Joint Programme Document
- Template *(final)* -

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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9. Short description:
This Joint Programme 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 - jointly with a set of interventions aimed at improving the access of extreme poor families to cash transfer schemes and social services in three on six districts of the country. These interventions include 1) parental education; 2) youth engagement in the social sector; 3) access to a health package, including health and nutrition monitoring and case management through the integration of the Social Registry and the DHIS2 – 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; 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 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. This approach will allow to accelerate the country's path towards reaching the SDGs focusing on those most likely to be left behind.

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
Co-funding 2 *(ILO)*	USD,100,000
Co-funding 3 (UNDP)	USD, 244,799.00
TOTAL	**USD,2,394,799**

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

16. PUNO and Partners:

16.1 PUNO

- Convening agency:
  - UNICEF
- Other PUNO:
  - ILO
  - UNDP
  - UNFPA
  - WHO

16.2 Partners

- National authorities:
  - Ministry of Labor and Social Affairs
  - Ministry of Health
  - Ministry of Youth
  - Ministry of Education
  - Local authorities in the selected districts
  - National Social Protection Council
  - INE, National Statistics Institute

- Civil society organizations:
  - FONG
  - Santa Casa da Misericordia

- Youth associations
- Parent-teachers associations

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

- IFIs
  - World Bank

SIGNATURE PAGE

Resident Coordinator Zahira Virani 26/09/2019	**National Coordinating Authority** Ministry of Labor and Social Affaires Mr Adllander de Matos 26/09/2019
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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 Output 1: Target vulnerable population is mobilized, informed and registered in the Social Registry in three districts.

i. Output 2: Individual data of targeted vulnerable population in the Social Registry are monitored through DHIS2.
ii. Output 3: access of targeted vulnerable households in the Social Registry to social services, including parental education, is boosted.
iii. 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 both 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. The Social Registry will allow to better identify the needs of these groups and inform other policies and strategies with a view to address 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 were 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 and social services. In the absence of coordination and integrating tools such the SR and referral mechanisms, the programmes even though targeting 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;
(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 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 coordination social protection (cash transfers) with other social services through a social registry. The community of Practices on cash transfers are made up of a mostly Anglophone group and a francophone groups, 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.

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 Program, 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. Also, complementary programmes such as the Parental Education Program (PEP) are 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 shall be linked with beneficiary of 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 programme 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 but also through the referral mechanisms in the health sector 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 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

The overall target group is the vulnerable and extreme poor population (the latter is estimated at 2,570 households) and within this group: children, elderly, disabled and young persons. The JP focuses on these groups because they are the most deprived as acknowledged in the Social Protection Policy and Strategy as on the situation analysis presented above. They face intersecting inequities and can be poor even when living in non-poor households.
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 and more likely to be left behind. 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.
The JP will ensure that the target groups will have their (human) rights respected and will ensure that adequate legislation reflects the international commitments of the country. For example:

(i) Article 22 of the Universal Declaration of Human Rights 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 acknowledge that recognize for every child the right to benefit from social security and 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 and our target groups and 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

The JP is informed by evidence through the review of government policy documents, qualitative evaluations of previous interventions and analysis of household surveys. These surveys allow to assess the deprivations that affect different segments of the population and identify those who are more likely to be left behind. As already mentioned, children, the elderly and the disabled are key groups among them.
However, data from surveys are limited to monitor and inform stakeholders on the progress towards achieving the SDGs at shorter intervals such as the one covered by the JP. This limitation is particularly more serious at the subnational level and for specific groups among those most likely to be left behind, who must be prioritized for inclusion in social protection programmes and have facilitated access to social services. For that reason, administrative databases like the Social Registry, the DHIS2 and the MIS of different sectoral programmes such as the Parental Education Programme are extremely relevant to monitor the progress of key outcomes such as coverage of social protection, 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.
Therefore, in supporting the implementation of the Social Registry and its interoperability with programme and sector-specific MISs, the Joint Programme 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 890 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 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 for the whole country. The

indicators shall be disaggregated by female headed households as well as overall coverage of women and girls, people with disability and elderly among beneficiaries.

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. 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.

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.

In the absence of official baseline data for the SDG 3.8.1 indicator, a baseline proxy will be adopted by using both the social registry forms as well as the DHIS2 individual tracker when initially implemented in each one of the districts and then monitored until the end of the JP.

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.

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. The Social Registry and the MIS of the Parental Education Programme of the JP will be used to monitor this indicator over the duration of the JP. Disaggregated data for boys and girls will be used to track any gender-based differences.

v. **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 focus 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.

1.4 Stakeholder mapping

Name of Stakeholder Group	Functions, characteristics and roles	Position related to the problem	
		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 fo many years, but it has resumed regular meetings recently.
Ministry of Labour Social Protection and Solidarity Directorate (DPSS)	- 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 son districts.
	- 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) - Experience with providing support to vulnerable families, including PEP (supported by PEP)	- Lack of human and materials resource - Limited technical capacities of staff - Limited capacity in leadership - Lack of presence in son districts.
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 sta in the PUNOs. - Limited existent resources to support scale up JP - Limited experience in JI

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 expert are not present in the country (based in Mozambique) - Risk of duplicating structures in the management of the cas transfer (creation of un management outside th Ministry responsible for the programme). - Limited transfer of knowledge from extern 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.
Ministries of Health and education	- Ministries responsible to implement sectoral policies	- Coordinate the provision of health services, - Committed to the implementation of the DHIS2, - 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.
Ministry of Youth, Sport and Entrepreneurship	- Ministry responsible for youth policy	-key partner in the ongoing social entrepreneurship programme	Lack of human and financia resources Limited infrastructure Not part of the social protection council.
Institute of Youth	- Mean government body responsible for youth policy	- Key national partner on youth engagement	Lack of human and financia resources Limited infrastructure

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

2. Programme Strategy

2.1. Overall strategy

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 program 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. 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.

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.

The parental education programme component aims at complementing the World Bank led cash transfer intervention and the strengthening of the social protection system 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 capacitated to deliver parental education content to vulnerable caregivers, in line with the cash transfer intervention and the social registry. The funds 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.

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 programme as well as 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.

The Single Registry will become the key management tool to support coordinated multisectoral strategies for extreme poverty eradication, social protection expansion and tailored delivery of social services. 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 SR 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 8. 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.
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 UN agencies. 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 by ILO and WHO. 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 (SRs 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.

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 and 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, who are at the same time those most likely to benefit from social protection and access to services and hence ensure SDG acceleration would not be able to deliver the expected results foreseen in the social protection strategy and in the SDG commitments.

The recent updating work done by the DPSS with support from the WB has shown that there are gaps in the coverage of the extreme poor population in all districts by social assistance programmes. 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.

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 respect 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 districts;
(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: 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 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 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 and UNDP.

Output 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.

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.

2.4 Financing

Implementation of parallel processes across numerous programs 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 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.

All the components of the Joint Programme have been discussed with the government and with the World Bank. Their integration and coordination through the SR will generate

positive synergies and unleash a demonstration effect to convince other relevant sectors to use the SR for programming.

2.5 Partnerships and stakeholder engagement

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 Social Protection and Solidarity Directorate of the Minister of Labour 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.

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.

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.

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.

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

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

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 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

D. ANNEXES

Annex 1. List of related initiatives

Name of initiative/project	Key expected results	Links to the joint programme	Lead organization	Other partners	Budget and funding source	Contact person (name and ema
pport to nerable families ough cash nsfer.	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 jgallegoay a@worldb k.org
rental Education ogramme (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@u cef.org
uth Social trepreneurship	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.sar s@undp.o

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	20
1.1: integrated multi-sectoral policies have accelerated SDG progress in terms of scope[3]	2 components	4 comp
1.2: integrated multi-sectoral policies have accelerated SDG progress in terms of scale[4]	1 district	All 3 d

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

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

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

2.2. Joint programme Results framework

sult / Indicators	Baseline	2020 Target	2021 Target	Means of Verification	Responsible partne

[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.

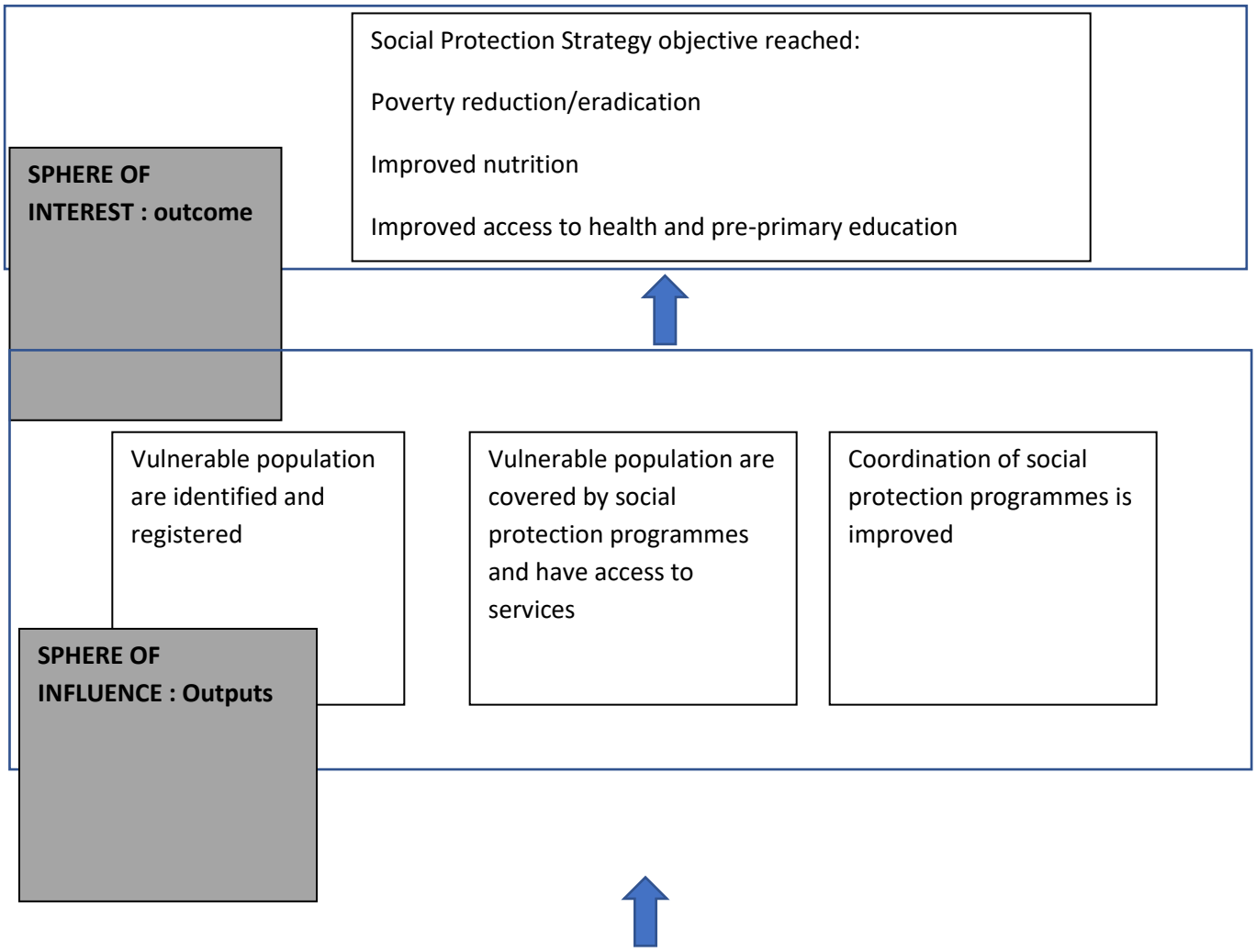
[6] Annual survey will provide qualitative information towards this indicator.

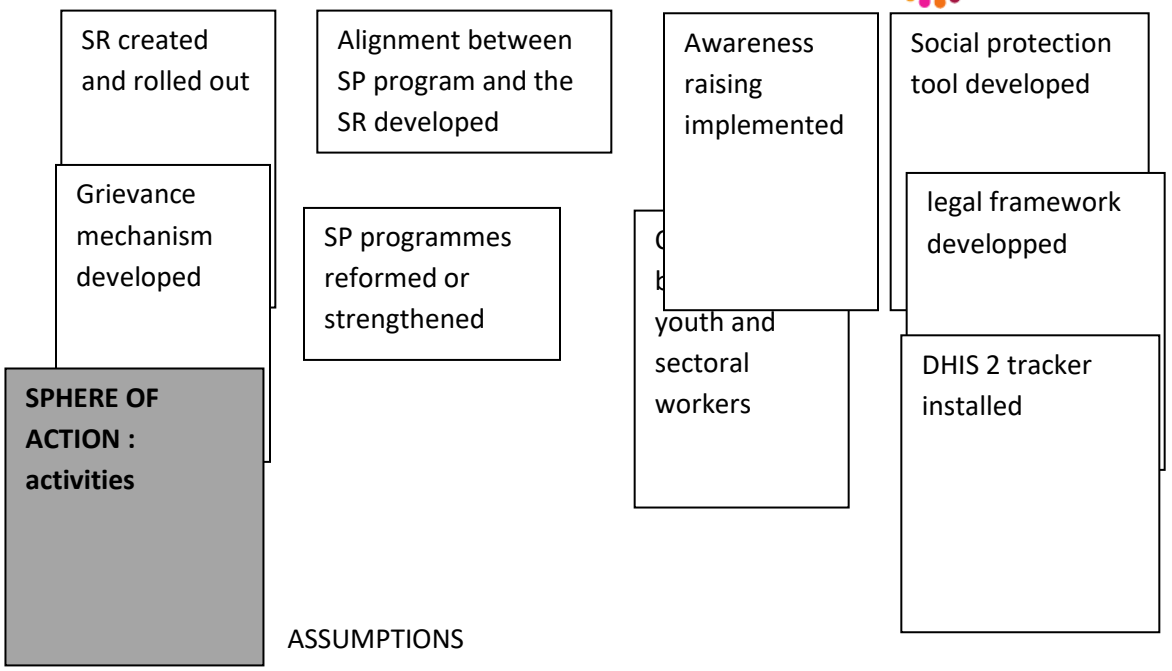
come 1: Disparities and inequalities are reduced at all levels through the full participation of vulnerable and prioritized groups, and th elopment and use by these groups, of social protection services and basic social services.					
come 1 indicator 1: nber of vulnerable ilies covered by al protection grammes	890	1,225	2570	Social Registry and DPPS administrative records	ILO/WB
come 1 indicator 2: erage of essential lth services (defined he average coverage ssential services ed on tracer rventions that ude reproductive, ernal, newborn and d health, infectious ases, non-mmunicable diseases service capacity and ess, among the eral and the most dvantaged ulation)	0	25%	70%	Social Registry and DHIS 2	ILO/UNDP/WHO/WB/UNI
come 1 indicator 3: portion of children sting pre-primary cation among children n vulnerable families stered in the Social stry in the three icts	0	25%	70%	Social Registry and Parental Education MIS	UNICEF/ILO
put 1.1 Target vulnerable population is mobilized, informed and registered in the Social Registry in three districts.					
put 1.1 indicator 1: ial Registry ready operational in all ee districts	0	2 districts	1 district	Social registry	ILO
put 1.1 indicator 2: nber of vulnerable ilies registered in the per district ggregated by der, age groups, and bility	0	Agua-Grande: 3562 (M:1425;F:2135 Lobata: 332 (M:132; F: 200)	Me-Zochi: 1193 (M:477; F:716)	Social registry	ILO
put 1.2 Individual data of targeted vulnerable population in the Social Registry are monitored through DHIS2.					
put 1.2 indicator 1: vidual tracking dule is developed hin DHIS2	0 (non-existent)	developed	Fully operational	Activity report	UNDP/WHO
put 1.2 indicator 2: centage of vulnerable	0%	0%	70%	Social registry and DHIS 2	ILO/UNDP/WHO

ulation who are nitored					
put 1.3 The access of targeted vulnerable households in the Social Registry to social services, including parental educatio oosted.					
put 1.3 indicator 1: centage of vulnerable ulation participating ne Parental cation Programme P)	0	25%	75%	Social Registry and PEP activity report	UNICEF/ILO
put 1.3 indicator 2: centage of vulnerable dren who regular nd health center's development nitoring, ggregated by child group, gender and bility	NA	NA	60%	Social Registry and DHIS2	UNICEF/ILO/WHO
put 1.4 Young people capacity to support the provision of social services across different sectors is developed.					
put 1.4 indicator 1: nber of young people ned in the provision ocial services ggregated by youth group and gender	0	150	150	Programme activity report	UNDP/UNICEF/ILO
put 1.4 indicator 2: nber of young people aged in the provision ocial services across tors disaggregated sector, yough age up and gender	0	150	150	Programme activity report	UNDP/UNICEF/ILO

Annex 3. Theory of Change graphic

THEORY OF CHANGE Visual Representation





(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) 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;

interventions are delivered in a coordinated and timely manner.

Annex 4. Gender marker matrix

Indicator N°	Formulation	Score	Findings and Explanation	Evidence or Means of Verification
.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
.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
.3	Programme output indicators measure changes on gender equality	**2**	Output indicators are also gender sensitive across the proposal.	PRODOC
.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	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.	
.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

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 program 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.

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.

Annex 7. Budget and Work Plan

7.1 Budget per UNSDG categories

UNDG BUDGET CATEGORIES	UNICEF		ILO		UNDP		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)**
1. Staff and other personnel	80,000	150,000	134,592	100,000	111,920	244,799	326,512	494,799
2. Supplies, Commodities, Materials	65,000		20,000		7,600		92,600	
3. Equipment, Vehicles, and Furniture (including Depreciation)	80,000		30,000		25,800		135,800	
4. Contractual services (Behaviour Change Communication, International Consultant)	90,000		295,800		205,152		590,952	
5.Travel	30,000		40,000		0		70,000	
6. Transfers and Grants to Counterparts (health care payment for vulnerable people)	0		250,000		114,110		364,110	
7. General Operating and other Direct Costs	25,917		19,748		0		45,665	
Total Direct Costs	**370,917**		**790,140**		**464,582**		**1,625,639**	
8. Indirect Support Costs (Max. 7%)	*27,918*		*59,473*		*34,969*		*122,360*	
9.Final evaluation (2%)	*57,001*						*57,001*	
10. Monitoring and communication (5%)	*95,000*						*95,000*	
TOTAL Costs	**550,836**	**150,000**	**849,613**	**100,000**	**499,551**	**244,799**	**1,900,000**	**494,799**
1st year	**355,876**		**514,110**		**349,685**		**1,219,671**	
2nd year	**194,959**		**335,503**		**149,865**		**680,327**	0

CORRECTED:

23						
24		***Sao Tome and Principe***				
25	UNDG budget categories	UNICEF	ILO	UNDP	TOTAL	
26	1. Staff & other personnel	80,000	134,592	111,920	326,512	
27	2. Supplies, commodities, materials	65,000	20,000	7,600	92,600	
28	3. Equipment, vehicles, and furniture	80,000	30,000	25,800	135,800	
29	4. Contractual services	90,000	295,800	205,152	590,952	
30	5. Travel	30,000	40,000	-	70,000	
31	6. Transfers and grants	-	250,000	114,110	364,110	
32	7. General operating & other DC	25,917	19,748	-	45,665	
33	**Total DC**	**370,917**	**790,140**	**464,582**	**1,625,639**	
34	Evaluation (2%)	57,001			**57,001**	The costs for Evaluation and Communication are part of the Programme costs and need to be added before the ISC calculation
35	Strategic, communication... (5%)	95,000			95,000	
36	***Total DC and other Programme Costs***	***522,918***	***790,140***	***464,582***	***1,777,640***	
37	**ISC 7%**	**36,604**	**55,310**	**32,521**	**124,435**	ISC for ILO and UNDP in the prodoc is incorrect (8%) . Corrected amount noted in red
38	**Total costs**	**559,522**	**845,450**	**497,103**	**1,902,075**	Please check the budgeted amount for accuracy with the prodoc.
39						
40	***1st year***	355,876	514,110	349,685	1,219,671	
41	***2nd year***	**203,646**	**331,340**	**147,418**	**682,404**	year 2 for prodoc is incorrect for all PUNOs. Corrected amounts noted in red
42	***2nd year per prodoc which is incorrect***	194,959	335,503	149,865		
43	***Difference***	8,687	(4,163)	(2,447)		
44						

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

SDG TARGETS		%	USD
	SDG 1.3	24%	519,613
	SDG 3.8	41%	874,064
	SDG 4.2	7%	156,275
	SDG 4.7	3%	72,086
	SDG 5.1 AND 5.2	5%	104,183
	SDG 16.2	5%	104,183
	SDG 8.3 and 8.6	15%	324,476
TOTAL		1	2,154,880

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															
Output	**Annual target/s**		**List of activities**	**Time frame**								**PLANNED BUDGET**			
	2020	**2021**		**Q 1**	**Q 2**	**Q 3**	**Q 4**	**Q 1**	**Q 2**	**Q 3**	**Q 4**	**Overall budget description**	**Joint SDG Fund (USD)**	**PUNO Contributions (USD)**	**Total Cost (USD)**

Output 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									* a 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 (20,000 USD); Me-Zochi (20,000 USD); Lemba (19,613 USD) *capacity building for the development and management of SR (20,000 USD) *development and validation of the legal framework	439,613	20,000	**459,613**
			Develop an illustrated guidebook for community selection	x										
			Organize sensitization campaigns	x	x	x	x	x	x	x	x			
			Carry out community selection and PMT survey	x	x			x						
			Support intake and registration	x	x			x						
			Develop and implement linkages between SP programs and the SR			x			x					
			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				

												(40,000 USD) *development and implementation of tools and procedures for linkages between SR registry and SP prptection programs (35,000 USD)			
Output 2: Individual data of targeted vulnerable population in the Social Registry are monitored through DHIS 2	100	0	Assessment of health surveillance and reporting systems	X	X								2,500	0	2,500
	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 community levels across the country.	X	X								2,500	0	2,500
	100	0	Compile all current data analysis/data use tool: Develop reporting guidelines.		X							Two workshops to discuss and agree on the tools each at a cost of 3000 USD + costs for activities in the districts	9,000	0	9,000
	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

	75	25	Customize DHIS2 Tracker with best practice content from individual-level data configuration packages for social registry with focus on health services such as TB, Immunization, HIV case-based surveillance, and case-based surveillance for notifiable diseases.			X	X	X				90 TA/days to carry out customization of DHIS Tracker	45,000	0	45,000
	75	25	Prototype Review with EPI, Family Health and other potential programmes with MOH Team to develop main system for production server			X	X	X				20 TA/days + costs for field visits	12,500	0	12,500
	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
	50	50	Tablets acquisition				X	X				44 Health Facilities, two tablets in each	19,800	0	19,800
	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
	0	100	Project Management Staff					X	X	X	X	Project Management Staff	38,000	35,376	73,376
	50	50	Cloud Services MDM and Fdroid				X	X				Cloud services for 2 years	6,000	0	6,000
	50	50	Facility training in all Districts in the Country			x			x			2 training per facility per year	44,000	0	44,000
	100	0	Support the implementation of routine reporting			x	x					30 TA days	15,000	0	15,000
	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			x	x					5 TA days	2,500	0	2,500

			guidance on data analysis of facility data.											
	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					15 TA days for supporting this activity	7,500	0	7,500
	0	100	Print and distribute new forms and registers					x	x				7,600	0	7,600
	0	100	Develop Data or Information use SOPs, Develop Data Quality SOP					x	x			10 TA days for developing SOPs for several levels	5,000	0	5,000
	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
	0	100	Information Use Workshop					x	x	x	x	2 National Information Use Workshops per year	6,000	0	6,000
	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	0	12,500
	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
	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

	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 will have to be chosen in line with other standards used in the country and international best practice.					x	x			20 TA days for interoperability Activities	10,000	0	10,000
	25	75	Provide quality assurance training by facilitating various DQA sessions and supporting activities				x	x	x			20 TA days	10,000	0	10,000
	100	0	Configuration workshop to improve the data validation rules in DHIS2 for all forms with input from all health programs.			x	x					10 TA days	5,000	0	5,000
	50	50	Organize six-monthly district data validation and monitoring meetings (for all districts).		x		x		x		x	4 sessions (2 per year) each 2250	0	9,423	9,423
	50	50	Supportive supervision to districts/facilities		x		x		x		x	Several visits to the districts (Subject to adjustment)	9,000	0	9,000
	50	50	Develop annual health bulletins with key information				x				x		4,000	0	4,000
	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
	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

	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
Output 3: The access of targeted vulnerable households in the Social Registry to social services, including parental education, 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 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 (25,000 $) Improvement of working conditions (65,000 $)	$172,082	$100,000	**272,082 00**
			Update parental education content and related material including digitalize content for T4D platforms	x	x										
			Training, refreshment, coaching on parental education for front line professional workers across platforms		x	x	x	x	x	x	x				
			TA for baseline and endline assessment in the focus districts	x				x			x				
			Support for supervision	x	x	x	x	x	x	x	x				
			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	*Health coverage mechanism implemented in one District	Develop the Health care benefit package	x								*Survey and consultations for the development of the benefit package (40,000 USD) *Capacit	350,000	20,000	370,000
			Develop and implement the health coverage mechanism for vulnerable people		x	x	x	x							
			Select the beneficiaries of the health coverage mechanism (3,000 beneficiaries)		x	x		x							

	strengthened		Build the capacity of health care providers		x	x	x	x	x	x		y building of DPSS staff and health care providers on the health coverage mechanism (30,000 USD) *selection of 3,000 beneficiaiaries and health ID card (20,000 USD) *Health care payment throught the Health coverage mechanism for the 3,000 beneficiaries (250,000 USD)			
			Assess financial and economic sustainability of the social pension schemes			x						*Actuarial valuation of the scheme (20,000 USD) *development of tool and procedures (10,000 USD) *Capacity building (15,000 USD)	0	60,000	60,000
			Develop linkages between SR and health facilities to facilitate access				x								
			Strengthen the social pension scheme			x	x		x						
			Capacity building		x	x	x		x						

Output 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 (13,000 $)	$198,835	$50,000	**$248,835.00**
			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							$21,288		**$0**
			Providing training tools to young people previously identified in social entrepreneurship				x	x	x	x				$0	
			Social Entrepreneurship mentorship provider			x	x	x	x	x	x		$19,000		

Annex 8. Risk Management Plan

ks	**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**
textual risks					
al situation of the country and sible social unrest due to economic orms leading to lower social enditures	20	4	5	Build the capacity and infrastructure for anticipating the scale up of JP interventions in case of need.	RC
he local population feeling entment at the support provided to se registered in the SR	12	3	4	Effectiveness of outreach work Selection criteria well designed and agreed Community selection Complains and grievance mechanisms with beneficiary participation	PUNOs
anges in key ministerial sitions	9	3	3	Social Protection council shall keep the memory of the commitments and collective decisions	Social Protection Council
grammatic risks					
SS not in charge of the social istry infrastructure and abase management	12	3	4	Capacity building of DPSS Provide DPSS with IT infrastructures Collaboration with WB	ILO (in collaborat with the World Bank)

eroperability of the SR, DHIS 2 l linkages with social services, uding parental education take ger than planned to become erational and potential neficiaries do not receive the vices.	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.	
titutional risks					
ak coordination among PUNOs rking on the JP	4	2	2	RC Leadership Effectiveness of management arrangement Monitoring of activities	RC
ak engagement and ownership ocal partners	4	2	2	Regular communication and meetings, advocacy	Social Protection Council and PUNC
uciary risks					
k of preparedness of the vernment (including funding) to e over project activities after end of the project and the ociated risk of not sustaining ject impacts over the medium l 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

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.