



# Convention on the Rights of the Child

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Committee on the Rights of the Child

## Consideration of reports submitted by States parties under article 44 of the Convention

Second to fourth periodic reports on the implementation of  
the Convention on the Rights of the Child due in 2008

**Sao Tome and Principe\***

[9 June 2010]

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\* In accordance with the information transmitted to States parties regarding the processing of their reports, the present document was not formally edited before being sent to the United Nations translation services.

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## Abbreviations

ADB	African Development Bank
ADF	African Development Fund
AIDS	Acquired Immune Deficiency Syndrome
ARV	Anti-retrovirals
CEDAW	Convention for the Elimination of all Forms of Discrimination against Women
CHA	Community Health Agents
CRC	Convention on the Rights of the Child
DRSTP	Democratic Republic of São Tomé e Príncipe
EFA	Education for All
FONG	Federation of Non-Governmental Organisations
FTI	Fast Track Initiative
GDP	Gross Domestic Product
GER	Gross Education Rate
GoSTP	Government of São Tomé e Príncipe
GCPH	General Census on Population and Habitat
HBV	Hepatitis B Virus
HIPC	Highly Indebted Poor Countries
HIV	Human Immunodeficiency Virus
IACD	Integrated Approach to Childhood Diseases
IDA	International Development Assistance (WB)
IEC	Information, Education and Communication
ILO	International Labour Organisation
IMF	International Monetary Fund
IMN	Impregnated Mosquito Nets
IMR	Infant Mortality Rate
JMR	Juvenile Mortality Rate
MDGR	Millennium Development Goals Report
MICS	Multiple Indicators Cluster Survey (UNICEF)
MM	Maternal Mortality
MR	Mortality Rate
NER	Net Education Rate
NGO	Non-Governmental Organisations
NCCRCIM	National Committee for CRC Implementation and Monitoring

NDSS	National Development Strategy for Statistics
NPRS	National Poverty Reduction Strategy
NSI	National Statistics Institute
PAP	Priority Actions Programme
PASS	Project of Assistance to the Social Sector
PDA	Public Development Assistance
PRGF	Poverty Reduction and Growth Facility
RHS	Reproductive Health Services
SAP	Structural Adjustment Programme
SEN	Special Education Needs
SGB	State General Budget
STD	Sexually Transmitted Diseases
STP	São Tomé e Príncipe
UN	United Nations
UNDP	United Nations Development Programme
UNFPA	United Nations Fund for Population Activities
UNICEF	United Nations Children's Fund
UNS	United Nations System
WB	World Bank
WFP	World Food Programme
WHO	World Health Organisation

## I. Introduction

1. São Tomé e Príncipe, a State Party to the Convention on the Rights of the Child (CRC), ratified the Convention in 1991, having previously adopted responsibilities foreseen in its article 44 relative to the process of drafting and presentation of reports on the progress of implementation of the Convention.
2. Due to various constraints, the initial report of the State (CRC/C/8/Add.49), drafted in July 2001, was only presented to the International Implementation Committee on 24 May 2004, receiving the Committee's evaluation and comments on STP's performance on implementation of the rights defined by that document.
3. Noting the delay of STP's reporting, the Committee underlined the importance of this practice to permit that the country gain a perception of the degree of implementation of the rights in the Convention, and to allow the UN Committee the opportunity of monitoring the progress made in the country's implementation of these rights.
4. Given the already existing de-phasing in respect of the periodic presentation of the reports as foreseen in Article 44 of the Convention, the Committee invited STP, exceptionally, to submit its second report by combining the second, third and fourth periodic reports; from then on, STP's progress reports will be presented every five years, as planned.
5. The present report will concentrate its evaluation to actions developed in favour of children between the ages of 0 to 18 years, taking into consideration the recommendations of the United Nations Committee on 24 May 2004.
6. The preparation and conclusion of this second report was a participative process with the involvement of representatives from various public sectors at the central, regional and local levels, from the private sector, from civil society in particular from NGOs, from community-based organisations (CBOs) and from religious groups.
7. At its conclusion, the Final Report should be widely publicised at the national level.
8. The preparatory activities for the Report are included in the planned activities in the 2008 Annual Work Plan between the GoSTP and UNICEF; concretely UNICEF's Child Protection Project under the responsibility of the Ministry of Justice and in co-ordination with the Ministry of Foreign Affairs, Co-operation and Communities.

## II. General context

### Evolution of the economic and social situation

9. STP's economy, weakened due to structural reasons, has seen transformations since 1987, when it became clear that the country's post-independence economic policies were not successful. Thus, STP proceeded with the application of the Structural Adjustment Programme (SAP) to correct the by then already prolonged crisis. In support of the balance of payments, the GoSTP approved during that same year the first World Bank's IDA Structural Adjustment Credits, and received African Development Bank (ADB) and Swedish donations, as well as technical assistance from the International Monetary Fund (IMF).
10. From 1987 to 2001, under a private management framework and with technical and financial assistance from the World Bank, the ADB and the African Development Fund, the DRSTP invested close to 70 million USD in mixed farming ventures that replaced the old "roças" or plantations. In spite of these investments, the production of cocoa, which in 1974

had reached 10,000 tonnes; by 2001 barely 4,000 tonnes were produced, falling to 3,000 tonnes in 2005, falling again to 2,500 tonnes in 2006. Only in 2007 was there a slight reversal to this tendency, reaching 3,300 tonnes. 2008 brought about an increase of the cocoa export value during the first semester, resulting from the increase of the international market prices as well as from an increase in export volume.

11. However, only from 1998 was a gradual increase of GDP observed, from 2.5% that year, to 5% in 2003, before falling again to levels inferior to 4% in 2004 and 2005. Growing investment in civil construction during the last few years, in particular with respect to hotel facilities, has permitted the GDP to increase 8% in 2006 and 6% in 2007. It is within this framework that the country benefited from external debt relief during 2007.

12. Independently of the ongoing crisis affecting most economies, whether in poor or developed nations, arising from the rapid increase in food and fuel prices, the Saotomean economy during the last few years has suffered a general increase in costs that has not only provoked uncertainty but also resulted in influencing the current rate of inflation. Thus, an accumulated rate of 9% in 2002, 10% in 2003, and 15.2% in 2004, increasing to 27.6% in 2007 is observed. The Government intends, in 2008, to maintain the GDP's real growth at 6% and reduce annual inflation to levels closer to 13 and 15% through to the end of the year.

#### **Public development assistance**

13. Public development assistance has been strengthened by the Millennium Declaration of September 2000 adopted by 189 Member States at the United Nations General Assembly, which launched global co-operation in the XXI century. The Millennium Declaration permitted the identification of the central challenges faced by Humanity on the threshold of the new millennium. The approval of the Millennium Development Goals to be achieved by 2015 (MDG) demonstrates the international community's responsibility towards the improvement, by the richest countries, of the living conditions of the poorest countries, and established as its primary objective to reduce the world's growing poverty and hunger.

14. A Round Table with São Tomé e Príncipe's development partners took place on 06 December 2005 in Brussels, Belgium.

15. The organisation of that Round Table, under the banner of "Partnership for Good Governance and Poverty Reduction", was based on the following:

- Strengthen partner dialogue on growth policies and poverty reduction
- Promote supra-national governance and guarantee good management of oil resources
- Reaffirm the fight against poverty as an absolute priority and build partnerships around this objective
- Mobilise resources to finance the 2006–2008 Priority Actions Programme

16. The Priority Actions Programme (PAP) for the three-year period of 2006 through 2008 is based on the National Poverty Reduction Strategy drafted in 2002 whose implementation had been neither coherent nor consequential due, on the one hand, to the lack of resources and, on the other, to the NPRS's deficient appropriation given the existing political and institutional crises.

17. Following the signature with the IMF in respect of the Poverty Reduction and Growth Facility (PRGF) and the evident political will towards Good Governance policies, enough new perspectives exist effectively motivating the Government (such as the

organisation of the Round Table) to consider mobilising additional resources to finance planned actions.

18. Direct budgetary support constituted a priority of absolute necessity to finance the deficit, guarantee a stabilising platform as well as moderated growth during the three-year period.

19. In December of 2006, a new sectoral Round Table took place in São Tomé that sought to mobilise resources for the social sector (Health and Education), as well as for Infrastructures and Good Governance.

20. It is noteworthy that recently, in 2008, an agreement was reached between the DRSTP and TerminaLink for the construction of a deep-water port designed to operate as a container transshipment port, thus resolving regional and international goods transportation (specifically between Asia and Europe, and between Europe and the Americas).

### **III. The report**

#### **3.1 General implementation measures**

21. It was made clear in the initial report that São Tomé e Príncipe's constitution, inspired by international principles of human dignity, contemplates the rights, liberties and guarantees that sustain the existence of a law-abiding nation where the principle of equality for all its citizens, without discrimination whatsoever, is respected (Articles 1 through 15).

22. The rights mentioned in the Constitution and in other laws such as Law 2/77 (Family Law), Law 6/90 (Law of Nationality), Law 6/92 (establishing the legal regime of individual conditions of labour), and the Civil and Penal Codes, among others, constitute the legal framework establishing the particular specificities and rights of the child.

23. By ratifying the Convention on the Rights of the Child in 1991, the State committed itself unequivocally to take adequate internal measures to ensure a more dignified environment for children by adopting policies and programmes toward achieving this objective.

24. There is increasing recognition that the child has rights, and that it is everyone's, and in particular each adult's, responsibility to ensure that the above-mentioned goal becomes a reality. It is recognised by all that the family is the foundation of society and the principle institution promoting the child's socialisation, thus motivating the State to develop policies, programmes and actions for their protection, security and development.

25. The initial report detailed the legal framework that substantiates the human rights of the child in respect to the Convention, while mentioning that despite the verified progress in this matter, its practical application continues to reveal some disparity due to current constraints based on the country's difficult economic, social and cultural situation.

26. Following the presentation and defence of the initial report by a delegation representing the Saotomean Government, the Committee manifested its appreciation for the results already obtained through various actions undertaken in favour of the child, in particular with regard to the creation of mechanisms for the protection and promotion of the rights of the child, such as:

- (a) Family law, Law 2/77, of 28 December 1997;
- (b) Individual Labour Conditions law, Law 6/92, of 11 June 1992;

- (c) The Civil and Penal Codes, in particular Articles 125 and 488 of the Civil Code on criminal responsibility;
- (d) The revision of the decree on legal assistance to minors, Decree 417/71, of 29 September 1971;
- (e) National Education System law, Law 2/2003;
- (f) The start of the programme for single mothers as heads of families.

27. Nevertheless, due to the lack of concrete responses to specific interventions in terms of the implementation, awareness and appropriation of the Convention at all levels of society, the Committee made specific recommendations for a more relevant approach with regard to this second report.

28. While in agreement with the Committee's recommendation with regard to re-phrasing the periodic successive progress reports, this report will approach information covering the period 2002 to 2008, thereby complying with the commitment made that would have otherwise obligated the drafting of the third and fourth reports if the directives of the Convention's Article 44 were taken into account.

### 3.1.1 Legislation

29. The Saotomean authorities have undertaken efforts towards the revision and approval of new laws introducing Convention provisions and principles in the national legislation, as well as the approval and ratification of international human rights conventions.

30. The slowness of this process has not permitted that results correspond to the urgent necessity of equipping the country with all the legal instruments for the full exercise of Convention rights, as expressed through the Committee's recommendations.

31. However, the country can congratulate itself by the fact that its new Penal Code is in its final approval phase by the National Assembly.

32. On the other hand, following a proposal by a member of civil society, the Saotomean Woman's Forum, the Domestic Violence Law was approved by the National Assembly and entered into effect in 2008.

33. With UNICEF support, a 2006 study on the disparity between the Convention on the Rights of the Child and Saotomean legislation analysed in detail the principles and rights foreseen in the Convention in relation to the evolution of the country's legal system relative to the higher interests of the child.

34. The study demonstrates that the State's adoption of the CRC is not accompanied by the harmonisation of its internal legislative instruments. The 1990 and 2003 revisions of the constitution resulted in a more direct commitment of both institutional and international guarantees, as foreseen by the Convention, thus contributing to uphold the higher interests of the child to ensure its integrated development.

35. In terms of the law regulating the utilisation of oil resources, the Oil Resources Law, Law 8/2004, was approved on 30 December 2004 while already being implemented. This law regulates the payment, management, utilisation and audit of oil revenue from oil exploitations carried out within national territory. It foresees the creation of specific instruments for national auditing and monitoring by various national entities. Within this framework, the following were created:

- (i) The Management and Investments Committee, acting under the Prudent Investor Rule, and utilising the principles and rules established in this law and those of the Management and Investments Policy (Articles 11 to 13 of the Law);

- (ii) The Registry and Public Information Office (Article 18), where all documents and information linked to Oil Revenue activities are archived, compiled, maintained and made available to the public;
  - (iii) The Oil Audit Commission (Article 23), ensuring permanent audit of all oil revenue and resources payment, management and utilisation activities;
  - (iv) Article 17 further regulates the principle of transparency to which are subject all oil revenue and resources payment, management, utilisation and investment activities.
36. With regard to international human rights instruments, the Assembly approved the following Conventions that have already been ratified:
- (i) ILO Convention 138, on the Worst Forms of Child Labour, approved on 15 October 2003 and ratified on 04 February 2004;
  - (ii) ILO Convention 183, on the Protection of Motherhood, approved and ratified on the above mentioned dates;
  - (iii) The Anti-Corruption Convention, approved on 24 November 2005 and ratified on 27 June 2006;
  - (iv) The 1961 Convention on Drug Use, approved on 24 November 2005 and ratified on 27 June 2006;
  - (v) The 1971 Convention on Psychotropic Substances, approved on 24 November 2005 and ratified on 27 June 2006;
  - (vi) The Convention on the Illegal Trafficking of Drugs and Psychotropic Substances; approved on 24 November 2005 and ratified on 27 June 2006;
  - (vii) The Tobacco Control Convention, approved on 24 November 2005 and ratified on 27 June 2006;
  - (viii) The Convention against Human Trafficking, in particular of Women and Children, approved on 24 November 2005 and ratified on 27 June 2006.

### 3.1.2 Plan of Action

37. No structured Plan of Action exists for CRC implementation. While the CRC implementation process has evolved at a less than desirable rhythm, the signing and ratification of the CRC was a primordial contribution for a clearer and more conscientious perception of the importance of observing the specific rights of the child and the preoccupations that contribute to their well-being.

38. All decision makers at the highest level have expressed their political will to integrate the problems of the child and women in the agenda of national priorities. In 2006, the National Assembly, introduced as part of its internal structure, a Fifth Commission, not initially planned, to undertake Human Rights, Gender and Citizenship, with two subcommissions, one to treat the HIV/AIDS issue and the second for Domestic Violence.

39. With UNICEF'S support, the National Assembly dedicated a special session to a Domestic Violence debate, following the results of a 2004 study on the incidence rate of that problem, which concluded on the adoption of a resolution condemning this type of violence. One of the two sessions of the 2006 Children's Parliament directly involved National Assembly parliamentarians.

40. The launch of the *World Situation of the Child* reports has been taken advantage of to raise the awareness of society at all levels, with specific advocacy measures directed at decision makers for a change of attitude vis-à-vis the problematic of the Saotomean child in

relation to the global diagnostic. In 2008, the launching of UNICEF's first *Situation of the African Child* report directly involved national leaders, including the Prime Minister, partners involved in pro-child activities, public, private sector and civil society representatives. The dissemination of information contained in that report appealed to the need of greater involvement by partners in actions leading to the attainment of MDG objectives and goals.

41. The creation of the NGO Federation (FONG) in April of 2001 and the support that it has benefited from to strengthen the capacity of intervention by its assorted associations, has given new energy towards effective initiatives by civil society organisations working for the well-being of the population and for children in particular. The FONG currently has 98 members operating in the following areas:

- Health-RHS, HIV/AIDS awareness, malaria, creation of counselling and community health centres
- Education and professional training
- Culture
- Social protection
- Environment – sanitation, environmental protection, etc.
- Economic — agriculture, livestock, fisheries and micro-finance — food security
- Human rights, transparency and citizenship
- Transversal areas – gender, communication for behavioural change (CBC), advocacy

42. The Government, with the participation of its bi- and multi-lateral partners, specifically the United Nations System (UNS) and in particular UNICEF, WHO, UNFPA and WFP, has developed many actions to create a better world for Saotomean children. The substantial improvement of some social sector indicators is proof of this fact (see Tables 4 and 5).

43. Due to its fragility and limited intervention capacity, the National Committee for CRC Implementation and Monitoring (NCCRCIM), created in April of 2003 under the supervision of the Ministry of Justice, is undergoing an institutional strengthening process supported by UNICEF within the framework of its 2007–2011 Country Programme Plan of Action. It is hoped that by the end of 2008 the NCCRCIM can resume its operations more efficiently and effectively.

### **3.1.3 Coordination**

44. There are many difficulties at the national level with regard to the co-ordination of programme and project implementation interventions.

45. The drafting of the 1st MDGR in 2004 was the first effort in collecting, analysing and systematising information and data to establish mechanisms for monitoring MDG implementation in STP. The 2nd MDGR is already in its final drafting phase.

46. As an essential factor for the monitoring and evaluation of current interventions aimed at reaching NPRS objectives and goals, in particular those of the MDGs, one of the recommendations from the Brussels and São Tomé Round Table meetings in 2005 and 2006, respectively, was the creation of an Assistance Co-ordination Office. Following this recommendation, the Government instituted the External Assistance Co-ordinating and Management Office by Decree 8/2007. This new institution is currently being equipped both technically and materially.

47. The creation of the Poverty Observatory in 2005 obeyed the need to supervise systematically the implementation and monitoring of national poverty reduction efforts. Nevertheless, this structure, despite support from UNDP and the ADB, lacks human and financial resources to carry out its tasks.

48. As a key element for programme monitoring and evaluation, efforts for the qualitative improvement of the technical, material and financial capacities of the National Statistics Institute (NSI) in terms of data collection and treatment have been made. Thus, the NSI has been able to carry out important surveys, among which the most important are the *2000–2001 Family's Living Conditions Survey*, which served to define the poverty profile for STP, the *2006 MICS III*, the *2005 QUIBB*, the annual publication “*STP by numbers*”, as well as the Demographic and Sanitation Survey currently underway.

49. Equally, for 2007–2011, STP's development partners, such as the UNS (specifically, UNDP, UNICEF, UNFPA and WFP) established with the Government a new programme that obeyed recent UN Reform directives for improved co-ordination that are more suitable to the country's strategic development vision and avoids all duplication. Once its capacity is strengthened, the NCCRCIM will be able to develop its co-ordination tasks with greater efficacy and efficiency.

#### 3.1.4 Independent monitoring

50. The NCCRCIM's current institutional strengthening process as well as the planned reflection for an improved CRC implementation process co-ordination will result in the establishment of a framework suitable for independent monitoring.

51. The 2007–2011 Country Programme Plan of Action between UNICEF and the GoSTP foresees advocacy activities directed at national and district leaders, as well as technical support for the decentralisation of the NCCRCIM.

#### 3.1.5 Data collection

52. The national statistics system underwent profound reform during the last decade, with the adoption of (a) Law 5/98 as the basis for the national statistics system, and of (b) Decree 17/2001 on the NSI's organic statute.

53. Substantial improvement has been noted in the statistical information system. Currently, the NSI maintains a web site where the most relevant information on STP is available.

54. Generally, NSI data is disaggregated by gender and by age group. With regard to ethnic minorities, information is collected although some information remains uncollectible given certain ethical imperatives.

55. “*For example, statistics provides 51 indicators for the National Poverty Reduction Strategy, as well as other indicators for reaching the Millennium Development Goals*”.<sup>1</sup>

56. Nevertheless, difficulties continue in linking the NSI to other sectoral organs as foreseen in paragraph d) of Article 5 of the NSI Law 5/98.

57. In August 2008, the National Development Strategy for Statistics (NDSS) was approved.

58. Prior to defining the NDSS, a diagnostic was made to understand the national statistical level, and a vision for implementation was designed.

<sup>1</sup> Source: National Development Strategy for Statistics.

59. Statistical data produced by the NSI needs improvement. *“The Vision consists in the construction of a statistical instrument that, thanks to professionalism, pertinence, credibility and quality of service, will serve transversally all sectoral development policies, either as a rational support for decision making at the government level or for the Public Administration and civil society levels”*<sup>2</sup>.

60. This strategy aims to contribute towards the construction of an efficient statistical system to *“monitor and evaluate the NPRS and the nation’s efforts to reach planned MDG goals”*.<sup>3</sup>

61. The main strategic intervention axis take into account local characteristic specificities, among other aspects, given the dramatic lack of qualified human resources and weak public investment in statistics.

62. The Vision defined strategic areas and operational objectives, in particular:

(a) The re-organisation of the national statistical system and institutional capacity strengthening;

(b) The development of a statistical product with increased quality and dissemination;

(c) Analytical improvement of statistical data;

(d) Human, material and financial resources development.

63. Close to 3.5 million USD will be necessary to implement the Plan of Action.

### 3.1.6 Resources allocation

64. Between 2002 and 2008, there was an increase in funds for the social sectors, in particular for health and education. If, in 2002 the percentage of public investment corresponded, respectively, to 6.93% and 10.15% (nearly 18% ) of the State General Budget’s Investment Plan, after some oscillation during the last three years, the two sectors have been allocated more significant amounts, reaching over 20%.

Table 1

#### **SGB expenditures in health and education**

(in Millions of USD)

<i>Sector/Year</i>	<i>2002</i>	<i>% SGB</i>	<i>2003</i>	<i>% SGB</i>	<i>2004</i>	<i>% SGB</i>	<i>2005</i>	<i>% SGB</i>	<i>2006</i>	<i>% SGB</i>	<i>2007</i>	<i>% SGB</i>	<i>2008</i>	<i>% SGB</i>
Health	2 043	6.93	5 440	15.29	7 983	19.04	6 803	17.25	6 238	13.40	4 457	10.40	7 635	8.86
Education	2 993	10.15	3 630	10.20	7 860	18.31	3 155	8.00	6 764	13.96	4 423	9.96	11 151	12.93
<b>Total</b>	<b>5 036</b>	<b>17.08</b>	<b>9 070</b>	<b>25.49</b>	<b>15 843</b>	<b>37.35</b>	<b>9 958</b>	<b>15.25</b>	<b>13 002</b>	<b>27.36</b>	<b>8 880</b>	<b>20.36</b>	<b>18 786</b>	<b>21.79</b>

Source: STP SGB.

65. To respond to this large and complex challenge, the Government has sought assistance not only from its own financial resources in its SGB but also from its traditional partners, in particular bi- and multi-laterals as well as from oil companies who also acquired social responsibilities given their exploitation of national oil resources. Contracts with the oil companies have been signed under the framework of activities developed in the

<sup>2</sup> Source: Idem.

<sup>3</sup> Source: Idem.

Joint Exploitation Zone between STP and Nigeria for the production of hydrocarbons and other non-oil assets.

66. Thus, from 2005, one of the oil companies operating in Blocks 1 to 4 decided to support the Government by financing foreign study grants for young students. From 2006, a programme for the four oil companies operating in these blocks was developed and not only were study grants distributed but also various social projects were financed, such as community water supply, school rehabilitation, school canteen improvement, classroom enlargement, and school and didactic materials acquisition. The amount available for 2006–2007, about 1,360,000 USD, was not completely utilised and the balance therefore added to the amount earmarked for 2008–2009. The total amount of the 2006–2009 oil companies' social programme is 2,680,000 USD.

### **3.1.7 Convention dissemination**

67. The Government, UNICEF, and NGOs have worked in strict collaboration in disseminating the CRC.

68. The recommendations of the International CRC Committee were transmitted to the authorities and to civil society.

69. Since then, CRC dissemination and training actions have multiplied. With UNICEF support, seminars in the national legislature on the implications of the CRC and CEDAW provisions were undertaken in 2005, 2006, and 2007 directed at military and paramilitary forces, implicated public sector personnel, NGO staff and CBO members.

70. Equally, NGOs associated with the FONG have dedicated themselves to this task through awareness sessions at schools, as well as in communities through the media.

71. The Government, in collaboration with UNICEF, widely published the CRC through public media, as well as publications and the distribution of a simplified version for children and their parents.

72. The GoSTP and UNICEF plan various other awareness and technical support actions toward progressive harmonisation of CRC and CEDAW concepts to national legislation.

## **3.2 Definition of the child**

73. As referred in the initial report, national legislation is contemplating some institutions that already conform to CRC stipulations with regard to the definition of the child. The Committee recommends that the State strengthen its rules with respect to under-18 marriage contract, an increase in the minimum age for exceptions, and in establishing gender equality between girls and boys.

74. The review of this law for compliance with the CRC recommendation has not yet been carried out, in practical terms, while various actions contributing to the necessary change of attitudes for compliance have multiplied.

75. Taking into account that the greatest problem in STP is the very early start of sexual relations by both boys and girls, various activities have been carried out to train and raise the awareness of students. NGOs have worked in communities to prevent the consequences of this type of behaviour.

76. In terms of the partnerships between the GoSTP and the UNS agencies, actions are planned for the improvement in the former's capacity levels, as well as those in respect of civil society and CBOs for the collection and dissemination of information that contribute to changes in behaviour with regard to negative social practices among families and communities.

### 3.2.1 General principles (CRC Articles 2, 3, 6, and 12)

77. Already part of Saotomean constitutional law as well as other national legislation, the following principles and rights can be listed: (a) non-discrimination, (b) the higher interests of the child, (c) survival and development of the child, and (d) the free expression of opinions on these issues.

78. The precariousness of national social, economic and cultural conditions have contributed in such a way as to create situations incompatible with the rights enshrined in national legislation.

79. Nevertheless, the Government, conscious of the inequality and inequity still extant, has joined with other civil society actors and international partners in actions for the reduction of these innumerable problems aiming for an eventual improvement of the situation.

80. It is within this framework that in 2002 the NPRS was adopted, defining thus the MDG objectives and goals by 2015, as well as achieving, in 2005, Gender Equality and Equity, which lead to the creation, in 2007, of the National Institute for the Promotion of Women and Gender to monitor implementation of these measures, objectives and goals.

### 3.2.2 Non-discrimination

81. The effective social integration process of children at risk and those with deficiencies in particular has been very limited due to the non-existence of means, resources and specific programmes.

82. Following the recommendation of the Global Education for All Forum, the drafting of the 2002–2013 National Education Plan of Action contemplates Special Education as one of the special Dakar 2000 modalities for the social-educative integration of children with specific education needs. Implementation of this plan will be undertaken through an “Equity and Inclusion” strategy, creating new public and private partnerships in favour of the inclusion of children with deficiencies, such as orphans, abandoned children and children with special education needs (SEN).

83. The adoption and implementation of the World Bank PASS project has contributed by introducing improvements in the access to, and quality of, education and health with a view to complying with the obligations relative to (i) mandatory education through sixth grade for all children and (b) a reduction in inter-regional and gender inequalities.

84. The intervention of NGOs dedicated to sheltering and assisting these children contributed to the expansion of actors in this area. Interventions from the Red Cross, Caritas, ARCAR, among others, are worth noting, together with aid programmes of some bilateral donors such as the Republic of China (Taiwan). In addition, charities donated wheelchairs for the physically impaired. UNICEF, in partnership with the US Embassy, has developed awareness campaigns aimed at dignifying the citizens with deficiencies as citizens with full rights.

85. Despite the Basic Education Law, the education system continues to consider Special Education for specific groups, as indicated by the study on “*Special Education Needs*”, carried out with UNICEF support. There are still no concrete policies, programmes or activities to undertake this objective. The study also indicates that 99.2% of teachers still lack training in this area, and that 68.3% of surveyed school-attending children with deficiencies have a 61% performance rate.

86. Conscious of the evident lacunae in relation to the interventions aiming to contribute to the integration of children with SEN, the Government has just adopted the WB’s Education for All-Fast Track Initiative (EFA-FTI) programme for 2008–2010 with

financing for 3,590,000 USD The EFA-FTI will specifically target those areas not yet ensured by the PASS project towards the attainment of Education for All by 2015, i.e., SEN children, making preschool education mandatory from a minimum age group, and the training of specialised teachers to care for these children.

87. The Committee is also desirous that the country provide information on the follow-up of the Declaration and Programme of Action adopted by the 2001 World Conference against Racism, Racial Discrimination, Xenophobia and Related Intolerance.

88. In light of the Convention's Article 29, the new school manuals contain aspects relative to education in citizenship, and many awareness campaigns involving children and youth have been undertaken in for the promotion of peace and tolerance.

### **3.2.3 The child's best interests**

89. Again, in light of the Convention, the concept of the child's best interests is vast. The perspective of parental, society and State responsibilities should be defined by taking into account fundamental and specific rights that safeguard the child's dignity.

90. As an example, national legislative decisions relative to regulatory acts with regard to the exercise of paternal power must take into account the higher interests of the child in situations of parental separation and/or conflict. Thus, the option should not simply be limited by legal criteria but also take into account social aspects orientated in favour of the welfare of the minor and his/her respective holistic development. This principle has, in fact, a long legislative tradition in STP. It is provided for by Article 89 of Law 2/77 regulating the exercise of paternal power. This article states that when there is no agreement between the parents or if the child's material or moral interests are in doubt, the Minor's Court will decide in relation to the higher interests of the minors concerned.

91. However, practical application of this precept is limited to a few cases given (a) the high poverty rate, (b) the economic difficulties, (c) the lack of alternative institutions and of structured and coherent policies and programmes for sheltering and following-up children at risk.

92. In this context, the full exercise of all human rights, and those of children in particular, are closely linked to the progressive and successful attainment of development objectives.

93. It is thus one of the challenges facing the country in the medium term.

### **3.2.4 Respect for the child's opinion**

94. Legally, a minor's right to prior hearing is optional rather than mandatory. Article 107 of Law 2/77, the Family Law, provides for minor's hearings, in particular after seven years of age, in cases of adoption. However, Decree 417/71 of 29 September 1971, in reference to the application of these measures, does not provide this safeguard to both the minor's right to oppose and to the production of evidence.

95. In the meanwhile, actions undertaken for CRC dissemination have multiplied to raise society's awareness, in particular that of children, their parents and teachers.

96. The restructuring and strengthening of the intervention capacity of the Children's Parliament, supported by UNICEF, contributed to improved interventions in this area.

### 3.3 Civil rights and liberties

#### 3.3.1 Freedom of expression (CRC Article 13)

97. The right to freedom of expression, thought, consciousness and religion are enshrined in the Constitution.

98. Paragraph 1 of the Constitution's Article 29 establishes that "*all have the right to freely express and make public their thoughts by words, images, or by any other means.*" Article 27 establishes the following:

1. "*Freedom of consciousness, religion and worship is inviolate.*
2. "*No-one may be persecuted, denied his/her rights or exempt from civil obligations or duties based on his/her convictions or religious practice.*
3. "*No-one may be questioned by any authority on his/her religious convictions or practices, except for the collection of anonymous statistical data, nor suffer prejudice upon refusal to reply.*"

99. The rights to freedom of association and peaceful gatherings (CRC Article 15) are also included in the Constitution (Articles 34 and 35).

100. The right to privacy (CRC Article 16) is the basis of protection against abuse and the excessive right to information in contrast with the right to privacy. Protection of the right to privacy ("*personal identity and the right to privacy and family are inviolate*"), while part of the Constitution (Article 24), is not, however, a reality in STP's legal system.

101. The exercise of these rights is not at all limited to the practical level. The results of various studies on the exercise of democracy in STP refer positively to this effort. Elections have been conducted without incident and the concerned political candidates have had the opportunity of expressing their ideas and electoral programmes following precepts previously established by the Electoral Law and by the Political Parties Statute, under the supervision of the independent National Electoral Commission.

102. In this context, since the start of the multi-party process in 1991, presidential elections are held every five years, legislative elections every 4 years, while local and regional elections are more irregular. Although the mandate for the latter covers three years, there have only been two elections until now, the second one 12 years after the first. This is due to difficulties and delays in specific legislative drafting and approval and in financial and material constraints.

#### 3.3.2 Birth registration and the right to nationality

103. The CRC stipulates in its Article 7 that each child, from birth, has the right to his/her name, and the right to acquire nationality and, as far as possible, to know his/her parents and be brought up by them. The protection provided by this category of rights is designed to avoid the child's lack of identity as well as to ensure that the State can guarantee the child's welfare through appropriate interventions.

104. Birth registration is thus fundamental to the guarantee of these rights. By adopting the objectives of a World Fit for Children, Member States are committed to creating systems that establish the mandatory birth registration of each child (or as soon as possible afterward), thereby ensuring his/her right to identity and nationality.

105. The right to identity is a constitutional right enshrined in the Saotomean legal system. Some examples are Article 24 of the Constitution stating that "*personal identity and the right to privacy and family are inviolate*", Article 119 of the Civil Registration

Code, Articles 65 onwards of Law 2/77, and Articles 120 onwards of Decree 417/71 (paternity identification processes).

106. By adopting the CRC, relative to the obligations referred to in its Article 6, the Saotomean State committed itself to protect the exercise of these rights.

107. It is in this context that provides the basis for the Government and UNICEF's very positive birth registration campaign efforts, offering free (against the usual rate of 13,000 STD, or 1.4 USD) registrations countrywide for children between 0 and 18 years of age.

108. Nevertheless, the results obtained through the 2006 MICS III indicate that the percentage of children under five registered at birth is still at the level of 68.7% , without, however, any gender or place of residence disparities, although disparities exist with regard to age groups, the mother's level of education, and the family's living conditions. Percentages increase with the age of children, the mother's level of education and improved living conditions, implying that, apart from cultural factors, deficient economic conditions are the reason for this phenomenon.

109. There is therefore a need for the creation of mechanisms ensuring sustainable and durable birth registration.

110. The need for registration at birth led to the signing of a Co-operation Protocol between the Ministries of Justice and Health for the installation of registration structures in hospitals and maternities to permit the registration of children immediately after birth. The process of the practical introduction of mechanisms for its implementation should include training of the agents involved as well as awareness training for mothers with a view to overcome any eventual blockages caused by cultural factors.

111. The 2007–2011 Country Programme Plan of Action between the GoSTP and UNICEF aims to achieve 100% sustainable birth registration for the entire country, and with the support of key sectoral partnerships. To reach this goal, several advocacy and technical and financial support actions are planned, in particular for the Ministries of Justice and Health and for the National Civil Registration Centre.

112. The National Strategy for the Permanent Registration at Birth, currently in the adoption stage, establishes as a general objective the systematisation of the principle of permanent birth registration and the improvement of statistical data collecting processes with regard to the movement of the population. To achieve this, new methodologies will be introduced that are designed to differentiate registration data for statistical purposes with the following three specific objectives:

(a) Encourage Saotomean society to embrace a greater sense of citizenship and social justice relative to registration at birth;

(b) Improve the quality and possibilities of demographic information use by its users;

(c) Produce a modern legislation for more efficient and effective birth registrations.

113. For the implementation of this strategy, a Permanent Birth Registration Plan of Action was established for the period covering 2008–2012 to permit reaching, by 2015, the goal of 100% registration at birth.

### **3.3.3 Access to information (CRC Article 17)**

114. The right to information is a constitutional right with mechanisms guaranteeing its application under the best possible conditions. Law 2/1993, the Law of the Press, regulates the practical application of this right. Law 3/1996 altered Law 2/1993 by introducing the

Higher Press Council, a mechanism guaranteeing pluralism and the independence of communication. In the meanwhile, Law-Decree 86/1996 of 15 November 1996 regulates the activities and licensing of private radio and television broadcasting.

115. During recent years, press activities have developed significantly; currently, several newspapers and private radio broadcasts exist.

116. The problem of linkage between the principle of liberty of the press, the quality that is transmitted by the Social Communication sector, whether private or public, and the negative influence on children of certain media programmes, in particular televised programmes, is a serious problem. All societies, whether rich or poor, currently confront this problem without, however, arriving at a solution despite innumerable initiatives.

117. STP is not an exception in this respect, and initiatives and endeavours have been started to contain the worst aspects of the problem, however this intervention is still incipient. There are only a few awareness actions directed at social communication actors through seminars, conferences and debates on the subject.

### **3.3.4 Corporal punishment (CRC Article 19)**

118. Saotomean penal legislation is obsolete and does not provide for some types of crimes in particular when practiced against children. Abusive treatment, use of minors in pornographic activities and organ trafficking are some examples. Internalisation and a more complex network of crimes against children and women, the country's increasing global relations, the increasing rate of mobility of people from and to the country impose new criminal policies to contribute to the safeguard, above all, of the minor's interests.

119. The Law against Domestic Violence has already been approved and promulgated and currently awaits publication before entering into effect, and the new Penal Code is already in its approval phase by the National Assembly.

120. The enrichment of the legal framework by these new instruments will permit taking measures against those who violate the minor's right to protection, in particular criminalising abusive treatment.

121. In the meanwhile, the 2007–2011 Country Programme Plan of Action between GoSTP and UNICEF has undertaken training and awareness actions on violence directed at the police forces, children, parliamentarians, and social communication sector actors, the latter a key sector in promoting awareness actions.

## **3.4 Family environment and alternative care**

### **3.4.1 Paternal responsibility**

122. Mechanisms and modalities for the constitution of the Saotomean family are enshrined in the legislation, yet only 5% of couples are married, whether legally or through a recognised church. The traditional prevalence is that of couples living together. Given the lack of formal contracts obligating the man, in particular, to assume his responsibilities in cases of difficulties or problems with his children, the current practice parallels the progressive degradation of values associated to existing poverty and the manifest fragility in the application of justice.

123. Through Law 2/77, the State sought to legitimise the traditional family-building practice through the legal introduction of the common law marriage modality. However, effective recourse to this new modality is only to intestate successions at the death of either partner.

124. On the other hand, one of the great acquisitions in terms of children rights arising from Law 2/77 is the fact that discrimination against children born of unmarried parents has been eliminated. This Law establishes that all children have the same rights before the law.

125. In the medium and long term, several aspects will influence changes in behaviour:

- Advocacy for the rights of children
- Advocacy for paternal responsibility
- Clear positions on these issues in public discourses by leaders of every level
- Implementation of various initiatives such as the free registration at birth programme during 2004 and 2005
- Adoption of the NPRS
- NGO awareness campaigns at various levels through social communication and in communities

### **3.4.2 Abuse and negligence**

126. As referred in paragraph 3.3.4 above on corporal punishment, the Law against Domestic Violence has been approved and new penal legislation is currently undergoing approval. This new penal law typifies and aggravates penalisation of crimes against children.

127. The GoSTP, with UNICEF support, created in 2006 a Counselling Centre for Domestic Violence. Counselling and follow-up of violence cases by this institution has begun to make headway, in spite of its recent set-up. The Centre provides a permanently open SOS telephone line for the notification of cases of violence. To render it more efficient and effective, the Centre has established formal partnerships with some implicated sectors such as the National Police, the Ministries of Health, and of Labour, Solidarity, Women and the Family, as well as with the Attorney General's Office. A partnership project for the creation of a temporary shelter for victims of Domestic Violence is underway.

## **3.5 Basic health and social well-being**

### **3.5.1 Children with deficiencies (CRC Article 23)**

128. Article 23 of the CRC provides that the child with a deficiency has the right to special care, education and training, and adequate training to permit him/her to have a full and decent dignified life, and to attain the greatest degree of autonomy and social integration possible.

129. This right to protection is limited to the scope of its implementation. This precept conforms with the provisions in Law 2/2003 on the Education System that state that the latter is organised in such a way as to ensure equal opportunity to education and successful school performance to individuals with special education needs (SEN).

130. The 1991 GCPH concluded that persons with deficiencies represented close to 4% of the population, with females with deficiencies making up 3.6 % of women. The 2001 GCPH again collected information to facilitate an evaluation of the number of persons with deficiencies, the types of deficiencies, their spatial distribution, as well as their principle characteristics (age group, gender, level of education, and employment situation).

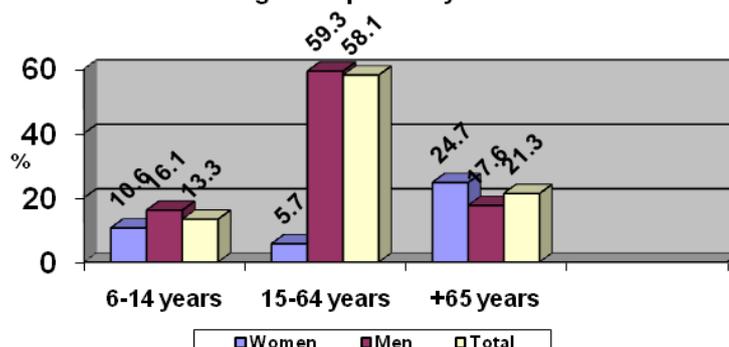
131. The types of deficiencies listed in the census questionnaires were (a) functional deficiencies (eyesight, hearing mental) and (b) physical deficiencies (locomotion/motor, cerebral paralysis). The table below reflects data collected in 1991 and 2001.

Table 2  
**Resident population, by sex and by deficiency**

Physical and mental deficiencies	Sex					
	Total		Men		Women	
	Actual	%	Actual	%	Actual	%
<b>GCPH 1991</b>						
<b>Total</b>	<b>117 504</b>	<b>100.0</b>	<b>58 040</b>	<b>100.0</b>	<b>59 464</b>	<b>100.0</b>
Without deficiency	112 829	96.0	55 520	95.7	57 309	96.4
With deficiency	4 675	4.0	2 520	4.3	2 155	3.6
Visual	603	0.5	333	0.6	270	0.4
Hearing	226	0.2	109	0.2	117	0.2
Locomotion/Motor	1 641	1.4	979	1.7	662	1.1
Mental	459	0.4	247	0.4	212	0.4
Others	1 456	1.2	704	1.2	752	1.3
<b>GCPH 2001</b>						
<b>Total</b>	<b>137 599</b>	<b>100.0</b>	<b>68 236</b>	<b>49.6</b>	<b>69 363</b>	<b>50.4</b>
Without deficiency	133 185	96.7	66 049	49.6	67 136	50.4
With deficiency	4 414	3.2	2 187	49.5	2 227	50.5
Visual	1 032	0.75	489	47.4	543	52.6
Hearing	371	0.26	192	51.8	179	48.2
Locomotion/motor	638	0.46	337	52.8	301	47.2
Mental	391	0.28	204	52.2	187	47.8
Cerebral paralysis	196	0.14	111	56.6	85	43.4
Others	1 786	1.29	854	47.8	932	52.2

132. Children from 6 to 14 years of age represent 13.3% of the population with deficiencies, while women between 15 and 64 correspond to 5.75% , the rate reaching to 24.7% in persons with deficiencies older than 65 years of age (Graph 1).

**Graph 1 --Distribution of Persons with Deficiencies, by 3 Large Age Groups and by Sex**



133. The census results also permit the conclusion that deficiencies have negative consequences on the level of education and employment possibilities for persons with deficiencies.

134. A policy framework or national strategies to treat the problem of persons with deficiencies do not yet exist. There is no specific legislation on the matter, or support resources and infrastructures, or health care or specialised technical personnel to care for persons with deficiencies.

135. The Basic Education System Law considers the possibility of the existence of special education directed to specific groups yet in practical terms there is neither school establishments nor special mechanisms for SEN children.

136. The 2008–2010 Fast Track Project, defined by the GoSTP with WB support, plans interventions that will contribute for a structured integration of SEN children.

137. Civil society has organised itself in this respect, and there are currently two NGOs working to develop initiatives that ensure the full participation of persons with deficiencies in the country's development. These NGOs are (a) the National Association for Persons with Deficiencies and (b) the Saotomean Association for the Blind and Amblyophians. The National Red Cross has also supported persons with deficiencies. In addition, the Taiwanese co-operation and some religious groups have lent their support to some of those with deficiencies.

138. The GCPH information needs to be further studied through specific studies on various aspects of the problem.

139. In this context, the implementation of the 2007–2011 Country Programme Plan of Action between the GoSTP and UNICEF provides for a 2008 study on children with special needs in STP to:

- (a) Determine the quantity and whereabouts of children of both sexes from 5 to 6 years of age with SEN;
- (b) Enumerate the types and characteristics of the deficiencies and their national, district and community distribution;
- (c) Propose possible measures to facilitate the drafting of policies and programmes that will reduce the isolation and abandonment of these children.

140. The study reached the conclusion with regard to SEN children: (a) mostly live in families with, on average, a low level of comfort (more than 80% ), (b) 46.1% live with both parents, while (c) 38.8% live with single parents, and (d) the majority (54.2% ) of these children are female.

141. The study concluded that while 68.3% of these children attend school, they have a high rate of grade doubling and live in families with parents having primary (58% ), secondary (25% ) and illiterate (10% ) levels of education.

142. The data proves that children manifesting a moderate or profound deficiency find themselves out of the school system.

143. Among the study's recommendations is that the GoSTP invest, with support from national and external partners, in the following:

1. Teacher training in special education.
2. Creation of special classrooms where children with SEN can be cared for by specialised teachers according to the degree and type of needs of each student.

3. Elimination of architectural barriers in schools, public institutions and in public transportation.
4. Creation of a Centre for Occupational Activities for children with Down's Syndrome.

### 3.5.2 Health and well-being

144. The **under-five mortality rate** (<5MR) decreased significantly in the eighties due to malaria eradication campaign. This tendency saw reversals in the first half of the following decade, increasing between 1991 and 1995 from 120 to 138 per 1000 live births following a malaria epidemic due to an interruption of that campaign. Nevertheless, from 1995, the <5MR began to decrease progressively and sustainably, falling by 20% between 1995 and 1999, with 108 per 1000 live births.

145. In the following decade, the rate of 84.7 per 1000 live births in 2001 descended to 54.2 by 2007, or by 30% , as a result of the fight against malaria activities.

146. In relation to gender, there is not much variation in the <5MR, although it is higher for males (56.1) than for females (51.5) per 1000 live births. In terms of regional distribution, Príncipe has the highest rate of <5MR (109.4), followed by Lobata (65.2), while Mé-Zochi (34.1) and Água Grande (46.1) have the lowest. There are also important differences in terms of levels of education and wealth. The evolution of the <5MR can be seen in the following table.

Table 3

#### Evolution of the <5MR, 2001–2007

<i>Mortality</i>	<i>2001</i>	<i>2002</i>	<i>2003</i>	<i>2004</i>	<i>2005</i>	<i>2006</i>	<i>2007</i>
Juvenile Mortality Rate (JMR-5 p/1000)	94.7	100.5	98.7	96.0	94.6	52.0*	?

\* *MICS III Source:* Ministry of Health.

147. The **Infant Mortality Rate** (IMR) has seen a similar tendency. Between 1990 and 1995 there was also an increase, explained by the same causes as the <5MR, followed by a decline at a rhythm of close to 30% every five years between 1995 and 2005, falling from 89 per 1000 live births in 1995 to 63 in 1999, and reaching 42 in 2007. These rates can be observed in the following table.

Table 4

#### IMR, 2001–2007

<i>Mortality</i>	<i>2001</i>	<i>2002</i>	<i>2003</i>	<i>2004</i>	<i>2005</i>	<i>2006</i>	<i>2007</i>
Infant Mortality Rate (IMR p/1000)	54.2	55.2	55.9	59.0	59.0	43.0*	42

\* *MICS III Source:* Ministry of Health.

#### *Vaccination coverage*

148. The following vaccination coverage information has been observed between 2000 and 2007:

- (i) Vaccine coverage against measles has oscillated over the years between 68.9% (2000) and 88.3% (2004). Having reached this maximum rate, there was a decreasing tendency in 2005 and 2006. It is hoped that the rate of 85.8% for 2006 and of 86% for 2007 (2007 RHP) is a reversal in that tendency;

(ii) With regard to DPT3, vaccination coverage was nearly total in 2006: from 82% in 2000, it increased to 97.8% in 2006;

(iii) In terms of Hepatitis B, the vaccination rates oscillated from 43% in 2003 when it was introduced into the National Health System, to 75% in 2006 and to 107.9% in 2007. In 2004, 100% of children were vaccinated with a decline from that year until 2007 when it again reached the 2004 level.

149. The following table demonstrates the evolution of vaccination coverage rates between 2000 and 2007:

Table 5

**Vaccination coverage in infants under one year of age**

Evolution of vaccination coverage, 2000–2007 (%)

<i>Year</i>	<i>BCG</i>	<i>DPT3</i>	<i>POLIO3</i>	<i>Measles</i>	<i>Hepatitis B</i>	<i>Yellow fever</i>	<i>TT2+</i>
2000	87.2	82.0	86.7	68.9			75.3
2001	94.0	93.6	92.9	76.3			69.6
2002	99.1	90.9	92.2	84.9			83.7
2003	96.6	93.7	94.2	86.7	43.3	33.5	92.7
2004	98.3	95.7	94.9	86.4	116.9	88.6	95.5
2005	99.9	96.8	96.8	88.3	95.5	68.3	98.6
2006	98.7	96.8	96.8	83.8	75.0	84.0	95.5
2007	99.8	97.8	97.8	85.8	107.9	85.5	88.0

*Source:* Ministry of Health.

150. The important decrease in infant mortality verified during the decade 1995–2006 is related to a significant extension of primary health care, in particular, recognised progress in the fight against malaria (the number of <5 diagnosed with malaria fell from 40% to 20% in some of the most affected districts). The World Health Organisation (WHO) considers STP as one of the success stories.

151. This successful Saotomean strategy initiated in 2004 and consolidated the following year, and by 2006 a reduction of nearly 80% in malaria cases was registered in relation to the average registered between 2001 and 2003. The fight against the disease began with the mass distribution of 79,000 impregnated mosquito nets (IMN), alongside preventive medication and residential spraying of 16,000 houses.

152. These results were gratifying; WHO confirmed that of the 5,146 cases reported in 2006, there was the significant decrease of 80% in relation to those cases registered during the three-year period between 2001 and 2003. Malarial deaths decreased by more than 90% during the same period.

153. Other important vaccination data can be summarised by the following:

- The current high vaccination coverage rates (according to 2007 data from the RHS programme and confirmed by the October 2007 vaccination survey carried out by WHO):
  - BCG 99.8%
  - DPT3 97.89%
  - Polio 97.8%
  - Measles 86%

- Hepatitis B 108%
- Yellow fever 85%
- A good RHS programme:
  - 97% of women who had a live birth in 2005 received neonatal follow-up during pregnancy
  - 93% of all births were assisted by a qualified health worker
  - 82% of all births were in a health centre
- Significant efforts in <5 nutrition:
  - 63% receive Vitamin A supplementation
  - 74% consume iodised salt

154. The significant improvements observed in the reduction of IMR are clear results of measures that have been taken to extend access to primary health care. In particular, with relation to the extended vaccination programme, the strengthening of health sector human resources capacity in the health sector, the introduction of the free distribution of medicines to children <5, the introduction of community AIDI, and the integration of Community Health Agents (CHA).

155. Some nutritional indicators have evolved positively between 2001 and 2006 (2006 MICS III). Thus, the prevalence of stunted growth fell from 28.9% to 10.1% , the prevalence of wasting decreased from 3.6% to 1.4% , and the percentage of children with low birth weight (less than 2.5 Kg.) fell from 15.1% to 7.8% .

156. With regard to Vitamin A supplementation coverage for children, data indicate an increase from 3% to 63% . One third of children aged 6 to 59 months received a high dose of Vitamin A supplements during the last six months prior to the survey, in particular the Districts of Príncipe and Lembá (63.4% and 42.4% , respectively), both with poverty affecting a large proportion of the population.

157. Awareness with regard to exclusive breastfeeding was another successful measure of diarrhoeic diseases prevention. The 2006 MICS III reveals that 70.2% of children aged 0 to 3 months and 60.4% of children less than six months are exclusively breastfed. Between 6 and 9 months, 60% of infants are breastfed and given solid and semi-solid foods, while 88.2% of children between 12 and 15 months and 18.4% of those between 20 and 23 months continue to breastfeed. There is currently underway a new survey to collect data on the prevalence of exclusive breastfeeding that will serve to update MICS III data.

#### *HIV/AIDS – Situation and tendencies<sup>4</sup>*

158. A national study on sero-prevalence of HIV and the Hepatitis B Virus (HBV) carried out in 2001 with a sample group numbering 2,313 revealed a rate of infection prevalence of 1% for HIV and 59.6% for HBV. These results agree with the clinical information with regard to HBV. Because the transmission methods for both HIV and HBV are the same, a rapid increase in HIV prevalence and mortality can be expected.

159. Since 1987, when the first HIV case was diagnosed in STP, there has been a rapid expansion of the epidemic, reaching 254 cases by September of 2007. In 2005, only 23% of all cases identified since 1990 were registered. Also in December of that same year, anti-retroviral (ARV) treatment was initiated. All districts are affected, with Água Grande

<sup>4</sup> Removed from the II STP MDG Report.

(53.40% ) and Mé-Zochi (20.6% ) heading the list. A study carried out by UNICEF in 2005 identified 77 AIDS orphans residing, in the majority of cases, in families headed by women.

160. The HIV infection situation in STP remains preoccupying despite significant advances registered in the fight against this epidemic. An estimated 2,279 (1.62% of the total population) Saotomeans live with HIV. The illness affects all age groups of both sexes, and above all the most active age group (15 to 49 years of age). It is noteworthy that the young and women experience the greatest vulnerability to HIV/AIDS.

161. A Demographic and Health Survey is planned during 2008 with an HIV component. The Survey will permit improved knowledge on the situation as well as following-up on the epidemic.

162. The epidemic appears to be in its initial stages with a low prevalence compared with other sub-Saharan African countries. The authorities consider that given the country's specificities (small population, small territory, a good doctors/inhabitants ratio, a good health population density, etc.) and the actual stage of development of the epidemic, **conditions exist for an effective response to HIV**. There is political will taking into account the President of the Republic's implication. Nevertheless, factors such as the high STD prevalence, the low rate of condom use, the high rate of early pregnancies and the great number of sexual relations at risk amongst those aged 15 to 24 years, among others, could condition the accelerated rhythm of the epidemic.

163. The support environment is relative good. A 2004–2008 Strategic Plan was approved and all HIV/AIDS interventions in the country are carried out within this framework. 2006 was declared as the Year for the acceleration of HIV prevention. The Ministries of Education and Justice as well as the General Directorate for Social Communication drafted operational plans for 2007–2008; the levels of implementation, however, remain low.

164. During recent years, a marked increase in interventions and activities in favour of the fight against HIV/AIDS, in particular in terms of prevention, treatment, impact monitoring and evaluation. Tests are carried out and counselling is available in all health centres in the country, with nutritional support to HIV/AIDS patients. The distribution of substitution milk to seropositive mothers is free.

165. From 2005, the following measures are in place:

- ARV treatment has been available and distributed at no cost
- Treatment with STD is made at all health posts
- There exists a well-structured condom distribution system with more than 400 units countrywide, with NGO collaboration for follow-up

166. However, although the level of collaboration and intervention co-ordination by all partners involved in the fight against HIV/AIDS is acceptable, it can also be said that there is room for improvement.

167. One of the additional results is the good level of the population's information and knowledge although improvement is needed in respect of prevention methods. Urban women and those with a higher level of education are better informed than rural women and those with less education or illiterate women. However, the lack of knowledge on preventive methods is also very prevalent amongst those aged between 15 to 24 years.

*Water and sanitation*

168. The rate of available of drinking water has increased (79.1% in 1981 and 84% in 2001, according to the 2001 GCPH), yet continues to be worrisome. Most of the systems operate irregularly. The quality of water, even in protected fountains, is poor as bacteria contaminate it. With regard to sanitation, the situation is more serious given that the national coverage level is much lower, with 21.4% in 1991 and 23.2% in 2001. In rural areas, availability of drinking water and sanitation is very low (only 60% of those living in rural areas have drinking water and only 35% have adequate sanitation).

169. The rural situation's improvement is a challenge of great importance and relevance. In 2002, within the framework of the Supply of Drinking Water, Sanitation and Fight against Water-borne Diseases, the ADB financed a survey to evaluate the population's knowledge, attitudes and practices in relation to malaria and water-borne diseases. The results of the survey were the following: 626 families were surveyed, corresponding to 1,661 persons who indicated the following in relation to the incidence of the water-borne diseases: malaria, 86.6% ; diarrhoea, 20.4% ; intestinal helminthiasis, 2.9% ; dysentery 2.2% ; and typhoid fever, 0.8% .

170. The National Water and Sanitation project aims for the following results by 2011: (a) increased institutional capacity to monitor and evaluate the supply and utilisation of water, (b) community access to drinking water increased from 20 to 80% , and (c) hygiene and sanitation practices improved by 80% in all schools and communities in all districts.

171. This project counts with the collaboration of multi-lateral partners such as UNICEF, UNDP and WHO, with the involvement of NGOs and CBOs. This partnership will intensify to increase equal access and sustainable utilisation of drinking water, basic sanitation services and improved community hygiene.

172. Each district now has a database for the registration of observed improvements, and human resources are being trained to enable the necessary monitoring for the progressive evaluation of the situation.

173. The 2005 and 2006 cholera outbreaks drew the Government's and its partners' attention with regard to the morbidity and mortality of water-borne diseases.

174. In recent years, there has been greater involvement of some international partners with regard to social sector financing. Some of these are, for example, the World Bank with its Project of Assistance to the Social Sector (PASS), the ADB, the Republic of China (Taiwan), Portugal, as well as funding from the HIPC programme. The United Nations Agencies maintained their technical and financial support. With co-ordination of development assistance improved significantly, UNS delivery increased in efficiency. The Government and its bi- or multi-lateral partners collaborated for a greater level of human, material and financial investment in support of the survival of the child through the strengthening of the Primary Health Care system. This resulted in marked progress between 2002 and 2008 in the areas of malaria, water and sanitation, HIV/AIDS, and IEC, as they benefited from integrated strategies, often linking interventions and contributions by different partners to further the implementation of the priorities defined by the authorities. The most salient example of this is the fight against malaria with very encouraging results.

175. Some NGOs and CBOs contributed significantly for the survival and well-being of the child by expanding the number of actors involved in the process of a World Fit for Children and in the attainment of the MDGs. As can be seen in Table 1 (Resources Allocation), there is a continuous increase of funds earmarked by the SGB for public health investment, from 2 million USD in 2002 to approximately 8 million USD in 2008.

### 3.5.3 Adolescent health

#### *Adolescents and drugs (Article 33)*

176. Drug abuse in STP has not yet reached the alarming rates of other countries although there is awareness that it would not be desirable to overlook the problem and to ensure it not reach the level of a social scourge. The available data on drug consumption by adolescents has been obtained mostly from a study on the behaviour of adolescents and youth outside the school system in relation to their sexuality and reproductive health, undertaken in 2003 with UNFPA funding through the Reproductive Health/Family Life Education Project.

177. 586 youth no longer attending school were surveyed, with 290 boys and 296 girls between the ages of 15 and 24. This study concluded that the practice of consuming harmful substances seems to be taking root in adolescents and youth of both sexes with the consumption of the following: tobacco, alcoholic beverages (wine, beer, cheap brandy, rum (“cacharamba”<sup>5</sup>), palm wine, and others). It was also verified that drug taking, in particular, cannabis (“liamba”), was increasing, in particular among girls.

178. Under the overall supervision of the Ministry of Justice, an Office for the Fight against Drugs has been established. However, it has developed few information and awareness activities due to a lack of human and material resources.

#### *Youth reproductive health*

179. The National Reproductive Health Programme also assists youth, in every district, although youth counselling takes place in the same space as that reserved for adults. The centre located in the capital reserves space for youth counselling. This centre alone attends cares for nearly 200 pregnant girls between the ages of 14 and 17.

180. While three youth RH and HIV/AIDS counselling centres have been set up, the level of demand is low. The majority of young girls only seek out the centres after their first childbirth, and the substance of the interaction centres on the importance of spacing pregnancies and the number of children.

181. UNFPA has supported a school RH programme by sponsoring the drafting and printing of Health Education manuals distributed to students from 1st to 8th grades. Biology and Portuguese teachers were trained in the use of these manuals. The manuals’ subject matter is largely centred on sexually transmitted diseases (STDs) with particular attention to HIV/AIDS. While students from 9th to 11th grades do not have manuals, they regularly attend awareness sessions on the same issue.

182. The GoSTP-WHO-PASS partnership plans to draft and implement a school health programme.

183. Some NGOs and community activists have increased their activities in HR and STD awareness actions.

### 3.5.4 Prejudicial traditional practices

184. According to MICS III data with regard to early marriage, only 3.3% of women are married before their eighteenth birthday. Among married women or those living with partners, only 18.5% are aged between 15 and 19, which might lead to the conclusion that the phenomenon is nearly non-existent.

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<sup>5</sup> Locally produced alcoholic beverage.

185. On the other hand, the practices of early sexual activity and early pregnancy reach preoccupying levels.

186. UNICEF sponsored a study on the “*Early Pregnancy Incidence*” to discover the causes and the potential to reduce this tendency. The study researched, above all, the District of Príncipe where the problem is greatest. Following recommendations, various training and awareness actions by different NGOs have been developed.

187. The 2007–2011 Country Programme Plan of Action plans for training actions in Life Skills for young men and women that aim at reducing early pregnancy, early school abandonment and gender equality throughout the country.

## **3.6 Education, leisure and cultural activities**

### **3.6.1 Education, training and professional guidance**

188. As can be inferred from the information contained in the initial report, one of the most important challenges for the Government in the education sector has been to guarantee universal access to primary education to school-aged children. The Saotomean Basic Education System Law establishes a mandatory six years of free primary education. Successive Governments have established various programmes establishing these provisions as the priority objectives towards achieving the MDG objectives and goals by 2015. Among the different interventions for the improvement of the national school system, the PASS project for 2005–2009 provides basic education and health for the population, with total funding reaching 7.1 million USD of which 6.5 million USD are provided by the WB’s IDA and 600,000 USD by the STP Government.

189. Through its education component, the PASS aims to improve the basic education services, generalising mandatory 6 year primary schooling instead of the current 4 years, while ensuring greater access and a more balanced management of decentralised education services. To achieve these objectives, the project has undertaken actions that contribute to policy and institutional reforms and the construction/repair and equipping of primary schools, as well as training, study tours and technical assistance.

190. In addition, the Government carried out in 2007 a first review of the Education and Training Strategy established for the period 2002–2017. This strategy’s main objective is to ensure primary education for all, respecting the perspectives of gender, regional and urban/rural.

191. A mid-term review of the PASS project undertaken in 2007 evaluated as positive rehabilitation interventions carried out in 21 schools, of which four are in Príncipe, as well as the construction of 22 new classrooms, the revision and edition of 88,000 manuals for 1st and 2nd grades, and teacher training on the use of these manuals.

192. In 2003, 36% of primary schools operated with three daily shifts for 13,403 students or 60% of all primary school students. The 2007 evaluation reveals that 20 percentage points, to the current 16% (12 schools), reduced the incidence of triple shifts.

193. These results are due to the intervention of other partners such as the Calouste Gulbenkian Foundation in terms of curricular reform, Taiwanese co-operation for school transport, UNICEF in terms of water and sanitation and WFP for school canteens.

194. Access is practically universal for the first cycle ((1st to 4th grades), with a NER of 100% and school coverage guaranteed by 78 schools (five of which are integrated primary schools) evenly distributed throughout the country. The second cycle (5th to 6th grades), the NER decreases to close to half and school coverage is more limited, with only 9 schools

country-wide for this cycle, normally located in district capitals, which represents a major obstacle for the mandatory completion of primary education for the majority of students.

195. The **Gross Education Rate (GER)** (1st to 6th grades), was 135% for the 2006/2007 school year.

196. In terms of the **Net Education Rate (NER)** (1st to 6th grades), there has been a positive evolution, from 77.6% in 2001/2002 to 84.1% in 2006/2007. Discrepancies remain, however, between the two cycles, as can be seen in the table below. While nearly all children enrol in the first cycle, only about half of children enrol in the second cycle.

Table 6

**1st to 6th grades GER and NER evolution, 2001–2007**

	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07
GER Primary School (1st to 6th)	127.3	129.6	131.4	134.2	135.0	135.0
NER Primary School (1st to 6th)	77.6	78.1	80.0	81.8	83.1	84.1
GER 5th to 6th grade	86.7	91.1	97.6	100.9	107.3	115.8
NER 5th to 6th grade	37.4	39.8	43.1	40.9	43.9	51.0

Source: Primary Education Directorate, Ministry of Education.

197. Despite all the problems with Primary School Education, the rate of transition between the first and second cycles has substantially increased, going from 63% in 2002/2003 to 73% , evenly distributed in nearly all districts. This tendency should improve even more given that one of the objectives of the reform provides for all children having access to and completing primary education.

198. This situation signifies a very great challenge for the country given that only district centres are able to offer the second cycle (5th to 6th grades) of primary education. For this reason, many children stop studying as continuation would imply travelling long distances or, more expensively, finding lodging in district centres, which constitutes a real barrier, in particular, to the poorest families.

199. Until a school network facilitating access to school for children of the poorest communities is established, the GoSTP, in partnership with some civil society organisations and donors, has allocated specific assistance programmes such as:

- The free distribution of uniforms to the poorest children
- The concession of school passes for school transportation
- The distribution of school grants

200. Within the scope of actions aiming to motivate parents in the importance of sending and maintaining their children in school, since 2001 the Brazilian co-operation has supported the development of an adult literacy project implemented by the GoSTP. The success rate of this project has been 70% up until now. This is a 9-month training programme where adults learn to read, write and perform basic mathematical operations. 54% of these adults are women. The programme, associated with the school-grant programme, contributes greatly to the improvement of parental perception on the importance of their children's education, besides providing adults with improved conditions to facilitate income-earning opportunities and thus improving their families' living conditions.

201. At the district level, Lobata, Cantagalo, Príncipe and Mé-Zochi have experienced the greatest increases during this period.

202. According to the following table, there was a nearly balanced tendency in the transition between boys and girls with, however, a slight predominance of girls.

Table 7  
1st to 2nd cycle transition, by district, 2001–2007

	2001/02		2002/03		2003/04		2004/05		2005/06		2006/07	
	M	F	M	F	M	F	M	F	M	F	M	F
Agua Grande	76	77	72	72	83	80	78	79	76	82%	0%	2%
Mé-Zochi	50	51	55	54	64	65	68	65	71	71%	9%	9%
Cantagalo	43	40	77	78	69	72	69	63	68	69%	12%	14%
Caué	65	36	60	46	50	52	64	69	57	61%	9%	9%
Lembá	25	28	42	51	54	50	67	70	45	45%	2%	7%
Lobata	74	75	66	68	76	78	69	70	87	87%	17%	16%
Príncipe	58	78	61	63	56	57	73	72	77	77%	10%	9%
<b>Total</b>	<b>63</b>	<b>64</b>	<b>64</b>	<b>65</b>	<b>72</b>	<b>72</b>	<b>52</b>	<b>71</b>	<b>73</b>	<b>77%</b>	<b>1%</b>	<b>1%</b>

Source: Carta educativa 2007.

#### Preschool education

203. According to the table below, 4,699 children enrolled in public education for the 2001/2002 school year, increasing to 6,723 for the 2006/2007 school year, that is, there was an average annual growth rate of 8% . The districts of Cantagalo and Príncipe experience the most significant average annual growth rate with, respectively, 14 and 17% .

Table 8  
Preschool enrolment evolution, by district, 2001–2007

District	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07	TCMA
Água Grande	1 944	1 967	2 426	2 229	2 480	2 542	7%
Cantagalo	329	588	710	714	687	740	6%
Lobata	503	482	652	760	765	815	14%
Caué	359	382	366	384	360	407	2%
Lembá	535	516	526	719	771	727	9%
Mé-Zochi	835	834	923	1 032	1 034	1 124	8%
Príncipe	194	197	201	267	301	368	17%
<b>Total</b>	<b>4 699</b>	<b>4 966</b>	<b>5 804</b>	<b>6 105</b>	<b>6 398</b>	<b>6 723</b>	<b>8%</b>

Source: Carta Educativa 2007.

204. The Gross Preschool Rate from 2004 to 2007 had a very low overall level of coverage, with only about 20% . For the 3 to 5 age group, the Net Preschool Rate was above 44% and much lower for the 0 to 2 year olds.

Table 9  
Preschool coverage rates, 2004–2007

<i>School year</i>	<i>NPSR 0–2 years</i>	<i>NPSR 3–5 years</i>	<i>GPSR 0–6 years</i>
2004/05	5.3	44.8	21.1
2005/06	4.7	46.9	22.0
2006/07	5.0	45.0	20.9

*Source:* Report on education indicators 2006/07.

205. Thus, about 30% of children attending first grade have attended preschool, as can be seen below:

Table 10  
Number of 1st grade students having attended preschool, by sex and by age

<i>School year</i>	<i>Children enrolled</i>								
	<i>5 years</i>			<i>6 years</i>			<i>7 years</i>		
	<i>F</i>	<i>M</i>	<i>MF</i>	<i>F</i>	<i>M</i>	<i>MF</i>	<i>F</i>	<i>M</i>	<i>MF</i>
2005/06	2	2	4	753	686	1 439	45	53	98
2006/07	13	18	31	968	942	1 910	50	60	110
2007/08	1	4	5	782	731	1 513	0	0	0

*Source:* Ministry of Education 2006/07.

### 3.7 Special child protection measures

#### 3.7.1 Sexual abuse

206. The spectre of abusive treatment, rape, exploitation and violence against the Saotomean child is still largely unknown given the lack of any study carried out in this respect. Nevertheless, Social Communication sector information, as well as information from other implicated sectors, such as the Courts, the National Police, amongst others, indicates that the problem has reached alarming proportions.

207. The entry into effect of the law on Domestic Violence and the Penal Code, as well as the National Committee's institutional strengthening with regard to CRC implementation, will most certainly introduce a new supervisory and monitoring framework for actions for the substantial improvement of child protection rights.

#### 3.7.2 Economic exploitation

208. Article 32 establishes that the child needs protection against any work imperilling his/her health, education or development. The State should establish the minimum age for employment and regulate child labour conditions.

209. The precepts of this provision are linked to those of Articles 123, 128 to 129, 132 to 136, 147 to 148 of Law 6/92 on the Legal Regime on Individual Labour Conditions. This Law reinforces the principle of a minimum age for employment and prohibits employers to hire minors less than 14 years of age, as well as fixing the work schedule when these minors are employed.

210 Equally, heavy labour in unhealthy or dangerous conditions, such as underground work, is prohibited for those under 18 years of age (Article 129) and establishes the need for the employer to supply minors under his employ with adequate labour conditions relative to his/her age, ensuring his/her adequate physical and mental development (Article 133).

211. Article 132 establishes that the employer must provide to minors adequate conditions to training and ensure attendance to professional technical training. Work is prohibited to minors (less than 14), according to Article 134.

212. The 1999 and 1973 ILO Conventions, respectively, 182 (establishing the Prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labour) and 138 (on the Minimum Employment Age) have already been approved and ratified by the Saotomean State and the ratification instruments have been deposited with the ILO Director General.

213. As with the greater part of issues under analysis with regard to child protection in São Tomé e Príncipe, there exists a great lacuna in terms of research on child labour. Nevertheless, in 2001 a preliminary study financed by UNICEF, as well as another study in 2007, concluded that (a) the problem has economic causes because labouring Saotomean children often originate in poor families, and (b) this activity has negative repercussions in their educative development as the majority of them end up by abandoning school.

214. Given MICS III data, the issue can be seen from the perspective that child labour is practically non-existent in STP, with only 8% of children affected, if:

- (i) A child aged between 5 and 11 years works less than one remunerated hour or 28 hours of domestic work per week;
- (ii) A child between the ages of 12 and 14 years performs at least 14 hours of remunerated labour or 28 hours of domestic labour per week.

Amongst these, 3.2% work in a family business while 2.5% perform domestic tasks of at least 28 hours per week.

215. MICS III data also indicate that children labourers who attend school are more numerous in rural areas than in urban ones (84.7% against 77.8% ) and those whose mothers have attained secondary or higher levels of education, in relation to uneducated mothers, are also greater in number (96.2% against 74.6% ).

216. As already mentioned above, the 2007–2011 Country Programme Plan of Action foresees training in Life Skills for young boys and girls designed to help in preventing them from being exploited.

### **3.7.3 Juvenile justice**

217. The new Penal Code currently under approval resolves the concept of juvenile justice more appropriately, defining the application of precepts relative to the treatment of issues in relation to infractions by minors from a perspective more in harmony with the provisions of the CRC.

218. The creation of specialised courts, such as that of Minors, is seen as a necessity in terms of the treatment of issues relative to minors in conflict with the law and/or in cases of the treatment of issues relative to the guarantee of their rights. It is considered as one of the great challenges facing the country, for which it counts on international assistance from, for example, the CRC.

### 3.8 Optional Protocols for the Convention on the Rights of the Child

219. With regard to the National Committee's capacity strengthening process for the implementation of the CRC, advocacy action has been planned with a view to accelerate the development of actions tending to the ratification of the CRC Optional Protocols relative to the sale of children, child prostitution and pornography and to the involvement of children in armed conflicts.

### 3.9 Document dissemination

220. The initial report, as well as the recommendations following its presentation to the International Committee was widely disseminated to the public sector as well as to civil society, both of which contributed to improve knowledge on the rights of the child in the entire country.

## IV. Conclusions

221. The preceding analysis permits the following considerations:

#### **Convention dissemination and implementation**

(1.) Dissemination actions with regard to the initial report and to the Committee's Recommendations did not produce the desired rhythm of responses adequate enough for compliance with these.

(2.) The lack of institutional capacity strengthening of the NCCRCIM did not permit a normal national co-ordination process for actions in favour of the well-being of children as outlined in the CRC.

(3.) The existence of a National Plan of Action for implementation activities continues to be an important and urgent necessity to permit efficient monitoring of the implementation process.

#### **A World Fit for Children**

(4.) STP is on its way towards the harmonisation of the CRC with national legislation, although it must continue to invest in the process of review and drafting of new laws to perfect aspects, in particular in terms of juvenile justice, and in the abuse and exploitation of minors.

(5.) The GoSTP and its international partners consented to a greater level of human, material and financial investment in support of the survival of the child, permitting a strengthening of Basic Health Services with notable progress in vaccine coverage, the fight against malaria, the supply of water and hygiene, the fight against HIV/AIDS and IEC. The number of children under five years of age diagnosed with malaria fell from 40 to 20% in some of the most affected districts. At the Educational level, important progress was made in terms of the review of the curricula, teacher training and rehabilitation of infrastructures, all of which influenced education results. The percentage of classrooms with triple shifts was reduced from 36% in 2003 to 16% between 2003 and 2007.

(6.) Despite these results, there are key areas to combat inequalities and exclusion that continue without adequate intervention. These are counselling and follow-up of children with special needs and children living in high-risk situations such as HIV/AIDS orphans and those from the poorest families.

## V. Recommendations

222. The following recommendations are suggested:

### **Convention dissemination and implementation**

- (1.) The process of institutional strengthening of the NCCRCIM must be strengthened.
- (2.) The strengthened NCCRCIM must study the viability of the creation of a National Institute for Human Rights, in agreement with the Paris Principles, and following the recommendations of the International Committee.
- (3.) The actions for the drafting of a National Plan of Action for CRC implementation must take into account the objectives and goals of “A World Fit for Children” of the United Nations General Assembly’s Special Session on Children.
- (4.) Greater NGO involvement in the CRC dissemination and training process

### **A World Fit for Children**

- (5.) Human and other resources must be increased to facilitate the reviewing and drafting process of new laws to accelerate the harmonisation process of the rights enshrined in the CRC with national legislation
- (6.) Investment in the Health sector must be increased to expand health services in rural zones with a view to improving RH results, in particular with regard to MM.
- (7.) Measures to develop national intra- and inter-sectorial co-ordination capacities, in particular in actions for the implementation of the NPRS, must be adopted.

## Annex

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