Country Programme Action Plan (CPAP)

between

The Government of Sao Tome & Principe

and

The United Nations Population Fund

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Acronyms and Abbreviations

AIDS	Acquired Immune Deficiency Syndrome	SIDA	Síndrome de deficiência imunológica adquirida
ASRH	Adolescent Sexual and Reproductive Health	SSRA	Saúde Sexual e Reprodutiva dos Adolescentes
BCC	Behaviour Change Communication	CMC	Comunicação para a Mudança do Comportamento
CBO	Community-Based Organisation		Organização baseada nas Comunidades
CCA	Common Country Assessment	CCA	Avaliação Comum do País
CP	Country Programme	CP	Programa País
CPAP	Country Programme Action Plan	CPAP	Plano de Acção do Programa País
CPD	Country Programme Document	CPD	Documento do Programa País
CSO	Civil Society Organization	OSC	Organização da Sociedade Civil
DHS	Demographic and Health Survey	IDS	Inquérito Demográfico e de Saúde
DMB	Department Migration and Borders	SMF	Serviço Migração e Fronteiras
DP	Directorate of Planning	DP	Direcção do Plano
DSGC		DSGC	Direcção dos Serviços Geográficos e Cadastrais
EmOC	Emergency Obstetric Care		
EmONC	Emergency Obstetric and Newborn Care		
FP	Family Planning	PF	Planeamento familiar
GBV	Gender-Based Violence	VBG	Violencia baseada no Género
GNB	Government National Budget	OGE	Orçamento Geral do Estado
GoSTP	Government of São Tomé and Príncipe	GoSTP	Governo de São Tomé e Príncipe
HIPC	Heavily Indebted Poor Countries		
HIV	Human Immuno-deficiency Virus	VIH	Virus de imunodeficiência humano
HMIS	Health Management Information System	SGIS	Sistema de Gestão de Informação da Saúde
HTP	Harmful traditional practices		
ICPD	International Conference on Population and Development	CIPD	Conferência Internacional de População e Desenvolvimento
IMIS	Integrated Management Information System	IMIS	Sistema Integrado de Gestão da Informação
M&E	Monitoring and Evaluation	S&A	Seguimento e Avaliação
MDGs	Milennium Development Goals	OMD	Objectivos do Milénio para o Desenvolvimento
MICS	Multiple Indicator Cluster Survey	MICS	Inquérito sobre os indicadores múltiplos
MLSW	Ministry of Labour, Social Services and Women		
MYFF	Multi Year Funding Framework	MYFF	Quadro plurianual de financiamento do UNFPA
NCHE	National Center for Health Education	CNES	Centro Nacional de Educação para Saúde
NEPAD	New Partnership for Africa's Development	NEPAD	Nova Parceria para o Desenvolvimento da Africa
NGO	Non-Governmental Organization	ONG	Organização Não Governamental
NIS	National Institute of Statistics	INE	Instituto Nacional de Estatística
NPRS	National Poverty Reduction Strategy	ENRP	Estratégia Nacional de Redução da Pobreza
NSS	National Statistical System	SSN	Sistema Estatística Nacional
OWF	Office of Woman and Family	GDM	Gabinete da Mulher e Família
PHC	Population and Housing Census	RGPH	Recenseamento Geral da Population e Habitação
PM&E	Planning, Monitoring and Evaluation	PS&E	Planeamento, Seguimento e Avaliação
PMTCT	Prevention Mother to Child Transmission		
PRO	Povert Reduction Family	ORP	Observatório da Redução da Pobreza
PRSP	Poverty Reduction Strategy Document	DSRP	Documento da Estratégia de Redução da Pobreza
RH	Reproductive Health	SR	Saúde Reproductiva
RHCS	Reproductive Health Commodity Security		
SBAA	Standard Basic Assistance Agreement		
SRH	Sexual and Reproductive Health	SSR	Saúde Sexual e Reproductiva
STP	Sao Tome and Principe	STP	São Tomé e Príncipe
UNCT	United Nations Country Team		Equipa País do Sistema das Nações Unidas
UNDAF	United Nations Development Assistance Framework	UNDAF	Quadro Comum de assistência do Sistema das Nações Unidas
UNFPA	United Nations Population Fund	UNFPA	Fundo das Nações Unidas para a População

UNICEF	United Nations Children's Fund	UNICEF	Fundo das Nações Unidas para a Infancia
UNS	United Nations System	SNU	Sistema das Nações Unidas
VCT	Voluntary Counseling and Testing	ATV	Aconselhamento e Teste Voluntários
WFP	World Food Programme	PAM	Programa Alimentar Mundial
WHO	World Health Organization	OMS	Organização Mundial de Saúde

Framework

In mutual agreement to the content of the Country Programme Action Plan (CPAP) and to the outlined responsibilities in the implementation of the Country Programme, the Government of the Democratic Republic of São Tomé and Príncipe (GoSTP), hereinafter referred to as "the Government", and the United Nations Population Fund, hereinafter referred to as "UNFPA",

- **Furthering** their mutual agreement and cooperation for the fulfilment of the Programme of Action of the 1994 International Conference on Population and Development (ICPD), ICPD+5, other related conferences, and the Millennium Development Goals (MDGs);
- **Building** upon the experience gained and progress made during the implementation of the GoSTP-UNFPA Fourth Country Programme (CP4) 2002-2006, and **based** on the recently approved Country Programme Document (CPD), the United Nations Development Assistance Framework (UNDAF) and the Common Country Assessment (CCA);
- **Entering** into a new 5-year period of cooperation 2007-2011;
- **Declaring** that these responsibilities will be fulfilled in a spirit of friendly cooperation;

` **Have agreed as follows:**

I. Basis of Relationship

1. The Standard Basic Assistance Agreement (SBAA) between the Government and United Nations Development Programme (UNDP), dated on the 26th March 1976, constitute the legal basis for the relationships between the Government of Democratic Republic of STP (GoSTP) and UNFPA.

2. The UNFPA applies *mutatis mutandis* the cooperation agreements signed between UNDP and the Governments in countries where the two organisms have representations. In the case of STP, the agreement mentioned above stipulates that the UNDP Resident Representative will assume the functions of team leader as regards other organisms of the United Nations operating in the country.

II. Situation Analysis

3. Over the past two decades, Sao Tome and Principe has faced a number of challenges, including macroeconomic instability, a chronic deficit in the balance of payments, and large debts. The country joined the initiative of Heavily Indebted Poor Countries (HIPC) in 2000 and has since been eligible for its benefits. The debt of the country reached $371 million in 2005 (59 percent and 41 percent from multilateral and bilateral donors, respectively). The poverty rate increased from 36 percent in 1987 to 54 percent in 2001. Fifteen percent of the population lives on less than $1 per day. The Government revised its poverty reduction strategy in 2005 and elaborated a programme for 2006-2008 that gives high priority to improving access to basic social services.

4. The 2001 census indicated that the country had a population of 137,599 persons, with an annual population growth rate of 1.6 percent. The total fertility rate declined from 5.9 children per woman in 1991 to 4.7 children per woman in 2001, due to an expansion of family planning information and services and a subsequent increase in the contraceptive prevalence rate for modern methods, from 15 percent in 1996 to 28.7 percent in 2005. Thirty-five percent of the population is aged 10-24 years, while 26 percent is aged 10-19 years. Young people face poverty, low levels of education and limited employment opportunities.

5. Birth registration is a fundamental means of securing the rights for children. In 2000, the births of 69.7 percent of children under-five years in Sao Tome and Principe were registered. The commonest reasons for non registration of births were lack of knowledge, negligence and no decision being taken by the parents. In

2003 a three-phase national campaign for birth registration was organized and the birth of more than 13,000 children was registered. It is expected that the birth rate registration has increased considerably.

6. The infant mortality rate declined from 60.8 deaths per 1,000 live births in 1991 to 54.2 deaths per 1,000 live births in 2001. However, it rose to 59 deaths per 1,000 live births in 2005, due to an increase in infectious and diarrhoeal diseases. Life expectancy is 63.9 years (61.4 years for males and 66.5 for females). The maternal mortality ratio has increased from 130.3 per 100,000 live births in 2000 to 287.9 deaths per 100,000 live births in 2004. First Antenatal care visit reaches 99.5 percent, but there is no information on the proportion attending for the forth visit. Over 90 per cent of births are attended by a physician, nurse or midwife. The high maternal mortality ratio may be attributed to (a) the lack of high-quality emergency obstetric and newborn care services; (b) the lack of a supervisory mechanism to oversee deliveries; and (c) the limited number of facilities where women can deliver.

7. Approximately 89 percent of health facilities provide maternal, child health and family planning services, but just one hospital provides emergency obstetric and newborn care. Despite family planning services being widely available, utilization is low because of (a) socio-cultural barriers and (b) the poor quality of services.

8. The HIV/AIDS prevalence rate among pregnant women increased from 0.1 percent in 2001 to 1.5 percent in 2005. The number of new infections continues to rise, especially among young people and women. HIV/AIDS prevalence rate among pregnant young women (15-24 years) is 0.9 percent. The prevalence rate of syphilis and Hepatitis B in the same population is 2.4 percent and 1.9 percent respectively ([1]). The limited availability of and access to reproductive health information and services exacerbate the vulnerability of young people, particularly young girls, who often have early and unwanted pregnancies. Low condom use and the high prevalence of sexually transmitted infections facilitate the spread of HIV. Condom use in the first sexual intercourse among young men (12-24 years) is 22.7 percent and is 13.9 percent among young women (12-24 years) ([2]).

9. The constitution of Sao Tome and Principe guarantees among other things equal rights to all citizens without distinction. Women are recognized with equal rights in the family and as citizens with elective power. In addition, Sao Tome and Principe has signed the declaration of Beijing on equality, development and Peace and tried to put in place a minimum structure for the implementation of the Beijing Platform for Action. In spite of this, gender equality is not always evident. Women and men do not enjoy the same status in society, as male dominance is socially accepted. Women are active in several of the development sectors, but they do not have the same opportunity as their male counterparts to have access to and control over the resources to which they contribute. Their literacy rate is much lower (64.1 per cent) than that of men (72.1 per cent). They are less active in politics and are grossly under represented in parliament, cabinet, as well as in other decision making positions, for example although women constitute 51 per cent of the population, yet only 5 out of 55 members of parliament are women. This level of representation has remained static since 1994.

10. Women are more affected by the poverty situation in the country, and with the high prevalence of gender based violence, their poverty situation increases their vulnerability to GBV. Teenage pregnancy is also very high and this contributes to the increase in school dropouts among girls. There is lack of data on many of the social and economic situation of women particularly on GBV and teenage pregnancy. Data collection needs to incorporate gender concerns to ensure gender responsive planning and programming.

III. Past cooperation and lessons learned

11. In the area of population, gender and development, the previous programme strengthened the government commitment to population issues. It supported the analysis and publication of the 2001 population census

[1] MoH, Annual Report 2005.
[2] MoH, Adolescent Sexual Health Survey.

data, the preparation of a protocol document for the first demographic and health survey, and the processing of civil registration data. It also provided support for: (a) integrating population and gender issues into the planning process; (b) created a population and development unit, and a commission for Gender Population Development within the Ministry of Planning and Finance; (c) formulated the first declaration on the population and gender policy; and (d) developed the national gender strategy.

12. In the area of research and population data, the programme contributed to enhancing the understanding of those factors influencing population and gender issues in Saotomean society, through supporting gender and population-related research activities, supporting the improvement of the collection and analysis of reliable and gender-sensitive population data with particular focus in the processing, analysis and dissemination of 2001 census.

13. In the area of reproductive health, the programme helped to extend and improve services by integrating reproductive health services into all 27 health facilities. It also helped to develop a national reproductive health policy and reproductive health standards; a training curriculum for service providers; and increased the availability of reproductive health commodities. The programme trained a team of reproductive health trainers and managers at central and district levels and carried out research and surveys on reproductive health among adults and adolescents. In addition, the programme supported sensitization activities on reproductive health issues. These activities were conducted within health facilities, through outreach activities in rural communities and through the mass media.

14. Adolescent reproductive health issues were addressed by: (a) incorporating sexual and reproductive health education into the curricula for students and teachers of primary, secondary schools and colleges; (b) improving the availability of gender-sensitive, integrated health information and services for adolescents, emphasizing HIV prevention; (c) institutionalizing youth-friendly services in public facilities, including schools; (d) Establishing a Programme for Peer Educators in 4 of the 7 districts.

15. Key lessons learned from implementing the previous programme included the need for a multi sectoral approach to address reproductive health issues and a strong communications component to promote behavioural change and increase the demand for reproductive health services. These activities should be accompanied by a gender component to address women's and men's needs and rights. Past experience has underlined the importance of national ownership, achieved through the active involvement of national counterparts in the implementation process of the country programme. For instance the 2001 census was concluded in May 2003, and twelve thematic analysis reports including women, children and youth in Sao Tome and Principe etc, were produced. In addition, the presentation of the census results and products was chaired by the Prime Minister and in attendance were several state ministers, members of parliament and high level government officers.

IV. Proposed Programme

16. The proposed programme takes into account the findings of the common country assessment (CCA) and the priorities of the United Nations Development Assistance Framework (UNDAF), as well as the conclusions of the midterm evaluation and annual reviews of the previous programme. The programme is aligned with the national poverty reduction strategy for 2003-2015, the Millennium Development Goals, the Programme of Action of the International Conference on Population and Development (ICPD) and the UNFPA multi-year funding framework, 2004-2007.

17. The goal of the country programme is to contribute to national efforts to improve the quality of life of the people of Sao Tome and Principe by: (i) promoting universal access to sexual and reproductive health through improved access to information and services; (ii) preventing HIV; (iii) promoting gender equity between men and women; and (d) integrating population, reproductive health and gender into development policy and plans.

18. The UNFPA programme will contribute to the following UNDAF outcomes: (1) by 2011, a larger number of vulnerable populations will have access to quality basic social services and a healthy environment; (2) by 2011, public institutions will protect human rights and will ensure equity within natural resource distribution and sustained dialogue with civil society; and (3) by 2011, a gender dimension will be integrated into all levels of cooperation to ensure equality of women and men in political, economic and social life.

19. The proposed programme has three components: reproductive health; population and development; and gender. These components incorporate cross-cutting dimensions such as gender analysis, a human rights-based approach and advocacy.

Reproductive Health Component

20. The RH outcomes of the 5th Country Programme are: **(1) increased access to and utilization of integrated, high-quality reproductive health and HIV prevention services; and (2) increased adoption of responsible and safe behaviour regarding reproductive health and HIV/AIDS among men, women and young people.**

21. These RH outcomes directly contribute to the achievement of UNDAF ***Outcome 1:*** namely **"by 2011, a greater number of vulnerable populations will have access to quality basic social services and to a healthy environment**.

22. The RH component will contribute towards UNDAF ***Outcome 1:*** by building human capital through improved health, well-being and productivity of men, women and young people. Achievement of the RH outcome will significantly support efforts in attaining Result *1:* of the UNDAF namely "addressing the right to life and the right to health" through the scaling up access to and utilization of integrated high-quality, comprehensive RH and HIV prevention services for women, men, and the youth; and attaining *Result 2*: of reinforcement of HIV/AIDS multi-sectoral response within the national institutions and civil society by promoting condom distribution as a preventive measure against HIV infection and as a family planning intervention and subsequent reduction in mortality and morbidity.

23. Lastly, the key areas of gender equity, HIV/AIDS, human and reproductive rights, and information/data management which are among the UNDAF cross-cutting themes are well addressed within all the RH outcomes.

24. The proposed programme component will have three outputs: (1) increased availability of a package of high quality, integrated RH services, including family planning, adolescent sexual and reproductive health, basic and emergency obstetric care and management of GBV ; (2): Increased coverage and utilization of high-quality HIV prevention services, including voluntary counseling and testing, the prevention of mother-to-child transmission, and condom programming, particularly for young people and pregnant women; and (3): Increased knowledge and skills in sexual and reproductive health and HIV/AIDS prevention among men, women and young people. These outputs will contribute to the MYFF outcomes (1) policy environment promotes RH and RR; (2) access to comprehensive RH services increased; (3) demand for RH is strengthened respectively and (6) institutional mechanisms and socio-cultural practices promote and protect the rights of women and girls and advance gender equity.

Output 1: Increased availability of a package of high-quality, integrated health services, including family planning, adolescent sexual and reproductive health, emergency obstetric care and GBV.

25. The achievement of Output 1 will be reflected by the achievement of the following by 2011: (i) % of health facilities with the RH policy, norms and guidelines in use; (ii) % of health facilities offering at least five quality reproductive health care services (family planning, pre and post natal care, maternity care, prevention of STI/HIV and GBV management); (iii) % of health facilities offering quality and integrated

reproductive health care to the youth and adolescents; (iv) % of health facilities offering quality Basic Obstetric Care; (v) % of births by skilled personnel; (vi) % of Population, by gender and by age having access to basic reproductive health services; (vii) % of health staff by district and by health facilities having benefited from at least one training activity; (viii) A regulatory and legal framework for doctors and nurses elaborated and in use; (ix) a functional referral system.

26. To achieve Output 1, three strategies will be employed. The first strategy **"Increasing the capacity to plan, manage, supervise, and monitor comprehensive and integrated RH services, including health information and logistics management systems"** will be addressed through the following key activities: (i) Conduct a comprehensive needs assessment to provide baseline information on areas such as the status of health facilities, equipment, drugs and supplies, human resources and training needs for provision of ANC, Maternity care, Emergency Obstetric and Newborn Care (EmONC), Youth friendly health services, the communication and referral system, Health Management Information (HMIS) and Logistics Management Information Systems (LMIS), BCC and interpersonal skills, Advocacy and KAP on RH; (ii) Revise, print, orient and disseminate the National RH policy, norms, and guidelines; (iii) Define, print and disseminate the minimum package of RH services for the different levels of health care, (iv) Revise, print and disseminate the RH planning, supervision and Monitoring guidelines and strengthen the management skills of district and health facility managers, (v) Revise, print the HMIS and LMIS tools, train service providers on the revised HMIS and LMIS and strengthen the supervision and monitoring of RH services, data and logistics management.

27. The second strategy **"increasing the availability of a comprehensive, client-oriented, and gender-sensitive RH services at different levels"** will consist of the following key activities: (i) Revise and print the (packages) of in-service TOT and trainees materials for integrated RH training; (ii) Train trainers and service providers on the different RH packages, including surgical contraception; (iii) Revise, print and disseminate the pre-service RH curriculum including a strong practical component and orient tutors and preceptors on the revised curriculum; (iv) Train health service providers on detection and management of cases of GBV and complications resulting from harmful traditional practices (HTPs).

28. The third strategy **"Strengthening the maternal and newborn health Care including Emergency Obstetric and Newborn Care"** will involve the following main activities: (i) Develop and implement the road map for the accelerated reduction of Maternal and Newborn morbidity and mortality; (ii) Up-grade Lobata, Cantagalo and Me-Zochi Health Centers to provide maternity Care; (iii) Advocate for the establishment of regulations and legal framework to guide and protect the functions of medical personnel especially doctors and nurses, to support the implementation of the EmONC; (iv) Procure essential equipment for FP, ANC, basic delivery kits, neonatal resuscitation kits, operating theatres, EmONC equipment, supplies and drugs based on the needs assessment to strengthen the delivery of RH services; (v) Conduct maternal death audit to improve the quality of maternal and newborn health care; (vi) Review the communication and transport system for emergency obstetric care and advocate for the procurement of vehicles, and establish telephone services in facilities to strengthen referral; (vii) orient traditional midwives on Safe Motherhood to encourage and ensure quick referral of obstetric emergencies to health facilities.

Output 2: Increased coverage and utilization of high-quality HIV prevention services, including voluntary counseling and testing, the prevention of mother-to-child transmission, and condom programming, particularly for young people and pregnant women.

29. The achievement of Output 2 will be reflected by the attainment of the following by 2011: (i) No. of providers delivering quality HIV prevention and AIDS treatment services; (ii) No. of CHW oriented and actively providing services; (iii) % Pregnant women aged 15 - 24 tested for HIV; (iv) % Pregnant women infected by HIV receiving complete ARV treatment to reduce the risk of Mother and Child transmission; (v) % of health facilities offering VCT; (vi) Number of associations and NGOs active in the fight against HIV/AIDS.

30. Three strategies will be used for the achievement of Output 2. The first strategy **"Strengthening and expanding the Information and Counseling Centers"** will involve the following key activities: (i) Strengthen the capacity of the National Center for Health Education (NCHE) to support the implementation of SRH and HIV prevention activities; (ii) Develop a package of gender sensitive BCC materials including flipchart, songs, drama, pamphlets and posters to support the facility and outreach activities of the mobile units; (iii) Develop and implement a plan for integrated outreach activities using the SRH mobile unit to conduct community mobilization for SRH and HIV prevention, covering the whole country; and (iv) Print and distribute the package of BCC materials.

31. The second strategy **"Strengthening the integration of HIV/AIDS in all SRH activities"** will consist of the following key activities: (i) Develop and disseminate a practical training package, including video and handbook on interpersonal communication and counseling skills for SRH and HIV; (ii) Train health service providers, teachers and counselors in interpersonal communication and counseling skills for SRH and HIV prevention; (iii) Train service providers in the diagnosis, rapid testing, treatment and referral for HIV and; (iv) Establish Counseling and rapid HIV testing in more health facilities; (v) Develop the norms and guidelines for VCT and PMTCT; (vi) Establish PMTCT services in additional health facilities; and (vii) Orient community health workers (CHW) on the integration of SRH and HIV, so that they mobilize communities to use the SRH and HIV prevention services.

32. The third strategy **"increasing the capacity to ensure a sustainable supply and distribution of RH commodities including contraceptives and especially female and male condoms"** and will consist of the following main activities: (i) Develop a sustainable policy framework for achieving RH commodity security including contraceptives and especially female and male condoms; (ii) Establish and conduct regular RH commodity security donor coordination committee meetings for RH; (iii) Update the essential drug list to include RH requirements; (iv) Promote the distribution of male condoms using the normal channels and establish new strategies for distribution; and (v) Develop a pilot study on the knowledge, attitude and use of the female condoms.

Output 3*:* Increased knowledge and skills in sexual and reproductive health and HIV/AIDS prevention among men, women and young people.

33. The achievement of Output 3 will be demonstrated by attaining the following by 2011: (i) No. of Youth Centers operational; (ii) No. of counselors, peer educators and community members trained and functioning; (iii) A strategy to involve men available and implemented; (iv) % of men using condoms with casual sexual partners; (v) A revised communication strategy implemented; (vi) % youth aged 15 - 24 correctly identifying STI and HIV prevention methods and who reject false ideas concerning the HIV; (vii) % youth aged 15 - 24 able to declare their use of condoms during sexual relations with occasional sex partners;

34. To achieve Output 3, two strategies will be employed. The first strategy **"Increasing the awareness of young people, men and women on SRH, STI, HIV prevention"** will involve the following key activities: (i) Develop and implement a gender-sensitive BCC strategy to promote the active involvement and participation of parents and care givers in SRH education and HIV prevention with their children; (ii) Advocate for the implementation of SRH and Life skills in the school curriculum for the higher school level and college; (iii) Reactivate and promote a network of young people in schools to develop Life skills and to promote HIV prevention through the training of peer educators in the schools and the implementing a package of scheduled activities and contents to be discussed by the school groups; (iv) Evaluate the operations and impact of the youth friendly centers (As part of the comprehensive RH needs assessment in Output 1; (v) Establish three additional youth friendly centers in Cave, Lemba and RAP; (vi) Train male and female counselors, peer educators and community association members to support the youth friendly centers; (vii) Conduct a rapid socio-cultural research on men's KAP about SRH, HIV/AIDS and the perception on gender for both women and men; and (viii) Develop a strategy to reach men with SRH and HIV/AIDS information and services.

35. The second strategy **"Developing, implementing and coordinating a multi sectoral BCC strategy"** will consist of the following main activities: (i) Assess and revise the existing communication strategy developed in 1999 that was partially implemented; (ii) Based on (i) above, develop an action plan of communication activities with the media network to support population, RH and gender activities; (iii) Support the NGOs, CSOs and CBOs working in communities to implement the BCC activities in support of the RH, Population and Gender activities.

Population and Development Component

36. The outcome of Population and Development (P&D) component is: ***national and sectoral policies, plans, programmes and budgets take into account population and development linkages***. Addressing the national priority related to public institutional reform, reinforcement of natural capacity and promotion of a policy of good governance, this outcome mainly and directly contributes to the achievement of the *UNDAF outcome 1*: *by 2011, public institutions will protect human rights and will ensure equity within natural resource distribution and sustained dialogue with civil society*. The P&D component will operationalize the CP outcome and contribute to the UNDAF outcome 1: (i) by building national capacity in data and information production, dissemination and utilization to support monitoring and evaluation (M&E) mechanisms of the national and sectoral frameworks (ENRP, CCA/UNDAF, Health Strategy, HIV/AIDS Strategy, etc.), and (ii) by creating a more enabling environment for integrating of Population, RH and Gender issues into MDG-based national development frameworks.

37. Two outputs are expected from this CP component. Respectively, they echo the MYFF outcomes *(iv) Utilization of age- and sex-disaggregated population-related data is improved* and *(v) National, sub-national and sectoral policies, plans and strategies take into account population and development linkages*.

Output 1: Increased availability and use of population and reproductive health data, disaggregated by age and gender.

38. The achievement of this output will be assessed by accomplishing the following targets by 2011: (i) comprehensive socio-economic databases including demographic data (CP database and STPInfo) available; (ii) Census project document and advocacy document for resources mobilization elaborated; (iii) Amount of national and external financial resources mobilized for the Census, (iv) Number of national technicians trained in specific required areas of population data production, analysis and utilization. To do so, the P&D component will support the elaboration of the ten-year data collection activities plan within the national statistical system and its harmonization with information requirements for the management of national development processes by 2007, including the preparations for the 2011 Population and Housing Census (PHC), the conduct of the 2007 Demographic and Health Survey (DHS), operations research, socio-cultural studies and the birth registration campaign. The key supportive actions will be resources mobilization for statistical and information production within the national statistical system, and capacity building in data and information production, management and utilization.

39. Within the context of the UNDAF and in collaboration with United Nations agencies and the Ministry of Planning and Finance (MPF), the CP component will assist in establishing an integrated indicator database named STPInfo including thematic and poverty mapping as part of Data for Development initiative for the monitoring of the national development frameworks, including the MDGs, ICPD and NEPAD goals.

This output will be achieved by developing strategies as follows.

40. The first strategy for this output is **supporting the National Statistical System (NSS) in the preparation of the 4th Population and Housing Census (PHC) and in the conduct of surveys and research**. The activities to be undertaken as part of this strategy are: (i) Support the National Institute of Statistics (INE) in

updating the National Strategy for the Development of Statistics and the elaboration of a ten-year data collection plan in harmony with information requirements for the management of national development processes, including a prospective institutional analysis of strengths and weaknesses in the matters of statistical production; (ii) Support the INE in the development of the project document of the 2011 PHC; (iii) Assist the INE in the development of the advocay document for resources mobilization for the 2011 PHC; (iv) Train 1 senior professional staff of the INE in Census Planning and Management (2 weeks); (v) Advocate for the institutionalization of census planning mechanisms and the integration of the 4th PHC in the M&E system of the National Poverty Reduction Strategy (ENRP) and for the inclusion of its rational funding in the national budget (OGE); (vi) Support the Government in the implementation of the strategy of resources mobilization for the 2011 PHC; (vii) Continue to support the Government/ INE in resources mobilization for the conduct of the 2007 Demographic and Health Survey (IDS); (viii) Advocate for the inclusion of HIV testing and the module on domestic violence and gender-based violence (GBV) in the IDS.

41. The second strategy involves **supporting the campaign of birth registration and the production of vital statistics and international migration statistics**. The activities include the following: (i) Procure computers (desk top) for the Section of Demography of the INE in charge of the coding and processing of the sheets of civil registration and of compiling statistics on international migration; (ii) Coordinate the provision and the collection of the sheets of civil registration; (iii) Undertake the coding and processing of the sheets of civil registration (starting from 2000); (iv) Update the computer application of international migration (entry and exit of persons); (v) Train the personnel of the departments of immigration and borders (airports and ports) in the use of the computer application of international migration; (vi) Compile international migration statistics; (vii) Produce tables of vital statistics and international migration statistics; (viii) Publish statistical leaflets/ brochures and yearly editions on demographic statistics, international migration and social statistics.

42. The third strategy under this output is **supporting the establishment of a development indicator database (STPInfo)**. This strategy will be realized through the following activities: (i) Support the Ministry of Planning and Finance (MPF), i.e the implementing partner, in the inventory/ listing of disaggregated indicators and data sources for the creation of STPInfo; (ii) Support the MPF in organizing a workshop for the validation of data and indicators for STPInfo; (iii) Support the MPF in digitalizing the map of STP for thematic and poverty mapping; (iv) Support the MPF in publishing and launching STPInfo; (v) Support the MPF for the introduction of the results (indicators) of IDS in STPInfo database; (vi) Provide technical assistance for the establishment of an Integrated Management Information System (IMIS).

Output 2: Strengthened national institutional and technical capacity to integrate population, reproductive health and gender issues into policies, strategies, plans and budgets.

43. This output will directly and mainly contribute to the MYFF outcome *(v) National, sub-national and sectoral policies, plans and strategies take into account population and development linkages*. Its achievement will be reflected by the accomplishment of the following targets by 2011: (i) number of (female and male) staff of implementing partners trained integration of Population, RH and Gender issues into MDG-based national development frameworks; (ii) number of (female and male) staff of implementing partners able to integrate population issues into development planning processes; (iii) Declaration of the National Population Policy approved. For that, the CP component will support training national technicians in integrating population, reproductive health and gender issues into the development planning process, and into policies, strategies, plans and budgets. To create a positive environment for this integration, the CP component will strengthen the capacity of implementing partners to advocate for population, reproductive health and gender issues. It will also help institutions of higher education to conduct research and training activities in the areas of population, reproductive health and gender.

44. The first strategy for this output is **strengthening national institutional and technical capacity in integrating Population, RH and Gender issues into MDG-based national development frameworks (ENRP, for instance)**. The activities to implement this strategy are the following: (i) Participate in subregional workshops in integrating Population, RH and Gender issues into MDG-based national development frameworks; (ii) Identify potential trainers from CP implementing partners; (iii) Provide technical assistance for organizing training workshop at the national level for trainers in integration of Population, RH and Gender issues into MDG-based national development frameworks; (iv) Develop a training manual on integration for training technicians at sectoral, regional and civil society level; (v) Train technicians at sectoral, regional and civil society level on integration of Population, RH and Gender issues into MDG-based national development frameworks; (vi) Procure equipment for the Population and Development Unit (1 desk top and 1 printer); (vii) Support the development of database for the budgeting as part of PIP/ENRP, monitoring, physical and financial execution in support to the budgeting of activities related to Population, RH and Gender issues; (viii) Participate in international events on Population and Gender.

45. The second strategy is **supporting the integration of Population, RH and Gender issues into MDG-based national development frameworks (ENRP, for instance)**. This will be realized through the following activities: (i) Finalize the draft of the Declaration of the National Population Policy; (ii) Advocate for the approval of the Declaration of the National Population Policy; (iii) Facilitate the involvement and active participation of technicians and civil society in the planning, budgeting and M&E processes of the national poverty reduction strategy; (iv) Conduct sensitization and advocacy meetings for decision makers (parliamentarians and Government members) on integration of Population, RH and Gender issues into MDG-based national development frameworks.

Gender

46. The Gender component of the country programme will contribute to the UNDAF outcome 2, which aims at reinforcing the capacity of public institutions in order to consolidate the rule of law and the protection of human rights, which ensure the continuous involvement of civil society. It will also contribute to UNDAF Cross-cutting area, outcome 3 which states that: by 2011, a gender dimension will be integrated at all levels of future cooperation and to ensure visible equality of women and men in political, economic and social responsibilities in life.

47. The expected CP outcome for this component is**: improved institutional and social frameworks to promote and protect women and girls' rights and thus advance gender equity and equality**. In contribution to the achievement of this outcome, an output of the CP has been formulated as follows: **Strengthened capacity of national and local institutions, including the government, parliament, non-governmental organizations and civil society organizations, to effectively implement the national gender strategy**. This output also responds to the MYFF outcome (vi*) **Institutional mechanisms and socio-cultural practices promote and protect the rights of women and girls and advance gender equity*.**

48. The output will be achieved by supporting the capacity-building efforts of national institutions to mainstream gender concerns, promote gender equality and rights, and empower women. The programme will also strengthen partnerships and networks with youth, media and women ministers and parliamentarians, opinion leaders and professional associations. This will be reflected by the achievement of the following targets: (i) number of institutions with the capacity to promote gender equality and equity and the advancement of women and girls, (ii) a guide to integrate gender issues in national and sector policies and programme available, (iii) number of members of parliament advocating for and promoting gender issues.

49. To achieve this output, two strategies will be employed. The first strategy of "**Capacity building of institutions and mechanisms responsible for the coordination and implementation of the national gender strategy"** will be addressed through the following activities: (i) "Restructuring of the existing machinery responsible for Gender and development issues to respond adequately and effectively to the

national strategy on gender; (ii**)** Support government to put in place the appropriate technical and administrative staff responsible for gender equality and women empowerment issues; (iii) Support for the effective functioning of the National Commission for Population and Gender; (iv) Provide support for technical assistance to strengthen the Gender Coordination mechanism; (v) Improve the technical capacity of other sectors, and NGOs for mainstreaming gender issues in plans and programmes; (vi) Procure additional furniture, and equipment, vehicle and materials for the coordination mechanism; (vii) Support efforts in conducting periodic resource mobilization by engaging development partners in support of gender equality and women's empowerment interventions; (viii) Designate gender focal points in sectoral ministries and departments; (ix) Conduct training of national and sectoral gender focal points, and NGOs in gender mainstreaming techniques; (x) Adapt existing guidelines on gender mainstreaming; (xi) Adapt existing training modules on gender concept and sector specific gender training modules; (xii) conduct training of trainers workshop for the use and application of GM tools and gender training modules; (xiii) Print and make available to each sector and NGOs a copy of the gender mainstreaming guideline.

50. The second strategy is "**Advocating for gender equality and equity and for the empowerment of women and girls".** This will be achieved by the following activities: (i) support for the review of national legislation with implications for women to ensure their consistency with international conventions such as the CEDAW; (ii) support advocacy actions for the Legislation on Gender-based Violence; (iii) support advocacy efforts for the enforcement of national laws and policies that protect the rights of women and girls; (iv) advocate for affirmative actions in favour of women and girls, and for the application of a quota system for women representation in parliament and cabinet; (v) provide support for the development of technical arguments for engendering planning and programming processes, and for gender budgeting; (vi) support for the development of a communication action plan in support of interventions for gender equality, equity, and women's empowerment; (vii) train women ministers and parliamentarians, potential women leaders, other members of parliament, and political parties in gender, leadership skills and advocacy in support of gender equality and equity.

Programme Coordination and Assistance Component

51. This CP's Programme Coordination and Assistance (PCA) segment will be approved for activities which have direct relevance for the programme as a whole but are not attributed to a specific programme component. The CPA component will particularly support in strengthening the CP coordination, monitoring and evaluation mechanisms leading to the development of a CP integrated database in support of its implementation.

52. Two strategies will be developed under this component. The first strategy is **advocating for strengthening the institutional capacity of the Population and Development Unit (P&DU) to take additional role and responsabilities in support of the CP implementation**. The activities to be undertaken to implement this strategy are: (i) Advocate for the elevation of the P&DU to provide overall coordination and M&E of the CP; (ii) Advocate for the recruitment of national staff to fill current vacant positions at the P&DU.

53. The second strategy will be mainly for strengthening the national results-based Planning, Monitoring and Evaluation (PM&E) system in support of the CP implementation. This strategy will involve the following activities: (i) Recruit an UNV to provide technical assistance for coordination and M&E of the CP; (ii) Recruit a national programme officer (NPO) to strengthen the UNFPA CO administrative and technical capacity for implementing the CP; (iii) Equip the P&DU for the CP implementation; (iv) Develop and maintain partnership with and M&E information sharing among CP implementing agencies; (v) Train the personnel of the CP implementing agencies in results-based management methods and in the use of results-based PM&E tools; (vi) Compile, at CP component level, an inventory of data and indicators needed for the CP with baseline information and data sources for results-based PM&E; (vii) Identify, at CP component level, the information gaps; (viii) Coordinate the organization of data collection to calculate indicators to fill the gaps

(baseline and endline) for all CPAP outputs and activities; (ix) Create and maintain an inventory of all equipment and vehicles procured for CP implementation; (x) Provide technical and financial assistance to the P&DU as support unit of the CP, for the creation of the CP database at UNFPA CO.

V. Partnership Strategy

54. The main partners for achieving the UNDAF and UNFPA outcomes are the Government of Sao Tome and Principe through the Ministries of Planning, Justice, Health, Education, Labour, Solidarity, Family and Promotion of Women (MLSF), of Information, of Interior, the National Institute of Statistics, and Training School for Health Technicians, the Law Reform Commission and the respective District Offices.

55. The government institutions and departments will make the following crucial contributions for the success of the UNDAF and 5th UNFPA Country Programme outcomes and outputs: (i) overall leadership, co-ordination and harmonization of the partnership, strategy and programme implementation; (ii) enabling policy, legal and political environment such as accountability, transparency and good governance; (iii) resource mobilization; (iv) human resource needs such as technical inputs, recruitment, deployment, and redeployment; and (v) physical and organizational infrastructure.

56. Partners to contribute financial and technical support will be the African development Bank, World Bank, French Cooperation, Brazil, Portugal and USAID.

57. Members of the UNCT namely UNDP, UNICEF, WHO and WFP will participate in joint programming for the implementation of the UNDAF and the achievement of the MDGs. Some of the areas for joint programming are: the implementation of a national census, HIV/AIDS prevention and management, the reduction of maternal and neonatal mortality, adolescent and youth health programmes, promotion of gender equality and equity, and the support of good governance. The rolling out of STPInfo, as a demo-socioeconomic database to monitor progress towards achieving MDGs, is a major area of collaboration within the UNCT jointly with national implementing partners.

58. The population and housing census is an important and precious national resource without which information, evidence-based population and development planning, monitoring and evaluation (PM&E) is not possible. In order to meet data requirements to track progress towards the MDGs, NEPAD and ICPD goals the realization of the census must be a priority for the government and its partners at the national and international levels and allows joint efforts for resource mobilization.

59. UNFPA will support NGOs, CSOs and CBOs through government implementing institutions to contribute to the achievement of the outcomes and outputs of the 5th Country Programme. Potential NGOs include IPPF affiliate organization, Youth Associations, Women's Associations, Red Cross and Local Community Based Associations.

60. UNFPA's contribution to achieve the UNDAF and Country Programme Outcomes will centre on: financial support; technical support; procurement of equipment, supplies, and drugs including contraceptives; and drawing upon our networks within the UNCT and other national and international organization and institutions to engage in advocacy on the key areas of population and development, reproductive health, and gender issues.

61. The partnership mechanisms at the Country Programme output level will be: (i) joint programming which will include annual programme reviews and the development of annual work plans, quarterly meetings, joint monitoring and end of programme review; (ii) co-ordination meetings on PDS, RH, ASRH, HIV/AIDS, RH commodity security, gender, BCC, advocacy, social mobilization, and research.

VI. Programme Management

62. The management, monitoring and evaluation of the country programme will be aligned with the monitoring plan and coordination mechanism of the UNDAF and with the poverty observation unit of the Ministry of Planning and Finance. United Nations partner agencies will give priority to joint programming to enhance the development of and better monitor the goals and objectives of the poverty reduction strategy paper, the ICPD Programme of Action and the Millennium Development Goals.

63. The Ministry of Planning and Finance will serve as the government coordinating authority. The Ministry of Health will coordinate the implementation of the reproductive health component and the Ministry of Planning and Finance will coordinate the population and development and the gender components. Implementing partners include government departments, United Nations agencies and national non-governmental organizations.

64. The programme will establish systematic planning, monitoring and evaluation mechanisms within the framework of results-based management. The programme will generate data from socio-cultural research findings, management information systems, the census and other surveys, using indicators agreed upon by the Government, the United Nations system and other partners. UNFPA will develop a resource mobilization strategy targeting the Government and donors.

65. All cash transfers to an Implementing Partner are based on the Annual Work Plans agreed between the Implementing Partner and UNFPA. Cash transfers for activities detailed in AWPs can be made by a UN agency using the following modalities:

1. Cash transferred directly to the Implementing Partner:
    a. Prior to the start of activities (direct cash transfer), or
    b. After activities have been completed (reimbursement);
2. Direct payment to vendors or third parties for obligations incurred by the Implementing Partners on the basis of requests signed by the designated official of the Implementing Partner;
3. Direct payments to vendors or third parties for obligations incurred by UN agencies in support of activities agreed with Implementing Partners.

66. Direct cash transfers shall be requested and released for programme implementation periods not exceeding three months. Reimbursements of previously authorized expenditures shall be requested and released quarterly or after the completion of activities. The UNFPA shall not be obligated to reimburse expenditure made by the Implementing Partner over and above the authorized amounts. Following the completion of any activity, any balance of funds shall be reprogrammed by mutual agreement between the Implementing Partner and UNFPA, or refunded. Failure to do so will preclude UNFPA from providing further funds to the same recipient. Funds used for travel, stipends, honoraria and other costs shall be set at rates commensurate with those applied in the country, but not higher than those applicable to the United Nations System, as stated in the ICSC circulars.

67. Cash transfer modalities, the size of disbursements, and the scope and frequency of assurance activities may depend on the findings of a review of the public financial management capacity in the case of a Government Implementing Partner, and of an assessment of the financial management capacity of the non-UN[3] Implementing Partner. A qualified consultant, such as a public accounting firm, selected by UNFPA may conduct such an assessment, in which the Implementing Partner shall participate. Cash transfer modalities, the size of disbursements, and the scope and frequency of assurance activities may be revised in the course of programme implementation based on the findings of programme monitoring, expenditure monitoring and reporting, and audits.

[3] For the purposes of these clauses, "the UN" includes the IFIs.

68. The UNFPA country office in São Tomé and Príncipe consists of a non-resident country director, an assistant representative, finance/administrative associate and a secretary. Programme funds will be earmarked for one national programme post and one driver, within the framework of the approved country office typology. National project personnel may also be recruited to strengthen programme implementation. The UNFPA Country Technical Services Team in Harare, Zimbabwe, will provide technical support.

VII. Monitoring and Evaluation

69. The monitoring and evaluation (M&E) of this CP will be guided by the principles of results-based management (RBM), and by UNFPA procedures and guidelines for programme planning, monitoring and evaluation (PM&E). On the basis of these principles, the M&E will be based on the objectively verifiable indicators (OIV) contained in the CPAP results and resources framework.

70. The responsibility of the political coordination of the programme of cooperation between the GoSTP and the UNFPA will be incumbent upon the Ministry of Foreign Affairs. The Ministry of Planning and Finance (MPF) will be responsible for the overall administrative and technical coordination of the CP. Relevant government ministries and international and national NGOs will execute the programme at both central and district levels. At the implementation level, the Ministry of Health will be responsible for coordinating the annual work plans (AWPs) of implementing partners working towards the realization of outputs under the RH component, while the MPF and the Ministry in charge of Gender – notably the MLSWF will respectively do the same for the two other programme components, Population and Development and Gender. As well the MPF will coordinate the activities under the programme coordination and assistance (PCA) which are related to the coordination and M&E of the overall CP. The implementing agencies will create conducive working environment and assign qualified staff who will be directly responsible for carrying out the planned activities under the CP. Partnership with UN sister agencies and national networks will be forged in order to secure additional government and donors' funds.

71. It is important for the existing Population and Development Unit (P&DU) in the MPF to be elevated and strengthened to take the overall technical coordination and M&E responsibilities in support of the CP implementation. Among other roles, the Unit will facilitate the establishment and maintaining of collaborative partnership and information sharing among CP implementing agencies (within a component and among components) with the help of programme component coordinators. Data and indicators related to the progress accomplished by the programme must be linked to statistical information available within the national statistical system (NSS) particularly in the area of health, population and development, to evaluate the impact of the CP. The support unit will also coordinate the assessment and the response to the data and information needs in order to provide baseline, mid-line and end-line data for the CP. Data and information will be drawn from socio-cultural research findings, routine management information systems, surveys or rapid assessment and an annual rapid appraisal of selected indicators.

72. Targets will be established in consultation with counterparts and within the context of the MDGs. On an annual basis, a sub-set of these indicators will be assessed during a collaborative review process together with counterparts and UNCT members. This collaborative review of specific progress and constraints related to each of these indicators will form the basis for more effective revision of work plans and ongoing assessment of the most cost-effective strategies which require further support.

73. The UNFPA M&E plan will be in concordance with the UNDAF M&E plan which states that "*in addition to the mid-term and final UNDAF evaluations, the steering committee will also organize two thematic and impact evaluations, the first and third year of implementation. These will be used to examine the results obtained and to provide recommendations thus reinforcing the overall results and ensuring the achievement of the outcomes by the end of the cycle. At the end of the programme cycle, the steering committee will provide guidance and the operational framework for the final evaluation and will define the new axis of cooperation for the future*". The specific M&E activities to be conducted should coincide with the timely production of

national, regional, local and sectoral disaggregated statistics. The monitoring actions will help to identify information gaps in the NSS and develop specific strategies to build national capacities for filling the gaps.

74. Additional monitoring mechanisms will include annual component reports, field visits by UNFPA staff and the implementing partners, joint monitoring with UN agencies. A resource mobilization strategy will be developed in line with an advocacy action plan and the 2007 office management plan. This strategy will be utilized to mobilize further resources from government, private sector, and donors in order to ensure effective implementation of the proposed CP.

75. The GoSTP will focus on obtaining a better coordination of M&E activities for more efficiency. The MPF as the general coordinating body, in collaboration with UNFPA and other implementing institutions, will organize field visits, surveys, prompt assessments, annual audits, quarterly, and annual meetings. Implementing partners agree to cooperate with UNFPA for monitoring all activities supported by cash transfers and will facilitate access to relevant financial records and personnel responsible for the administration of cash provided by UNFPA. To that effect, Implementing partners agree to the following:

1. Periodic on-site reviews and spot checks of their financial records by UNFPA or its representatives,
2. Programmatic monitoring of activities following UNFPA's standards and guidance for site visits and field monitoring,
3. Special or scheduled audits. UNFPA, in collaboration with other UN agencies and in consultation with the coordinating Ministry will establish an annual audit plan, giving priority to audits of Implementing Partners with large amounts of cash assistance provided by UNFPA, and those whose financial management capacity needs strengthening.

76. To facilitate assurance activities, Implementing partners and the UN agency may agree to use a programme monitoring and financial control tool allowing data sharing and analysis. The audits will be commissioned by UNFPA and undertaken by private audit services. Assessments and audits of non-government Implementing Partners will be conducted in accordance with the policies and procedures of UNFPA.

VIII. Commitments of UNFPA

78. The UNFPA Executive Board approved a total commitment not to exceed the equivalent of the sum of US$ 1,500,000 from UNFPA Regular Resources (RR), subject to the availability of funds, for the period 1 January 2007 to 31 December 2011 in support of the CPAP. The Board has also authorized UNFPA to seek additional funding to support the implementation of the CPAP, referred therein as Other Resources, to an amount equivalent to US$ 800,000. The availability of these funds will be subject to donor awareness of, and interest in, the proposed programme. In this respect, UNFPA will make its best efforts to advocate to the donor community, both in **São Tomé and Príncipe/Angola/Gabon** and internationally, to obtain such financial support. Therefore, the country programme approved by the UNFPA Executive Board, totals US$2,300,000.

79. UNFPA support for the development and implementation of activities included within this CPAP may include supplies and equipment, **procurement services** on behalf of the government, transport, technical staff and support, funds for advocacy, research and studies, consultancies, programme development and management, improvement of facilities, monitoring and evaluation, information and programme communication, orientation and training activities. UNFPA shall appoint programme staff and consultants for programme development, programme support, technical assistance, as well as monitoring and evaluation activities. Part of UNFPA support may be provided to non-governmental and civil society organizations as agreed within the framework of the individual AWPs.

80. Specific details on the allocation and yearly phasing of UNFPA's assistance in support of the CP will be reviewed and further detailed through the preparation of the AWPs. UNFPA funds are distributed by calendar

year and in accordance with this CPAP and subject to availability of funds. During the review meetings, respective Government ministries indicated in the AWP will examine with UNFPA the rate of implementation for each programme. Subject to the review meetings conclusions, if the rate of implementation in any programme component is substantially below the annual estimates, funds may be re-allocated by mutual consent between the Government and UNFPA to other programmatically equally worthwhile strategies that are expected to achieve faster rates of execution.

81. In case of direct cash transfer or reimbursement, UNFPA shall notify the Implementing Partner of the amount approved by UNFPA and shall disburse funds to the Implementing Partner in 5 working days.

82. In case of direct payment to vendors or third parties for obligations incurred by the Implementing Partners on the basis of requests signed by the designated official of the Implementing Partner; or to vendors or third parties for obligations incurred by UNFPA in support of activities agreed with Implementing Partners, UNFPA shall proceed with the payment within 5 working days. UNFPA shall not have any direct liability under the contractual arrangements concluded between the Implementing Partner and a third party vendor.

83. Where more than one UN agency provides cash to the same Implementing Partner, programme monitoring, financial monitoring and auditing will be undertaken jointly or coordinated with those UN agencies

84. UNFPA maintains the right to request the return of any cash, equipment or supplies furnished by it which are not used for the purpose specified in the AWPs. Therefore, in consultation with concerned government ministries, UNFPA maintains the right to request a joint review of the use of commodities supplied but not used for the purposes specified in this CPAP or AWP, for the purpose of reprogramming those commodities within the framework of the CPAP. UNFPA will keep the Government informed about the UNFPA Executive Board policies and any changes occurring during the programme period.

IX. Commitments of the Government

85. The 2007-2011 Country Programme will be implemented in conformity with the policies of the Government of Sao Tome and Principe; the provisions as set forth in part one of this document; and the framework as set out in this document. The ITC will be the channel of communication between the collaborating sectoral ministries and UNFPA and will be responsible for providing all involved parties with information regarding its policies and any changes occurring during the programme period.

86. Each of the UNFPA-assisted programme ministries shall maintain proper accounts, records and documentation in respect of funds, supplies, equipment and other assistance provided under this country programme. Authorized officials of UNFPA shall have access to all relevant accounts, records and documentation concerning the distribution of supplies, equipment and other materials and the disbursement of funds. The Government shall also permit UNFPA officials, experts on mission, and persons performing services for UNFPA, to observe and monitor all phases of the programme of co -operation.

87. The Government will be responsible for the clearance, receipt, warehousing, distribution and accounting for supplies and equipment made available by UNFPA to the Government. No taxes, fees, tolls or duties shall be levied on supplies, equipment, or services furnished by UNFPA under this Country Programme Action Plan. UNFPA shall also be exempted from Value Added Tax (VAT) or any other forms of local taxation in respect of local procurement of supplies or services procured in support of UNFPA assisted programmes. The accounting procedures for supplies and equipment will conform to the general accounting procedures of the Government which will provide such information as required by UNFPA.

88. All supplies and equipment procured by UNFPA for the Government shall be transferred to the Government immediately upon arrival in the country. Final legal transfer shall be accomplished upon delivery to UNFPA of a signed government receipt. Should any of the supplies and equipment thus transferred not be used for the purposes for which they were provided as outlined in the AWP and this CPAP, UNFPA may require the return of those items, and the Government will make such items freely available to UNFPA.

89. With respect to the use of program funds, UNFPA and the heads of respective Government ministries as indicated in the AWP, will sign separate letters of understanding and approval providing details on accountability, use of funds provided by UNFPA, banking arrangements, accounting and financial reports, audit and control mechanisms, and closing procedures. The Government shall designate the names, titles and account details of the recipients authorized to receive such funds.

90. A standard Fund Authorization and Certificate of Expenditures (FACE) report, reflecting the activity lines of the Annual Work Plan (AWP), will be used by Implementing Partners to request the release of funds, or to secure the agreement that UNFPA will reimburse or directly pay for planned expenditure. The Implementing Partners will use the FACE to report on the utilization of cash received. The Implementing Partner shall identify the designated official(s) authorized to provide the account details, request and certify the use of cash. The FACE will be certified by the designated official(s) of the Implementing Partner. Cash transferred to Implementing Partners should be spent for the purpose of activities as agreed in the AWPs only.

91. Cash received by the Government and national NGO Implementing Partners shall be used in accordance with established national regulations, policies and procedures consistent with international standards, in particular ensuring that cash is expended for activities as agreed in the AWPs, and ensuring that reports on the full utilization of all received cash are submitted to UNFPA within six months after receipt of the funds. Where any of the national regulations, policies and procedures are not consistent with international standards, the UN agency regulations, policies and procedures will apply.

92. In the case of international NGO and IGO Implementing Partners cash received shall be used in accordance with international standards in particular ensuring that cash is expended for activities as agreed in the AWPs, and ensuring that reports on the full utilization of all received cash are submitted to UNFPA within six months after receipt of the funds.

93. To facilitate scheduled and special audits, each Implementing Partner receiving cash from UNFPA will provide UN Agency or its representative with timely access to:

- all financial records which establish the transactional record of the cash transfers provided by UNFPA;
- all relevant documentation and personnel associated with the functioning of the Implementing Partner's internal control structure through which the cash transfers have passed.

94. The findings of each audit will be reported to the Implementing Partner and UNFPA. Each Implementing Partner will furthermore

- Receive and review the audit report issued by the auditors.
- Provide a timely statement of the acceptance or rejection of any audit recommendation to UNFPA that provided cash .
- Undertake timely actions to address the accepted audit recommendations.
- Report on the actions taken to implement accepted recommendations to the UN agencies on a quarterly basis.

95. Each of the Government institutions concerned – through its respective technical personnel at central and provincial levels – shall provide periodic status reports to UNFPA on UNFPA-assisted programmes. Key indicators of physical and financial progress shall be developed for each activity, showing the targeted and achieved objectives in each period. The Government and UNFPA shall mutually agree on the *proforma* to be used and the frequency of reporting.

96. An evaluation of the impact of programmes on its beneficiaries including youth and women will be undertaken by the Government or designated institutions, at periodic intervals. The reports of these evaluations will be made available to UNFPA and will help guide further development of the co-operation between the Government and UNFPA.

97. The Government shall facilitate and co-operate in arranging periodic visits to programme sites and observations of programme activities for UNFPA personnel and officials for the purpose of monitoring the end use of programme assistance, assessing progress in programme implementation and collecting information for programme development, monitoring and evaluation.

98. The Government will be responsible for dealing with any claims, which may be brought by third parties against UNFPA and its officials, advisors and agents. UNFPA and its officials, advisors and agents will not be held responsible for any claims and liabilities resulting from operations under this agreement, except where it is mutually agreed by Government and UNFPA that such claims and liabilities arise from gross negligence or misconduct of UNFPA advisors, agents or employees. Without prejudice to the generality of the foregoing, the Government shall ensure or indemnify UNFPA from civil liability under the law of the country in respect of programme vehicles under the control of or use by the Government.

99. The Government will support UNFPA's efforts to raise funds required to meet the financial needs of the Programme of Cooperation, including all components detailed in this CPAP, and will co-operate with UNFPA by encouraging potential donor governments to make available to UNFPA the funds needed to implement the unfunded components of the programme by endorsing UNFPA's efforts to raise funds for the programme from the private sector both internationally and in São Tomé and Príncipe permitting contributions from individuals, corporations to support the programme for children and women which will be tax exempt.

100. The Government will authorize the publication through various national and international media of the results of the Programme of Cooperation and experiences derived there from.

X. Other Provisions

101. The present CPAP from its signature replaces all anterior dispositions.

102. This CPAP and its annexes can be modified by mutual consent of both parties.

103. Nothing in this CPAP shall in any way be construed to waive the protection of UNFPA accorded by the contents and substance of the United Nations Convention on Privileges and Immunities, to which the Government is a signatory.

In faith of what the undersigned, being duly authorized, have signed this CPAP on this day [15 December 2006] in São Tomé, São Tomé and Príncipe.

For the Government of São Tomé and Príncipe	For UNFPA
Carlos Gustavo dos Anjos, Minister of Foreign Affairs, Cooperation and Community	Andre Mayouya, Country Director
15-12-2006	15-12-2006

Annexes

ANNEX 1 : CPAP RESULTS AND RESOURCES FRAMEWORK

Expected UNDAF Outcome 1 : By 2011, a larger number of vulnerable population will have access to quality basic social services and a healthy environment								
UNFPA programme component	**Expected Outcomes**	**Expected Outputs**	**Output targets and indicators**	**Indicative resources by programme component (per year , US$)**				
				2007	**2008**	**2009**	**2010**	**2011**	**Total**
Reproductive Health Component	**Outcome 1**: Increased access to and utilization of integrated, high-quality reproductive health and HIV prevention services **Outcome 1 indicators**: - Percentage of the target population who have undergone voluntary counselling and testing for HIV/AIDS Baseline : n.a Target : to be determined in 2007 - Proportion of births attended by skilled health personnel Baseline : 90.7% Target : 98% - Proportion of adolescents using adolescent reproductive health services by gender Baseline : n.a Target : to be determined in 2007 - Contraceptive prevalence rate Baseline : 47,9% Target : 58%	**Output 1.** Increased availability of a package of high-quality, integrated reproductive health services, including family planning, adolescent sexual and reproductive health, and emergency obstetric care	-No. of health facilities with the RH policy, norms and guidelines in use Baseline : 21 (2006) Target : 29 (2011) - % of population having access to basic reproductive health services. Baseline : n.a Target : to be determined in 2007 - Rate of health services client satisfaction. Baseline : n.a Target : 90% (2011) - % of health facilities offering at least five quality reproductive health care services (family planning, pre and post natal care, prevention STI and GBV management) Baseline : 72% (2006) Target : 90% (2011) - % of health facilities offering quality and integrated reproductive health care to the youth and adolescents Baseline : 24% Target : 90% -% of births attended by qualified personnel Baseline : 90.7% Target : 98% -% of health facilities (district level) offering quality Basic Obstetric Care Baseline : 62,5% Target : 100% (2011)	Regular Resources					
				80,000	80,000	80,000	80,000	80,000	400,000
				Other Resources					
				60,000	60,000	60,000	60,000	60,000	300,000

Expected UNDAF Outcome 1 : By 2011, a larger number of vulnerable population will have access to quality basic social services and a healthy environment									
UNFPA programme component	**Expected Outcomes**	**Expected Outputs**	**Output targets and indicators**	**Indicative resources by programme component (per year , US$)**					
				2007	**2008**	**2009**	**2010**	**2011**	**Total**
			-% of health facilities providing services with no stock out of reproductive health products Baseline : 100% Target : 100% -% of health staff by district and by health post having benefited from at least one training activity Baseline : n.a Target : to be determined - A regulatory and legal framework for doctors and nurses elaborated and in use. Baseline : 0 Target : A legal framework functional (2009) - Functional referral system. Baseline : 28% Target : 100% (2009)						
		Output 2: Increased coverage and utilization of high-quality HIV prevention services, including voluntary counseling and testing,	- No. of service providers delivering quality HIV prevention and AIDS treatment services *Prevention* Baseline : n.a	Regular Resources					
				20,0000	20,000	20,000	20,000	20,000	100,000

Expected UNDAF Outcome 1 : By 2011, a larger number of vulnerable population will have access to quality basic social services and a healthy environment									
UNFPA programme component	**Expected Outcomes**	**Expected Outputs**	**Output targets and indicators**	**Indicative resources by programme component (per year , US$)**					
				2007	**2008**	**2009**	**2010**	**2011**	**Total**
		the prevention of mother-to-child transmission, and condom programming, particularly for youth people and pregnant women.	Target : 95% *Treatment services* Baseline : 2 Target : 10 - No. of service providers oriented and actively providing services Baseline : n.a Target : 95% -% of people aged 15 - 49 voluntarily tested for HIV Baseline : n.a Target : 50% -% pregnant women tested for HIV Baseline : n.a Target :100% -% pregnant women infected by HIV receiving complete ARV treatment to reduce the risk of Mother and Child transmission Baseline :n.a Target : 100% -% of health facilities offering Voluntary Counseling and Testing (VCT) Baseline : 58% Target : 90% -Number of associations and NGOs active in the fight against HIV/AIDS Baseline : 6 Target : 8	Other Resources					
				20,000	20,000	20,000	20,000	20,000	100,000

Expected UNDAF Outcome 1 : By 2011, a larger number of vulnerable population will have access to quality basic social services and a healthy environment										
UNFPA programme component	**Expected Outcomes**	**Expected Outputs**	**Output targets and indicators**	**Indicative resources by programme component (per year , US$)**						
				2007	**2008**	**2009**	**2010**	**2011**	**Total**
	Outcome 2: increased adoption of responsible and safe behaviour regarding reproductive health and HIV/AIDS among men, women and youth people. **<u>Outcome 2 indicators</u>**: - Percentage of target population using condoms during their last intercourse <u>Baseline</u> : n.a. <u>Target</u> : To be determined in 2007 • Contraceptive prevalence rate <u>Baseline</u> : 47,9 % <u>Target</u> : 58% • HIV prevalence among pregnant women <u>Baseline</u> : 1,5% <u>Target</u> : 1,5% • HIV prevalence rate among young people <u>Baseline</u> : n.a <u>Target</u> : to be determined in 2007	**Output 3:** Increased knowledge of and skills in sexual and reproductive health and HIV prevention among men, women and youth people	- No. Youth Centers operational <u>Baseline</u> : 5 <u>Target</u> : 15 - No. of counselors, peer educators and community members trained and functioning. <u>Baseline</u> : 8 <u>Target</u> : 60 - A strategy to involve men available and implemented <u>Baseline</u> : 0 <u>Target</u> : 1 - % of men using condoms with casual sexual partners. <u>Baseline</u> : n.a <u>Target</u> : To be determined - A revised communication strategy implemented. <u>Baseline</u> : 0 <u>Target</u> : 1 -% youth aged 15 - 24 correctly identifying STD and HIV prevention methods and who reject false ideas concerning the HIV prevention <u>Baseline</u> : 48% <u>Target</u> : 90% -% youth aged 15 - 24 able to declare their use of condoms during sexual relations with occasional sex partners <u>Baseline</u> : 34% <u>Target</u> : 90%	Regular Resources					
				60,000	60,000	60,000	60,000	60,000	300,000
				Other Resources					
				20,000	20,000	20,000	20,000	20,000	100,000

Expected UNDAF outcome 2 : By 2011, public institutions will protect human rights and will ensure equity within natural resource distribution and sustained dialogue with civil society									
UNFPA programme component	**Expected Outcomes**	**Expected Outputs**	**Output targets and indicators**	**Indicative resources by programme component (per year , US$)**					
				2007	**2008**	**2009**	**2010**	**2011**	**Total**
Population and Development Component	. **Outcome :** National and sectoral policies, plans, programmes and budgets take into account population and development linkages. *Outcome Indicators:* - PRSP as well as national and sectoral policies, plans and programmes take into account population, reproductive rights and gender *Baseline: Partial integrat.* *Target: PRSP (2007; Others programmes and politics (2008-2011)* - Percentage increase in health-sector budget allocated for contraceptive procurement *Baseline :Health Sector: 7.85%; Contraceptive - 0.71%* *Target: Health sector: 20% Contraceptive – 0.81% (2008)* - Amount of non-core resources mobilized in support of reproductive health and gender *Baseline:n.a* Target: to be deterninated	**Output 1** : Increased availability and use of population and reproductive health data, disaggregated by age and gender	Comprehensive socio-economic databases, including demographic data, are available: *- Civil registration database available* *Baseline: None* *Target: Functional and updated database (2007-2011)* *- International migration database available* *Baseline: None* *Target:Functional and updated database (2007-2011)* *- STPInfo available* *Baseline: None* *Target: STPInfo functional and maintained (2007)* *- IMIS available* *Baseline: None* *Target: IMIS functional and updated (2008)*	Regular Resources					
				20,000	20,000	20,000	20,000	20,000	100,000
				Other Resources					
				15,000	15,000	15,000	15,000	15,000	75,000

UNDAF outcome 2 : By 2011, public institutions will protect human rights and will ensure equity within natural resource distribution and sustained dialogue with civil society										
UNFPA programme component	**Expected Outcomes**	**Expected Outputs**	**Output targets and indicators**	**Indicative resources by programme component (per year , US$)**						
				2007	**2008**	**2009**	**2010**	**2011**	**Total**
		Output 2 : Strengthened national institutional and technical capacity to integrate population, reproductive health and gender issues into policies, strategies, plans and budgets	- Number of technicians at sectoral and regional levels, and number of civil society members trained in integration of population, RH and gender issues into policies, strategies, plans and budgets *Baseline: 0* ***Target**: 20 (2008-2009)* - Database for the budgeting of activities related to population, RH and gender issues developed *Baseline: None* *Target: Database available (2009)* - Declaration of the National Population Policy finalized and approved *Baseline: Declaration elaborated but not revised and finalized* *Target: Declaration finalized and approved (2007)* - Number of technicians and civil society members trained in integration involved in processes *Baseline: 0* *Target: 30 (2008-2009)* - Number of decision makers per target group sensitized *Baseline: n.a* *Target: to be determined in 2007*	Regular Resources					
				30,000	30,000	30,000	30,000	30,000	150,000
				Other Resources					
				5,000	5,000	5,000	5,000	5,000	25,000

UNDAF OUTCOME (transversal) : by 2011, a gender dimension will be integrated at all levels of future cooperation to ensure visible equality of women and men in political, economic and social life										
UNFPA programme component	**Expected Outcomes**	**Expected Outputs**	**Output targets and indicators**	**Indicative resources by programme component (per year , US$)**						
				2007	**2008**	**2009**	**2010**	**2011**	**Total**
Gender Component	**Outcome**: Improved institutional and social frameworks to promote and protect women's and girls' rights and thus advance gender equity and equality **Outcome indicators**: - National and sectoral mechanisms established to plan, implement and monitor the implementation of the gender strategy Baseline : none Target : mechanisms available and functional (2007-2011) - Number of sectoral plans with gender issues integrated in them Baseline : none Target : Key sectoral plans with gender integrated - Partnership with civil society established Baseline : none Target : Partnership with key structured groups of civil society (2007-2011)	**Output 1:** Strengthened capacity of national and local institutions, including the government, parliament, NGOs, and civil society organizations to effectively implement the national gender strategy	- Number of institutions with the capacity to promote gender equality and equity and the advancement of women and girls Baseline : n.a Target : To be determined in 2007 - A guide to integrate gender issues in national and sector policies and programme available Baseline : none Target : Guide available (2008) - Number of members of parliament with the capacity to advocate gender issues Baseline : 0 Target : 28 (9 members of 5th commission + 19 others members) (2011) - Number of women represented in the parliament Baseline : 4 Target : 15 (2010)	Regular Resources					
				40,000	40,000	40,000	40,000	40,000	200,000
				Other Resources					
				40,000	40,000	40,000	40,000	40,000	200,000
Programme Coordination and assistance				Regular Resources					
				50,000	50,000	50,000	50,000	50,000	250,000

Annex 2 : CPAP Planning and Tracking Tool *(Reproductive Health Component)*

Country: São Tomé & Príncipe ; **CP Cycle: 2007-2011**								
UNDAF OUTCOME 1: By 2011, a larger number of vulnerable population will have access to quality basic social services and a healthy en**vironment**								
RESULTS	**INDICATOR**	**MEANS OF VERIFICATION**	**RESPONSIBLE PARTY**	**2007**			**2008**	
				Base line	**Target**	**Achievement**	**Target**	**Achievement**
CP Outcome 1: Increased access to and utilization of integrated, high quality reproductive health and HIV prevention services	- Percentage of the target population who have undergone voluntary counselling and testing for HIV/AIDS	Survey	PNL, INE, RHP	n.a. - to be determined in 2007	to be deteminated in 2007		to be deteminated in 2007	
		RHP reports	RHP	90.7%	92%		93.5%	
	- Proportion of births attended by skilled health personnel	RHP reports	RHP	n.a - to be deteminated in 2007	to be deteminated in 2007		to be deteminated in 2007	
	- Proportion of adolescents using adolescent reproductive health services by gender							
	- Contraceptive prevalence rate	RHP reports	RHP	47,9%	50%		52%	
Output 1. Increased availability of a package of high-quality, integrated reproductive health services, including family planning, adolescent sexual and reproductive health, and emergency obstetric care	-No. of health facilities with the RH policy, norms and guidelines in use	RHP reports	RHP	21	23		25	
	- % of population, by gender and by age having access to basic reproductive health services.	Survey	INE, RHP	n.a. - to be determined in 2007	to be deterninated in 2007		to be deteminated in 2007	
	- Rate of health services client satisfaction.	Survey	INE, RHP	n.a. - to be determined in 2007	to be deterninated in 2007		to be deteminated in 2007	

RESULTS	INDICATOR	MEANS OF VERIFICATION	RESPONSIBLE PARTY	2007			2008	
				Base line	Target	Achievement	Target	Achievement
	- % of health facilities offering at least five quality reproductive health care services (family planning, pre and post natal care, prevention, STI and GBV management)	RHP reports	RHP	72%	79%		86%	
	- % of health facilities offering quality and integrated reproductive health care to the youth and adolescents	RHP reports	RHP	24%	48%		72%	
	-% of births by qualified personnel	RHP reports	RHP	90.7%	92%		93.5%	
	-% of health facilities (district level) offering quality Basic Obstetric Care	RHP reports	RHP	62.5%	87,5%		87,5%	
	-% of health facilities with no stock out of reproductive health products	RHP reports	RHP	100%	100%		100%	
	-% of health staff by district and by health post having benefited from at least one training activity	RHP reports	RHP, Ministry of health	n.a - to be determined in 2007	to be determined in 2007		to be determined in 2007	
	- A regulatory and legal framework for doctors and nurses elaborated and in	RHP reports	RHP, Ministry of Health	None	Expected to be set in 2009		-	

RESULTS	INDICATOR	MEANS OF VERIFICATION	RESPONSIBLE PARTY	2007			2008	
				Base line	Target	Achievement	Target	Achievement
	use. - Functional referral system.	RHP reports	RHP, Ministry of Health	28%	42%		57%	
Strategy 1.1: Increasing the capacity to plan, manage and monitor comprehensive and integrated RH services, including health information and logistics management information systems								
Strategy1. 2: Increasing the availability of comprehensive, client-oriented, and gender -sensitive RH services at different levels								
Strategy 1.3: Strengthening Maternal and Newborn Care including Emergency Obstetric and Newborn Care (EmONC)								
Output 2: Increased coverage and utilization of high-quality HIV prevention services, including voluntary counseling and testing, the prevention of mother-to-child transmission, and condom programming, particularly for young people and pregnant women.	- No. of providers delivering quality HIV prevention and AIDS treatment services - No. of services providers oriented and actively providing services -% of people aged 15 - 49 voluntarily tested for HIV -% pregnant women tested for HIV -% pregnant women infected by HIV receiving complete ARV treatment to reduce the risk of Mother and Child transmission -% of health facilities offering Voluntary Counseling and Testing (VCT) -Number of associations and NGOs active in the	RHP reports PNLS reports RHP reports PNLS reports Survey RHP reports PNLS reports RHP reports PNLS reports RHP reports PNLS reports RHP reports PNLS reports	RHP, PNLS RHP , PNLS RHP , PNLS, INE RHP, PNLS RHP, PNLS RHP, PNLS RHP, PNLS	n.a (prevent.) to be determ. in 2007 2 (treatment) n.a - to be determined in 2007 n.a - to be determined in 2007 n.a - to be determined in 2007 n.a - to be determined in 2007 58% 6	to be determined in 2007 7 to be determined in 2007 to be determined in 2007 to be determined in 2007 to be determined in 2007 69% 7		to be determined in 2007 9 to be determined in 2007 to be determined in 2007 to be determined in 2007 to be determined in 2007 82.7% 8	

RESULTS	INDICATOR	MEANS OF VERIFICATION	RESPONSIBLE PARTY	2007			2008	
				Base line	Target	Achievement	Target	Achievement
	fight against HIV/AIDS							
Strategy 2.1 Strengthening and expanding the Information and Counseling Centers.								
Strategy 2.2 Strengthen the integration of HIV/AIDS in all SRH activities								
Strategy 2.3 Increasing capacity to ensure sustainable supply and distribution of RH commodities including contraceptives and especially male and female condoms								
Outcome 2: increased adoption of responsible and safe behaviour regarding reproductive health and HIV/AIDS among men, women and youth people.	- Percentage of target population using condoms during their last intercourse	Survey	RHP, PNLS, INE	n.a - to be determined in 2007	to be determined in 2007		to be determined in 2007	
	- Contraceptive prevalence rate	RHP reports, MISC	RHP	47,9%	50%		52%	
	- HIV prevalence among pregnant women	RHP reports PNLS reports	RHP, PNLS	1,5%	1,5%		1,5%	
	- HIV prevalence rate among young people	survey	PNLS, Ministy of Education	n.a – to be determined in 2007	to be determined in 2007		to be determined in 2007	
Output 3: Increased knowledge of and skills in sexual and reproductive health and HIV prevention among men, women and youth people	- No. Youth Centers operational	DPIP reports	RHP	5	7		9	
	- No. of counselors, peer educators and community members trained and functioning.	DPIP reports	RHP	8	25		42	
	- A strategy to involve men available and implemented	DPIP reports	RHP. Mass media	None	1		Start the implementation	
	- % of men using condoms with casual sexual partners.	Survey	RHP	n.a – to be determined in 2007	to be determined in 2007		to be determined in 2007	
	- A revised communication strategy implemented.	DPIP reports	RHP	none	1		Start the implementation	

RESULTS	INDICATOR	MEANS OF VERIFICATION	RESPONSIBLE PARTY	2007			2008	
				Base line	Target	Achievement	Target	Achievement
	-% youth aged 15 - 24 correctly identifying STD and HIV prevention methods and who reject false ideas concerning the HIV prevention	Survey	RHP, DPIP	48%	56,4%		64.8%	
	-% youth aged 15 - 24 able to declare their use of condoms during sexual relations with occasional sex partners	Survey	RHP, DPIP	34%	45,2%		56.4%	
Strategy 3.1 Increasing awareness of men women and young people on SRH, STI, HIV prevention								
Strategy3.2 Developing, implementing and coordinating a multi sectoral BCC strategy								

CPAP Planning and Tracking Tool *(Population & Development Component)*

Country: São Tomé & Príncipe ; CP Cycle: 2007-2011

UNDAF Outcome 2 : By 2011, public institutions will protect human rights and will ensure equity within natural resource distribution and sustained dialogue with civil society

Results	Indicator	Mean of Verification	Responsible Party	2007			2008	
				Baseline	Target	Achievement	Target	Achievement
CP Outcome National and sectoral policies, plans, programmes and budgets take into account population and development linkages.	- PRSP as well as national and sectoral policies, plans and programmes take into account population, reproductive rights and gender	Government and agency reports	MPF	*Partial integrated*	*PRSP (2007)*		*Others programmes and politics (2008-2011)*	
	- Percentage increase in health-sector budget allocated for contraceptive procurement	Government and agencies reports	MPF	*Health Sector – 7.85%; Contraceptive - 0.71%*	*Health sector – 15% ; Contraceptive – 0.81%*		*Health sector – 20% ; Contraceptive – 0.81%*	
	- Amount of non-core resources mobilized in support of reproductive health and gender	Government and agencies reports	MPF	*n.a* - to be determined in 2007	to be determined in 2007		to be determined in 2007	

Results	Indicator	Mean of Verification	Responsible Party	2007			2008	
				Baseline	Target	Achievement	Target	Achievement
Output 1 Increased availability and use of population and reproductive health data, disaggregated by age and gender	Comprehensive socio-economic databases, including demographic data, are available: - Civil registration database available - International migration database available - STPInfo available - IMIS available	INE reports INE reports INE & DPE reports DPE & DPE reports	INE, Civil registration Migration services reports Sectoral ministries Sectoral ministries	None None None None	Data base set up in 2007 Data base set up in 2007 Data base set up 2007 -		Annual update Annual update Annual update Database set up in 2008	
Strategy 1.1 Supporting the National Statistical System (NSS) in the preparation of the 4th Population and Housing Census (PHC) and in the conduct of surveys and research								
Strategy 1.2 Supporting the campaign of birth registration and the production of vital statistics and international migration statistics								
Strategy 1.3 Supporting the establishment of a development indicator database (STPInfo)								

Output 2 Strengthened national institutional and technical capacity to integrate population, reproductive health and gender issues into policies, strategies, plans and budgets	- Number of technicians of sectoral and regional implementing agencies and number of civil society members capable to integrate population, RH and gender issues into policies, strategies, plans and budgets - Database for the budgeting of activities related to population, RH and gender issues developed	DPE monitoring & evaluation reports DPE reports Data base	DPE, Sectoral and regional implementing agencies, NGOs DPE , Sectoral Minitries	0 None	0 Definition of data base structure		20 Data collection and information	

Results	Indicator	Mean of Verification	Responsible Party	2007			2008	
				Baseline	Target	Achievement	Target	Achievement
	- Declaration of the National Population Policy finalized and approved	Document of Declaration of the National Population Policy	DPE, Sectoral Ministries	None	Document finalized and approved		Document applied by all sectors	
	- Number of decision makers per target group sensitized	survey	DPE	n.a, - to be determined in 2007	to be determined in 2007		to be determined in 2007	
Strategy 2.1 Strengthening national institutional and technical capacity in integrating Population, RH and Gender issues into MDG-based national development frameworks (ENRP, for ex.)								
Strategy 2.2: Supporting the integration of Population, RH and Gender issues into MDG-based national development frameworks (ENRP, for instance)								

CPAP Planning and Tracking Tool *(Gender Component)*

Country: São Tomé & Príncipe; CP Cycle: 2007-2011

UNDAF outcome: by 2011, a gender dimension will be integrated at all levels of future cooperation to ensure visible equality of women and men in political, economic and social life

Results	Indicators	Means of Verification	Responsible Parties	2007			2008	
				Baseline	Target	Achievement	Target	Achievement
Outcome: Improved institutional and social frameworks to promote and protect women's and girls' rights and thus advance gender equity and equality	- National and sectoral mechanisms established to plan, implement and monitor gender strategy implementation	Reports of Government agencies		None	Mechanisms available in place		Mechanisms full operational (2008-2001)	
	- Number of sectoral plans with gender issues integrated in them	Reports of Government agencies		None	PRSP (2007)		Other progr. and politics (from 2008)	
	- Partnership with civil society established	Reports of Government agencies and NGOs		None	Partnership with key structured groups of		Partnership with key structured groups of	

Country: São Tomé & Príncipe; CP Cycle: 2007-2011								
UNDAF outcome: by 2011, a gender dimension will be integrated at all levels of future cooperation to ensure visible equality of women and men in political, economic and social life								
Results	**Indicators**	**Means of Verification**	**Responsible Parties**	**2007**			**2008**	
				Baseline	**Target**	**Achievement**	**Target**	**Achievement**
					civil society		civil society	
Output 1 Strengthened capacity of national and local institutions, including the government, parliament, NGOs, and civil society organizations to effectively implement the national gender strategy	- Number of institutions with the capacity to promote gender equality and equity and the advancement of women and girls	INPG reports	INPG, Ministry of Woman Sectoral implementing agencies , civil society	n.a. - to be determined in 2007	to be determined in 2007		to be determined in 2007	
	- A guide to integrate gender issues in national and sector policies and programme available	INP reports	INPG, Ministry of woman	None	-		Guide available	
	- Number of members of parliament with the capacity to advocate gender issues	INPG reports	INPG, National Assembly	0	10		28	
	- Number of women represented in the parliament	INPG reports	INPG, National Assembly	0	Advocacy with political parties and National Assembly		Advocacy with political parties and National Assembly	
Strategy 1.1 Capacity building of institutions and mechanisms responsible for the coordination and implementation of the national gender strategy								
Strategy 1.2 Advocating for gender equality and equity and for the empowerment of women and girls								

Programme Coordination Assistance Component
Strategy 1. Advocating for strengthening the institutional capacity of the Population and Development Unit (P&DU) to take additional role and responsabilities in support of the CP implementation
Strategy 2. Strengthening the national results-based Planning, Monitoring and Evaluation (PM&E) system in support of the CP implementation

Annex 3 : CPAP Monitoring and Evaluation Calendar 2007 – 2011

		2007	2008	2009	2010	2011
UNCT Monitoring & Evaluation Activities	**Surveys/Studies**	Baseline survey for certain indicators Indicators (common data base) updated	Survey on results of programme 1.1 and 1.2 Implementation of data base Indicators (common data base) updated	Survey on results of programme 2.1 and 2.3 Indicators (common data base) updated	Survey on results of programme 1.1 and 1.2 Indicators (common data base) updated	Survey on results of programme 2.1 and 2.3 Indicators (common data base) updated
	Monitoring Systems	Thematic group meetings (quarterly) Steering committee meetings (biannually)	Thematic group meetings (quarterly) Steering committee meetings (biannually)	Thematic group meetings (quarterly) Steering committee meetings (biannually)	Thematic group meetings (quarterly) Steering committee meetings (biannually)	Thematic group meetings (quarterly) Steering committee meetings (biannually)
	Evaluations	Impact and thematic evaluations		Impact and thematic evaluations		
	Reviews	Annual programme reviews Annual UNDAF reviews	Annual programme reviews Annual UNDAF reviews	Annual programme reviews Annual UNDAF reviews	Annual programme reviews Annual UNDAF reviews	Annual programme reviews Annual UNDAF reviews
	Support activities					
Planning References	**UNDAF Evaluation Milestones**		Terms of reference for UNDAF evaluations elaborated	Mid-term UNDAF evaluation		Final UNDAF evaluation
	M&E Capacity Building	Support to national services in the collection and treatment of monitoring data at the central level	Community capacities strengthened in programmes'/projects' planning, implementation, monitoring and evaluation			
	Use of Information	MDG report Annual report on PRSP implementation Resident Co-ordinator annual report	MDG report Annual report on PRSP implementation Resident Co-ordinator annual report	MDG report Annual report on PRSP implementation Resident Co-ordinator annual report	MDG report Annual report on PRSP implementation Resident Co-ordinator annual report	MDG report Annual report on PRSP implementation Resident Co-ordinator annual report
	Partner Activities					