Who we are?

UNFPA’s West and Central Africa Regional Office and 23 Country Offices work together in support of a region where every pregnancy is wanted, every childbirth is safe and every young person’s potential is fulfilled.

Our mission is to build the foundations for change by enabling girls and mothers to make choices. We want them to be able to choose when to marry, choose when to give birth and choose how many children they want. We want to help them (and all young people, whatever their gender) to get the essential knowledge, training and skills they need for a dignified life and be able to choose a rewarding job. And when they choose to have children, we want to help them do that safely too and for these children to thrive in a political climate which is empowering, open and honest and encourages equal opportunity for all.

Our Focus

We believe that bringing down the birth rate and empowering women and young people, especially adolescent girls, is the key to harnessing the Demographic Dividend—where a youthful workforce with fewer dependents brings about a stronger economy and better lives for all.

“My belief is 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.”

Mabingue Ngom, Regional Director UNFPA West and Central Africa Regional Office.

A HOLISTIC RESPONSE TO REGIONAL CHALLENGES

Scaling-up the integrated approach to Sexual and Reproductive Health.

Strengthening solidarity and reinforcing health workforce programmes.

Enhancing facilities and systems.

Providing reproductive health commodities and improving the logistic management system.

Changing Attitudes

Our strategies focus in West and Central Africa are the key to harnessing the Demographic Dividend by:

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These included:

- Enabling the launch of the Sahel Women Empowerment and Demographic Dividend (SWEDD) Initiative - a 200 million USD programme to tackle the extreme challenges of this region in close coordination with the concerned countries, the World Bank and other strategic partners.
- Encouraging each of our Country Offices to develop their own business models, agendas and financing strategies.
- Accompanying the Ouagadougou Partnership which covers nine Francophone countries and works to provide increased family planning advice and access to the region.

We also continued with existing programmes designed to bring down birth and fertility rates and educate and empower women and girls. These included:

- Helping women affected by Goliath Fula to regain their dignity and educating young girls and health workers about the risks of early pregnancy.
- Using the power of the media to change attitudes towards reproductive health and rights - including rejecting child marriage and female genital mutilation.
- Providing sexual health as well as education and skills to young people - including innovative programmes such as one in Cameroon encouraging girls to overcome stereotypes by playing football.
- Building resilience in the region to human and environmental challenges, as well as diseases. For example, we are strengthening health systems post Ebola and providing essential sexual and reproductive health services in humanitarian settings.

Where are we going from here?

By focusing on realizing the Demographic Dividend with strong partnerships, sound programming, adequate resources, good communication, high level advocacy and policy dialogue alongside a commitment to common goals, we will continue to transform and uplift the lives of the women and young people in the West and Central Africa region.

UNFPA SUPPORTS ACCESS TO SERVICES BY WOMEN AND GIRLS

<table>
<thead>
<tr>
<th>Country</th>
<th>Services and supplies provided January to September 2015 in 12 Chief Fula countries affected by Ebola crisis.</th>
<th>Source: SWOP 2015</th>
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<tbody>
<tr>
<td>NIGER</td>
<td>13,532 women and girls received dignity kits 110,945 women received safe deliveries 1,407 dignity kits were distributed to refugees 906 women received antenatal care 118 adolescents and youth received training as normative reproductive health educators for refugees 40 health providers were trained 22 women services of gender-based violence received psychological support</td>
<td></td>
</tr>
</tbody>
</table>
| CAMEROUN      | 4,075 kits for safe delivery distributed to health posts in camp and centres 4,150 dignity kits delivered to pregnant and vulnerable women and girls 40,000 mark condoms distributed 172,000 units of medical supplies 111 health agents trained and deployed 75 youth centres equipped for skills  
4 public health facilities serving refugees equipped  
4 provincial hospitals equipped for emergency care  
1 hospital equipped for surgery  
1 hospital equipped for obstetrics and gynecology  
1 women's health unit  |
| NIGERIA       | 2,108,411 people's awareness raised about preventing and responding to gender-based violence 22,070 women received safe deliveries 22,000 women and adolescent girls received dignity kits 213 health workers and programme managers received training on reproductive health tools and practices 118 of 199 health agents trained in delivering mental health services to survivors of sexual violence |
| GUINEA        | 4,587,730 expected live births 185,000 dignity kits 200 health staff trained 85,000 expected live births 213,763 women received family planning services |
| SIERRA LEONE  | 200 health staff trained 200,000 dignity kits 1,500 women received antenatal care 30 district health staff and 40 community health agents trained and deployed 510 women assisted for safe deliveries 11 cases of rape clinically managed 110 women accessed contraception 173,763 women received family planning services |
| LIBERIA       | 200,000 dignity kits 1,407 dignity kits were distributed to refugees 1,500 women received antenatal care 500 women accessed contraception 214 reproductive health kits (1,759 cartons) 213 health workers and programme managers received training on reproductive health tools and practices 118 of 199 health agents trained in delivering mental health services to survivors of sexual violence |

We are doing this:

We are doing this in a spirit of cooperation - within our own organisation and with external partners. Every day, we are working to encourage our partners - from political and community leaders to girls on the playground - to share our vision. We help governments design new policies, talk to opinion makers in the community, recruit peer educators and work to provide easy and informed access to medical contraception. We also support youth empowerment and facilitate access to reproductive health services, provide counselling and support to victims of gender-based violence and work to make countries vulnerable to environmental and human disaster more resilient. These are just some of the many ways in which we are striving for a holistic solution to the challenges faced in the region.

During 2015, we celebrated some notable achievements - traditional and religious leaders committed to advocating against child marriage and for secondary education for all and several political leaders enacted laws forbidding marriage under the age of 18 and ending female genital mutilation. In support of government priorities, we also forged ahead with a number of new initiatives. These included:

- Providing counselling and support to women who have escaped imprisonment by Boko Haram and reproductive health services to those displaced by the insurgency.
- Responding to the weaknesses exposed in all health services by the Ebola Virus and proposing a wide-ranging framework addressing the needs of young people in the region and establishing a demographic and health surveillance system.
- Becoming a key partner in the Maro River Integrated Recovery Framework, a cross-border collaborative response to the Ebola crisis in Guinea, Liberia and Sierra Leone. As the region recovers, we will advance, expand and reengineer and programme to help build resilience and support recovery of maternal health systems in the region.

100 Health workers trained 185,000 expected live births 200,000 dignity kits 200,000 Expected live births 100,000 Expected live births 350 community leaders 850 contacts traced 150 mobile phones 342,090 Expected live births 10,000 Health workers trained