

**Joint SDG Fund**

**Joint Programme Final Narrative Report**

**PORTFOLIO ON INTEGRATED POLICY AND LNOB**

Programme title, Number and Country
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<sup>1</sup> The MPTF Office Project Reference Number is the same number as the one on the Notification message. It is also referred to as "Project ID" on the project's factsheet page on the [MPTF Office GATEWAY](#).

<sup>2</sup> The start date is the date inserted in the original ProDoc submitted and approved by the Joint SDG Fund.

<sup>3</sup> As per approval of the original project document by the relevant decision-making body/Steering Committee.

<sup>4</sup> If there has been an extension, then the revised, approved end date should be reflected here. If there has been no extension approved, then the current end date is the same as the original end date. The end date is the same as the operational closure date which is when all activities for which a Participating Organization is responsible under an approved MPTF / JP have been completed. As per the MOU, agencies are to notify the MPTF Office when a programme completes its operational activities. Please see [MPTF Office Closure Guidelines](#).

<sup>5</sup> Financial Closure requires the return of unspent balances and submission of the [Certified Final Financial Statement and Report](#).

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**Programme Budget (US\$)**

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 Agency/Other Contributions/Co-funding (if applicable): \$ 71,500

Joint SDG Fund Contribution<sup>6</sup> and co-funding breakdown by recipient organization:

Agency/others	Joint SDG Fund contribution	Co-funding	Total
UNAIDS	160,500		160,500
UNESCO	214,000		214,000
ILO	214,000		214,000
WHO	246,100		246,100
UNFPA	362,900		362,900
UNICEF	802,500	71,500	873,500
<b>Grand Total:</b>	<b>2,000,000</b>	<b>71,500</b>	<b>2,071,500</b>

<sup>6</sup> Joint SDG Fund Contribution is the amount transferred to the Participating UN Organizations – see [MPTF Office GATEWAY](#).

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## Executive summary

The 'Social Protection' Joint Programme is a significant flagship effort of the United Nations (UN) system in Gabon. It lasted from 1 January 2020 to 30 June 2022 and has achieved good results in a short and challenging, coinciding with the Covid-19 pandemic. The joint programme (JP) achieved a full buy-in by the Government and partners and is being pursued by national authorities with domestic funding as the number of undocumented persons in Gabon is much higher than expected. The JP has triggered systemic changes in birth registration legislation and the Social Protection and Civil Registration and Vital Statistics (CRVS) systems, allowing for a cascade effect on the acceleration of SDGs in Gabon and catalyzing government funding for critical results.

The main aim of the JP was to accelerate Gabon's achievement of multiple SDGs through the reinforcement of its birth registration systems, as birth certificates are a vital pre-requisite to access social protection and other social services like education and health. Evidence showed that many people in Gabon, especially among "hard to reach" populations in remote rural areas, have not been registered at birth. This is mainly because of the short delay required by law to register a baby when s/he is born, which through the JP has now been extended to address the root causes of birth registration problems. A person cannot access a national identity card without a birth certificate. Without an identity card, a person cannot access the social protection system and other vital services. Therefore, many persons who do not have of a birth certificate are left behind.

The JP adopted a systemic approach between the United Nations System, other development partners, government, local communities, the private sector, civil society, and non-governmental organizations according to their respective areas of competence. A mix of legal reforms, outreach, awareness-raising, accelerated and sustained birth registration processes, and longer-term accompaniment to no one is left out of Gabon's social protection system.

UNICEF led the overall coordination and implementation of this critical Joint Programme involving six UN agencies [UNICEF, UNAIDS, WHO, UNFPA, ILO and UNESCO]. Thanks to their joint work with partners and the dynamic leadership of the Government, the targets of the JP could not only be achieved, but they were far surpassed, and work is continuing covered by domestic funding.

As of 30 October 2022, 31,901 undocumented citizens in Gabon had applied for a birth certificate. A total of 14,029 supplementary judgements had been passed by tribunals across all 9 regions in the country. A total of 11,757 birth certificates were established for applicants living in rural and remote zones as well as in urban areas. A total of 4,021 (34%) applicants have already received their birth certificates. Out of these 3,401 have been enrolled in the Gabonese health insurance "Caisse Nationale d'Assurance Maladie et de Garantie Sociale" (CNAMGS) and are now enjoying access to various social protection programmes and social benefits (food vouchers, etc.) as well as education and health services. The number of people reached exceeds the initial target of the Joint Programme which was limited to 3,000 people belonging to hard-to-reach populations in remote areas.

This is a major achievement of the programme which is now continued by the Government who plans to intensify communication to ensure the remaining applicants, who have yet to receive their birth certificate, promptly pick up their birth certificate and are enrolled in the CNAMGS. The UN system will continue to support these efforts as the need of birth certificates is much greater than initially thought.

The backlog in withdrawal of birth certificates is due to a number of challenges the Joint Programme has faced : (1) the M&E system is not sufficiently centralized, and as a result, it proves difficult to monitor progress on all relevant indicators and readily detect bottlenecks in programme implementation like delays in pick-up of birth certificates by a considerable number of applicants; (2) more strategic and continued multi-pronged communication is required to ensure applicants become aware of their birth certificate having been issued and is ready for pick-up; and (3) improved communication and coordination are required between ministries and different administrative levels, among UN agencies and between UN agencies and government counterparts including through more regular programme review sessions focusing on progress and challenges to overcome hurdles. The One-Stop service approach is practical and must be further supported by the UN in the future.

**Table 1:** Overview of the implementation across all of Gabon’s provinces

	# People who need a birth certificate	# People who have submitted a birth certificate request	# Persons who have obtained a supplementary judgment	# Supplementary judgments transcribed into birth certificates (Birth Certificates established but not yet withdrawn)	# People who received a birth certificate	# people enrolled into health insurance coverage and other benefits
Estuaire	NA	<b>21,000</b>	8,431	8,004	2,669	2,669
Haut-Ogooue	NA	1,446	1,057	385	131	32
Ngounie	NA	1,316	671	444	0	19
Ogooue-Ivindo	NA	1,899	708	708	444	138
Ogooue-Lolo	NA	513	480	394	207	36
Ogooue-Maritime	NA	1,784	440	156	99	85
Moyen-Ogooue	NA	1,718	553	229	0	0
Nyanga	NA	1,075	818	727	251	226
Woleu-Ntem	NA	1,150	871	712	220	196
<b>Total</b>	<b>NA</b>	<b>31,901</b>	<b>14,029</b>	<b>11,757</b>	<b>4,021</b>	<b>3,401</b>

The ‘Social Protection’ Joint Programme (JP) resulted in fundamental transformative changes:

**Result 1:** Public policies and the normative framework for human rights were identified, improved and implemented.

- The Joint Programme (JP) triggered a revision of **the normative and legal framework** that will help improve birth registration, increase the number of citizens who possess a legal identity and thereby have access to social protection and other basic social services. Successful advocacy and select interventions contributed to revisions in the law extending the compulsory period of birth registration from 3 to 15 days in urban areas and one month in rural areas.
- The JP led to the **free-of-charge issuance of child delivery certificates** in all health facilities in the country, which is a significant prerequisite for initiating a birth registration

process. A specific provision enforcing the waiver of fees for birth certificates was included in the law.

- A **National Reproductive Health Policy** to promote the rights of vulnerable and hard-to-reach populations and their access social protection and other essential social services under development with UN support. This policy will provide the normative framework for developing equitable and inclusive reproductive health interventions.

**Result 2:** Information on services is now available, service delivery modalities are known, and hard-to-reach populations actively participate in decision-making in leadership roles.

- The JP was instrumental in strengthening **the Social Protection Information System**. A Social Registry with more than 500,000 entries of eligible persons (or 25% of the total population) is being completed. This will help target social protection programmes at the most vulnerable and hard-to-reach people.
- The JP is contributing to **transformative shifts at the institutional levels** as it has seen a meaningful involvement in advocacy and activities on the ground by local NGOs. One of the positive unintended outcomes of the JP was the creation of a position of a Senior Presidential Advisor in charge of the statelessness.

**Result 3:** Members of hard-to-reach populations are now active citizens with rights to social services (education, health, HIV, social protection, civil status, etc.).

- **The JP has expanded communication and outreach to the most vulnerable people in remote areas.** Adolescents and local leaders from indigenous populations have been engaged in several interventions which increased demand and access to quality basic services.
- **A network of Community Radios** was developed and has undertaken continuous broadcasting of information on services (i.e., birth registration, access to essential social services, registration to social protection programmes, elimination of gender-based violence, health promotion norms on HIV/AIDS and needs of People Living with HIV/AIDS).

**Result 4:** The target vulnerable populations, their problems, needs, numbers, and locations are now better known and available in the social registration system.

- **The JP helped improve the availability and use of data contributing to better knowledge about the number, location and needs of hard-to-reach populations.** The JP helped generate valuable evidence on hard-to-reach populations that was also used in a Knowledge, Attitudes and Practices survey (KAP). The analysis results have strengthened the understanding of critical anthropological aspects concerning different target populations. They are used in formulating strategies and programmes to improve the access of vulnerable and hard-to-reach people to social protection, education, health, and protection from violence. They also help in fostering community participation in programmes. The data have helped supported in an essential mapping of settlements of the indigenous population to bring services closer to them.

- **Result 1:** Public policies and the normative framework for human rights are identified, improved, and implemented.
- Estimated rate of completion as of 30 June 2022: **100%**
- **Result 2:** Information on services is available, service delivery modalities are known, and hard-to-reach populations actively participate in decision-making in leadership roles
- Estimated rate of completion as of 30 June 2022: **75%**



- **Result 3:** Members of hard-to-reach populations are active citizens with rights to social services (education, health, HIV, social protection, civil status, etc.).  
- Estimated rate of completion as of 30 June 2022: **50%**
- **Result 4:** The target vulnerable populations, their problems, needs, numbers and locations are known and entered into the social registration system.  
- Estimated rate of completion as of 30 June 2022: **80%**

## I. Overall progress and priority, cross-cutting issues

### I.1 Context and the overall approach

- The 'Social Protection' programme in Gabon is one of seven UN joint programmes and one of the most successful. Significant results could be achieved in a short time despite the Covid-19 pandemic. The programme has triggered critical systemic changes in the Social Protection and Civil Registration and Vital Statistics (CRVS) system, allowing for a cascade effect on the acceleration of SDGs in Gabon and catalyzing government funding for critical results. The JP/LNOB helped Gabon Country to partially absorb the shocks induced by Covid-19 by contributing to the Government's efforts to improve access to social protection and to fundamentally transform the social system and make it more shock responsive, reactive and adaptive.
- The implementation of the JP was delayed for four main reasons:
  - Operational delays relating to the late reception of funds by PUNOs and its implication for the work planning process.
  - The outbreak of Covid-19 resulted in a shift in some priorities: Due to Covid-19 restrictions of movement and interruptions in service provision, the identification process of the target population and their enrollment has been slowed down, which has rendered it difficult to cover the targeted population.
  - Implementation challenges in the field: there were delays due to the temporary suspension by the Government of enrollment into social protection programmes and benefits. Therefore, a no-cost extension (NCE) was requested to complete the registration of persons holding new birth certificates into social protection programmes and benefits.
  - Because of the initial success of the JP, the Gabonese Government decided to extend the geographic scope of the programme, which was initially limited to 3 regions, to 6 additional regions to allow for more equitable access to social protection programmes across the country. Therefore, the programme needed a no-cost extension of six months.
- **Because of the broader geographic scope of the programme, which was approved and enacted since the repurposing of the programme, the planning phase to target a more expansive national territory required a more extended period.** In response, PNUOs conducted a programme criticality assessment and a scenario planning resulting in two distinct but complementary implementation approaches. 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, while implementing original or revised work plans.

### Ensuring an adaptive and strategic JP

- The continuing restrictions and related measures linked to Covid-19 contributed to delays in the implementation of the JP, especially in remote rural areas.
- Due to the pandemic the Government put enrollments into the CNAMGS social security system on hold, one of the reasons why a no-cost extension of the JP was required.
- A no-cost extension of 6 months was approved (1 January 2022 - 30 June 2022).
- With this extension a larger number of key results have been achieved, including birth registration of 11,757 people out of whom 3,401 now enjoy the benefits of the social protection programme. Pending acceleration in the rate of withdrawal (34% as of November 2022) of issued birth certificates, the number of people benefitting from social protection programmes and services will significantly increase.
- The JP has also made contributions to the Covid-19 response through the purchase of personal protective equipment (masks, gels, etc.) and implementation of awareness raising activities on Covid-19 and sexual and reproductive health among young people.

Delays in the withdrawal of birth certificates remains a major challenge as the programme is carried forward by the Government with domestic funding. Much wider multi-pronged communications campaigns and outreach are needed to ensure birth certificates are picked up more swiftly. So far only around one third of established birth certificates have been withdrawn by applicants. Efforts to accelerate the pick-up of birth certificates need to be supported by the UN so that all applicants can quickly enroll in the CNAMGS and start enjoying the full package of benefits of the the social protection programme. The Government committed to design and implement a communication strategy for the distribution of established birth certificates.

### Link with UNDAF/ UNSD Cooperation Framework

- **Under the current UNDAF (outcome on basic social services and social protection), the JP contributed to 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. The Social Registry to which the JP contributed, will for a solid basis for an effective targeting of beneficiaries and potential gains in efficiency, by eliminating/reduction "Inclusion and Exclusion Errors".
- **Throughout the development of the new UNSDCF,** lessons learned from the implementation of the JP were used to define and confirm the importance of an inclusive and equitable social protection system as a key niche for the UN. In line with the JP experience, the Government, and the UN both agree to consider a pillar on "Equality and Inclusion" as strategic layer to support the investment in the human and social capital.
- Besides the pandemic and its impact, a few national strategic priorities have changed over the two past years 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, remained relevant and appropriate** to tackle major bottlenecks that affect the coverage, effectiveness, comprehensiveness of the social protection system in Gabon.

## Covid-19 impact

- The JP worked to ensure a territorial approach in the response, through supporting initiatives that are geared towards health equity between urban and rural, poorer and better off localities. In this regard, a variety of interventions took place with the supply of equipment for the Social Centres of Libreville for the manufacturing of 10,000 face masks that were distributed free of charge to vulnerable households in the commune of Libreville. The JP also provided personal protective equipment (PPE), risk communication and community engagement (RCCE), water, hygiene, sanitation, and disinfection (markets, clinics and libraries) to hard-to-reach people identified in the greater Libreville area and three provinces.
- The JP contributed to the response to Covid-19 through better epidemiological surveillance and adequate care for patients. Gabon was thus able, through the Go Data software, to track cases and contacts throughout the country, both at the urban and rural levels. Made it possible to train nearly 200 people across the country on the GoData system, including the three provinces (Woleu-Ntem, Ogooué Ivindo and Ngounié) and the supply of almost 50 phones and tablets for data collection. The JP supported training 40 additional health staff in risk communication and community engagement. This led to sensitizing the populations of these provinces, including the indigenous people, on preventive measures against Covid-19, in particular the vaccination of the target populations.
- The awareness raising on SRH/Covid-19 and focused groups organized with vulnerable and hard-to-reach populations strengthened strengthening formation.

## I.2 Update on priority cross-cutting issues

### UN Development System reform - UN coherence at the country level

- **As the UNCT moved towards a new UNSDCF**, it was agreed that inclusive and equal access to social protection services and benefits would become a critical factor in accelerating progress toward several SDGs, particularly SDG 1, 2, 3, 4, 5, 10 and 16.
- The various achievements of the JP offered a common platform for the UN System to interact with several government entities under the leadership of the RC.
- The RC successfully led strong advocacy on behalf of implementing PUNOs to demonstrate the results of the JP, accelerate its implementation and expand its coverage.
- The Government's bought into the proposal made by the lead PUNO to adopt a "one stop center" approach with the support of the RC. This offered a unique opportunity for a variety of line ministries to work together to achieve common goals.
- The RC leading voice and engagement and coordination among implementing agencies has led to a deeper Government's acceptance, adherence and support of the JP.
- Various joint field visits led by the RC and key line ministries (Social Affairs, Health, Justice) were very successful and contributed to heighten the prestige of the UN System in Gabon.
- Through the JP, the UN System, under the leadership of the RC, was able to demonstrate the benefits of joint UN programmes in periodic meetings to present progress in UN-Gabon cooperation to the Minister of Foreign Affairs.

### Going beyond "business as usual" to produce catalytic results at scale

- The JP helped establish birth certificates for 11,757 people that are needed to access health and education services as well as social protection programmes. A quite complex legal and administrative procedure is required to obtain supplementary judgments and their transcription

into birth certificates. Strategies implemented to achieve this major result included strategic planning of the Civil Registry; capacity building of various actors, community mobilization activities.

- The JP contributed to integrating birth registration to health facilities by creating a "One-Stop Shop" model. This will be replicated - for a limited period - in the different administrative units to help bring services closer to the people and reduce costs. This model, facilitating the joint work of magistrates, social workers, health personnel and municipal/municipal services, has helped diminish hurdles and shorten the administrative procedure to register a birth and access social protection programmes. It has helped strengthen birth registration systems and procedures.
- The **Single Window of Services** approach proved effective to remove hurdles preventing most vulnerable people from obtaining a legal identity and benefits from social protection schemes.
- The JP provided a fundamental platform to strengthen **the nexus between citizenship and social protection** as mutually reinforcing services and rights. With the JP/LNOB social protection, Gabon has strengthened its performance in birth registration, and has used this opportunity to remove the main bottleneck (lack of birth certificate) limiting the access of vulnerable populations, in particular indigenous populations, to social protection services, including universal health insurance and financial allowances paid to Economically Weak Gabonese (GEF).
- The most important result of the JP is that it triggered **an amendment of the Civil Code in 2021 extending the time for registering a birth from 3 days to 15 days in urban areas and from 3 days to one month in rural areas** which is expected to significantly reduce the number of children who are not registered on time. Birth certificates have also been made free of charge.

### Partnerships

- Contrary to initial plans, partnerships with the private sector did not materialize. However, several grassroots organizations, NGOs, and Government partners have been engaged in the JP. In Makokou, relying on 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 a major reform in legislation. This partnership yielded greater result with the amendment of the Civil Code in 2021 to extend the time period for registering births and to make birth certificates free of charge.

### Mobilizing additional funding and/or financing

- The JP has been successful in leveraging Government resources for the CRVS and Social Protection Systems. Government financed specific interventions in relation to the implementation of the JP.

### Strategic meetings

Type of event	Yes	No	Description/Comments
Annual JP development	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

partners'/donors' event*			
Final JP event (closing)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Other strategic events	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

### 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 a successful strategy to deal with late birth registration”. The model brings together 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. Together they processed more than 30,000 files to issue 11,757 birth certificates and facilitate the enrolment of 3,401 beneficiaries in 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.

### SDG acceleration

- **SDG target 16.9** (Increased birth registration and access to legal identity for the hard to reach): 11,757 people accessed legal identity. As specific attention has been placed towards indigenous populations where social inquiry and large-scale communication effort and other peer to peer approach were used to get them participate in the JP.
- **SDG target 5.1.** (End all forms of discrimination against women and girls everywhere). Through the JP, PUNOs were able to advocate and support the adoption of the Law 006/2021 of September 06, 2021, on the elimination of violence against women.
- **SDG target 3.3** The support to the response on Covid-19 provided a platform for a coordinated approach to respond to public health crisis and build preparedness and resilience in health system
- **SDG target 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):
  - o Additional 3,401 people were enrolled to benefit universal health coverage through the CNAMGS. In addition, the issuance of a birth certificate represents a clear result of the extension of social protection in Gabon because these people could not have benefited from social protection services and benefits before. Having a birth certificate allows them to recognize their status as citizens and access State institutions and the various services and benefits, particularly those of social protection.
  - o Finally, strengthening the Social Protection Information System through developing a social registry provided an opportunity to make better estimates of the SDG target 1.3.
- **SDG target 10.2** (significant achievements towards promoting the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion, economic or other status).

- Delivery rooms in the health facilities in the Estuaire (Ntoum and Nzeng-Ayong), Woleu-Ntem (Medouneu and Minvoul) and Nyanga (Tchibanga and Mayumba) were reinforced and adequately equipped to offer safer maternity experience. The equipment considered several specific materials for women to give birth, including hospital beds, operating lights, delivery boxes, baby cradles and many others. For women in the remote and vulnerable areas, more than 500 childbirth kits were purchased to ease the financial burden and psychological woes of needy families.
  - The mapping of settlements of hard-to-reach people provided the opportunity to make them visible, counted and considered for the social protection system. The aim was to provide regular, accurate, geo-coded and up-to-date information on indigenous and difficult-to-access populations, in particular their citizenship status (availability of birth certificates) and access to the benefits of social protection (CNAMGS and CNSS) to formulate adequate responses to ensure their access to basic social and health services. In total, 557 households with their dependents, i.e., 2,320 people, were identified and considered for birth registration and enrolment into the social protection system
- **SDG target 4.7** Awareness campaigns for provincial academy directors, supervisory staff and teachers carried out during this program have made it possible to train participants for inclusive education (without the absolute requirement of a birth certificate at the time of enrollment of students, for example).

## Policy integration and systems change

### Contribution to improvement of the situation of vulnerable groups

- The JP worked to ensure a territorial approach in the response, through supporting initiatives that are geared towards health equity between urban and rural, poor and better off localities. In this regard, a variety of interventions took place with the supply of equipment for the Social Centres of the Libreville for the manufacturing of 9,000 face masks that were distributed free of charge to vulnerable households in the commune of Libreville. The JP also provided personal protective equipment (PPE), risk communication and community engagement (RCCE), water, hygiene, sanitation, disinfection (markets, clinics and libraries) to hard-to-reach people identified in greater Libreville area and three provinces.
- For women in the remote and vulnerable areas, more than 500 childbirth kits were purchased to ease the financial burden and psychological woes of needy families.
- The mapping of settlements of hard-to-reach people provided the opportunity to make them visible, counted and considered for the social protection system. In total, 557 households with their dependents, i.e. 2,320 people, were identified and considered for birth registration and enrolment into the social protection system

### Estimated number of individuals that were reached through JP efforts:

Total number **55,500 Gabonese**, including **11,757** undocumented people whose birth certificates were issued. Percentage of women and girls: **51%**.

### *Mainstreaming Gender equality and women empowerment*

The JP project also helped reinforce SDG 5.1. End all forms of discrimination against women and girls everywhere. One of the most important results in connection with the end of discrimination against

women in Gabon is the promulgation of Law 006/2021 of September 06, 2021, on the elimination of violence against women.

Estimated % of overall disbursed funds spent on Gender equality and Women empowerment by the end of JP: Data not available.

## Human rights

- Anthropological surveys of the Babongo, Baka and Bakoya populations have identified certain knowledge, attitudes and cultural practices that impact their voluntary access to birth certificates, basic social services, and social protection. These include, for example, the traditional childbirth methods they practice which are incompatible with those used in hospitals, family activities in the forest and different types of prohibitions.
- The surveys coupled to radio broadcasting educational programme on human rights made it possible to contribute to the achievement of target 16.9 aiming to guarantee legal identity for all, particularly through birth registration, by 2030.
- The programme has made a lasting impact bringing about a change in perceptions of the rights of indigenous populations.

## II. Final Results

### Overall progress

- All expected results achieved
  - Majority of expected results achieved
  - Only some expected results achieved
- Please, explain briefly:

The JP has achieved significant results in a short and very difficult period, coinciding with the outbreak of Covid-19. The programme has had a full buy-in by the Government and has triggered important systemic changes in the Social Protection and Civil Registration and Vital Statistics (CRVS) legislation and systems, allowing for a cascade effect on the acceleration of SDGs in Gabon and catalyzing government funding for key results. The JP achieved and surpassed the majority of original target thanks to the strong buy-in from the Government.

### Contribution to Fund's global results

- The JP/LNOB contributed to the revision of the normative and legal framework which will help improve birth registration and thereby increase the coverage of social protection. Through successful advocacy and select interventions, the JP contributed to the revision of provisions on the compulsory period of birth registration which were extended to 15 days in urban areas and one month in rural areas from 3 days in the previous laws.
- In addition, a National Gender and Reproductive Health Policy that will facilitate the access to Social Protection of vulnerable and hard-to-reach populations is being developed.
- The JP was instrumental to the Strengthening the Social Protection Information System. A Social Registry with more than 500,000 entries of eligible persons (or 25% of the total population) is being completed and will target social protection programmes.
- The JP has triggered transformative shifts at the institutional levels including through the involvement of major local NGOs in efforts to expand social protection.

- A positive unintended outcome of the JP was the creation of a position of Senior Presidential Advisor in charge of statelessness.

### Contribution to Joint SDG Fund Outcome 1 (as per targets set by the JP)

- Integrated multi-sectoral policies to accelerate SDG achievement implemented with greater scope and scale
- The JP provided a fundamental platform to strengthen **the nexus between citizenship and social protection** as mutually reinforcing services and rights. With the JP/LNOB Social protection, Gabon has strengthened its performance in birth registration, and has used this opportunity to remove the main bottleneck (lack of birth certificate) which limits the access of vulnerable populations, in particular indigenous populations, to social protection services, including universal health insurance and financial allowances provided to poor Gabonese.

### Contribution to Joint SDG Fund Output 3 (as per targets set by the JP)

- Integrated policy solutions for accelerating SDG progress implemented
- A Social Registry with more than 500,000 entries of eligible persons (or 25% of the total population) is being completed and will further support better targeting of social protection programmes.

### Achievement of expected JP outcomes

Indicators	Planned 2020-2022		Comments
	Planned 2020-2022	Completed 2020-2022	
1.1: integrated multi-sectoral policies have accelerated SDG progress in terms of scope <sup>7</sup>	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 <sup>8</sup>	2	2	The policy institutionalizing the "One programmatic innovation (One-Stop Centre" and its enforcement at provincial levels  The National Gender and Reproductive Health Policy in favor of access to Social Protection of vulnerable and hard-to-reach populations are being developed.

### Achievement of expected JP outputs

<sup>7</sup>Scope=substantive expansion: additional thematic areas/components added or mechanisms/systems replicated.

<sup>8</sup>Scale=geographical expansion: local solutions adopted at the regional and national level or a national solution adopted in one or more countries.



Indicators	Planned		Comments
	2020-2022	Completed 2020-2022	
3.1: # of innovative solutions that were tested <sup>9</sup> (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 the 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 the suggested criteria, we can list the size and age composition of households, the gender gap...
3.3: # and share of countries where national capacities to implement integrated, cross-sectoral SDG accelerators have been strengthened	1	1	A technical provincial steering committee working as a "One-Stop Centre" has been established in Makokou. The capacities of 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.

#### Joint Programme Outputs:

Despite significant hurdles faced during the implementation, mainly due to the Covid-19 pandemic, the JP has produced primary outcome and related outputs as expected.

- **Output 1/Public policies and the normative framework for human rights are identified, improved and implemented.** The JP contributed to improving policies and normative frameworks that bring together stakeholders from different fields whose tasks consist of 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 will help increase the coverage, efficiency, inclusion, and comprehensiveness of Gabon's social protection system.
- A total of **11,757 undocumented citizens** living in urban and rural/remote settings were issued birth certificates. This is larger than the planned results (3,000). Targeted cases were an estimated 3000 initially. So the programme went far beyond. They were contributing to unexpected demand for BC far beyond the programme target. The one-stop-shop that worked particularly well at provincial level, helped establish BC for 11,757 persons (mostly children, but also adults) whose BC were established through legal procedure, made free of charge. Only a relatively small share (34%) of BC could be delivered so far to beneficiaries. The UN will work with the government to make sure that all applicants receive their BC as soon as possible.
- A total of **3,401 children and adults** were enrolled into Gabon's Universal Health Insurance (CNAMGS) and are now enjoying the benefits from a variety of social protection programmes and benefits (distribution of food vouchers, etc.)
- The implementation of the **Joint Programme faced several constraints:** (a) the M&E system was not centralized, and as a direct result, it was difficult to readily assess and

<sup>9</sup>Each Joint programme in the Implementation phase will test at least 2 approaches.

document progress; (b) the communication channels between the JP managing team and the population fail to inform about the status of requests and consequently, two-thirds (66%) of established birth certificates still sit within Government's records. This situation largely impacted the expected increase in the coverage of social protection system.

- **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 facilitated through a series of TV and radio broadcasts and social mobilization interventions that emphasized the importance of social protection and its pre-requisites. Production of communication materials supported outreach activities led by the JP in Ogooué-Ivindo targeting hard-to-reach populations and People living with HIV/AIDS. A cartoon video was produced and aired on TV and social media to explain to the target populations and broader public the benefits of birth registration and how to go about it through a satire which portrayed political and institutional bottlenecks to obtaining a birth certificate.
  - This resulted in a very high demand, well beyond the programme's expectations. A great success, showing that the issue of lacking BC is a much wider need in Gabon. The same effort should be put in place to ensure that every applicant of a BC will get it into hand and be supported to enrol into social protection programmes. The programme has shown that it's not enough to create demand for BC.
  - Communications strategies must make sure that the distribution mechanisms and channels are effective, functional and reach the ultimate target. The UN will keep working with the Government and municipal authorities in making sure applicants will get their BC into hand and are assisted by [various strategies] to enroll in social protection.
- **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 of community leaders and members of peer support groups representing hard-to-reach populations was built in Makokou and Mekambo. 63 leaders and peer educators were trained and are working to raise awareness on HIV, Sexual Reproductive Health and Covid-19. Through participatory approaches, members from the hard-to-reach communities were consulted and contributed to the implementation of the JP. UNAIDS supported interventions that have : (a) addressed the impact of Covid-19 on vulnerable and hard-to-reach People Living with HIV (PLHIV), and (b) adapted messaging on HIV/AIDS to the needs created by the Covid-19 pandemic.
- **Output 4/The target vulnerable populations, their problems, needs, numbers and locations are known and then entered in the social registration system:** 2,320 persons belonging to hard-to-reach populations and indigenous peoples from 757 households were identified and data on their specific needs were gathered through a mapping survey supported by the JP. In addition, a Knowledge, Attitudes and Practices (KAP) survey was conducted in three intervention areas. The data obtained allow to better understand what prevents access of hard-to-reach populations to social protection and other basic social services and help the des of locally adapted solutions.

#### Monitoring and data collection:

- A report on mapping indigenous peoples and their needs in Lebamba, Minvoul and Mékambo has been produced.

- Evidence from the KAP survey conducted among indigenous people proves a valuable basis for programming to address uncondusive social norms.
- An independent evaluation of the JP was conducted.

### III. JP finalization and evaluation

#### Final JP evaluation and lessons learned

The date when the evaluation was launched (month/year): **July 2022**

The date when the evaluation report was approved (month/year): **September 2022 (draft report to be finalized and approved)**

- The independent evaluation found that the JP has contributed to the results of the UNDAF, particularly to its outcome 3: "Communities have appropriated preventive measures conducive to improving their well-being".
- The joint effort has effectively targeted "vulnerable groups, in particular women, children, indigenous people and refugees", in line with the UNDAF facilitating their access to social protection and expanded protection against violence and abuse and social exclusion.
- Findings from the evaluation confirmed that the JP has also effectively contributed to the national response to Covid-19 through awareness raising activities and prevention of the spread of the virus by supplying protective equipment and vaccines, epidemiological surveillance, and to the strengthening of the national health care system. Actions have reinforced epidemic preparedness and built the population's resilience.
- The evaluation also concluded that the JP has increased the capacity of the UN agencies to provide not only more coherent and practical support to the Government but also created more cohesion in the development of partnerships with the support of the UN Resident Coordinator Office, under the leadership of the RC.

Following are the main recommendations from the final evaluation of the JP:

- Further invest in building national capacity on results-based strategic planning, monitoring and evaluation, especially joint programmes.
- Use the development of the new UNSDCF as an opportunity to identify possible joint programmes and projects yet to be implemented during the next five-year cycle and thus better prepare JP's design, conception, planning and implementation.
- Improve the overall Civil Registry and Vital Statistics (CRVS) by conducting an in-depth situation analysis to identify the areas that call for sustainable investments.

#### After the JP: follow-up and possibilities for the sustainability of the impact and further scaling

- **Continue to support technically Gabon's Government, who continues efforts to issue birth certificates to children and adults who have not been registered.** The JP has been only the tip of the iceberg. It is estimated that many more such cases need to be identified and dealt with, and the enrolment in social protection must be continuously promoted. That the Government continues the efforts of the JP beyond its completion is a very positive outcome per se, as SDG Funds aim to play a catalytic role.

- Before scaling up the 'One-Stop Center' model, a cost-benefit analysis should be conducted to prove their long-term benefit and impact. The JP established five specifically for birth registration in the provinces of Estuaire, Ogooué-Ivindo, Haut-Ogooué, Nyanga and Woleu Ntem. A form of absenteeism and low commitment was noted in the "One-Stop Center" functioning and management. Technical and administrative arrangements will be sought to correct the dysfunction of the "One-Stop Center."
- A similar mechanism linking health and CRVS systems could be envisioned at health facilities. It would accelerate the successful completion of birth registration upon child delivery and before the mother leaves the health facility. Such a system guarantees registration within the legal period, saves mothers from an extra trip to the civil registry offices for the registration bureaucracy and avoids related out-of-pocket expenditure, which is burdensome for the poor.
- **The Ministry of Internal Affairs** is collaborating with the Ministry of Health to establish birth registration offices in primary health facilities. These efforts should continue to be supported under the UN's new UNSDCF to link the health and civil registration system across public and private healthcare facilities.
- **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 certificates which is necessary for birth registration. Although the law waives fees for recording births in maternities, many parents are still forced to pay to obtain the birth record. This is a significant hurdle for poor and vulnerable people.

WHO and UNICEF, with the UN system, will continue working closely on these challenges and to improve the interoperability between the health sector and CRVS. Working areas may include: (a) the full enforcement of the newly revised law which waived fees for obtaining a child delivery certificate in a health facility; (b) the continuous training of midwives and other health staff on birth registration, and (c) the creation of Civil Registration Office within health facilities.

## Annex 1: Consolidated Final Results

### 1. JP's contribution to the global Fund's programmatic results

- Provide data for the Joint SDG Fund global results (as per targets defined in the JP document).

#### Global Impact: Progress towards SDGs

Select up to 3 SDG *indicators* that your Joint Programme primarily contributed to (about SDG targets listed in your JP ProDoc)

**SDG target 16.9** (increased birth registration and access to legal identity for the hard-to-reach)

**SDG target 1.3** (additional building blocks for 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 target 10.2** (significant achievements towards promoting the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or another status)

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

Outcome indicators	Expected final target	Final result	Reasons for a variance from the planned target (if any)
1.1: Number of integrated multi-sectoral policies that accelerated SDG progress in terms of scope <sup>10</sup>	2	2	
<i>List the policies:</i> <ul style="list-style-type: none"> <li>• <i>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.</i></li> <li>• <i>The policy/legislation revising the provisions on the compulsory period for birth registration</i></li> </ul>			
1.2: Number of integrated multi-sectoral policies that accelerated SDG progress in terms of scale <sup>11</sup>	2	2	
<i>List the policies:</i> <ul style="list-style-type: none"> <li>• <i>The policy institutionalizing the "One programmatic innovation (One-Stop Centre" and its enforcement at provincial levels</i></li> <li>• <i>The Policy on integrating Sexual Reproductive health and gender consideration within the Social Protection Schemes</i></li> </ul>			

<sup>10</sup>Scope=substantive expansion: additional thematic areas/components added or mechanisms/systems replicated.

<sup>11</sup>Scale=geographical expansion: local solutions adopted at the regional and national level or a national solution adopted in one or more countries.

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

Output indicators	Expected final target	Final result	Reasons for a variance from the planned target (if any)
3.1 Number of innovative solutions that were tested (disaggregated by % successful-unsuccessful)	1	1	
3.2: Number of integrated policy solutions that have been implemented with the national partners in lead	1	1	

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

Yes

No

Explain briefly:

## 2. Results as per JP Programmatic Results Framework

- Present final JP results in the following template as per JP's Programmatic Results Framework

Result / Indicators	Baseline	Expected final target	Final Result	Reasons for a variance from the planned target (if any)
Outcome 1 indicator: Percentage of identified members of hard-to-reach populations with a birth certificate (disaggregated by age and gender).	Data Not available	85%	83.8%	Out of 31,901 birth certificate applicants, 14,029 obtained a supplementary judgment in the tribunal. 11,757 birth certificates were issued, and 4,021 (34%*) applicants have already received their birth certificates. *Denominator is the number of people eligible for a birth certificate (i.e., people for whom a supplementary judgement was issued).
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.	Data Not Available	55%	29%	As of June 30, 2022, 3,401 birth certificate applicants who received the document were legally enrolled on the CNAMGs or 29% of those who received a birth certificate through the JP. This number

Result / Indicators	Baseline	Expected final target	Final Result	Reasons for a variance from planned target (if any)
				will be boosted through efforts to accelerate the birth certificate withdrawal process through upcoming communication campaigns.
Outcome 1 Indicator: Improved national mapping of target groups (yes/no).	No (Survey planned)	Yes	Yes	
Outcome 1 Indicator: The existence of a social register better reflects the entire hard-to-reach population (yes/no).	No (in draft)	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)	2	2	2	The Law on extending the duration of birth declaration and waiving the fees for delivery certificate.
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, education, health, including HIV/AIDS and culture. (activity 13).	1	1	1	UNFPA worked to revise the 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)	5	9	9	The One-single window of services was created in all of the 9 provinces, including Libreville.
Output 1.1 indicator: Number of administrations and civil society organizations that have benefited from operational capacity building	60	105	105	60 staff from the health sector and 45 people from the child protection network were trained.
Output 1.1 indicator: Number of Advocacy and partnerships for Fair and UNDRIP-sensitive Public Finance achieved. (activities 6,7,16)	-	-	-	The indicator was rejected because it appeared elusive.
Output 2 indicator: Number of people reached by awareness campaigns to change attitudes, and behaviours and promote leadership among hard-to-reach populations. (activities 18, 20)	10,000	10,000	>10,00-	Activities relating to this indicator were cancelled as part of the revision of work plans. Rather, communication outreach to target groups was led. The actual number of people reached is far beyond

Result / Indicators	Baseline	Expected final target	Final Result	Reasons for a variance from planned target (if any)
				the initial target due of the agreement with ARCEG and the activities conducted by UNESCO through rural and community radios.
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)	50	63	63	UNAIDS conducted training to engage leaders and peer educators from the target communities. The difference in number reflects the desire to balance the composition of teams.
Output 2 Indicator: Number of people from hard-to-reach populations focused on gender and youth actively participating in decision-making and taking on leadership roles. (activities 22, 23)	10	10	5	UNAIDS deployed young and female peer support volunteers.
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)	Data Not available	85%	83.8%	Out of 31,901 birth certificate applicants, 14,029 obtained a supplementary judgment in the tribunal. 11,757 birth certificates were issued, and 4,021 (34%*) applicants have already received their birth certificate. <i>*Denominator is the number of people eligible for a birth certificate (i.e., people for whom a supplementary judgement was issued).</i>
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)	Data Not Available	55%	29%	As of June 30, 2022, 3,401 (29%) birth certificate applicants had already been enrolled into the CNAMGS.
Output 3 indicator: Number of integrated packages of interventions and adapted strategies strengthened. (activity 24)	1	1	-	Activity planned to inform this indicator was cancelled.
Output 3 indicator: Existence of mechanisms to ensure the sustainability of birth registration and the registration of populations that are difficult to access	No	Yes	Yes	The legal reform was viewed as a game-changer and the one-stop shop as well. Other



Result / Indicators	Baseline	Expected final target	Final Result	Reasons for a variance from planned target (if any)
social security coverage for the defined target populations (activity 30, 31) (yes/no)				mechanisms are needed, including a functional CRVS.
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)	0	75	30	The awareness campaign for the directors of the provincial academy, supervisory staff and teachers was led by the Network of Religious Confessions and Civil Society for Reproductive Health -. Only 30 staff were trained in Makokou and Mékambo. Some operational constraints hindered the roll out of training in the other two provinces.
Output 4 indicator: Use of innovative collection methods created to improve the national statistical system. (activity 33.34) (yes/no)	No	Yes	Yes	The mapping survey was done using ICT/Digital support tools
Output 4 indicator: Number of studies carried out on hard-to-reach populations (activity 33, 34)	0	2	2	The KAP Survey and the mapping survey were conducted and finalized

## Annex 2: Strategic documents

### 2.1. Contribution to social protection strategies, policies and legal frameworks

#### **Strategic documents developed or adapted by JP**

#### **Strategic documents for which JP provided contribution (but did not produce or lead in producing)**

<b>Title of the document</b>	<b>Date when finalized (MM/YY)</b>	<b>Focus on extending social protection coverage (Yes/No)</b>	<b>Focus on improved comprehensiveness of social protection benefits (Yes/No)</b>	<b>Focus on enhancing adequacy of social protection benefits (Yes/No)</b>	<b>Focus on improving governance, administration and/or implementation of social protection system (Yes/No)</b>	<b>Focus on cross-sectoral integration with healthcare, childcare, education, employment, food security, etc. (Yes/No)</b>	<b>If published, provide the hyperlink</b>
Loi N° 004/2021 du 15/09/2021 portant modification de certaines dispositions de la loi n°15/72 du 29 juillet 1972 portant Code Civil.	15/09/2021	Yes	Yes	Yes	Yes	Yes	<a href="http://journal-officiel.ga/17696-004-2021/">http://journal-officiel.ga/17696-004-2021/</a>
Loi No 006/2021 du 06 septembre 2021 portant sur l'élimination des violences faites aux femmes	06/09/2021	Yes	Yes	Yes	Yes	Yes	<a href="http://journal-officiel.ga/17695-026-cc/">http://journal-officiel.ga/17695-026-cc/</a> <a href="http://journal-officiel.ga/17695-026-cc/">http://journal-officiel.ga/17695-026-cc/</a>

**Strategic documents for which JP provided contribution (but did not produce or lead in producing)**

Title of the document	Date when finalized (MM/YY)	Focus on extending social protection coverage (Yes/No)	Focus on improved comprehensiveness of social protection benefits (Yes/No)	Focus on enhancing adequacy of social protection benefits (Yes/No)	Focus on improving governance, administration and/or implementation of social protection system (Yes/No)	Focus on cross-sectoral integration with healthcare, childcare, education, employment, food security, etc. (Yes/No)	If published, provide the hyperlink

2.2. Focus on vulnerable populations

**Strategic documents developed or adapted by JP**

Title of the document	Date when finalized (MM/YY)	Focus on gender equality and women empowerment (Yes/No)	Focus on children (Yes/No)	Focus on youth (Yes/No)	Focus on older persons (Yes/No)	Focus on other group/s (List the group/s)	Focus on PwDs (Yes/No)	Included disaggregated data by disability - and whenever possible by age, gender and/or type of disability (Yes/No)

**Strategic documents for which JP provided contribution (but did not produce or lead in producing)**

Title of the document	Date when finalized (MM/YY)	Focus on gender equality and women empowerment (Yes/No)	Focus on children (Yes/No)	Focus on youth (Yes/No)	Focus on older persons (Yes/No)	Focus on other group/s (List the group/s)	Focus on PwDs (Yes/No)	Included disaggregated data by disability - and whenever possible by age, gender and/or type of disability (Yes/No)

**Annex 3: Results questionnaire**

- Complete online using the following link: <https://forms.office.com/r/DfvPvaGfsg>.

**Annex 4: Final report on JP evaluation**

- Provide separately.