Second regular session 2017
5 to 11 September 2017, New York
Item 10 of the provisional agenda
UNFPA – Country programmes and related matters

United Nations Population Fund

Country programme document for Gabon

Proposed indicative UNFPA assistance: $4 million, including $2.1 million from regular resources and $1.9 million through co-financing modalities and/or other resources, including regular resources

Programme period: Five years (2018-2022)

Cycle of assistance: Seventh

Category per decision 2007/42: Yellow

Proposed indicative assistance by core programme area (in millions of $):

<table>
<thead>
<tr>
<th>Strategic plan outcome areas</th>
<th>Regular resources</th>
<th>Other resources</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 2 Adolescents and youth</td>
<td>1.8</td>
<td>1.9</td>
<td>3.7</td>
</tr>
<tr>
<td>Programme coordination and assistance</td>
<td>0.3</td>
<td>-</td>
<td>0.3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2.1</strong></td>
<td><strong>1.9</strong></td>
<td><strong>4.0</strong></td>
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</tbody>
</table>
I. **Programme rationale**

1. In 2013, the population of Gabon was estimated at 1.8 million, of which, 54.6 per cent is under 25 years old. Due to the size of this growing section of the population, there is an increasing demand on health, education and employment services and for greater participation in development. Despite an estimated $8,581 per capita income in 2015, 33 per cent of the population lives below the poverty line. Gabon ranks 110 out of 189 countries in the 2016 UNDP Human Development Index.

2. Maternal mortality in Gabon was estimated at 316 per 100,000 live births in 2012. Among the contributing factors to maternal mortality are early pregnancies among girls aged 15-19 years. According to the 2013 census, 35 per cent of all young girls in this age category had been or were pregnant. By the age of 18, the incidence of early pregnancy rises to 59 per cent in rural areas. Early pregnancy is a key contributing factor to obstetric fistula among women aged 15-24 years (50 per cent). According to a 2015 survey of pregnancy in schools, 45 per cent of all adolescent mothers have faced educational challenges, 44 per cent have repeated at least one year, 8 per cent have dropped out and 3 per cent have been expelled. To address these issues, the national health development plan aims to reduce the adolescent and youth pregnancy rate from 28 to 14 per cent by 2021.

3. In 2012, the HIV prevalence rate among adolescents and youth (aged 15-19 years) was estimated at 1.5 per cent with gender and geographic variances. The prevalence in girls (2.4 per cent) was six times greater than in boys (0.4 per cent), and 2.5 per cent and 1.9 per cent respectively in rural areas. Given that 93 per cent of all adolescents are enrolled in school, educational establishments are the best place to reach them and to reverse this trend specifically among girls aged 15-19 years who are the most at risk.

4. Despite efforts to improve the sexual and reproductive health of adolescents and youth, they still face discrimination due to legal and institutional barriers. In Gabon the legal age of marriage is 15 years for girls and 18 years for boys. The 2013 population and housing census shows that 33.9 per cent of girls aged 15-19 years have experienced sexual violence. However, there are many institutional capacity and structural challenges to effectively coordinating interventions to improve adolescent and youth access to health services. A 2014 analysis of the Directorate of Maternal and Child Health shows that its institutional framework is not conducive to the effective implementation of youth-related policies and programmes; especially at the school level. Disaggregated data on the health, education, vocational training, employment and other aspirations of adolescents and youth is almost inexistent. This gap in data quality and quantity results from a lack of intersectoral coordination and qualified human resources.

5. The sixth programme achieved significant results; however, there were many challenges. It contributed to an increase from 1 to 21 service delivery points providing at least three methods of contraception, and led to an increase of modern contraceptive prevalence from 12 per cent to 19 per cent among women. The programme also provided support to the 2013 census and to three thematic analyses on youth, maternal mortality and women. UNFPA also provided technical and financial support to help Gabon develop its demographic profile.

6. The in-depth review of the sixth programme has highlighted several lessons learned. Namely, the need for UNFPA to: increase beneficiary involvement, especially youth; implement strategic and innovative partnerships; mobilize more resources to maintain and increase the results already achieved in HIV control; and increase contraceptive prevalence rate.

II. **Programme priorities and partnerships**

7. Given its past achievements, UNFPA is regarded by the Government and other partners as a leader in the fields of reproductive health, women and girls rights and the production of data. However, considering the severe financial austerity affecting the country, UNFPA and other organizations recognize that the Government is unlikely to
be able to adequately fund the United Nations interventions. UNFPA is also conscious of the limited local donor footprint which limits the options for domestic resource mobilization. Thus, to maximize impact, and recognizing the small size of the country office, and the constrained in-country funding options, the programme will focus on the adolescents and youth outcome of the new strategic plan. This will be done in an integrated and cost-effective manner, and will target a number of key areas: reducing maternal mortality through addressing adolescent and youth pregnancies, upholding adolescent and youth rights and improving their access to reproductive health services including comprehensive sexuality education, access to modern contraceptives methods and HIV prevention.

8. The programme is aligned with the UNFPA programming approach for middle-income countries and to the prevailing country context. Thus, the programme will focus on upstream work to support an enabling environment for sexual and reproductive health and youth empowerment including in humanitarian settings. In the long-run this will have a favourable impact on their reproductive health and on development of the country as a whole.

9. The programme will also contribute to generating disaggregated data for adolescents and youth programming and advocate for investment in young people to optimize their potential in line with the government commitment.

10. The proposed country programme is aligned to the: (a) Sustainable Development Goals 1 to 5 related to social development, and goals 16 on access to justice and 17 on partnership; (b) Gabon strategic plan in its sections on governance and specifically the availability of data and the improvement of human rights, access to quality health and shared growth; (c) United Nations Development Assistance Framework (UNDAF) on improved governance and inclusive development; and (d) the youth outcome of UNFPA strategic plan. The programme has a national scope, with a multisectoral approach. It will contribute to gender equality and equity by improving the conditions of adolescents and youth especially the most vulnerable (in particular the indigenous and migrants) through strategies such as advocacy, policy dialogue and knowledge management. It will be implemented through the following interventions.

A. **Outcome 2: Adolescents and youth**

11. **Output 1: National policies are improved to provide adolescents and youth, especially the most vulnerable (girls, indigenous youth and migrants), with knowledge and skills that will enable them to make the best choices in terms of their sexual and reproductive health.** The programme will implement the following strategies: (a) advocacy at the legislative, political and administrative levels for a better coordination and governance of youth-related interventions; (b) advocacy and support for the review of policies and laws to facilitate access to sexual and reproductive health services for boys and girls including access to modern contraceptive and HIV prevention methods; (c) advocacy and support for the review of policies and laws to address child marriage, early relationships, sexual violence and other forms of violence against women and girls; (d) support for raising awareness of the newly revised civil code on marriage, and the law on access of adolescents and youth to reproductive health services to promote their effective implementation; (e) advocacy to reorganize and strengthen the capacity of the Directorate of Maternal and Child Health and for a better coordination among the ministries of health, education, vocational training and youth to address the health needs of adolescents and youth; (f) identification and sharing of good practices and knowledge in the fields of coordination of youth and adolescent sexual reproductive health; (g) advocacy for the development and effective implementation of a comprehensive sexuality education programme in schools and communities that will incorporate the prevention of sexual and other violence against girls and women; (h) advocacy to support the development and implementation of a multisectoral strategy to prevent unwanted adolescent pregnancies.

12. **Output 2: National youth organizations are equipped to help adolescents and youth, especially the most vulnerable (young girls, indigenous youth and migrants) to actively participate in the promotion of their sexual and reproductive health, including**
in disaster-risk reduction and humanitarian responses. To improve planning, implementation and follow-up of interventions in favour of adolescents and youth, the programme will adopt the following strategies: (a) advocacy for the support and development of networks for youth in the fields of sexual and reproductive health, (b) advocacy for strengthening the capacities of youth leaders to allow them to actively participate in the planning and implementation of reproductive health programmes; (c) advocacy and support to youth networks to prevent in school violence against girls and more generally all violence against girls and child marriage, (d) advocacy for the development of partnership among youth organizations, the Government, and the private sector in the area of reproductive health, (d) advocacy for the development and implementation of a national strategy to leverage the demographic dividend, (e) advocacy to take into account women and girls needs in humanitarian and disaster mitigation responses, (f) support for data collection in disaster reduction and humanitarian responses and also capacity-building of national partners to use the data and make informed decisions.

13. Output 3: Strengthened national policies and programmes to tackle the determinants of the sexual and reproductive health of adolescent and youth, especially the most vulnerable. To improve the data supporting adolescent and youth interventions and policies, the programme will adopt the following strategies: (a) strengthening the national statistical system to produce sectoral data especially on health, education, vocational training and employment to inform the development of youth-related reproductive health policies and programmes; (b) advocacy for the establishment of a mechanism monitoring UNFPA-related sustainable developments goals; and (c) strengthening the capacity of the Ministry of Social Affairs to produce specific data and reports on indigenous youth and other vulnerable groups.

14. Data collection plays a key role in providing a clear picture of the groups affected during a humanitarian crisis. To this end, the programme will support data gathering for disaster mitigation, preparedness and response. In the event of a major crisis, the regional office could, for example, be asked to help improve communication on the needs of the most vulnerable especially pregnant women, migrants, and indigenous people.

III. Programme and risk management

15. The Resident Representative and the Ministry of Economy, Promotion of Investments and Prospective are responsible for overseeing the programme. Those ministries in charge of health, education, family, justice, budget and youth will implement the programme in partnership with civil society organizations specially youth organizations working in reproductive health, the National Youth Council, and parent-teacher associations. UNFPA will also partner with other United Nations organizations through joint programmes in line with the Delivering as One initiative. National execution is the preferred modality for implementing the seventh programme.

16. UNFPA and the Government will promote results-based management as well as accountability, which assumes that partners are aware of UNFPA requirements and also have the capacity to implement them. Emphasis will also be placed on staff, equipment and operational security. The regional office team will also continue to support the programme.

17. The UNFPA country office in Gabon currently consists of a Resident Representative, an assistant representative, a programme officer and a number of support staff. The office staffing profile will be reviewed to support a programme oriented towards advocacy and resource mobilization. The headquarters, the regional office and other country offices in the framework of South-South cooperation will provide support as needed.

18. In terms of potential obstacles to achieving programme outcomes, socio-political, security and climate change risks loom large. Gabon is experiencing a deterioration of its social and political climate. It could also be affected by a range of crises in neighbouring countries. Similar crises in the past have resulted in an influx of refugees to Gabon, leading to small-scale humanitarian emergencies. The equatorial
climate of Gabon means that it is prone to extreme weather events such as flooding. In addition, the country is also at risk from the emergence or resurgence of viral diseases such as Ebola, which has been responsible for two epidemics in recent years.

19. In terms of resource mobilization Gabon has, in theory, the resources to finance its development. However, due to the fall in oil prices, in the short term, the Government will not be able to respond to the individual requests from all United Nations organizations. A resource mobilization plan has been developed to ensure that the target of raising $1.9 million is met. This amount assumes a scenario in which the economy recovers relatively well during the country programme life cycle. Additional resources can be expected as Gabon has a history of making exceptional contribution to UNFPA.

20. 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 the resources assigned to the programme at the country level. The accountability of managers at the country, regional and headquarters levels with respect to country programmes are outlined in the UNFPA programme and operations policies and procedures, and the internal control framework.

IV. Monitoring and evaluation

21. The programme will establish a monitoring and evaluation system which will be part of a wider monitoring and evaluation system of the UNDAF within the framework of Delivering as One. It is estimated that 4 per cent of the programme budget will be allocated to it.

22. The monitoring and evaluation framework includes: a) an annual review with objectives to assess programme performance in order to make the required readjustments and to provide information for the programme midterm review; b) a midterm review providing an assessment of the level of achievement, identifying good practices as well as challenges; c) a final evaluation determining the level of achievement, identifying good practices as well as challenges and lessons learned during implementation, making recommendations to guide the development of the next programme cycle. Field missions involving partners, quality assurance activities to improve accountability as well as a results-based management culture will be included within this framework. Milestones will be recorded to improve programme monitoring.

23. Together with other United Nations organizations, the programme will help strengthen the capacity of the national statistics agency. These agencies plan to develop a joint programme to improve sectoral statistics with UNFPA in the role of lead agency. One of its objectives is a mechanism for better monitoring of the Sustainable Development Goals. Data production is a domain where the expertise of the United Nations is well recognized (general census, demographic health survey, education, national accounts, vulnerability). Towards this end, UNFPA will ensure the production of disaggregated data to inform youth-related programmes and policies on education, health, employment and governance.
**RESULTS AND RESOURCES FRAMEWORK FOR GABON (2018-2022)**

**National Priority:** To improve the health status and well-being of the Gabonese population, especially the most marginalized.

**UNDAF Outcome:** 1. The population of Gabon, especially the most vulnerable, have access to quality basic social services to improve their quality of life. 2. Local and national institutions improve their democratic processes, respect for human rights, transparency, and have effective economic governance based on accountability and a strong statistical system to inform effective public policies.

**Indicator:** Maternal mortality ratio. Baseline 2016: 316 deaths per 100,000; Target 2022: 129 deaths per 100,000. School enrolment. Baseline 2016: 94%; Target 2022: 100%. Index of statistical system strength. Baseline 2015: 40/100; Target 2022: 60/100

<table>
<thead>
<tr>
<th>UNFPA strategic plan outcomes</th>
<th>Country programme outputs</th>
<th>Output indicators, baselines and targets</th>
<th>Partners</th>
<th>Resources</th>
</tr>
</thead>
</table>
| **Outcome 1: Adolescents and youth** | **Output 1:** National policies are improved to provide adolescents and youth, especially the most vulnerable (young girls and young indigenous), with knowledge and skills that will enable them to make the best choices in terms of their sexual and reproductive health | • Number of updated laws and policies facilitating access of adolescents and youth to sexual and reproductive health services  
*Baseline 2018:* 0; *Target 2022:* 3  
• Number of schools implementing comprehensive sexuality education in accordance with international standards  
*Baseline 2018:* 0; *Target 2022:* 30  
• Number of sectors implementing the national strategy to prevent adolescent and youth pregnancies and HIV  
*Baseline 2018:* 0; *Target 2022:* 3 | Ministries of education; health; justice; civil society organizations; UNICEF; UNESCO; WHO | $2.2 million ($1.2 million from regular resources and $1.0 million from other resources) |
| **Outcome indicator(s)** | | | | |
| • Percentage of adolescent pregnancies  
*Baseline 2016:* 28% *Target:* 14% | | | | |
| • Percentage of youth aged 15-24 years who correctly identify ways of preventing the sexual transmission of HIV  
*Baseline 2016:* 50.7%; *Target:* 70% | | | | |
| **Output 2:** National youth organizations are equipped to help adolescents and youth, especially the most vulnerable (young girls and young indigenous), to actively participate in the promotion of youth sexual and reproductive health, including in disaster-risk reduction and humanitarian responses | | • Number of young leaders equipped to actively participate in promoting youth sexual, reproductive health  
*Baseline 2018:* 0; *Target 2022:* 250  
• Number of youth organization networks set up and functioning  
*Baseline 2018:* 1; *Target 2022:* 3  
• Number of partnerships established by youth, organizations in the area of employment, health and education  
*Baseline 2018:* 0; *Target 2022:* 10  
• Number of awareness-raising sessions on humanitarian and disaster risk reduction for youth organization networks  
*Baseline 2018:* 0; *Target 2022:* 10 | National youth council, Ministries of youth, communication, private sector, civil society organizations | $0.8 million ($0.2 million from regular resources and $0.6 million from other resources) |
<table>
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<tr>
<th>Output 3: Strengthened national policies and programmes to tackle the determinants of the sexual and reproductive health of adolescent and youth, especially the most vulnerable</th>
</tr>
</thead>
</table>
| **Number of policies adopted that take into account the main determinants of adolescent and youth reproductive health**  
*Baseline 2018: 0; Target 2022: 3* |
| **Existence of a mechanism for the monitoring of the sustainable developments goals**  
*Baseline 2018: No; Target 2022: Yes* |
| **Number of sectors equipped to produce statistical data on adolescent and youth reproductive health issues**  
*Baseline 2018: 1; Target 2022: 3* |
| National agency for statistics, civil society organizations, ministries of economy, planning and sustainable development, justice, social affairs, employment, UNICEF, bilateral and multilateral organizations |
| $0.7 million ( $0.4 million from regular resources and $0.3 million from other resources) |
| Programme coordination and assistance $0.3 million from regular resources |