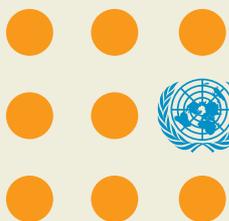


# TRANSFORMING AND UPLIFTING LIVES

*One Region One Mission*



**UNFPA**

ANNUAL REPORT 2015  
WEST AND CENTRAL AFRICA  
REGIONAL OFFICE

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# *Message from* **the Regional Director**

I start 2016 with a renewed sense of optimism, encouraged by the successes of the past year and buoyed up by global commitments to sustainable development.

There is no doubt that the new Sustainable Development Goals, the Financing for Development package and the 2063 Agenda of the African Union give all of us a comprehensive roadmap for the future, and, with the Paris Climate Agreement, bring renewed political will to improving lives and safeguarding our planet.

Here in the West and Central Africa Region, our commitment to getting the most out of every single partnership and our vision of assisting countries to harness the Demographic Dividend by bringing down the birth rate and making our women and children healthier and empowered, is making a real difference.

Despite many challenges, our work especially in the fragile areas of Sahel, the Lake Chad Basin and along the Mano River is building resilience and making a real difference to people's lives. There we can see a quantifiable difference in the provision of frontline reproductive health services to those who need it most.

Regionally, the threat and devastation of Ebola receded but we continue to work to correct the weaknesses it exposed. With our encouragement, more girls found the courage to say 'no' to child marriage and faith-based and traditional leaders embraced our strategic focus on harnessing the Demographic Dividend. Encouragingly, many cultural and political leaders also took a stand in support of family planning and against early marriage and female genital mutilation.

We also spent the year making better use of our resources - both human and financial - and concentrated on putting a higher value on our partnerships.

© UNFPA



Our stories were told by many eager to learn from our successes and our support base grew.

When I took over as Regional Director last April, one of my personal priorities was to learn from my staff and listen to our partners, so I could understand how best to play my part. As such, I have visited almost half of the countries we cover and plan to visit the remaining countries soon.

I also spent time with the Regional Office team, looking at improving the ways it assists each individual country, whilst ensuring an overall strategic plan for the region. I am convinced that we will only bring about sustainable change if we focus our interventions where they matter most.

I have focused on filling all vacant leadership posts in the regional and Country Offices and am confident we now have a strong team to forge ahead with our plans.

There are many success stories and achievements to celebrate, but we must not ignore the setbacks, hiccups and challenges we faced and will no doubt continue to face in 2016. We will continue to learn from these difficulties and recognise that our work is not yet done. However, having met so many colleagues and partners working so hard to transform and uplift lives, I have no doubt that we are on the right path.

Reading this report, I am reminded of the many ways in which we moved forward in 2015 and this reinforces my belief that if we hold true to our goals and continue to commit to this new spirit of teamwork, cooperation and partnership, we in the West and Central Africa region can become a model of excellence.

Let us continue the journey together, keep up the momentum and build on the progress of this past year.

Wishing you a healthy, prosperous and successful 2016.

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

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# Our region and our focus

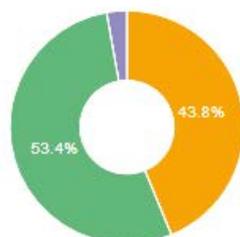
The basic statistics of the West and Central Africa region show that here, more than anywhere else, the need to improve maternal and reproductive health, promote family planning and empower young people to lead healthy and productive lives, must be the number one priority.

With a youthful population of 403 million people across 23 countries, the maternal mortality rate is currently unacceptably high at 679 out of 100,000 live births - compared to 407 per 100,000 in East and Southern Africa and 162 per 100,000 in the Arab States.

## WEST AND CENTRAL AFRICA DEMOGRAPHIC DATA - SWOP 2015

### Population

Population, per cent



- Population aged 0-14
- Population aged 15-64
- Population aged 65+

### Maternal and Newborn Health

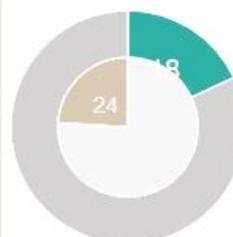
Births attended by skilled health personnel, percentb 2006-2014



- Births attended by skilled health personnel

### Sexual and Reproductive Health

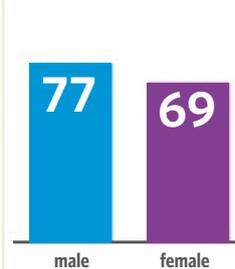
Contraceptive prevalence rate and unmet need



- CPR any method 18%
- Unmet need 24%

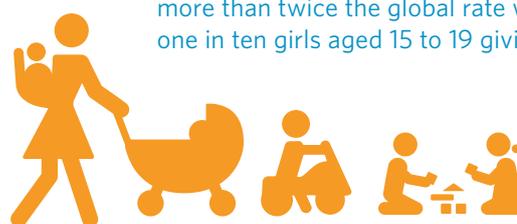
### Education

Adjusted primary school enrolment, net per cent of primary school-age children, 1999-2014



### Fertility

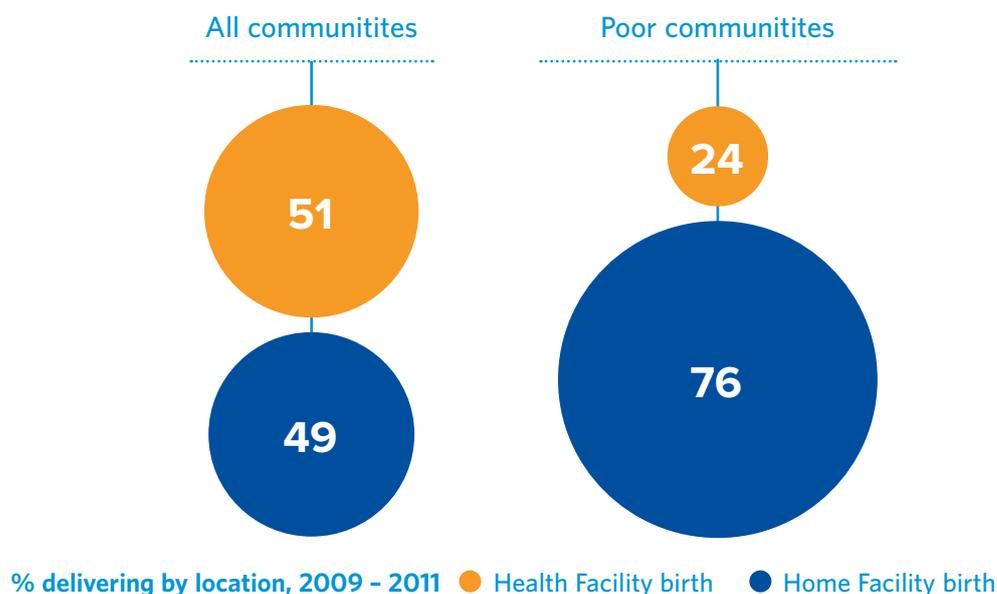
Total fertility rate, per woman, 2010-2015



Every woman has, on average, between five and six children and teenage pregnancy rates are more than twice the global rate with more than one in ten girls aged 15 to 19 giving birth.

## WEST AND CENTRAL AFRICAN WOMEN IN POOR COMMUNITIES ARE LESS LIKELY TO GIVE BIRTH AT A HEALTH FACILITY

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Note: Countries include Central African Republic, Chad, Democratic Republic of Congo, Ghana, Nigeria, Sierra Leone and Togo.

Source: UNICEF, Multiple indicator cluster surveys, 2009-2011

Many women still give birth at home without the skilled care needed to avert or address unexpected complications and assure safe delivery.<sup>1</sup>

Fertility rates are also among the highest in the world. Every woman has, on average, between five and six children and teenage pregnancy rates are more than twice the global rate with more than one in ten girls aged 15 to 19 giving birth.

Access to and use of modern contraceptive methods is limited, with only 18 per cent of the sexually active using birth control and sexually transmitted diseases such as HIV remain a huge problem. Nearly three and a half million Nigerians are living with HIV and neighbours Cameroon and Chad also have hundreds of thousands of people infected. With a 24 per cent unmet need for family planning, more than 100,000 women in West and Central Africa die each year from preventable pregnancy-related causes more than in any other region of the world<sup>2</sup>.

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1 World Health Organization (WHO) and UNICEF, Trends in Maternal Mortality: 1990 to 2013: Estimates by WHO, UNICEF, UNFPA, World Bank and United Nations Population Division (Geneva: WHO, 2014).

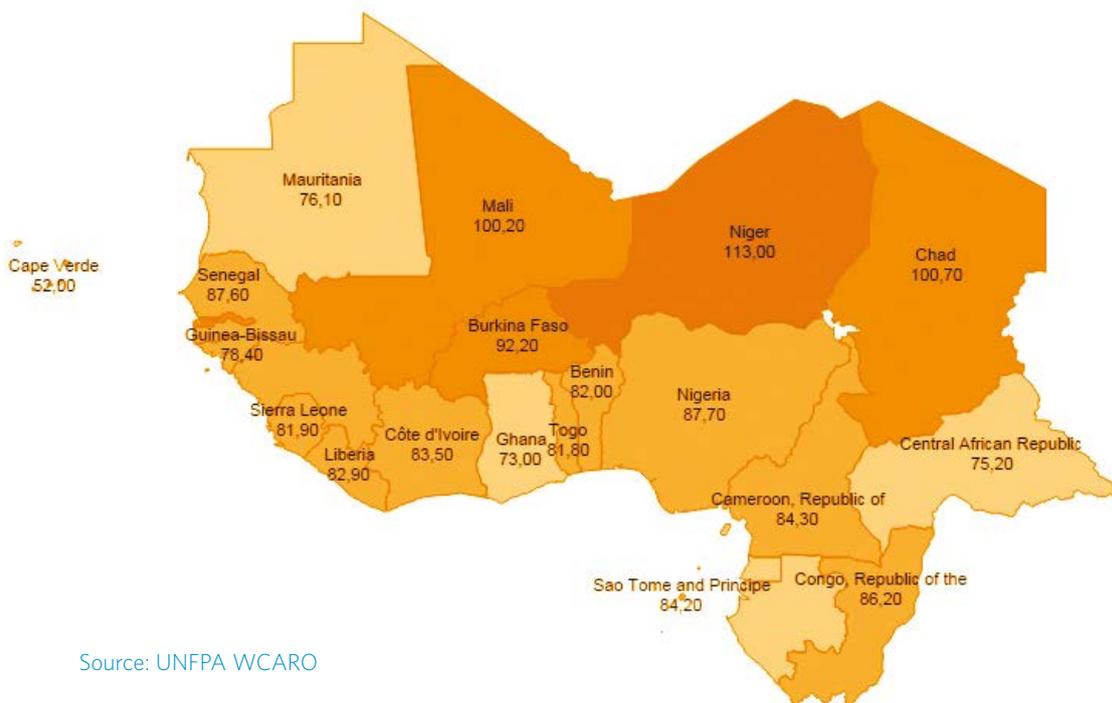
2 <http://www.prb.org/Publications/Articles/2015/maternal-deaths-west-central-africa.aspx>

Child marriage is rife with two out of five girls married before the age of 18 and the region is also home to two of three countries in the world with the highest prevalence of female genital mutilation. Gender-based violence is widespread and young people, uneducated and unemployed, are being radicalised by insurgent groups such as Boko Haram.

Across the region, education levels are poor and less than one third of girls are enrolled in secondary school. There is high unemployment and the dependency ratio - the number of under 15s and over 64-year-olds, dependent on the working age group - is disproportionately high at 87.3.

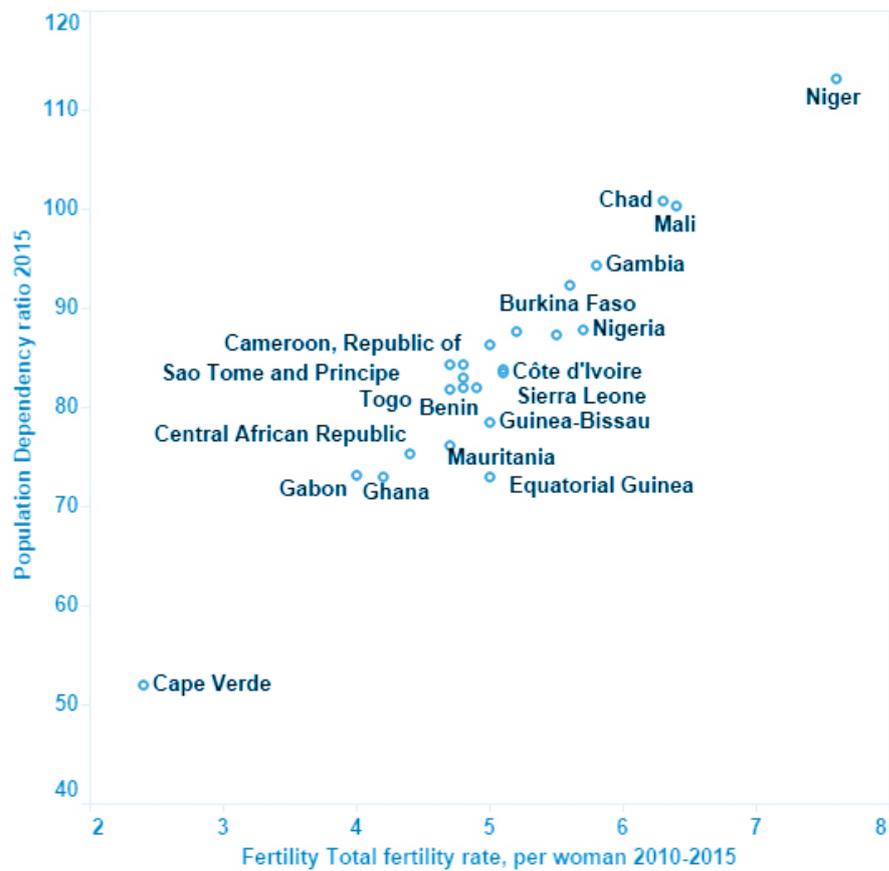
But despite these bleak facts, there is one that gives the region great hope - its youthful population. If these young people can be helped to become healthy and educated, while at the same time bringing down the birth rate, we can harness what is known as the Demographic Dividend - where a young workforce with fewer dependents can power the domestic economy.

## POPULATION DEPENDENCY RATIO 2015

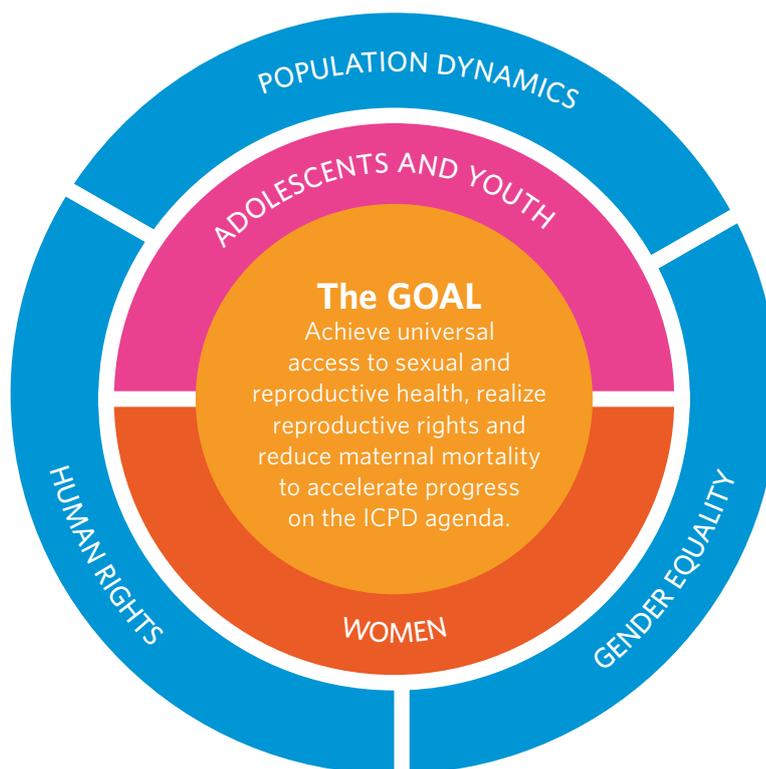


Source: UNFPA WCARO

## TOTAL FERTILITY RATE, PER WOMAN 2010-2015 VS POPULATION DEPENDENCY RATIO 2015



## UNFPA STRATEGIC DIRECTION



● THE GOAL

● TO IMPROVE LIVES OF

● ENABLED BY

This is what we, within the UNFPA West and Central Africa Region are working towards by pursuing our goal of bringing about voluntary family planning, ensuring the health and safety of mothers and children and educating and empowering young people.

Set up in January 2013, the Regional Office provides an essential link between UNFPA's New York headquarters and the 23 Country Offices in West and Central Africa.

Using a new business model to ensure enhanced backstopping to our Country Offices, we work to support their initiatives providing technical assistance and capacity development. We use result-based evidence and information to inform decision-making on the design, resourcing and delivery of each programme.

We ensure accountability by independently and regularly evaluating our country programmes. Following evaluations conducted this year, the Country Offices in Mauritania, Burkina Faso, Senegal and Chad were provided with recommendations on how to improve the design and implementation of their programmes.

We support national governments as they develop policies and initiatives and form alliances with both international and regional institutions, civil society, faith-based organisations and the private sector. Our hope is to have everyone walking the same road to sustainable development.

There are many challenges to be faced - beliefs and attitudes are deeply entrenched and existing education and health systems do not have the capacity to provide the required services. But by focusing on realizing the Demographic Dividend with strong partnerships, adequate resources, good communication, high level advocacy and policy dialogue alongside a commitment to common goals, these challenges are not insurmountable.



The graphic features the United Nations logo on the left, followed by the text "SUSTAINABLE DEVELOPMENT GOALS" in large blue letters. The word "GOALS" is stylized with a colorful circular pattern. Below the text, there is a grid of 17 small icons representing the Sustainable Development Goals. The icons are arranged in a 4x4 grid, with the last cell empty. The icons are: 1. No Poverty (red square with white figures), 2. Zero Hunger (orange square with white figures), 3. Good Health and Well-being (green square with white heart and pulse line), 4. Quality Education (red square with white book and pencil), 5. Gender Equality (red square with white female symbol), 6. Clean Water and Sanitation (blue square with white water drop), 7. Affordable and Clean Energy (green square with white lightbulb), 8. Decent Work and Economic Growth (red square with white bar chart), 9. Industry, Innovation and Infrastructure (blue square with white gear), 10. Reduced Inequalities (purple square with white equals sign), 11. Sustainable Cities and Communities (blue square with white city skyline), 12. Responsible Consumption and Production (green square with white recycling symbol), 13. Climate Action (blue square with white flame), 14. Life Below Water (blue square with white fish), 15. Life on Land (green square with white tree), 16. Peace, Justice and Strong Institutions (blue square with white scales), 17. Partnerships for the Goals (blue square with white interlocking circles).

In the West and Central African region, UNFPA is working with governments, partners and other UN agencies to advance the realisation of the 17 Sustainable Development Goals - in particular Goal 1 on poverty, Goal 3 on health, Goal 4 on education, Goal 5 on gender equality, Goal 8 on employment, Goal 10 on inequalities, Goal 16 on governance, Goal 17 on partnerships - and contributes in a variety of ways to achieving many of the rest.



## WCARO CORE FUNCTIONS

- Leadership on strategic positioning and visibility of UNFPA's mandate
- Policy dialogue and advocacy through networking
- Oversight support to Country Offices for quality policy dialogue and programming
- Accountability for effective use of UNFPA's resources
- Development, management and implementation of regional programmes
- Integrated technical, operations and programme support to Country Offices and regional institutions
- Generation of evidence for sharing successful experiences
- Facilitate effective operationalization of UNFPA strategies and guidelines
- Strengthen UNFPA strategic thinking and thematic analysis



**Implication of Demographic Dividend strategic focus: Ample global evidence suggests that some key areas of investments need to be prioritized in policies and programmes to accelerate the demographic transition.**

West and Central Africa has one of the highest fertility rates in the world and with mortality rates falling, the region faces rapid population growth - especially amongst the young. With considerable health and education investments, this new generation could represent an unprecedented economic opportunity, known as the Demographic Dividend. A reduction in the high dependency ratio, bringing down the number of children and elderly people dependent on workers, could lead to resources being freed up for sustainable development in the region.

To make the best of this opportunity, our focus in the region is on the following key entry points:

- Health: supporting women and young people with better access to family planning and reproductive health services.
- Education: encouraging girls to stay on at school, to acquire knowledge and skills to survive and thrive. Encouraging all young people to get skills training in high-growth sectors and meet labour market demands.
- Economy: Advocating for inclusive growth and promoting productive employment and decent work for all, regardless of gender or age.
- Governance: encouraging a healthy and stable political environment conducive to inclusive and gender-responsive governance, transparency and accountability.





# *Working together for change:* **collectively charting the path ahead**

A region of 23 countries facing similar - yet vastly different - challenges will only succeed in transforming livelihoods by recognizing these challenges and finding a way to work together, sharing both problems and solutions.

This past year, with guidance from a new Regional Director, there has been enhanced determination within WCARO to work as a team - both internally, with our Country Offices, and externally with our partners - to improve the performance of each and every Country Office - and in doing so, continue to drive that regional change that improves lives.

Representatives and heads of office of all 23 countries in the region met in Gabon in June 2015 for the first Regional Management Team meeting, to commit to this new spirit of cooperation and to discuss how best to move forward in the spirit of the new Sustainable Development Agenda.



*“Today is a new milestone.*

*Today we have an opportunity to set a path for  
Stronger results, a path to communicate our results better  
internally and externally. Today we need to agree on how to make  
the Demographic Dividend the foundation for all of our interventions.  
Today we commit to build a Stronger image of our region.”*

Mabingue Ngom,  
UNFPA WCARO Regional Director.



During this meeting, the Director unveiled a 7-point agenda, setting the tone for how we do business in the region.

1

Make a **field-focus approach** the priority for the Regional Office. Take regionalization a step further by listening to the Country Offices' needs and then deciding how best to support them to improve delivery of services.

2

**Prioritise the Demographic Dividend.** Make the best possible impact on the population we serve by prioritizing activities geared towards harnessing the Demographic Dividend. Accept that others may be better placed to deliver in some areas - and support them in their work.

3

**Build strong strategic partnership** around the Demographic Dividend. Assist governments in developing youth-friendly education, health and employment policies while reaching out to regional institutions to invest in the realization of human rights, equality and empowerment for all.

4

**Lift domestic resources** to support aggressive investments in human capital. Advocate for an increase in national budgets to areas important to reach the demographic bonus. In emerging countries, position UNFPA as the trusted and strategic partner to assist with this.

5

**Raise the profile** of West and Central Africa as a region that is prepared to fix what is broken. Country Offices must work with the Regional Office together on efficiently and effectively implementing our activities to reinforce our credibility and strengthen our image.

6

**Better communication.** Capture our results and publish them - to ourselves and those we work with. Let people know what has and hasn't worked.

7

**Promote collective responsibility.** Hold each other accountable to our results.

© UNFPA





# Empowering women

Giving women and girls an equal standing in society and improving their access to healthcare has always been a core part of UNFPA's work.

In 2015, we can celebrate four notable programmes which, thanks to better regional support to our Country Offices and rapid, relevant and integrated responses, demonstrate our support to women across our region.

Mother-of-three Magnime lost her fourth child in childbirth and was thrown out by her husband after suffering obstetric fistula. She was taken in by her mother and given an opportunity to rebuild her life, financially and medically, by our reintegration campaign. Following free surgery to repair the fistula, Magnime was given equipment and training as well as 40,000 CFA (65 USD) to start off as a hairdresser.

Her dream is to be her own boss and support her children, as well as her mother and new husband.



© UNFPA

## 1. Promoting dignity - fighting obstetric fistula and related stigma

A rarity in countries with functioning health systems, obstetric fistula - incontinence caused by a prolonged labour - is still a reality for thousands of women in our region.

In 2015, we worked with the Economic Community of West African States Gender Development Center to provide technical support to 15 countries and develop a 5-year action plan to end obstetric fistula. In more and more countries, obstetric fistula-related activities will be a routine part of maternal health services, paying specific attention to young women and girls who are statistically most likely to be affected.

In Togo, we replicated a socio-economic reintegration campaign which focused on allowing women who have suffered this condition to regain their dignity. It offers surgery to repair the fistula and then training and funding to get them started in their chosen profession. Working with the Ministry of Social Affairs of Togo and civil society, we helped 38 women, many of whom had been rejected by their husbands or ostracised by their communities, from five different regions.

We are also supporting a similar rehabilitation programme in Chad, where 2,000 women have received surgery since 2007. The programme also educates health workers and midwives and uses the media to spread the message that obstetric fistula is a major risk of giving birth as a teenager.

## 2. Using the power of multi-media to change the way society thinks

Working in close partnerships with WHO, UNICEF and UN Women, as part of the French government-funded Muskoka initiative, we supported the 'C'est la vie!' educational TV soap-opera and launched an accompanying national and local campaign on radio, social media and the web to tackle attitudes to child and maternal health, reproductive health, quality of care and gender-based violence.

Given the increase in urban television viewers, the program - which was broadcast on at least 43 African channels - helped reach urban youth and ensured important messages on reproductive health and rights were projected to a wide audience, including families, communities and leaders.

The five-week campaign had a huge reach, garnering more than 20,000 'fans' on the internet by autumn 2015. Each day the online platforms were visited on average 1,900 times and in total a quarter of a million people were reached by messages - 40% of whom were aged 15 to 25. This helped spark discussions on what are sometimes sensitive subjects in various social spheres.

Building on the successful rollout of this initiative, the campaign will be extended in 2016 to position our messages and mandate to a wide audience across the region and continent.

© C'est La Vie/  
French Muskoka  
Funds



With humour and realism, "C'est la vie!" takes us into the daily life of a health centre, somewhere in an African city. We share the joys and pains of the main female characters.

As Charles Sow (show scenarist) would say: "We move, we laugh, we cry, we dance, we learn, we love, we imagine ourselves - and we throw ourselves in the adventure... because "C'est la vie!"

Comfort Fayiah was due to give birth to her twin daughters at the height of the Ebola crisis in Liberia.

All health services in the country focused exclusively on fighting the virus and Comfort, who was then 24, couldn't find a single clinic or health worker willing to help her give birth.

She ended up lying under a corrugated tin roof shelter, helped at the last minute by a passing health aid worker who saw her delivering the babies on the ground.

"I suffered a lot and was afraid I was going to die," she said. "The only thing I hoped for was a miracle to happen."



© UNFPA

### 3. Protecting women during health crises

Women and children's health is always most at risk during major health crises. Nowhere was this more apparent than during the Ebola outbreak where all medical efforts focused on controlling the virus, leaving no safe place for women to give birth. In addition, few doctors or nurses were willing to risk assisting a birth even if an expectant woman came to them.

Recognising this need, we became a key partner in the Mano River Maternal Health Response to the Ebola crisis in Guinea, Liberia and Sierra Leone.

This involved recruiting 64 midwives and deploying them to the most affected parts of the country, rehabilitating health centers, procuring medicines and providing adequate equipment. The programme also supports midwifery schools and trains teachers.

As a result, from April to July 2015, deliveries in health centers began to rise again, as did the management of obstetric complications and prenatal consultations.

With our support and advocacy, ministers from all three countries and all partners involved in the response met in July to draw up a plan to build resilience and support recovery of maternal health systems in the region. The Mano River Maternal Health Response will pull all agencies together to strengthen national health services in each country.

## 4. Building a new future for women and adolescents girls in the Sahel Region

This year we successfully helped launch a far-reaching and comprehensive programme in the Sahel Region to reduce fertility, child and maternal mortality and gender inequality - the [Sahel Women Empowerment and Demographic Dividend](#) (SWEDD) initiative.

This ambitious 200 million USD programme, funded by the World Bank through a combination of grants and soft loans, will run for four years and allow us to work closely with our partners to tackle the extreme challenges the region faces.

6

### COUNTRIES

Burkina Faso, Chad, Cote d'Ivoire, Mali, Mauritania, Niger

5

### PARTNERS

UNFPA, WAHO, CERPOD, WHO, World Bank

4

### YEARS

2016 - 2019

3

### COMPONENTS

1. Demand Generation through Social Behavioral Change and Women/Girls empowerment
2. Regional Capacity for availability of RMNCHN Commodities and Quality Human Resource for Health
3. Political Commitment and Policy Making on Demographic Dividend and Project Implementation

« It is now time to decisively take action to reverse the negative trends and overcome the challenges in favour of the Sahel population. Beyond speeches, there is an intense desire to turn words into action ».

On the 2nd of November 2015 the Prime Minister of Niger, Brigi Rafini, launched the Sahel Women's Empowerment and Demographic Dividend project in the presence of the ministers responsible for population from all six participating countries. Developed thanks to a partnership between the West African Health Organization (WAHO), the Permanent Inter-State Committee to Fight against Drought in the Sahel (CILSS) and the Centre for Applied Research on Population and Development (CERPOD), and the Bill and Melinda Gates Foundation, the project is funded by the World Bank and is coordinated by UNFPA and implemented with our technical assistance.



© Le Reporter

Fertility rates range from 4.8 children per woman in Mauritania to 7.6 children per woman in Niger and a maternal mortality rate spanning from 300 deaths per 100,000 live births in Burkina Faso to 980 deaths per 100,000 live births in Chad. There are low rates of modern contraceptive availability and use, a high number of child marriages and not enough midwives.

The programme will use both national and regional approaches to focus on improving women and girls' access to maternal and reproductive services, secondary education and literacy programmes, jobs skills and training.

The launch included the setting up of a Regional Steering Committee composed of population ministers from each of the six countries. It will work with governments at local and national level to improve reproductive, mother and child health and train more health workers with midwifery skills, particularly in rural areas.

We are working with partners to build on the innovative partnership and financing arrangements as well as the interventions as we replicate the programme in other parts of West and Central Africa.

© Caitlin Healey/  
UNFPA Senegal

*“A girl who attends school  
in Goudiry participates in the meeting to  
establish the community declaration to abandon female  
genital mutilation and early or forced  
marriage in the Tambacounda  
region of eastern  
Senegal.”*



# *Let a Girl be a Girl:* **saying No to Child Marriage and Female Genital Mutilation**



Investing in adolescent girls will lead to:  
The realisation of a girl's full potential

- Improved mother and child health
- More girls finishing their education
- Increased economic productivity



*“According to them, my value is in marriage, and the older I get, the less value I have. I refuse to see the world this way.”*

Balkissa Boubacar,  
14 years old, from Niger.

© Mina Kaci/  
UNFPA Niger

UNFPA works all over the world to end child marriage and to eliminate female genital mutilation as well as to ensure that all girls can realize their dreams, be safe, and live happy and healthy lives. Our aim is to let them be girls, not young brides or young mothers.



**In Mali, 9 out of 10 girls have experienced FGM**

Source: Demographic Perspectives on Female Genital Mutilation (UNFPA, 2015)

With support from several development partners, we currently work alongside UNICEF to support eight countries in West and Central Africa to accelerate the elimination of female genital mutilation and cutting. In 2015, a complementary joint programme with UNICEF was launched in four countries in the region, focused on ending child marriage.



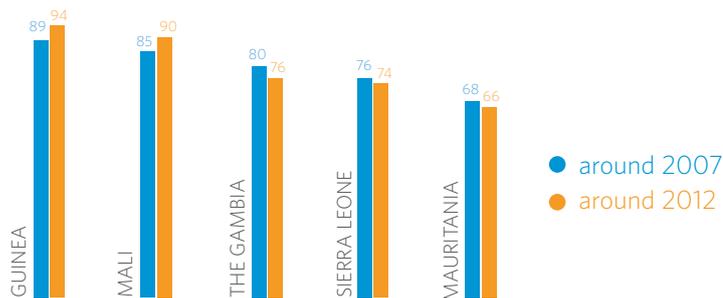
© UNFPA

President Idriss Deby Itno of Chad signs an order prohibiting the marriage of children under the age of 18. Under the new law, any person, civil, religious or traditional authority forcing a minor to marry faces a five to 10 year prison sentence and a fine of CFA 500,000 to 5 million (about 1,000 to 10,000 USD).

UNFPA supports the national campaign to end child marriage - "All together, let's put an end to the Marriage of Children". Caused by poverty, socio-cultural norms, conflicts and gender inequalities, the phenomenon is still deeply rooted in the traditions and customs of many families and communities.

## PERCENTAGE OF GIRLS AGED 15-19 EXPERIENCING ANY FORM OF FGM, MOST RECENT DATA 2002-2014

High prevalence countries (more than 60%)



One notable success this year was a historic commitment by 177 traditional chiefs in Niger to protect adolescent girls. Most significantly, they pledged to strengthen their advocacy with the President of the Republic and the President of Parliament to push for legislation that protects girls from early marriage and makes education compulsory until the end of secondary school.

Our advocacy initiatives, in close coordination with strategic local partners, development agencies and donors, also saw the President of Chad, where two out of three girls are married before they turn 18, commit to banning child marriage. Following a similar commitment



Over half of the girls who are child brides belong to the least advantaged groups - they come from rural areas, have no education and live in the poorest 20 per cent of households.

from the President of the Gambia, the Parliament also adopted legislation to end female genital mutilation. We will continue to work with development partners and local groups to support the enactment and enforcement of these commitments.

We are also partnering closely with the African Union in their Campaign to End Child Marriage on the continent. In November 2015, they held the first-ever African Girls' Summit in Lusaka, Zambia. It attracted more than 1,000 participants, including government representatives and young people. We were one of the main financial and technical partners, organizing, leading and contributing to parallel sessions spanning a range of subjects including comprehensive sexuality education; sexual and reproductive health services; working with traditional leaders and the media; humanitarian situations; empowering youth leaders; legal and policy frameworks and advocacy initiatives to end child marriage.

In close coordination with colleagues in the Eastern and Southern Africa Regional Office, our staff also designed and led a successful awareness raising campaign #MyLifeAt15 during the AU-led trainings for member states to End Child Marriage and Other Harmful Traditional Practices.

We continue to work with governments, civil society, partner UN agencies, religious and traditional leaders and young people to ensure real-life changes on the ground and in the lives of girls. This includes educating and empowering girls and women, engaging men and boys, promoting community dialogue and a supportive legal framework. We believe that education is the key to success.

The powerful '16 Days of Activism against Gender-based Violence' global campaign in 2015 featured stories of young girls such as Balkissa Bou-bacar from Niger (photo on page 25), who had resisted or broken away from child marriage. Together, these young advocates, supported by our Niger Country Office working with the Government of Niger and other partners, gave a powerful voice of hope for a better future for girls.



© Irene Baque Casual /The Guardian



© UNFPA



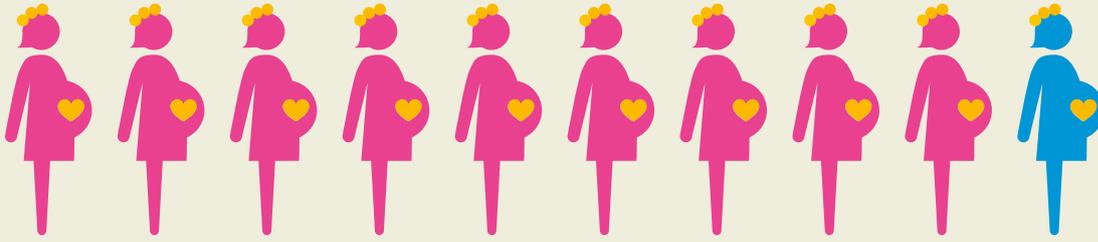
# *Empowering Young People:* **safeguarding sexual health and providing education and skills**



*“We have a global  
resource that until now has been  
largely overlooked, and it has nothing  
to do with science or technology. It is the  
world’s young people.”*

Dr. Babatunde Osotimehin,  
UNFPA Executive Director.

Demographic projections indicate that the proportion and absolute numbers of adolescents and youth will continue to rise through 2050, leading to a “youth bulge”. In a region where adolescent pregnancy, child marriage, HIV infections and gender-based violence are high - especially among young girls - this population growth highlights the urgency of us working together to make immediate and life-saving interventions for young people. We are working with governments, civil society partners, youth networks and other stakeholders to realize this Demographic Dividend.



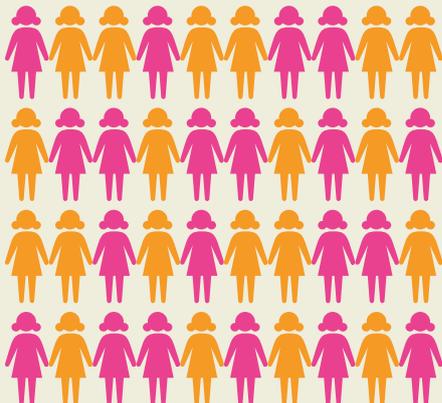
**Nine of ten adolescent births are in the context of child marriage**

Source: Demographic Perspectives on Female Genital Mutilation (UNFPA, 2015)



The three countries with the **highest child marriage prevalence** in the world can be found in West and Central Africa: **Niger**, **Central African Republic** and **Chad**.

Source: *Marrying Too Young and Child Marriage* (UNFPA, 2012)



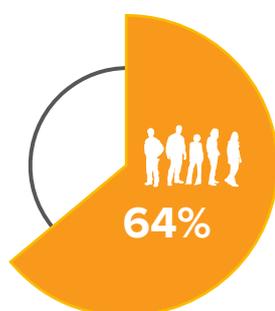
**40%** of girls are **married before their 18<sup>th</sup> birthday**

Source: Demographic Perspectives on Female Genital Mutilation (UNFPA, 2015)

“With significant investments in the education of young girls, sexual and reproductive health for youth and adolescents, as well as women’s empowerment in our countries, we will change the face of the Sahel,” President of Chad, Idriss Déby, during a high-level panel on the potential of young people to drive economic growth in the Sahel region of Africa organised by UNFPA and the World Bank.



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of the population in West and Central Africa is **under 24 years old**

In our region, 64% of the total population is under 24 years old. If they were healthy, educated and given access to decent employment and decent work, these young people could transform not just theirs, but everyone’s lives. Without these basic rights, they are unable to contribute to economic progress and are vulnerable to extremism - a vulnerability exposed this year by youth recruitment into groups such as the militant Islamists Boko Haram.



## 1. Providing education and skills

In 2015, one successful programme gave girls and young people threatened by Boko Haram in Nigeria, non-formal education and empowerment. We created safe spaces - seven in Borno State and two in Adamawa State - to teach skills, provide psychosocial counselling and sexual and reproductive health services and advice on how to prevent gender-based violence.

Currently this programme has 200 women and girls enrolled, who are learning skills including tailoring, cap knitting, soap and polythene bag making.

In Senegal, where sexual and reproductive health is a sensitive subject, an awareness campaign reached tens of thousands of young people. The Summer Tour #FagaruJotna (“Be Prepared”) initiative, run by our partner Marie Stopes International, took to the beaches of major cities to share sexuality education, offer screening for STDs such as HIV and distribute condoms. It also used social media, especially Senegalese youngsters’ favourites Facebook and Twitter, to pass on the message ‘think before doing’. By approaching these



*“The youth appreciate their cultural traditions and their religion. They just feel that the world is changing and they need to be prepared. It is hard for them to speak freely in front of their superiors about these issues.”*

Mandiaye Pety Badj,  
UNFPA Senegal  
Communications.



Hafsai Lai, 26, hasn't seen two of her sons since the day Boko Haram kidnapped her. She underwent a horrific ordeal, seeing babies die and children told to bury them, during her captivity in the Sambisa Forest in Borno State.

"I was asked to renounce my religion or be treated as a slave," she said. "I refused and I was flogged daily". Now she is one of those lucky enough to be in the UNFPA-supported safe space in Nigeria, where she is trying to rebuild her life with her 2-year-old son Ismail, the only one of her family she still has.

© UNFPA

young people in relaxed environments with no teachers or parents around to pass judgement, the youngsters felt able to ask questions and discuss issues.

## 2. Encouraging governments to provide comprehensive sexuality education

In October 2015, working with UNESCO and several other partners, we facilitated a region-wide discussion on sexuality education with representatives from health and education ministries from 17 countries in the region. As a result, they made a collective call for action and developed national roadmaps to strengthen the provision of comprehensive sexuality education.

During and immediately following the civil war, teenage pregnancy and sexual violence spiked in Cote d'Ivoire. A UNFPA-supported initiative (The Zero Pregnancy Campaign) is helping to bend the curve and ensure more girls survive and thrive.

Togo, in particular, made a strong case for using progressive language on comprehensive sexuality education and spoke out for the importance of this work. Our Togo Country Office is now working with the government to take this programme forward. In 2015, they supported the creation and rehabilitation of school clinics to provide better sexual and reproductive health services and also trained 120,100 health care providers to improve these services and give psychosocial counseling.



**West and Central Africa has the largest percentage (6%) of reported births before age 15.**

Source: *Motherhood in Childhood: Facing the Challenge of Adolescent Pregnancy. State of the World's Population 2013* (UNFPA)

A unique programme in Cameroon is challenging gender stereotypes, empowering young girls and giving much needed sexual and reproductive health advice through the traditionally male-dominated sport - football.

The Far North Region of the country has the second highest child marriage rate in the country and gender-based violence remains a major concern.

By encouraging girls to take up football, a UNFPA-backed programme is tackling these problems head on, boosting their self-esteem so that they feel more confident to stand up for their rights. It also allows us to educate them about their bodies and rights.

In Mokolo district, girls like Monique, 18, are being able to leave their typically sheltered lives behind and participate in football tournaments.

Inspired by the success of the national team in the 2015 Women's World Cup in Canada, Monique said: "Football is not only for men."

Angelique Dikoume, our programme specialist, said encouraging girls to play a team sport had a marked effect on their self-confidence.

"Our society has long believed that football is a boy's thing," said Ms Dikoume. "This kind of gender stereotypes can be restrictive and harmful, especially for girls, because it discourages them from expressing who they really are, which can prevent them from realising their full potential."

It also gives us an opportunity to provide reproductive health information and care to women, girls and their families in a relaxed, informal environment. At a football tournament in the Far North Region this year, health workers were able to give 670 people free family planning counselling and talk with 493 pregnant women about their antenatal care. In addition, more than 200 pregnant women took advantage of free, voluntary HIV testing and counselling.





# *Recovering from Ebola:* **putting the focus on youth**



*“The Ebola Virus*

*Disease was unknown to our country; our health system and personnel were unprepared for it. Its ferocity and magnitude astounded the world. But your (UNFPA) support in surveillance and contact tracing in those hard-to-reach communities gave us the courage to fight on. You were central in breaking the chain of transmission and in shaping the response.”*

President Ernest Bai Koroma of  
the Republic of Sierra Leone

Our Country Offices in Liberia, Guinea Conakry and Sierra Leone proactively supported governments and communities in the response to the Ebola crisis. For example in Sierra Leone, UNFPA supported the effort to carry out contact tracing and active case finding and helped governments maintain maternal health services. More than 300 trained health workers were able to trace those who came into contact with infected patients, monitor their health and track the movement of the outbreak. This also helped ensure early detection of infections and immediate treatment, revitalized the existing infrastructure and actively contributed to the reduction of cases.

The disease hit the labour force hard, crippling the economy and destroying livelihoods. It also weakened community ties and eroded



© Dominic Chavez/  
World Bank

Mother-of-two Hajaratu F Bangura says she owes her life to our contact tracers who provided a lifeline after she was exposed to the Ebola Virus. Her family were quarantined in their home in Bombali District, northern Sierra Leone, and then tested. She tested positive and was taken to hospital where she was treated for three weeks before recovering.

All through this terrifying experience, our tracers, who were trained to offer practical as well as emotional support, were on hand. "God will surely bless these contact-tracers, because no one can pay them exactly for the kind of risky work they did and sacrifices they made during the outbreak," she said.

UNFPA and its partners trained and deployed more than 6,000 contact tracers and supervisors who followed more than 100,000 contacts on a continuous basis during the 17-month-long crisis. These tracers were given mobile phones to report their work, protective gear and paid regular monthly incentives. They continued to support Hajaratu after her recovery, when she found her illness had made her a social pariah.

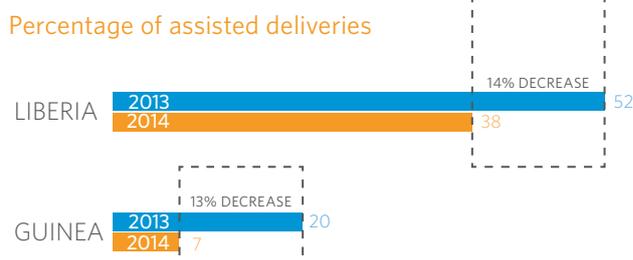
"Everyone was avoiding me because no one wanted to have anything to do with me in fear of contracting the disease from me," said the 28-year-old.

After the outbreak ended in November 2015, we formally handed over the tracing team to the Sierra Leone Ministry of Health along with all the equipment to help with disease surveillance and control.

trust in public services and communities. More women were deprived of reproductive health services and therefore stayed at home to have their babies - with the inevitable increase in infant and maternal mortality rates.

Now, as the crisis fades, we continue to play our part, drawing up a coordinated and comprehensive plan to support national recovery and resilience building efforts.

## EBOLA EPIDEMIC LED TO SIGNIFICANT DECREASE IN ASSISTED DELIVERIES



Source: SWOP 2015

Throughout 2015, at the request of the Ministers of Youth of Guinea, Liberia and Sierra Leone, we have worked with the Mano River Union Secretariat and our partners to find ways to ensure recovery and reconstruction while promoting opportunities for young people in the three countries.

The empowerment of young people is not just a step to recovering from the Ebola crisis - but also a way of addressing instability and combatting the rise of extremism and an important step in harnessing the Demographic Dividend and implementing the new Sustainable Development Goals.

In close coordination with the directly affected countries, we actively participated in talks at the United Nations International Conference on Ebola Recovery and at the African Union Commission's International Conference on Africa helping Africans in the Ebola Recovery and Reconstruction.

These discussions led to a number of recovery programmes which, although they are still in their initial stages, have already achieved a number of milestones:

These include drawing up a 5E Policy Framework addressing the needs of adolescents and youth, as well as a joint approach to the Mano River countries (Liberia, Sierra Leone and Guinea) affected by Ebola, establishing a strong new midwifery workforce, a demographic and health surveillance system and youth empowerment scheme.



## EBOLA OUTBREAK-UNFPA HUMANITARIAN RESPONSE IN WEST AFRICA

| GUINEA   |                                    | LIBERIA   |                              | SIERRA LEONE  |
|--|------------------------------------|---|------------------------------|---|
| 48 STAFF   | 18,000 Dignity Kits                | 4023 STAFF  | 200 trainee clothes          | 1503 STAFF  |
| 575 contact tracers + supervisors trained        | 200 gowns                          | 245 contact tracers + 20,000 contacts identified  | 23,450 GYN gloves            | 4,500 contact tracers + supervisors trained                         |
| 8,158 contacts traced                            | 200 clothes                        | <b>KITS DELIVERED</b><br>Infection control<br>Emergency RH<br>Clean Delivery<br>Universal Precaution<br>Blood transfusion sets<br>Post-rape & Equipment | Community awareness          | 53,321 contacts traced  |
| Surveillance<br>70 mobile phones + CommCare appl | 60 beds                            |   | 19 partners                  | Surveillance<br>150 mobile phones                                   |
| 100 Health workers hired                         | 15 partners                        |   | 155,000 Expected live births | 18,000 Dignity Kits<br>RH for safe delivery<br>Universal Precaution |
|  | 200 members in community awareness | community awareness   | 11 partners                  |   |
| 439,765 Expected live births                     |                                    | 213,280 Expected live births  |                              |   |



*“UNFPA has been always on the side of member states and Mano River Union Secretariat when cross-borders issues arose within the sub-region and relevant response identified and internalized by local institutions for the benefits of women, children and other vulnerable groups. This is a testimony of the great sensitivity and flexibility of UNFPA with regards to country/region-driven interventions.”*

Dr Saran Daraba Kaba,  
Secretary General of the  
Mano River Union.

A cooperation agreement was signed with the Mano River Union Secretariat with political support and endorsement from the three governments. These governments are calling for an ambitious 93 million USD programme over the next three years and asked us to help bring institutional donors on board. In response, we initiated a promising dialogue with the Islamic Development Bank and development funds in Gulf countries on a proposed Mano River Youth Empowerment to Harness Demographic Dividend (YE4DD) initiative.

Going forward, the Mano River YE4DD initiative intends to continue engaging resource partners to empower young people. In this way countries will be more resilient and better equipped to respond to shocks as well as be able to leverage human capital.





# *Leaving No One Behind:* **Resilience building**



*“UNFPA’s report on  
the State of World Population 2015  
that is being presented to us today, highlights the  
role and importance of the resolution of Humanitarian  
Crises in the world over the past two decades. It is evident  
that if the international community wishes to achieve the  
Sustainable Development Goals (SDGs) by 2030, conflict  
resolution, as well as adequate humanitarian response must now  
be the basis of Sustainable Development.”*

Prime Minister of Chad, Kalzeubet Pahimi Deubet  
at the regional launch of the State of the World  
Population (SWOP 2015) report in Sido, Chad.

The continuing chronic and structural vulnerabilities in our region’s health and education systems were once again starkly exposed this year by the annual recurrence of climate change-induced floods and drought, the toll of Ebola and the political and security crises brought about by conflicts and the Boko Haram insurgency.

These threats to the region’s peace, security and stability must be met with a concerted effort at ensuring shared prosperity and making our health and education systems stronger, so they can continue to serve our people - whatever the challenges.

One of our own priorities is to protect young people from these threats, build their resilience to environmental disasters and protect them from manipulation and radicalization by terrorists - giving them the opportunity to grow strong in a world made dangerous by both man and nature.



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In response to this worsening humanitarian situation and the persisting inequalities, we identified four regional priority intervention areas across our 23 countries:

- Providing life-saving assistance through the use of a 'minimum initial service package' for sexual and reproductive health in emergency settings;
- Acknowledging the high levels of gender-based violence and develop a support service for survivors;
- Efficient use of data and information on existing services and supplies to ensure better preparation, effective response and post-crisis management;
- Building the resilience of vulnerable populations - especially young people - by ensuring a link between emergency relief interventions and existing efforts to build resilience and bring about sustainable development.

### **Providing essential sexual and reproductive services to women and girls displaced by violent extremism**

The Boko Haram insurgency affecting the Lake Chad Basin area has caused 2.2 million people - more than half a million of whom are women and children of reproductive age - to leave their homes in Nigeria. They also include a high number of women who have escaped captivity and now suffer from severe post-trauma stress disorder.

Doctors, nurses and other health workers are amongst those fleeing their homes, leaving a huge gap in medical services. In response, we have provided essential sexual and reproductive health services, reaching almost 4.5 million people in the region, including 45,000 pregnant women.

In Nigeria, the epicentre of the threat, the interventions facilitated through our Country Office meant that 27,293 deliveries were attended by a health professional; 213 health workers and programme managers were trained on reproductive health in humanitarian settings; 56 midwives and nurses were trained on long-acting reversible contraception and 214 reproductive health kits were provided to health facilities across the focus states of Borno, Adamawa, Yobe and Gombe.

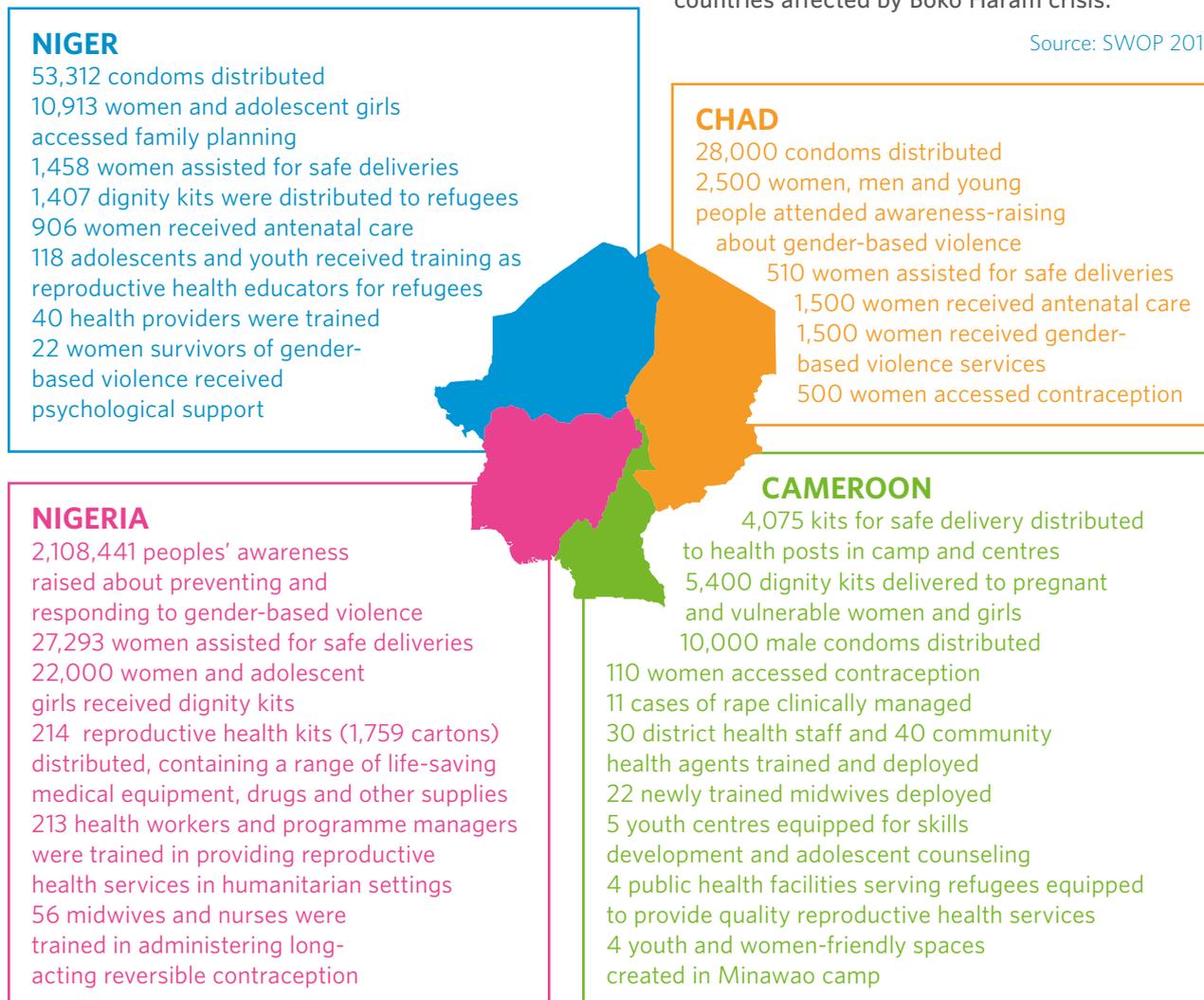
### **Protecting women and girls from gender-based violence in conflict areas**

Still in the Lake Chad Basin area, between January and October 2015, 60,208 gender-based violence survivors in the Central African Republic received medical and or psychosocial care from humanitarian aid actors under the leadership of UNFPA, as

## UNFPA SUPPORTS ACCESS TO SERVICES BY WOMEN AND GIRLS

Services and supplies provided January to September 2015 in Lake Chad Basin countries affected by Boko Haram crisis.

Source: SWOP 2015



part of our commitment to rehabilitate women who have been abused and help them overcome their ordeal.

Amongst those are 29,801 cases of sexual violence, including rape, gang rape, sexual slavery, sexual exploitation and abuse. Armed men - including parties to the conflicts, self-defence groups, peacekeepers, national security entities and unidentified armed men - are responsible for 58% of these incidents.

Furthermore, thanks to the Gender-Based Violence Information Management System (GBVIMS), officially set up in 2014 by UNFPA and other partners, we can now accurately record the numbers of gender-based violence incidents and implement appropriate responses.

In Nigeria, we established two safe spaces in Malkohi camp in Yola in Adamawa State to deal with widespread trauma among women and girls rescued from Boko Haram. Most suffered violence and other forms of abuse and some were almost starved to death over periods lasting from five to eleven months. In May this year, 275 were



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As part of the knowledge for dignity 'Illimin' initiative, run by our Niger Country Office, we also work with our local partners in the Sayam Camp to directly engage adolescents and provide them with sexual and reproductive health skills and 'knowledge for dignity'.

In a complementary informal educational programme, female mentors train both girls and boys as youth peer educators for the promotion of reproductive health and the elimination of child marriage. They then use these new advocacy skills to recruit other teenagers, changing attitudes and ideas throughout the community.

The Regional Director visited this initiative along with the Governor of the Diffa Region, the UN Resident Coordinator in Niger and representatives from other UN agencies as well as from the United States, European Union, Central African Republic, South Africa and the Netherlands.

moved to the Malkohi displacement camp. Victims were affected on 5 levels: physical, social, emotional, intellectual and spiritual. Together with our partners and with the support of USAID and the Government of Japan, we have been providing psychosocial support and sexual and reproductive health care, as part of a holistic and comprehensive rehabilitation programme. Similar counselling is also being offered to girls who escaped over the border to Niger, where we support another programme caring for victims of gender-based violence.

### **Anticipating the needs of survivors**

We have been providing the 57 schoolgirls who escaped Boko Haram's mass kidnapping in Chibok, North East Nigeria, with one-on-one counselling for them and their families - but our work does not stop there.

Boko Haram still holds 219 girls captive, so we have some 60 health workers in place, trained to provide psychosocial support and resilience-building to those girls if and when they are released. In the meantime, the health workers are providing help and support to the families of those who are missing, and to the wider community, which has been devastated by this terrible event.

Nigo, 14 spent 45 days in captivity after being kidnapped by Boko Haram in her hometown of Damasak, close to Nigeria's border with Niger.

Her captors told her they had killed her parents and she was repeatedly raped by a man her father's age. But Nigo did not give up.

"Despite the fear, I did not lose hope," she said. "I always told myself that one day I would escape." Along with four other friends, she waited till the time was right, then fled across the low waters of Lake Chad to Niger where her uncle lived. There she found her mother - and later the rest of her family - alive and well.



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Her family took her to the UNFPA-supported rehabilitation programme in Agadez, Niger, where she has received psychosocial counselling and treatment. With their help, Nigo is now looking firmly to the future. "I would like to go back to school to continue my studies and become a doctor," she said. "Later, I want to help the poor regain their health."



© UNFPA

Survivors of the Boko Haram insurgency at Malkohi displacement camp in Yola, Adamawa State.

They were displaced by the violence in their home communities in Borno State. Zainab (we have changed her name to protect her identity) is one of those women. "I remember hearing gunshots and feeling afraid," she said, telling how the insurgents tried to trick them by saying they were only looking for men. "I ran to save my life and that of my six children, but I was not fast enough." Zainab, who was pregnant when she was captured, lost her baby. "But I had to stay strong for the other children," she wept.

Like so many other women caught up in this tragedy, the emotional scars of her ordeal are immense. We are providing specialist psychosocial counselling to help her face her fears and deal with the horror of all that she has been through.



# *Transformative* **Partnerships** **for change**

This year was predominately a year in which we rethought our approach to partnerships. There has been a tangible shift in our mindset and the DNA of our institution. This change has brought about our strongest and most successful partnerships to date.

## **1. The Mano River Integrated Recovery Framework**

The Japanese-funded Mano River Midwifery Response Initiative led to the Mano River Integrated Recovery framework, a vehicle to introduce the Demographic Dividend as a framework for recovery and resilience in the aftermath of the Ebola outbreak. It is a true partnership, overseen by Youth Ministers at country level and the Mano River Union at regional level. Our role is to oversee regional financing and programming. It brings countries together with cross-border investment and has brought a more communicative, streamlined approach to a regional problem.

### **RESULTS / ACHIEVEMENTS**

- Partnership framework endorsed by Ministers;
- High level of confidence and trust developed with Ministers of Youth affairs;
- Partnership agreement signed with the Mano River Union (MRU) secretariat;
- Political engagement with ECOWAS strengthened and transformed into operational partnership: 10 midwives deployed in Sierra Leone and a joint regional workshop on obstetric fistula was organized;
- A dialogue initiated with the Islamic Development Bank and the Kuwait Fund for Arab Development to support the USD 93 million partnership initiative.

## **2. The Congo Experiment**

The Congo Country Office's new business model encouraged it to improve its staffing levels and make the most of its resources. This shift brought about some notable achievements, including a successful campaign around the All Africa Games and Obstetric Fistula

Day and the establishment of a local multi-partner trust fund dedicated to women, youth and indigenous peoples' issues.

This also led to the development of a private sector strategy focused on Obstetric Fistula and Maternal Health, further confirmed as a priority action area for cooperation between the United Nations Country Team (comprised of all UN agencies) and the Congolese Chamber of Commerce in September 2015. It was expected that by the end of 2015 at least 5 companies will sign a "Commitment Charter" for 2016 support and beyond.

In 2015, an agreement for 200 million XAF (330,000 USD) was signed with the Congolese Ministry of Health to strengthen maternal health monitoring systems. The 2015 national budget has also dedicated four budget lines to our activities and in November 2015, four major companies including Assurances Générales du Congo, GX International, Group Travel World Congo and Kaiser, signed a "Commitment Charter" to the multi-partners trust fund. Five other companies including MTN and MoneyGram have indicated their interest to join.



### 3. Strengthening Partnership for Change

Across the region, we also worked on developing an integrated plan with our partners, the African Union Commission, the UN Economic Commission for Africa and the International Planned Parenthood Federation, which will help us realise the aspirations contained in the International Conference on Population and Development Beyond 2014, the 2030 Agenda for Sustainable Development and African Union Agenda 2063.

We helped convene our first joint planning and strategy meeting with the African Union Commission, the UN Economic Commission for Africa and the IPPF and, as a result, we have a 'five priority areas' action agenda for 2016 and beyond including: (i) Data, (ii) Demographic Dividend, (iii) Gender Equality and Women's Empowerment, (iv) ICPD & Addis Ababa Declaration on Population and Development beyond 2014, and (v) Sexual and Reproductive Health and Rights.

#### OUAGADOUGOU PARTNERSHIP

18%

Over target  
in the space of  
4 years

2015:  
**1,118,000**  
actual new  
users

2011:  
Expected  
**one million**  
additional new  
users by 2015



#### 4. The Ouagadougou Partnership

We joined the Ouagadougou Partnership, which covers nine Franco-phone countries, in 2011, as part of our commitment to making contraception available to all. Working with them and other development partners<sup>3</sup>, the new Sustainable Development Goals have allowed us to reinvigorate the debate on access to modern contraception.

In Benin, we have been able to track a significant uptake of family planning users through the partnership's boat service. We are also working with faith based leaders to overcome resistance and promote the availability and use of modern contraceptives and give young people and adolescents counselling. Use has already increased by more than one million since 2011 and the target is to get 2.2 million new users of modern contraceptives by 2020.

#### 5. A new partnership dimension working with faith-based organizations

Traditional chiefs and faith leaders can be pivotal in changing attitudes to some of our key concerns: child marriage, the use of contraception and gender-based violence. We have seen that when a chief says he will only baptise children born in a medical facility, women make sure they do as he says. Consequently, we have spent the past four years building strong relationships with organisations such as the Association of Traditional Chiefs of Niger to bring about real changes on the ground.

In October, we helped bring together more than 200 religious and traditional leaders, ministers and development institutions for a regional consultation in Dakar, facilitating a grassroots to government exchange on the best way to improve access to reproductive health services. This encouraging commitment from cultural leaders alongside government officials resulted in a Dakar Declaration in support of reproductive health, the SDGs and the Demographic Dividend. They also prepared country specific action plans to mobilize resources, strengthen partnerships, engage communities, promote inter-faith dialogue and create multi-stakeholders alliances to act extensively - from grassroots to governments. We will continue to facilitate this joint effort to transform in-country dynamics and generate long lasting changes.

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3 The core partners group consist of the French Development Agency (AFD), the US Agency for International development (USAID), the Bill & Melinda Gates Foundation, the William and Flora Hewlett Foundation, French Ministry of Foreign Affairs, United Nations Fund for Population Activities (UNFPA) and the West African Health Organization (WAHO).

Faith and political leaders at the consultation adopted the Dakar Declaration of Faith-Based Leaders on Harnessing the Demographic Dividend in West Africa.

The declaration includes a strong commitment to sustainable development. Key elements include the determination to:

- Work towards the achievement of the Sustainable Development Goals via universal access to reproductive health, equality for girls and women and achievement of the Demographic Dividend
- Eradicate the social and cultural barriers to reproductive health services
- Contribute to provide health services by building infrastructure, training health workers and supporting the empowerment of women and girls
- Prevent all forms of discrimination, violence, injustice and abuse of the rights and dignity of women, young girls, and families based on religion, culture and traditional customs, while also preventing manipulation, indoctrination and abuse through terrorist acts
- Combat violent extremism, radicalisation, terrorism, hatred, prejudice, intolerance and stereotyping based on religion and culture
- Implement strategies based on successful experiences and partnerships, challenges and lessons learned on reproductive health in the context of the Demographic Dividend
- Strengthen efforts to prevent maternal, child and youth mortality
- Reinforce community leadership and commitment to development
- Promote inter- and intra-faith dialogue, harmony, and cooperation in Africa
- Scale up and strengthen relations between faith-based and customary organisations, ECOWAS Member States and Mauritania, UNFPA and other partners
- Mobilise investments for youth to achieve the Demographic Dividend
- Advocate to governments, particularly the Finance Ministers so that they can obtain from the African Development Bank/ Islamic Development Bank a budget line for sexual and reproductive health and the Demographic Dividend in Africa.
- Develop national plans for partnership between faith based/ customary organisations, governments and partners.



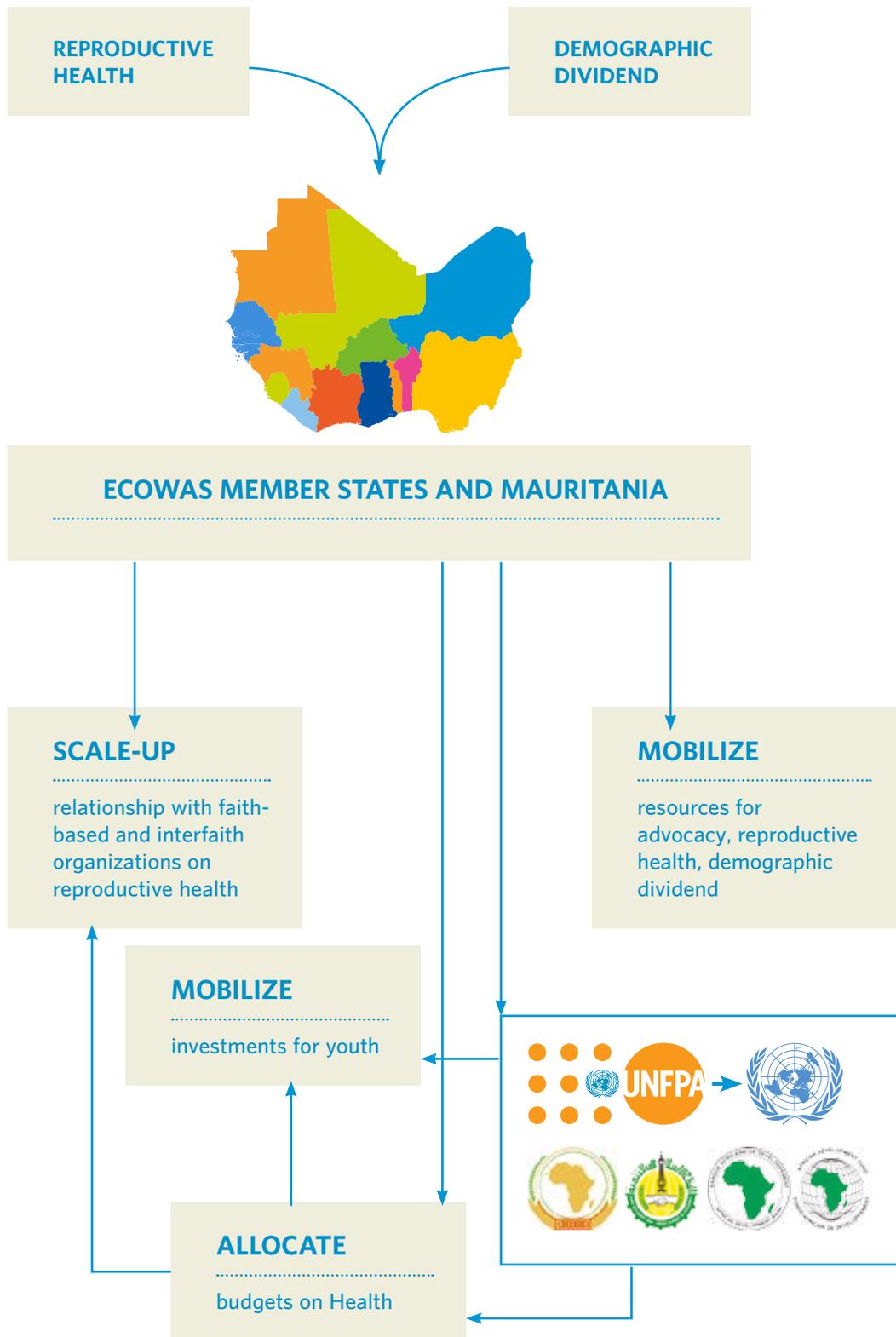
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When religious leaders are on board, new ideas and services are sustainable because they give them legitimacy, credibility and access. Without their support, interventions are often pointless.



*“There is support from Muslim, Christian and traditional leaders since religions and tradition are not opposed to family planning”*

Dada Daagbo Hounou,  
Vodun Hwendo Spiritual Leader, Benin.



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UNFPA Niger



# *Resourcing* **Change**

This year, we were able to get together with all our Country Offices and devise an economic strategy for each - leading to a more direct and accountable method of financing, underpinned by innovative partnerships.

We are committed to being transparent in the way we do business and deliver services and make sure we are fully accountable to our donors by demonstrating their contributions reach the intended beneficiary populations.

In addition there were a number of other notable actions undertaken and results achieved during the year:

- The number of Organisation for Economic Cooperation Development - Development Assistance Committee (OECD-DAC) donors contributing more than 1 million USD increased from four to six, generating a total recorded revenue of 20,838,105 USD;
- Financial agreements between UNFPA and governments for the Sahel Women and Demographic Dividend were finalized and for the first time ever, the recorded contribution of countries in the region exceeded contributions from OECD-DAC donors;
- There was an increased contribution from Japan to promote women's economic empowerment;
- Steady revenues from joint programmes and inter-agency co-operation amounted to 8,407,254 USD;
- Strategic outreach to emerging partners was initiated. New stakeholders engaged included the private sector and foundations.

Efforts to reverse the trend of declining country contributions to our core resources began to pay off with sixteen countries from the region pledging, or paying their contribution - representing an 8.9% increase in the number of country contributions.

In addition, a number of new financing initiatives were agreed throughout the year, which will change the way we work in the future. These include the Global Financing Facility, which gives Country Of-

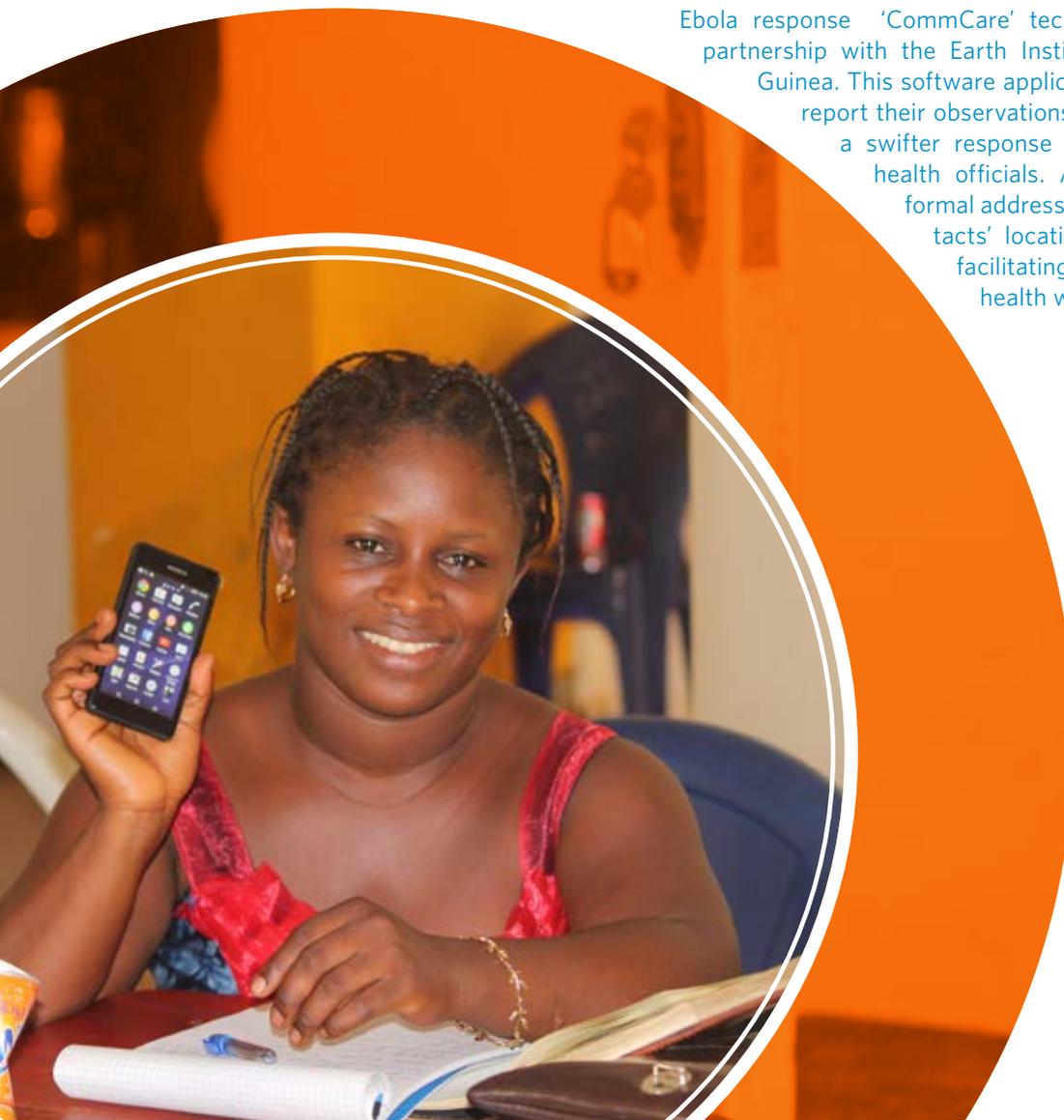
fices more influence in funding allocation from larger organisations such as the World Bank and the Melinda and Bill Gates Foundation; a new multi-country approach to raising funds - as seen in the Mano River Union - and the implementation of a private sector strategy in the Congo - both examples of exciting new approaches to getting and using resources.

Almost half of the overall budget (46 %) of the Regional Office was allocated to the UNFPA Strategic Plan outcome “Increased availability of use of Reproductive Health Services” which include output 1 to 5 in 2014 and 2015 (see graph below). “Evidence-based Analysis on Population dynamics” was allocated 20% and 19% of the budget respectively in 2014 and 2015.

Western and Central Africa and Eastern and Southern Africa are the two Regional Offices that received the lowest part of Regional Interventions Regular resources in 2014 as well in 2015. But cumulatively, the African Region received nearly 30% of the resources.

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Ebola response ‘CommCare’ technology developed in partnership with the Earth Institute and deployed in Guinea. This software application allows tracers to report their observations in real time, enabling a swifter response by local and national health officials. And in areas without formal addresses, the app allows contacts’ locations to be geotagged, facilitating quicker follow-up by health workers.



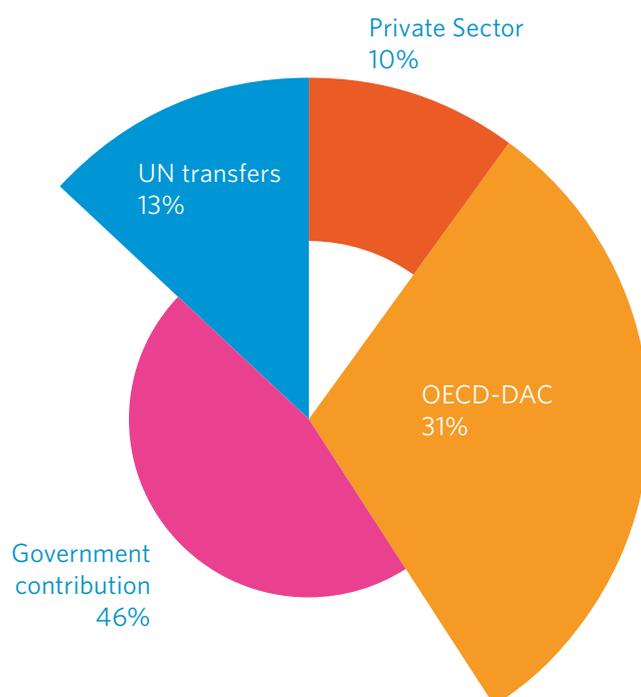
## DISTRIBUTION OF REGIONAL OFFICE RESOURCES PER STRATEGIC PLAN INTERVENTIONS

| SP Outcome   | Amount            | %          | Amount            | %          |
|--|-------------------|------------|-------------------|------------|
|  | 2014              |            | 2015              |            |
| Institutional Budget   | 1 811 392         | 16%        | 2 105 416         | 15%        |
| <b>Outcome 1: Sexual Reproductive Health and Rights</b>                                    | <b>5 342 675</b>  | <b>46%</b> | <b>4 788 591</b>  | <b>35%</b> |
| SRH services   |                   |            | 201 947           | 1%         |
| Family Planning  | 1 842 236         | 16%        | 975 142           | 7%         |
| Maternal Health  | 2 642 517         | 23%        | 2 419 935         | 18%        |
| HIV  | 431 844           | 4%         | 643 325           | 5%         |
| SRH in Emergencies   | 426 078           | 4%         | 548 242           | 4%         |
| <b>Outcome 2: SRH Services for Adolescents and Youth</b>                                   | <b>1 312 594</b>  | <b>11%</b> | <b>519 650</b>    | <b>4%</b>  |
| Adolescent and Youth   | 447 442           | 4%         | 367 627           | 3%         |
| Sexuality Education  | 865 152           | 8%         | 152 023           | 1%         |
| <b>Outcome 3: Gender equality, women's and girls' empowerment, and reproductive rights</b> | <b>578 802</b>    | <b>5%</b>  | <b>1 089 662</b>  | <b>8%</b>  |
| GBV and harmful practices  | 352 164           | 3%         | 895 487           | 7%         |
| Engagement of CSOs   | 226 638           | 2%         | 194 175           | 1%         |
| <b>Outcome 4: Evidence-based analysis on population dynamics and demographic dividend</b>  | <b>2 389 424</b>  | <b>21%</b> | <b>4 607 823</b>  | <b>34%</b> |
| Data on population and development   |                   |            | 3 290 033         | 24%        |
| Analysis on population dynamics  | 1 965 234         | 17%        | 925 926           | 7%         |
| Data for M&E of policies   | 424 190           | 4%         | 391 864           | 3%         |
| <b>Organization Effectiveness and Efficiency</b>   | <b>74 700</b>     | <b>1%</b>  | <b>524 603</b>    | <b>4%</b>  |
| OEE 01 Program effectiveness   | 74 700            | 1%         | 398 162           | 3%         |
| OEE 02 Resources Management  |                   |            | 35 000 00         | 0,3%       |
| OEE 03 Organizational adaptability   |                   |            | 91 441            | 1%         |
| <b>TOTAL</b>   | <b>11 509 588</b> |            | <b>13 635 745</b> |            |

## "REGIONAL INTERVENTION" BUDGET ALLOCATION PER REGION (THOUSANDS OF USD)

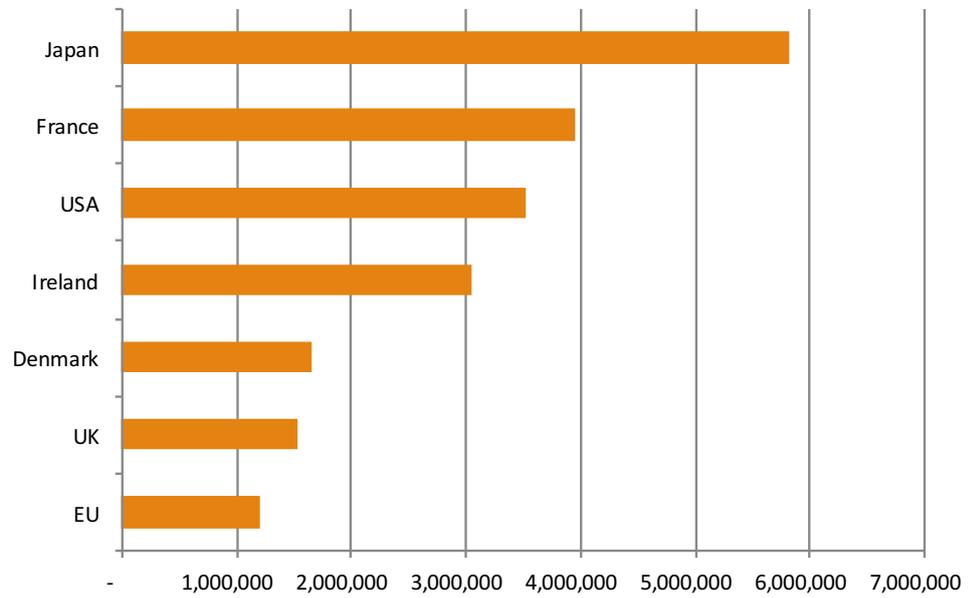
| Regional Interventions          | 2014          |            | 2015          |            |
|---------------------------------|---------------|------------|---------------|------------|
|                                 | Allocation    | %          | Allocation    | %          |
| Eastern and Southern Africa     | 5,403         | 13         | 4,970         | 13         |
| Western and Central Africa      | 6,458         | 16         | 5,792         | 15         |
| Arab States                     | 5,621         | 14         | 5,176         | 14         |
| Eastern Europe and Central Asia | 7,537         | 19         | 6,949         | 18         |
| Asia and the Pacific            | 8,015         | 20         | 7,818         | 21         |
| Latin America and the Caribbean | 6,606         | 16         | 6,090         | 16         |
| Ethiopia Liaison Office         | 961           | 2          | 853           | 2          |
|                                 |               |            |               |            |
| <b>TOTAL</b>                    | <b>40,600</b> | <b>100</b> | <b>37,648</b> | <b>100</b> |

## DISTRIBUTION OF RESOURCES MOBILIZED IN THE WCA REGION IN 2015



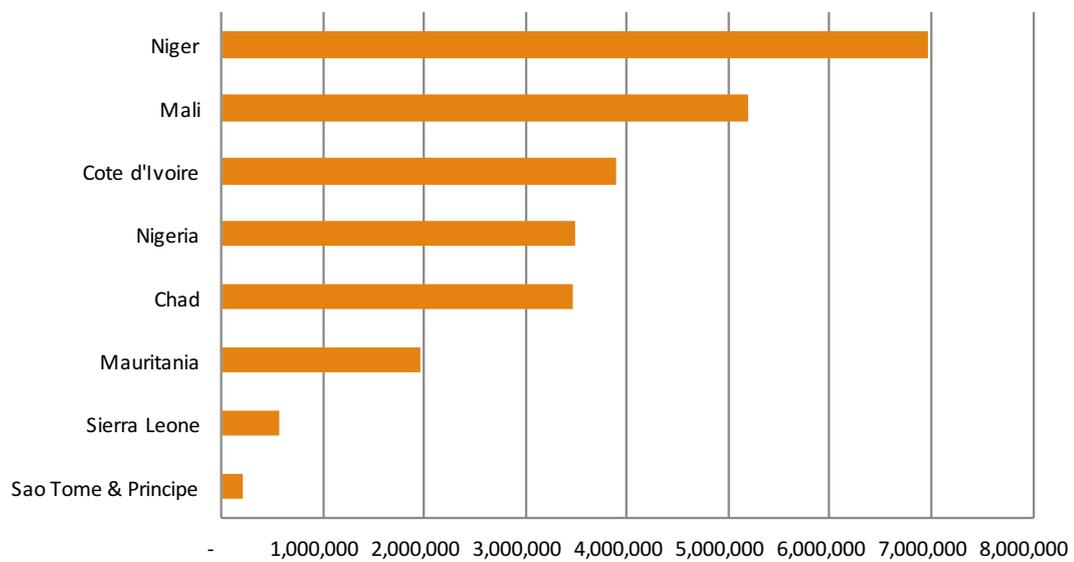
## TOP OECD-DAC DONORS IN WCA REGION IN 2015

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## WCA GOVERNMENT CONTRIBUTION IN 2015

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# *Ensuring Change:* **The Road Ahead in 2016**

This past year has been a year of embracing and strengthening partnerships and stakeholder engagement. Our successes with the Mano River YE4DD Initiative, the SWEDD Initiative and the Ouagadougou Partnership are just a few of the collaborations which show the direction in which we are heading.

Increasing numbers of people are being reached with family planning, broader sexual and reproductive health services and other empowerment and protection interventions. Not only did the Ouagadougou Partnership Countries surpass their collective target of reaching one million new users of family planning services, most countries in the region also made progress towards the achievement of the MDG Health goals (4 and 5) and recorded declining trends in maternal and child mortality rates.

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## SELECT HEALTH AND POPULATION INDICATORS PER COUNTRY

| Country                 | Total Fertility Rate (TFR) 2010 - 2015<br>(No. children/woman) | Unmet need for Family Planning (2015)<br>(% of women of reproductive age, women aged 15-49) | Maternal Mortality Ratio (MMR) (2015)<br>(death/ 100,000 live births) | Female Genital Mutilation (FGM)<br>% of girls aged 15-19 experiencing any form of FGM, most recent data, 2002-2014 |
|-------------------------|--|---|---|--|
| Benin                   | 4,9  | 31  | 405   | 2  |
| Burkina Faso            | 5,6  | 27  | 371   | 58   |
| Cameroon                | 4,8  | 22  | 596   | 0.4  |
| Cape Verde              | 2,4  | 15  | 42  |  |
| CAR                     | 4,4  | 23  | 882   | 18   |
| Chad                    | 6,3  | 23  | 856   | 41   |
| Congo                   | 5  | 18  | 442   |  |
| Cote D'Ivoire           | 5,1  | 24  | 645   | 31   |
| Equatorial Guinea       | 5  | 33  | 342   |  |
| Gabon                   | 4  | 25  | 291   |  |
| Gambia                  | 5,8  | 28  | 706   | 76.3   |
| Ghana                   | 4,2  | 34  | 319   | 1.5  |
| Guinea                  | 5,1  | 25  | 679   | 94   |
| Guinea-Bissau           | 5  | 22  | 549   | 48.4   |
| Liberia                 | 4,8  | 32  | 725   | 26.4   |
| Mali                    | 6,4  | 27  | 587   | 90.3   |
| Mauritania              | 4,7  | 31  | 602   | 65.9   |
| Niger                   | 7,6  | 18  | 553   | 1.4  |
| Nigeria                 | 5,7  | 22  | 814   | 15.3   |
| Sao Tome & Principe     | 4,7  | 33  | 156   |  |
| Senegal                 | 5,2  | 30  | 315   | 21.1   |
| Sierra Leone            | 4,8  | 26  | 1360  | 74.3   |
| Togo                    | 4,7  | 34  | 368   | 1.8  |
| West and Central Africa | 5,5  | 24  | 679   | Not all countries included due to insignificant incidence  |

Similarly, progress has, and continues, to be made by national governments in responding to population and developmental issues. National governments and their constituents have embraced the Demographic Dividend framework as a viable framework for sustainable development - with some going further to incorporate this framework into their own development plans.

However, while acknowledging that progress is being made, much still needs to be done to address the prevailing challenges and reverse the persistent negative trends. In addition to having to contend with the Ebola outbreak and rising violent extremism, the region continues to grapple with a number of challenges in the health sector including access to health facilities, family planning and a shortage of health workers.

Our interventions need to continue to address the high fertility rates as well as infant and maternal mortality rates. We will also need to continue to build resilience and provide comprehensive reproductive health services to women and girls including during conflict and humanitarian crisis.

It is also true that while a number of countries in the region are experiencing high GDP growth, this growth has not yet been translated into greater prosperity and well-being - mainly due to inequalities and slow demographic transition - the shift from high to low mortality and fertility levels. This lagging demographic transition places the region at a very high risk of extreme poverty, growing inequities, slower economic growth and an increase in internal insecurity.

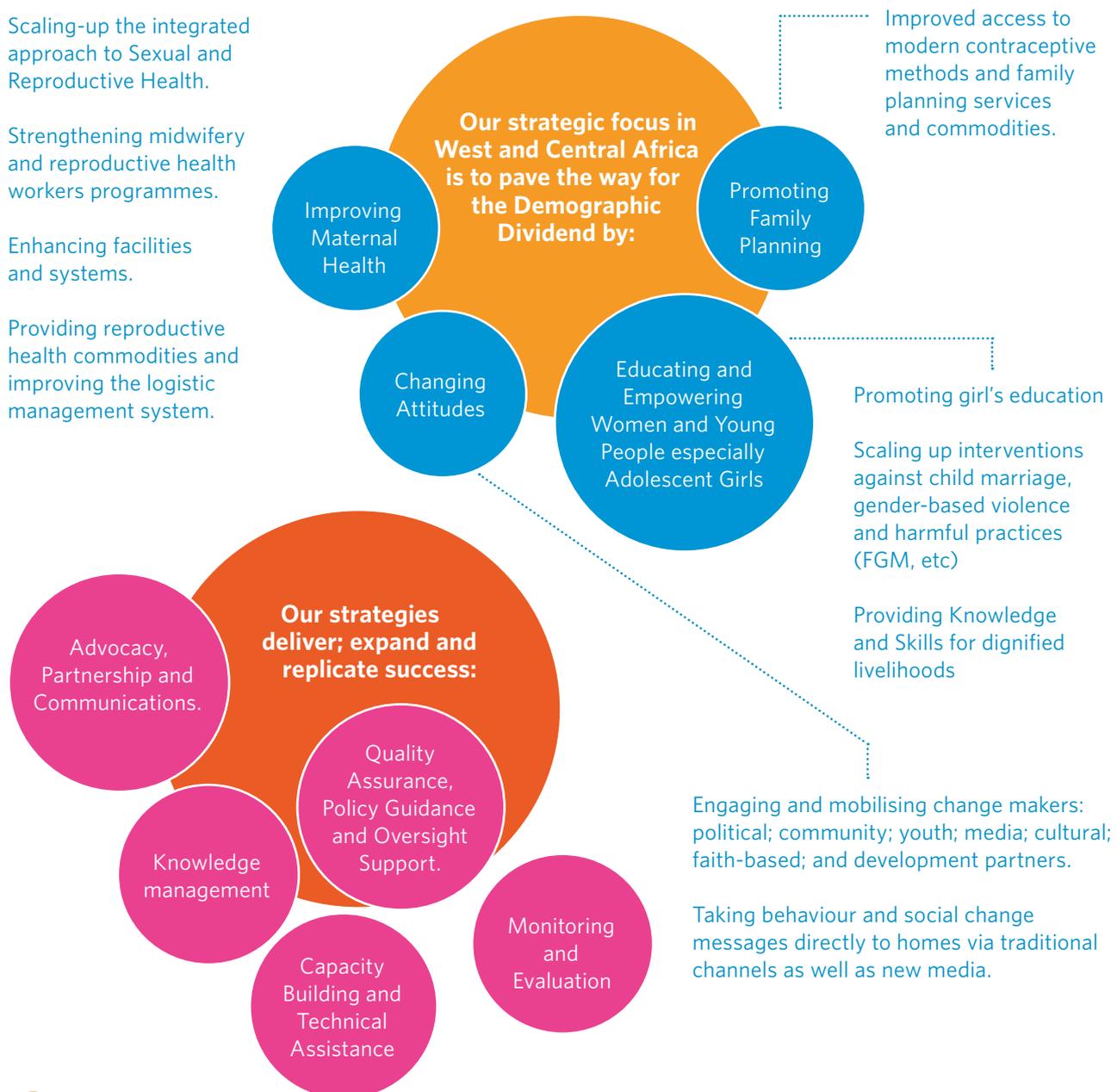
We are determined to prevent this becoming our region's future. Over the next year, we will continue to work on and strengthen the successful partnerships we developed in 2015. The Regional Office will enhance strategic policy dialogue, advocacy, communications and partnerships, in addressing the gaps and contributing to a demographic transition and potential Demographic Dividend.

Country Offices will continue to use their newly-designed Country Programme Documents. These will be a testing ground for improving programme management to focus on our mandate areas within the context of the adopted 2030 Agenda for Sustainable Development and the African Union Agenda 2063.

Across our operations, we will be echoing the call of the 2030 Agenda for Sustainable Development by developing a more cooperative, holistic approach to the challenges that face our region.

There is no doubt that to achieve our goals we will need strong partnerships, sustained communications and additional resources, both human and financial, to fast track progress and meet the unmet needs. But we look back on a year of strong progress with renewed confidence that by working together, we can bring about a society in which every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled.

## A HOLISTIC RESPONSE TO REGIONAL CHALLENGES



# Annex: Key Results per Country Office

| COUNTRY      | KEY ACHIEVEMENTS   |
|--------------|--|
| BENIN        | <p>Strengthened health system through provision of drugs, contraceptive products, rolling stock and facilities - including three motorized medical boats. Increased counterpart funding from government for relevant medical products. Supported recruitment of 72,924 new users of modern contraceptives - including successfully recruiting 23,308 out of a target of 22,984 in 17 areas of concentration of the programme. Reinforced 98 health centres and supported surgery for 100 women with obstetric fistula. Supported development of Comprehensive Sexuality Education curriculum.</p>  |
| BURKINA FASO | <p>Supported access to modern contraceptives for more than 450,000 new users. Raised Contraceptive Prevalence Rate (CPR) from 15% in 2010 to 22.5% in 2015. Supported 24 girls to avoid Female Genital Mutilation. Medically treated 443 women affected by FGM. Advocated successfully for a law on violence against women and girls.</p>  |
| CAMEROON     | <p>Recruited and deployed 179 midwives in rural areas. Trained 238 midwives. Ten centres established to improve young people's comprehensive sexual and reproductive health in four out of 10 regions. Model replicated by other development partners.</p>   |
| CABO VERDE   | <p>Successfully advocated for Cabo Verde to join the UN "Free and Equal" campaign in support of nonviolence and discrimination against the LGBT community. Ensured availability and use of integrated sexual and reproductive health services. 100% of service delivery points fully stocked with contraceptives. 98% of live births are attended by skilled health personnel and contributed to the country's achievement of MDGs 4 and 5. With technical assistance from UNFPA and other partners, the country increased its capacity to collect, analyze and disseminate demographic and socioeconomic data. The National Statistics Institute launched the first statistical yearbook.</p> |

| COUNTRY                  | KEY ACHIEVEMENTS  |
|--------------------------|---|
| CENTRAL AFRICAN REPUBLIC | The Gender-Based Violence Information Management System expanded to cover 67% of CAR territory, in partnership with UN agencies and NGOs. Registered more than 60,000 survivors of GBV, who received psychosocial and/or medical care. Mobilized support against GBV from government and civil society.   |
| CONGO                    | Supported the production of a 46-episode radio programme of sexual and reproductive health issues called "Si jeunesse savait" by young people. Worked in partnership with UNESCO, the government and the Institut National de Recherche et d'Actions Pédagogiques (INRAP). Trained 75 mentors on sexuality education and social cohesion. Established growing partnership with major private sector firms to combat obstetric fistula prevalence.   |
| CHAD                     | Improved Maternal Health indicators - especially the maternal death rate which fell from 1,099 to 860 deaths per 100,000 live births. Increased Contraceptive Prevalence Rate from 1.6 to 5%, according to the 2015 DHS-MICS key indicators report. Supported advocacy efforts leading to law forbidding child marriage before 18 years. Mobilised government - including the Prime Minister's - support, for relevant initiatives including the Demographic Dividend and SWOP 2015 Report regional launch. |
| COTE D'IVOIRE            | Advocated successfully for a 820,000 USD contraceptive procurement within the 2016 national budget. Secured robust political backing for the Demographic Dividend, now considered a key pillar of the government's development vision and plan.   |
| EQUATORIAL GUINEA        | Mobilised 358,791 USD counterpart funding from government. Surpassed budget implementation rate - projected 66-75% and reached 92.1% of the regular funds. Supported four preliminary results of 2015 General Census of Population and Housing to improve national statistics system.   |
| GABON                    | Supported 2015 General Census of Population and Housing to improve national statistics system. Facilitated Gender-Based Violence national survey, enabling identification and classification of GBV in the country.   |

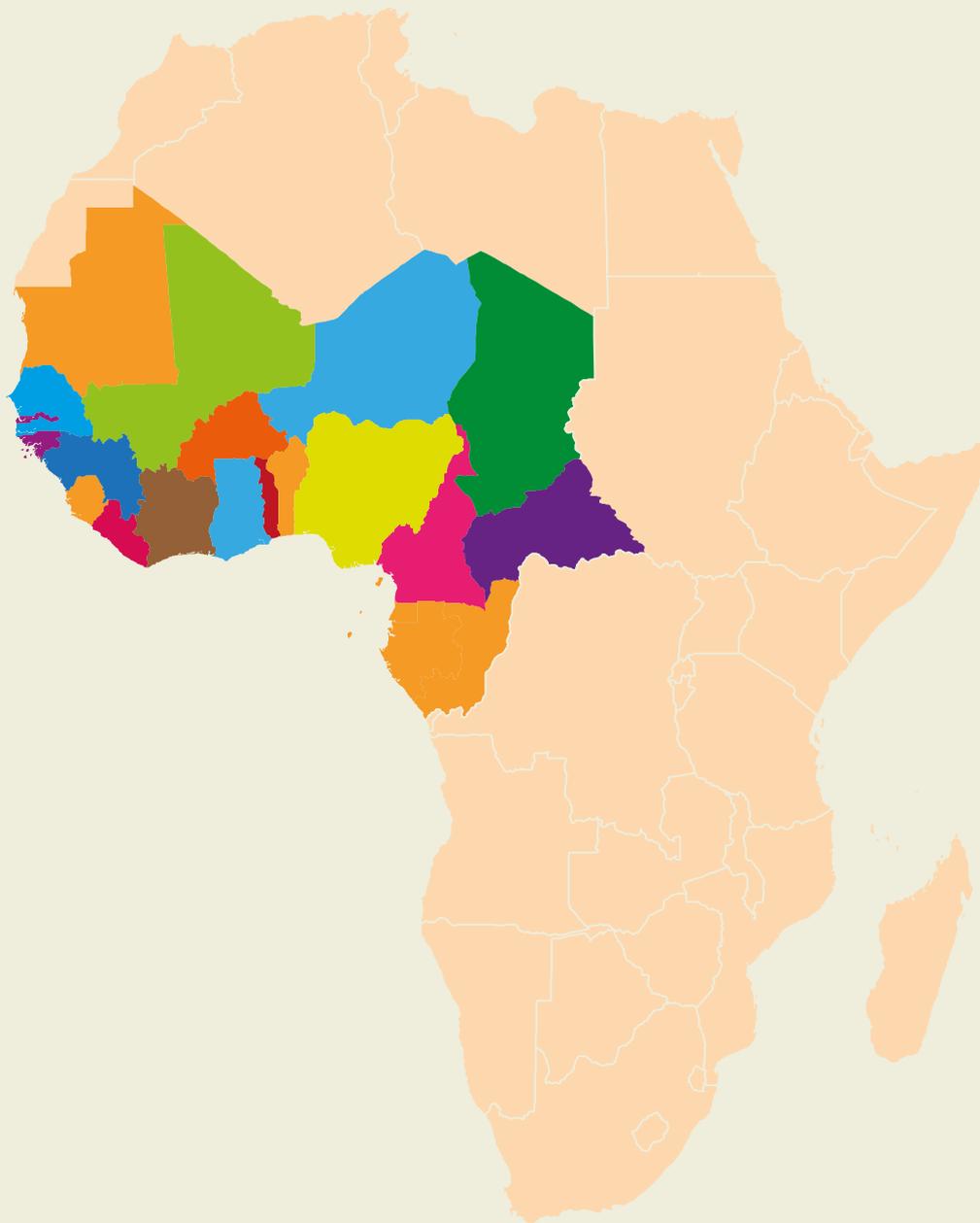
| COUNTRY       | KEY ACHIEVEMENTS   |
|---------------|--|
| GAMBIA        | <p>Refurbished a remote health centre (Kuntaur). Led to eight successful Caesarean sections and other successful minor operations, as well as a 90%-plus reduction in referrals and only one maternal death.</p> <p>Extended advocacy and sensitization against Female Genital Mutilation. Led to 109 communities publicly declaring the end of FGM practice and enactment of legislation banning the practice.</p>  |
| GHANA         | <p>Supported revision and launching of National Gender Policy by government.</p> <p>Advocacy and support of the National Youth Authority to increase access of sexual health information to out-of-school youth by integrating Comprehensive Sexuality Education into the country's 10 Youth Leadership Training Institutes.</p>   |
| GUINEA BISSAU | <p>Advocacy and strategic support leading to validation of National Policy for young people.</p> <p>Mobilized financial support from government.</p> <p>Secured government endorsement and ownership for Country Programme and a CPAP for 2016-2020, despite having to deal with three governments in one year.</p>  |
| GUINEA        | <p>Significantly reduced unassisted deliveries due to scaled up delivery of community reproductive health service availability including facilities, medication, capacity strengthening, improved quality of health workers, training, and equipment. This facilitated increased confidence in community health care services, leading to increased access and use of reproductive and sexual health services.</p> <p>Continued facilitating Ebola-related contact tracing as well as reproductive health services provision and products to pregnant and Ebola-cured women and adolescents.</p> <p>Recruitment and deployment of 70 midwives across 34 health structures as part of the Mano River Midwifery Response to the Ebola Virus Disease leading to improved maternal and neonatal health in the regions directly impacted.</p> |
| LIBERIA       | <p>Successfully provided reproductive health guidance, commodities and services during Ebola outbreak. Enabled contact tracing of almost 3,000 people. Sole provider of gynecological gloves. Initiated alert about EVD transmission via sexual means. Helping to restore weakened health system.</p> <p>Integrated Comprehensive Sexuality Education into the national educational curriculum for primary and secondary schools and scaled up community based family planning (from 4 to 10 counties) including youth family planning services sites (increasing young people reached from 20853 to 486,933 (92%).</p>  |

| COUNTRY    | KEY ACHIEVEMENTS  |
|------------|---|
| MALI       | <p>Gender-Based Violence cases fell from 6,322 victims to 822, thanks to joint programme with UNHCR, UNICEF and IRC.</p> <p>Enhanced coordination and partnership and strengthened family planning systems led to zero reproductive health products stock disruption.</p> <p>Contraceptive Prevalence Rate increased 10 to 12% with 427,351 new users.</p>  |
| MAURITANIA | <p>Increased supply of reproductive health products to stem recurring shortages. Supplies to service delivery centres increased from 17.5% in 2013 to 37.2% in 2015.</p> <p>Prepared thematic briefs for stakeholders from all sectors using 2013 Population Census results. Data also reflected in the UNDAF and National Development Plan.</p> <p>Empowered 2,500 young people to contribute to the process that led to the government adopting the 2015-2019 National Strategy on Youth and Sports. This also reached more than 150,000 people of other age groups. This youth empowerment strategy reflects the Demographic Dividend approach.</p>  |
| NIGER      | <p>Established 1,301 community based distributions to increase availability and use of modern contraceptives and family planning services. Encouraged 9,211 new family planning users among the most vulnerable women. Mobilised 155 faith based and traditional leaders to actively undertake advocacy against child marriage and in favour of gender equality and maternal health. Enabled 56 girls to avoid child marriage.</p> <p>Increased national capacity of maternal health services to deliver comprehensive maternal health services. Maternal deaths fell from 535 deaths per 100,000 live births in 2012 to 520 per 100,000 in 2015.</p> <p>Facilitated a total of 1,244 'schools for husbands' in 8 regions to encourage support for gender equality and access to comprehensive sexual and reproductive health for women and young people especially girls.</p> <p>Reached 10,069 adolescents with reproductive health programmes.</p> <p>Provided technical support and facilitated access to reproductive health services in humanitarian settings. Provided 118,916 women and adolescents with reproductive health cover (assisted delivery, family planning, HIV/AIDs and GBV). Covered 9,891 births including 434 C-sections and 492 obstetrical evacuations. Facilitated medical assistance and counseling to 147 survivors of GBV and offered Family Planning services to 10,913 women including 9,211 new users and 366 adolescents.</p> |

| COUNTRY             | KEY ACHIEVEMENTS   |
|---------------------|--|
| NIGERIA             | Supported repair of 838 obstetric fistula cases with a 95% success rate across eight states. Supported rehabilitation of 300 women and girls, helping them to reintegrate into their families and/or communities in four programme states. Family Planning interventions generated 1,992,021 Couple Years of Protection (CYPs) with a potential to avert 359,738 unintended pregnancies and 2,197 maternal deaths.   |
| SAO TOME & PRINCIPE | Maternal deaths halved following support provided to improve the quality of obstetrical services including the training and deployment of midwives as well as the availability of essential medicines made available. Demographic and socio economic indicators made available two online databases with demographic and socio-economic indicators accompanied by Demographic Dividend training for program managers and policy makers. Operationalised the "Vida" Network in partnership with the police, justice and health authorities to prevent and take care of gender-based violence. |
| SIERRA LEONE        | Trained and deployed 6,000 surveillance and contact tracers in response to the Ebola Virus Disease outbreak. Followed up more than 100,000 contacts. Conducted the Sierra Leone Population and Housing Census after the Ebola outbreak postponed it twice in 2014. Increased the number of practising midwives from 95 in 2010 to 399 in 2015. Improved emergency obstetric services by promoting task-shifting, with over 115 nurse anaesthetists and 15 anaesthetist technicians trained nationally and deployed in all district and tertiary hospitals.                                   |
| SENEGAL             | Secured government support and engagement on harnessing the Demographic Dividend and its integration into national planning. Distributed 10,900 feminine condoms and sensitized 4,850 young people thanks to the "Koumba si" campaign. Successfully deployed "Fagaru Jotna" or "Be Prepared" campaign in Mbour, St Louis, Dakar and Thiès from July to December. Directly reached 30,000 young people and distributed 20,000 contraceptives. Online impact on Twitter and Facebook with more than 10,874 messages on sexual and reproductive health posted.                                  |
| TOGO                | Supported obstetric fistula campaign. Sixty four women benefited from fistula repair and 41 women who received surgery in 2014 were helped to reintegrate into the families and/or communities. Tested 30,051 young people and adolescents for HIV and 12,510 benefited from a campaign against sexually transmitted diseases. Ensured regular restocking of reproductive and sexual health products across the country - especially in remote areas.  |







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