Joint SDG Fund

Joint Programme Final Narrative Report

PORTFOLIO ON INTEGRATED POLICY AND LNOB

Cover page

Date of Report: *26/July/2022*

Programme title, Number and Country
Country: Sao Tome & Principe **Joint Programme (JP) title**: Reaching the furthest behind first: A catalytic approach to supporting the social protection in Sao Tome & Principe **MPTF Office Project Reference Number**[1]: 00118535

Programme Duration
Start date[2] (day/month/year): 01/01/2022 **Original End date**[3] (day/month/year): 31/12/2021 **Actual End date**[4] (day/month/year): 31/05/2022 **Have agencies operationally closed the Programme in its system?** Yes **Expected financial closure date**[5]**:** May 2023

Participating Organizations / Partners
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[1] The MPTF Office Project Reference Number is the same number as the one on the Notification message. It is also referred to as "Project ID" on the project's factsheet page on the MPTF Office GATEWAY.
[2] The start date is the date inserted in the original ProDoc submitted and approved by the Joint SDG Fund.
[3] As per approval of the original project document by the relevant decision-making body/Steering Committee.
[4] If there has been an extension, then the revised, approved end date should be reflected here. If there has been no extension approved, then the current end date is the same as the original end date. The end date is the same as the operational closure date which is when all activities for which a Participating Organization is responsible under an approved MPTF / JP have been completed. As per the MOU, agencies are to notify the MPTF Office when a programme completes its operational activities. Please see MPTF Office Closure Guidelines.
[5] Financial Closure requires the return of unspent balances and submission of the Certified Final Financial Statement and Report.

Programme Budget (US$)
Total Budget (as per Programme Document, without co-funding): USD 1,900,000.00 Agency/Other Contributions/Co-funding (if applicable): USD 494,799.00 Joint SDG Fund Contribution[6] and co-funding breakdown, by recipient organization:

Agency/others	**Joint SDG Fund contribution**	**Co-funding**	**Total**
UNICEF	USD 559,522.00	USD 150,000.00	USD 709,522.00
ILO	USD 718,415.00	USD 85,000.00	USD 803,415.00
UNDP	USD 421,973.00	USD 244,799.00	USD 666,772.00
WHO	USD 200,090.00	USD 15,000.00	USD 215,090.00
Total	**USD 1,900,000.00**	**USD 494,799.00**	**USD 2,394,799.00**

[6] Joint SDG Fund Contribution is the amount transferred to the Participating UN Organizations – see MPTF Office GATEWAY.

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Executive summary

Despite the devastating impact of COVID-19 pandemic, the JP accomplished major milestone which fostered cross-sectoral coordination and expanded coverage of social protection programmes in Sao Tome and Principe. With the aim of increasing and facilitating greater access of the vulnerable population to social programme, the JP supported the Ministry of Labor, Solidarity, Family and Professional qualification (MLSFPQ) **to establish a Single Social Registry (SSR), at the national level,** providing better understanding of the socio-economic situation of 7,581 vulnerable households, corresponding to about 14% of the total national population. The SSR provides a powerful tool for the government to integrate and coordinate different ongoing and future social programs, select beneficiaries, as well as plan, budget, and design adequate social protection packages. During COVID-19, the SSR has facilitated the expansion of the beneficiaries covered by social protection, benefiting 3,115 registered vulnerable families with the recovery cash transfer support funded by the World Bank.

The JP has contributed to the development to tools and processes to change the business-as-usual approach, where social sectoral policies are implemented without coordination, failing to deliver both cash transfers and basic services, to the vulnerable and the extreme poor (e.g. failure to increase social protection coverage, while reducing malnutrition, and increasing pre-primary education coverage). The COVID-19 has exposed the structural weaknesses of the health and social systems, calling for urgent action to develop institutional infrastructure to protect the most vulnerable from catastrophic expenditure. **The JP has contributed to foster the collaboration and coordination among health sector and national social security,** through the interlinkage of the SSR and the District Health Information System II (DHIS2). This interoperability will set up the basis to facilitate the implementation of the much-needed referral system, where the most vulnerable families, who are eligible to social protection programmes are also able to access basic social services. In particular, the JP has **piloted the establishment of a minimum package for essential health services,** currently available for the families registered in the SSR, in three districts in the country (through subsidized delivery). These families (21,668), have been also registered in the DHIS2, allowing the health system to monitor and track their health status. This pilot is providing solid evidence and data to inform the new national health policy and to pave the way forward to effectively budget and plan sustainable paths towards universal health coverage.

In 2020, the government and World Bank updated the information of the cash transfer for vulnerable families, finding important gaps in the coverage and effective monitoring of families, beneficiaries of the cash transfer. The JP has contributed to cover this gap, providing regular sessions on Parental Education to beneficiaries of cash transfer. The Parental Education Programme (PEP) has empowered and provided parents and caregivers with information on positive parenting practices**. The PEP is contributing to increasing the access of vulnerable children (aged 0-5) to pre-primary school and to basic health care** services as well as to reducing violence against children through enhanced cross-sectorial coordination among front-line workers, improving a decentralized referral system in the country. The PEP has benefited 70% of all the vulnerable families, benefiting from the national cash-transfer programme, through the capacity strengthening of 159 front-line workers across social service platforms (education, health, justice, social protection) The JP has carried out a baseline and midline assessment of the conditions of the beneficiaries of the cash transfer, focusing on their children situation, providing the basis to develop an impact assessment of the national programme.

Completion rate for each of the main JP results

Result 1: 2,570 vulnerable families are covered by social protection programmes.
Estimated rate of completion as of JP end date: **100%**

3,115 (60%) of families registered in the SSR have had increased access to social protection programs, including JP financial support to the elderly during the confinement of COVID-19, and currently under the Social Emergency Response Program (PRES), a cash transfer program created to mitigate the socio-economic impact of COVID-19 (financed through the World Bank).

Result 2: 60% coverage of essential health services, among the vulnerable families registered in the Social Registry in the three pilot districts.
Estimated rate of completion as of JP end date: **100%**

The JP coordinated advanced technical discussions to define the package of health services for the vulnerable population and establishing a pilot project to provide free access to health services in three district health units to vulnerable people registered in the CSU. By May 2022, 519 out 21668 members of the vulnerable families received care at the health centers in accordance with the defined package of subsidized services. The subsidized health service packages started only in April 2022 and aims at reaching out to all 21668 individuals in the target districts by the end of the year.

Result 3: 60% of children among children from vulnerable families registered in the Social Registry in the three districts are enrolled in pre-primary education.
Estimated rate of completion as of JP end date: **100% (TBC)**

It is expected that more than 60% of children from vulnerable families are enrolled, as a conditionality to access the cash transfer, and monitored by PEP. However, the means of verification (end-line assessment) has not been finalized, hence the data can't be confirmed yet. As part of the PEP, awareness raising sessions on positive parenting practices with parents receiving the cash transfer from vulnerable families started in 2021 and to date about 75% of these parents have been regularly sensitized by frontline workers on the importance of early childhood development. In addition, 7000 children from the vulnerable family group have received back to school incentive kits to prevent them from dropping out of school during the pandemic.

Result 4: By 2022, new and unique social registry in place that will unblock access to social protection and other social services for the furthest left behind (12% of the population) in 3 out of 6 districts. This data system will be utilized as a unique registry, for non-contributory social protection data, which will inter-operate with the health data gathered through the DHIS2 individual tracker.
Estimated rate of completion as of JP end date: **100%** (Both systems are interoperable)

The Single Social Registry is operational in all the country - the six districts of São Tomé and the Autonomous Region of Príncipe -, in order to facilitate greater access of the vulnerable population to social programs. Data for 21.668 beneficiaries from the SR was successfully populated into the DHIS2 for four districts (i.e., 4 districts) of the 6 districts setting the basis to monitor the health status and access to basic health services of vulnerable families. The Single Process module was developed in the DHIS2 system to facilitate access to the health package, with the utilization of the unique social ID of potential beneficiaries.

I. Overall progress and priority, cross-cutting issues

I.1 Context and the overall approach

Ensuring an adaptive and strategic JP

COVID-19 had devastating socio-economic impacts in the country, with a disproportionate negative effect on the most vulnerable households. The weak institutional capacity to provide social safety nets and access to basic services, such as health, and education to the most vulnerable has been exacerbated, and increased the inequality gap. The emergency aid coming from international development partners, couldn't be immediately allocated, due to the lack of reliable data on the most vulnerable, and lack of understanding of the main vulnerabilities. These challenges have only confirmed the need to develop tools aimed at increasing the social protection preparedness to shocks and the need to increase the coverage for social protection programmes. During the COVID-19 recovery phase, the JP advocated with the government and World Bank for the utilization of the SSR, for the selection of beneficiaries for the expansion of the cash transfer under the Social Emergency Response Program (PRES). This provided sound evidence of the utility of the SSR, and since then the Government requested to expand the SSR (initially planned to cover 3 districts) to the national level.

The JP also adapted to the changing environment and aligned to the government national response to COVID-19 leveraging on the publication of results from data gathered by the Multiple Indicator Cluster Survey (MICS) 2019 and the priorities established in the SERP to re-assess the baseline figures and project targets. Being the education sector one of the most negatively impacted, the JP reprogrammed activities to ensure continuous education of the most vulnerable children and adolescents, to deliver a back-to-school kit to 7000 children in partnerships with the Global Partnerships for Education. This contributed to the identification of 10,000 children, at risk of dropping out of school, which served the Ministry of Education to advocate for increased budget allocation. This initiative has contributed to avoiding an abrupt reduction of the school enrollment rates. The health sector has been also hardly impacted resulting in increasing restrictions on health supplies and vaccines and increasing the need for more capacitated staff. The precarious and insufficient digitalization of services in the target districts, the overload of the key health actors involved in the vaccination, had a negative impact on the timely provision of basic services. To respond to these challenges, the DHIS2 tool has also been expended to cover more districts. This has been done further to the COVID-19 vaccination which required effective data management at the national level. The JP, leveraging on funding from GAVI and Global Fund, has trained health workers to ensure that health data from COVID-19 vaccine is properly managed. The use of DHIS2 for the COVID-19 vaccination management allowed strategic decisions to be taken, for example, to close schools when analyzing vaccination data from DHIS2, it was found that vaccination rate of teachers was very low.

Link with UNDAF/ UNSD Cooperation Framework

Contributing to Outcome 1 of the UNDAF - Disparities and inequalities are reduced at all levels through the effective participation of vulnerable and key groups, and the development social protection services to these groups – can be summarized on the following points:

- Through the operationalization of the Social Registry, priority access for the most vulnerable family to quality basic social services has been improved. The SR registers the most vulnerable families, considering a wide range of vulnerability criteria, going beyond, monetary poverty.
- Through PEP and DHIS2, institutional and human capacity building has been enhanced, allowing for better coordination and provision of quality social services.
- Through PEP and the back-to-school initiative, the access to pre-primary education has been ensured, despite the COVID-19 impacts.
- Through DHIS2 and the pilot to provide essential health services to vulnerable families, it was possible to establish a list of services to be subsidized to 21,668 beneficiaries, members of vulnerable families. These services are provided at the district level and are supporting the strengthening of primary health care.
- Through the interlinkages of the Social Registry and DHIS2 as well as the implementation of PEP across service platforms (health, education, social protection), the JP is contributing to the development of integrated social policies, to accelerate the reduction of disparities and inequalities in the country.

COVID-19 impact

In March 2020, the government declared a state of national emergency and the international airport closed, alongside other measures such as the restriction of mass concentrations and movements. Schools were closed and state of emergency has been extended across the national territory. In the health sector, human, financial and other resources, including medical supplies, were diverted to respond to COVID19, including vaccination, and undermined the ability of the health system to provide basic and essential health services to the population. Immediately after, the government set up specialized groups

to design the emergency response to COVID-19, including support from UN and World Bank (on the socio-economic impact assessment). Since then, the JP has been strategically adapting to support the effective implementation of the national COVID-19 response in the areas of health, education, and social protection. In particular:

- **Social Protection:** As an immediate response, the JP reallocated funding to identify the most vulnerable elderly, who didn't have access to medicines or meals. In partnership with civil society, and under the leadership of the Directorate of Social Protection, 548 elderly (which had no social protection coverage nor national security), received meals and essential medicines. In terms of the medium-term contribution, 57% of the families/ households registered in the Social Registry had priority access to emergency cash transfer program under the National Social Emergency Response Program.
- **Health:** JP contributed to the introduction of a module on COVID-19 surveillance (including the Case-Based Surveillance, the Contract Registration and Follow-up) and COVID-19 vaccine to the DHIS2. The vaccine modules particularly ensured an adequate data management, with reliable and updated information. The JP also provided logistic and technical support to the MoH through the epidemiological surveillance and the SIS departments, including supporting training workshops, support and supervision visits, and data monitoring.
- **Education:** considering that many households lost their regular income, many families were not able to cover the cost to keep their children in school (uniform, books, school material, etc). The JP has partner with the Global Partnership on Education to implement a national wide campaign to distribute 7000 back to school kits to children at risk of dropping out of school.
- **Youth engagement:** considering the already weak institutions and lack of adequate human resources, the JP has provided the social protection directorate with 27 young trainees, which were capacitated and later dislocated to different districts of the country to support the case management of most vulnerable families. Likewise, the JP financed the training of 23 young people linked to the HABILITA-TE programme and working with vulnerable adolescents in the different districts in the Youth Interaction Centers.

I.2 Update on priority cross-cutting issues

UN Development System reform - UN coherence at the country level

- The UNCT, has enhanced interagency collaboration, in terms of partnering with government counterparts and in contributing to the UNDAF outcomes avoiding duplications. Through this JP, a strong governance structure has been established, allowing for a coordinated and coherent UN approach when working with various sectors (education, health, social protection and youth), leading to the joint advocacy for integrated policy making. Agencies coordinated technical meetings with the relevant directorates as well as jointly preparing the presentation to the council of Ministries.
- In relationship to partnerships, the JP has increased the ability of UN to delivering as one. Currently, UN agencies are holding joint discussion with the World Bank to mobilize funding for continuing supporting the expansion of social protection and the improved access to basic services. Finally, the JP has fostered a UN common approach to work with target groups of beneficiaries, such as people with disability and youth.
- Alignment in UN response to social protection: Several workshops and meetings, in which public administration organizations, United Nations agencies and civil society participated, allowed to mobilize, and involve the various actors of social protection, thus guaranteeing a better coordination of the activities related to social protection and ensuring a better effectiveness of the results obtained with the interventions.
- Formalization of cross sectorial partnerships, including the partnership between the United Nations and the National Institute of Statistics (INE) which allowed for the training of social technicians from DPSSF, through training and field activities to collect socioeconomic data from the most vulnerable people.

Going beyond "business as usual" to produce catalytic results at scale

- The JP has been conceived as one of the main programmes to support the National Strategy for Social Protection in the country which aims at reducing the percentage of the Santomean population living in poverty and ensuring that all population has access (facilitated and improved) to basic social services. In 2020, the JP positioned itself as one of the key national programmes directly supporting the strategy. The JP aimed at addressing social protection from a cross-sectorial point of view, going beyond merely the social protection section, but linking it to key areas such as health, education and youth. The single social registry has the potential to be linked with other information systems, ensuring a unique and complete source of data, which provides information not only on lack of access/social protection coverage, but also providing key information on health conditions, disability, school attendance, birth registry, etc. The SSR provides a unique tool for planning, budgeting, and the evidence-based design of social interventions.

- In the area of health, the JP's pilot of coverage of essential health services, constitutes an innovative approach, whose results will significantly inform the development of the universal health coverage, providing evidence for the definition of coverage model and consequently of the health financing policy. These two aspects will provide, on one hand, important elements for advocacy at the higher political level and on the other hand, evidence to mobilize additional funding from other developing partners, which are investing on integrated policy such as the World Bank, EU, GAVI, etc. Also, the adoption of the DHIS II system as the main information software of the Ministry of Health will facilitate the Government to establish priorities, identify bottleneck and needs and allocate funding based on evidence for decision-taking processes. The information and reports generated by DHIS2 will facilitate the generation of more integrated and effective solutions capable of accelerating results and reaching a greater number of vulnerable families.
- In the area of youth engagement, for the first time in the country, youth has been engaged and capacitated to actively contribute in the social sector, through the traineeship programme with the aim of responding to the structural problems of lack of adequate human resources and at the same time building the capacities of youth to prepare them to be integrated in the job market. The traineeship programme has the ambition to become a national civil servant programme for youth, which can be upscaled not only in social protection sector but in other ministries. In 2021, the JP has replicated this initiative within the Ministry of Youth, mainly Youth Institute, were young boys and girls have been distributed across the Youth Interaction Centers, providing a community-based support to adolescents and young boys and girls living in remote communities. The traineeship programme, has contributed to improved social services at the district level, contributing to the social protection decentralization process. This has allowed the government to reach out remote areas, especially during COVID-19, where the limited resources represented a structural bottleneck to ensure the identification of cases of violence, extreme poverty, etc.
- Youth has been also engaged in the health sector, where in 2022, the JP conducted an introductory training workshop on DHIS2 for youths, making them familiarize with it as the information system chosen by country and currently expanding on roll-out. Youths are generally keen and tech-savvy and this makes them good potential candidates for working with DHIS2. In this training, youths were provided with the background knowledge on DHIS2, as well as session on volunteerism. With the familiarization (with DHIS2) and motivation (for volunteerism) it is envisioned that the youths may be well positioned to provide support to professionals using DHIS2 in the future, for instance during emergency response efforts when professionals may be overwhelmed.
- Due to the lack of a health financing policy consistent with the principles of Universal Health Coverage through the JP, it was possible to conduct a pilot on the provision of essential health coverage to the most vulnerable families. This pilot is providing evidence to evaluate the national health system and contribute to the sustainable financing of the heath national service and to ensure access to quality health services. The implementation of a platform that ensure the interoperability between the Social register and the individual DHIS2 tracker allows also for the direct monitoring by both health authorities and Social protection authorities of the health status of families, providing adequate information to define and budget a national policy for the national health financing system.

SDG acceleration

Contribution to SDG target 1.3 - Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable.

With the implementation of the Single Social Registry, the JP is contributing to the integration and coordination of the different interventions currently underway (social programs from the Social Protection, Education and Health sectors), which provides the basis to implement an appropriate social protection system. The data collected is being used to identify eligible households and individuals to access different responses of social protection. The SR is identifying households by collecting key data on a wide range of vulnerability criteria, constituting the most comprehensive database on vulnerable households in the country, as it disaggregates data by community and at various levels of vulnerability. The comprehensiveness of the database allows social protection programs and social services to reach the most vulnerable groups in a coordinated manner and avoiding repetition. An example of this is the IT platform developed by the JP, allowing interoperability between the SSR and the individual follow-up module of the DHIS2, whereby the SSR identifies vulnerable families more accurately and the DHIS2 track their access to essential health package piloted in São Tomé and Príncipe.

Contribution to SDG target 3.8 - Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.

The JP is contributing to the achievement of SDG target 3.8 through the pilot initiative to implement essential health coverage to vulnerable families. The pilot will gather data and evidence to inform and advocate for the implementation of the universal

health system in the country. In addition, the development of unique process modules in DHIS2 combined with the insertion of data from 5,466 vulnerable families registered in the SSR into the DHIS2 will allow to analyze health indicators and to have a clear picture of the needs of these families. In this way, government and donor will have the possibility to give them access to quality essential health-care services. Among the members of vulnerable families registered on the SSR 52% reported having constant difficulties in dealing with health expenses. Thus, this project has contributed to ensure access to the quality service care they need. By May 2022, the JP has enabled 519 members of vulnerable households to receive the essential health services they need, which they would otherwise have had to pay for despite their vulnerable status.

Contribution to: I) SDG 4.2 - Ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education; II) SDG target 16.2 End abuse, exploitation, trafficking and all forms of violence against and torture of children

The JP is contributing to the achievement of this target through the Parental Education Programme, which is capacitating the front-line workforce among the main social service platforms to prepare them for continuous sensibilization of parents and caregivers on good parenting practices. This includes modules on early childing development, fostering adequate nutrition, ECD stimulation and the importance of pre-primary school. PEP has been complemented by a back-to-school kit which benefitted 7000 children (3,000 children between 3-5 years old), to incentivize parents to keep or enroll their pupils in pre-primary school, during COVID-19. In terms of abuse and violence against children, new thematic of PEP have been developed during the JP implementation to include modules on violence, punitive measures, addictive behaviors of parents and caregivers. In addition, the trainees, funded by the SDG fund, and currently working as front-line workers have been contributing to the development of an effective referral system to deal with violence cases effectively across relevant sectors.

Policy integration and systems change

- The interlinkage between social registry and DHIS2 foster cross-sectorial collaboration, not only at the national level, but most importantly at the district level, as data collection and monitoring of vulnerable families is occurring at the local level.
- The pilot on universal health coverage requires close collaboration among the Ministry of Labor (Social Services) and Ministry of Health. To set up the pilot, the governance structure was established and validated by both ministries. These arrangements ensure that both sectors achieve results together, avoiding duplication of efforts and maximizing the budget allocation.
- The parental education programme is now implemented by front-line workers across various social services platforms, including health, education, justice and youth. The fostered collaboration among these sectors at the local level (and supported by the Operations Procedures Manual), will allow for the development of a national cross-sectorial referral system for case management and identification of vulnerable people, which effectively functions at the decentralized level.
- Strengthening of the referral system through the elaboration of a manual with referral tools and training of DPSSF social technicians.

Contribution to improvement of the situation of vulnerable groups

Estimated number of individuals that were reached through JP efforts:
Total number: 10.151 families

- 29.649 individuals, member of the most vulnerable families, have been registered in the SSR
- 21,668 individuals, member of the most vulnerable families, have already received their beneficiary cards. Of these, 519 vulnerable family members receive care as part of the subsidized package of essential health services.
- 1900 vulnerable family received PEP sessions
- 7000 children at risk of dropping out of school received a back-to-school package
- 50 youth have completed at least a one-year trainee programme with social services (social protection and youth institute)

Percentage of women and girls: 54,7%

People with disabilities: The Social Registry included disability criteria in the variables to select vulnerable families, to be disaggregated by type of disability (physical, visual, etc.) as well as the level of each disability. This will have a positive impact on the inclusion of people with disabilities to basic services, as the country had no database with this information.

- 2020: 0; 2021: 2.521; 2022: 3.839 (number of individuals with at least one disability registered)

Elderly: The registration of the elderly in a situation of greater socio-economic vulnerability at the SSR, will provide these individuals with priority access to social programs. The registered elderly are monitored thanks to the individual DHIS2

tracking module, they are "entitled" to receive free health care in the three districts covered by the JP's access to health pilot project. Also 548 elderly people during the pandemic confinement period of COVID-19 in 2020.

- 2020: 548; 2021: 3.439;

Households living in extreme poverty: As part of the SSR development process, 5,466 vulnerable households were identified and registered in the SSR. This identification process, followed by the SR registration of almost all the identified vulnerable households, will put them in the front line for access to social programs and social services. By the end of 2021, of the 5,466 families registered in the SR, 3,983 are led by women and 1,483 are led by men.

- 2020: 0; 2021: 5,466;

Through the package of essential health services, 21,668 members of vulnerable families, will be benefited, including women, children and girls, people with physical disabilities, elderly people, including families in extreme poverty, guaranteeing access to essential health services. The DHIS II system y will ensure that reliable data of women and children of poor communities is in the data bank of the system

- 2020:0; 2021: 21.668;

The extensive program of socio-economic information gathering carried out throughout the national territory will make the necessary data available for subsequent assessment and place these households in the front line for allocation to multiple social protection programs, such as the Vulnerable Families Program (cash transfers) and social pensions.

- 2020: 890; 2021: 7.581;

Women: The JP, through Parental Education Programme (PEP), is capacitating front-line workers in the social protection, health and education sectors, in order to provide with tools to improve the services to parents. Considering, that in the country, women carry the full responsibility of children, the PEP is directly impacting vulnerable women, through an improved service delivery from social workers.

- 2020: 0; 2021: 1,400; 2022: 1900 women, beneficiary of the Vulnerable Family Programme

Children, Girls: with the Back-to-School Initiative, children at risk of dropping school due to the COVID-19 socio-economic impacts, were identified and registered in a list that will be integrated to the Social Registry, and will serve to the Ministry of Education, to identify beneficiaries for social programmes, such as the school fee exemptions and also school feeding programmes. These children will also benefit from an incentive package, to support their parents to cover the fix costs of keeping their children in schools, providing them with back packs, books, uniforms and stationery.

- 2020: 0; 2021: 7000 children (50% girls);

Youth: Through the youth traineeship programme, the JP financed young people to work with the social services for two-year programme. These young trainees received receiving various trainings that will provide them with a set of skills to improve their chances to enter the work market, upon the finalization of the traineeship.

2020: 19 trainees; 264 young in social entrepreneurship; 2021: 50 trainees; 665 in social entrepreneurship; 2022: 50 trainees and 150 in social entrepreneurship

Mainstreaming Gender equality and women empowerment

- *Context analysis integrated gender analysis:* For the PEP+ intervention a baseline assessment to assess the condition of parents and their parenting practices was developed. The assessment included key questions to understand constrains of parenting practices among women and man caregivers.
- *Gender Equality mainstreamed in proposed outputs:* in the selection of all beneficiaries (i.e. COVID repurposing, young traineeship, youth engagement on social entrepreneurship) at least 50% of beneficiaries were women and girls, as identified as more at risk to be left behind.
- *Programme output indicators measure changes on gender equality* in both the variables included in the criteria to select vulnerable families for the social registry and in the indicators to be included in the individual health tracker, including data on maternity health access and child registration.
- *PUNO collaborate and engages with women's/gender equality CSOs:* the intervention on the back to school, which engaged CSOs, has also privileged local women associations for the delivery of some items of the kit, such as the sewing of the uniforms, where many women working as sewers and lost their income due to COVID-19 were engaged in this activity.
- Special attention has been paid to the correct identification and registration in the CSU of households where the heads of households are women, where poverty rates are higher and there is a greater risk of being left behind.

Estimated % of overall disbursed funds spent on Gender equality and Women empowerment by the end of JP: 15%

Human rights

The JP has contributed so that the target groups have their (human) rights respected and that adequate legislation is developed to inform the SR as well as the cash transfer mechanisms. In particular:

- The article 22 of the Universal Declaration of Human Rights that states that all members of society have the right to social security. The SR is a powerful tool to foster the inclusion of all members of the population to have social security, focusing on the most vulnerable.
- The article 25 states the right to health and medical care as well as further details the right to social security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond an individual´s control. The pilot on health will contribute to the fulfillment of this right in the medium term.
- Finally, it also states that everyone has the right to education. The PEP has been providing sensibilization sessions to parents to ensure they enroll their kids into schools, and at the same time has been capacitating front-line workers in education, health and social protection to ensure there is a proper referral system, in which children out of school or at risk if being out of school can be identified and the cases properly managed.
- To ensure respect for the human rights of the target groups - women, children, the elderly, and the disabled - the SSR allows the disaggregation of the data collected by sex, age group, and disability, providing evidence for decision making and policy monitoring.
- In addition, the CSU's draft legal diploma elaborated within the scope of this JP, presents critical personal data protection mechanisms, assuring the right to dignity of the people registered therein.

Partnerships

- *Partnership with World Bank for the implementation for Parental Education Programme (PEP).* The PEP+ is currently implemented at the national level, and as a key complementary programme for the cash transfer's programme.
- *The implementation of the DHIS2* was supported by HMIS partners such as University of Oslo, GAVI and Global Fund. Also, the French Cooperation (AFD) and Canadian Cooperation also supported on the acquisition of IT material for the DHIS2 implementation.
- Notably, the AFD also funded the positions of several iUNVs, specialists in different areas (Monitoring & Evaluation; Epidemiologist; Medicine (Internist)) who provided technical support to the government departments on activities related to the JP, more broadly for COVID-19 response, and other activities as requested.
- In the process of implementing DHIS2, synergies were made with the support of other partners in this domain, in the implementation of DHIS2 Vaccination including COVID19 vaccination, with the Global Fund in the context of the Grant for the AIDS, TB, Malaria programs and reinforcement of health system.
- Key partnership was also done with the Global Partners for Education and the MPTFs, in relation to the COVID-19 repurposing for back to school and the social entrepreneurship.
- Partnership with CSO: During the COVID-19, To strengthen partnerships between the Government, the United Nations, and civil society organizations (CSOs), the JP has engaged NGO with extensive experience in the country and national coverage. The partnership has so far strengthened the capacities of national actors and communities to develop reliable and transparent database. It has also ensured that the interventions reach the most remote areas, where national institutions are not present or lack coverage.
- For the implementation of the Social Registry, a partnership was established with the National Institute of Statistics to carry out the survey to collect socio-economic and demographic data from vulnerable families previously identified. This partnership allowed for the training of social technicians in the collection of data from vulnerable families and ensured greater reliability of the data collected.
- In 2020, Allianz Portugal supported upscaling of the Youth Traineeship Programme to national level. In 2021, the JP with co-funding from Allianz Portugal trained 50 boys and girls through the National Traineeship Programme of one year to support the work of the DPSSF and the Youth Institute to reach the most vulnerable families.
- The implementation of the JP made possible to establish a partnership between the health and social protection sectors in the definition of packages of essential services, in the identification of vulnerable people to be covered, in the definition of mechanisms and procedures for access to these services and in the monitoring the health package used by vulnerable families.

Mobilizing additional funding and/or financing

The joint fund mobilization based on the results achieved in the JP will start once the UNSDCF defines outcomes and the funding framework is defined. However, funds have been mobilized and leveraged by agencies as part of the results achieved by the JP:

- Joint SDG Fund Emergency – UNICEF and UNDP jointly mobilized USD 250,000 leveraging on structure developed by the SSR, DHIS2, and PEP
- WHO mobilized its resources to ensure the scoping mission that will contribute to the objectives of this JP and to procure 10 NCD WHO emergency kits for 10000 inhabitants for 3 months, to assess the level of implementation of essential interventions for non-communicable diseases at doses pilots districts level
- UNICEF is continue leveraging funds for PEP through the World Bank, 1.3 million to the Ministry of labor to continue PEP implementation

Strategic meetings

Type of event	Yes	No	Description/Comments
Annual JP development partners'/donors' event*	☒	☐	High level meeting led by Ministry of Labour, and with Health, Education and Social Protection sectors, Portuguese Ambassy, EU, AFDB and World Bank
Final JP event (closing)	☒	☐	
Other strategic events	☒	☐	The JP launch event to present expected results to the technical partners – March 2020 Workshop for validation of vulnerability criteria and methodology for SSR - September 2020 Workshop to validate the CSU's draft legal diploma (April 2022) Presentation of the SSR to the Council of Ministers – November 2021 Validation of essential service packages by Ministry of Health and Ministry of Labour - October 2021 Launch of DHIS2 tracker - October 2020 National conference to support for Universal Health Coverage to launch results and advocacy for a major engagement of authorities, partners, and civil society – November 2021

Innovation, learning and sharing

Innovation

- The methodology for identifying vulnerable families for the social registry is based on two approaches: A Mixed Targeting Approach, which combines pre-identification of vulnerable families by communities. Then, the National Statistics Institute (INE) applies a Proxy Means Testing survey to determine the degree of vulnerability of each pre-identified household. This approach is complemented by a selective approach for identifying individuals or households that are not structurally vulnerable but fall into extreme poverty due to a shock.
- Multi-ministerial and cross-sectoral consultations: The JP led a participatory process for the adoption of the health coverage package, including representatives from the Ministries of Health and Social Affairs, Ministry of Finance, Civil Society Organizations and workers and employer' organizations.
- The PEP+ implementation is following an evidence-based approach, where JP developed a baseline study to assess the conditions of the beneficiaries. In the coming months a midline study will be done to assess and review some strategies, so that PEP+ implementation can be improved. This is a best practice that will be replicated by other social programmes in the country.
- To improve the monitoring of the parental education programme (PEP), the digital tool kobo Toolbox is being used, allowing data to be collected by social workers in an integrated system where the programme coordinator can monitor remotely. This tool will strengthen local capacity in the monitoring process and enable the parties to have accurate data from the programme.
- For the DIHS2 operationalization, IT quality materials were purchased to introduce patient's data from the reception, passing through the nurses and doctors thanks to the bar code sticker and infrared system that enables reaching each patient's file faster. The use of the bar codes for each patient has the potential to be the foundation for the implementation of the digital health card in the country. Also, assessment of IT equipment requirements was done across the districts, inventory developed, and equipment purchased & distributed mostly in 2021.
- The introduction of the DHIS2 Tracker constitutes an innovation for the national health system. It is an open-source web-based application that supports data collection and analysis of transactional or disaggregated data. This innovation is revolutionizing the management of National Health System data and can be used to track individual data, either in a community or health facility. This tool will allow the country to have real-time data on which members of the beneficiary families had access to specific service, and carry out their proper monitoring.
- A performance-based incentive scheme was developed and implemented to further boost the capturing & reporting of data by the health professionals during the transition period between the paper filling and the online filling.

- Youth engagement: The empowerment of young people through a one-year traineeship programme to support the front-line workers within the social protection and other social platforms (youth institution) provides them with tools and capacity on entrepreneurship, to become actors of change and game changer;
- Engagement of civil society organizations (CSOs): during COVID-19 pandemic, the JP has sought partnerships with CSOs and Ministry of Education to implement rapid responses to identify the families which are at risk of leaving their children out of school and to design a back-to-school incentive package, based on identified needs.
- The interoperability between the single social register is also a tool and an innovative approach that will provide basic information for defining the financing models of essential health packages.

Learning

- In 2021, efforts were made to increase the visibility at the national level, through awareness-raising campaigns about the SSR in the media and in the field. In the coming months capacity building of social communication will be delivered to ensure beneficiaries understand the utility of the SR and manage expectation regarding the access to new programmes.
- To better coordinate actions to implement the SR, the frequency of technical meetings with government technical staff was increased.
- The implementation of the DHS2 tracker using the individual data in the national health service, is a major challenge due to the lack of culture of use of electronic tools and the lack of human resources aspect considered in the pilot phase. JP has leveraged on south-south support, engaging health personnel from Mozambique, where the DHIS2 has been implemented successfully.

Sharing

- Project activities and results are being documented and shared among national stakeholders and UN agencies:
    - Efforts were made facilitating the transfer of knowledge and lessons learned to other joint programmes at the UNCT level (MPFTs)
    - The JP also ensured the meaningful involvement of key partners such civil society, and others to facilitate research and share information and resources.
- In the last quarter of 2021, a presentation of the initial results of the SSR implementation was made in one of the sessions of the council of ministries. The traineeship programme of the first year has provided a handful of lessons learned, regarding organization, and trainings required to ensure the trainees are fully operational. These lessons were recorded and discussed during a workshop with the trainees and the government to find solutions and improve the programme design in 2022.
- Information and awareness raising regarding the Social Registry and the survey was implemented in the target communities and through the media (TV and radio).
- The PEP has launched a TV series of 12 episodes, where influencers and experts on child development were invited to discuss positive parenting practices, care of the caregivers and harmful practices and gender based violence.
- Peer to peer exchanges and south-south collaboration: the follow-up mechanism to support social entrepreneur projects targeted to young people, provided innovative concepts to encourage the younger population in social entrepreneurship. South-South cooperation and peer to peer exchanges in similar international contexts, took place with entrepreneurs with Brazil. Also, a podcast on youth social entrepreneurship was launched in 2020.

II. Final Results

Overall progress

☒ All expected results achieved
☐ Majority of expected results achieved
☐ Only some expected results achieved

Please, explain briefly: The main pillar of this JP, the establishment and operationalization of the SSR, has been achieved beyond the initial target (operational at the national level instead than 3 districts). The info from SSR (as of end of 2021) was imported into the DHIS2, and the interoperability of the SR and the DHIS2 tracker was achieved in May 2022, as a semi-automated process guided by a protocol designed such that new data from the SR is synched with the DHIS2 weekly. The pilot on essential health coverage for vulnerable families is ready and started its delivery mechanism, including the signed partnership among national social security and the Ministry of Health. So far 73% (21668/29649) of vulnerable family members identified by SSR are covered by essential health services for 4 months (from April to July 2022) in the closest health care facility (HCF). The family's attendance to HCF will be tracked via the DHIS2. Finally, PEP has already capacitated all frontline workers in social protection, health, education and justice, enabling them to deliver sensibilization sessions to families of the cash transfer. To date 70% of beneficiary families have already received PEP sensibilization sessions, in which they learn of the importance of early childhood development and encouraged to enroll their children to pre-primary school.

Contribution to Fund's global results

⇨ **Contribution to Joint SDG Fund Outcome 1 (as per targets set by the JP):** Integrated multi-sectoral policies to accelerate SDG achievement implemented with greater scope and scale

With the implementation of the Social Registry, a database of potential beneficiaries, with a large set vulnerability criterion, allowed for a more comprehensive selection of beneficiaries for social programs, not only by social protection but also by other sectors such as justice, health, and education. In particular, the interoperability of the SR with other sectorial information systems, such as DHIS2, is fostering multi-sectoral coordination, such as the pilot of health coverage to vulnerable families.

The PEP, through support to capacity development of front-line workers across sectors, have directly contributed to the improvement of the quality social protection coverage and has also fostering the increased access to basic services from the demand side: ensuring those left behind - especially women, children and people with disabilities – are capacitated to access available basic services.

⇨ **Contribution to Joint SDG Fund Output 3 (as per targets set by the JP):** Integrated policy solutions for accelerating SDG progress implemented

One of the identified gaps to accelerate the SDG progress in social protection is the lack of human resources within relevant institutions. The JP, through its integrated approach, pilot an integrated policy solution, though the trainee programme supporting social protection and youth institute. This solution has on one hand addressed the lack of human resources, and on the other hand addressed the youth unemployment, by preparing young girls and boys, with training and in-job learning, to enter the job market.

The essential health coverage pilot will test one model of UHS in the country to assess the viability, the cost and the change of behavior within the population. The pilot will provide key evidence and lessons learned to inform the upscaling of the ambitious universal health coverage, which aims at building solid collaboration and policy integration across health and social sector.

JP Outputs and Outcomes

⇨ **Achievement of expected JP outputs**

Output 1.1 – vulnerable population is mobilized, informed and registered in Social Registry (SSR) in 6 districts

The JP mobilized and informed the vulnerable population through awareness campaigns and carried out an extensive survey program at the national level that allowed **the registration of 7.581 vulnerable families in the SSR,** corresponding to 29,649 individuals. Thanks to the development of a new socio-economic data collection questionnaire within the SSR, data can be disaggregated by gender, locality, age group, as well as by disability (among other variables). The implementation of

the SSR contributed to the capacity building of 70 technicians from the Social Protection Directorate (Direção da Proteção Social, Solidariedade e Família - DPSSF) to identify, collect socioeconomic data, and register poor and vulnerable families in the tool. The trainings were aimed at providing them with concepts and tools for the development and management of the SSR. To advocate for the utilization of the SSR, the preliminary results of the implementation of SSR in the country were presented at a Council of Minister session.

With the aim to foster the institutionalization of the SSR, the JP developed the draft legal diploma which was validated social protection and other social sectors (education, health). It is expected that draft legal diploma will be submitted to the Council of Ministers for its approval in the next few months.

The SSR has been linked to other information systems (as described in the following outputs), contributing to the consolidation of coordination structures and establishment of technical teams within the Ministry of Labor, the MoH; and the MoE to integrate monitoring information systems of social programmes and improve the access to health services, parental education, and youth engagement.

Output 1.2 Individual data of targeted vulnerable population in the Social Registry are monitored through DHIS2

The JP contributed to the development of the DHIS2 single process modules to monitoring the health indicators of vulnerable individuals, including the assignment of a social ID to identify the beneficiaries as a universal entry for social, demographic and health data. The tracking tool will ensure an adequate follow up of demographic, social and health indicators. In addition, the JP has invested in the capacity building of health professional to ensure sustainability and quality of data, aiming at assessing if health services are accessible to the most vulnerable families. The **DHIS2 system has registered 21,668 individuals from the families in the SSR** (in three districts) which can now be monitored by health professionals.

Further to the development of the DHIS2 individual tracker modules other modules were developed: External Consultation; Inpatient; Death Registry; customized programs for HIV testing (DIPS); HIV Patient Tracking; TB Patient Tracking; Malaria Notification and Investigation in the whole Health Units (HC's and Hospitals); COVID-19 surveillance modules. The JP has worked on establishing linkages of some parameters to the SSR to facilitate better understanding of the policies to be implemented for the protection strategies. In particular, the interoperability based on a semi-automatic approach between the SSR and the DHIS2, was possible by the development of a computer platform (information and management system) which exports data between the two systems. This has allowed the monitoring of the health status of individuals residing in the districts of Agua Grande, Mé-Zóchi, and Lembá, registered in the SSR.

Finally, health professionals (334) including, doctors, nurses, health information and administrative staff were trained on regular basis in the use of DHIS2 and identification of potential beneficiaries (2020 – 2022). IT technical support and material has been provided to strengthen the system (39 Desktops, 28 laptops, 10 tablets, 39 UPS, 8 Bar code scanner, 2 Bar code printer and 2 Capture label).

Output 1.3 The access of targeted vulnerable households in the Social Registry to social services, including parental education, is boosted.

The access of target vulnerable housed to social services (education and health has been boosted. In relation to **parental education,** the JP supported DPSSF to implement the Parental Education Programme at the national level, as a complementary social programme to the national cash transfer to vulnerable families, funded by the World Bank. In doing so, JP has strengthened the capacities and availability of human resources within the DPSSF, providing an adequate and qualified team of front-line workers, who have sensibilized parents and caregivers in positive parenting practices, with focus on early childhood development (increasing the pre-primary enrollment rate). With a strengthened workforce to reach to all communities, 75% of the families from the VPF-cash transfer programmes (1900) participated in more than one PEP+ session.

The continuous capacity building on PEP thematic, social communication and monitoring and evaluation of 215 front line workers across social service platforms (60 social workers, 22 health workers, 61 educators, 28 justice personnel, 16 youth trainees within the youth institute, 26 social communicators, 43 community and religious leaders) has improved the quality of social services provided to vulnerable families, in particular to parents and caregivers.

To ensure the effective implementation of PEP across multiple platforms and at the decentralized level, the JP supported the mapping of existing basic services at district level to strengthen the referral system. This mapping was complemented with the formal engagement among DPSSF with the National Federation of NGOs (FONG) to identify Associations/NGOs to collaborate with human resources and specialized expertise. Communication messages on positive parenting practices have

been also mainstreamed through TV and Radio. A TV Programme "Time to reinvent parental education" was broadcast in national TV (12 episodes) discussing PEP thematic with subject-matter experts and families on daily basis. The sessions will be simultaneously broadcasted in community radios.

In relation to **coverage of a health package, the JP has contributed to ensure a** better access to health services by the vulnerable population of 3 districts. The families registered in the SSR in three pilot districts - Água Grande, Mé-Zóchi and Lembá, have access to the provision of an essential package of health services for three months in the closest health center facility. To this end, management tools were developed, allowing the reimbursement of health expenses. The list of health services and its budget to be subsidized to improve access to health care for the vulnerable registered on the social registry was defined with social and health sector. As a result, an agreement has been signed between National Social Security and the Health Ministry to implement the pilot, which aims at benefiting 21,668 individuals.

Output 1.4 Young people capacity to support the provision of social services across different sectors is developed.

The trainee programme to support social services, through the recruitment of young trainees, started in July 2020. It consisted in **integrating within social protection services and youth interaction centers 50 young trainees**, previously trained in social support, with the aim of strengthening the intervention capacities Directorate for Social Protection, Solidarity and Family (DPSSF), and the Youth Institute, mainly in remote areas throughout the districts. The trainees contributed to the improvement if the performance of social services, and its ability to reach out to vulnerable children, adolescents and families through a closer and more regular monitorization and social support, both in the field and in youth interaction and social centers. The availability of these trainees enabled social services to upscale its interventions in terms of geographical coverage and frequency.

The trainees also benefited from several training opportunities, such as training in psychosocial support and Parent Education training to promote good parenting practices among vulnerable families. They have also received training on life skills and digital platforms. The ongoing capacitation has better prepared them to enter the job market. These trainees are now being recruited by other social across sectors. The government has expressed their gratitude for this support as these young trainees constituted a workforce that added value for the proper implementation of national social programmes.

Mentorship guidance on Social Entrepreneurship was provided for 15 young people who had been awarded a grant for Social Entrepreneurship in 2019. In addition, a 10 edition Podcast on Social Entrepreneurship, was developed and broadcasted on national radio and TedTalks with young entrepreneurs "Conversations with Social Entrepreneurs", were held in remotes communities with young and adolescents. A Social Entrepreneurship Booklet with concepts, good practices on social entrepreneurship, has been produced to raise their interest of youth on this topic. In sum, around 800 young people from the districts of Água Grande, Me Zochi and Lemba, developed their skills in social entrepreneurship.

- ⇨ **Achievement of expected JP outcomes**

Outcome 1, Indicator 1 - 2,570 vulnerable families are covered by social protection programmes - ACHIEVED

The development of a comprehensive and transparent social registry of vulnerable families, including a comprehensive set of vulnerability criteria, provides a key tool for the government to increase its capacity to reduce disparities and inequalities by identifying those most at risk of being left behind. The comprehensiveness of the data provided ensures that the social registry can be used by various sectors, thus increasing the coverage of social services and social protection for those identified as most vulnerable. In 2021, the JP strongly advocated for the government to utilize the SSR for the selection of beneficiaries for the Social Emergency Response Program (PRES), instead of relying on existing lists done by each sector and which were not based on solid criteria. As a result, 3**,115 families registered in the SSR have benefited from the expansion of the cash transfer and 550 elderly received relief package during confinement of COVID-19.** This PRES cash transfer is being provided to vulnerable families for a period of 19 months to mitigate the socio-economic impact of COVID-19.

Outcome 1, Indicator 2 – 60% coverage of essential health services, among the vulnerable families registered in the Social Registry in the three pilot districts

Individuals (**21.668, representing 75% of all identified vulnerable families) registered in the SSR and DHIS2 in three pilot districts, have guaranteed access to essential health services** and their data is monitored through the linkage between the Unique process and the individual tracker programs under the health package for 4 months (April – August 2022). The pilot of coverage of essential health services, constitutes an innovative approach, whose results will significantly inform the development of the universal health coverage policy, providing evidence for the definition of coverage model and consequently of the health financing policy. These two aspects will provide, on one hand, important elements for

advocacy at the higher political level and on the other hand, evidence to mobilize additional funding from other developing partners, which are investing on integrated policy such as the World Bank, EU, GAVI, etc.

By May 2022, 519 members of the vulnerable families (out of the 21668 members): 141 men (27.2%) and 378 women (72.8%) have received care at the health centers and posts of the 3 pilot districts in accordance with the defined package of subsidized services. The numbers are increasing further to information campaigns done by UN at the district levels.

Outcome 1, Indicator 3 – 60% of Children among children from vulnerable families registered in the Social Registry in the three districts are enrolled in pre-primary education

The PEP, perceived as a key complementary programme to the cash transfer programme, aims at changing the behavior of caregivers from the cash transfer families, to adopt positive parenting practices, including the importance of using the cash transfer for their children's' education (especially pre-primary educations, as necessary for early childhood development) and health. The effective strengthening of capacity of front-line workers, such as social workers visiting the families, educators, and community health agents, is key to ensure the parents are guided and supported across different service platforms, ensuring a sustainable change of behavior, and hence increasing the percentage of children enrolled in schools, visiting health centers, benefiting from nurturing and responsible parenting. To date, over 75% of families, beneficiaries of the most vulnerable families, have received PEP session. **This has increased the national enrollment rate at the national level, considering that the enrollment rates among the most vulnerable families was lower than 30% in 2019** and PEP focused on the most vulnerable families. In addition, through the COVID-19 reprogramming, the JP identified 10,000 vulnerable children AT risk of dropping out of school and delivered 7000 back to school incentive package to stay in school. This has contributed to keep avoid an abrupt increase of school drop-outs due to COVID-19.

Outcome 1 indicator 4 - New and unique social registry in place that will unblock access to social protection and other social services for the furthest left behind (12% of the population) in 6 districts. This data system will be utilized as a unique registry, for non-contributory social protection data, which will inter-operate with the health data gathered through the DHIS2 individual tracker

All families registered in the Social Registry (14% of the total national population) in 3 pilot districts were registered in DHIS2 and thus their health status and access to health services can potentially be monitored. The single process modules to monitoring the health indicators of vulnerable individuals were developed and the field to identify the beneficiaries with the Social ID was also created on DHIS2. This sets up the necessary conditions to implement an automated interoperability in which data is updated regularly and there is a underlaying legal framework to ensure accountability among the two sectors: health and national social security. The inter-operability was however set towards the end of the project and as a semi-automated system. The process of following up to evaluate its functionality is therefore still ongoing. Implementation of the Unique Process also needs to be rolled-out to the other districts beyond the pilot.

⇨ **Monitoring and data collection**

- Through the course of the JP, monitoring has been done through coordination meetings between UN and government technical teams as well as frequent field visits, mainly during the identification and data collection phases of the vulnerable families of SSR and during the continuous capacity building of health personnel for DHIS2;
- For the data collection of DHIS2, field supervision is done jointly with MoH officials from the Epidemiology Directorate and from the Health Information System. Data collection is done directly from the DHIS II system and from MoH data base and monthly reports are produced and shared with the UN. In addition, the DHIS2 data is also remotely monitored by personnel at the higher level (e.g. district managers monitoring health facility data, or the central level teams monitoring district level data). Progress can be accessed in real-time, without having to wait for the reports to be send. Dashboards were set for some DHIS2 modules to facilitate quick high-level monitoring of essential indicators. Creation of such dashboards for other remaining modules will further enhance the monitoring, moving forward beyond the JP project period.
- JP collected data through reports by the social technicians responsible for training and supporting the community representatives in the identification phase of vulnerable families and also by technician implementing the PEP. The development of a baseline assessment to measure PEP, followed by an M&E framework for the measurement of the impact of PEP within vulnerable families. The JP contributed with institutional capacity of DPSSF with tablets that will enable digital data collection through the Kobo Toolbox.
- Quality control of data collected from vulnerable families, was monitored through the supervision of technicians from the National Institute of Statistics and the company contracted for this purpose. Preparation of reports by the social technicians responsible for training and supporting the community representatives in the identification phase of vulnerable families.

III. JP finalization and evaluation

The JP evaluation will be done with other funds in the coming month. PUNOs decided to utilize the funds for programmatic activities and fund the evaluation with each PUNO regular resources. However, a brief evaluation of the JP has been conducted as part of the UNDAF evaluation.

After the JP: follow-up and possibilities for sustainability of the impact and further scaling

To respond to the economic disruption caused by the conflict between Russia and Ukraine, leading to reduced availability of food and price rises, UN in Sao Tome and Principe designed a JP to contribute to the government efforts to strengthen the health and social protection system to better anticipate and respond to shocks. The JP builds on the results achieved under the JP, leveraging on one-hand on the interoperability between the Single Social Registry and the DHIS2, to collect integrated data on the health condition (with particular focus on nutrition indicators) of the most vulnerable households facing the higher risk to food insecurity. This will provide robust evidence on nutrition and health condition of families being affected by the current crisis, allowing the government to identify inequities and bottlenecks, and prioritize policy options and risk mitigating actions that are appropriate to the local context and resources. To this end, the JP will invest on capacity building on data analysis and evidence-based planning across social and health sector through the implementation of innovative tools (bottleneck analysis and GIS mapping). On the other hand, the JP will also intervene on the demand side, expanding the modules of parental education, aimed at empowering vulnerable families with information on nutrition, healthy habits, and alternative and local sources of nutrients with a view of reducing their dependency on imported food.

For the upscaling of the SSR, high-level advocacy will be done with line ministries to advocate for its adoption for the design of social programmes and the selection of beneficiaries. The UN will engage in high-level advocacy with the Ministry Council for the approval of the SSR legal framework and its effective implementation. The UN will support the government to establish a short, medium and long-term plan for the institutionalization and expansion of the SSR, beyond the most vulnerable families, but to include families that can become vulnerable should a crisis or external shock occur. Also, provisions for domestic funding must be ensured to update the SSR on regular basis (every two years). As the interoperability between DHIS2 and the SSR was only established at the end of the project through semi-automated design, it is necessary to guarantee the monitoring of its implementation. The Single Process has not yet been rolled out to other districts, and implementation needs to be further consolidated in the first pilot district (Água Grande). This will be done in the coming months, with funding from other donors. The UN is also mobilizing funds towards the DHIS2 to cover other health programmes is needed

The PEP will expand alongside the expansion of the national cash transfer to vulnerable families. This will be funded by World Bank, until 2026. The PEP design will be revised based on the recommendations from the ongoing end-line assessment, which measures: the impact of the PEP sessions on the increased access of families to basic services, the reduction of harmful practices from parents to their children and the improvement of psychological status of caregivers. The assessment will also provide conclusions on the effectivity of the programme in delivering positive parenting messages to parents and the efficiency in which resources are being used to reach out to the most remote communities and finally its sustainability in terms of domestic and international funding.

Finally, UN will provide technical and financial support to evaluate the subsidized health care component in the three pilot districts and based on the results, will work alongside the government to define strategies for application in other districts and the identification of sustainable health coverage models best suited to the national context. The results from the pilot will be also analyzed to start strategic discussions on the sustainability of essential health care for the most vulnerable, including access to services that are not included in the package, including care in the referral hospital

Annex 1: Consolidated Final Results

1. JP contribution to global Fund's programmatic results

- *Provide data for the Joint SDG Fund global results (as per targets defined in the JP document).*

Global Impact: Progress towards SDGs

Select up to 3 SDG *indicators* that your Joint Programme primarily contributed to (in relation to SDG targets listed in your JP ProDoc)

SDG target 1.3: Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable

SDG target 3.8: Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all women and older persons

SDG target 4.2: By 2030, ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education.

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

Outcome indicators	Expected final target	Final result	Reasons for variance from planned target (if any)
1.1: Number of integrated multi-sectoral policies that accelerated SDG progress in terms of scope[7]	4	3	The final expected number of policies was initially 4 at the beginning of the JP but was revised to 3 based on reassessment, citing rather low cross-sectorial coordination.
List the policies: • National Health policy oriented for universal health coverage. • DHIS II as a tool for social and health programs. • Legal framework for the Social Registry as a multi-sectorial tool.			

Global Output 3: Integrated policy solutions for accelerating SDG progress implemented

Output indicators	Expected final target	Final result	Reasons for variance from planned target (if any)
3.1: Number of innovative solutions that were tested (disaggregated by % successful-unsuccessful)	4	4	N/A
3.2: Number of integrated policy solutions that have been implemented with the national partners in lead	4	4	N/A

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

Did your Joint Programme contribute to strengthening of national capacities to implement integrated, cross-sectoral SDG accelerators?

☒ Yes
☐ No

Explain briefly: The JP contributed to strengthening the capacities of the national system, by providing adequate tools (SR and DHIS2), and capacity building of human resources and strengthening the systems, in the social protection and health information system. Leveraging on the coordination among agencies, high-level advocacy has been done across sectors.

The partnership established under this JP between key social sectors and INE contributes, and the engagement of youth in the social sectors contributes to the government efforts to enhance the capacity of DPSS social technicians through training and field work in the identification and data collection of vulnerable people.

2. Results as per JP Programmatic Results Framework

- *Present final JP results in the following template as per JP's Programmatic Results Framework*

Result / Indicators	Baseline	Expected final target	Final result	Reasons for variance from planned target (if any)
Outcome 1: Disparities and inequalities are reduced at all levels through the full participation of vulnerable and prioritized groups, and the development and use by these groups, of social protection services and basic social services.				
Outcome 1 Indicator 1: Number of vulnerable families are covered by social protection programmes	890	2,570	5,466	• Expansion of the implementation of the Single Social Registry to three more districts and the Autonomous Region of Príncipe – thus covering the entire country. • Expansion of the cash transfer program under the PRES (Social Emergency Response Program) for 19 months to mitigate the socio-economic impacts of the COVID 19 pandemic.
Outcome 1 indicator 2: Coverage of essential health services, among the vulnerable families registered in the Social Registry in the three pilot districts	0	60%	73%	The proper budgeting and definition of the health package led to a more efficient allocation of resources, enabling the JP to cover more vulnerable families
Outcome 1 indicator 3: Children among children from vulnerable families registered in the Social Registry in the three districts are enrolled in pre-primary education	0	60%	TBD	The data on enrollment rates will be only confirmed at the end of the end-line assessment, part of the impact evaluation of PEP. It is expected that more than 60% of families with children between 3-5 have their children enrolled in pre-primary as this is a conditionality of Cash Transfer, which is monitored through the PEP visits. Also the adverse impact of COVID-19 has been to reach out to the children at risk of dropping out and ensure they are enrolled in school.

Outcome 1 indicator 4: New and unique social registry in place that will unblock access to social protection and other social services for the furthest left behind (12% of the population) in 6 districts. This data system will be utilized as a unique registry, for non-contributory social protection data, which will inter-operate with the health data gathered through the DHIS2 individual tracker	0	Both systems are interoperable	Interoperability between the SR & DHIS2 was set in May 2022	N/A
Output 1.1: Target vulnerable population is mobilized, informed and registered in the Social Registry in three districts.				
Output 1.1 indicator 1: Social Registry ready and operational in all six districts	0	6 districts + Island of Principe	The social registry is operational in the 6 districts and in the Autonomous Region of Príncipe	N/A
Output 1.1 indicator 2: number of vulnerable families registered in the SR per district disaggregated by gender, age groups, and disability	0	Água Grande: 3,560 (M: 1425 ; F:2135) Me-Zochi: 1193 (M:477; F:716) Lobata: 332 (M:132; F: 200)	Água Grande: 3380 (M:916; F:2464); Mé-Zochi: 1575 (M:368; F:1207); Lembá: 511 (M:199; F: 312); Lobata: 632; Cantagalo: 569; Caué: 438; RAP: 476	N/A
Output 1.2 Individual data of targeted vulnerable population in the Social Registry are monitored through DHIS2.				
Output 1.2 indicator 1: individual tracking module is developed within DHIS2	0 (non-existent)	Fully operational	The tracking module for health	N/A

			programmes has been developed within DHIS2 for the 6 districts including Principe and is fully operational	
Output 1.2 indicator 2: percentage of vulnerable population registered in the Social Registry who are monitored	0%	100%	73%	This 73% corresponds to 21,668 beneficiaries out of a total of 29,649. The variance is beaucase it was foreseen to have SR only in three districts and not at the national level. The DHIS2 is not yet ready in the other districts.
Output 1.3 The access of targeted vulnerable households in the Social Registry to social services, including parental education, is boosted.				
Output 1.3 indicator 1: percentage of vulnerable population receiving cash transfer are participating in the Parental Education Programme (PEP)	0	75%	75%	N/A
Output 1.3 indicator 2: percentage of vulnerable children who regular attend health centers for development monitoring, disaggregated by child age group, gender and disability	61% (0-5 years) 0% (6 – 18)	75% 50%	TBD	The data on attendance rates will be only confirmed at the end of the end-line assessment, part of the impact evaluation of PEP
Output 1.4 Young people capacity to support the provision of social services across different sectors is developed.				
Output 1.4 indicator 1: number of young people trained in the provision of social services disaggregated by youth age group and gender	0	40	305 (young people, between 18 and 35)	N/A
Output 1.4 indicator 2: number of young people engaged in the provision of social services across sectors disaggregated by sector, yough age group and gender	0	40	495 (young people, between 18 and 35)	N/A

Annex 2: Strategic documents

2.1. Contribution to social protection strategies, policies and legal frameworks

Strategic documents developed or adapted by JP

Title of the document	Date when finalized (MM/YY)	Focus on extending social protection coverage (Yes/No)	Focus on improved comprehensiveness of social protection benefits (Yes/No)	Focus on enhancing adequacy of social protection benefits (Yes/No)	Focus on improving governance, administration and/or implementation of social protection system (Yes/No)	Focus on cross-sectoral integration with healthcare, childcare, education, employment, food security, etc. (Yes/No)	*If published, provide the hyperlink*
Anuário da Estatística de Saúde 2020 - (*Yearbook of Health Statistics 2020*)	01/2021	No	No	No	No	No	Click here to acess
Basic health package validated by MoH	3/2020		Yes	Yes	Yes	Yes	
National DHIS2 Manual STP	04/2022	No	No	No	No	No	
Health calendar statistics	12/2020	No	No	No	No	No	
Costing of the health package	12/2020				Yes	Yes	
Universal health coverage repport	2021	No	No	No	No	Yes	
Guia de Identificação de pessoas vulneráveis em São Tomé e Príncipe - (*Identification guide of vulnerable people in Sao Tome and Principe*)	10/2020	Yes	Yes	Yes	Yes	Yes	
Anteprojecto de diploma legal do Cadastro Social Único - (*Preliminary draft law on the Single Social Registry*)	07/2021	Yes	Yes	Yes	Yes	Yes	
PEP Baseline assessment and M&E framework	08/2021	yes	yes			yes	
Manual de Implementação da Formação PEP+ (*PEP+ Training Implementation Manual*)	2022	Yes	Yes	Yes	Yes	No	Click here to acess
Manual De Operações para o Programa de Educação Parental - PEP+ (Operation Manual for the Parental Education Programme - PEP+)	04/2022	Yes	Yes	Yes	Yes	Yes	Click here to acess

SIS Integrated Practical Handbook	09/2021						

Strategic documents for which JP provided contribution (but did not produce or lead in producing)

Title of the document	Date when finalized (MM/YY)	Focus on extending social protection coverage (Yes/No)	Focus on improved comprehensiveness of social protection benefits (Yes/No)	Focus on enhancing adequacy of social protection benefits (Yes/No)	Focus on improving governance, administration and/or implementation of social protection system (Yes/No)	Focus on cross-sectoral integration with healthcare, childcare, education, employment, food security, etc. (Yes/No)	*If published, provide the hyperlink*
Relatório de missão de suporte de cobertura universal de saúde em São Tomé e Príncipe - (*Mission report to support universal health coverage in Sao Tome and Principe*)	November 2021	Yes	No	No	No	No	
SEIA/SERP	12/2020		Yes	Yes	Yes	Yes	

2.2. Focus on vulnerable populations

Strategic documents developed or adapted by JP

Title of the document	**Date when finalized** (MM/YY)	**Focus on gender equality and women empowerment** (Yes/No)	**Focus on children** (Yes/No)	**Focus on youth** (Yes/No)	**Focus on older persons** (Yes/No)	**Focus on other group/s** (List the group/s)	**Focus on PwDs** (Yes/No)	**Included disaggregated data by disability** - and whenever possible by age, gender and/or type of disability (Yes/No)
Questionário de recolha de dados do Cadastro Social Único (reformulação) - (*Data collection questionnaire of the Unified Social Registry (reformulation))*	12/2020	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Anuário da Estatística de Saúde 2020 (Yearbook of Health Statistics 2020)	01/2021	No	No	No	No	No	No	No

Pacote de serviços essenciais de saude (Package of essential health services)	03/2021	No	Yes	Yes	Yes	No	No	No
Estimation du cout du paquet minimum de soins de sante a Sao Tome et Principe (Estimation of the cost of the minimum health care package in Sao Tome and Principe)	02/2021	No	Yes	Yes	Yes	No	No	No

Strategic documents for which JP provided contribution (but did not produce or lead in producing)

Title of the document	**Date when finalized** (MM/YY)	**Focus on gender equality and women empowerment** (Yes/No)	**Focus on children** (Yes/No)	**Focus on youth** (Yes/No)	**Focus on older persons** (Yes/No)	**Focus on other group/s** (List the group/s)	**Focus on PwDs** (Yes/No)	**Included disaggregated data by disability** - and whenever possible by age, gender and/or type of disability (Yes/No)
Relatório de missão de suporte de cobertura universal de saúde em São Tomé e Príncipe (Mission report to support universal health coverage in Sao Tome and Principe)	11/2021	No	No	No	No	No	No	No

Annex 3: Results questionnaire

- *Complete online using the following link:* https://forms.office.com/r/DfvPvaGfsg.

Annex 4: Final report on JP evaluation

- *Provide separately.*