



STRENGTHENING
RESILIENCE FOR

SEXUAL AND REPRODUCTIVE HEALTH

IN WEST AND
CENTRAL AFRICA

2018–2021 | PROGRAMME CYCLE REPORT



CONTENTS

List of figures	4
Acronyms	5
1. Foreword	6
2. 2018–2021 in context	7
3. Key progress indicators of the 2018–2021 Strategic Plan	10
• Ending the unmet need for Family Planning	12
• Ending preventable maternal deaths	16
• Ending gender-based violence and harmful practices	19
4. Youth mobilization, engagement and empowerment	22
• 25 Heures de Dakar: Building momentum for ICPD+25	23
• Meaningful adolescent and youth engagement in pandemic response	24
• Global Youth Consortium against female genital mutilation	25
5. Humanitarian response	26
• Ensured inter-agency coordination on gender-based violence prevention, response and risk mitigation	26
• Scaled-up gender-based violence area of responsibility and strengthened protection championship at inter-agency level	27

◉ Responding to humanitarian cross-border challenges through effective coordination: The Lake Chad basin	28
◉ Strengthened gender-based violence coordination and response in the central Sahel	29
6. Communications, resource mobilization and partnerships for impact	30
7. Strategic partnerships	35
◉ Sahel Women's Empowerment and Demographic Dividend	35
◉ French Muskoka Fund: Building together, delivering better	39
8. The way forward: Fulfilling the 2022-2025 Strategic Plan	40





LIST OF FIGURES

Figure I. Indicators of the 2018–2021 Strategic Plan	10	Figure IX. Humanitarian's Countries West and Central Africa Region	26
Figure II. 2018–2021: Unmet need for family planning	13	Figure X. Articles produced and numbers reached by UNFPA and partners, 2018–2021	31
Figure III. 2018–2021: Contraceptive prevalence rate (any method)	14	Figure XI. Volume of NCF in West and Central Africa	33
Figure IV. 2018 and 2021: Adolescent birth rate	15	Figure XII. Humanitarian funding trend in West and Central Africa, 2018–2021	33
Figure V. 2018–2021: Births attended by skilled health personnel	17	Figure XIII. Six accelerators of the 2022–2025 Strategic Plan	42
Figure VI. Maternal mortality ratio per 100,000 live births, 2021	18	Figure XIV. Transforming UNFPA itself	43
Figure VII. 2018–2021: Child marriage rates	20	Figure XV. Population size of West and Central Africa (in millions)	45
Figure VIII. 2018–2021: Female genital mutilation rates	21		

ACRONYMS

AfriYAN	African Youth and Adolescent Network
COD-PS	Common Operational Dataset for Population Statistics
ECOWAS	Economic Community of West African States
FGM	Female genital mutilation
GBV	Gender-based violence
IASC	Inter-Agency Standing Committee
ICPD	International Conference on Population and Development
NCF	Non-core funds
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
RAES	<i>Réseau Africain de l'Éducation pour la Santé</i>
RMNCH	Reproductive, maternal, neonatal and child health
SBA	Skilled Birth Attendants
SDG	Sustainable Development Goal
SWEDD	Sahel Women's Empowerment and Demographic Dividend
TFR	Total Fertility Rate
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNISS	United Nations Integrated Strategy for the Sahel
WCARO	West and Central Africa regional office





FOREWORD



It is my honour to bring you this programme cycle report that captures four years of the 2018-2021 Strategic Plan of the United Nations Population Fund (UNFPA) in West and Central Africa. We made critical strides towards achieving the three Transformative Results in the region, with 2030 – the target year of the United Nations 2030 Agenda and Sustainable Development Goals (SDGs) – in sight. Progress was assured despite operating in a context of growing humanitarian needs and insecurity, compounded by the COVID-19 pandemic that has challenged the world since March 2020.

We take pride in all 23 countries in the West and Central Africa region having deployed their best efforts, strategies and tactics, working in close collaboration with and supporting partners including United Nations organizations, faith-based organizations, youth networks, donors, the private sector and civil society organizations. Together with our partners, we jointly supported the efforts of Governments in the region to address their priorities in light of the International Conference on Population and Development (ICPD) Programme of Action, the SDGs, and the Africa Union Agenda 2063.

Global commitments at the Nairobi Summit on ICPD in 2019 showed strong international conviction that progress for humanity cannot be achieved without the safety and participation of women and girls. The youths, through various networks are playing a critical role in the achievement of the UNFPA's transformative results. For this, UNFPA Executive Director, during the Nairobi Summit on ICPD-25 in Nairobi, recognized and awarded the African Youth and Adolescent Network (AfriYAN) for their active and vibrant engagement and advocacy efforts in sexual and reproductive health and rights.

In light of the daunting challenges, the 2022-2025 Strategic Plan offers an opportunity to further position the issue of the demographic dividend and diversity as a catalyst and accelerator to achieve the three transformative outcomes. UNFPA continues to rally partners and mobilize resources to improve on the lives of young people, women and girls in West and Central Africa.

- Argentina Matavel Piccin,
Regional Director, UNFPA WCARO



2

2018-2021 IN CONTEXT

The United Nations Population Fund (UNFPA)'s Strategic Plan 2018-2021 had the overarching goal of contributing to achieve universal access to sexual and reproductive health and advance progress towards the achievement of the International Conference on Population and Development (ICPD) Programme of Action. Therefore, the West and Central Africa regional interventions action plan focused on supporting and complementing regional and country-level efforts to achieve these aims, all in line with the SDGs 3 and 5, and the aspirations of African Union Agenda 2063.

In 2016, during the conception phase of the 2018-2021 strategic plan and regional interventions and actions plan, the population of the West and Central Africa region stood at 414 million people. Fertility ratios, for example stood at 5.2 children per woman, for a population made up of over 60 per cent under 24 years. Maternal mortality rate was 679 per 100,000 live births, 13 per cent contraceptive prevalence rate across the region, 24 per cent unmet need for family planning, while 48 per cent of births were attended by Skilled Birth Attendants (SBA).

The region had one of the youngest populations in the world, with about 60 per cent of the population below the age of 24 years. The proportion of young people in the region has slightly increased sticking out their place in development plans. Taking their needs, as well as those of women, into account is essential for harnessing the demographic dividend and achieving the SDGs. It was, therefore, crucial to women and put young people first in the implementation.

It is against this backdrop that this report presents the progress made towards achieving UNFPA's three transformative results:

- i. Ending unmet need for Family Planning;
- ii. Ending Preventable Maternal Mortality; and
- iii. Ending Gender-Based Violence (GBV), including Child Marriage and Female Genital Mutilation (FGM).



Fertility ratios, for example, stood at **5.2 children** per woman, in a population made up of over **60% under 24 years.**



Maternal mortality rate

679 per 100,000 live births



Contraceptive prevalence rate

13%



Unmet need for family planning

24%

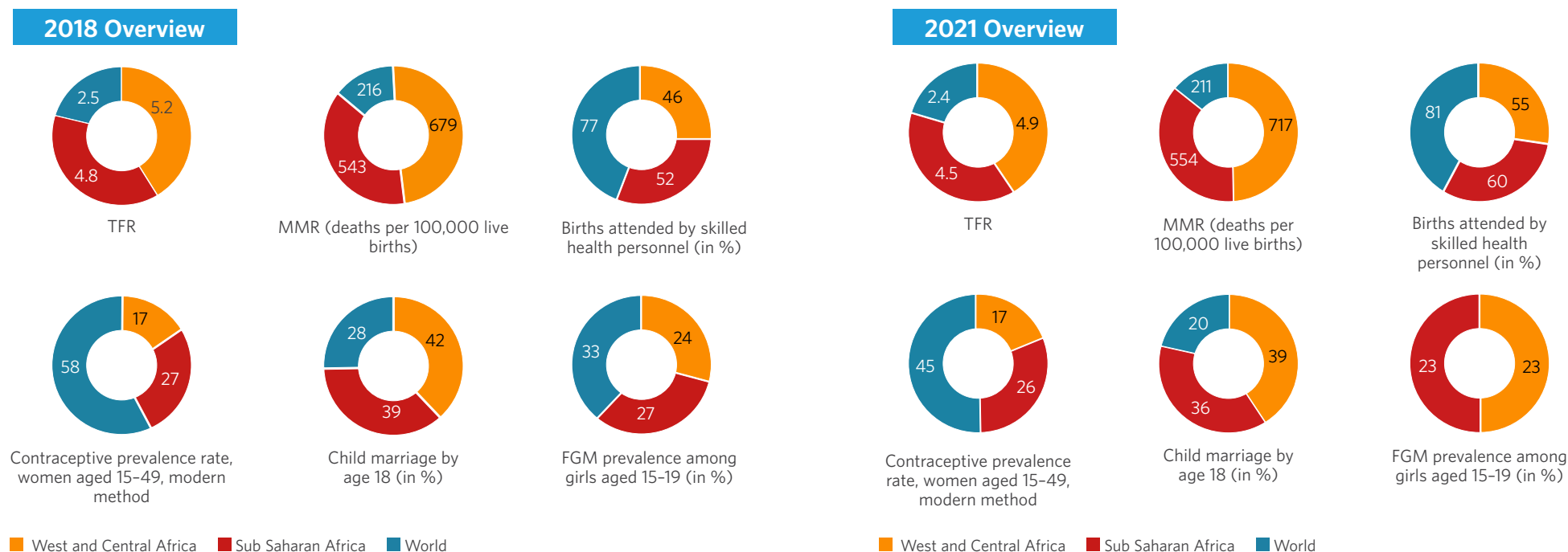
The region had one of the youngest populations in the world, with about **60%** of the population below the age of 24 years.



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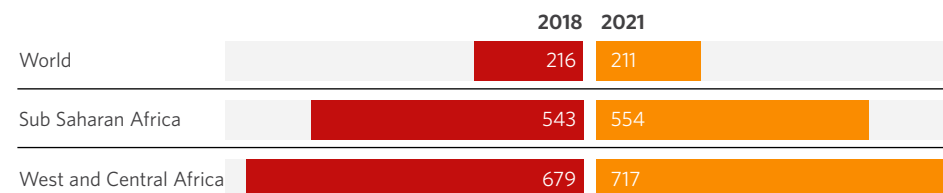
KEY PROGRESS INDICATORS OF THE 2018-2021 STRATEGIC PLAN

Figure I. Indicators of the 2018-2021 Strategic Plan



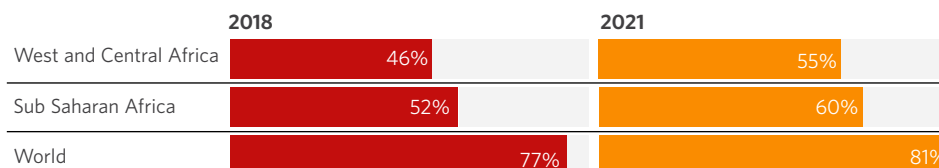
MMR (deaths per 100,000 live births)

2018 2021



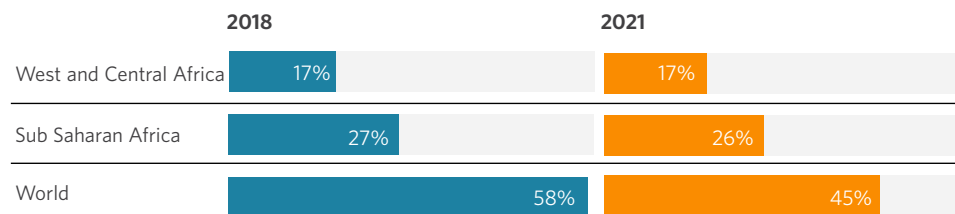
Region classification: % of births attended by skilled health personnel

2018 2021



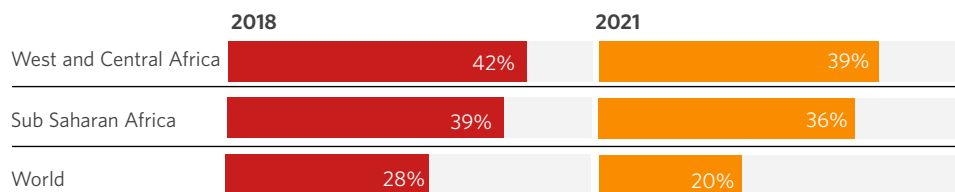
Contraceptive prevalence rate, women aged 15-49, modern method

■ 2018 ■ 2021



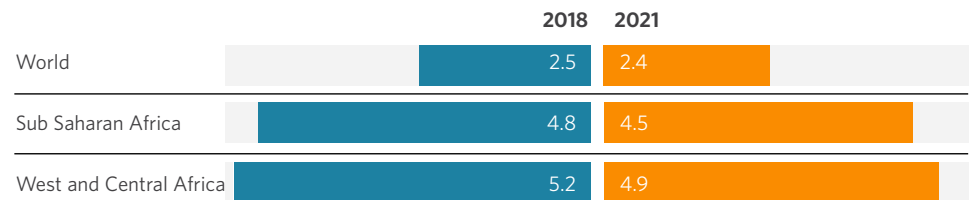
Child marriage rate by age 18

■ 2018 ■ 2021



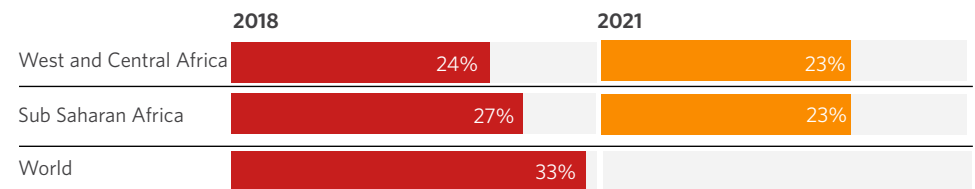
TFR

■ 2018 ■ 2021



FGM prevalence among girls aged 15-19

■ 2018 ■ 2021



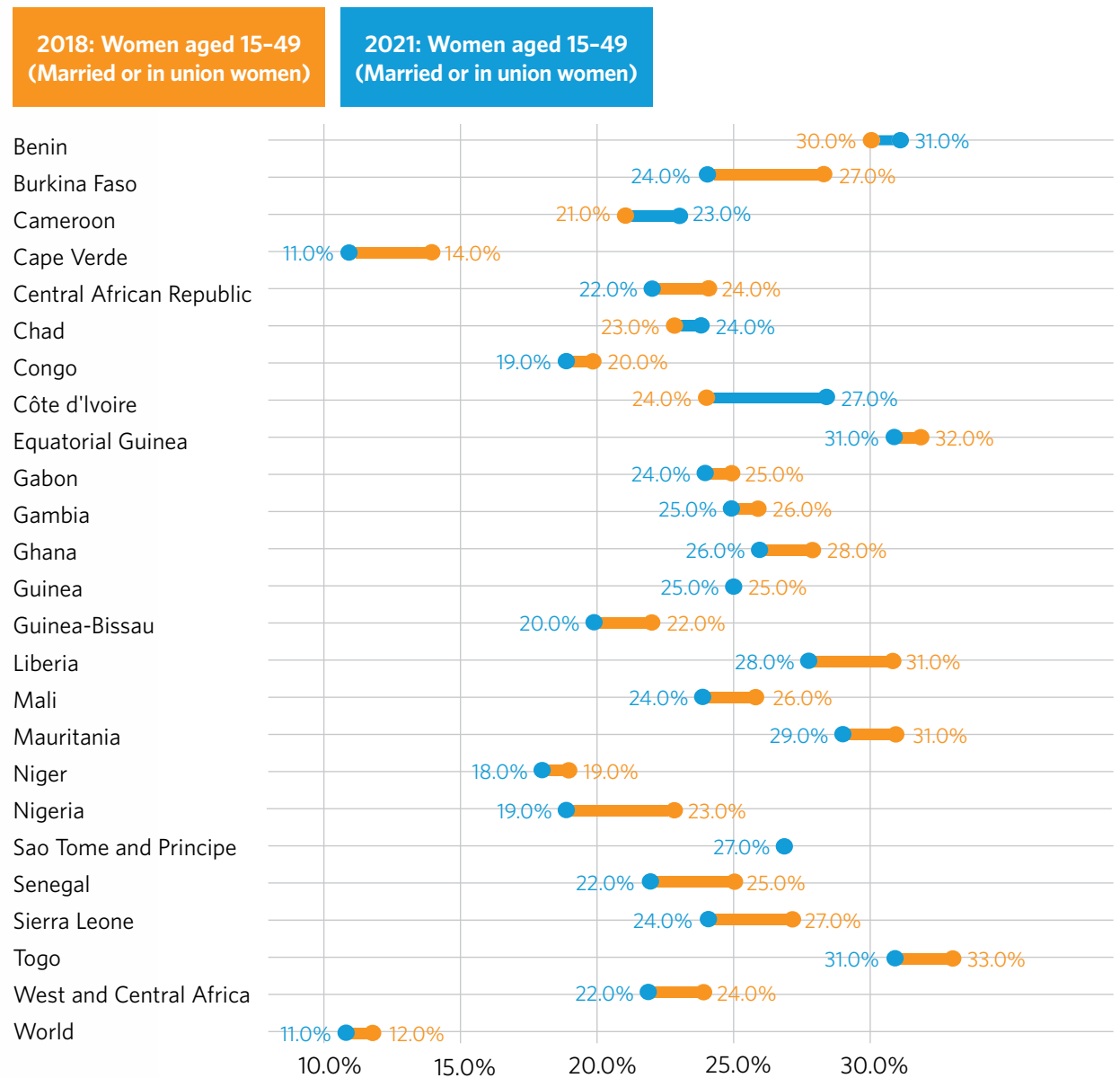
Ending the unmet need for **FAMILY PLANNING**

Family planning is a key pillar of sexual and reproductive health and well-being. Ensuring that family planning needs are fully met is exactly establishing a basic foundation for sexual and reproductive health and rights. In this regard, the West and Central African region made small but steady progress towards ending unmet need for family planning dropping from 24 per cent (2018) to 22 per cent (2021). Cabo Verde has the lowest unmet need for family planning, which is the same as global average of 11 per cent. Benin, Equatorial Guinea and Togo have the highest unmet need for family planning, standing at 31 per cent.



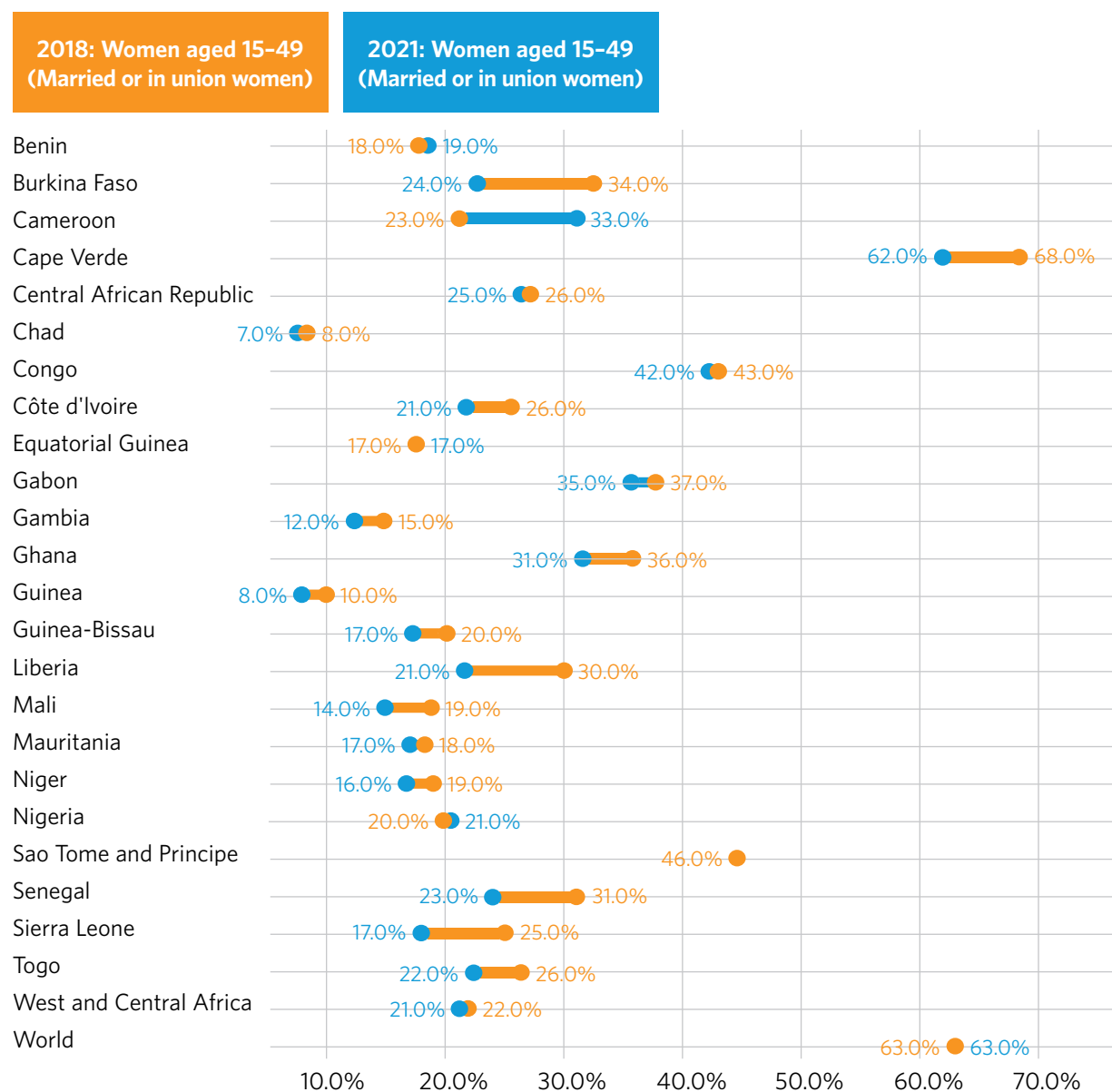


Figure II. 2018–2021: Unmet need for family planning



Use of any method of contraception saw a one-point increase in West and Central Africa, while the same stagnated at the global level. At the end of 2021, the contraceptive prevalence rate in West and Central Africa stood at 22 per cent, against 63 per cent globally. Burkina Faso and Cameroon recorded the highest improvement (10 per cent), from 24 per cent (2018) to 34 per cent (2021) and 23 per cent (2018) to 33 per cent (2021) respectively. Liberia followed both closely with a 9 per cent increase from 21 per cent (2018) to 30 per cent (2021). With an 8 per cent increase from 62 per cent (2018) to 68 per cent (2021) Cabo Verde maintained its lead well above the global average of 63 per cent.

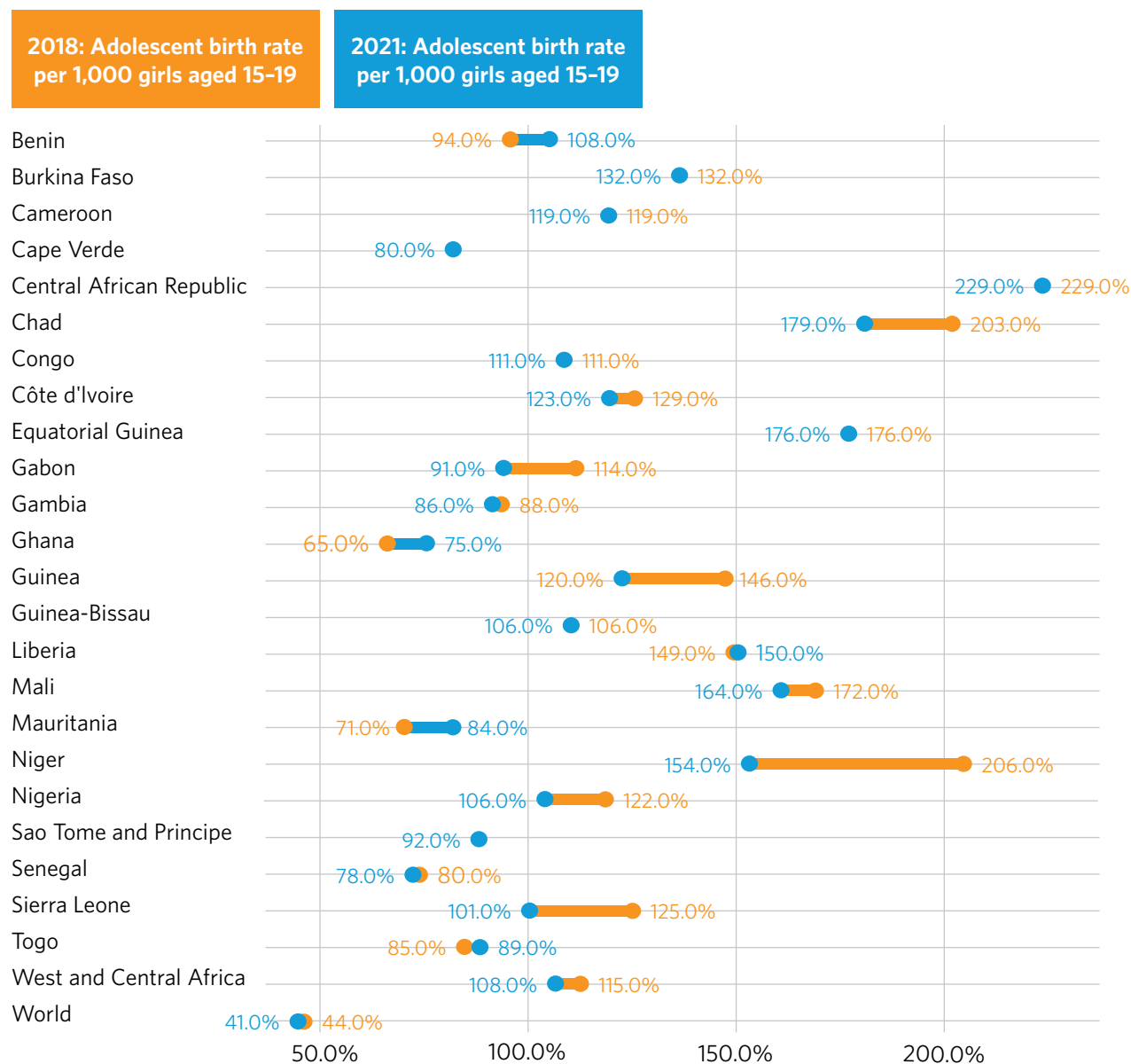
Figure III. 2018–2021: Contraceptive prevalence rate (any method)



At the regional level, a slightly significant improvement was recorded in adolescent birth rate per 1,000 girls aged 15-19 years that dropped from 115 (2018) to 108 (2021).

Though, there were some slight drops at both global and regional levels, some countries such as the Central Africa Republic made no progress, with adolescent birth rate stagnating at 229 per 1,000 girls aged between 15 years and 19 years. Ghana, though with the region's lowest adolescent birth rate actually increased from 65 per cent to 75 per cent during that period. Niger, arguably made one of the most significant progress by reducing from 206 (2018) to 179 (2021) per 1,000 girls of aged between 15 years and 19 years.

Figure IV. 2018-2021: Adolescent birth rate



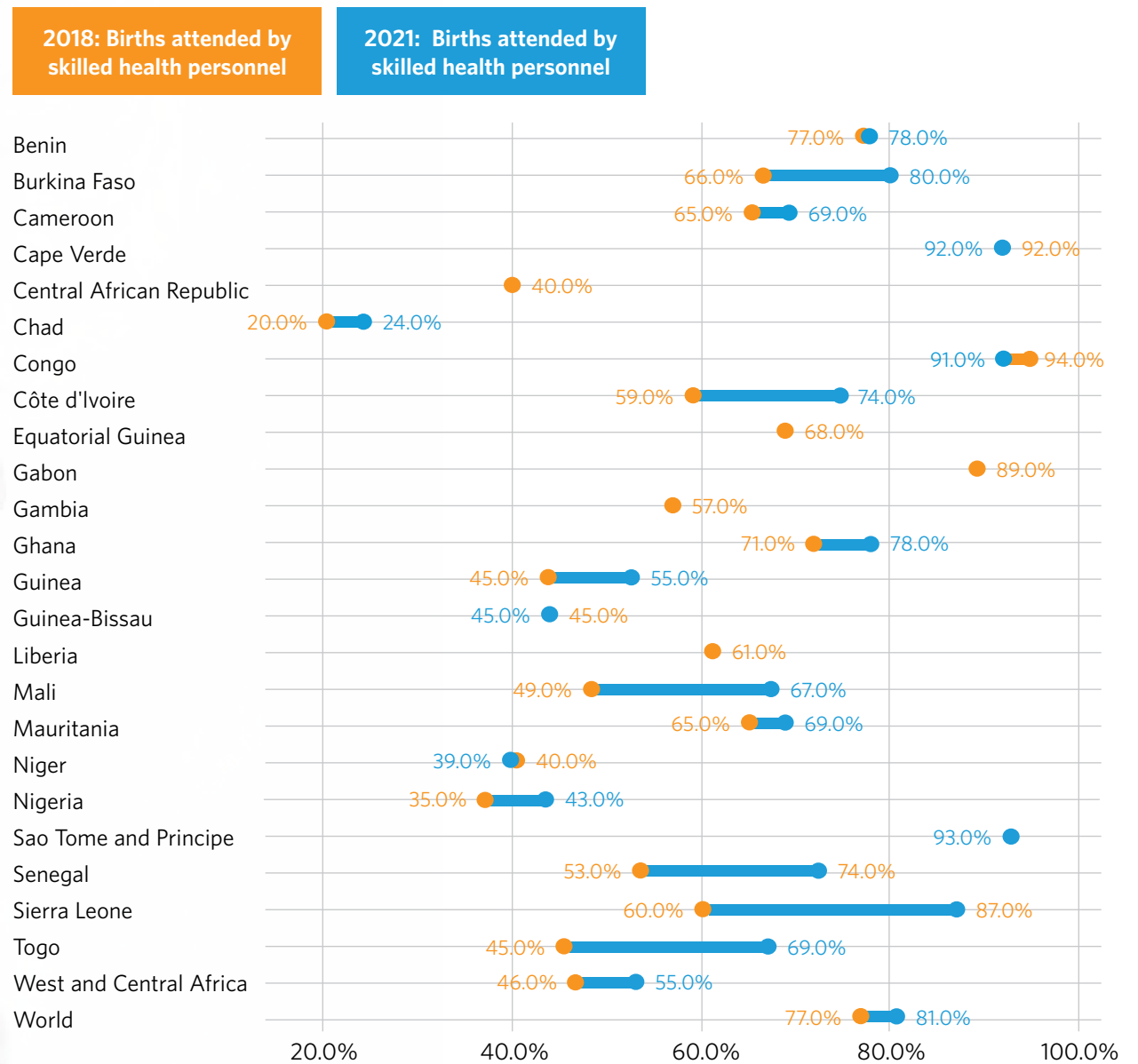
Ending preventable **MATERNAL DEATHS**

Over the reporting period, in an effort to reduce maternal mortality, the percentage of SBA increased from **46 per cent** (2018) to **55 per cent** (2021) across the West and Central Africa region. Several countries saw improvement in the percentage of SBA over the 4-year period. Most noticeable were strides made by Sierra Leone (27 per cent), Togo (24 per cent) and Senegal (21 per cent). However, Sao Tome and Principe (93 per cent), Cabo Verde (92 per cent) and Congo (91 per cent) continue to lead the region with the highest births attended by skilled health personnel.



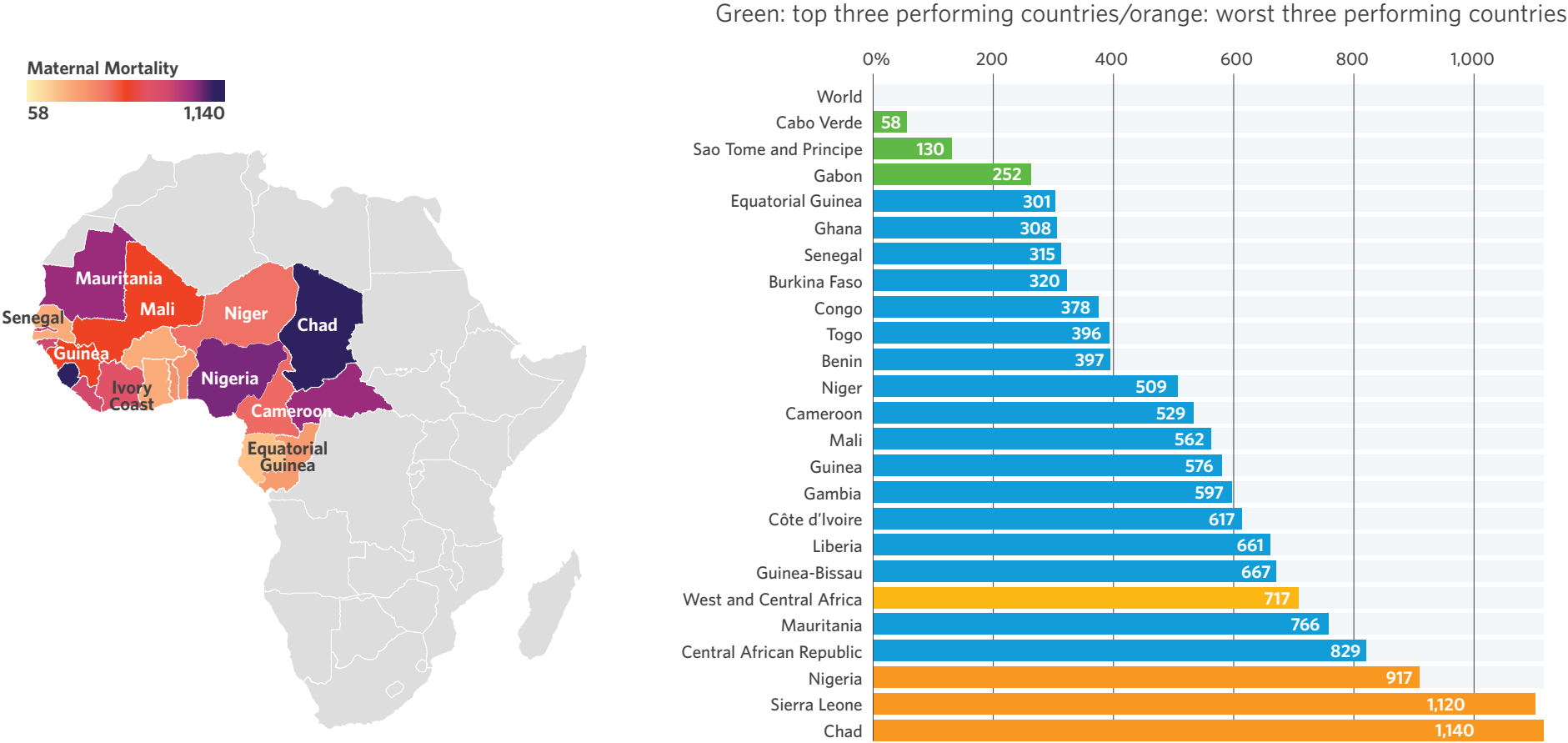


Figure V. 2018–2021: Births attended by skilled health personnel



Meanwhile, the maternal mortality ratio (MMR) for the region increased from 679 per 100,000 live births in 2016 to **717 per 100,000** live births in 2021. While the goal of the UNFPA is to reach zero by 2030, the global rate stands at 210 deaths per 100,000 live births. These challenge stakeholders with enormous responsibility to reduce the number of women dying while giving birth. It is a herculean task in view of progressing towards the objective of ICPD Programme of maternal deaths to fewer than 75 per cent of live births by 2030.

Figure VI. Maternal mortality ratio per 100,000 live births, 2021



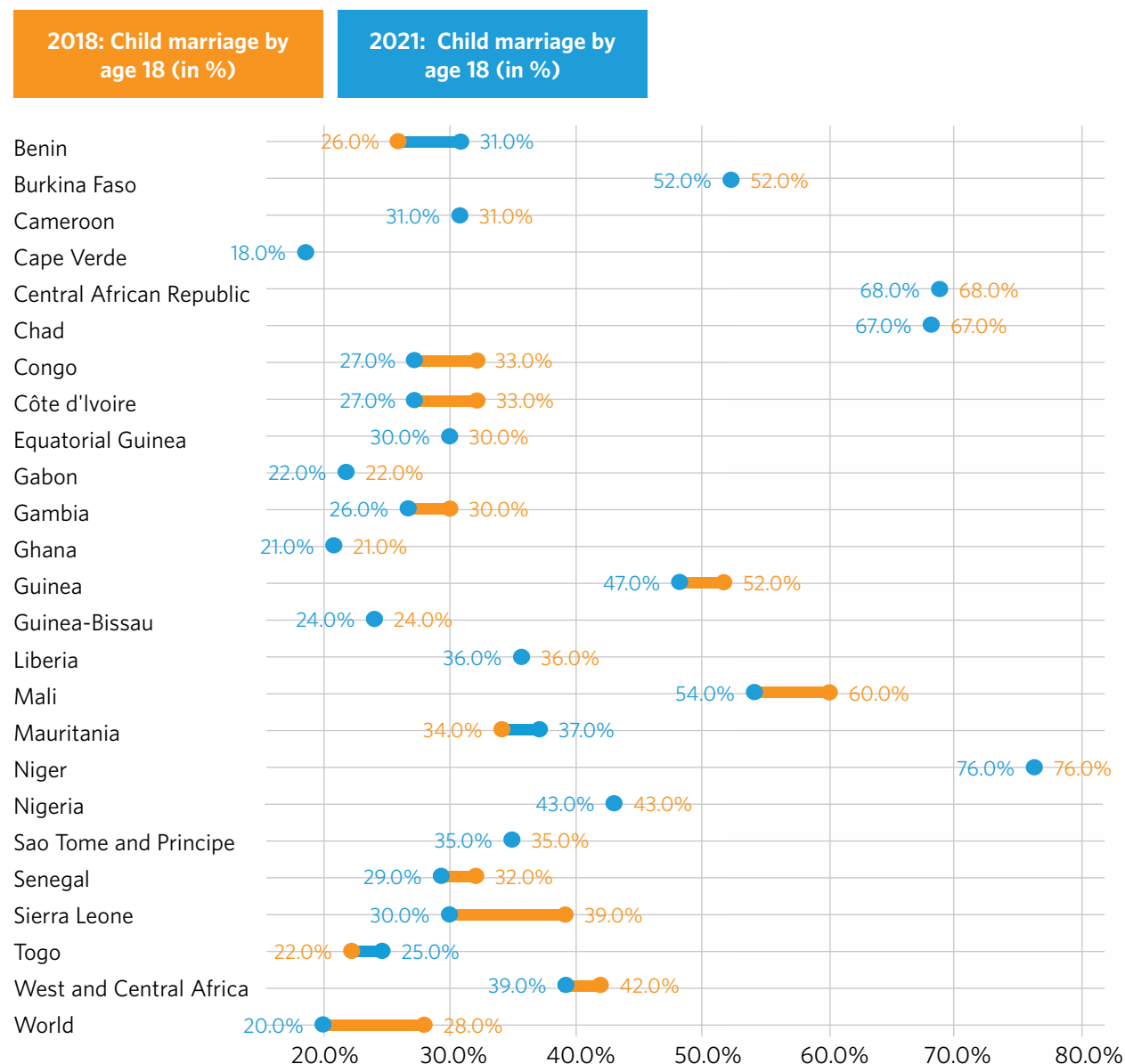
Ending **GENDER-BASED VIOLENCE** and harmful practices

Child Marriage by age 18 slightly reduced on a regional average from 42 (2018) to 39 (2021), against at 8 per cent-point global average. Sierra Leone recorded the highest (9 per cent) drop in cases of Child Marriage, from 39 per cent (2018) to 30 per cent (2021). Countries that made some progress are Congo (6 per cent), Cote d'Ivoire (6 per cent), Mali (6 per cent) and Guinea (5 per cent).

Conversely, Benin and Mauritania saw a 5 per cent and 3 per cent increase in Child Marriage by 18 from 26 per cent (2018) to 31 per cent (2021) respectively. Cabo Verde has the lowest percentage cases of Child Marriage, with 18 per cent, even below the global average of 20 per cent.



Figure VII. 2018–2021: Child marriage rates



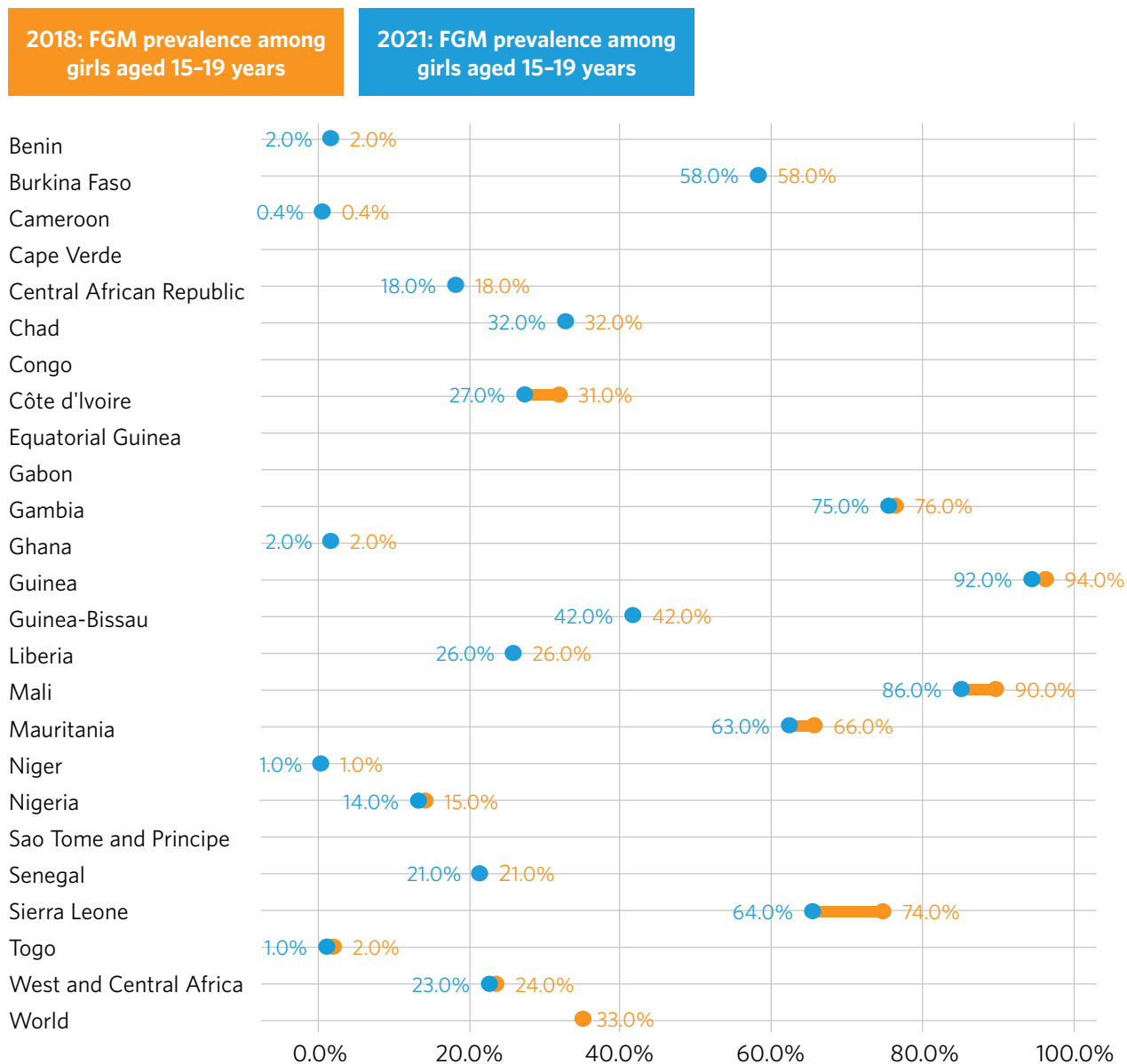
Female genital mutilation

Child marriage is one of the principal courses of obstetric fistula which is most prominent in West and Central Africa.

Meanwhile, FGM prevalence among girls aged 15–19 years dropped by a single point from 24 per cent to 23 per cent. An integrated approach of extensive campaigns, awareness raising, advocating for adoption and implementation of appropriate laws all combine to press towards ending GBV and other harmful practices.

In 16 countries, UNFPA is leading GBV prevention and response coordination mechanisms; in 13 countries, there is an alert mechanism in place to identify and report cases of GBV; 1,415 women and girls subjected to violence, including those with disabilities, have accessed essential services (health, social, police and justice).

Figure VIII. 2018–2021: Female genital mutilation rates



4

YOUTH MOBILIZATION, ENGAGEMENT AND EMPOWERMENT

African Union Heads of States and Government, and the United Nations Secretary-General, decided to prioritize investments in young people in Africa, through the African Union Roadmap on the Demographic Dividend. The UNFPA West and Central Africa regional office (WCARO) leveraged the demographic dividend agenda to mobilize resources and partnerships to support the transformative agenda for young people. UNFPA ensures increased youth leadership and participation, access to sexual and reproductive health services and comprehensive sexuality education, and protection from HIV, harmful practices, violence and exploitation.



25 Heures de Dakar: Building momentum for ICPD+25

In November 2019, the twenty-fifth anniversary of the ICPD (ICPD+25) was held at Nairobi in Kenya. In preparation of the ICPD+25 summit, UNFPA WCARO supported the African Youth and Adolescent Network (AfriYAN) West and Central Africa regional chapter to organize the first edition of the youth summit “25 Heures de Dakar” in August 2019, with the main aim of preparing the contributions of African youth for the Nairobi summit. The maiden edition of *25 Heures de Dakar* brought together over 500 young people from all 23 countries in West and Central Africa for youth leadership and development exchanges. The event resulted in a strong statement calling on policymakers to heed the aspirations of young people at the Nairobi summit.

At the end of the summit, participants released the Nairobi Statement on ICPD+25, a joint agenda for change aimed at accelerating the achievement of the 2018–2021 Strategic Plan’s three Transformative Results, leaving no one behind. The Nairobi Statement demands that young people should not be left behind and urges countries to harness the demographic dividend to achieve a just and sustainable future for all. Over 1,200 bold commitments were made, with young people also making commitments alongside Governments, the private sector, international non-governmental organizations (NGOs), and civil society, grass-roots and faith-based organizations.

In view of accelerating the implementation of youth commitments made at Nairobi, UNFPA WCARO and AfriYAN organized a second edition of *25 Heures de Dakar* in June 2021 to emphasize the importance of investing in young people and reaping the demographic dividend. Young people shared experiences and strategized on how to accelerate the achievements of their various country-level commitments.





Meaningful adolescent and youth engagement in pandemic response

In 2020 during the height of the COVID-19 pandemic, UNFPA WCARO led a study to identify the best strategies for adolescent and youth engagement in an epidemic or pandemic response and recovery. The study was published in 2021 and implicated 21 countries, out of which 19 countries were in the West and Central Africa region, one in East and Southern Africa and one in Latin America. It proposed 10 essential strategies to engage young people in responding to public health emergencies before, during and in the recovery phase of the health emergency.



Global Youth Consortium against female genital mutilation

In November 2021 UNFPA WCARO, in partnership with the UNFPA-United Nations Children's Fund (UNICEF) Joint Programme on the Elimination of Female Genital Mutilation and the European Union-funded Spotlight Initiative Africa Regional Programme, established the first Global Youth Consortium against FGM. The youth movement was formed during the first edition of the Global Youth Roundtable on FGM that took place in Senegal, involving young people from over 25 countries. During the event, youth participants reviewed and made inputs to the Phase IV programme document of the UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation, established the Global Youth Consortium against FGM, developed a vision for the movement, and drafted a detailed terms of reference.

The consortium was born out of the need to centre young people in programmes targeting the elimination of FGM, and equip them with the knowledge, skills, tools and funding needed to support them to be changemakers within their communities. Current membership stands at almost 1,500 young people from 45 countries across all regions, working together to achieve a vision of youth leading a world free of FGM by 2030.

5 HUMANITARIAN RESPONSE

Figure IX. Humanitarian's Countries West and Central Africa Region



Ensured inter-agency coordination on gender-based violence prevention, response and risk mitigation

UNFPA is a key partner in the regional humanitarian architecture, and leads the Reproductive Health and GBV in humanitarian settings and its participation in the Inter-Agency Standing Committee (IASC) regional groups. Following the consultation of regional GBV subclusters in Dakar in October 2019, it was strongly recommended that a regional subgroup on GBV be established under the Regional Protection Working Group chaired by the United Nations High Commissioner for Refugees (UNHCR).

UNFPA West and Central Africa continues to lead the Common Operational Dataset for Population Statistics (COD-PS) under the information management working group, as part of the memorandum of understanding between UNFPA and the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) signed in June 2018. UNFPA WCARO produced the COD-PS for several countries not covered by the OCHA regional office in West and Central Africa: Benin, Burkina Faso, Central African Republic, Côte d'Ivoire, Gambia, Liberia, Mauritania, Senegal and Togo.

Scaled-up gender-based violence area of responsibility and strengthened protection championship at inter-agency level

The members of the Regional Protection Working Group led by UNHCR agreed to establish a regional working group on GBV. The group was launched at the first meeting held on 22 May 2020 in the presence of the Regional Director of UNFPA Mabingue Ngom, and the Deputy Regional Director of UNHCR Xavier Creach, as well as around 50 participants from various regional organizations (the United Nations, NGOs, donors). Seven monthly meetings were jointly facilitated by UNFPA in 2021 and the GBV Area of Responsibility regional team. These meetings allowed, among other things, to adopt the terms of reference of the group, to hold thematic discussions on ongoing challenges, particularly in the context of COVID-19, and to share knowledge and good practices. In this context, the GBV regional working group carried out a gap analysis on GBV coordination capacities at country and regional levels.

Additionally, UNFPA strengthened GBV inter-agency coordination, prevention, response and risk mitigation in performing key IASC functions (including adaptation to the COVID-19 context) across all seven West and Central Africa region priority humanitarian countries (Burkina Faso, Cameroon, Central African Republic, Chad, Niger and Nigeria) and the five preparedness countries (Benin, Côte d'Ivoire, Gambia, Guinea and Togo). WCARO also supported the activation of the GBV subcluster in Burkina Faso, setting up the regional GBV coordination group in 2019, and the reactivation of the GBV working group in Guinea.



Responding to humanitarian cross-border challenges through effective coordination: The Lake Chad basin

In 2020, the senior management and country focal points of the UNFPA Regional Coordination Platform for the Lake Chad basin held several strategic and technical meetings. The key outcomes were the establishment of four pillars led by each country office in the four countries bordering Lake Chad (Cameroon, Chad, Niger and Nigeria), implementing a regional project funded by Norway throughout the Oslo Conference appeal, and establishing the regional coordination team at Maroua in Cameroon. The team will ensure the coordination of the pillars led by the four countries bordering Lake Chad in their efforts to promote the culture of peace, strengthen community resilience and capture the demographic dividend in the federated States, regions and provinces around Lake Chad that are facing security, humanitarian and development challenges.

The similarity of the crises in the Lake Chad Basin and the Liptako-Gourma region, which consists of parts of Burkina Faso, Mali and Niger, triggered the need to replicate the Lake Chad basin initiative. After consultation between the three countries in Abidjan in 2019 on the sidelines of the Sahel Women's Empowerment and Demographic Dividend (SWEDD) Steering Committee, the commitment of the concerned country offices was requested. In 2020, a situation analysis of the region was developed to calibrate the Theory of Change to the specificities of Liptako-Gourma.





Strengthened gender-based violence coordination and response in the central Sahel

The humanitarian action of UNFPA in West and Central Africa is aligned with the United Nations Integrated Strategy for the Sahel (UNISS). It intervenes transversely on all UNISS products targeting vulnerable people, particularly women, youth and adolescents. In 2020, UNFPA WCARO held two major advocacy events and high-level policy dialogues during the side event on GBV organized within the framework of the Ministerial Roundtable on the Central Sahel at the end of November 2020 and during the High-Level Symposium on Demography, Peace and Security in the Central Sahel which took place in December. In addition to these initiatives, UNFPA WCARO strengthened its partnership in the Sahel with the regional coordination platforms of the Lake Chad basin and Liptako-Gourma. Since January 2021, UNFPA has contributed to the protection analysis of GBV risks in the central Sahel through the multi-stakeholder protection monitoring project led by UNHCR. UNFPA and UNHCR regional offices coordinated and supported country teams in the response to the internally displaced person and refugee crisis as a consequence of electoral violence, particularly in Côte d'Ivoire and Liberia.

UNFPA WCARO was designated to develop the Theory of Change of UNISS in 2018 by all United Nations organizations. The Theory of Change of UNISS was essential for the revision and finalization of the UNISS plan and advocacy plan in 2019. UNFPA WCARO is part of the implementation support team of UNISS, as decided by a memorandum of the United Nations Deputy Secretary-General on follow-up action to the decision of the Secretary-General on the new arrangements for the reinforced coordination and implementation of UNISS. UNFPA WCARO is co-leading the steering committee for the implementation of UNISS, bringing together the regional directors and resident coordinators of the 10 Sahel countries.

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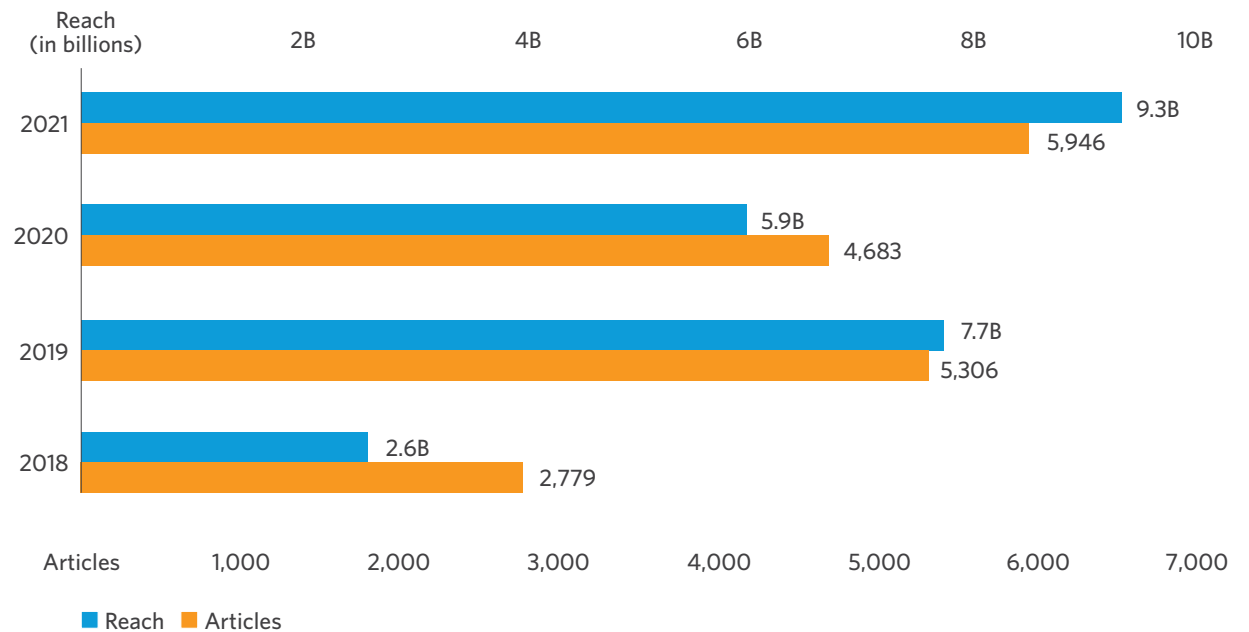
COMMUNICATIONS, RESOURCE MOBILIZATION AND PARTNERSHIPS FOR IMPACT

Efforts deployed in advocacy, communications, resource mobilization and partnerships were critical in enabling UNFPA to reach millions of women, girls and young people. Implementing a robust advocacy and communications plan across the region saw a blend of mainstream and social media methods, including social and behaviour change communications strategies. UNFPA and its partners delivered tailored key messages to the targeted populations in urban, peri-urban and rural communities, with the reach of articles increasing from 2.6 billion in 2018 to 9.3 billion in 2021.





Figure X. Articles produced and numbers reached by UNFPA and partners, 2018-2021



Campaigns were critical in raising public awareness and engaging the audiences. The SWEDD-led *#StrongerTogether* campaign, and “*C’est la Vie!*” by the French Muskoka Fund, mobilized the target public across the board. Social mobilization around critical events and international days, such as momentum and build-up to the Nairobi ICPD+25 summit, made a significant difference. Visitors to the regional website also doubled within the period. From an annual website visit total of 12,964 in 2017, the number of visitors grew to 15,243 (2018), then 33,296 (2021).

Advocacy, communications and visibility were critical in enhancing our partnership and resource mobilization efforts. Between 2018 and 2021, several strategic, innovative and transformative partnerships in the region were developed and strengthened.

These partnerships have contributed to achieving one (or more) of the UNFPA Strategic Partnership Framework 2018–2021 partnership objectives, namely:



Reach: Expand the scope to galvanize broad endorsement and visibility of UNFPA as the leading United Nations organization working to preserve and improve the health and well-being of all people.



Mobilization of resources:
To cultivate a robust and differentiated portfolio of donors supporting UNFPA programmes and thus contributing to the organization's sustainability.



Brainpower:
To back UNFPA with a network of partners who enhance operational capacity by delivering or contributing to innovative solutions.



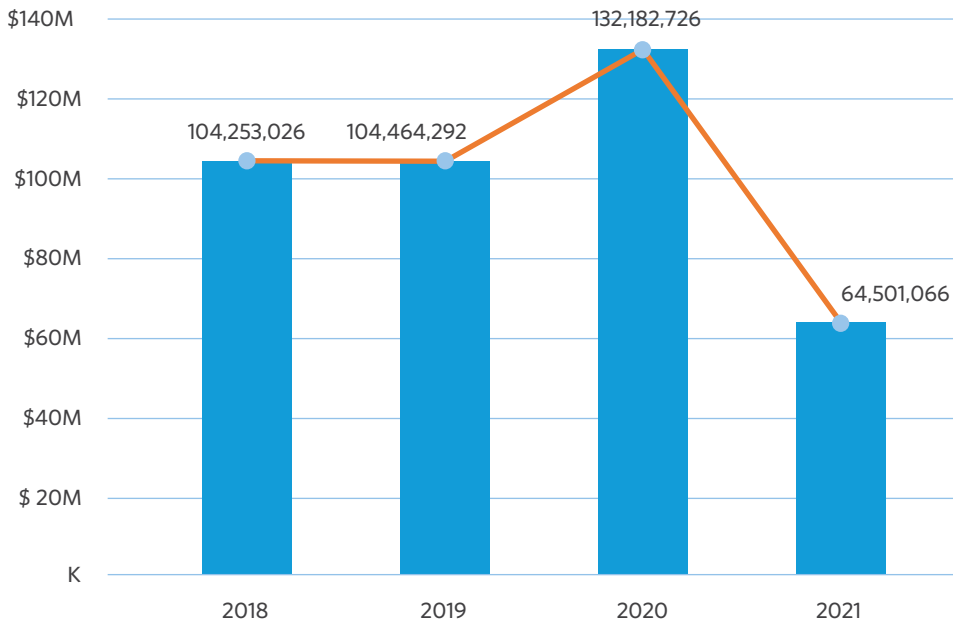
Alliances:
To build alliances to continually expand government and public support.

The range of partnerships that UNFPA relies on in West and Central Africa to achieve its three Transformative Results is broad and diverse, from the young people of AfriYAN to the multinational corporation Philips, the municipality of Gueule Tapée-Fass-Colobane in Dakar, a network of traditional and religious leaders, the West African Health Organization, the India-UN Development Partnership Fund (United Nations Office for South-South Cooperation) and other United Nations organizations.



Regarding resources, the volume of non-core funds (NCF) mobilized in 2018 and 2019 remained at the same level, increasing by 26.5 per cent in 2020 with an extra \$27 million despite the outbreak of COVID-19. On the other hand, the amount rapidly decreased by over half, 51.2 per cent, in 2021. The impact of COVID-19 may have been felt more in 2021 than 2020 when it began.

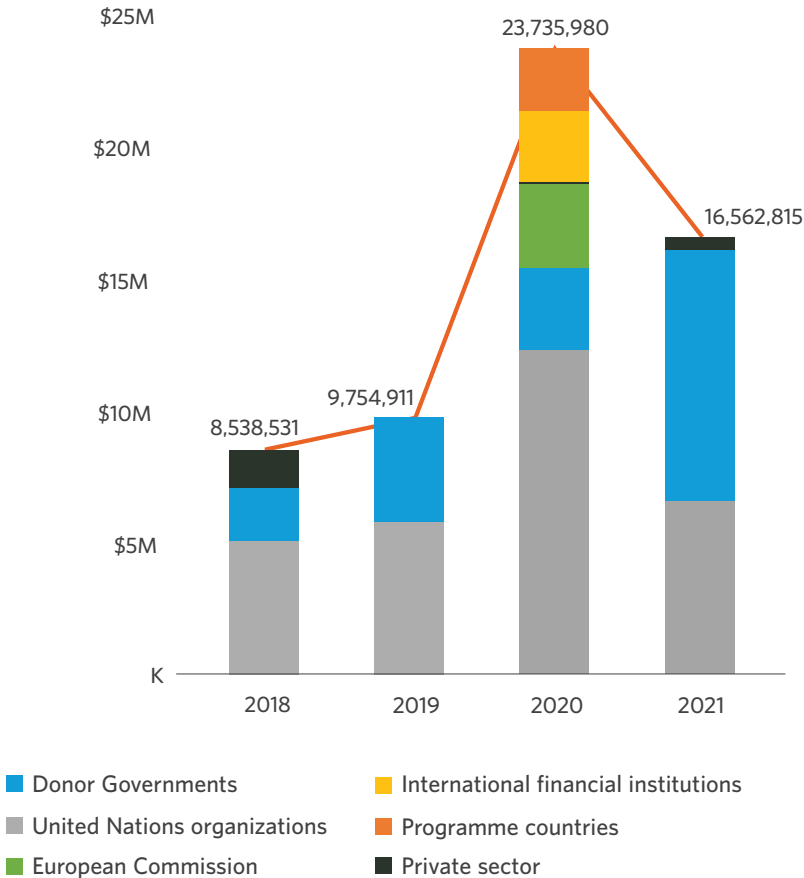
Figure XI. Volume of NCF in West and Central Africa



Over the 4-year period, donor Governments remained the top source of NCF in the region, yet the amount of NCF mobilized by UNFPA surpassed that given by the programme countries from 2019. In 2021, inter-governmental organizations became one of the top three sources of funding, after donor Governments and United Nations organizations.

Regarding humanitarian funding, United Nations organizations, especially OCHA and the United Nations Development Fund, were the top contributors to humanitarian funding, while the contribution of donor Governments rapidly increased in 2021. The growth rate of humanitarian funding surged to 143.3 per cent in 2020 with the outbreak of COVID-19, while it decreased by 30.2 per cent in 2021.

Figure XII: Humanitarian funding trend in West and Central Africa, 2018-2021



SWEDD

AUTONOMISATION
DES FEMMES ET
DIVIDENDE
DEMOGRAPHIQUE
AU SAHEL

SAHEL WOMEN
EMPOWERMENT
AND
DEMOGRAPHIC
DIVIDEND



STRATEGIC PARTNERSHIPS

Sahel Women's Empowerment and Demographic Dividend

The SWEDD initiative was launched in 2015 as the UNFPA and World Bank response to the call to action launched by the Heads of State of six Sahel countries – Burkina Faso, Chad, Côte d'Ivoire, Mali, Mauritania and Niger – to address the region's development challenges by supporting national gender initiatives to strengthen family health and enhance community empowerment. The project, now in its third phase, has been tried and tested, and has rapidly become a remarkable showcase of homegrown innovative solutions mainstreamed within the SDGs and Africa Agenda 2063. SWEDD takes an all-inclusive approach and is fully aligned to the UNFPA 2018–2021 Strategic Plan, buttressed by global best practices and international partnerships in order to leapfrog women and young girls' development in the African continent.



SWEDD is built on strong multi-stakeholder partnerships and a governance mechanism headed by a regional ministerial steering committee bringing together national ministries of economic planning, finance, health, gender, social affairs and education. UNFPA coordinates technical assistance and houses the Regional Technical Secretariat, with the support of the World Bank as the financial partner, and the West African Health Organization whose regional expertise in health is a strong asset.

The involvement of African regional economic communities and the African Union is making possible the mainstreaming of the SWEDD approach on the continent. The project's transformative model relies on comprehensive engagement with a consortium of 9,360 religious and traditional leaders, and the SWEDD stakeholders coalition, including the first ladies' roundtable, youth networks, media platforms and celebrities, as well as last mile partners including French Development Agency (ADF); the Canadian Government; the Center for Research on Applied Economics and Finance of Thiès; Centre d'Études de la Famille Africaine en Population, Santé et Développement Durable; the Committee for Medicinal Products for Human Use; Consortium Régional pour la Recherche en Économie Générationnelle; Equimundo; GBCHealth; John Hopkins University; Plan International; and the Population Council.

Acting as a well of knowledge, UNFPA continues to contribute to meeting SWEDD's capacity needs, its institutionalization agenda, policy framework, logistical roadmap, managerial structures, implementation plans, expansion strategies, resource mobilization and branding for outreach campaigns. The affiliation of UNFPA has been essential in shepherding SWEDD and nurturing its growth, while at the same time implementing the main objectives outlined in the UNFPA 2018-2021 Strategic Plan.

Financial inflows to SWEDD also more than tripled from \$207 million in 2018 to \$680 million in 2021.

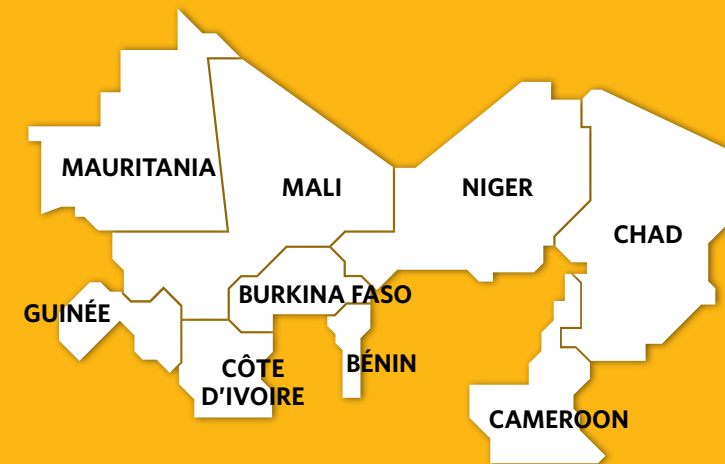
SWEDD's geographical growth and development leap in numbers

SWEDD 1: 2015-2019

SWEDD was pioneered by six countries: Burkina Faso, Chad, Côte d'Ivoire, Mali, Mauritania and Niger. Benin joined in 2019, bringing the total SWEDD number to seven.

SWEDD 2: 2020-2024

Two more countries, **Cameroon and Guinea**, joined the initiative, growing the member states to nine.



SWEDD's geographical coverage has almost trebled.

SWEDD 1:
23
communes

grown to
cover

SWEDD 2:
64
communes



SWEDD has distinguished itself and set a high bar demonstrating its multiple best practices in leapfrogging women's empowerment in Africa. These include:



Social and behaviour change communication for the provision of RMNCH and nutrition services



Safe spaces and husbands' and future husbands' clubs



Creation of a conducive environment to keep girls in schools



Menstrual hygiene management as a well-being factor of retaining girls in schools



Establishment of National Demographic Dividend Observatories



Centers of Excellence and training for an advanced master's degree in nursing and midwifery certification



The #StrongerTogether campaign as a response to the COVID-19 pandemic and the continuity of family health interventions in favour of women

Three SWEDD best practices were recognized during the fourth ECOWAS Best Practices Forum in Health, on the theme “Innovations or best practices in universal health coverage or health systems”, held 24–26 November 2021 in Praia, Cabo Verde:

Husbands’ and future husbands’ clubs in Burkina Faso.

These clubs aim to improve the use of RMNCH in communities through the involvement of men and positive masculinity.

Safe Spaces in Mali.

The programme in Mali is a community-based strategy to strengthen the knowledge of adolescents and young women on life skills, leadership, self-awareness, negotiation skills, bodily autonomy and more.

The midwifery clinical mentoring approach in Benin.

The clinical mentoring of midwives has made it possible to create a network of 194 midwives, reversing the current trend in maternal health indicators, and with positive effects on care practices in health facilities.



French Muskoka Fund: Building together, delivering better

The French Muskoka Fund is a partnership between the French Ministry for Europe and Foreign Affairs, four United Nations organizations (UNFPA, UNICEF, UN Women and the World Health Organization) and nine West and Central African countries (Benin, Burkina Faso, Chad, Côte d'Ivoire, Guinea, Mali, Niger, Senegal and Togo). The Fund targets the most vulnerable populations (women, girls, mothers, newborns, children and adolescents) whose maternal and child health indicators remain worrying. The Fund has also supported the C'est la Vie! project since 2017, to produce several edutainment tools around sexual and reproductive health and rights. Its strategy is based on the implementation of high-impact health interventions, within the framework of the continuity of care, in line with the national health development plans of the target countries.

The French Muskoka Fund's inclusive approach has contributed to strengthening health systems. From 2010 to 2020, more than 70,000 health workers have been trained in Centers of Excellence supported by the Fund. For the same period, in Côte d'Ivoire, infant and child mortality decreased by more than 30 per cent and the rate of births attended by qualified personnel increased from 50 to 70 per cent.

In Guinea, from 2020 to 2021, the use of partograms increased from 25 to 33 per cent; midwife-assisted deliveries increased to an average of 68 per cent; and pregnant women attending antenatal care centers increased from 56 to 92 per cent. In the three prefectures concerned, 56 per cent of pregnant women now present themselves within 6 weeks of delivery, which was not the case before, and is still not the case in health centers outside the project area. The percentage of pregnant women receiving a full course of vaccinations increased from 76 to 84 per cent. The total number of new implant users increased from 24 to 154.

UNFPA supported the creation of a digital library that provides access to more than 400 edutainment and educational resources, produced by the Senegalese NGO Réseau Africain de l'Éducation pour la Santé (RAES), including television and radio episodes, a guide to the radio series, content for digital campaigns, press kits, institutional briefs, and pedagogical kits on family planning, FGM, puberty and menstrual health, domestic violence, child marriage, pregnancy and childbirth monitoring, breastfeeding, and more. The digital library is freely accessible to community animators, NGOs, international institutions, donors, journalists, researchers, health workers, etc.





8

THE WAY FORWARD: FULFILLING THE 2022-2025 STRATEGIC PLAN

Following Executive Board's endorsement of the 2022-2025 UNFPA Strategic Plan UNFPA Executive Director, Dr. Natalia Kanem partners to join hands, scale up and speed up our actions to deliver the three transformative results by 2030.

“

To achieve these three truly transformative results by 2030, we need to accelerate progress, expand our tent and bring in more partners. We need to innovate like never before, using quality data and sound analysis of population dynamics to identify the right investments and drive the change we want to see to leave no one behind.

Dr. Natalia Kanem, UNFPA Executive Director

”



Outcome 1

By 2025, the reduction in the unmet need for family planning has accelerated.



Outcome 2

By 2025, the reduction of preventable maternal deaths has accelerated.



Outcome 3

By 2025, the reduction in GBV and harmful practices has accelerated.

Together with its partners across different sectors, irrespective of areas of intervention, UNFPA is striving to accelerate delivery, leaving no one behind. In this spirit, the 2022–2025 Strategic Plan defines six outputs (Policy and Accountability; Quality of care and services; Gender and social norms; Population change and data; Humanitarian action; Adolescents and youth), and identifies **six accelerators** to boost the effectiveness of the modes of engagement.

Six Accelerators

1. Human rights-based and gender-transformative approaches;
2. Innovation and digitalization;
3. Partnerships, South-South and triangular cooperation, and financing;
4. Data and evidence;
5. Leaving no one behind and reaching the furthest behind first;
6. Resilience and adaptation, and complementarity among development, humanitarian and peace responsive efforts.

Figure XIII. Six accelerators of the 2022–2025 Strategic Plan

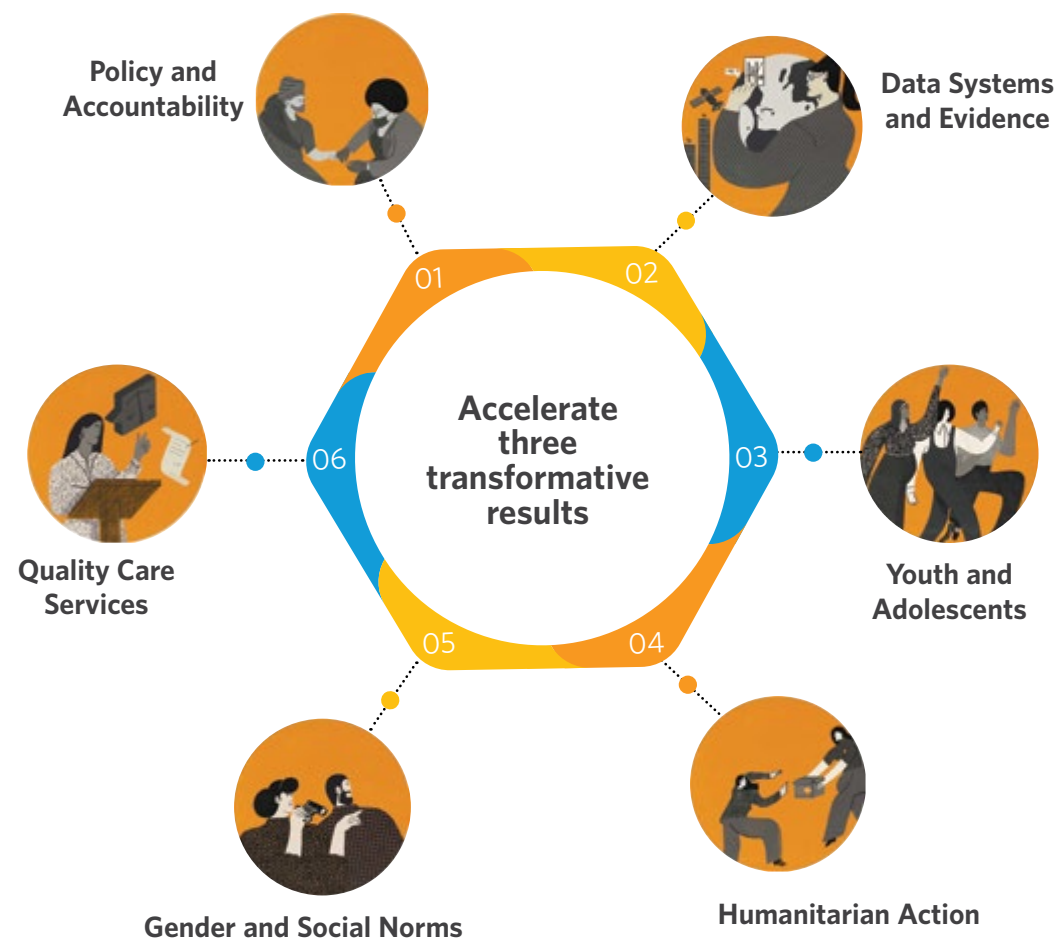


Figure XIV. Transforming UNFPA itself



Aligned with the 2022–2025 Strategic Plan, the West and Central Africa Regional Programme looks forward to scaling up and accelerating the achievement of the three Transformative Results and implementation of the ICPD Programme of Action within the United Nations Decade of Action to deliver the SDGs in the region. Hence, its vision:

“.....
To achieve universal access to sexual and reproductive health and reproductive rights to ensure women’s, girls’ and youth empowerment, accelerate the implementation of the ICPD Programme of Action, and harness the demographic dividend as a pathway to achieve the three zeros, the 2030 Agenda, the SDGs and the African Union Agenda 2063.
.....”

The Regional Plan also responds to the United Nations Call to Action, while ensuring that no one is left behind. According to Ms. Argentina Matavel, UNFPA Regional Director for West and Central Africa,

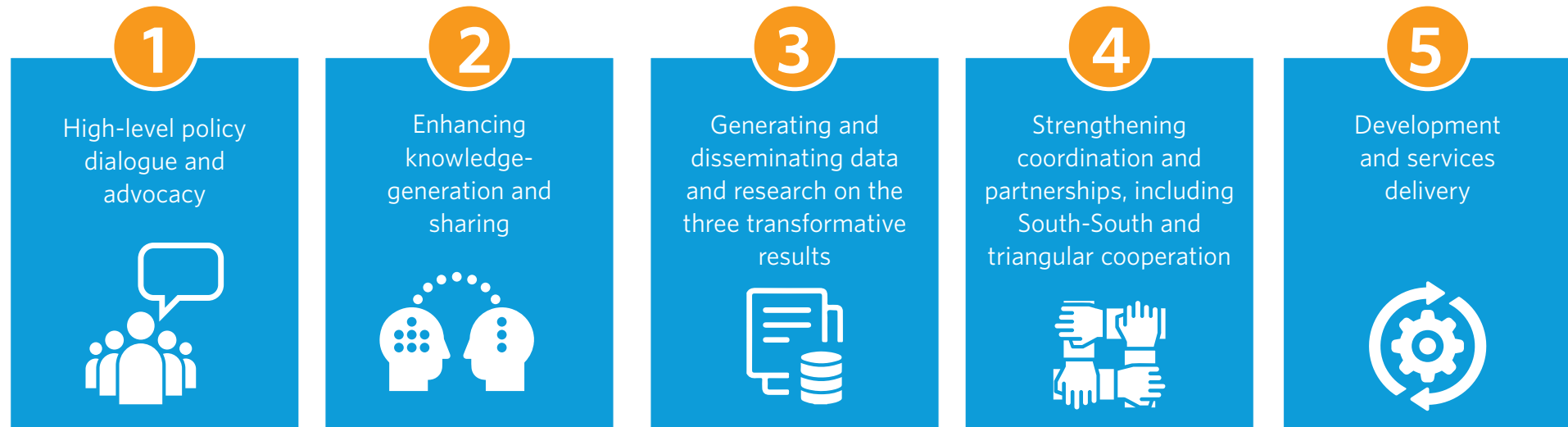


The 2022–2025 Strategic Plan challenges us even further to scale up and accelerate action to better position the region’s demographic dividend and diversity as catalysts and accelerators for achieving the three transformative outcomes. Moving forward, we will strengthen our strategic partnerships and resource mobilization efforts, to support the implementation of the region’s interventions, and ensure significant progress in each indicator.

Argentina Matavel Piccin, UNFPA Regional Director for West and Central Africa



Serving as a framework for interventions, the regional programme will focus on:

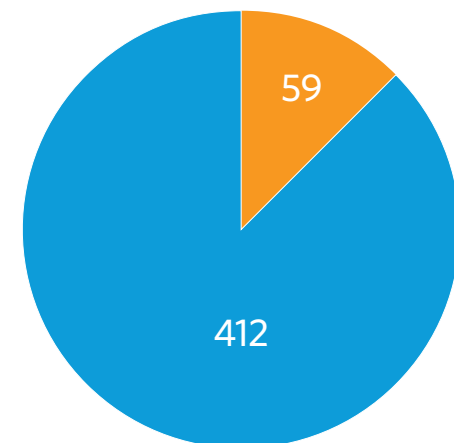


Development and services delivery

Recall that the population of West and Central Africa region is estimated at 471 million in 2020, and projected to reach 1 billion by 2050; 66.2 per cent of the population is under 25 years old. This large proportion of young people, due to high population growth (2.7 per cent), contributes to the high population dependency ratio of 87 per cent.

UNFPA is working governments and partners to overcome the challenges and transform the poor socioeconomic and demographic indicators in West and Central Africa to leverage the resources and opportunities in the region.

Figure XV. Population size of West and Central Africa (in millions)







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