



Project Document

Country: Sao Tome and Principe

PROJECT SUMMARY

Implementing Agency	United Nations Population Fund (UNFPA), Sao Tome & Principe
Development Partner	India UN Development Partnership Fund (UNDPF)
Project title	Support to the acceleration of family planning in Sao Tome and Principe
Sector	Sexual and Reproductive Health and Rights (SRHR), Gender equality and Population Dynamics
Project Duration	24 months
Total amount requested	\$ 550,000 USD
Country UN classification	Least developed country
Objectives	Overall objective: By 2020, contribute to accelerate the repositioning the family planning in Sao Tome and Principe towards the achievement of the Sustainable Development Goals
Outcomes and Outputs (Specific objectives)	Specific objectives: i) To increase the availability and access to quality of family planning services, in particular by strengthening the service delivery capacities of the health units (centers & posts) and, ii) Strengthen managerial capacities at the central and district levels for better monitoring and implementation of the existing strategic plan to accelerate the FP. Expected Result 1: The availability and quality of family planning services are significantly improved particularly at the district level and the commodities security strengthened. Expected Result 2: Managerial capacities at the central and district levels to improve the functioning of health services to repositioning the family planning strengthened.
Geographic coverage	Countrywide (Sao Tome island and Principe island)
Implementing Partner National Implementation (NIM)	The Division of Health Care of Ministry of Health is the Implementing Partner of the interventions supported by this initiative. At the operational level, Division of Health Care/ Reproductive Health Program, the Central Hospital and the health districts will be in charge of the implementation of the activities in partnership with private units and NGOs in particular the Saotomeen Family Promotion Association affiliate to the IPPF.

Agreed by (signatures):

For UNFPA	For UN	For Government
		
Ms. Victoria D'Alva Assistant Representative	Ms. Zahira Virani UN Resident Coordinator	HE Mr. Urbino Botelho Minister of Foreign Affairs and Cooperation
Date: 02-07-2018	Date: 02-07-2018	Date: 02-07-2018



National Context

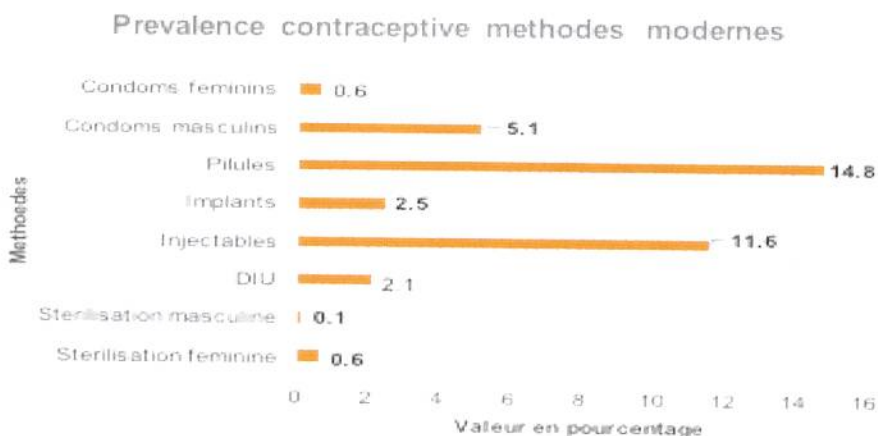
The population of Sao Tome and Principe is about 197,700 in 2017, with an annual population growth rate of 2.45 per cent. About 50.3 per cent of the population is female, with a life expectancy average of 65 years, 63.6 years for women and 70.1 years for men. 60 per cent of the population is below 25 years old representing a potential demographic dividend not yet capitalized. The total fertility rate was 4.4 children per woman in 2014, a slight decrease from 4.9 in 2012.

The expansion of reproductive and maternal health services and information has led to improvements in several indicators related to child and maternal health. 92.5 per cent of births are attended by a health professional, and the maternal deaths have decreased from 158 per 100 000 live birth in 2009 to 74 per 100 000 live births in 2014. 97 per cent of health facilities provide maternal and child health services and family planning and 100 per cent of health facilities didn't face stock out of commodities during last 3 months.

Coverage of maternal health services (MICS 2014)

Region	Contraceptive prevalence rate % (modern methods)	Unmet Needs %	Adolescent fertility rate %	CPN4 +	Births attended by qualified personnel %	Cesarean rate %	Post-natal %
Centre Est	34,2	35,8	19,0	84,5	93,8	5,5	91
Nord-Ouest	38,9	27,8	29,5	82	93,3	4,4	95
Sud Est	43,2	28,6	31,5	80,8	82,4	7,8	84,2
R.A. de Principe	54,4	21,3	29,2	(84,4)	(95,9)	(4,8)	(85,2)
TOTAL	37,4	32,7	22,8	83,6	92,5	5,6	90,7

Contraceptive prevalence by modern methods (MICS, 2014)



The contraceptive prevalence rate has gradually increased reaching 37.4% for modern methods according to the latest MICS 2014 but with a low contraceptive prevalence rate of long acting contraceptives methods remains low (e.g. implants 2,2%; DIU 2.2%; female sterilization 0,6%,).

However, despite the progress highlight above, according to the last situation analysis of the FP conducted in 2016, including the reproductive health commodity, security, there is a disparity from a region to another and the country still faces several challenges namely : (a) high unmet demand for family planning (32.7 per cent); (b) insufficient access and availability of contraceptive methods, especially long-acting methods (implants, IUDs); (c) Insufficient access and choice to the full range of contraceptive methods by clients; (d) low Quality, Inadequacy and Non-Usability of FP and Sexual and Reproductive Health Services for Youth and Adolescents (SHASS); (e) insufficient coordination and monitoring and evaluation of FP interventions; (f) weakness of the FP information collection and management system; (g) insufficient action research and documentation of good practice; (h) Insufficient funding for FP interventions and regular disbursement of domestic resources to cover commodities needs.

Based on the country situation analysis, a Strategic Action Plan for accelerating FP to address these among others challenges was developed for a period time 2018-2022. The overall goal is: *"To increase the modern contraceptive prevalence rate among women in union from 37.4% in 2018 to 50% by 2021 with a view to achieving the demographic transition, sustainable development and state of well-being of the people of Sao Tome and Principe"*. The plan is structured around 6 priority Axis, namely: 1. Strengthening the governance and empowerment of vulnerable group; 2. Resource mobilization and sustainable financing; 3. Behavior change for increasing demand; 4. Strengthening the offer and access to quality services; 5. RH Commodity Security; and 6. Strengthening coordination, monitoring and evaluation and partnership.

The UN Assistance for 2017-2021 pursue a Development Aid towards an Equitable, Inclusive and Sustainable Development in line with the National Transformation Agenda 2030. The UNFPA country programme for the same period derived from the pillar 2 of the National Agenda "Strengthening the Social Cohesion" seeking to contribute to the social cohesion through improving access to basic social services with a view to reduce inequalities and disparities. The programme is aligned, National Sustainable Development Goals, and the UNFPA Strategic Plan, 2018-2021. It takes also into account the country committed to the 2015 Global Strategy for Women, Children and Adolescents Health for the period 2016-2030 in support to the Development Sustainable Goals three, five, eight, 10 and 17. The key expected results to be achieved by the programme are: decrease MMR from 74 to 17/100,000; Increase CPR from 37,4% to 50%; decrease unmet FP needs from 32,7% to 27% which will impact in the well-being of women and young people and girls in particular at district level.

The current country programme 2017-2021 will: (a) provide technical support to development of standards and frameworks to improve FP quality of services and address district inequalities and disparities; b) strengthening gender sensitive behaviour change communication programme to boost the use of family planning services at district with focus on girls and engagement of men and boys; (c) strengthening the skills of service providers in family planning, adolescent and reproductive health and life-saving; (d) provide technical support to improve procurement and supply chain management system of commodities; (e) support advocacy for an effective budget line for reproductive health commodities.

The country benefit from the UNFPA supplies funds, which cover procurement of contraceptives, support to LMIS, training in of service providers in FP, and RH commodity and services survey and UNFPA-NIDI survey. However, there is a need to improve the quality of FP services provided in the health centers and posts and expand the offer and access at district level. This intervention is part of the mobilization of resources efforts to support the country's efforts to implement these priority actions and would contribute to the Axis 4. *Strengthening the offer and access to quality services* and the Axis 6. *Strengthening coordination, monitoring and evaluation and partnership* of the national FP strategic Plan in complement to the support provided by the country programme.



Under the Axis 4, the project will contribute to address the unmet need (i.e. the proportion of women aged 15-49, married or in union, who at the time of the survey are neither pregnant nor amenorrhea but who wish to delay the next pregnancy for spacing or birth limitation and who report not using a contraceptive method). As mentioned before, it remain high at 32.7% with 15.6% for the limitation and 17.1% for spacing. In terms of distribution by region, the peak of unmet need is 35.8% in the Central East region and 42.2% for the 15-19 age group. Thus, at the national level, the potential demand is 73.3%. These figures indicate that the contraceptive prevalence rate could reach 75% if all potential demand is met.

The interventions proposed will reach around 55,000 (women and girls aged 15-49 by 2020 and will specifically address the challenges related to access and availability of full range contraceptive methods, especially long-acting methods (implants, IUDs) and the low Quality, Inadequacy and Non-Usability of FP and Sexual and Reproductive Health Services for Youth and Adolescents (SHASS).

Under the Axis 6 the project will contribute to improve the manual information and monitoring system in place by setting up a validation data team, developing tools and systematizing the mechanism. It found that rates of readiness and completeness are 100%. However, the data are not entered and processed using software, which makes their aggregation tedious with the risk of errors. In addition, there is a lack of data exploitation for feedback and a weakness in the use of this data for programmatic decision-making. In this context a support will provided support of operational research on issues of interest such as the determinants of teenage pregnancy, the low involvement of men in FP, the drop in the level of use of implants.

Thus, the intervention under this axe will address the challenges related to insufficient coordination and monitoring and evaluation of FP interventions, weakness of the FP information collection, management system and insufficient action research. This will allow for more comprehensive documentation and creation of knowledge asset, for institutionalization of the practice as well as in support of potential for this practice as South-South exchange.

Overall objective:

By 2021, contribute to accelerate the repositioning the family planning in Sao Tome and Principe towards the achievement of the Sustainable Development Goals (SDG 3, 5 and 17).

Specific objectives:

- i) To increase the availability and access to quality of family planning services, in particular by strengthening the service delivery capacities of the health units (centers & posts) and,
- ii) Strengthen managerial capacities at the central and district levels for better monitoring and implementation of the existing strategic plan to accelerate the FP.

Expected Result 1: The availability and quality of family planning services are significantly improved particularly at the district level and the commodities security strengthened.

Two strategies will be used to achieve this result: (i) strengthening the health system to expand and provide high quality family planning services; (ii) strengthening the skills and capacities of health professionals in delivering long acting contraceptives methods.

Under the first strategy, is expected the strengthening the capacity of health centers (7) and posts (30) for the provision of contraceptive services quality especially long-acting methods, the increasing adolescents' and young people's access to user-friendly and quality services contraception and sexual and reproductive health in health centers and posts; the increasing the access to quality FP services through the establishment of three mobile clinics and community based distribution; and the strengthening the partnership with the private sector CSO for provision of FP services with focus on women and adolescents and young people.

Under the first strategy, the following key activities are planned:

- 1.1. Equip the health center and posts of 7 districts with furniture and equipment to provide quality family planning services in particular provision of LACM.
- 1.2. Equip 3 zones (North, South and Center) with mobile clinic to expand offer family Planning services.
- 1.3. Equip the health center and posts of 7 districts with material and equipment adequate to provide quality ASRH/FP services for youth and adolescents.
- 1.4. Support private health units and NGOs with commodities and equipment to provide quality family planning services.
- 1.5. Organize once a year a “FP week” in partnership with other actors (offer FP services, sensitization, multimedia, etc.).
- 1.6. Reward/prize one health unit per district per year offering quality FP services .

Under the second strategy, it is essential to expand the train health service providers include doctors, nurses and midwives from public and private units in provision of FP services in particular the offer of implants and IUDs.

The second strategy will involve the following key activities:

- 1.7. Train 30 service providers from public and private health facilities in LACM

Expected Result 2: Managerial capacities at the central and district levels to improve the functioning of health services to repositioning the family planning strengthened.

It is expected to achieve this result through the strengthening the managerial capacities at central and district levels in planning and monitoring, the improvement of supervision, data collection and information management system on PF. The key activities planned are as follows:

- 2.1. Develop and implement a monitoring plan of National FP Strategic Plan.
- 2.2. Put in place a system of collect of information and reporting of the FP.
- 2.3. Identify and conduct action researches on FP as needed (i.e. removal of implant, determinants of unmet needs, etc).
- 2.4. Train all actors in monitoring and data processing.
- 2.5. Coordination and monitoring séances with all actors.
- 2.6. Documentation of this practice to support creation of knowledge asset as contribute to South-South cooperation, including good practices in accessing India Development fund.

Mechanism for implementation, monitoring and evaluation

The Division of Health care is the Implementing Partner of the interventions supported by this initiative. This project will be implemented through the National Implementation (NIM) modality. At the operational level, Division of Health Care/ Reproductive Health Program, the Central Hospital and the health districts will be in charge of the implementation of the activities in partnership with private units and NGOs in particular the Saotomeen Family Promotion Association affiliate to the IPPF.

The UNFPA country office in Sao Tome and Principe consists of a non-resident country director, based in the regional office in Dakar, Senegal, an assistant representative, a finance and administrative associate, an administrative assistant, two national programme analysts one for RH/HIV and other for PM&E, and one driver. National experts and consultants will be recruited based on the assessment of expertise required to strengthen programme implementation. . The office also relies on the technical support of the UNFPA regional offices based in Dakar and other units within the organization, in particular the Procurement Support Branch based in Copenhagen, for the procurement of pharmaceutical products and medical equipment.

As the executing agency for this proposal, UNFPA will provide the required technical assistance during the planning, implementation and monitoring of activities with the aim of enhancing the capacity of partners and the

quality of the activities. The management and monitoring activities will be aligned with the monitoring plan and coordination mechanisms of the country programme put in place between UNFPA and the Ministry of Health the field of reproductive health, including the preparation of periodic reports, periodic reviews of progress (quarterly and annual), field visits. In addition, this mechanism will be complemented by the sessions of the Commodity Security Committee.

The collection of information and data for the monitoring of indicators will be based on existing systems (collection and regular processing of data by the Reproductive Health Program), the MICS survey planned for 2018, and the annual reproductive health services and commodities survey, will provide the necessary information to evaluate the results.

Communication and visibility

The communication and visibility activities included in this proposal will include, inter alia: (i) the publicity of the India-UN Development Partnership Fund Support of the intervention ; (ii) the inclusion of "India-UN Development Partnership Fund Support" in all press releases, communications to beneficiaries; official correspondence related to the proposal (iii) the affixing of the India-UN Development Partnership Fund Support on all goods and equipment purchased with this development support, on all documents, tools, reports and publications, products developed with this funding and on all messages, promotional materials, production of audio-visuals financed with these funds.

Reporting Requirements

Narrative reporting:

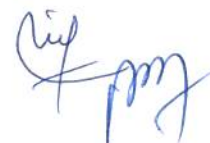
The Recipient Agency will provide the Contributing Agency with a narrative report on the progress of the Activities on a regular basis, as set out below.

- Monthly updates including two (2) to three (3) bullet points on progress submitted via email;
- Two bi-annual progress reports;
- One final progress report within six (6) months following the date of operational completion of the Programme or, in the event of termination of this Agreement, following such termination;

Financial reporting:

The Recipient Agency will provide the Contributing Agency with the following financial reports, prepared in accordance with the Recipient Agency's financial regulations, rules, policies, procedures, and administrative instructions:

- Quarterly reporting of expenditures through the United Nations Exchange (UNEX) Inter-Agency System;
- One annual financial statement certified by an authorized official of UNFPA (Finance Branch, Division for Management Services) as of 31 December of the year in question, to be submitted no later than 31st March of the following year;
- One final financial statement certified by an authorized official of UNFPA (Finance Branch, Division for Management Services) to be submitted no later than 30th June following the year in which the Programme was operationally completed.



Logical Framework of the proposal

Expected Results	Performance Indicators	Means of verification	Risks and hypotheses
<p>Overall objective: By 2020, contribute to accelerate the family planning in Sao Tome and Principe towards the achievement of the Sustainable Development Goals (SDG 3).</p>	<ul style="list-style-type: none"> • Contraceptive prevalence rate Baseline: 37,4%; Target:50% • FP unmet needs rate Baseline: 32,7%; Target: 27% • Early pregnancy rate Baseline: 22,8%; Target:15% 	<p>Demographic Health Survey , MICS – Multi Indicators Clusters Survey</p>	<p><u>Risks:</u></p> <ul style="list-style-type: none"> • Social disturbances (prolonged strikes, etc.). • Natural disasters. <p><u>Hypotheses:</u></p> <ul style="list-style-type: none"> • Government and Civil Society keep the commitment to the acceleration of the FP
<p>Expected Result 1: The availability and quality of family planning is significantly improved particularly at the district level and the commodities security strengthened</p>	<ul style="list-style-type: none"> • N. the health facilities with minimum standards to offer FP services including LACM Baseline: 8 Target: 38 • N. of new FP users Baseline: 2200 Target: 3500 • %health facilities with no stock out of FP commodities Baseline: 100% Target:100% 	<p>Reports of RH Programme</p>	<p><u>Risks:</u></p> <ul style="list-style-type: none"> • Lack of motivation technical staff • Attitudes and values of users, service providers and stakeholders that may negatively affect the proposal <p><u>Hypotheses:</u></p> <ul style="list-style-type: none"> • Increase and availability of government resources to provision of RH health services including FP • Maintain the support from other Technical Financial Partners for actions related to RH including FP • Adequate intra & intersectoral coordination for RH activities.
<p>Strategy 1 : Strengthening the health system to expand and provide high quality family planning services</p>			
<p>Activities</p>			
<p>1.1. Equip the health center and posts of 7 districts with furniture and equipment to provide quality family planning services in particular provision of LACM</p>	<ul style="list-style-type: none"> • N. the health facilities equipped with adequate equipment according standards to offer FP services Baseline: 7 Target :37 • Ratio between contraceptives methods available and authorized for the health units. Base: 24% Target:100% 	<p>Reports of RH Programme</p>	
<p>1.2. Equip 3 zones (North, South and Center) with mobile clinic to expand offer family Planning services</p>	<ul style="list-style-type: none"> • N. of New users per Zones Base: North=429; Center:1396; South:286; Target : North=558; Center:1815; Sud:372; 	<p>Reports of RH Programme</p>	
<p>1.3. Equip the health center and posts of 7 districts with material and equipment adequate to provide quality ASRH/FP services for youth and adolescents</p>	<ul style="list-style-type: none"> • N. the health facilities equipped with adequate equipment according standards to offer ASRH/FP services for youth and adolescents Baseline: 7 Target :37 	<p>Reports of RH Programme</p>	



Expected Results	Performance Indicators	Means of verification	Risks and hypotheses
1.4. Support private units and NGOs with commodities and equipment to provide quality family planning services	<ul style="list-style-type: none"> N. the private and NGO health facilities equipped with adequate equipment according standards to offer FP services Baseline: 1 Target :4 Ratio between contraceptives methods available and authorized for the health units. Base: 25% Target:100% 	Reports of RH Programme	
1.5. Organize once a year a “FP week” in partnership with other actors (offer FP services, sensitization, multimedia, etc.).	N. of districts benefit with the activities of the FP week Baseline: 0 Target :7	Reports of RH Programme	
1.6. Reward/prize one health unit per district per year offering quality FP services	Health Unit rewarded Baseline: 0 Target :7	Reports of RH Programme	
Strategy 2: Strengthening the skills and capacities of health professionals in delivering long acting contraceptives methods.			
1.7. Train 30 service providers from public and private health facilities in LACM	<ul style="list-style-type: none"> N. of service providers trained in LACM Baseline: 18 Target :80 	Reports of RH Programme Training Reports	
Expected Result 2: Managerial capacities at the central and district levels to improve the functioning of health services to repositioning the family planning strengthened.	<ul style="list-style-type: none"> N. district managerial team members with competence in management of RH including FP programme Baseline: 0 Target: 14 N. central managerial team members with competence in in management of RH including FP programme Baseline: 3 Target: 7 		Risks: <ul style="list-style-type: none"> Lack of motivation of technical staff Attitudes and values of central and district managers negatively affect the proposal Hypotheses: <ul style="list-style-type: none"> Increase and make available the govt resources for service delivery.
Strategy: Strengthening the managerial capacities at central and district levels in planning and monitoring in family planning			
Activities			
2.1. Develop and implement a monitoring plan of National FP Strategic Plan	<ul style="list-style-type: none"> Implementation rate of monitoring plan Baseline: 0 Target :90% 	Reports of RH Programme	
2.2. Put in place a system of collect of information and reporting of the FP	<ul style="list-style-type: none"> N. of delivery points with functional system Baseline: 1 Target :37 Semester reports available Baseline: No Target:Yes 	Reports of RH Programme	
2.3. Identify and conduct action researches on FP as needed (i.e. removal of implant, determinants of unmet needs, etc.)	<ul style="list-style-type: none"> Reports of researches available Baseline: No Target:Yes 	Reports of RH Programme	
2.4. Train all actors in monitoring and data processing	<ul style="list-style-type: none"> N. managers of central, district and private in function trained Baseline: 3 Target :15 	Reports of RH Programme	
2.5. Coordination and monitoring sessions with all actors	<ul style="list-style-type: none"> N. of sessions of coordination and monitoring Baseline: 4 Target :20 	Reports of RH Programme Reports of the sessions	

Expected Results	Performance Indicators	Means of verification	Risks and hypotheses
2.6. Documentation on this practice to support creation of knowledge asset as contribute to South-South cooperation, including good practices in accessing India – UN Development Partnership fund	<ul style="list-style-type: none"> Documentation on the intervention including good practices available Baseline: No Target :Yes	Reports of RH Programme UNFPA CO reports	



Work Plan

Expected Results /Activities	Years			Implementing Partners
	2018	2019	2020	
Expected Result 1: The availability and quality of family planning is significantly improved particularly at the district level and the commodities security strengthened				
Strategy 1 Strengthening the health system to expand and provide high quality family planning services				
Activities				
1.1. Equip the health center and posts of 7 districts with furniture and equipment to provide quality family planning services in particular provision of LACM	X	X		Division of Health Care Health Districts
1.2. Equip 3 zones (North, South and Center) with mobile clinic to expand offer family Planning services	X	X	X	Division of Health Care Health; Districts
1.3. Equip the health center and posts of 7 districts with material and equipment adequate to provide quality ASRH/FP services for youth and adolescents	X	X		Division of Health Care Health; Districts
1.4. Support private health units and NGOs with commodities and equipment to provide quality family planning services	X	X		Division of Health Care Health; Districts
1.5. Organize once a year a "FP week" in partnership with other actors (offer FP services, sensitization, multimedia, etc).	X	X	X	Division of Health Care Health; Districts NGO;s, Secondary Schools
1.6. Reward/prize one health unit per district per year offering quality FP services	X	X	X	Division of Health Care Health; Districts
Strategy 2: Strengthening the skills and capacities of health professionals in delivering long duration family planning methods				
Activities				
1.7. Train 30 service providers from public and private health facilities in LACM	X	X		
Result 2: Managerial capacities at the central and district levels to improve the functioning of health services to repositioning the family planning strengthened.				
Strategy: Strengthening the managerial capacities at central and district levels in planning and monitoring in family planning				
Activities				
2.1. Develop and implement a monitoring plan of National FP Strategic Plan	X	X	X	Division of Health Care Health; Districts
2.2. Put in place a system of collect of information and reporting of the FP	X	X	X	Division of Health Care Health ; Districts
2.3. Identify and conduct action researches on FP as needed (i.e. removal of implant, determinants of unmet needs, etc)	X	X	X	Division of Health Care; National Institute of Statistics
2.4. Train all actors in monitoring and data processing	X	X	X	Division of Health Care; National Institute of Statistics
2.5. Coordination and monitoring séances with all actors	X	X	X	Division of Health Care
2.6. Documentation of practice to support creation of knowledge asset as contribute to South-South cooperation, including good practices in accessing India – UN Development Partnership fund	X	X	X	Division of Health Care



Work Plan

Expected Results /Activities	Years							
	2018		2019				2020	
	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
Expected Result 1: The availability and quality of family planning is significantly improved particularly at the district level and the commodities security strengthened								
Strategy 1 Strengthening the health system to expand and provide high quality family planning services								
Activities								
1.1. Equip the health center and posts of 7 districts with furniture and equipment to provide quality family planning services in particular provision of LACM	X	X	X	X				
1.2. Equip 3 zones (North, South and Center) with mobile clinic to expand offer family Planning services	X	X	X	X				
1.3. Equip the health center and posts of 7 districts with material and equipment adequate to provide quality ASRH/FP services for youth and adolescents	X	X	X	X				
1.4. Support private health units and NGOs with commodities and equipment to provide quality family planning services	X	X	X	X				
1.5. Organize once a year a "FP week" in partnership with other actors (offer FP services, sensitization, multimedia, etc).		X				X		X
1.6. Reward/prize one health unit per district per year offering quality FP services		X				X		X
Strategy 2: Strengthening the skills and capacities of health professionals in delivering long duration family planning methods								
Activities								
1.7. Train 30 service providers from public and private health facilities in LACM		X	X					
Result 2: Managerial capacities at the central and district levels to improve the functioning of health services to repositioning the family planning strengthened.								
Strategy : Strengthening the managerial capacities at central and district levels in planning and monitoring in family planning								
Activities								
2.1. Develop and implement a monitoring plan of National FP Strategic Plan	X	X		X		X		X
2.2. Put in place a system of collect of information and reporting of the FP	X	X				X		X
2.3. Identify and conduct action researches on FP as needed (i.e. removal of implant, determinants of unmet needs, etc)	X	X		X	X			X
2.4. Train all actors in monitoring and data processing		X		X		X		X
2.5. Coordination and monitoring séances with all actors	X	X	X	X	X	X	X	X
2.6. Documentation of practice to support creation of knowledge asset as contribute to South-South cooperation, including good practices in accessing India – UN Development Partnership fund		X				X		X



Budget in US Dollars

Expected Results /Activities	Years			Total
	2018	2019	2020	
Expected Result 1: The availability and quality of family planning is significantly improved particularly at the district level and the commodities security strengthened				
Strategy 1: Strengthening the health system to expand and provide high quality family planning services				
Activities				
1.1. Equip the health center and posts of 7 districts with furniture and equipment to provide quality family planning services in particular provision of LDM	49,000			49,000
1.2. Equip 3 zones (North, South and Center) with mobile clinic to expand offer family Planning services	5,000	215,000	5,000	225,000
1.3. Equip the health center and posts of 7 districts with material and equipment adequate to provide quality ASRH/FP services for youth and adolescents		28,000		28,000
1.4. Equip private health units and CSO with commodities and equipment to provide quality and expand family planning services		20,000		20,000
1.5. Organize once a year a "FP week" in partnership with other actors (offer FP services, sensitization, multimedia, etc).	15,000	15,000	15,000	45,000
1.6. Reward/prize one health unit per district per year offering quality FP services	3,000	3,000	3,000	9,000
Strategy 2: Strengthening the skills and capacities of health professionals in delivering long duration family planning methods				
Activities				
1.7. Train 30 service providers from public and private health facilities in LACM	10,000	10,000		20,000
Result 2: Managerial capacities at the central and district levels to improve the functioning of health services to repositioning the family planning strengthened.				
Strategy : Strengthening the managerial capacities at central and district levels in planning and monitoring in family planning				
Activities				
2.1. Develop and implement a monitoring plan of National FP Strategic Plan	5,000	5,000	5,000	15,000
2.2. Put in place a system of collect of information and reporting of the FP	5,000	5,000	5,000	15,000
2.3. Identify and conduct action researches on FP as needed (i.e. removal of implant, determinants of unmet needs, etc.)	5,000	27,053	23,000	55,053
2.4. Train all actors in monitoring and data processing	2,500	2,500		5,000
2.5. Coordination and monitoring sessions with all actors	5,000	5,000	5,000	15,000
2.6. Documentation of practice to support creation of knowledge asset as contribute to South-South cooperation, including good practices in accessing India - UN Development Partnership fund	2,500	2,500	2,500	7,500
Total Direct Costs	107,000	338,053	63,500	508,553
UNFPA Indirect Costs @5% of total Directs Costs	5,350	16,903	3,175	25,428
Total UNFPA Budget	112,350	354,956	66,675	533,981
UNDP Management Cost @3% of (total direct costs + UNFPA IC)	3,371	10,649	2,000	16,019
Total Costs	115,721	365,604	68,675	550,000

Detailed Activity Budget in US Dollars including the indirect costs

EXPENSES Budget Category	BUDGET LINES	ALL YEARS (24 months)				6 months of YEAR 1				12 months of Year 2			6 months of Year 3		
		Unit	# Unit	Unit rate	Cost	Unit	# Unit	Unit rate	Cost	# Unit	Unit rate	Cost	# Unit	Unit rate	Cost
					0										
3.1	Medical Equipment, Pharmaceutical and products														
3.1.1	Medical Equipment and Furniture for 7 districts for FP services	center	7	7 000	49 000	center	7	7 000	49 000	7	0	0	7	0	0
3.1.2	Mobile Clinica for 3 Zones	zone	3	70 000	210 000	zone	3	0	0	3	70 000	210 000	3	0	0
3.1.3	Operation of Mobile Clinic	year	3	5 000	15 000	year	1	5 000	5 000	1	5 000	5 000	1	5 000	5 000
3.1.4	Medical Equipment and Furniture for 7 districts for ASRH/FP services	center	7	4 000	28 000	center	7	0	0	7	4 000	28 000	7	0	0
3.1.5	Medical Equipment and Furniture private health and CSO for FP services	center	4	5 000	20 000	center	4	0	0	4	5 000	20 000	4	0	0
3.2	Trainings and workshops														
3.2.1	Training of service providers in FP including LACM	year	2	10 000	20 000	year	1	10 000	10 000	1	10 000	10 000	2	0	0
3.2.2	Training in monitoring data processing	year	2	2 500	5 000	year	1	2 500	2 500	1	2 500	2 500	2	0	0
3.3	Mobilization activities														
3.3.1	Family Planning week	year	3	15 000	45 000	year	1	15 000	15 000	1	15 000	15 000	1	15 000	15 000
3.3.2	Reward/Prize FP services	year	3	3 000	9 000	year	1	3 000	3 000	1	3 000	3 000	1	3 000	3 000
3.4	Data and Documentation														
3.4.1	Data collection and reporting	year	3	5 000	15 000	year	1	5 000	5 000	1	5 000	5 000	1	5 000	5 000
3.4.2	Operational research	year	3	18 351	55 053	year	1	5 000	5 000	1	27 053	27 053	1	23 000	23 000
3.4.3	Documentation and good practices	year	3	2 500	7 500	year	1	2 500	2 500	1	2 500	2 500	1	2 500	2 500
3.5	Planning and monitoring	year	3	10 000	30 000	year	1	10 000	10 000	1	10 000	10 000	1	10 000	10 000
Total Direct Costs					508 553			107 000			338 053			63 500	
Indirect Costs, 5% of Direct Costs					25 428			5 350			16 903			3 175	
Total UNFPA Budget					533 981			112 350			354 956			66 675	
UNDP Management Cost @3% of (total direct costs + UNFPA IC)					16 019			3 371			10 649			2 000	
Total Costs					550 000			115 721			365 604			68 675	