



DEVELOPMENT EMERGENCY MODALITY

Joint Programme 2022 Annual Progress Report

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UNCT/MCO: Sao Tome and Principe

Reporting Period: 1 January - 31 December 2022

JP title: Health system strengthening for shock responsive social services for the most vulnerable population

Thematic SDG Areas: Food systems transformation; Decent jobs & universal social protection; Digital transformation; SDG localization;

PUNOS: UNICEF, UNDP

Stakeholder partner: National Government; Sub-national Governments; Civil Society Organizations;

Gender Marker: Gender-responsive (for example, the JP aimed to respond to specific gendered needs, such as linking social assistance with GBV response services or maternal health support)

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Annual Progress

Overall JP self-assessment of 2022 progress:

Satisfactory (majority of annual expected results achieved; 1 to 3 months delay in implementation)

Overall Progress

The activities under the three output areas for this JP are distributed between UNICEF and UNDP.

Output 1.1

Activity 1 (UNDP)

Capacity building of national core team and health information department (SIS) was delivered through on-site support and trainings on: technical tasks related to DHIS2 management [17 trainees]; HIV Module [29], Individual TB Tracker Module [43], Individual Malaria Tracker Module [18]; Training on the Single Procedure [74]; Child Nutrition and Immunization Tracker Modules for the capture of individual level data in DHIS2 [30 interns].

Activity 2 (UNDP)

Performance assessments were conducted to identify high performing employees, who were awarded financial prizes, according to a performance scale, based on their monthly score for achieving target.

Activity 3 (UNDP)

Two joint supervision field visits were conducted by MoH, UNDP and WHO teams, to each of the 6 districts of São Tome and one to the Autonomous Region of Principe (RAP). The status of implementation of DHIS2 was assessed, feedback shared, challenges addressed.

Monthly visits to all districts were not feasible due to delays in the start of the project in the electoral period, and the temporary suspension of flights to RAP at the end of 2022.

However monthly remote assessment of the data in the system and remote support were provided to the districts by the national

SIS coordination team.

Activity 4 (UNDP)

Technical meetings have been held only with Health, given the change in government after elections, which moved the social protection department (DPSSF) from the Ministry of Labour, to MoH. A meeting was held with the Minister of Health to pave the way for acceleration of implementation in 2023.

Output 1.2

Activity 1 (UNDP)

The JP envisions working with INE and DPSSF in the mapping exercise for vulnerable populations. A preliminary sensitization meeting was held to prepare the assessment to be conducted in early 2023.

Activity 2. (UNICEF)

The JP is strengthening the capacity of the health sector on Bottleneck Analysis (BNA) through the adaptation of training materials and facilitators' skills on evidence-based planning processes to ensure effective implementation at subnational level. The intention is to integrate BNA into district planning guidelines. BNA is a systematic tool for district teams to identify bottlenecks across supply and demand chains, root causes and practical / low-cost solutions, through an equity analysis.

The JP provided a BNA training package to facilitate the training of trainers (ToT) and district workshops. 1 BNA ToT with government counterparts (19 participants) was conducted at central level.

An analysis of the state budget was produced for health, WASH, social protection and education sectors, looking at allocations, execution, and functional areas. The findings were discussed with government and civil society partners and will inform advocacy for mobilizing and effectively using domestic resources.

Activity 3. (UNICEF)

Following the ToT at national level, in 2023 the 19 facilitators will guide the BNA workshops in the 6 districts and RAP.

Output 1.3

Activity 1. (UNICEF)

The capacity of 64 social workers from DPSSF on nutrition education was strengthened, through training and the production of a manual.

This enabled social workers to monitor and provide adequate support to vulnerable mothers under the PEP+ programme. 25 nutritional screenings were conducted in 4 districts during the regular community sessions of PEP.

Activity 2. (UNICEF)

PEP activities are ongoing and have reached a total of 2,064 families to date, through group sessions on themes related to positive parenting practices, including nutrition, delivered by trained frontline workers.

Activity 3. (UNICEF)

Social workers are also trained to deliver communication and sensitization messages for social behavior change to improve nutrition. DPSSF, the CSO HELPO and UNICEF are developing a community intervention plan for Q1 2023.

SDG Acceleration progress towards the SDGs, focusing on the main SDG targets

An important cross-cutting contribution of the JP for the acceleration of the SDGs was the production of the state budget analysis for the social sectors (health, wash, education, and social protection), based on allocations, execution and functional areas. The policy recommendations are a key advocacy tool for increased investment of domestic resources and their effective use in key social sectors.

- Contribution to SDG target 1.3 and 2.2 - The training of health workers on the nutrition modules and the resulting documentation of nutrition data for individual patients in DHIS2 signifies an important step towards monitoring of nutritional status and access to care. While the aggregate data suffices for monitoring of the nutritional status in general, the individual (Tracker) data is necessary for targeted monitoring of specific sub-populations such as vulnerable households (i.e., when the interoperability of the SRR and the DHS12 is fully established).
- Contribution to SDG target 1.5 and 2.1 – Through the nutrition education sessions and cooking demonstrations, conducted by trained social workers for the communities under the Parental Education Program (PEP+), positive feeding and dietary habits are being promoted, to reduce the consumption of imported and processed products, which often suffer price and supply fluctuation. This will contribute to the resilience of vulnerable families to such shocks and to improve national indicators of chronic malnutrition in children under five years old (12%) and of acute malnutrition (4%).
- Contribution to SDG target 3.8 - The training of health workers on the Single Procedure (“Processo Unico”) module in DHIS2 done in October, enabled them to begin implementation of this module including capturing of medical consultations in DHIS2 at the pilot sites (Agua Grande district health center and the central Hospital). The field support and supervision activities, contribute to improving data quality, which is the basis for assessing and improving the quality of health services.

Constraints that were encountered and any adjustments that were made to strengthen the relevance and effectiveness of the JP and the coherence and coordination of UN system support.

Constraints

- The election period and the subsequent change in government, including of the Ministerial structure responsible for social protection, affected the implementing of some activities in this project, creating delays. During the electoral campaign and in the voting phase, field activities were not possible. The election of a new government was followed by a restructuration phase, and by changes of personnel in key positions. Decision-making by the incumbents for key activities and commitments was compromised and important decisions had to wait for new appointments.
- A persistent challenge for the JP is the fact that DPSSF is not in charge of the updated database of vulnerable populations, which means that necessary data for interventions is not readily available.
- Regarding the partnership with HELPO, administrative delays in the contracting procedures resulted in some delay in starting implementation of the nutrition education activities. For this reason, the planned activities are still underway.

Adjustments

- Although the target for training DHIS2 technicians was 150, 269 (179%) technicians were actually trained. This was possible as there was cost reduction due to the use of facilities provided by the line ministries.
- At the level of training in Problems Related to Alcohol Consumption and Nutrition, there was also a redefinition of the target from 30 professionals from DPSSF to 64, due to a particular request from DPSSF in order to cover all social workers.

Next steps, scaling and sustainability [up to half a page]

Actions to promote sustainability:

- Strengthening local capacity and gradually reducing international dependence for the management of the DHIS2 system, through continuous training on specific modules of the programme, to the members of the central team of the Ministry of Health department responsible for managing the implementation of DHIS2 in the country with technical skills to facilitate their role and assume more responsibility over time.
- Capacity building of the technicians of the Directorate of Social Protection (DPSSF) in the Nutrition approach in order to improve the signaling of malnutrition cases and subsequent referral to nutrition consultation of the Maternal and Child Nutrition Follow-up Program and in the approach of Prevention of Alcoholic Drinking in order to reduce the consumption of alcoholic beverages and improve the nutritional status of the mother and child population in Sao Tome and Principe.
- With the change in government resulting in structural changes and also changes of people in key positions, there was a risk of loss of continuity with loss of the focal point persons on the side of beneficiary institutions (government). This would have likely been the case if the JP was ending in December 2022 as originally planned. The JP requested a no-cost extension, allowing time to engage the new government personnel, sensitizing or orienting them as necessary, to assume the leading role and ownership expected for continuity.

Next Steps:

With the project extended to March 2023, activities planned for the remaining period include the following:

- Replicate the trainings on DHIS2 that were conducted in São Tomé in Região Autónoma do Príncipe
- Engage DPSSF and other relevant stakeholders for the implementation of the geo-mapping exercise of vulnerable populations
- Mobilize resources for the effective implementation of the Single Procedure (“Processo Unico”) module of DHIS2, which is key to linking patient access to health services across all health programmes, time and service points, thus enabling comprehensive monitoring of access to health for all, including vulnerable populations
- Continue nutritional screening and cooking demonstration sessions for all families benefiting from the Parental Education Programme (PEP+)
- Extend the PLA training to young people from the Youth Interaction Centres so that they can be replicators in their communities.
- Apply AUDIT screening to the women of PEP+ and refer the cases of alcohol dependence to the multidisciplinary team;

Strategic Partnerships and Communications

Explain how diverse stakeholders were engaged with the JP

Beyond UNICEF and UNDP, the CSO HELPO was engaged for the nutritional screening and education component. The CSO worked with an additional funding of USD 45,136, to collaborate in the implementation of the Parental Education Programme (PEP+), in order to strengthen existing synergies and jointly develop sessions that contribute to the training of social workers on nutrition and addictive behaviours. National level government was involved through the Ministry of Health and Labour (recently merged into one), whilst district level staff is heavily engaged through capacity building on DHIS2 management and use, evidence-based planning and on service provision, especially related to nutrition education.

Key meetings and events organized

JP steering committee/ programme board meeting	Strategic partners/ donors	Kick-off meeting event
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Priority Cross-cutting Issues

Cross-cutting results/issues

- The JP made a significant contribution to advocacy for the investment of domestic resources and their effective use across the social sectors, through the production of the state budget analysis, for health, WASH, social protection and education, which looked at allocations, execution, functional areas and policy recommendations.
- The JP contributed to addressing several challenges that affect the nutritional and health status of vulnerable groups in STP, which also cut across the other social sectors, namely:
insufficient number of frontline workers and qualified staff, inadequate coverage and quality of services, poor information and data systems, limited use of data for planning purposes, limited health seeking behavior of the population, and poor infant/young child feeding practices.
- The JP built 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 vulnerable families in extreme poverty in an Integrated Social Registry (ISR) and facilitated the interoperability with the District Health Information System 2 (DHIS2).
- The JP is promoting multisectoral work, by mobilizing and engaging various social sector actors, in particular social protection and health, thus ensuring greater effectiveness of interventions. It is contributing to the parental education programme (PEP), through the professionalization of the workforce across key health and social protection services, on the major component of nutrition. It is also enabling the strengthening of the integration of health and nutrition data from the most vulnerable families, improving the system to develop evidence-based interventions.
- The UNCT enhanced interagency collaboration, in terms of partnership with government counterparts and contribution to

UNSDCF results, thus avoiding duplication of actions. Through this JP, a strong governance structure was established, allowing for a coordinated approach by agencies to work sustainably with different sectors.

How did the JP apply the Gender Marker

The JP is Gender-responsive (for example, the JP aimed to respond to specific gendered needs, such as linking social assistance with GBV response services or maternal health support). Evidence, data collection and analysis (e.g. gender assessments of programmes; policy briefs, costing for scale-up of social services); Policy dialogues, advocacy (e.g. direct inputs to national policies, strategies, laws, including women’s and girls’ rights groups in coordination mechanisms); Capacity development (e.g. training of social workers, local governments, local communities);

JP address the below cross-cutting issues and principles of leaving no one behind

Human Rights	Persons with disabilities	Youth	Environmental and social standards
Yes	No	Yes	Yes

Contribution to enhancing SDG Financing

Drafted a bill, strategy, and/or approved a law increasing the fiscal space for the policy in focus	Produced financing, costing, diagnostic and feasibility analyses as a basis to invest or increase spending on the SDGs	Improved efficiency (cost savings) in the management of programmes/schemes	Improved effectiveness (value for money; i.e. social impact of \$1 spent) of spending	Drafted policies/regulatory frameworks or developed tools to incentivize private sector investment on the SDGs	Structured new financial instruments (public, private or blended) to leverage additional funding
No	No	No	No	No	No

How and in which area your JP contributed to enhancing SDG financing

NA