**Social and Environmental Project Evaluation**

Project : **HIV, TB and Malaria building resilient health systems**

Award : 00107541

Donor : 00107827

Implementation period: 2017-2020

Date : December 2021

**Background**

The Project **HIV, TB and Malaria building resilient health systems** is the result of the signature of the Financial Agreement signed between UNDP and the Ministry of Health (MoH) of Sao Tome and Principe.

UNDP is the Principal Recipient for the implementation of this project funded by The Global Fund. The project reinforces the efforts of the MoH in the fight against Tuberculosis, Malaria and HIV. By the end of 2020, UNDP transitions the project to the MoH, which becomes the new PR.

The project is part of the Health and HIV portfolio of UNDP in STP and will last during three years. At the moment of the signature of the agreement, the project didn’t have any social or environmental evaluation.

The country is composed by two main island, Sao Tome and Principe, with just over 200 thousand inhabitants, the epidemiological situation of the Democratic Republic of São Tomé and Príncipe is characterized by the emergence of non-communicable diseases (NCDs) and the persistence of various tropical diseases, with emphasis on endemic epidemics. This combination of pathologies is not limited to the country, but is common to most developing countries. This mixed epidemiological profile is further complicated by the poor utilization of health services, although the country has acceptable health coverage and low quality secondary and tertiary services. In addition, the country suffers from a shortage of skilled human resources (WHO, 2020).

São Tomé and Príncipe faces difficult challenges due to its insularity, remoteness, and small size. Its soils, topography, and weather patterns make it vulnerable to small-scale natural hazards and climate change. Natural hazards affect agriculture, particularly food production, limit access to roads, and destroy housing and household goods, affecting the lives and resilience of women, men, girls, and boys differently. In 2017, it ranked 143rd out of 189 countries ranked according to the Human Development Index, with a value of 0.5895, placing it in the "medium" category of the same index and above the average for Africa. In 2017, it ranked 143rd out of 189 countries ranked according to the Human Development Index, with a value of 0.5895, placing it in the "medium" category of the same index and above the average for Sub-Saharan Africa. However, the country faces major challenges in eradicating extreme poverty and hunger, and there has been little progress since 2000 in this area. In 2012, it was estimated that nearly two-thirds of the population lived below the poverty line and that women were more exposed to the risk of poverty than men. More recent assessments indicate that little progress was made in reducing poverty after 2007. Poverty is more pronounced in urban centers than in rural areas due to limited employment opportunities, particularly for youth and women. Almost 50% of the active labor market population is employed in the informal sector and does not have access to decent wages. The unemployment rate in the country is about 13.6% (19.7% among women, 9.3% among men, and 23% among youth). The country ranked 131st out of 160 countries classified as "poor" (2020, WFP).

In 2009, an estimated 24 percent of households were food insecure. Poverty, the main cause of hunger, remains high with about one-third of the population living on less than $1.90 per day. Poverty, the main cause of hunger, remains high, with about one-third of the population living on less than $1.90 a day. Two-thirds of the population live below the poverty line, which stands at $3.20 a day. High unemployment rates and weak agriculture, fisheries and livestock sectors, along with the effects of frequent natural disasters such as floods, landslides and environmental degradation, prevent the national food production sector from meeting the needs of the population.

Food availability (especially for the poorest households and on a gender and age differentiated basis) and market stability are not predictable due to poor infrastructure and limited access to markets, particularly at the peak of the rainy season. São Tomé and Príncipe's heavy dependence on food imports (cereals, beans, oil, meat, dairy and other animal products) makes it vulnerable to food price fluctuations and affects household livelihoods, especially for women, children, the elderly and people with HIV (2020 report, WFP).

This situation of food instability, however, is combined with a sustained growth of the economy in recent years. Thanks to the country's social and political stability, as well as support from the international community, STP has maintained economic growth between 2009 and 2016 at an average rate of 4.5 percent, with a slight slowdown from 2014, and relatively low inflation. This resulted in a consistent increase in the overall budget of the Ministry of Health and supported the implementation of public health measures that improved the well-being of the population. This macroeconomic stability, as well as public health policies adapted to the country's reality, allowed indicators such as infant mortality in children under 5 to be reduced by 20% between 2001 and 2012. Childhood diseases such as measles, polio, whooping cough and diphtheria are no longer public health problems, radically improving the well-being of children and the general population (WHO, 2019).

The service sector accounts for two-thirds of GDP, while the primary and secondary sectors make up the remaining third. Although agricultural production has declined since independence in 1975, agricultural products, especially cocoa, continue to represent the majority of the country's exports. The limited number of skilled workers in São Tomé and Príncipe is an obstacle to producing the goods and services needed to meet market demand. Export costs are high due to the country's insularity. Land is a limited resource and workers are scarce, which hinders economic diversification and makes the country vulnerable to terms of trade shocks.

**Alignment with UNDAF, CDP and CPAP**

The project **HIV, TB and Malaria building resilient health systems** is in line with the first UNDAF´s Strategic Objective for 2017-2020, which is the strengthening of the social cohesion by increasing access to basic social services of quality and to reduce inequality and disparity between citizens and communities. In this aspect the project ensures that vulnerable populations will receive quality medicines by ensuring that ARVs, ACTs and other supplies are kept in the best conditions.

The **HIV, TB and Malaria building resilient health systems** project is also framed by UNDP´s Country Program Document (CPD), in which Priority # 29 addresses the problem of the low absorption of international aid. This project aims to improve the management capacity of the MoH by actively supporting the new CGS, which implements the GF grant. This will happen with direct technical and management support to ensure adequate program implementation and budget delivery. At the same time, the technical assistance for the supply and chain management will ensure that medicines are properly delivered and consumed, improving access of vulnerable groups to crucial medicines and increasing budget delivery. These activities will have impact on the Strategic Plan Outcome # 3, of the 2017-2021 CPD, which is the strengthening of institutions to progressively deliver universal access to basic services.

**Components of the project**

The project is composed by three types of activities:

* 1. Purchase and distribution of medicines and supplies against Malaria, Tuberculosis and HIV. By purchasing supplies and medicines, the project will protect vulnerable population and defend their rights to access health services. At the same time, the project purchases equipment and ensures their maintenance, improving diagnosis quality and treatment for vulnerable populations.
* 2. Technical assistance for the MoH. The technical assistance will be provided through International Consultancy, recruited through the Global Procurement Unit (GPU). This includes the recruitment of international consultants for key aspects of the MoH, as the PSM and the HIS, as well as IC for the protection of vulnerable populations.
* 3. Protection of vulnerable populations and fight against stigma and discrimination of sexual minorities and sex professionals. The project addresses human rights violations against these communities by reinforcing their associations, training them and empowering their leaderships.

Social and environmental impact of the three components.

* 1. The purchase and distribution of medicines and supplies does not have any direct environmental impact on the population of the country.
* 2. The Technical Assistance for key activities. This component will have a significant social impact on the vulnerable population as it will conduct IC on key issues, including evaluation of the quality of treatment, training of local professionals, support for Malaria elimination strategies and other key issues of the project.
* 3. The Protection of vulnerable populations and fight against stigma and discrimination will contribute in the construction of a better society and gradually diminish these risk factors.

**Overall SESP Assessment:**

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| 1. Review available data from UNDAF, CPAP, Gender and Human Rights | The project is aligned with item 18 of the UNDAF 2017-2021, which states that …´Disparities and inequalities at all levels will be tackled through participation by vulnerable groups, and by increasing their access to social protection and basic social services´.  By supporting vulnerable populations as sexual minorities and sex professionals, the project addresses key gender and human rights issues. |
| 1. Review if social and environmental assessments, review quality and consistency | This is the last and only social and environment assessment conducted for this project. |
| 1. Conduct iterative pre-screening of project concept and draft | No SESP pre-screening was done for this project. |
| 1. Is there a link between identified risks and the SESP. Overall SESP assessment. | ALL components of this project are considered low risk. |
| 1. If further assessment is needed, project developer needs to ensure integration of additional project management actions | No |
| 1. Conduct mandatory final screening | Pending |
| 1. Ensure on-going compliance with SES | On-going |

**Risk Assessments**

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| Relevant SES requirements | This is considered a low risk SESP assessment |
| Human Rights | Addressed by the project |
| Climate change | Not applicable |
| Biodiversity conservation | Addressed by the project |
| Community health safety | Not applicable |
| Displacement and resettlement | No community will be displaced by the project |
| Pollution prevention and control | Pollution prevention mechanisms will be in place to prevent any pollution during construction |
| Gender equality and women´s empowerment | GEN 2 project |
| Cultural heritage | No cultural heritage will be affected |
| Indigenous peoples | No indigenous people will be affected |