary resources are allocated to the effective operationalization of the system. | UNDP/OMS |
| Interoperability of the SR, DHIS 2 and linkages with social services, including parental education and health package take longer than planned to become operational and potential beneficiaries do not receive the services. | 20 | 4 | 5 | Given COVID-19, the health package will be much more delayed than expected. The health package will be first implemented in AG to ensure the processes is phased and that families registered in the SR can have access to social programmes immediately. Also, the advocacy with other ministries will be crucial to ensure that other programmes, currently planned to take place can use the SR. | RC/PUNOs MLFPQ |
| Institutional risks | | | | | |

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| Weak coordination among PUNOs working on the JP | 9 | 3 | 3 | RC Leads and monitors the JP on quarterly basis, in addition to monthly meetings with the PUNOs chief if agencies. Coordination mechanisms are followed and monitoring of activities take places regularly. | RC |
| Weak engagement and ownership of local partners | 9 | 3 | 3 | Regular communication and meetings to ensure technical partners are aware of changing context across sectors. Advocacy at the ministerial level carried by the chief of agencies and RC. | RC; MLFPQ/MoH and PUNOs |
| Fiduciary risks | | | | | |
| Lack of preparedness of the Government (including funding) to take over project activities after the end of the project and the associated risk of not sustaining project impacts over the medium and long term. | 20 | 4 | 5 | Advocacy across sectors; Strengthen the partnerships with other key development partners such as WB, EU, Bilateral cooperation and also private sector. Resource mobilization Encourage the use of SR by others SP programmes and NGOs. | RC; MLFPQ |