

Joint Programme Document

A. COVER PAGE

1. Fund Name: Joint SDG Fund

2. MPTFO Project Reference Number

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

4. Short title: Citizenship and Social Protection in Gabon

5. Country and region: Gabon, Central Africa

6. Resident Coordinator: Dr. Stephen Jackson, stephen.jackson@one.un.org

7. UN Joint Programme focal points:

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9. Short description: This Joint Programme aims to accelerate Gabon towards multiple SDGs by attacking a key roadblock to accessing its otherwise admired Social Protection Network. A small but significant and persistent number of people born within "hard-to-reach" populations around Gabon fail to be registered at birth. These include new births going forward, but also represent a large backlog of women and men from rural populations – including, but not limited to indigenous peoples. Without birth certificates they cannot later gain 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. Through this project, increasing the number of those registered at birth within "hard to reach" populations will guarantee them access to health and education, which, over the longer term, will increase their chances to survive, thrive and enjoy their broader rights. The project aligns with the Plan Stratégique Gabon Émergent 2025 (PSGE) (Gabon's Strategic Plan for Emergence), its Human Investment Strategy, and the UN system's United Nations Development Assistance Framework (UNDAF) 2018-22. 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 will 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.

10. Keywords:

Birth registration, social registration, education, health, social protection, welfare for all, and prosperity, hard to reach populations, leave no one behind, social inclusion, indigenous people

11. Overview of budget

SDG Joint Fund (USD)	
	2,000,000
UN Agencies Co-Funding (USD)	
UNICEF	70,000
WHO	65,000
UNFPA	30,000
ILO	30,000
UNAIDS	15,000
Total	2,210,000

12. Timeframe:

Start date	End date	Duration (in months)
01/01/2020	31/12/2021	24

13. Gender Marker: 2

14. Target groups (including groups left behind or at risk of being left behind)

List of marginalized and vulnerable groups	Direct influence	Indirect influence
Women	X	
Children	X	
Girls	X	
Youth	X	
Persons with disabilities	X	
Indigenous peoples	X	
Migrants		X
Stateless persons		X
Persons affected by (HIV/AIDS, leprosy...)		X
Rural populations	X	

15. Human Rights Mechanisms related to the Joint Programme

- [Universal Declaration of Human Rights \(1948\)](#)
- [International Covenant on Economic, Social and Cultural Rights \(1966\)](#)
- [Convention on Elimination of All Forms of Discrimination Against Women \(1979\)](#)
- [The ILO Social Security Convention N102 \(1982\)](#)
- [Convention on the Rights of the Child \(1989\)](#)
- [Convention on the Rights of Persons with Disabilities \(2006\)](#)
- [United Nations Declaration on the Rights of Indigenous Peoples \(2007\)](#)
- [The ILO Social Protection Floors Recommendation N 202 \(2012\)](#)

16. PUNO and Partners:

16.1 PUNO

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SIGNATURE PAGE

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B. STRATEGIC FRAMEWORK

1. Call for Concept Notes: 1/2019

2. Relevant Joint SDG Fund Outcomes

- Outcome 1: Integrated multi-sectoral policies to accelerate the achievement of Sustainable Development Goals (SDG) implemented with increased scope.

3. Overview of the Joint Programme Results

3.1 Joint Programme Result

- A fair, sustainable and effective social protection system for the most vulnerable populations is guaranteed.

3.2 Joint Programme Outcomes

- Outcome 1: Public policies and the normative framework for human rights are identified, improved and implemented.
- Outcome 2: Information on social services is available, service delivery modalities are known and hard-to-reach populations actively play decision-making leadership roles.
- Outcome 3: Members of hard-to-reach populations are active citizens with rights to social services (education, health, HIV, social protection, civil status, etc.).
- Outcome 4: The target vulnerable populations, their problems, needs, numbers and locations are known and then entered in the social registration system.

3.3 Relevant Objectives and Outcomes from the UNDAF 2018-2022

- Objective: By 2022, the quality of budgetary allocations to social sector are significantly improved and the most vulnerable population groups benefit from quality basic social services.
 - Outcome 2.1: Women and children, particularly in rural and semi-urban areas, have equitable access to prevention and health promotion services.
 - Outcome 2.2: The capacity of health service providers built through the provision of quality health care.
 - Outcome 2.6: A fair, sustainable and effective social protection system for the most vulnerable populations is guaranteed.

4. SDG Targets directly addressed by the Joint Programme

4.1 List of targets

- SDG 1.3: Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable.
- SDG 3.3: By 2030, end epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, waterborne and other communicable diseases.
- SDG 3.8: Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.
- SDG 4.7: By 2030, ensure that all learners acquire the knowledge and skills needed to promote sustainable development, including, among others, through education for sustainable development and sustainable lifestyles, human rights, gender equality, promotion of a culture of peace and non-

violence, global citizenship and appreciation of cultural diversity and of culture's contribution to sustainable development.

- SDG 5.1: End all forms of discrimination against all women and girls everywhere.
- SDG 16.9: By 2030, provide legal identity for all, including birth registration.

4.2 Expected SDG impact: Our Joint Programme is aimed at increasing birth registration and access to social services. The programme will bring together a mix of different interventions to strengthen a common database and targeted joint actions to support previously unregistered people born within disadvantaged, "hard-to-reach" populations. These populations are poorly known in terms of their numbers, geographical location, and even their precise needs, necessitating a concerted, integrated approach. Preliminary studies/surveys on and with them (mapping) and on existing structures (such as for civil status) will make it possible to better identify the needs of these groups and inform other policies and strategies in order to address all factors of poverty, inequality and exclusion, taking into account their specificity and, in so doing, accelerate achieving SDGs. Through the proposed project, we will most directly target SDG 16.9, which in turn will have direct consequential impacts on achieving SDG 1.3, 3.3, 3.8, 4.7, and 5.1.

5. Relevant objective/s from the national SDG framework(s)

- *Plan Stratégique Gabon Émergent (PSGE)*
 - 1) Objective: Improve the health and well-being of the population, especially the most vulnerable.
 - Outcome 6: Ensure quality education for all in order to facilitate social progress.
 - Outcome 18: Ensure quality health services for all.
 - Outcome 19: Ensure universal access to safe drinking water and sanitation services.
 - Outcome 21: Promote access to employment and fight against exclusion.
- *Gabon's Human Investment Strategy*
 - 1) Component 1: Economic safety nets and solidarity transfers. Enable the poorest to meet their food, health and educational needs.
 - 2) Component 3: Social Minima: Reduce inequalities in access to public social services between isolated and prosperous areas in order to avoid the marginalization of economically weak households.

6. Brief overview of the Theory of Change of the Joint Programme

5.1 Summary: Our Theory of Change is as follows: awareness-building campaigns and intensified outreach in hard-to-reach parts of the country will help to better understand and overcome cultural obstacles to birth registration. Advocacy and legal reform at the national level will help overcome legal impediments to effective registration for these populations. And the strengthening of the National Birth Registry, including through the new digital technologies, will enhance the connection between birth registration and social security registration. All these interventions will converge in raising the rate of birth registration, particularly for members of hard-to-reach populations. They will also generate a better and clearer sense of other needs on the part of these populations, which can be targeted for additional support. As a

result of raised birth registration, every person will have a "legal personality", will be supported to obtain an identity card and, if needed, a passport, which will, in turn increase registration for the existing social protection network, which will in turn enable better cover for hard-to-reach populations for education and health, leading to improved outcomes across the range of SDG targets identified above.

5.2 List of main ToC assumptions to be monitored:

The underlying assumptions to be monitored are as follows:

- Reforming the present, binding provisions of the law and regulations will increase the recognition and uptake of citizenship rights.
- Public campaigns will be successful in driving change throughout society, across the beneficiary, community and family levels.
- Hard-to-reach populations will play a leadership and representation role.
- Strategies for implementing social protection programmes and essential health service packages will be participatory, innovative and culturally appropriate.
- Coordination among actors in justice and interior, health, and social protection will prove sufficient.

C. JOINT PROGRAMME DESCRIPTION

1. Baseline and Situation Analysis

1.1 Problem statement

Gabon, a central African country, has 9 provinces, 48 departments, and 52 municipalities. It is composed of 267,667 km² and 1,811,079 inhabitants at a density of 6.8 inhabitants per km², with a population growth rate most recently estimated at 3.1% (Recensement général de la population et de l'habitat, 2013). The Gabonese population is young, with 54.6% of the total population under 25 years of age. 48.4% of the population is female. The total fertility rate is 4.2 children per woman. The average life expectancy at birth is 63.4 years (66 years for women and 61.2 years for men).

Gabon ranks 110 in terms of HDI out of 189 countries in 2018. Gabon's human development performance does not fully match its economic potential, which ranks it 61st globally in terms of per capita income.

As an upper-middle income country, the Government of Gabon committed in 2011 to the implementation of the *Plan Stratégique Gabon Émergent* (PSGE), which aimed to push Gabon towards its 'emergence' as an Upper Income Country by 2025. This ambitious development plan focuses on, among other things, accelerating and diversifying the sources of economic growth, reducing poverty and inequality, and managing resources sustainably for future generations.

However, declining oil revenues since 2015 have considerably slowed economic growth (2.1% in 2016 compared to 6.3% in 2010, and 0.8% in 2017) and obliged the country to agree an Extended Fund Facility with the IMF. This has constrained the country's ability to finance the PSGE, with negative consequences for public investment, particularly in social sectors such as education, health, housing and social protection.

One of the most highly urbanized countries in the world (and the most urbanized in Africa), an estimated 87% of the population live in a small number of big cities. However, about a

quarter of a million people still live in rural areas. Given the vastness of Gabon's territory and that dense tropical rainforests cover 80% of it, many small but important populations live in hard-to-reach areas. These particularly include, but are not limited to the indigenous ('*autochtone*') population.

Despite an existing and efficient birth registration system, according to the latest available data, about 10% of children under 5 years of age do not have a birth certificate.¹ This population, which includes large number of indigenous people, lags behind in terms of wealth, education and access to basic infrastructure. Poverty rates more than double in Gabon for those who don't have a birth certificate (70.1% of the population without birth certificates live in poverty, compared with 32.7% of the population with birth certificates). Per capita consumption for those without birth certificates is less than half the national average. Those without birth certificates are also much less likely to be enrolled in school than other groups. For this population, an average school enrollment duration is 3 years for male and 2.8 years for female, whilst the ones with birth certificate, irrespective of their gender, is enrolled in for 6.5 years.²

Factors currently inhibiting gaining a birth certificate include the very short time delay after birth for registration (3 days in urban areas and one month in rural areas), geographical and cultural isolation, insufficient public awareness, economic deprivation and – for the indigenous people – social stigmatization that deprive them of basic social services and lead to high vulnerability.

Without birth registration, many ordinary Gabonese cannot obtain a birth certificate. Without a birth certificate, they can never subsequently obtain a national identity card. Without a national ID, they cannot register for support under Gabon's social protection system, enroll in schools, have "legal personality" or assert most legal rights, with negative consequences for their development and the country.

This chain of negative consequences is clear and obvious. But flip it over and it also presents an opportunity: the registration of births of "hard-to-reach" populations in Gabon's remote rural areas will unlock access to social protection and have a major multiplier effect on the achievement of sustainable development goals - vigorously addressing the challenge of "leaving no one behind".

This joint project therefore envisages specific measures and interventions that target hard-to-reach populations, to ensure that their inclusion in the birth registration system and their access to social services are not hindered by social, economic, cultural and psychological barriers.

1.2 Target groups

The target groups were selected based on the **Three Leave No One Behind (LNOB) principles of the UNCEB Shared Framework for Action 2016**:

- 1) Equality: The programme will ensure that hard-to-reach populations receive the same benefits as others. Periodic monitoring will be carried out with the CNAMGS and other social programmes. Thus, as indicated above, the programme will have a direct catalytic effect, enabling positive and rapid results to be achieved with regard to SDG.

¹ Gabon : Enquête Démographique et de la Santé, 2012.

² World Bank, Country Note 5, 2011

- 2) **Non-discrimination:** The programme will ensure that all segments of the population receive the same benefits, based on the most appropriate breakdown. In particular, the programme ensures that there will be no discrimination based on gender, ethnicity, religious denomination and geographical origin of potential beneficiaries. A complaint notification mechanism will be put in place and will be freely accessible to the target population to report gaps in service delivery or other unequal treatment of benefits. This mechanism will be sufficiently alert to facilitate rapid and effective decision-making in order to propose appropriate corrective measures.
- 3) **Equity:** The programme will encourage the selection of potential beneficiaries taking into account relevant vulnerability criteria.

The principles of the LNOB, mentioned above, have helped us identify the subgroups that make up our target population, namely hard-to-reach populations. The target group consists of several subgroups: indigenous people; vulnerable people in distant rural areas; women and girls (since there is anecdotal evidence that girls are less frequently registered than boys amongst some of the target populations); and the some 10,000 cases of people living in urban or rural areas who have not registered their children within the legal deadlines and whose situation is currently being examined on a case-by-case basis.

- **Indigenous people:** The exact number of indigenous people in Gabon is unknown. Depending on the sources, it is generally estimated to be between 5,000 and 20,000 individuals³. They are mainly concentrated in the provinces of Haut-Ogooué, Moyen-Ogooué, Ngounié, Nyanga, Ogooué-Ivindo, Ogooué-Lolo and Woleu-Ntem. Poor among the poorest, they are the most deprived in terms of rights to survival, development, protection and participation. They suffer from difficult access to basic social services, land (particularly with the advent of the national parks) and resources, discrimination, non-recognition of their human rights, illiteracy, economic exploitation, poverty and lack of empowerment. It is thought that a majority of indigenous children and their parents do not have birth certificates.
- **Rural populations:** The population in rural areas represents 13.3% of Gabon's total population. According to the report on the poverty profile of the *Enquête Gabonaise pour l'évaluation et le suivi de la Pauvreté* (EGEP) 2017, poverty is a mainly rural phenomenon with a poverty rate of 59.5% compared to a rate of 21.0% in Libreville and 29.4% for all urban areas. Thus, with only 13.3% of the Gabonese population, rural areas nonetheless account for 24% of the country's poor. The percentage of households with access to drinking water is higher in urban areas (96%) than in rural areas (39%). Similarly, in rural areas, households have much less access to electricity (45.9%) than in urban areas (98.4%). At the level of education, the primary school enrolment rate for boys and girls is 83% and 84% in urban areas compared to 79% and 79% in rural areas. Access to hospitals is 61.2% in urban areas compared to 45.9% in rural areas.
- **Gender and women's empowerment:** Beyond a simple question of rights, gender equality is an issue of human and sustainable development. The study cited above shows that the gender situation remains unfavourable to women and that discrimination persists at all levels: illiteracy remains higher among women (67.8%) and particularly in rural areas (88.8%). Similarly, the proportion of women with no education is reported to be 21%. These low levels of literacy and education are the

³ Though a 2016 paper by researchers from Spain and the UK puts the estimate as high as 100,000: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4711706/>

consequence of high drop-out rates and combine with widespread harassment of girls and young women. But it is also anecdotally believed that higher numbers of girls go without birth registration than boys.

- **Children:** Children under 15 years of age represent 34.7% of the total population.⁴ They make up a large proportion of the Gabonese population due to the relatively high population growth rate.⁵ They play special roles and have special status in traditional Gabonese social groups, such as families, local communities, and labour market. They are obliged to participate in rituals and to avoid taboos.
- **Youth:** youth compose more than one third of the total Gabonese population (37%). In average, 40 percent of the population in urban areas is composed of young people, as against 25 percent in rural areas. In urban areas, 14 percent of the teenagers between 12-17 years old have had babies. The average ratio increases in rural areas. About 25 percent of the teenagers have had babies.⁶
- **Pre-existing caseload:** Through previous work in this sensitive area, the United Nations in Gabon is already aware of some 10,000 people living in urban or rural areas who did not register their children within the legal deadlines and whose situation is currently being examined on a case-by-case basis.

Through the project, we will accelerate Gabon towards the following SDGs targets:

o *SDG 1.3: Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable.* The Government has expressed the ambition to achieve universal health coverage for the Gabonese population by 2022. As of 2019, 700,000 economically underprivileged Gabonese are registered with CNAMGS (the national social protection system), whereas only 286,943 were registered in 2009.⁷ According to a study conducted by CNAMGS, Gabon has weak social safety-nets and policies to counter poverty and promote shared-growth for the following reasons: (i) economic crises, (ii) lack of sustainable financial resources to maintain social protection system, (iii) difficulty to target economically underprivileged population, and (iv) lack of resources. Through our Joint Programme, we will target SDG 1.3, particularly through improving the access of target populations to the CNAMGS.

o *SDG 3.3: By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.* Between 2012 and 2019, the total number of HIV infected patients has decreased 25 percent. Gabon has been able to achieve this through policies which include providing free ARV treatment and improved coverage. There are care centres in all provinces of Gabon, a 63 percent increase between 2000 and 2018. In addition, people living with HIV have benefited from 90 percent coverage of medical cost by CNAMGS. The decentralization of care services in hospitals and medical centres (PNDS 2017-2021, EDSG (1.2), RGPL 2013) was another contributing factor. The Joint Programme's work with hard-to-reach populations provides an additional opportunity to allow access to people not taken into account on HIV/AIDS-related issues, with each new registration offering an entry point for sensibilisation, public health education and accompaniment if needed.

⁴ The Gabon : Enquête Démographique et de la Santé, 2012.

⁵ Annual growth rate is 2.9% according to the RGPH 2015

⁶ RGPH 2015

⁷ CNAMGS, Bilan du Plan Stratégique Gabon Emergent (2009-2015) sur la politique nationale de la prévoyance sociale

o *SDG 3.8: Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.* Gabon has made substantial progress across three dimensions: social protection, financial protection for the most vulnerable, and the provision of health care. The implementation of compulsory health insurance, which currently covers nearly 60 percent of the population (60 percent whom are economically underprivileged Gabonese) is one of the major achievements. Targeting people within hard-to-reach populations will increase the health insurance coverage rate, because the possession of a birth certificate is a precondition to registration in the social protection system.

o *SDG 4.7: By 2030, ensure that all learners acquire the knowledge and skills needed to promote sustainable development, including, among others, through education for sustainable development and sustainable lifestyles, human rights, gender equality, promotion of a culture of peace and non-violence, global citizenship and appreciation of cultural diversity and of culture's contribution to sustainable development.* Gabon's Directorate General of Statistics notes that the net enrolment rate for primary education (6-10 years) was 88.3 percent in 2013 for Gabon as a whole, with a higher rate for urban areas (88.6 percent) than for rural areas (86 percent). Girls' enrolment rate exceeded that of boys in urban and rural areas. The Joint Programme is committed to reaching out-of-school children, especially those without birth certificates, raising awareness among families on the importance of the certificate for their children's future.

o *SDG 5.1: End all forms of discrimination against all women and girls everywhere.* Policies discriminating against women still exist although progress is being made. According to a study conducted by UNFPA in 2016, prevailing domestic law on women rights (the Civil Code, the Labour Code, the Criminal Code, and etc) were not consistent with international treaties. There are discriminatory provisions and legal gaps on the rights of women and girls. The Joint Programme will improve this indicator by addressing sexual and reproductive health (SRH) and gender policies for hard-to-reach populations.

o *SDG 16.9: By 2030, provide legal identity for all, including birth registration.* The Demographic and Health Survey done in 2000 indicated 90 percent of the children under 5 years of age were registered at birth. In 2012, the rate of birth registration remained the same. This means that 10 percent of the children under 5 years of age do not have birth certificates. The Joint Programme aims to fill this gap, particularly that of hard-to-reach population. The Joint Programme will also ensure respect for human rights and the Government's respect for international commitments.

The project aligns with following international human rights frameworks:

- o The *Universal Declaration of Human Rights* provides that all members of society have the right to social security and the right to its realization (Article 22); the right to health and medical care and the right to social security in the event of unemployment, sickness, disability, widowhood, old age or other loss of livelihood in circumstances beyond their control. It also stipulates that maternity and childhood entails special care and assistance. Finally, it also stipulates that everyone has the right to education (Article 25).
- o The *International Covenant on Economic, Social and Cultural Rights* sets out the right to social security (article 9), protection and assistance should be granted to families, in particular when they are responsible for the care and education of dependent children, and special protection should be provided to women before and after pregnancy (article 10).

- The *Convention on the Rights of the Child* provides for non-discrimination (Article 2); the best interests of the child (Article 3); the right to survival and development (Article 6); the right to civil registration from birth, the right to a name (Article 7); the child's opinion (Article 12); the right to benefit from social security (Article 26); the right to education and its purpose (Articles 28 and 29).
- The *Convention on the Elimination of All Forms of Discrimination against Women* provides that States Parties must take all appropriate measures to eliminate discrimination between men and women in order to guarantee the same rights to social security, in particular in the event of retirement, unemployment, sickness, disability, old age and incapacity for work, as well as the right to paid leave (Article 11).
- The *Convention on the Rights of Persons with Disabilities* provides that States Parties shall recognize the right of persons with disabilities to social protection and shall take appropriate measures to ensure and promote the realization of this right, including measures to ensure access by persons with disabilities, in particular women and girls with disabilities and older persons with disabilities, to social protection and poverty reduction programmes (article 28).
- *ILO Convention 102* establishes the nine branches that a comprehensive social security system should cover, as well as defining optimal family/child benefits and pensions for the elderly and disability-related support.
- Finally, *ILO Recommendation 202* on Social Protection Floors addresses multiple priorities which are at the core of the Joint Programme, not only in terms of income security for children and the elderly, but also because of its commitment to essential health care and support for the working-age population. Its principle of non-discrimination, including gender equality, transparency, the guarantee of rights and dignity, the importance of quality services and broad coverage are essential aspects of the Joint Programme. The FPS approach aims to fill gaps so that no one is left behind and to strengthen policy coherence to avoid fragmentation.

1.3 SDG targets

The Joint Programme is based on evidence from the review of public policy documents, qualitative evaluations of previous interventions, and analyses of surveys of vulnerable populations⁸. These collectively assess deprivations affecting different segments of the population and identify those most likely to be left behind. As mentioned above, hard-to-reach populations, including indigenous and vulnerable populations in rural areas, are key groups.

As in many countries, basic data relevant to achieving SDG targets in Gabon is patchy. Survey data are particularly limited when it comes to monitoring and informing stakeholders of progress towards SDGs over shorter intervals, such as that to be covered by the Joint Programme. This limitation is particularly serious at the subnational level and for specific groups most likely to be left behind. Indeed an unfortunate but logical consequence of the fact that the target populations for this intervention have never had their births registered or received a national identity card is that they remain largely invisible – not only to the social protection network but also to what statistical services the state does have. It is all the more important, therefore, that they be included as a priority in birth registration programmes.

⁸ See UNICEF and the World Bank's study

For this reason, administrative databases such as birth registration, access to social services and CNAMGS data are extremely relevant to progress in this sector. These data will be supplemented by a reference situation established at the start of the programme and a progressive follow-up will be carried out on the number of people with civil status certificates.

- 1) SDG target 1.3: Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable.
 - SDG indicator 1.3.1: Proportion of the population benefiting from social protection bases or systems, by sex and population group (children, unemployed, older persons, persons with disabilities, pregnant women and newborns, victims of industrial accidents, poor and vulnerable persons)
 - UNDAF indicator: percentage of the population benefiting from a social protection system (health insurance).
 - The baseline proposed is that of those members of 'hard to reach' programme identified by the programme, 25 percent will be registered at the CNAMGS for the year 2020 in 3 localities and this rate will increase to 50 percent in 4 localities at the end of the Joint Programme.
 - Achieving this result will depend on (i) statistics and location of these populations, (ii) the establishment of a social register that better reflects all target populations, (iii) knowledge of cultural practices that impact on the voluntary access of target populations to basic social services and social protection, (iv) advocacy, (v) awareness-raising, (vi) capacity building on tools and procedures adapted to social coverage for hard-to-reach populations.

- 2) SDG target 3.3: By 2030, end epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne and other communicable diseases.
 - SDG Indicator SDG 3.3.1: Number of new HIV infections per 1,000 HIV uninfected people, by sex, age and key population.
 - UNDAF indicator: percent of PLWHA (children and adults) who have access to effective ARV treatment in line with the 90-90-90 targets. The baseline of 70 percent of the hard-to-reach populations identified and registered at CNAMGS for the year 2020 are screened for HIV in 3 locations and this rate will be 70 percent in 4 locations at the end of the Joint Programme.
 - This will be achieved by supporting 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; (To be carried out in collaboration with the lead registration agency).

- 3) SDG target 3.8: Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.
 - SDG indicator 3.8.1: Coverage of essential health services (defined as the average coverage of essential services based on tracer interventions that include reproductive, maternal, newborn, child health, infectious diseases, non-communicable diseases and service capacity and access, among the general and the most disadvantaged population).
 - The baseline is 1 Minimum Package of Adapted Interventions (preventive and curative) defined with CNAMGS for the year 2020 and this number will increase to 2 at the end of the Joint Programme.
 - This result will be achieved by supporting the CNAMGS by defining and implementing a package of appropriate interventions (preventive and curative) (Minimum Package). Raising awareness in communities in the project are3 as

about the need for care and the importance of delivering in health facilities with skilled personnel will enable hard-to-reach populations to benefit.

- 4) SDG target 4.7 By 2030, ensure that all learners acquire the knowledge and skills needed to promote sustainable development, including, among others, through education for sustainable development and sustainable lifestyles, human rights, gender equality, promotion of a culture of peace and non-violence, global citizenship and appreciation of cultural diversity and of culture's contribution to sustainable development.
 - SDG indicator 4.7.1: Extent to which (i) global citizenship education and (ii) education for sustainable development, including gender equality and human rights, are mainstreamed at all levels in (a) national education policies; (b) curricula; (c) teacher education; and (d) student assessment.
 - The baseline is 1 community radio station for the year 2019 in 1 locality and this number will increase to 3 in 3 localities at the end of the Joint Programme.
 - This will be achieved through capacity building of community radio stations and production/broadcasting of awareness-raising programmes. Also, the identification and analysis of Knowledge, Attitudes and Cultural Practices that impact the voluntary access of target populations to birth certificates, basic social services and social protection will allow for better targeting of messages, among other things.

- 5) SDG target 5.1: End all forms of discrimination against women and girls everywhere.
 - SDG indicator 5.1.1: Whether or not legal frameworks are in place to promote, enforce and monitor equality and non-discrimination on the basis of sex.
 - The baseline is 0 sexual and reproductive health and gender policies / strategies for hard-to-reach populations identified and improved for the year 2020 and this number will increase to 2 at the end of the Joint Programme.
 - This will be achieved by identifying and improving sexual and reproductive health and gender policies for hard-to-reach populations. Capacity building for leaders of hard-to-reach populations will enable them to learn about these policies and actively participate in their dissemination.

- 6) SDG target 16.9: By 2030, provide legal identity for all, including birth registration.
 - SDG indicator 16.9.1: Proportion of children under 5 years of age whose births have been registered with civil authority
 - The baseline is 70 percent from hard-to-reach populations identified and registered for the year 2020 in 3 localities and this rate will also be 70 percent in 4 localities at the end of the Joint Programme.
 - This will be achieved through activities related to (i) statistics and location of these populations, (ii) knowledge of cultural practices that impact their voluntary access to birth registration, (iii) advocacy, (iv) strengthening the operational capacities of administrations, their chiefdoms and local civil society organizations, providers of civil registration services, (v) awareness raising, (vi) operations to establish their birth certificates.
 - It is important to note that the different interventions of the Joint Programme do not operate in isolation. Their joint implementation aims to create synergies whereby the expansion of coverage of social protection programmes will have a direct impact on other objectives related to the SDGs.
 - The sustainability of the results could be ensured by: (i) the improvement of the legal framework in this area, (ii) the creation of a central civil registry office, (iii) innovative civil registration mechanisms and the CNAMGS, (iv) the leadership of the populations concerned and local organizations/associations

equipped to better ensure continuity, (v) innovative civil registration mechanisms and the CNAMGS.

1.4 Stakeholder mapping

<i>Organisation</i>	<i>Position, characters, and roles</i>	<i>Strengths</i>	<i>Weakness</i>	<i>Implications for successful implementation of the programme/projects</i>
<i>Ministry of Economy, Finance and National Solidarity (CNAMGS and CNS)</i>	<i>Ministry responsible for implementing sectoral policies</i>	Ability to coordinate, implement and monitor social benefits provided to population.	Lack of human resources at local level. Regional disparity in terms of quality of service.	Capacity building of actors in social-protection and action system. Facilitate beneficiaries access to services.
<i>Ministry of Foreign Affairs</i>	<i>Ministry responsible for implementing sectoral policies</i>	Ability to register and record Gabonese children born abroad through respective consular/embassies.	Insufficient capacity to monitor implementation of international treaties.	Monitor implementation of international treaties and submission of periodic reports to international treaty bodies, such as UPR, CRC and CEDAW.
<i>Ministry of Interior and Justice</i>	<i>Ministry responsible for implementing sectoral policies</i>	Ability to coordinate, implement and monitor birth registration.	Lack of human resources. Regional disparity in terms of quality of services.	Capacity building of actors in social protection and action. Facilitate beneficiaries access to services.
<i>Ministry of Health</i>	<i>Ministry responsible for implementing sectoral policies</i>	Ability to coordinate, implement and monitor health service.	Lack of human resources at local levels. Regional disparity in terms of quality of service.	Capacity building of actors in civil status system. Facilitate beneficiaries access to the service.
<i>Ministry of National Education and Civic Training</i>	<i>Ministry responsible for implementing sectoral policies</i>	Ability to coordinate, implement and monitor school enrollment.	Lack of human resources at local levels. Conditioning of the delivery of certificate of delivery to payment of expenses. Regional disparity in terms of quality of service.	Capacity building of actors in education sector. Facilitate beneficiaries access to services
<i>Ministry for the Promotion and Integration of Women in Development, Responsible for Combating Violence Against Women</i>	<i>Ministry responsible for women's rights, gender issues, and empowerment</i>	(Very recently established ministry)	Lack of human resources at local levels. Conditioning of the delivery of certificate of delivery to payment of expenses. Regional disparity in terms of quality of service.	Capacity building of actors in protection of women rights.
<i>UN agencies</i>	<i>Financial support to the Government and beneficiaries</i>	<i>Implement joint projects/activities. UNCT and thematic group on social cohesion within UNDAF framework. Capacity to mobilise human resources within system across local,</i>	<i>Limited number of staff members. Limited existing resources to accelerate implementation of Joint Programme activities. Limited experience of</i>	Capacity building of UN staff and structures. Close attention and accompaniment from HQ and from RCO.

		<i>regional and global levels. Good relationship with national partners. Ability to secure buy-in from other partners.</i>	<i>managing Joint Programmes.</i>	
<i>Hard-to-reach beneficiaries</i>	<i>Multiple vulnerabilities. Exclusion from social protection programmes (low coverage of school psychology programme and lack of participation and to make their voice)</i>	<i>Population is aware of the importance of civil registration and social protection programmes because social protection and birth registration programmes have been implemented. Some vulnerable population are already covered by social protection programmes.</i>	<i>Lack of community and collective organisations including vulnerable people. Dependence on short-term projects.</i>	<i>Perspective of previous beneficiaries should be considered in designing the Programme. Beneficiaries should participate in the local committee for implementation of the Joint Programme. Beneficiaries should be given opportunities to monitor the Joint Programme. Beneficiaries should also take advantage of capacity building, particularly leaders, to ensure sustainability of the Programme.</i>

2. Programme Strategy

2.1. Overall strategy

The Joint Programme will be implemented under the leadership of the Ministry of Economy (which is the lead line ministry for social protection issues) in close collaboration with the UNCT and the Resident Coordinator’s Office. A coordination committee for the final design and implementation of the Joint Programme will be formed, bringing together different ministries and UN agencies involved in the Joint Programme and will be jointly led by the Ministry of Economy and the RCO.

The catalytic effect for SDG acceleration to be realized through this Joint Programme comes directly from the theory of change: easing legal, sociocultural and logistical obstacles to birth registration will increase the number of those registered amongst those Gabonese hardest to reach. Increasing the number of those registered, with additional accompaniment, will promote increased access to national identity cards, and thus to registration within and access to the national social protection system. The social protection system guarantees access to essential social services, including health and education. In the short-run, this will see improvement in SDGs directly linked to health, education and equality. In the longer-run, additional SDGs will also see indirect improvement as a result of broadened access to health and education.

The Joint Programme, through integrated management tools and coordination mechanisms, will ensure that interventions are mutually reinforcing and lead to better and more sustainable results than if they were implemented in isolation.

In collaboration with the government, the overall strategy of the Joint Programme will be to support the improvement of birth registration and the establishment of an integrated social register as a common gateway to coordinate the registration and eligibility processes for multiple social protection programmes. In particular, the Joint Program will support the awareness, intake and registration phase, as well as the assessment of needs and conditions to determine potential eligibility for inclusion in key social protection programmes.

The Joint Programme will be based on the capacities of multiple actors:

- Mapping affected populations, through mobile survey and geospatial imaging teams, to determine the location of forest populations - the United Nations should coordinate with the National Geospatial Agency, AGEOS, as well as the Ministries of Health/Social Protection or National Solidarity and Interior and the private sector, including forestry.
- Organize large-scale awareness-raising campaigns on the birth registration process - this will require strategic communications and awareness-raising activities carried out jointly by UN agencies, local authorities and the Ministry of Health.
- Establish civil status registers for the identified populations; it will build on the experience already acquired by UNICEF in the area of additional requests for birth registration of populations remaining in the country.
- Support their registration process at CNAMGS by organizing registration caravans.
- Support the reform of the birth registration mechanism through the revision of the national legal framework and the establishment of a birth registration system based on online registration of hard-to-reach populations, based on the creation of registration points in village groups - this will require the highest United Nations officials in the country to lobby directly with the Prime Minister, ministers and the National Assembly / Senate.
- Identification and training of community social workers in online birth registration and CNAMGS online registration for newborns.
- Support the establishment of a social register of poor and vulnerable people as a single window for their access to social protection programmes;

2.2 Theory of Change

The Theory of Change on the extension of inclusive and equitable social coverage is based on improving birth registration and access to social services, integrating and coordinating the various ongoing (or planned) interventions autonomously in order to jointly strengthen a common database and interventions on indigenous and poor populations in rural beneficiary areas.

In order to promote this policy, four barriers and corrective interventions have been identified:

- **Improving the political and legal framework:** this barrier requires the following interventions:
 - i. Introduce legislative and regulatory reforms to implement the rights set out in the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) and the SDGs,
 - ii. Integrate the rights and specific needs of hard-to-reach populations, including women, into sectoral policies, programmes and action plans, particularly in the areas of social protection, education, health, including HIV/AIDS and culture,
 - iii. Facilitate the creation of administrative structures in charge of promoting and coordinating the rights of hard-to-reach populations,
 - iv. Strengthen the operational capacities of administrations (including those in charge of monitoring treaties and conventions) and civil society and
 - v. Advocacy & partnership for fair and UNDRIP-sensitive public finance

- **Social norms:** this barrier requires the following interventions:
 - i. Organize communication campaigns to correct prejudices about hard-to-reach populations and challenge harmful cultural practices,
 - ii. Build the capacity of service providers on practical, scientifically valid and socially acceptable methods and techniques, made universally accessible to the entire community with their full participation,
 - iii. Promote leadership opportunities for people from hard-to-reach populations with attention to gender and youth,
 - iv. Facilitate the organization of coalitions and partnerships for the social inclusion of hard-to-reach populations.
- **Access to basic social services:** this barrier requires the implementation of the following interventions:
 - i. Establish mechanisms and tools for the identification and civil registration of hard-to-reach populations, with particular attention to girls,
 - ii. Adapt social protection programmes;
 - iii. Establish the unified register;
 - iv. Implement special social protection measures;
 - v. Strengthen the capacities of actors and services;
 - vi. Collaborate with CNAMGS and other social protection bodies.
- **Data on the target population:** this barrier requires the following interventions:
 - i. Promote innovative data collection methods and strengthen the integration of the issues of hard-to-reach populations into the national statistical system;
 - ii. Conduct specific surveys & studies & evaluations on the civil registration system and hard-to-reach populations and use the results to guide interventions,
 - iii. Headcount and mapping: Conduct a headcount assessment of hard-to-reach populations and map their locations.

The underlying assumptions are as follows:

- i. Reforming discriminatory provisions in the law and regulations will increase the recognition of rights.
- ii. Governments will take into account the protection of human rights, including the protection of vulnerable persons, and shall include their needs in all their policies and action plans.
- iii. The capacities of administrations and institutions will be strengthened and, combined with the development of a partnership between all sectors and actors, will promote the achievement of the SDGs and promote social protection for all.
- iv. Public campaigns are successful in driving change throughout society, including at the benefit, community and family levels.
- v. Hard-to-reach people want to play a leadership and representation role.
- vi. The identification and elimination of barriers to access to citizenship will enable hard-to-reach populations to enjoy their social rights.
- vii. Strategies for implementing social protection programmes and essential health service packages are participatory, innovative and culturally appropriate.
- viii. Coordination between civil status (justice and interior), health and social protection actors is adequate
- ix. Innovative disaggregated data collection tools are used in all surveys or other data collection operations.
- x. Government and development partners apply evidence-based planning based on studies and surveys and evaluations.

Following are main expected outputs of tackling barriers:

- **Political and legal frameworks:**
 - Public policies protect the rights of hard-to-reach populations, including women, and ensure the integration and implementation of these rights in all sectors.
 - Public, private and civil society actors were encouraged to adopt inclusive practices in favour of hard-to-reach populations.
- **Social norms:**
 - Attitudes, behaviours and norms are transformed and social stigma and discrimination are reduced for all people from hard-to-reach groups.
 - Hard-to-reach populations actively participate in decision-making and assume leadership roles. Barriers to participation are removed.
- **Access to basic social services:**
 - Information on services is available and the modalities of service provision are known.
 - Difficult to reach populations are active citizens who enjoy their rights to basic social services including social protection coverage.
- **Data on the target population:**
 - Disaggregated data collected and evidence generated makes for better socio-economic understanding and decision-making regarding hard-to-reach populations.
 - The hard-to-reach populations, their problems, needs, numbers and locations are known.

The outputs will have immediate impacts on two SDG targets in particular:

- 1) SDG 1.3: Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable.
- 2) SDG 16.9: By 2030, provide legal identity for all, including birth registration.

From these two, in line with the theory of change, there will be additional and positive consequences for the attainment of SDGs 1, 3, 4, 5, and 16.

The results of Joint Programme monitoring, including those resulting from participatory approaches involving consultations with stakeholders and beneficiaries of interventions, will help to verify whether key assumptions hold up. Particular attention must be paid to ensuring that the concerns of those most likely to be left behind and affected by cross inequalities, particularly women, can be expressed through complaints mechanisms and/or monitoring tools. The ToR will be regularly updated and adapted to support and improve the implementation of the Joint Programme. In the absence of coordination and integration tools, programs, even if they target those most likely to be overlooked, will not create the necessary synergies to accelerate SDG.

2.3 Expected results and impact

The overall result of our Joint Programme will be that "a fair, sustainable and effective social protection system for the most vulnerable populations is guaranteed".

This Joint Programme result aligns with UN Gabon's UNDAF 2018-2022, which focuses on inclusive development and states in its Outcome 2.6 that aim for: "the establishment of an equitable, inclusive, sustainable and effective social protection system for the most vulnerable populations". The UNDAF is strongly aligned with the priorities of Agenda 2030 and with the main national development plans such as the PSGE.

The four main outcomes of the Joint Programme support the overall result and they aim to meet the specific objectives set out in the UNDAF, which focus on coordination and monitoring tools for the expansion of social protection programmes and thus the achievement of related objectives, such as the registration of births of vulnerable populations data.

- Outcome 1: Public policies and the normative framework for human rights are identified, improved and implemented.
 - Main PUNO: UNFPA in close coordination with UNICEF, UNAIDS, WHO, ILO and UNESCO.
- Outcome 2: Information on services is available, service delivery modalities are known and hard-to-reach populations actively participate in decision-making in leadership roles.
 - Main PUNO: UNICEF in close coordination with WHO, UNAIDS, UNESCO, UNFPA and ILO.
- Outcome 3: Difficult to access populations are active citizens with rights to social services (education, health, HIV, social protection, civil status, etc.).
 - Main PUNO: UNESCO in close coordination with UNICEF, WHO, UNAIDS, UNFPA and ILO.
- Outcome 4: Target vulnerable populations, their problems, needs, and locations are known and registered in the social register.
 - Main PUNO: WHO in close coordination with UNICEF, UNAIDS and UNFPA.

All activities listed in the theory of change diagram and detailed in the implementation strategy will be implemented through the government platform and will ensure that adequate capacities are developed in the different sectors, but particularly in the area of birth registration.

In order to achieve tangible results, we will take following actions:

- 1) To improve policy and legal framework, we will focus on carrying out advocacy, awareness-raising and capacity building of key actors.
- 2) To engender changes in social norms, we will organize communication and awareness campaigns, in addition to strengthening the capacity of service providers to reach hard-to-reach populations effectively and efficiently. The result will be to establish links between birth registration and access to basic social services.
- 3) To improve access to basic social services, the programme has additionally identified two areas of intervention: access to citizenship and social protection. To promote access to citizenship, the programme will be based on the establishment of mechanisms and tools for the identification and registration of hard-to-reach population.
- 4) To promote social protection, the programme will establish: a unified registration system, special social protection measures, and capacity building of service providers.
- 5) To improve the quality of the existing statistical system, the programme has identified the following areas for intervention: strengthening the national and local statistical system, through the development of innovative data collection (through digitisation) and the inclusion of hard-to-reach populations in the national statistical system; and conducting specific survey, studies and evaluations on hard-to-reach populations and use the results to guide interventions.
- 6) To identify the specific number and geographical location of hard-to-reach populations, questionnaires and survey techniques will be used. These will gather pertinent information to determine potential eligibility for social programmes, in particular information on categorical variables (age, gender, disability status, etc).

The expected results are:

- At least 70 percent of members of "hard-to-reach populations" identified through the Joint Programme, including indigenous populations, have a birth certificate: this will directly accelerate objectives 16.9 and 1.3 of the sustainable development goals.
- At least 50 percent of members of "hard-to-reach populations" identified through the Joint Programme, including indigenous populations, will be registered with the CNAMGS and will have better access to quality education (including increased school attendance) and social benefits: this will directly accelerate SDG targets: 3.8, 4.2, and 5.6.
- The national mapping of vulnerable groups is improved, as well as the baseline for future work on LNOB and the improvement of basic statistical data on population issues, providing a starting point for further social development programming
- The level of knowledge about HIV, attitudes and behavioural practices that may make the indigenous population more vulnerable or protect them is known, as well as the level of use of or access to services, consistent with the UNDAF goal of achieving "90-90-90".
- The Gabonese administration has a social register that better reflects the entire vulnerable population.

We will ensure sustainability of the Joint Programme by providing the community and the associations with training and competence transfer. We will hand over the mechanisms established to competent and decentralized local administrative bodies. We will partner with private sector in the region to ensure corporate social responsibility are taken into consideration. The recent IMF forecast indicates that the macro-economy has stabilized and revenue has been recovered in Gabon, which in turn implies that the Government will have the capacity to provide financial needs by 2021 or 2022.

To measure the success of the Joint Programme, we will use indicators such as the civil status of individuals identified within the target populations, and their access to health insurance and health facilities. We will closely work with the Ministry of Health and Social Protection, Education and the CNAMGS to establish appropriate monitoring mechanism. Inter-ministerial departments and various United Nations entities will conduct a joint situation analysis and a coordination team will be established to monitor and implement the Joint Programme.

2.4 Financing

The overall estimated budget is USD 2.21 million, including USD 2 million from the Joint SDG Fund and USD 210,000 in joint contributions from participating UN agencies: (i) WHO (USD 65,000); (ii) UNFPA (USD 30,000); (iii) UNAIDS (USD 15,000); (iv) UNICEF (USD 70,000); and (v) ILO (USD 30,000).

It is also intended to mobilise additional funding from the Government (discussions have already begun with the pertinent ministries) and the private sector in Gabon.

16 percent of the budget will be allocated to the identification and location of hard-to-reach populations and the implementation of the new social register in 7 of Gabon's 9 provinces (the provinces where it is believed that the bulk of the caseload is to be found). This will accelerate progress towards target 1.3 of the SDG 2030 by supporting the expansion of coverage of social protection programmes.

The bulk of the budget (44 percent) is allocated to target 16.9 of the SDG by improving birth registration mechanisms and establishing birth certificates for target populations. Through this objective, the Joint Programme will contribute to improving people's access to basic social services (health, education, social protection).

13 percent of the budget is devoted to direct gender-related activities (SDG 5.1), though gender is, of course, also taken into account in all the other SDGs.

Remaining activities will address SDG targets 3.3 (6 percent of the budget), 3.8 (11 percent) and 4.7 (10 percent).

All components of the Joint Programme have been discussed and agreed at the leadership level with the Government.

2.5 Partnerships and stakeholder engagement

The project presents several categories of partners who must work together synergistically for success: Government, development partners, academia, the private sector, associations and NGOs, and the target population.

- For the Government, articulating coherent strategies focused on the SDGs, this means mobilizing resources and, above all, taking into account its leading role in coordinating all development partners. The Ministry in charge of the Economy will coordinate the Government's action for the implementation of this Joint Programme, which will involve the Ministries concerned such as Health, Justice, Interior, National Education, public bodies including CNAMGS, local authorities, NGOs, beneficiary associations and UN agencies.
- UN agencies will facilitate the preparation of the implementation of programme activities. These will include: technical support, cash assistance, supplies, commodities and equipment, supply services, transport, funds for advocacy, research and studies, consulting services, programme development, programme monitoring and evaluation, training and staff support. Some of the support from UN agencies may come from non-governmental organizations as agreed in the work plans and project documents. UN agencies must appoint staff and HR consultants for programme development, programme support, technical assistance and monitoring and evaluation activities.
- Links to academia will play an essential role, including in reviewing the programme, sharing knowledge, and providing objective analysis of policy options.
- The private sector will be mobilized to consider its contribution to the achievement of the SDGs through contributions in kind, in cash, in expertise and also in the definition and implementation of development policies.
- Civil society will contribute through its capacity to mobilize communities but also to bring them closer to national authorities. It will have to make good use of the various advocacy tools for more inclusive and equitable public policies available. Strategic coaching will increase its accountability and monitoring role.
- The population will both benefit from development interventions and also serve as a power centre to demand the implementation of sound development policies. His understanding and involvement in the SDG campaign is essential to ensure that the right choice is made by the public authorities. The coordination of the project will strengthen its communication, training, and consultations with these different categories representing the population for the successful implementation of the project.

In order to achieve the aforementioned objective, the commitment of all stakeholders is essential. In this regard, accountability mechanisms will be put in place in relation to the results expected by the SDG at both the strategic and operational levels. With this in mind, the Ministry in charge of National Solidarity will chair the steering committee and will carry out joint actions with the United Nations coordination of this project. Public and private implementing partners at national and local level are also jointly responsible for the effective and efficient implementation and monitoring of the project and will contribute to discussing

the results and reporting to donors. Stakeholders will ensure effective ownership in relation to targeted institutions and populations to ensure sustainability.

3. Programme implementation

3.1 Governance and implementation arrangements

The implementation of this project is part of the UNDAF 2018-2022 strategy, which consists in strengthening the UN contribution to the 2030 agenda, sectoral plans and policies and the consolidation of the achievements of the interventions. The rationalization of the use of financial resources will be ensured through the establishment and implementation of standard operating procedures, the sharing of resources among the various programmes of the United Nations system and the optimization of the provision of common banking services.

Within the UN system, the RCO, UNICEF, and UNFPA jointly led the preparation of the original Concept Note and of this proposal. UNICEF and UNFPA will continue to co-lead project development and implementation. The RCO will contribute to the coordination of UN agencies and monitor and report on the joint project, based on existing mechanisms for the implementation of the UNDAF. In the field, the UN agencies play a role in providing methodological and technical support and facilitation. They will provide financial and technical support for the implementation of the project.

The ILO will contribute its expertise at the national and international levels in the field of social protection. These activities will be implemented in collaboration with local authorities and civil society.

UNAIDS will pay particular attention to HIV-related issues among marginalized populations and will contribute, in particular, to a better understanding of the level of knowledge, attitudes, beliefs and behavioural practices, in collaboration with UNFPA and others, to advocacy and support for access to SRH and HIV prevention services among these target populations.

UNESCO will bring in its experience in cultural preservation and collaboration with indigenous communities, particularly in preparing the baseline studies and fine-tuning of interventions from the beginning.

UNICEF has already engaged in the issue of birth registration of citizens and populations in Gabon, in line with its key results for children in West and Central Africa, in which the goal is to increase birth registration for children under one year of age in 10 million.

WHO will contribute its global expertise in the Civil Registration and Statistics System and its national experience in supporting the country in achieving universal health coverage.

Implementation activities will be co-led by UNICEF and UNFPA, and implemented by the various UN agencies involved, in partnership with identified national partners (Ministries and sectoral departments).

- The programme will be coordinated by a National Steering Committee, led by the RCO and the Ministry of Economy, Finance and National Solidarity, with the participation of all key national partners represented at a high level, and the UN agencies involved. The Committee will be composed of:

- The Ministers in charge of National Solidarity, Health, Interior and Justice, National Education, and potentially representatives of other public institutions.
- One representative from each of the United Nations system agencies that are members of the Joint Programme.
- The UNRCO.
- Representatives of the funding partners.

The National Steering Committee will meet once a year, and whenever circumstances require. Technical coordination will be ensured by a Technical Committee of the Joint Programme composed of the UN agencies, the main technical departments of the ministries involved, representatives of local authorities and a representative of the beneficiaries. The technical Committee will be in charge of the operational coordination of the Joint Programme and will have the following responsibilities:

- Development and validation of the joint action plan with stakeholders, ensuring that planned activities are aligned with the United Nations strategic framework and national strategic priorities.
- Regular monitoring of the implementation of the action plan.
- Programme resource management.
- Coherence of the interventions.
- Coordination and preparation of annual reviews and periodic activity reports.
- Programme evaluation.
- Identification of lessons learned and good practices.

The Technical Committee may request, for advice and technical support, the participation of experts or partners in coordination meetings, on the basis of the needs of the progress of the programme. It will meet once every 6 months.

- Role and responsibilities of the main agencies:
 - UNFPA and UNICEF, as co-lead agencies, will play a management role, harmonize activities and monitor/evaluate the programme. They will have to ensure that all Programme stakeholders (UN system and ministries) participate effectively and efficiently in the implementation of activities and the achievement of expected results. The agencies involved will retain autonomy in the provision and execution of their budgetary contributions. However, this autonomy is based on the necessary consultation/harmonization of the activities planned for each year and each quarter with the partners and stakeholders of the programme.
- Role and responsibilities of UN partner agencies:
 - The UN agencies identified in the work plan as the lead agency for the implementation of the planned activities will be responsible for the programmatic and financial management, monitoring and reporting of the actions they undertake directly, in consultation with governmental and non-governmental structures, with their own resources and/or funds allocated under the Joint Programme.
 - The UN agencies identified as partner agencies in the implementation of these activities may be consulted, according to their expertise and mandate for intervention, to provide technical support and exchanges of expertise for the implementation of these activities. The agencies involved will have to inform and report to the technical committee on the activities they are carrying out under the Joint Programme, in partnership with national structures, through the sending of concept notes on activities, in order to facilitate the monitoring of activities and to promote synergies.

3.2 Monitoring, reporting, and evaluation

Reporting on the Joint Fund for SDG will be results-based and evidence-based. Each PUNO will provide the following descriptive reports to the coordinating officer / chief agent, prepared in accordance with the instructions and templates developed by the secretariat of the Joint Fund for SDG:

- Annual narrative progress reports, to be provided no later than one (1) month (January 31) after the end of the calendar year and must include the results matrix, updated risk log, expected expenditures and results for the next 12 months of funding.
- The mid-term progress report shall be submitted at the mid-point of the implementation of the Joint Programme.
- The final consolidated narrative report, after the completion of the Joint Programme, must be provided no later than two (2) months after the operational closure of the activities of the Joint Programme.

The convening officer/chief agent will compile the narrative reports of the PUNO agencies and submit a summary report to the secretariat of the Joint Fund for SDG, through the resident coordinator.

The RC will be required to monitor the implementation of the Joint Programme, with the participation of the secretariat of the Joint Fund for Sustainable Development Goals, to which he or she will be required to submit data and information upon request. As a minimum, the Joint Programme will prepare and submit monitoring updates every six months to the secretariat of the Joint Fund for Sustainable Development Goals. Additional information (such as guidance documents, value-for-money analysis, case studies, computer graphics, blogs) may need to be provided, at the request of the secretariat of the Joint Fund for SDG. The Joint Programme will allocate resources for monitoring and evaluation in the budget.

Data for all indicators in the results framework will be reported regularly to the Fund Secretariat, to enable the Fund Secretariat to aggregate results at the global level and integrate results into the SDG Joint Fund reports.

PUNOV should include information on additional funding received from other sources (UN cost-sharing and external funding sources) for activities supported by the Fund, including in-kind contributions and/or South-South cooperation initiatives, in the year-round report.

The PUNO at the headquarters level must provide the administrative agent with the following statements and reports, prepared in accordance with its accounting and reporting procedures, and consolidate the financial reports as follows:

- Annual financial reports as at 31 December of each year on the funds disbursed to it from the pooled fund account for SDG, to be provided no later than four months after the end of the relevant reference period.
- A final financial report, after the completion of the activities financed by the Joint Fund for SDG and including the last year of the activities, must be provided no later than 30 April of the year following the operational closure of the project activities.

In addition, it may be necessary to provide regular updates on budget performance, at the request of the Fund's Secretariat.

After the Joint Programmes has been put in competition, a final independent and gender-sensitive evaluation will be organized by the RC. The cost must be budgeted and if there are

no funds left at the end of the Joint Programme, the PUNO agencies will be responsible for paying for the independent final evaluation using their own resources.

The joint programme will be the subject of an independent, joint final evaluation. It will be managed jointly by PUNOs as per established process for independent evaluations, including the use of a joint evaluation steering group and dedicated evaluation managers not involved in the implementation of the joint programme. The evaluations will follow the United Nations Evaluation Group's (UNEG) Norms and Standards for Evaluation in the UN System, using the guidance on Joint Evaluation and relevant UNDG guidance on evaluations. The management and implementation of the joint evaluation will have due regard to the evaluation policies of PUNOs to ensure the requirements of those policies are met and the evaluation is conducted with use of appropriate guidance from PUNOs on joint evaluation. The evaluation process will be participative and will involve all relevant programme's stakeholders and partners. Evaluation results will be disseminated amongst government, development partners, civil society, and other stakeholders. A joint management response will be produced upon completion of the evaluation process and made publicly available on the evaluation platforms or similar of PUNOs.

3.3 Accountability, financial management, and public disclosure

The Joint Programme will use a transfer fund management modality, with the UNICEF Multi-Partner Trust Fund Office acting as the administrative agent (AA), which will transfer funds for the Joint Programme through the AA. Each participating United Nations organization receiving funds through the gateway has signed a standard memorandum of understanding with A.A.

Each participating UN agencies assumes full programmatic and financial responsibility for the funds provided to it by the administrative agent of the Joint Fund for Sustainable Development Goals (Multi-Partner Trust Fund Office). These funds will be managed by each United Nations agency, fund and programme in accordance with its own regulations, rules, guidelines and procedures. Each ELT will create a separate general ledger account for the receipt and administration of funds paid by the administrative agent.

The indirect costs of the participating organizations recovered through programme support costs will be 7 percent. All other costs incurred by each ELT in connection with the activities for which it is responsible under the Fund will be recovered as direct costs.

Funding from the Joint Fund for SDG will be provided annually, if the Joint Programme is successful.

Procedures for financial transfers, extensions, financial and operational closure and related administrative matters are defined in the operational guidelines of the Joint Fund for SDG.

PUNO agencies and their partners must comply with the Joint SDG Fund brand guidelines, which include information on donor visibility criteria.

Each PUNO will take appropriate measures to promote the Joint Fund's SDG and give credit to its counterparts. All advertising material, official notices, reports and publications, provided to the press or beneficiaries of the Fund, shall recognize the role of the host government, donors, development assistance agencies, the administrative agent and any other relevant entity. In particular, the Administrative Officer will include and ensure recognition of the role

of each participating organization and its partners in all external communications related to the Joint Fund for SDG.

3.4 Legal context

- **UNAIDS**
Accord de base entre le Gouvernement de la République Gabonaise et le Programme Conjoint des Nations Unies sur le VIH/SIDA (Basic agreement between the Government of the Gabonese Republic and the Joint United Nations Programme on HIV/AIDS). 25 September 2019
- **UNICEF**
Accord de base regissant la cooperation entre l' UNICEF et le Gouvernement de la République du Gabon (Basic agreement governing cooperation between UNICEF and the Government of the Republic of Gabon). 25 February 2000
- **UNFPA**
Accord de base regissant la cooperation entre l'UNFPA et le Gouvernement de la République du Gabon (Basic agreement governing cooperation between UNFPA and the Government of the Republic of Gabon).11 November 1974
- **RCO**
*Accord entre la République Gabonaise et le Programme des Nation Unies pour le Développement (as modified by the subsequent exchange of letters between the Secretary-General and the Government of the Gabonese Republic following the 2019 reforms to the United Nations Development System).*11 November 1974

D. ANNEXES

Annex 1. List of related initiatives

Name of initiative/project	Key expected results	Links to the Joint Programme	Lead organization	Other partners	Budget and funding source	Contract person (name and email)
Combat teenage pregnancy in the provinces of Haut-Ogooué and Moyen-Ogooué	15 schools implement the ESC strategy.	Contributes to the reduction of maternal mortality.	UNFPA	DGOS, DGESN, DNSMI	USD 1 million (Government of Japan)	UNFPA Resident Representative Keita Ohashi
Extension of social protection to children without birth certificates and their families 3,000 children received a birth certificate in Estuaire Province	3,000 children received a birth certificate in Estuaire Province	Contributes to citizenship and access to social security coverage	UNICEF (lead) ILO, UNESCO, WHO (contributing partners)	DGPS, DGAC, DGBE	USD 400,000	UNICEF Area Representative Stephan Grieb
UN Joint Plan for AIDS 2020-2021		Contributes to the achievement of the 90-90-90 objectives among vulnerable and hard-to-reach populations.	UNAIDS		UBRAF 180,000	
Local infrastructure development project (PDIL 2)	Develop capital of provinces	Improve town halls (civil-status)	CNTIPPEE	Ministry of Interior	USD 100 million World Bank	Michel Auguste Busamba Busamba@cntippee.org
Dematerialisation project	Improve timeliness and availability of information to support the delivery and management of public health services. Support the development and deployment of online health applications and services.	Successful implementation of the new National Health Information System.	CNTIPPEE	Ministry of Health	US\$56 million World Bank	Michel Auguste Busamba Busamba@cntippee.org

Awareness raising on the importance of respecting and promoting rights of forest communities in three sites: Minvoul (in the north of the country), Makokou (in the northeast) and Ikobey (Fougamou in the south).	Communities in forest, particularly indigenous population, have strengthened their knowledge and enjoyment of their forest, land and civil rights.	Improved identification of indigenous people.	Brainforest (NGO)		Rainforest Foundation United Kingdom	Info@brainforest-gabon.org
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Annex 2. Overall Results Framework

2.1. Targets for Joint SDG Fund Results Framework

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

Indicators	Targets	
	2020	2021
1.1: integrated multi-sectoral policies have accelerated SDG progress in terms of scope ⁹	2	2
1.2: integrated multi-sectoral policies have accelerated SDG progress in terms of scale ¹⁰	2	2

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

Indicators	Targets	
	2020	2021
3.1: # of innovative solutions that were tested ¹¹ (disaggregated by percent successful-unsuccessful)	2	2
3.2: # of integrated policy solutions that have been implemented with the national partners in lead	2	2
3.3: # and share of countries where national capacities to implement integrated, cross-sectoral SDG accelerators has been strengthened	1	1

⁹Scope=substantive expansion: additional thematic areas/components added or mechanisms/systems replicated.

¹⁰Scale=geographical expansion: local solutions adopted at the regional and national level or a national solution adopted in one or more countries.

¹¹Each Joint Programme in the Implementation phase will test at least 2 approaches.

Joint SDG Fund Operational Performance Indicators

- Level of coherence of UN in implementing programme country¹²
- Reduced transaction costs for the participating UN agencies in interaction with national/regional and local authorities and/or public entities compared to other Joint Programmes in the country in question
- Annual percent of financial delivery
- Joint Programme operationally closed within original end date
- Joint Programme financially closed 18 months after their operational closure
- Joint Programme facilitated engagement with diverse stakeholders (e.g. parliamentarians, civil society, IFIs, bilateral/multilateral actor, private sector)
- Joint Programme included addressing inequalities (QCPR) and the principle of “Leaving No One Behind”
- Joint Programme featured gender results at the outcome level
- Joint Programme undertook or drew upon relevant human rights analysis, and have developed or implemented a strategy to address human rights issues
- Joint Programme planned for and can demonstrate positive results/effects for youth
- Joint Programme considered the needs of persons with disabilities
- Joint Programme made use of risk analysis in programme planning
- Joint Programme conducted do-no-harm / due diligence and were designed to take into consideration opportunities in the areas of the environment and climate change

¹² Annual survey will provide qualitative information towards this indicator.

2.2. Joint Programme Results framework

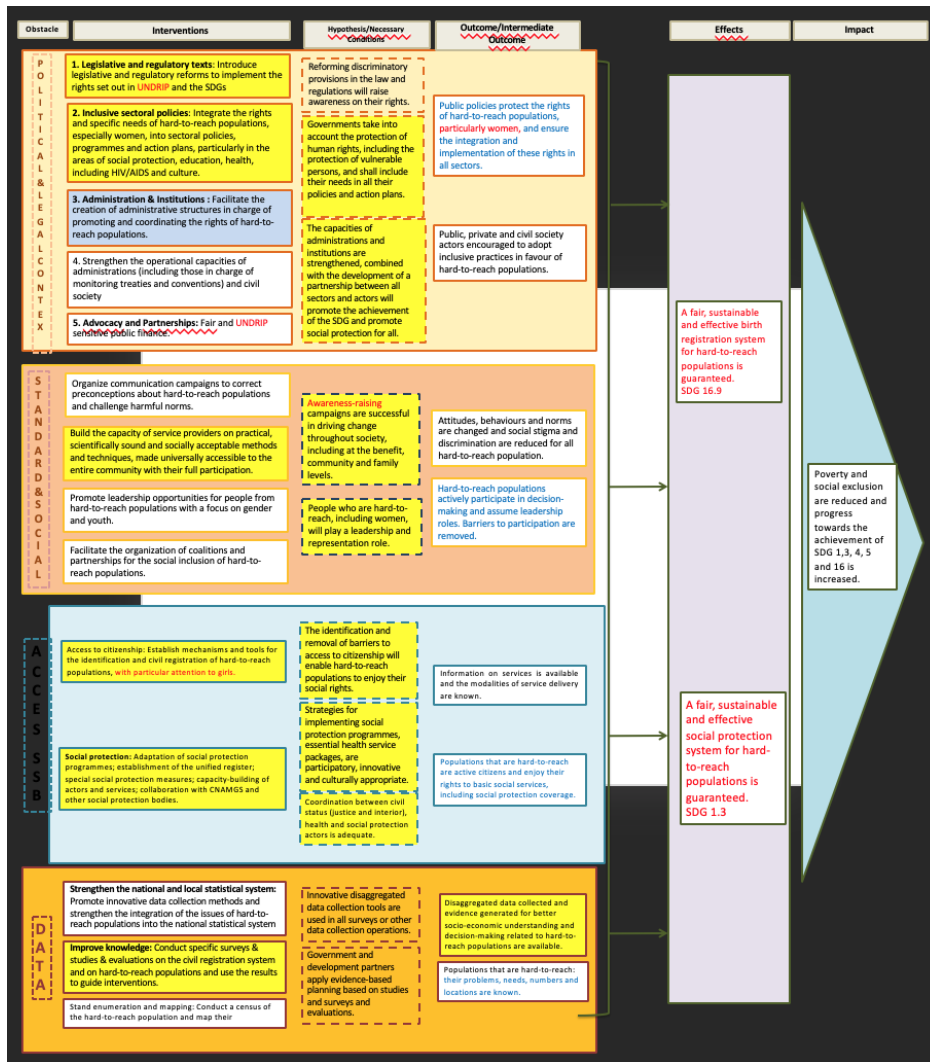
Result / Indicators	Baseline	2020 Target	2021 Target	Means of Verification	Responsible partner
Joint Programme Result: A fair, sustainable and effective social protection system for the most vulnerable populations is guaranteed.					
Indicator 1: Percentage of identified members of hard-to-reach populations with a birth certificate (disaggregated by age and gender).	0	35%	70%	Report	UNICEF, Director General
Indicator 2: 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%	50%	Report	WHO, ILO, Director General
Indicator 3: Improved national mapping of target groups (yes/no).	No	Yes	Yes	Report	WHO, Director General
Indicator 4: Existence of a social register that better reflects the entire hard-to-reach population (yes/no).	No	Yes	Yes	Report	ILO, Director General

Outcome 1: Public policies and the normative framework relating to human rights are identified, improved and implemented.					
Outcome 1 indicator 1: 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		OMS /UNICEF, Director General
Outcome 1 indicator 2: 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).	0	0	2		UNFPA, Director General
Outcome 1 indicator 3: 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	20		UNICEF, Director General
Outcome 1 indicator 4: Number of administrations and civil society organizations that have benefited from operational capacity building (activities 2, 4, 5, 12, 14,15, 16, 18).		61	113		UNICEF, UNFPA, UNESCO, ONUSIDA, Director General
		CSO	CSO		
Outcome indicator 5: Number of Advocacy and partnerships for Fair and UNDRIP-sensitive Public Finance achieved. (activities 6,7,17)		13	13		UNICEF, UNFPA, Director General
		Part	Part		
Outcome 2: Information on services is available, service delivery modalities are known and hard-to-reach populations actively participate in decision-making in leadership roles					
Outcome 2 indicator 1: Number of people reached by	0	10,000	15,000		UNICEF, WHO, Director General

awareness campaigns to change attitudes, behaviours and promote leadership among hard-to-reach populations. (activities 19, 21)					
Outcome 2 indicator 2: 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 20, 22)	0	50	50		UNICEF, UNAIDS, Director General
Outcome 2 Indicator 3: 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 23, 24)	0	10	10		UNICEF, UNAIDS, Director General
Outcome 3: Populations that are difficult to access are active citizens who enjoy their rights to social services (education, health, HIV, social protection, civil status, etc.)					
Outcome 3 indicator 1: proportion of people from identified hard-to-reach populations who have received a birth certificate (disaggregated by age and gender). (activity 26)		70	70		UNICEF, Director General
Outcome 3 indicator 2: The Gabonese administration has a social register. (activity 27, 28) (yes/no)	No	Yes	Yes		ILO, Director General
Outcome 3 indicator 3: Rate of people from hard-to-reach populations registered with the CNAMGS (disaggregated		50	50		ILO, UNAIDS, Director General

by age and sex). (activity 29, 33)					
Outcome 3 indicator 4: Number of integrated packages of interventions and adapted strategies strengthened. (activity 25)	0	1	1		WHO, Director General
Outcome 3 indicator 5: 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 31, 32) (yes/no)	No	Yes	Yes		UNICEF, WHO, Director General
Outcome 3 indicator 6: 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 30)					UNESCO, Director General
Outcome 4: Target vulnerable populations, their problems, needs, numbers and locations are known and then entered in the social register.					
Outcome 4 indicator 1: Use of innovative collection methods created to improve the national statistical system. (activity 34,35) (yes/no)	No	Yes	Yes		UNESCO, WHO, UNAIDS, Director General
Outcome 4 indicator 2: Number of studies carried out on hard-to-reach populations (activity 34, 35)	0	2	2		UNESCO, UNAIDS, WHO, Director General

[Annex 3. Theory of Change graphic](#)



Annex 4. Gender marker matrix

Indicator		Score	Findings and Explanation	Evidence or Means of Verification
<i>N°</i>	<i>Formulation</i>			
1.1	Context analysis integrate gender analysis	2	The context includes the most recent gender data and places particular emphasis on the registration of girls in civil registration among hard-to-reach populations	Stakeholder activity reports
1.2	Gender Equality mainstreamed in proposed outputs	2	The outputs aim to reach the most vulnerable population and build on existing interventions of UN agencies that focus on vulnerable female heads of households	Proposal
1.3	Programme output indicators measure changes on gender equality	2	Outcome indicators are also gender-sensitive throughout the proposal	Proposal
2.1	PUNO collaborate and engage with Government on gender equality and the empowerment of women	2	All PUNOs take into account, within their respective programmes, the promotion of gender equality and the empowerment of women, especially girls	UN system
2.2	PUNO collaborate and engages with women's/gender equality CSOs	2	All PUNOs collaborate with civil society organisations, including women-led organizations and youth associations.	UN system
3.1	Program proposes a gender-responsive budget	2	The budget is in line with the results and, in this sense, it is a gender-sensitive budget.	Proposal
Total scoring		2		

Annex 5. Communication plan

1) Overall narrative of the Joint Programme

This programme aims to accelerate Gabon towards multiple SDGs by attacking a key roadblock around its otherwise admired Social Protection Network. A small but significant and persistent number of people born within “hard to reach” populations around Gabon fail to be registered at birth. These include new births going forward, but also represent a large backlog of women and men from rural populations – including, but not limited to indigenous peoples. Without birth certificates they cannot later gain national identity cards. Without identity cards they cannot access social protection (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 will 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.

2) Strategic approach to key audiences

- Advocacy: the advocacy component of the strategy will inform and motivate relevant leaders to create an enabling environment for the Joint Programme by taking measures such as:
 - Revising policies and the legal framework for birth registration.
 - Adopting a strategy towards universal health coverage and social guarantees.
 - Supporting the implementation of the Joint Programme at all levels.
 - Supporting the development of administrative guidelines, rules and standard operating procedures.
 - Allocating additional resources.
 - Building capacity.
 - Take a progressive and proactive stance on critical issues and engaging in public debate.

The advocacy strategy will distinguish between issues at the local (local community) and national levels and create links between national and local activities.

- Social mobilization: this component will involve mobilizing selected partners and members of civil society to increase demand or support progress towards the development objective of the Joint Programme. It involves institutions, community networks, social and religious groups to use their members and other resources to strengthen participation in activities at the local level. Community consultation will be required to determine which social, political and religious institutions and groups will have the greatest influence on key participants.

Groups that may be involved in social mobilization include teachers and schoolchildren, religious groups, agricultural cooperatives, microcredit groups, civil society organizations, professional associations and women's groups. Associations of beneficiary populations will have a particular responsibility as project and awareness champions, implementing social support and monitoring access and outcomes for the most vulnerable people identified by the social register.

Communication materials will be developed to support the work of social mobilizers: Social mobilizers will be clearly identified to strengthen their responsibility and accountability in mobilization campaigns (hats, T-shirts, bags as well as some simple information materials such as brochures or flash cards to help spread the message).

3) Objectives of the strategic communication plan

To ensure that the objectives and outcomes of the SDG are clearly understood, the coordination of project communication will be carried out jointly by UNICEF's and UNFPA's communication services, with support also as needed from the RCO. Achieving the SDGs involves the use of communication approaches such as advocacy, information, education, social mobilization and capacity building. Formulated in an annual communication plan, the adopted approach will make it possible to communicate more vigorously and coherently with the public and to strengthen the visibility of joint actions and advocacy in support of resource mobilization. Coordination will strategically position itself in its communication to ensure that "no one is left behind"; to prevent and manage political risks and to strengthen partnership and accountability for collective results.

4) Main activities

- Develop appropriate advocacy materials with the participation of key stakeholders.
- Strengthen the capacity of a variety of pressure groups and key stakeholders at all levels to effectively advocate with legislators, policy makers and key departmental officials on legal reforms.
- Provide training in awareness, attitude and counselling skills to health care providers, justice, national education, interior, national solidarity who provide awareness activities, and the need for reception, support and understanding.
- Organize advocacy sessions with local authorities, health and education, justice, interior and national solidarity officials at the local community level to create a positive environment in their institutions to accept and provide quality and affordable services to vulnerable people.
- Develop and broadcast citizenship spots on community television and radio with an emphasis on the birth registration process and access to social services.
- Develop and disseminate a set of audiovisual materials, games and songs "access to citizenship/birth certificate" for social, religious and other civic groups in schools, health institutions and other socio-cultural and religious events to better understand and integrate vulnerable populations into their activities.
- Use a participatory approach and include vulnerable people as much as possible in the development and use of communication tools with selected groups.
- Develop non-technical language fact sheets on birth registration, social programmes, non-discrimination, etc. for journalists.

- Design and provide training for journalists in national and local newspapers, radio and television stations on raising awareness of access to citizenship through birth certificates.

5. Organisation and coordination

UNICEF and UNFPA as the co-leader of the programme will coordinate joint-communication activities to ensure clear and common understanding on objective and estimated outcome. UNICEF and UNFPA will conduct activities such as advocacy, information sharing, training, social mobilization, and capacity building. Through such activities, UNICEF and UNFPA will be able to communicate more actively and coherently with the public. It is needless to mention through such activities UNICEF and UNFPA will raise visibility of joint activities and increase resource mobilisation. UNICEF and UNFPA will ensure clear message on "No one is left behind" to de-escalate political risks and to strengthen partnership and accountability to achieve collective outcome.

Annex 6. Learning and Sharing Plan

1) Strategic approach to learning and sharing

The joint program will use and share the knowledge it generates with others by applying, among other things, the following strategies: Mid-term reviews will be organized to assess the effectiveness of the programme (i.e. progress towards the achievement of expected results) and contribute to knowledge generation and strengthened results-based management. Knowledge informs the theories of change on which results-based management depends. The joint program will ensure the meaningful participation of key partners such as academia, civil society and other stakeholders to facilitate research and share information and resources.

2) Objectives of learning and sharing

The integration, monitoring and evaluation of the SDGs and the sharing of lessons learned are central to the programme's objectives. Thus, knowledge management represents a pillar in the strategic, sectoral approach of the programme and will enrich the various national and sectoral strategies in Gabon in order to guarantee the elements of sustainability of the programme's intervention. The production of sector studies, communication materials, brochures, manuals will be generated and disseminated to national and other partners to create an enabling environment for expanding birth registration and improving access to social services.

3) Main activities

- Facilitate the transfer of knowledge and lessons learned from Joint Programme interventions across the United Nations system.
- Contribute to the development and maintenance of global, regional and national knowledge/practice networks.
- Production of knowledge products for internal and external audiences on progress affecting the life activities of vulnerable populations.
- Improved access to knowledge and statistics produced on the coverage and adequacy of birth registration and social coverage programmes.

Each agency initiates data collection actions such as the census of target populations. These approaches will be harmonized by UNICEF/UNFPA coordination to integrate them into an overall framework for statistical support by the United Nations system to the government.

The capacities of implementing partners and beneficiary communities will also be strengthened. Emphasis will be placed on group management techniques to enable communities to take ownership of the results and ensure sustainability.

Capacity development will also be directed towards NGOs, associations and the private sector, particularly forest sector companies. It will focus on SDG to enable these actors to fully play their role in the results chain for achieving the SDGs in Gabon.

Annex 7. Budget and Work Plan

UNDG BUDGET CATEGORIES	PUNO 1		PUNO 2		PUNO 3		PUNO 4		PUNO 5		PUNO 6		TOTAL	
	Joint SDG Fund (USD)	OMS (USD)	Joint SDG Fund (USD)	FNUAP (USD)	Joint SDG Fund (USD)	ONUSIDA (USD)	Joint SDG Fund (USD)	UNICEF (USD)	Joint SDG Fund (USD)	OIT (USD)	Joint SDG Fund (USD)	UNESCO (USD)	Joint SDG Fund (USD)	PUNO Contribution (USD)
1. Staff and other personnel	0	65 000	0	30 000	0	15 000	0	70 000	0	30 000	12,000	-	12 000	210 000
2. Supplies, Commodities, Materials	40,000		70,000		30,000		125,000		0		5,000		230 000	
3. Equipment, Vehicles, and Furniture (including Depreciation)	25,000		60,000		40,000		50,000		0		0		175 000	
4. Contractual services	60,000		140,000		20,000		140,000		140,000		0		380 000	
5. Travel	20,000		50,000		20,000		50,000		40,000		20,000		200 000	
6. Transfers and Grants to Counterparts	65,000		0		20,000		365,000		0		140,841		570 841	
7. General Operating and other Direct Costs	20,000		19,159		20,000		20,000		20,000		22,159		121 318	
Total Direct Costs	230,000		339,159		150,000		750,000		200,000		200,000		1,869,159	
8. Indirect Support Costs (Max. 7%)	16,100		23,741		10,500		52,500		14,000		14,000		130,841	
TOTAL Costs	246,100	65 000	362,900	30 000	160,500	15 000	802,500	70 000	214,000	30 000	214,000		2,000,000	210 000
<i>1st year</i>	123,050		181,450		160,500		401,250		107,000		107,000		1,087,250	
<i>2nd year</i>	123,050		181,450		0		401,250		107,000		107,000		912,750	

7.1 Budget per UNSDG categories

- Staff and other personnel: this category represents about 1% of the total project budget.
- Supplies, products and materials: this category represents 11% of the total project budget and includes supplies as well as the printing and distribution of new forms, tax stamps, journal book to implementing stakeholders (hospitals, civil registry, chiefdoms).
- Equipment, vehicles and furniture (including depreciation): this category represents 9% of the total budget and includes vehicles and other equipment (computers, smartphones, tablets) needed to implement field activities for the social register, birth registration, CNAMGS registration (smartphones, tablets, computers by location), community education (community radio equipment, motorcycles, bicycles...).
- Contractual services: this category represents 19% of the budget and includes the costs of recruiting national and international consultants, interviewers for carrying out surveys (mapping, Social Registry,...) peer educators, community leaders, organizing seminars, designing the capacity building module.
- Travel: this category represents 10% of the budget and will be devoted to district missions and travel of international staff of the Agencies to support the implementation of activities in Gabon.
- Transfers and grants to counterparties: this category represents 29% of the total budget.
- General operating expenses and other direct costs: this category represents 6% of the total budget and includes funds for fungible equipment.
- Indirect support costs: this category represents 7% of the total budget
- Final evaluation: 4% of the project budget (\$80,000) is allocated to final evaluation and is included in the total provision for (4.) contractual services for UNFPA, who will lead the evaluation process.
- Monitoring, reporting, communications: 5% of the project budget (\$100,000 in total) is allocated to monitoring, reporting and communications. This component will be led by UNICEF, and the \$100,000 is included in and split across the total provisions to UNICEF for (2.) Supplies, Commodities and Materials (\$40,000), (4.) Contractual Services (\$40,000), and (6.) Transfers and Grants to Counterparts (\$20,000).

7.2 Budget per SDG targets

SDG Target	%	USD
SDG 1.3	16	344,000
SDG 3.3	6	140,500
SDG 3.8	11	241,100
SDG 4.7	10	214,000
SDG 5.1	13	292,900
SDG 16.9	44	977,500
TOTAL	100	2,210,000

The majority of the total budget (44%) is allocated to enable SDG target 16.9 through providing birth certificates for hard-to-reach populations, supporting the improvement of the birth registration system, setting up innovative birth registration mechanisms and improving knowledge on the issue. With this objective, the joint project will contribute to improving people's access to education, health services, monitoring their health status and basic social services. This objective will contribute to the achievement of the other targets in the table in a limited and comprehensive way to other SDG.

Target 1.3 represents 16% of the budget. Expenditures are essentially linked to the statistics of these populations, to the knowledge of their specific needs and cultural obstacles to be overcome, to the creation and operationalization of the social register, which should enable them to be registered with the CNAMGS and to access appropriate social protection.

13% of the project budget is allocated to SDG 5.1. It should be noted that since gender is a cross-cutting issue, gender dimensions will additionally be addressed through other SDGs targeted by the programme.

The mass education programme will also contribute to the achievement of the expected results. As a result, a particular focus on the issue is taken into account through targets 3.3, 3.8 and 4.7, which have 6%, 11% and 10% of the budget respectively.

7.3 Work plan

Outcome 1	Public policies and the normative framework for human rights are identified, improved and implemented																
Output	2020	2021	Activity	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	JSDGF (US\$)	PUNO (US\$)	TOTAL (US\$)	PUNO/s	Partners	
Output 1.1 : The national legal framework for birth registration is improved	x	x	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. SDG target 16.9		x	x	x	x	x	x	x		15,000	20,000	35,000	WHO, UNICEF	Other agencies, National Assembly, Senate, Ministries of Interior and Justice, Health, Economy and National Solidarity, Civil Society
			6. Advocacy, with parliament and stakeholders, for the recognition of the rights of target populations and financial support for the sustainability of the programme. SDG target 16.9	x	x	x	x	x	x	x							
			7. Awareness raising of diplomatic representations in Gabon for stateless children born to foreign parents. SDG target 16.9		x	x	x	x	x	x							
			10. Contribution to the drafting of a law on the digitisation of the civil status system. (see biometrics commission at the workshop) SDG target 16.9	x	x	x	x	x	x	x	x						

		11. Support for the amendment of certain provisions of the Civil Code concerning birth registration (including free of charge). SDG target 16.9	x	x	x	x	x	x	x	x					
Output 1.2 The national policy framework for birth registration is improved	x	x	5. 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. SDG target 16.9		x	x	x	x	x		105,000	20,000	125,000	UNICEF	Other agencies, Ministry of Health, Ministry of National Education, Local collectives, Local authorities Ministries, Local authorities
			8. Contribution to the creation of a central registry office. SDG target 16.9		x	x	x	x	x						
			9. Adoption and dissemination of the manual of birth registration standards and procedures. SDG target 16.9	x	x	x	x	x							
			12. Improved coordination and service delivery at the sub-national level: Improved overall capacity of sub-national social protection systems to plan, coordinate and implement social protection programmes in an integrated manner. SDG target 1.3	x	x	x	x	x	x	x					

			13. Strengthening SRH and gender policies for hard-to-reach populations. SDG target 5.1				x	x	x												
Output 1.3 Intensified outreach is undertaken	x	x	2. Capacity building of community radio stations and productions/broadcasting . SDG target 4.7	x	x	x	x	x	x	x	x	x									
			14. Extension of strengthened policies							x	x	x									
			15. Capacity building of leaders of hard-to-reach populations for active participation in the dissemination of strengthened policies. SDG target 5.1						x	x	x										
			17. Facilitation of partnerships between the community and the civil status registration system (training, tools, monitoring). SDG target 16.9										x	x	x						
			13. Strengthening SRH and gender policies for hard-to-reach populations. SDG target 5.1						x	x	x										
													295,000	15,000	310,000		UNFPA, UNESCO, UNAIDS	Other agencies, Ministry of Health, Ministry of National Education, Local collectives			
Output 1.4 The environment for birth registration is improved	x	x	3. Contribution to the creation of civil registry offices in public health centres. SDG target 16.9		x	x	x	x	x												
			4. Provision of a journal book for the declaration of pregnancy and birth in each chiefdom. SDG target 16.9	x	x										189,159	15,000	204,159	UNICEF, UNFPA	Other agencies, Ministry of Health, Ministry of Interior		

			16. Support for the archiving system and intersectoral coordination (justice, home affairs, foreign affairs, health and economy). SDG target 16.9																					
			18. Organisation of Refocused Prenatal Consultations (CPRN). SDG target 3.1	x	x	x	x	x	x	x	x													

Outcome 2		Information on services is available, service delivery modalities are known & hard-to-reach populations actively participate in decision-making in leadership roles																	
Output			Activity	Q	Q	Q	Q	Q	Q	Q	Q		JSDGF (US\$)	PUNO (US\$)	TOTAL (US\$)	PUNO/s	Partners		
	2020	2021		1	2	3	4	1	2	3	4								
Output 2.1 Community capacities are strengthened	x	x	19. Raising awareness among rights holders and target communities with appropriate messages on the importance of the birth certificate and other programme themes. SDG target 16.9		x	x	x	x	x				230,000	10,000	240,000	UNICEF, WHO	Other agencies, civil society, key ministries, local community leadership		

			21. 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. SDG target 3.8			x	x	x	x	x	x	x					
			22. Identification and training of community health workers from hard-to-reach populations on birth registration in target localities. SDG target 16.9			x	x										
Output 2.2 Civil society capacities are strengthened	x	x	24. Strengthening the organizational capacities of local organizations and associations and equipping them to better ensure the sustainability of the actions initiated during the project. SDG 16.9			x	x	x	x	x			10,000	0	10,000	UNICEF	Other agencies, NGOs, Beneficiaries Stakeholder ministries, local authorities
Output 2.3 Local leadership capacities are strengthened	x	x	19. Raising awareness among rights holders and target communities with appropriate messages on the importance of the birth certificate and other programme themes. SDG target 16.9			x	x	x					15,000	0	15,000	UNAIDS	Other agencies, NGOs Stakeholder Minsitries, Local Authorities

Output 2.4: Public sector officials' capacities are strengthened	x	x	20. Capacity building for civil registrars. SDG target 16.9			x	x	x	x	x	x	x		65,000	0	65,000	UNICEF	Other agencies, Local authorities, Ministry of Interior and Justice

Outcome 3		Populations that are difficult to access are active citizens who enjoy their rights to social services (education, health, HIV, social protection, civil status, etc.)															
Output	2020	2021	Activity	Q	Q	Q	Q	Q	Q	Q	Q	Q	JSDGF (US\$)	PUNO (US\$)	TOTAL (US\$)	PUNO/s	Partners
				1	2	3	4	1	2	3	4						
Output 3.1 CNAMGS capacities are strengthened	x	x	25. CNAMGS support to the definition and operability of a package of appropriate interventions (preventive and curative) (PM). SDG 3.8		x	x	x						290,000	45,000	335,000	WHO, ILO, UNESCO, UNAIDS	Other agencies, Stakeholder ministries, local authorities
			27. Establishment of links between social registers and social protection programmes, in particular the CNAMGS for targeting and registering beneficiaries. SDG target 1.3		x	x	x	x	x	x	x						

			30. Training and awareness-raising of DAP staff, teachers and supervisory staff in pilot schools on birth registration and birth certificates for inclusive education. SDG target 4.7		x	x												
			32. Define mechanisms to ensure the long-term registration of target populations at the CNAMGS. SDG target 1.3			x	x											
			33. 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. SDG target 3.3						x	x	x	x	x					
Output 3.2 Birth registration with target communities is strengthened	x	x	26. Organization and implementation of birth registration operations for hard-to-reach populations. ODD 16.9.			x	x	x	x	x	x			365,000	45,000	410,000	UNICEF, ILO	Other agencies, Civil society, key ministries, local community leadership
			28. Capacity building on tools and procedures adapted to the social coverage of hard-to-reach populations. SDG target 1.3			x	x			x	x							

		29. Monitoring of access to social protection programmes on the basis of the social register and a beneficiary register. SDG target 1.3		x	x	x	x	x	x	x					
		31. Define mechanisms to ensure the sustainability of birth registration for target populations. SDG target 16.9		x	x										

Outcome 4		Target vulnerable populations, their problems, needs, numbers and locations are known and then entered in the social register.														
Output	2020	2021	Activity	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	JSDGF (US\$)	PUNO (US\$)	TOTAL (US\$)	PUNO/s	Partners
		x		x	34. Carry out the mapping of indigenous populations (mapping). SDG target 1.3	x	x									
Output 4.1 Initial mappings and studies are prepared			35. Identification and analysis of the Knowledge, Attitudes and Cultural Practices that impact the voluntary access of target populations to birth certificates, basic social services and social protection. SDG Target 1.3	x	x							110,000	40,000	150,000	UNESCO, WHO	Other agencies, Ministries stakeholders, local authorities, civil society, beneficiaries

Joint Programme Management																
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Output	2020	2021	Activity	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	JSDGF (US\$)	PUNO (US\$)	TOTAL (US\$)	PUNO/s	Partners
Communications (5%)	x	x	Communications plan	x	x	x	x	x	x	x	x	100,000		100,000	UNICEF	
Final evaluation (4%)		x	Final Evaluation								x	80,000		80,000	UNFPA	
Indirect support costs (7%)	x	x	General administration	x	x	x	x	x	x	x	x	130,841		130,841	UNFPA	

Annex 8. Risk Management Plan

Risks	Risk Level:	Likelihood:	Impact: 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.	RCO
Leadership change in partner institutions	12	3	4	Steering Committee	UNICEF & UNFPA
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.	RCO
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.	UNICEF & UNFPA
Institutional risks					
Low commitment and engagement of local partners	12	3	4	Communication. Regular meetings. Advocacy.	UNICEF & UNFPA
Fiduciary risks					
Additional resource mobilization	6	2	3	Resource mobilization strategy. Communication. Advocacy. Strengthen mechanism for monitoring the implementation of Joint Programme on basis of results-based management.	RCO

There may be different types of risks. The programme will work on mitigating these risks through relevant mechanisms and actions. We mapped following risks:

- Contextual risk:

- Fragile political context since the 2016 presidential elections and frequent ministerial reshuffles, etc., may impact progress in the implementation of programme activities.
 - The change in leadership of partner institutions, particularly at sectoral levels, can slow the momentum in programme implementation.
 - A steering committee will be set up and made operational in order to ensure the continuity of operations. This committee will also coordinate with representatives at central and local level and provide channels of communication and information that promote regular and continuous information exchange
 - It is also possible that other communities may perceive the program as favouring "non-Bantu" people. This risk will be managed through clear communication, ensuring the commitment of government and local communities and ensuring that the programme takes into account anyone who has made contact, who is not yet registered, regardless of their ethnic origin.
- Programmatic risk:
 - A deficit in the governance of the programme, particularly in terms of articulation between the local and national levels, may emerge. This risk will be reduced and limited by the political will to involve local authorities in the development process, especially with the involvement of local authorities and devolved authorities in the consultation process for the implementation of this programme. The programme steering committee will also be responsible for ensuring this coordination between the national and local levels.
 - Institutional risk:
 - Low engagement and ownership of local partners is a risk. This risk will be managed through clear communication, ensuring the commitment of government and local communities and ensuring that the programme takes into account anyone who has made contact, who is not yet registered, regardless of their ethnic origin.
 - Financial risk:
 - The difficulty of mobilizing the additional resources needed to carry out the programme may have an impact on the execution of the programme and its role in supporting Gabon's commitment to implement the SDGs. A joint fund-raising strategy between the UN and the Government will minimize this risk. Communication and advocacy work has been planned as part of this programme and will maximize the chances of fundraising.