



**Executive Board of the
United Nations Development
Programme and of the
United Nations Population Fund**

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UNITED NATIONS POPULATION FUND

Country programme for Gabon

Proposed UNFPA assistance: \$5.35 million: \$2.05 million from regular resources and \$3.3 million through co-financing modalities and/or other, including regular, resources

Programme period: 5 years (2007-2011)

Cycle of assistance: Fifth

Category per decision 2005/13: B

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

	Regular resources	Other	Total
Reproductive health	1.00	2.00	3.00
Population and development	0.50	1.00	1.50
Gender	0.30	0.30	0.60
Programme coordination and assistance	0.25	-	0.25
Total	2.05	3.30	5.35

I. Situation analysis

1. Gabon has an estimated population of 1.5 million, 51 per cent of whom are female. The population is characterized by its youth; 60 per cent are below the age of 25. Life expectancy at birth is estimated at 54 years for men and 55 years for women. The average number of births per woman decreased from 4.7 in 1993 to 4.3 in 2000. With a gross domestic product of \$6,590 per capita in 2004, Gabon is a middle-income country. However, 33 per cent of the population lives below the poverty line, and Gabon ranked only 123 out of 177 countries on the 2005 UNDP human development index.

2. The health sector is of concern, due to a lack of investment in basic social services. The infant mortality rate is 87 deaths per 1,000 births. The contraceptive prevalence rate for modern methods is 14 per cent. One third of girls below the age of 19 have had children. The median age at first sex for women aged 25-49 was 16 years. The lack of a national strategy to ensure reproductive health commodity security results in frequent commodity stock-outs. Although 95 per cent of pregnant women receive prenatal care and 86.7 per cent receive skilled assistance at delivery, the maternal mortality ratio remains high, at 519 deaths per 100,000 live births. Contributing to the high ratio are unsafe abortions, haemorrhages and a lack of emergency obstetric care. Only 17 per cent of health facilities offer emergency obstetric care. Obstetric fistula poses another challenge, although national data on prevalence is not available.

3. The national HIV/AIDS prevalence rate is estimated at 8.1 per cent. In 2003, an estimated 2.2 per cent of adolescents aged 15-24 years were HIV-positive. The most vulnerable groups include commercial sex workers (40 per cent), pregnant women (8.3 per cent), uniformed forces (4 per cent) and young people (2.16 per cent in secondary education). High-risk sexual behaviour persists, despite high levels of knowledge on modes of HIV transmission.

4. The constitution of Gabon recognizes gender equality and equity, and the Government ratified the Convention on the Elimination of All Forms of Discrimination against Women in 1983. Nevertheless, gender disparities persist, especially in education and in decision-making bodies. Although school enrolment is almost equal between girls and boys at the primary level (83 per cent for girls and 88 per cent for boys), it drops to 54 per cent for girls and 60 per cent for boys at the secondary level. Women hold 12 of 49 positions in the Government. Only 26 of the 211 members of Parliament are women, who account for two of the nine members of the Constitutional Court.

5. The Government adopted a growth and poverty reduction strategy paper in December 2005 to: (a) promote sustained economic growth to create jobs and benefit the poor; (b) improve infrastructure (roads, airports, seaports, water, electricity and telecommunications); (c) improve access to basic services (health, education and housing); and (d) enhance good governance, based on an efficient data collection system.

II. Past cooperation and lessons learned

6. The fourth country programme (2002-2006), had a budget of \$1.7 million. It consisted of two programme components: (a) reproductive health; and (b) population and development. Gender was a crosscutting issue throughout the programme. The reproductive health component was implemented in three of the nine provinces (Estuaire, Haut-Ogooué and Ogooué-Maritime), which accounts for 73 per cent of the population.

7. In the area of reproductive health, the programme strengthened the capacity of midwives to provide contraceptives. It also established the first adolescent and youth centre, which provided information and counselling on sexual and reproductive health.

8. In the area of population and development, the programme helped to enhance the technical capacities of the General Directorate for Statistics

and Economic Studies in data collection, processing and analysis within the framework of the growth and poverty reduction strategy paper.

9. UNFPA supported the development of the national population policy and a population and housing census in 2003. In 2005, UNFPA supported the processing of census data. In-depth analysis of the data has been postponed, however, pending government clearance. The United Nations system in Gabon is supporting advocacy activities related to the census, which will provide a number of Millennium Development Goal indicators.

10. With regard to gender, the programme helped the Ministry of Family, Child Welfare and Women's Promotion to review legislation for gender bias. It also helped to establish gender focal points in various ministries as well as a national network of female ministers and parliamentarians. Gender-related advocacy made it possible to publicly debate the problem of violence against women. The result was a commitment, at the highest levels of the Government, to address gender issues and the establishment of a ministry in charge of protecting widows and orphans. The fourth programme also led to a strategic partnership between government structures, non-governmental organizations (NGOs) and other agencies of the United Nations System and bilateral partners.

11. The following factors hindered programme implementation: (a) the delayed availability of government funds; (b) insufficient institutional capacity to incorporate population and development issues; (c) insufficient financial resources for identified needs; (d) the lack of a reproductive health commodity security strategy, resulting in contraceptive stock-outs; (e) limited national capacity to coordinate programme activities; and (f) the lack of data and indicators on population issues, resulting in a weak monitoring and evaluation system.

12. Lessons learned include the following: (a) efficient programme implementation requires enhancing the capacity for programme execution at the national level and the establishment of a monitoring and evaluation system, including surveys at the beginning and end of the programme; (b) there is a need for a broad partnership base to mobilize additional resources; and (c) the lack of sufficient human resources in the country office hampered the monitoring of programme implementation.

III. Proposed programme

13 UNFPA and the Government developed the proposed programme within the context of United Nations reform and in partnership with NGOs and civil society organizations. The programme is based on the growth and poverty reduction strategy paper, the Programme of Action of the International Conference on Population and Development, the Millennium Development Goals, the Beijing Platform for Action, the recommendations of the 2005 World Summit, and the United Nations Development Assistance Framework (UNDAF), 2007-2011.

14. The goal of the programme is to contribute to the improvement of the well-being of the people of Gabon by: (a) promoting high-quality sexual and reproductive health services, including HIV/AIDS prevention, with a focus on young people; (b) integrating population issues into development policies and plans; and (c) promoting gender equity and equality. Initially, implementation of the reproductive health component of the programme will focus on Libreville, France Ville and Port Gentil, which account for more than 70 per cent of the population. Support to reproductive health commodity security, condom programming and HIV prevention will cover the whole country.

15. The proposed programme consists of three components: (a) reproductive health, including HIV/AIDS prevention; (b) population and development; and (c) gender. UNFPA and the Government will implement the programme

according to a human rights-based, culturally sensitive approach. The programme will contribute to four UNDAF outcomes.

Reproductive health component

16. The reproductive health outcome is: increased utilization of high-quality reproductive health services, including HIV/AIDS prevention, with an emphasis on young people. Three outputs will contribute to this outcome.

17. Output 1: Improved access to high-quality reproductive health services, including skilled attendance at delivery, emergency obstetric care, family planning, and the treatment and care of obstetric fistula, in programme areas. This output will be achieved by: (a) supporting the needs assessment for the road map for maternal and newborn health, including the fistula needs assessment; (b) contributing to the development and implementation of the road map through a joint programme with the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF); (c) strengthening the institutional and technical capacity of regional hospitals and medical and health centres in programme areas; (d) supporting social mobilization and building the capacity of associations, community leaders and networks in communication techniques; and (e) promoting culturally sensitive behaviour change communication, taking gender into account.

18. Output 2: Increased availability of sexual and reproductive health services, including HIV/AIDS prevention, for young people. This will be accomplished by: (a) strengthening the institutional and technical capacity for counselling services on integrated family planning and HIV/AIDS prevention; (b) developing activities for behaviour change communication; and (c) advocating the expansion of voluntary and confidential counselling and testing centres.

19. Output 3: Enhanced institutional and technical capacity to coordinate and manage

reproductive health programmes and to ensure reproductive health commodity security, especially for male and female condoms. This will be achieved by: (a) supporting the development of a national strategy to ensure reproductive health commodity security; (b) supporting community mobilization and the social marketing of male and female condoms; (c) strengthening the capacity for condom programming; (d) developing and promoting the use of technical and managerial tools in the reproductive health field; and (e) reviving and strengthening the reproductive health programme coordination committee.

Population and development component

20. The outcome of this component is: population, reproductive health and gender issues are taken into account in formulating and implementing policies and programmes aimed at eradicating poverty. There are two outputs under this programme component.

21. Output 1: Increased availability of updated and integrated data disaggregated by sex and social category for formulating, monitoring and evaluating development policies and programmes at the national level and in programme areas. This output will be achieved by: (a) contributing to the collection and organization of the next demographic and health survey, which will include an HIV prevalence survey; (b) developing a national management information system; (c) disseminating and mainstreaming data for various users; (d) sensitizing stakeholders on utilizing data for monitoring and evaluating development programmes; and (e) advocating government use of census data for Millennium Development Goal indicators and growth and poverty reduction strategy paper indicators.

22. Output 2: Enhanced national capacity to integrate population, reproductive health and gender issues into global and sectoral development programmes. This will be achieved by: (a) strengthening technical capacity at national and decentralized levels to carry out

research in population and development, reproductive health and gender; (b) building the capacity of the Ministry of Planning and Development Programming (in charge of basic social services in the context of the growth and poverty reduction strategy paper) in programme design, monitoring and evaluation, taking into account population and development; (c) promoting policy dialogue with ministries involved in implementing the growth and poverty reduction strategy paper; and (d) sensitizing and mobilizing decision makers and communities on the linkages between population and development.

Gender component

23. The outcome of this component is: an enhanced institutional, legal and sociocultural environment conducive to gender equality and equity. One output will contribute to this outcome.

24. Output 1: The institutional and technical capacities of key stakeholders (the Government, NGOs and civil society) are strengthened to take gender into account in planning, implementing, monitoring and evaluating national and sectoral policies and programmes. This will be achieved by: (a) strengthening the capacity of the gender focal points in sectoral ministries and of civil society to mainstream gender into policies and programmes; (b) providing technical support to develop a national strategy for gender equality and equity; (c) strengthening the multisectoral experts' committee responsible for reviewing discriminatory texts and proposing texts that promote gender equality and equity; (d) supporting policy dialogue to integrate gender issues into the constitution; and (e) developing partnerships and networks for social mobilization to reduce gender discrimination.

IV. Programme management, monitoring and evaluation

25. The Ministry of Planning and Development Programming will coordinate the country

programme, which will be implemented by relevant ministries and NGOs. The Ministry of Public Health will coordinate, monitor and execute the reproductive health component. The Ministry of Planning and Development Programming will oversee the population and development component, and the Ministry of Family, Child Welfare and Women's Promotion will oversee the gender component

26. In conformity with the framework to monitor the growth and poverty reduction strategy paper, the management, monitoring and evaluation of the country programme will be carried out in accordance with UNFPA rules and procedures, and in line with the UNDAF monitoring plan and coordination mechanism. UNFPA and the Government will conduct baseline surveys at the beginning and end of the programme and will develop a database for programme monitoring and evaluation. UNFPA will formulate a resource mobilization plan, targeting domestic financial support as well as resources from other multi- and bilateral partners.

27. The UNFPA country office consists of a non-resident country director based in Brazzaville, the Republic of the Congo; an assistant representative; a national programme officer; and four support staff, in accordance with the approved country office typology. UNFPA will recruit national project personnel to strengthen programme implementation. The UNFPA Country Technical Services Team based in Addis Ababa, Ethiopia, and UNFPA headquarters will provide technical support along with national institutions and national and international consultants.

RESULTS AND RESOURCES FRAMEWORK FOR GABON

<p>National priority: (a) to promote strong, sustained growth, which will create jobs and benefit the poor; (b) to improve infrastructure (roads, airports, seaports, water, electricity and telecommunications); (c) to improve access to basic services (health, education and housing); and (d) to enhance good governance, which is based on an efficient data collection system</p> <p>UNDAF outcome 1: by 2011, increases in access to high-quality health care by women and by children under the age of five</p> <p>UNDAF outcome 2: by 2011, strengthening national responses to HIV/AIDS, malaria and tuberculosis</p>				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Reproductive health	<p><u>Outcome:</u> Increased utilization of high-quality reproductive health services, including HIV/AIDS prevention, with an emphasis on young people</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> • Proportion of skilled attendance at birth • Contraceptive prevalence rate in country programme areas • The Government has articulated clear policies with regard to condom promotion • Availability of condoms at the national level • Proportion of adolescents aged 15-24 years, with good knowledge of how to prevent HIV/AIDS 	<p><u>Output 1:</u> Improved access to high-quality reproductive health services, including skilled attendance at delivery, emergency obstetric care, family planning, and the treatment and care of obstetric fistula, in programme areas</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> • Proportion of facilities providing high-quality basic and comprehensive emergency obstetric care in the programme areas. Baseline: 20% (2003); Target: 55% • Twice as many facilities providing high-quality family planning services in programme areas. Baseline: 30 centres; Target: 64 centres <p><u>Output 2:</u> Increased availability of sexual and reproductive health services, including HIV/AIDS prevention, for young people</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> • Twice as many facilities providing high-quality sexual and reproductive health services and HIV/AIDS prevention services for adolescents and youth in programme areas. Baseline: 10 centres; Target: 20 centres • Proportion of facilities providing high-quality information and education and youth-friendly services in programme areas. Baseline: One centre (2006); Target: 22 centres • Proportion of districts with voluntary counselling and testing with minimum conditions. Baseline: 34% (2006); Target: 60% <p><u>Output 3:</u> Enhanced institutional and technical capacity to coordinate and manage reproductive health programmes and to ensure reproductive health commodity security, especially for male and female condoms</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> • Existence of a national reproductive health commodity strategy • Number of health districts implementing national reproductive health commodity security strategy. Target: 30% • Frequency of stock-outs at national and district levels. Baseline: To be determined; Target: To be determined 	<p>Ministry of Public Health; Ministry of the Fight Against HIV/AIDS, in Charge of HIV/AIDS Orphans; Ministry of Youth, Sports and Leisure</p> <p>National NGOs</p> <p>UNICEF; WHO; United Nations High Commissioner for Refugees; UNDP; United Nations Educational, Scientific and Cultural Organization; United Nations Joint Programme on HIV/AIDS (UNAIDS)</p> <p>World Bank; European Union; Government of France</p>	<p>\$3 million (\$1 million from regular resources and \$2 million from other resources)</p>

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UNDAF outcome 3: by 2011, enhancing the efficiency and the performance of national institutions and communities in implementing development programmes

UNDAF outcome 4: by 2011, contributing to poverty and hunger reduction in the most vulnerable groups

Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Population and development	<p><u>Outcome:</u> Population, reproductive health and gender issues are taken into account in formulating and implementing policies and programmes aimed at eradicating poverty</p> <p><u>Outcome indicator:</u></p> <ul style="list-style-type: none"> • Availability of updated Millennium Development Goal national report 	<p><u>Output 1:</u> Increased availability of updated and integrated data disaggregated by sex and social category for formulating, monitoring and evaluating development policies and programmes at the national level and in programme areas</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> • Integrated multisectoral database is available and accessible • Integrated management information system is set up at the Ministry of Planning and Development Programming • Demographic and health survey technically and financially supported <p><u>Output 2:</u> Enhanced national capacity to integrate population, reproductive health and gender issues into global and sectoral development programmes</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> • A least five in-depth research studies conducted in the area of population and development, reproductive health and gender issues by trained national researchers • Population and development, reproductive health and gender issues are integrated into the planning processes for the health and education sectors 	<p>Ministry of Planning and Development Programming; Ministry of Family, Child Welfare and Women's Promotion; Central Bureau of Statistics</p> <p>Omar Bongo University</p> <p>UNDP; WHO; UNICEF; World Bank</p>	<p>\$1.5 million (\$0.5 million from regular resources and \$1 million from other resources)</p>
Gender	<p><u>Outcome:</u> Enhanced institutional, legal and sociocultural environment conducive to gender equality and equity</p> <p><u>Outcome indicator:</u></p> <ul style="list-style-type: none"> • National and sectoral policies and programmes taking gender into account 	<p><u>Output 1:</u> The institutional and technical capacities of key stakeholders (the Government, NGOs and civil society) are strengthened to take gender into account in planning, implementing, monitoring and evaluating national and sectoral policies and programmes</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> • Number of gender focal points trained in mainstreaming gender in national and sectoral programmes. Baseline: 40 (2006); Target: 100 • Number of implementing partners able to advocate gender equality and equity. Baseline: Nine (2006); Target: 15 ministries and 15 NGOs 	<p>Ministry of Family, Child Welfare and Women's Promotion</p> <p>National NGOs</p> <p>UNDP</p>	<p>\$0.6 million: (\$0.3 million from regular resources and \$0.3 million from other resources)</p> <hr/> <p>Total for programme coordination and assistance: \$0.25 million from regular resources</p>