END OF PROGRAMME EVALUATION

UNFPA 5TH COUNTRY PROGRAMME 2007-2011

THE GOVERNMENT OF THE DEMOCRATIC REPUBLIC OF SÃO TOME AND PRÍNCIPE (GoSTP)

THE UNITED NATIONS POPULATION FUND (UNFPA)

Submitted by: Michel Rosalie, Evaluation Consultant
July 2010
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<td>African Development Bank</td>
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<td>AWP</td>
<td>Annual Work Plan</td>
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<td>BCC</td>
<td>Behaviour Change Communication</td>
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<td>CEDAW</td>
<td>Convention on the Elimination of All Forms of Discrimination Against Women</td>
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<td>CHW</td>
<td>Community Health Workers</td>
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<td>CO</td>
<td>Country Office</td>
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<td>CP</td>
<td>Country Programme</td>
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<td>CPR</td>
<td>Contraceptive Prevalence Rate</td>
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<td>DHS</td>
<td>Demographic and Health Survey</td>
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<td>DNPP</td>
<td>Declaration of the National Population Policy</td>
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<td>DP</td>
<td>Division of Planning</td>
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<td>EPE</td>
<td>End Programme Evaluation</td>
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<td>EU</td>
<td>European Union</td>
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<td>GBV</td>
<td>Gender-Based Violence</td>
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<td>GoSTP</td>
<td>Government of São Tomé and Príncipe</td>
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<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<td>IMIS</td>
<td>Integrated Management Information System</td>
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<td>IP</td>
<td>Implementing Partner</td>
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<td>IT</td>
<td>Information Technology</td>
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<td>MAFRD</td>
<td>Ministry of Agriculture, Fisheries and Rural Development</td>
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<td>MDG</td>
<td>Millennium Development Goals</td>
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<td>MEC</td>
<td>Ministry of Education and Culture</td>
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<td>MESF</td>
<td>Ministry of Employment, Solidarity and Family</td>
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<td>MICS</td>
<td>Multiple Indicator Cluster Survey</td>
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<td>MOH</td>
<td>Ministry of Health</td>
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<td>MPF</td>
<td>Ministry of Planning and Finance</td>
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<td>MSCYS</td>
<td>Ministry of Social Communication Youth and Sports</td>
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<td>MTR</td>
<td>Mid-Term Review</td>
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<td>M&amp;E</td>
<td>Monitoring and Evaluation</td>
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<td>MYFF</td>
<td>Multi-Year Funding Framework</td>
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<td>NAP</td>
<td>National AIDS Programme</td>
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<td>NCPG</td>
<td>National Commission on Population and Gender</td>
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<td>NGO</td>
<td>Non-Governmental Organisation</td>
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<td>NHCE</td>
<td>National Centre for Health Education</td>
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<td>NIPGEE</td>
<td>National Institute for the Promotion Gender Equality and Equity</td>
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<td>NIS</td>
<td>National Institute of Statistics</td>
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<td>NPO</td>
<td>National Programme Officer</td>
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<td>NSGEE</td>
<td>National Strategy for Gender Equality and Equity</td>
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<td>PCIMAA</td>
<td>Prise en charge Intégrée des Maladies de l'Adolescent et de l’Adulte</td>
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<td>PDU</td>
<td>Population and Development Unit</td>
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<td>PHC</td>
<td>Population and Housing Census</td>
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<td>PLWHA</td>
<td>People Living With HIV and AIDS</td>
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<td>PMTCT</td>
<td>Prevention of Mother to Child Transmission</td>
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<td>RH</td>
<td>Reproductive Health</td>
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<td>RHCS</td>
<td>Reproductive Health Commodity Security</td>
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<td>SRH</td>
<td>Sexual Reproductive Health</td>
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<td>STD</td>
<td>Sexually Transmitted Diseases</td>
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<td>STI</td>
<td>Sexually Transmitted Infections</td>
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<tr>
<td>Acronym</td>
<td>Description</td>
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<td>STP</td>
<td>São Tomé and Príncipe</td>
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<td>TOR</td>
<td>Terms of Reference</td>
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<td>TOT</td>
<td>Training of Trainers</td>
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<td>TV</td>
<td>Television</td>
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<td>TVS</td>
<td>Television of São Tomé and Príncipe</td>
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<td>UNCT STP</td>
<td>United Nations Country Team in São Tomé and Príncipe</td>
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<td>UNDP</td>
<td>United Nations Development Programme</td>
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<td>UNECA</td>
<td>United Nations Economic Commission for Africa</td>
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<td>UNFPA</td>
<td>United Nations Population Fund</td>
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<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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<td>VCT</td>
<td>Voluntary Counseling and Testing</td>
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<td>WHO</td>
<td>World Health Organization</td>
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Executive Summary

1. This End Programme Evaluation (EPE) was carried out between 14th and 29th June 2010. Using the MTR of 2009 as a base, it assessed the extent to which the programme achieved specified outputs and contributed to its stated outcome in the approved Country Programme Document (CPD) for São Tomé and Príncipe. The results-based approach in managing such programmes thus allows UNFPA and other stakeholders to obtain information (programme performance, strengths and constraints encountered during implementation as well as opportunities) in order to improve the programme before the end of the cycle.

2. RH Output 1 - Reproductive Health Services

2. Overall, there has been improved performance for most indicators for the output on RH, although the performance for some indicators is less impressive than for others. For example, it is clear that more needs to be done in terms of basic obstetric care in order to achieve the targeted 100% coverage by 2011.

3. There have been positive results regarding birth deliveries assisted by qualified personnel in 2008, despite the fact that two big districts still have no maternity facilities. Expectant mothers in these districts are referred to the Central Hospital for birth delivery. A 94.8% coverage was recorded, exceeding the baseline (2007) of 90.7% and the target set for 2008 (93.5%). This might be linked to the sense of ownership of the Technical Team as well as to sensitization activities, specially those aimed at traditional mid-wives. However, in 2009 the percentage of births assisted by qualified personnel, decreased to 87.5%, well below the set target of 96% for the same year. It would seem that the major factor for this decline is poverty, as a number of women, when they are referred to maternity hospitals, do not have enough money to cover travel costs to these hospitals.

4. There is still a lack of qualified personnel for the reproductive health programme, especially at the level of service provision. To address this problem, on-the-job (in-service) training was done with UNFPA support. In 2009 fundamental aspects of RH have also been integrated in the curriculum of the Institute of Health Sciences. Other national programmes covering malaria and HIV/AIDS have also had a direct effect on maternal health. RH services are now integrated in the programmes in the MOH even though some difficulties were encountered at the start. The change has come about as a direct result of advocacy.

5. Although there is political commitment on the part of the government concerning RH, support is still inadequate to meet existing demands for services. The existing infrastructure of the central maternity is small and its facilities are inadequate. The government needs to do more to convince donor agencies that there is a need for health services at district level. While UNFPA could continue to provide support in terms of equipment and training, it is the responsibility of the government to make funds available to update and extend maternity facilities.

6. There are currently no appropriate strategies in place to incite people to visit family planning clinics and there seems to be a problem in terms of getting information passed on to the average person. Family planning services have been offered only in health centres and health facilities and this has, according to reports, restricted the flow of information available to adolescents and youths.

7. Lack of motivation of personnel to adopt new approaches and to take on board the implementation of various components of various funded programmes has also been a major constraint. This is more noticeable at the district level than at national level, and it
may be linked to the salary/compensation/reward system currently in place for such staff. Resolving this issue is problematic but there is ongoing advocacy to address the situation.

8. At the UN level, despite the fact that the different agencies are located in one building, they tend to function more or less in isolation—each implementing its own set of activities independently even though they are working for a common goal. For example, UNFPA, UNICEF, WHO and World Bank are implementing the UN H4 at country level but there is little dialogue between these agencies on various aspects of the work being done.

9. Data collection and management is not entirely satisfactory. Information regarding reproductive health is collected at district level, but can only be analyzed at central level. The fact that the districts do not yet have the capacity to carry out data analysis is a major drawback since it prevents them from immediately accessing useful information at their level. Furthermore, the health information management system is a manual one (using forms and files). It is clear that it is necessary to take greater advantage of IT to improve information management.

RH Output 2 - HIV/AIDS

10. The results indicate improvement in the provision of services regarding HIV/AIDS generally, and more specifically, an increase in the percentage of people accessing VCT information and services. In terms of PMTCT, it was envisaged in 2008 that 70% of pregnant women would be covered for the detection of HIV and subsequent placement on a course of treatment. However, only a coverage of 64.8% was attained, and this level deteriorated to 58% in 2009. This problem is essentially a result of women ‘disappearing’ after finding out their HIV status thus making it difficult for them to receive treatment prior to delivery. It would seem that stigmatisation and poverty may be contributing causes to this situation.

11. In collaboration the National AIDS Programme, VCT services are being offered in health centres and health facilities—out of 25 health facilities, 23 are currently doing VCT and over 100 persons have been trained in VCT. Additional training is being planned.

RH Output 3 - Behaviour Change Communication:

12. Youth friendly centres have been established in 5 secondary schools in the following districts: Agua Grande, Cantagalo, Me-Zochi, Lembá and the Autonomous Region of Príncipe. There is another youth friendly centre for the out of school youth and it is based in the Guadalupe library in the district of Lobata. The activities of the youth friendly centres have contributed positively towards the percentage of youth aged 15-24 who correctly identify STI and HIV prevention methods and who reject false ideas concerning HIV. The performance indicator shows an increase from 48% in 2007 to 56.4% in 2008. However, more efforts need to be done both inside and outside the youth friendly centres to achieve the 2011 target which is set at 90%.

13. Training for peer educators, many of whom have been drawn from NGOs, has also been carried out. There is currently a youth network involved in the work for the output and its members are carrying out training in SRH in the Centro Politécnico (vocational school). However, in terms of the number of counsellors, peer educators and community members trained and functioning, only 12 individuals have so far been trained, a figure which is far below the target set for 2011 - which was a total of 60 individuals.
14. The ongoing reforms in the schools’ curricula are acting as major barriers for the effective teaching of SRH in schools, and the Output Team does not have any control over the level at which the subject should be taught in schools. A decision needs to be taken at a senior level in the government to among other things, enable the Output members to provide their inputs in the manuals before they are published.

15. It has not been possible to fully implement the strategy aimed at reaching men with SRH and HIV/AIDS information and services because men tend not to come forward to make use of available RH services. Culturally, men, and to some extent young people, do not adequately make use of the programme, because their perception is that RH is to do with maternal health only. It is hoped that the knowledge acquired by two members of this output during a workshop held in Zambia in 2010 as well as technical assistance will help in addressing the problem.

PD Output 1 - Data Management:

16. With the exception of IMIS, there are improvements in the development of all the related databases. The National Strategy for the Development of Statistics and the plan of action for its implementation are being finalised. As part of the overall preparation for the 2011 PHC, a joint mission of 4 international consultants – for methodology, informatics, cartography and advocacy – took place in 2009.

17. Even though there is progress in the civil registration database, publishing the information is still problematic because of the volume of errors in the data, as well as the absence of a data processing analyst. There are ongoing discussions with UNFPA and other partners to assist in identifying sources of funding to carry out the Population and Housing Census; one of the major constraints being currently encountered by this output.

18. The preparation for the DHS took about one and a half years, and a draft report was finalized by the end 2009. The STPInfo database which is based on DevInfo has been created and it is expected to be operational in 2010.

PD Output 2 - Integration

19. Some training, sensitisation and advocacy has been carried out towards integrating population, reproductive health and gender issues into policies, strategies, plans and budgets, but integration is not yet a reality. This is due to a lack of expertise in the country to undertake work in this area and to the difficulty of obtaining technical assistance when required. Substantial efforts have to be made to undertake this activity as it is the core activity for this output. If this is not done, there will be serious implications for this output and the programme as a whole.

20. All the formalities have been completed for the implementation of the Declaration of the National Population Policy (DNPP). Even though the Population and Development Unit has been doing intensive advocacy work with all relevant institutions to ensure that the DNPP is used as a development instrument, this has not yet happened. There is ongoing work on 1) the sensitisation of decision-makers from different target groups regarding the integration of population, RH and gender issues in development frameworks, and 2) the database for the budgeting of activities related to population, RH and gender issues.
Gender Output

21. Performance indicators show that overall there is progress towards the achievement of the set targets by 2011. Six (6) of the thirteen institutions identified have the capacity to promote gender equality and equity. A prerequisite for the attainment of the results regarding gender was the establishment of a solid structure for the promotion of gender, and this was met in 2007 with the creation of the NIPGEE. The work of the NIPGEE is guided by its strategic plan for 2008-2011 while its role is to coordinate and provide guidance to other sectors on gender-related issues.

22. The result/indicator which is showing the least progress relates to the number of women represented in Parliament. There are currently only 3 women parliamentarians against the target of 15 set for 2010. It is expected that with the recent (2009) approval of a quota system of at least 30% of nominated candidates for the election of Members of the National Assembly to be women, the actual number of women represented in Parliament will increase in the upcoming elections in 2010.

23. Although this programme component was slow to start - due essentially to institutional constraints - over 50% of the activities under the output have successfully been carried out, and it is expected that all the other planned activities will be completed in this programme cycle.

24. As a new structure to promote and integrate gender in development, the NIPGEE represents an excellent investment for the country. It has evolved well in the short period of its existence and with the exception of very few countries (for example, Cape Verde), such a set up is not commonly found in the region.

Programme Implementation

25. UNFPA ensured that all potential partners, without exception, were brought on board for the implementation of the CP. Local NGOs were not identified as IPs because they tend to lack the capacity required, but through responsible institutions, they are involved in specific activities. Some international NGOs which are active in the country, namely ALISEI and Medicos do Mundo, are also used on an ad hoc basis in the implementation of the programme in particular for the reinforcement of the capacities of local NGOs. All activities are planned and executed under the leadership of the IPs and there are signs that the outputs are well integrated within the programmes. Moreover there is constant dialogue and consultation between personnel working on the different outputs and staff of the UNFPA CO.

26. Human resources and related constraints have been cited as having sometimes impeded the implementation of the 5thCP. The issues range from inadequate staff strength measured in terms of numbers to insufficient relevant skills required. Based on the progress made so far, it is unlikely that the rate of implementation will slow down, necessitating increased human resources to sustain current and planned activities. It is to be noted that funding made available by the government is still inadequate, especially with respect to recruitment, because as part of ongoing reforms in the public sector, the government has a ceiling for its expenditure. It is felt by various IPs that government should review its position regarding staff recruitment and give special consideration to structures where the different outputs are being implemented.
Conclusion

27. The six outputs of the 5thCP are interconnected, and this assessment has found that significant efforts have been made for the different output activities to converge and supplement each other. Work on the gender output started later than expected, but this output has eventually been able to catch up with the other outputs.

28. This assessment concludes that the overall performance of the programme so far can be described as good although some activities will require special attention either as a result of weaknesses or constraints during the rest of the programme cycle. The report makes recommendations for each of the outputs and the programme as a whole in order to address the challenges in the remaining period of the 5thCP implementation as well as in the next programme cycle.
1.0 Introduction

1.1 Background

29. The Government of the Democratic Republic of São Tomé and Príncipe/UNFPA 5th Country Programme covering the period 2007 – 2011, was approved by the Executive Board of UNDP and UNFPA in June 2006. The programming of this cycle is synchronized with that of other EXeCom agencies and that of the UNDAF. According to the monitoring and evaluation calendar of the programme cycle, an End Programme Evaluation (EPE) is due in 2010.

30. The EPE is a political and technical requirement regarding the implementation of country programmes. The results-based approach in managing these programmes should allow UNFPA and other stakeholders to obtain information (programme performance, strengths and constraints encountered during implementation as well as opportunities) in order to improve the programme before the end of the cycle.

31. The EPE was carried out between the 14th and 28th June 2010. It assessed the extent to which the programme achieved specified outputs and contributed to its outcome as stated in the approved Country Programme Document (CPD) for São Tomé and Príncipe. It therefore attempted to determine the contribution of the 5CP to the UNDAF results matrix in order to inform development partners associated with the CP and to mobilise resources for the national population, reproductive health and gender programmes.

1.2 Objectives of the End Programme Evaluation

32. The overall objective of the 2010 EPE was to provide responses to issues relating to the design, the process of implementation and the performance of the UNFPA assisted programme 2007-2011. The aim of the exercise is to provide relevant information to partners involved in the implementation of the programme, in case of need, to improve the design and performance of the programme as from now and the end of the cycle.

33. The Terms of Reference (TOR) for the EPE consultant and the actual TOR for the Evaluation of the UNFPA assisted programme 2007-2011 are provided at Annex 1 and Annex 2 respectively.

1.3 Brief description of the 5thCP

34. The STP/UNFPA 5th CP was expected to contribute to national efforts to improve the quality of life of the people of São Tomé and Príncipe by: (i) promoting universal access to sexual and reproductive health through improved access to information and services; (ii) preventing HIV; (iii) promoting gender equity; and (d) integrating population, reproductive health and gender into development policy and plans.

35. The 5th CP was designed to contribute to two UNDAF thematic areas, namely (1) basic social services; and (2) good governance and human rights. It was also meant to contribute to gender as a UNDAF cross-cutting area. This was to be achieved through three UNDAF outcomes, namely i) UNDAF Outcome 1: “By 2011, a larger number of vulnerable populations will have access to quality basic social services and a healthy environment”; ii) 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”; and iii) UNDAF Outcome 3 (cross-cutting): “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”.

36. The 5th CP comprises three programme components, namely (1) Reproductive Health (RH), (2) Population and Development (PD), and (3) Gender. These components incorporate cross-cutting dimensions such as gender analysis, a human rights-based approach and advocacy. Its formulation took 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), the UNFPA multi-year funding framework (MYFF)\(^1\), 2004-2007 and the UNFPA Strategic Plan 2008-2011. The six specific outputs, strategies and lead actions, including indicators, are to be found in the 2007-2011 CPAP and are discussed in this report in the section on EPE Findings.

37. The coordinating mechanism for the implementation of the programme can be found at Annex 3.

1.4 Methodology of the End Programme Evaluation

38. The TOR for the mission suggested a methodology for the EPE, indicating that a participatory and consultative approach be adopted with the UNFPA Country Office (CO) and the Implementing Partners (IP) throughout the exercise. The MTR report of November/December 2009 and the framework of indicators of the CPAP were used as a starting point and were updated using new data collected during interviews with key representatives of IPs and other structures associated with AWPs. The focus of these amendments was to bring up to date the findings and recommendations of the MTR.

39. In view of the above, many of the steps described in the methodology (below) reflect work that was originally done for the MTR.

1.4.1 Review of documents

40. A desk review of relevant programme and related documents produced by UNFPA and its collaborators was initially carried out. Such documents included: the UNDAF, the CPD for São Tomé and Príncipe; the CPAP; quarterly and annual reports; Annual Work Plans for implementing partners; MTR Report 2009 and other publications. Some of these documents were made available to the consultant before and during the mission by the UNFPA CO. The list of documents reviewed is provided in Annex 4. The objective of the review was to obtain information regarding the overall arrangements for the implementation of 5th CP; the status of implementation (as contained in the CPAP Results and Resources Framework); challenges encountered during the implementation of the 5th CP; and other pertinent information linked with the coordination, management and monitoring of the programme.

\(^1\) Since 2008, the MYFF has been replaced by the UNFPA Strategic Plan 2008-2011.
1.4.2 Key informants interviews

41. In order to build on the information gathered through the desk review, in-depth discussions were also held with Government and UNFPA CO officials directly involved in the implementation of the programme. The key informants were of three main types for the 2009 MTR, namely 1) the persons responsible for each programme component in the government, 2) members of Technical Teams for each of the six outputs (in the public sector), and 3) UNFPA CO officials. The respondents for the EPE were similar to those of the MTR, except that the persons responsible for each programme component were interviewed together with members of the Technical Teams. The list of persons met is at Annex 5. The interview guide for all the groups of interviewees for both the MTR (Annex 6) and the EPE (Annex 6a) was designed based on the list of evaluation questions provided in the TOR. The key issues covered in the EPE interview guide are: delivery process, efficiency, unanticipated results, and alternative strategies.

1.4.3 Quantitative approach

42. The bulk of the data required to assess performance indicators was already available in the updated CPAP Planning and Tracking Tool. However, during the field mission, time was also spent to collect additional statistical information generated by the different outputs. The data collected pertained mainly to RH outputs and they are presented in the report as part of the EPE findings. During the MTR in 2009, members of the Technical Teams were also asked a question which allowed measuring the support received by different groups for implementation in quantitative terms.

1.5 Facilitating factors

43. A number of factors facilitated the work of the EPE exercise, these were as follows:

- Documents required for the EPE were made available well before the field mission and additional ones were promptly made available as and when requested during the field mission. Generally, the UNFPA CO maintains a good documentation of relevant reports and they are easily accessible.

- The consultant received excellent support, both substantive and administrative, from the UNFPA CO and IPs throughout the mission. A meeting with all the IPs was organized prior to the mission in order to brief everyone on the approach to be used for the collection of required information for the EPE and all IPs respected the schedule of meetings and all of them gave additional time to verify some of the issues discussed.

- All the IPs and other government officials participated in the debriefing session organized by the UNFPA. This made it possible to validate some of the preliminary findings of the EPE as well as to discuss other national issues linked with the implementation of the 5thCP.

1.6 Constraints encountered during field data collection

44. Linked to the duration of the field mission (1 week), the major constraint encountered was that a number of documents which were to be consulted are in Portuguese, and more time had to be spent to go through them. However, where required, assistance with translation was received from personnel from UNFPA CO and IPs.
2.0 Findings of the Evaluation

2.1 Findings on Reproductive Health Component

45. In São Tomé and Príncipe (STP), basic health care is primarily provided through a partially decentralized network of government-run facilities consisting of one central referral hospital, seven (7) district health centres and twenty health posts. The 7 districts of STP are: Agua Grande and Me-Zóchi in the Central Region; Cantagalo and Caué in the Southern Region; Lembá and Lobata in the Northern Region; the island of Príncipe (which constitutes the entire Region of Príncipe)\(^2\). The majority of the population (more than 75 percent) lives in the Central Region. The Reproductive Health Component of the 5\(^{th}\)CP\(^3\) is being implemented in all the health centres (centres de santé) of the 7 districts. In the health facilities (postes de santé), sexual and reproductive health services are offered where there are competent nurses in reproductive health.

46. The district health centres have beds for people who are sick, except for one district health centre in São Tomé, where potential in-patients are referred to the central referral hospital. All the health centres are run by a team, which includes a Chief Medical Officer (Délégué de Santé).

47. The RH component has three outputs, namely:

- Output 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”;
- Output 2 “Increased coverage and utilization of high-quality HIV prevention services, including voluntary counselling and testing, the prevention of mother-to-child transmission, and condom programming, particularly for young people and pregnant women”; and
- Output 3 “Increased knowledge and skills in sexual and reproductive health and HIV/AIDS prevention among men, women and young people”.

2.1.1 RH Component Output 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*

48. The Division of Health Care/Reproductive Health Programme is responsible for the implementation of this output.

49. The expected results for RH Output 1 were:
   a) Number of health facilities with the RH policy, norms and guidelines in use; An increase in percentage of:

\(^2\) In terms of the health sector Príncipe is considered a district; however, officially, the island of Príncipe is considered an autonomous government for all other purposes.

\(^3\) The RH Programme in the Ministry of Health is supported by three partners, UNFPA, WHO and UNICEF, and UNFPA is the biggest sponsor among them.
b) Population, by gender and by age having access to basic reproductive health services;
c) 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);
d) Health facilities offering quality and integrated reproductive health care to the youth and adolescents;
e) Births by skilled personnel;
f) Health facilities offering quality Basic Obstetric Care;
g) Health facilities with no out of stock reproductive health products;
h) Health staff by district and by health facilities having benefited from at least one training activity;

Additional items on the list were:
i) Rate of health services’ client satisfaction
j) A regulatory and legal framework for doctors and nurses elaborated and in use;
k) A functional referral system.

50. The following strategies were adopted to achieve the above results (see CPAP):
   - Increasing the capacity to plan, manage, supervise, and monitor comprehensive and integrated RH services, including health information and logistics management systems;
   - Increasing the availability of comprehensive, client-oriented, and gender-sensitive RH services at different levels; and
   - Strengthening the maternal and newborn health care including Emergency Obstetric and Newborn Care.

2.1.1.1 Assessment of Results

51. The above results (a to k) all imply an increase in the availability of high quality and integrated RH services in health centres and health facilities in the country. All three strategies are relevant and appropriate for attainment of the eleven results.

52. The status of the results/indicators are shown in Table 1 (the country programme framework of indicators is at Annex 7), except for results b) and i) where data are not available to measure progress, and result j) which is still in discussion. Overall, there has been improved performance for all the indicators, although the performance for some indicators has been less impressive than others, for example in terms of basic obstetric care, it is clear that more needs to be done in order to achieve the 100% coverage by 2011.
<table>
<thead>
<tr>
<th>Indicator</th>
<th>Baseline 2007</th>
<th>Target 2011</th>
<th>Achievements</th>
<th>Comments on results (see Recommended Actions in text)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of health facilities with the RH policy, norms and guidelines in use</td>
<td>21</td>
<td>29</td>
<td>26</td>
<td>26</td>
</tr>
<tr>
<td>% of health facilities offering at least five quality reproductive health care services (family planning, prenatal care, prevention, STI and GBV management)</td>
<td>72</td>
<td>90</td>
<td>82</td>
<td>83.7</td>
</tr>
<tr>
<td>% of health facilities offering quality and integrated reproductive health care to the youth and adolescents</td>
<td>24</td>
<td>90</td>
<td>68</td>
<td>72.9</td>
</tr>
<tr>
<td>% of births assisted by qualified personnel</td>
<td>90.7</td>
<td>98</td>
<td>94.8</td>
<td>87.5</td>
</tr>
<tr>
<td>% of health facilities (district level) offering quality Basic Obstetric Care</td>
<td>62.5</td>
<td>100</td>
<td>71.4</td>
<td>75</td>
</tr>
<tr>
<td>% of health facilities with no out of stock reproductive health products</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>% of health staff by district and by health facilities having benefited from at least one training activity</td>
<td>No data</td>
<td>DHC: 95*</td>
<td>DHC: 92.3</td>
<td>DHC: 95.3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>HF: 97*</td>
<td>HF: 94</td>
<td>HF: 96.5</td>
</tr>
<tr>
<td>Functional referral system (%)</td>
<td>28</td>
<td>100</td>
<td>71 (5 of 7)</td>
<td>71 (5 of 7)</td>
</tr>
</tbody>
</table>

Notes: 1) DHC – District health centre, HF – Health facilities; 2) * There were no targets set for 2011 in the original CPAP matrix. These targets were set for 2008 as part of updating the CPAP matrix.

53. There have been positive results regarding birth deliveries assisted by qualified personnel in 2008 even though there are no maternity facilities in two big districts (Cantagalo and Me-Zóchi - each with a population between 50,000 and 60,000 people). In the absence of maternity facilities in these district health centres, mothers are referred to the Central
Hospital for birth delivery. Given this situation, it was expected that the percentage of births delivered in hospitals would have gone below the 2007 level (90.7%), instead a 94.8% coverage was recorded for 2008, exceeding the target level for that year (93.5%). However, in 2009 the percentage of births assisted by qualified personnel, decreased to 87.5%, well below the set target of 96% for the same year. While there could be small discrepancies in the administrative data used to compute the indicator, it would seem that the major factor for this decline is poverty, as a number of women, when they are referred to maternity hospitals, do not have enough money to cover travel costs to these hospitals. The details regarding birth deliveries in hospital between 2007 and 2009 can be seen in Table 2.

Table 2: Number of births in maternities by district

<table>
<thead>
<tr>
<th>District</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agua Grande (Central Maternity)</td>
<td>4291</td>
<td>4150</td>
<td>4306</td>
<td>1848</td>
</tr>
<tr>
<td>Me-Zóchi</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lobota</td>
<td>No maternity</td>
<td>60**</td>
<td>271</td>
<td>114</td>
</tr>
<tr>
<td>Cantagalo</td>
<td>Maternity not available</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lembá</td>
<td>349</td>
<td>364</td>
<td>345</td>
<td>115</td>
</tr>
<tr>
<td>Caué</td>
<td>157</td>
<td>151</td>
<td>156</td>
<td>75</td>
</tr>
<tr>
<td>Príncipe</td>
<td>155</td>
<td>199</td>
<td>251</td>
<td>65</td>
</tr>
<tr>
<td>Total</td>
<td>4952</td>
<td>4924</td>
<td>5329</td>
<td>2217</td>
</tr>
</tbody>
</table>

Note: * Up to 31st May, ** Maternity available in October

54. In principle, all of the district health centres should have maternity facilities, and it was expected that by 2009, facilities already available in 4 districts would be available in all 7 centres. However, since the start of the output implementation only 1 district health centre out of the 3 remaining centres, has been provided with maternity services. Advocacy is being done with the Ministry of Health and the National Assembly for maternity services to be provided in these districts.

55. With respect to BCC, although there are some positive results, a number of constraints also exist. For example, there are difficulties in the way messages are being passed, especially through the mass media (TV), there is a lack of support regarding BCC in health facilities, and there is still a lack of information in the form of leaflets and flyers, despite the fact that a lot of material has been published. This issue is further discussed in relation to RH Output 3 (section 2.1.3).

56. In order to contribute towards RH services in the population, a number of training activities have either been implemented or are currently being implemented in 2010. These include: 1) TOT for the procurement of RH products and to ensure that the stock is always available, 2) Training in emergency obstetric care to help reduce maternal mortality, and 3) Training to health personnel, adolescents and NGOs regarding the prevention of teenage pregnancies.

4 There is a committee in place to ensure the procurement of all RH products, and more emphasis is being put in 2010 for the committee to carry out its work effectively.
57. Another key activity being implemented in 2010 relates to change in behaviour of men so as to contribute towards increasing the rate of contraceptive use (family planning).

2.1.1.2 Best practices

58. Overall the Technical Team has a good sense of ownership of the output. The team has been meeting regularly on the 10th of every month to do the required follow up. It has maintained good dialogue with the Central Maternity, and it is expected in 2010 that one or two persons from this entity will be integrated in the Technical Team. The Team also maintained good relations with NGOs, especially the ones involved with HIV/AIDS-related work.

59. This output is reasonably well integrated in the RH programme of the Ministry of Health (MOH). It has been possible to offer other services to women making use of the RH services although according to information received, this could be improved.

2.1.1.3 Facilitating factors

60. Among the facilitating factors that can be singled out for the results achieved above are:

- Partners supporting the MOH, for example UNFPA, in the form of finances, technical assistance and documentation,
- STP being a small country, it is possible to communicate and disseminate information very quickly, and
- Matrons and traditional mid-wives (accoucheuses traditionelles) sensitised on the delivery of all births in hospitals.

61. In addition, there has been good team work for this output, both at central and district levels. Even though the amount of preparation for the implementation of the output was greater at the central than at the district level to start with, this problem has been partly resolved, as there have been a number of sessions to bring together all personnel dealing with reproductive health, including the Chief Medical Officer. The purpose of these sessions was to provide additional information to personnel involved in reproductive health about the programme and the targeted output. The sessions also aimed at making the participants understand that the programme is a government programme supported by UNFPA rather than a UNFPA programme. Programming, management and monitoring and evaluation documents such as the CPAP and the AWP were used during these training sessions.

2.1.1.4 Constraints / Challenges

62. At the beginning of the programme cycle (2007), it was difficult to obtain financial contribution from the government to the programme. In 2008, 2009 and 2010, however, the situation had improved, and the government made funds available for RH right at the beginning of the respective years. This was attributed to advocacy work done by the Technical Team aimed at the finance section of the MOH; this helped the Director of Finance in the Ministry to understand the objective of the output.

63. Although there are positive results, there is still a lack of qualified personnel for the reproductive health programme, especially at the level of service provision. This is partly due to the fact that the basic training course for nurses does not take into account the new
vision of RH in its curriculum. To address this problem, on-the-job (in-service) training was done with UNFPA support. However, in 2009, fundamental aspects of RH have been integrated in the curriculum of the school for the training of nurses, the Institute of Health Sciences, and hence there is no need as such to carry on with the in-service training at a basic level.

64. Other programmes covering malaria and HIV/AIDS have direct effect on maternal health. At the start of the implementation of this output, difficulties were encountered to integrate RH services in these programmes. The situation has gradually been reversed, and RH services are now integrated in the programmes in the MOH. This has been achieved mainly through training aimed at making people understand what integration is and why it should be done.

65. It is to be noted that some constraints were encountered in carrying out the training. For example, there was a delay in 2009 to translate a rapid assessment tool for integrating sexual reproductive health and HIV into Portuguese. The translation was completed in early 2010 and the tool is currently being used.

66. Although there is political commitment on the part of the government concerning RH, support is still inadequate to meet existing demands for services. The existing infrastructure of the central maternity is small and its facilities are inadequate, and there is also, as already mentioned, a lack of maternity facilities in two district health centres. It is clear, given the negative results regarding the level of births delivered in hospital between 2007 and 2009, that the government needs to do more to convince donor agencies of the need for health services at district level. While UNFPA could continue to provide support in terms of equipment and training, it should be the responsibility of the government to make funds available to update and extend maternity facilities.

67. There are no appropriate strategies in place to incite people to visit family planning clinics. For them to want to visit the clinics they need information, and there seems to be a problem getting information passed on to the average person. Family planning services have been offered only in health centres and health facilities and this has, according to reports, restricted the flow of information to adolescents and youths.

68. There is a serious human resource problem at both administrative and technical levels in the MOH, although it should be pointed out that this comment is also applicable to other government agencies. In order to address the problem, it would be of great help if additional funding could be obtained in the future to support the training of more doctors, nurses and mid-wives at both central and district levels. Basic training can be done locally, but the more specialised training will have to be done overseas.

69. Lack of motivation of personnel to adopt new approaches and to take on board the implementation of various components of various funded programmes has also been a major constraint. This is more noticeable at the district level than at national level, and it may be linked to the salary/compensation/reward system currently in place for such staff. Resolving this issue is problematic but there is ongoing advocacy to address the situation. Despite this problem, the spirit of the Technical Team is buoyant and this is a very positive factor.

5 Most of the relevant documents are in English and this poses difficulty to properly implement a number of activities, especially at district level. However, it has been possible through the implementation of this output to translate a number of policy documents, namely the Assessment of RH Services, the Assessment of Reproductive Health Commodity Security (RHCS) and the Strategic Plan for Procurement.
70. In addition to UNFPA, a number of organisations such as the Global Fund and UNAIDS are providing condoms to the MOH, but there is no estimated or established number of condoms that could be required at the national level.

71. The existing fleet of transport for this output is worn out, and is currently more of a liability than an asset.

72. At the UN level, the different agencies are located in one building but they are functioning more or less in isolation - each implementing its own set of activities independently even though they are working for a common goal. For example, UNFPA, UNICEF, WHO and World Bank are implementing the UN H4 at country level, but there is virtually no dialogue between these agencies on various aspects of the work being done.

2.1.1.5 Recommended Actions

a) Carry out advocacy activities in order to ensure that the three pillars of reproductive health, i.e. family planning; maternal and neonatal health; and obstetric emergency, are given additional importance in the Health Strategic Plan.

b) Improve the quality of care and services being provided in all components of reproductive health.

c) Continue to support traditional mid-wives to refer birth deliveries to hospitals.

d) Reinforce the emphasis on behaviour change for the success of the reproductive health programme (family planning, maternal health and HIV), in line with the ICPD and Millennium Declaration.

e) Design a comprehensive information programme targeting policy-makers as well as political and religious leaders in order to get their support and increase their involvement in reproductive health activities in the community.

f) Establish, in collaboration with all agencies, additional outreach programmes, not necessarily located in family planning clinic and health centres, targeting adolescents and youth.

g) Continue to emphasise the mobilisation of resources to improve the quality of services at all levels, to include funds for the construction of maternity facilities in districts where they are lacking.

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6 Joint Country Support for Accelerated Implementation of Reproductive, Maternal and Newborn Care – this came as a follow up to the Joint Statement on Maternal and Newborn Health signed on 25 September 2008 at the High Level Event on the Millennium Development Goals (MDGs) by the heads of WHO, UNFPA and UNICEF and the Vice President Human Development of the Word Bank as a pledge to intensify support to countries to achieve MDG 5 To Improve Maternal Health – the MDG showing the least progress. http://www.who.int/pmnch/events/2009/20090810_unh4_anderson.pdf
h) Increase the number of mid-wives in order to meet the increasing demands of services in districts without maternity, especially Cantagalo and Me-Zóchi which have the highest populations. There is a need to train more nurses and mid-wives to fill in the shortage gap.

i) Carry out a short focused assessment to determine the underlying reasons for the drop in the number of women who deliver in hospitals.

j) Ensure that in the long-term there are more qualified staff for RH. One way of achieving that is for the Director of Human Resources in the MOH to work with the MEC to guarantee that the requirements for mid-wives and nurses are taken into account in the national training plan.

k) Continue to request financial and technical support from UNFPA for the continued implementation of this output. In the same spirit, the government should increase the level of funds contributing to the execution of CP activities.

l) Identify and recruit a consultant to work with all parties concerned to determine condom needs for the country. This will, among other things, facilitate the output to better manage the condom stock.

m) Replace, as far as possible, the old vehicles in the fleet in order to better facilitate the work that needs to be done.

n) In line with UNDAF principles, ensure that a mechanism, such as regular periodic meetings between all donors (World Bank, UNICEF, WHO and UNFPA), is put in place to facilitate dialogue in order to achieve the UN H4 target.

2.1.1.6 Cross-cutting themes: gender, human rights and data management on RH

Output 1

73. Attempt is made to mainstream gender in all the activities, in line with the output on gender. Members of the output team have participated in TOT organized by the Gender Output. It should be noted here that despite the use of the term ‘gender’, in practice the services are directed more towards women than men. Very few men make use of the existing services, and when they do it is mostly to collect male condoms.

74. In line with the ICPD Programme of Action, reproductive rights, which are seen as being part of human rights, are to be respected by policy-makers. Through information, the RH programme tries to guarantee free choice and access by couples to family planning services. In terms of care, the government has issued in 1996 a decree so that women and children have free access to RH services, including Obstetric Emergency or Caesarians. Furthermore, access to medication for RH services is more or less free at the point of use. Access to information is also respected, but the information programmes that exist are limited in scope and reach, especially for adolescents and youth. There are no harmful practices in STP although it was felt necessary for the National Assembly to recently enact a law on gender-based violence.

75. Information regarding reproductive health is collected at district level, but they are sent to the Central Level for analysis. The fact that the districts do not yet have the capacity to carry out data analysis is a major drawback since it prevents them from immediately accessing useful information at their level.
76. Currently the health information management system is a manual one (using forms and files). It is clear that not enough is being done to take advantage of IT to improve information management – the most obvious sign of this being that there is no relevant software in place either in the form of a specific computer programme or in terms of existing network links.

77. Annual reports with specific data are available. After routine meetings would have been organized to present and discuss the data collected, members of the output team would disseminate the information to all partners, including the government, UN agencies and NGOs.

2.1.1.7 Recommended Action

Build capacity for the collection and analysis of data at district level.

2.1.2 RH Component 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*

78. This output is being implemented by the National AIDS Programme (NAP) under the coordination of the Division of Health Care/Reproductive Health Programme of the MOH. The NAP is situated in the National Centre for Endemic Diseases and it comprises the following 4 programmes: malaria, tuberculosis, HIV/AIDS and non-communicable diseases. Most of the activities for this output are implemented at district level.

79. The expected results for this output are:

- Number of providers delivering quality HIV prevention and AIDS treatment services;
- Number of service providers oriented and actively providing services;
- Percentage of pregnant women aged 15 - 24 tested for HIV
- Percentage of pregnant women infected by HIV receiving complete ARV treatment to reduce the risk of Mother and Child transmission;
- Percentage of health facilities offering VCT;
- Number of associations and NGOs active in the fight against HIV/AIDS and
- Percentage of people aged 15-49 voluntarily tested for HIV

80. The strategies to achieve the above results are:

- Strengthening and expanding the Information and Counselling Centres;
- Strengthening the integration of HIV/AIDS in all SRH activities; and
- Increasing the capacity to ensure a sustainable supply and distribution of RH commodities including contraceptives and especially female and male condoms.

2.1.2.1 Assessment of Results

81. The results indicate improvement in the provision of services regarding HIV/AIDS generally, and more specifically an increase in the number of women receiving PMTCT services and in the number of people accessing VCT information and services. All the three strategies listed above are relevant to achieving these results.
The first strategy for this output is being implemented in collaboration with the National Centre for Health Education (NCHE) and it is also linked to output 3 which deals with aspects of BCC for adolescents and youth. The NCHE is more or less specialised in producing materials such as leaflets and flyers to communicate key BCC messages. In the first quarter of 2010 a series of materials have been reproduced on: RH for in-school youths, female condoms for women and stigmatization of PLWHA. A number of activities on BCC were also organized in all the districts. There have been inputs of different partners in the implementation of this strategy. These include NGOs, the youth, the media, the RH service providers and the community health workers (CHW).

With respect to the second strategy, a number of training sessions have been carried out with all service providers, including the Central Hospital. The training focused on aspects of integration between RH and HIV, VCT as well as interpersonal communication.

In collaboration with NAP, VCT services are being offered in health centres and health facilities – out of 25 health facilities, 23 are currently doing VCT. Training in VCT for health personnel have been carried out at both central and district levels.

The products that are required for HIV/AIDS have also been included in the list of products for RHCS and the Strategic Plan for Procurement. In addition, there is an ongoing discussion and negotiation with the pharmacy in the Ministry of Health, whose responsibility is to make available essential pharmaceutical drugs, to include products for HIV/AIDS.

In relation to the third strategy, a strategic plan for procurement has been developed. Service providers, as well as some members of NGOs, have also been trained in the promotion and utilisation of female condoms. This training was first done in 2007, with the agreement of policy-makers.

While it is with UNFPA support that most of the products are procured, through the NAP, other institutions also contribute in the procurement of testing materials, condoms and drugs. For example, the Global Fund and the World Bank make male condoms available through UNFPA procurement mechanisms, although this is not done directly as part of the implementation of this output.

The above activities have favourably contributed to the results for this output. With the exception of the percentage of people aged 15-49 who voluntarily tested for HIV - where data is not available to show progress - there are improvements in all the performance indicators for this output (Table 3). In terms of PMTCT it was envisaged for 2008 that 70% of pregnant women would be covered to detect if there are cases of HIV and to put them on a course of treatment. However, only a coverage of 64.8% was attained. The situation worsened in 2009, as the level declined to 58% against a target of 75%. This problem is essentially a result of women ‘disappearing’ after finding out their HIV status thus making it difficult for them to receive treatment prior to delivery.

Stigmatisation and poverty may be contributing causes to this situation. It is believed that the level of stigmatisation against people living with HIV and AIDS (PLWHA) in STP is high. A number of sensitisation activities have been carried out in order to deal with this issue. For example, an association for PLWHA was created in December 2008 to help people understand and accept that HIV is a disease like any other. It is also possible that lack of money to pay for medical analysis prevents pregnant women from doing the necessary follow up. The ongoing fee for such a service ranges between 5 and 10 US dollars.

Table 3: Indicators for Output 2 Reproductive Health Component
<table>
<thead>
<tr>
<th>Indicator</th>
<th>Baseline 2007</th>
<th>Target 2011</th>
<th>Achievements</th>
<th>Comments on results (see Recommended Actions in text)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of providers delivering quality HIV prevention and AIDS treatment services</td>
<td>No data prevent 2 treatment</td>
<td>*prevent 10 treatment</td>
<td>56 prevent 11 treatment</td>
<td>84 prevent 12 treatment</td>
</tr>
<tr>
<td>No. of services providers oriented and actively providing services</td>
<td>143 **</td>
<td>160</td>
<td>170</td>
<td>Performance exceeded baseline, and target for 2010 is to be maintained at level reached in 2009.</td>
</tr>
<tr>
<td>% of people aged 15 - 49 voluntarily tested for HIV</td>
<td>No data 50</td>
<td>18.3</td>
<td>Performance below target. The set target for 2010 is 20%</td>
<td></td>
</tr>
<tr>
<td>% pregnant women tested for HIV</td>
<td>No data 100</td>
<td>96</td>
<td>98.5</td>
<td>Improved performance based on 2008 target (95%), final target achievable</td>
</tr>
<tr>
<td>% pregnant women infected by HIV receiving complete ARV treatment to reduce the risk of Mother and Child transmission</td>
<td>52 100</td>
<td>64.8</td>
<td>58</td>
<td>Improved performance, but below 2008 (70%) and 2009 (75%) targets, more effort is needed to achieve target</td>
</tr>
<tr>
<td>% of health facilities offering Voluntary Counseling and Testing (VCT)</td>
<td>58 90</td>
<td>88</td>
<td>94</td>
<td>Surpassed target, new target set for 2010 is 95%</td>
</tr>
<tr>
<td>Number of associations and NGOs active in the fight against HIV/AIDS</td>
<td>6 8</td>
<td>7</td>
<td>7</td>
<td>Improved performance, target achievable</td>
</tr>
</tbody>
</table>

Note: * Target not clearly defined in original CPAP matrix, given targets in updated CPAP matrix for 2008 and 2009 were 50 and 76 respectively, **not clearly defined in original CPAP matrix, given targets in updated CPAP matrix for 2008 and 2009 are 160 and 203 respectively.

90. The same supporting factors and best practices described for RH Output 1 above also apply to RH Output 2.

2.1.2.2 Constraints / Challenges
91. The two major constraints encountered in the implementation of this output are:

- The lack of motivation already discussed in relation to RH Output 1.
- The lack of collaboration with different partners in regard to BCC. For example, the support provided by organs of the Ministry of Social Communication, Youth and Sports (MSCYS) did not meet expectations. These units have produced some flyers, but perhaps due to lack of funds, too little was done. In order to rectify this situation, funds were sought to produce more information materials for a wider distribution. It is to be noted that the choice for printing in STP is very limited as there is only one publishing agency, and its printing services are costly.

2.1.2.3 Recommended Actions

a) Carry out a short focused assessment to determine the underlying reasons for the drop in the number of pregnant women who undergo HIV testing/treatment.

b) Reinforce the work being done to integrate HIV/AIDS and RH. The quality of services in health facilities should be improved so that an individual who visits a health centre can be examined comprehensively. This would allow early detection of HIV/AIDS. Linked with this, the PCIMAA (prise en charge intégrée des maladies de l'adolescent et de l’adulte) approach, a new strategy to fight against HIV/AIDS, should be introduced.

c) Carry out a rapid assessment to determine the linkages that exist in the country between SRH and HIV.

d) Political leaders should be more engaged in the mobilisation of funds for the procurement of drugs to fight against HIV/AIDS.

e) Address the issue of lack of motivation as an issue of significance - with a view of improving the delivery of services.

2.1.2.4 Cross-cutting themes: gender, human rights and data management on RH Output 2

92. Services are provided to everybody, regardless of sex. There is also good interaction between this output and the gender output (discussed in section 2.3).

93. All the activities carried out, whether in relation to prevention, training or the production of materials, take into account human rights. It is the right of everybody to obtain treatment, and this is being done equally for everyone.

94. In the case of data management, as discussed above for RH Output 1, most of the data analysis is currently being done at the central level, as the districts do not yet have the capacity to do so. It is important to repeat here that insufficient work is being done regarding data collection and analysis. A more structured and effective system needs to be put in place to, among other things, ensure confidentiality of information.

2.1.2.5 Recommended Action
There is a need to build capacity for the collection and analysis of data at district level, especially with the introduction of the PCIMAA approach.

2.1.3 RH Component Output 3

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

95. This output is being implemented by a Technical Team comprising 8 persons from the Ministry of Education and Culture (MEC), the Ministry of Health, and the Ministry of Social Communication, Youth and Sports (MSCYS).

96. The expected results for the output are:
   - Number of Youth Centres operational;
   - Number of counsellors, peer educators and community members trained and functioning;
   - A strategy to involve men, available and implemented;
   - Percentage of men using condoms with casual sexual partners;
   - A revised communication strategy implemented;
   - Percentage of youth aged 15 - 24 correctly identifying STI and HIV prevention methods and who reject false ideas concerning the HIV and;
   - Percentage of youth aged 15 - 24 able to declare their use of condoms during sexual relations with occasional sex partners

97. The strategies to achieve the above results are:
   - Increasing the awareness of young people, men and women on SRH, STI, HIV prevention; and
   - Developing, implementing and coordinating a multi sectoral BCC strategy.

2.1.3.1 Assessment of Results

98. The expected results for this output imply a change in behaviour in the population with regards to SRH, including HIV/AIDS. The two strategies identified are appropriate to contribute to these results.

99. With respect to the first strategy, a group of mostly science teachers have been trained based on existing RH manuals between 2007 and 2009. In the school curriculum, SRH is covered from class 4 onwards (for classes 4-6, this is done mainly during biology lessons). While, the manuals are used for the different sessions with classes 6 and 8, there are no manuals for classes 9 and 11, and the means of education is essentially through debates based on a pre-defined curriculum for SRH and gender themes. The number of students currently having access to information on SRH in schools is shown in Table 4.
Table 4: Number of students having access to information on SRH in schools in 2009

<table>
<thead>
<tr>
<th>Schools</th>
<th>Female</th>
<th>Male</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Primary</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1&lt;sup&gt;st&lt;/sup&gt; cycle (class 4)*</td>
<td>2312</td>
<td>2306</td>
<td>4618</td>
</tr>
<tr>
<td>2&lt;sup&gt;nd&lt;/sup&gt; cycle (class 6)**</td>
<td>2064</td>
<td>2908</td>
<td>4972</td>
</tr>
<tr>
<td><strong>Secondary</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1&lt;sup&gt;st&lt;/sup&gt; cycle (classes 8 and 9)***</td>
<td>2572</td>
<td>2282</td>
<td>4854</td>
</tr>
<tr>
<td>Vocational school (Centro Politécnico)</td>
<td>13</td>
<td>64</td>
<td>77</td>
</tr>
<tr>
<td>Total</td>
<td>6961</td>
<td>7560</td>
<td>14521</td>
</tr>
</tbody>
</table>

Note: * A total of 75 schools, ** A total of 19 schools, and *** A total of 8 schools

100. In the first quarter of 2010, School Inspectors and Educationalists were trained on SRH so as to upgrade their knowledge on the subject, and more importantly for them to convince the schools’ management to consider the teaching of SRH at least in the 6<sup>th</sup> class, using the current manual on SRH. This is because the content of the current manual for teaching SRH in schools is not appropriate for classes lower than the 6<sup>th</sup> class. The manuals in use are not adapted for the 3<sup>rd</sup> and 4<sup>th</sup> classes. In the absence of an appropriate manual for the teaching of SRH at these levels, the Output Team recommends that the Schools Inspectors and Educationalists use special materials or invite specialists in SRH for different sessions.

101. In order to complement the information in the manuals, youth friendly centres have been established in secondary schools. There are 5 of these youth friendly centres, and they are in the following districts: Agua Grande, Cantagalo, Me-Zóchi, Lembá and the Autonomous Region of Príncipe. There is another youth friendly centre for the out of school youth and it is based in the Guadalupe library in the district of Lobata. Table 5 shows the types of services available and the number of youths making use of the services.

102. The activities of the youth friendly centres have contributed positively towards the percentage of youth aged 15 - 24 correctly identifying STI and HIV prevention methods and who reject false ideas concerning the HIV. There is some improvement in the performance indicator which shows an increase from 48% in 2007 to 56.4% in 2008. However, more efforts need to be done both inside and outside the youth friendly centres to achieve the target set for 2011 (90%).

Table 5: Number of clients using services offered by the youth-friendly centres

<table>
<thead>
<tr>
<th>Services</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>Jan-June 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>Lecture</td>
<td>1243</td>
<td>1532</td>
<td>1849</td>
<td>2046</td>
</tr>
<tr>
<td>Games</td>
<td>2157</td>
<td>1097</td>
<td>3267</td>
<td>2897</td>
</tr>
<tr>
<td>Film show and discussion</td>
<td>2172</td>
<td>1652</td>
<td>2592</td>
<td>2652</td>
</tr>
<tr>
<td>BCC in SRH</td>
<td>1175</td>
<td>989</td>
<td>1975</td>
<td>1089</td>
</tr>
<tr>
<td>Condoms*</td>
<td>1289</td>
<td>965</td>
<td>3389</td>
<td>1365</td>
</tr>
<tr>
<td>Counselling</td>
<td>17</td>
<td>35</td>
<td>67</td>
<td>97</td>
</tr>
<tr>
<td>Total</td>
<td>8053</td>
<td>6270</td>
<td>13139</td>
<td>10146</td>
</tr>
</tbody>
</table>

Note: *The number of boxes of condoms (each box contains 144 condoms) distributed in 2007, 2008, 2009 and January-June 2010 were: 550, 1132 and 1006 respectively.
Training for peer educators to reach out of school youths has also been carried out. Many of these peer educators are drawn from NGOs, and a number of them had already been trained during the previous programme cycle. There is currently a youth network involved in the work for the output and its members are carrying out training in SRH in the Centro Politécnico (vocational school). However, in terms of the number of counsellors, peer educators and community members trained and functioning, only 12 individuals have been trained. This figure is far below the target for 2011 - which was set at 60. It is therefore clear that things have not necessarily gone according to plan to achieve this target and that efforts need to be stepped up.

Table 6: Indicators for Output 3 Reproductive Health Component

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Baseline 2007</th>
<th>Target 2011</th>
<th>Achievements</th>
<th>Comments on results (see Recommended Actions in text)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. Youth Centres operational</td>
<td>5</td>
<td>15</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>Improved performance despite closure of 1 centre in 2009, target achievable</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. of counsellors, peer educators and community members trained and functioning</td>
<td>8</td>
<td>60</td>
<td>12*</td>
<td>38** Performance attained in first half of 2010 is 34 (1 for the MoE and 33 for the MoH). Training of additional counsellors is planned for the 2\textsuperscript{nd} half of 2010</td>
</tr>
<tr>
<td>A strategy to involve men - available and implemented</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Target achievable, but more work needs to be done with the target group backed with support from UNFPA and other partners</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A revised communication strategy implemented</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>% youth aged 15 - 24 correctly identifying STD and HIV prevention methods and who reject false ideas concerning the HIV prevention</td>
<td>48</td>
<td>90</td>
<td>56.4</td>
<td>*** Improved performance, but more effort is needed to achieve target</td>
</tr>
</tbody>
</table>

Notes: *This includes personnel from the Ministry of Education (MoE) only. **This includes 1 personnel form the Ministry of Education and 37 from the Ministry of Health (MoH). ***Target set for 2010 is 60%.

It has not been possible to implement the strategy to reach men with SRH and HIV/AIDS information and services because men tend not to come forward to make use of available
RH services. Culturally, men, and to some extent young people, do not adequately make use of the RH programme, because their perception is that RH is to do with maternal health only. In May 2010, two members of the Output participated in a workshop, ‘Working with Men for the Promotion of Gender Equality and Reproductive Health’, in Zambia and it is hoped that the knowledge acquired during this workshop will help in addressing the problem. However, one of the main concerns is that the documentation from this meeting is in English, and given the lack of supporting documents in Portuguese, it may be somewhat complicated for the two participants to effectively put in practice what they have learned. Indicators for which data are available, for this Output, are shown in Table 6.

105. A number of structural, leadership and ownership issues have been raised in relation to the implementation of a revised communication strategy, but the actual status of such a strategy is not clear.

106. Apart from the Demographic and Health Survey (DHS) 2009, no specific surveys have been carried out to facilitate the assessment of results regarding the percentage of men using condoms with casual sexual partners, and the percentage of youth aged 15-24 able to declare their use of condoms during sexual relations with occasional sex partners. While the DHS data are still to be fully analysed to derive the results for these two indicators, the preliminary findings indicate that 87.5%, 81% and 86.6% of men aged 25-29, 30-39 and 40-49 respectively use condoms with casual sex partners.

2.1.3.2 Best practices

107. On the invitation of the output personnel, members of the youth network who are trained in SRH are carrying out communication sessions in the Centro Politécnico. Their involvement is valuable because, in the absence of a subject in the curriculum to cover SRH for this group of in-school youths, they are able to facilitate discussions on issues such as RH, HIV/AIDS, teenage pregnancy, gender, domestic violence, and drug and substance abuse. The sessions are carried out twice a month and at the end of the year a test is done not so much to test knowledge, but rather to determine if there are signs of behaviour change.

108. For the first time a pocket guide/manual for adolescent reproductive health was produced in 2009. The number of copies (5,000 copies) was quickly distributed, and there is now demand for more of them. Initial copies were sent to the youth friendly centres, although it is thought that it would have been best to distribute the manual during some form of meeting rather than send them directly to the youth friendly centres and to certain secondary school. An additional 5,000 copies are being reproduced and they will be distributed to all the secondary schools in São Tomé (approx. 18 schools) and Príncipe (approx. 5 schools).

109. There is an agreement with the media for them to provide the Output Teams and UNFPA copies of all the media programmes which are produced. This is currently being done and the different Output Teams and UNFPA are receiving all these programmes on CD/DVD.

2.1.3.3 Facilitating factors

110. Compared to the previous programme cycle where parents complained about their children being taught sexual education in schools, so far no negative reactions have been encountered in this cycle. This may be a result of greater awareness on RH within the population linked to this programme and the fact that agencies such as UNICEF are also
implementing programmes on related issues such as teenage pregnancy\(^7\) at the national level.

### 2.1.3.4 Constraints / Challenges

111. This output is being funded exclusively by UNFPA. Other than the salary of personnel working on the output, the government is not providing financial support for this component. This was already the situation before 2007, and it has not changed. The Technical Team has time and again done advocacy work to redress the situation, but to date nothing has materialized.

112. The ongoing reforms in the schools’ curricula are acting as major barriers for the effective teaching of SRH in schools, and the Output Team does not have any control over the level at which the subject should be taught in schools. In addition, the Output members are not invited to participate in the preparation of the teaching manual, so it is difficult for them to provide their inputs or to know the content before the manual is published.

113. Through the UNFPA support, this programme has provided all the assistance necessary (such as updating facilities and buying equipment) for the operation of the youth-friendly centres. Even though these centres are located in schools, there is a lack of ownership of the output by the schools themselves. The perception of the school personnel is that SRH is a concern for UNFPA and not one of theirs. The head teachers also give little importance to the output, and so far one of them has not showed up for the regular meetings being organised.

114. One of the two youth-friendly centres for out of school youths had to be closed in December 2009. This is due to the departure of the person who was working there and the fact that no replacement could be found. The Institute of Youth is in the process of creating a new centre. It will be located within an agricultural area and it will be inaugurated by August 2010. The bulk of the funding for the creation of this centre, in terms of venue, furniture and equipment, is being provided by UNFPA. This centre will be more like a pilot project, and since the Institute has other premises, there is the possibility of replicating it in other communities. In view of what has happened to one of the previously existing centres, caution needs to be exercised before launching into new projects to open such centres and the issue of sustainable staffing needs to be taken into account early on in the planning of the project.

115. There are complaints from the youths who make use of the youth friendly centres, especially from Principe, that they are bored with the same films on show. There is a need for the output personnel to make more regular requests for films from UNFPA as well as from other organizations such as UNICEF, WHO and Pathfinder International, and for these to be in Portuguese.

116. There is also a lack of ownership of the output by the different organs/structures of the MSCYS. While the technicians and journalists in the Ministry are ready to carry out specific activities, very often there is no response from the financial section of this Ministry to their

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\(^7\) As a follow-up to a conference organised by UNICEF and the South African Embassy to mark African Women’s Day (31 July) in 2009, UNICEF and other partners are supporting a series of activities on teenage pregnancies (for more details, see footnote 13, section 2.3.1).
requests, despite the fact that all concerned are fully aware that financial support has to be provided for film/TV production.

117. With respect to the media, there was an initial agreement on the periodicity for the diffusion of information. However, this has not been respected, although it should be pointed out that this is more of a problem with television programmes as opposed to radio and print media. Even though the output personnel have had meetings with all concerned at TVS, nothing has changed. There is a need to find a new way of using the available funds for the production of relevant TV programmes/documentaries.

118. A network of journalists and communicators was created in 2007 with technical assistance from UNFPA. Its role is to get messages on RH, population and development and gender passed to different target groups. Through the output the network received funds from UNFPA in 2008 to participate in World Population Day celebrations. The network also organised, again with UNFPA support, a training session in SRH and gender for its members in order reinforce capacity. While the network is admittedly a good initiative, there is a problem in the fact that the network relies solely on funding from UNFPA to carry out its activities in population, RH and gender.

119. There are no associations of men in STP as such, the only visible grouping of men is the one which groups men with prostate cancer. While this output can work with NGOs, churches and youth groups to reach men, there will still be a need to get technical assistance to develop a strategy on how to involve men in RH.

2.1.3.5 Recommended Actions

a) Provide greater support for the successful implementation of Output 3. The MEC especially should be more engaged in all aspects of the output and should also do whatever is required to create a sense of ownership of the output among its staff. This applies especially to the youth friendly centres in schools. Actions could include organising focused sensitisation meetings for staff in education or generally including items relevant to the output in normal administrative meetings at regional or central level.

b) There is a need for more involvement and ownership of the Government regarding the teaching of SRH in the 6th class in schools across the country.

c) Recommend that government invite RH Output 3 to participate in the preparation of all manuals for the teaching of SRH in schools. The decision for the Output to be invited in the development of manuals should be made at a senior level.

d) Train new teachers on SRH in the context of the ongoing reforms in the schools curricula.8

e) Focus more on the out of school youth, and find new ways to reach more youths in the future.

8 Previously the teachers teaching the natural sciences were the ones who taught SRH. As from 2008/09, teachers teaching the natural science also have the responsibility to teach the social sciences, and it is the same teachers who have to teach SRH.
f) Re-examine the modality of work with the MSCYS, and in particular with the TVS. It is clear that the media has to be more involved in the implementation of this output, and the responsibility has to be shared between the MEC and the MSCYS.

g) The management of TVS should be more implicated in the preparation of programmes for the CP, like it is the case for the ‘Health for All’ programme which is sponsored by Portugal. There is also a need to have more publicity about media programmes before they are aired so that more people are aware of the time when a particular programme is to be shown.

h) Encourage the MSCYS to make more funds available to implement the BCC strategy so that there is a greater impact on possible changes of behaviour in the population regarding SRH and HIV.

i) Ensure greater involvement of health personnel at district level in the implementation of this output. The involvement of this category of personnel is clearly not high enough and arrangements have to be made for them to be present in all of the activities of the youth friendly centres.

j) Find ways, with technical assistance from UNFPA, to reinforce the involvement of youth, as well as men, in the implementation of this output.

2.1.3.6 Cross-cutting themes: gender, human rights and data management on RH Output 3

120. Despite the comments made earlier in this section to the effect that culturally, men’s perception is that RH is to do with maternal health, it was reported that boys and girls in the youth friendly centres participate equally in the output. Boys are encouraged to participate in discussions relating to teenage pregnancy or use of contraceptives and these issues are not seen as issues for women and girls only.

121. This output also works in close collaboration with the Gender Output. Its members are gender trainers and in 2010 they carried out training for gender focal points in different organizations. In 2010, the Output Team also participated in training newspaper journalists who are members of the network of journalists on gender-related issues.

122. The output is doing considerable work for the promotion of reproductive rights of men, women and young people. This is demonstrated through the integration of SRH in the school curriculum as well as through the provision of information about available services.

123. All the youth friendly centres keep a register recording all the activities of the centres, including the reasons why clients make use of the centres. On a monthly basis, the data are compiled, and meetings are organised to discuss the status of activities. The reports of these meetings are then shared with all concerned. There is no computerised system in place to collect data and the work is done manually.

2.1.3.7 Recommended Action

Update and computerise the data collection process in order to improve the collection and sharing of data in the youth friendly centres. There would also be a need to, subsequently, train the personnel involved in the use of the system.
2.1.4 Contribution of RH Outputs 1, 2 & 3 to CP and UNDAF outcomes

124. The results from the implementation of RH Output 1, 2 and 3 activities were expected to contribute to the attainment of CP Outcome 1: “Increased access to and utilisation of integrated, high-quality reproductive health and HIV prevention services” and Outcome 2: “Increased adoption of responsible and safe behaviour regarding reproductive health and HIV/AIDS among men, women and young people”. The four indicators that are to be used to measure progress for the RH Outcome 1 are: i) percentage of the target population who have undergone voluntary counselling and testing for HIV/AIDS; ii) proportion of births attended by skilled health personnel; iii) proportion of adolescents using adolescent reproductive health services by gender; and iv) contraceptive prevalence rate.

125. Based on available data, it is possible to assess the outcome indicators i), ii) and iv). It is observed (and as already discussed in relation to RH Output 1) that there has been a deterioration in relation to the second indicator, where the proportion of births attended by skilled health personnel has declined from 93.1% in 2008 to 87.5% in 2009. If current efforts on the delivery of all births in hospitals are intensified and sustained, the target of 98% of births attended by skilled health personnel in 2011 can be achieved. The performance for the first and fourth indicators is far below what was expected. At 18% in 2009, the percentage of the target population who have undergone voluntary counselling and testing for HIV/AIDS fall below targets set for 2007 (20%), 2008 (25%) and 2009 (30%). Instead of increasing and reaching the set target of 58% in 2011, contraceptive prevalence rate (CPR) has decreased below the baseline of 47.9% in 2007 to 33.7% in 2008 and slightly increased to 34.8% in 2009 (much below the intermediary target of 50% set for 2008 and 2009).

126. The four indicators that were identified to assess progress for RH Outcome 2 are: 1) percentage of target population using condoms during their last intercourse; 2) contraceptive prevalence rate; 3) HIV prevalence among pregnant women; and 4) HIV prevalence rate among young people. The CPR is discussed above. According to the preliminary DHS findings, 80% of target population (82.9% females and 77% males) used condoms during their last intercourse. However, in the absence of baseline data, it is difficult to establish the extent of progress. It is observed that there is a decline in the HIV prevalence among pregnant women – declining from the baseline of 1.5% for 2007 to 0.6% in 2008 and 2009. As for HIV prevalence rate among young people, the DHS results confirm that in 2009 it was 0.7% for the 15-9 and 0.9% for the 20-24. For more details for these and other outcome indicators, refer to Annex 7.

127. The CP Outcomes 1 and 2 for RH were in turn expected to contribute to UNDAF Outcome 1: “By 2011, a greater number of vulnerable populations will have access to quality basic social services and to a healthy environment”. In spite of the constraints highlighted above and the lack of data, the overall results at both output and outcome levels indicate that there is some progress for the attainment of the UNDAF outcome. With additional support from the government as well as other donor agencies and the continued efforts of UNFPA, it ought to be possible to reach a larger number of the population in need of RH services and other basic social services.

2.2 Findings on Population and Development Component

128. The programme component has two outputs, namely Output 1 “Increased availability and use of population and reproductive health data, disaggregated by age and gender” and
Output 2 “Strengthened national institutional and technical capacity to integrate population, reproductive health and gender issues into policies, strategies, plans and budgets”.

2.2.1 PD Component Output 1

*Increased availability and use of population and reproductive health data, disaggregated by age and gender*

129. The focal point for this output is within National Institute of Statistics. Previously within the Department of National Accounts, the focal point moved to the Department of Demographic Statistics of the same institute in February 2010. As a result of this change, a new team comprising 7 persons has been created to oversee the implementation of the output with the support of a field team of 6 persons.

130. The expected results for the output are:
   - Comprehensive socio-economic databases, including demographic data available:
     - Civil registration database available
     - International migration database available
     - STPInfo available
     - IMIS available

131. The strategies to achieve the results are:
   - 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;
   - Supporting the campaign of birth registration and the production of vital statistics and international migration statistics; and
   - Supporting the establishment of a development indicator database (STPInfo).

2.2.1.1 Assessment of Results

132. The expected results for this output attempt to put in place a comprehensive system for the collection, processing and analysis of social and economic data. The three strategies are appropriate to achieve the results listed above. The status of the results is shown in Table 7.

133. With respect to the first strategy, support has been received from the World Bank to update the National Strategy for the Development of Statistics. The work was carried out by 2 international consultants and 5 national consultants. The strategy document, along with the plan of action for its implementation, is being finalised. As part of the overall preparation for the 2011 PHC, a joint mission of 4 international consultants – for methodology, informatics, cartography and advocacy – took place in 2009. There has also been continuous advocacy work to increase the availability of information which already exists in the different sectors.

134. In relation to the second strategy, a field team is currently at work to collect civil registration data. This includes the coding, entry and processing of birth, death, and marriage information captured from the different registers. Due to the importance of capturing all births delivered in hospitals, a register on new births in maternity wards have been completed in 2010 and is being used in all maternities in order to improve the civil registration data. There is progress in the civil registration database, but publishing them is still problematic because of the volume of errors in the data, as well as the absence of a data processing analyst. In spite of these problems, the NIS is currently preparing the data from the civil status database for the production of various indicators. If the data collected
from the registry of new births are of good quality, it should be possible in the future to produce a report on vital statistics annually.

135. Other activities carried out under the second strategy include the training of personnel of the departments of immigration and borders in the collection of international migration data and the conducting of the DHS. The preparation for the DHS took about one and a half years, and a first draft report was finalised in the last quarter of 2009. Outside UNFPA regular resources, financial support was received from GoSTP, Macro International, USAID, UNDP, UNICEF, the World Bank through the Projet d’Appui Secteur Social (PASS) and the Taiwanese Embassy for the DHS. Macro International also provided considerable technical assistance in the DHS; apart from Chapter 1 of the DHS report which was prepared by the NIS, all the other chapters were done by Macro International. Through the MOH, the NIS also received help with transportation from the project ‘Health for All’ for the collection of the DHS data for around 4 months.

Table 7: Indicators for Output 1 Population and Development Component

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Baseline 2007</th>
<th>Target 2011</th>
<th>Achievements</th>
<th>Comments on results (see Recommended Actions in text)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comprehensive socio-economic databases, including demographic data, are available:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Civil registration database available</td>
<td>None</td>
<td>Functional and updated database (2007-2011)</td>
<td>Database available</td>
<td>Database available and partially ready for publication</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- International migration database available</td>
<td>None</td>
<td>Functional and updated database (2007-2011)</td>
<td>Partially available</td>
<td>Database available</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- STPInfo available</td>
<td>None</td>
<td>STPInfo functional and maintained (2007)</td>
<td>Database available</td>
<td>Database available</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- IMIS available</td>
<td>None</td>
<td>IMIS functional and updated (2008)</td>
<td>Database available</td>
<td></td>
</tr>
</tbody>
</table>
For the third strategy, the database STPInfo has been created even though it is not operational yet. The database is based on DevInfo⁹. The establishment of IMIS, is planned for 2010, following the entire completion of the STPInfo database, but to date the work has not started.

2.2.1.2 Best practices

The implementation of this output has given the NIS opportunity to work with UNFPA. In addition to the UNFPA support in the mobilisation of funds for the DHS (2008-09) and the 2011 PHC, the NIS has also obtained help from UNFPA for the purchase of a small generator for producing electricity.

While the NIS has always worked in collaboration with other governmental organisations, the implementation of this output has strengthened multi-sectoral cooperation with a number of ministries such as the Ministry of Health and the Ministry of Planning and Finance (the parent ministry). These institutions have benefited from the expertise of the NIS in the design of surveys. As part of the overall preparation of PRSP II, with financial support from UNDP, in 2009 the NIS also carried out a survey to prepare the poverty profile of the population.

2.2.1.3 Facilitating factors

Good collaboration between members of the Technical Teams for the three programme components as well as with UNFPA.

The importance of data for development was demonstrated by the intensity with which all the data collection teams in the country participated in the DHS exercise. Almost without exception, the teams participated in the collection and entry of the DHS data, including the MICS (III) teams in 2007. The main reason for the extraordinary participation of the different teams in the DHS is that the exercise was well planned in advance, and everyone concerned was brought on board.

2.2.1.4 Constraints / Challenges

The process for the mobilisation of funds for the DHS started in 2006, but it was not until 2008 that the exercise really started. It is mainly due to the advocacy work done by UNFPA that the necessary funds were obtained to carry out this activity.

There is a lack of understanding and support at all levels, especially senior government level, for the collection of data for planning and development. This situation could be improved, and there is ongoing advocacy, to among other things, ensure the registration of births.

⁹ DevInfo is a powerful database system that is used to compile and disseminate data on human development. The software package has evolved from a decade of innovations in database systems that support informed decision making and promote the use of data to advocate for human development. The DevInfo project is an interagency initiative managed by UNICEF on behalf of the United Nations (UN) System (http://www.unicef.org/statistics/index_24300.html).
143. The data produced by the Civil Status Bureau are all aggregated and a number of variables, for example the occupation/job of a child’s parents, which the NIS would have liked to see featured in the forms administered by the Bureau, are absent. The NIS has met with the Bureau in order to rectify this situation.

144. The high staff turnover in the NIS has had a negative effect on the results of this output. It has been difficult to retain qualified staff, and between 2008 and 2009, for example, 12 staff members of NIS (a mix of technical and managerial personnel) have left. In this process, the focal point for this output has changed three times. In the absence of a data processing specialist, the NIS received assistance from personnel of the Ministry of Planning and Finance for the processing of data.

145. One of the major challenges for this output now and up to end 2011 is to coordinate the taking of the PHC. The output team has started working on the TOR for technical assistance for the taking of the PHC, but with the lack of funding to undertake the exercise, a number of delays are being encountered, for example with the preparation of the cartography. The NIS has written to the Brazilian Embassy and the EU for financial support and feedback is still being awaited. There are also ongoing discussions with UNFPA to assist in identifying sources of funding to carry out the PHC.

2.2.1.5 Recommended Actions

a) Recruit additional staff for the NIS now as well as for the future.

b) Create greater interest in the collection and utilisation of data, not only within the government, but also in other sectors, including individuals.

c) Validate and publish the available vital statistics - this will help the NIS to improve on the ongoing work on civil registration. In order to enrich the publications produced, the Civil Status Bureau should also generate disaggregated data.

d) Continue the good collaboration with UNFPA in order to sustain the effective collection, analysis and utilisation of data. Substantive support needs to be sought from UNFPA to carry out the PHC as was the case with the DHS.

2.2.1.6 Cross-cutting themes: gender, human rights and data management on PD Output 1

146. The NIS always advises all the sectors to collect data by gender, including survey data, and good collaboration has been received in this domain. Whenever there are meetings addressing gender issues, staff of the NIS are normally invited to participate. It is to be noted that the staff member of NIS who participated in the gender TOT is no longer working for the NIS. When the NIS recruits field teams for different activities, attempts are also made to have a gender balance.

147. The NIS has expressed its interest in being more involved in human rights activities but it is seldom included or invited to participate in different events. This demonstrates that there is a lack of understanding of the importance of data for attaining development objectives, which include a focus on human rights. Therefore, more visibility is required in regard to the activities of the NIS and human rights issues.
The bulk of the work of the NIS revolves around the design and maintenance of databases. In order to disseminate existing data more widely, the NIS has a website. The NIS is also working on an EU project – PALOP (Pays Africain de Langue Officielle Portugais) since 2007. PALOP aims to provide analysis of statistical data for Portuguese speaking countries. A link on the NIS website will be created for PALOP.

2.2.1.7 Recommended Action

Ensure that the NIS is more involved in different activities regarding human rights. This will, among other things, facilitate the production of data required for reporting on human rights instruments both locally and internationally.

2.2.2 PD Component Output 2

**Strengthened national institutional and technical capacity to integrate population, reproductive health and gender issues into policies, strategies, plans and budgets**

A Technical Team of 4 persons in the Population and Development Unit – PDU (in the Division of Planning and Investment Analysis, Ministry of Planning and Finance) is coordinating the implementation of this output.

The expected results for this output are:

- Number of technicians at sectoral and regional implementing agencies and number of civil society members capable of integrating 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;
- Declaration of the National Population Policy finalised and approved; and
- Number of decision-makers per target group sensitised.

The strategies to achieve the results are:

- Strengthening national institutional and technical capacity in integrating Population, RH and Gender issues into MDG-based national development frameworks; and
- Supporting the integration of Population, RH and Gender issues into MDG-based national development frameworks.

2.2.2.1 Assessment of Results

The results for this output imply both an increase in the number of personnel able to integrate population, reproductive health and gender issues into policies, strategies, plans and budgets as well as the existence of frameworks to facilitate integration. The two strategies are relevant and appropriate for the attainment of the results.

All the activities under this output are being implemented more or less according to plan, except for the core activity which involves integrating population, RH and gender issues into policies, strategies, plans and budgets. However, a number of capacity-building activities for integration have taken place. A total of 19 persons have received training in integration against a target of 30 set for 2008-2009.

Three staff members from the PDU, MOH and MEC participated in a training workshop on integration in Majunga, Madagascar in November 2007. As a follow up to this workshop, a technical mission for the integration of population, RH and gender issues into development...
frameworks was affected. The mission further contributed towards building capacity, but even though it attempted to offer an approach for the integration of education, health, employment and youth in the development framework, the knowledge provided is still at the theoretical level. The consultant involved was meant to carry out another mission in September 2009 to continue with the work, but because of the heavy workload of the consultant the mission did not materialize.

155. In collaboration with PD Output 1, the team for this output carried out a mission for advocacy on integration in January 2010 on the island of Príncipe, which has particular demographic and health problems.

156. A staff member of the PDU has been trained in population and development (in Mozambique), and this was done with support from UNFPA. In 2009, 2 staff members of the PDU also started MSc degrees in planning-related subjects. Training has been carried out in results-based management, which also involved members for the other outputs of the programme.

157. Work has started on the database for budgeting to facilitate the provision of information, for example on poverty, to the general public. The idea behind this database is to create a link between the Division of Planning and the Observatory for Poverty Reduction in order to better conduct impact analysis in relevant areas. The database is partially ready and a network is envisaged to facilitate data sharing. This method of sharing data is new for STP and it may take a while before the database is used effectively.

158. The Declaration of the National Population Policy (DNPP) has already been validated, endorsed by the President of the Republic, printed and disseminated. Although all the formalities have been completed for the implementation of the DNPP, so far the different sectors have not used the document as an instrument for planning; hence there has been no integration at that level.

159. There is ongoing sensitisation and advocacy work with decision-makers. The number of decision-makers sensitised from the different target groups include: 1 from the President’s Office, 9 from the 1st Commission of the National Assembly, 9 from the 5th Commission of the National Assembly and 35 from various Ministries. A summary of the results discussed above is shown in Table 8.

160. Other related activities were also carried out under this output, including participation in ICPD + 15 and World Population Day events. Among the activities done for ICPD + 15 in 2009 were the completion of a questionnaire and the preparation of a national report submitted to UNECA. There were also debates planned in the context of ICPD + 15, but these did not take place because decision-makers were reluctant to participate.

161. It has also been possible for the output to integrate issues relating to the MDGs in the National Development Plan\textsuperscript{10} which is being prepared by the Ministry of Planning and Finance.

\textsuperscript{10} While it is not a major constraint, the absence of a ‘national development plan’ is also negatively contributing to the slow integration process. The government is obtaining support from the UNDP and other partners for the preparation of a strategy paper 2010-2030 which aims at providing a global perspective and vision on development in STP rather than an operational document, as documents of that nature already exist. However, it is not obvious when this, the second generation PRSP and other related instruments will be completed.
Table 8: Indicators for Output 2 Population and Development Component

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Baseline 2007</th>
<th>Target 2011</th>
<th>Achievements</th>
<th>Comments on results (see Recommended Actions in text)</th>
</tr>
</thead>
<tbody>
<tr>
<td>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</td>
<td>0</td>
<td>30 (2008-2009)</td>
<td>19</td>
<td>19 Improved performance, but more effort is needed to achieve target</td>
</tr>
<tr>
<td>Database for the budgeting of activities related to population, RH and gender issues developed</td>
<td>None</td>
<td>Database available (2009)</td>
<td>Some data have been obtained</td>
<td>Some data have been obtained Work is in progress, but more effort is needed to achieve target</td>
</tr>
<tr>
<td>Declaration of the National Population Policy finalized and approved</td>
<td>None</td>
<td>Declaration finalized and approved (2007)</td>
<td>DNPP validated and adopted by Council of Ministers</td>
<td>DNPP partially disseminated Efforts need to be invested to ensure that it becomes operational</td>
</tr>
<tr>
<td>Number of decision-makers per target group sensitised</td>
<td>No data</td>
<td>55*</td>
<td>55</td>
<td>Same performance as 2008. No data was available to set benchmark and target</td>
</tr>
</tbody>
</table>

Note: *The different institutions sensitised are listed in the updated CPAP Planning and Tracking Tool.

2.2.2.2 Facilitating factors

162. There have been good relations between the teams for the different outputs; a participatory approach in the implementation of all the 6 outputs of the CP has been adopted throughout.

163. Support received from UNFPA for the effective implementation of activities under this output.

2.2.2.3 Constraints / Challenges

164. There are instances where activities are not implemented as a result of decisions made at high level in the government. The activities for this output are institutional-based and depend on the priorities of Ministries and the National Assembly. For example, in the absence of a decree in 2009, it was problematic to release the printed DNPP for dissemination. The PDU has constantly been carrying out advocacy to sensitise government agencies, including the National Assembly, on population and development issues.
165. The delivery of technical assistance through various missions can take up to 6 months and this tends to slow down progress. There are also instances where such missions are scheduled, but do not materialise. This is actually the case with obtaining technical assistance for integration. In order to deal with such problems, the Team has either taken the initiative, based on its competence, to do the necessary briefings (as required) or to go to another country to participate in specific activities, for example, the workshop on integration in Madagascar (referred to above).

166. In the absence of a concrete model on integration, the main challenge is to decide on the approach to use. For integration to take place, all partners, including CSOs need to fully understand what integration is and how to bring it about. The ongoing training on integration being carried out by the output team will enable participants to at least understand the concept of integration and this will facilitate matters until such a time when more in-depth work on integration is ready to start.

167. In order to enhance the integration process, the output team has decided to start the exercise in the health and education sectors. However, until the service of an international consultant is sought to do the necessary work, personnel working on this output in collaboration with other relevant Ministries can produce a document to identify key issues at sectoral levels. This document can eventually be used to advocate how the identified problem areas can be addressed through integration in the long term. There will be serious implications for this output and the programme as a whole if integration does not take place as planned.

168. Staff mobility on the Technical Team is high; there are times where there have been 4 to 5 members on the Team while at others there was only one person. The Team also seems to lack the right kind of expertise in population and development.

169. The National Commission on Population and Gender (NCPG) was created in 2007 as a result of advocacy work carried out by the Ministry of Planning and Finance with support from UNFPA but it is not yet operational. Its role is to oversee the overall monitoring of population and gender. The Minister for Planning and Finance is the Chair of the NCPG and the Minister for Employment, Solidarity and Family is the Vice-Chair. A number of activities are being carried out at sectoral level, but the fact that the NCPG is not yet functioning means that the necessary support system is lacking.

2.2.2.4 Recommended Actions

a) Guarantee that the team responsible for implementation is more stable and has the expertise required in population and development. This is a responsibility of the Ministry of Planning and Finance.

b) Provide technical assistance regarding integration in order to effectively integrate population, RH and gender in development frameworks. If the integration process does not start on the right footing, the results will be compromised and there will be no sustainability.

c) Continue the ground work on advocacy and training regarding integration so that once technical assistance is obtained to carry out the more specialized aspect of the work, all key stakeholders are fully aware of the scope and long-term benefits of such an exercise.
d) Ensure that decision-makers at the highest level have a greater sense of ownership of the ongoing process to integrate population, RH and gender in development frameworks. In this respect, the NCPG has an important role to play, and action needs to be taken for it to be functional as soon as possible.

e) Carry out constant advocacy work - the people who have been sensitised often move on as a result of the frequent changes in government.

2.2.2.5 Cross-cutting themes: gender, human rights and data management on PD Output 2

170. The PDU has been the organisation promoting gender, and it has contributed significantly to the creation of the National Institute for the Promotion of Gender Equality and Equity (NIPGEE). Since the establishment of the NIPGEE (see details in section 2.3.1) the responsibility for gender has been transferred to this institution, but this output works in close collaboration with the Gender Output for the integration of gender in development frameworks.

171. A number of the activities carried out by the PDU have elements of a rights-based approach, although these are not obvious. For example, the PDU supports the NIS in carrying out its activities to generate data which is required for development. However, there is a lack of visibility of the work done by the PDU and the NIS vis-à-vis human rights, and because of that they are very often left out in the organisation and implementation of human rights activities.

172. In addition to the ongoing work regarding the database for the budgeting of activities related to population, RH and gender, the PDU has done the following: participation in DevInfo, the organisation of a workshop on results-based management (referred to above), data sharing with NIS (including information for the NIS’s website) and putting the indicators of the CPAP in STPInfo. Work is now being done to upload data for 2008 and 2009 in STPInfo which contains 235 indicators.

2.2.2.6 Recommended action

Ensure all relevant organisations are involved and in particular those which may not seem to have direct connections with human rights, for example the PDU and NIS, in all activities regarding human rights.

2.2.3 Contribution of PD Outputs 1 & 2 to CP and UNDAF outcomes

173. CP PD Output 1 which reads: “Increased availability and use of population and reproductive health data, disaggregated by age and gender” and PD Output 2: “Strengthened national institutional and technical capacity to integrate population, reproductive health and gender issues into policies, strategies, plans and budgets” both contribute to CP PD Outcome 1: “National and sectoral policies, plans, programmes and budgets take into account population and development linkages”. The three indicators for measuring progress are: i) PRSP as well as national and sectoral policies, plans and programmes taking into account population, reproductive health and gender; ii) percentage increase in health-sector budget allocated for contraceptive procurement; and iii) amount of non-core resources mobilised in support of reproductive health and gender.
Whilst the activities for the two PD outputs are more or less on target, there are no clear signs in the data available that the above three indicators are being fulfilled. There is also a lack of data that would allow a full assessment of how the outputs are directly contributing to the CP outcome. It is also observed that the second and third outcome indicators do not seem to fully match the content of the actual outcome (refer to the country programme framework of indicators at Annex 7).

The results of CP Outcome 3 attained through CP Output PD 1 and 2 were expected to contribute to 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”. In the absence of specific indicators to evaluate contribution to this outcome, the reviewer can only offer an opinion regarding the situation. It is felt that the training currently being done on integration, the policy and strategy documents being finalised as well as the population, RH and gender data being produced, will ultimately help to meet the UNDAF outcome.

2.3 Findings on Gender Component

The one output for the programme component is “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 is being implemented by a new team comprising 5 members in the National Institute for the Promotion of Gender Equality and Equity (NIPGEE) within the Ministry of Employment, Solidarity and Family (MESF).

The expected results for this output are:
- Number of institutions with the capacity to promote gender equality and equity and the advancement of women and girls;
- A guide to integrate gender issues in national and sector policies and programme available;
- Number of members of parliament with the capacity to advocate gender issues; and
- Number of women in the parliament

The strategies to achieve the results are:
- Capacity building of institutions and mechanisms responsible for the coordination and implementation of the national gender strategy
- Advocating for gender equality and equity and for the empowerment of women and girls

2.3.1 Assessment of Results

The results imply an increase in the number of institutions and personnel capable of promoting gender equality, equity and the advancement of women and girls, as well as the availability of a tool for the integration of gender issues in national and sectoral policies and programmes. The two broad strategies are appropriate and relevant for achieving these results since they allow the participation of all national institutions in gender programming.

The performance indicators (Table 9) show that overall there is progress towards the achievement of the set targets by 2011. With respect to the institutions with capacity to promote gender equality and equity, six (6) of the thirteen (13) institutions identified have
The institutions are the NIPGEE, the DP, the 5th Commission of the National Assembly, the Division of Health Care, the Centre for Counselling against Domestic Violence and the Fórum da Mulher. A prerequisite for the attainment of this result as well as the other three results for this output was the establishment of a solid structure for the promotion of gender.

182. There were plans to put in place such a structure when the ‘National Strategy for Gender Equality and Equity’ (NSGEE) was formulated in 2005. The NSGEE contains five strategic areas and they are: i) Economic empowerment of women in rural and urban communities; ii) Promotion of equality and equity in education and training; iii) Improving the health status and reproductive health of adolescents and women; iv) Strengthening the application of laws and the participation of women in decision-making; and v) Strengthening the capacity for the operationalisation of institutional frameworks regarding gender equality and equity.

183. However, it was only in March 2007 that the NSGEE was adopted by the government. This had the consequent result of delaying the creation of the NIPGEE, in accordance with the fifth strategic area of the NSGEE. Created in July 2007 within the MESF the work of the NIPGEE is guided by its strategic plan for 2008-2011 while its role is to coordinate and provide guidance to other sectors on gender-related issues.

184. A number of training sessions in gender, population and development were organised in 2007 and 2008 to train personnel of the NIPGEE and other organisations. This was important because there was a need right from the start to empower staff of the NIPGEE itself as well as a pool of trainers whose role was to disseminate information at sectoral level.

185. A training plan has been drawn for the training of gender focal points in the different sectors, and two training sessions have been carried out (2010) for the following sectors: education, health, youth, labour and the police. It is to be noted that once the section where the gender focal point will be located has been determined by a Ministry, there may be more than one appropriate representative identified to play the role of focal point.

186. The result/indicator which is showing the least progress relates to the number of women represented in Parliament. In the 2006 legislative elections, out of the 55 seats, only 4 women were elected; 2 of the elected women are now Ministers and 1 has already resigned from the seat. It is expected that with the 2009 approval of a quota system of at least 30% of nominated candidates for the election of Members of the National Assembly to be women, the actual number of women represented in Parliament will increase in the legislative elections in August 2010.

11 In 1992, a unit for the promotion of women existed in the MOH. The responsibility for women’s issues then moved to the Office of the Prime Minister. However, even there, the unit did not receive the attention required for the promotion of women.

12 When the resolution for the 30% quota for women Parliamentarians was being passed in the National Assembly, the NIPGEE mobilised women from political parties, and they attended the parliamentary session throughout, ready to display placards which had been prepared in protest if the bill was not passed. It is to be noted that the approved quota also aims at raising that the number of women in senior positions in the public sector.
187. Although it was slow to start, almost 50% of the activities under this output have successfully been carried out, and it is expected that all the other planned activities will be completed in this programme cycle. The guide to integrate gender issues in national and sector policies and programmes is being prepared and it is expected that it will be finalized by the end of June 2010. As soon as the guide is completed, this will be followed by training for its application. The guide will also provide the opportunity to improve the training on gender at all levels. Therefore, with the availability of the guide, the gender focal points in the different sectors and the activities of the NIPGEE, it is expected that gender will be integrated in all the respective sectors by the end of the programme cycle.

188. The creation of a mechanism regarding gender-based violence (GBV) is the only activity which is to be completed. However, work is in progress for this activity. In 2008, working in collaboration with the authorities in districts (including Príncipe), sensitisation activities on GBV in the form of photo exhibitions and presentations were organised. These activities were carried out by heads of police after they had first been sensitised in GBV.

189. For the occasion of International Women’s Day 2010, the Output also carried out a number of sensitization activities in line with Beijing + 15, including the production of a calendar for 2010.

190. The Output has also reinforced partnerships with women parliamentarians, women ministers, the association of women lawyers and other institutions involved with gender and the promotion of women.

191. The NIPGEE is due to receive technical assistance from the AfBD for capacity building in gender budgeting. A consultant is still being identified to carry this assignment. Technical assistance will be also required to 1) prepare the CEDAW report which STP is still to produce and 2) to update the National Strategy for Gender Equality and Equity.
Table 9: Indicators for the gender output

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Baseline 2007</th>
<th>Target 2011</th>
<th>Achievements</th>
<th>Comments on results (see Recommended Actions in text)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of institutions with the capacity to promote gender equality and equity and the advancement of women and girls</td>
<td>0</td>
<td>10</td>
<td>3</td>
<td>6 Improved performance, target achievable</td>
</tr>
<tr>
<td>A guide to integrate gender issues in national and sector policies and programme available</td>
<td>0</td>
<td>1*</td>
<td>0</td>
<td>Performance achievable – draft in advanced stage of preparation</td>
</tr>
<tr>
<td>Number of members of parliament with the capacity to advocate gender issues</td>
<td>3</td>
<td>28</td>
<td>19</td>
<td>28 Target achieved, and the same target is maintained for 2010</td>
</tr>
<tr>
<td>Number of women represented in the parliament</td>
<td>4</td>
<td>15**</td>
<td>3</td>
<td>3 Performance below baseline and far below target</td>
</tr>
</tbody>
</table>

Note: *Target for 2009-2010, and **Target for 2010 (due to the parliamentarian elections which will take place in 2010 and the application of the quota of 30% of female representation.)

2.3.2 Best practice

192. As a new structure to promote and integrate gender in development, the NIPGEE is an excellent investment for the country. It has evolved well in the short period of its existence. It should be noted that with the exception of very few countries (for example, Cape Verde), such a set up is not commonly found in the region. It has been possible for the NIPGEE to work flexibly in different milieu and in different conditions, for example, working with the youth groups, women’s networks and journalist/communicators networks. Training has also been done for these networks. The NIPGEE also works with other groups such as artists, musicians, and stage actors.

193. There is a good working relationship between NIPGEE and the women parliamentarians. The Institute is often called upon to participate in discussions and this is good as it helps staff of the Institute to learn in the process. The NIPGEE was invited by the women parliamentarians to participate in the preparation of the conference of women parliamentarians from all the Portuguese speaking countries for the occasion of Women Parliamentarian Day, which was held on 14-15 June in 2010 in Sao Tome.

194. The impact of the work being done by the NIPGEE is already being felt nationally; people at all levels are now talking about gender. In addition to the above activities the NIPGEE has:
a) Established partnerships with a number of organisations, including the Government, the National Assembly, NGOs, UNFPA, UNDP and UNICEF\(^{13}\).

b) Produced a number of support materials for effective dissemination of information. These materials are distributed to students and people in the community, and using these materials the people learn what gender is and get to know of the work the Institute is doing.

c) Provided support to around 4 NGOs in the formulation of project proposals, based on their own demand. For example, an NGO working with disabled women (ADSTP) has obtained support from NIPGEE in gender related activities as well as help for them to improve the self-esteem of women living with disabilities. As part of the activities to commemorate Women’s Day (8\(^{th}\) March) this year, a debate on disabled women was organised.

d) Prepared a TV programme on gender for the mass media, and this facilitates for messages to be passed more easily as the number of people who follow what goes on in the newspapers in STP is very low. Focusing on women, the aim of the TV programme was to show women’s success stories. A disabled person participated in this programme.

2.3.3 Facilitating factors

195. A number of factors, both internal and external, helped creating a favourable environment for the implementation of gender activities. These include: advocacy activities, activeness of the Technical Team (matched with good collaboration with the other outputs of the CP), the work done on gender previously in the Ministry of Planning and Finance, the Chairmanship of the 5\(^{th}\) Commission in the National Assembly (female), the credibility of the NIPGEE, the participation of the Minister for Employment, Solidarity and Family in the 6\(^{th}\) Regional Conference on Women and technical and financial support from UNFPA.

196. The creation of the NIPGEE demonstrated that there was political will regarding gender issues, in spite of political instability in the country. Even though the Minister who spearheaded the gender programme from the start got her portfolio changed, she still remained in government, and she gave her support to gender issues. One of the main strategies used by the NIPGEE in carrying out its advocacy activities with policy-makers has been to get the support of influential persons to advocate for gender, for example through the 5\(^{th}\) Commission in the National Assembly which deals with issues of human rights, gender and citizenship. It is also to be noted that the process that led to the preparation of the NSGEE started in 2004, namely when the Prime Minister, who was a woman, advocated for gender at the highest level in government.

\(^{13}\) On the invitation of UNICEF, NIPGEE participated in the organisation of the conference on teenage pregnancies to mark African Women’s Day 2009 (referred to in footnote 7) and was in charge for all the technical issues relating to the conference, including the preparation of the report of the meeting. As a follow up to this conference the NIPGEE implemented a mini project of 3 months with funding from UNICEF and UNDP and technical assistance from UNFPA to carry out the following studies: 1) Evaluation of the Structure of RH for Adolescents and Youth in STP, 2) Incidence of Teenage Pregnancies in STP, and 3) Sexual Abuse on Children and Youth in STP. All the three studies are now completed. This initiative also formed part of an overall campaign on teenage pregnancies which was launched on the occasion of 2009 Saotomean Women’s Day which is on 19 September.
2.3.4 Constraints / Challenges

197. There have been changes at government level three times since 2006, and as a result of this instability, there has been a need to brief each new government over and over again on the work being carried out on gender. The frequent changes at different levels in the government also meant that a long time was taken for a decree to be issued for the adoption of the NSGEE, thus delaying the establishment of the NIPGEE. In the absence of a mechanism with capacity to coordinate the gender output, it was problematic to get the work started. Subsequently the AWP for the gender output started around the month of July 2007, so that in practice there was only 6 months of the year left for the implementation of activities.

198. There have been further changes in the government in the first half of 2010, and the new minister for gender is now a man. He has the responsibility for two large ministries – these are the Ministry for Employment, Solidarity and Family and the Ministry of Social Communication, Youth and Sports. Fortunately the current Minister is sensitive to gender issues as he was previously in a position which enabled him to have a good understanding of the work being done under this output.

199. The persistent lack of human resources. While there are qualified people who can be recruited, this is rendered impossible because of restrictions at the level of the public service. When the NIPGEE came into operation it had a serious lack of personnel to carry out the work, in fact it only had the Director of the institution as a full-fledged staff to start with. As a result of advocacy with the government, the NIPGEE has been able to build its staff capacity, and up to the first quarter of 2010 it had four technical staff members which included a sociologist and a lawyer.

200. However, since the second quarter of 2010, there has been an unanticipated mobility of staff, as all the existing members of the technical team for the output have moved on. It has not been too difficult to recruit a new team which is now undergoing on the job training. Except for one team member who has been in post for around 3 months, it is less than a month that the other three have been recruited. Before the recruitment of the new team, the output was able to obtain support from the pool of gender trainers from different sectors to carry out key activities.

201. It has been difficult to implement the idea of creating a coordination mechanism for GBV in the country because of constant changes in the government, as referred to above. There is a counselling centre for domestic violence which was created in 2006 in the Ministry of Justice, before the setting up of NIPGEE in 2007. While NIPGEE works in partnership with this centre, the work being done by NIPGEE is more to do with GBV which is much wider than domestic violence. It is likely, because of the upcoming elections and the changes that this will bring, that it will not be until around October 2010, that the issue of putting in place such a mechanism will be brought up again.

202. A number of structural and IT related issues such as electricity and internet have also acted as constraints in the implementation of this output. While the issue of electricity is a national problem, the NIPGEE is situated in a residential area, which seems to be a zone that is under-served by EMAE (the local electricity supplier). The NIPGEE receives the support of UNFPA to either hold meetings at the UN building or to use internet facilities when necessary.
2.3.5 Recommendations

a) Work with leaders of party politics for the upcoming legislative elections in August 2010 so that the 30% quota for women to be nominated for election in Parliament becomes a reality.

b) Strengthen capacity at all levels of the NIPGEE in order to sustain the ongoing work.

c) Carry out more advocacy work to sensitize senior government officials on gender issues to facilitate decision-making.

d) Integrate gender in all areas of national development, and for that to happen, arrangements should be made to designate and train focal points for gender for sectors where this has not been done.

e) Continue to work with all relevant partners, especially NGOs so that they can also shoulder more responsibility towards national development.

f) Work with the media, more specifically the journalist/communicators network, in order to train the ‘traditional communicators’ to pass messages more effectively. This last group is also willing to participate in mass media activities.

g) Develop strategies to increase the number of women in senior decision-making positions in the government.

h) Develop a project proposal for the collection and analysis of data in all sectors in order to generate more information on gender.

i) Acquire more logistic support such as a vehicle and a better equipped conference room for the output.

2.3.6 Cross-cutting themes: gender, human rights and data management on the Gender Output

203. Right from the beginning, the NIPGEE has been working with government institutions, NGOs and international partners to create an alliance for gender as well as to generate the awareness of gender being a cross-cutting issue in development. As a result, people now better understand the issue of gender and have accepted it as a social development issue. Linked with the visibility of the work of the NIPGEE, the institute has been invited by a number of organisations to assist them in integrating gender in their activities. This includes invitations from the UNESCO and the Ministry of Agriculture, Fisheries and Rural Development (MAFRD). The first invitation from the UNESCO was to develop a manual on gender for fishermen and the second invitation to prepare a module on gender for a group of literacy animateurs in the district of Lobata. The Institute is now doing an evaluation to examine the extent to which those who participated in the latter training have been able to integrate gender in their teaching sessions.

204. There have also been two invitations from the MAFRD. The first one was to participate in the formulation of a policy on agriculture and the other was to participate in an AfDB project to prepare a chart of agriculture in STP. This project is still at the level of conceptualization,
but the Institute has had discussions with both the consultant involved and the gender focal point of the MAFRD.

205. There are a number of human rights issues involved in the implementation of this output, but there are capacity gaps, and the output is currently using every opportunity to increase the capacity of its personnel in this area, and this will continue throughout the programme cycle. Personnel on this output have participated in three training workshops organised by UNDP which directly or indirectly focused on human rights – two of the workshops were held locally and one took place in Dakar, Senegal (in September 2009). It is to be noted that UNDP also participates in the AWPs, and hence it provides necessary financial and technical assistance.

206. A good amount of data on gender is available at the NIS, but somehow it is not used effectively. A member of the team of this output participated in a training workshop on gender-disaggregated data in Douala with funding from UNECA in 2008. As a follow up to this training, there have been discussions with the NIS for further action regarding the production of gender-disaggregated data. In principle, staff of the NIPEEG are also invited to participate in all major surveys, and this has been the case with the DHS and the MICS. Members of the team for the output have also benefited from the training in DevInfo.

2.3.7 Recommended Action

Continue with the work to be done with all partners, including the media, to ensure that gender is integrated in all plans and programmes.

2.3.8 Contribution of Gender Output to CP and UNDAF outcomes

207. The expected results from the implementation of the output on gender were also expected to contribute to the attainment of CP Outcome “Improved institutional and social frameworks to promote and protect women and girls’ rights and thus advance gender equity and equality”. The three indicators for measuring progress are: i) national and sectoral mechanisms established to plan, implement and monitor gender strategy implementation; ii) number of sectoral plans with gender issues integrated in them; and iii) partnership with civil society established.

208. There have been improvements for all of the three indicators listed above (refer to Annex 7). Information gathered during fieldwork demonstrates that there are efforts being made to integrate gender in strategies despite constraints that may exist. The ongoing reinforcement of capacity in gender will serve to facilitate the work that needs to be completed for the remainder of the programme implementation.

209. The CP Outcome for Gender was expected to contribute to 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, while ensuring the continuous involvement of civil society. It was also to contribute to UNDAF cross-cutting area, Outcome 3: “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 life”. There are no indicators allowing a direct evaluation, but the performance regarding gender seems to be contributing to the UNDAF outcome. Such indications include the newly set-up and highly effective NIPGEE as well as the existence of a clear gender strategy with elements which meet the requirements of the UNDAF outcome.
2.4 Fifth (5th) CP Design and Implementation Challenges

2.4.1 The 2007-2011 CPAP design

210. The process that was adopted to prepare the CPAP document was highly participatory and involved the government and civil society organisations. The design of the CPAP is appropriate as it defines the specific results to be achieved and broad strategies to be used to achieve these results for each CP output. The CPAP also outlines the key activities to be carried out for each CP output, thus clearly establishing the linkage with the specific expected results for all the programme components. From the information made available, it does not appear that there have been modifications made to the hierarchies of objectives and performance indicators. However, some changes are observed in the target levels to be attained on annual basis and these are done as part of updating the CPAP planning and tracking tool as well as the recommendations of the annual CP review.

2.4.2 The 5th CP execution modalities

211. Parts V, VI and VII in pages 15 to 17 of the CPAP document clearly describe the strategic partners, programme management and monitoring and evaluation of 5thCP. By definition, implementing partners need to have the institutional capacity to, among other things, ensure that they can manage funds. The identification of the IPs was taken into account in the preparation of the CPAP. However, the findings of a study to evaluate the capacity of IPs were also used in the selection of IPs for the programme cycle. This study was carried out in 2006 in collaboration with all UN agencies in STP - this is line with the Harmonised Approach to Cash Transfers (HACT)\textsuperscript{14}. In addition to providing areas of strengths and weaknesses of the IPs, the study also points out the areas for capacity building.

212. Without exception, UNFPA ensured that all potential partners were brought on board for the implementation of the CP. Local NGOs were not identified as IPs because they lack the capacity required, but through responsible institutions, they are involved in specific activities. Some international NGOs which are active in the country, namely ALISEI and Medicos do Mundo, are also used on an ad hoc basis in the implementation of the programme in particular for the reinforcement of the capacities of local NGOs.

213. It is under the leadership of the IPs that all the activities are planned and executed, including the organisation of quarterly review meetings. UNFPA provides financial and technical assistance where required to realise the planned activities. The personnel involved in the implementation of the programme on the ground now talk more of output than project. This is an indication that the different outputs are well integrated in the programmes of the IPs. It is perhaps due to this integration process that it took a relatively long time for IPs to

\textsuperscript{14} A Harmonised Approach to Cash Transfers to Implementing Partners (HACT) was launched in April 2005. The HACT shifts the management of cash transfers from a system of rigid controls to a risk management approach. It aims to: a) Reduce transaction costs pertaining to the country programmes of the ExCom agencies by simplifying and harmonizing rules and procedures; b) Strengthen the capacity of implementing partners to effectively manage resources; c) Help manage risks related to the management of funds and increase overall effectiveness. (http://www.undg.org/?P=255)
understand their role\textsuperscript{15}. There is constant dialogue between personnel working on the different outputs and staff of the UNFPA CO, and decisions are always made in consultation.

2.4.2.1 Recommended Actions

a) While it is recognised that the local NGOs are not fully empowered to take responsibility in implementing specific outputs, there is a need to constantly involve them in all activities so that they can eventually assume and play a more important role in national development.

b) The Output Teams need to continue to perform at satisfactory level across the board and may even need to increase their effort in some areas in order to accelerate the implementation of the activities now and up to the end of the programme cycle.

c) Continuous efforts should be made to maintain the coordination, management and monitoring and evaluation system in place in order to track results as well as to avoid negative effects on the implementation of the programme.

d) All the different parties should continue to improve ownership of the work being carried out at the level of all the outputs.

2.4.3 Institutional support

189. The frequent changes in government as well as the need for continuous activity in the capacity-building of implementing teams have been raised in other parts of this report. Although the changes in government do not directly influence the implementation of the programme, they generally have repercussions on some aspects of implementation. There have been instances where advocacy and training activities had to be repeated because of recurrent changes in the government.

190. Three and a half years into the 5\textsuperscript{th} CP it can be said that there is stability at the level of the Technical Teams in spite of staff mobility, and changes at the political level do not prevent the implementation of planned activities. It is not foreseen that the new government to be formed after the August 2010 elections will have any significant impact on decisions regarding the implementation of the planned activities for the rest of 2010 and 2011.

191. For all the outputs, irrespective of whether they are in the form of service provision or of a more technical nature, the teams have done their best to ensure that activities are carried out as planned. Where technical assistance has been required for the implementation of specific activities, requests have usually been made to UNFPA by the respective IPs, and in most cases support has been provided. However, in terms of institutional support, there have been delays in decision-taking at higher levels, and this has somehow hindered performance. In spite of constant advocacy made by the output teams to their superiors to obtain relevant support, this has not been forthcoming, and output personnel report being

\textsuperscript{15} The UNFPA Country Office brought together all the IPs and planning to launch to the implementation of the programme was done with them. It was evident that not all of them had the capacity to take the responsibility to implement the specific outputs. In order to address this problem, the CO did advocacy at the highest level to create awareness among senior people in the government on the implementation approach based on the CPAP. Subsequently, training was organised to facilitate the implementation of the programme.
discouraged at times. In situations like this, UNFPA will intervene by attempting to raise morale or, where there are opportunities to do so, do advocacy to decision-makers.

192. In order to have an idea of the level of support, either in the form of finance or otherwise, from the government as a whole, the Ministry of Planning and Finance (being the government coordinating agency for the 5thCP), the local authorities (government aid at district level) and the civil society, Technical Teams from all the IPs were asked to rate these groups. The results are shown in Table 10.

193. In relation to the rating ‘somewhat supportive’ for the GoSTP and Ministry of Planning and Finance, respondents cite lack of available funds required to implement all the activities more effectively (an analysis of financial allocation is provided in section 2.5.5). However, they recognise that there is cost-sharing between the different IPs. Although ‘no support at all’ was attributed to the Office of the Mayor for the implementation of 5thCP activities, respondents remarked that the Office has been involved in World Population Day activities. It will be remembered also (section 2.3.1) that heads of police worked together with the NIPGEE regarding an activity on GBV. Respondents report that the community and Religious Leaders, when needed, do collaborate. Among the reasons given for the rating ‘very supportive’ for Religious Leaders are: i) support of the groups for the position of the MOH regarding family planning and ii) involvement in mobilisation in the implementation of the DHS pilot.

Table 10: Support by government and civil society in the implementation of the 5thCP activities (in percentage)

<table>
<thead>
<tr>
<th></th>
<th>Very supportive</th>
<th>Somewhat supportive</th>
<th>Somewhat a hindrance</th>
<th>No support at all</th>
<th>NA*</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>GoSTP</td>
<td>16.7</td>
<td>83.3</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>100</td>
</tr>
<tr>
<td>Ministry of Planning and Finance</td>
<td>16.7</td>
<td>83.3</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>100</td>
</tr>
<tr>
<td>Local Authorities**</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>50.0</td>
<td>50.0</td>
<td>100</td>
</tr>
<tr>
<td>The community and Religious Leaders</td>
<td>33.3</td>
<td>66.7</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>100</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>16.7</strong></td>
<td><strong>58.3</strong></td>
<td><strong>0</strong></td>
<td><strong>12.5</strong></td>
<td><strong>12.5</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Note: *Not applicable, **Some of the respondents thought that the term ‘local authorities’ is not applicable in the STP context as there are no management structures at district level as such and some understood this to mean the Office of the Mayor.

2.4.3.1 Recommended Action

194. In order to somewhat minimize the effects of changes outside the control of implementers, it would be useful to consider steps to deal with known possible problems, for example, schedule several repeats of the same advocacy activity targeting public sector decision-makers, to overcome the fact that there may be different incumbents during the programme cycle.

2.4.4 Human resources in the implementation of the 5th CP

195. Human resources and related constraints have been cited in numerous sections of this report as having sometimes impeded the implementation of the 5thCP. The issues range from inadequate staff strength measured in terms of numbers to insufficient relevant skills required. UNFPA CO has been advocating to government of the need to recruit more
people to work on the 6 outputs of the CP. If such people were to be recruited, UNFPA could then help to build the capacity of these staff. Based on the progress made so far, it is unlikely that the rate of implementation will slow down, therefore necessitating increased human resources to sustain current and planned activities. It is to be noted that funding made available by the government is still inadequate, especially with respect to recruitment, because as part of ongoing reforms in the public sector, the government has a ceiling for its expenditure.

2.4.4.1 Recommended Actions

a) The government should review its position regarding staff recruitment and give special consideration to those implementing partners such as the NIS and the NIPGEE with serious shortfalls of required personnel for 5 CP activities.

b) Targeted human resource capacity building efforts should be undertaken to increase the number of output personnel with skills in the following areas: special intervention for service provision; data management and analysis; integration of population, RH and gender into development frameworks; and, resource mobilization. In this regard, support for skills enhancement training should be intensified in addition to increased sharing of technical skills available in-country and among the implementing partners.

2.4.5 Allocation, disbursement and management of 5 th CP funds

196. The proposed UNFPA assistance in the 5th CPD for STP amounts to US $2.3 million for the period 2007-2011. The sum of US $1.5 million was to be from regular resources and US $0.8 million through co-financing modalities and/or other, including regular, resources. The distribution of the funds for proposed assistance by core programme area for the entire period is as follows: 56.5% for RH, 15.2% for PD, 17.4% for Gender and 10.9% for programme coordination and assistance. The actual planning figures for each output for 2007-2009 as contained in the CPAP document are shown in Table 11. These figures are maintained for the period 2010-2011.

197. UNFPA has respected the agreement made in the CPAP for the allocation of resources, and the response has been good. Once activities are planned according to the AWP, quarterly disbursements have been made on time, and there have been no problems so far. In line with the CPAP, where an activity was not planned, but there is a need to make funds available for that activity, arrangements are made for the re-allocation of funds with support from UNFPA.

198. Analysis of ceiling expenditure for the period 2007-June 2010 for each output is presented in Table 12. When planned figures are compared with ceiling expenditure allocations, it becomes apparent that the programme is under-spending for gender while it is over-spending for PD, and coordination and assistance. The under-spending for gender could be explained by the fact that this component started late. On the other hand, the over-spending for the coordination and assistance component can be explained by the recruitment of the NPO and a driver for the UNFPA CO in addition to all the M&E activities. According to information received, once the yearly accounts have been closed, the items under ‘final expenditure’ become ‘final allocation’…

199. According to the implementation approach in the CPAP, the GoSTP should also make funds available for the different components of the programme. This commitment has been honored for RH Output 1, and to some extent, PD Output 2 (Table 13). Due to the urgency
to provide services in RH, government has had little choice but to make funds available for RH Output 1. Moreover, the fact that funds have been allocated for RH Output 1 indicates that government has started to own the output and recognises the importance of the services being offered.

200. With respect to allocations for gender, the government has signed a Memorandum of Understanding (MOU) with UNFPA, but no disbursements have been made so far. While no direct contribution is made through UNFPA for the NIS, the latter institution makes use of resources allocated by the government for different activities under PD Output 2.

201. There is some sense of ownership by government of RH Output 3 but to date no direct financial support has been received from the government for this output. One of the reasons could be that in the last years the responsibility for youth has constantly been changing. In 2006, the responsibility for youth fell under the Ministry of Education and Youth; thus the reason why this output is being now implemented by this Ministry, even though there is now a new set up for youth – the Ministry of Social Communication, Youth and Sports. It is to be noted that previously, the Institute of Youth was under the aegis of the Vice President's Office.
Table 11: Indicative planning resources by programme component (per year, US$)

<table>
<thead>
<tr>
<th>Core programme area</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>Total</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>Total</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>Total</th>
<th>All</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Output 1</td>
<td>80,000</td>
<td>60,000</td>
<td>140,000</td>
<td>140,000</td>
<td>80,000</td>
<td>60,000</td>
<td>140,000</td>
<td>140,000</td>
<td>420,000</td>
<td>30.4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Output 2</td>
<td>20,000</td>
<td>20,000</td>
<td>40,000</td>
<td>40,000</td>
<td>20,000</td>
<td>20,000</td>
<td>40,000</td>
<td>40,000</td>
<td>120,000</td>
<td>8.7</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Output 3</td>
<td>60,000</td>
<td>20,000</td>
<td>80,000</td>
<td>80,000</td>
<td>60,000</td>
<td>20,000</td>
<td>80,000</td>
<td>80,000</td>
<td>240,000</td>
<td>17.4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RH component</td>
<td>160,000</td>
<td>100,000</td>
<td>260,000</td>
<td>260,000</td>
<td>160,000</td>
<td>100,000</td>
<td>260,000</td>
<td>260,000</td>
<td>780,000</td>
<td>56.5</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Output 1</td>
<td>20,000</td>
<td>15,000</td>
<td>35,000</td>
<td>35,000</td>
<td>20,000</td>
<td>15,000</td>
<td>35,000</td>
<td>35,000</td>
<td>105,000</td>
<td>7.6</td>
<td></td>
<td></td>
<td></td>
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<tr>
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<td>30,000</td>
<td>5,000</td>
<td>35,000</td>
<td>35,000</td>
<td>30,000</td>
<td>5,000</td>
<td>35,000</td>
<td>35,000</td>
<td>105,000</td>
<td>7.6</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>PD component</td>
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<td>50,000</td>
<td>20,000</td>
<td>70,000</td>
<td>70,000</td>
<td>210,000</td>
<td>15.2</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Gender output</td>
<td>40,000</td>
<td>40,000</td>
<td>80,000</td>
<td>80,000</td>
<td>40,000</td>
<td>40,000</td>
<td>80,000</td>
<td>80,000</td>
<td>240,000</td>
<td>17.4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coordination and assistance</td>
<td>50,000</td>
<td>-</td>
<td>50,000</td>
<td>50,000</td>
<td>50,000</td>
<td>-</td>
<td>50,000</td>
<td>-</td>
<td>150,000</td>
<td>10.9</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Total</td>
<td>300,000</td>
<td>160,000</td>
<td>460,000</td>
<td>460,000</td>
<td>300,000</td>
<td>160,000</td>
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<td>460,000</td>
<td>1,380,000</td>
<td>100</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: CPAP 2007-2011 (Annex 1)
Table 12: Ceiling of expenditure by programme component (per year, US$)

<table>
<thead>
<tr>
<th></th>
<th>2007 (US$)</th>
<th>2008 (US$)</th>
<th>2009 (US$)</th>
<th>2010 (US$)</th>
<th>All (US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Regular</td>
<td>Other</td>
<td>Total</td>
<td>Regular</td>
<td>Other</td>
</tr>
<tr>
<td>Output 1</td>
<td>114,200.00</td>
<td>30,751.54</td>
<td>145,051.54</td>
<td>156,000.00</td>
<td>14,826.00</td>
</tr>
<tr>
<td>Output 2</td>
<td>0.00</td>
<td>100,000.00</td>
<td>100,000.00</td>
<td>0.00</td>
<td>100,000.00</td>
</tr>
<tr>
<td>Output 3</td>
<td>118,747.00</td>
<td>0.00</td>
<td>118,747.00</td>
<td>136,850.00</td>
<td>0.00</td>
</tr>
<tr>
<td>RH component</td>
<td>233,647.00</td>
<td>130,751.54</td>
<td>364,398.54</td>
<td>292,850.00</td>
<td>114,826.00</td>
</tr>
<tr>
<td>Output 1</td>
<td>52,300.00</td>
<td>0.00</td>
<td>52,300.00</td>
<td>87,300.00</td>
<td>0.00</td>
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<td>Output 2</td>
<td>45,400.00</td>
<td>5,747.95</td>
<td>51,147.95</td>
<td>62,100.00</td>
<td>6,833.07</td>
</tr>
<tr>
<td>PD component</td>
<td>97,700.00</td>
<td>5,747.95</td>
<td>103,447.95</td>
<td>149,150.00</td>
<td>6,833.07</td>
</tr>
<tr>
<td>Gender component</td>
<td>41,750.00</td>
<td>0.00</td>
<td>41,750.00</td>
<td>49,300.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Coordination and Assistance</td>
<td>107,500.00</td>
<td>0.00</td>
<td>107,500.00</td>
<td>108,700.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Total</td>
<td>479,997.00</td>
<td>136,499.49</td>
<td>616,496.49</td>
<td>600,000.00</td>
<td>121,679.07</td>
</tr>
<tr>
<td>Ceiling expenditure</td>
<td>480,000.00</td>
<td>(a) 0.00</td>
<td>480,000.00</td>
<td>600,000.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Actual Expenditure</td>
<td>445,183.25</td>
<td>582,107.45</td>
<td>637,290.70</td>
<td>558,352.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Execution Rate</td>
<td>92.75%</td>
<td>97.02%</td>
<td>97.10%</td>
<td>97.02%</td>
<td>97.10%</td>
</tr>
</tbody>
</table>

Notes: (a) Provisional estimates up to 17 June 2010, (b) Funds for activities for this output are disbursed through RH Output 1, (c) RH Output 2 benefits from Thematic Funds for the procurement of RH products for the sum of approximately US $100,000 annually, and (d) This includes US $3 from previous project cycle.
Table 13: Financial contribution (US$) by government, 2007-2010

<table>
<thead>
<tr>
<th>Core programme area</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010*</th>
<th>Total</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Output 1</td>
<td>30,751.54</td>
<td>14,826.00</td>
<td>32,733.14</td>
<td>0</td>
<td>78,310.68</td>
<td>63.9</td>
</tr>
<tr>
<td>Output 2(b)(c)</td>
<td>0</td>
<td>16,809.45</td>
<td>0</td>
<td>0</td>
<td>16,809.45</td>
<td>13.7</td>
</tr>
<tr>
<td>Output 3</td>
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<td>31,635.45</td>
<td>32,733.14</td>
<td>0</td>
<td>95,120.13</td>
<td>77.6</td>
</tr>
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<tr>
<td>Output 2</td>
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<td>6,853.07</td>
<td>0</td>
<td>5,769.34</td>
<td>18,370.36</td>
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<td>PD component</td>
<td>5747.95</td>
<td>15925.83**</td>
<td>0</td>
<td>5,769.34</td>
<td>27,443.12</td>
<td>22.4</td>
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<tr>
<td>Gender output</td>
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<td>0</td>
<td>0</td>
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<tr>
<td>Total</td>
<td>36,499.49</td>
<td>47,561.28</td>
<td>32,733.14</td>
<td>5,769.34</td>
<td>122,563.25</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Note: *Estimates up to 30 June 2010. **This figure includes a sum of US $9,072.76 which is a saving from the government contribution to Phase I of the Output 2 in the previous programme cycle.

201. The above analyses demonstrate that UNFPA remains the main contributing agency to the programme. A lot more resources are required, especially at the level of service provision. While it may be the responsibility of the government to allocate its share of finances for the programme, resources are also lacking from other partners.

2.4.5.1 Recommended Actions

202. Encourage the government to continue providing funds for RH, possibly to increasing the current budgetary allocations from the current 10-12% for health to around 15-17% by 2011 in order to improve the quality of health of the population.

203. There is a need for UNFPA to continue supporting all the three components of the 5thCP in the form of financial and technical assistance as well as advocacy in order to improve the quality of life of the population.

204. Intensify efforts during the remaining period of the 5thCP implementation to raise additional funds from partners other than UNFPA.

3.0 Lessons Learned

205. The key lessons learned in the implementation of the 5thCP are as follows:

206. To increase the level of success for any activity, it is necessary at the planning stage to identify and involve not only all of the direct contributors and implementers but all possible stakeholders, including those who may at first only look like ‘bystanders’. Such an approach would widen the scope of the action and have a greater impact on the community as a whole. The youth friendly centres located in schools, for example, are an excellent initiative but not including school personnel fully in the functioning of these centres has had a slightly alienating effect, creating a situation where school staff felt that this was merely ‘a UNFPA’ effort.
207. In view of the relatively frequent changes in decision-making levels of government and the public service, it cannot be taken for granted that the occasional advocacy activity will provide sufficient impetus for achieving results or that building on what has already been done will always be appropriate. Advocacy needs to be more strategic and more consistent to ensure that there are no delays in decisions that have to be made. This might require having advocacy and sensitisation sessions for high level personnel on a regular basis - with introductory as well as more advanced sessions being organised concurrently.

208. An official agreement to participate in the activity may need to be bolstered by a definite and timed commitment to monetary contributions from the government. This is necessary to foster a greater sense of ownership by the government and also because of the high staff turnover in the public sector, even at high levels of responsibility as such arrangements would increase the communication traffic between various stakeholders. Amounts to be contributed do not have to be high, but they need to be regular.

209. It cannot be assumed that because the aims and objectives of the programme are sound and desirable, everyone will automatically wish to invest their time and effort in making sure it is successfully implemented. One of the main problems for the programme implementation has been the lack of motivation and interest of many recipients/participants/implementers at ground level. The assessments that inform the development and design of the various programmes stages need to take on board ‘background’ problems that may already exist in the various organisations, and which are not necessarily directly related to knowledge and capacity. These problems may not seem to have a direct bearing on the implementation of the programme but they can erode the effectiveness of the programme. Programme design needs to find a way to identify them, then either deal with them or work around them.

210. The manner in which the teams were set up and were allowed to function ensured that team members put in practice a results-based approach to implementation. It was clear that they could fully understand how monitoring and evaluation of activities provided important information feeding into the design and implementation of the activities which contributed to the outputs and outcomes. This can be considered a direct result of capacity building done for this group.

4.0 Conclusion

211. The six outputs of the 5th CP are interconnected, and this assessment has found that significant efforts have been made for different output activities to converge and supplement each other. Work on the gender output started later than expected, but this output has eventually been able to catch up with the other outputs.

212. The existing data shows that there have been changes in indicators at both outcome and output levels for all of the three programme components. The direction and tempo for the changes in the indicators depend on a number of factors, a major one being the institutional framework for delivering the output in question. For example, a good proportion of the work for the gender output depends on the adoption of a number of decisions by Parliament and it is problematic for the output to complete its full programme if Parliament does not move ahead on these decisions. On the other hand, there has been very good progress concerning the indicators for RH, including indicators on BCC. The DHS results will provide valuable data to confirm some of the findings of the EPE as well as facilitate further analyses on RH, PD and gender. Since not all the members of the different outputs are capable of analyzing the DHS data for their own use, it may be helpful if the coordinating authority for the CP organizes a workshop to build their capacity in the analysis and use of the DHS data.
213. One of the most notable achievements is the improvement in the perception of IPs regarding results versus activities. The focus is no longer simply on activities, but on the overall outcome of the programme. All IPs now seem fully aware that they have to plan in advance, and the CPAP Planning and Tracking Tool has become the instrument for planning used by all IPs.

214. No direct negative effects have been experienced, but there has been a problem with the issue of ownership of the different outputs and the lack of continuity for some activities in certain areas, the latter being due, it would seem, to frequent re-structuring in the government.

215. The implementation of the activities is going more or less according to plan, but some activities will require special attention now and up to the end of the programme cycle either due to weaknesses or constraints. For example, there will be a need to: 1) find ways and means of how to improve male involvement in RH, 2) capture and register all births that take place within a health institution, and 3) ensure that integration of population, RH and gender issues into development planning is practically carried out. The constant shortage of human resources also does have the potential to slow down the pace of work. Many think that the low salary levels, which are considered a national problem, are largely responsible for the high staff turnover (at the NIS and other institutions) - a recurring problem throughout. It is clear that more support is needed from the government in the form of decision-taking in favour of, and financial allocations for, the different outputs.

216. The overall performance of the programme so far can be described as good although context problems, as mentioned in the preceding paragraph, (for example: low salaries, frequent structural changes, etc) exist and are often invoked as reasons which prevent progress as planned. Such problems obviously fall outside the control of any programme. Nonetheless it might be useful to find ways and means in the remaining period of the programme cycle, and more importantly in the future design of such programmes, to identify measures that can be built in the programme to take into account such contextual problems. This would help to somewhat mitigate the effects of these environmental constraints and prevent them from becoming handicaps to effective implementation.
L'assistance de l'UNFPA au pays est à son 5ème programme couvrant la période 2007-2011. Ce cycle de programmation est harmonisé avec celui des autres agences ExeCom et celui de l'UNDAF. Selon le calendrier de suivi et évaluation du cycle de programme, une évaluation de fin de programme est sollicitée par l'UNFPA en 2010.

L'évaluation est une exigence politique et technique de la mise en œuvre des programmes pays et que cette approche de gestion axée sur les résultats devra permettre à UNFPA et toutes les parties prenantes d’obtenir les informations (performances du programme, atouts et contraintes rencontrés dans sa mise en œuvre ainsi que les perspectives) en vue d’améliorer la performance du programme d’ici à la fin du cycle (évaluation formative).

Objectif de la mission :

Méthodologie Suggéré :
A travers une approche participative et consultative avec les Bureau Pays de l’UNFPA et les partenaires de mise en œuvre du programme, il est attendu de la mission:
1. La revue du rapport de l’évaluation de Novembre/Décembre 2009 et la matrice des indicateurs du CPAP actualisée;
2. Des interviews avec les représentants clés des partenaires de mise en œuvre et autres structures clés associés aux AWPs pour l’actualisation des constatations et recommandations;

Résultats Attendus:
1. Principales conclusions/recommandations du rapport de l’évaluation actualisée;
2. Le Rapport de l’Evaluation selon le format est suggéré dans le ToR de l’évaluation

Durée de l’assistance:
- Une (1) semaine – mission sur le terrain
- Une (1) semaine – après la mission pour la finalisation de l’actualisation du rapport

Date de démarrage: Juin 2010

Lieu d’affectation: Sao Tomé et Principe

1. **Titre de l’évaluation** : Evaluation du Programme Pays


L’Evaluation est une exigence politique et technique de la mise en œuvre des programmes pays et que cette approche de gestion axée sur les résultats devra permettre à UNFPA et toutes les parties prenantes d’obtenir les informations (performances du programmes, atouts et contraintes rencontrés dans sa mise en œuvre ainsi que les perspectives) en vue d’améliorer la performance du programme d’ici à la fin du cycle (évaluation formative). L’Evaluation se situe en amont de la revue de l’UNDAF (l’équipe d’évaluation devra intégrer cette dimension et formuler des recommandations qui aideront le bureau pays à apporter des contributions pertinentes à la revue de l’UNDAF).

3. **Objectifs et Questions de la revue**:


   <ul>
   <li>Quels sont les points forts et les points faibles du programme? Quels types de problèmes de mise en œuvre sont apparus et comment y est-il répondu?</li>
   <li>Quel progrès a été accompli vers la réalisation des produits et effets directs souhaités? Les activités planifiées suffisent-elles (en quantité et en qualité) pour atteindre les résultats?</li>
   <li>Pourquoi certains partenaires de mise en œuvre n’exécutent-ils pas les activités aussi bien que d’autres?</li>
   <li>Qu’arrive-t-il que l’on n’attendait pas?</li>
   <li>Comment se passe l’interaction entre les gestionnaires/personnel et les bénéficiaires? Comment les partenaires de mise en œuvre et les groupes cibles perçoivent-ils le programme? Qu’y a-t-il qui ne fonctionne pas? Que veulent-ils changer?</li>
   <li>Comment les fonds sont-ils actuellement utilisés par rapport aux attentes initiales? Sur quels points peut-on améliorer l’efficience?</li>
   <li>Quelles nouvelles idées en train de se dégager peuvent être mises à l’épreuve?</li>
   </ul>

5. **Lieu**: Sao Tomé et Principe.

6. **Méthodologie de l'évaluation**: la collecte des données sera effectuée à travers :
   - Examen de la documentation disponible sur le programme et des autres documents.
   - Interview avec des représentants clés des partenaires de mise en œuvre et d'autres structures associés aux AWPs.
   - Débats et/ou interviews des groupes cibles et avec les principales acteurs /bénéficiaires
   - Enquêtes rapides (en cas de besoin).
   - Visites sur le terrain.

7. **Documentation**: les documents ci-dessous mentionnés, entre autres, seront à la disposition de l'équipe d'évaluation :
   - UNDAF
   - Document du Programme de Pays (CPD)
   - Pan d’Action Programme pays (CPAP)
   - AWPs
   - Rapports suivi mise en œuvre des AWPs
   - Rapports visites sur le terrain
   - Rapports trimestrielles mise en œuvre programme
   - Rapports Standards Progrès Annuels des AWPs
   - Rapports Revues annuelles du programme
   - CPAP Track Tool


10. **Services et produits attendus**: Le rapport de l’évaluation selon le format suggéré par le guidelines dont le canevas est rappelé dans l’Annexe 3 (extrait de l’Outil 5 de S&E de l’UNFPA, partie IV).

11. **Budget**: Les ressources nécessaires au bon déroulement d’évaluation seront mobilisé par le bureau Pays et le Bureau Sous-Regional.
Annexe 1: Questions auxquelles l'évaluation doit répondre

Une bonne conception du programme guide le processus de mise en œuvre, facilite le suivi de la mise en œuvre et constitue une base solide pour l’évaluation de la performance.

**Validité de la conception** : Certaines des questions clefs relatives à la conception sont indiquées ci-après:

- **Produits, effets directs et impact (les résultats)**: sont-ils clairement énoncés, décrivant les solutions aux problèmes et besoins identifiés?
- **Intrants et stratégies**: sont-ils identifiés et sont-ils réalisistes, appropriés, et se prêtent-ils à atteindre les résultats?
- **Indicateurs**: sont-ils directs, objectifs, pratiques et adéquats (DOPA)? La responsabilité de suivre l’évolution des indicateurs est-elle clairement identifiée?
- **Facteurs externes et risques**: les facteurs externes au programme qui pourraient influer sur la mise en œuvre ont-ils été identifiés et les hypothèses de départ formulées sur de tels facteurs de risque ont-elles été validées?
- **Responsabilités concernant la mise en œuvre, le suivi et évaluation**: ont-elles été clairement identifiées?
- **Attention aux questions de genre**: la conception du programme tient-elle compte des questions de l’équité et l’égalité entre les sexes? Les changements attendus concernant les sexo-spécificités sont-ils adéquatement décrits dans les produits? Les indicateurs relatifs aux genres identifiés sont-ils adéquats?
- **Renforcement des capacités**: le programme inclut-il des stratégies destinées à promouvoir le renforcement des capacités au niveau national?
- **Approche-programme**:
  - Dans le cas d’une évaluation de programme, la conception établit-elle clairement les liens entre les composantes du programme?
  - Dans le cas d’une évaluation de composante de programme, les liens entre les AWPs qui le composent sont-ils clairement établis de manière à garantir une synergie dans la réalisation des buts de la composante de programme?

**Processus de mise en œuvre du programme** : On trouvera ci-après quelques-unes des questions clefs concernant le processus de mise en œuvre du programme:

- **Activités** : comment ont-elles été exécutées?
- **Produits** : les produits prévus ont-ils été effectués? Ont-ils été effectués dans les limites de temps prévues? Étaient-ils d’une qualité adéquate? Sinon, pourquoi?
- **Gestion du programme**:
  - Les partenaires de mise en œuvre du programme se sont-ils acquittés de leurs rôles respectifs de manière satisfaisante sous le rapport du coût-efficacité et du coût-efficience? Sinon, pourquoi?
  - Les procédures de gestion des ressources financières et de l’équipement étaient-elles saines? Les ressources financières, humaines et matérielles ont-elles été gérées de manière responsable et efficace?
  - L’assistance technique fournie était-elle appropriée et de bonne qualité?
  - Les systèmes et processus de suivi et évaluation ont-ils permis une évaluation adéquate des changements intervenus dans les risques et les perspectives offerts par l’environnement interne et externe? Ont-ils contribué à une prise de décisions efficace durant la mise en œuvre du programme?

**Performance (pertinence, efficacité, efficience, durabilité, causalité, résultats inattendus, stratégies de remplacement, validité de la conception)**: S’agissant d’apprécier la performance d’un programme, les évaluations regardent au-delà du processus de sa mise en œuvre et sont axées sur les résultats des intrants fournis et sur le travail réalisé. L’issue de cette appréciation
détermine si le programme a ou non atteint ou s’il a des chances d’atteindre ou non ses produits et de contribuer à atteindre les effets directs et l’impact du programme.

**Pertinence**: On trouvera ci-après quelques-unes des questions clefs se rapportant à la pertinence:


**Efficacité**: On trouvera ci-après quelques-unes des questions clefs se rapportant à l’efficacité:

- **Produits**: Dans quelle mesure les produits prévus ont-ils été ou seront-ils effectués? Quelle est la qualité des produits?
- **Données sur les indicateurs**: Des données ont-elles été collectées sur les indicateurs de produit? Fournissent-elles des indices adéquats sur la mesure dans laquelle les produits du programme ont été effectués et sur leur contribution aux effets directs et l’impact? Est-il nécessaire de collecter des données supplémentaires?
- **Égalité des sexes**: Qu’a-t-on réalisé en matière de promotion de l’équité et de l’égalité entre les sexes (produits planifiés/non planifiés)?
- **Développement des capacités**: Qu’a-t-on réalisé en matière de développement des capacités (renforcement des capacités planifié/non planifié)?

**Efficience**: On trouvera ci-après quelques-unes des questions clefs se rapportant à l’efficience:

- **Coûts**: Les produits effectifs ou attendus ont-ils justifié les dépenses engagées? Les ressources ont-elles été dépensées aussi économiquement que possible?
- **Double emploi**: Les activités de programme ont-elles chevauché ou fait double emploi avec d’autres interventions analogues (financées par le pays et/ou par d’autres donateurs)?
- **Autres options possibles**: Y a-t-il des moyens plus efficaces de fournir des produits plus nombreux et de meilleure qualité avec les intrants disponibles?

**Durabilité**: On trouvera ci-après quelques-unes des questions clefs se rapportant à la durabilité:

- **Degré de probabilité**: Est-il probable que les produits du programme seront maintenus après le retrait du soutien externe? Des homologues intervenient-ils qui aient la volonté et la capacité de poursuivre les activités du programme par leurs propres moyens? Les activités du programme ont-elles été intégrées aux pratiques actuelles d’institutions de contrepartie et/ou de la population cible?
- **Ressources**: Ont-elles été affectées par les homologues nationaux à la poursuite des activités du programme?

**Causalité**: On trouvera ci-après quelques-unes des questions clefs se rapportant à la causalité:

- **Facteurs**: Quels facteurs ou événements particuliers ont affecté les résultats du programme?
- **Facteur internes/externes**: Ces facteurs étaient-ils internes ou externes au programme?

**Résultats inattendus**: On trouvera ci-après quelques-unes des questions clefs se rapportant aux résultats inattendus:

- **Y a-t-il eu** des résultats du programme inattendus, positifs et/ou négatifs?
- **Comment y faire face**: Est-il possible de les amplifier ou de les restreindre afin d’obtenir l’impact recherché?

**Stratégies de remplacement**: On trouvera ci-après quelques-unes des questions clefs se rapportant aux stratégies de remplacement:
Des approches plus efficaces: Y a-t-il eu, ou y aurait-il eu, un moyen plus efficace d’aborder le(s) problème(s) et de satisfaire aux besoins de manière à atteindre les produits et à contribuer aux buts de niveau supérieur?

Pertinence: Les stratégies de programme sont-elles encore valides ou faut-il les reformuler?
Annexe 2.1 : Obligations potentielles de l'administrateur de l’évaluation

Préparation:
- Déterminer l'objet de l’évaluation et identifier les utilisateurs de ses résultats
- Déterminer qui doit participer au processus d’évaluation
- Définir avec les parties prenantes clefs les objectifs et questions liées à l’évaluation
- Rédiger les termes de référence de l’évaluation; indiquer un cadre chronologique raisonnable pour sa conduite
- Identifier la combinaison d’aptitudes et d’expériences que doit réunir l’équipe d’évaluation
- Superviser la collecte de données d’information existantes; être sélectif et veiller à ce que les sources existantes d’information/données soient fiables et de qualité suffisante pour fournir des résultats significatifs; l’information rassemblée doit pouvoir être dominée
- Commander/superviser la préparation du/des document(s) de fond
- Choisir, recruter l’/les évaluateur(s)
- Veiller à ce que la documentation/les matériels de fond compilés soient communiqués à/aux évaluateur(s) bien avant le début de l’évaluation afin qu’il/ils ai(ent) le temps de les dominer
- Tenir une réunion d’information à l’intention du/des évaluateur(s) concernant l’objet de l’évaluation; mettre à profit cette occasion pour présenter la documentation et examiner le plan de travail de l’évaluation
- Décider de qui il importe de rechercher l’opinion (par exemple, prestataires de services, utilisateurs de services, homologues du gouvernement central et/ou local, etc.)
- Élaborer des procédures et instruments de collecte d’information additionnelle (à moins que l’évaluateur ne soit chargé par contrat de concevoir les méthodes de collecte d’information); garantir l'utilisation de diverses méthodes de collecte de données afin d'améliorer la validité et la crédibilité des résultats de l’évaluation
- Proposer un plan de visite sur le terrain aux sites de l’évaluation
- S’assurer les fonds nécessaires pour procéder à l’évaluation.

Exécution:
- Veiller à ce que l’/les évaluateur(s) ai(en)t pleinement accès aux dossiers, rapports, publications et à toute autre information pertinente
- Garantir un soutien administratif et logistique adéquat durant l’évaluation
- Suivre le progrès de l’évaluation; fournir une rétroaction et des orientations à l’aux évaluateur(s) pendant toutes les phases de l’exécution
- Évaluer la qualité des rapports d’évaluation et discuter les points forts et les limitations avec l’/les évaluateur(s) afin de garantir que le rapport soit conforme aux termes de référence et que les constatations de l’évaluation soient défendables et les recommandations, réalistes.
- Organiser une réunion avec l’/les évaluateur(s) et les parties prenantes clefs afin d’examiner le projet de rapport et de présenter des observations le concernant
- Approuver le produit final; veiller à ce que les résultats de l’évaluation soient présentés aux parties prenantes; faire participer le personnel affecté aux programmes du bureau de pays à la réunion de fin d’évaluation afin de promouvoir l’échange d’informations et l’utilisation des résultats de l’évaluation.

Suivi:
- Évaluer la performance de l’/des évaluateur(s), puis la consigner
- Diffuser les résultats de l’évaluation auprès des parties prenantes clefs et d’autres publics (voir outil 5, partie V)
- Promouvoir la mise en œuvre des recommandations et l’utilisation des résultats de l’évaluation dans la programmation présente et future; veiller à ce que les recommandations soient suivies.
Annexe 2.2 : Responsabilités potentielles de l'/des évaluateur(s)

- Fournir des apports concernant la conception de l’évaluation; introduire des perfectionnements dans l’énoncé des objectifs et questions liées à l’évaluation et leur conférer un caractère spécifique
- Conduire l’évaluation; en qualité de chef d’équipe, superviser les membres de l’équipe et gérer le processus quotidien de conduite de l’évaluation; veiller à ce qu’aucun aspect de l’évaluation ne soit négligé
- Examiner l’information/la documentation communiquées par le bureau de pays
- Mettre au point/perfectionner les instruments destinés à collecter des informations additionnelles, selon le besoin; conduire ou coordonner la collecte de cette information
- Procéder à des visites sur le site selon le besoin; conduire des interviews
- Dans le cadre d’une évaluation participative, faciliter l’engagement des parties prenantes dans le processus d’évaluation
- Faciliter la participation des parties prenantes si l’évaluateur est supposé conduire une évaluation participative
- Fournir régulièrement à l’administrateur d’évaluation du UNFPA des rapports intérimaires/une information orale sur la marche de l’opération
- En qualité de chef d’équipe, faire fonction de médiateur si des opinions divergentes se font jour au sein de l’équipe d’évaluation
- Analyser et synthétiser l’information; interpréter les constatations, élaborer et discuter les conclusions et recommandations; tirer les enseignements
- Participer aux débats sur le projet de rapport d’évaluation; corriger ou rectifier toute erreur de fait ou interprétation fautive
- Guider dans le cadre d’un séminaire/atelier la réflexion sur les constatations faites durant l’évaluation
- Finaliser le rapport d’évaluation et préparer une présentation des résultats de l’évaluation.
Annexe 3: Canevas du rapport d’évaluation

Page de titre
- Nom du projet, programme ou thème de l’évaluation.
- Pays du projet, programme ou thème.
- Nom de l’organisation à laquelle le rapport est présenté.
- Noms et affiliations des évaluateurs.
- Date.

Table des matières

Remerciements
- Citer nommément ceux qui ont contribué à l’évaluation.

Liste de sigles et acronymes

Résumé
- Rédiger un texte d’une à trois pages qui doit se suffire à lui-même.
- Résumer les informations essentielles sur le sujet évalué, l’objet et les objectifs de l’évaluation et les méthodes appliquées, les principales constatations et conclusions, et les recommandations par ordre de priorité.

Introduction
- Décrire le projet/programme/thème objet de l’évaluation. Ceci inclut les problèmes auxquelles l’intervention s’adresse; les objectifs, les stratégies, la portée et le coût de l’intervention; ses parties prenantes principales et leurs rôles dans la mise en œuvre de l’intervention.
- Décrire la méthodologie utilisée pour conduire l’évaluation et ses limitations quelconques.
- Décrire les personnes et les organismes impliqués et leurs rôles dans la conduite de l’évaluation.
- Décrire la structure du rapport d’évaluation.

Constatations et conclusions

Enseignements tirés
- Sur la base des constatations de l’évaluation et à partir de l’expérience générale de l’/des évaluateur(s) dans d’autres contextes, indiquer les enseignements tirés (aussi bien les meilleures que les pires pratiques) qui peuvent s’appliquer également dans d’autres situations. Faire place aux enseignements tant positifs que négatifs.
**Recommandations**

- Formuler des recommandations pertinentes, spécifiques et réalistes qui sont basées sur l'évidence recueillie, les conclusions faites et les enseignements tirés. Discuter les possibles implications des recommandations. Impliquer les parties prenantes principales au développement des recommandations.
- Dresser la liste des mesures (à court et à long terme) que devraient prendre la/les personne(s), le groupe ou l'/les organisations responsable(s) du suivi, par ordre de priorité.
- Indiquer, à titre de proposition, le cadre chronologique et les coûts estimatifs (s'il y a lieu) de l'exécution.

**Annexes**

- Termes de référence (pour l’évaluation).
- Liste des personnes interviewées et des sites visités.
- Liste des documents examinés (rapports, publications).
- Instruments de collecte des données (par exemple, copies des questionnaires, enquêtes, etc.).

**Government Coordinating Authority for the Programme**
Division of Planning (Population and Development Unit) of the Ministry of Planning and Finance

**Reproductive Health Component**
- Coordinating Authority for the component
  - Ministry of Health
  - Implementing Partner Output 1: MS/DCS/PSR
  - Implementing Partner Output 2: MS/DCS/PSR/PNLS
  - Implementing Partner Output 3: MECJD/DPI E
  - Subcontracted: Social Communication NGOs

**Population & Development Component**
- Coordinating Authority for the component
  - Ministry of Planning and Finance
  - Implementing Partner Output 1: MPF/NIS
  - Implementing Partner Output 2: MPF/DP/PDU

**Gender Component**
- Coordinating Authority for the component
  - Ministry of Employment, Solidarity and Family
  - Implementing Partner Output: MTSFM/INPG
  - Subcontracted: Social Communication NGOs

Country: São Tomé and Príncipe
Programme cycle: 2007-2011
## Annex 4: Documents consulted by the mission

<table>
<thead>
<tr>
<th>Author</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNFPA</td>
<td>Draft country programme document for São Tome and Príncipe, April 2006</td>
</tr>
<tr>
<td>UNFPA</td>
<td>Country Programme Action Plan (CPAP) 2007-2011</td>
</tr>
<tr>
<td>UNFPA</td>
<td>2008 Country Office Annual Report – São Tomé and Príncipe</td>
</tr>
<tr>
<td>UNFPA</td>
<td>2009 Country Office Annual Report – São Tomé and Príncipe</td>
</tr>
<tr>
<td>UNFPA</td>
<td>Quarterly Country Programme Progress Report. 1st Quarter 2010, São Tomé and Príncipe</td>
</tr>
<tr>
<td>Republique Democratic de Sao Tomé et Principe</td>
<td>Stratégie Nationale pour l’Égalité et l’Équité de Genre à São Tomé et Principe. SYNOPSIS. Marse de 2005</td>
</tr>
<tr>
<td>GoSTP (IPs)</td>
<td>Reports of Annual and Quarterly Review Meetings</td>
</tr>
</tbody>
</table>
Annex 5: Persons contacted by the mission

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>UNFPA</strong></td>
<td></td>
</tr>
<tr>
<td>1. Ms Victoria D’Alva</td>
<td>Assistant Representative</td>
</tr>
<tr>
<td>2. Dr José Manuel Carvalho</td>
<td>NPO RH/HIV Prevention, UNFPA Sao Tome and Principe</td>
</tr>
<tr>
<td><strong>Ministry of Health</strong></td>
<td></td>
</tr>
<tr>
<td>3. Ms Elizabeth Carvalho</td>
<td>Responsible for Reproductive Health Programme</td>
</tr>
<tr>
<td>4. Ms Maria da Trindade Amado</td>
<td>Mid-wife (responsible for Maternal Health and Family Planning)</td>
</tr>
<tr>
<td>5. Dr Alzira S. Silva do Rosario</td>
<td>Coordinator, NAP</td>
</tr>
<tr>
<td>6. Ms Maria Helena Mendes da Costa Neto</td>
<td>Member of Technical Team for RH</td>
</tr>
<tr>
<td><strong>Ministry of Education and Culture</strong></td>
<td></td>
</tr>
<tr>
<td>7. Mr Fernando Freitas Ramos</td>
<td>Responsible for Sexual Reproductive Health Programme, (In charge of Technical Team for RH Output 3)</td>
</tr>
<tr>
<td><strong>Ministry of Social Communication, Youth and Sports</strong></td>
<td></td>
</tr>
<tr>
<td>8. Mr Teotonio de Menezes</td>
<td>Journalist / Member of Technical Team for RH Output 3</td>
</tr>
<tr>
<td><strong>Ministry of Employment, Solidarity and Family</strong></td>
<td></td>
</tr>
<tr>
<td>9. Ms Lurdes Viegas Pires dos Santos</td>
<td>Executive Director NIPGEE</td>
</tr>
<tr>
<td>10. Mr Olivio Diogo</td>
<td>Focal Point for the Gender Output</td>
</tr>
<tr>
<td>11. Mr Laily Gomes Pereira</td>
<td>Member of Technical Team for Gender</td>
</tr>
<tr>
<td>12. Ms Idnelte Maria Varela da Gloria</td>
<td>Member of Technical Team for Gender</td>
</tr>
<tr>
<td>13. Ms Lena Paula Massoud Rabelo Veracruz Cunha</td>
<td>Member of Technical Team for Gender</td>
</tr>
<tr>
<td>14. Mr Sylvestre dos Ramos</td>
<td>Member of Technical Team for Gender</td>
</tr>
<tr>
<td>15. Ms Gercilene Barros</td>
<td>Member of Technical Team for Gender</td>
</tr>
<tr>
<td>16. Ms Elaine Moniz</td>
<td>Member of Technical Team for Gender</td>
</tr>
<tr>
<td>17. Mr Neanyl Matias Ramos</td>
<td>Member of Technical Team for Gender</td>
</tr>
<tr>
<td><strong>National Institute of Statistics</strong></td>
<td></td>
</tr>
<tr>
<td>18. Mr Helder Salvaterra</td>
<td>Director of Demographic and Social Statistics</td>
</tr>
<tr>
<td>19. Ms Armilinda Alves C. Pereira</td>
<td>Chief of Department of Demographic Statistics</td>
</tr>
<tr>
<td>20. Mr Mario Coelho</td>
<td>Director of Planning, Administration and Control / Financial Admin. Assistant for PD Output 1</td>
</tr>
<tr>
<td><strong>Ministry of Planning and Finance</strong></td>
<td></td>
</tr>
<tr>
<td>21. Mr Manuel Filipe Moniz</td>
<td>Director of Planning</td>
</tr>
<tr>
<td>22. Mr Eugerio Moniz</td>
<td>Responsible for Technical Team PD Output 2</td>
</tr>
<tr>
<td>23. Mr Wilson Bragança</td>
<td>Member of Technical Team PD Output 2</td>
</tr>
<tr>
<td>24. Mr Adelino Jorge Bom Jesus</td>
<td>Member of Technical Team PD Output 2</td>
</tr>
<tr>
<td>25. Mr Idalino Rita</td>
<td>Member of Technical Team PD Output 2</td>
</tr>
<tr>
<td>26. Ms Kleyts Maisa Kuaresma do Nascimento</td>
<td>Planning Technician</td>
</tr>
</tbody>
</table>

Note: The list includes persons met for both the MTR and the EPE.
Annex 6: Interviewee categories (existing partners) and key MTR issues

- **UNFPA Country Office**

  Key challenges in implementing strategies.
  Procedures for identification of implementing partners.
  What changes have taken place since project design- outcome, output indicators, why?
  Best performers, worst performers; factors contributing to type of performance.
  Where Best Practices may be witnessed.
  Funding- adequacy, timeliness of disbursement; constraints and how overcome.
  GoSTP support to 5CP- examples of positive and negative actions.
  Any other comments.

- **GoSTP – Responsible Implementing Partners for programme components in MPF, MOH and MESF**

  What is the status of implementation of the 5CP strategies?
  What challenges and opportunities have been identified?
  How have challenges been addressed, and how have opportunities been taken advantage of?
  Where Best Practices may be witnessed.
  Funding- adequacy, timeliness of disbursement; constraints and how overcome.
  Any other comments.

- **GoSTP – Members of Technical Teams in MPF, MOH, MEC, MESF, NIS and MSCYS**

  How has the process of implementing various strategies gone, constraints and how resolved?
  Current status of implementation of AWPs.
  Reasons for unexpected events- delays, funding, opposition from different sources, etc.
  Are there any aspects in output implementation that can be described as Best Practice.
  How do you rate support by the following: GoSTP, MOH, Local Authorities, Community and Religious Leaders? - [very supportive, somewhat supportive, somewhat a hindrance, No support at all]
  Are there any changes you would like to see in output implementation for the remaining period of 5CP?
  Any other comments.
Annex 6a: Interviewee categories and key End Programme Evaluation issues

- GoSTP – Implementing Partners

1. Are there major changes in the implementation of the output since December 2009 that may have implications for the programme design and performance?
   
a) Current status of implementation of AWPs.

b) Constraints encountered and how were they resolved.

c) Unexpected events in programme implementation.

d) Aspects in programme implementation that can be described as Best Practice.

e) Cross-cutting themes: gender, human rights, information data management.

2. What are the anticipated technical assistance needs of the CP in the upcoming 1 and a half years?

3. What other sources of funds and technical assistance have been raised for the CP outside UNFPA regular resources and how have they been utilised?

4. Are there any changes you would like to see in output implementation for the remaining period of 5CP?

5. Any other comments.

- UNFPA Country Office

1. Are there major changes in the implementation of the output since December 2009 that may have implications for the programme design and performance?

2. Aspects in programme implementation that can be described as Best Practice.

3. What are the anticipated technical assistance needs of the CP in the upcoming 1 and a half years?

4. Funding- adequacy, timeliness of disbursement; constraints and how overcome.

5. Are there any changes you would like to see in programme implementation for the remaining period of 5CP?


7. Any other comments.

**UNDAF Outcome 1**: By 2011, a larger number of vulnerable population will have access to quality basic social services and a healthy environment

<table>
<thead>
<tr>
<th>RESULTS</th>
<th>INDICATORS</th>
<th>BASELINE 2007</th>
<th>2008</th>
<th>2009</th>
<th>TARGET (2011)</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>CP RH Outcome 1: Increased access to and utilization of integrated, high quality reproductive health and HIV prevention services</td>
<td>Percentage of the target population who have undergone voluntary counselling and testing for HIV/AIDS</td>
<td>No data</td>
<td>17.6%</td>
<td>18%</td>
<td></td>
<td>No target set for 2011, target set for 2008 was 25% and new target for 2009 is 30%</td>
</tr>
<tr>
<td></td>
<td>Proportion of births attended by skilled health personnel</td>
<td>90.7%</td>
<td>93.1%</td>
<td>87.5%</td>
<td>98%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Proportion of adolescents using adolescent reproductive health services by gender</td>
<td>No data</td>
<td>No data</td>
<td>No data</td>
<td></td>
<td>No target set for 2011, target set for 2009 is 5%</td>
</tr>
<tr>
<td></td>
<td>Contraceptive prevalence rate</td>
<td>47.9%</td>
<td>33.7%*</td>
<td>34.8%</td>
<td>58%</td>
<td>* DHS result</td>
</tr>
<tr>
<td>CP RH 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</td>
<td>No. of health facilities with the RH policy, norms and guidelines in use</td>
<td>21</td>
<td>26</td>
<td>26</td>
<td>29</td>
<td></td>
</tr>
<tr>
<td></td>
<td>% of population, by gender and by age having access to basic reproductive health services</td>
<td>No data</td>
<td>No data</td>
<td>No data</td>
<td></td>
<td>No target set for 2011</td>
</tr>
<tr>
<td></td>
<td>Rate of health services client satisfaction</td>
<td>No data</td>
<td>No data</td>
<td>No data</td>
<td>90%</td>
<td></td>
</tr>
</tbody>
</table>
**UNDAF Outcome 1** : By 2011, a larger number of vulnerable population will have access to quality basic social services and a healthy environment

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</thead>
<tbody>
<tr>
<td>% of health facilities offering at least five quality reproductive health care services (family planning, pre and post natal care, prevention, STI and GBV management)</td>
<td>72%</td>
<td>82%</td>
<td>83.7%</td>
<td>90%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of health facilities offering quality and integrated reproductive health care to the youth and adolescents</td>
<td>24%</td>
<td>68%</td>
<td>72.9%</td>
<td>90%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of births by qualified personnel</td>
<td>90.7</td>
<td>94.8%</td>
<td>87.5</td>
<td>98%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of health facilities (district level) offering quality Basic Obstetric Care</td>
<td>65.2%</td>
<td>71.4%</td>
<td>75%</td>
<td>100%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of health facilities with no stock out of reproductive health products</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of health staff by district and by health post having benefited from at least one training activity</td>
<td>No data</td>
<td>DHC: 92.3%</td>
<td>DHC: 95.3%</td>
<td>No target set for 2011 DHC: 95% (2008) HF: 97% (2008)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**UNDAF Outcome 1:** By 2011, a larger number of vulnerable population will have access to quality basic social services and a healthy environment.

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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A regulatory and legal framework for doctors and nurses elaborated and in use</td>
<td>None</td>
<td>No framework elaborated</td>
<td>No framework elaborated</td>
<td>A legal framework functional (2009)</td>
<td>Currently in discussion</td>
</tr>
<tr>
<td></td>
<td>Functional referral system</td>
<td>28%</td>
<td>71%</td>
<td>71%</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>CP RH 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 youth people and pregnant women.</td>
<td>No. of service providers delivering quality HIV prevention and AIDS treatment services</td>
<td>NA prevention 2 treatment</td>
<td>56 prevention 11 treatment</td>
<td>84 prevent 12 treatment</td>
<td>50 prevention (2008) 10 treatment</td>
<td>Targets not clearly stated in CPAP matrix, for example 95% is quoted for prevention</td>
</tr>
<tr>
<td></td>
<td>No. of service providers oriented and actively providing services</td>
<td>143</td>
<td>171</td>
<td>170</td>
<td>160 (2008)</td>
<td>Targets not clearly stated in CPAP matrix, for example 95% is quoted</td>
</tr>
<tr>
<td></td>
<td>% of people aged 15 - 49 voluntarily tested for HIV</td>
<td>No data</td>
<td>No data</td>
<td>18.3</td>
<td>50%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>% pregnant women tested for HIV</td>
<td>No data</td>
<td>96%</td>
<td>98.5%</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>% pregnant women infected by HIV receiving complete ARV treatment to reduce the risk of Mother and Child transmission</td>
<td>52%</td>
<td>64.8%</td>
<td>58%</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>-% of health facilities offering Voluntary Counseling and Testing (VCT)</td>
<td>58%</td>
<td>88%</td>
<td>94%</td>
<td>90%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Number of associations and NGOs active in the fight against HIV/AIDS</td>
<td>6</td>
<td>7</td>
<td>7</td>
<td>8</td>
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</tr>
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</table>
**UNDAF Outcome 1**: By 2011, a larger number of vulnerable population will have access to quality basic social services and a healthy environment

<table>
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<tr>
<th>RESULTS</th>
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<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>CP RH Outcome 2: Increased adoption of responsible and safe behaviour regarding reproductive health and HIV/AIDS among men, women and youth people.</td>
<td>% of target population using condoms during their last intercourse</td>
<td>No data</td>
<td></td>
<td>Male: 82.9%* Female: 77%*</td>
<td>No set target. * DHS result</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Contraceptive prevalence rate</td>
<td>47.9%</td>
<td>33.7%*</td>
<td>34.8%</td>
<td>58%</td>
<td>* DHS result</td>
</tr>
<tr>
<td></td>
<td>HIV prevalence among pregnant women</td>
<td>1.5%</td>
<td>0.6%</td>
<td>0.6%</td>
<td>1.5%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>HIV prevalence rate among young people</td>
<td>No data</td>
<td>0</td>
<td>15-19: 0.7* 20-24: 0.9*</td>
<td>No set target. * DHS result</td>
<td></td>
</tr>
<tr>
<td>CP RH Outcome 3: Increased knowledge of and skills in sexual and reproductive health and HIV prevention among men, women and youth people.</td>
<td>No. Youth Centers operational</td>
<td>5</td>
<td>7</td>
<td>6</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No. of counsellors, peer educators and community members trained and functioning</td>
<td>8</td>
<td>12</td>
<td>38</td>
<td>60</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A strategy to involve men available and implemented</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>% of men using condoms with casual sexual partners</td>
<td>No data</td>
<td>No data</td>
<td>No data</td>
<td></td>
<td>No set target</td>
</tr>
<tr>
<td></td>
<td>A revised communication strategy implemented</td>
<td>0</td>
<td>1</td>
<td></td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>
| | % youth aged 15 - 24 correctly identifying STD and HIV prevention methods and who reject false ideas concerning the HIV prevention | 48% | 56.4% | | 90% | Target set for 2010 is 60%.
**UNDAF Outcome 1**: By 2011, a larger number of vulnerable population will have access to quality basic social services and a healthy environment

<table>
<thead>
<tr>
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<th>BASELINE 2007</th>
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<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>-% youth aged 15 - 24 able to declare their use of condoms during sexual relations with occasional sex partners</td>
<td>34%</td>
<td>45.2%*</td>
<td>No data</td>
<td>90%</td>
<td>*The result (progress) of 45.2% for 2008 in updated CPAP Planning and Tracking Tool is ambiguous as it refers to 2006</td>
</tr>
</tbody>
</table>

---

**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

<table>
<thead>
<tr>
<th>RESULTS</th>
<th>INDICATORS</th>
<th>BASELINE 2007</th>
<th>2008</th>
<th>2009</th>
<th>TARGET (2011)</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>CP PD Outcome: National and sectoral policies, plans, programmes and budgets take into account population and development linkages</td>
<td>PRSP as well as national and sectoral policies, plans and programmes take into account population, reproductive rights and gender</td>
<td>Partial integration</td>
<td>4 Programa do Governo DPNP ENIEG, HIV-SIDA, DERP GOP</td>
<td>5 Programa do Governo DPNP ENIEG, HIV-SIDA, DERP GOP PEDRP</td>
<td>PRSP (2007); Other programmes and policies (2008-2011)</td>
<td></td>
</tr>
<tr>
<td>% increase in health-sector budget allocated for contraceptive procurement</td>
<td>Health Sector: 7.85% Contraceptive: 0.71%</td>
<td>Health Sector: 9.0% Contraceptive: 0.19%, being contribution from government</td>
<td>Health Sector: 11.0% Contraceptive: 0.13%, being contribution from government</td>
<td>Health sector: 20% Contraceptive: 0.81% (2008)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amount of non-core resources mobilized in support of reproductive health and gender</td>
<td>No data</td>
<td>US$ 15,800</td>
<td>US$ 34,750</td>
<td>No end target set</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RESULTS</td>
<td>INDICATORS</td>
<td>BASELINE 2007</td>
<td>2008</td>
<td>2009</td>
<td>TARGET (2011)</td>
<td>COMMENTS</td>
</tr>
<tr>
<td>---------</td>
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<td>---------------</td>
<td>------</td>
<td>------</td>
<td>---------------</td>
<td>----------</td>
</tr>
<tr>
<td>CP PD Output 1: Increased availability and use of population and reproductive health data, disaggregated by age and gender</td>
<td>Comprehensive socio-economic databases, including demographic data, are available:</td>
<td>None</td>
<td>Database available</td>
<td>Database available and partially ready for publication</td>
<td>Functional and updated database (2007-2011)</td>
<td>Data are yet to be published from the database</td>
</tr>
<tr>
<td>- Civil registration database available</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- International migration database available</td>
<td>None</td>
<td>Partially available</td>
<td>Database available</td>
<td>Functional and updated database (2007-2011)</td>
<td>To be validated and made operational</td>
<td></td>
</tr>
<tr>
<td>- STPInfo available</td>
<td>None</td>
<td>Database available</td>
<td>Database available</td>
<td>STPInfo functional and maintained (2007)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- IMIS available</td>
<td>None</td>
<td></td>
<td></td>
<td>IMIS functional and updated (2008)</td>
<td>Work not started, and a decision needs to be made whether to seek for technical assistance to start the initial work</td>
<td></td>
</tr>
<tr>
<td>CP PD Output 2: Strengthened national institutional and technical capacity to integrate population, reproductive health and gender issues into policies, strategies, plans and budgets</td>
<td>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</td>
<td>0</td>
<td>19</td>
<td>19</td>
<td>30 (2008-2009)</td>
<td></td>
</tr>
<tr>
<td>Database for the budgeting of activities related to population, RH and gender issues developed</td>
<td>None</td>
<td>Some data have been obtained</td>
<td>Some data have been obtained</td>
<td>Database available (2009)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### 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

<table>
<thead>
<tr>
<th>RESULTS</th>
<th>INDICATORS</th>
<th>BASELINE 2007</th>
<th>2008</th>
<th>2009</th>
<th>TARGET (2011)</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Declaration of the National Population Policy finalized and approved</td>
<td>None</td>
<td>DNPP validated and adopted by Council of Ministers</td>
<td>DNPP partially disseminated</td>
<td>Declaration finalized and approved (2007)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of decision-makers per target group sensitised</td>
<td>No data</td>
<td>55</td>
<td>55</td>
<td></td>
<td>No target set. Decision-makers sensitised include those from the President's Office, the National Assembly and Ministries</td>
<td></td>
</tr>
</tbody>
</table>

### UNDAF Outcome (cross-cutting): 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 life

<table>
<thead>
<tr>
<th>RESULTS</th>
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<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>CP Outcome: Improved institutional and social frameworks to promote and protect women's and girls' rights and thus advance gender equity and equality</td>
<td>National and sectoral mechanisms established to plan, implement and monitor the implementation of the gender strategy</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>Mechanisms available and functional (2007-2011)</td>
<td></td>
</tr>
<tr>
<td>Number of sectoral plans with gender issues integrated in them</td>
<td>0</td>
<td>4</td>
<td>5</td>
<td></td>
<td>Key sectoral plans with gender integrated</td>
<td></td>
</tr>
<tr>
<td>Partnership with civil society established</td>
<td>None</td>
<td>14</td>
<td>14</td>
<td></td>
<td>Partnership with key structured groups of civil society (2007-2011)</td>
<td>The names of the 14 institutions are given in the updated CPAP Planning and Tracking Tool</td>
</tr>
</tbody>
</table>
UNDAF Outcome (cross-cutting): 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

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>CP gender Output: Strengthened capacity of national and local institutions, including the government, parliament, NGOs, and civil society organizations to effectively implement the national gender strategy</td>
<td>Number of institutions with the capacity to promote gender equality and equity and the advancement of women and girls</td>
<td>0</td>
<td>3</td>
<td>6</td>
<td></td>
<td>Target set for 2008 was 5</td>
</tr>
<tr>
<td></td>
<td>A guide to integrate gender issues in national and sector policies and programme available</td>
<td>None</td>
<td>0</td>
<td></td>
<td>Guide available (2008)</td>
<td>work in progress on outline draft</td>
</tr>
<tr>
<td></td>
<td>Number of members of parliament with the capacity to advocate gender issues</td>
<td>3</td>
<td>19 (9 members from the 5th Commission, 9 members from the 1st Commission + o presidente da AN)</td>
<td>28</td>
<td>28 (9 members of 5th Commission + 19 others members) (2011)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Number of women represented in the parliament</td>
<td>4</td>
<td>3</td>
<td>3</td>
<td>15 (2010)</td>
<td></td>
</tr>
</tbody>
</table>