JOINT SDG FUND
TRANSFORMING OUR WORLD

Joint Programme Document

A. COVER PAGE

1. Fund Name: Joint SDG Fund
2. MPTFO Project Reference Number
3. Joint programme title: Reaching the furthest behind first: A catalytic approach to supporting the social protection in Sao Tome & Principe
4. Short title: Fostering Social protection in STP
5. Country and region: São Tomé & Príncipe/Africa
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8. Government Joint Programme focal point: *Minister of Labor and Social Affairs, His Excellency Mr Edllander Matos*, adllandermatos7@gmail.com

9. Short description:

This Joint Programme (JP) will support the Ministry of Labor, Solidarity, Family and Professional qualification (MLSFPQ) to fully implement the Social Registry (SR) – including the draft of a legal framework and the revision of questionnaire and registration approach - to enable its use by several targeted social programmes. It will build on the current support given by the World Bank to the MLSFQ to update the cash transfer beneficiary database, but it will go beyond it with a view to ensuring the interoperability of the SR with different monitoring information systems of social programmes. This way, it is expected that it can be effectively linked to a set of interventions aimed at improving the access of vulnerable and extreme poor families not only to cash transfer schemes, but also to social services in three on six districts of the country. The main objective of the JP is to accelerate some key SDG targets by fostering cross-sectoral synergies through cross-sectoral coordination while expanding social protection coverage via the Vulnerable Family Programme and social pensions. Social sector interventions to be linked to the SR through the JP include 1) parental education; 2) youth engagement in the social sector; 3) access to a health services package, including essential preventive and curative health and nutrition care jointly with case management and monitoring that will be made available to beneficiaries listed in the social registry. Monitoring and case management will be possible thanks to the interoperability of the Social Registry and the DHIS2 with an individual tracker module.

At the end of Joint Programme it is expected that the Single Registry is fully implemented in three districts with an adequate legal and normative framework and ready to be scaled out and scaled up; all families benefiting from the Vulnerable Family Programme (cash transfers targeting children) or identified as vulnerable in the social registry have had access to parental education while promoting access to health, nutrition and education (particularly pre-schooling) through sectoral platforms and referral systems and that youth are trained and engaged in supporting the provision of social services, particularly in parental education. This approach will allow to accelerate the country's path towards reaching the SDGs focusing on those most likely to be left behind. The Joint programme is also expected to mitigate the negative effects of economic crisis on the vulnerable and extreme poor household by fostering the development of an infrastructure that will be able to respond to, and even anticipate, negative shocks in a timely manner through adequate social protection mechanisms and

access to social services. Hence, by 2022, the SR and its linkages to complementary social services in the area of health, nutrition, education and youth entrepreneurship is likely to have important synergistic impacts on those who have been left behind in 3 out of 6 districts. In addition, the SR will be ready to be used by other programmes, increasing its capacity to mobilize different stakeholders beyond government ministries and the PUNOs already involved in this JP. In particular, the evidence of the JP catalytic effects will leverage financing of the World Bank, that has already strongly supported the current JP design as well as other important stakeholders in the country such as the African Development Bank, the European Union and the bilateral cooperation of countries such as Portugal and Luxembourg as well as south-south cooperation with countries such as Brazil and Cape Verde that have developed robust social registries with interoperability features across sectors.

10. Keywords: social registry, cash transfers, parental education, youth engagement, access to health, SDG, LNOB**.**

11. Overview of budget

Joint SDG Fund contribution	**USD 1,900,000.00**
Co-funding 1 *(UNICEF)*	USD 150,000.00
Co-funding 2 *(ILO)*	USD 85,000.00
Co-funding 3 (UNDP)	USD 244,799.00
Co-funding 4 (WHO)	USD 15,000.00
TOTAL	**USD 2,394,799.00**

12. Timeframe:

Start date	**End date**	**Duration** (in months)
01/01/2020	31/12/2021	24 months

13. Gender Marker: 2

14. Target groups *(including groups left behind or at risk of being left behind)*

List of marginalized and vulnerable groups	**Direct influence**	**Indirect influence**
Women	X	
Children	X	
Girls	X	
Youth	X	
Persons with disabilities	X	
Older persons	X	
Others: Families living in extreme poverty	X	

15. Human Rights Mechanisms related to the Joint Programme

- Universal Declaration of Human Rights - UDHR
- International Covenant on Economic, Social and Cultural Rights - ICESCR
- Convention on the Elimination of All Forms of Discrimination Against Women - CEDAW
- Convention on the Rights of the Child - CRC
- Convention on the Rights of the persons with Disability – CRPD
- Social Security Convention – ILO/C102
- Social Protection Floors Recommendation – ILO/R202

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16. PUNO and Partners:

16.1 PUNO

- Convening agency:
  - UNICEF – sgrieb@unicef.org
- Other PUNO:
  - ILO – murangira@ilo.org
  - UNDP – kasia.wawiernia@undp.org
  - WHO – anciaa@who.int

16.2 Partners

- National authorities:
  - Ministry of Labor and Social Affairs - adllandermatos7@gmail.com
  - Ministry of Health – edneves@hotmail.com
  - Ministry of Youth – viniciopina.mjde@gmail.com
  - Ministry of Education – julizidro_12@hotmail.com
  - INE, National Statistics Institute – elsacardoso123@hotmai.com
  - National Social Protection Council - adllandermatos7@gmail.com
  - Local authorities in the selected districts

- Civil society organizations:
  - FONG
  - Santa Casa da Misericordia
  - Youth associations
  - Parent-teachers associations

- Private sector:
  - Telecommunication companies for innovation (CST, UNITEL)

- IFIs
  - World Bank- Jordi Jose Gallego Ayala – jgallegoayala@worldbank.org

SIGNATURE PAGE

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B. STRATEGIC FRAMEWORK

1. Call for Concept Notes: 1/2019

2. Relevant Joint SDG Fund Outcomes

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

3. Overview of the Joint Programme Results

3.1 Outcome: Disparities and inequalities are reduced at all levels through the full participation of vulnerable and prioritized groups, and the development and use by these groups, of social protection services and basic social services.

3.2 Outputs

i. Output 1: Target vulnerable population is mobilized, informed and registered in the Social Registry in three districts.
ii. Output 2: Individual data of targeted vulnerable population in the Social Registry are monitored through DHIS2.
iii. Output 3: Access of targeted vulnerable households in the Social Registry to social services, including parental education, is boosted.
iv. Output 4: Young people capacity to support the provision of social services across different sectors is developed.

4. SDG Targets directly addressed by the Joint Programme

3.1 List of targets

I. **SDG 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
II. **SDG 2.2** By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons
III. **SDG 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
IV. **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.
V. **SDG target16.2** End abuse, exploitation, trafficking and all forms of violence against and torture of children

3.2 Expected SDG impact

The Joint Programme will bring together different interventions with a view to catalyzing the five SDG targets listed above. The implementation of the Social Registry and its use by different sectoral programmes will allow the provision of existing services to vulnerable families (in line with the UNDAF outcome on social cohesion). These vulnerable families are usually made up of citizens from groups more likely to be left behind and to experience intersecting inequalities that call for integrated approaches and interventions. The interoperability of the Social Registry and the

monitoring and information system of sectoral programmes, including the DHIS2 and its individual tracker module will allow to better identify the needs of these groups, promote referral to social services and inform other policies and strategies with a view to addressing all drivers of poverty, inequality and exclusion and in doing so, accelerating the process towards the SDG targets.

5. Relevant objective/s from the national SDG framework

I. Extreme poverty eradication and cash transfers (Social Protection Policy and Strategy Strategic Objective 1)
II. Promotion of (youth) employability (Social Protection Policy and Strategy Strategic Objective 3)
III. Management tools and beneficiary registry (Social Protection Policy and Strategy Strategic Objective 4)
IV. Coordination mechanisms (Social Protection Policy and Strategy Strategic Objective 5)

6. Brief overview of the Theory of Change of the Joint programme

6.1 Summary:

The ToC for the SDG acceleration is based on the integration and coordination of different interventions currently taken place (or planned to take place) in a standalone manner to jointly strengthen a common database (SR) of vulnerable families that will have priority access to social protection programmes and social services. In the absence of coordination and integrating tools such as the SR and referral mechanisms across sectoral platforms, the social sector programmes although targeting on paper those more likely to be left behind will fail to create the synergies necessary to accelerate the SDGs.

6.2 List of main ToC assumptions to be monitored:

(i) implementation of the SR will correctly identify the extreme poor in each district through both community-based targeting and proxy means testing;
(ii) knowledge acquired by trainers are passed to parents and caregivers who change practices and behavior in relation to children;
(iii) youth people acquire the competencies to work on parental education and there is demand for their work after the end of the Joint Programme;
(iv) health sector is capable to responding to the results of the monitoring of the health and nutritional status of the target population;
(v) interventions are delivered in a coordinated and timely manner.

7. Trans-boundary and/or regional issues

The Joint Programme will seek to engage on regional process related to the Community of Practices around cash transfer programmes, particularly on the issue of social registries and complementary programmes (cash plus) to learn about other African countries experiences and share the STP JP experience with integrating and coordinating social protection (cash transfers) with other social services through a social registry. The community of Practices on cash transfers are made up of an Anglophone group and a francophone group, the JP will seek to get involved with both groups. Moreover, the CoP is supported by the World Bank and UNICEF, which are both involved in the current JP proposal design and shall facilitate learning sharing between STP and other countries in the region facing similar challenges.

C. JOINT PROGRAMME DESCRIPTION

1. Baseline and Situation Analysis

1.1 Problem statement

The Democratic Republic of São Tomé and Principe (STP) is a small island low-middle income economy with an estimated population of 201,784 (INE, 2018). The country is divided into six districts and the Autonomous Region of Principle. Gross domestic product (GDP) has grown at an average rate of 4.5% between 2009 to 2017. Despite this robust GDP growth, reduction in poverty rates has been dismal. The last published household survey in 2010, found that two-thirds of the population were moderately poor (using a poverty line of US$3.10) and one-third were living on less than US$1.90 PPP/day (global extreme poverty line). Moreover, the rate of unemployment amongst youth are high and employment opportunities are limited. The unemployment rate for those 15 years and over is 13.6 percent (9.3 percent for men and 19.7 percent for women). Women also have a much lower rate of participation in the labor market. Unemployment is higher amongst youth (23 percent, almost twice the national average) and in urban areas. The country's labor market is unable to absorb educated youth with approximately one-third of those with some post-secondary education still living below the poverty line.

The most recent Multiple Overlapping Deprivation Analysis (MODA) showed that children aged 0 to 4 years are the most deprived group among children: 71.9% lack adequate protection, 62.7% lacked adequate sanitation, 49.2% lacked adequate nutrition. Leading causes of these deprivations include high prevalence of communicable diseases and malnutrition caused by poor access to sanitation (due to both cultural practices and lack of sanitation facilities) and inadequate parenting and caring practices. Around 26% of children aged 6 to 8 months do not receive food adequate to their age and 37.7% of children aged 0 to 23 months are not adequately breastfed, with an increasing trend from the poorest quintile (29 percent) to the richest (42 percent). Underlying causes include lack of parents' awareness (frequently associated with low mother's education level), lack of access to quality care (i.e. staff not skilled and services not adequately equipped). Root causes include family poverty, especially for children in rural areas.

A study led by UNICEF has identified early pregnancy as the leading cause of drop out in the largest high schools of the county (87.5% of pregnant girls dropped out of school). The study also shows that most of the cases of early pregnancy are linked to situations of cohabitation or early marriage with older partners. In fact, 27.3 % of girls between 20-24 years old declared having given birth before the age of 18. Girls coming from the poorest households or households where the mother had only completed primary school or less are most exposed to early marriage. Moreover, adolescent girls from poor and rural communities begin their reproductive life much earlier than those from the urban areas. When it comes to schooling, early reproductive life is more prevalent among adolescent girls with primary education (36%) than those with secondary education (12%). In a context of economic and social vulnerabilities, early pregnancy represents a risk factor for overall child health and development and therefore while preventive measures are widespread, support is also needed to accompany young mothers and fathers. Violence against women is also a gender specific factor that needs to be addressed by fostering changes in attitudes and behavior. Overall, 19 percent of women in Sao Tome and Principe feel that a husband/partner is justified in hitting or beating his wife in at least one of the five situations presented: if she goes out without telling him, if she neglects the children, if she argues with him, if she refuses sex with him,

or if she burns the food. Justification in any of the five situations is more present among those living in poorest households, and less educated. Men are less likely to justify violence than women. Overall, 14 percent of men justify wife-beating for any of the same five reasons. Men living in the poorest households are much more likely to agree with one of the five reasons (21 percent) than men living in the richest households (7%). Given this gender specific vulnerabilities, outputs of the JP project will be monitored in a way to ensure disaggregation by gender. The PEP will also develop specific content to tackle this gender-based inequities.

Violence against children is also increasing with a special regard to sexual abuse of minors as well as harsh disciplinary methods. According to MICS, 79.5% of children are victims of psychological and emotional violence as discipline methods and 10% are victims of physical punishment at home, even the youngest children are experiencing violent form of discipline: 67.9% of children aged 1-2 are exposed to violent practices and rates get higher as children get older (82% for children aged 3-4). The most affected are young boys living in poor households with their father either absent or playing a minor role in the family decision making.

To address poverty challenges and improve coverage and coordination across interventions, STP has adopted a National Social Protection Policy and Strategy in early 2014. This strategy aims to establish a social protection system that protects all population, especially poor households and children against shocks and risks, and in turn, contribute to poverty reduction. The Strategy highlights three social protection programmes that would constitute the flagship programmes in the social assistance area: the Social Pension Programme, the Vulnerable Families Program (VFP) (Conditional Cash Transfers – CCT) targeting poor households with working age members and the Labor-Intensive Public Works Programme. Despite foreseeing the introduction of these new programmes, older ones are still being implemented in an uncoordinated manner and without a clear legal framework, for example, the Subsidy to the Unknown as well as the Continuous Subsidy (both pension programs) and the Needy Mothers Programme, with a similar target population than the CCT programme and shall be absorbed by the latter through a recertification process that is currently going on with the support of the World Bank. Also, complementary programmes such as the Parental Education Program (PEP) have being tested and implemented with a view improving the development of vulnerable children by providing parents with tools and knowledge on empowering them as parents as well as how to positively stimulate their children to benefit from the CCT programme.

The Directorate of Social Protection and Solidarity (*Direcção da Protecção Social e da Solidariedade Social*, DPSS) of the Ministry of Labor, Solidarity, Family and Professional qualification (MLSFPQ), is responsible for the overall implementation of this strategy which has five objectives, namely: (i) eliminating extreme poverty through conditional cash transfers and activities promoting human capital development; (ii) developing a robust mandatory contributory social protection system; (iii) promoting employability of vulnerable groups like the youth, women and the disabled; (iv) developing adequate delivery systems for the implementation of social protection programs; and (v) defining adequate coordination mechanisms for the social protection sector. However, existing social protection programmes, particularly those targeted at the most vulnerable (non-contributory social assistance) are underfunded, have low coverage and benefit amounts, and fail to deliver timely and regular transfers to extreme poor populations.

According to the World Bank, the budget allocation in STP for social protection does not provide enough coverage and generosity through the three above-mentioned safety net programmes. In 2016, the country budgeted less than 0.65 percent of the GDP to social

protection and social assistance which is well below the African regional average of 1.2 percent of GDP and is amongst the lowest in the region.

In terms of delivery capacity, DPSS has serious operational constraints which prevent it from effectively implementing, supervising and monitoring the social assistance programmes under their responsibility. In addition to lack of state's financial resources main causes of the ineffectiveness of the social assistance programmes include fragmented project approaches, limited scale of social protection projects, poor coordination among social protection actors and ineffective targeting systems. Hence, capacity building for social protection stakeholders, and especially for those engaging in the social cash transfers, and the strengthening of the social protection system as whole through the development of adequate management and monitoring tools is clearly a policy priority that needs to be urgently addressed.

Two areas of special concern are pre-school education and access to health. Overall, 36 percent of children age 36-59 months are attending an organized early childhood education programme. Boys and girls have similar opportunities, and the level of attendance is comparable in urban and rural areas. There are, however, large differences between children of wealthiest and poorest households (63 and 21 percent respectively), and those whose mothers have secondary education or higher as compared with their less privileged counterparts (52 and 29 percent respectively). Making sure that poor and vulnerable children also have access to early education seems to be one priority for the complementary programmes linked to the CCT programme.

As for access to health care, STP has a good geographical coverage and health services are meant to be free of charge. However, limited human resources for health, reduced availability of affordable drugs, insufficiency of diagnostic tests at a decentralized level and cost of transportation jeopardize the effective affordable access to quality health services for all. A survey on access to drugs in Sao Tome and Principe shows that 49,9% of surveyed population had to take a loan or sell goods to pay for their treatment. National health accounts report a slow but steady increase in the average out of pocket expenditure, with respectively 17.8% in 2012, 14.24% in 2013, 15.04% in 2014 and 16.02% in 2016, with greater negative impact on the poorest segments of the population. Thus, ensuring that the most vulnerable have access to the health system should be one of the priorities of the social protection system in STP.

It is clear from the JP strategy that it builds on the synergies between a monetary-based poverty reduction cash transfer programme to ensure that monetary poor families have access to social services, leading to reduction in inequalities and promoting social cohesion as per the UNDAF outcome and the priorities of the country's social protection policy and strategy. Without these synergies, most likely the implementation of different programmes in isolation would not address the fragmentation that characterizes the social protection system in STP and would not contribute to accelerate the SDGs. Moreover, the JP focuses on integration and coordination to address poverty in its several dimensions, particularly on the aspects highlighted in the situation analysis provided above.

In line with this approach, it is important to bear in mind that poverty is a multidimensional phenomenon that can be characterized not only by lack of income and insufficient consumption level, but also by deprivations in several dimensions including health, education, living standards as captured by the Global Multidimensional Poverty Index and other multidimensional indices. Poverty is also related with lack of voice and participation in decision making process at all levels, from the household to national sectoral policies. Although more difficult to measure, these dimensions also need to be taken into account when designing targeting strategies and identifying the groups more likely to be left behind, to make sure

that the poorest and less empowered do not self-select themselves out of programmes and projects and that they can be consulted and involved in the actual implementation of poverty-reduction projects and strategies.

Paying attention to these groups requires specific measures to ensure that their inclusion in the social protection system and their access to social services are not hindered by social, economic, cultural and psychological barriers for their inclusion in projects. Working with sectoral platforms, and more specifically supporting case management through Parental Education and health personnel trained in the DHIS2 individual tracker module and familiarized with the operation of referral mechanisms across sectors as well as adopting a targeting approach based on empowerment and capacity building is particularly well placed to overcome these intersecting inequalities and ensuring, for example, that the hard to find poor individuals within vulnerable, but not extreme poor households – a category likely to be affected by intersecting inequalities - are also reached by both social protection and social services. For that reason, building a social registry and ensuring its interoperability with the MIS of other sectoral programmes, and not simply a registry of beneficiaries selected through a proxy means test for a specific programme is so important in this strategy.

1.2 Target groups

Following the steps of the LNOB interim guide, which includes the identification and prioritization of those more likely to be left behind through evidence gathering and analysis, the previous sub-section has anticipated some of the findings of the evidence gathering and analysis used to identify the priority groups of the LNOB approach that informs our JP. It has shown that among the poor and vulnerable population, women, children, elderly people, disabled persons and young persons, particularly girls are more at risk of being left behind. As a recap, we have showed that poverty rates are higher for children and for female-headed households and unemployment rates are particularly higher for the youth (23%) and women (19.7%) compared to men (9.3%). Available data shows that children, female-headed households, youth as well as the elderly are among those more vulnerable to poverty. The under-5 are particularly hit by multidimensional poverty at 81% compared to 70% for all children, which calls for an integrated approach to address multiple forms of poverty. In addition, the LNOB priority groups are more likely to have extra difficulties in accessing social services, particularly education and health services.

List of LNOB target groups	Risks associated to LNOB target groups
Women	Unemployment, poor mother's health, discrimination, exposure to domestic violence.
Children	Malnutrition, access to pre-school education, school drop-out and child labour, exposure to domestic violence
Girls	Early marriage, pregnancy, school drop out
Youth	Unemployment; lack of income; exposure to violence.
Persons with disabilities	Adequate health care, discrimination, access to social services, lack of income support and jobs, catastrophic out-of-pocket health expenditures; social exclusion.
Older persons	Lack of income, dependency; social exclusion, access health care; catastrophic out-of-pocket health expenditures.
Others: Families living in extreme poverty	Lack of income; access to jobs; access to health case;

In line with the shared UN system Framework for Action on Leaving No One Behind, the JP focuses on building an effective social protection system that (i) reduces through cash transfers schemes that maintain the right to an adequate standard of living for all and (ii) that ensures support for universal health coverage and universal access to healthcare to prevent catastrophic out-of-pocket expenditures that result from health costs that produce poverty and inequality. Actually, the development of linkages between the social registry and the health sector DHIS2 individual tracker and promoting capacity building for the health sector personnel to use it the individual tracker for case management, will allow a more comprehensive approach than just implementing the cash transfers and the health package in isolation or simply targeting the same area with both programs but without programmatic coordination.

In addition, the JP also adds a component of parental education so that causes of deprivation among children that go beyond monetary poverty and lack of access to health services as discussed in the previous section are also addressed. Dissemination of information as well as training on referral mechanisms across relevant sectoral platforms will also be an important component of the Parental Education component and it is likely to generate further synergies to address the multiple deprivations faced by the target groups, particularly children and teenager girls. Although the strategy is built on the SR to help identifying the poor and the vulnerable, it also acknowledges that the LNOB target groups face intersecting inequities so that they can be poor even when living in non-poor households. The capacity strengthening of the sectoral platforms will ensure that the skills they develop can also be applied for those not covered in the SR, but who need similar support to that provided to poor and vulnerable families included in the SR.

The JP will ensure that the target groups will have their (human) rights respected and will ensure that the legislation to be developed to inform the SR as well as the cash transfer mechanisms reflects the international commitments of the country, which for the LNOB target groups in the context of São Tomé and Principe, includes the following:

(i) the article 22 of the Universal Declaration of Human Rights that states that all members of society have the right to social security and is entitled to its realization; in addition, 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. It also states that motherhood and childhood are entitled to special care and assistance. Finally, it also states that everyone has the right to education.
(ii) Article 9 of the International Covenant on Economic, Social and Cultural Rights – ICESCR further states the right to social security and article 10 highlights that protection and assistance should be given to families, particularly while it is responsible for care and education of dependent children and special protection should be offered to women before and after pregnancy.
(iii) Article 26 of the Convention on the Rights of Children recognizes for every child the right to benefit from social security and signatories of the Convention shall take the necessary measures to achieve the full realization of this right in accordance with their national law.
(iv) Article 11 of the Convention on the Elimination of All Forms of Discrimination Against Women - CEDAW states that state parties should take all appropriate measures to eliminate discrimination between men and women to ensure the same rights to social security, particularly in cases of retirement, unemployment, sickness, invalidity and old age and other incapacity to work, as well as the right to paid leave.
(v) Article 28 of the Convention on the Rights of the persons with Disability states that State Parties recognize the right of persons with disabilities to social protection and shall take appropriate steps to safeguard and promote the realization of this right, including measures

To ensure access by persons with disabilities, in particular women and girls with disabilities and older persons with disabilities, to social protection programmes and poverty reduction programmes.
(vi) ILO convention 102 establishes the nine branches that a complete social security system should covered, of interest in the case of the Joint Programme target groups are the family/child benefits and elderly pension and disability-related support.
(vii) Finally, ILO 202 recommendation on Social Protection Floors (SPF) emphasizes many components of the JP, not only in terms of income security for children and older persons, but also due to its commitment to essential health care and support to the working age population. Its principle of non-discrimination, including gender equality, transparency, ensuring rights and dignity, the important to have quality delivery and large coverage are essential aspects to the JP. The SPF approach aims to fill in the gaps so that no one is left behind as well as boost policy coherence to avoid fragmentation.

1.3 SDG targets

According to the World Bank, São Tome and Principe human development outcomes has improved in the past years and the country has shown a better performance than the Sub-Saharan Africa average according to the 2015 UNDP Human Development Index, ranking 142 out of 188 countries and territories. STP has made good progress on key indicators such as gross primary school enrollment, under-five mortality and access to improved water source and electricity. In addition, the country met five of the Millennium Development Goals (MDGs) by 2015 and is on track to achieve the Sustainable Development Goals (SDGs) related to hunger and nutrition, healthy lives and equitable access to education by 2030, but not on SDG related to poverty eradication, where social protection coverage is one of the key targets.

It is important to bear in mind that the government of Sao Tome and Principe had decided to prioritize 8 out of the 17 goals, and 115 indicators were identified to monitor their achievement. At present, three UN Agencies (UNDP, UNICEF and UNFPA) are directly carrying out a series of activities with the National Directorate of Planning - DNP and the National Statistics Institute - INE, to ensure the follow-up to the SDGs, to set the different goals and thus to respond to the recommendations. To that effect, INE has already elaborated a diagnostics document where it defined all Indicators by levels (I; II and III). The National Directorate of Planning, the national institution that has the leadership of the SDG process, is organizing workshops with the different sectors involved in the production of indicators to define their national targets. At the moment over 50% of the indicator targets have already been set. In the first quarter of 2020, the country will release the results of MICS 2019, which represents a quintessential source for evaluating and measuring indicator targets, particularly for updating the JP baseline.

As acknowledged in the interim report on the LNOB, "social protection systems are at the heart of ensuring that no one is left behind". On one hand, the social protection, particularly social protection floors, are likely impact on multiple SDGs. The floor is based on the idea that everyone should enjoy at least basic income security enough to live, guaranteed through transfers in cash or in kind, such as but not limited to pensions for the elderly and persons with disabilities, child benefits and universal health coverage. On the other hand, it can be combined with other areas by using the same registries or ensuring their interoperability so that beyond income security (cash transfers) other social sector services can also be streamlined to the LNOB target groups and at the same time support the monitoring of relevant indicators as well as SDG progress. Sometimes referred to as cash plus, these complementary interventions can create synergies and accelerate the SDGs that are either directly or indirectly affected by cash transfers programmes grounded into social protection

systems, i.e., not short-term and with a clear and rights-based legislation to support this implementation and scaling up at national level.

As seen in the previous sub-sections, the proposed JP is informed by evidence provided by the review of government policy documents, qualitative evaluations of previous interventions and analysis of household surveys. These surveys have allowed us to assess the deprivations that affect different segments of the population and identify those who are more likely to be left behind as seen in the previous sections. As already mentioned, women, children, girls, the elderly and the disabled are key groups among them. However, data from surveys are unlikely to be suitable to monitor and inform stakeholders on the progress towards achieving the SDGs at shorter intervals such as the one covered by the JP (2 years). This limitation is particularly serious at the subnational levels and for specific groups among those most likely to be left behind, who are precisely those groups meant to be prioritized for inclusion in social protection programmes and have facilitated access to social services. To overcome this bottleneck, the JP intends to support the development of administrative databases and monitoring and information systems such as the Social Registry, the DHIS2 with an individual tracker module (https://docs.dhis2.org/2.24/en/user/html/ch27.html) and the MIS of different sectoral programmes such as the Parental Education Programme. The DHIS2 and the MIS of Parental Education collect a richer set of information than those usually available in social registries and therefore are extremely relevant to monitor the progress of key outcomes such as social protection coverage, access to social services, and relevant health and nutrition indicators. Monitoring reports produced by the MISs, including indicators from beneficiary grievance mechanisms, are also a key input to ensure accountability and meaningful participation, the latter two being another dimension of the LNOB approach adopted in the JP.
Therefore, in supporting the implementation of the Social Registry and its interoperability with programme and sector-specific MISs, the JP will foster intersectoral coordination as well as accountability and meaningful participation with the potential to contribute to the achievement of a broader set of SDG indicators and curb intersecting inequalities. Gender disaggregated data will be used to support the effective development of the full fledge Joint Programme capable of supporting both the acceleration and monitoring of some key SDG targets related to social protection and access to social services, particularly health and education, as detailed below.

i. **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.

   Baseline data: administrative information from the DPPS shows that 850 households are covered by non-contributory social protection. Use of the registry of beneficiaries of different non-contributory programmes as well as of the social registry for the whole poor and vulnerable population will allow to have estimates of overall coverage of social protection on the 3 districts covered by the programme at the end of the JP. Integration with the WB supported Vulnerable Family programme in other districts and the use of its proxy means of the VUF beneficiary will allow for extrapolation to the whole country before the programme is scaled up. The indicators shall be disaggregated by the sex of the female headed households as well as overall coverage of women and girls, people with disability and elderly among beneficiaries.

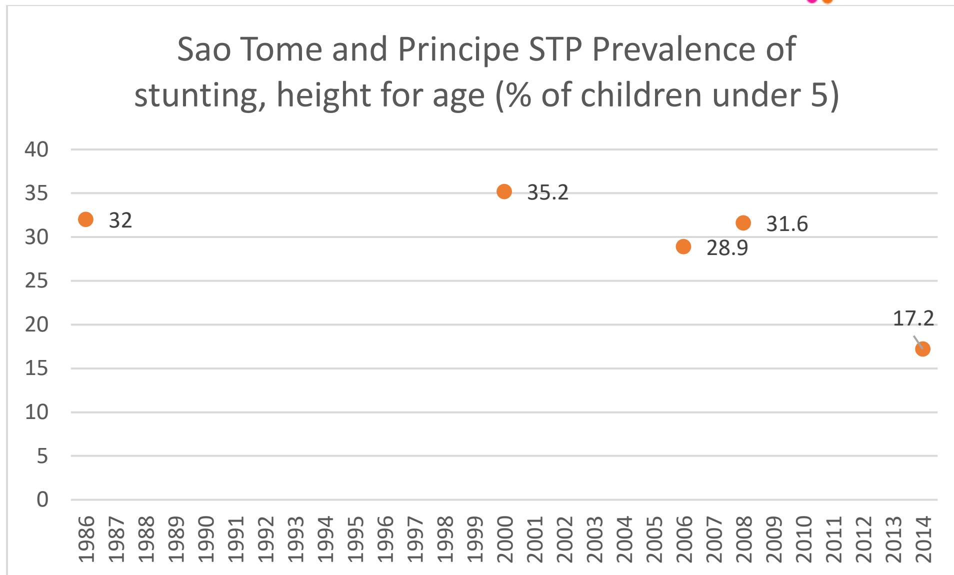
Current trends show that the current coverage of this indicator for the overall country is approximately 30% and it is expected to reach 92%. However estimates are due to be updated when new poverty figures are released later this year.

District	Extreme poor (hh)	Currently benefiting (hh)	Coverage 2019 (%)	#Beneficiary 2022 (hh)	coverage (%) 2022
Agua Grande	1,207	112	9%	1,042	86%
Mé-Zochi	483	113	23%	428	89%
Cantagalo	106	180	170%	180	170%
Caué	107	80	75%	103	96%
Lemba	379	159	42%	346	91%
Lobata	358	174	49%	330	92%
RAP	160	32	20%	141	88%
TOTAL	2,801	850	30%	2,570	92%

Source: World Bank (2019)

ii. **SDG target 2.2** By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons.

Baseline data from the 2014 MICS show that 26% of the children in the poorest wealth quintile are stunted compared to 8% on the richest wealth quintile and 17.2% (see graph below) for the overall sample. Hence, the data for the poorest quintile is actually closer to the average observed back in 2006. Data from the most recent MICS when available will be used to update this baseline. To track progress both the DHIS 2 individual tracker and child growth and development module as well as from the social registry will be used to monitor progress of children benefiting from the JP interventions. It is expected that by 2022 the downward trend observed from 2008 and 2014 will continue (to be confirmed by the 2019 MICS) and that the lowest quintile will be closer to the 2014 average than the 2006 average as observed in 2014.



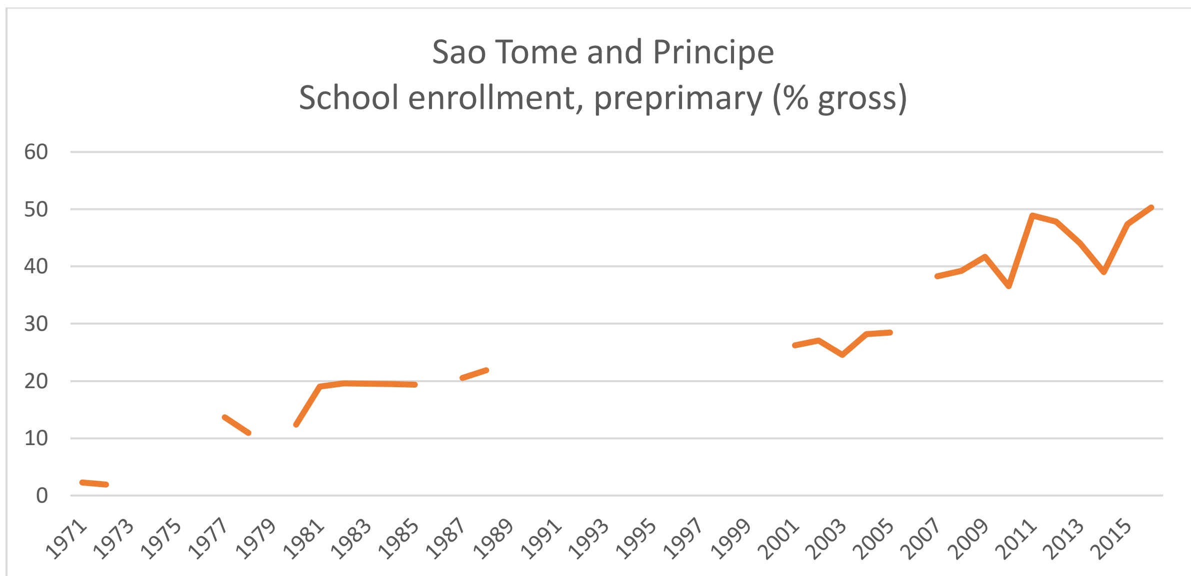
Source: World Development Indicator

iii. **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.
Indicator 3.8.1 indicator for health service coverage - defined as people receiving the service they need - is the best way to track progress in providing services under universal health coverage (UHC).
Since a single health service indicator does not suffice for monitoring UHC, an index is constructed from 14 tracer indicators of interventions that includes reproductive, maternal, newborn and child health, infectious diseases, non-communicable diseases and service capacity and access, among the general and the most disadvantaged population. In Sao Tome and Principe baseline data available for the tracers have been set jointly with the expected progress for the cases where time series trends for the past 10 to 20 years could be calculated. Progresses made in these indicators should be accelerated by the complementarities and synergies proposed in the JP activities which will not just improve health services but also their financial access as well as the health awareness, health education as well as demand of the beneficiaries with the hope that these complementary interventions will have a synergistic effect on many the relevant indicators. Given the components of the JP, we propose to use a proxy of six tracers rather than the 14 proposed as per the table below

INDICATORS	CURRENT / BASELINE DATA	PROGRESS (2022)
SRMNAH		
Prevalence of *contraceptive* *(Percentage of women of reproductive age (15–49 years) who are married or inunion who have their need for family planning satisfied with modern methods)*	40.6 (2014)	44,6
Child treatment (Percentage of children under 5 years of age with suspected pneumonia taken to an appropriate health facility or provider)	47,6 (2014)	84.6

Infectious Diseases		
TB treatment (*Percentage of incidence TB cases that are detected and successfully treated*)	**78** (2016)	80
Malaria Prevention (*Percentage of population in malaria-endemic areas who slept under an ITN the previous night*)	**62** (2009)	80
Non communicable diseases		
HTA prevention *(Age-standardized prevalence of normal blood pressure among adults aged 18+*)	61% (STEPS 2009)	**NA**
Diabetes prevention (*Age-standardized mean fasting plasma glucose for adults aged 25 years and older*)	**6,5% of the population with glucose >110mg/dl- (2009)**	**NA**

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.
Baseline data from the 2014 MICS show that only 21% of the children in the poorest wealth quintile attend an organized early childhood education programme (care and pre-primary education) compared to 62% for the richest wealth quintile and 50% for the overall population. The Social Registry and the MIS of the Parental Education Programme of the JP will be used to monitor this indicator jointly with population estimates for the relevant age over the duration of the JP. Disaggregated data for boys and girls will be used to track any gender-based differences.
As per current extrapolation of trends, after an acceleration between 2001 and 2011, it seems that the indicator has reached a plateau in the in the recent years. The JP is expected to resume the upward trend observed during the 2000's.



Souce: Word Development Indicator

iv. **SDG target 16.2** End abuse, exploitation, trafficking and all forms of violence against and torture of children.

In the absence of official baseline data for the younger children (official baseline focuses on young people between 18 to 29 years old), the social registry and the MIS of the Parental education programme will be used to develop a proxy baseline and to monitor progress until the end of the JP.

The 2014 latest MICS show that 80% of children between 1 and 14 years old have been subjected to psychological of physical punishment in the past 30 days. As per trend extrapolation, the evaluation of the pilot Parental Education Programme has showed that 46% of the parents attending the programme have said they do not use violent methods to punish their children. This result is reassuring that the MICS indicator can be meaningful reduced. Moreover, the cash transfer is likely to decrease tension within the household and improve the overall psychological well-being of the family, also reducing potential sources of violence against children.

It is important to notice that the different interventions of the JP do not operate in isolation. Their joint implementation intends to generate synergies through which the increase in coverage of the social protection programmes produces a direct effect on other SDG related targets such as nutrition, but its linkage with access to health package ensured through the interlinkages of the SR and programmes' MIS (DHIS 2 with individual tracker) will allow it to have also a synergistic effect on nutrition that is higher than the impact of each stand-alone programme and through this process accelerate the achievement of the SDGs. The same process is expected to operate with regards to early childhood development, a dimension in which the Parental Education component of the JP is expected to magnify the effect of cash transfers on younger children, particularly on the demand for pre-school.

1.4 Stakeholder mapping

Name of Stakeholder Group	Functions, characteristics and roles	Position related to the problem		Implication for Design and Implementation Stages
		Positive aspects	Negative aspects	
National Social Protection Council (CNPS)	- Social protection coordination institution created by Law 07/2004, under the presidency of MLSQF	Coordination mechanism at the Policy level.	It hasn't been operational for many years, but it has resumed regular meetings recently.	- Overall coordination and oversight of JP. - Validation of legal and policy framework - Advocacy - Institutional and political anchoring of the project
Ministry of Labour	- In charge of design and implementation of social protection programmes (e.g. contributory and non-contributory)	- Strong political leadership - National and local entities - Management of existing social programmes	- Lack of human and materials resource - Limited technical capacities of staff - Limited capacity in leadership - Lack of presence in some districts.	- Lead government partner in the implementation of the JP - Consultation in the design and implementation of the JP
Social Protection and Solidarity Directorate (DPSS)	- Design of social assistance programmes - Implementation of social protection programs - Secretariat of the CNPS	- National and local entities - Management of existing social assistance programs - Involved in the implementation of Vulnerable Family Programme (supported by the WB)	- Lack of human and materials resource - Limited technical capacities of staff - Limited capacity in leadership - Lack of presence in some districts.	- Consultation in the design of the JP - Management of the Social Registry - Involvement in the implementation of PEP and Youth entrepreneurship

		- Experience with providing support to vulnerable families, including PEP (supported by PEP)		
UN Agencies	Technical and financial assistance to the Country	- Implementing interventions that contribute to the JP. - Existence of the UNCT and Social Cohesion thematic group as part of the UNDAF. - Capacity to mobilize human resources within the system at local, regional and global level - Good relations with national counterparts - Capacity to leverage support from other partners	- Reduced number of staff in the PUNOs. - Limited existent resources to support scale up JP - Limited experience in JP	- Design of the JP - Technical Assistance for the implementation of the JP using regional and global support - Mobilization of funds for scaling up and out.
World Bank	Technical and financial assistance to the Country in the area of social protection	- Support the implementation of the Cash Transfer program - Interest to collaborate with the JP - Capacity to mobilize resources	- Social protection experts are not present in the country (based in Mozambique) - Risk of duplicating structures in the management of the cash transfer (creation of unit management outside the Ministry responsible for the programme). - Limited transfer of knowledge from	- Consultation in the design of the JP - Collaboration in the implementation of the JP - Collaboration in the monitoring of the JP

			external consultants to ministry staff.	
Vulnerable population	- Multiple vulnerabilities - Exclusion from social protection programmes (low coverage of SP programmes) - Social excluded: lack of participation and voice	- Social protection intervention have started being implemented, increasing awareness of the importance of social protection programs - Some vulnerable population are already covered by social protection programs	Lack of community-based and collective organizations that include the vulnerable. Reliance on short term development projects.	- View of beneficiaries from previous interventions to inform the design - Participate in the Local Committee for the implementation of the JP - Participate in the monitoring of the JP
Ministries of Health and education	- Ministries responsible to implement sectoral policies	- Coordinate the provision of health services, - Committed to the implementation of the DHIS2 and the CSU. - Coordinate the provision of school, including child education and inclusive education	Lack of human resources at the district level (health and education) Differences in the quality of services across districts and departments.	- Consultation in the design of the JP - Involved in the implementation of the individual tracking module of the DHIS2 - provide health services to the beneficiaries - Involved in the implementation of PEP
Ministry of Youth, Sport and Entrepreneurship	- Ministry responsible for youth policy	-key partner in the ongoing social entrepreneurship programme	Lack of human and financial resources Limited infrastructure Not part of the social protection council.	Support the implementation of civic engagement in the social sector.

Institute of Youth	- Main government body responsible for youth policy	- Key national partner on youth engagement	Lack of human and financial resources Limited infrastructure	Support the implementation of civic engagement
National Youth Council	- National Platform of local Youth NGO	- Key partner on youth mobilization an involvement	Lack of human and financial resources	Support the implementation of youth mobilization
Directorate of Entrepreneurship	- Main government body responsible for youth entrepreneurship policy	- Partner in the ongoing social entrepreneurship programme	Lack of human and financial resources Limited infrastructure	Support the implementation of youth entrepreneurship program

2. Programme Strategy

2.1. Overall strategy

Introduction

The Joint Programme will be implemented under the leadership of MLSFPQ in close collaboration with the RCO. A coordination committee for the final design and implementation of the Joint Programme will be formed bringing together different ministries and UN agencies involved in the Joint Programme and will be headed jointly by MLSFPQ and RCO. It is important to highlight that the strong relationship between the UN system and the government allows the UN to propose innovative projects such as this Joint Programme. In addition, it is structured around government-led interventions that are already supported by the PUNOs. For instance, the parental education programme supported by UNICEF or the implementation of the DHIS2 supported by UNDP and the development of a universal health coverage system supported WHO and ILO. The catalytic factor highlighted in this innovative Joint Programme is to ensure through the consolidation and use of the SR, that these interventions have synergistic effects by contributing to the scaling up of social protection programmes in the country and ensuring access to social services to their beneficiaries, largely made up of groups that are most likely to be left behind. Based on the interdependency of the SDGs, the Joint Programme through the integrated management tools (SR, DHIS 2 with individual tracker and sectoral MISs) and coordination mechanisms will ensure that interventions are self-reinforcing and lead to better and more sustainable results than when implemented in isolation.

Design and implementation of the social registry building on the World Bank support to the Ministry of Labor, Solidarity, Family and Professional qualification (MLSFPQ)

In collaboration with the World Bank, the overall strategy of the Joint Program will consist of supporting the implementation of an Integrated Social Registry as a common gateway for coordinating registration and eligibility processes for multiple social protection programmes including the VFP (CCT programme) and the revision of the Social Pension programme. Especially, the JP will support the phase of outreach, intake and registration, and assessment of needs and conditions to determine potential eligibility for the inclusion in selected social protection programs. The partners responsible for the social protection programmes will then be supported to make enrolment decisions and provide benefits and services to beneficiaries, taking into account the information provided by the Social Registry. The questionnaire for the

intake and registration phase will gather relevant information needed to determine potential eligibility for social programmes, especially information on categorical variables (age, gender, household composition, disability status) and socio-economic factors (incomes, employment, property, assets, education, health etc). In collaboration with all the stakeholders, a periodicity for updating the social registry will be established since the socioeconomic situation of individuals and households change over time. Information regarding the household demographics (birth and death, ageing); their location and addresses; economic status, employment status; educational status; health events, conditions, and expenses; housing and assets; and other factors will be collected through the SR. Interoperability between the Social Registry and other information systems in the social protection sphere (e.g., pension and labor information systems) as well as administrative information system will help coordinate universal coverage of the broader social protection system across the spectrum of the population

In addition, the Social Registry will be supported by a policy and legal framework that should make explicit the roles and responsibilities of different actors, the purpose and use of the SR, rules governing the use of the information provided, the rights and obligations of the population providing information, including data privacy, data exchange procedures and control mechanisms. Key principles for personal data protection that are critical for the social registry include: Consent; Use and proportionality; Data quality; Confidentiality and safety safeguards; Responsible transmission and data sharing; Right to access, correct, and oppose data; Accountability. An assessment of the current legal framework for database management will be conducted and a specific legal framework for the social registry will be develop and submitted for validation by the National Social protection Council (CNPS).

On the reform and scaling up of cash transfers, the JP will support an assessment of the design options of the social pension scheme looking at adequacy of benefit; coverage (Legal and effective); financial and economic sustainability; Incentives; adaptability of the scheme and gender. It will also develop new tools, procedures to support the case management and propose some reforms and develop linkages between the social pension and the social registry.

Linkages with health sector and interoperability with social registry, universal health coverage and DHIS2 individual tracker

On the linkages with the health sector, the JP will support the piloting of health coverage systems at District level to improve access to health care for the vulnerable population identified through the social registry and for which jeopardized access to health is confirmed by DHIS2. A benefit package to cover essential health services will be developed, a beneficiary

card given to targeted vulnerable population and models of payment for services delivered (capitation or insurance mechanism) will be tested in each target district to allow the study and identification of most adequate health security model to be implemented nationwide.

Linkages and interoperability with parental education and education

The parental education programme component aims at complementing the World Bank led cash transfer intervention and the strengthening of the social protection systems with the development of parental education services. The JP will allow to further define the parenting education strategy and interventions in Sao Tome e Principe making it not only a complementary measure to existing cash transfers but also a strong national programme for all caregivers. UNICEF will lead the system strengthening for delivery of parental education programme coordinating the professionalization of workforce across main services platforms including health, education, social services and youth services. During the first year of implementation, the programme will allow to further strengthen skills for 100% of front line works across platforms in the three focus districts. It will expand the use of the parental education material and strategy to the health professionals who are on the frontline with regards to contact with pregnant girls and women and in the critical phase of the first 1000 days of life of children. Cascade trainings focus groups and strong supervision and coaching will allow the programme to be delivered to the most in need with a life cycle approach and with a special focus on gender. Consequently, professionals and educators from the social services and preschool education platforms will also be trained to deliver parental education content to vulnerable caregivers, in line with the information provided by the SR, the DHIS2 individual tracker. The JP fund will allow to introduce elements of innovation including digitalized material for real time monitoring and coaching of professionals, sms based system for sensitization of parents on key parenting tips and attitudes and free of charge application with up to date and culturally sensitive information on parenting, alternative disciplinary methods and caregiving.

Youth engagement and Parental education

Taking into consideration the systemic lack of human resources (both specialized and para-professionals), UNICEF and UNDP in agreement with Ministry of Social Affairs, agreed to build capacities of young people in the three districts and engage to support the delivery of the parenting education programmed and potentially link them with the collection of information to the social registry. The output on social services, social registry and on youth engagement are in fact particularly interlinked. Thus the JP will allow to further empower young people as game changer and actors of change for most vulnerable families. They will join front line workers and support them for the delivery of parental education programme, following

extensive training and coaching on the programme and promoting their role through shadowing of professionals across platforms with a special focus on social services. Their participation into these activities is similar to civil service, but the cost of opportunity of their time will be covered, even if it does not quality as a “work programme” for youth.

Scenario from 2022 onwards

It is expected that after the JP implementation the Single Registry and its interoperability features, including the adoption of a unique identification number for all STP citizens, will become the key management tool to support coordinated multisectoral strategies for extreme poverty eradication, social protection expansion and tailored delivery of social services beyoin. Improvements in coordination and integration through the Social Registry will contribute to several SDGs, hence increasing both scope and scale. Integration and coordination of social protection programmes and sectoral programmes through the interoperability of the SR and different MIS will generate positive synergies and unleash a demonstration effect to convince other relevant sectors to use the SR for programming. Such integration will allow the acceleration of SDGs 1, 2, 3, 4, 8 and 10.
In the conventional approach all programmes have been implemented in isolation, targeting, in principle, the same population but without effective and efficient targeting and coordination tools that would reduce programme costs and boost synergies across programmes. Even the current beneficiary registry being update by the World Bank fails to include relevant information for other social sector programmes (e.g. presence of disabled person, information on supply side: school and health centres) something that the unified Social Registry will address.

2.2 Theory of Change

The ToC for the SDG acceleration is based on the integration and coordination of different interventions currently taken place (or planned to take place) as part of the implementation of STP Social Protection Policy and Strategy and of specific sectoral policies in a standalone manner. The main tool to enable the integration and coordination process is a common database, the SR, that will help identify vulnerable families that will have priority access to both social protection programmes, particularly cash transfers, and social services. In the absence of coordination and integrating tools such as the SR, the DHIS2 with individual trackers and the MIS of different programme as well as trained personnel to operate referral mechanisms, the programmes would fail to create the synergies necessary to accelerate the SDGs.

STP Social Protection Policy and Strategy main goal is the eradication of extreme poverty through cash transfers and access to basic services that will both improve human capital and enable breaking the intergenerational cycle of poverty. However, the country faces major challenges related to the weak capacity to deliver both cash transfers and basic services, to target the vulnerable and the extreme poor and to monitor the implementation of the strategy through the indicators and targets that have been put forward by the strategy, but also by the SDGs (e.g. increase social protection coverage, reduction in malnutrition, increase in pre-primary education coverage).

The business as usual approach in which sectoral policies are implemented without coordination and common tools to target those more likely to be left behind would not be able to deliver the expected results foreseen in the social protection strategy and in the SDG commitments. Those who are more likely to be left behind are, at the same time, those most likely to be eligible and benefit the most from social protection and more in need to access to social services, therefore reaching out this group in an coordinated manner and with multiple interventions is the only way to ensure SDG acceleration.

The DPSS with support from the WB has recently updated the information of all beneficiary of the cash transfer for vulnerable children (vulnerable mothers) and has shown that there are important gaps in the cash transfer coverage of the extreme poor population in all districts. Under the leadership of the MLSFPQ and oversight of the Social Protection National Council, the Joint Programme intends to cover this gap and ensure that all vulnerable and extreme poor families in the three selected districts are covered by the SR and linked with parental education, a basic health package and to health and nutrition monitoring interventions, these interventions will also include skills development for local youth in the social sector and the personnel of the sectoral platforms, particularly on health and education.

Through the coordination and integration of programmes, the JP seeks to change the status quo and allow a process in which beneficiary of social protection programmes and clearly identified by a process that respects their dignity and rights and at the same time ensure that they will have access to the social services they need. Case management will allow to closely follow beneficiary and allow them to vocalize their concerns through adequate grievance mechanisms.

The main assumptions underlying the ToC are:

(i) implementation of the SR will correctly identify the extreme poor in each district;

(ii) knowledge acquired by trainers are passed to parents who change practices and behavior in relation to children;
(iii) youth people acquire the competencies to work on parental education;
(iv) health sector is capable to responding to the results of the monitoring of the health and nutritional status of the target population;
(v) interventions are delivered in a coordinated and timely manner.

Evidence from the monitoring of the Joint Programme, including those emerging from participatory approaches involving consultations with stakeholders as well as beneficiary of the interventions will help to verify whether the key assumptions of the ToC hold. Special care should be taken to allow the concerns from those most likely to be left behind and affected by intersecting inequalities, particularly women, to voice their concerns through the grievance mechanisms and/or monitoring tools. The TOC will be regularly updated and adapted to support and improve the implementation of the Joint Programme. As part of this process actions to minimize the risk that final outcomes are not achieved will be taken.

2.3 Expected results and impact

The outcome of the JP is the same as of the UNDAF component that focus on social cohesion and states that:" 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".

The four outputs of the JP aim to address the specific objectives put forward in the STP social protection policy and strategy which focuses on coordination and monitoring tools to allow the expansion of social protection programmes and in doing so also addressing related objectives such as providing new skills to young people from vulnerable families.

Output 1.1: Target vulnerable population is mobilized, informed and registered in the Social Registry in three districts. Main PUNO: ILO in close coordination with World Bank.

Output 1.2: Individual data of targeted vulnerable population in the Social Registry are monitored through DHIS2. Main PUNO: UNDP in close coordination with ILO and WHO.

Output 1.3: access of targeted vulnerable households in the Social Registry to social services, including parental education and health services, is boosted. Main PUNO: UNICEF in close coordination with ILO, WHO and UNDP.

Output 1.4: Young people capacity to support the provision of social services across different sectors is developed. Main PUNO: UNDP in close coordination with UNICEF and ILO.

The outputs in the JP are interconnected. Registering all the poor and vulnerable population on the social registry will allow the DPSS to overcome the limitations of the current registry of beneficiary that focus only on those demographic groups eligible for the child and extreme poverty centred cash transfer. In order to connect programmes that target different groups and socioeconomic profile among the vulnerable groups the SR need to be much broader in scope – different type of information is required – and in scale – a population larger than the narrowly defined extreme poor need to be incorporated. Connecting the SR information with the DHIS2 individual track and the MIS of the cash transfer programmes and parental education will allow the DPSS to implement both case management and effective referral based on the needs of families and individuals, boosting access of the vulnerable and the poor to social services as described in output 4. Finally, in order to boost the capacity of the system to implement case management in a meaningful way, the youth engagement component will support workers in sectoral platforms in the activities linked to parental education.

All activities listed in the Theory of Change diagram and detailed in the implementation strategy will be delivered through government platform and will ensure that adequate capacity will be built in the different sectors, but particularly in the DPSS. Capacity building in the DPSS is also one of the key interventions of the on current work done by the WB. Thus, the capacity building component led by the JP will have a complementary nature and will benefit from and contribute to the WB intervention.

The main SDG target to be pursued is the increase in the coverage of the social protection programme. In addition, to the increased coverage of the CCT programme, which will be achieved through the WB-supported project, the expansion of the SR and the introduction of adequate legislation will lay the basis of the future expansion of other social protection programmes envisaged in the social protection policy and strategy such as the social pension, but also labor-intensive public works. In addition, the complementary interventions around parenting education, DHIS 2 individual monitoring and the health package will contribute to the social protection strategy objectives, but also to other SDGs as discussed in the SDG target session above. Monitoring indicators will ensure that adequate disaggregation for the LNOB groups, in general, and for women are adequately collected and reported. Specific targets are sed in the Results Framework matrix in the annex. This strong component of capacity building aims to ensure that the government will be able to internalize and scale up the JP interventions. It is expected that by 2022, the coverage of social protection programmes (mostly cash transfers) and its ability to respond to shocks are improved, hence

paving the way for the World Bank and other partners to seriously discuss with the government the possibility of scaling up the cash transfer interventions beyond the narrow focus on the extreme poor. The ILO can also support the movement in the design of a pilot social pension programme that could be progressively expanded to improve the well-being among the elderly as well as to increase coverage of social protection among the LNOB group (SDG 1.3.1 target). In addition, the health and nutrition indicators of beneficiaries monitored by the DHIS2 individual tracker and attending parental education sensitization activities should improve in the medium term, particularly for girls who face the risk of teenage pregnancy, child marriage and school drop out as well as for the under-5 nutritional status and pre-school attendance rates.

The parental education component is expected to address women's empowerment and discuss gender norms, roles and relations. Coupled with a cash transfer scheme that should be paid preferentially to women, such interventions may have a catalytic effect on gender equality. It is also important to sensitize men in relation to these issues, particularly given the relative high rates of domestic violence against women.

The Joint programme is also expected to mitigate the negative effects of economic crisis on the vulnerable and extreme poor household by fostering the development of an infrastructure that will be able to respond to, and even anticipate, negative shocks in a timely manner through adequate social protection mechanisms and access to social services. In addition, the SR will be ready to be used by other programmes, increasing its capacity to mobilize different stakeholders beyond government ministries and the PUNOs already involved in this JP. In particular, the evidence of the JP catalytic effects will leverage financing of the World Bank, that has already strongly supported the current JP given the limitation they face in their current programme to scale up the SR to also cover the vulnerable population, beyond the extreme poor, and other important stakeholders in the country such as the African Development Bank, the European Union and the bilateral cooperation of countries such as Portugal and Luxembourg as well as south-south cooperation with countries such as Brazil and Cape Verde that have developed robust social registries with interoperability features across sectors.

2.4 Financing

Implementation of parallel processes across numerous programmes that aim to support similar population groups can be costly and inefficient, particularly for intake and registration processes. For citizens, navigating this bureaucracy can be frustrating and costly, as they

have to go to multiple different locations to apply for different benefits and services, providing the same information and documentation repeatedly, often with multiple visits. For administrators, fragmentation can result in duplication of processes, inefficiencies, and wasted resources. For government overall, fragmentation reduces capacities for coordination in social policy.

The joint program will address this problem by supporting the implementation of an integrated social registry in three Districts, as a common gateway for vulnerable people to register and be considered for potential inclusion in one or more social programs based on an assessment of their needs and conditions. In addition, the fund will support access to parental education, health and promote youth social entrepreneurship.

For citizens, common intake and registration procedures reduce the burden of having to navigate complex bureaucracies and provide similar information and documentation to apply for eligibility for multiple benefits and services to meet their diverse needs. For "user programs," Integrated Social Registries can generate economies of scale, efficiencies, and savings on administration costs – which can be significant as the processes of registering and determining potential eligibility of individuals or households can be quite costly. Integrated Social Registries can also be used to support planning and costing of interventions, assessing potential demand, monitoring and evaluation, reporting, and other analytics. As such, Integrated Social Registries can become powerful inclusion platforms for delivering a range of services to intended populations.

If vulnerable groups are identified and receive social benefits to mitigate their risk of poverty, then they will be able to reach their full potential and increase their well-being. Some of the expected results from this project include reduced inequalities, better school attendance and decreased drop outs, fewer incidence of disease and lower child and maternal mortality. In addition, young people will have improved access to information and will be better prepared to enter the labor market.

Thus, 24% of the budget will be allocated to the implementation of the social registry in the three districts. This will accelerate progress towards SDG target 1.3 by supporting the extension of social protection program coverage. The achievement of this result is co-financed by ILO (10% of the budget), especially the development of the legal framework for the social registry.
The largest proportion of the budget (41%) is allocated to SDG target 3.8 through the implementation of DHIS 2 and the health coverage of vulnerable households. Through this SDG target, the joint project will contribute to improving people's access to health services and monitoring their status. The achievement of this result is co-financed by ILO, UNDP and

WHO (30% of the budget) especially the development of the DHIS 2 tracker module and the development of the health coverage mechanism at district level.

SDGs 8.3 and 8.6 represent 15% of the budget. It is essentially the implementation of the social entrepreneurship program for young people which should enable them to access to decent work opportunities. This result is co-financed by UNDP (20% of the budget) especially for training of young people and social entrepreneurship mentorship provider.The parental education program will contribute to the achievement of SDG targets 4.2, 4.7, 5.1 and 5.2. 15% of the project budget is allocate to these targets. Institutional capacity building will contribute to achieving SDG target 16.2, which represents 5% of the budget. The achievement of this result is co-financed by UNICEF (37% of the budget) especially for trainings on parental education and updating package and digitalization.

The specific objective 4.3 of the National Social Protection Policy and Strategy is on "ensuring a harmonized system of beneficiary registration", to improve coordination and the effectiveness of social protection programs. The social registry will become a main tool for the National Social Protection Council (CNPS) for operational coordination of social protection programs.

The joint program will build on the World Bank experience in Sao Tomé and Principe, and expand the social registry both geographically within three districts and content wise, including additional vulnerability criteria as per Government orientation. This will generate positive synergies and unleash a demonstration effect to convince other relevant sectors, programs and NGO to use the social registry for programming and registration of beneficiaries.

2.5 Partnerships and stakeholder engagement

The government is the key decision maker and implementer of the National Social Protection strategy with a special focus on the Ministry of Labour but with a cross-sectorial lens. The social registry component as well as the engagement of youth to promote parenting skills fit into the key actions identified in the national strategy while DHIS2 is part of the National Health strategy led by the Ministry of Health. The UN agencies in Sao Tome e Principe are recognized for strongly supporting national ownership and capacity building through direct support to the government for implementation of their programmes. The Ministry of Labor and Social Affairs through DPSS will oversee the identification and training of frontline workers and young people which will be engaged in parenting education activities. The National Institute of Statistics will be leading the social registry process in close collaboration with key

Ministries and building on ongoing support provided by the World Bank. Finally, DHIS2 will rely on existing national health workforce and expertise and allow for mainstreamed process in data collection for improved access to equitable health services.

The National Social Protection Council (CNPS) will be responsible for the overall coordination and oversight of the joint program. Especially, the CNPS will be the institutional and political anchoring of the project, will validate the legal and policy framework of the social registry and make advocacy for its adoption by the government. The DPSS will be in charge of the management of the social registry. The development of the social registry will follow a participatory process including municipalities and representative of target population through the local targeting group for the community selection of vulnerable population. The set of criteria use for the identification of vulnerable population will be improved and validated by the representatives of the different stakeholders. In addition to the social registry, a Grievance mechanism will be developed for continuous feedback between citizens and government/service providers.

The definition and delivery of the basic package of health services will be performed by Ministry of Health staff and insurance mechanisms will be decided jointly through the existing «steering committee for health financing and universal health coverage» that is chaired by the Min of Health and include Min of labour and social affairs, Min of Finance and planning, the National Institute of Social Security, the Federation of National ONGs (FONG). Moreover, the development of the benefit package for the health coverage system will follow a participatory process including focus group with targeted population. The beneficiary eligible will received a health coverage card that will allow them to have access to health care in case of need.

Each of UN agencies involved in the programme design and implementation bring on the table its comparative advantage yet use the Joint Programme opportunity to strengthen collaboration and coherence across interventions. The programme fits perfectly within the ongoing UNDAF yet it incorporates response to new challenges linked to national capacity to respond to the needs of the most vulnerable. Particularly, UNICEF, ILO, UNDP and WHO will join forces to strengthens health and social protection systems with a special focus on empowering young people and vulnerable caregivers. ILO's renewed expertise with social registry in the African Regional and beyond will allow the programme to build on solid design and strategies, UNICEF ongoing experience on parenting education and UNDP experience with young social entrepreneurship will allow to innovate the way key information is shared with caregivers and the way support is provided on a more individualized and responsive way. Finally, WHO will bring in know-how for the setting in of functional and sustainable health data system and support the connection with the social registry.

All UN agencies involved have already been mobilizing their respective HQ and Regional Office to refine the design of the proposal and will continue to mobilize expertise as we move to the micro-planning and implementation phases. When involving HQ and RO expertise, a special focus will be given to areas such as gender, innovation (T4D) and communication in order to activate state of the art strategies and actions across these areas. Regional and Global experts working on the PUNO will be invited to provide inputs for the implementation of the JP and share international experience and best practices on social registries and linking cash transfers with social services provision. South-south learning can be boosted through participation in communities of practices as well as capacity development initiatives within the UN System such as the Transform course and other self-paced courses available in different platforms such as the socialprotection.org and/or tools made available in the ISPA webpage.

Targets group involvement will be critical for all the three components of the joint programme. Communication and dialogue will be key to foster support as well as active participation in the implementation. The micro-planning phase will be essential to gather ideas, discuss risks and refine strategies in close collaboration with communities in the three targeted district. Tools and methodologies will include focus groups, community dialogue and engagement of decentralized decision makers. A clear definition of accountabilities towards results will be key for the success of the intervention and therefore a co-construction of the micri plan at district level will be necessary. The programme will pay particular attention to the involvement of women and other vulnerable groups to make sure their voice is heard and they are empowered throughout the implementation phase.

At the end of Joint Programme it is expected that the Single Registry is fully implemented in three districts with an adequate legal and normative framework; all families benefiting from the Vulnerable Family Programme (cash transfers) or identified as vulnerable in the social registry have had access to parental education as well as improved access to health, nutrition and education (particularly pre-schooling) through sectoral platforms and referral systems and that youth are trained and engaged in supporting the provision of both social protection and social services. The single registry will allow a unique social protection database and platform that can subsequently serve for other partners such as the world bank, the African development bank, the European union to build on and enhance through new and additional social protection projects. Health data provided by the DHIS2, supplemented by vulnerability data provided by the social registry will provide the necessary evidence for any partners to further invest in improving health or social protection outcomes through systems and procedures of which efficacy will already have been tested by this program. As an example, the European union is one of the leader of the Universal Health Coverage partnership that

mobilize partners worldwide to invest in projects that can enhance access to affordable and quality health services for all. The health and social protection platform developed through this project could therefore easily leverage additional investments in universal health coverage by the UHC partnership through the EU or others. This approach will allow to accelerate the country's path towards reaching the SDGs focusing on those most likely to be left behind.

In addition, at the end of the JP programme, the SR will be ready to be used by other programmes, increasing its capacity to mobilize different stakeholders beyond government ministries and the PUNOs already involved in this JP. In particular, the evidence of the JP catalytic effects will leverage financing of the World Bank, that has already strongly supported the current JP given the limitation they face in their current programme to scale up the SR to also cover the vulnerable population, beyond the extreme poor, and other important stakeholders in the country such as the African Development Bank, the European Union and the bilateral cooperation of countries such as Portugal and Luxembourg as well as south-south cooperation with countries such as Brazil and Cape Verde that have developed robust social registries with interoperability features across sectors.

3. Programme implementation

3.1 Governance and implementation arrangements

The implementation of this project is framed in the UNDAF 2017-2021 implementation strategy which consists in reinforcing the United Nations contribution to the implementation of the STP-2030 Transformation Agenda and sectoral plans and policies and in consolidating the gains from interventions. The rationalization of the use of financial resources will be ensured through the establishment and implementation of SOPs and the sharing of resources in different UN system programmes and the optimization of common banking and service provision:

- Coordination will be ensured through the existing mechanism within the SNU which is supported by the Resident Coordinator's Office and organized around the Steering Committee; UNCT, PMT; The Social Cohesion Thematic Groups, WTO and UNCG;

- Under this project, ILO in coordination and consultation with WHO will provide technical support to the Ministry of Health in defining the basic package of services tailored to different identified vulnerable families and will ensure the monitoring and evaluation of the quality of

services provided. It will also provide technical support in defining the insurance mechanisms to be adopted.

-The steering committee led by the Ministry of Health and composed of representatives of the Ministry in charge of social protection, the Ministry of Finance and planning and representatives of users (vulnerable families) will lead the implementation process and the results of this project;

-The Health Care Directorate will ensure the coordination, monitoring and reporting of basic health package care delivery by health facilities (health posts and centers in the affected districts, hospitals) and services.

- Health facilities (health posts and health centers in the affected districts, hospitals) and services will have the responsibility to provide health care to identified family members, monitor them, keep records and individual dossiers up to date.

Ministry of labor and Ministry of health will work jointly to identify and confirm the vulnerable families and individuals who do not have access to health service without experiencing financial hardship. The Ministry of labor will be in charge of the social registry identifying vulnerable families benefiting from an entire package of support services, including Parental Education. These families access to health care and services will also be monitored through the DHIS 2 social module that will be developed by this project. DHIS2 is the software supporting the new, integrated health system information of the Ministry of Health in Sao Tome. It is currently being instituted in the whole country in replacement of several vertical and diseases/health conditions-based systems that were supported by various donors. This unique and integrated system is currently been developed and expanded in a coordinated manner with the Ministry of Health key donors including the Global fund, UNDP, WHO and GAVI in order to ensure DHIS2 become the unique platform of health information in the whole country and ensure data recorded can better be used to inform Ministry of health policy and planning. The implementation of the integrated information system through DHIS2 is discussed through a steering committee. Through this project a special DHIS2 module will be developed to ensure the Ministry of Health information system can also monitor access to health services for all, and particularly for the most vulnerable people recorded under the social registry. Vulnerable people registered under the social registry will therefore be specially followed and their access to health care and services monitored by the Ministry of Health information system through DHIS2. A health security pilot project will enable them to benefit of a subsidized access to essential health services offered by the National Institute of Social Service, under the Ministry of labor and as co-determined by the steering committee for health financing and universal health coverage chaired by the Ministry of Health with

Ministry of labor and social services, Ministry of finance and their partners. Effective access to health services without financial hardship for these vulnerable people will be studied and monitored by MoH. The study will subsequently serve as a base for the steering committee for health financing and universal health coverage to determine the most effective, cost efficient and sustainable modalities to ensure universal health coverage in Sao Tome and Principe and therefore refine health financing and health services delivery policies and strategies for the whole country.

3.2 Monitoring, reporting, and evaluation

Reporting on the Joint SDG Fund will be results-oriented, and evidence based. Each PUNO will provide the Convening/Lead Agent with the following narrative reports prepared in accordance with instructions and templates developed by the Joint SDG Fund Secretariat:

- *Annual narrative progress reports*, to be provided no later than. one (1) month (31 January) after the end of the calendar year, and must include the result matrix, updated risk log, and anticipated expenditures and results for the next 12-month funding period;
- *Mid-term progress review report* to be submitted halfway through the implementation of Joint Programme[1]; and
- *Final consolidated narrative report*, after the completion of the joint programme, to be provided no later than two (2) months after the operational closure of the activities of the joint programme.

The Convening/Lead Agent will compile the narrative reports of PUNOs and submit a consolidated report to the Joint SDG Fund Secretariat, through the Resident Coordinator.

The Resident Coordinator will be required to monitor the implementation of the joint programme, with the involvement of Joint SDG Fund Secretariat to which it must submit data and information when requested. As a minimum, joint programmes will prepare, and submit to the Joint SDG Fund Secretariat, 6-months monitoring updates. Additional insights (such as policy papers, value for money analysis, case studies, infographics, blogs) might need to be provided, per request of the Joint SDG Fund Secretariat. Joint programme will allocate resources for monitoring and evaluation in the budget.

[1] This will be the basis for release of funding for the second year of implementation.

Data for all indicators of the results framework will be shared with the Fund Secretariat on a regular basis, to allow the Fund Secretariat to aggregate results at the global level and integrate findings into reporting on progress of the Joint SDG Fund.

PUNOs will be required to include information on complementary funding received from other sources (both UN cost sharing, and external sources of funding) for the activities supported by the Fund, including in kind contributions and/or South-South Cooperation initiatives, in the reporting done throughout the year.

PUNOs at Headquarters level shall provide the Administrative Agent with the following statements and reports prepared in accordance with its accounting and reporting procedures, consolidate the financial reports, as follows:

- Annual financial reports as of 31st December each year with respect to the funds disbursed to it from the Joint SDG Fund Account, to be provided no later than four months after the end of the applicable reporting period; and
- A final financial report, after the completion of the activities financed by the Joint SDG Fund and including the final year of the activities, to be provided no later than 30 April of the year following the operational closing of the project activities.

In addition, regular updates on financial delivery might need to be provided, per request of the Fund Secretariat.

After competition of a joint programmes, a final, *independent and gender-responsive*[2] *evaluation* will be organized by the Resident Coordinator. The cost needs to be budgeted, and in case there are no remaining funds at the end of the joint programme, it will be the responsibility of PUNOs to pay for the final, independent evaluation from their own resources.

3.3 Accountability, financial management, and public disclosure

The Joint Programme will be using a pass-through fund management modality where UNDP Multi-Partner Trust Fund Office will act as the Administrative Agent (AA) under which the funds will be channeled for the Joint Programme through the AA. Each Participating UN

[2] How to manage a gender responsive evaluation, Evaluation handbook, UN Women, 2015

Organization receiving funds through the pass-through has signed a standard Memorandum of Understanding with the AA.

Each Participating UN Organization (PUNO) shall assume full programmatic and financial accountability for the funds disbursed to it by the Administrative Agent of the Joint SDG Fund (Multi-Partner Trust Fund Office). Such funds will be administered by each UN Agency, Fund, and Programme in accordance with its own regulations, rules, directives and procedures. Each PUNO shall establish a separate ledger account for the receipt and administration of the funds disbursed to it by the Administrative Agent.

Indirect costs of the Participating Organizations recovered through programme support costs will be 7%. All other costs incurred by each PUNO in carrying out the activities for which it is responsible under the Fund will be recovered as direct costs.

Funding by the Joint SDG Fund will be provided on annual basis, upon successful performance of the joint programme.

Procedures on financial transfers, extensions, financial and operational closure, and related administrative issues are stipulated in the Operational Guidance of the Joint SDG Fund.

PUNOs and partners must comply with Joint SDG Fund brand guidelines, which includes information on donor visibility requirements.

Each PUNO will take appropriate measures to publicize the Joint SDG Fund and give due credit to the other PUNOs. All related publicity material, official notices, reports and publications, provided to the press or Fund beneficiaries, will acknowledge the role of the host Government, donors, PUNOs, the Administrative Agent, and any other relevant entities. In particular, the Administrative Agent will include and ensure due recognition of the role of each Participating Organization and partners in all external communications related to the Joint SDG Fund.

3.4 Legal context

Agency name: United Nations Children's Fund (UNICEF)

Agreement title: Agreement for Cooperation between the Government of São Tome and Principe and UNICEF

Agreement date: 01st July 1978

Agency name: International Labour Organization (ILO)

Agreement title: Simplify agreement for Cooperation between the Government of São Tome and Principe and ILO

Agreement date: 30th November 2012

Agency name: United Nations Development Programme (UNDP)

Agreement title: Agreement for Cooperation between the Government of São Tome and Principe and UNDP

Agreement date : 26th March 1976

Agency name: World Health Organization (WHO)

Agreement title: Agreement for Cooperation between the Government of São Tome and Principe and The World Health Organization

Agreement date : 9th June 1976

D. ANNEXES

Annex 1. List of related initiative

Name of initiative/project	Key expected results	Links to the joint programme	Lead organization	Other partners	Budget and funding source	Contact person (name and email)
Support to vulnerable families through cash transfer.	Reduce poverty among the most vulnerable households and break the poverty cycle.	The programme represents the basis for the joint programme in support to the national social protection strategy.	WORLD BANK	Ministry of Labor and Social Affairs	5,000,000$ WORLD BANK FUNDS	Jordi Jose Gallego Ayala jgallegoayala@worldbank.org
Parental Education Programme (PEP)	Support families with parenting skills and information.	The first phase of PEP implemented by UNICEF is the basis for expansion of parental education as a complementary measure to cash transfer and social registry.	UNICEF	Ministry of Labor and Social Affairs University of Minho, Portugal	200,000$ UNICEF	Teodora Soares tsoares@unicef.org

Youth Social Entrepreneurship	Expand youth access to employment opportunities through coaching and skills building.	The programme started in 2019 and will be used as platform for identification and training of youth involved in the joint programme.	UNDP	Ministry of Youth	500,000$	Dynka Amorim Dynka.santos@undp.org
MICS	Collect data on the situation of children and women	Will provide updated baseline, help setting/adjusting targets and support monitoring.	UNICEF	INE UNFPA EUROPEAN UNION	440,000$	Teodora Soares, Social Policy Specialist UNICEF tsoares@unicef.org
National Development Plan (work in progress)	Align NDP with SDGs	Provides the framework for the programme to be implemented.	Gouvernment of STP	UN agencies Bilaterals Civil Society	TBC	Ministry of Foreign Affairs

SDG Indicator Diagnostics	Raise awareness, encourage participation and facilitate understanding of2030 Agenda and the SDGs, their targets and their global indicators with the Sectoral Institutions; Make available the diagnosis report of national indicators for the elaboration of the voluntary SDG report	National level technical support tool that provide guidance on the production of multi-level indicators for national and international monitoring and comparison	National Institute of Statistics	UNDP UNICEF FNUAP	XXXXXX 30,000.00 XXXXX	National Institute of Statistics Elsa Cardoso (INE Director) <elsacardoso123@hotmail.com>
Universal health coverage	Improve access to health service and, subsequently, improve health outcomes for all including	Will enable to identify the best modalities to provide access to quality health for the most vulnerable	Ministry of health and of labour	All UN agencies and health actors in Sao Tome and Principe	WHO 500 000 (support to improve health service sin Sao Tome and Pirncipe)	Dr Prazeres da Costa Jose Manuel <dacostadosprazeresj@who.int>

	the most vulnerable without financial hardship	people targeted by this proposal			UNDP/GF (support the control malaria, TB and HIV/AIDS) UNICEF (support children and women health) GAVI (support vaccination programs) UNFPA (support quality reproductive health services	
DHIS2	Provide a unique health information system and platform with all key health and nutrition status as well as	This platform will generate all health related data necessary to understand and analyze the access to health of the vulnerable people	Ministry of Health and UNDP	WHO, INE, Global Fund, GAVI	UNDP XXX WHO USD 41000	Luis Abello at UNDP luis.abello@undp.org

	access to services data from which to develop evidence based policies and strategies as well as their monitoring of their implementation and outcomes	identified by the health registry and to monitor the evolution of their health status following the implementation of the joint program.				
Matrix of targets Indicators (work in progress)	Indicator target Setting Tool	It will enable the evaluation and measurement of indicators	Plan Direction	UNDP UNICEF FNUAP	XXXXXX 14,000.00 XXXXX	Plan Direction Joana Damiana da Graça Varela (PD Director) <jdvarela12@gmail.com>

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Annex 2. Overall Results Framework

2.1. Targets for Joint SDG Fund Results Framework

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

Indicators	Targets	
	2020	2021
1.1: integrated multi-sectoral policies have accelerated SDG progress in terms of scope[3]	2	4
1.2: integrated multi-sectoral policies have accelerated SDG progress in terms of scale[4]	1	4

Joint SDG Fund Output 3: Integrated policy solutions for accelerating SDG progress implemented

Indicators	Targets	
	2020	2021
3.1: # of innovative solutions that were tested[5] (disaggregated by % successful-unsuccessful)	2	4
3.2: # of integrated policy solutions that have been implemented with the national partners in lead	2	4
3.3: # and share of countries where national capacities to implement integrated, cross-sectoral SDG accelerators has been strengthened	1	1

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

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

[5]Each Joint programme in the Implementation phase will test at least 2 approaches.

2.2. Joint Programme Results framework

Result / Indicators	Baseline	2020 Target	2021 Target	Means of Verification	Responsible partner
Outcome 1: Disparities and inequalities are reduced at all levels through the full participation of vulnerable and prioritized groups, and the development and use by these groups, of social protection services and basic social services.					
Outcome 1 indicator 1: Number of vulnerable families covered by social protection programmes	890	1,225	2570	Social Registry and DPPS administrative records	ILO/WB
Outcome 1 indicator 2: Coverage of essential health services (defined as the average coverage of essential services based on tracer interventions that include reproductive, maternal, newborn and child health, infectious diseases, non-communicable diseases and service capacity and access, among the general and the most disadvantaged population)	0	25%	70%	Social Registry and DHIS 2	ILO/UNDP/ WHO/WB/U NICEF
Outcome 1 indicator 3: proportion of children assisting pre-primary education among children from vulnerable families registered in the Social Registry in the three districts	0	25%	70%	Social Registry and Parental Education MIS	UNICEF/ILO
Output 1.1 Target vulnerable population is mobilized, informed and registered in the Social Registry in three districts.					
Output 1.1 indicator 1: Social Registry ready and operational in all three districts	0	2 districts	1 district	Social registry	ILO
Output 1.1 indicator 2: number of vulnerable families registered in the SR per district disaggregated by gender, age groups, and disability	0	Agua-Grande: 3562 (M:1425;F:213 5 Lobata: 332 (M:132; F: 200)	Me-Zochi: 1193 (M:477; F:716)	Social registry	ILO
Output 1.2 Individual data of targeted vulnerable population in the Social Registry are monitored through DHIS2.					
Output 1.2 indicator 1: individual tracking module is developed within DHIS2	0 (non-existent)	developed	Fully operational	Activity report	UNDP/WHO
Output 1.2 indicator 2: percentage of vulnerable population who are monitored	0%	0%	70%	Social registry and DHIS 2	ILO/UNDP/ WHO
Output 1.3 The access of targeted vulnerable households in the Social Registry to social services, including parental education, is boosted.					
Output 1.3 indicator 1: percentage of vulnerable population participating in the Parental Education Programme (PEP)	0	25%	75%	Social Registry and PEP activity report	UNICEF/ILO
Output 1.3 indicator 2: percentage of vulnerable children who regular attend health center's for development monitoring, disaggregated by child age group, gender and disability	NA	NA	60%	Social Registry and DHIS2	UNICEF/ILO /WHO
Output 1.4 Young people capacity to support the provision of social services across different sectors is developed.					

Output 1.4 indicator 1: number of young people trained in the provision of social services disaggregated by youth age group and gender	0	150	150	Programme activity report	UNDP/UNICEF/ILO
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	150	150	Programme activity report	UNDP/UNICEF/ILO

Joint SDG Fund Operational Performance Indicators

- Level of coherence of UN in implementing programme country[6]
- Reduced transaction costs for the participating UN agencies in interaction with national/regional and local authorities and/or public entities compared to other joint programmes in the country in question

- Annual % of financial delivery
- Joint programme operationally closed within original end date
- Joint programme financially closed 18 months after their operational closure

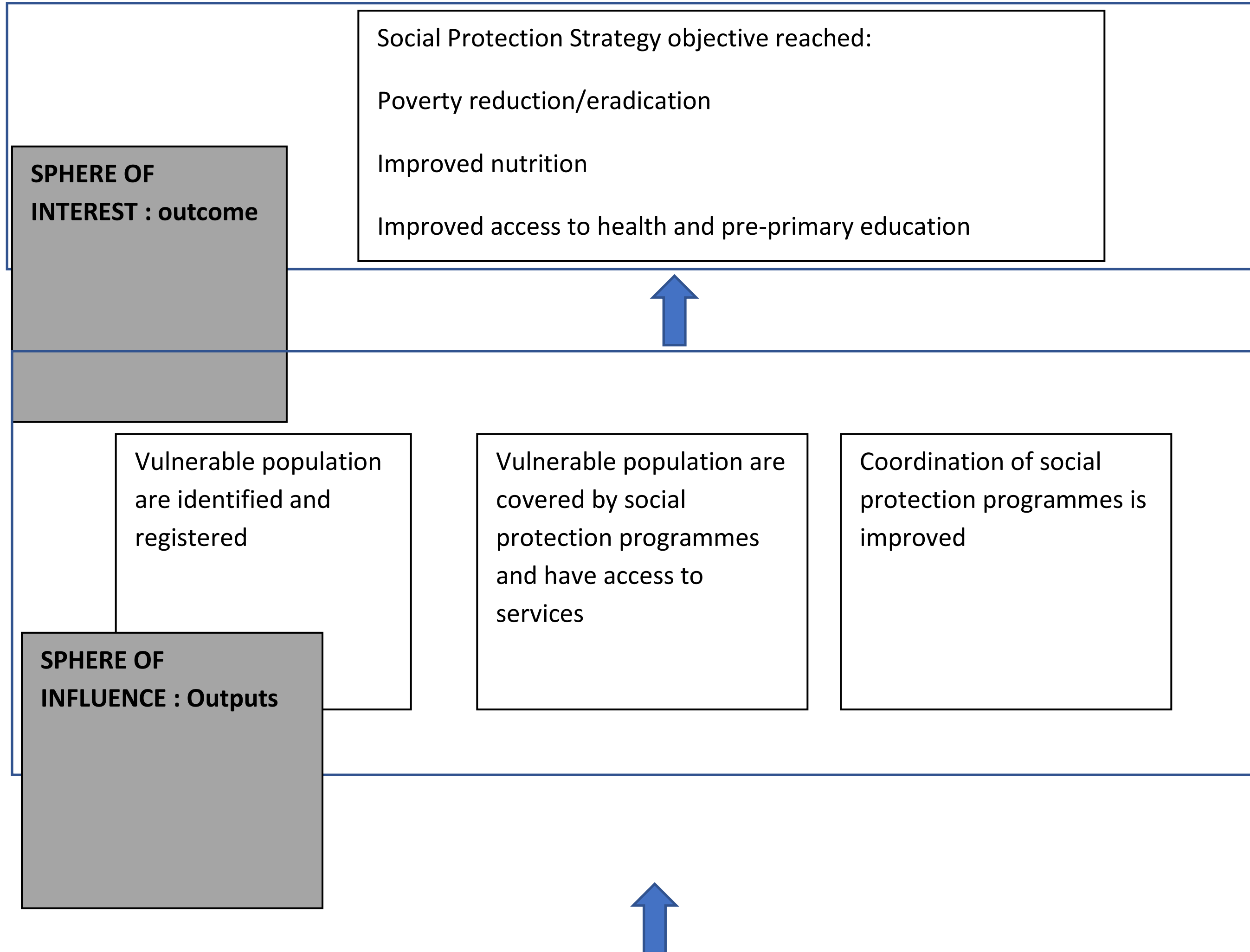
- Joint programme facilitated engagement with diverse stakeholders (e.g. parliamentarians, civil society, IFIs, bilateral/multilateral actor, private sector)
- Joint programme included addressing inequalities (QCPR) and the principle of "Leaving No One Behind"
- Joint programme featured gender results at the outcome level
- Joint programme undertook or deaw upon relevant human rights analysis, and have developed or implemented a strategy to address human rights issues
- Joint programme planned for and can demonstrate positive results/effects for youth
- Joint programme considered the needs of persons with disabilities

- Joint programme made use of risk analysis in programme planning
- Joint programme conducted do-no-harm / due diligence and were designed to take into consideration opportunities in the areas of the environment and climate change

[6] Annual survey will provide qualitative information towards this indicator.

Annex 3. Theory of Change graphic

THEORY OF CHANGE Visual Representation



Social Protection legal framework developped

Awareness raising implemented

Grievance mechanism developed

Capacity building for youth and ...al ...rs

DHIS 2 tracker installed

Alignment between SP program and the SR developed

SP programmes reformed or strengthened

SPHERE OF ACTION : activities

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ASSUMPTIONS

(i) implementation of the SR will correctly identify the extreme poor in each districts;
(ii) knowledge acquired by trainers are passed to parents who change practices and behavior in relation to children;
(iii) health sector is capable to responding to the results of the monitoring of the health and nutritional status of the target population;
(iv) youth people acquire the competencies to work on parental education;
(v) interventions are delivered in a coordinated and timely manner

Annex 4. Gender marker matrix

(vi) .

Indicator		Score	Findings and Explanation	Evidence or Means of Verification
N°	*Formulation*			
1.1	Context analysis integrate gender analysis	**2**	The context includes most recent data on gender and particularly stressed the female face of poverty and vulnerabilities both in rural and urban areas.	MICS and INE reports
1.2	Gender Equality mainstreamed in proposed outputs	**2**	The outputs aim at addressing the most vulnerable population and build on existing WB intervention which has a gender lens and focuses on vulnerable female households' heads.	PRODOC
1.3	Programme output indicators measure changes on gender equality	**2**	Output indicators are also gender sensitive across the proposal.	PRODOC
2.1	PUNO collaborate and engage with Government on gender equality and the empowerment of women	**2**	The UNDAF is gender sensitive especially with regards to the social cohesion pillar and all PUNOs in their respective programmes are engaged for the promotion of gender equality and the empowerment of women, with a focus on girls.	UNDAF
2.2	PUNO collaborate and engages with women's/gender equality CSOs	**2**	All PUNOs collaborate with CSO including women lead organizations and youth associations with a focus on adolescent girls' empowerment.	
3.1	Program proposes a gender-responsive budget	**2**	The budget is in line with outputs and in this sense, it is gender responsive	PRODOC
Total scoring		**2**		

Annex 5. Communication plan

1) Overall narrative of the joint programme

Through the Joint Programme "Reaching the furthest behind first: A catalytic approach to supporting social protection system in Sao Tome & Principe "the UNDS in STP is supporting the government in the implementation in three districts of a multisectoral intervention intended to accelerate key SDG targets in tandem with expansion of the social protection system in STP. Poor and vulnerable households, and particularly the groups more likely to be left behind will be supported through a health package, parental education and social registry with a view to reducing poverty, malnutrition, improving access to health, education and promoting youth civic engagement in the social sectors.

2) Strategic approach to key audiences

Along the "Delivery Chain," of social protection benefits, a social registry supports the phases of outreach, intake & registration, and assessment of needs and conditions to determine potential eligibility for inclusion in selected social program(s).

Basic awareness and understanding about the role and functioning of the social registry and its relation to social programs is a key aspect for the outreach stage. With regards to the parental education component, communication will also play a key role, especially to boost adherence to the programme and behavior change.

1. Participants
    - The primary participants are the vulnerable people in the three districts. They are the final beneficiaries of the Joint programme and the evolution of their situation, their attitudes and practices in terms of caregiving and socioeconomic outcomes will be the main indicator of programme success. They will be informed about the processes involved in the Social Registry and parental education, including the selection and registration process (interview, home visit, questionnaire or application form, focus group, services availability), the type of information and documentation that would be needed, the processes for notification of potential eligibility or enrollment in social, health and parental education programs, processes for grievances and appeals, and so forth.
    - The secondary participants include local authorities, CSO, NGO, district health delegates and health care providers, Department of Ministries in charge of the management and implementation of social protection programs with a special focus on Directory of Social Services and Directory of Preschool Education. Their actions and behavior strongly influence the primary participants' situation.
    - The tertiary participants are those whose actions reflect the broader social and policy factors that create an enabling environment to sustain the desired change of the joint programme. They include the National Social Protection Council (CNPS), the steering committee for the development of a unique and integrated health information system through DHIS2, the CCM and the steering committee for health financing and universal health coverage high level government officials, parliamentarians and politicians.

2. Component of the communication strategy

i) Advocacy

The advocacy component of the strategy will inform and motivate appropriate leaders to create a supportive environment for the joint programme by taking actions such as: changing policies, adopting the legal framework for the social registry and the universal health coverage strategy supporting its implementation at all levels, developing administrative directives, rules and standard operating procedures, allocating resources, building capacities, speaking out on critical issues, and initiating public discussion. The advocacy strategy will distinguish between local (district) and national level issues and creates links between national and local activities. Secondary and tertiary participants will be reviewed to choose those leaders whose desired actions can be motivated to support the process for the implementation of the social registry, development of the legal framework and the implementation of social programs.

ii) Social mobilization

This component will consist of harnessing selected partners and members of the civil society to raise demand for or sustain progress toward the development objective of the joint program. It enlists the participation of institutions, community networks and social and religious groups to use their membership and other resources to strengthen participation in activities at the grass-roots level. Consultation will be needed with the community to ascertain which institutions, social, political and religious groups will have the most influence on the primary participants.

Examples of groups that may get involved in social mobilization include school teachers and students, religious groups, farmers' cooperatives, micro-credit groups, civil society organizations, professional associations and women's groups. Youth associations will have a special responsibility as project champions and outreach, implementing social support and monitoring access and outputs for the most vulnerable as identified by the social registry and or the health information system.

Communication material will be developed to support the work of social mobilizers: Social mobilizers will be clearly identified in order to enhance their responsibility and accountability in the mobilization campaigns (hats, T-shirts, bags as well as some simple informational materials such as brochures or flash cards to help with message delivery.

iii) behavior change communication

Behavior change communication involves face-to-face dialogue with individuals or groups to inform, motivate, problem-solve or plan, with the objective to promote behavior change. Some specifics issues will be considered when planning the behavior change component in the communication strategy of the joint program:

- Which communication objectives need individualized information and problem-solving to be achieved
- Who are the most appropriate participants to conduct inter-personal communication (e.g. service providers, peer educators, NGO and government frontline workers, health workers, community leaders and youth groups)
- How will selected communicators use inter-personal communication (e.g. through programme activities, community meetings, house to house visits, during health clinic visits and outreach activities)
- What is the capacity to undertake inter-personal communication (e.g. preparation could include sharing technical knowledge, communication skills

training and encouraging the development of an appropriate attitude toward the participant group being targeted)?
- How can the inter-personal communication activities of frontline workers or volunteers be sustained? (e.g. what resources and activities are necessary for their continued motivation and support)
- Have appropriate messages and materials been developed (e.g. messages which have been developed using community participation, problem solving, and dialogue)
- Suggested indicators (e.g. to capture the extent to which front line workers used the required skills, and to monitor the outcomes of sessions - i.e. what behavior change has come about in primary participants, etc.)

3. Activities

- Develop appropriate advocacy materials with input from key stakeholders
- Build the capacity of a variety of advocacy groups and key stakeholders at all levels to advocate effectively with legislators, decision makers and key ministry officials on legal reforms
- Provide awareness and attitude training and counseling skills to health care providers providing outreach activities such health education and working at health posts and health centers, and to school management and teachers on Parental Education, and the need for compassion, welcoming, accompanying and understanding
- Conduct advocacy sessions with local government, district level health and education officials to create a positive environment in their institutions to accept and offer quality affordable services to vulnerable people
- Develop and air TV/radio spots on "compassion in the work place"- focusing on the process of the social registry, health and education
- Develop and disseminate an "Understanding and Compassion" package of audio visual materials, games and songs to be used by social, religious and other civic groups in schools, health facilities, and other socio-cultural and religious events to increase understanding and inclusion of vulnerable population in their activities
- Use a participatory approach, and include vulnerable people as much as possible in developing and using the package above with selected groups
- Empower local self-help and youth groups to forge positive linkages with social, religious and other civic groups for increased social contact
- Develop briefing sheets in non-technical language on social programs, on safe practices, compassion, non-discrimination, etc. for journalists
- Design and conduct training for journalists of national and local newspapers, radio and television stations on balanced, neutral reporting of sensitive issues;
- The content of the parental education programme will be digitalized and made available through application for the use of front-line workers as they deal with primary caregivers through health, education and social services programme. Additionally, families will receive regular information and messages through sms based technology and will access the programme material through their self-phones. On top of the innovation component for communication, the programme will rely on evidence-based strategies including door to door visits, focus groups, mass media communication and Communication for Development state of the art strategies.

4. Coordination

The convening agency, UNICEF, will coordinate the communication strategy of the 4 PUNOs involved in the JP and ensure that it is adequately reflected in the monitoring and reporting activities of the project.

Annex 6. Learning and Sharing Plan

This project can bring great visibility at national and international level because it follows a very holistic and comprehensive approach to the extension of social protection. Legal, institutional, management, capacity building, feasibility and impact studies and awareness seminars are included in the technical assistance envisaged by this project. It is therefore a very good example of implementing all aspects of the social protection floor through national dialogue and in the context of good political will.

Project activities and results will be documented and widely shared among national stakeholders, UN Agencies and donors. The project will also provide material developed to raise public awareness to create an enabling environment for the extension of social protection.

The project will benefit from exposure the UN Agencies dissemination tools and Platforms (such as ILO GESS – Global extension of social security platform and the www.socialprotecton.org gateway). *It will make particular use of the ILO guide and tools on social protection coming and will contribute to disseminate them.*

The joint program will use and share with others knowledge it will generate by applying the strategies below, among others :

- Mid-term reviews will be organizing to assess the effectiveness of the programme (i.e. progress achieved towards the achievement of expected outcomes) and contributing to knowledge generation and strengthened results-based management. Knowledge informs the theories of change upon which results-based management depends.
- The Joint program will ensure the meaningful involvement of key partners such as academia, civil society, and others to facilitate research and share information and resources.

Activities

- Facilitating the transfer of knowledge and lessons learned from the joint program interventions across the UN system.
- Contributing to the development and maintenance of global, regional, and national knowledge networks/practice.
- Production of knowledge products for internal and external audiences on progress impacting
- the lives of vulnerable population
- Establishment of enhanced access to generated knowledge and statistics on the coverage and adequacy of social protection programs.

Coordination

ILO given its expertise in documenting and disseminating knowledge on social protection interventions will be responsible to monitor and reporting on learning sharing activities in close coordination with convening agency, UNICEF.

Annex 7. Budget and Work Plan

7.1 Budget per UNSDG categories

UNDG BUDGET CATEGORIES	UNICEF		ILO		UNDP		WHO		TOTAL	
	Joint SDG Fund (USD)	PUNO Contribution (USD)	Joint SDG Fund (USD)	PUNO Contribution (USD)	Joint SDG Fund (USD)	PUNO Contribution (USD)	Joint SDG Fund (USD)	PUNO Contribution (USD)	**Joint SDG Fund (USD)**	**PUNO Contribution (USD)**
1. Staff and other personnel	80,000		134,592		111,920		0		326,512	
2. Supplies, Commodities, Materials	65,000		20,000		7,600		5,000		97,600	
3. Equipment, Vehicles, and Furniture (including Depreciation)	80,000		30,000		25,800		0		135,800	
4. Contractual services	90,000		212,220		134,937		167,000		604,157	
5.Travel	30,000		40,000		0		15,000		85,000	
6. Transfers and Grants to Counterparts	0		217,673		114,110		0		331,783	
7. General Operating and other Direct Costs	25,917	150,000	16,931	85,000	0	244,799	0	15,000	42,848	
8. Total Direct Costs	**370,917**		**671,416**		**394,367**		**187,000**		**1,623,700**	
9. Final Evaluation	57,001								57,001	
10. Monitoring, reporting and communication	95,000								95,000	
11. Total Direct Costs and Other Programme Costs	**522,918**		**671,416**		**394,367**		**187,000**		**1,775,701**	
8. Indirect Support Costs (Max. 7%)	*36,604*		*46,999*		*27,606*		*13,090*		*124,299*	
TOTAL Costs	**559,522**	**150,000**	**718,415**	**85,000**	**421,973**	**244,799**	**200,090**	**15,000**	**1,900,000**	**494,799**
1st year	**355,876**		**449,490**		**300,685**		**100,090**		**1,206,141**	
2nd year	**203,646**		**303,515**		**121,288**		**100,000**		**728,449**	

2SA

i) Staff and other personnel

This category represents about 17% of the total project budget and includes three types of staff:

- A coordinator of the global project
- Technical staff per Agency according to the respective components of the project. This staff will be entirely dedicated to the technical assistance of each Agency for the implementation of the project.
- A staff in each health facility (44) for the implementation of DHIS 2.
-

ii) Supplies, Commodities, Materials

This category represents 5% of the total project budget and includes supplies and the print and distribution of new forms and registers to the implementing stakeholders (Hospitals, schools, DPSS offices at district level).

iii) Equipment, Vehicles, and Furniture (including Depreciation)

This category represents 7% of the total budget and includes the vehicles and other equipment (computers, smartphones) necessary for the implementation of the activities on the ground for the components social registry (smartphones, computers by district), parental education (motorcycles, …) and DHIS2 (44 Health Facilities, two tablets in each, Cloud services for 2 years .

iv) Contractual services

This category represents 31% of the budget and includes the costs for the recruitment of national and international consultants, the Interviewers for the realization of the PMT survey for the Social Registry, the young people who will implement parental education, the organization of seminars, the design of the DHIS 2 tracker module.

v) Travel

This category represents 3% of the budget and will be devoted to the the missions in the districts and the trips of the international staff of the Agencies to support the implementation of the activities in Sao Tome.

vi) Transfers and Grants to Counterparts

This category represents 20% of the total budget and includes funds that will be transferred to health facilities to cover health care expenses of vulnerable population (about 2,000 households) and the implementation of DHIS 2 tracker module in health facilities.

v) Monitoring and communication

% of the project budget is allocated to monitoring and communication.

7.2 Budget per SDG targets (USD)

SDG 1.3	24%	577,465
SDG 3.8	41%	971,380
SDG 4.2	7%	173,674
SDG 4.7	3%	80,112
SDG 5.1 AND 5.2	5%	115,782
SDG 16.2	5%	115,782
SDG 8.3 and 8.6	15%	360,602
TOTAL	100%	2,394,799

The largest proportion of the budget (41%) is allocated to SDG target 3.8 through the implementation of DHIS 2 and the health coverage of vulnerable households. Through this SDG target, the joint project will contribute to improving people's access to health services and monitoring their status.

SDGs 8.3 and 8.6 represent 15% of the budget. It is essentially the implementation of the social entrepreneurship program for young people which should enable them to access to decent work opportunities.

The parental education program will contribute to the achievement of SDG targets 4.2, 4.7, 5.1 and 5.2. 15% of the project budget is allocate to these targets.
Institutional capacity building will contribute to achieving SDG target 16.2, which represents 5% of the budget.

7.3 Work plan

Outcome 1																	
Output	Annual target/s		List of activities	Time frame								PLANNED BUDGET				PUNO/s involved	Implementing partner/s involved
	2020	2021		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Overall budget description	Joint SDG Fund (USD)	PUNO Contributions (USD)	Total Cost (USD)		
Output 1.1 : Target vulnerable population is mobilized, informed and registered in the Social Registry in three districts	*** Social registry implemented in two Districts* A legal and policy framework developed**	***Social registry implemented in one District**	Adopt the criteria for identifying vulnerable household and the questionnaire for PMT survey	x								* National workshop for the validation of identification criteria (15,000 USD); *Logistics and equipments for the implementation of the social registry: Agua Grande (130,000 USD) ; Me-Zochi (90,000 USD); Lemba (50,000 USD); * Awareness raising : Agua Grande (30430 USD); Me-Zochi (20,000 USD); Lemba (19,613 USD); *capacity building for the development and management of SR (23,700 USD); *development and validation of the legal framework (40,000 USD); *development and implementation of tools and procedures for linkages between SR registry and SP protection programs (35,000 USD)	453,743	20,000	473,743	ILO	DPSS INE Local authorities WB
			Develop an illustrated guidebook for community-based selection	x													
			Organize sensitization campaigns	x	x	x	x	x	x	x	x						
			Carry out community-based selection and PMT household survey	x	x			x									
			Support intake and registration	x	x			x									
			Develop and implement linkages between SP			x			x								

			programs and the SR														
			Develop a legal and policy framework to support the social registry	x	x												
			Capacity building for the management of the social registry	x	x	x	x	x	x	x							
Output 1.2 : Individual data of targeted vulnerable population in the Social Registry are monitored through DHIS2	100	0	Assessment of health surveillance and reporting systems	X	X								2,867	0	2,867	UNDP	Ministry of Health DPSS INE Health facilities
	100	0	Assessment of infrastructure needed for DHIS2 at lower levels: Assess access to power, internet and devices, and preferred mobile network for data at the health facility and	X	X							*Two workshops to discuss and agree on the tools each at a cost of 3000 USD + costs for activities in the districts ; *	2,500	0	2,500	UNDP	

			community levels across the country.														
	100	0	Compile all current data analysis/data use tool: Develop reporting guidelines.		X								9,000	0	9,000	UNDP	
	50	50	Analyze case based registers and processes and develop inception report for an integrated system together with other social registry stakeholders		X	X						30 days TA to carry out these activities	15,000	0	15,000	UNDP	

	75	25	Customize DHIS2 Tracker with best practice content from individual-level data configuration packages for social registry focusing on children, the disabled and the elderly (LNOB categories) tackling on health services such as TB, Immunization, HIV case-based surveillance, and case-based surveillance for notifiable diseases including nutritional status.			X	X	X				90 TA/days to carry out customization of DHIS Tracker	45,000	0	45,000	UNDP	
	75	25	Prototype Review with EPI, Family Health and other potential programmes with MOH			X	X	X				20 TA/days + costs for field visits	12,500	0	12,500	UNDP	

			Team to develop main system for production server														
	25	75	Facilitate a Training of Trainers workshop (Districts TOT training for system administration for all the districts)				X	X	X			TOT training in each of the 7 districts	28,000	0	28,000	UNDP	
	50	50	Tablets acquisition				X	X				44 Health Facilities, two tablets in each	19,800	0	19,800	UNDP	
	50	50	Human Resources for Data Quality Assurance	X	X	X	X	X	X	X	X	1 staff in each facility at 100 USD each	73,920	0	73,920	UNDP	
	0	100	Project Management Staff					X	X	X	X	Project Management Staff	38,000	35,376	73,376	UNDP	
	50	50	Cloud Services MDM and Fdroid				X	X				Cloud services for 2 years	6,000	0	6,000	UNDP	
	50	50	Facility training in all Districts in the Country			x			x			2 training per facility per year	44,000	0	44,000	UNDP	
	100	0	Support the implementation of routine reporting			x	x	x				30 TA days	15,000	0	15,000	WHO	MoH, INE

	100	0	Review the integrated data collection tools workshop: revise and produce integrated data collection forms (and registers) with the goal of; harmonising across programs, reduce burden of reporting, and to follow WHO guidance on data analysis of facility data.			x	x	x				5 TA days	2,500	0	2,500	WHO	MoH, INE
	100	0	Conduct reviews of program-specific data collection tools workshop: design data collection tools to take care of program data needs beyond the new monthly integrated form			x	x	x	x			15 TA days for supporting this activity	7,500	0	7,500	WHO	MoH, INE

	0	100	Print and distribute new forms and registers					x	x				7,600	0	7,600	UNDP	
	0	100	Develop Data or Information use SOPs, Develop Data Quality SOP				x	x	x			10 TA days for developing SOPs for several levels	5,000	0	5,000	WHO	MoH, INE
	50	50	Conduct data analysis needs assessment workshop with all health programs			x	x	x	x			10 TA days for Analysis Assessment	5,000	0	5,000	WHO	MoH, INE
	0	100	Information Use Workshop					x	x	x	x	2 National Information Use Workshops per year	6,000	0	6,000	UNDP	
	25	75	Support development of indicators, dashboards, scorecards and reports [aggregate and case-based data]				x	x	x			25 TA days to support Indicator harmonization process	12,500	5000	17,500	WHO	MoH, INE

	25	75	Customize dashboards for the different levels, partners, user groups according to agreed specifications and in line with M&E framework				x	x	x			10 TA Days for developing Dashboards	5,000	0	5,000	UNDP	
	50	50	Design aggregate interoperability layer for DHIS2. Utilize a rapid prototyping approach to identify the best use case with the MOH team.				x	x				25 TA days for interroperability Activities	12,500	0	12,500	UNDP	
	0	100	Develop and implement an aggregate data interoperability workflow on DHIS2 bearing in mind the need for simplicity and ease of use of the layer. A suitable standard					x	x			20 TA days for interroperability Activities	10,000	0	10,000	UNDP	

			will have to be chosen in line with other standards used in the country and international best practice.														
	25	75	Provide quality assurance training by facilitating various DQA sessions and supporting activities				x	x	x			20 TA days	10,000	5000	15,000	WHO	MoH, INE
	100	0	Configuration workshop to improve the data validation rules in DHIS2 for all forms with input from all health programs.			x	x	x				10 TA days	5,000	0	5,000	WHO	MoH, INE
	50	50	Organize six-monthly district data validation and		x		x		x		x	4 sessions (2 per year) each 2250	0	9,423	9,423	UNDP	

			monitoring meetings (for all districts).														
	50	50	Supportive supervision to districts/facilities				x		x		x	Severam visits to the districts (Subject to adjustment)	9,000	0	9,000	WHO	MoH, INE
	50	50	Develop annual health bulletins with key information				x				x		4,000	0	4,000	WHO	MoH, INE
	100	0	Establish a CORE DHIS2 team	x	x							100 USD to support monthly activities planified by the DHIS2 core team	2,400	0	2,400	UNDP	
	50	50	Train all the health workers at the facility level with capability of using DHIS2 Tracker.				x	x				2 workshop training each 3500 (one each year)	7,000	0	7,000	UNDP	
	25	75	Refresher training on data collection and data validation to cover new staff/turnover at facility and district level.				x	x	x			2 refresher workshop training each 3500 (one each year)	7,000	0	7,000	UNDP	

Output 1.3: The access of targeted vulnerable households in the Social Registry to social services, including parental education and health care, is boosted.	100% of front-line service providers across health, education and social services receive training for the delivery of parental education programme	100% of pupulation in the three districts have access to parental education services with a focus on vulnerable women	Update parental education content and related material including digitalize content for T4D platforms	x	x							Update package and digitalization (40,000$) National trainings on parental education (40,000$) TA for baseline and endline (40,000$) Support for supervision and logistics (62,000$) Communication Activities (25,082$) Improvement of working conditions (65,000$)	$172,082	$100,000	272,082.00	UNICEF	DPSS
			Training, refreshment, coaching on parental education for front line professional workers across platforms		x	x	x	x	x	x	x						Ministries of Health, Education and Youth
			TA for baseline and endline assessment in the focus districts	x				x			x						WB project
			Support for supervision	x	x	x	x	x	x	x	x						Local authorities
			Communication and awareness raising activities		x		x		x		x						
			Improvement of working conditions for DPSS, Health Centers, Interaction Centers etc		x	x			x	x							

	* Health coverage mechanism implemented in two districts * Social pension scheme strengthened	*Health coverage mechanism implemented in one District	Develop the Health care benefit package	x	x	x	x	x	x			*Survey and consultations for the development of the benefit package (40,000 USD)	$50,000	$5,000	55,000.00	WHO	Ministry of Health DPSS
			Develop and implement the health coverage mechanism for vulnerable people			x	x	x	x			*Capacity building of DPSS staff and health care providers on the health coverage mechanism (19,173 USD)	$41,500		41,500.00	WHO	
			Select the beneficiaries of the health coverage mechanism (3,000 beneficiaries)		x	x						*selection of 3,000 beneficiaiaries and health ID card (20,000 USD)	20,000	0	20,000.00	WHO	
			Build the capacity of health care providers		x	x	x	x	x	x		*Health care payment throught the Health coverage mechanism for the 3,000 beneficiaries (200,000 USD)	217,673	20,000	237,673	ILO	
			Assess financial and economic sustainability of the social pension schemes			x						*Actuarial valuation of the scheme (20,000 USD)	0	20,000	20,000	ILO	DPSS

			Develop linkages between SR and health facilities to facilitate access				x					*development of tool and procedures (10,000 USD)	0	10,000	10,000		
			Strengthen the social pension scheme			x	x		x			*Capacity building (15,000 USD)	0	15,000	15,000		
			Capacity building		x	x	x		x								
Output 1.4: Young people capacity to support the provision of social services across different sectors is developed.	40 young people (50% girls) covering 3 districts receive training and engaged in the delivery of parental education services	85 young people (50% girls) covering 3 districts receive training and engaged in the delivery of parenting education for services	Training of young people on parental education (25 per Me-zochi, 25 Lemba, 30 Agua Grande)	x	x	x	x	x	x	x	x	Training of young people (50,000$) Financial motivation for youth and logistics (100,000$) , support for supervision (40,000$), Communication and awareness raising (25,000$), Material for door to door (20,000$) Technical Assistance (13,035$)	$198,835	$50,000	$248,835 .00	UNICEF	DPSS INE WB project Local authorities
			Financial Motivation and logistic equipement		x	x	x	x	x	x	x						
			Support for supervision		x	x	x	x	x	x	x						
			Material for door to door parental support			x	x										
			Technical assistance		x	x	x	x	x	x							
			Communication and awareness raising activities		x	x			x	x							

	40 young people (50% girls) covering 3 districts receive training and engaged in the delivery of parental education services	85 young people (50% girls) covering 3 districts receive training and engaged in the delivery of parenting education for services	Identification of young people (20 per Me-zochi, 25 Lemba, 40 Agua Grande)	x	x	x										INE
			Providing training tools to young people previously identified in social entrepreneurship				x	x	x	x			$40,280	$200,000	$240,280.00	UNDP	DPSS
			Social Entrepreneurship mentorship provider			x	x	x	x	x	x						
TOTAL 1			TOTAL OPERATIONAL ACTIVITIES										1,623,700	494,799	2,118,499		
Joint programme management			**List of activities**	**Time frame**								**PLANNED BUDGET**				**PUNO/s involved**	**Implementing partner/s involved**
				Q1	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Overall budget description**	**Joint SDG Fund (USD)**	**PUNO Contributions (USD)**	**Total Cost (USD)**		
Output 1. Communication			Develop appropriate advocacy materials with input from key stakeholders	x								Develop tools and capacity building	60,000	0	**60,000**	UNICEF	ILO UNDP WHO DPSS

			Build the capacity of a variety of advocacy groups and key stakeholders at all levels		x		x		x								
			Design and conduct training for journalists			x				x							
			Develop briefing sheets in non-technical language on social programs, on safe practices, compassion, non-discrimination, etc. for journalists			x											
Output 2. Monitoring			Monitoring	x	x	x	x	x	x	x	x	Collecte and analyse of informations	35,000	0	**35,000**		
			Final evaluation								x		57,001	0	**57,001**		
			TOTAL MANAGEMENT										152,001	0	152,001		

JOINT SDG FUND
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The overall purpose of this Joint Programme is to support the Government to fully implement the Social Registry (SR) – including the draft of a legal framework - jointly with a set of interventions aimed at improving the access of vulnerable population to social protection and social services in three districts of the country. Thus, the work plan include four outputs:

- Output 1.1 : Target vulnerable population is mobilized, informed and registered in the Social Registry in three districts
- Output 1.2 : Individual data of targeted vulnerable population in the Social Registry are monitored through DHIS2
- Output 1.3: The access of targeted vulnerable households in the Social Registry to social services, including parental education and health care, is boosted.
- Output 1.4: Young people capacity to support the provision of social services across different sectors is developed.

The social registry will be implemented as a common gateway for coordinating registration and eligibility processes for multiple social protection program. Especially, the JP will support the phase of outreach, intake and registration, and assessment of needs and conditions to determine potential eligibility for the inclusion in selected social protection programs. ILO is responsible for this output and the implementing partners are DPSS, INE and the World Bank project.
The DHIS2 linkage with the social registry will ensure that the vulnerable population will be linked to health services and will have their health and nutrition status closely monitored and adequately referred to services within the health system. UNDP and WHO are responsible for this output and the implementing partners are Ministry of Health, INE and health facilities.
The parental education covers issues related to health and nutrition, early childhood development, and child protection from violence and abuse. The youth engagement intervention will support the implementation of parental education and case management
UNICEF is responsible for this result and will collaborate with UNDP for the youth engagement aspects. The implementing partners are DPSS, Ministries of Health, Education and Youth.
In addition, the JP will support access to health services for some targeted vulnerable population through the implementation of a health coverage mechanism at district level. ILO and WHO are responsible for this result and the implementing partners are DPSS, Ministry of Health.
The main activities of the work plan include studies, policy development, design of tools and mechanism, capacity building, awareness raising.

The M&E methodology will be designed in line with the principles of gender and "Leaving No One Behind" by generating evidence on who is include in the social registry and benefit form parental education program and access to health services within the three districts. Gender

disaggregated data will be reflected in indicators, baselines, targets and progress data in order to show disparities and provide evidence. A full time M&E staff will be recruited to coordinate day to day M&E activities of the programme and will act as a link between M&E focal persons from all PUNOs and implementing partners.

Communications activities include the development of appropriate advocacy materials with input from key stakeholders, capacity building of a variety of advocacy groups and key stakeholders at all levels, design and conduct training for journalists, advocacy.

A total of 5% of the budget is allocated to Communication and monitoring.

Annex 8. Risk Management Plan

Based on the context and the objectives of the joint program, the main risks were identified, recorded and scored. Then responsibilities were shared by making someone accountable for implementing the mitigating action.
Four strategy will be implemented to respond to the risk:

- **Accept the risk and take no further action**
- **Introduce controls to reduce the likelihood of the risk and impact**
- **Revise the methodology to withdraw from the activities that give rise to risk**
- **Share the risk with another stakeholder.**

The project team will monitor changes in the key risks facing the project, check progress on risk responses and report developments to the RC and the National Social protection Council (CNPS).
A risk register will be developed and implemented for the monitoring, tracking and review of management risks. The joint program coordinator is responsible for completing the risk register.

The focal points from each Agency and from Government will set aside a team or management meeting. During the meeting, the team reviews the status of each risk (include the progress on the risk response) and checks for any new risk that needs to be added.

JOINT SDG FUND
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Risks	Risk Level: (Likelihood x Impact)	Likelihood: Certain - 5 Likely - 4 Possible - 3 Unlikely - 2 Rare – 1	Impact: Essential – 5 Major - 4 Moderate - 3 Minor - 2 Insignificant - 1	Mitigating measures	Responsible Org./Person
Contextual risks					
Fiscal situation of the country and possible social unrest due to economic reforms leading to lower social expenditures	20	4	5	Build the capacity and infrastructure for anticipating the scale up of JP interventions in case of need.	RC
Some local population feeling resentment at the support provided to those registered in the SR	12	3	4	Effectiveness of outreach work Selection criteria well designed and agreed Community selection Complains and grievance mechanisms with	PUNOs

				beneficiary participation	
Changes in key ministerial positions	9	3	3	Social Protection council shall keep the memory of the commitments and collective decisions	Social Protection Council
Programmatic risks					
DPSS not in charge of the social registry infrastructure and database management	12	3	4	Capacity building of DPSS Provide DPSS with IT infrastructures Collaboration with WB	ILO (in collaboration with the World Bank)

Interoperability of the SR, DHIS 2 and linkages with social services, including parental education take longer than planned to become operational and potential beneficiaries do not receive the services.	4	2	2	Access to social services is phased in independently of the linkages between SR and DHIS2 to ensure that services are in place shortly after SR data collection.	
Institutional risks					
Weak coordination among PUNOs working on the JP	4	2	2	RC Leadership Effectiveness of management arrangement Monitoring of activities	RC
Weak engagement and ownership of local partners	4	2	2	Regular communication and meetings, advocacy	Social Protection Council and PUNOs

Fiduciary risks					
Lack of preparedness of the Government (including funding) to take over project activities after the end of the project and the associated risk of not sustaining project impacts over the medium and long term.	15	3	5	Advocacy Resource mobilization Encourage the use of SR by others SP programmes and NGO	RC, PUNOs and Social Protection Council

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Likelihood	Occurrence	Frequency
Very Likely	The event **is expected** to occur in most circumstances	Twice a month or more frequently
Likely	The event **will** probably occur in most circumstances	Once every two months or more frequently
Possibly	The event **might** occur at some time	Once a year or more frequently
Unlikely	The event **could** occur at some time	Once every three years or more frequently
Rare	The event **may** occur in exceptional circumstances	Once every seven years or more frequently

Consequence	Result
Extreme	An event leading to **massive** or **irreparable** damage or disruption
Major	An event leading to **critical** damage or disruption
Moderate	An event leading to **serious** damage or disruption
Minor	An event leading to **some** degree of damage or disruption
Insignificant	An event leading to **limited** damage or disruption

	Consequences				
Likelihood	Insignificant (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)
Very likely (5)	Medium (5)	High (10)	High (15)	Very High (20)	Very High (25)
Likely (4)	Medium (4)	Medium (8)	High (12)	High (16)	Very High (20)
Possible (3)	Low (3)	Medium (6)	High (9)	High (12)	High (15
Unlikely (2)	Low (2)	Low (4)	Medium (6)	Medium (8)	High (10)
Rare (1)	Low (1)	Low (3)	Medium (3)	Medium (4)	High (5)

Level of risk	Result
Very High	Immediate action required by executive management. Mitigation activities/treatment options are mandatory to reduce likelihood and/or consequence. Risk cannot be accepted unless this occurs.
High	Immediate action required by senior/ executive management. Mitigation activities/treatment options are mandatory to reduce likelihood and/or consequence. Monitoring strategy to be implemented by Risk Owner.
Medium	Senior Management attention required. Mitigation activities/ treatment options are undertaken to reduce likelihood and/or consequence. Monitoring strategy to be implemented by Risk Owner.
Low	Management attention required. Specified ownership of risk. Mitigation activities/treatment options are recommended to reduce likelihood and/or consequence. Implementation of monitoring strategy by risk owner is recommended.