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Item 4 (a) of the provisional agenda*

Country programme document

Sao Tome and Principe

Summary

The country programme document (CPD) for Sao Tome and Principe is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of \$4,315,000 from regular resources, subject to the availability of funds, and \$6,200,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2023 to 2027.

* [E/ICEF/2023/1](#).

Note: The present document was processed in its entirety by UNICEF.



Programme rationale

1. Sao Tome and Principe is a small island developing State with a gross national income of \$552 million in 2021.¹ The country's population was 219,078 in 2022,² with children and adolescents aged 0–19 years accounting for approximately 41 per cent.

2. As a lower-middle-income country with a fragile economy, Sao Tome and Principe is highly vulnerable to external shocks and has a strong dependence on international aid, which represented 19 per cent of gross national income in 2020.³ Economic growth in the past 10 years has averaged around 4.1 per cent. In 2020, despite the coronavirus disease 2019 (COVID-19) pandemic, growth was boosted by international aid, reaching 3.1 per cent but decreasing to 1.8 per cent in 2021, according to the International Monetary Fund.

3. The country has made important progress in terms of social development and, as a result, its Human Development Index score rose from 0.56 to 0.62 between 2010 and 2019. Nevertheless, the economy has not generated enough jobs and the unemployment rate increased from 13 per cent in 2019 to 20 per cent in 2020. Almost half of the population (47 per cent) lives in extreme poverty.⁴

4. Between 2000 and 2020, infant and under-5 mortality decreased steadily (by 77 per cent and 80 per cent, respectively). In 2020, the mortality rate per 1,000 live births was 12.7 for infants and 16.1 for children under 5 years of age.⁵ This can be explained by the increased availability of skilled health workers and improved coverage of public health-care facilities.⁶ Nonetheless, continuous investment must be made to achieve Sustainable Development Goal 3.

5. Immunization coverage is high and, prior to the COVID-19 pandemic, 81 per cent of children aged 12–23 months received all age-appropriate vaccinations. However, low coverage among poor or marginalized groups threatens this progress. In 2019, children in the poorest households (69 per cent) were least likely to have received all basic vaccinations, compared with children from the richest households (85 per cent).⁷

6. In 2021, the country recorded only 41 new cases of HIV, corresponding to a rate of 0.2 per 1,000 inhabitants, a decrease of about 29 per cent compared with the

¹ World Bank, "GNI (current US\$) – Sao Tome and Principe". Accessed on 21 October 2022. Available at <https://data.worldbank.org/indicator/NY.GNP.MKTP.CD?locations=ST>.

² National Institute of Statistics (Instituto Nacional de Estatística (INE)), Demographic Projections of S. Tome and Principe on the 2035 Horizon (updated based on the results of the 2012 Census).

³ World Bank, "Net ODA received (% of GNI)". Available at <https://data.worldbank.org/indicator/DT.ODA.ODAT.GN.ZS>.

⁴ National Institute of Statistics (Instituto Nacional de Estatística (INE)), Survey on Family Budgets 2017, 2020. Available at <https://ine.st/index.php/publicacao/documentos/file/601-inquerito-aos-orcamentos-familiares-iof2017>.

⁵ United Nations Children's Fund (UNICEF), "Under-five mortality". Available at <https://data.unicef.org/topic/child-survival/under-five-mortality/>.

⁶ World Bank, "Births attended by skilled health staff (% of total) – Sao Tome and Principe", available at <https://data.worldbank.org/indicator/SH.STA.BRTC.ZS?locations=ST>.

⁷ UNICEF, "Just Released: Sao Tome and Principe 2019 Datasets And Survey Findings", 4 January 2021. Available at https://mics.unicef.org/news_entries/184/JUST-RELEASED:-SAO-TOME-AND-PRINCIPE-2019-DATASETS-AND-SURVEY-FINDINGS.

previous year.⁸ However, only 30 per cent of girls and 28 per cent of boys aged 15–19 years have a comprehensive knowledge of HIV transmission.⁹

7. Teenage pregnancy is high, at 91 births per 1,000 in 2019,¹⁰ close to the average adolescent birth rate in sub-Saharan Africa. Teenage pregnancy is often a consequence of the challenges that adolescents face in accessing adolescent-friendly health services.

8. The proportion of underweight children under the age of 5 years decreased from 9 per cent to 5 per cent between 2014 and 2019. However, in 2020, 8.4 per cent of under-5 children in the poorest households were underweight, compared with 3.4 per cent of children in the richest households. Similarly, the proportion of children under the age of 5 years with stunting decreased from 17 per cent to 12 per cent between 2014 and 2019, but it remained highly prevalent among children in the poorest households (16.3 per cent) compared with children in the richest households (6.9 per cent).¹¹

9. Access to primary education remained high, with 93 per cent of children of primary school age in primary education and a completion rate of 87 per cent in 2019.¹² While enrolment in primary school is high and inclusive, access to early childhood education is not. In 2019, only 50 per cent of children aged 3–4 years were enrolled in pre-primary. Children in the richest households (57 per cent) are three times more likely to attend pre-primary than children in the poorest households (19 per cent). There are also inequities in access to lower and upper secondary schools. Only 40 per cent of adolescents from the poorest households attend lower secondary, compared with 73 per cent of adolescents from the richest households.

10. Quality education poses a significant challenge at all levels. In 2019, only 38 per cent of children aged 7–14 years had the minimum/basic foundational reading skills, with 36 per cent having the minimum basic numeracy skills.¹³ In the poorest households, 76 per cent of children do not have these minimum foundational skills. The combination of high repetition and dropout rates is reflected in an increased number of out-of-school children. The out-of-school rate rises from 1 per cent at age 11 years to 25 per cent at age 17. Such negative trends can be explained by fewer and inadequate schools in rural and poorer regions, indirect costs to families, high student-to-teacher ratios, insufficient teacher training and limited alternative education programmes.¹⁴

11. Important steps have been taken to improve the Government's capacity to prevent, and respond to, violence against children. UNICEF has supported the Government in implementing an approach with both social and behaviour change components, and to establish a multisectoral case management system. However, there need to be:

- (a) Improvements in the implementation of the national policy framework on child protection;
- (b) More qualified and motivated social workers;

⁸ Joint United Nations Programme on HIV and AIDS, "Sao Tome and Principe 2021, HIV and AIDS Estimates". Available at www.unaids.org/en/regionscountries/countries/saotomeandprincipe.

⁹ "Sao Tome and Principe 2019 Datasets".

¹⁰ World Bank, "Adolescent fertility rate (births per 1,000 women ages 15–19) – Sao Tome and Principe". Available at <https://data.worldbank.org/indicator/SP.ADO.TFRT?locations=ST>.

¹¹ "Sao Tome and Principe 2019 Datasets".

¹² Ibid.

¹³ Ibid.

¹⁴ UNICEF, *Situation Analysis on children and women* in Sao Tome and Principe (Unpublished manuscript).

(c) A strong multisectoral coordination mechanism across health, social welfare, justice and related sectors.

12. Violence is widespread. In 2019, 84 per cent of children aged 1–14 years experienced violent discipline, with 14 per cent of them experiencing severe physical punishment.¹⁵ Negative social norms and gender inequality may perpetuate some types of violence. Notably, 18 per cent of women and 11 per cent of men aged 15–49 years believed that it is acceptable for a husband to hit or beat his wife for at least one of the following reasons:

- (a) Neglecting their child;
- (b) Burning the food;
- (c) Arguing with him;
- (d) Going out without telling him;
- (e) Refusing to have sexual intercourse with him.¹⁶

Two per cent of women aged 15–49 years were forced to have sex against their will and 13 per cent have been victims of some type of violence.¹⁷

13. Social protection is the main Government strategy to reduce poverty, vulnerability and inequality. In recent years, UNICEF has supported the Government in establishing the National Council of Social Protection, led by the Prime Minister, to achieve greater integration of social services. However, sectoral policies require stronger coordination and the country lacks a workforce capable of helping those most likely to be left behind.¹⁸ The formulation of an equitable and child rights-focused social policy is hampered by the limited availability and use of evidence to inform Government budgeting and programming priorities.

14. Before COVID-19, only 6 per cent of households in the two lowest wealth quintiles received cash transfers or social benefits, and only 1.4 per cent of children under the age of 5 years and fewer than 1 per cent of children aged 5–17 years had health insurance coverage.¹⁹ UNICEF has been supporting the Government to complement the cash transfer programmes with care interventions and family-friendly policies, including the implementation of the Parental Education programme. However, social protection programmes are inefficiently distributed and monitored. In 2021, the World Bank estimated that the poverty rate in the country will increase from 67 per cent to 78 per cent due to the global crisis.²⁰

15. In 2020, only 36 per cent of households had access to safely managed drinking water and 42 per cent had access to basic drinking water from an improved source. Similarly, in 2020, 13 per cent of households had basic sanitation services, and 55 per cent of the population used a handwashing facility with soap and water.²¹ Only 76 per cent of the country's schools have access to basic sanitation. However, there are major data gaps for schools and other facilities.

16. Sao Tome and Principe is threatened by rising sea levels, changes in rainfall patterns, increasing temperatures and extreme weather. This poses substantial risks to

¹⁵ "Sao Tome and Principe 2019 Datasets".

¹⁶ Ibid.

¹⁷ Ibid.

¹⁸ United Nations, *Socioeconomic Impact Assessment and Socioeconomic Response Plan to COVID-19 – STP*, 2021. Available at <https://saotomeeprincipe.un.org/pt/205835-pnarme>.

¹⁹ Ibid.

²⁰ UNICEF, "Situation analysis on children and women in Sao Tome and Principe" (unpublished).

²¹ World Health Organization and UNICEF, "Updated global estimates for WASH in health care facilities: Nearly half lack basic hygiene services". Available at <https://washdata.org/>.

the health of the population and threatens their livelihoods. The absence of climate data and risks assessments implies weak disaster risk reduction plans and responses.

17. Lessons learned from the concluding country programme include:

- (a) The national and district capacity for generating quality data needs to be strengthened to improve planning and monitoring processes and investments for children;
- (b) Adequate financing and efficient public spending are core to addressing inequities facing children;
- (c) Integrated approaches to social services are needed to tackle structural constraints by optimizing limited human resources capacity, funding and partnerships;
- (d) Multisectoral approaches need clear coordination and monitoring systems;
- (e) Risk-based programming is crucial for resilient social systems to respond more efficiently to risks and impacts caused by climate change.

Programme priorities and partnerships

18. In order to speed up efforts to achieve the targets of the 2030 Agenda for Sustainable Development, UNICEF will shift to a more strategic approach to improve the access to, and availability of, quality social services, to promote behavioural change, and to advocate for gender and child-sensitive policies to enable children, including adolescents, to realize their rights. The country programme's theory of change is based on priorities identified with partners and from lessons learned. It sets out that *if*:

- (a) The Government has enhanced capacities to plan, implement, monitor and coordinate service delivery to address children's vulnerability to poverty and reduce persistent disparities;
- (b) Policies and strategies affecting children are adequately budgeted and domestic resources are used efficiently to sustain quality social services;
- (c) Families, adolescents, children and communities are supported in adopting sociocultural norms favourable to child rights;
- (d) Children, especially adolescents, are empowered to promote child rights;
- (e) Strategic partnerships are built with the public and private sector to unlock resources for sustainable, innovative, at-scale and timely interventions across a child's life;

then children, including adolescents, particularly the poorest and most marginalized, will have access to quality social services and live in favourable and safe environments that allow them to develop fully.

19. The proposed Country Programme between the Government of Sao Tome and Principe and UNICEF is aligned with the Convention on the Rights of the Child, the Convention on the Rights of Persons with Disabilities and the Convention on the Elimination of All Forms of Discrimination against Women. It also aligns with the Programme of the 17th Constitutional Government 2018–2022 and derives from the United Nations Sustainable Development Cooperation Framework 2023–2027 (UNSDCF) Outcome 1:

By 2027, people in Sao Tome and Principe, in particular the people left behind and most vulnerable, benefit from quality and inclusive social systems and have access to integrated social protection.

and Outcome 4:

By 2027, people benefit from transparent, responsive and gender-sensitive institutions.

In line with the UNICEF Strategic Plan, 2022–2025, the programme consists of five programme components, all mainstreaming adolescents.

20. The programme will promote multisectoral approaches to enhance the impact for children. Early childhood development interventions will be integrated across early learning, health and protection services to promote safe, responsive and nurturing caregiving. Programming for adolescents will emphasize the access to, and relevance of, learning and adequate life skills; health services including mental health; sexual and reproductive health services; violence prevention and response; and action on climate change.

21. The programme will leverage the presence and worldwide experience of UNICEF to advance the children’s agenda, working closely with the Government. It will continue investing in increasing access to services, while focusing on quality and equity to reach the most vulnerable. The programme will capitalize on the country’s small size and will prioritize:

(a) systems strengthening by improving access to, and the quality of, service provision in health, education, child protection and social protection;

(b) professionalizing the social service workforce across social welfare, health and justice departments;

(c) establishing multisectoral case management and referrals for prevention and response to violence;

(d) building capacities in data and evidence-driven approaches;

(e) modelling innovative interventions;

(f) generating demand, particularly among adolescents;

(g) improving the efficiency of public spending.

22. The programme will bring together United Nations agencies, the Government and development partners, working in support of child-centred, gender-focused and equitable results. The United Nations Delivering as One initiative will be strengthened, positioning UNICEF as a lead agency in designing and implementing joint programmes contributing to the Inclusive Social System Pillar of the UNSDCF with a focus on children and adolescents. Partnerships with the private sector will be intensified at local level and with UNICEF National Committees (Italy, Portugal, Spain and Sweden), to leverage resources within agro-industry, tourism and telecommunications. Private sector engagement will include scaling up technology, innovation and financing; influencing and challenging the prevailing gender norms and stereotypes; and raising awareness to prevent child labour and sexual exploitation.

23. Country-specific approaches will be scaled up to address disparities experienced by children and adolescents. The programme will identify and support children from the most marginalized groups, including those in extreme poverty and with disabilities.

Equitable child survival: health, nutrition, water, sanitation and hygiene

24. This component contributes to UNSDCF Outcome 1 and is aligned with the Government’s policies on health and nutrition, sanitation and the environment from 2018 to 2022. It will be led by the Ministry of Health, Labour and Social Affairs, the

Ministry of Public Works, Natural Resources and Environment, and the Ministry of Youth and Sports . The programme will support the Government in strengthening health systems, for improved maternal, neonatal, child and adolescents' health, nutrition, HIV, and water, sanitation and hygiene (WASH) services. The programme will aim to:

- (a) Advocate for evidence-based policies, increased budget allocations, and improved efficiency of public spending;
- (b) Build capacities for improved sectoral and multisectoral coordination among key stakeholders to leverage and scale up results for children;
- (c) Improve evidence-based planning, information systems and quality services nationally and at district level;
- (d) Promote social and behaviour change for healthy and protective behaviours.

25. In partnership with the World Health Organization (WHO) and Gavi, the Vaccine Alliance, the programme will use immunization platforms as entry points to expand access to child health and nutrition services, as well as birth registration.

26. The programme will prioritize an integrated primary health-care approach for universal health as well as promote the modelling of a community health component. UNICEF will deepen United Nations collaboration, particularly with WHO and the United Nations Development Programme (UNDP), to improve national information systems and district planning and increase allocations and expenditures based on results.

27. In collaboration with WHO and the United Nations Population Fund (UNFPA), the programme will support the development of a strategy to address adolescent pregnancy, violence, mental health and nutrition. Interpersonal skills of health workers will be strengthened to deliver adolescent-friendly, gender-responsive and quality health-care services in a supportive, respectful and non-discriminatory manner, encouraging the demand for essential health services.

28. Social behaviour change interventions will be implemented in coordination with WHO and UNFPA, ensuring that girls and boys, families and communities strive to access quality health services, adopt positive parenting practices, embrace safe and healthy behaviours and demand quality assistance for the well-being of their children.

29. Adolescent-led solutions will be sought to promote healthy, protective behaviours among their peers and communities, on HIV, violence, early pregnancy, nutrition, open defecation, climate change, and hygiene, including menstrual hygiene management. Different platforms will be used to engage and equip adolescents, including those who are out of school, with skills to act as agents of positive change.

30. The WASH component will promote behaviour change towards the adoption of appropriate practices (household water treatment and storage, demand for water and sanitation and services, and the elimination of open defecation). This will be implemented through the Community Led Total Sanitation approach, which supports communities playing an active role in service delivery. This approach also builds resilience, as local risks and environmental conditions are taken into account. The programme will start by analysing the baseline situation of climate-related issues affecting children, focusing on but not limited to WASH.

31. The programme will help improve the WASH National Information System, including the collection of reliable data, to monitor:

- (a) The functionality of safe water sources or systems;

- (b) Water-stressed areas;
- (c) Hydrogeological data;
- (d) WASH infrastructures in schools and health centres;
- (e) Health data sets (cholera rate, HIV, malnutrition) indicating risk-prone areas.

32. The programme will assist the Government in ensuring that children, including adolescents, and their families have access to safe and resilient WASH services in coordination with strategic partners including the European Union, the World Bank, bilateral donors and partners. The Government will be supported in promoting the national WASH strategy and enhancing intersectoral coordination at national and subnational levels.

Education

33. This component contributes to UNSDCF Outcome 1, under the leadership of the Ministry of Education, Culture and Sciences, in collaboration with the Ministry of Youth and Sports. UNICEF will support the implementation of priority interventions of the national *Education Policy Charter 2019–2023* aimed at achieving universal access to 12 years of free, quality education and more higher and alternative education opportunities adapted to labour-market needs. In partnership with UNDP, the United Nations Educational, Scientific and Cultural Organization (UNESCO), the World Food Programme (WFP), the United Nations Industrial Development Organization (UNIDO), UNFPA and WHO, the programme will continue supporting the Government to:

- (a) Increase access to and reduce inequities in pre-primary education;
- (b) Ensure a healthy, safe, inclusive and stimulating environment in primary schools by improving learning outcomes;
- (c) Increase retention through digital learning, life skills education, strengthening school management and introducing multisectoral interventions;
- (d) Expand the offer of quality alternative learning pathways for out-of-school girls and boys.

34. The programme will build on lessons from the COVID-19 response. In collaboration with the World Bank and the Global Partnership for Education, it will tackle the learning crisis through supplying information and communication technology equipment, by developing digital learning content and training and by enhancing foundational literacy and numeracy. Children's and adolescents' learning, empowerment, citizenship and employability will be promoted by integrating twenty-first-century skills and gender and climate change education, and ensuring the participation of children, girls and boys. UNICEF will help build the national capacity to update, implement and monitor gender and disability-sensitive policies in coordination with youth and social protection sectors. It will focus on strengthening the Government's role in quality assurance and standard-setting, as well as on the districts' supervisory responsibility to enforce the education sector's regulatory framework and improve overall accountability.

35. The programme will continue prioritizing early learning and school readiness as drivers of foundational learning outcomes. It will accelerate access to quality pre-primary education, especially for the most vulnerable, through training of pre-primary teachers and awareness-raising on positive parenting and thorough analysis of the allocation and spending efficiency in pre-primary education.

36. The programme will adopt a comprehensive approach to improve the learning environment and retention in primary schools. UNICEF will work to support the Government to adopt a multisectoral approach using schools as platforms for the delivery of coordinated interventions in WASH, climate change, health and nutrition, and violence prevention. School management will be improved by training teachers to deliver innovative pedagogies for improved foundational skills, updating the legal framework of teacher training to include quality standards, and engaging parents and caregivers to better support children learning at home and to participate in the governance of schools.

37. The programme will invest in modelling innovative approaches in primary education, such as digital learning, focusing on the capacity-strengthening of teachers and education institutions, as well as on developing appealing pedagogical content. Evaluation will be integrated to assess the degree to which digital learning contributes to improved numeracy and literacy outcomes. UNICEF will leverage its leading role, through the local education group, to mobilize and influence development partners and the private sector for harmonized interventions on digital learning and to advocate for Internet connectivity in all schools.

38. The programme will support increased access to equitable, inclusive and quality lower and upper secondary education with alternative learning opportunities to promote school retention, especially for children at risk of dropping out, and to ensure that out-of-school adolescents continue to learn. UNICEF will work with the World Bank, the European Union, the Global Partnership for Education, United Nations agencies and civil society to support the Government to design flexible learning pathways and implement multisectoral measures, including social and child protection to prevent school dropout, early pregnancy and violence, and to create alternative learning opportunities for adolescents (aged 11–19 years) in and out of school.

Child protection

39. This component contributes to UNSDCF Outcome 1 and will be led by the Ministry of Health, Labour and Social Affairs, the Ministry of Justice, Public Administration and Human Rights, the Ministry of Defence and Internal Administration, the Ministry of Women's Rights, the Ministry of Education, Culture and Sciences, the Ministry of Youth and Sports, and other key actors. In coordination with WHO, UNFPA and UNDP, the programme will support interventions focused on the protection of children, including adolescents, from violence, notably sexual violence, and early pregnancy.

40. The programme will continue to support a more resilient, inclusive, gender-sensitive and disability-responsive multisectoral child protection system, with a strengthened social service workforce, and will support efforts to increase budget efficiency. It will strengthen the collaboration and referrals between social welfare, justice, health and education services to operationalize a national integrated child protection case management system. In particular, strengthening administrative data systems will be prioritized to improve the quality of child protection evidence.

41. The programme will continue supporting the acquisition of knowledge, skills and capacity of children, including adolescents, and families to prevent and report violence and harmful practices and to adopt positive parenting practices. There will be a specific focus on intersectoral links for reducing early pregnancies and violence, through health, education and social protection interventions. Skills-building initiatives will equip children, including adolescents, to act as role models that positively influence attitudes and behaviours around early pregnancy, violence and the reporting of child protection offences.

Social inclusion

42. This component contributes to UNSDCF Outcomes 1 and 4, and is aligned with the constitutional Government's Five-Year Action Plan 2018–2022. It will be led by the Ministry of Health, Labour and Social Affairs, the Ministry of Planning, Finance and Blue Economy, the Ministry of Women's Rights, the National Institute of Statistics and the Ministry of Youth and Sports. The programme will partner with the International Labour Organization (ILO) and the World Bank to strengthen social protection systems and develop policies to improve the effective implementation of child-sensitive, equitable and inclusive social protection services.

43. The programme will strengthen the Government's capacity to measure and respond to poverty and inequities, focusing on the most vulnerable and optimizing limited resources. This will include generating evidence on monetary and multidimensional poverty, and a budget analysis of social sectors to advocate for the development of evidence-based child-friendly policies, plans and budgets. The programme will engage civil society stakeholders across the budget cycle and decision-making processes to enhance accountability across the country. The programme will support the Government to update its social protection strategy to improve efficiency, increase coverage and ensure greater resilience to shocks. It will integrate lessons learned from the parenting education programme suggesting the need to professionalize and decentralize social services, reinforce multisectoral coordination, including with civil society, and develop evidence-based and contextualized communication plans.

44. Links to other programmes will be strengthened, especially with child protection, to enable the social protection workforce to deliver effective case management and psychosocial support, complementing the national cash transfer programme to vulnerable families. The programme will work with ILO to improve the existing Social Registry to ensure a more disability and gender-inclusive registry that is able to adequately increase social protection coverage.

45. The programme will strengthen the capacities of Parliament, district assemblies and ombudsmen to influence child-friendly policies and budgeting. To this end, UNICEF will enhance monitoring processes, and share key research so that investment in children is at the core of the Government's agenda.

46. The programme will reinforce mechanisms for adolescents' participation and support the engagement of civil society in decision-making processes to increase accountability. It will raise awareness among children of their rights, empowering them to act as positive agents of change on social, economic, climate and environmental issues. The programme will support greater access to information and tools to enhance their participation and monitoring to advance the children's rights agenda, promote budget transparency and oversee the progress of plans.

Programme effectiveness

47. The programme will be efficiently coordinated and managed in accordance with quality standards and in line with the UNSDCF 2023–2027. In order to ensure access to quality social services and to promote resilient systems and communities, multisectoral approaches will be systematically implemented to address gender barriers, mainstream early childhood and adolescent development, promote social behavioural change and strengthen emergency preparedness and response.

48. UNICEF will strengthen the capacity of implementing partners in the areas of data collection and analysis for effective planning, monitoring and evaluation, results-based management and the prevention of sexual exploitation and abuse.

49. The programme will seek to accelerate the children's agenda through increased evidence-based communication and advocacy strategies. UNICEF will invest in transformative partnerships to amplify advocacy messages, and leverage the commitment of decision makers, international development partners and the private sector. Digital transformation and innovation will be central to improving implementation and monitoring mechanisms, disseminating knowledge and ensuring meaningful internal and external communication.

Summary budget table

<i>Programme component</i>	<i>(In thousands of United States dollars)</i>		
	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Health, nutrition, WASH	900	1 700	2 600
Education	700	1 900	2 600
Child protection	720	1 130	1 850
Social inclusion	720	920	1 640
Programme effectiveness	1 275	550	1 825
Total	4 315	6 200	10 515

Programme and risk management

50. This CPD outlines the contributions of UNICEF to national and subnational results and serves as the primary unit of accountability to the Executive Board for aligning results with resources assigned to the programme at country level. Accountabilities of managers at country, regional and headquarters levels for country programmes are prescribed in the organization's programme and operations policies and procedures.

51. UNICEF will strengthen joint programming with other United Nations agencies. The business operations strategy will be implemented to harmonize and reduce operating costs. United Nations agencies will continue to share common premises and some common services. UNICEF will strengthen the management of Harmonized Approach to Cash Transfers (HACT) and sustain compliance with other risk control mechanisms while continuing to strengthen its operations by ensuring value for money, quality, efficiency and effectiveness.

52. A significant risk to programme implementation is insufficient evidence and weak information systems for planning and budget allocation. Official development assistance is also expected to decline, due to several factors including the country's expected graduation from least-developed country status. In response, the programme will focus on strengthening the social sectors' information systems and on developing research and evaluation.

53. Innovative and results-focused programming will drive the engagement with bilateral donors, multi-donor trust funds, global and country-level partnerships, international financial institutions, international foundations, the private sector and UNICEF National Committees, to mobilize and leverage funding for children.

Monitoring and evaluation

54. UNICEF will continue working with ministries to generate and use disaggregated data. It will contribute to achieve key national data milestones: the national census (2023/2024) and the Multiple Indicator Cluster Survey (2024/2025), which will be used to report on outcome indicators.

55. UNICEF will also support evidence-based planning, for the Government to identify excluded children, focusing budgets and plans to support children's development. This will ensure that relevant and reliable administrative data from line ministries are regularly produced, which will also benefit the reporting on output indicators.

56. UNICEF will work with relevant national institutions to monitor progress towards national and international goals, specifically the Sustainable Development Goals, within the UNSDCF monitoring processes and mechanisms.

57. In coordination with the Government and partners, UNICEF will hold annual and midterm reviews to ensure that the programme builds on lessons learned and its design remains focused on tangible results for children.

Annex

Results and resources framework

Sao Tome and Principe – UNICEF country programme of cooperation, 2023–2027

<p>Convention on the Rights of the Child: Articles 2–40</p> <p>Sustainable Development Goals: 1–6, 8, 10, 11, 13, 16, 17</p> <p>National priorities: Constitutional Government’s Five-Year Action Plan 2018–2022</p>
<p>United Nations Sustainable Development Cooperation Framework (UNSDCF) outcomes involving UNICEF: Outcomes 1 (Outputs 1–4) and 4 (Outputs 1 and 3)</p>
<p>Related UNICEF Strategic Plan, 2022–2025 Goal Areas: 1–5</p>

<i>UNSDCF outcomes</i>	<i>UNICEF outcomes</i>	<i>Key progress indicators, baselines (B) and targets (T)</i>	<i>Means of verification</i>	<i>Indicative country programme outputs</i>	<i>Major partners, partnership frameworks</i>	<i>Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)</i>		
						<i>RR</i>	<i>OR</i>	<i>Total</i>
<p>Outcome 1: By 2027, people in Sao Tome and Principe, in particular the people left behind and most vulnerable, benefit from quality and inclusive social systems and have access to integrated social protection</p>	<p>1. By 2027, all children and women, girls and boys in Sao Tome and Principe have equitable access to and use quality primary health care for maternal, neonatal, child and adolescent health services and equitable and sustainable improved water, sanitation and hygiene services in rural and urban environments</p>	<p>Per cent of children (girls/boys) 0–11 months vaccinated nationally with three doses of DTP-containing/Penta vaccine (diphtheria/tetanus/pertussis, hepatitis B and Hib)</p> <p>B (2021): 96% T (2027): 100%</p>	<p>District Health Information Software (DHIS2)</p>	<p>1. By 2027, the national health system, especially at subnational and community level, has increased capacity to conduct planning and to deliver more integrated, friendly and quality maternal, neonatal, child and adolescent health services.</p> <p>2. By 2027, key policies and norms are approved, Government capacity to coordinate and implement WASH programmes increases and more institutions have access to adequate water and sanitation services.</p>	<p>Ministry of Health, Labour and Social Affairs (MoH), Ministry of Public Works, Natural Resources and Environment, Ministry of Education, Culture and Sciences (MECS), Ministry of Youth and Sports (MoY), Ministry of Finance,</p>	900	1 700	2 600
		<p>Proportion of the population practising open defecation</p> <p>B (2019): 42.6% T (2027): 20%</p>	<p>Demographic and Health Survey (DHS)/ Multiple Indicator Cluster</p>					

UNSDCF outcomes	UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
						RR	OR	Total
			Survey (MICS)	3. By 2027, more children, adolescents and families adopt safe, healthy and protective behaviours, and improve their sanitation and handwashing practices, and communities achieve the status “open defecation free”.	Planning and Blue Economy (MoF), local authorities World Health Organization (WHO), United Nations Population Fund (UNFPA), United Nations Development Programme (UNDP), World Food Programme (WFP) Gavi, the Vaccine Alliance, World Bank, European Union, civil society, bilateral cooperation			
Outcome 1	2. By 2027, children and adolescents, particularly girls and the most vulnerable, have equitable and inclusive access	Gross enrolment ratio in pre-primary education (girls/boys) B (2019): 55% T (2027): 70%	Annual statistics; MICS, Programme reports	1. By 2027, government capacity in evidence-based policy, coordination and planning is increased, resulting in improved learning outcomes through adequate school environment and quality	MECS, MoY, MoH, MoF, local authorities WHO, UNFPA, UNDP, WFP,	700	1 900	2 600

UNSDCF outcomes	UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
						RR	OR	Total
	to quality education with alternative learning opportunities in a safe and stimulating environment, and acquire the basic skills, attitudes and values needed for life	<p>Completion rate (primary education, lower secondary education, upper secondary education) (girls/boys)*</p> <p>B (2019): Primary: 87%, lower secondary: 60%, upper secondary: 10%</p> <p>T (2027): Primary: 92%, lower secondary: 63%, upper secondary: 14%</p>	MICS	<p>and innovative education at all levels (preschool, primary and secondary).</p> <p>2. By 2027, families, adolescents and communities participate actively in the improvement of the education system with a clear understanding and demand of the accountability for investments of public and private resources in coordination with educational institutions.</p> <p>3. By 2027, a greater proportion of out-of-school adolescents, including those with disabilities (13–19 years old), return to school through alternative education or are enrolled in and complete a vocational education programme, including life skills, and are prepared for the transition to adulthood and labour-market opportunities.</p>	<p>United Nations Industrial Development Organization (UNIDO), United Nations Educational, Scientific and Cultural Organization (UNESCO)</p> <p>Global Partnership for Education, World Bank, European Union, civil society, bilateral cooperation</p>			

UNSDCF outcomes	UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
						RR	OR	Total
Outcome 1	3. By 2027, more children, girls and boys and their families, especially the most vulnerable, are better protected from violence, abuse, neglect, exploitation, through greater access to multisectoral, preventive and response services within a child-sensitive enhanced legal, policy and sociocultural environment	Percentage of mothers (or primary caregivers) who think that physical punishment is necessary to raise/educate children B (2019): 14% T (2027): 10%	MICS	1. By 2027, the national child protection system will be reinforced with more adequate human and financial resources, evidence-based planning and coordination systems for the prevention and coordinated response to cases of violence, especially against girls. 2. By 2027, children, girls and boys (especially the most vulnerable), and their families and communities, have greater knowledge and awareness and are better equipped to prevent violence, and also to access services relevant to their protection and well-being.	MoH, Ministry of Justice, Public Administration and Human Rights, MECS, Ministry of Women's Rights, Ministry of Defence and Internal Administration, Prosecutor's Office, MoY, MoF, local authorities UNFPA, UNDP, ILO Civil society, adolescents' bilateral cooperation	720	1 130	1 850
		Number of girls and boys who have experienced violence, reached by health, social work or justice/law enforcement services* Violence: B (2021): 82 T (2027): 160 Sexual violence: B (2021): 36 T (2027): 60	Programme reports					
Outcomes 1 (see above) and 4: By 2027, people benefit from transparent, responsive and gender-sensitive institutions	4. By 2027, more vulnerable children, boys, girls and women, benefit from an improved and inclusive social protection system, implemented according to updated evidence-based	Proportion of child population covered by social protection floors/systems* B (2019): 7.6% T (2027): 12%	MICS	1. By 2027, public institutions, civil society and children/youth's parliament will increase their capacity to generate and use disaggregated data for evidence-based and child-friendly policies, plans and budgets.	MoH, MECS, MoY, MoF, Ministry of Women's Rights, local authorities UNFPA, UNDP, ILO World Bank, civil society,	720	920	1 640
		National budget and social sector	Programme reports					

UNSDCF outcomes	UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
						RR	OR	Total
	policy, plans and budgets while improving transparency and public participation in all the relevant stages	investments are routinely monitored B (2022): No T (2027): Yes		2. By 2027, the Government, in collaboration with civil society, improves its capacity at central and district levels to implement child-sensitive, equitable and inclusive social protection services.	bilateral cooperation			
	Programme effectiveness outcome					1 275	550	1 825
	Total resources					4 315	6 200	10 515

* Outcome indicator aligned with the United Nations Sustainable Development Cooperation Framework indicator.