



UNFPA Regional Office for West and Central Africa  
Annual Report

2016

**Working together**  
to put young people and women first





**UNFPA Regional Office for West and Central Africa**  
2016 Annual Report

**Working together**  
to put young people  
and women first

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# Acronyms

<b>AfDB</b>	African Development Bank	<b>MCH</b>	Maternal and Child Health
<b>AU</b>	African Union	<b>mCPR</b>	modern Contraceptive Prevalence Rate
<b>AUC</b>	African Union Commission	<b>MOU</b>	Memorandum of Understanding
<b>AYSRH</b>	Adolescent and Youth Sexual Reproductive Health	<b>NTA</b>	National Transfer Account
<b>BMGF</b>	Bill and Melinda Gates Foundation	<b>OF</b>	Obstetric Fistula
<b>BOAD</b>	West African Development Bank	<b>RAPID</b>	Resources for the Awareness of Population Impacts on Development
<b>BSCC</b>	Behaviour and Social Change Communication	<b>REC</b>	Regional Economic Commissions
<b>CBO</b>	Community Based Organization	<b>RH</b>	Reproductive Health
<b>CBS</b>	Community Based Service	<b>RHCS</b>	Reproductive Health Commodity Security
<b>CO</b>	Country Office	<b>RMNCH</b>	Reproductive, Maternal, Newborn and Child Health
<b>CPD</b>	Country Programme Document	<b>RMNCAH</b>	Reproductive, Maternal, Newborn, Child and Adolescent Health
<b>CREFAT</b>	Centre for Economics and Applied Finance Research	<b>RMNCHN</b>	Reproductive, Maternal, Newborn and Child Health and Nutrition
<b>CSE</b>	Comprehensive Sexuality Education	<b>SBCC</b>	Social and Behaviour Change Communication
<b>CSO</b>	Civil Society Organization	<b>SDGs</b>	Sustainable Development Goals
<b>DD</b>	Demographic Dividend	<b>SRH</b>	Sexual and Reproductive Health
<b>ECA</b>	Economic Commission for Africa	<b>SWEDD</b>	Sahel Women's Empowerment and Demographic Dividend
<b>ECOWAS</b>	Economic Community of West African States	<b>TICAD</b>	Tokyo International Conference on African Development
<b>EmONC</b>	Emergency Obstetric and Neonatal Care	<b>UEMOA / WAEMU</b>	West African Economic and Monetary Union
<b>FBOs</b>	Faith-based Organizations	<b>UNFPA</b>	United Nations Population Fund
<b>FGM</b>	Female Genital Mutilation	<b>WAHO</b>	West African Health Organization
<b>FP</b>	Family Planning	<b>WCA</b>	West and Central Africa
<b>GBV</b>	Gender-Based Violence	<b>WCARO</b>	West and Central Africa Regional Office
<b>GPRHCS</b>	Global Programme Enhance Reproductive Health Commodity Security	<b>WB</b>	World Bank
<b>ICPD</b>	International Conference on Population and Development		
<b>IPPF</b>	International Planned Parenthood Federation		
<b>LMIS</b>	Logistic Management Information System		

# Message from the Regional Director

Politicians, leaders and stakeholders across West and Central Africa are clear. We must put young people first if we are to harness the demographic dividend, build resilience and transform our region to achieve the Sustainable Development Goals and the Africa We Want.

At the beginning of 2016, following strong advocacy from UNFPA and other stakeholders, the African Union (AU) Heads of State and Government underlined this commitment by agreeing to focus their 28<sup>th</sup> and 29<sup>th</sup> Ordinary Sessions in 2017 on 'Harnessing the demographic dividend through investments in youth'.

They further called on UNFPA and its partners to develop a roadmap with key deliverables and milestones for 2017 and beyond.

UNFPA West and Central Africa Regional Office (WCARO) has taken this call for action seriously and is committed to support the region in this regard. Our proactive contribution to this continental priority corresponds with UNFPA's own strategic plan and its focus on improving people's lives – in particular young people, women and girls. This strategic plan and its accompanying mode of engagement underline the need for a unified focus and an integrated

approach – because by working together we can achieve so much more for the women and girls whose lives we seek to transform.

The AU's call has encouraged a partner-led approach to long-term development plans that will transform the continent and ensure shared prosperity whilst showing respect for our planet. By collaborating with others, we can better build the resilience of people, communities, health systems and countries.

This year, we have used that call as a lever to bring together and mobilise political leaders, parliamentarians, faith-based leaders, entrepreneurs from the private sector, researchers, scientists, voluntary groups and young people themselves, to proactively participate in delivering a better future.

The demographic dividend is so important in WCA because nearly two-thirds of our population are under 24 years old. But it can only be harnessed by making strategic investments and policy interventions to allow parents to plan families better and to improve education, skills development, health systems, economic reforms, job creation, good governance and accountability.



The crucial factor is to bring about a demographic transition – a shift from high to low mortality and fertility levels and a resulting reduction of the dependency ratio. This transition is at the core of what UNFPA in WCA is striving for. It is also at the heart of some of the ongoing regional flagship collaborative platforms – the French Muskoka Fund, the Sahel Women’s Empowerment and Demographic Dividend initiative, the Ouagadougou Partnership on Family Planning and also the joint programmes with UNICEF to end child marriage and female genital mutilation.

Our focus is on improving the lives of women and young people but our overriding philosophy is to ‘leave no-one behind’. If we bring about the demographic dividend by improving opportunities for young people, allowing mothers to plan their pregnancies and making childbirth safe for mother and child, the overall effect will make life better for the entire population – and we will, indeed, have helped ensure a life of dignity for all.

This report is a summary of what the team at WCARO and in our country offices did in 2016





to advance the wellbeing of women and young people. It also shows how we prepared and engaged constituencies so that in 2017 we can focus on securing resources and moving forward actions on Africa's demographic dividend.

This report is not only about our work – it is also about the work we carried out with so many strategic partners. It is about what other organizations and stakeholders helped us achieve towards our shared goal: a transformed Africa with healthy, educated and productive citizens.

They may not share our specific focus of planned pregnancies, safe motherhood and empowered young people, but by working towards a healthier, fairer, peaceful and more prosperous Africa – driven by more productive, less dependent young people – they share our intent. Because all our visions are interlinked and interconnected.

This year has seen us work with the private sector in many new ways, from getting together with a technology company to prepare demographic dividend observatories to collaborating with a hotel chain to fundraise for women suffering from the crippling, ostracizing condition of Obstetric Fistula.

We brought faith-based leaders together to brainstorm ways of advancing family planning, ending child marriage and female genital mutilation and organized trainings for those in government responsible for developing policy.

We have helped young people voice their opinions and campaign for their needs by enabling them to participate in meetings with world leaders – as well as organize their own conferences.

Our partnerships with the Research Center for Economics and Applied Finance of University of Thies and others are allowing us to offer solid research skills to countries as they work to

prepare their own demographic profiles to plan for the challenges ahead.

Governments from across the world,<sup>1</sup> gave us the funding we need to train midwives and community nurses and provide family planning commodities to women and girls in some of the most remote areas of our region.

Former Heads of States pledged their support and commitment to bridge the generational gap and make a difference in the lives of our young people in the continent.

Thanks to sustained advocacy, parliamentarians are also fully onboard to pass and implement laws that will provide a safe environment for our young people to reach their full potential.

These are just some of the ways we are working with others to invest in women, girls and young people in general. So much more is documented in this report.

By cooperating, collaborating and communicating with our partners, we see improved results. I applaud all colleagues at WCARO and across the region who are working so hard to make this happen and I thank all our partners who are helping us achieve our dream – putting young people first and achieving the demographic dividend for all in Africa.

**Mabingue Ngom,**  
*Regional Director*  
*West and Central Africa Region*

1. Including Belgium, Denmark, France, Japan, South Korea, Sweden and the United Kingdom



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**Strengthening partnerships  
to accelerate Africa's  
demographic dividend**

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*We believe we can best achieve change by working closely with all those who are striving for a better future.*

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Over the course of 2016, we have successfully helped to position the demographic dividend at the top of the continental agenda by investing in partnerships. We believe we can best achieve change by working closely with all those who are striving for a better future.

This past year has seen us work closely with regional and continental institutions including the **African Development Bank, the African Union, the Economic Commission for Africa, Economic Community of West African States (ECOWAS) and the West African Economic and Monetary Union (UEMOA)**. Together, we have focused efforts and engaged in partnerships to empower women and broaden investments that leverage the potential of Africa's biggest asset – its young people.

We have worked with our headquarters, country offices and others from the UN system, as well as the World Bank (WB), to organize high-level discussions with a number of leaders and stakeholders. These discussions have in turn rallied a broad range of partners, from government departments to the private sector, to collaborate on harnessing the demographic dividend.

UNFPA-supported research institutions, including the **Research Centre for Economics and Applied Finance of the University of Thies (CREFAT) and the Timbuktu Institute**, have helped build local capacity and develop national demographic dividend profiles to form the base for sector-wide development.

Simultaneously, there has been a growing interest in regional initiatives that support national efforts and have the added value of economies of scale, spillover and cross-border learning, as well as knowledge sharing. It is therefore encouraging that partners like the Islamic Development Bank and the West African Development Bank (BOAD) have indicated their interest in collaborating on this.

One such initiative is the **Sahel Women's Empowerment and Demographic Dividend (SWEDD)** initiative set up following a call to action by the President of Niger in 2013, during the joint visit by the United Nations Secretary General and the World Bank President. This project, initiated together with the WB, and the governments of six countries (Burkina Faso, Chad, Côte d'Ivoire, Mali, Mauritania and Niger) is tackling the demographic challenges in the Sahel.

Encouraged by the promise of this partnership, we **brought together two significant gatherings of leaders and stakeholders from the region in Dakar, and again in New York**, to discuss how the approach could be optimised for replication in other countries and sub-regions.

Other emerging regional initiatives include the **Mano River Youth and Demographic Dividend Initiative**, working on recovery and resilience in the aftermath of Ebola. Another is the growing partnership and engagement with **faith-based and traditional leaders**, amplified through the SWEDD initiative and the efforts of several country offices, including those in Benin, Chad, Nigeria and Togo.

**Harnessing the demographic dividend is central to Africa's development agenda.** It is at the core of the Common African Position on the Post-2015 Development Agenda, the African Union's Agenda 2063 and the 2030 Agenda for Sustainable Development – all of which position

the demographic dividend as critical to achieving a peaceful and prosperous transformation of Africa and its people. Ensuring the participation and inclusion of women and young people, particularly those most marginalized and excluded, is integral to bringing about this goal.



## ENGAGING ELDERS: AFRICA FORUM OF FORMER HEADS OF STATE AND GOVERNMENT

The relationship between UNFPA and the Africa Forum was cemented through a Memorandum of Understanding (MOU) that was signed on the occasion of the High-level Symposium on Demographic Dividend in June 2016 in Dakar, Senegal.

President Offman of Mauritius and President Guebuza from Mozambique, together with Nigeria's Emir of Shonga and ministers from Cameroon, Cote d'Ivoire, Liberia and Sierra Leone, had participated in a brainstorming meeting to devise ways to facilitate high-level policy dialogue and intergenerational engagement.

As made clear by the **Regional Director during his encounter with former leaders at their Annual Assembly in Malabo** in August 2016, this collaboration with the Africa Forum includes momentum building around the demographic dividend with their peers and members. More specifically, it seeks to facilitate and promote the creation of incentives to provide young people with socio-economic opportunities to allow them to become agents of development and change across Africa.





## MOBILISING POLITICAL SUPPORT FOR THE AFRICAN UNION'S 2017 ROADMAP ON THE DEMOGRAPHIC DIVIDEND

Around 90 participants from the diplomatic missions to the African Union, high level officials of the African Union Commission and Economic Commission for Africa, UN agencies, development partners and civil society took part in the discussions on the road ahead at a meeting on the demographic dividend in Addis Ababa in March 2016.

Donor representatives and partners voiced their support and interest in UNFPA's work and WCA ambassadors welcomed our contribution to transforming and uplifting the lives of people on the continent.

The meeting focused minds on the tasks ahead and drew commitments from all to work together in shaping and delivering the anticipated African Union 2017 Roadmap on the Demographic Dividend.



H.E. Aminata Touré, Former Prime Minister of Senegal, H.E. Yakubu Gowon, Former President of Nigeria and H.E. Jakaya Kikwete, Former President of Tanzania at the High-level Symposium on Demographic Dividend and Africa's Development in Dakar, Senegal (20 June 2016).



## UNFPA and the United Religions Initiative Africa signed a partnership agreeing to work together at all levels in July 2016.

The agreement saw faith-based organizations and religious leaders pledge to play a leading role in the promotion of the demographic dividend across the region.

They agreed to join UNFPA's work to protect and empower young people by stopping child marriage, avoiding early pregnancy and ending female genital mutilation.

"Community and religious leaders can help us achieve large scale and sustainable progress we cannot deliver with billions of USD," said Mabungue Ngom, UNFPA WCARO Regional Director.

"It is crucial to ensure the involvement of religious and traditional leaders as indispensable partners and influencers."



STOPPING CHILD MARRIAGE



AVOIDING EARLY PREGNANCY



ENDING FEMALE GENITAL MUTILATION



Some of the 500 female Muslim preachers who gathered in Chad for an awareness raising and engagement activity on the theme of Islam and family planning.



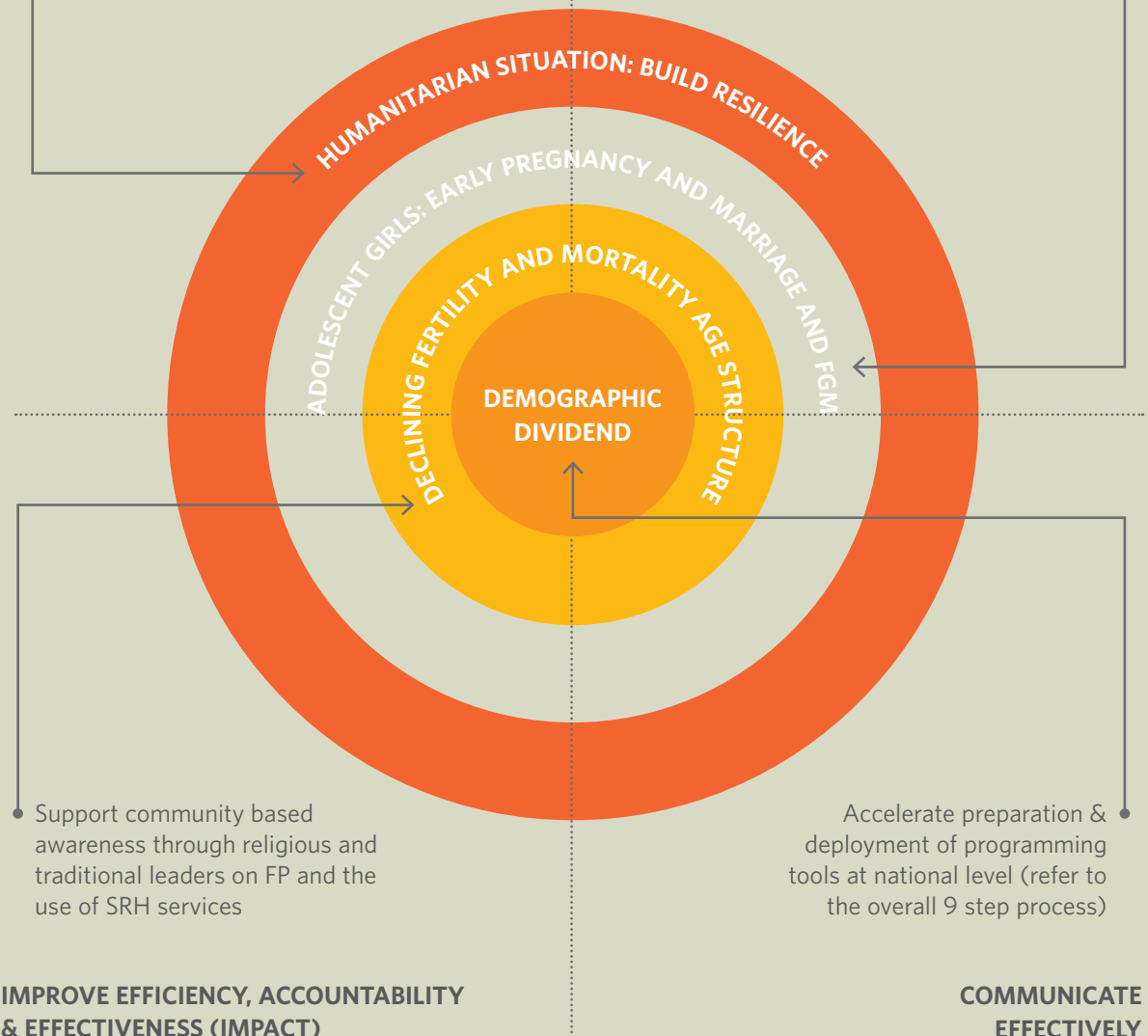
## 2016 PRIORITIES

### ADVANCE STRATEGIC PARTNERSHIP

Addressing challenges and build resilience

### MOBILISE DOMESTIC & HUMAN RESOURCES

Support community based awareness through religious and traditional leaders to protect young girls





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**2016:**  
**A year of mobilising  
high-level action**





## POSITIONING THE DEMOGRAPHIC DIVIDEND FRAMEWORK

Over the course of the year, WCARO led efforts to build support and readiness for actions on the demographic dividend through a number of *high-level policy dialogue and advocacy activities*.

This included the following:

- Ambassadorial Roundtable in New York, USA, January.
- High-level Event on Faith and Africa's Demographic Dividend in New York, USA, January.
- Ambassadorial Roundtable in Dakar, Senegal, February.
- Youth Dialogue with AfriYAN in Dakar, Senegal, February.
- 7<sup>th</sup> African Conference on Sexual Health and Rights in Accra, Ghana, February.
- Ambassadorial Dialogue in Addis Ababa, Ethiopia, March.
- Ministerial Strategic Dialogue for South-South Cooperation on Population and Development in Beijing, China, March.
- Global Conference of Parliamentarians on Population and Development in Tokyo, Japan, May.
- African Union Banjul Plus 10 Commemoration in Banjul, The Gambia, May.
- TICAD VI Ministerial Meeting in Banjul, The Gambia, June.
- High-level Symposium on the Demographic Dividend and Africa's Development in Dakar, Senegal, June.
- TICAD VI, Nairobi, Kenya, August.
- High-level Dialogue on Strengthening Partnerships on the Demographic Dividend and Africa's Development, New York, USA, September.
- International Conference of Parliamentary Networks on Population and Development focusing on the Demographic Dividend and Africa's Development in Dakar, Senegal, November.



The President of Burkina Faso hosted a *High-Level Dialogue on Strengthening Partnerships to accelerate Africa's demographic dividend* at the 71<sup>st</sup> Session of the UN General Assembly in New York in September 2016.

He was joined by a number of his peers at the event, organized by UNFPA and the World Bank, to renew their commitment to improving the lives of young people and women. Amongst those taking part in discussions were the Chair of the African Union, President Idriss Deby of Chad, and the leaders of Benin, the Central African Republic, the Gambia, Norway, Malawi and Rwanda. Also present were ministers and senior officials from Cote d'Ivoire, France, Kenya, Mali, Niger, Senegal and Spain.

They spoke of the interventions they were undertaking and called for more investment in women and young people.

"The creation of decent jobs for young people and women with support from the state and

most importantly from the private sector is at the top of our priorities," said President Roch Marc Christian Kabore of Burkina Faso.

The meeting showcased the Sahel Women's Empowerment and Demographic Dividend Initiative, one of UNFPA's flagship regional initiatives in WCA.

Youth leaders and representatives of the private sector and several economic and political multilateral institutions (African Development Bank, African Union, ECOWAS, UEMOA and UNESCO) also spoke about the need to empower, educate and employ young people. The session ended with a renewed sense of collaboration and commitment to put a continental-wide initiative in place.







## UNFPA WCARO held a *High-Level Symposium on the Demographic Dividend and Africa's Development in Dakar, Senegal*, in June 2016.

It brought together current and former heads of state and government, ministers, faith leaders, activists, researchers, development partners and expert practitioners from around the world. High-level participants included the prime minister of Senegal, H.E. Mahammad Boune Abdallah Dionne; Deputy Special Representative of the UN Secretary-General for West Africa and the Sahel, Ms. Hiroute Guebre Sellassie; and the former presidents of Mozambique, Mauritius, Nigeria, Tanzania and Nigeria's Emir of Shonga, His Royal Highness Yahaya Haliru.

They discussed a series of politically-sensitive issues which, if not addressed, will prevent Africa benefitting from the demographic dividend, including forced migration, youth employment, violent extremism, family planning, child marriage and female genital mutilation.

The symposium concentrated on addressing the needs of young people in terms of empowerment, health and education and finding ways of investing in family planning, professional training and job creation. It allowed members to hear views and opinions from a range of perspectives, from elder statesmen to youth activists, policy makers to religious leaders.

Attendees discussed the strength of political commitment to the task ahead, lessons learnt from previous attempts to bring about a demographic transition and potential and existing policies and partnership-led interventions like the Sahel Women's Empowerment and Demographic Dividend Initiative. Participants considered country roadmaps including resources mobilisation actions and strengthened multi-stakeholders partnerships.

The session ended with a renewed commitment to investing in young people, promoting family planning and ensuring good governance and leadership across the continent.

An impressive number of institutional (CRE-FAT, Government of Senegal and Ouagadougou Partnership) and private sector (Cisco, Eiffage, Sococim and Tigo) partners helped deliver the event.

The symposium's outcomes were shared with the African Union and submitted as part of the AU Roadmap on Demographic Dividend. It was also shared with UNFPA country offices to be absorbed at national level.



H.E. Mahammad Boune Abdallah Dionne, Prime Minister of Senegal officially opening the High-level Symposium on Demographic Dividend and Africa's Development alongside H.R.H. Yahaya Haliru, Emir of Shonga; Mr. Mabingue Ngom, Regional Director of UNFPA; H.E. Jakaya Kikwete, Former President (Tanzania); H.E. Yakubu Gowon, Former President (Nigeria); H.E. Karl Auguste Offmann, Former President (Mauritius); H.E. Armando Emilio Guebuza, Former President (Mozambique); Madame Leymah Gbowee, Nobel Prize Laureate (Liberia); and other dignitaries.





HIGH-LEVEL  
SYMPOSIUM ON THE  
DEMOGRAPHIC  
DIVIDEND  
AND AFRICA'S  
DEVELOPMENT

SYMPOSIUM  
NIVEAU

10ème Conférence Internationale de Niveau 100 / 10th Global Meeting of Heads of State  
20 JUIN / JUNE 20, 2016 - Hôtel KING FAHD PALACE DARIU

[WWW.SYMPOSIUM002016.ORG](http://WWW.SYMPOSIUM002016.ORG)



## MOBILISING SUPPORT FOR UNFPA'S INTERVENTIONS ACROSS WCA

UNFPA WCARO's *Regional Director Mabingue Ngom* visited more than 14 countries in the year to encourage our partners to work with us to put women and young people first.

During these visits, he engaged with UNFPA staff, political leaders as well as UNFPA partners and clients, including young people.

These visits took him across the region. Countries visited included **Burkina Faso, Chad, Congo, Cote d'Ivoire, Equatorial Guinea, Gabon, the Gambia, Ghana, Guinea, Mali, Mauritania, Niger, Nigeria** and **Senegal**.

In the **Gambia**, he encouraged youth groups to participate in the delivery of the African Union's demographic dividend. This engagement led to an outcome document including recommendations to not only not leave young people behind, but to put them first, starting with the ratification and implementation of the African Youth Charter.

In **Ghana**, UNFPA's Executive Director Professor Babatunde Osotimehin was accompanied by Mr Ngom in meeting the President and also to deliver the keynote address at the 7<sup>th</sup> Africa Conference on Sexual Health and Rights (ACSHR). UNFPA presented the C'est la Vie sexual health and rights TV programme and associated social and behaviour change campaign at the conference, which brought together leaders, experts and young people from all over the continent.

Dr Osotimehin was again accompanied by Mr Ngom in a visit to secure support from the **Nigerian** president for UNFPA's interventions. Subse-

quently, they also took part in a joint advocacy visit with the Permanent Secretary of the United Kingdom's DfID to Nigeria to meet senior government officials, donors, development partners and CSOs. They discussed the country's commitment to achieving the goal of a contraceptive prevalence rate of 36 percent by 2018. UNFPA makes essential lifesaving commodities available to women and girls, including in Nigeria's North East, and the visit helped secure continued and enhanced support for this work.

Mr Ngom used his visits to **Cote d'Ivoire, Congo, Equatorial Guinea, Gabon, Guinea, Mauritania, Mali, Niger** and **Senegal** to provide strategic guidance to UNFPA staff as well as mobilize political leaders, partners and stakeholders to undertake actions to protect and empower women and young people.

The engagement with the private sector, development partners and other benefactors in **Congo** during the commemoration of the International Day of the Girl Child led to increased contributions to the Institut des Jeunes Sourds de Brazzaville (Institute for Deaf Young People).

In **Guinea**, he also joined President Conde and ten ministers responsible for youth affairs from the region who reiterated their commitment to invest in girls at the regional launch of the State of the World Population Report in November.

Whilst in **Chad**, the Regional Director was granted an audience by the President (also Chair of the African Union) to consider UNFPA's ongoing support for the delivery of the African Union's Demographic Dividend Road-

map. President Deby reaffirmed his unwavering support for actions to put young people first, including the banning of early marriage and female genital mutilation.





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**Working with  
and for young people**



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## *UNFPA recognizes the critical importance of bringing young people into decision-making processes and project planning.*

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If efforts to harness the demographic dividend in West and Central Africa are to succeed, UNFPA recognizes the **critical importance of bringing young people into decision-making processes and project planning.**

There is a strong and growing cadre of young African leaders and youth networks in the region. As the lead agency for youth empowerment and development, UNFPA WCARO partners with and supports youth networks that have a regional or sub-regional role and supports youth networks at national level through its country offices.

In mid-2016, we further **cemented and formalized our relationship with two youth networks - AFRIYAN and ROJALNU** - through the signing of MOUs.

Africa Youth and Adolescents on Population and Development (AFRIYAN) is a collective of young African leaders working to improve the lives of young people and make change in Africa. Their focus is on having **young Africans build the capacity of fellow young Africans.**

Pan African Youth Leaders Network/Reseau Ouest Africain des Jeunes Leaders des Nations Unies (ROJALNU-AFRIQUE) is a Network of Young African Leaders for the United Nations, dedicated to **ensuring the voices of youth in decision making in the continent and the world.**

We also launched the **#PutYoungPeopleFirst** digital campaign to engage young people and other leaders to consider investments in youth - especially during meetings such as high-level dialogues and the Pan-African Parliamentary Conference. The hashtag yielded more than 30 millions impressions within six months.

UNFPA always plays a **strategic convening role in bringing young people together with partners** from governments, regional bodies, UN agencies and CSOs to support multi-sectoral interventions and increase investment.

UNFPA also supported youth leaders to participate at high-level events such as the 7<sup>th</sup> Africa Conference on Sexual Health and Rights; 5<sup>th</sup> Pan-African Summit of Youth Leaders in May; the Banjul +10 Summit on the African Youth Charter in May; the High-Level Forum on Demographic Dividend in June; and the High-Level event on Demographic Dividend on the margins of the General Assembly in September 2016.

As the **co-lead in the Joint Programmes on Child Marriage and FGM in partnership with UNICEF**, UNFPA is building on hard-won successes in the region and challenging barriers to ending these harmful traditional practices. We continue to involve young people in the development and roll-out of these programmes. We are also pushing for better comprehensive sexuality education (CSE) programmes through investments in quality curriculum development in both in-school and out-of-school settings, so that young people can grow up armed with the knowledge they need to make informed decisions about their sexual and reproductive health.

Going forward, we will continue to build the capacities of young people as partners and agents of change. We will specifically support young people to have a seat at the table and will also foster intergenerational dialogue between youth leaders with current and former leaders. Furthermore, we aim to leverage our strategic partnership with the African Union and other partners to enable greater investments in adolescents and youth, capitalizing on the existing momentum in the region on the demographic dividend.



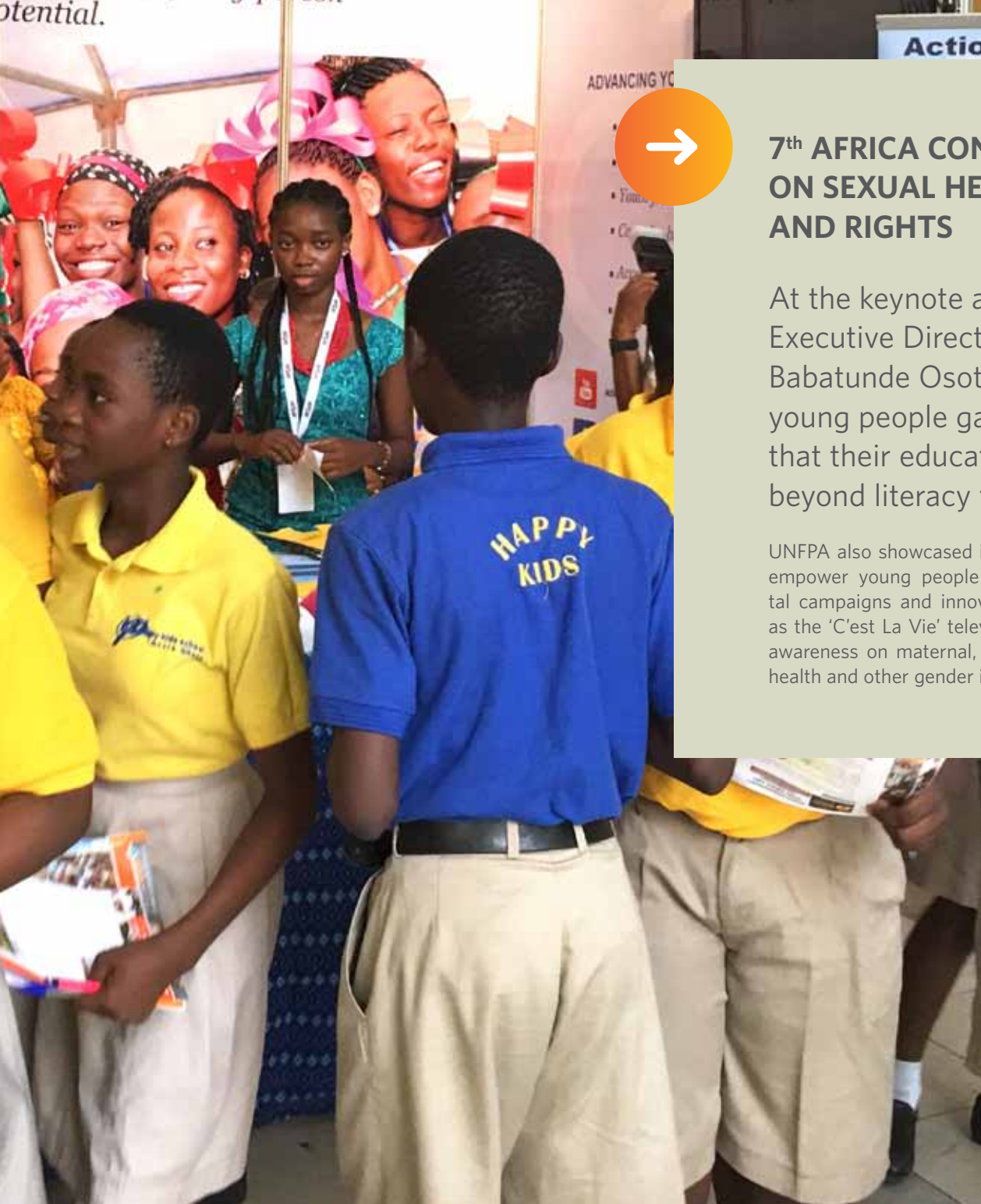
## AFRICAN UNION BANJUL+10 AFRICAN YOUTH CHARTER

WCARO, including the Gambia Country Office, showed its commitment to youth participation by coordinating UNFPA's partnership with the AU and the Government to organize Banjul+10.

This event saw more than 400 people, including young people from across the continent, coming together to talk about the issues they face growing up.

The event took stock of progress achieved since the adoption of the African Youth Charter ten years ago. UNFPA helped members of the AFRIYAN networks to attend and make their views heard.

Outcomes of the meeting served as the platform for the roadmap for the 2017 AU Summit "African Year for Harnessing Demographic Dividend for accelerated Youth Empowerment".



## 7<sup>th</sup> AFRICA CONFERENCE ON SEXUAL HEALTH AND RIGHTS

At the keynote address, UNFPA Executive Director Professor Babatunde Osotimehin told the young people gathered there that their education should go beyond literacy training.

UNFPA also showcased its efforts to engage and empower young people including through digital campaigns and innovative programmes such as the 'C'est La Vie' television show which raises awareness on maternal, sexual and reproductive health and other gender issues.



Young people were again centre stage at this UNFPA-supported event in Accra, Ghana.



Daline, from Cameroon, is among 65 million 10-year-old girls identified as key to the world's future in the UNFPA's state of the world population report. Daline, wants to help children who are abandoned or homeless so that they will no longer be alone.

*Photograph: Adrienne Surprenant/Barcroft Media/UNFPA.*



## INVESTING IN 10-YEAR-OLD GIRLS: THE LAUNCH OF WCA'S 2016 STATE OF WORLD POPULATION REPORT

In October, Guinea's president Alpha Conde joined WCARO Regional Director Mabingue Ngom to mark the launch of the West and Central Africa regional State of World Population (SWOP).

The event brought together more than 50 young girls, 10 youth ministers from across WCA, several Guinean ministers, youth leaders and journalists as well as the Secretary-General of the Mano River Union, the Resident Coordinator and several heads of mission from across the UN system and development partners.

The theme for the region was 'Investing in 10-year-old girls' – an affirmation to #PutYoungPeopleFirst – and called for urgent action and investment to ensure girls are healthy, educated, empowered and employed for the wellbeing of themselves, their families, communities and nations.

President Conde congratulated UNFPA on the pertinence of the report and the opportunity to highlight the need to enhance investments in girls to transform Africa. He committed himself and his Government to taking forward its recommendations.

Girls in Guinea suffer from high rates of FGM, early marriage, poor school attendance, fertility issues, an unmet need for family planning, youth unemployment and migration – amongst other issues.

UNFPA is supporting projects in the country which tackle these issues, including equipping health clinics and training staff to allow girls to keep themselves healthy and providing skills trainings for girls who have been forced to leave school early.



Sixteen-year-old Bintou Barry was taken out of school by her family when she was just 14 years old and sent away to Dakar to marry a cousin.

She came from a polygamous family of three women and five children in Dubreka, Guinea, and was expected to do as her family wished. But she refused to have sexual relations with her husband and after being beaten many times, she escaped and found her way home to her mother.

Facing destitution after being rejected by her father and finding her mother had no financial means to care for her, she was helped by one of the Women's Empowerment and Promotion Centres (CAPF) UNFPA supports the government to run in the region.

This pilot project covers Kindia and Dubreka prefectures and looks after 300 girls, giving them vocational training and information on gender-based violence (GBV), female genital mutilation and their sexual and reproductive health rights.

The centres are part of our integrated approach to improve the unequal social and legal rights women, especially girls, receive in the country, despite making up more than half of the population (52 percent).

They empower women and girls from disadvantaged backgrounds and offer training in different trades as well as modules on the dangers of clandestine abortions and the benefits of family planning.

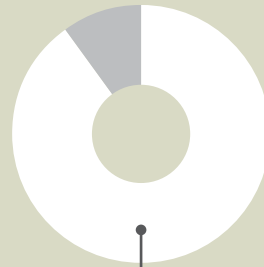
"By working here, our teachers give us information about family planning and GBV," said Bintou. "They also give us advice and refer us to health centres to benefit from their care."

In the last National Family Planning campaign organised by UNFPA, 90 percent of learners freely chose a contraceptive method, 75 percent of which are modern methods (long-term).

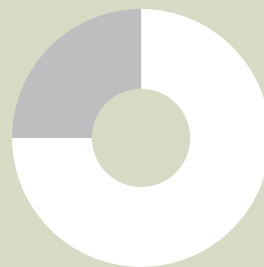




## NATIONAL FAMILY PLANNING CAMPAIGN RESULTS



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**Working with donors and the private sector to improve the lives and opportunities of women and girls**



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## *UNFPA is facilitating the delivery of life-saving commodities and services and family planning options to women and girls.*

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The UNFPA Strategic Plan (2014 – 2017) plan recommends UNFPA offices to be **focused**. It urges them not to try to do everything, everywhere, but to work with partners to deliver our priorities and reinforce collective impact. UNFPA in WCA has taken this to heart, **embraced a partnership-driven approach** and helped position the demographic dividend through high-level advocacy and policy dialogue.

During 2016, we did not only focus on strengthening partnerships with existing partners but on actively seeking out new ones. We also continued to play a catalytic role in creating alliances and garnering resources to reach the most vulnerable populations with reproductive health services and support national and regional efforts.

We scaled up our engagement with **new donors** including **private sector stakeholders** across a number of countries. We engaged the Coca Cola Africa Foundation, construction company Eiffage, cement manufacturers Sococim, telecommunications company TIGO and technology experts Cisco, as part of a targeted outreach on the demographic dividend. This led to financial

contributions and cost sharing for several activities including the High-level Symposium in Dakar and Obstetric Fistula repairs in Congo.

By using **high-level advocacy, policy dialogue and strategic partnerships**, we are encouraging initiatives that influence communities' behaviour on adolescent and youth sexual and reproductive health (AYSRH), including HIV, and comprehensive sexuality education (CSE). This includes our close collaboration with UNICEF to accelerate actions to end child marriage and encourage the abandonment of female genital mutilation (FGM).

We are also **strengthening efforts on family planning (FP) and sexual and reproductive health (SRH) and rights as a way to empower young people**. In humanitarian or complex environments, UNFPA is **facilitating the delivery of life-saving commodities and services and family planning options** to women and girls.

In the Sahel region, this partnership model sees us collaborating with others to improve access to reproductive, maternal, newborn, child health and nutrition (RMNCHN) commodities and to qualified health workers. As part of the SWEDD initiative, we worked with the WB, UEMOA and the West African Health Organization (WAHO) **to set up a regionally-pooled procurement mechanism** for RMNCHN commodities with a regional technical hub. This will significantly enhance the region's supply chain.

A further partnership with WAHO has been developed to: (i) establish two labs that comply with the World Health Organization (WHO) quality standards and (ii) harmonize the mid-wifery training curriculum.

The improvement of the countries' supply chains is also being supported through a partnership with the Bill and Melinda Gates Foundation (BMGF), McKinsey, WAHO and the African Resource Centre (ARC).



Natacha Zoula, Director of Sales, Radisson Blu, holds the certificate marking her company's contribution to our fundraising efforts.



UNFPA's Congo Country Office made the most of private sector goodwill this year when they asked an international hotel chain to host a fundraiser and awareness event on Obstetric Fistula.

Hundreds of thousands of women suffer from this condition – more than 400 women are affected in Congo each year alone – yet few people in the general public really know what it is or how it is caused.

“To live with Obstetric Fistula is almost unexplainable,” said Nfonde Prisca, a Congolese woman who waited seven years for an operation to correct the condition, caused when prolonged labour creates holes in the walls separating a woman’s reproductive and excretory systems.

“It’s a terrible disease accompanied by terrible suffering. I hope that the relationship between UNFPA and the private sector will continue to further develop, so that women who haven’t yet had their operations will be able to benefit as well.”

UNFPA Congo partnered with the new Radisson Blu M'Bamou Palace Hotel in Brazzaville to host a fundraising event to provide surgeries for women living with Obstetric Fistula. The funds raised during the event helped cover the cost of three women’s surgeries and was a great opportunity to educate more people on how unattended childbirth can lead to obstetric fistula.

“I think it is the first time that I have seen this kind of cooperation between a player from the United Nations and the private sector. It’s an interesting relationship and one that should be encouraged, because with the assistance of companies you are able to raise large amounts of funds that can be used to help make the world a better place,” said Natacha Zoula, Director of Sales at Radisson Blu.

UNFPA has now entered into an agreement with Radisson Blu and other private sector stakeholders to support the sexual and reproductive health of women and girls.



Since its official launch in November 2015, the *SWEDD initiative and partnership arrangement* has achieved the following:

- Strong country ownership and accelerating effective implementation on the ground. Country social and behaviour change communication (SBCC) strategies are finalized and a regional strategy is being actively developed. UNFPA acceleration plan to optimise technical support to the initiative.
- Nineteen projects on women's and girls' empowerment (USD 73.4 million) have been approved by the country-led ministerial Regional Steering Committee and are being implemented at country level.
- Nine projects on strengthening in-country supply chain for reproductive health commodities (USD 18.1 million) have been approved by the Regional Steering Committee. USD 18 million has been allocated to enhance the performance of the countries' RMNCHN supply chains.
- As part of the Regional Office's effort to develop local capacity and advance policy dialogue, 140 national experts and government representatives, including people from countries implementing the SWEDD initiative, have been trained on the National Transfer Accounts (NTA) approach to collect evidence to inform the demographic dividend roadmap at the national, regional and continental levels. Country demographic dividend profiles, using the NTA model, were developed and the scope of work for the establishment of regional and country demographic dividend observatories is finalised.
- Engagement of high-level stakeholders to build momentum and secure commitments for the demographic dividend. The project mobilised its member countries and contributed to the organization of the High-level Symposium and the complementary High-level Dialogue on the Demographic Dividend and Africa's Development as well as to the development of the African Union (AU)'s demographic dividend roadmap.



The SWEDD initiative is expected to transform the lives of women and girls across the Sahel. Interventions will bring about policy change, empower women and increase the availability and use of family planning methods.



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*The SWEDD initiative provides a model of partnership where countries have full ownership and use domestic resources to provide a regional pool of expertise.*

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The SWEDD initiative provides a **model of partnership** where countries have full ownership and use domestic resources to provide a regional pool of expertise, using local institutions such as CREFAT and also engaging with the Timbuktu Observatory on radicalization.

All those involved have been given training in a human rights-based approach to programming as well as in results-based management, impact assessment and programming. The project implementing units at regional and country levels also received the necessary support and were strengthened in terms of staffing, tools, equipment and budget.

The major focus areas are to create a direct impact on the availability of RH and FP essential products, **up to the last mile**. They include: i) improving storage and distribution mechanisms, reinforcement and integration up to the last mile, ii) integrating end-to-end logistic management information systems (LMIS) implementation, iii) reinforcing human resources management and personnel training mechanisms, iv) consolidating governance, v) introducing a transparent, stable and sustainable funding model.

UNFPA is responsible for the overall technical coordination of the project. It works to encourage the transfer of knowledge to deliver regional harmonization, pooled procurement and quality control of medicines. It is strengthening in-country supply chains, providing regulation and health workers curricula to participating regional and local entities.

Building on encouraging progress, we are now looking at replicating and expanding the approach to other countries on the continent through sub-regional and multi-country arrangements.



Women and girls working in rice fields.



When *Aminata Loure*, a mother of five, first began to visit a women's economic development centre in her village in Burkina Faso, she was planning to marry off her 14-year-old daughter Marceline.

Peer educators convinced her to cancel these plans. "Our decision was not easy," Ms. Loure said. "We have suffered prejudice and misunderstanding around us... But when you clearly understand all the problems your daughter could suffer if she is married too early, then your conscience cannot allow the sacrifice."

Both mother and daughter are now fully committed to Marceline's education.

"My mother took me to her centre for a training on how to avoid early pregnancy," Marceline said. "I work in the rice field during vacation. I spend all day here. I will use the money I earn to attend school next year."

Her dreams are now bigger than early marriage and motherhood: "What I want is to stay in school, finish high school and become a doctor," she said.

The economic centre in Bagre is one of many types of programmes to be supported by the SWEDD initiative – a partnership of UNFPA, the World Bank, and the governments of Burkina Faso, Chad, Côte d'Ivoire, Mali, Mauritania and Niger.

Following a visit by the Regional Director and discussions with several potential institutions, the West African Development Bank is exploring a partnership with UNFPA to scale up this model across several countries.



**Faith-based movements and religions are the oldest, deepest-rooted and most widely connected human institutions.** As such, they have the capacity to undertake change and transformation. Building on WCARO's **ongoing outreach to faith and traditional leaders**, the SWEDD initiative has always encouraged these stakeholders to play a critical role in helping the project achieve its outcomes.

**Sultan Youssouf Mbodou Mbami (Bol, Chad)** and his peers across the region are supporting the process of social and behaviour change

communication (SBCC) by educating their followers on SRH and advocating for gender equality and against GBV.

A regional network of religious actors is also under development, as well as a mapping of current initiatives. Traditional and religious leaders from the network will receive a training of trainers. Beyond this, religious actors are keen to take on a specific role in achieving the objectives of the SWEDD initiative at the community level and they too will receive the necessary support.



UNFPA WCARO Regional Director Mabingue Ngom receiving an award from the head of the Superior Council for Islamic Affairs, in recognition of UNFPA's work in engaging and supporting faith leaders in Chad.



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In Bol, Youssef Mbodou Mbami, Chad's former ambassador to Niger and Nigeria, who has returned to his roots as the traditional leader for the region.  
© UNFPA Chad/Ollivier Girard





Increasing reproductive health services in areas where many hold strong religious views was the subject of a *high-level South-South Exchange on Population Policy and Reproductive Health*, co-organized by UNFPA in May.

Representatives from six Sahel countries gathered to hear from members of the Ministry of Health and Family Welfare of Bangladesh, a country with a similar religious context that has historically faced many of the same challenges.

The delegates were told how Bangladesh tackled these challenges and encouraged local communities to accept the need for family planning and an end to gender-based violence.

The country has achieved a 56 percent decline in maternal mortality rates thanks to strong government commitment to women's empowerment.



Ms Rakiatou Kaffa Jackou, Minister of Population, Niger (also Chair of the SWEDD initiative Regional Steering Committee) and Dr. Zahid Malik, State Minister of Health and Family Welfare, Bangladesh during the exchange and experience sharing visit to Bangladesh.

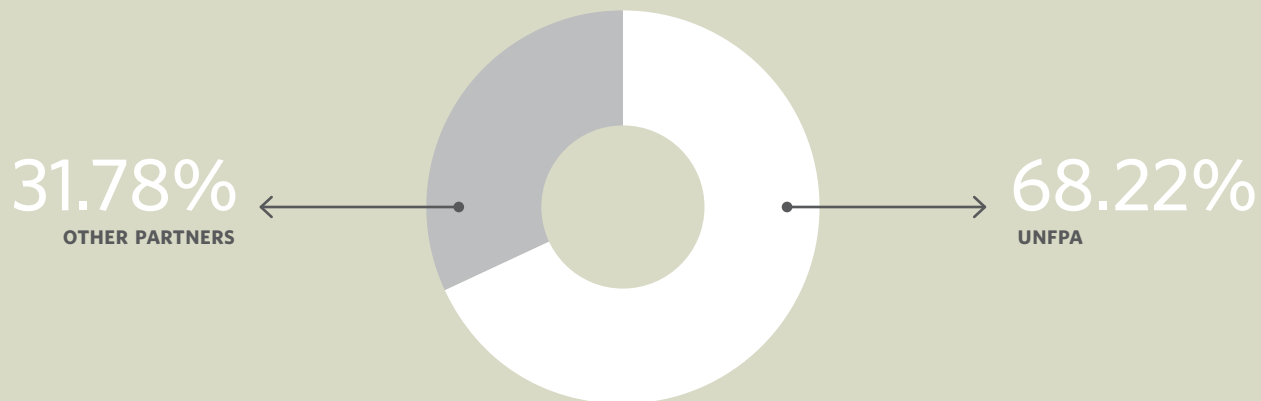
Since 2014, the **UNFPA Supplies** programme, has scaled up investments in WCA to strengthen national capacity in the field of reproductive health commodity security (RHCS).

In 2016, **more than USD 33 million was invested in purchasing contraceptives** and about USD 14 million was spent supporting operational activities. Twenty out of the 46 focus countries of the programme are in the region.

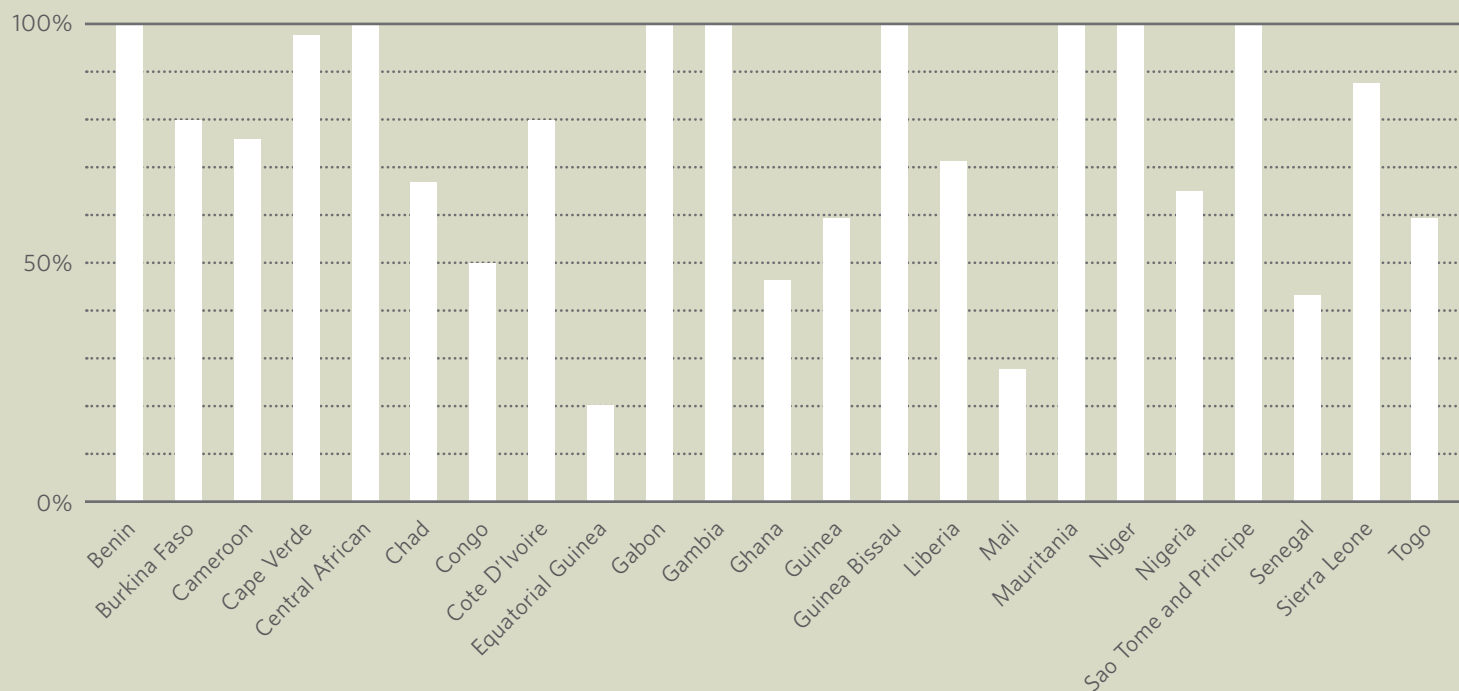
As illustrated in the graphs, UNFPA Supplies continues to provide a catalytic role in reinforcing family planning programmes and strengthening supply chains. The interventions cover the programme's five strategic areas:

- Creating a favourable environment for RH/FP.
- Increasing demand for RH commodities and services.
- Improving the effectiveness of the supply of RH commodities.
- Improving access to quality FP and SRH services.
- Strengthening national capacities and systems through appropriate policies and efficient logistic management systems with a focus on the 'last mile' in order to reach the most needy populations.

**FINANCIAL CONTRIBUTION OF PARTNERS TO THE PURCHASE OF CONTRACEPTIVES FOR WCAR COUNTRIES IN 2016 (N=48,765,025 \$)**



**FINANCIAL CONTRIBUTION OF UNFPA TO THE PURCHASE OF CONTRACEPTIVE IN 2016 BY COUNTRY**



## WCA INTEGRATED APPROACH TO RIGHT-BASED SRH

### Catalized by filling gaps in:

- HIV
- Maternal Health
- AYSRH
- GBV

### Enabled by:

- Knowledge Management
- Service delivery
- Advocacy and Policy Dialogue
- Capacity building

IMPROVED  
ACCESS TO  
FAMILY  
PLANNING

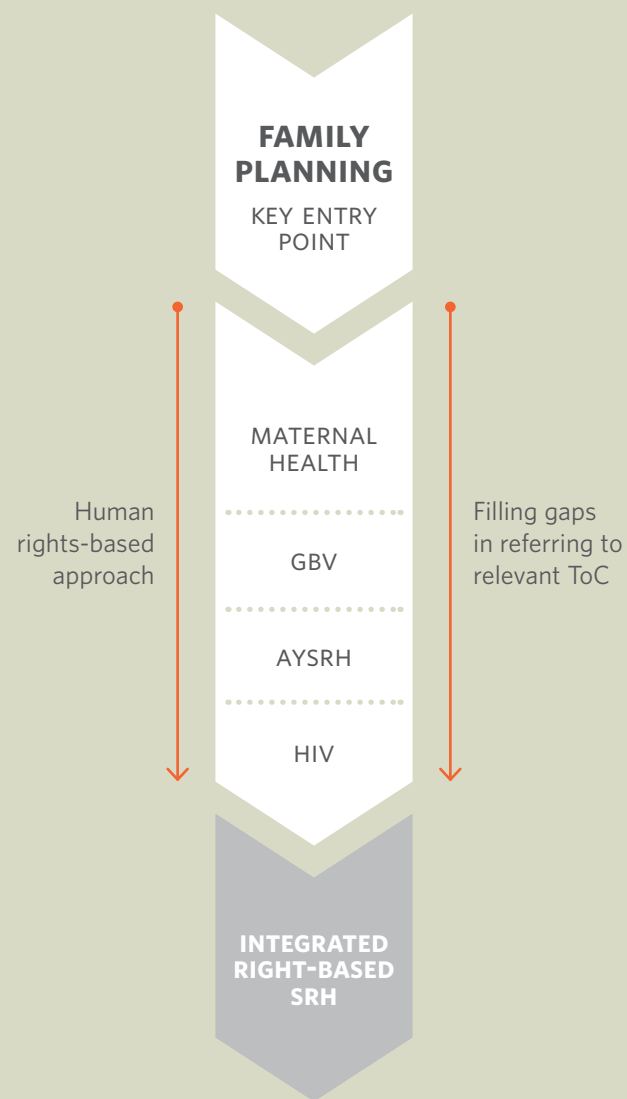
### Underpinned by:

- Emergency and humanitarian settings
- Cohesive working
- Human/Reproductive right-based approach





## KEY ENTRY POINT TO INTEGRATED SRHR RELEVANT TO WCA CONTEXT



At the regional level, the focus has been:

1. to develop an operational guide for an integrated approach to increasing access to rights-based SRH;
2. national capacity building in quantification and procurement planning;
3. developing a regional strategic document for RHCS; and
4. strengthening strategic partnerships for a more integrated regional and international RH and FP plan of action (for example, by working with FP2020, SWEDD initiative, Ouagadougou Partnership and WAHO).

At the national level, major efforts were also made, with the support of WCARO, to improve access for marginalized populations to RH and FP services.

To this end, several **innovative** strategies were implemented:

1. introduction of **new hormonal contraceptives formulations** (for example, Implanon and Sayana Press) in national FP programmes;
2. **task sharing** to provide long-term contraceptive methods in peripheral health facilities and injectable methods at community level;
3. FP outreach and mobile team activities;
4. national FP campaigns, including those in Burkina Faso and Guinea.

By the end of July 2016, our combined family planning initiatives across the region prevented an estimated 3.6 million unintended pregnancies, prevented 1.1 million unsafe abortions and averted 16,725 maternal deaths.



The emergency motorcycle ambulance is urgently transporting a pregnant woman to a community health center in northern Cameroon.

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*UNFPA's chief executive visited Nigeria this year with the most senior official from the UK's DFID, to meet with government officials and discuss how best to improve contraception uptake in the country.*

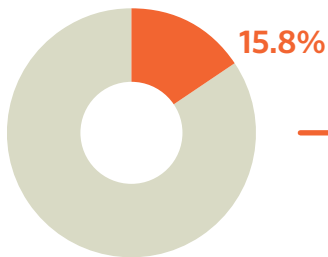
Nigeria is the most populous country in Africa, yet more than one hundred women die every day giving birth. Dr Osotimehin said the situation was 'totally unacceptable'.

UNFPA, with DFID funding, offers free contraception at nearly 8,000 health centres, mostly in the north and north east of the country. But there are still thousands more with no coverage. Both organizations hope to encourage the Nigerian Government to scale up their interventions to address the unmet need.

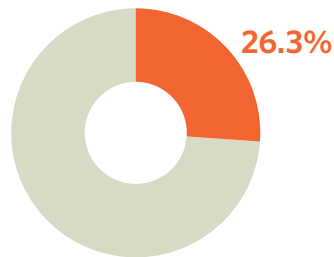
Mabingue Ngom, UNFPA WCARO's regional director, described the visit as 'fruitful' and congratulated Nigerian ministers for their strong political commitment to improving contraceptive prevalence, which will in turn drive down maternal and infant mortality rates.

## DATA ON THE USE OF MODERN CONTRACEPTION IN WCA (2016)

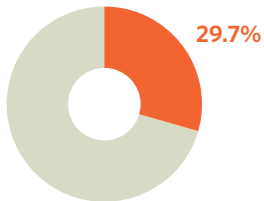
Prevalence of modern contraception



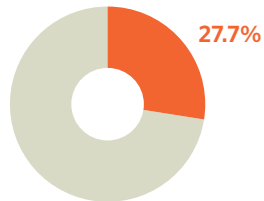
Unmet need for modern contraception



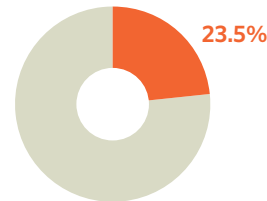
mCPR increase in Ouagadougou Partnership countries (2012-2016)



mCPR increase in SWEDD countries (2012-2016)



mCPR increase throughout the whole region (2012-2016)



The prevalence of modern contraception (mCPR) was 15.8 percent with the unmet need for modern contraception still 26.3 percent.

We are a core partner in both the **Ouagadougou Partnership and FP2020<sup>2</sup>** which both work to improve national goals for modern contraceptive prevalence rate. This is being done through:

1. sustaining commitment for FP at all levels;
2. improving access to FP; and
3. fostering accountability and expanding FP services.

These collective interventions have contributed to an encouraging increase in the mCPR in Ouagadougou Partnership countries (29.7 percent from 2012 to 2016) as well as in SWEDD countries (27.7 percent from 2012 to 2016) compared to that recorded in the region in a whole (23.5 percent from 2012 to 2016).

Within the framework of the Ouagadougou Partnership, UNFPA is contributing to efforts to **reach an additional 2.2 million women with family planning information and services by 2020**. By the end of July 2016, collective efforts helped prevent 1.16 million unintended pregnancies, 368,000 unsafe abortions and 3,890 maternal deaths through giving women education or access to modern contraception. The mCPR is now 15.5 percent with an unmet need of 27.5 percent.



2. FP2020 aims at **reaching 120 million more women and girls in the world's poorest countries** with access to voluntary family planning information, contraceptives and services by 2020.





In 2016, UNFPA WCARO marked its commitment to both partnerships in the following ways:

- **Advanced strategic planning through the FP2020 Focal Points gathering for Franco-phone Africa** held in Abidjan, Cote d'Ivoire in May 2016, that enabled participating countries to work on their respective 18-month work plans. These include immediate priorities to boost country efforts to recruit additional FP users. The work plans have been recognized as instrumental in endeavours to better collaborate and coordinate activities with partners. They also help mobilize resources and measure progress towards achieving FP programme objectives in each country.
- **Advanced experience sharing through a visit to Guinea with partners** that allowed, among others, to learn about the country's progress in the implementation of its Family Planning Costed Integrated Plan (2014 - 2018). The Guinea UNFPA Country Office's central role in strengthening the health system, spending up to USD 3 to 5 million per year, was applauded by partners and stakeholders.
- **Advanced learning on task shifting through the regional consultation workshop focused on the field of FP.** This workshop allowed RH and FP actors from all sectors (from government to NGO to private sector) to learn how task shifting (allowing less specialised health workers to take on RH and FP roles) can be an effective alternative to the shortage of human resources. It is particularly relevant to RH and FP services and can accelerate access to those most in need. There are examples of excellent task shifting experiences but more engagement is needed to ensure scaling up and sustainability.





The average woman in *Benin* has five children and lives on just two US dollars per day. Poverty is a daily reality for most families.

Only 13 percent of women use a modern contraceptive method. Since 2015 and with support from a number of partners, UNFPA has been using three mobile clinic boats and a mobile clinic truck to reach the most vulnerable in remote areas with family planning services.

Christine Djegue, a UNFPA beneficiary, said: "I've had nine children but two of them died. I had a lot of difficulty with my last pregnancy, especially when giving birth. I really suffered [during three days of labour], and I had to have a cesarean section. That's why I decided to use contraceptives, so that I wouldn't have any more children. To have any more would just be too difficult. Since I won't become pregnant again, I won't tire myself out taking care of more children. Now, I am free to take good care of the kids that I already have."



13%

OF WOMEN  
USE A MODERN  
CONTRACEPTIVE  
METHOD



© UNFPA/Vincent Tremeau

The **French Muskoka Fund, a six-year, EUR 95 million joint initiative** with UNICEF, UN WOMEN and WHO, is funded by the French Government for interventions in Benin, Chad, Guinea, Ivory Coast, Mali, Niger, Senegal and Togo. It is one of the biggest collaborations UNFPA WCA-RO is involved in and uses targeted interventions to reduce maternal, adolescent, neonatal and infant-juvenile mortality and morbidity.

This initiative is aligned with national policies and plans to **support** coordination mechanisms and **compliment** inter-country activities and regional initiatives.

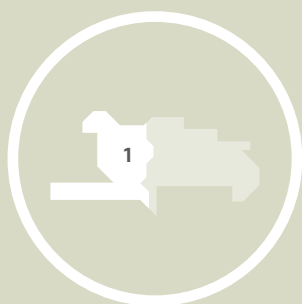
Achievements in 2016 include the **promotion of innovation and best practices** in the following ways:

- **Supporting and sharing the production of RMNCAH knowledge in the region** through the 2<sup>nd</sup> ECOWAS Forum on Best Practices in Health. This forum promoted innovation in RMNCAH-related Sustainable Development Goals (SDGs).
- **Advancing CSE:** Documenting good practices on how to operationalize and institutionalize CSE programmes in Benin, Cote d'Ivoire, Senegal and Togo, in partnership with the Adolescents and Youth Unit.
- **Raising awareness among the wider public on RMNCAH:** Building on the successful launch of the UNFPA-led media programme 'C'est la vie' – the first TV soap-opera in WCA educating viewers on maternal, sexual and reproductive health. A second series reinforced the objective and reached an even wider public. The outreach has thus far reached more than 100,000 views per quarter on TV5 Monde and almost 500,000 views on YouTube, Facebook and on its website.




- **Reducing early pregnancy:** UNFPA led the first regional AYSRH inter-agency strategy and framework. This will be implemented in eight countries benefiting from the French Muskoka Fund.

# MUSKOKA MECHANISM: AN INNOVATIVE INTER-AGENCY PARTNERSHIP FOR A COORDINATED TECHNICAL SUPPORT TO COUNTRIES ON RMNCHA IN WCA



- **202 million** inhabitants
- **45 million women** of childbearing age
- **55,000 maternal deaths** every year
- **838,000 deaths** among children under 5 years of age; 40% of which are newborns

	UNICEF	UNFPA	WHO	UN WOMEN
1 Haiti			✓	✓
2 Senegal	✓	✓	✓	
3 Guinea	✓	✓	✓	✓
4 Ivory Coast	✓	✓	✓	✓
5 Mali	✓	✓	✓	✓
6 Burkina Faso			✓	
7 Togo	✓	✓	✓	✓
8 Benin	✓	✓	✓	✓
9 Niger	✓	✓	✓	✓
10 Chad	✓	✓		
11 Democratic Republic of Congo			✓	

 "Flagship" beneficiary countries  
 "Non-flagship" beneficiary countries



## TOGO, “THE BABY DELIVERY MACHINE”

Midwife Djémilaton Ibrahim still remembers the exact date she put her new training to the test: it was on the night of August 4<sup>th</sup>.

She was woken up because there was a woman in labour who was fully dilated. The baby’s head was visible, but the mother did not have the strength to go on.

“The woman was saying: ‘Oh, I’m going to lose my baby,’” she said. “I told her – you will not lose your baby, because we have the equipment that will help you give birth to your child effortlessly”.

The woman in labour was lucky because Djemilaton had two weeks earlier received training on emergency obstetric care and the resuscitation of newborns. The classes taught the midwife new techniques and introduced her to an instrument that ‘performs miracles’: the ventouse suction cup. This equipment, which is applied to the baby’s head, helps the mother during the final stages of labour.

“We applied the suction cup and helped the baby come out, to be born”, Djemilaton continued. “The mother was crying tears of joy. She was very happy and surprised.”

Djémilaton has coordinated the Gando maternity unit in northern Togo for the last two years. The infant mortality rate in this region, with its plains, savannahs and Sahelian climate, is the highest in the country. Just over half of all deliveries are in health facilities and only 36 percent of births are assisted by specialized personnel – below the national average.





However, in recent years funding from Muskoka has helped buy new equipment, materials, medication and supply other types of support, especially training. In 2014, the fund supported ten percent of all assisted births across Togo.

“The midwife plays a very important role in maternal and child health,” Djémilaton said.

She said that although in theory her work is from conception to childbirth, in reality, she continues working with new mothers after their babies are born, encouraging them to breastfeed exclusively up to six months and recommending a minimum of two years break between pregnancies.

She is helped by two nurse midwives and one assistant. Since their training, they have delivered about 45 babies per month, compared to 30 deliveries in the past.

“The first use of the ventouse suction cup on my patient sent ripples throughout the village,” she said.

“The women came to the maternity unit to see what helps to pull the babies out, they wanted to see ‘the machine to pull out babies’.”

The increase in the number of births attended by a skilled professional is a source of satisfaction for Djémilaton – but it isn’t the only one.

She is haunted by the memory of a baby she was unable to save before she had been trained.

“They saved us with this training session,” she explains.

“Helping to bring a healthy baby into the world, that is what makes me happy. That’s what motivated me to be a midwife”.



© UNFPA Chad/Ollivier Girard

With funding from **Japan and others**, UNFPA has been working closely with the **African Union Commission, the UN Economic Commission for Africa** and the International Planned Parenthood Foundation (IPPF) to **reinforce and advance joint planning**. As a result, they agreed on five priority areas for 2016 and beyond including:

1. data;
2. demographic dividend;
3. gender equality and women's empowerment;
4. ICPD & Addis Ababa Declaration on Population and Development beyond 2014; and
5. SRH and rights.

The momentum initiated in the region by UNFPA over the past three years has resulted in multi-country approaches which have greater coherency and integrate country and regional programmes. This has helped the Regional Office and Country Offices leverage additional and innovative partnerships, as well as political attention and buy-in.

All of these initiatives are contributing to the overall objective of accompanying countries on their path towards harnessing the demographic dividend and achieving sustainable development.

We continued our collaboration with **Japan** in August, 2016, with a strengthening of relations at the **Sixth Tokyo International Conference on African Development (TICAD VI)** in Nairobi where we celebrated the significant results of our partnership.

The conference also ensured a commitment from both Japanese and African leaders to speed-up efforts to develop skills through education, technical and vocational training and social transformation.







## *UNFPA's Mano River Midwifery Response* is building a strong foundation for resilient post-Ebola health systems.

The initiative unites sexual and reproductive health services across Guinea, Liberia and Sierra Leone to provide a safer, more effective coverage.

Through UNFPA, Japanese funding is helping provide health workers, centres and posts in areas where previously there was no coverage at all.

Now mothers like Elizabeth Mansaray, 21, who suffered serious complications at 10-months pregnant with twins, are being referred by their community health centres to hospital for safe deliveries.

The skilled advanced obstetrics and gynaecological team at Sierra Leone's Kono Government Hospital, supported by UNFPA's Japanese funding, were able to save her and her babies' lives.

"Had it not been for the timely response by the maternity staff, I would have been a dead woman by now," she said. "If you are a woman and you become pregnant, you should register at the antenatal clinic the moment you realize it or it is confirmed by medical personnel. It will save you a lot of risk and pain."



26-year-old and mother of 5 Aissata Sylla with her 3-day-old baby Camara at the District Hospital of Dubréka, Guinea.



*China is also an important partner* in our work and this year signed a new MOU with UNFPA to boost efforts in bringing developing countries together to support and learn from each other.

We co-organized a dialogue in Beijing with the Partners in Population and Development to look at South-South Cooperation (SSC) in building resilient RMNCH services in ex-Ebola affected countries.

UNFPA then organized a consultative meeting in Dakar between the Government of China and the governments of collaborative countries to facilitate further SSC development.

This meeting offered us an opportunity to demonstrate UNFPA added value as a facilitator in bringing partners and stakeholders together. It also took on a broad multilateral approach, including the possibility for expanding the alliance to other stakeholders such as sub-regional bodies and regional financial institutions.

“Deepening such collaboration will be significant for achieving the Sustainable Development Goals for all countries,” said Minister Li Bin, Chair of the National Health and Family Planning Commission of China.

China has long been an active advocate for, as well as a beneficiary of, SSC. We will take practical measures to make greater contributions in this regard.”



Girls at a UNFPA supported  
'Safe Space' in northern Nigeria.  
© UNFPA Nigeria/Simi Vijay





Japanese financial assistance has been crucial in funding our initiatives to strengthen health systems including the availability of maternal and neonatal facilities, commodities and trained personnel in many African countries.

It has been particularly critical in supporting our work following the Ebola crisis, including through the Mano River Midwifery Response. WCARO used the opportunity of TICAD to promote a photobook on the thousands of lives of mothers and babies saved in the aftermath of Ebola, as part of this response.

In Guinea, Japan contributed USD 1 million towards our work improving EmONC services and rebuilding the health service post Ebola. This budget has helped us supply community health workers with equipment including RH and neonatal kits as well as purchase ambulances and vehicles.

Its USD 880,000 funding to our work in Liberia has helped us improve staffing of maternal health services. This has, according to preliminary results, increased the number of deliveries by skilled birth attendants in health facilities from 36 to 71 per month. In addition, the number of pregnant women who attended at least four antenatal visits increased from 84 to 517.

In Sierra Leone, USD 1.87 million of Japanese funding has mitigated the impact of the Ebola outbreak on maternal and newborn health, helping a population of 1.5 million people. More than USD 700,000 has been spent on strengthening basic EmONC and rehabilitating three centres in Bombali, Tonkolili and Moyamba districts.

Funding from Japan, and other partners, has also helped ensure dignity and healing for women and girls rescued from Boko Haram in northern Nigeria.



5

**Working with the people's  
representatives – Parliamentarians**

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## *UNFPA helped organize workshops and trainings to increase parliamentarians' awareness and willingness to protect and empower young people and women.*

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3. Senegalese Parliamentary Network on Population and Development (PNPD) and the Africa Parliamentary Forum on Population and Development (FPA) – with technical and financial support from the International Planned Parenthood Federation (IPPF), and the Government of Japan, the Department for International Development (DFID/UKAID), the US Agency for International Development (USAID), the French Government through the Muskoka Fund and International Social Service.

Parliamentarians are charged with legislative oversight, budgeting and representation. They are **central to UNFPA's efforts to ensure that policy interventions are properly funded.**

UNFPA together with IPPF and the African Parliamentary Forum (APF) on Population and Development **engages parliamentarians via various forums at global and regional level.** This collaboration was **scaled up in 2016 to involve parliamentarians in the delivery of the AU roadmap on Africa's demographic dividend.**

Throughout the year, working with UNICEF, UNFPA also helped organize workshops and trainings to increase parliamentarians' awareness and willingness to protect and empower young people and women.

Parliamentary leaders and members in three pilot countries – Cape Verde, Chad and Sierra Leone – were directly engaged as part of a parliamentary project on 'Harnessing the Demographic Dividend'. The project has received overwhelming support from the Speakers of

Parliament and Parliamentary Network on Population and Development, civil society organizations (CSO) and the media.

Representatives from Cabo Verde, Cameroon, Cote d'Ivoire and Ghana joined the Japan-Africa Parliamentarians' Dialogue on TICAD V1 and members from Cabo Verde, Chad, Cote d'Ivoire and Senegal participated in the Global Conference of Parliamentarians on Population and Development (GCPDD).

Trainings included:

- Training on Child Marriage in Addis Ababa, in September, in readiness for the AU 2017 Summit. This included good practices shared by Burkina Faso and Chad who have already put in place laws and strategies to end early marriage.
- A two-day workshop on the role of parliamentarians in ending FGM and child marriage in July. Members of parliament from Côte d'Ivoire, Burkina Faso, Guinea, Mali, Mauritania, Senegal, Cameroon, RCA and Sierra Leone attended. UNFPA country offices hosted a panel discussion and shared their experiences in working on FGM elimination and their work with parliamentarians.

This strategic work has already shown concrete results: Cameroon enacted a new penal code banning FGM and child marriage whilst Ghana, Sierra Leone and the Gambia launched their National Campaigns to End Child Marriage in 2016 – both with the support of the First Ladies, UNFPA, UNICEF and CSOs.

WCARO, along with partners,<sup>3</sup> also helped enhanced high-level political commitment from parliamentarians as an outcome of the **International Conference of Parliamentary Networks on Population and Development on "Demographic Dividend and Development in Africa"** in November 2016.

The three-day event aimed at enabling parliamentarians to define the content and terms of their specific contribution to investing in young people, in order to harness the demographic dividend. It also gave them an opportunity to discuss challenges and issues.

During the conference, delegates discussed and then adopted the Dakar Declaration, as well as a Parliamentary Action Plan for implementing the African Union roadmap on the demographic dividend.

They committed to develop, strengthen and implement appropriate legislation, support national policies and programmes prioritizing voluntary family planning and address all barriers of access and use of contraception.

There was also a commitment to propose and advocate legislation on economic reform to create quality jobs and enhance innovation and productivity in the informal sector - the biggest employer of young people and women.

UNFPA will continue to accompany the efforts of parliamentarians next year as they seek to shape budgetary, policy and legislative interventions on the demographic dividend.



Honorable Haidara Aichata Cissé, Chairperson of the Pan African Parliament (PAP) Women's Caucus, encouraged her peers to work together to advocate for laws that protect women and girls against FGM and child marriage.

"As women and parliamentarians, it is our duty to partner and propose means to bring violence against women to an end," she said.

© UNFPA ESARO







6

**Working on the ground:  
using partnerships  
to transform lives**



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*Each country office worked in partnership with local NGOs, civil society, UN agencies and government departments to promote sexual reproductive health and family planning and put youth first.*

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With guidance and support from WCARO, **each country office (CO) worked in partnership with local NGOs, civil society, UN agencies and government departments** to promote SRH and FP and put youth first. All benefitted from resources generously provided by development partners or donors, either directly or through programmes coordinated at headquarters.

Eight of our COs **developed advocacy materials and country profiles in relation to ending FGM** and carried out training on data collection as part of a joint programme with UNICEF. In addition, the COs helped train 36 members of civil society and journalists from five countries on human rights mechanisms with regard to SR rights.

A particular focus was also placed on enhancing team work, problem solving, integrated delivery and experience sharing. As part of

efforts to reinforce capacity development and programming across the region, **CO staff benefitted from training** on the Regional Strategic Information System in January. They learnt new skills to increase accountability and transparency in programme implementation and performance monitoring and reporting.

There were more training opportunities in April and November on monitoring and evaluation. In October, training was provided on data strengthening for the SDGs and enhanced Once Voice communications, through digital platforms organised by the Communications Unit.

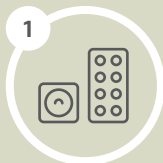
The **Women and Reproductive Health Unit** carried out a **regional survey of midwifery** as part of the UNFPA Global Midwifery Strategic Plan (2017 - 2020) and developed a **regional business plan on ending obstetric fistula**. It also supported the finalization of the Maputo Plan of Action on Sexual and Reproductive Health and Rights and supported the training of 120 new coach midwives in Burkina Faso.

The **Programme Coordination and Quality Assurance** Unit was engaged in a range of activities covering its four main axes of intervention: quality assurance, capacity building, knowledge management and sharing and oversight. Among other achievements, the unit:

- Provided technical support to four countries developing new country programme documents (CPDs) and six countries applying for extensions to existing CPDs. All new CPDs have positioned the Demographic Dividend as a means to broaden partnerships and achieve the bull's eye. Five out of six extensions were approved by the Executive Board in September.
- Developed an Oversight Dashboard tool to measure, monitor and effectively manage the performance of country offices in the region.



## Another year of transforming and uplifting lives, UNFPA in West and Central Africa<sup>4</sup>:



We make sure FP services get to places with no other coverage: we provided more than **10.5 million couple years protection (CYP)**<sup>5</sup>.



We reached **more than 5.2 million new users of FP methods** to save lives, give women choices and improve their health and that of their children.



Proper use of FP commodities is estimated to have **prevented more than two million unintended pregnancies as well as nearly 600,000 unsafe abortions and saved almost 9,000 women from dying** in or from childbirth.



We provided **SRH services to more than 1.6 million adolescents and 2.3 million girls and women**, many of whom had suffered GBV.



We supported **more than three thousand obstetric fistula repairs surgeries and trained nearly 10,000 health care providers**.



4. Figures are from 2015 - UNFPA/WCAR Country Offices. 2016 data are yet to be compiled.

5. CYP is the estimated protection provided by FP services during a one-year period, based upon the volume of all contraceptives sold or distributed free of charge to clients during that period.



↑  
© UNFPA Chad/Olivier Girard

## COUNTY PROGRAMME DOCUMENTS RATING 2016

PRC Ratings of April 2016 show that...

- **20 CPDs** were submitted - **4 from WCA** region
- All 20 CPDs were rated **SATISFACTORY**



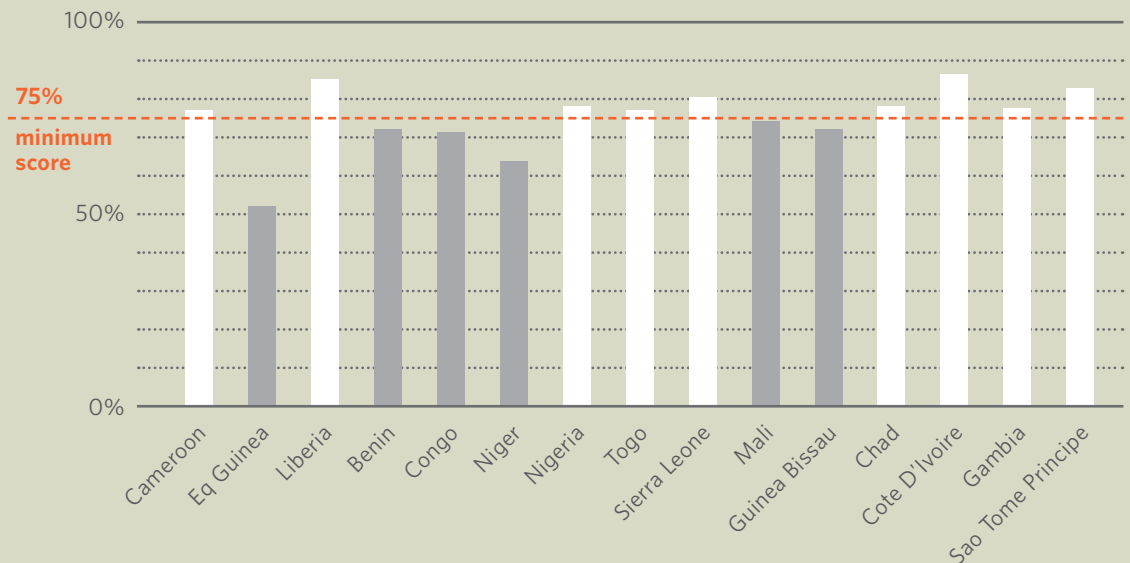
**100% CPDs presented by WCA region rated SATISFACTORY**

- **9 extension** requests were submitted - **6 from WCA** region
- 5 extension requests were rated **SATISFACTORY**



**83% (5/6) extension requests presented by WCA region rated SATISFACTORY**

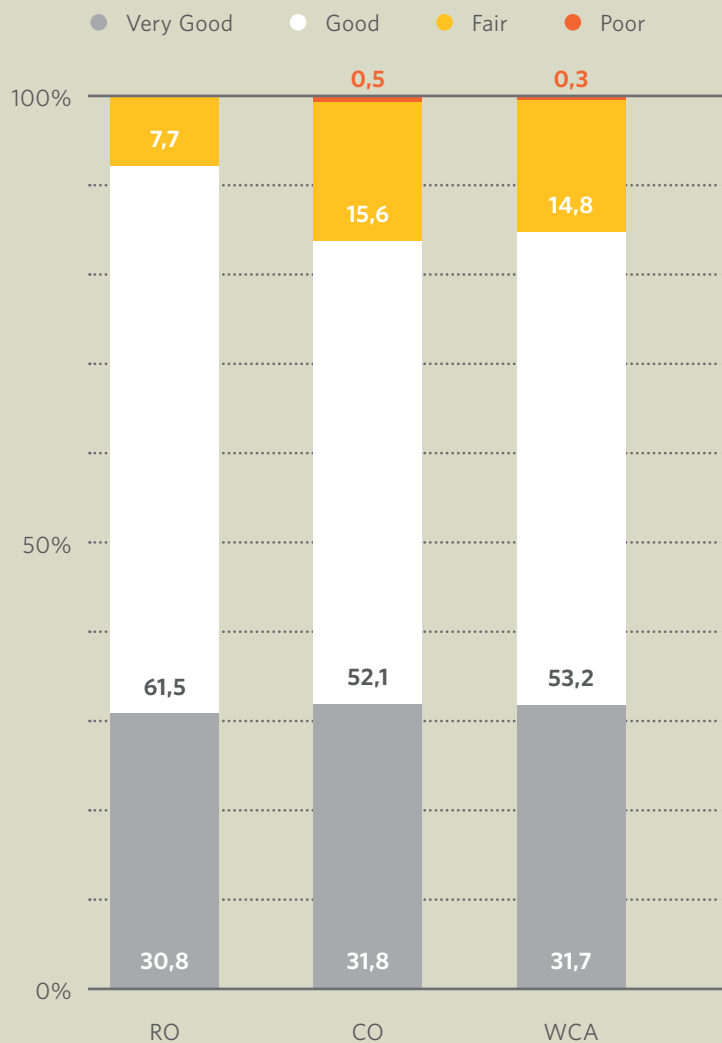
## COMPARISON OF CPDs RATING 2012-2016



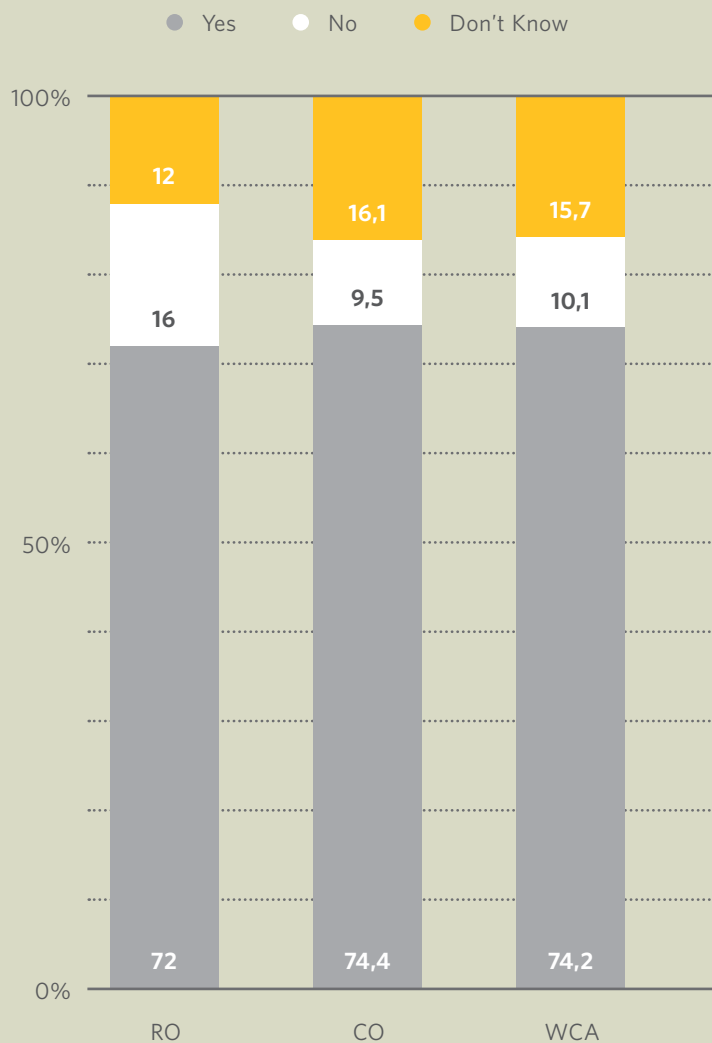
At the end of the year, we surveyed all staff across the region to ensure they felt that the regional and COs were working together effectively, cooperating on tasks and supporting each other. We also asked how they felt units within regional and COs worked together, and

how UNFPA offices worked externally with our partners in regional inter-governmental organizations. We wanted to know how effective they felt they were being and how they felt things could be improved. Their answers are summarized in the following charts:

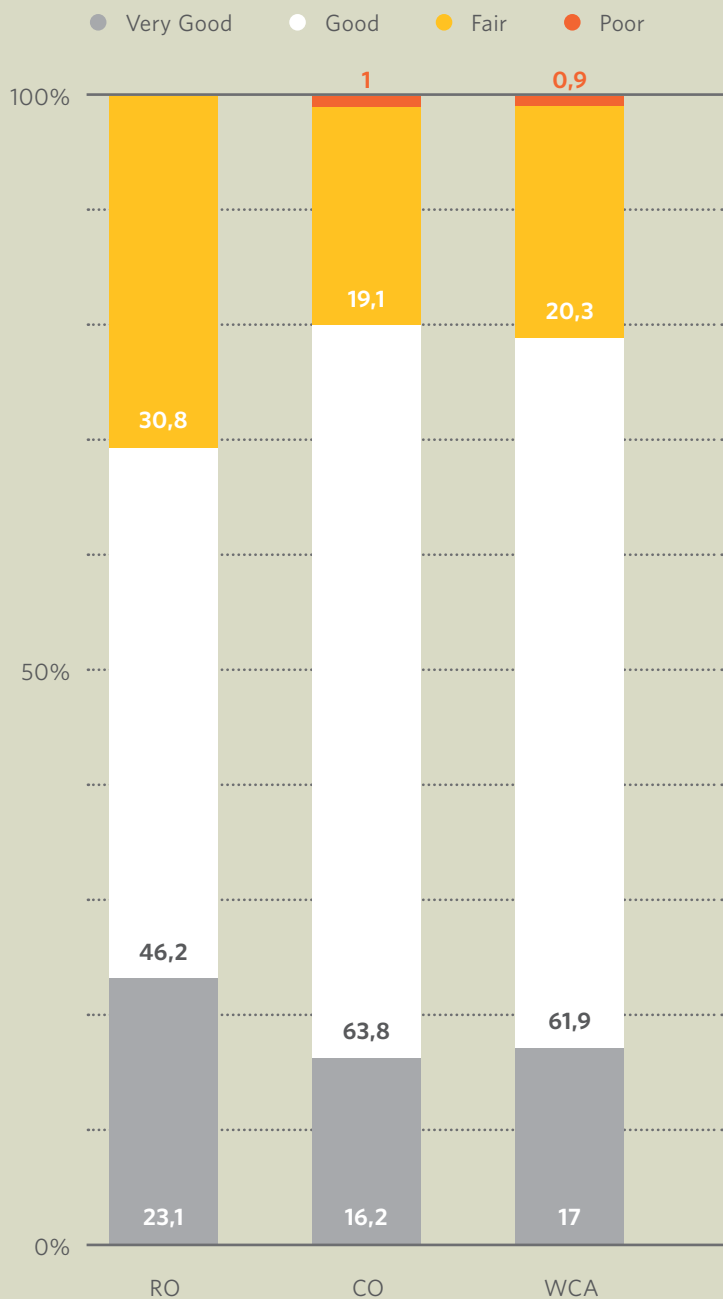
### PERCEPTION ABOUT THE EVOLUTION OF UNFPA IN THE REGION



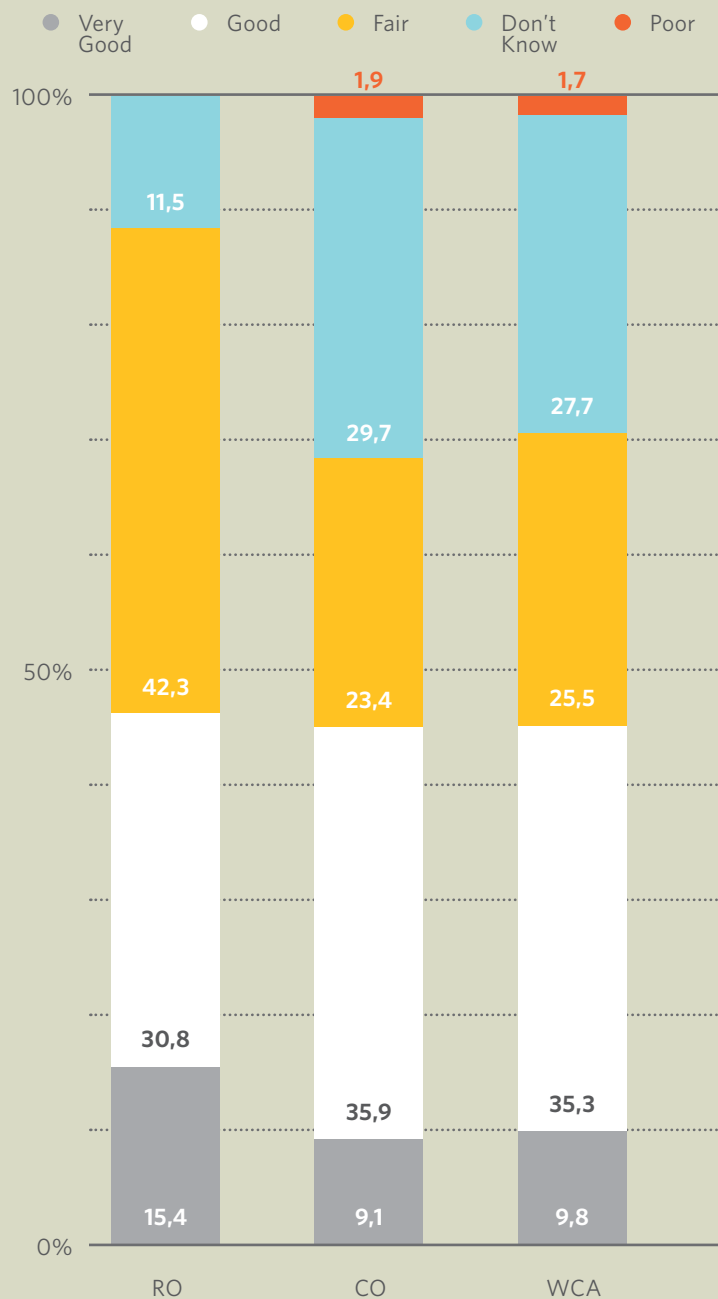
### SATISFACTION ABOUT THE COLLABORATION BETWEEN RO AND CO



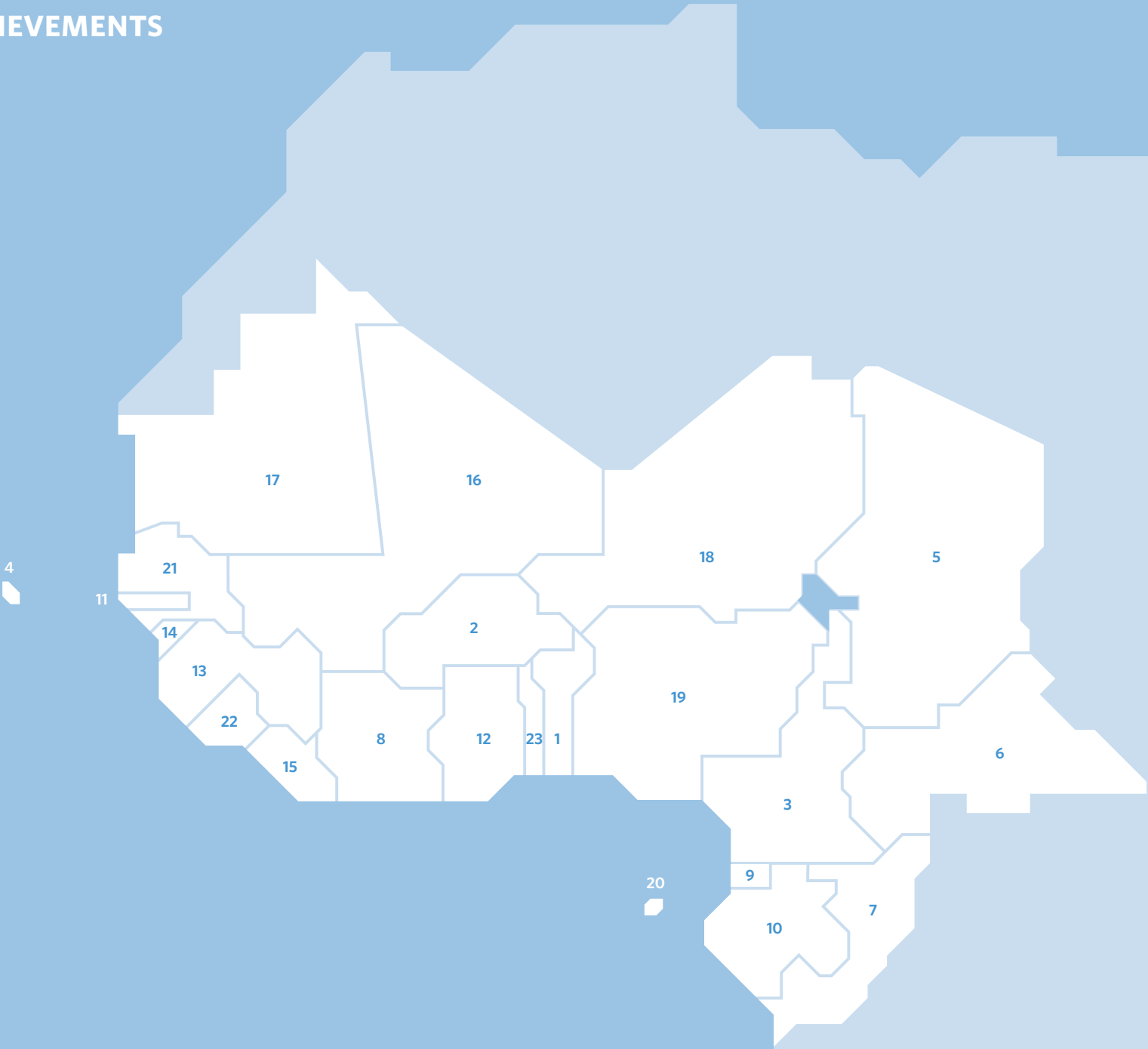
## PERCEPTION ABOUT EFFECTIVENESS OF UNFPA WORK OFFICES



## PERCEPTION OF THE COLLABORATION BETWEEN THE RO/COs AND THE REGIONAL INTER-GOVERNMENTAL ORGANIZATION



# COUNTRY OFFICES' ACHIEVEMENTS



In addition, the individual COs reported the following achievements:

## 1. BENIN

In **Benin**, the CO secured **high-level political commitment** on the demographic dividend from government ministers who were engaged through a high-level seminar on the issues.



**HIGH-LEVEL POLITICAL COMMITMENT**

The staff gave technical assistance to the Switzerland Development Cooperation in developing their next strategic plan. The CO also facilitated the **introduction of long-term contraception supplies (the injectable Sayana Press method)** by community health workers.



**INTRODUCTION OF LONG-TERM CONTRACEPTION SUPPLIES**

We supplied training to those working in health facilities to allow task sharing and increase the number of workers able to offer the service. This effort to ensure delivery to the last mile was also showcased in a well-received video on the CO's mobile boat family planning and maternal health initiative supported by several partners, including the Muskoka Fund and UNFPA Supplies.

## 2. BURKINA FASO

The **Burkina Faso** CO reached nearly **280,000 new users** with family planning services in 2016 and provided, with partners, **surgery for 228 women with obstetric fistula**. Its advocacy with the Government resulted in the **Government's contraceptive budget increasing from CFA 375 million to CFA 500 million**. The Belgian Cooperation also provided **EUR five million** to support the programme.



**280,000**  
NEW USERS



**228**  
OBSTETRIC FISTULA SURGERY



**500million**  
GOVERNMENT'S  
CONTRACEPTIVE BUDGET

### 3. CAMEROON

In **Cameroon**, the CO mobilized USD 5.741 million in funding. The CO partnered with the Government and others to organize **surgery for 288 women with obstetric fistula**. Staff were also instrumental in setting up a permanent fistula repair centre to train surgical teams from regional hospitals in simple techniques.

A partnership with GIZ, the French Development Agency, the MTN Foundation and the US Embassy has brought **midwifery training** to the University of Buea.

In the extreme north and east, a partnership with Government, UN Women, NGOs and the Diocese Batouri, provided **holistic services to 334 survivors of GBV**. In addition, **medical and psychosocial care** was given to **589 survivors of GBV and rape** and 60 survivors benefited from **income-generating activities** to facilitate their economic integration. **Reproductive health issues training** was given to 440 community health workers and a **guide to the psychosocial and medical management of sexual violence** was developed, validated and used to train social workers and healthcare providers.



# 288

OBSTETRIC FISTULA SURGERY



MIDWIFERY  
TRAINING



# 334

SURVIVORS OF GBV RECEIVED  
HOLISTIC SERVICES

### 4. CABO VERDE

The **Cabo Verde** CO partnered with UNICEF and the Global Fund to **develop and implement a comprehensive HIV/AIDS programme** to end mother-to-child transmission of HIV and keep mothers alive. This saw more than **10,000 pregnant women have HIV tests** and has helped the **treatment abandonment rate fall from six to two percent** in the last five years. They teamed up with UNICEF and UNDP to carry out an **urban risk assessment** in order to make disaster risk reduction strategies gender responsive and with UNICEF, UN Women and WHO to develop a Zika response communication strategy.

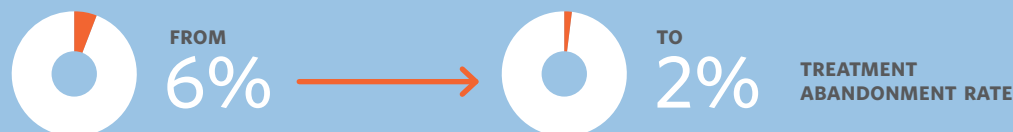


COMPREHENSIVE  
HIV/AIDS PROGRAMME



# 10,000

PREGNANT WOMEN  
HAVE HIV TESTS





## 5. CHAD

In **Chad**, a campaign with partners to combat maternal mortality, prevent HIV and promote family planning in the Lake Chad Region saw strong involvement by traditional, religious and political authorities as well as involvement by community media, civil society and youth associations. It attracted **more than 4,500 new users of contraception and saw 940 deliveries by skilled personnel**. A successful visit by the Association of Preaching Women in Bangladesh and the Higher Council of Islamic Affairs helped **break down religious barriers to reach more than 4,000 Muslim women with FP services and distribute more than 4,000 male condoms**. An award was presented to the **Regional Director** in recognition of UNFPA's engagement and partnership with religious leaders. Nearly **600 health centres and services points in ten regions received SR and FP commodities** thanks to a collaboration with the Pharmaceutical Purchasing Centre (CPA) and the Regional Supply Pharmacies, addressing a stock shortage problem.



# 4,500

NEW USERS OF CONTRACEPTION



# 4,000

MUSLIM WOMEN REACHED



# 600

HEALTH CENTRES AND SERVICES POINTS RECEIVED SR AND FP COMMODITIES

## 6. CENTRAL AFRICAN REPUBLIC

The **Central African Republic** provided **training in social cohesion and the fight against violence against women** to 50 community leaders from all faiths, from Ouham, Ouaka and Nana-Gribizi prefectures. Six thousand women and girl survivors of GBV and EVD were **supplied with dignity kits** with the help of two partner NGOs. Nearly half were also given medical assistance. Fifty health providers were **trained on ARSH needs** and 75 young people, including 28 girls, were given **employment training**.



# 50

COMMUNITY LEADERS RECEIVED TRAINING IN SOCIAL COHESION AND THE FIGHT AGAINST VIOLENCE AGAINST WOMEN

## 7. CONGO

In **Congo** a major step forward was taken in maternal and neonatal health care with the creation of a **birth charter** drawn up by government departments, midwives and women's associations. It will be a strategic tool for better care. A fundraising event in May to mark International Fight against Obstetric Fistula Day was held in cooperation with the Hotel Radisson Blu as part of an ongoing strategic outreach to the private sector and other partners. It **raised money and awareness about obstetric fistula** and the Radisson's contribution allowed four women affected by fistula to be operated on. The MwasiYaCongo campaign helped promote the rights of girls and women with an awards initiative.



CREATION OF A BIRTH CHARTER



RAISED MONEY FOR OBSTETRIC FISTULA

## 8. COTE D'IVOIRE

In **Cote d'Ivoire**, work with the Korean Cooperation (KOICA), provided **surgery to 255 women with obstetric fistula**. The CO worked with the National Population Office and CREFAT to produce a **country demographic profile to inform policy decisions** regarding the demographic dividend. A celebrated 'zero pregnancy in school' campaign led to the **development of a National Programme of Comprehensive Sex Education** (PNESC) 2016 – 2020.



# 255

OBSTETRIC FISTULA SURGERY



NATIONAL PROGRAMME OF COMPREHENSIVE SEX EDUCATION

## 9. EQUATORIAL GUINEA

In **Equatorial Guinea**, the CO facilitated the signing of a **public private partnership with Noble Energy who will provide USD 6.2 million** towards maternal and neonatal mortality initiatives. It also purchased and delivered medicines and equipment including **50 delivery beds to 55 health centres and 18 hospitals**. The office also joined forces with UNICEF and UNAIDS to support a government event in September which **brought together key populations to discuss their human rights** and how to defend them. It also provided technical and financial support at various stages of the Fourth Census of Population and Housing (RGPH 2015).



# 6.2million

PROVIDED TOWARDS MATERNAL AND NEONATAL MORTALITY INITIATIVES



GOVERNMENT EVENT TO DISCUSS HUMAN RIGHTS



## 10. GABON

In **Gabon**, the CO drew up and gave to the Government a **10-year-plan with a three-year operational plan** to address the problems facing Gabonese women. The CO also helped organize a workshop for UN staff and government staff on the UNDAF evaluation and participated in the **development of the country's demographic dividend profile**. Their advocacy resulted in a **ministerial order** regulating the surveillance of maternal death and response in Gabon.



CREATION OF A 10-YEAR-PLAN TO ADDRESS GABONESE WOMEN'S PROBLEMS



MINISTERIAL ORDER REGULATING THE SURVEILLANCE OF MATERNAL DEATH

## 11. GAMBIA

The **Gambia** CO's major achievements for the year included providing technical support and inputs to the **continental youth conference Banjul +10**. It helped organize high-level side events including the premiere of a movie on obstetric fistula. It also supported the **creation of centres to provide youth-friendly services** and increase young people's access to SRH information.



**CONTINENTAL YOUTH  
CONFERENCE BANJUL +10**



**CREATION OF CENTRES TO PROVIDE  
YOUTH-FRIENDLY SERVICES AND  
ACCESS TO SRH INFORMATION**

## 12. GHANA

In **Ghana**, the CO gave technical assistance to the development of a national strategic framework on child marriage. Its partnership with UNICEF gave **5,000 adolescent girls from six regions access to SRH information, livelihood skills and services and mentored 150 young people on leadership and access to justice**.

A two-phased programme with UNHCR addressed the SRH needs of young refugees in the Western and Central regions and provided **50 young people with training to become peer educators** in sexuality education.

Another joint programme with the World Food Programme (WFP) provided more than **26,000 students with a 'take home ration voucher' which included access to SRH information**. A collaboration with nonprofit health organization Jhpiego **equipped five midwifery schools with skills laboratories**.



**5,000**

**ADOLESCENT GIRLS HAVE ACCESS  
TO SRH INFORMATION**



**150**

**YOUNG PEOPLE MENTORED ON  
LEADERSHIP AND ACCESS TO JUSTICE**



**50**

**YOUNG PEOPLE TRAINED TO  
BECOME PEER EDUCATORS  
IN SEXUALITY EDUCATION**

## 13. GUINEA

In **Guinea**, attention was concentrated on developing **strategic partnerships with youth organizations** to support national development plans. The CO initiated joint events such as **Guinea's first youth forum**, the commemoration of International Youth Day and **the regional high-level launch of the State of World Population Report 2016**.

The CO also worked on ensuring young people's needs are integrated into local development plans.



**STRATEGIC PARTNERSHIPS  
WITH YOUTH ORGANIZATIONS**



**GUINEA'S FIRST  
YOUTH FORUM**



**LAUNCH OF THE STATE OF WORLD  
POPULATION REPORT 2016**

#### 14. GUINEA BISSAU

The **Guinea Bissau** CO partnered with government to construct a health facility, two shelters and renovated a health centre in some of its most remote areas. These **new facilities have increased pregnant women's access to health services**. Work continued with faith-based organizations to advocate against FGM and early marriage and support given to **training 32 anaesthesiologist technicians and 50 midwives** in an area where unmet need is 79 percent.



# 32

ANAESTHESIOLOGIST  
TECHNICIANS TRAINED



# 50

MIDWIVES TRAINED



INCREASED PREGNANT WOMEN'S  
ACCESS TO HEALTH SERVICES

#### 15. LIBERIA

In **Liberia**, a partnership with NGOs and government provided **nearly 200,000 adolescents and young people** with CSE, SRH life skills training and economic and livelihood activities. In an effort to empower young people, the CO also launched the **Minike Foundation mobile telephone storytelling initiative** and **secured funding (USD 5.3 million) from the Swedish Government**.



# 200,000

ADOLESCENTS AND YOUNG PEOPLE  
PROVIDED WITH CSE, SRH LIFE SKILLS  
TRAINING AND ECONOMIC AND  
LIVELIHOOD ACTIVITIES

The CO helped organize a roundtable, attended by the country's president, to develop a roadmap on the demographic dividend and investing in youth. It also helped develop a **national multi-partisan youth manifesto** and **refurbished the adolescent and women rehabilitation facility** at the Monrovia Central Prison.



# 5.3million

FUNDING FROM THE  
SWEDISH GOVERNMENT

#### 16. MALI

In **Mali**, **emergency obstetric and neonatal care equipment was supplied** to a centre which supports 11 community health centres in the crisis-hit north of the country. Training was given for data analysis and a system for **improved data collection** on GBV put in place. **Delivery kits** were given to **200 pregnant women** in the troubled Kidal region.



IMPROVED DATA  
COLLECTION ON GBV



# 200

PREGNANT WOMEN  
RECEIVED A DELIVERY KITS

17.  
MAURITANIA

**Mauritania's** government finally adopted a **law against GBV** following a joint advocacy initiative with human rights NGOs, parliamentary groups and religious associations as well as other UN agencies. The law will provide women and girls protection against GBV including FGM.

The country was one of the **first to develop its demographic profile**, thanks to the CO and CREFAT, and was a leader in setting up and training a multisectoral technical team to support the government in implementing DD initiatives.

The government also adopted a much anticipated **Reproductive Health Bill** and a framework developed by five UN agencies was put in place to support its efforts to promote RMNCAH (the H6 Initiative).



**ADOPTED A LAW AGAINST GBV**



**THE LAW PROVIDE WOMEN AND GIRLS PROTECTION AGAINST GBV INCLUDING FGM**



**ONE OF THE FIRST TO DEVELOP ITS DEMOGRAPHIC PROFILE**

18.  
NIGER

In **Niger**, **emergency obstetric and neonatal care increased by eight percent** in the first six months of 2016, following the introduction of a rapid evaluation tool and better monitoring of sites. The CO partnered with the National Centre for Blood Transfusions (CNTS) and the Association of Volunteer Blood Donors to **improve the availability of blood** at hospitals.



**+8%**

**EMERGENCY OBSTETRIC AND NEONATAL CARE INCREASED IN THE FIRST SIX MONTHS OF 2016**



**IMPROVED THE AVAILABILITY OF BLOOD AT HOSPITALS**

19.  
NIGERIA

Our team in **Nigeria** partnered with the Government to produce a **policy brief to guide demographic dividend (DD) programmes in Lagos State**. They also partnered with the University of Ibada to develop a policy brief on the country's demographic profile.

A partnership with the Office of the Wife of the President of Nigeria, the Nigeria Leaders Council and the Nigeria Governors Forum on **maternal death surveillance** saw 390 cases examined in one month. The partnership includes traditional structures in Northern Nigeria including 21 major rulers and 5,084 lower level leaders from 19 states and the Federal Capital Territory. More than **400 traditional and religious leaders and 3,000 parents and teachers** were given information on ASRH issues through the Adolescent Girl Initiative.



**CREATION OF A POLICY BRIEF TO GUIDE DD PROGRAMMES IN LAGOS STATE**



**390**

**CASES EXAMINED IN ONE MONTH THANKS TO A PARTNERSHIP ON MATERNAL DEATH SURVEILLANCE**

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20.  
SAO TOME

In **Sao Tome**, financial support was given to the **development of a demographic profile** in association with CREFAT. **Two web-based databases** on demographic and socio-economic indicators were updated and shared with decision makers.

Emergency obstetric training was given to 31 midwives and 30 health workers and six sanitary facilities rehabilitated or equipped through a partnership with the European Union and the Government. Counseling Units for victims of GBV were provided in police stations in four out of seven districts in partnership with the VIDA Network composed of representatives from the police, judiciary and health sectors.



DEVELOPMENT OF A  
DEMOGRAPHIC PROFILE



2

WEB-BASED DATABASES ON  
DEMOGRAPHIC AND SOCIO-  
ECONOMIC INDICATORS WERE  
UPDATED AND SHARED

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21.  
SENEGAL

In **Senegal**, the successful implementation of a strategy to tackle obstetric fistula saw **71 women receive surgery**. A 24-hour telephone **SRH advice line for teenagers**, set up with an NGO VOTO and the Ministry of Youth, received more than 12,000 calls.

The CO funded **training for 177 providers and 120 peer educators in CSE**, supported the sex education curriculum in 80 schools and a national consensus was reached on the concept of Reproductive Health Education. It also collaborated with AFIDEP and CREFAT in preparing the country's demographic profile.



71

OBSTETRIC FISTULA SURGERY



12,000

CALLS RECEIVED BY A  
24-HOUR TELEPHONE SRH  
ADVICE LINE FOR TEENAGERS

22.  
**SIERRE  
LEONE**

The **Sierra Leone** CO mobilized more than **USD 11 million of additional resources** to contribute to the national plan for accelerated action to save the lives of women and children, as part of the post Ebola recovery efforts.

It supported the **training of 149 midwives, 20 nurse anaesthetists and 14 surgical assistants** and used Irish Aid funding to give **nearly 6,000 adolescent girls** who fell pregnant during the Ebola outbreak institutional deliveries, provide **4,677 with psycho-social counselling** services and **reintegrate more than 5,000 girls** into mainstream school.

It also provided financial and technical support to Statistics Sierra Leone to finalize and launch the results of the 2015 census.



**11million**

**RESOURCES TO SAVE THE LIVES  
OF WOMEN AND CHILDREN**



**4,677**

**PSYCHO-SOCIAL COUNSELLING  
SERVICES PROVIDED**



**5,000**

**GIRLS REINTEGRATED INTO  
MAINSTREAM SCHOOL**



**20**

**NURSE  
ANAESTHETISTS  
TRAINED**



**149**

**MIDWIVES  
TRAINED**



**14**

**SURGICAL  
ASSISTANTS  
TRAINED**

23.  
**TOGO**

In **Togo**, **140 religious leaders** received training on promoting **SRH and FP** and in fighting **GBV**. The CO organized and hosted field missions with donors and concluded a **partnership agreement** with Plan Togo to strengthen the SRH rights of young people and adolescents. It also supported the Ministry of Health so that it could participate in a special UNFPA session on strengthening the supply chain for FP commodities.



**140**

**RELIGIOUS LEADERS RECEIVED  
TRAINING ON PROMOTING SRH  
AND FP AND IN FIGHTING GBV**



7

**Partnerships with research,  
local and other institutions**



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*CREFAT is a key partner in our work and provides training as well as support and technical assistance to countries as they build, and then put into practice, their NTA profile.*

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UNFPA is working particularly with the Senegalese research institution CREFAT to **look at how population growth and changing age structures are influencing economic growth, gender equality and other important features of the macroeconomy.**

The aim of this analysis is to inform decision makers on the impact of policies carried out in past decades – and reveal where strengths and weaknesses prevail. Lessons learnt can then be incorporated into all new development plans, as countries move towards harnessing the demographic dividend.

The goal is to better **inform policy making** by clearly showing the impact initiatives can have on a country's outcomes.

In 2016, we supported CREFAT to train more than 140 national experts from 16 country teams in the National Transfer Accounts (NTA) model.

This model is an important tool in measuring the economic impact of changes in population age. It creates compelling perspectives on areas of importance to policy makers, helping to enhance planning and inspire better targeted investments.

CREFAT is a key partner in our work and provides training as well as support and technical assistance to countries as they build, and then put into practice, their NTA profile.

In April we organized a regional capacity building workshop for 60 experts from member countries of the SWEDD initiative, to help them develop NTA country profiles.

We followed this up in June with the international conference of the National Transfer Accounts Network in Senegal – the first time the NTA network has organized such a global event in Africa. The conference allowed 11 countries of WCA to share their NTA profiles and discuss the results with CREFAT experts. This type of knowledge-sharing allows a more united approach to achieving the demographic dividend across the continent. In 2017, we will support national engagements and validation platforms to build support and inspire action.

WCARO is also working with Cisco, an Internet networking company, to create demographic dividend 'observatories'. This company is committed to addressing the technological knowledge and skills deficit in the region.

We are working with them to help **digitalize the data sector**, using the Big Data approach, cloud technology and new algorithms for analytics. This is a work in progress but corresponds with the SDG requirements to work in a more integrated, technology driven manner.



The National Transfer Account approach focuses on the population age structure of a country. It looks at how changing that age structure could affect the economy of that country.

The NTA measures how people at each age produce, consume and share resources – and save for the future. By using this information to create a ‘country profile’, practitioners can provide compelling perspectives on areas of importance to policy makers within their national context.

CREFAT, at the University of Thies, uses the NTA approach and is working with us to provide the training governments need to draw up a country profile. The Timbuktu Institute is also doing complementary analysis on the resilience and security implications of the youth bulge.

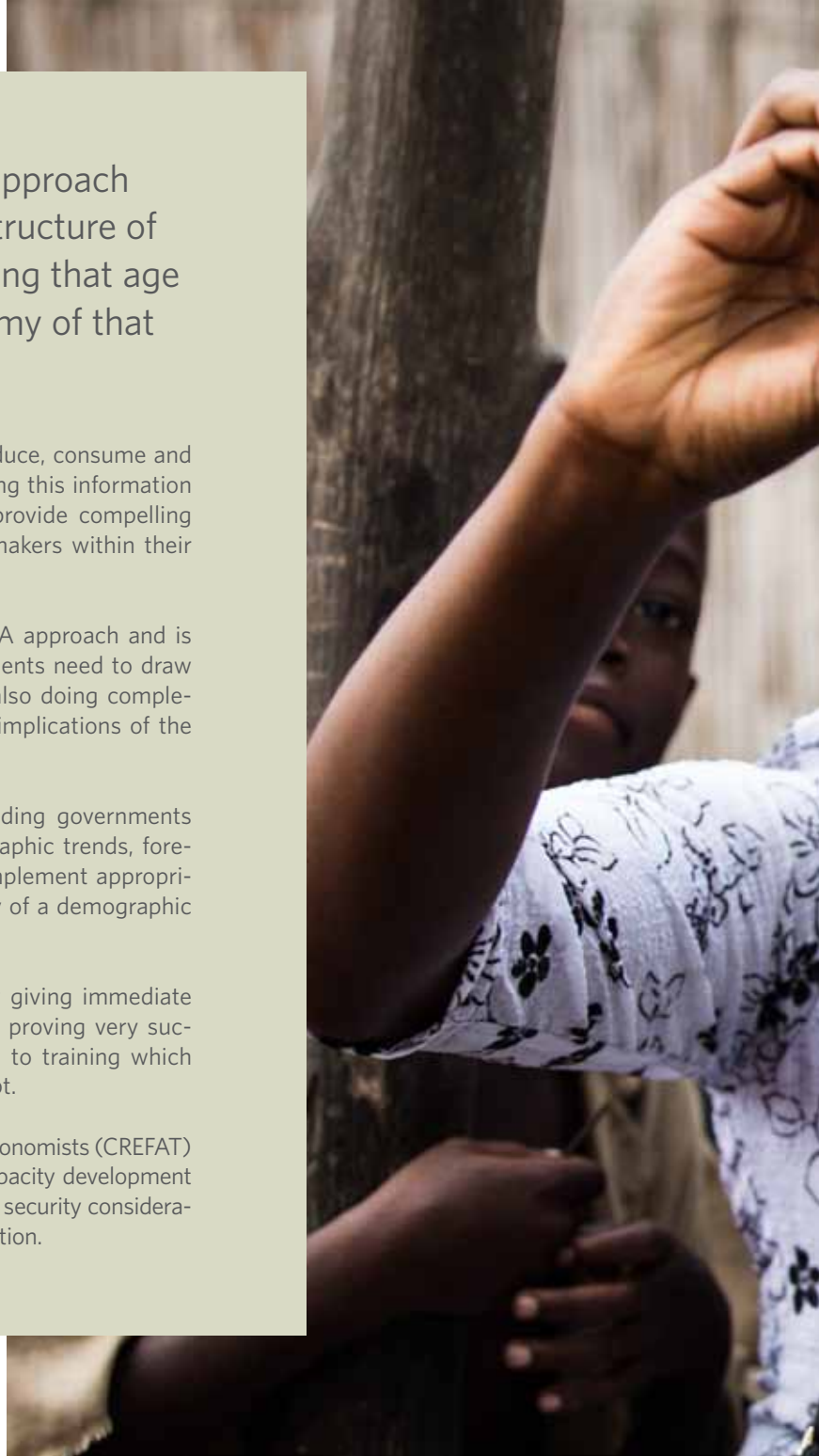
These partnerships are proving critical in providing governments with the necessary expertise to analyse demographic trends, forecast, put in place monitoring frameworks and implement appropriate strategies that will lead them to the pathway of a demographic dividend (DD).

The ‘learning-by-doing’ approach to training, by giving immediate and take home expertise in DD programming is proving very successful. It also brings a multi-sectoral approach to training which reflects the integrated principle of the DD concept.

We have also found that by teaming up with both economists (CREFAT) and socio anthropologists (Timbuktu Institute), capacity development sessions are enriched by the inclusion of social and security considerations such as forced migration, crime and radicalization.



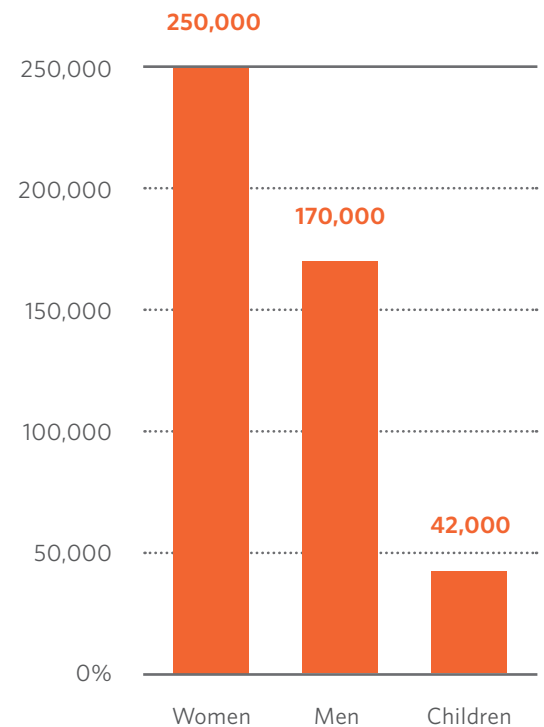
© UNFPA/Vincent Tremeau





In the spirit of further **promoting the relationship between HIV and SRHR** and its importance in achieving the SDGs in the region, UNFPA WCARO/HQ and IPPF closely collaborated with eight selected WCA COs and their national partners, along with WHO, UNAIDS, USAID, and the Interagency Working Group on SRH and HIV Linkages, to produce **tailored country infographic snapshots on HIV/SRHR linkages**.<sup>6</sup> By highlighting results, weak areas and data gaps, the snapshots can and will be used for determining priorities, programme planning and resource mobilization.

### PEOPLE LIVING WITH HIV



6. HIV/SRHR linkages snapshots in Cameroon, Chad, Côte d'Ivoire, Ghana, Guinea, Mali, Nigeria and Togo

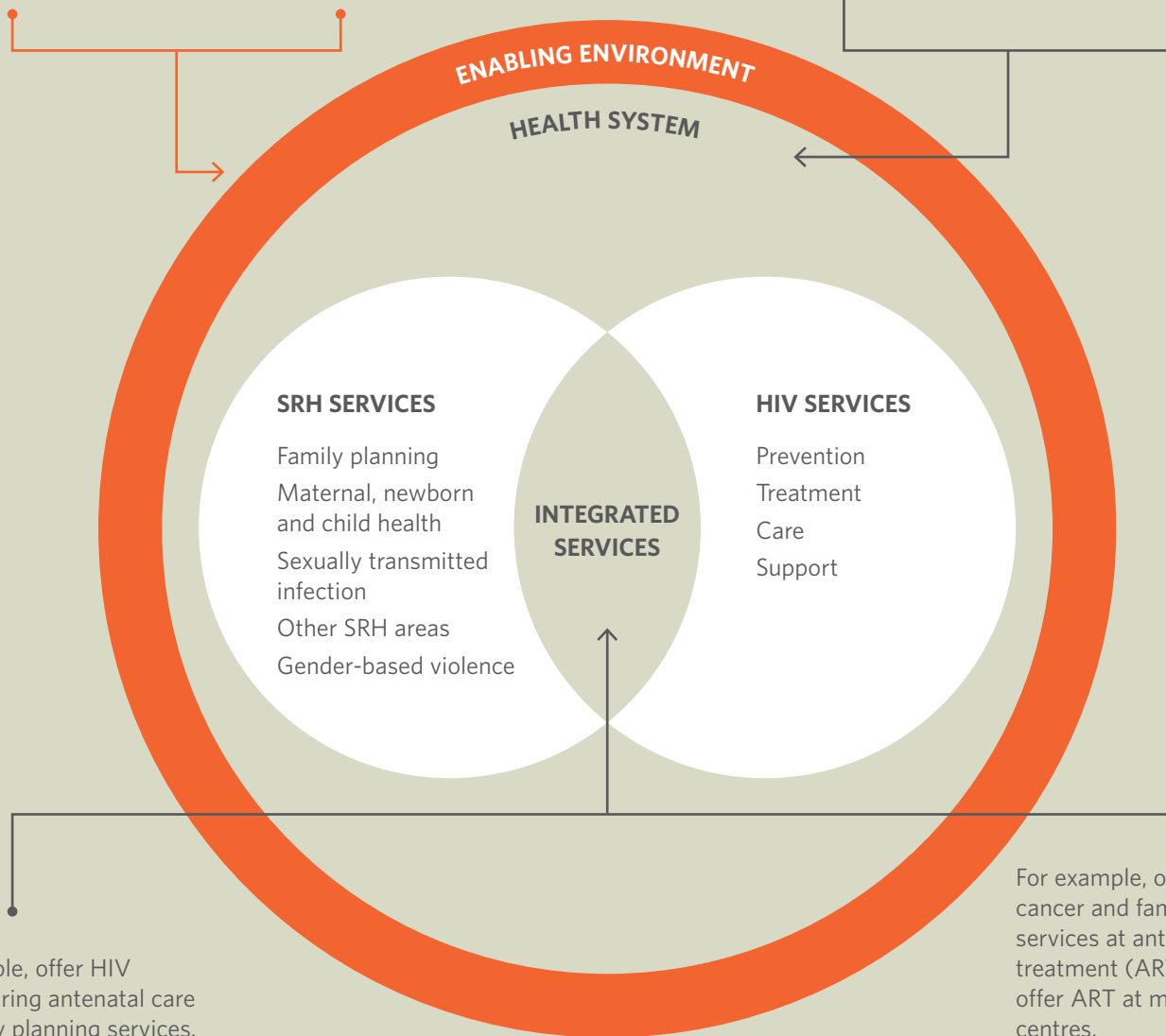
## THE FULL SCOPE OF HIV AND SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS LINKAGES/INTEGRATION AT THREE LEVELS: ENABLING ENVIRONMENT (POLICY AND LEGAL); HEALTH SYSTEMS AND INTEGRATED SERVICE DELIVERY

For example, address structural determinants such as stigma and discrimination faced by people living with HIV and key populations.

For example, address human rights and development concerns such as gender-based violence and gender inequality.

For example, strengthen joint planning, procurement, and supply chain management systems for HIV and SRH commodities.

For example, support greater task shifting/sharing among SRH- and HIV-related health workers.



For example, offer HIV testing during antenatal care and family planning services.

For example, offer cervical cancer and family planning services at antiretroviral treatment (ART) centres and offer ART at maternal health centres.



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They look at the links between HIV and SRHR and how they overlap at three levels, via the policy and legal environment, health systems and integrated service delivery. For instance, by securing resources and developing capacity to offer HIV testing during antenatal care and FP sessions or by offering cervical cancer tests and FP services at antiretroviral treatment centres, both services could be extended. Ultimately, they will help guide the efforts many countries are making towards much needed linkages and integration.

We also worked with regional academies ISSP of Ouagadougou, IFORD of Yaounde and ENSEA of Abidjan to produce and introduce a training curricula and course on improved response in crisis situations.

The curricula teaches how to work through the five different phases of crises from the preparatory stage through to the rehabilitation stage.

In another initiative, we worked with two midwives and nurses training schools (Bertoua School of Midwives and the Private School of Nurses and Midwives of Garoua) to introduce the Minimum Initial Service Package (MISP) to their training curricula.

Unfortunately, due to funding constraints, the training of trainers was unable to take place this year but is planned for 2017.



8

**Humanitarian Action:  
using partnerships to  
reach the most vulnerable**

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*We work across the region to increase the resilience of vulnerable populations so they can withstand future shocks better.*

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Millions of people in WCA are affected every year by complex and multifaceted crises brought about by both manmade and natural disasters.

We work across the region to increase the resilience of vulnerable populations so they can withstand future shocks better. This philosophy guides our work across the region and can be seen in our efforts in Sahel and the Mano River.

In 2016, we continued to help those caught up in manmade disasters. This included the **Boko Haram insurgency in Northeast Nigeria, where there are an estimated 1.75 million people of reproductive age (of seven million people total) who require humanitarian assistance.**

**Insurgency attacks in the North East of Nigeria continue to hinder humanitarian response and we predict that the number of affected people will increase next year.** We have therefore **increased the alert level and developed a business case for scaling up our work** including setting up a decentralized office in Bornu and sourcing additional resources.

We are offering **capacity building and service provider training** where possible and engaging closely with government and other UN agencies to enhance coordination, since collective and aligned response will ensure no one is left behind.

UNFPA supports 111 health facilities to provide basic and comprehensive SRH services and has **reached more than 1.1 million people with emergency RHS** through health facility based and outreach mobile services.

More than 250,000 people have received various forms of GBV services and 14 safe spaces have been established for the protection and empowerment of affected women and girls in three states.

We have helped safely deliver about 88,000 babies in affected states since 2014 and provided psychosocial support to more than 174,000 survivors.

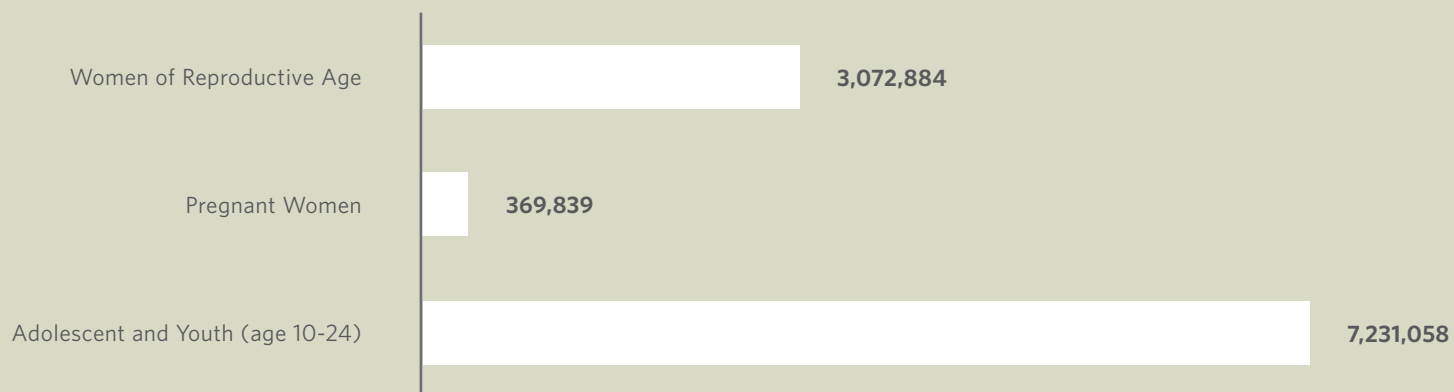
Thanks to funding from USAID, we are also offering non-formal education on RH and teaching skills to women in camps set up for internally displaced people.

In **south-eastern Niger**, where an estimated 75,000 people were displaced by fighting in early June, we are working with partners such as the Red Cross to get SRH supplies – as well as kits containing equipment for safe child delivery – to the estimated 3,000 pregnant women and girls among them.

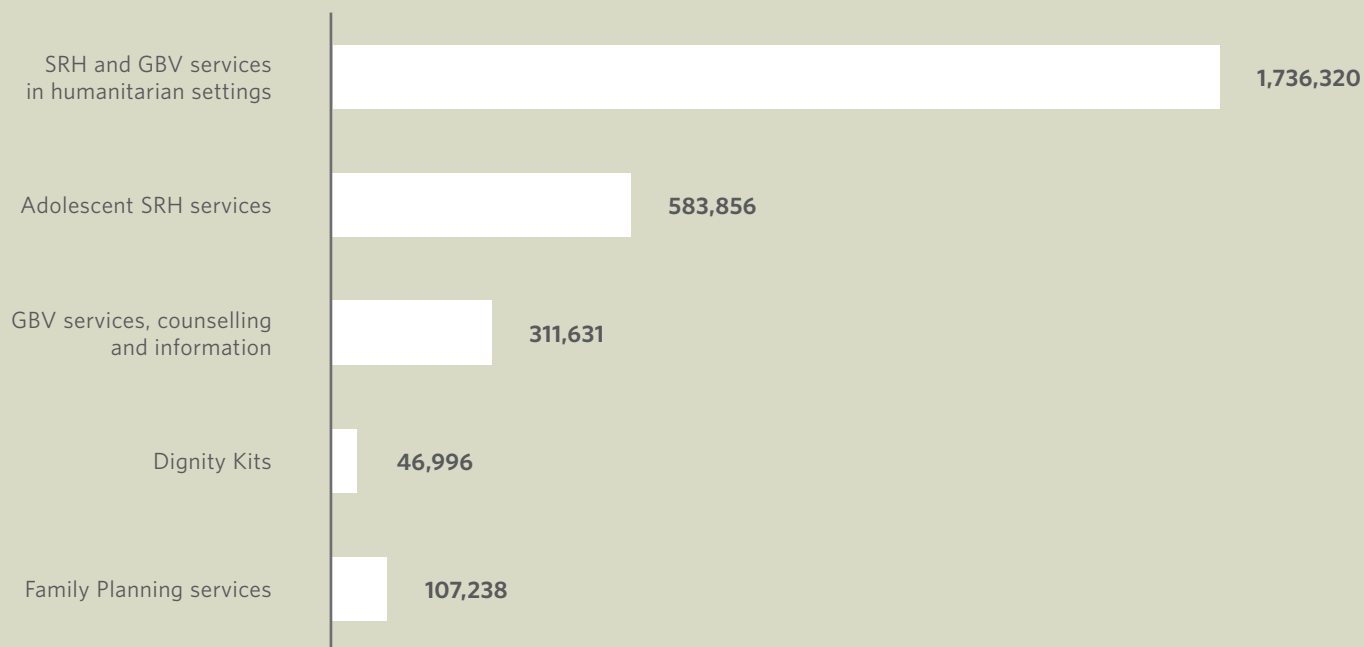
We also distributed hundreds of dignity kits, containing sanitary napkins, soap and clothes, to women who have had to flee their homes and are now living in refugee camps and displacement sites.

In March, we provided emergency RH care and care for the victims of GBV in **Cote D'Ivoire**, after violent clashes between different communities in the north east of the country.

## PEOPLE TARGETED IN HUMANITARIAN SETTINGS



## TOTAL NUMBER OF AFFECTED POPULATION REACHED





## Humanitarian sexual and reproductive health services delivered in 2016 across WCA Number

Number of RH kits distributed	9,172
Number of maternity tents/homes operationalized with UNFPA support	157
Number of mobile clinics supported	81
Number of functional health facilities supported by UNFPA that provide Emergency Obstetric Care (EmOC)	584
Number of SDPs supported that provide clinical management of rape services	227
Number of safe spaces supported by UNFPA (includes women's and girls' spaces, and youth spaces)	48
Number of condoms distributed (in humanitarian settings)	2,718,586

Teaming with UNHCR, WFP and UNICEF, we undertook a rapid assessment mission just three days after the crisis began and put in place a three-month response plan. Our response included USD 64,500 RH kits and psychosocial care to 1,250 women and girls displaced by the conflict.

We also continued to provide medical and/or psychosocial care to survivors of GBV in the **Central African Republic (CAR)**.

Drought, desertification and climate change continue to make life perilous for the ever-increasing population of people living in the **Lake Chad Basin**. We continue to focus on improving the lives of women and girls in these communities – particularly amongst refugees who are being forced to leave their homes to find food and work. Our work in the region includes training skilled birth attendants and providing reproductive health kits to health facilities. Our clinics offering pre and post natal care to women in refugee camps also attract nomad women in the region.

In addition to funding provided by partners to UNFPA for its humanitarian response, COs in the region also received Central Emergency Response Funds<sup>7</sup> from the United Nations General Assembly for eight countries (Cameroon, CAR, Chad, Congo, Cote d'Ivoire, Mali, Niger and Nigeria), amounting to nearly USD 4.85 million.

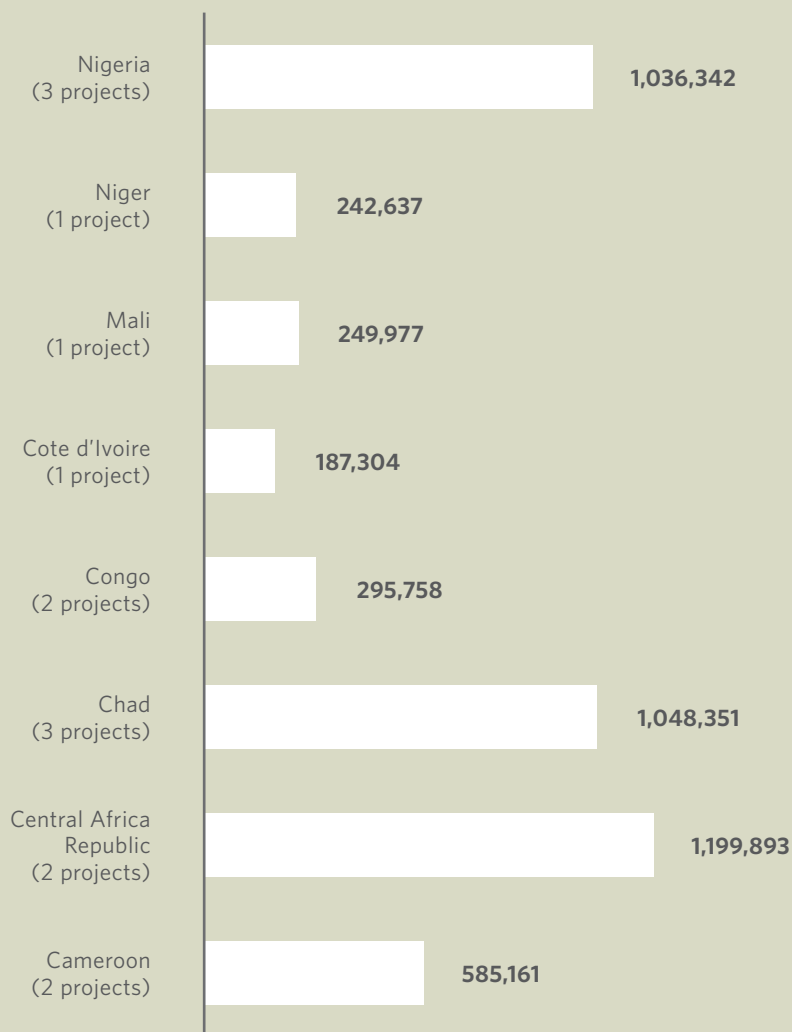
A Global Humanitarian Consultation, between August and September this year, gave us an opportunity to reflect on **lessons learnt and equip ourselves better for the challenges ahead**. Recommendations for humanitarian interventions in the next two years included **aligning our human resource capacity** to increase operational flexibility in humanitarian contexts and **strengthening advocacy and communications**. We also resolved to **increase investment in humanitarian data**; promote strategic partnerships; integrate humanitarian work into the Strategic Plan and strengthen our leadership of Gender-Based Violence Area of Responsibility (GBV AOR).

7. The Central Emergency Response Fund (CERF) is a trust fund with a grant element of up to US\$ 450 million and loan facility of US\$ 50 million. It gives rapid response grants to promote early action and response to reduce loss of life and to enhance response to time-critical requirements; and underfunded emergency grants to strengthen core elements of humanitarian response in underfunded crises.

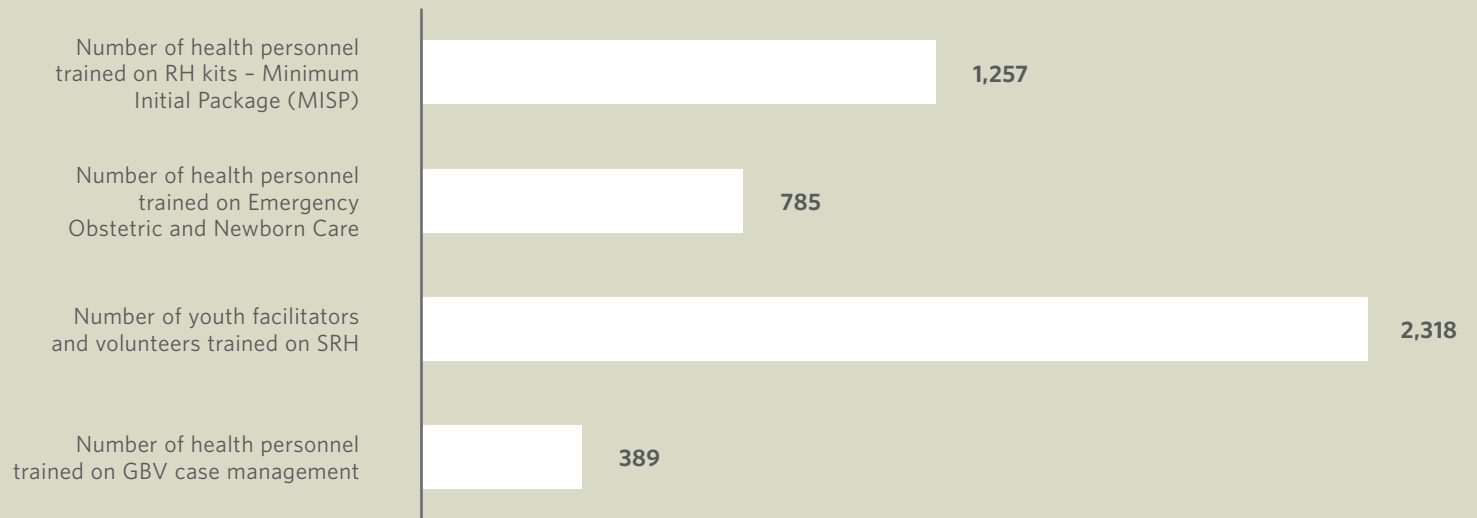
In this way, WCARO will continue supporting COs to be ready to respond when a crisis happens. Next year, WCARO will conduct activities around the four humanitarian pillars, according to UNFPA's second-generation humanitarian strategy.

We will ensure COs have **integrated resilience, contingency and preparedness plans**; develop a **resilience strategy** for the Sahel and develop and **maintain strategic partnerships** with other members of the Inter Agency Working Group on humanitarian response.

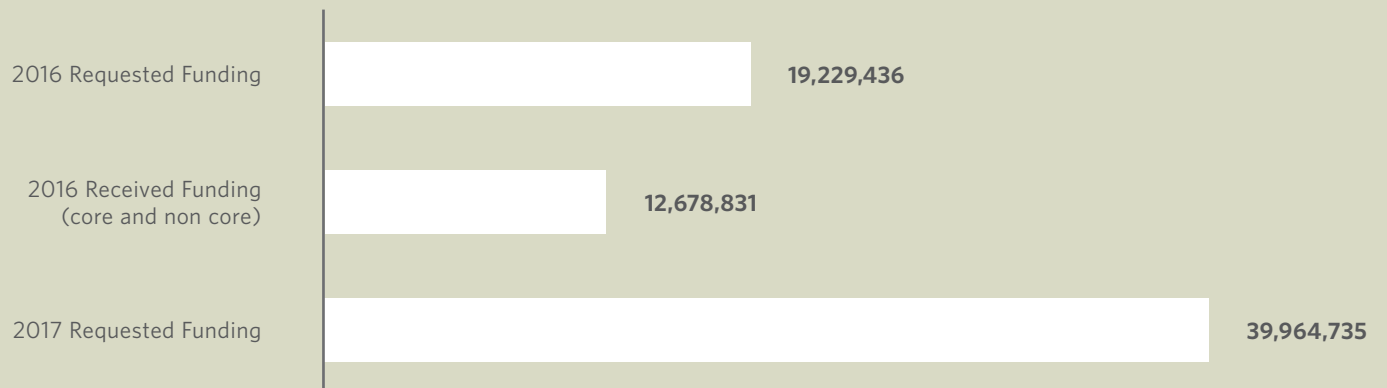
## 2016 CERF FUNDING IN WCA



## PEOPLE TARGETED IN HUMANITARIAN SETTINGS



## HUMANITARIAN FINANCING





9

**Working together:  
within and beyond the  
United Nations family**

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## *In 2016, we worked on creating cross-sectoral synergies with other UN agencies to deliver highly interlinked results at all levels.*

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We work with our United Nations partners (such as UNDP and WHO) through partnerships (such as the Ouagadougou Partnership and SWEDD) and collaborations with external partners (such as IPPF and JHPIEGO), to **bring a coordinated, cohesive focus to initiatives.**

This is, and will remain, the way we work in 2017 and going forward to deliver UNFPA's mandate linked to the 2030 Agenda for Sustainable Development and the African Union's 2063 Agenda.

In 2016, we worked on **creating cross-sectoral synergies with other UN agencies to deliver highly interlinked results at all levels.** For example, this is the case at the regional level where WCARO is leading the UN task team on the demographic dividend, in Liberia where UNFPA is leading the UN Country Team task team on the demographic dividend as well as The Gambia where UNFPA is working closely with UNICEF and others within the UN Country Team on efforts to abandon FGM and child marriage.

Several of our COs developed new CPDs which set out their commitment to these transformational and innovative partnerships with all stakeholders, from government to civil society to the private sector, going forward.

The UNFPA and UNICEF Regional Offices for WCA will also proceed with the **ongoing joint initiatives to end child marriage and FGM through joint work plans** that include division of work, for example for trainings and missions to programme countries.

With regards to SRH interventions, WCARO will continue to:

- maintain the momentum of increasing access to rights-based SRH by strengthening collaboration and exchanges with regional institutions and organizations working in the field of RH and FP;
- support countries in the finalization and implementation of their action plans for RH and FP task shifting;
- support the documentation of FP interventions such as task shifting; the use of long-term contraceptives such as Sayana Press and other promising initiatives such as Postpartum Family Planning to improve future policy making.

A renewed Muskoka 2.0 is being designed based on the success of the first successful experience and on the results of the SWEDD initiative to build an innovative financial and coordination mechanism that will support the operationalization of the African Union demographic dividend roadmap.

We will also be **continuing to support our COs to carry out the essential role they play in partnerships**, including the Ouagadougou Partnership and FP2020 initiative. UNFPA is one of the leading players in the field of FP both globally and regionally. However this hard-won status requires a **continuing commitment to rigorous advocacy and policy dialogue, technical support to countries and resource mobilization, public and private, at both regional and country level.**

## THE DEMOGRAPHIC DIVIDEND AND THE SUSTAINABLE DEVELOPMENT GOALS

DD Action Areas	DD-SDGs (Direct link)	DD-SDGs (Indirect link)
<b>FAMILY PLANNING</b>	<p>→ 3 Good health and well-being</p> <p>→ 5 Gender equality</p>	
<b>EDUCATION</b>	<p>→ 4 Quality education</p> <p>→ 5 Gender equality</p>	
<b>HEALTH</b>	<p>→ 3 Good health and well-being</p> <p>→ 6 Clean water and sanitation</p>	<p>11 Sustainable cities &amp; communities</p> <p>12 Responsible consumption and production</p> <p>13 Climate action</p> <p>14 Life below water</p> <p>15 Life on land</p> <p>17 Partnership for the goals</p>
<b>ECONOMIC REFORMS &amp; JOB CREATION</b>	<p>→ 1 No poverty</p> <p>→ 2 Zero hunger</p> <p>→ 5 Gender equality</p> <p>→ 7 Affordable &amp; clean energy</p> <p>→ 8 Decent work and economic-growth</p> <p>→ 9 Industry, innovation and infrastructure</p> <p>→ 10 Reduced inequalities</p>	
<b>GOVERNANCE</b>	<p>→ 16 Peace, justice and strong institutions</p>	

Source: Dr. Eliya Zulu, AFIDEP, 2015 and updated by UNFPA WCARO, 2016.



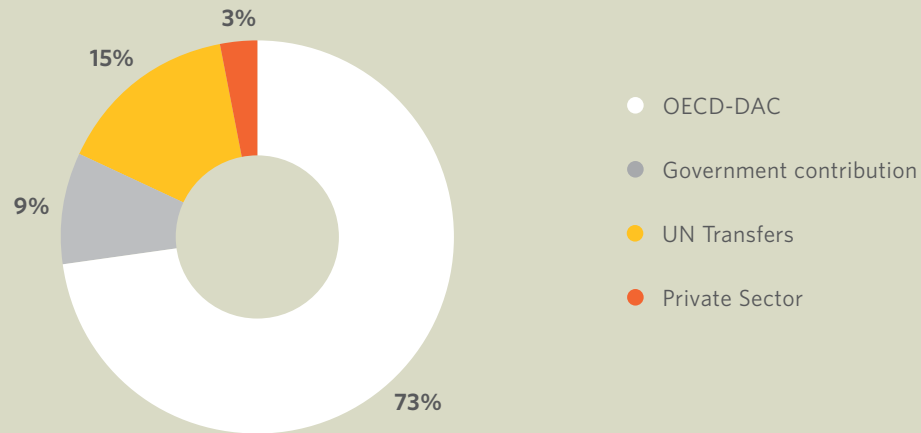


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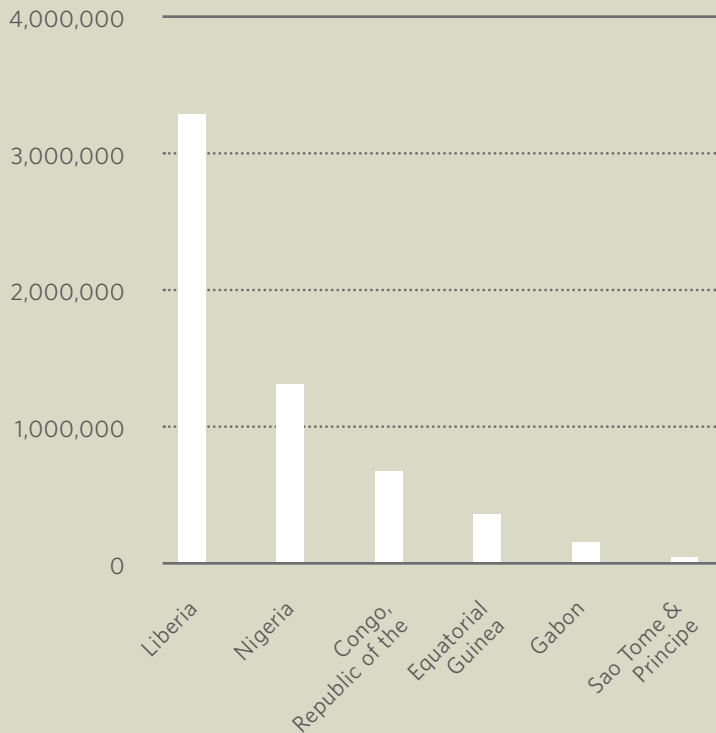
## Resources for collaborative action



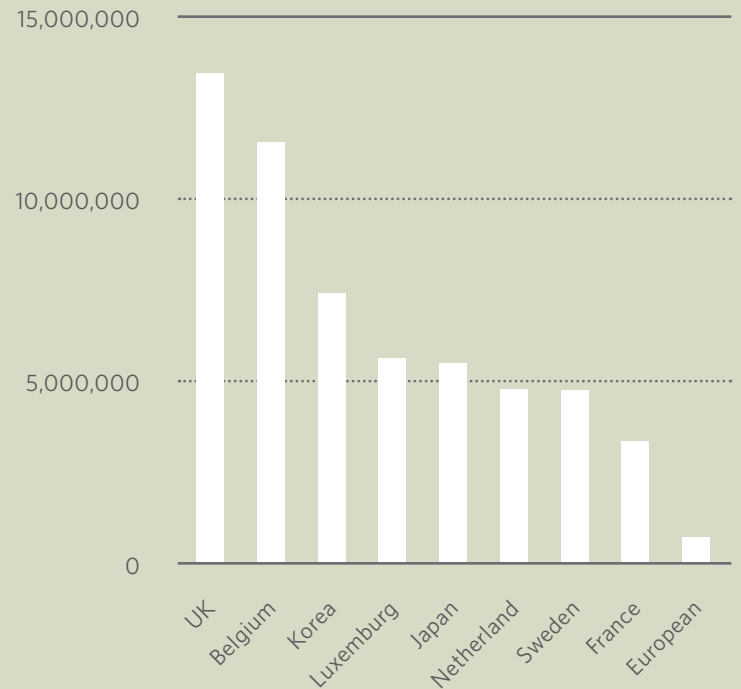
## DISTRIBUTION OF RESOURCES MOBILISED IN THE WCA REGION IN 2016



## WCA GOVERNMENT CONTRIBUTION IN 2016



## TOP OECD-DAC DONORS IN ECA REGION IN 2016





11

**Looking forward to 2017 and beyond:  
enhanced collaboration  
and effectiveness to transform lives**

The UNFPA leadership, including the regional director, representatives and senior advisers, are committing considerable resources and undertaking strategic actions to support the 23 countries across WCA in maximizing the demographic dividend through partnerships and with the application of UNFPA's new business model.

It would be important to therefore build on the ambitious efforts deployed in 2016. This would mean **reinforcing our advocacy and broadening our partnerships especially on the demographic dividend in 2017.**

In addition to **leveraging the contribution and replicating the experience of initiatives** like the Muskoka French Fund, the SWEDD and other efforts, UNFPA will also use similar high profile engagements like those organised in Dakar, Accra, Addis Ababa, New York and Banjul +10 this year to engage governments, partners and other stakeholders in implementing the African Union's roadmap on demographic dividend in 2017.

The African Union's 2017 theme of 'Harnessing the Demographic Dividend through Investments in Youth' has the potential to have far-reaching implications on the key issues that governments are contending with. With joined up action from governments and development actors, **it could change the development trajectory of Africa and help us build the Africa We Want.**

Mindful of the African Union's focus on the demographic dividend and investments in young people in 2017, UNFPA in WCAR will continue to mobilise resources and to strategically engage stakeholders and constituencies. We will rationalize our human and financial resources to best support governments as they work to uplift and transform lives.

This work will include:

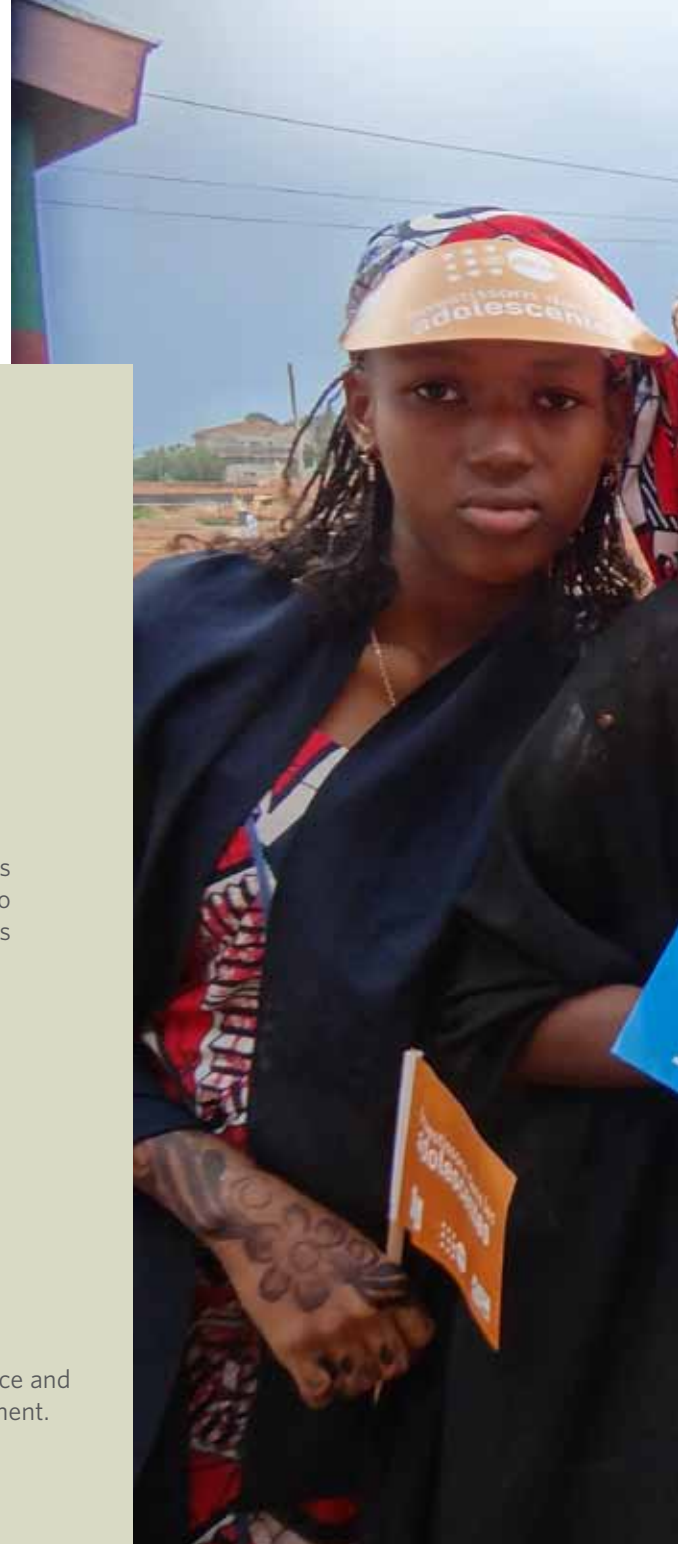
- Streamlining interventions and prioritizing resources by focusing on the **where, when,**

**and how** UNFPA should carry out its mandate with a focus on the demographic dividend framework.

- **Leveraging partnerships and securing resources** to ensure all young people stay in school, have access to quality learning, benefit from health services including SRH services, be protected from forced migration, violent extremism, FGM, GBV, early marriage and adolescent childbearing, and participate in the workforce with a living wage. This will include **optimising the collaboration with entities such as URI, AfriYAN and RO-JALNU as well as the Africa Forum** so as to make them more effective and operationalised in support of the demographic dividend.
- **Creating learning opportunities and expanding experiences** around promising initiatives such as the Global Finance Facility, the SWEDD and increasing engagement with the private sector and other non-traditional donors. The focus will be on encouraging the **sharing of information** to educate and inform others, **promoting South-South Cooperation** and other knowledge sharing.
- **Mobilising action** through **high-level policy dialogue, strategic advocacy, effective communications and partnership building.** Continuing to **engage actors at all levels** – from faith-based organizations and traditional leaders to CBOs, former leaders and youth actors, from parliamentarians and governments to other stakeholders, including the media and civil society – to build support. This brings communities, clients, beneficiaries and the broader public into the conversation on issues affecting SRHR rights.

Having helped secure political will in 2016, **UNFPA in WCAR intends to secure resources, advance partnerships and fully promote, support and implement interventions that will put young people first in 2017** and the years ahead.

We will continue to advocate for all those young men and women denied social and economic rights and wherever we see successes, we will work to replicate them. **We intend to deliver a region where every pregnancy is wanted, every childbirth is safe and the potential of every young person is fulfilled.**



The overall objective of the *African Union Demographic Dividend Roadmap* is to guide and facilitate the implementation of the 2017 theme by member states, Regional Economic Commissions (RECs) and partners, through key deliverables, milestones and concrete actions.

It spells out the necessary areas for key investments (labeled as pillars). They are needed for countries to maximize their potential to harness a demographic dividend in the decades ahead. These gains must be sustained beyond 2017.

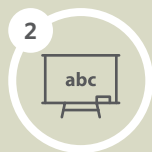
These **thematic pillars** are:



**Pillar 1:**  
Employment and entrepreneurship.



**Pillar 3:**  
Health and wellbeing.



**Pillar 2:**  
Education and skills development.



**Pillar 4:**  
Rights, governance and youth empowerment.



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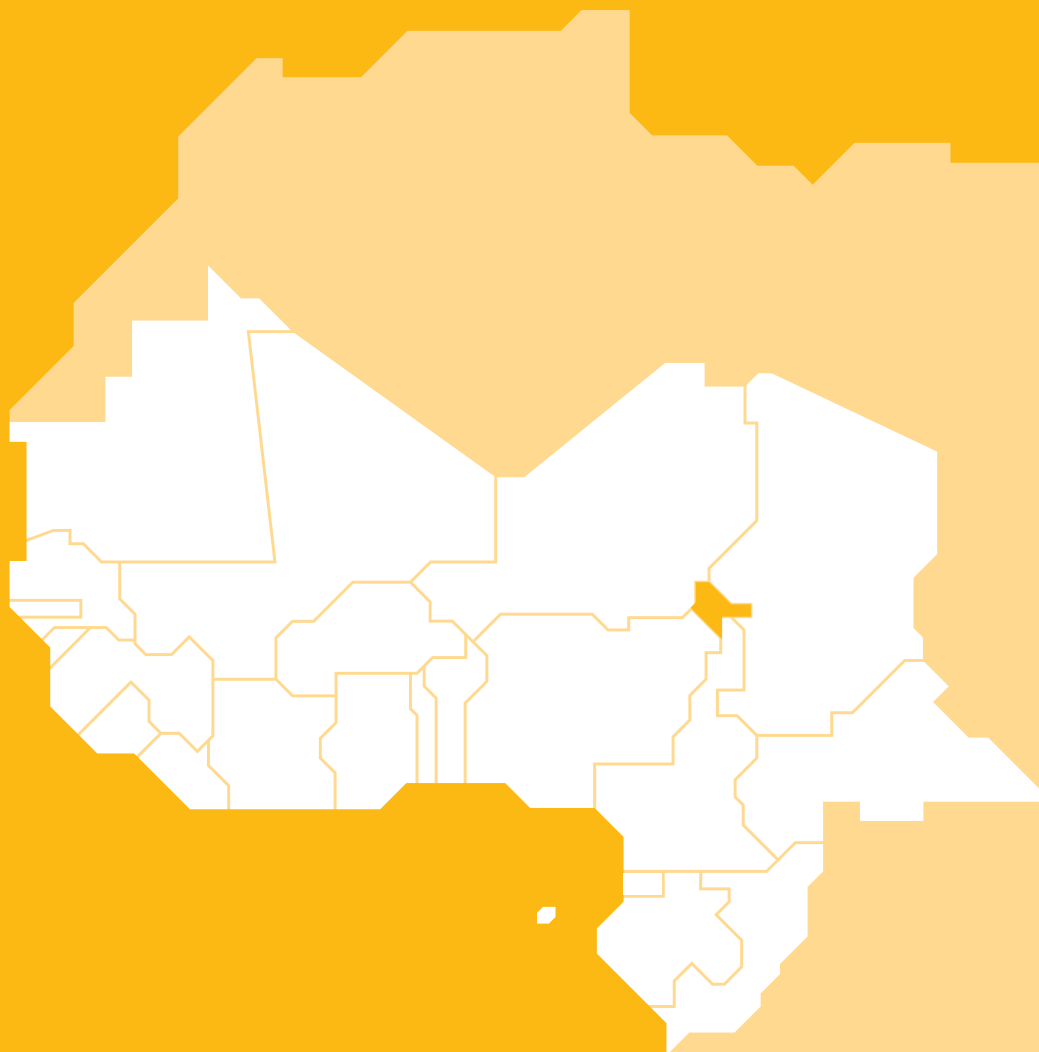
*We intend to deliver a region where every pregnancy is wanted, every childbirth is safe and the potential of every young person is fulfilled.*

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Delivering a world where  
every pregnancy is wanted  
every childbirth is safe and  
every young person's  
potential is fulfilled



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WEST AND CENTRAL AFRICA REGIONAL OFFICE**

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