

Joint SDG Fund
PORTOFOLIO ON INTEGRATED SOCIAL PROTECTION AND LNOB
Joint Programme 2020 Annual Progress Report
GABON

Cover page

Country: Gabon

Joint Programme title: A systemic approach to advance the SDGs through supporting the citizenship and social protection of hard-to-reach populations in Gabon

Short title: Citizenship and Social Protection in Gabon

Start date (month/year): January 2020

End date (month/year): December 2021

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List of PUNOs:

- ILO,
- UNAIDS,
- UNESCO,
- WHO

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Budget (Joint SDG Fund contribution): USD 2,000,000

Overall budget (with co-funding): USD 2,210,000

Annual Financial Delivery Rate (= Total JP expenditures / transferred funds x 100%): **81.4%**
(\$820,648/\$1,008,500)

Rate of Committed Funding (= Total JP commitments / transferred funds x 100%): **91.4%**
(\$921,387/\$1,008,500)

Short description of the Joint Programme (max 1 paragraph):

The joint programme aims to accelerate Gabon's achievement of multiple SDGs through the reinforcement of its birth registration systems, which is a key pre-requisite to access Social Protection for all. Evidence shows that a small but significant and persistent number of people born within "hard to reach" populations around Gabon are not registered at birth. These population include a large backlog of women and men from rural populations – including, but not limited to indigenous people, as well as newborns descending from these populations. Without birth certificates these marginalized populations have not access to national identity cards. Without identity cards they cannot access the social protection system (state health and education services), "leaving them behind" on multiple SDG indicators over the course of their lives. This project adopts a systemic approach between the United Nations System, other development partners, government, local communities, the private sector, civil society and non-governmental organizations, each according to their respective areas of competence. A mix of interventions target legal reform, enhanced outreach and awareness-building, accelerated, sustained birth registration and longer-term accompaniment in order to ensure no one is left out of Gabon's social protection system and that future populations can benefit from basic social services without obstacle. Due to the pandemics, the geographic scope of the JP has been revised to include the greater area of Libreville, where disadvantaged people in poor urban setting face similar challenges in accessing legal identity and social protection services. In addition, 20% of JP Funds have been repurposed to strengthen social protection related to the COVID-19 response. Workplans, interventions and programme strategies have been revised accordingly.

Executive summary

In the context of the global pandemic, the Government of Gabon maintained efforts to consolidate the social protection system and to uphold key components and benefits (Health Insurance and Social Guarantees, distribution of food vouchers, etc.). These interventions helped the Country to partially absorb the shocks induced by COVID-19. The joint programme/Leave No One Behind (LNOB) supported the Government's efforts to improve access to social protection instruments, and to fundamentally transform the social system and make it more shock responsive, reactive and adaptive. This support was done in two stages, the first of which consists of giving legal identity to people who do not have one, and the second step consists of enrolling them in social protection programs and services including the National Health Insurance Fund and Social Guarantee (CNAMGS).

Major achievements and progress during the reporting year include :

- The JP contributed to the **revision of the legal framework** that will potentially increase the coverage of social protection through increased access to legal identity (which is pre-requisite to access and to enjoy the benefits of social protection instruments). the Parliament is working on a bill that modifies the provisions of the Civil Code on the compulsory period of birth registration which will be extended to 15 days in urban areas (one month in rural areas) against 3 days in the previous legislation.
- In addition to this legal reform, the JP supported the design and enforcement of a successful strategy to catch-up “late registration” through establishing a “**One-Stop Centre for Birth Registration**” which facilitates successful completion of birth registration modalities and processes for **late birth registration**. Building upon the premises of the one-stop centre/single window of services, the Government increased ownership and leadership in advancing the nexus between legal identity, access to basic social services and social protection system. As a result, the already functional “One-Stop Centre” have been tasked to process, to provide legal identity and to support access to social protection to 23,000 people (or 1% of Gabon total population or 2% of population under 18 years). As of date, 4,300 people can now claim benefits provided by the CNAMGS including family allowances and health insurance).
- In support of the Ministry of Social Affairs, the JP has contributed to the **strengthening the Social Protection Information System**, whose shortcomings and dysfunctions limit an adaptive, targeted and multisectoral response. From data collected from the distribution of food vouchers to the most disadvantaged, UNICEF and the ILO joined forces to support the design of a Social Registry (with more than 500,000 entries of eligible persons, or 25% of the population). The social registry will enable better targeting poor households for sectoral interventions (education, social protection, health...).
- The **communication outreach** to the target population was increased through a series of TV, radio and social mobilization interventions that emphasized the importance of social protection, its pre-requisites and the fight against discriminations. Logistical support to civil registration services was provided to ensure that they can perform their duties and contribute to the elimination of bottlenecks to an inclusive social protection system. Furthermore, the JP supported the generation of evidence on hard to reach population through the realization of a Knowledge, Attitudes and Practices (KAP) survey and a Mapping exercise, which will improve the socio-anthropological understanding of dynamics that govern these target population and the ways to improve their coverage by the social protection systems, and to uphold their rights to education, health, protection and participation. Finally, 3,000 hard to reach populations/indigenous peoples have been identified and detailed data gathered through procedures set up by WHO and ILO in the field. Those data will serve the basis of a targeted outreach.

In acknowledging key progress in the first year of the implementation of the JP, one major lesson learned (i.e extension of the compulsory period of birth registration) suggests that other regulatory framework would still need reforms such as : (a) the condition of issuance and cost of “child delivery certificate” at maternities, (b) the removal of the requirement on parents who couldn’t meet the deadline, to seek a judgment supplementing birth registration, and (c) the exemption or diminution of fees for parents missing the compulsory deadline of birth registration. Another stream of focus will be to consider high impact multi sector interventions that have catalytic impact and potentials to support progress in different SDGs.

A. Annual Progress

A.1 The overall approach

Broader context and JP changes

The implementation of the JP was delayed for two main reasons: (i) operational delays relating to the late reception of funds by PUNOs (February) and the work planning process; (ii) the outbreak of the COVID-19 resulting into a shift in some of the priorities, and (iii) implementation challenges in the field. In response, PUNOs conducted a programme criticality assessment and a scenario planning resulting in two distinct but complementary approaches of implementation. The first approach focused on the revision of work plans and the selection of priority interventions aiming at strengthening the continuity of services. The second approach laid an emphasis on interventions in direct response to COVID-19. Subsequently, the scope of the joint programme was reviewed to increase geographic and programmatic convergence among PUNOs. Initially, 3 main areas of intervention were selected (Lebamba-Zenzele, Makokou-Mekambo, Minvoul) based on the LNOB criteria. With the outbreak of the COVID-19, given the high concentration of the virus-spread in the capital, the JP outreach was extended to cover the Great Libreville area where a large pocket of more than 15,000 caseloads of people without birth certificate and access to social protection coverage, called for immediate attention and action, especially in the context of the COVID-19 and its dire aftermath for the most vulnerable. Through the repurposed activities, the JP’s goal was to contribute to halting the spread of the virus and thus limit its impact on the vulnerable population without access to social protection.

Ensuring that JP remains strategic and catalytic

JP contribution to UNDAF: The implementation of the JP helped cover gaps in the formulation of UNDAF outcomes and output which largely did not integrate scenario for emergency planning and response, thus making UNDAF almost completely blind to humanitarian action and response. Consistent to the UNDAF first outcome, the re-purposing of 20% of UNJSDG funds to respond to pandemic was done with the intent support integrated multi-sectoral policies, strategies and interventions to accelerate the achievement of Sustainable Development Goals (SDG). Interventions with greater synergy between PUNOs were prioritized.

JP contribution to COVID-19 response/planned interventions, progress and status : the following are the main interventions through formal re-purposing of 20% of the overall budget :

- 1) **Strengthening the epidemiological surveillance as part of the response to COVID-19:** WHO used the GO-DATA application, which allows contacts tracing and caseloads management of COVID-19 at national level. *Status:* completed
- 2) **Monitor, support and uphold the continuity of services:** using digital platforms promoting a continuous exchange of information and awareness raising, the JP ensured that the hard-to-reach population and

other vulnerable groups including People living With HIV Aids (PLWHA), lactating and pregnant mothers, children had continuous access to treatment, care, vaccination, birth registration and GBV services continue have access to basic services. UNAIDS worked to build the capacity of civil society organizations, mobilize key actors (UNAIDS Youth Ambassadors, youth cultural group of Makokou) to raise awareness on COVID and HIV-AIDS. *Status:* completed

- 3) **Support to the Risk Communication and Community Engagement:** PUNOs stepped up communication, social mobilization and awareness raising events to ensure that the general population and the hard-to-reach people have adequate information on COVID. UNICEF and WHO engaged in highly visible risk communication and community engagement (RCCE) through the network of community radio in the intervention areas. In addition, UNICEF launched a toll-free number (Help line) to prevent, respond and to manage cases of violence with a key a specific attention to GBV cases. *Status:* ongoing
- 4) **Advocacy for impactful interventions on Birth Registration:** UNICEF committed part of the funding to strengthen advocacy, awareness-raising and other interventions to ensure the continuity of civil registration services both at the municipal level and maternity boardrooms as well. Building on one of its flagship interventions linking child protection (access to legal identity and birth registration) and social protection system, UNICEF and the RCO conducted a successful advocacy that resulted into a adoption and buy in of the strategy by Government, which in turn decide to lead an operation to identify, to give legal identity and to enroll 23,000 people who did not have birth certificate. *Status:* ongoing
- 5) **Provision of Personal Protection Equipment for service providers and hard to reach peoples in the areas of intervention of the JP:** UNICEF, UNFPA and WHO worked to protect frontline health professional and social workers given their prime role in the continuity of services. In addition, UNICEF provided PPE and Infection Control and Prevention packages (including hygiene kit, re-usable face masks, bar soap, towels) for 4,500 hard to reach communities in three provinces. *Status:* completed
- 6) **Strengthening social registry for social protection:** ILO and UNICEF used the distribution of food vouchers to help build a social registry of beneficiaries, that will further support the integrated Social Protection information system. This activity put greater emphasis on the inclusion of hard to reach and other excluded population. *Status:* completed

Improving the identification and targeting of beneficiaries of social protection programmes and benefits: A technical note on the targeting methodology was developed and the Ministry in charge of the Food Security Programme was supported in data collection and survey for the establishment of the list of beneficiaries in the region of Grand Libreville.

JP relevance and UN SERP: In August 2020, UN Gabon has adopted a Socio-Economic Response Plan (SERP) to adapt out current PNUAD (UNDAF) to the new challenges of Covid 19. The repurposing of the JP happened at the same time as UN Gabon was developing its SERP. In this respect the repurposing is fully aligned with the work done under the Social Protection pillar of the SERP. Few national strategic priorities have changed over the past year and that could directly affect the scope, the relevance and the implementation of the JP. As the PUNOs completed the first year of the implementation of the JP, the overall assessment led to the conclusion that the JP's theory of change including the result framework and its further revision to consider the impact of the pandemic, remains relevant and appropriate to tackle major bottlenecks that affect the coverage, effectiveness, comprehensiveness of the social protection system in Gabon. Indeed, the re-alignments of the JP over the past year build from the principles and key areas highlighted in the "A UN framework for the immediate socio-economic response to COVID-19" in its central promise to "Leave No One Behind". The main target of the JP (hard to reach populations) and ultimately other vulnerable people affected by the COVID-19 remained a key component of at-risk populations experiencing highest degree of socio-economic

marginalization and requiring specific attention in the “UNDS Immediate Response” . Considering the latter, the JP will remain strategic enough and require an increased focus and utilization of “Humanitarian Informed Programming Approaches” in the revision and finalization of work plans. Because of the pandemic, less attention was laid on planning and implementation of high impact catalytic interventions with potential to accelerate progress in larger streams of SDGs. In 2021, PUNOs will be encouraged to seek and plan more integrated interventions with potential to accelerate progress on multiple SDGs.

A.2 Update on priority issues

SDG acceleration

- In line with the initial theory of change and its adaptation to response to the pandemic, the implementation of the JP led to major achievements that contribute to progress on SDG targets 1.3; 10.2 and 16.9. Progress on SDG 16.9 is consistent with national commitment for the global campaign #NoNameCampaign which seeks to provide every child/person with legal identity. Through working to accelerating children’s right to legal identity and access to services, interventions carried out also contributed to progress on SDG 1.3.

Vulnerable groups

- In order to avert the risks of COVID-19 within the at-risk population, the JP (UNICEF) provided PPE and Infection Control and Prevention packages (including hygiene kit, re-usable face masks, bar soap, towels) for hard-to-reach communities in three provinces. 4,500 people benefited from the intervention.
- The JP supported (i) access of indigenous children to public health services for global check-up and deworming, (ii) delivery of legal documents to indigenous peoples; in both cases the target groups were excluded by the fact that the cost of one birth certificate is about \$40 and health care is \$55, consequently they are excluded because they cannot afford the cost.
- 4,300 (3.796 people in Libreville and 580 people in Makokou, including children and their relatives can now claim benefits provided by the CNAMGS including family allowances and health insurance)

Gender marker

- The questionnaire included gender dimensions and variables. Data from the survey will be disaggregated to reflect gender differences in behavior, practices and options.
- Gender inequalities appeared in the civil registration services where the JP implementing partners noticed that birth registration agents tended to only accept fathers to apply for the certificates. The JP through additional training municipality officers, helped read the civil Act provisions about the equality of mothers and fathers to claim child's legal documents

Human rights

- The JP worked with the National Observatory of Child Rights.
- The Joint Programme contributed towards the implementation of specific recommendations from human rights mechanisms in 2020, such as UPR, CRC, and CEDAW. All the above treaty bodies stressed on the importance of accelerating the delivery of free birth registration to the most vulnerable populations, and their access to protective measures. However, less progress has been made until SDG Funds came to finance the entire process in the target regions.

Partnerships

- Contrary to the initial plan, the partnership with the private sector did not materialize. However, number of grassroots organizations, NGOs, and Government partners have been engaged. In Makokou, relying the community Based Organizations (CBO) proved important for an efficient implementation of the JP.
- Constant dialogue and advocacy were also maintained with the Parliament, as the JP was pushing for legislation reforms. This partnership yielded greater result with the extension of the compulsory period of birth registration.

Strategic meetings

| Type of event | Yes | No | Comments |
|--|-----|--------------------------|--|
| JP launch event | X | <input type="checkbox"/> | The launching ceremony took place (July 2020) in the presence of 04 Ministers (National Solidarity/Social Protection, Justice; Health, Economy) and the Secretary General of the Ministry of Internal Affairs. The presence of a high level of Government Official is a step towards national ownership and high-level engagement. The launching Ceremony took place (February 2020) alongside the first meeting of the steering committee. Key strategic decisions were made on the future of the Joint programme, and major accelerators enablers identified to foster the achievement of planned results. |
| Annual JP development partners'/donors' event* | X | <input type="checkbox"/> | A meeting that included representative of Countries (EU, Germany, Spain) member of global donors of the Joint SDG Fund, was held in the beginning and in the presence of Government officials |

Funding and financing

- Joint Programme contributed to leveraging Government/public domestic resources for expanding access to legal identity and social protection services. By supporting and owning the “Operation 23,000 birth certificate and access to social protection”, the Government through the Ministry of Social Affairs financed the establishment of the “One-Stop Centre”. In addition, the Government also committed resources to complement the development of the Social Registry.

Innovation, learning and sharing

- **A programmatic innovation:** The establishment of “One-Stop Centre for Birth Registration” or “Guichet Unique pour l’Enregistrement des Naissances” or single window of services is a major programmatic innovation, which proved as a successful strategy to catch-up “late registration”. It encompasses magistrates/judges, social workers, health personal, civil authorities, municipal authorities, social protection staff working collaboratively and complementarily on files/cases of children and families without birth certificate. Their main task consists in processing 23,000 files/cases for the delivery of 23,000 birth certificate and to facilitate the enrolment in the social protection programmes and benefits
- **Digital data collection platforms:** The use of “Go-Data” (WHO) application for contact tracing was successfully implemented, and enabled surveyors using smartphones with digital data collection software, to timely collect and transfer data from the field to the data hub. A similar process and innovation were used by WHO in conducting the mapping of hard-to-reach populations.

Strategic communications

- **High level advocacy and public engagement:** The JP maintained a constant dialogue and engagement with parliamentarians, Key line Ministers (Social Affairs, Justice, Interior) and the Office of Prime Minister through the RC to ensure a smooth implementation of action plans. The strategy developed included face -to-face meetings ; TV and radio interviews, social media postings, and other visibility event.
- **Increased outreach communication:** Using participatory approaches, the JP ensured that key stakeholder remain engaged and committed; this include using peers from the communities to carry messaging on social protection and birth registration.

B. Annual Results

Overall progress

XX On track (expected annual results achieved)

Satisfactory (majority of expected annual results achieved)

Not-satisfactory (majority of expected annual results not yet achieved)

Please, explain briefly: **Despite the delays and other major hurdles faced through the implementation of the JP, the timely adjustment of work plans, coupled to some successes in containing the progression of the virus during the first phase, created an environment where most of the (re) planned interventions were implemented. In addition, the geographic re-scaling of the JP to cover the greater area of Libreville, because of the size of needy population, help the JP to achieve and even surpass the initial target of 3,000 peoples receive birth certificate and are enrolled into social protection programmes. With some transformative and high impact achievements coupled to more than 80% of COVID-19 related interventions completed or ongoing, our assessment suggest that the JP is “On track”**

Contribution to Fund’s global results

Joint SDG Fund Outcome 1: Integrated multi-sectoral policies to accelerate SDG achievement implemented with greater scope and scale

| Indicators | | | Comments |
|--|--------------|----------------|--|
| | Planned 2020 | Completed 2020 | |
| 1.1: integrated multi-sectoral policies have accelerated SDG progress in terms of scope ¹ | 2 | 2 | The policy establishing a Social Registry that covers 25% of Gabon’s total population will increase efficiency and allow for better targeting of poor households for multi sectoral interventions (education, social protection, health...) with their expected multiplier effect on SDGs. The policy/legislation revising the provisions on compulsory period for birth registration |
| 1.2: integrated multi-sectoral policies have accelerated SDG progress in terms of scale ² | 2 | 1 | The policy institutionalizing the “One programmatic innovation (One-Stop Centre” and its enforcement at provincial levels |

¹Scope=substantive expansion: additional thematic areas/components added or mechanisms/systems replicated.

²Scale=geographical expansion: local solutions adopted at the regional and national level or a national solution adopted in one or more countries.

Joint SDG Fund Output 3: Integrated policy solutions for accelerating SDG progress implemented

| Indicators | | | |
|--|--------------|----------------|---|
| | Planned 2020 | Completed 2020 | Comments |
| 3.1: # of innovative solutions that were tested ³ (disaggregated by % successful-unsuccessful) | 2 | 2 | One programmatic innovation (One-Stop Centre) and one technological innovation (digital data collection platform) were introduced |
| 3.2: # of integrated policy solutions that have been implemented with the national partners in lead | 2 | 1 | A policy to redefine target groups/beneficiaries of social protection: The technical note proposes a mixed approach based on community targeting and other socioeconomic variables and indicators from reliable and robust household surveys. Among suggested criteria, we can list, the size and age composition of households, gender gap... |
| 3.3: # and share of countries where national capacities to implement integrated, cross-sectoral SDG accelerators has been strengthened | 1 | 1 | A technical provincial steering committee working as a “One-Stop Centre” has been established in Makokou. The capacities 45 members of this committee were strengthened on the whole process of birth registration. In the area of health, 60 health staff and social workers were trained on strategies of birth registration, and the creation, and management of Civil Registration Office within health facilities. |

JP Outputs and Outcomes

Joint Programme Outputs: Despite a particularly challenging year, the JP made major achievements contribution to both outcome and related outputs.

- Output 1/Public policies and the normative framework for human rights are identified, improved and implemented. The JP contributed to the improvement of policies and normative frameworks that bring together stakeholder from different field whose tasks consists in advancing the nexus between legal identity, access to basic social services and social protection system. Major achievements include the reform of the legislation on the compulsory period of birth registration; a policy institutionalizing the “One-Stop Centre”, and the development of a Social Registry with more than 500,000 entries (or a quarter of the total population size). Those instruments have the potential to increase the coverage, efficiency, inclusion, comprehensiveness of social protection system. Poorer and hard to reach people are benefiting from those achievements with up to 23,000 additional peoples (1% of the overall population) expected to enroll and to claim the benefits of existing social protection.
- Output 2/Information on social services is available, service delivery modalities are known, and hard-to-reach populations actively play decision-making leadership roles: The communication outreach to the target population was increased through a series of TV, radio and social mobilization interventions that emphasized the importance of social protection, its pre-

³Each Joint programme in the Implementation phase will test at least 2 approaches.

requisites and the fight against discriminations. A number of communication materials were produced to support the outreach of the JP in Ogooué-Ivindo in general, hard to reach Populations and People living with HIV/AIDS particularly. UNICEF supported the development of a cartoon video to air on TV and social media about the process of birth registration and ta satire which portrayed political and institutional bottlenecks to obtaining birth certificates

- Output 3/Members of hard-to-reach populations are active citizens with rights to social services (education, health, HIV, social protection, civil status, etc.): Capacity building community leaders and peer support group from hard-to-reach populations in Makokou and Mekambo. (63 leaders and peer educators were trained and are working to raise awareness on HIV, Sexual Reproductive Health and COVID19. Through participatory approaches, members from the hard-to-reach communities were consulted and contributed to the implementation of the JP. UNAIDS supported interventions aiming at : (a) relieving the impact of COVID-19 on the vulnerable and hard to reach People Living with HIV (PLWH), (b) increasing and adapting the messaging on HIV/AIDS in the context of COVID -19.
- Output 4/The target vulnerable populations, their problems, needs, numbers and locations are known and then entered in the social registration system: 3,000 hard to reach populations/indigenous peoples have been identified and detailed data gathered through procedures set up by WHO and ILO in the field. Those data will serve the basis of a targeted outreach. In addition, a Knowledge, Attitudes and Practices (KAP) survey conducted in three interventions areas will provide data for better understanding of dynamics preventing the access of hard to reach populations to social protection and other basic social services. The findings from the KAP survey will support the design of locally adapted solutions.

While celebrating major achievements, few lessons could be drawn from the implementation, and could serve as a basis for future adjustments of work plans.

- **The “One-Stop Centre does not solve it all”:** Through the reporting period, 5 “one-stop centre for birth registration” have been created and supported by the Join Programme (UNICEF mainly) in the provinces of Estuaire, Ogooué-Ivindo, Haut-Ogooué, Nyanga, and Woleu Ntem. Their main task consists in processing 23,000 files/cases for the delivery of 23,000 birth certificate and to facilitate the enrolment in the social protection programmes and benefits. A similar mechanism linking health and CRVS systems could be envisioned at health facilities and would accelerate successful completion of birth registration upon delivery and before the mother leaves the health facility. It will guarantee registration within the legal period, save mothers from an extra trip to the civil registry offices for the registration bureaucracy, avoid other related transactional costs.
- **Non-harmonization between the Health Management Information System (HMIS) and the Civil Registry and Vital Statistics (CRVS)** continues to negatively impact the coverage and equity of the social protection system by delaying the issuance of child delivery certificate which is vital for birth registration. WHO and UNICEF are working closely to improve the inter-operability between health sector and CRVS. Working areas include the waiving of fees for obtaining child delivery certificate, the training of midwives and other health staff on birth registration, and the creation of Civil Registration Office within health facilities.

Workplan

- XX JP workplan was modified

JP workplan was not modified

Explain briefly: The outbreak of the COVID-19 resulting into a shift in some of the priorities, and implementation challenges in the field prompted PNUOs to conduct a programme criticality assessment which led to the revision of work plans.

C. Plan for the Next Year of implementation

Next year

Over 2021, the JP will maintain its two-pronged approaches: The first approach will revise the initial 2021 work plans, to include the carry-over interventions of 2020 that are deemed strategic. This approach is expected to follow the premises of the theory of change. The second approach will continue to have a risk informed component in order to limit the impact of the COVID-19 and other shocks. The upward trend in the number of people affected by COVID-19 and delays in vaccination suggests that the implementation of the JP could still face major hurdles. Following are key interventions planned for 2021

| | |
|--|----------|
| Support for the preparation, validation and dissemination of a text (decree) making it mandatory for health personnel/health facilities to issue birth certificates free of charge to all women who have given birth. | Output 1 |
| Support for the diagnostic analysis of the functionality of the birth registration system services, rehabilitation, reorganization and equipment of all "non-functional" civil registry services. | |
| Advocacy, with parliament and stakeholders, for the recognition of the rights of target populations and financial support for the sustainability of the programme. | |
| Awareness raising of diplomatic representations in Gabon for stateless children born to foreign parents. | |
| Contribution to the creation of a central registry office. | |
| Capacity building of leaders of hard-to-reach populations for active participation in the dissemination of strengthened policies. | |
| Organisation of Refocused Prenatal Consultations (CPRN). SDG target 3.1 | |
| Support for the preparation, validation and dissemination of a text (decree) making it mandatory for health personnel/health facilities to issue birth certificates free of charge to all women who have given birth. | |
| Capacity building of community radio stations and productions/broadcasting | |
| Contribution to the creation of civil registry offices in public health centres. | |
| Raising awareness among rights holders and target communities with appropriate messages on the importance of the birth certificate and other programme themes. | Output 2 |
| Capacity building for civil registrars. | |
| Organization of a biannual awareness campaign in communities in the project areas to raise awareness of the importance of seeking care and the importance of giving birth in health facilities with skilled personnel. | |
| Strengthening the organizational capacities of local organizations and associations and equipping them to better ensure the sustainability of the actions initiated during the project. | |
| Raising awareness among rights holders and target communities with appropriate messages on the importance of the birth certificate and other programme themes. | |
| Capacity building for civil registrars. | |
| Organization of a biannual awareness campaign in communities in the project areas to raise awareness of the importance of seeking care and the importance of giving birth in health facilities with skilled personnel. | Output 3 |
| Strengthening the organizational capacities of local organizations and associations and equipping them to better ensure the sustainability of the actions initiated during the project. | |
| Organization and implementation of birth registration operations for hard-to-reach populations. | |
| Capacity building on tools and procedures adapted to the social coverage of hard-to-reach populations. | |
| Training and awareness-raising of DAP staff, teachers and supervisory staff in pilot schools on birth registration and birth certificates for inclusive education | Output 3 |
| Define mechanisms to ensure the long-term registration of target populations at the CNAMGS. | |

| | |
|--|----------|
| Support the establishment of community teams trained to support CNAMGS registrations by ensuring that all people in hard-to-reach groups are tested and registered for HIV, and that HIV-positive people, including pregnant women and children, are accompanied for treatment initiation. | |
| Data processing of the KAP survey and the Mapping exercise | Output 4 |

Towards the end of JP implementation

Upon completion of the final year of the JP, the following results will be expected: the normative framework for social protection will be improved through a series of laws, policies, and regulatory framework which favor the coverage of hard to reach populations. In addition, at least 45,000 people would have gained access to social protection and other basic social services. Hard to reach populations and other vulnerable groups will have their legal identity and will participate in their fully capacities in any given activity. Data on the hard to reach populations will be made available for decision makers.

Risks and mitigation measures

Contextual, programmatic and institutional risks assessed in 2020 will remain basically unchanged. However, the uncertainties associated with the evolution of the COVID-19 and the performance of vaccination would likely create bottlenecks to the implementation of the JP. In a context of decreasing oil price, economic reforms and other macro-economic challenges, the level of fiduciary risk would likely increase and as a result, PUNOs could face some difficulties in mobilizing additional resources, thus getting into a position where the JP would not meet its financial targets.

Annex 1: Consolidated Annual Results

1. JP contribution to global programmatic results (annual)

Global Impact: Progress towards SDGs

List up to 3 main SDG targets that your Joint Programme primarily focused on in 2020

SDG: [SDG 16.9 \(increased birth registration and access to legal identity for the hard to reach\)](#)

SDG: [SDG 1.3 \(additional building blocks for a nationally appropriate social protection systems and measures for all were put in place and were further strengthened to increase the coverage of formerly excluded citizens\)](#)

SDG: [SDG 10.2 \(major achievements towards promoting the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status\)](#)

Global Outcome 1: Integrated multi-sectoral policies to accelerate SDG achievement implemented with greater scope and scale

1.1 Did your Joint Programme contribute to implementation of integrated multi-sectoral policies that accelerate SDG progress in terms of scope⁴ in 2020?

XX Yes

No

Explain briefly: [The policy establishing a Social Registry that covers 25% of Gabon's total population will increase efficiency and allow for better targeting of poor households for multi sectoral interventions \(education, social protection, health...\) with their expected multiplier effect on SDGs. The policy/legislation revising the provisions on compulsory period for birth registration](#)

1.2 Did your Joint Programme contribute to implementation of integrated multi-sectoral policies that accelerate SDG progress in terms of scale⁵ in 2020? (if so, brief explanation)

XX Yes

No

Explain briefly: [The policy institutionalizing the "One programmatic innovation \(One-Stop Centre" and its enforcement at provincial levels](#)

Global Output 3: Integrated policy solutions for accelerating SDG progress implemented

1.3 Number of innovative solutions tested in 2020

Total number disaggregated by % successful and unsuccessful: [02 \(100%\)](#)

Provide the list : [One-Stop Centre, digital data collection platform using the Go Data apps on smartphones](#)

Explain briefly: [One programmatic innovation \(One-Stop Centre\) and one technological innovation \(digital data collection platform\) were introduced](#)

1.4 Number of integrated policy solutions implemented with the national partners in lead in 2020

Total number: [01](#)

Provide the list

Explain briefly: [A policy to redefine target groups/beneficiaries of social protection: The technical note proposes a mixed approach based on community targeting and other socioeconomic variables and indicators from reliable and robust household surveys. Among suggested criteria, we can list, the size and age composition of households, gender gap...](#)

1.5 Did your Joint Programme contribute to strengthening of national capacities to implement integrated, cross-sectoral SDG accelerators in 2020?

XX Yes

No

⁴Scope=substantive expansion: additional thematic areas/components added or mechanisms/systems replicated.

⁵Scale=geographical expansion: local solutions adopted at the regional and national level or a national solution adopted in one or more countries.

Explain briefly: A technical provincial steering committee working as a “One-Stop Centre” has been established in Makokou. The capacities 45 members of this committee were strengthened on the whole process of birth registration. In the area of health, 60 health staff and social workers were trained on strategies of birth registration, and the creation, and management of Civil Registration Office within health facilities.

1.6 Did your Joint Programme develop a functioning partnership framework for integrated policy solutions to accelerate progress on SDGs in 2020?

XX Yes

No

Explain briefly: The Joint Programme established a well-functioning partnership framework through the steering committee which involves high level decision makers. Besides the JP steering committee, the Government created a coordination group between the Ministries of Interior, Justice and Social Affairs to help strengthen the linkages between citizenship and social protection. This coordination group is a forum where decisions are made and that impact progress on SDG1.3, SDG 10.2 and SDG 16.9.

2. Selected global performance indicators (annual)

2.1. Did your Joint Programme contribute to the improvement of overall UNCT coherence in 2020?

Yes, considerably contributed

Yes, contributed

No

Explain briefly: The exceptionally high number of PUNOs ensured that almost 40% of UNCT is involved in the implementation of the JP, thus creating a rare synergy between UN Agencies. In addition, the JP stood as one the most important flagship programme for the UN system in Gabon, through working collaboratively towards shared priorities and results, the JP is credited to have significantly improves UNCT coherence.

2.2. Did your Joint Programme contribute to reduced transaction costs for participating UN agencies in their interaction with national/regional and local authorities and/or public entities compared to other Joint Programmes?

Yes,

No

N/A (if there are no other joint programmes in the country)

Explain briefly: Before the pandemic, joint field missions/visits were organized by PUNO, thus contributing in the reduction of transactional cost associated to the trip.

2.3. Was your Joint Programme aligned with the UNCT Results Groups in 2020?

Yes

No

Explain briefly: Results Group did not function in 2020

2.4. Did your Joint Programme secure additional funding resources in 2020?

Yes

No

Explain briefly: UNICEF secured USAID funding which a portion is assigned to the JP

3. Results as per JP Results Framework (annual)

| Result / Indicators | Baseline | 2020 expected Target | Result 2020 | Reasons for variance from planned target (if any) | 2021 expected Target |
|---|----------|----------------------|-------------|---|----------------------|
| Outcome 1 indicator: Percentage of identified members of hard-to-reach populations with a birth certificate (disaggregated by age and gender). | 0 | 35% | - | The baseline was considered less relevant. The use of percentage would require knowing the denominator which is not consensually agreed. Therefore, it was agreed to target 3,000 beneficiaries in 2020. More than 4,000 people receive their legal identity and can now enjoy the benefits of social protection. The result is expected to change as a much as the processing of 23,000 caseloads evolves. Out of the 580 beneficiaries from Makokou, disaggregation by age group and sex is available | 20,000 |
| Outcome 1 indicator: Percentage of members of hard-to-reach populations identified as registered with CNAMGS and having better access to quality education and social benefits. | 0% | 25% | - | Same justification as above. No direct support to access to education was provided. Most of schools were closed in March 2020 till September 2020. | |
| Outcome 1 Indicator: Improved national mapping of target groups (yes/no). | No | Yes | Yes | | yes |
| Outcome 1 Indicator: Existence of a social register that better reflects the entire hard-to-reach population (yes/no). | No | Yes | Yes | | Yes |
| Output 1.1 indicator: Number of laws, regulations and procedures developed or improved to protect the rights of hard-to-reach populations. (activities 1, 9, 10, 11) | 0 | 2 | 2 | | 2 |
| Output 1.1 indicator: Number of sectoral policies and/or programmes and action plans that have integrated and implemented the rights and specific needs of hard-to-reach populations, particularly in the areas of social protection, | 0 | 0 | 0 | HIV/AIDS is working to systematically enroll PLWHA in the CNAMGS. In addition, UNFPA is working to revise the | 1 |

| Result / Indicators | Baseline | 2020 expected Target | Result 2020 | Reasons for variance from planned target (if any) | 2021 expected Target |
|---|-----------------|-----------------------------|--------------------|---|-----------------------------|
| education, health, including HIV/AIDS and culture. (activity 13). | | | | SSR policy to include the needs of hard-to-reach populations | |
| Output 1.1 indicator: Number of administrative structures in charge of civil status and the promotion and coordination of the rights of populations with difficult access created. (activities 3, 8) | 0 | 10 | 6 | The One-single window of services were created in 6 areas (Libreville, Makokou, Woleu-Ntem, Haut Ogooué, Nyanga). | 4 |
| Output 1.1 indicator: Number of administrations and civil society organizations that have benefited from operational capacity building | | 61 | 105 | 60 staff from the health sector, and 45 people from the child protection network were trained | 75 |
| Output 1.1 indicator: Number of Advocacy and partnerships for Fair and UNDRIP-sensitive Public Finance achieved. (activities 6,7,16) | | 13 | - | The indicator was rejected because it appeared elusive | - |
| Output 2 indicator: Number of people reached by awareness campaigns to change attitudes, behaviours and promote leadership among hard-to-reach populations. (activities 18, 20) | 0 | 10,000 | - | Activities relating to this indicator were cancelled as part of the revision of work plans. The focus was rather put on RCCE and interventions on communication outreach of target groups | - |
| Output 2 indicator: Number of service providers trained in practical, scientifically sound and socially acceptable methods and techniques, made accessible to the entire community with their full participation. (activities 19, 21) | 0 | 50 | 63 | UNAIDS conducted a training to engage leaders and peer educators from the target communities. The difference in number reflects the desire to balance the composition of teams | 75 |
| Output 2 Indicator: Number of people from hard-to-reach populations with a focus on gender and youth actively participating in decision-making and taking on leadership roles. (activities 22, 23) | 0 | 10 | - | No relevant activity planned to inform this indicator | 10 |
| Output 3 indicator: proportion of people from identified hard-to-reach populations who have received a birth certificate (disaggregated by age and gender). (activity 25) | | 70 | 90 | Almost any of people from identified hard-to-reach populations who have received a birth certificate whenever the process is successful. Those | 90 |

| Result / Indicators | Baseline | 2020 expected Target | Result 2020 | Reasons for variance from planned target (if any) | 2021 expected Target |
|--|-----------------|-----------------------------|--------------------|--|-----------------------------|
| | | | | not receiving may have different problems that the social survey could not solve | |
| Output 3 indicator: The Gabonese administration has a social register. (activity 26, 27) (yes/no) | No | Yes | Yes | | |
| Output 3 indicator: Rate of people from hard-to-reach populations registered with the CNAMGS (disaggregated by age and sex). (activity 28, 32) | | 50 | - | Waiting for the results of different surveys to establish the baseline | - |
| Output 3 indicator: Number of integrated packages of interventions and adapted strategies strengthened. (activity 24) | 0 | 1 | - | Activity planned to inform this indicator was cancelled. | 1 |
| Output 3 indicator: : Existence of mechanisms to ensure the sustainability of birth registration and the registration of populations that are difficult to access social security coverage for the defined target populations (activity 30, 31) (yes/no) | No | Yes | Yes | | Yes |
| Output 3 indicator: Number of DAP staff, teachers and supervisory staff trained and sensitized for inclusive education (without birth certificate requirement for school enrolment) for hard-to-reach populations. (activity 29) | - | - | - | | 75 |
| Output 4 indicator: Use of innovative collection methods created to improve the national statistical system. (activity 33.34) (yes/no) | No | Yes | Yes | | Yes |
| Output 4 indicator: Number of studies carried out on hard-to-reach populations (activity 33, 34) | 0 | 2 | 2 | | 1 |

Annex 2: List of strategic documents

Strategic documents that were produced by the JP

| Title of the document | Date when finalized (MM/YY) | Brief description of the document and the role of the JP in finalizing it |
|-----------------------|-----------------------------|---|
| | | |
| | | |

Strategic documents for which JP provided contribution

| Title of the document | Date when finalized (MM/YY) | Brief description of the document and the role of the JP in finalizing it |
|-----------------------|-----------------------------|---|
| | | |
| | | |

Annex 3: Strategic communication results

3.1. Have you created a strategic communication plan for the Joint Programme?

- Yes
 XX No

Explain briefly: [A communication working group including communication staff from the RCO and UNICEF provided support to the JP. Visibility materials were produced. However, this work has not yet resulted into a communication plan for the JP](#)

3.2. What percentage of the annual budget towards communications was utilized from the total budget? (Note that the entire JP comms budget must be min 5% of the total JP budget)

Explain briefly: [Data not available for 2020](#)

3.3. Have visibility outcomes increased due to the provided funding for JP strategic communications?

- Yes
 No

Explain briefly: [The correct answer is don't know. We cannot say Yes or No](#)

3.4. Does the Country Profile Page on the Joint SDG Fund website contribute to your JP outreach?

- XXX Yes**
 No

Explain briefly: [New posting in the Country Profile Page is shared by the RC and other staff via social media platforms.](#)

3.5. How many articles (interviews, human interest stories, press releases, expert insights, etc) about your JP were published by an external media outlet (Non-UN published)?

Total number: [at least 20](#)

Explain briefly: [Local and international media \(radio, TV, press\) largely covered JP activities and committed articles and special "reportage" to showcase its implementations. One of the most recent publication is from the well-established "weekly magazine "Jeune Afrique" based in Paris, France which showcased contributions from the UN in Gabon. The JP was well featured in that magazine.](#)

3.6. How many articles (interviews, human interest stories, press releases, expert insights, etc) about the Joint Programme were published by the UNCT and JP PUNOs?

Total number: 03

Explain briefly: [articles were published in the UNCT and PUNOs gazette](#)

3.7. Have you received an increase of social media followers?

- XXX Yes**
 No

Total number: **Not available** (Not mandatory)
 Explain briefly:

Multi-Media Faucets

| Title of the document | Date when finalized (MM/YY) | Brief description and hyperlink (if it exists) |
|---|-----------------------------|--|
| Jeune Afrique No 3096 (https://kiosque.jeuneafrique.com/catalog/jeune-afrique/jeune-afrique/n3096-2020) | Jan/2021 | UN Contribution to COVID-19 Response in Gabon |
| | | |
| | | |

Social Media Campaigns

| Title of the document | Type (FB/Twitter/LinkedIn/Etc .) | Brief description and hyperlink (if it exists) |
|-----------------------|----------------------------------|--|
| | | |

Annex 4: Updated JP Risk Management Matrix

| Risks | Risk Level: (Likelihood x Impact) | Likelihood: Certain - 5 Likely - 4 Possible - 3 Unlikely - 2 Rare - 1 | Impact: Essential - 5 Major - 4 Moderate - 3 Minor - 2 Insignificant - 1 | Mitigating measures | Responsible Org./Person |
|--|-----------------------------------|---|--|---|-------------------------|
| Contextual risks | | | | | |
| Reshuffle of ministers in charge of the Programme | 9 | 3 | 3 | Civil servants in respective ministries keep record of the Programme. | |
| Leadership change in partner institutions | 12 | 3 | 4 | Steering Committee | |
| The Government's disagreement on identified and defined target indigenous population | 6 | 3 | 2 | Communication with the Government. Agreement from the Government. Expand target vulnerable group. | |
| Programmatic risks | | | | | |
| Lack of programme governance across local and national levels | 16 | 4 | 4 | The Steering Committee will coordinate between actors at local and national levels. | |
| Institutional risks | | | | | |
| Low commitment and engagement of local partners | 12 | 3 | 4 | Communication. Regular meetings. Advocacy. | |

| Risks | Risk Level: (Likelihood x Impact) | Likelihood: Certain - 5 Likely - 4 Possible - 3 Unlikely - 2 Rare - 1 | Impact: Essential - 5 Major - 4 Moderate - 3 Minor - 2 Insignificant - 1 | Mitigating measures | Responsible Org./Person |
|----------------------------------|---|---|--|--|--------------------------------|
| Fiduciary risks | | | | | |
| Additional resource mobilization | 12 | 4 | 3 | Strengthen the strategic communication and the Resource mobilization strategy. | |