



## Joint Programme Document and Fund Transfer Request

- Template -

Development Emergency Modality – Response to the Global Crisis on Food, Energy, Finance

### Eligibility Check

Does the proposal address one or more of the following sectors affected by the global crisis? Select all relevant sectors.	<input checked="" type="checkbox"/> Food <input type="checkbox"/> Energy <input checked="" type="checkbox"/> Finance
What are the areas of intervention that will be implemented by this proposal? Select all relevant intervention areas.	<input checked="" type="checkbox"/> Data collection/analytics <input checked="" type="checkbox"/> Analysis and forecasting <input type="checkbox"/> Help devise comprehensive preventative package of response measures <input type="checkbox"/> Testing / catalysing new integrated policies, financing solutions, programmes
Is the proposal developed under the RC leadership to mobilize the UNCT to effectively and efficiency respond to the crisis?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Does the proposal contribute to results in the UNSDCFs?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is the proposal building on and topping up an existing joint programme supported by the Joint SDG Fund?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If yes, please follow the specific guidance as per communications from the Secretariat)</i>

### Cover-page

<b>MPTFO Project Reference Number</b>	<i>(Leave blank, for automatic population in Atlas)</i>
<b>Country</b>	Sao Tome and Principe
<b>Region</b>	West and Central Africa
<b>Joint programme title:</b>	Health system strengthening for shock responsive social services for the most vulnerable population
<b>Outcomes(s): &lt;verbatim from CF&gt;</b>	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

Duration:	Maximum 6 months, no later than 31 December 2022
Anticipated start and end dates:	08/2022 to 02/2023 (for Top-ups, extensions to no later than 31 December 2022)
<b>Short description</b>	To respond to the economic disruption caused by the conflict between Russia and Ukraine, leading to reduced availability of food and price rises, the JP will contribute to the government efforts to strengthen the health and social protection system to better anticipate and respond to shocks. The JP will build on the results achieved under the JP on integrated policies (LNOB), leveraging on one-hand on the interoperability between the 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. By the end of this JP, it is expected that the health system has strengthened the integration of data on health and nutrition of the most vulnerable families, enhancing the system to provide evidence-based interventions able to respond to the food crisis, already impacting the health of the most vulnerable population. It is also expected that parents and caregivers are empowered with increased information and knowledge on sustainable access to nutritious diets that can be cost effective.
Resident Coordinator	Eric Overvest, <a href="mailto:eric.overvest@un.org">eric.overvest@un.org</a>
UN Joint Program RCO focal point	Taiye Fawole, <a href="mailto:taiye.fawole@un.org">taiye.fawole@un.org</a> , Communications & Advocacy Officer, +239 9921546
PUNO Lead agency JP Focal point	UNICEF, Alejandra Moncada, <a href="mailto:amoncada@unicef.org">amoncada@unicef.org</a>
Other PUNOs JP focal point	UNDP, Carlos Falla <a href="mailto:carlos.falla@undp.org">carlos.falla@undp.org</a>
<b>Total budget:</b>	402,000 = 250,000 (Joint SDG Fund) + 152,000 (other sources from PUNOs)
<b>Source of funds:</b>	
• UN Joint SDG Fund	\$250,000

1.	PUNO 1 - UNICEF	132,300 (Joint SDG Fund) + 85,000 (other sources)
2.	PUNO 2 - UNDP	117,700 (Joint SDG Fund) + 67,000 (other sources)

<b>SDG Targets directly addressed by the Joint Programme</b>	<p><i>Min 2 max 5 SDG targets</i></p> <p><b>SDG 1.3</b> Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable</p> <p><b>SDG 1.5</b> By 2030, build the resilience of the poor and those in vulnerable situations and reduce their exposure and vulnerability to climate-related extreme events and other economic, social and environmental shocks and disasters</p> <p><b>SDG 2.1</b> By 2030, end hunger and ensure access by all people, in particular the poor and people in vulnerable situations, including infants, to safe, nutritious and sufficient food all year round</p> <p><b>SDG 2.2</b> By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons</p> <p><b>SDG 3.8</b> 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</p>
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<b><u>Gender Marker</u></b>	<p>Select only one from the options below</p> <p><input type="checkbox"/> GEN3: Have gender equality/women empowerment as the primary or principal objective.</p> <p><input type="checkbox"/> GEN2: Make a significant contribution to gender equality/women empowerment.</p> <p><input checked="" type="checkbox"/> GEN1: Make a limited contribution to gender equality/women empowerment</p> <p><input type="checkbox"/> GEN0: Make no contribution to gender equality/women empowerment</p>
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## JOINT PROGRAM DESCRIPTION

### Situation Analysis

The economic disruption caused by the ongoing conflict between Russia and Ukraine has globally resulted in a steep rise in most commodity prices. All these developments are having profound implications for the world economy and especially for least developed and small island developing states (SIDS) like Sao Tome and Principe (STP), which was already suffering from the impacts of COVID-19 and climate change. Amid the global scenario and its impacts, severe food insecurity becomes a main concern, in a country where poverty rates are elevated and agricultural productivity is poor and inadequate. Not having enough money for food is a recurring problem with 42% of households experiencing food shortages for a few months of the year, and 26% declaring that they are affected by this problem for almost the entire year (INE, 2017). According to INE, by April 2022 the overall inflation rate in Sao Tome and Principe had grown by 5.9%, and by 14.4% when compared with same month of April in 2021. The overall price of food and non-alcoholic drinks, which represent almost 73% of the household basket have already increased by 5.6% and is the leading cause of overall inflation.

In addition, the country is experiencing a three-tiered public health emergency: the **Covid pandemic** as cases are still reported monthly, despite the high rates of vaccination. Simultaneously, the country is experiencing a sudden increase in the number of cases of **malaria**; in the last quarter, more than 500 were reported for the first time in more than 5 years. Finally, by the end of January the country reported the first cases of **Dengue fever**, a serious infectious disease which was never identified before in the country. During the month of May, more than 200 cases have been reported including 25 hospitalized patients and at least 2 deaths.

Despite development gains from recent years, (robust GDP growth of 9.5% in 2021 and an increase of 38% in the Human Development Index), the country still faces serious challenges in terms of the eradication of extreme poverty and increase of inequality. Poverty rates have remained stubbornly high, reducing only marginally from 68.4% to 66.7% between 2010 and 2017. Poorer households, particularly in rural areas, have disproportionately poorer health outcomes demonstrating higher adolescent birth rates, higher prevalence of nutritional deficits, higher child mortality, and lower vaccination rates. In recent years (from 2014 to 2019), the country has recorded only a modest reduction in the prevalence of malnutrition, where the proportion of children under-five who were underweight decreased from 9% to 5%, the proportion of children under-five with stunting decreased from 17% to 12%, and finally, the proportion of children under-five with wasting remained unchanged. There are several challenges to improving the nutritional and health status of poor and vulnerable groups: an insufficient number of qualified health staff in the country, inadequate coverage of health centers, weak supply system, poor information and data systems, limited use of data for planning purposes, scarce financial and human resources in areas of food security and nutrition, inadequate management systems, limited health seeking behavior of the population, food insecurity, and poor infant/young child feeding practices.

There to improve data availability and its use for planning to ensure focus on the most vulnerable and efficient allocation of limited resources. There is a financing gap in the social sectors due to the country's tight fiscal situation and the exhaustion of project funds allocated to the sector; and due to the high level of debt, there is no fiscal space to expand the coverage of social programs. Thus, improving the efficiency on the allocation and utilization of resources to the social sector is key. Robust data availability, evidence-based planning and the efficient design of interventions are needed to support system's resilience to external shocks and the rapid response to emergencies.

**Programme  
Strategy**

The JP's approach is two-fold: i) to strengthen government capabilities to respond to shocks through robust data collection for evidence-based planning aimed at effectively targeting those most at risk to be left behind; and ii) to empower parents and caregivers of vulnerable households as key actors of the crisis response, improving their skills and knowledge on adequate nutrition and health.

On one hand, the JP will strengthen the institutional capacity of the government to produce administrative databases and information systems to improve the delivery of integrated social protection programs, in coordination with the social security and health sector. The JP will build on results achieved from the Joint SDG Fund on Integrated Social Policy, which supported the Ministry of Labor, Family and Social Protection (MoL), to identify and register 5700 vulnerable families in extreme poverty in an Integrated Social Registry (ISR) and facilitated the interoperability with the District Health Information System 2 (DHIS2), registering part of these families (in 3 districts) into the single process modules. This JP will complete the registration of remaining families in the District Health Information System 2 (DHIS2) single process modules, providing the Ministry of Health (MoH) with individual data on the most vulnerable families for tracking and monitoring of nutrition and health conditions. It is expected that the availability of integrated health data on these families, will improve the health data management system, strengthening the health sector planning, and resource allocation as well as the proper identification of households highly exposed to food insecurity and malnutrition.

In addition, the Health and Social Protection Information Systems will be complemented with innovative tools and methodologies for data analysis and evidence-based planning. For data analysis, the JP will invest on a Geo-referencing Information Systems, to map vulnerable families, linking them with basic services offered in their community; in this way, MoH and MoL technicians will be able to identify areas with high incidence of vulnerability and gaps in terms of basic services. This tool will provide visual evidence to allow quick and easy identification of social needs, facilitating advocacy efforts to increase allocation in key areas to policy makers, donors and international financing institutions. With regards evidence planning, the JP will use Bottleneck Analyses methodology (BNA) to strengthen the health system. The BNA is a systematic method, for using routine (and other) data to identify health systems performance constraints that have a bearing on the effective coverage of high impact health interventions. It helps sub-national health management teams assess priority constraints of "bottlenecks" across supply, demand, quality and enabling environment determinants preventing health intervention to not achieve their full potential. It also includes an equity analysis component, to better understand who is being left behind and how bottlenecks may affect different sub-populations. This approach improves the identification of targeted solutions based on a simple evidence driven analysis, enhance the district health management's team's capacity to use data, and improves data quality. The BNA exercise will be supported by the BNA application in DHIS2 by providing user friendly, highly configurable, automated dynamic dashboards for health system at the national and district level, significantly reducing the time required to prepare data for analysis.

Lastly, the JP will promote and raise awareness on maternal feeding and nutrition for infants and children, strengthening nutritional education for parents and caregivers. Once again, the JP will build on the results from the Joint SDG Fund on integrated social policy, which strengthened the delivery of parental education programme, through the professionalization of the workforce across main services platforms including health, education, social services, and youth services. The JP will contribute to strengthen the skills of 100% of front-line workers (health and social protection) on nutrition, mainly in contact with pregnant girls and women. The JP will engage civil society organizations, specialized in nutrition to accompany, through regular nutritional consultations, mothers and children from 0 to 5 years old registered in the Social Registry which are malnourished or exposed to the risk of malnutrition, providing counselling and information on

nutrition, healthy habits, and alternative and local sources of nutrients with a view of reducing their dependency on imported food and taking more advantage of local diets.

**Expected outputs**

Contributing to the CF 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”*, the JP will deliver three main outputs:

- **Output 1.1** – Integrated health data of all individuals (members of the most vulnerable families identified and registered in the Social Registry) is registered in the District Health Information System 2 (DHIS2) single process modules allowing the individual tracking and monitoring the nutrition and health indicators of these families.
- **Output 1.2** – Innovative data collection and analytic tools and methodologies are piloted to allow the government to identify gaps and plan based on evidence, assessing the differentiated impact of the crisis on different segments of the populations with focus on the most vulnerable.
- **Output 1.3** – Parents and caregivers (registered in the Social Registry) have increased knowledge on nutrition through the parental education programme and are capable of providing nutritious and cost-effective diets to their children.

To ensure the JP results translate into medium-term policy, this initial seed funding is aimed at strengthening the ability of the government to have robust data, visual mapping on vulnerability and clear understanding of bottlenecks to influence public opinion and leaders to take decisions based on clear evidence, increasing the allocation (domestic and external) towards social services. The evidence gathered will inform the World Bank intervention on social protection for 2023 – 27, aimed at up scaling the national cash transfer from 2,543 to 4,500 households, supporting their efforts to identify areas with: (i) high poverty concentration; (ii) program under-coverage areas; and (iii) highly exposed to hazards to support the nutrition of children.

The JP will focus on vulnerable groups, though the identification and prioritization of those more likely to be left behind through evidence gathering and analysis. Based on the CCA, the following groups in STP face significant barriers to the enjoyment of their full human rights, accessing basic services and opportunities to develop to their fullest potential: the poor and vulnerable population, women and girls, children and youth, elderly people, disabled persons.

UNDP and UNICEF will work jointly with other UN agencies including WHO and ILO, for technical expertise and knowledge sharing requesting feedback on specific issues. This JP will be implemented jointly with MoL (Ministry of Labor) and MoH (Ministry of Labour), with the aim to increase cross-collaboration, ensuring decision taking processes are done, taking into account synergies.

**Governance and implementation arrangements**

The governance structure will leverage on the vertical and horizontal coordination mechanisms established for the previous JP on integrated policies to LNOB, aimed at ensuring agile decision making, escalation of risks and issues and the implementation of corrective actions when needed. The governance structure will

- **Ensure strategic guidance, monitoring, and quality assurance from RCO**; as well as feedback and reporting for the efficient flow of information across all stakeholders.

- **Define the roles and responsibilities of the different stakeholders** in a way that they complement each other.
- **Set up the basis for a common implementation and monitoring framework** to ensure the harmonization of work, priority of activities, internal rules, regulations, administrative procedures and practices.

The **National Council for Social Protection** (including MoH and MoL) will serve as the national steering committee: It will

- Validation of legal and policy framework
- Advocacy
- Institutional and political anchoring of the project

The **Resident Coordinator Office** is responsible for the following:

- Ensure strategic alignment with the UN contribution to the STP 2030 Transformational Agenda;
- Formal communication with Joint SDG Fund Secretariat;
- Promoting the JP through communication and partnerships, including with other potential donors and specialized UN agencies;
- Approving the work plans and budgets
- Revision and ensuring timely submission of reports;

**Program Management Team** consists of each PUNOs' Head of Agency (through UNCT programmatic meetings)

- Provide leadership and ensure commitment of the Participating United Nation Organization's (PUNOs) focal points to drive the JP implementation.
- Ensure the availability of financial and human resources for the implementation.
- Monitor the implementation of the JP's relevant outputs and escalate risks and issues to the RC .
- Discuss risk and issues towards achieving results and decision making on corrective actions.
- Actively participate to PMT meetings, and timely decision making of agreed corrective actions, changes and request.

The **lead agency** will be responsible of:

- Ensure cross-sectoral coordination of the JP and synergy among program components involving the relevant agencies.
- Coordinate the preparation of harmonized annual work plans and budget, its submission and approval, ensuring the achievement of the project results according to the submitted plans, budget allocations and time frames.
- Consolidate donor reporting .
- Coordinate with RCO the effective communication and visibility of programme results.

**Implementation Team (PUNOs)** is responsible for the following:

- Facilitate effective delivery of the JP in collaboration with the local partners and according to the annual work plan and budget, including the oversight of technical work.
- Ensure the effective flow of information among PUNOs, including between thematic areas of the JP.
- Assist with the preparation of communications activities and materials, including case studies and human interesting stories.
- Implement decisions taken by the RCO and PMT related to the JP priorities and strategies.
- Actively participate in coordination meetings and provide inputs as requested

**Legal context**

Indicate the title and date of the agreement between each Participating UN Organization (PUNO) and the government in the following format:

Agency name: UNICEF

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Agreement title: Basic Cooperation Agreement  
Agreement date: 6 January 1993

Agency name: UNDP  
Agreement title: *Standard Basic Assistance Agreement*  
Agreement date: 1997

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Workplan Template														
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												
Output	Target/s	List of activities	Time frame						PLANNED BUDGET				PUNO/s involved	Implementing partner/s involved
			<i>Customize as relevant</i>						budget description	Joint SDG Fund (USD)	PUNO Contributions (USD)	Total Cost (USD)		
			A	S	O	N	D	J						
<b>Output 1.1</b> - Integrated health data of members of the most vulnerable families registered in the Social Registry are registered in the District Health Information System 2 (DHIS2) single process modules allowing the individual tracking and monitoring the nutrition and health indicators	21,000 individuals	Activity 1. Training on DHIS II for MoH and MoL technicians to ensure ownership and include new modules							50000	67000	117000	UNDP	Ministry of Health and Ministry of Labor	
		Activity 2. Identification of performing MoH employees to receive financial awards.							24200		24200			
		Activity 4. Joint field supervision visits to ensure timeliness and quality of data							1400		1400			
		Activity 5. Monthly coordination meeting with MoL and MoH technicians to ensure interoperability and swift exchange of data							2100		2100			
<b>Output 1.2</b> - Two innovative data collection and	2 solutions piloted	<b>Activity 1.</b> Analysis and assessment of the geo-distribution of families							40000		40000	UNDP	National Institute	

analytic tools are piloted to allow the government to identify gaps and plan based on evidence, assessing the differentiated impact of the crisis on different segments of the populations with focus on the most vulnerable.		registered in the SR and capacity building of National Institute of Statistics												of Statistics
		<b>Activity 2.</b> Bottleneck Analyses methodology (BNA) capacity building for district health workers							40000	45000	55000	UNICEF	Ministry of Health (district health center facilities)	
		<b>Activity 3.</b> Qualitative surveys and assessment of bottleneck by districts							30000		30000			
<b>Output 3</b> - parents and caregivers have increased knowledge on nutrition through the parental education programme and are capable of providing nutritious and cost-effective diets to their children.	50% (out of the 5,466)	<b>Activity 1.</b> Training session of front-line workers (health and social protection) on specific nutrition PEP modules							22000	10000	32000	UNICEF	Civil Society (HELPO)	
		<b>Activity 2.</b> PEP sessions to parents and caregivers by the trained front-line workers							22000	10000	32000		Directorate of Social Protection	
		<b>Activity 3.</b> Communication and awareness raising campaign on nutrition to children (focus on 1000 days)								8000	20000		28000	

**Monitoring, accountability, financial management, and public disclosure**

*Standard text – do not change*

Reporting on the Joint SDG Fund will be results-oriented, and evidence based. **The Convening/Lead Agent will develop a simple final narrative report and submit it to the Joint SDG Fund Secretariat, through the Resident Coordinator no later than two (2) months after the operational closure of the programme activities.**

The Resident Coordinator will be required to monitor the implementation of the joint programme, with the involvement of Joint SDG Fund Secretariat to which it must submit data and information when requested. Additional insights (such as policy papers, value for money analysis, case studies, infographics, blogs) might need to be provided, per request of the Joint SDG Fund Secretariat.

PUNOs will be required to include information on complementary funding received from other sources (both UN cost sharing, and external sources of funding) for the activities supported by the Fund, including in kind contributions and/or South-South Cooperation initiatives, in the reporting.

PUNOs at Headquarters level shall provide the Administrative Agent with the following statements and reports prepared in accordance with its accounting and reporting procedures, consolidate the financial reports, as follows:

- Annual financial reports as of 31st December each year with respect to the funds disbursed to it from the Joint SDG Fund Account, to be provided no later than four months after the end of the applicable reporting period; and
- A final financial report, after the completion of the activities financed by the Joint SDG Fund and including the final year of the activities, to be provided no later than 30 April of the year following the operational closing of the project activities.

The Project will be using a pass-through fund management modality where UNDP Multi-Partner Trust Fund Office will act as the Administrative Agent. The programmatic UN entity of the Facility shall assume full programmatic and financial accountability for the funds disbursed to it by the Administrative Agent of the Joint SDG Fund (Multi-Partner Trust Fund Office). Such funds will be administered by each UN Agency, Fund, and Project in accordance with its own regulations, rules, directives and procedures. The entity shall establish a separate ledger account for the receipt and administration of the funds disbursed to it by the Administrative Agent. Indirect costs of the Participating Organizations recovered through project support costs will be 7%. All other costs incurred by each PUNO in carrying out the activities for which it is responsible under the Fund will be recovered as direct costs. Procedures on financial transfers, extensions, financial and operational closure, and related administrative issues are stipulated in the Operational Guidance of the Joint SDG Fund. PUNOs and partners must comply with Joint SDG Fund brand guidelines, which includes information on donor visibility requirements.

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### Risk Management

*See further instruction below (delete the instructions before finalizing the ProDoc)*

Risks	Risk Level:	Likelihood:	Impact:	Mitigating measures	Responsible Org./Person
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	(Likelihood x Impact, as per instructions)	Likely - 4 Possible - 3 Unlikely - 2 Rare - 1	Major - 4 Moderate - 3 Minor - 2 Insignificant - 1		
<b>Contextual risks</b>					
Upcoming election period having potential effects on field work for the GIS mapping	12	4	3	Conducting the exercise through a government department	UNDP
Changes in key ministerial positions and low engagement from other ministries	9	3	3	National Social Protection council shall keep the memory of the commitments and collective decisions. Advocacy across-ministries will be implemented	Social Protection council/RC
<b>Programmatic risks</b>					
The engagement required from the health personnel to ensure data is updated for the DHIS2 may not be enough to ensure the effective operationalization of the individual tracker	9	3	3	Maintain periodic supervision and monitoring meetings Performance-based incentives with gradual scale down	UNDP / UNICEF
Resentment from some of the people / institutions related to the incentive payments	9	3	3	Supporting the implementing agency in the ministry to ensure the process is implemented authentically, with transparency	UNDP
Delays in the background work that needs to be done (by external consultant) for implementation of new / customized or expanded use of DHIS2 modules	9	3	3	Task expectation will be communicated as early as possible once grant is awarded In the long-run, strategies are being put in place for enhancing local capacity, gradually limiting need for engagement of external expertise	UNDP
DPSSF not in charge and take ownership of the mapping and database management	16	4	4	Collaboration with WB, ensuring strategic planning, and discussions consider WB changing priorities.	UNDP UNICEF

Front-line workers do not acquire the necessary skills on nutrition to provide impactfull session of parental education to parents				Strengthen the capacity of DPSSF, including the support to Human Resources to ensure implementation of PEP, through engaging training and IT infrastructures and tools	UNICEF
<b>Institutional risks</b>					
Weak coordination among PUNOs working on the JP	9	3	3	RC Leads and monitors the JP on quarterly basis, in addition to monthly meetings with the PUNOs chief if agencies.  Coordination mechanisms are followed and monitoring of activities take places regularly.	RC
Weak engagement and ownership of local partners	9	3	3	Regular communication and meetings to ensure technical partners are aware of changing context across sectors.  Advocacy at the ministerial level carried by the chief of agencies and RC.	RC; MLFPQ/MoH and PUNOs
<b>Fiduciary risks</b>					
Lack of preparedness of the Government (including funding) to take over project activities after the end of the project and the associated risk of not sustaining project impacts over the medium and long term.	20	4	5	Advocacy across sectors;  Strengthen the partnerships with other key development partners such as WB, EU, Bilateral cooperation and also private sector.  Resource mobilization  Encourage the use of SR by others SP programmes and NGOs.	RC; MLFPQ

Likelihood	Occurrence	Frequency
Very Likely	The event is <b>expected</b> to occur in most circumstances	Twice a month or more frequently
Likely	The event <b>will probably</b> occur in most circumstances	Once every two months or more frequently
Possibly	The event <b>might</b> occur at some time	Once a year or more frequently
Unlikely	The event <b>could</b> occur at some time	Once every three years or more frequently
Rare	The event <b>may</b> occur in exceptional circumstances	Once every seven years or more frequently

Consequence	Result
Extreme	An event leading to <b>massive or irreparable</b> damage or disruption
Major	An event leading to <b>critical</b> damage or disruption
Moderate	An event leading to <b>serious</b> damage or disruption
Minor	An event leading to <b>some</b> degree of damage or disruption
Insignificant	An event leading to <b>limited</b> damage or disruption

Likelihood	Consequences				
	Insignificant (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)
Very likely (5)	Medium (5)	High (10)	High (15)	Very High (20)	Very High (25)
Likely (4)	Medium (4)	Medium (8)	High (12)	High (16)	Very High (20)
Possible (3)	Low (3)	Medium (6)	High (9)	High (12)	High (15)
Unlikely (2)	Low (2)	Low (4)	Medium (6)	Medium (8)	High (10)
Rare (1)	Low (1)	Low (3)	Medium (3)	Medium (4)	High (5)

Level of risk	Result
Very High	Immediate action required by executive management. Mitigation activities/treatment options are mandatory to reduce likelihood and/or consequence. Risk cannot be accepted unless this occurs.
High	Immediate action required by senior/ executive management. Mitigation activities/treatment options are mandatory to reduce likelihood and/or consequence. Monitoring strategy to be implemented by Risk Owner.
Medium	Senior Management attention required. Mitigation activities/ treatment options are undertaken to reduce likelihood and/or consequence. Monitoring strategy to be implemented by Risk Owner.
Low	Management attention required. Specified ownership of risk. Mitigation activities/treatment options are recommended to reduce likelihood and/or consequence. Implementation of monitoring strategy by risk owner is recommended.

## Budget per UNSDG Categories

UNSDG BUDGET CATEGORIES	UNICEF		UNDP	
	Joint SDG Fund (USD)	PUNO Contribution (USD)	Joint SDG Fund (USD)	PUNO Contribution (USD)
1. Staff and other personnel	30,000	67,000	59,200	85,000
2. Supplies, Commodities, Materials	5,000		1,500	
3. Equipment, Vehicles, and Furniture (including Depreciation)	-			
4. Contractual services	40,000		40,000	
5. Travel	-		-	
6. Transfers and Grants to Counterparts	48,645		-	
7. General Operating and other Direct Costs	-		9,300	
<b>Total Direct Costs</b>	<b>123,645</b>		<b>110,000</b>	
8. Indirect Support Costs (Max. 7%)	8,655	7,700		
<b>TOTAL Costs</b>	<b>132,300</b>	<b>67,000</b>	<b>117,700</b>	<b>85,000</b>

### Signature of Joint Programme document and Fund Transfer Request as per UNSDG budget categories.

I hereby confirm that the funds requested are in accordance with the approved Work Plan & Joint Programme Document. \* I also certify that the copy transmitted to the MPTF Office is a true copy of the original which is secured by the RC Office. I have received documentation from Participating Organizations demonstrating Committed amounts where applicable. I also confirm that the PUNOs' indirect cost does not exceed 7%.

**RESIDENT  
COORDINATOR  
SIGNATURE**

**Name:**

Date and Signatur

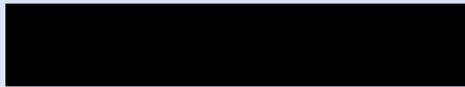


08 June 2022

**PUNO  
Representative  
SIGNATURE**

**Name, Title: Noel Marie Zagre, UNICEF Area Representative Gabon, Sao Tome and Principe**

Date and Signature

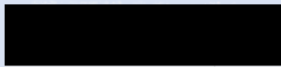


08 June 2022

**PUNO  
Representative  
SIGNATURE**

**Name, Title: Katarzyna Wawiernia Resident Representative**

Date and Signature



08-Jun-2022