The draft country programme document (CPD) for Gabon is presented to the Executive Board for discussion and comment. The draft CPD includes a proposed aggregate indicative budget of $4,340,000 from regular resources, subject to the availability of funds, and $8,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2023 to 2027.
Programme rationale

1. Gabon is an upper-middle-income country that ranks 119th out of 189 countries on the Human Development Index (HDI). Its estimated population of 2.23 million (2021) is predominantly urban, with 87 per cent living in cities.\(^1\) Almost 50 per cent of the population resides in the Estuaire region, which is home to the capital, Libreville. The country’s economy is highly dependent on oil, the prices of which have fluctuated since 2014 and have therefore often impacted social expenditure and debt, which in 2021 was estimated at 69.5 per cent of gross domestic product.\(^2\) Since 2017, the poverty headcount ratio at national poverty lines has stagnated at 33 per cent.\(^3\)

2. Although Gabon’s HDI places the country in the high human development category, its poverty rate remains a major concern. The difference between its economic and social development ranking indicates significant social inequality\(^4\) and multidimensional poverty. Although the poverty headcount ratio is more pronounced in rural areas (59.5 per cent) than in urban areas (29.4 per cent), the absolute number of poor people living in urban areas is three to four times higher due to the country’s high level of urbanization.\(^5\)

3. Between 2012 and 2020, under-5 mortality fell by 15 points to 41.7 per 1,000 live births, with neonatal mortality only falling by 3.4 points in the same period (to 19.7 per 1,000 live births).\(^6\) Under-5 mortality is more likely in the provinces of Ogooué-Ivindo, Ngounié and Estuaire (excluding Libreville). Malaria, low immunization rates, low exclusive breastfeeding rates (5 per cent for children under 6 months)\(^7\) and the inadequate management of childhood illnesses all contribute to this situation.

4. Coverage of the third dose of the pentavalent vaccine is in decline, dropping from 82 per cent in 2012 to 70 per cent in 2019, then to 63 per cent in 2020 due to the coronavirus disease 2019 (COVID-19) pandemic. In only 12 out of 51 health districts was coverage higher than 80 per cent, while in 16 health districts coverage was less than 50 per cent.\(^8\) The limited engagement of communities as a result of persistent vaccine hesitancy among the population, along with the impact of resistance to the COVID-19 vaccine on the Expanded Programme on Immunization (EPI), are among the factors affecting the demand for vaccination. Weaknesses in the governance and provision of immunization services are another factor, as only 15 per cent of public health facilities and 5 per cent of private health facilities offer such services.

5. For the estimated population of 1 million children under 19 years of age in 2020, school access rates are 43 per cent for preschool, 98 per cent for primary, 95 per cent for secondary and 20 per cent for higher education.\(^9\) There is significant variance between these rates. The lack of a standard national curriculum and the largely private and urban nature of preschool education (with 80 per cent of private education in large urban areas) are among the main factors causing such disparity. Rural provinces are

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\(^2\) International Monetary Fund (IMF), Regional Economic Outlook, April 2022.
\(^6\) United Nations Inter-agency Group for Child Mortality Estimation (IGME) data.
\(^7\) Demographic and Health Survey (DHS), 2012.
much more dependent on public investment and therefore have lower rates of access to education, resulting in a lack of preparation for learning.

6. The national primary education completion rate is 79 per cent, although this varies significantly throughout the country (for example, it is 93 per cent in Ogooué-Maritime and 59 per cent in Woleu-Ntem). The average lower-secondary education completion rate is only 59 per cent, with significant differences between provinces (77 per cent for Ogooué-Maritime and Ngounié and just 29 per cent for Ogooué-Ivindo). Gender disparities are also apparent, with the completion rate for girls at 62 per cent compared with 56 per cent for boys. This pattern is observed across the country, except in the province of Nyanga.

7. The percentages of children who meet the minimum competency threshold in the language of instruction and mathematics at the start of their schooling are 66.1 per cent and 88.5 per cent, respectively, compared with 93.4 per cent and 76.7 per cent in year 5.\textsuperscript{10} The repetition rate for primary education is 25 per cent.\textsuperscript{11} Factors that can cause children to drop out of school include: the limited availability and distribution of qualified teachers and adequate resources (especially in rural areas); poor quality of teacher training and supervision; insufficient public investment in rural areas; lack of a standard national curriculum and policy for pre-primary education; and a deficit of ongoing teacher training. In Gabon, violence against children is prevalent, with 77 per cent of children having reported being physically, psychologically or sexually abused\textsuperscript{12} and 9 per cent of individuals aged 18–29 years having reported being sexually abused before the age of 18.\textsuperscript{13} In schools, sexual violence is more prevalent among girls (41 per cent) than boys (34 per cent).\textsuperscript{14} The Government response to violence within the family, community and school environment includes the establishment of call centres and significant legal reforms, including the passing of the “Law n°006/2021 on the Elimination of Violence Against Women”. Gaps in the child protection case management system, the lack of a child protection information management system, insufficient human and technical capacity for care, the poor availability of care services, lengthy legal proceedings and certain social norms are the main challenges hindering efforts to tackle violence.

8. Almost 89 per cent of children under 5 years of age are registered at birth, yet 18 per cent of registered births do not result in the issuance of birth certificates.\textsuperscript{15} Despite this relatively high level of coverage at the national level, there are disparities across the country, with the most vulnerable populations experiencing poor access to basic social services. The amendment of the civil code in 2021 to extend the time period for registering births and to make birth certificates free of charge is considered a significant but insufficient step towards ensuring universal birth registration and in contributing to the establishment of an inclusive and effective social protection system.

9. The national social protection policy, which includes the 2017 Social Protection Code, is implemented through the National Health Insurance and Social Security Fund (Caisse Nationale d’Assurance Maladie et de Garantie Sociale (CNAMGS)) and targets Gabonese citizens living below the poverty line. Social protection benefits

\textsuperscript{10} Conference of the Ministers of Education of French-speaking countries (CONFEMEN), CONFEMEN Programme for the Analysis of Education Systems (Programme d’Analyse des Systèmes Educatifs de la CONFEMEN), 2019.
\textsuperscript{11} Ministry of National Education, 2018/2019 statistical yearbook.
\textsuperscript{12} National Observatory for Children’s Rights (Observatoire National des Droits de l’Enfant (ONDE)), 2011.
\textsuperscript{13} DHS, 2012.
\textsuperscript{15} DHS, 2012.
over around 38 per cent of children.\textsuperscript{16} The combined effects of the economic crisis and the COVID-19 pandemic have exacerbated vulnerabilities by affecting the availability of public resources to cover social protection needs. These needs have multiplied due to the pandemic and households’ resultant loss of income.

10. Progress is needed to improve public expenditure on health (9.6 per cent in 2019) and education (15 per cent in 2020),\textsuperscript{17} given the 15 per cent and 15–20 per cent targets set by the Abuja Declaration and the Incheon Declaration for Education 2030, respectively. Beyond the allocation of resources to social sectors is a further challenge relating to the internal distribution of these resources and the overall effectiveness of public expenditure. Health and pre-primary and primary education components, for example, receive only small percentages of their respective sectoral budgets, and payroll costs are high. In addition, investment budgets often have low implementation rates and do not contribute effectively to improving the provision of services.

11. As an upper-middle-income country where economic and health crises are exacerbating large inequalities, it is crucial – as joint strategic thinking with the Government has highlighted – to support a strategy that targets pockets of disparity and influences public dialogue by demonstrating the effectiveness of practical innovations for scale-up. The experience of the COVID-19 response indicates that Gabon needs to be more resilient to shocks to ensure the continuity of basic social services. The need for the continuity, proximity and performance of basic services will have a greater influence on the selection of solutions and implementation strategies going forward.

Programme priorities and partnerships

12. The country programme stems from the United Nations Sustainable Development Cooperation Framework (UNSDCF) 2023–2027, in particular outcome 3, which aims to ensure that at least 80 per cent of the population of Gabon, especially the most vulnerable, regardless of age, sex or origin, benefit from being fully covered by integrated, resilient and inclusive quality education, health, social protection and water, sanitation and hygiene services to reduce social and gender inequalities. This outcome is based on the Emerging Gabon Strategic Plan (Plan Stratégique Gabon Émergent). The programme is aligned with the UNICEF Strategic Plan, 2022–2025, the Sustainable Development Goals, the African Union Agenda 2063: The Africa We Want and the Convention on the Rights of the Child.

13. The programme’s aim is for children in Gabon, including adolescents and particularly those in disadvantaged peri-urban and rural areas, to have universal access to quality basic social services and to enjoy their rights.

14. This will be achieved through: a) reducing the primary education repetition rate from 25 per cent to 20 per cent, and the rate of sexual violence against children from 9 per cent to 8 per cent; b) achieving an immunization coverage rate of 80 per cent in at least 60 per cent of health districts, as well as increasing the use of insecticide-treated mosquito nets from 39 per cent to 50 per cent and the medical treatment of children with fevers from 76 per cent to 88 per cent; and c) increasing the access of children from vulnerable households to social safety nets and universal health coverage from 38 per cent to 50 per cent.

15. To achieve these results, implementation strategies will need to refocus and take into account the lessons learned from the previous country programme and the local circumstances, in particular the country’s income level, as well as the comparative


\textsuperscript{17} World Bank, World Development Indicators.
advantages of UNICEF as a credible partner in all the above programme areas. The programme will adopt a multisectoral strategy focused on the most vulnerable populations, demonstrating innovative models at the decentralized level, strengthening partnerships with municipalities, civil society organizations and the private sector, and producing and analysing sustained evidence to support advocacy, inform public policy and leverage results at scale.

16. The programme will place particular emphasis on access to pre-primary education, especially in the public sector in disadvantaged areas (Ogooué-Ivindo, Nyanga, Ngounié and Ogooué-Lolo). A learner’s resilience is built from the pre-primary level onward, with data tending to show that a child who has completed quality pre-primary education will be more likely to complete primary and secondary education. Improving access to quality education in these areas requires sufficient numbers of well-qualified teachers to be available in all schools.

17. To improve immunization coverage and reduce malaria incidence and mortality in disadvantaged health districts, the programme will support Government efforts to develop a policy focused on prevention and primary health care, with a view to eradicating “medical deserts” and ensuring access to quality primary health care and community health care in accordance with the Transformation Acceleration Plan (Plan d’Accélération de la Transformation (PAT)) 2021–2023. To this end, the programme will support the operationalization of basic health departments, the reliability of the supply chain for essential medicines and the sustainability of the health system’s financing sources. The programme aims to support the Ministry of Health and Social Affairs, in partnership with the private sector, in strengthening the performance of 16 health districts with particularly low immunization coverage.

18. UNICEF plans to work closely with CNAMGS and the Ministry of Budget and Public Accounts to streamline CNAMGS expenditure and its operational model to ensure greater inclusion, improved efficiency of the social protection system and improved access to universal health coverage. UNICEF will therefore work with the Government to implement Fund 4, which primarily targets migrants and independent workers not eligible for the CNAMGS services.

19. UNICEF will also support the Ministry of Budget and Public Accounts in the analysis and orientation of public finances to increase the volume and efficiency of expenditure in social sectors for children.

20. Strategic collaboration with United Nations organizations, including through joint programmes, will be crucial to achieve the Sustainable Developing Goals as set out in national frameworks.

**Universal and equitable access to health care**

21. In alignment with outcome 3 of the UNSDCF and in support of the National Health Development Plan 2017–2021 and the social component of PAT 2021–2023, the programme will help strengthen primary health care in rural areas and disadvantaged suburban areas.

22. In collaboration with Gavi, the Vaccine Alliance and World Health Organization (WHO), UNICEF will support the Government in increasing coverage of the third dose of the pentavalent vaccine to 85 per cent among children younger than 1 year of age, focusing on 16 health districts with the lowest immunization coverage. To reduce the incidence of malaria, the programme will support primary health centres, prioritizing the same areas so that at least 50 per cent of children under 5 years of age

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sleep under insecticide-treated mosquito nets and 88 per cent of children in the same age group receive treatment for fevers.

23. In collaboration with WHO, the United Nations Population Fund (UNFPA), Gavi, the Vaccine Alliance, the Global Fund to Fight AIDS, Tuberculosis and Malaria and the World Bank, the programme will support the Ministry of Health and Social Affairs in strengthening the primary health-care network through advocacy. It will aim to improve immunization governance and multisectoral coordination, in particular by adapting immunization strategies to the country’s high level of urbanization, and to increase the effectiveness and efficiency of public expenditure on primary health care so that all health centres have qualified staff and essential medicines. To this end, UNICEF will develop a strategic partnership with the Ministry of Budget and Public Accounts and the National Assembly. UNICEF will also work with CNAMGS to improve health insurance coverage, paying particular attention to indigenous populations and children with disabilities.

**Universal and equitable access to resilient, quality education and protection**

24. In alignment with outcome 3 of the UNSDCF and in support of PAT 2021–2023, the programme will focus on improving the quality of primary education and preventing and responding to violence against children. In collaboration with the United Nations Educational, Scientific and Cultural Organization (UNESCO), UNICEF will support the Government in reducing the primary education repetition rate to 20 per cent and the prevalence of sexual violence to 8 per cent at the national level.

25. With respect to education, the programme will support the Ministry of National Education and Civic Action in improving access to pre-primary education in disadvantaged urban areas and the provinces of Ogooué-Ivindo, Ogooué-Lolo, Nyanga and Ngounié, in partnership with municipalities, provincial education inspectorates and the private sector. This support will include developing a national education policy and curriculum and improving the pre-primary teacher training system.

26. The programme will focus on improving the quality of learning at the primary level through an innovative multisectoral approach that uses schools as platforms for integrated services, including health and nutrition, water, sanitation and hygiene, reducing sexual violence and improving learning at primary and lower-secondary levels.

27. The programme will help remove financial barriers to accessing pre-primary education and will improve the efficiency of public resources used at the primary level. It will also help increase the availability of qualified teachers in disadvantaged areas while supporting the use of information and communication technology as well as the regularity and quality of teacher inspections and professional development days. Lastly, the programme will strengthen the promotion of digital learning in primary schools and, in crisis situations, complementary alternatives to face-to-face education.

28. In terms of child protection, the programme will focus on the prevention of and response to violence, particularly sexual violence. It will pay particular attention to violence in and around schools and within families and will use a two-pronged strategy. The first strategy will involve consolidating prevention interventions through strengthening social services, community-based mechanisms and prevention mechanisms within schools and developing evidence-based interventions that aim to change social norms. The second strategy will aim to strengthen the child protection case management system, including identification and referral mechanisms with other sectors (particularly schools), and to increase the reporting of sexual violence through
interventions that promote changes in social norms and behaviours, based on evidence of barriers to reporting. UNICEF will also continue to support the Ministries of Health and Social Affairs, Justice and Gender Equality to strengthen child protection information management systems.

29. In support of the Government and in coordination with UNFPA and UNESCO, the programme will contribute to the gender-sensitive adolescent sexual and reproductive health initiative in Gabon, prioritizing the specific needs of adolescents and promoting gender-sensitive social norms. The UNICEF contribution will focus on: a) developing standards for HIV prevention and menstrual hygiene; b) supporting the roll-out of the human papillomavirus vaccine; and c) building the capacity of adolescents to make informed decisions for their development and well-being.

30. In partnership with WHO, the Joint United Nations Programme on HIV/AIDS, UNFPA, UNESCO, mobile phone companies and religious communities, UNICEF will support the Ministries of Health and Social Affairs, Interior, National Education and Civic Action in building the capacity of stakeholders in various departments to report and refer cases of sexual violence and provide multisectoral care (including psychological and social support, medical care, legal assistance and social safety nets) to children who have survived such violence.

**Strengthened equality, inclusion and social protection**

31. In support of outcome 3 of the UNSDCF and PAT 2021–2023, the programme aims to improve access to social safety nets and universal health coverage for children, particularly children with disabilities and indigenous children, and those living in peri-urban areas. The main aim of this component is to support the Government in implementing the 2017 Social Protection Code, increase the proportion of children covered by social protection benefits to 50 per cent and improve the effectiveness and efficiency of the State budget, particularly in social sectors.

32. The programme will support CNAMGS in targeting social safety net beneficiaries and ensuring universal health coverage for all children. It will also support the Ministries of Decentralization, Cohesion and Territorial Development, Health and Social Affairs, Economy and Recovery, and Budget and Public Accounts, in the production of data to better understand the profile of child poverty and social exclusion and to improve the selection of beneficiaries. Lastly, the programme will strengthen national and local stakeholders’ systems and capacities to develop and implement inclusive programmes and public policies.

33. This component will be implemented in partnership with the World Bank, the International Monetary Fund (IMF), French Development Agency, International Labour Organization, United Nations Development Programme (UNDP) and municipalities. This collaboration will focus on advocacy to place children, including adolescents, at the heart of public policy.

**Programme effectiveness**

34. Through gender-sensitive approaches, this cross-cutting programme component will ensure effective and consistent implementation to achieve desired outcomes for the most vulnerable children, including adolescents, in accordance with the fundamental principles of human rights, gender equality, equity and sustainability. It will also contribute to multisectoral and intersectoral coordination, emergency preparedness and resilience-building.

35. In partnership with other United Nations organizations, UNICEF will focus on developing transformative strategies to achieve results at scale. The programme will
work on promoting youth participation to strengthen young people’s ability to make their voices heard.

Summary budget table

<table>
<thead>
<tr>
<th>Programme component</th>
<th>Regular resources</th>
<th>Other resources</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universal and equitable access to health care</td>
<td>836</td>
<td>1 638</td>
<td>2 474</td>
</tr>
<tr>
<td>Universal and equitable access to resilient, quality education and protection</td>
<td>900</td>
<td>4 250</td>
<td>5 150</td>
</tr>
<tr>
<td>Strengthened equality, inclusion and social protection</td>
<td>779</td>
<td>1 162</td>
<td>1 941</td>
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<tr>
<td>Programme effectiveness</td>
<td>1 825</td>
<td>950</td>
<td>2 775</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>4 340</strong></td>
<td><strong>8 000</strong></td>
<td><strong>12 340</strong></td>
</tr>
</tbody>
</table>

Programme and risk management

36. The country programme will be implemented under the leadership of the Ministry of the Economy and Recovery, in collaboration with sectoral ministries, municipalities and decentralized services, civil society organizations and the private sector as part of the United Nations country team’s contribution to the shared outcomes of the UNSDCF.

37. The main risks that may hinder the achievement of these outcomes relate to social tensions, health emergencies, natural disasters and their socioeconomic impacts. To address this, social services and community resilience programming, early warning mechanisms and emergency preparedness measures that are supported by United Nations organizations are essential.

38. To minimize institutional or operational risks, UNICEF will continue to ensure the effectiveness of governance and management systems by monitoring the stewardship of financial resources and the management of human resources. UNICEF will also strengthen management of the harmonized approach to cash transfers to ensure that activities are implemented per the plans agreed with implementing partners. Lastly, to improve efficiency and reduce cost, UNICEF will strengthen its collaboration with the United Nations country team by working to implement the operating procedures strategy.

39. This document outlines UNICEF contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the organization’s programme and operations policies and procedures.

Monitoring, learning and evaluation

40. The results and resources framework will be used to monitor progress. The integrated monitoring and evaluation plan will guide data production and analysis to inform decision-making on programme design and implementation. The country
programme will be reviewed regularly through annual joint programme reviews with the Government.

41. The evaluations outlined in the costed evaluation plan, including an end-of-cycle evaluation, will help assess progress, identify success factors and challenges and enable timely adjustments. UNICEF will continue to support the Government in implementing the national evaluation policy, with a view to improving the performance of public policies for children.

42. To inform public policy, UNICEF will also help strengthen routine statistical systems for the collection, analysis and dissemination of data on social services and children’s circumstances, demonstrative innovations and the inclusion of children in public finance allocations.

43. In close collaboration with United Nations organizations, UNICEF will provide strategic support to the Ministry of Budget and Public Accounts and CNAMGS to monitor progress towards the priorities set out in national strategies and plans, particularly those aligned with Sustainable Development Goal targets and that address the recommendations of the universal periodic review and human rights treaty bodies (including the Committee on the Rights of the Child, the Committee on the Elimination of All Forms of Discrimination against Women and the Committee on the Rights of Persons with Disabilities).
Annex

Results and resources framework

Gabon – UNICEF country programme of cooperation, 2023–2027

**Convention on the Rights of the Child**: 1–54

**National priorities**: Emerging Gabon Strategic Plan; Gabon Vision 2025; Transformation Acceleration Plan (Plan d’Accélération de la Transformation (PAT)) 2021–2023; Creating the Conditions for a New Social Pact (priorities 6, 7, 8), PAT 2021–2023

**United Nations Sustainable Development Cooperation Framework (UNSDCF) outcomes involving UNICEF**: 3

**Related UNICEF Strategic Plan, 2022–2025 Goal Areas**: 1–5

<table>
<thead>
<tr>
<th>UNSDCF outcomes</th>
<th>UNICEF outcomes</th>
<th>Key progress indicators, baselines (B) and targets (T)</th>
<th>Means of verification</th>
<th>Indicative country programme outputs</th>
<th>Major partners, partnership frameworks</th>
<th>Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 3:</td>
<td>1. By 2027, children, especially the most vulnerable, have increased access to health services.</td>
<td>Percentage of children aged 0–11 months who have had three doses of the pentavalent vaccine* B: 63% (2020) T: 85%</td>
<td>World Health Organization (WHO) and United Nations Children’s Fund (UNICEF) estimates of national immunization coverage</td>
<td>Health system stakeholders in 12 districts have strengthened capacity to provide quality immunization services. Health centres have increased capacity to provide prevention, management and promotion services for major childhood diseases, particularly malaria.</td>
<td>Ministry of Health and Social Affairs Health departments Municipalities Private sector WHO United Nations Population Fund (UNFPA) National Health Insurance and Social Protection Fund (Caisse Nationale d’Assurance Maladie et de...</td>
<td>836 1 638 2 474</td>
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<td>UNSDCF outcomes</td>
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<td>sanitation and hygiene services to reduce social and gender inequalities.</td>
<td>Percentage of children under 5 years of age who sleep under insecticide-treated mosquito nets</td>
<td>Demographic and Health Survey (DHS) 2026 or Multiple Indicator Cluster Survey (MICS) 2026 National Malaria Control Programme (Programme National de Lutte contre le Paludisme) report</td>
<td>Garantie Sociale (CNAMGS)) Ministry of Budget and Public Accounts Gavi, the Vaccine Alliance World Bank</td>
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<td></td>
<td>Percentage of children under 5 years of age with a fever for whom advice or treatment was sought</td>
<td>DHS 2026 National Malaria Control Programme report</td>
<td></td>
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<tr>
<td>Outcome 3</td>
<td>2. By 2027, children, especially the most vulnerable, have increased access to pre-primary education and satisfactory academic performance in violence-free</td>
<td>Primary education repetition rate*</td>
<td>Ministry of National Education statistical yearbook</td>
<td>Education stakeholders have strengthened capacity to develop and implement the strategy for resilient, quality basic education. Social service stakeholders</td>
<td>Ministry of National Education and Civic Action Municipalities Private companies United Nations Educational, Scientific and Cultural</td>
<td>900</td>
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<tr>
<td></td>
<td></td>
<td>Gross pre-primary enrolment ratio</td>
<td>Ministry of National Education statistical yearbook</td>
<td></td>
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<td>UNSDCF outcomes</td>
<td>UNICEF outcomes</td>
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<td>school and home environments.</td>
<td></td>
<td>T: 50% girls: 50%; boys: 50%</td>
<td>Ministry of National Education statistical yearbook</td>
<td>have strengthened capacity to develop and implement strategies for the prevention of and response to violence against children. National education stakeholders have strengthened capacity to develop partnerships and implement policies to promote access to education.</td>
<td>Organization (UNESCO) UNFPA Religious communities Ministry of Health and Social Affairs Ministry of the Interior Ministry of Justice Media outlets</td>
<td></td>
</tr>
<tr>
<td>Existence of a national strategy for the digitalization of education in Gabon that is gradually being implemented</td>
<td></td>
<td>B: No (2022) T: Yes</td>
<td>DHS 2026 National Observatory for Children’s Rights annual bulletin</td>
<td></td>
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<td>Percentage of young people aged 18–29 years who have experienced sexual violence before the age of 18</td>
<td></td>
<td>B: 9% (2012) T: 8%</td>
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<tr>
<td>Percentage of children aged 0–17 years covered by social protection benefits</td>
<td></td>
<td>B: 38% (2021) T: 50%</td>
<td>CNAMGS report Ministry of Health and Social Affairs annual report</td>
<td>National and local stakeholders and institutional mechanisms have increased capacity to improve health insurance and social protection coverage, targeting children who are most vulnerable to health risks</td>
<td>CNAMGS Ministry of Budget and Public Accounts Economic, Social and Environmental Council Ministry of Health and Social Affairs Ministry of National</td>
<td>779 1 162 1 941</td>
</tr>
<tr>
<td>Percentage of children under 5 years of age whose births have been registered with a civil registry authority*</td>
<td></td>
<td>B: 89%; girls: 89%; boys: 91% (Gabon Poverty Survey 2017) T: 93%</td>
<td>DHS 2026</td>
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<tr>
<td>UNSDCF outcomes</td>
<td>UNICEF outcomes</td>
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<td>Percentage of public expenditure on health, education and social protection*</td>
<td>Budget and public expenditure analysis report</td>
<td>build their resilience.</td>
<td>Education and Civic Action</td>
<td>RR</td>
</tr>
<tr>
<td>B: Health: 9.6%; Education: 15% (2020); Social protection: 1.75% (2021)</td>
<td>T: Health: 15%; Education: 20%; Social protection: 2%</td>
<td>State institutions and departments in charge of planning and forecasting have increased capacity to produce and use data to influence national and sectoral policies for children.</td>
<td>World Bank</td>
<td>International Monetary Fund (IMF)</td>
<td>United Nations Development Programme (UNDP)</td>
<td>Municipalties</td>
</tr>
<tr>
<td>Universal health coverage rate for the entire population*</td>
<td>Budget and public expenditure analysis report</td>
<td>InSight</td>
<td>UNICEF teams and partners are provided with guidance, tools and resources to effectively design, plan and manage programmes, conduct communication and advocacy activities and build effective partnerships.</td>
<td>Ministry of the Economy and Recovery</td>
<td>United Nations organizations</td>
<td>Civil society organizations</td>
</tr>
<tr>
<td>B: 50% (2021)</td>
<td>T: 60%</td>
<td>Annual budget utilization rate (regular resources)</td>
<td>InSight</td>
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<tr>
<td>4. By 2027, the country programme is well designed, coordinated and managed, and is supported to achieve expected programme quality in terms of achieving results for children.</td>
<td>Number of scorecard areas with high performance ratings</td>
<td>InSight</td>
<td></td>
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<tr>
<td>B: 4 out of 5 (2021)</td>
<td>T: 5 out of 5</td>
<td></td>
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<tr>
<td>UNSDCF outcomes</td>
<td>UNICEF outcomes</td>
<td>Key progress indicators, baselines (B) and targets (T)</td>
<td>Means of verification</td>
<td>Indicative country programme outputs</td>
<td>Major partners, partnership frameworks</td>
<td>Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)</td>
</tr>
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<td>Percentage of evaluation reports rated highly satisfactory</td>
<td>InSight</td>
<td></td>
<td></td>
<td>RR 4 340 OR 8 000 Total 12 340</td>
</tr>
</tbody>
</table>

B: 67% (2018–2021)  
T: 100%

*Outcome indicator aligned with the United Nations Sustainable Development Cooperation Framework indicator.*