



**Executive Board of the
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Programme, the United Nations
Population Fund and the United
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UNFPA – Country programmes and related matters

United Nations Population Fund

Country programme document for Gabon

Proposed indicative UNFPA assistance:	\$7.9 million: \$3.2 million from regular resources and \$4.7 million through co-financing modalities or other resources
Programme period:	Five years (2023–2027)
Cycle of assistance:	Eighth
Category:	Tier I
Alignment with the UNSDCF Cycle	United Nations Sustainable Development Cooperation Framework, 2023–2027

Note: The present document was processed in its entirety by UNFPA.

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I. Programme rationale

1. The population of Gabon was estimated at 2,311,904 inhabitants in 2022, with 48.4 per cent women and a population growth rate of 3.1 per cent.¹ It is a young population, 54.6 per cent of whom is under 25 years old. Gabon is experiencing a sturdy urbanization (89.1 per cent) and is characterized by a heavy concentration of its population (70 per cent) living in Libreville and Port-Gentil, the country's two main urban centres. Because of its advantageous economic status, Gabon is a pole of attraction for migrants, who represent more than a quarter of the population. Unfortunately, this migrant population is facing difficulties in accessing basic social services. In addition, 33.4 per cent of heads of household live below the poverty line, with a high incidence for women (35.8 per cent). The Gini index fell from 38.9 in 2005 to 37.6 in 2017, demonstrating there is only a small impact on poverty reduction.² These inequalities have been exacerbated by the COVID-19 pandemic, which has had adverse sexual and reproductive health, economic and social consequences. The level of poverty contrasts with the economic situation of the country: Gabon is considered an upper-middle-income country (with \$9,200 per capita), but it has a low human development index (0.917) that ranks 115 out of 188 countries on the human development index.³

2. According to demographic health surveys, the maternal mortality ratio fell from 519 to 316 per 100,000 live births from 2000 to 2012. The imminent release of the results of the country's demographic health survey, 2019-2021, should reconfirm this progress. However, maternal mortality, in terms of number of maternal deaths,⁴ is high in the provinces of Estuaire, excluding Libreville (2,148), Ogooué-Ivindo (441), Moyen-Ogooué (396) and Woleu-Ntem (306). Although declining, this high level of maternal mortality is explained by insufficient management of obstetric complications due to the low availability of maternal and neonatal health services. Indeed, only 38 per cent of health facilities can provide basic emergency obstetric and neonatal care, according to the 2015 service availability readiness assessment. Similarly, the limited number and uneven distribution of health personnel in charge of monitoring and managing pregnancies are all explanatory factors for the low quality of maternal care. However, 89 per cent of births are attended by skilled health personnel, with 78 per cent of women completing the four recommended antenatal visits; still, the practice of immediate postpartum consultation should be consolidated. Obstetric fistula is still a major issue, as the national campaign for the elimination of obstetric fistula has identified 90 cases. Finally, the common country analysis reveals that women are unable to fully exercise their right to sexual and reproductive health due to low awareness of these rights, including access to contraception.

3. While 27 per cent of women have unmet needs for family planning (Ogooué-Ivindo 27 per cent and Ogooué-lolo 25.2 per cent) and even more among adolescents (44 per cent), modern contraceptive prevalence remains low among women of childbearing age (24 per cent), with the lowest levels in Ngounié (11.3 per cent) and Ogooué-Ivindo (11.2 per cent). This situation is due to socio-cultural and economic barriers, as well as the insufficient supply of family planning services, since only 37 per cent of health facilities offer modern contraceptive methods, with low levels in Ogooué-lolo (21) and Woleu Ntem (26). In addition, there are frequent stock shortages, insufficient training of health providers, and a lack of technical facilities. Furthermore, the national budget line for the purchase of maternal and child health drugs does not take contraceptives into account and the National Health Insurance and Social Guarantee Fund does not reimburse health costs related to modern contraception. Only UNFPA provides contraceptives in Gabon.

4. According to the 2012 demographic health survey, 28 per cent of girls ages 15-19 started their reproductive life, with an excessive level among adolescents from the poorest households (49 per cent). HIV prevalence among adolescents and young people ages 15-24 years is twice as

¹ National Institute of Statistics, 2022.

² Common country analysis, 2022.

³ Ibid.

⁴ Ministry of Health, 2019.

high among girls (1.3 per cent) as among boys (0.5 per cent).⁵ This situation could be explained by insufficient access to appropriate sexual and reproductive health information and services. Although the comprehensive sexuality education programme is in the process of being generalized in schools, it is necessary to build the capacity of educational personnel to extend actions to the community level and to reach out to adolescents and young people not attending school, while strengthening their life skills. According to the national youth policy, 2013-2020, the low participation of young people in decision-making processes hinders the consideration of their needs in related development plans and programmes.

5. The United Nations Sustainable Development Cooperation Framework (UNSDCF), 2023-2027, highlights the strong political will to address gender inequalities and promote concrete policies and programmes aimed at improving the conditions of women and girls. However, gender inequalities remain a challenge (with a gender inequality index of 0.525 in 2020, Gabon is at 128 rank) perpetuated by dominant patriarchal structures that negatively influence women's decision-making capacity and their access to resources and basic social services, which increases their vulnerability to gender-based violence. Indeed, 52 per cent of women reported having experienced physical violence since the age of 15 at some point in their lives, with only 43 per cent reporting having sought assistance and support.⁶ In 45 per cent of cases, the perpetrator of the acts of physical violence is the current husband. Although legal and institutional reforms have been undertaken in favour of girls and women – in particular, laws 006/2021, 005/2021, 004/2021 – the national strategy to fight gender-based violence has encountered operationalization constraints. These include the poor diffusion and implementation of these laws, insufficient budgetary allocation, and a weak mechanism for coordination and management of information on gender-based violence. It should be also noted that inclusive access to holistic care services for survivors of gender-based violence remains a major challenge across the country.

6. Data collected in 2021 identified Gabon as a country where female genital mutilation/cutting and early marriage are concentrated among migrants.⁷ In 2016, law 9406 prohibiting the marriage of persons under 18 was adopted. It also considers other harmful practices against girls known as 'inappropriate relationships,' referring to sexual relations between adolescents and adults with a significant age gap, revealing the obvious relationship of power and subjugation of the teenager. The demographic health survey noted that in 2012 among women ages 15-49, 25.6 per cent had their first union before the age of 18. Unions before age 15 are alarming in the populations most left behind, reaching 8 per cent in the poorest population.

7. Statistical information from national sources is either non-existent or obsolete, which makes it impossible to accurately assess the effectiveness of strategies to guide planning, targeting and monitoring. This could be due to the lack of qualified personnel, the low level of funding and the low value of statistical data. The need for disaggregated data remains a priority and a challenge for statistical data production. The last census, conducted in 2013 (with the next scheduled for 2023), will require investments in its implementation, in terms of financial resources mobilization, logistics and technical assistance. The third demographic health survey for 2019-2021 requires technical and financial support for the publication and dissemination of results. Likewise, the national civil registry system is not effective (18 per cent of children do not have birth certificates), causing difficulties in enrolling them in social safety nets. In addition, the health information system does not work effectively to report on progress; furthermore, maternal death audits, which offered the possibility of adjustments to reduce maternal deaths, have discontinued.

8. The national development needs and priorities are set out in the Gabon Emergent Strategic Plan Vision 2025. However, its implementation has been hindered by the weakening of budgetary capacities following the drop in the cost of raw materials. As a solution, the Government has

⁵ The Joint United Nations Programme for HIV/AIDS, 2021.

⁶ Demographic health survey, 2012.

⁷ Office français de protection des réfugiés et des apatrides, Division de l'information, de la documentation et des recherches, 2021.

launched a human investment strategy to improve the living conditions of the most vulnerable, through an economic reform programme. The Transformation Acceleration Plan, 2021-2023, which is in line with Gabon Emergent Strategic Plan, has the prime objective of modernizing the economy, diversifying it and allowing every Gabonese to have access to a decent standard of living. Social protection measures have also been strengthened through the inclusion of 65 per cent of the population in the National Health Insurance and Social Guarantee Fund.

9. With 22 million hectares of forest, Gabon stores significant stocks of carbon, which contribute to the mitigation of climate change at the global level. Biodiversity and forests are protected through the establishment of national parks, which cover 11 per cent of the national territory, the ban on the export of logs, and the reduction of gas flaring in oil fields. Gabon plays a leading role in the protection of nature through its commitment to policies to deal with climate change and its commitment to the Global Pact for the Environment. Climate change with recurrent disasters characterized by floods, especially in under-integrated neighbourhoods, claims many victims each year, with the destruction of infrastructure affecting the delivery of health services, including reproductive health services and even gender-based violence. Therefore, humanitarian emergency should also be considered in future actions to meet the needs of affected populations.

10. The new country programme is aligned with the UNSDCF, 2023-2027, and responds to the national priorities defined in the Emerging Gabon Strategic Plan. Based on the challenges identified in the CCA, the UNSDCF has identified three priority areas of intervention. In accordance with its mandate, UNFPA will contribute to achieving common results in two priority areas: (a) strengthening the legal and institutional framework for greater accountability, transparency and efficiency to ensure inclusive and sustainable and equitable development; and (b) improving access for at least 80 per cent of the population, especially the most vulnerable, to quality, integrated, resilient and inclusive social services, and reducing social and gender inequalities.

11. The evaluation of the seventh country programme, 2018-2022, shows that UNFPA has contributed significantly and in a structured way to the strengthening of national strategies and systems aimed at improving reproductive health, including maternal health, considering adolescents and young people. The institutional collaboration with the ministries in charge of health and education facilitated the effectiveness of integrating sexual and reproductive health in the school system through comprehensive sexuality education. Multisectoral collaboration on sexual and reproductive health of adolescents and young people has enabled the pooling of the efforts of stakeholders, civil society organizations (CSO) and partners. The seventh country programme had mobilized 93 per cent of the resources necessary for its implementation, despite the COVID-19 pandemic. Its responsiveness to dealing with crises such as the COVID-19 pandemic through its promptness in purchasing COVID equipment for sexual and reproductive health services, as well as the realization of COVID-19 awareness-raising sessions aimed, at young people, have demonstrated UNFPA commitment and predisposition to contribute to the protection of the most vulnerable populations in crisis situations. The knowledge and proficiency in procedures by implementing partners are assets for the implementation of the future programme. For this country programme, the evaluation recommends: (a) pursuing advocacy for the adoption and implementation of policies and strategies, alongside laws, enforcement and mobilization of domestic resources to support sexual and reproductive health and reproductive rights services and commodity procurement; (b) targeting vulnerable populations and improving their access to integrated and quality sexual and reproductive health services, in line with universal health coverage; (c) continuing programme interventions in sexual and reproductive health and gender-based violence among adolescents and young people; and (d) continuing to position UNFPA as a leader in empowering young people, especially adolescents and girls, to increase their potential to harness the demographic dividend.

II. Programme priorities and partnerships

12. The new country programme was developed in close consultation with national partners, including government institutions and authorities, civil society and community-based organizations, including people with disabilities, women, girls and young people. It is aligned with the national priorities defined in the Gabon Emerging Strategic Plan Vision 2025, the policies, strategies and sectoral plans in health, gender and youth issues, as well as the Transformation Acceleration Plan, 2021-2023. The programme contributes directly to outcomes 1 and 3 of the UNSDCF, 2023-2027, the African Union's Agenda 2063 and Sustainable Development Goals (hereafter, the Goals) 1, 3, 5, 10, 16 and 17.

13. Guided by the UNFPA strategic plan, 2022-2025, the country programme will accelerate progress on national voluntary commitments made at the International Conference on Population and Development Nairobi Summit (ICPD+25) towards the achievement of the three transformative results. The programme aims to ensure universal access to sexual and reproductive health and reproductive rights with a focus on those left furthest behind, including in humanitarian settings. The entry point will be to address maternal mortality with a holistic and integrated approach. The programme will support the national goal and increase contraceptive prevalence by 30 per cent and reduce maternal mortality by half by 2030. The programme's vision is to advocate against gender and social inequalities and reach the populations furthest left behind, as identified in the CCA, particularly the populations of landlocked areas and those living in the deprived neighbourhoods of Libreville and Port Gentil, migrants and refugees, and people living with or at high risk of contracting HIV. This also includes persons with disabilities, women and girls, especially those living in poor households. Achieving these results requires the implementation of six integrated strategies in the areas of sexual and reproductive health and gender-based violence, with an emphasis on adolescents and young people: (a) resource mobilization and advocacy for the development, adoption and implementation of policies, laws and strategies related to youth, gender and sexual and reproductive health issues; (b) advocacy to strengthen national capacities for the provision of integrated, comprehensive and quality sexual and reproductive health and reproductive rights services; (c) the use of innovative strategies to increase access to information and distance learning; (d) the promotion of research and evidence-based data as decision-making tools; (e) social mobilization and women empowerment; and (f) the development of public-private partnerships.

14. Inter-agency coordination mechanisms will be strengthened in maternal health, family planning and gender-based violence. The programme will be structured around five modes of engagement: (a) advocacy and policy dialogue for the positioning of the three transformative results and domestic resource mobilization; (b) knowledge management for informed and evidence-based decision-making; (c) capacity-building of government institutions and civil society; (d) advocacy for the provision of quality services, including information for target populations; and (e) partnerships, South-South and triangular cooperation.

15. The following five accelerators will be used to improve performance: (a) the development and use of innovative solutions to target digital communication technology to widely spread sensitization information on sexual and reproductive health and reproductive rights, family planning, gender-based violence, and increase demand for family planning and sexual and reproductive health services among youth and adolescents, and to improve data quality; (b) partnerships with bilateral donors, foundations and the private sector to make commodities more available and accessible, and intensify partnerships with local media and private sector partners to work for social norms to spread sexual and reproductive health and HIV information among communities in remote rural areas with risk of being left behind; (c) South-South and triangular cooperation with other country offices in the region to learn from their experiences using strategies such as digital solutions to scale up community-based distribution of family planning and to reduce unmet needs for family planning, sexual and reproductive health and HIV information among communities in remote rural areas with the risk of being left behind, and the search for domestic and international funding; (d) the generation and use of evidence-based data

to elaborate, monitor and evaluate; (e) the principle of leaving no one behind and helping to identify the most disadvantaged first in situation analyses; and (f) resilience, to ensure continuity of services and complementarity between development and humanitarian efforts in case of crisis.

16. Primarily, UNFPA will be a policy-advocacy driver and think-tank working with the Government to ensure accountability to the three transformative results. Moreover, UNFPA will work closely with the Ministry of health, the Ministry of Social Affairs, the Ministry of Gender, the Ministry of Youth, the Ministry of Economy, the Ministry of National Education, the National Statistics Office and the Ministry of Justice. Programme interventions will cover the regions with the greatest disparities, considering the vulnerable populations identified in the CCA and prioritizing those regions with the lowest social indicators: Estuaire, Moyen-Ogooue, Ogooue-Ivindo and Woleu-Ntem.

17. UNFPA will work with other United Nations organizations in the context of United Nations reform through joint situation analyses, programmes, working groups, programme reviews and evaluations to contribute to the UNSDCF outcomes, using an integrated approach that cuts across its areas of mandate and demonstrates its specific competitive advantages. UNFPA will continue to advocate and coordinate gender equality interventions across the UNSDCF, including prioritizing and mainstreaming gender equality issues. This will contribute to the empowerment of women and young people, particularly adolescent girls, among the most vulnerable population groups, by supporting the Government in realizing reproductive rights and access to comprehensive sexual and reproductive health services and in promoting women's empowerment and elimination of gender-based violence. UNFPA will build on its competitive advantages in the generation of disaggregated data and evidence for the monitoring of Goals indicators.

A. Output 1. By 2027, improved integration of sexual and reproductive health and reproductive rights, as well as the prevention of and response to gender-based violence and harmful practices, into universal health coverage-related policies and plans, and other relevant laws, policies, plans and accountability frameworks

18. This output will contribute to the achievement of UNSDCF outcome 3 related to access by at least 80 per cent of the population to quality social services, through the following interventions: (a) advocating for implementing and monitoring national and international commitments on sexual and reproductive health and gender-based violence; (b) forming partnerships to mobilize domestic resources from donors and through South-South cooperation with a view to accelerating the achievement of the three transformative results, including the realization of the 'investment cases' of the three transformative results that will be used to support a shift from funding to financing by advocating for more sexual and reproductive health services; (c) advocating for the adoption of sexual and reproductive health laws; (d) supporting the development of national strategic and technical documents in sexual and reproductive health, including family planning; (e) strengthening accountability and coordination mechanisms to ensure quality services for all, with the participation of young people and communities; (f) advocating for the extension of the coverage of the National Health Insurance and Social Guarantee Fund to family planning and gender-based violence, including for the most vulnerable; (g) popularizing laws passed for protection against gender-based violence and harmful practices in favour of the status of women and girls, as well as the development of a monitoring framework for their operationalization; and (h) advocating and sensitizing the community on the local laws and policies against female genital mutilation and address the social norms that drive the practice.

B. Output 2. By 2027, the capacities of national institutions and communities are strengthened, to offer integrated quality information and services-related to maternal health, sexual and reproductive health and reproductive rights, gender-based violence and harmful practices, including in emergency contexts

19. This output will contribute to the achievement of UNSDCF outcome 3, with the following strategic interventions: (a) providing technical assistance and creating a national network of

maternity wards offering emergency obstetric and neonatal care, including use of data to monitor maternal deaths and response; (b) building the capacities of midwives in initial and continuing training, and through digitalization; (c) improving information and access to integrated services for sexual and reproductive health, prevention and management of gender-based violence with the use of innovative strategies (telemedicine, message dissemination via technologies, etc.); (d) supporting the implementation of the strategy to combat obstetric fistula (prevention, care, reintegration) taking into account migrants; (e) integrating family planning into reproductive health services, including postpartum family planning, routinely and as an advanced strategy; (f) strengthening the supply chain for the availability of contraceptive products at the last mile; (g) organizing multimedia campaigns and community mobilization to generate demand; (h) supporting the implementation of the community health strategy, including the engagement of men in sexual and reproductive health issues; (i) building the capacities of care structures for survivors of gender-based violence for a holistic and ethical response; (j) supporting actors in the technical coordination of actions to prevent and respond to gender-based violence; (k) strengthening community response mechanisms, with the contribution of the network of religious denominations and civil society; (l) building the capacity of women and girls in human rights, gender equality and access to services; (m) advocating for an equitable distribution of personnel in charge of maternal health; (n) developing initiatives that addresses the specific problems faced by migrants through South-South cooperation; (o) improving the access of adolescents and young people to quality sexual and reproductive health services, integrated and adapted to their needs in fixed and advanced strategies; and (p) creating user-friendly services for an integrated offer of family planning, adolescent and youth reproductive health, and gender-based violence in-school and out-of-school.

C. Output 3. By 2027, adolescents and young people have strengthened their skills and capacities to ensure bodily autonomy, leadership and participation, and to build human capital

20. This output will contribute to the achievement of UNSDCF outcome 3. Accordingly, the following strategies will be applied to: (a) scale up comprehensive sexuality education in-school and out-of-school settings, through the perspective of vulnerable populations (person with disabilities, migrants, prison population); (b) develop partnerships for innovative initiatives in favour of the sexual and reproductive health of adolescents and young, including for migrants; (c) build the capacities of adolescents and young people in life skills; (d) strengthen youth organizations for better leadership and full participation in decision-making processes while improving their resilience to shocks; (e) advocate with relevant communities for the effective application of laws for female genital mutilation/cutting and child marriage prevention (elimination of harmful practices, female genital mutilation/cutting, gender-based violence and sexual and reproductive health services, and demand for the utilization of sexual and reproductive health services).

D. Output 4. By 2027, data systems and evidence are strengthened, to consider population changes and other megatrends for the development of policies and programmes, especially those related to sexual and reproductive health and reproductive rights

21. This output will contribute to the achievement of UNSDCF outcome 1 on strengthening the equal and institutional framework for good and inclusive governance, through the following main interventions: (a) strengthening the capacities of institutions to generate evidence on population, sexual and reproductive health, gender-based violence, harmful practices and other related areas, and their popularization through various communication formats (digital, traditional media, publications); (b) supporting South-South cooperation to conduct the general population and housing census thematic analyses (migrants), including in-depth analysis of the results of demographic and health survey 2019-2021; (c) supporting the preparation of voluntary national reviews on monitoring the Goals and ICPD+25 voluntary national commitments; (d) developing robust partnerships with universities and research institutes to promote the production and sharing

of knowledge data and trends on population issues; (e) supporting the collection, analysis and dissemination of routine data on sexual and reproductive health and gender-based violence; (f) promoting the development of civil registration and vital statistics.

III. Programme and risk management

22. The Ministry of the Economy will coordinate the implementation of the programme, which will be supported by national government partners (ministries in charge of health, gender, data), in collaboration with CSOs (youths, women, migrants) and those left behind. The coordination mechanisms established by the Government – the joint steering committee for the Sustainable Development Goals and the cooperation framework for the sustainable development of Gabon, created for the monitoring of the Goals and UNSDCF implementation – will encourage programme synergies.

23. The proposed programme will be implemented primarily through national partners. UNFPA will support the implementation of the United Nations reform process, participating in the design and implementation of the business operations strategy and the harmonized approach to cash transfers. Furthermore, the assessment on the prevention of sexual and exploitation abuse of all implementing partners will be undertaken.

24. A partnership and resource mobilization plan will be developed to forge solid and innovative partnerships and lead the search for funding from the private sector, the Government, national, regional and international financial institutions, and foundations, in addition to traditional development partners. A SWOT (strengths, weakness, opportunities and threats) analysis of the capacity of UNFPA and its implementing partners will be conducted.

25. A human resource strategy will be developed to ensure the appropriate availability of skills in areas of management, finance, gender, data, monitoring and evaluation for effective programme delivery and management. The country office will conduct an alignment exercise. Given the limited capacity and scope of this programme, the country office will leverage knowledge through cross-fertilization with United Nations Volunteers and other United Nations organizations' country offices, and through South-South cooperation in the areas of gender, population and development, and monitoring and evaluation. However, when needed, the country office will draw on technical assistance from the UNFPA regional office, headquarters and other country offices.

26. Programme implementation is based on effective mobilization of resources and the strong commitment of the Government and all stakeholders to domestic financing related to sexual and reproductive health, gender equality, gender-based violence and data. The successful implementation of the programme could face the following potential risks: (a) diminishing resources due to the changing financial landscape and geopolitics; (b) climate change, natural disasters and a resurgence of the COVID-19 pandemic in the country or other epidemics; and (c) liability and fiduciary risks with implementing partners.

27. These challenges will be mitigated by: (a) designing high-impact interventions and adopting a multisectoral partnership and resource mobilization strategy; (b) providing technical support to the Government in integrating sexual and reproductive health and gender-based violence response service provision within national contingency plans and other emergency preparedness plans; and (c) strengthening implementing partners' programme and financial management systems.

28. This country programme document outlines UNFPA contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the UNFPA programme and operations policies and procedures, and the internal control framework.

IV. Monitoring and evaluation

29. A country programme monitoring and evaluation mechanism will be established according to results-based management principles. It will be consistent with the results framework of the

UNSDCF, 2023-2027, under the delivering-as-one initiative, which, in turn, is aligned with national priorities in terms of development. UNFPA and its partners will therefore implement a programming system, based on a monitoring and evaluation plan with a dedicated budget, in accordance with UNFPA policies and guidelines. UNFPA will also collaborate with other United Nations organizations and national partners in the planning, monitoring and evaluation of UNSDCF results. To this end, the UNFPA country office in Gabon will participate in joint monitoring activities, including joint field visits at the national and provincial levels, quarterly and annual reviews, and the production of analytical reports on UNSDCF performance, while using the UN-INFO platform.

30. The programme will contribute to measuring the effectiveness of concerted actions of the United Nations system in the country, in particular the inclusive access of the most vulnerable populations to integrated and quality health services and social protection. This will be achieved while strengthening the legal and institutional framework, with a view to accelerating the achievement of the three transformative results. In this context, UNFPA will participate within the United Nations country team in strengthening the national statistical system by developing capacity for the regular production and dissemination of quality and disaggregated socio-demographic data, making it possible to monitor the country's progress in achieving national commitments in relation to the ICPD Programme of Action and the Goals and in the development of follow-up ICPD+25 national voluntary reviews.

31. The programme will support the collection and analysis of primary data using a real-time monitoring tool and other innovative approaches to inform quarterly, annual and midterm reviews. The programme monitoring and evaluation framework provides for key participatory exercises, including annual reviews, a midterm review and a final programme evaluation. Similarly, projects financed from mobilized resources will be evaluated after their completion, as indicated in the budgeted evaluation plan.

32. During the country programme cycle, studies will be conducted to gauge trends in the country's transformative outcomes and adjust strategies and implementation modalities as needed. Capacity-building and quality assurance activities will also be undertaken for UNFPA staff and partners to improve accountability and the results-based management culture.

RESULTS AND RESOURCES FRAMEWORK FOR GABON (2023-2027)

NATIONAL PRIORITY: Improving governance and transparency in the public sector; Strengthening instruments for financing sustainable development; Transformation of the economy.				
UNSDCF OUTCOME: By 2027, at least 80 per cent of the population, especially the most vulnerable regardless of their age, sex, origin, will benefit from access to quality, integrated, resilient and inclusive social services in education, health, social protection, water, sanitation and hygiene; and social and gender inequalities are reduced.				
RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 1. By 2025, the reduction of unmet need in family planning has accelerated. 2. By 2025, the reduction of preventable maternal deaths has accelerated. 3. By 2025, the reduction of gender-based violence and harmful practices has accelerated				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<p><u>UNSDCF outcome indicators:</u></p> <ul style="list-style-type: none"> • Maternal mortality rate <i>Baseline: 316 (2012); Target: 214 (2027)</i> • Fertility rate among adolescent girls (number of births per 1000 girls aged 15-19) <i>Baseline: 114 per 1,000 (2012); Target: 84 per 1,000 (2027)</i> <p><u>Related UNFPA strategic plan outcome indicator(s):</u></p> <ul style="list-style-type: none"> • Proportion of women of reproductive age (15-49) whose family planning needs are met by modern methods <i>Baseline: 31.1 % (2012); Target: 45 % (2027)</i> • Proportion of ever-married women and girls aged 15 and over who experienced physical or sexual violence from a current or former intimate partner in the past 12 months <i>Baseline: 31.5% (2020); Target: 20% (2027)</i> 	<p><u>Output 1:</u> By 2027, improved integration of sexual and reproductive health and reproductive rights, as well as the prevention and response to gender-based violence and harmful practices, into universal health coverage related policies and plans, and other relevant laws, policies, plans and accountability frameworks</p>	<ul style="list-style-type: none"> • Number of laws, policies or strategic plans for sexual and reproductive health and rights, response to gender-based violence and harmful practices developed/updated with UNFPA support <i>Baseline: 4 (2023); Target:10 (2027)</i> • Number of functional multisectoral coordination mechanisms at national and provincial levels to promote sexual and reproductive health, combat gender-based violence and harmful practices <i>Baseline: 2 (2023); Target:10 (2027)</i> • Proportion of National Health Budget allocated to sexual and reproductive health and reproductive rights commodities <i>Baseline: 0 (2023); Target:10% (2027)</i> 	<p>Ministry of Health and Social Affairs; Ministry of Justice, in charge of human rights and gender equality; Ministry of National Education, Gabonese Society of Obstetric Gynaecology</p>	<p>\$0.9 million (\$0.3 million from regular resources and \$0.6 million from other resources)</p>
		<p><u>Output 2:</u> By 2027, the capacities of national institutions and communities are strengthened, to offer integrated quality information and services related to maternal health, sexual and reproductive health, gender-based violence and harmful practices, including in emergency contexts</p>	<ul style="list-style-type: none"> • Number of health facilities strengthened to provide emergency neonatal obstetric care to the most marginalized in the nine provinces <i>Baseline: 0 (2023); Target: 17 (2027, 13 for basic, 4 for comprehensive)</i> • Proportion of service delivery points that did not experience a stock out of contraceptive commodities in the last three months <i>Baseline: 70 % (2023); Target: 90 % (2027)</i> • Number of community and civil society organizations including those representing migrants and other most vulnerable communities providing community-based interventions for sexual and reproductive health demand generation, promoting gender equality and addressing gender-based violence <i>Baseline: 3 (2023); Target:25 (2027)</i> • Number of adolescents and youth, including those with disabilities, who benefit from sexual and reproductive health services, including family planning and sexually transmitted infections/HIV <i>Baseline: 0 (2023); Target:110 000 (2027)</i> 	<p>Ministry of Health and Social Affairs; Ministry of Justice, in charge of human rights and gender equality; Ministry of National Education; Gabonese Society of Obstetric Gynaecology; Association of Midwives of Gabon; National Order of Midwives</p>

	Output 3: By 2027, adolescents and young people have strengthened their skills and capacities to ensure bodily autonomy, leadership and participation, and to build human capital	<ul style="list-style-type: none"> Number of adolescents and youth whose capacity is strengthened in comprehensive sexuality education, gender equality and life skills <i>Baseline: 0 (2023); Target:150 000 (2027)</i> Number of youth organizations and networks strengthened on leadership, resource mobilization and participation, demographic dividend and resilience <i>Baseline: 2 (2023); Target:20 (2027)</i> 	Ministry of Youth; Ministry of National Education; AFRIYAN; women’s non-governmental organizations (ODEFPA, AWLN)	\$1.9 million (\$0.7 million from regular resources and \$1.2 million from other resources)
NATIONAL PRIORITY: Improving governance and transparency in the public sector; Strengthening instruments for financing sustainable development; Transformation of the economy: Emerging Gabon Strategic Plan (PSGE) and Transformation Acceleration Plan (PAT).				
UNSDCF OUTCOME: By 2027, the legal and institutional framework is strengthened, and the institutions are more accountable, transparent and efficient to ensure good and inclusive governance and sustainable and equitable development, in line with the national and international commitments made by the country.				
RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 1. By 2025, the reduction of unmet need in family planning has accelerated. 2. By 2025, the reduction of preventable maternal deaths has accelerated. 3. By 2025, the reduction of gender-based violence and harmful practices has accelerated.				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<u>Related UNFPA strategic plan outcome indicator(s):</u> <ul style="list-style-type: none"> The country has conducted at least one population and housing census in the last 10 years <i>Baseline: Yes (2022); Target: Yes (2027)</i> 	Output 4: By 2027, data systems and evidence are strengthened, to consider population changes and other megatrends for the development of policies and programmes, especially those related to sexual and reproductive health and reproductive rights	<ul style="list-style-type: none"> Number of national data collection and analysis operations conducted with the support of UNFPA (Census, demographic health survey, emergency obstetric and neonatal care mapping) <i>Baseline: 1 (2023); Target: 3 (2027)</i> Number of research reports, in-depth studies, and ‘investment cases’ produced and disseminated with the support of UNFPA in the areas of the demographic dividend, sexual and reproductive health, gender, population dynamics <i>Baseline: 1 (2023); Target:8 (2027)</i> Number of health facilities collecting data on births and maternal deaths <i>Baseline: 0 (2023); Target: 30 (2027)</i> 	Ministry of Economy and Recovery; Ministry of Health and Social Affairs; Ministry of Justice, in charge of human rights and gender equality	\$0.9 million (\$0.4 million from regular resources and \$0.5 million from other resources) Programme coordination and assistance: \$0.3 million from regular resources