Joint SDG Fund

PORTOFLIO ON INTEGRATED POLICY AND LNOB

Joint Programme 2021 Annual Progress Report

Template

Cover page

Country: Sao Tome and Principe/Africa
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
Start date: 01/01/2020
End date: 31/05/2022
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Budget: USD 1,900,000.00
Overall budget (with co-funding): USD 2,394,799.00
Total estimated expenditure (*in USD, for the whole JP by 31 Dec 2021):* **1,203,894**
Total estimated commitments *(in USD, for the whole JP by 31 Dec 2021)*: **1,385,6665**

Short description of the Joint Programme: The 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 MLSFQ to update the cash transfer beneficiary database, the SR has the aim to be linked with different monitoring information systems beyond social protection, including areas such as health and education. Hence, the SR is expected to be effectively linked to a set of interventions aimed at improving the access of vulnerable families not only to cash transfer schemes, but also to social services in the whole 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 or 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 District Health Information Software - DHIS2 individual tracker module). By 2022 it is expected that the Single Registry is fully implemented at the national level, 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).

Executive summary

Despite the devastating impact of COVID-19 pandemic, in these two years of implementation, the JP accomplished major milestone which fostered cross-sectoral coordination and expanded coverage of social protection programmes in Sao Tome and Principe. With the aim of increasing the number of vulnerable families covered by social protection programmes, a Social Registry (SR) was established, providing reliable data on key vulnerability criteria of the most vulnerable population in each community. The SR provides a powerful tool for the government to select beneficiaries for social programmes as well as plan, budget, and design adequate social protection packages. During COVID-19, the SR was utilized by the government to select beneficiaries for the emergency cash transfer intervention, immediately identifying the most vulnerable families. In 2021, given the proven relevance of the SR to national planning process, it was upscaled to the national level (i.e., inclusion of 3 remaining districts and Principe). To ensure that the SR is adopted by the government as a national tool across sectors and its data is interlinked with the information management systems of health, education, and agriculture, it will be supported by a legal and regulatory framework, aimed at fostering cross-sectorial coordination. Also, high level advocacy has been carried out, including the presentation of the SR to the Council of Ministries in an extraordinary session gaining recognition by the Prime Minister.

The JP also aims at increasing the coverage of essential health services, with a focus on the identified vulnerable families in the SR. The JP is implementing a pilot initiative on universal health coverage to gather evidence and data to inform strategic directions for the new national health policy, including the paradigm shift for health financing, which aims at better protecting the most vulnerable from catastrophic expenditure risks. The pilot aims at fostering the collaboration and coordination among health sector and national social security, through the interlinkage of the Social Registry and the unique register for users installed in the DHIS2 tracker platform. Vulnerable families registered in SR, will be able to access subsidized health services improving their access to essential health care. The DHIS2 tracker platform, will monitor the 21,668 potential beneficiaries of essential health coverage in pilot districts. It is expected that by the end of the JP the DHIS2 and the Social Registry are fully integrated, and the interoperability among the system is automated and updated on regular basis, to ensure the structural conditions to implement a Universal Health Coverage mechanism in the long term.

In relation to the JP commitment to increase the enrollment rate in pre-primary education of children from vulnerable families registered in the Social Registry, the sensibilization sessions provided by the Parental Education Programme (PEP) have continued, reaching out 50% of the vulnerable families, benefiting from the national cash-transfer programme. Through PEP, front-line workers across social service platforms (education, health, justice, social protection) are being capacitated and provided with adequate tools to deliver sensitization sessions on positive parenting practices, with a focus on early childhood development. PEP aims at increasing the access of vulnerable children (aged 0-5) to pre-primary school and to basic health care services through enhanced cross-sectorial coordination among front-line workers, improving a decentralized referral system in the country. The JP has carried out a baseline assessment of the conditions of the beneficiaries of the cash transfer, focusing on their children situation, which provides the basis to develop an impact assessment of the programme and its contribution to increase enrollment rates to pre-primary school. Youth and adolescents have been crucial to the implementation of PEP, as the traineeship programme, funded by the JP, engaged 50 young girls and boys to work in the social protection sector and in the communities during these two years.

Result 1: 2,570 vulnerable families are covered by social protection programmes.
Estimated rate of completion as of 31 Dec 2021: **90%**
Part of the families registered in the Social Registry have benefited from social protection programs, including JP financial support to the elderly during the confinement of COVID-19. Currently, **57% of registered families have access to the expansion of the cash transfer** program under the Social Emergency Response Program (PRES). The cash transfer is being provided to vulnerable households for a period of 19 months to mitigate the socio-economic impact of COVID-19.

Result 2: 60% coverage of essential health services, among the vulnerable families registered in the Social Registry in the three pilot districts.
Estimated rate of completion as of 31 Dec 2021: **60%**
The planning and preparation process to launch the pilot has been concluded, including the definition of the package of services to be subsidized, the estimation of the respective cost and the designation of the governance structure and delivery procedures for the coordination among social and health sector. The operationalization phase will start in January until April in the three pilot districts, benefiting more than 60% of the vulnerable families.

Result 3: 60% of children among children from vulnerable families registered in the Social Registry in the three districts are enrolled in pre-primary education.
Estimated rate of completion as of 31 Dec 2021: **70%**
The PEP sessions to parents have started in 2021 and more than 50% of the family's beneficiaries of the cash transfer have received sessions on positive parenting practices by capacitated front-line workers. In addition, 7000 school kits have been delivered to children to avoid those most vulnerable to drop out of school during the pandemic. In the coming quarter, the end line assessment will be carried to assess the increase of enrollment rate in pre-primary school.

Result 4: By 2022, new and unique social registry in place that will unblock access to social protection and other social services for the furthest left behind (12% of the population) in 3 out of 6 districts. This data system will be utilized as a unique registry, for non-contributory social protection data, which will inter-operate with the health data gathered through the DHIS2 individual tracker.
Estimated rate of completion as of 31 Dec 2021: **70%**
The data form the Social Registry has been populated into the DHIS2 for 4 districts, and it is now possible to monitor the health status and access to basic health services of vulnerable families (21.668 beneficiaries). Access to health package pilot will be facilitated by the development of the Single Process modules in the DHIS II system, with the utilization of the unique social ID of potential beneficiaries. Health professionals will be also capacitated for the adequate interoperability.

I. Overall progress and priority, cross-cutting issues

I.1 Context and the overall approach

Ensuring an adaptive and strategic JP

COVID-19 had devastating socio-economic impacts in the country, with a disproportionate negative effect on the most vulnerable households. The weak structure of social safety nets for basic services, such as health, education, and social protection, has been exacerbated, and increased the inequality gap. The country capacity to respond to such a devastating shock felt short and those most vulnerable were left behind. The emergency aid coming from international development partners, couldn't be immediately allocated, due to the lack of reliable data on the most vulnerable, and lack of understanding

of the main vulnerabilities. These challenges have only confirmed the need to develop tools aimed at increasing the social protection preparedness to shocks and the need to increase the coverage for social protection programmes. Through advocacy, the JP accelerated the operationalization of the SR, so that the government could use the tool for the selection of beneficiaries for the expansion of the cash transfer program under the Social Emergency Response Program (PRES). This provided clear evidence of the utility of the tool, during the COVID-19. Hence, the SR, which was initially planned to cover 3 districts and to be linked to the information system in health, will be upscaled to the national level. Also, the utilization of the SR, will go beyond social protection and health, and is expected that other ministries such as education and agriculture will adopt it, as a unique source of information on vulnerable families.

The JP also adapted to the changing environment and aligned to the government national response to COVID-19 on the education sector. With the aim of maximizing the aid allocated to education, and to ensure continuous education of the most vulnerable children and adolescents, the JP reprogrammed activities to deliver a back-to-school kit to 7000 children in partnerships with the Global Partnerships for Education. This adaptation has contributed to the identification of 10,000 children, at risk of dropping out of school, which served the Ministry of Education to advocate for increased budget allocation. This initiative has contributed to result 3 of the JP, avoiding a abrupt reduction of our baseline.
The DHIS2 tool has also been expended to cover more districts. This has been done further to the COVID-19 vaccination which required effective data management. The JP, leveraging on funding from GAVI and Global Fund, has trained health workers to ensure that health data continued to be entered in time and with quality. The use of DHIS2 for the COVID-19 vaccination management allowed strategic decisions to be taken, for example, to close schools when analyzing the vaccination data from DHIS2 it was found that the vaccination rate of teachers was very low.

Link with UNDAF/ UNSD Cooperation Framework

Contributing to Outcome 1 of the UNDAF - Disparities and inequalities are reduced at all levels through the effective participation of vulnerable and key groups, and the development social protection services to these groups – can be summarized on the following points:

- Through the operationalization of the Social Registry, priority access for the most vulnerable family to quality basic social services has been achieved. The SR registers the most vulnerable families, considering a wide range of vulnerability criteria, going beyond, monetary poverty.
- Through PEP and DHIS2, institutional and human capacity building has been enhanced, allowing for better coordination and provision of quality social services.
- Through PEP and the back-to-school initiative, the access to pre-primary education has been ensured and increased, despite the COVID-19 impacts.
- Through DHIS2 and the pilot to increase access of vulnerable families to essential health services, it was possible to establish a list of services to be subsidized to 21,668 beneficiaries, members of vulnerable families. These services will be provided at the district level (centre, post, agent) and will support the strengthening of primary health care as a new paradigm for the national health system.
- Through the interlinkages of the Social Registry and DHIS2 as well as the implementation of PEP across service platforms (health, education, social protection), the JP is contributing to the development of integrated social policies, to accelerate the reduction of disparities and inequalities in the country.

COVID-19 impact

In March 2020, the government declared a state of national emergency and the international airport closed, alongside other measures such as the restriction of mass concentrations and movements. Schools were closed and state of emergency has been extended across the national territory. Immediately after, the government set up specialized groups to design the emergency response to COVID-19, including support from UN and World Bank (on the socio-economic impact assessment). Since then, the JP has been strategically adapting to support the effective implementation of the national COVID-19 response in the areas of health, education, and social protection. In particular:

- **Social Protection:** As an immediate response, the JP has reallocated some funding to identify the most vulnerable elderly, who didn't have access to medicines or meals. In partnership with civil society, and under the leadership of the Directorate of Social Protection, 500 elderly (which had no social protection coverage nor national security), received meals and essential medicines. In terms of the medium-term contribution, 57% of the families/ households registered in the Social Registry had priority access to emergency cash transfer program under PRES (Social Emergency Response Program).

- **Health:** JP funded the introduction of a modules on surveillance and COVID-19 vaccine to the DHIS2, ensuring an adequate data management, with reliable and updated information. It also provided logistic support and capacity building to the ministry of health, in particular specialists of the MoH from the Epidemiology directorate were trained.
- **Education:** considering that many households lost their regular income, many families were not able to cover the cost to keep their children in school (uniform, books, school material, etc). The JP has partner with the Global Partnership on Education to implement a national wide campaign to distribute 7000 back to school kits to children at risk of dropping out of school.
- **Youth engagement:** considering the already weak institutions and lack of adequate human resources, the JP has provided the social protection directorate with 27 young trainees, which were capacitated and later dislocated to different districts of the country to support the most vulnerable families.

I.2 Update on priority cross-cutting issues

UN Development System reform - UN coherence at the country level

The UNCT, through the joint programme, has enhanced interagency collaboration, in terms of partnering with government counterparts and in contributing to the UNDAF outcomes avoiding duplications. Through this JP, a strong governance structure has been established, allowing for a coordinated and coherent UN approach when working with various sectors (education, health, social protection and youth), leading to the joint advocacy for integrated policy making. In this regard, the JP objective of fostering cross-sectorial coordination for a transformative social protection system, has incentivized an effective interagency collaboration as the interoperability and synergy among components (i.e. Social Registry, DHIS2 and PEP) required joint advocacy and technical support. Agencies coordinated technical meetings with the relevant directorates as well as jointly preparing the presentation to the council of Ministries.

In relationship to partnerships, the JP has increased the ability of UN to delivering as one. Currently, UN agencies are holding joint discussion with the World Bank to mobilize funding for continuing supporting the expansion of social protection and the improved access to basic services. Finally, the JP has fostered a UN common approach to work with target groups of beneficiaries, such as people with disability and youth. UNCT has organized consultative processes with the before mentioned groups, in which the improved coordination among agencies has facilitated a coherent approach.

Going beyond "business as usual" to produce catalytic results at scale

The JP has been conceived as one of the main programmes 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 all population has access (facilitated and improved) to basic social services. In 2020, the JP position itself as one of the key national programmes directly supporting the strategy. The JP aimed at addressing social protection from a cross-sectorial point of view, going beyond merely the social protection section, but linking it to key areas such as health, education and youth. The social registry has the potential to be linked with other information systems, ensuring a unique and complete source of data, which provides information not only on lack of access/social protection coverage, but also providing key information on health conditions, disability, school attendance, birth registry, etc. In the remining months, UN and the Ministry of Labor will engage in high-level advocacy with the Ministry of Education, Ministry of Health and Ministry of Agriculture, to ensure the registry is adopted as a tool for planning, budgeting, and the selection of beneficiaries in a transparent manner.

In the area of health, the JP, through the pilot of coverage of essential health services, constitutes an innovative approach, whose results will significantly contribute to universal health coverage, providing evidence for the definition of the coverage model and consequently of the health financing policy. These two aspects will provide, on one hand, important elements for advocacy at the higher political level and on the other hand, evidence to mobilize additional funding from other developing partners, which are investing on integrated policy such as the World Bank, EU, GAVI, etc. The assessment of the national health system carried out within the framework of this JP will provide clues that may contribute, once implemented, to guarantee the sustainable financing of the national health service, constituting a milestone for the paradigm shift from a health system focused on diseases to a health system focused on the person. Also, the adoption of the DHIS II system as the main information software of the Ministry of Health will facilitate the Government to establish priorities, identify needs and allocate funding based on evidence for decision-taking processes. The information and reports generated by DHIS2 will facilitate the generation of more integrated and effective solutions capable of accelerating results and reaching a greater number of vulnerable families.

In the area of youth, for the first time in the country, youth has been engaged and capacitated in the social areas, through the traineeship programme with the aim of responding to the structural problems of lack of adequate human resources and at the same time building the capacities of youth to prepare them to be integrated in the job market. The traineeship programme has the ambition to become a national civil servant programme for youth, which can be upscaled not only in social protection sector but in other ministries. In 2021, the JP has replicated this initiative within the Ministry of Youth, mainly Youth Institute, were young boys and girls have been distributed across the Youth Interaction Centers, providing a community-based support to youth living in remote communities. The traineeship programme, has contributed to improved social services at the district level, contributing to the social protection decentralization process. This has allowed the government to reach out remote areas, especially during COVID-19, where the limited resources represented a structural bottleneck to ensure the identification of cases of violence, extreme poverty, etc.

SDG acceleration

Contribution to 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.
The JP, through the implementation of the Social Registry, is contributing to the integration and coordination of the different interventions currently underway (various social programs from the Social Protection, Education and Health sectors), which provides the basis to implement an appropriate social protection system. The data collected is being used to identify eligible households and individuals to access different responses of social protection. The SR is identifying households by collecting key data on a wide range of vulnerability criteria, constituting the most comprehensive database on vulnerable households in the country, as it disaggregates data by community and at various levels of vulnerability. The comprehensiveness of the database allows social protection programs and social services to reach the most vulnerable groups in a coordinated manner and avoiding repetition.

Contribution to 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.
The JP is contributing to the achievement of SDG target 3.8 through the pilot initiative to implement essential health coverage to vulnerable families. The pilot will gather data and evidence to inform and advocate for the implementation of the universal health system in the country. In addition, the development of unique process modules in DHIS2 combined with the insertion of data from 5,466 vulnerable families registered in the SR into the DHIS2 will allow to analyze health indicators and to have a clear picture of the needs of these families. In this way, government and donor will have the possibility to give them access to quality essential health-care services.

Contribution to: I) SDG 4.2 - 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; II) SDG target 16.2 End abuse, exploitation, trafficking and all forms of violence against and torture of children
The JP is contributing to the achievement of this target through the Parental Education Programme, which is capacitating the front-line workforce among the main social service platforms to prepare them for continuous sensibilization of parents and caregivers on good parenting practices. This includes modules on early childing development, fostering adequate nutrition, ECD stimulation and the importance of pre-primary school. PEP has been complemented by a back-to-school kit which benefitted 7000 children (3,000 children between 3-5 years old), to incentivize parents to keep or enroll their pupils in pre-primary school, during COVID-19. In terms of abuse and violence against children, new thematic of PEP have been developed during the JP implementation to include modules on violence, punitive measures, addictive behaviors of parents and caregivers. In addition, the trainees, funded by the SDG fund, and currently working as front-line workers have been contributing to the development of an effective referral system to deal with violence cases effectively across relevant sectors.

Policy integration and systems change

- The interlinkage between social registry and DHIS2 will be ensured by common data collection protocols among ministries (social protection and health). This will foster cross-sectorial collaboration, not only at the national level, but most importantly at the district level, as data collection and monitoring of vulnerable families will occur at the local level.
- The pilot on universal health coverage requires close collaboration among the Ministry of Labor (Social Services) and Ministry of Health. To set up the pilot, the governance structure was established and validated by both ministries. These arrangements ensure that both sectors achieve results together, avoiding duplication of efforts and maximizing the budget allocation.

- The parental education programme is now implemented by front-line workers across various social services platforms, including health, education, justice and youth. The fostered collaboration among these sectors at the local level, will allow for the development of a national cross-sectorial referral system for case management and identification of vulnerable people, which effectively functions at the decentralized level.

Contribution to improvement of the situation of vulnerable groups

People with disabilities: The Social Registry has included disability criteria in the variables to select vulnerable families, to be disaggregated by 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 in access to basic services, as the country had no database with this information.

- 2020: 0; 2021: 2.521 (number of individuals with at least one disability registered)

Elderly: The planning of the pilot of the universal health coverage allowed for the identification and registration of vulnerable elderly people in the districts of Agua Grande, Mé-Zóchi and Lembá. Of the elderly registered in the SR, 548 have received support during the 2020 COVID-19 pandemic. The registered elderly will have priority access to the Social Security scheme and other social programs and will also be linked to individual tracker health monitoring (DHIS2).

- 2020: 548; 2021: To be confirmed, depending on the coverage of the social pension scheme

Households living in extreme poverty: As part of the SR development process, 5,466 vulnerable households were identified and registered in the SR in the Agua Grande, Mé-Zóchi and Lembá districts. This identification process, followed by the SR registration of almost all the identified vulnerable households, will put them in the front line for access to social programs and social services. The vulnerable groups identified are made up of families in extreme poverty, the elderly, and people with physical disabilities. By the end of 2021, of the 5,466 families registered in the SR, 3,983 are led by women and 1,483 are led by men.

- 2020: 0; 2021: 3.115

Through the package of essential health services, 21,668 members of vulnerable families, will be benefited, including women, children and girls, people with physical disabilities, elderly people, including families in extreme poverty, guaranteeing access to essential health services. The DHIS II system y will ensure that reliable data of women and children of poor communities is in the data bank of the system. In this way, the government will be able to identify the most at-risk populations and provide them with the needed services. This was not possible before, and as a result they will have better social and health follow-up, monitoring of their indicators and improved living conditions.

- 2020:0; 2021: 21.668

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; *2021*: 1,400 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: 7000 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

Mainstreaming Gender equality and women empowerment

- Context analysis integrated 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.

Human rights

The JP has contributed so that the target groups have their (human) rights respected and that adequate legislation is developed to inform the SR as well as the cash transfer mechanisms. In particular:

- the article 22 of the Universal Declaration of Human Rights that states that all members of society have the right to social security. The SR is a powerful tool to foster the inclusion of all members of the population to have social security, focusing on the most vulnerable.
- The article 25 states the right to health and medical care as well as further details the right to social security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control. The pilot on health will contribute to the fulfillment of this right in the medium term.
- Finally, it also states that everyone has the right to education. The PEP has been providing sensibilization sessions to parents to ensure they enroll their kids into schools, and at the same time has been capacitating front-line workers in education, health and social protection to ensure there is a proper referral system, in which children out of school or at risk if being out of school can be identified and the cases properly managed.

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 transfer's 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.
- In the process of implementing DHIS2, synergies were made with the support of other partners in this domain, n the implementation of DHIS2 Vaccination including COVID19 vaccination, with the Global Fund in the context of the Grant for the AIDS, TB, Malaria programs and reinforcement of health system.
- 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, 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.
- For the implementation of the Social Registry, a partnership was established with the National Institute of Statistics to carry out the survey to collect socio-economic and demographic data from vulnerable families previously identified. This partnership allowed for the training of social technicians in the collection of data from vulnerable families and ensured greater reliability of the data collected.

Mobilizing additional funding and/or financing

So far, no joint funding has not been mobilized. The fund mobilization will start once the UNSDCF has defined outcomes and the funding framework is defined.

Strategic meetings

Type of event	Yes	No	Description/Comments
Annual JP development partners'/donors' event*	☐	☒	A meeting will be organized at the end of the JP.
Other strategic events	☒	☐	In November 2021, the SR was presented in a session of the Council of Ministers.
			Validation of essential service packages including the participation of Ministry of Health and Ministry of Labour
			Launch of DHIS2 tracker,12th October 2020
			National conference to support for Universal Health Coverage on 16th November 2021 to launch results and advocacy for a major engagement of authorities, partners, and civil society on UHC

Innovation, learning and sharing

Innovation

- The methodology for identifying vulnerable families for the social registry is based on two approaches: A Mixed Targeting Approach, which combines pre-identification of vulnerable families by communities. Then, the National Statistics Institute (INE) applies a Proxy Means Testing survey to determine the degree of vulnerability of each pre-identified household. This approach is complemented by a selective approach for identifying individuals or households that are not structurally vulnerable but fall into extreme poverty due to a shock.
- The PEP+ implementation is following an evidence-based approach, where JP developed a baseline study to assess the conditions of the beneficiaries. In the coming months a midline study will be done to assess and review some strategies, so that PEP+ implementation can be improved. This is a best practice that will be replicated by other social programmes in the country.
- The introduction of the DHIS2 Tracker constitutes an innovation for the national health system. It is an open-source web-based application that supports data collection and analysis of transactional or disaggregated data. This innovation will revolutionize the management of National Health System data and can be used to track individual data, either in a community or health facility as well as to track aggregated data generally at the district level. This important tool will allow the country to have real-time data on which members of the beneficiary families had access to which type of service, and to carry out their proper monitoring.

Learning

- In 2021, efforts were made to increase the visibility at the national level, through awareness-raising campaigns about the SR in the media and in the field. In the coming months capacity building of social communication will be delivered to ensure beneficiaries understand the utility of the SR and manage expectation regarding the access to new programmes.
- To better coordinate actions to implement the SR, the frequency of technical meetings with government technical staff was increased.
- The implementation of the DHS2 tracker using the individual data in the national health service, is a major challenge due to the lack of culture of use of electronic tools and the lack of human resources aspect considered in the pilot phase. JP has leveraged on south-south support, engaging health personnel from Mozambique, where the DHIS2 has been implemented successfully.

Sharing

- Project activities and results are being documented and shared among national stakeholders and UN agencies. In the last quarter of 2021, a presentation of the initial results of the SR implementation was made in one of the sessions of the council of ministries. The joint program shared the following data among partners:
    - Guide to identifying vulnerable people in São Tomé and Príncipe
    - Surveyor's Manual: Survey of vulnerable households
    - Preliminary results of the implementation of the Single Social Registry
    - Brochure for policy makers on the utility of the SR.

- The traineeship programme of the first year has provided a handful of lessons learned, regarding organization, and trainings required to ensure the trainees are fully operational. These lessons have been recorder and discussed during a workshop with the trainees and the government to find solutions and improve the programme design next year.

II. 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 main pillar of this JP, the Social Registry, is completed and fully operational in 3 districts. The system has allowed for priority access of vulnerable families to social programmes. The interoperability of the Social Registry and the DHIS2 tracker is well advanced (all date from SR has been entered into the DHIS2). By May, the interoperability will be automated and guided by a clear protocol. The pilot on essential health coverage for vulnerable families is ready to be delivered, including the signed partnership among national social security and the Ministry of Health. The selected families will have access for 4 months (until April 2022) to free health care services in the closest health care facility (HCF). The family's attendance to HCF will be tracked via the DHIS2. Finally, PEP has already capacitated all frontline workers in social protection, health, education and justice, enabling them to deliver sensibilization sessions to families of the cash transfer. 50% of beneficiary families have already received PEP sensibilization sessions, in which they learn of the importance of early childhood development and encouraged to enroll their children to pre-primary school.

Contribution to Fund's global results

⇨ ***Contribution to Joint SDG Fund Outcome 1 (as per annual targets set by the JP)***
  - *Integrated multi-sectoral policies to accelerate SDG achievement implemented with greater scope and scale*

With the implementation of the Social Registry, a database of potential beneficiaries, with a large set vulnerability criterion, allowed for a more comprehensive selection of beneficiaries for social programs, not only by social protection but also by other sectors such as justice, health, and education. In particular, the interoperability of the SR with other sectorial information systems, such as DHIS2, is fostering multi-sectoral coordination, such as the pilot of health coverage to vulnerable families.
The PEP, through support to capacity development of front-line workers across sectors, have directly contributed to the improvement of the quality social protection coverage and has also fostering the increased access to basic services from the demand side: ensuring those left behind - especially women, children and people with disabilities – are capacitated to access available basic services.

⇨ ***Contribution to Joint SDG Fund Output 3 (as per annual targets set by the JP)***
  - *Integrated policy solutions for accelerating SDG progress implemented*

One of the identified gaps to accelerate the SDG progress in social protection is the lack of human resources within relevant institutions. The JP, through its integrated approach, pilot an integrated policy solution, though the trainee programme supporting social protection and youth institute. This solution has on one hand addressed the lack of human resources, and on the other hand addressed the youth unemployment, by preparing young girls and boys, with training and in-job learning, to enter the job market.
The essential health coverage pilot will test one model of UHS in the country to assess the viability, the cost and the change of behavior within the population. The pilot will provide key evidence and lessons learned to inform the upscaling of the ambitious universal health coverage, which aims at building solid collaboration and policy integration across health and social sector.

JP Outputs and Outcomes

⇨ ***Achievement of expected JP outputs***

Output 1.1 – vulnerable population is mobilized, informed and registered in the Social Registry in 6 districts

The JP mobilized and informed the vulnerable population through awareness campaigns, training actions directed to community representatives in localities with the highest incidence of poverty and finalized the registration of vulnerable families in the SR in three districts. More specifically, with the participation of the communities, **5,466 vulnerable families were identified and registered in the SR**. The identification phase of vulnerable families is now completed in the three remaining districts. The data of the newly identified families will be integrated into the SR in the coming month. Thanks to the development of a new PMT (Proxy Means Testing) survey questionnaire, the SR registrations can be disaggregated by sex, locality, age group, as well as by disability (among other variables).
Despite the constraints caused by the pandemic, key milestones in the work plan have been achieved, building solid foundations for the implementation of the SR in the remaining three districts and Príncipe. These include:

- The adoption and validation at the national level of criteria for the efficient identification of vulnerable people and the development of a complete and comprehensive questionnaire for the PMT (Proxy Means Testing) survey.
- An illustrated guide for the selection of vulnerable people by the community was developed
- 35 social technicians from all over the country from the Social Protection Directorate (DPSSF) were trained on the new methodology adopted for the selection of vulnerable people and people in extreme poverty
- Information and awareness-raising about the Social Registry and the survey were implemented in the target communities and through the media (TV and radio)
- 640 community representatives from the six districts of the country were trained and conducted the selection process of vulnerable people in their respective localities.
- A study was completed on the legal framework for personal data registration systems in São Tomé and Príncipe, will serve as support for the preparation of the legal and regulatory framework for the Social Registry.
- The elaboration of a preliminary draft of a specific legal framework for the SR which will be subject to validation by representatives from various sectors, prior to its approval by the Government.

Output 1.2 Individual data of targeted vulnerable population in the Social Registry are monitored through DHIS2
The DHIS2 single process modules to monitoring the health indicators of vulnerable individuals were developed, including the assignment of a social ID to identify the beneficiaries. The tracking tool will ensure an adequate follow up of demographic, social and health indicators. This work has been complemented by the capacity building of health professional to ensure sustainability and quality of service, aiming at having accessible health services to the most vulnerable families. The DHIS2 system has registered 21,668 individuals from the families in the SR, which can now be monitored by health professionals.
The main milestones achieved towards the JP results include:

- Development of DHIS2 modules for tracking and monitoring patients on different healthcare facilities.
- Insertion in DHIS2 the data of 21.668 potential beneficiaries belonging to the vulnerable families
- Development of SOCIAL ID in DHIS II as a universal entry for social, demographic and health data.
- Training of health professionals including, doctors, nurses, administrative staff in the use of DHIS2 and identification of potential beneficiaries. Total number of participants on the trainings: 160.
- Purchase of IT material including IT support to install the DHIS II in health units including 36 Desktops, 16 laptops, 10 tablets, 39 UPS, 8 Bar code scanner, 2 Bar code printer and 2 Capture label).
- 6 workshops were held on DHIS2, and 160 technicians trained.

Output 1.3 The access of targeted vulnerable households in the Social Registry to social services, including parental education, is boosted.
The JP has supported the directorate of social protection (DPSSF) to implement the **Parental Education Programme** at the national level, as a complementary social programme to the national cash transfer to vulnerable families, funded by the World Bank. In doing so, JP has strengthened the capacities and availability of human resources within the DPSSF, providing an adequate and qualified team of front-line workers, ready to sensibilize parents and caregivers in positive parenting practices, with focus on early childhood development. With a strengthened workforce to reach to all communities, 50% of the families from the VPF-cash transfer programmes (1274) have participated in at least one PEP+ session, touching upon all the thematic. The sessions included of elements of the various service platforms (health, education, justice, and youth).
The main milestones achieved towards the JP results include:

- The continuous capacity building on PEP thematic, social communication and monitoring and evaluation of 215 front line workers across social service platforms (60 social workers, 5 health workers, 37 educators, 28 justice personnel, 16 youth trainees within the youth institute, 26 social communicators, 43 community and religious leaders).
- To ensure the effective implementation of PEP across multiple platforms and at the decentralized level, the JP supported the formal engagement among DPSSF with the National Federation of NGOs (FONG) to identify Associations/NGOs to collaborate with human resources and specialized expertise.
- Partnership between DPSSF and the National Association of Psychologists to carry out a survey to identify families in need of individual psychosocial support. This will contribute to strengthen the referral system of child protection.

- A TV Programme "Tempo de Reinventar - Educação Parental" has completed with 12 episodes. The National TV will now broadcast the 12 series discussing the PEP thematic with subject-matter experts and families on daily basis. The sessions will be simultaneously broadcasted in community radios.

Health coverage mechanism: the health package mechanism has completed the preparatory processes to implement the health coverage system:

- A scoping mission to develop a consensual roadmap essential to guide the actions of each stakeholder in the process of implementing universal health coverage at Sao Tome and Principe has been conducted and the results presented and validated as well as the strategies directions for the new national health policy including the paradigm shift for health financing, which aims to better protect the most vulnerable from catastrophic expenditure risks;
- The list of health services to be subsidized to improve access to health care for the vulnerable registered on the social registry was defined as well as the estimation of the respective costs.
- An agreement has been signed between National Social Security and the Health Ministry to implement the pilot, which aims at benefiting 21,668 individuals.

Output 1.4 Young people capacity to support the provision of social services across different sectors is developed.

- The JP has trained 50 young boys and girls through the National Traineeship Programme of one year to support the work of the Directorate of Social Protection (DPSSF) and the Youth Institute to reach the most vulnerable families. The trainees received training in psychosocial support, data collection, life skills, digital skills and PEP among others, in order to provide them with the necessary tools for quality intervention with families, children and adolescents at risk of dropping out of school, and of suffering any form of violence in the context of the COVID-19 pandemic. This initiative is co-funded by Allianz Portugal.
- In 2021, and with the objective of strengthening greater welfare and social coverage in locations, particularly the most remote areas, these trainees have been distributed by geographical areas, where they regularly accompany families, children and the elderly or work in the youth interaction centers.
- In addition, the JP has built the capacity among youth in social entrepreneurship. In total 665 young leaders received training and attended workshops on social entrepreneurship (435 boys; 230 girls)

⇨ ***Achievement of expected JP outcomes***

Outcome 1, Indicator 1 - 2,570 vulnerable families are covered by social protection programmes

The development of a comprehensive and transparent social registry of vulnerable families, including a comprehensive set of vulnerability criteria, provides a key tool for the government to increase its capacity to reduce disparities and inequalities by identifying those most at risk of being left behind. All the data in the registry can be used by various sectors, thereby increasing the coverage of social services and social protection for those identified as most vulnerable. In 2021, the JP strongly advocated for the government to utilize the SR for the selection of beneficiaries for the Social Emergency Response Program (PRES), instead of relying on existing lists done by each sector and which were not based on any criteria. The government used the SR to select part of the beneficiaries, and as a result **57% of registered families in the SR have access to the expansion of the cash transfer** under the PRES. In addition, 548 elderlies had priority access to the social support provided by the Ministry of Labour during the first wave of COVID-19.

Outcome 1, Indicator 2 – 60% coverage of essential health services, among the vulnerable families registered in the Social Registry in the three pilot districts

Through the JP, it was possible to establish and fund a list of services of essential health coverage to be subsidized to benefit 21,668 members of vulnerable families registered in the SR in 3 districts. These services provided at the district health level (centre, post, agent) will support the strengthening of primary health care as a new paradigm for the national health system. These services include a) upstream services, to facilitate initial contact with the national health system in the most vulnerable communities; b) services provided by mobile clinics, public health actions with the community; c) primary care services: registration, screening, consultation; laboratory or imaging analyzes; d) prenatal services, including ultrasound; e) control of the main non-communicable diseases (e.g., treatment for diabetes and hypertension).

Through community health agents these families will be informed of the package of services to which they are entitled, which will include not only assistance in the services of the pilot districts but also in the community through the mobile teams. The pilot will provide key evidence to advocate and foster the process of implementing a universal health coverage, providing strategic directions for the new national health policy including the paradigm shift for health financing, which aims to better protect the most vulnerable from catastrophic expenditure risks. This will also inform the new national health policy (under devolvement) on the principles of universal health coverage.

Outcome 1, Indicator 3 – 60% of Children among children from vulnerable families registered in the Social Registry in the three districts are enrolled in pre-primary education

The PEP, perceived as a key complementary programme to the cash transfer programme, 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 (especially 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. So far, 50% of the targeted families have received at least once session of PEP. In addition, COVID-19 reprogramming identified vulnerable children at risk of dropping out of school and delivered 7000 back to school incentive package to stay in school. This has contributed to keep the baseline of the JP target, reducing school drop-outs due to COVID-19.

Outcome 1 indicator 4 - New and unique social registry in place that will unblock access to social protection and other social services for the furthest left behind (12% of the population) in 6 districts. This data system will be utilized as a unique registry, for non-contributory social protection data, which will inter-operate with the health data gathered through the DHIS2 individual tracker

All families registered in the Social Registry (from 3 districts) are registered in DHIS2 and thus their health status and access to health services can be monitored. The single process modules to monitoring the health indicators of vulnerable individuals were developed and the field to identify the beneficiaries with the Social ID was also created on DHIS2. This sets up the necessary conditions to implement an automated interoperability in which data is updated regularly and there is a underlaying legal framework to ensure accountability among the two sectors: health and national social security.

⇨ **Monitoring and data collection**

- The monitoring has been done through coordination meetings between UN and government technical teams as well as frequent field visits, mainly during the identification and data collection phases of the vulnerable families of SR and during the capacity building of health personnel for DHIS2;
- For the data collection of DHIS2, field supervision is done jointly with MoH officials from the Epidemiology Directorate and from the Health Information System. Data collection is done directly from the DHIS II system and from MoH data base and monthly reports are produced and shared UN.
- JP collected data through reports by the social technicians responsible for training and supporting the community representatives in the identification phase of vulnerable families and also by technician implementing the PEP;
- The development of a baseline assessment to measure PEP, followed by an M&E framework for the measurement of the impact of PEP within vulnerable families.
- Quality control of data collected from vulnerable families, through the supervision of technicians from the National Institute of Statistics and the company contracted for this purpose.

Lessons learned and sustainability of results

- The delay registered in the implementation of the PC as a result of several external factors, such as the COVID-19 pandemic, the difficulty in mobilizing technical assistance, combined with the lack of internal capacity at the institutional level represented a bottleneck to implement many of the initiatives. The need to design initiatives that take into account the system resilience to external shocks is key to any future planning process.
- Carry out assessment on the infrastructure and HR conditions of key partners is essential to ensure implementation runs smoothly. The lack of IT equipment and inadequate infrastructure had implications in the execution of the project.
- Cross-sectorial high-level advocacy must be made with the partners in order to make resources available for the extension of the project, which will allow the collection of evidence capable of evaluating the impact and sustainability of its results.

III. Plan for the final phase of implementation

The focus of the JP on the coming months will be to:

1. Finalize the implementation of the SR in three more districts and the Autonomous Region of Príncipe, building on the lessons learned from the implementation of the first three districts. In addition, the JP will focus on validating the draft legal framework for the SR
2. Now that the partnership with the National Institute of Social Security and Health sector is finalized, the JP will start making payments/subventions available for health services providers based on the location of residence of the vulnerable families registered in the SR.

3. PEP sessions to parents and caregivers from vulnerable families will continue and a mid-line assessment will be carried to account for the impact of PEP during the last year, in improving the access of vulnerable children to education and health as well as to assess if there has been any reduction of violence among these families.
4. The JP will continue to reinforce the training of local MoH personnel, ensuring that the level of knowledge is the highest possible and the system is well accepted and understood by all partners.
5. High level advocacy will be done, through the presentation of data analysis from the Social registry, to encourage the interoperability of the SR with other information systems. In particular, high level advocacy will be carried with the MoH and Ministry of Labour to formalize the interoperability between SR and DHIS2

Towards the end of JP implementation

To ensure the SR is fully adopted by the government, the JP will organize information and awareness campaigns targeting local and national authorities. Increased advocacy efforts at the ministerial level be the focused to ensure that the Social Registry is used as the sole registry for vulnerable families and groups in various sectors
Build the capacity of national institutions to develop coordination mechanisms to use the Social Registry as a tool to plan and monitor policies related to poverty reduction. A validation workshop to adopt the draft legal framework of the SR, before it is submitted to the Council of Ministers for approval will be carried out.
System strengthening support will continue. JP will assess the budget balance to ensure adequate tools and IT material is provided for the expansion and improvement of social protection and the provision of basic services.
Evidence gathering will be also a focus on the next months to ensure a good knowledge base is developed for advocacy purpose and fund mobilization to upscale the ongoing initiatives. On one hand, an impact assessment on the pilot of health coverage mechanism, to assess the behavior of families with this financing model. On the other hand, the JP will carry-out the mid-line assessment to understand the impact of PEP session of families so far.
The expected results for 2022 are that:

- Registration of 8,566 vulnerable families in Social Registry at the national level and that 4,372 of these families have increased coverage by social protection programs.
- 60% of the vulnerable families have had access to a essential health coverage mechanism, through the JP pilot. The pilot will inform the national health policy to implement universal health coverage in the country
- 60% of children from vulnerable families (aged 0 – 5) are enrolled in pre-primary school, as a result of increase sensibilization of positive parental practices and good understanding of the importance of early childhood development across caregivers and front-line workers.
- Social Registry is operable at the national level, with an adequate legal framework and has 'de facto' interoperability with the DHIS2. Also is expected that the increased advocacy will foster the utilization of the SR by other sectors.

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. This risk will be increased by the upcoming national elections in the coming months.
***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.

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 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 Fund's programmatic results

- *Provide data for the Joint SDG Fund global results (as per targets defined in the JP document).*

Global Impact: Progress towards SDGs

Select up to 3 SDG *indicators* that your Joint Programme primarily contributed to (in relation to SDG targets listed in your JP ProDoc)

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

Outcome indicators	Expected 2021 target	2021 result	Reasons for variance from planned target (if any)	Expected final target
1.1: Number of integrated multi-sectoral policies that accelerated SDG progress in terms of scope[1]	4	2 DHIS II is selected as the tool for social and health strategies. Social registry is the unique tool for vulnerable families	At the policy level, the JP will advocate for 3 multi-sectorial policies, considering the low cross-sectorial coordination, 4 policies will not be feasible.	3
List the policies: • National Health policy oriented for universal health coverage. • DHIS II as a tool for social and health programs • Legal framework for the Social Registry as a multi-sectorial tool				

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

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

Output indicators	Expected 2021 target	2021 result	Reasons for variance from planned target (if any)	Expected final target
3.1 Number of innovative solutions that were tested (disaggregated by % successful-unsuccessful)	4	3 DHIS2 tracker in the health district's structure Traineeship programme Use of SR for the COVID-19 response	NA	4
3.2: Number of integrated policy solutions that have been implemented with the national partners in lead	4	2	NA	4

Did your Joint Programme contribute to strengthening of national capacities to implement integrated, cross-sectoral SDG accelerators in 2020-2021?

☒ Yes
☐ No
Explain briefly:

The JP contributed to strengthening the capacities of the national system, by providing adequate tools (SR and DHIS2), and capacity building of human resources and strengthening the systems, in the social protection and health information system. Leveraging on the coordination among agencies, high-level advocacy has been done across sectors.

Missing… **Selected global performance indicators (annual)**

2. Results as per JP Programmatic Results Framework

- *Present annual JP results in the following template*

Result / Indicators	Baseline	Expected 2021 target	2021 Result	Reasons for variance from planned target (if any)	Expected final target
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 are covered by social protection programmes	890	2,570	3,115	The target increased as the JP advocated to provide priority access of families in the SR to the expansion of the cash transfer program under PRES (Social	4,283

Result / Indicators	Baseline	Expected 2021 target	2021 Result	Reasons for variance from planned target (if any)	Expected final target
				Emergency Response Program) for 19 months to mitigate the socio-economic impacts of the COVID-19 pandemic.	
Outcome 1 indicator 2: Coverage of essential health services, among the vulnerable families registered in the Social Registry in the three pilot districts	0	60%	Coverage hasn't started as the pilot will start in January for a period of 4-months. It is expected that 21.668 individuals will have access to subsidized essential care	The planning phase to establish a cross sectorial agreement between national social security and health took longer than expected. This is now completed and in January the JP will submit the payments for the subsidized families.	60%
Outcome 1 indicator 3: Children among children from vulnerable families registered in the Social Registry in the three districts are enrolled in pre-primary education	40%	60%	Coverage will be measured upon the mid-line assessment is finalized. 7000 kits to avoid the school dropouts during COVID019 have been delivered.	NA	60%
Outcome 1 indicator 4: New and unique social registry in place that will unblock access to social protection and other social services for the furthest left behind (12% of the population) in 3 out of 6 districts. This data system will be utilized as a unique registry, for	0	Both systems are interoperable	Social registry is in place and data has been inserted in 4 districts – the interoperability must be formalized and completed for the remaining districts.	NA *Shouldn't the interoperability be universal?*	Both systems are interoperable in 6 districts

Result / Indicators	Baseline	Expected 2021 target	2021 Result	Reasons for variance from planned target (if any)	Expected final target
non-contributory social protection data, which will inter-operate with the health data gathered through the DHIS2 individual tracker					
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 six districts	0	5 districts	3 districts	Available funding has been allocated to upscale the SR to cover the whole county.	6 districts + Principe
Output 1.1 indicator 2: number of vulnerable families registered in the SR per district disaggregated by gender, age groups, and disability	0	Água Grande:3,560 (M: 1425 ; F:2135) Me-Zochi: 1193 (M:477; F:716) Lobata: 332 (M:132; F: 200) Caue: 150 Cantagalo: 150 Lemba: 350 RAP: 1300	Água Grande (M: 916 ; F:2464) Me-Zochi: 1575 (M:368; F:1207) Lemba: 511 (M:199; F: 312)	The identification phase of vulnerable households in the remaining three districts is complete. The next phase of data collection will occur in the first quarter of 2022 (registers).	Água Grande (M: 1425; F: 2464) Me-Zochi: 1207 (M:368; F:1207) Lembá: 332 (M:199; F: 312) Caue: 150 Cantagalo: 150 Lobata: 350 RAP: 1300
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)	Fully operational	The tracking module is developed within DHIS2	UNDP: Data from Agua-Grande, Me-Zochi and Lemba districts is almost completely inserted. Data from the remaining districts will be inserted during 2022	Fully operational

Result / Indicators	Baseline	Expected 2021 target	2021 Result	Reasons for variance from planned target (if any)	Expected final target
				UNDP: Data will continue to be inserted in the remaining districts during 2022	
Output 1.2 indicator 2: percentage of vulnerable population registered in the Social Registry who are monitored	0%	100%	Data from vulnerable family in the SR has been inserted in the DHIS2 for 4 districts: Agua Grande, Mezo-chi and Lemba districts. Total: 21.668 individuals from vulnerable populations are inserted in the system, distributed as follows: 1.-Água Grande District: 13.442 2.-Mé-Zochi District: 6.110 3.-Lembá District: 2.112 4.- Lobata district: 4	UNDP: Data from Agua-Grande, Me-Zochi and Lemba districts is almost completely inserted. Data from the remaining districts will be inserted during 2022 UNDP: Data will continue to be inserted in the remaining districts during 2022	100% of the families will be monitored.
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 receiving cash transfer are participating in the Parental Education Programme (PEP)	0	75%	50%	The PEP sessions are ongoing and by 2022 more than 75% will participate of PEP.	75%

Result / Indicators	Baseline	Expected 2021 target	2021 Result	Reasons for variance from planned target (if any)	Expected final target
Output 1.3 indicator 2: percentage of vulnerable children who regular attend health centers for development monitoring, disaggregated by child age group, gender and disability	61% (0-5 years) 0% (6 – 18)	75% 50%	NA	Data will be gathered after the pilot takes place.	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	40	27 (18 girls and 9 boys) trained in social services through the trainee programme in social protection 23 (14 girls and 9 boys) trained in social services through the trainee programme in youth institutes In total 665 (435 men 230 women) young leaders received training and attended workshops on social services		50 trainees in social services 665 young leaders trained in social entrepreneurship and social topics through workshops
Output 1.4 indicator 2: number of young people engaged in the provision of social services across sectors disaggregated by sector, yough age group and gender	0	40	27 (18 girls and 9 boys) trained in social services through the trainee programme in social protection 23 (14 girls and 9 boys) trained in social services through the		50 trainees in social services providing social services across sectors for at least 1 year.

Result / Indicators	Baseline	Expected 2021 target	2021 Result	Reasons for variance from planned target (if any)	Expected final target
			trainee programme in youth institutes		

Annex 2: Strategic documents

- *Complete the tables below by focusing on documents that are of particular strategic importance for the JP results – primarily **legal acts, strategies, policy documents, methodological guidance (e.g. SOPs) and reports on comprehensive analysis.***

2.1. Contribution to social protection strategies, policies and legal frameworks

Strategic documents developed or adapted by JP

Title of the document	Date when finalized (MM/YY)	Focus on extending social protection coverage (Yes/No)	Focus on improved comprehensiveness of social protection benefits (Yes/No)	Focus on enhancing adequacy of social protection benefits (Yes/No)	Focus on improving governance, administration and/or implementation of social protection system (Yes/No)	Focus on cross-sectoral integration with healthcare, childcare, education, employment, food security, etc. (Yes/No)	*If published, provide the hyperlink*
Anuário da Estatística de Saúde 2020 - (*Yearbook of Health Statistics 2020*)	01/2021	No	No	No	No	No	Click here to acess
Universal health coverage repport	2021	No	No	No	No	Yes	
Guia de Identificação de pessoas vulneráveis em São Tomé e Príncipe - (*Identification guide of vulnerable people in Sao Tome and Principe*)	10/2020	Yes	Yes	Yes	Yes	Yes	
Anteprojecto de diploma legal do Cadastro Social Único - (*Preliminary draft law on the Single Social Registry*)	07/2021	Yes	Yes	Yes	Yes	Yes	
PEP Baseline assessment and M&E framework	08/2021	yes	yes			yes	
SIS Integrated Practical Handbook	09/2021						

Strategic documents for which JP provided contribution (but did not produce or lead in producing)

Title of the document	Date when finalized	Focus on extending social protection coverage	Focus on improved comprehensiveness of social protection benefits	Focus on enhancing adequacy of social protection benefits	Focus on improving governance, administration and/or	Focus on cross-sectoral integration with healthcare, childcare,	*If published, provide the hyperlink*

	(MM/YY)	(Yes/No)	(Yes/No)	(Yes/No)	implementation of social protection system (Yes/No)	education, employment, food security, etc. (Yes/No)	
Relatório de missão de suporte de cobertura universal de saúde em São Tomé e Príncipe - (*Mission report to support universal health coverage in Sao Tome and Principe*)	November 2021	Yes	No	No	No	No	

2.2. Focus on vulnerable populations

Strategic documents developed or adapted by JP

Title of the document	**Date when finalized** (MM/YY)	**Focus on gender equality and women empowerment** (Yes/No)	**Focus on children** (Yes/No)	**Focus on youth** (Yes/No)	**Focus on older persons** (Yes/No)	**Focus on other group/s** (List the group/s)	**Focus on PwDs** (Yes/No)	**Included disaggregated data by disability** - and whenever possible by age, gender and/or type of disability (Yes/No)
Questionário de recolha de dados do Cadastro Social Único (reformulação) - (*Data collection questionnaire of the Unified Social Registry (reformulation))*	12/2020	Yes	Yes	Yes	Yes	Yes		Yes

Strategic documents for which JP provided contribution (but did not produce or lead in producing)

Title of the document	**Date when finalized** (MM/YY)	**Focus on gender equality and women empowerment** (Yes/No)	**Focus on children** (Yes/No)	**Focus on youth** (Yes/No)	**Focus on older persons** (Yes/No)	**Focus on other group/s** (List the group/s)	**Focus on PwDs** (Yes/No)	**Included disaggregated data by disability** - and whenever possible by age, gender and/or type of disability (Yes/No)

Annex 3: Updated JP Risk Management Matrix

- *Update the table from your JP document with the most recent analysis of risks and corresponding mitigation measures. This should support the narrative update provided in part C above.*

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 (e.g. social, environmental, security and safety 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	9	3	3	Develop and implement a communication strategy to keep people informed about JP's objectives and the target population	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/Operational risks					
DPSS not in charge of the social registry infrastructure and database management	12	4	4	Strengthen DPSSF capacity, including Human Resources support to ensure the expansion of the 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	9	3	4	Maintain periodic supervision and monitoring meetings UNDP: Permanent communication and contact with local technicians. Specialists embedded in the MoH and working together with the local technicians to increase motivation and ownership.	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.	9	3	4	Proactively identify constraints and actions aimed at their correction and implement those aimed at accelerating the implementation of activities	RC/PUNOs MLFPQ

				UNDP: Ensure that the system inter-acts with all the needed software already in place.	
Institutional risks (e.g. political, regulatory risks)					
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 (financial risks, fraud & corruption 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.	15	3	4	Advocacy at the ministerial level in all sectors to ensure that key activities are integrated into the national budget exercise so that they can be included in the national resource mobilization strategy. Strengthen partnerships with other key development partners such as WB, EU, bilateral cooperation and the private sector. Encourage the use of CSU by other social protection programs and NGOs. UNDP: Ensure that all systems and programs in place need low maintenance costs	RC; MLFPQ

Annex 4: Results questionnaire

- *Complete portfolio questionnaire online at: https://forms.office.com/r/H4eZAkyx9H*