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### United Nations Children's Fund

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### Country note\*\*

### Sao Tome and Principe

#### *Summary*

The Executive Director presents the country note for Sao Tome and Principe for a programme of cooperation for the period 2002 to 2006.

### The situation of children and women

1. An island nation in the Gulf of Guinea, Sao Tome and Principe is one of the smallest and poorest countries in the world, consisting of two principal islands with a total estimated population of 138,000. Of this population, over half are under 18 years of age. In 1998, per capita gross domestic product was \$337. The country is vulnerable as a result of a monoculture based on cocoa and coffee, which is in decline, and has suffered from successive strikes. National capacities are limited due to low level of education, aggravated by a "brain drain". Dependency on foreign aid is high, and external debt has reached an extremely high level (\$290 million) given the small population. Recently, the Paris Club forgave \$26 million in debt and rescheduled \$42 million. In October 2000, a round-table meeting was held in Geneva, with donors pledging \$114 million over three years. The country is on the road to qualifying for Highly Indebted Poor Country status. National policies and social sector reform are only now beginning to be developed.

2. Sao Tome and Principe has yet to submit a report on the Convention on the Rights of the Child or on the Convention on the Elimination of All Forms of

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\* E/ICEF/2001/2.

\*\* An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its second regular session of 2001.



Discrimination against Women, but reporting process has begun. The Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-personnel Mines and on Their Destruction was ratified in 1998. The status of women is low, as indicated by lower literacy (a male-to-female ratio of 82 per cent to 66 per cent), and divorce and separation rates are high, with over one third of families headed by women, a highly vulnerable group.

3. The infant mortality rate (IMR) and under-five mortality rate (U5MR) — 64 and 98 per 1,000 live births, respectively — have remained relatively level over the past five years. Maternal mortality is 131 per 100,000 live births, in large part due to unsafe abortions. Malaria remains the main killer disease of children, with most suffering several bouts each year. Diarrhoeal diseases and acute respiratory infections continue to be the next most prevalent diseases among children. Vaccination coverage rates remain at respectable levels, with coverage for diphtheria, pertussis and tetanus (DPT3) at 75 per cent; oral poliomyelitis vaccine (OPV3) at 77 per cent; tetanus toxoid (TT2) at 82 per cent; and measles at 60 per cent. A recent study on micronutrient deficiencies revealed far greater iron deficiency in children and women than was previously assumed. Anaemia is prevalent in 90 per cent of all women. HIV/AIDS is a growing problem, the full extent of which will be known once the comprehensive survey commissioned by the national HIV/AIDS Programme and United Nations Joint Programme on HIV/AIDS (UNAIDS) has been completed. Only 24 per cent of the peri-urban population have access to sanitary facilities. In spite of abundant water sources, only one third of the population has access to safe drinking water.

4. Several positive developments may be noted. Sao Tome and Principe has traditionally been in the forefront of integration of public health services. As such, the country has firmly endorsed the World Health Organization and UNICEF Integrated Management of Childhood Illness initiative. A malaria assessment is being conducted by a multi-country team. Through the Roll Back Malaria partnership, a comprehensive malaria control programme is now being elaborated. The Ministry of Health has established a donor coordination committee for the Global Alliance for Vaccines and Immunization, and the Bamako Initiative remains the key strategy to bring health care to remote communities.

5. The situation in education, however, has been deteriorating steadily since 1994. The new owners of privatized plantations have closed many crèches and some primary schools. Net enrolment stands at 66 per cent, with literacy rates reportedly now declining from a high of 75 per cent in 1994. In remote rural areas, more girls than boys drop out of school after fourth grade, which is often the last grade offered. Those wishing to complete their primary education have to walk many kilometres to school. The incidence of sexual harassment in schools is one of the reasons for high drop-out rates and teenage pregnancy. With the introduction of school uniforms, it is expected that poorer children will be forced to drop out more quickly. There have been successive strikes by teachers over pay. With the closing of the Teacher Training College in 1997, over 50 per cent of teachers are currently unqualified. School materials and textbooks are not always used effectively or are unavailable. Curriculum revision and adaptation to the country context are long overdue.

6. Child labour is a growing phenomenon. A rapid assessment supported by UNICEF revealed that children as young as 10 years of age are engaged in labour. In remote rural areas, children often start working immediately after fourth grade,

the last available grade. Therefore, UNICEF has begun to support the Government in adding fifth and sixth grade classrooms in Porto Alegre in the far south. Even very young children are engaged in the worst forms of labour, such as cutting stones, carrying bricks for construction, metalworking and mechanics. For the most part, girls are not involved in these activities, but an ongoing study on child labour is expected to provide more data. Conditions of apprenticeship are not defined in accordance with norms of development and protection.

## **Lessons learned from past cooperation**

7. Recommendations of the 1999 mid-term review centred on the need to establish sectoral policies and institute reform; to improve coordination between the Government, UNICEF and the growing number of national non-governmental organizations (NGOs); to improve the access to and quality of services at delivery level; and to support the Government in elaborating a comprehensive strategy to combat HIV/AIDS. A health review recommended extension of the Bamako Initiative and greater emphasis on information, education and communication, through the National Centre for Health Education. Experience has shown that the Bamako Initiative should first be introduced in receptive communities. An education review recommended a focus on girls' education; training of professionally qualified teachers through reopening of the Teacher Training College; integration of fifth and sixth grades in primary school; and greater emphasis on protection of disadvantaged children. A stronger intersectoral community development approach has been adopted and should be continued. More studies are needed in the area of child protection to better understand the issues involved and to include the excluded.

8. Perhaps the most important lesson is that the past country programme was far too ambitious in relation to UNICEF and government capacity. In addition, the Area Office in Luanda had to cope with a complex emergency, which limited substantially its ability to support the sub-office in Sao Tome. The Regional Office for Eastern and Southern Africa was too far removed to fill this gap. As a result, in October 1999, the Sao Tome office was integrated into the West and Central Africa Region. Since then, it has received a marked increase in programme and operations support.

9. The Bamako Initiative notwithstanding, the past country programme was largely centralized, with only limited orientation towards the ultimate beneficiaries in communities. At times, weak links between sectors led to lost opportunities to converge interventions to the greater advantage of the beneficiaries, for instance, by not linking latrine construction with health education in schools. The programme was insufficiently rights-based and most activities did not promote gender equality. In general, children have not participated in their own development, the Child to Child pilot phase being the exception. In 1998, the NGO seminar on UNICEF financial and administrative procedures revealed a great need for this type of information sharing and mutual support among NGOs and UNICEF.

## **Proposed country programme strategy**

10. The main focus of the 2002-2006 country programme is on an integrated rights-based, people-centred, gender equality approach. The overall aim is to realize

the three outcomes of the New Global Agenda for Children: to provide a healthy start for children, giving them the ability to learn, to stay healthy and grow up in a caring and stimulating environment; to facilitate access to quality basic education without discrimination; and to create opportunities for adolescents, in particular girls, in order to develop capacities and fully participate in society. The country programme is in accordance with the Government's medium-term national plan and the United Nations Development Assistance Framework. A national poverty reduction strategy paper is being prepared.

11. The principal country programme objectives will contribute to: a reduction of IMR to below 60 per 1,000 live births and U5MR to below 90 per 1,000; reduction of MMR; elimination of vitamin A deficiency in children under the age of 5 and of iodine deficiency; reduction of anaemia in women of child-bearing age; improvement of early childhood care for survival, growth and development; improvement in access to and quality of basic education; an increase in literacy rates of women to 80 per cent; and protection of children from hazardous labour, violence and abuse. The new country programme will consist of two programmes: basic services, and social planning, monitoring and evaluation.

12. Strategies cutting across the country programme focus on: greater participation of civil society, with a focus on strengthening the family; monitoring implementation of child rights; gender equality in all interventions; national capacity at service delivery level for enhanced sustainability; building partnerships with a view of going to scale; support to creation of a national association of NGOs for information exchange and mutual support; and advocacy and communication for gradual implementation of the 20/20 Initiative.

13. The structure of the *basic services programme* guarantees greater convergence among its three projects, namely primary health care, basic education and child protection. Specific programme objectives contribute to the elaboration of a national policy on poverty reduction; support to reform of the health and education sectors; improvement of quality and access to basic services, ensuring gender equality; monitoring physical and stimulative development of children 0 to 8; and strengthening protection and development of children with special needs. Specific strategies aim to improve impact of central and district planning, management and supervision; promote participation of children and women in their own development; strengthen the support role of communication to service delivery and capacity-building; and promote an integrated and geographically focused approach, specifically in remote rural areas.

14. The *social planning, monitoring and evaluation programme* aims to strengthen capacity of the Government to monitor progress on implementation of rights of children and women; and to strengthen performance of the country programme to support implementation of these rights. The specific strategies aim to forge an alliance with the donor community to achieve these objectives. The outcome of studies and surveys, such as the recent multiple indicator cluster survey and the ongoing study on child labour, will be used to provide more effective interventions for children and women.

15. Cross-sectoral costs will cover staff costs, contribution to United Nations common premises, supplies procurement and emergency management, based on an emergency preparedness plan.

## Estimated programme budget

### Estimated programme cooperation, 2002-2006<sup>a</sup>

(In thousands of United States dollars)

	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Basic services	1 840	375	2 215
Social planning, monitoring and evaluation	375	125	500
Cross-sectoral costs	875	–	875
<b>Total</b>	<b>3 090</b>	<b>500</b>	<b>3 590</b>

<sup>a</sup> These are indicative figures only which are subject to change once aggregate financial data are finalized.