# Table of Contents

List of Acronyms ................................................................................................................. 4

PART 1 Overview .................................................................................................................. 6

1.1 Executive Summary ....................................................................................................... 6

1.2 Trends and Progress Affecting Children and Women in the Region ..................... 10

1.3 Humanitarian assistance ............................................................................................. 15

1.4 Strategic Plan 2018–2021 ........................................................................................... 16

PART 2 Analysis of programme strategies and results: Development effectiveness .... 17

2.1 Health .......................................................................................................................... 17

2.2 HIV and AIDS ............................................................................................................ 19

2.3 Water, sanitation and hygiene .................................................................................... 23

2.4 Nutrition ...................................................................................................................... 27

2.5 Education ................................................................................................................... 31

2.6 Child Protection ......................................................................................................... 33

2.7 Social policy ............................................................................................................... 38

2.8 Cross-cutting programme results ............................................................................ 39

2.8.1 ECD ......................................................................................................................... 39

2.8.2 Gender .................................................................................................................... 41

2.8.3 Communication for development ......................................................................... 43

2.8.4 Communication and public advocacy .................................................................. 44

2.8.5 Resource Mobilization ......................................................................................... 45

2.8.6 Programme planning, monitoring and evaluation ............................................... 47

PART 3 Analysis of programme strategies and results: Global and regional programme 50

3.1 Influencing global/regional discourse and policy ..................................................... 50

3.2 Evaluation, research and data ................................................................................... 51

3.3 Implementation strategies .......................................................................................... 51

3.3.1 Research, data, evidence-gathering, evaluation .................................................... 51

3.3.2 Knowledge management/exchange .................................................................... 52

3.3.3 South-South cooperation and partnerships .......................................................... 53

3.4 Normative Principles ................................................................................................. 53

3.4.1 Human Rights-based Approach to Cooperation .................................................. 53

3.4.2 Gender Equality .................................................................................................... 53

3.4.3 Environmental sustainability ............................................................................... 54
PART 4: Management.................................................................................................................................................. 55

4.1 Management and operations ......................................................................................................................... 55

4.2 Human resource management ...................................................................................................................... 56

Annexes.................................................................................................................................................................. 57

Annex I: Summary of key results against indicators: Outcomes/outputs and indicator status .............. 57

Annex II: Status of activities in the integrated monitoring and evaluation plan ........................................... 57

Annex III: Evaluations, Research, Studies, Surveys, and Publications Completed in 2017 ......................... 57
### List of Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS</td>
<td>Acquired immunodeficiency syndrome</td>
</tr>
<tr>
<td>ART</td>
<td>Anti-retroviral therapy</td>
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<tr>
<td>AU</td>
<td>African Union</td>
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<tr>
<td>C4D</td>
<td>Communication for development</td>
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<tr>
<td>CAR</td>
<td>Central African Republic</td>
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<tr>
<td>CLTS</td>
<td>Community-led total sanitation</td>
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<tr>
<td>CPIE</td>
<td>Child protection in emergencies</td>
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<tr>
<td>CRVS</td>
<td>Civil registration and vital statistics</td>
</tr>
<tr>
<td>DFID</td>
<td>Department for International Development (UK)</td>
</tr>
<tr>
<td>DHS</td>
<td>Division of Human Resources (UNICEF)</td>
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<tr>
<td>DHR</td>
<td>Demographic and health survey</td>
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<tr>
<td>DRC</td>
<td>Democratic Republic of Congo</td>
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<tr>
<td>DRR</td>
<td>Disaster risk reduction</td>
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<tr>
<td>ECCAS</td>
<td>Economic Community of Central African States</td>
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<tr>
<td>ECD</td>
<td>Early childhood development</td>
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<tr>
<td>ECDAN</td>
<td>ECD action network</td>
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<tr>
<td>ECOWAS</td>
<td>Economic Community of West African States</td>
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<tr>
<td>EiE</td>
<td>Education in emergencies</td>
</tr>
<tr>
<td>EIU</td>
<td>Economist Intelligence Unit</td>
</tr>
<tr>
<td>eMTCT</td>
<td>Elimination of mother-to-child transmission (of HIV)</td>
</tr>
<tr>
<td>EPI</td>
<td>Expanded programme on immunization</td>
</tr>
<tr>
<td>FGM/C</td>
<td>Female genital mutilation/cutting</td>
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<tr>
<td>GAP</td>
<td>Gender action plan</td>
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<tr>
<td>Gavi</td>
<td>Global Vaccine Alliance</td>
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<tr>
<td>GS</td>
<td>General staff (UNICEF)</td>
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<tr>
<td>HIV</td>
<td>Human immunodeficiency virus</td>
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<tr>
<td>HR</td>
<td>Human resources</td>
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<tr>
<td>ICASA</td>
<td>International Conference on AIDS and STIs in Africa</td>
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<td>IPs</td>
<td>International professionals (UNICEF)</td>
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<tr>
<td>IYCF</td>
<td>Infant and young child feeding</td>
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<tr>
<td>KM</td>
<td>Knowledge management</td>
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<tr>
<td>KRC</td>
<td>Key results for children</td>
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<tr>
<td>LCB</td>
<td>Lake Chad Basin</td>
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<tr>
<td>M&amp;E</td>
<td>Monitoring and evaluation</td>
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<tr>
<td>MAM</td>
<td>Moderate acute malnutrition</td>
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<tr>
<td>MHM</td>
<td>Menstrual hygiene management</td>
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<tr>
<td>MICS</td>
<td>Multi-indicator cluster survey</td>
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<tr>
<td>MNCAH</td>
<td>Maternal, new-born, child and adolescent health</td>
</tr>
<tr>
<td>NO</td>
<td>National officer (UNICEF)</td>
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<tr>
<td>OD</td>
<td>Open defecation</td>
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<tr>
<td>ODF</td>
<td>Open defecation-free</td>
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<tr>
<td>PEPFAR</td>
<td>President’s Emergency Plan for AIDS Relief (U.S.)</td>
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<tr>
<td>PMTCT</td>
<td>Prevention of mother-to-child transmission (of HIV)</td>
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<tr>
<td>RBM</td>
<td>Results-based management</td>
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<tr>
<td>REC</td>
<td>Regional economic community</td>
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<tr>
<td>Acronym</td>
<td>Description</td>
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<td>---------</td>
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<tr>
<td>RMT</td>
<td>Regional management team (WCARO)</td>
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<td>ROMP</td>
<td>Regional Office management plan (WCARO)</td>
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<tr>
<td>SAM</td>
<td>Severe acute malnutrition</td>
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<td>SDGs</td>
<td>Sustainable Development Goals</td>
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<tr>
<td>SMR</td>
<td>Strategic moment of reflection</td>
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<tr>
<td>UASC</td>
<td>Unaccompanied and separated children</td>
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<tr>
<td>UBRAF</td>
<td>UNAIDS unified budget and accountability framework</td>
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<tr>
<td>UNAIDS</td>
<td>UN Joint Programme on HIV and AIDS</td>
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<tr>
<td>UNESCO</td>
<td>UN Educational, Scientific and Cultural Organization</td>
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<tr>
<td>UNICEF</td>
<td>UN Children’s Emergency Fund</td>
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<tr>
<td>UNISS</td>
<td>United Nations integrated strategy on the Sahel</td>
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<tr>
<td>WASH</td>
<td>Water, sanitation and hygiene</td>
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<tr>
<td>WCA</td>
<td>West and Central Africa</td>
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<tr>
<td>WCAR</td>
<td>West and Central Africa region</td>
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<tr>
<td>WCARO</td>
<td>West and Central Africa Regional Office (UNICEF)</td>
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<tr>
<td>WFP</td>
<td>World Food Programme</td>
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<tr>
<td>WHO</td>
<td>World Health Organization</td>
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<td>WinS</td>
<td>WASH in schools</td>
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PART 1 Overview

1.1 Executive Summary

West and Central Africa (WCA) is a diverse and complex region facing the world’s most pressing humanitarian and development challenges and the world’s worst child indicators. It is home to only 11 per cent of the global child population, but accounts for a disproportionate part of the global burden, for example 30 per cent of global child deaths, 30 per cent of global child malnutrition, 42 per cent of maternal deaths and 36 per cent of out-of-school children. It also has the lowest rates of girl’s education in the world and the highest rate of child marriage.

The context is only getting more challenging: WCA countries will experience a sharp rise in their child and youth populations over the next few decades – estimated to double by 2050 -- a demographic transition that offers a huge opportunity for development and poverty reduction if this population boom is turned into a population dividend. But if investments in children are not sharply accelerated, this opportunity could have devastating effects.

In addition, in 2017 the region continued to face: the displacement of 8.5 million people due to armed conflicts (2 million more than 2016); increased insecurity and growing challenges in maintaining humanitarian access; an estimated 9.3 million children need protection because of humanitarian crises. continued poverty and drought, which exacerbated hunger and led to rising rates of malnutrition; limited access to health, education and water, sanitation and hygiene (WASH) services in particular in areas beset by conflict; and reduced spending on social services in most countries. About 80 per cent of the region’s children face multiple overlapping deprivations of their rights;

This Regional Office annual report covers the fourth and final year of implementation of the 2014–2017 Regional Office management plan (ROMP) which was the year of developing the new Strategic Plan. All the above clearly highlights that business as usual will not lead to the necessary results from children. The Regional Office used the process of developing our strategic plan for the next quadrienium to embark in an ambitious new way of working, in team with the 24 country offices of the region, increasingly aligned to make a significant contribution to the UNICEF new Strategic Plan and the SDGs.

Achieving better results for children in WCAR is not only at the heart of UNICEF’s mandate, it is essential for progress toward the results for children identified in UNICEF’s Strategic Plan and the SDGs.

Important achievements

During 2017, the Regional Office supported the response to numerous emergencies in conflict-affected areas in – Central African Republic (CAR), the Democratic Republic of Congo (DRC), the Republic of Congo and in the Lake Chad Basin (LCB) (north-east Nigeria, northern Cameroon, Chad’s Lac region and the Diffa Region of Niger) -- as well as drought-affected areas in the Western Sahel (parts of Burkina Faso, Mali, southern Mauritania and Niger). At the end of 2017, the West and Central Africa region (WCAR) was leading and managing two Level-3 emergencies (North Eastern Nigeria and Kasai region in the DRC) and two Level-2 emergencies, in CAR and the Lake Chad Basin (Cameroon, Chad, Niger).
**Child survival and development:** WCARO support towards improving health outcomes for children contributed to a number of significant results. No wild Polio Virus 1 transmission was reported in the region in 2017 and a massive response was conducted against polio outbreaks reported in Nigeria (Borno), with a positive response to date – a signature accomplishment achieved working with the Lake Chad Basin polio task force involving five countries and several partners. Stunting in children declined from 41.1 per cent to 33.5 per cent between 2000 and 2016, although prevalence remains high in part because of population growth. More than 1.7 million children received treatment for severe acute malnutrition (SAM) in emergency-affected areas of the Sahel and the Lake Chad Basin. The Regional Office also launched the ‘Start-Free, Stay-Free, Aids-Free’ initiative, covering vertical transmission, prevention and treatment, especially for children and adolescents. By the end of 2017: 19 countries were implementing equity-informed plans to increase the prevention of mother-to-child transmission (PMTCT) coverage in priority districts; 10 countries had adopted the All In! framework of action to end HIV and AIDS in adolescents; and 12 priority countries had developed national acceleration plans for paediatric and adolescent HIV treatment. WCARO developed health and demographic profiles for the region’s 24 countries to support UNICEF country offices in evidence-based planning and budgeting, strengthen advocacy and resource mobilization efforts and facilitate monitoring of progress and trends.

**Protection:** In collaboration with key partners, WCARO rolled out a new strategic framework designed to strengthen child protection systems, which gained high-level approval from 14 member states of the Economic Community of West African States (ECOWAS) and Mauritania. The framework has five priority areas related to the SDGs, including: violence against children, child marriage, children on the move, child labour and civil registration and vital statistics (CRVS). WCAR countries are also doing more to register births; 17 governments are aligning their work on this issue with that of the Africa Union Pan-African Civil Registration Initiative. The Regional Office assisted country offices to integrate birth registration into regular health care (immunizations, check-ups), a shift that should help millions more children obtain clear national identities and citizenship rights. WCARO also supported the Senegalese Government’s high-level meeting on ending child marriage in October 2017, which convened more than 180 delegates from 27 member states of the African Union (AU), ECOWAS and the Economic Community of Central African States (ECCAS) to discuss how to address this critical issue. Ten countries now have budgeted national action plans for ending child marriage and female genital mutilation/cutting (FGM/C)\(^1\).

**WASH:** The Regional Office actively supported a variety of country-based initiatives in 2017 in both development and humanitarian contexts. By the end of the year, all WCA countries had incorporated SDG targets into their water and sanitation plans and created baseline information for subsequent SDG monitoring. Six countries undertook studies on how to mobilize domestic resources for WASH. WCA countries also made encouraging progress toward the creation of open defecation-free (ODF) communities: 19 countries are implementing national ODF strategies, two have developed costed national roadmaps for ending open defecation (OD) and five more are currently in the process of creating similar plans. The Regional Office also supported UNICEF offices to successfully respond to cholera outbreaks in five countries.

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1 Benin, Burkina Faso, Chad, Ghana, Guinea, Mali, Mauritania, Nigeria, Senegal and Sierra Leone.
**Education:** WCARO support to education in 2017 focused on early learning and out-of-school children. The region has a low pre-school enrolment rate (32 per cent) and a large number of children who do not attend school (around 38 million) – despite an overall 20 per cent increase in primary school enrolment over the past decade. As a result of the many humanitarian crises affecting the region, an estimated 8 million children needed emergency schooling in 2017. In response to this need, the education section produced 22 country profiles and a regional analysis on out-of-school children. It also worked to build capacity on issues related to early learning at UNICEF country offices by introducing a new conceptual framework and diagnostic tool for analysing the core functions of the pre-primary sub-sector.

The education section’s investment in information management allowed WCARO to play a key role in preparations for the special session on education in the Lake Chad Basin at the Oslo donor’s conference in February 2017, which resulted in the allocation of almost US$8 million for education in emergencies (EiE) in LCB countries. In a region where 2,830 schools are closed due to insecurity and at least 1,004 schools were attacked in 2017 alone, the Regional Office adopted a multi-pronged advocacy and programmatic approach to foster risk mitigation while responding to ongoing emergencies: i) an innovative community-based, capacity-building approach was modelled in the LCB response and in Burkina Faso (emergency school plans) and proved effective in increasing school resilience and enhancing the protective environment for children; ii) an innovative radio education programme prototype was designed and piloted in Niger and Cameroon to offer an alternative educational platform and protective routine for hard-to-reach children in humanitarian contexts (as well as offering UNICEF a new business model for engagement beyond emergency contexts); and iii) at the Education in Emergency (EiE) meeting in November 2017 WCARO facilitated experience-sharing on these models among representatives from education and defence ministries from 16 countries, to foster endorsement and implementation of the “safe schools” declaration guidelines, with support from civil society and international partners.

**Collaborative partnerships:** In 2017 WCARO continued to strengthen UNICEF’s dialogue with African regional institutions. It worked with the African Ministers Council on Water to develop a harmonized framework for monitoring Africa Water Vision 2025 and the Dakar/Ngor Declarations 2030. With ECOWAS, UNICEF built the capacity of the Commission through workshops and training on ending child marriage, child poverty, social protection, child protection systems and education in emergencies. A major achievement of the engagement with ECOWAS was the adoption of a regional policy framework on child protection systems by Heads of State and Governments in December 2017. Also in 2017, the RO started supported the process of drafting a new ECOWAS regional child policy. This work will be finalized in 2018. Cooperation with ECCAS was revamped in 2016/2017 with the signing of a new memorandum of understanding and a two-year work plan covering child protection, health, WASH, HIV/AIDS and education in emergencies. Capacity building activities were carried out involving ECCAS officials in many domains, including eliminating vertical transmission of HIV, HIV among children and adolescents and cross-border management of cholera in the Lake Chad Basin.

**Challenges:** The West and Central Africa region faces numerous challenges including armed conflicts, insecurity, violent extremism and successive epidemics. The region presents a mix of contexts: 10 countries are classified as middle-income, while 16 (accounting for 79 per cent of the total population) are considered ‘fragile’. WCARO continued to have the world’s highest child mortality rates and maternal
mortality ratios in 2017. Little progress was made in reducing child deaths from malaria, pneumonia and diarrhoea. Only three countries reached the target (at least 5 per cent) for children aged 0–59 months with diarrhoea who received oral rehydration solution/zinc.

While a growing number of countries understand the need to invest additional domestic resources in social sectors, conflicting priorities mean that current funding falls short of needs. In addition, rapid population growth places a heavy burden on services for children. But most governments see population growth only as a challenge, rather than the opportunity described in UNICEF’s Africa Generation 2030 2.0 report.

Regional education systems are plagued by low internal efficiency: average repetition rates are 12 per cent for primary and 16 per cent for lower secondary education. Only about 65 per cent of learners complete the primary education cycle. The major constraint is lack of sufficient and trained staff, at both the local and national levels. WCARO’s efforts to respond to educational needs in emergency contexts were also constrained by funding shortfalls.

WCARO’s operating environment has become increasingly complex over the years, demanding flexible and multi-sectoral capacity. Key challenges include: inadequate partner capacity, lack of infrastructure and supplies, language barriers and a weak ethical and governance environment.

Looking forward: Working closely with country offices, the Regional Office identified eight key results for children for the next four years (2018–2021) that represent shared commitment to sustainable change for children in WCAR. In line with UNICEF’s Strategic Plan and Agenda 2030, the key results include: immunization-plus; linked to birth registration; prevention of stunting; equitable and sustainable access to education; linked to reducing child marriage; protection of children from violence, including in humanitarian contexts; improved learning outcomes; and sustainable access to hygiene and sanitation to end open defecation. UNICEF will capitalize on convergent programmes at health facilities, schools and in communities to make sure that children do not slip through cracks in the system. Programming in cross-sectoral areas such as humanitarian action, gender equality, adolescents, HIV and AIDS and social protection will focus on the same eight key results.

Implementation of this approach will be guided by the following change strategies: linking humanitarian and development actions to be mutually supportive and build resilience in communities; forging public-private partnerships for developing innovative, home-grown sustainable solutions; strengthening a process whereby service delivery can inform and help refine national policy agendas – and vice versa; strengthening local governance to improve local ownership of interventions and to foster accountability at all levels; and scaling-up successful innovations, approaches, technologies and tools to achieve results.
1.2 Trends and Progress Affecting Children and Women in the Region

Four major factors exerted the heaviest influence on child wellbeing in the region during 2017: the global economic environment, population dynamics, the security/humanitarian situation and governance.

Recent macro-economic developments

Economic recovery began in most WCA countries during 2017. Commodity prices (notably oil) remain low, but above last year’s levels. Between 2012 and 2016, total GDP growth in the region dropped from 6 to 2.7 per cent, before rebounding in 2017 to 3.6 per cent. Three main factors explain this trend: the sharp decline in oil prices (from US$111 in 2012 to US$43 in 2016), the security situation in many countries and humanitarian crises, such as Ebola, that hit the region hard during that period. Reduced growth directly impacted government revenues, which fell from an average of 18.9 per cent to 16.3 per cent of GDP between 2012 and 2016, stabilizing at around 17 per cent in 2017. The decline was sharpest in oil-producing countries (24.5 to 16.4 per cent of GDP), reaching about 17.4 per cent in 2017.

To maintain expenditure levels most governments resorted to debt – region-wide, debt-to-GDP ratios rose from 36.6 per cent in 2012 to 59.2 per cent in 2017. For oil-producing countries the ratio more than doubled: from 23.1 per cent in 2012 to 59 per cent in 2017. This prompted the IMF to sound the alarm regarding debt levels, which can jeopardize long-term growth.

As a consequence of this gloomy economic environment, public financing of social sectors has remained low over the past 10 years. On average, education expenditure stands at around 17 per cent of total government spending, and health at around 9 per cent. Both figures are well below international commitments calling for 25 per cent of public spending for education and 15 per cent for health. But the efficiency, rather than the proportion, of expenditure appears to be the key factor in enhancing social sector outcomes. According to a 2017 study by WCARO, if countries in the region could reach the health expenditure efficiency level of the best performers in sub-Saharan Africa, the region could reduce under-five child mortality rates by half, without increased resources.2

A recent IMF report on economic growth stressed the importance of prioritizing social spending on health, education and social safety nets to minimize the impact on lower-income households.3 This is an encouraging development; UNICEF should engage with the IMF on these issues.

Population dynamic

According to UN population statistics the total population of the West and Central Africa region (WCAR) stands at around 500 million (493 million inhabitants in 2015), representing 48 per cent of the total population of sub-Saharan Africa and 7 per cent of the world’s population – but only 1.5 per cent of the world’s GDP. Nigeria and the DRC, with populations of 180 million and 70 million, respectively, are home to half of the region’s entire population.

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WCAR has the world’s highest fertility rate, which translates into the youngest population structure worldwide. Children account for 51 per cent of the population, and the region has the largest proportion of adolescents in the world: 23 per cent. By 2050 WCAR’s population will have doubled and one child in 10 will have been born in Nigeria.

This very young population presents both an opportunity and a challenge, as detailed in the UNICEF publication *Africa: Generation 2030 2.0*, which argues that reaping a demographic dividend later in this century demands that governments invest today in children’s health, education and protection.

Urbanization is proceeding rapidly in WCAR: more than half the population of 10 countries already lives in cities and by 2050, 60 per cent will be living in urban areas region-wide, according to UN projections. Half of urban residents live in informal settlements lacking access to basic services, but investment strategies and urban planning are not keeping pace with population growth.

About 12 million people from WCA are involved in migration flows annually. WCA countries have a long tradition of human mobility, following networks and routes based on ethnic, linguistic or religious ties or for economic and political reasons. This ‘culture of mobility’ affects children, who are traditionally sent away as part of their education and socialization in the wider kinship network or as a coping strategy by poor families. Child migration is liable to intensify due to rapid population growth and the aspiration for better life opportunities, compounded by the region’s unequal economic development and weak governance.

**Security and humanitarian challenges**

The overall security situation in the region continues to deteriorate; it is likely that a resurgence of insecurity – predominantly crime and terrorism – in many parts of the region will occur in early 2018. Currently stable countries are expected to remain so, while the situation in Burkina Faso, CAR, DRC, Mali, Niger and Nigeria is expected to deteriorate. Most targets selected by violent extremist groups are government entities and vulnerable civilians – increasingly women and children.

Humanitarian trends in the region in 2017 were mixed, but overall there was a significant increase in forced displacement, now at an historic high of 8.5 million (up sharply from 6.5 million a year ago), mainly due to multiple crises in DRC and increased displacement in CAR, where the situation has rapidly deteriorated in the southeast and the north. While the Lake Chad crisis has stabilized, very few people have been able to return from displacement, and brutal terror attacks on civilians persist. At the same time, a major crisis is brewing in the Western Sahel, around Mopti in Mali, Sahel region in Burkina Faso and western Niger, where few people are displaced, but many face the loss of health and education services due to attacks on public institutions by Al-Qaida-affiliated insurgents. Drought and water stress in many parts of the Sahel suggest the potential for widespread crop failure in 2018, which will require major resources to address.
**Governance**

Good governance is vital to achieving results for children. In 2016 the Economist Intelligence Unit (EIU) ranked three countries in the region as ‘flawed’ democracies: Cabo Verde, Ghana and Senegal, along with Belgium, France and the USA. These three countries are also the region’s best performers in term of economic and social indicators. Six other countries in the region were classified as ‘hybrid regimes’ (Benin, Burkina Faso, Liberia, Mali, Nigeria and Sierra Leone). The region’s 15 other countries were classified by the EIU as authoritarian regimes, including all countries in Central Africa.

The Ibrahim Index of African Governance (IIAG), produced by the Mo Ibrahim Foundation, measures the quality of governance in every African country, based in 2017 on 100 indicators covering four categories: safety and rule of law, participation and human rights, sustainable economic opportunity and human development. Cabo Verde is listed as the best performer in the region, followed by Ghana and Senegal (similar to the EIU ranking), while CAR, Chad, DRC and Equatorial Guinea, have the lowest scores. West African countries received an average mark of 52 out of 100, while the ranking for Central African countries was 44 – another important difference between WCAR’s two zones.

Democracy is slowly but surely taking root in the region. In 2017 five nationwide elections were held; a presidential election in Liberia and four legislative elections in the Gambia, Congo, Senegal and Equatorial Guinea.

**Child wellbeing**: The region’s overall situation has a strong impact on child wellbeing. The latest child deprivation analyses show that more than 80 per cent of children are experiencing at least one deprivation of their basic rights, the greatest of which is for sanitation (74 per cent), followed by health and protection from violence. Monetary child poverty is also elevated, at around 55 per cent region-wide, due in part to the lack of social protection programmes for the most marginalized families.

**Health**: WCAR has both the world’s highest under-five mortality rates (95/1000 live births) and maternal mortality ratios. Under-five mortality rates range from 21/1,000 live births in Cape Verde to 127/1,000 live births in Chad. In 2016 some 1.75 million children under the age of five died in WCAR. Unless the rate of progress improves, the region will not achieve the SDG of ending preventable child deaths by 2030. New-born deaths account for 33 per cent of all deaths among children under five. With a neonatal mortality rate of 31 deaths per 1,000 live births, the region is the deadliest in the world. Pneumonia and diarrhoea account for 17 per cent and 10 per cent of under-five deaths, respectively. Malaria is another major cause of child deaths, especially in Nigeria, DRC and Mali, as are pre-term births. About 15 per cent of all under-five deaths are attributable to vaccine-preventable diseases. Low population immunity due to low coverage rates has resulted in recurrent vaccine-preventable disease outbreaks (e.g. measles,

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5 The Democracy Index is compiled by the UK-based company Economist Intelligence Unit (EIU) to measure the state of democracy in 167 countries, of which 166 are sovereign states and 165 are UN member states. The index is based on 60 indicators grouped in five different categories measuring pluralism, civil liberties and political culture. In addition to a numeric score and a ranking, the index categorises countries as one of four regime types: full democracies, flawed democracies, hybrid regimes and authoritarian regimes.
meningitis, pertussis, polio and yellow fever) in many countries of the region. Finally, despite gains, some 500 to 1,000 maternal deaths per 100,000 live births still occur in WCAR.

**Nutrition:** WCAR countries reduced the rate of stunting from 41.1 to 33.5 per cent between 2000 and 2016. However stunting prevalence is well above the world average (23 per cent), and accounts for 18.1 per cent of stunted children globally. To address stunting, the Regional Office supported 16 countries to develop multi-sectoral nutrition plans focused on improving infant and young child feeding (IYCF). Exclusive breastfeeding, at 29 per cent, and minimum dietary diversity, at 19 per cent, still require increased coverage.

Acute malnutrition is widespread in several WCA countries. Data from 2015 showed that the region had the highest number of children with SAM worldwide, 1.7 million – representing nearly half of all SAM admissions globally. From January to November 2017, UNICEF and partners reached 1.5 million children with SAM treatment, mainly in the Sahel. By year’s end that number is likely to rise; cure rates reached 90 per cent (death rate, 1.4 per cent; defaulter rate, 8.1 per cent).

**HIV/AIDS:** WCAR also bears one of the world’s highest child and adolescent HIV burdens, second only to Eastern and Southern Africa. Six WCA countries account for 80 per cent of people living with HIV in the region.

Services to prevent HIV transmission from mother-to-child (PMTCT) expanded between 2010 and 2016, and a few countries have sustained high coverage of PMTCT interventions, including Benin and Cabo Verde where more than 95 per cent of pregnant women living with HIV are receiving antiretroviral therapy (ART). But only about half (49 per cent) of the 330,000 pregnant women living with HIV in the region were reached with ART in 2016. Just 21 per cent of the 540,000 children (aged 0–14 years) living with HIV received ART in 2016. This is the lowest paediatric ART coverage rate of any region in the world. There are missed opportunities to identify HIV-positive children outside PMTCT settings, and challenges of initiating ART, monitoring ART treatment in children and retaining them in care as well as managing disclosure of children’s HIV status.

New HIV infections among adolescents aged 15–19 have remained stable (at 62,000) despite the region’s steady population growth. The current pace of reduction is not fast enough to keep up with the increasing population of adolescents susceptible to infection; their numbers will determine the future of the HIV epidemic. In 2017 adolescents’ limited access to comprehensive HIV prevention services was an ongoing challenge, along with gender norms and practices that increase girls’ vulnerability to HIV and risk for adolescents in key populations (gay and bisexual men and boys, people who are sexually exploited and/or sell sex and people who inject drugs).

**Education:** Despite much progress achieved in recent years, West and Central Africa still faces many challenges with regard to educating its children. According to estimates, more than 38 million children of primary and lower secondary school age do not attend school. The gross enrolment ratio for pre-primary education averages 32 per cent in WCAR, and completion rates for primary and lower secondary education are about 68 per cent and 42 per cent, respectively. Although the proportion of out-of-school
children decreased slightly in 2017\textsuperscript{6}, 38 million children and adolescents of primary or lower secondary age were out of school in WCA countries. The most excluded are those living in rural areas and from the poorest households. Gender disparities remain, particularly for adolescents.\textsuperscript{7} Regional education systems are plagued by low internal efficiency: average repetition rates are 12 per cent for primary and 16 per cent for lower secondary education. School drop-out is widespread; only about 65 per cent of learners complete the primary education cycle. However, disparities exist between the 24 WCA countries; Cape Verde and Ghana are recording quite good indicator values while CAR, Chad and Mali lag behind: for example, primary school survival rates are estimated to be 89 per cent in Cape Verde and 84 per cent in Ghana, but just 46 per cent in Chad and 51 per cent in CAR. Overall, WCAR has the highest level of gender inequality in education of all UNICEF regions.

**WASH:** The global SDG baseline report for WASH published in 2017 highlighted the enormous challenges facing WCAR if it is to meet SDG requirements. The new aspirations for WASH include universal access and safe management of services – going well beyond the previous goal of expanded access to an improved service. A further challenge for WCAR during the SDG period is the general lack of data in most countries regarding safely managed components; generating this data will thus comprise a major programming objective in coming years.

Some 181 million people in WCAR (38 per cent of the region’s population) lacked access to basic water service in 2017: 54 per cent lacked access in rural areas, compared to 18 per cent in urban areas.

Reducing the high prevalence of OD (122 million people) at the beginning of the SDG period continues to be a regional priority. During 2017 UNICEF WCARO identified improved sanitation as one of its key results for children for the 2018-2021 programming cycle.

**Child Protection:** Violence against children is prevalent throughout WCAR. Household survey data indicate that almost nine out of 10 children (87 per cent) across the region experience violent discipline, and nearly half of all parents (48 per cent) believe that children need to be physically punished.

Obtaining a birth certificate is also a challenge. Fewer than half (46 per cent) of children in the region have their births registered by the age of five. Millions of births go unregistered every year. With the region’s projected demographic growth the number of unregistered children is expected to reach 78 million by 2030 in the absence of significant progress.

“The region faces a unique set of challenges for ending child marriage- a high prevalence and slow rate of decline combined with a growing population of young girls continue to be subjected to practices such as child marriage and FGM/C. By end-2017 the proportion of girls married before reaching the ages of 15 and 18 was among the world’s highest, at 14 and 41 per cent, respectively. Child marriage is particularly prevalent in CAR, Chad and Niger, and 97 per cent of girls undergo FGM/C in Guinea.

\textsuperscript{6} From 38\% to 34\% for primary school aged children and from 34\% to 30\% for lower-secondary age children.

\textsuperscript{7} 54\% of lower secondary school age out-of-school adolescent are girls.
1.3 Humanitarian assistance

Humanitarian trends in the region in 2017 were mixed, but overall were marked by a significant increase in forced displacement, now at an historic high of 8.5 million – up from 6.5 million only one year ago – mainly due to multiple crises in DRC and increased displacement in CAR.

The largest humanitarian deterioration in the region in 2017 occurred in the DRC and was closely linked to political developments. The unsettled national political situation was exacerbated by a fall in commodity prices, a dramatic loss of household purchasing power (mainly due 2017’s annual inflation of over 60 per cent) and a reduction in development assistance. The insurgency in the Kasai started in 2016, causing massive displacement due to brutality by insurgents and counter-insurgents, who both perpetrated atrocities against civilians. Children are commonly used by armed groups. On August 1, 2017, the UNICEF Executive Director activated the Level 3 corporate emergency response for the DRC’s Kasai region for a period of six months. In October, the Inter-Agency Standing Committee declared a system-wide Level 3 emergency response in Kasai, Tanganyika and South Kivu.

Conflict in the Lake Chad region – covering north-east Nigeria, the Lac region in Chad, Diffa in Niger and northern Cameroon – had stabilized by end-2017. Although Boko Haram peaked in 2016 and is now dramatically weakened, it continues to conduct terror attacks on the population, including areas outside its core presence in Borno. Overall displacement declined marginally, while local displacement continues. The humanitarian response was scaled up; a key challenge will be to maintain funding to sustain services for affected populations and support return, where possible.

The situation in CAR remains extremely difficult. During the last half of 2017 displacement grew by over 10 per cent; one of every four CAR citizens is displaced. Following the withdrawal of French, U.S. and Ugandan forces, the situation deteriorated dramatically, especially in the south-east. Later in 2017 the situation in the north also deteriorated, resulting in refugee flows to Chad. UNICEF was able to maintain its field presence despite tough security conditions, but partner effectiveness was significantly affected.

The conflict in western Sahel has accelerated, covering border areas in Niger, northern Burkina Faso and central areas of Mali, marked by attacks on teachers and health workers. In Burkina Faso’s Sahel region, 25 per cent of teachers are not working due to the conflict. The conflict has not created large-scale displacement, but by displacing service providers the impact is the same – children cannot access services.

In the Pool Region of the Republic of Congo surrounding the capital, Brazzaville, the insurgency that emerged following 2016 elections continues to affect some 80,000 people. UNICEF and humanitarian partners have very limited access to about half of those affected.

In large parts of the Sahel, a serious drought developed during 2017. The nutritional impact was starting to manifest itself towards the end of the year, especially in southern Mauritania, and is expected to gain visibility in 2018 in other countries – especially in agro-pastoral, water-stressed areas that tend to be conflict-affected – such as Burkina Faso, Mali and Niger. UNICEF began preparedness work in 2017 to put in place sufficient supplies for the expected increase in SAM, and to strengthen WASH activities in the most affected communities.
1.4 Strategic Plan 2018–2021

Following a co-creation process with country offices, the region has identified 8 Key Results for children for 2018-2021. In line with UNICEF Strategic Plan and the Agenda 2030, the Key Results include the following focus areas:

- Immunization
- Prevention of stunting
- Improving learning outcomes
- Equitable access to education
- Protection of children against violence and exploitation
- Birth registration
- Reducing child marriage
- Ending OD and creating equitable access to sanitation and hygiene.

A monitoring and accountability framework is being developed. Target setting and monitoring and reporting will include all 24 countries of the region even where the expectation and strategy will be to focus on the countries where – because of exclusion or simple lack of access – more children need to be reached so as to decisively move the needle. All indicators are in line with the SP 2018-2021 and the SDGs.
PART 2 Analysis of programme strategies and results: Development effectiveness

2.1 Health

WCA countries continued to make progress in efforts to ensure that children survive delivery and the neonatal period and develop a healthy life free from preventable diseases and disability, despite the many challenges present in most countries. No new cases of wild polio virus 1 (wPV1) were reported since August 2016, and the performance of immunization-related communication for development (C4D) activities improved significantly. Six countries have achieved the 2020 goal of 90 per cent national coverage of DPT3, and 10 countries have 80 per cent coverage of DTP3 in 80 per cent of districts. Eighteen countries (south east in Nigeria in 2017) are validated for elimination of maternal and neonatal tetanus. By end-2017, nine countries (Cameroon, Côte d’Ivoire, DRC, Ghana, Guinea Bissau, Liberia, Mali, Nigeria and Sierra Leone) had developed costed, evidence-based, stand-alone every new-born action plans (ENAPs), four in 2017, and numerous key interventions were implemented by countries as part of national health development plans. However, little progress was made in reducing deaths from malaria, pneumonia and diarrhoea. Only 10 countries reached the target of 50 per cent of under-five children using insecticide-treated bed-nets to prevent malaria, and only three the target of “at least 5 per cent of children age 0-59 months with diarrhoea receiving ORS-Zinc”. WCARO supported a strategic shift from an iCCM implementation approach toward a comprehensive systems approach for implementing the iCCM package in 20 countries during 2017.

The RO supported these and other achievements in country offices through technical assistance for activities such as:

- Conducting equity assessments and micro-plans for immunization in seven countries, developing a joint polio routine plan in five Lake Chad countries, submitting successful applications for cold chain improvement in 10 countries and carrying out effective vaccine management assessments in four countries.
- Developing ENAPs in Côte d’Ivoire, DRC, Liberia and Mali); five other countries have started the process (Benin, Burkina Faso, Chad, Togo), initiating Kangaroo-mother-care research and planning in Chad, Gambia, Ghana and Togo. In addition, all WCA Francophone countries developed action plans on early treatment of bacterial infections and quality of care assessments. DRC and Guinea Bissau took steps to improve the quality of care for new-borns.
- Policy desk review analyses to orient programming in the region in order to better define UNICEF positioning on institutionalization of community health systems in WCAR.
- Supporting evidence-based planning and budgeting processes to inform advocacy and resource mobilization.
- Developing health and demographic profiles for 24 countries to monitor trends and progress.
- Conducting bottleneck analyses in three countries to improve health product management, quality assurance and coordination mechanisms.
- Launching the child-friendly communities real-time monitoring approach in four countries (Chad, DRC, Guinea and Liberia) to address children’s multiple deprivations. Additionally, two countries
implemented the initiative on birth registration for maternal, neonatal, child and adolescent health (MNCAH), which includes strengthening health management information systems.

UNICEF influenced the immunization agenda through its chairmanship of the sub-regional working group on immunization, with Gavi support. Specific results were achieved through joint appraisals, country engagement frameworks, cold chain equipment optimization, equity-focused assessment and planning (in 11 countries in 2017), responses to measles and yellow fever outbreaks, support for the introduction of new vaccines and organization of national forums on routine immunization (in Guinea and preparations in Chad). Significant progress was made toward polio eradication, primarily through the multi-country Lake Chad Task Force that serves as a platform for regular discussion on resolving key bottlenecks and identifying and funding corrective measures.

Progress on health was also made through strengthened coordination of regional- and country-level efforts and harmonized technical support with major partners (WHO, UNFPA and UN Women) through the technical committee of the French Muskoka Initiative, as well as organization of the regional ENAP Forum and establishment of a Regional ENAP-EPMM task force. A quality of care assessment tool and early treatment of bacterial infections were launched in collaboration with WHO; technical support was provided to countries on clinical mentorship, Kangaroo Mother Care and community-based health systems, including community-based new-born care. Formative research on neonatal health was conducted with local universities and CNRS (France). Together with its sister agencies, UNICEF continued to provide technical and financial support to the educational TV soap-opera “C’est la Vie!”, making it possible to influence the choice of messages and assure their quality of messages being transmitted throughout the soap-opera and its accompanying national and local campaigns in various media.

Six countries have developed national health development plans. Policy analysis was completed in 20 countries to identify regional-specific benchmarks and criteria for fine-tuning the regional strategy on community health systems and monitoring progress. To document the regional strategy on community health systems, a large in-depth review of community health policies, implementation mechanisms and scope has been carried out. Partnerships were strengthened for improving routine data for child health in community health information systems (University of Oslo, U.S. Agency for International Development, Global Fund and NGOs such as the Red Cross, Terre des Hommes, Save the Children and World Vision).

**Opportunities and constraints**
The regional agenda on key results for children draws a clear path to what must be achieved and provides a platform for leveraging donors and other partners to advance the child survival agenda. In the area of MNCAH, support from the French Muskoka Fund allowed WCARO and targeted countries to coordinate partner support, increasing harmonization and effectiveness and providing a model for interagency work. Building on this initiative, WCARO was able to broaden the effort and begin constructing a regional platform to bring together key partners involved in this area. Partnership with the Gates Foundation was instrumental in positioning UNICEF as a key player and advancing both the polio eradication and new-born health agendas in WCAR. As chair of the sub-regional working group on immunization, UNICEF was able to strengthen its convening and technical leadership position in this area.
Major challenges include: i) skills gaps and lack of resources to attract and retain competent professionals, especially for poorly funded areas such as MNCAH; ii) challenging partnership frameworks, decreasing funding opportunities that are often accompanied by constantly changing demands; iii) operational and programmatic bottlenecks to implementing integrated multi-sectoral approaches that address multiple deprivations of children; iv) addressing the humanitarian and development nexus, especially in countries rife with conflict.

**Good practices and lessons learned**
- Establishment of the Polio Task Force, involving governments and key partners in the Lake Chad Initiative
- Improving local governance and accountability mechanisms and structures in Guinea and Cameroon, through innovations (such as accountability frameworks and U-report)
- Support for the national forum on routine immunization organized by the Government of Guinea resulted in a landmark initiative for translating the Addis Declaration into action.

**Key initiatives and priorities**
- The sub-regional working group on immunization will improve interagency coordination and ensure that UNICEF’s agenda is well-positioned in the area of immunization and broader child survival.
- The Lake Chad Initiative on polio, to boost polio and routine immunization in the polio priority districts around the LCB.
- The Muskoka Platform served as a model for effective interagency coordination and harmonization of partner support in the area of MNCAH.
- The interoperability approach, linking data from central and district-level health information systems, while ensuring the integration and desegregation of community health data, could greatly improve the availability of timely data for decentralized decision making.
- The child-friendly community approach is expected to address overlapping deprivations of children in the region.

### 2.2 HIV and AIDS

WCAR is home to 25 per cent of all children aged 0-14 years living with HIV worldwide. In spite of fragile systems and decreased funding for HIV/AIDS globally, noticeable progress was made in HIV programming in 2017, especially in reducing vertical transmission to children. About 240,000 HIV infections have been averted in children since 2000, with the fastest decline occurring between 2011 and 2017. Yet progress in preventing new adolescent infections and providing treatment and care to children and adolescents living with HIV remains insufficient. About 80 per cent of the estimated 540,000 HIV-positive children in the region are not accessing HIV testing or treatment, while 2017 estimates suggest that 51,000 children and adolescents died from AIDS-related causes, and more than twice that number were newly infected with HIV. Adolescent girls and young women are most affected; nearly three out of five HIV-positive adolescents aged 10–19 years in the region are girls.
In 2017 UNICEF WCARO supported country offices to sustain advocacy and technical assistance for accelerated progress towards eliminating mother-to-child HIV transmission (eMTCT), reduction of HIV infections among adolescents and early testing and treatment for all children and adolescents living with HIV by 2020. At the 19th International Conference on AIDS and STIs in Africa (ICASA) attended by close to 7,000 delegates, UNICEF stressed the unfinished agenda for children and adolescents in WCAR, and called for stepping up the pace toward the new global targets outlined in the 3-Free framework (Start-Free, Stay-Free and Aids-Free).

Elimination of vertical HIV transmission (Start-Free): By the end of 2017, with substantial support from UNICEF WCARO, 19 countries were implementing equity-informed plans to increase PMTCT coverage in priority districts. In 2017, WCARO supported Benin, Burkina Faso, Cape-Verde, Chad, Cote d’Ivoire, and DRC to sharpen integration of prevention of mother-to-child transmission (PMTCT) in reproductive, maternal, neonatal and child health (RMNCH) national plans through a variety of country-specific strategies and new technologies. WCARO gave technical support for the introduction of innovative point of care to decentralize early infant diagnosis and viral load monitoring for women and children in Cameroon, DRC and Senegal through a regional initiative funded by the international drug purchase facility, UNITAID. Having kept PMTCT coverage above 95 per cent for two consecutive years, Cape Verde enrolled in the WHO eMTCT certification process, with technical support from WCARO.

Adolescent HIV prevention (Stay-Free): By the end of 2017 ten countries had adopted the All In! framework of action to end HIV and AIDS in adolescents, using a cross-sectoral approach to programming, with HIV as entry point. Two additional countries adopted All In! in 2017: Liberia and Benin. National strategies and operational plans on adolescent health and HIV were implemented in Burkina Faso, Cameroon, Cote d’Ivoire, DRC and two Nigerian states, with WCARO support. As a result, countries mobilized earmarked resources from governments and international donors (Global Fund, PEPFAR, World Bank) for adolescent and youth HIV prevention. With WCARO technical guidance, Cameroon, Cote d’Ivoire and Nigeria modelled a simplified tool for rapid assessment of vulnerability and risk among adolescents and young people, to inform intensified, targeted HIV prevention. Five countries adopted innovative mHealth approaches (U-report/SMS) to address knowledge gaps and increase uptake of HIV services among adolescent and youth.

Paediatric AIDS care and treatment (Aids-Free): By the end of 2017, 12 priority countries had developed national plans for accelerating paediatric and adolescent HIV treatment (CAR, Guinea and Togo joined in 2017) with technical support from WCARO. Nine of the 12 countries adopted effective approaches for paediatric HIV case-finding and linkages to ART, with a dual focus on the family-centred approach and integration of HIV screening into routine child care and immunization. To foster early identification and linkages to care, WCARO facilitated the dissemination of lessons learned from other regions and led the development of programmatic guidance and tools to provide routine family testing as part of HIV care. WCARO technical support for fast-tracking paediatric ART was illustrated during an ICASA session on paediatric HIV, which led to a roadmap for accelerated action focused on key policy and programmatic bottlenecks in 12 countries.

Cross-cutting: With technical support from WCARO, guidelines and tools for improving community-facility linkages, early testing of exposed children and retention in care of PMTCT clients were finalized in 2017.
Community systems for the retention of mother-infant pairs in PMTCT were developed. Ten countries have developed HIV-sensitive social protection policies (Cameroon joined the list in 2017). WCARO led the organization of four satellite sessions at ICASA 2017 and, jointly with UNAIDS, launched the landmark regional report “Step up the pace toward an AIDS-free generation in WCA”.

WCARO finalized its HIV/AIDS strategy for the region, which will guide support to national HIV programmes during 2018-2021. Key strategic shifts included: differentiated HIV response, to encourage tailored, country-specific tailored responses; effective HIV integration and synergy with other sectors; greater community inclusion for better HIV results; collaborative learning; strategic partnerships; and innovations.

The report launched at ICASA positioned children and HIV issues high on the regional agenda. It explores progress and shortfalls in the response to children and HIV in the region, analyses the challenges and outlines strategic directions that could accelerate the pace of progress towards the 2020 targets defined in the ‘3-Free’ framework.

With WCARO’s technical assistance in 2017, national programmes increased their capacity to leverage additional partnerships and resources for children through increased domestic resources (Burkina Faso, Cote d’Ivoire, Equatorial Guinea and Gabon) and key donors (Global Fund, PEPFAR, World Bank and UNITAID). WCARO mobilized US$2.45 million from the French National Committee to scale up accelerated paediatric ART in CAR, Chad, Cote d’Ivoire and Togo.

The Regional Office continued to engage in strategic partnerships with the UN Joint Team on HIV/AIDS in WCAR; regional networks of people living with HIV, paediatricians, etc.; regional economic communities (RECs); multilateral donors (UNITAID and Global Fund); bilateral donors (Swedish International Development Agency and PEPFAR) and National Committees (France and Canada).

Opportunities and constraints

Opportunities:

- With support from the French National Committee WCARO initiated collaboration with the regional network of paediatricians (Enfants et VIH en Afrique) as part of the regional paediatric ART fast-track initiative in four Francophone countries.
- Funding opportunities in 2017 included new interest from the new Global Fund funding modality, increased interest from UNITAID and a new UNAIDS unified budget and accountability framework (UBRAF) mechanism with an increased country-level UN envelope (US$22 million for 20 WCA countries in 2018).
- Renewed engagement with the Organization of African First Ladies against AIDS on ending AIDS among children, through a continental campaign in 2018.

Constraints:

- Weak health systems and governance challenges threaten the scale-up and sustainability of the HIV response.
• Most WCAR governments do not place sufficient priority on children and HIV, particularly in low-prevalence countries, despite the relative high burden some of them face.
• Global trends for HIV funding, particularly to UNICEF programmes, are declining. Allocations to WCARO through UBRAF were reduced by 50 per cent in 2016 and 2017, while country expectations remain high. UBRAF resources are likely to be reduced further in 2018.
• Most countries in WCAR continue to face chronically weak MNCH platforms and community systems and persistent supply chain and management deficiencies, limiting the scale-up and integration of treatment and retention of mother-infant pairs on lifelong ART and identification and referral of adolescents living with HIV and from highly vulnerable populations.

Good practices and lessons learned

• Good practices identified in 2017 included: (i) greater engagement with networks of people living with HIV at the regional and country levels to jointly develop and implement guidance and tools for family HIV testing and retention of mother-infant pairs in PMTCT. WCARO will strengthen such engagement in 2018 to foster community systems for HIV results, with a focus on early testing and treatment for children and adolescents. (ii) Intensified technical support by WCARO to 20 countries led to mobilization of US$1.6 million in UBRAF resources (UNICEF ranked first among all UN agencies) for HIV/AIDS programmes in 2018. To achieve this within a very short time period, WCARO suggested to countries a list of proven interventions tailored to specific contexts.
• Among lessons learned in 2017: (i) WCARO’s strategic engagement in ICASA, with participation by the Regional Director and the launch of the WCARO/UNAIDS report “Step-up the pace toward an AIDS-free generation in WCA” generated unprecedented attention to the unfinished agenda in WCA and opportunities for new partnerships. UNICEF should leverage this momentum at the country level to further raise awareness of HIV and mobilize key partners, such as governments and donors. (ii) Leveraging resources for HIV results through joint programming could help sustain gains and scale-up HIV interventions. In 2017 the HIV section worked with the child survival and development section to obtain a US$3 million catalytic grant for RMNCAH and adolescent HIV. The section is also working on a joint adolescent health and HIV regional proposal with the health, gender and nutrition sections.

Key initiatives and priorities

1. Elimination of mother-to-child HIV transmission:
   - Monitoring the “Dakar 2015 Call to Action” Roadmap for eMTCT and Paediatric ART by 2020 in WCAR
   - Catalysing the path to eMTCT certification (HIV and Syphilis) in Benin, Burkina Faso and Cape Verde
2. Treatment and care for children and adolescents:
   - Fostering implementation of national acceleration/catch-up plans for paediatric and adolescent ART in 12 WCA countries
   - Promoting the adoption of point of care HIV diagnostics and viral load in selected WCA countries
   - Leveraging the continental ‘Free to Shine’ campaign with African First Ladies in selected WCA countries
3. HIV prevention among adolescents:
   - Modelling and documenting subnational planning and implementation of cross-sectoral interventions targeting vulnerable adolescents and those most at risk of HIV infection (All In! – phase 3) in four countries (Cameroon, Cote d’Ivoire, DRC and Nigeria)
   - Modelling and documenting U-report m-health for adolescent and youth HIV response in five countries (Burkina Faso, Cameroon, Cote d’Ivoire, DRC and Nigeria).

4. Cross-cutting:
   - Community systems to fast-track HIV results:
     - Assessing HIV and social protection in selected WCA countries (Cameroon, Ghana and Nigeria)
     - Integrating HIV in national community systems to strengthen new initiatives and frameworks (child-friendly community, 2 million community health workers, and family-centred approach) for the 3-Frees.
     - Modelling and documenting effective community systems to foster family-testing and early child identification, disclosure to sexual partners, linkages to social protection and child protection services, community linkages to biomedical services, HIV status disclosure and transition in adolescents, and retention in lifelong care for vulnerable children, adolescents and families
   - Data systems, evidence-generation and monitoring and evaluation (M&E) for HIV prevention, treatment and care (3-Free): Generating evidence on the profile of the adolescents most vulnerable to/most at-risk of HIV infection in WCAR, to influence shifts in policy and programmatic frameworks
   - Regional and global learning collaborative on HIV prevention, treatment and care (3-Free): Convening the 3rd regional stocktaking meeting on eMTCT and paediatric treatment in WCA, in line with the 2015 Dakar Call to Action.
   - HIV in humanitarian situations:
     - Implementation of the HIV in Emergency toolkit in one country (to be defined with the Joint UN Regional Team on AIDS)
     - Dissemination of lessons learnt from the ICASA session on HIV and migration.

2.3 Water, sanitation and hygiene
As a major step forward in SDG monitoring, all 24 WCAR countries validated baselines 6.1 and 6.2 (UNICEF/WHO JMP Global Update 2017) and the baseline report released in July.

At the start of the SDG era, 122 million people (one in four) in WCAR were still practicing OD; 47 million in Nigeria alone. In eight countries, more than 5 million people practice OD, along with more than half the total population in three others. Conversely, fewer than one third of WCAR’s population use basic sanitation facilities (37 per cent in urban areas and 18.7 per cent of the rural population). Only two countries (Burkina Faso and Senegal) had data available to estimate coverage of safely managed sanitation services. Cape Verde, the only country in the region to achieve its MDG target for sanitation, is nearly on-track to achieve universal basic access by 2030.
Some 181 million people in the region (one-in-three) lacked access to clean drinking water, 78 per cent of whom live in rural areas. Almost 35 million people still use untreated surface water, particularly in Nigeria (21 million) and DRC (6 million). Data on water quality and functionality are absent for most WCAR countries; estimates of access to safely managed water supplies were only available for four countries. Based on annual rates of change from 2000–2015, relatively few WCAR countries are on track to achieve universal access to basic water services by 2030.

The WASH sector contributed to the substantive humanitarian response across the region related to conflict, displacement, malnutrition, natural disasters and disease outbreaks. More than 62,000 cases of cholera occurred in WCAR in 2017 (88 per cent in DRC and about 11 per cent in Nigeria). The WASH response was significantly underfunded compared to the need, raising just over one quarter of the amount requested in the Humanitarian Response Plan.

Overall in 2017, WCARO’s WASH team provided remote technical assistance to all 24 countries in the region and field support missions to 17 countries.

These efforts helped countries to adapt global SDG targets 6.1 and 6.2 to national contexts leading to important achievements: (i) all 24 countries validated baseline figures for targets 6.1 (drinking water) and 6.2 (sanitation), (ii) nine countries assessed national and sub-national monitoring systems for SDG readiness, (iii) six countries undertook a study on WASH financing options for mobilizing domestic resources. Additionally, WCARO’s WASH and education sections facilitated the global data drive for WASH in Schools (WinS) coverage data to estimate the baseline for SDG4a.

**Scaling-up actions to eliminate OD.** Action on this key result for children gained momentum during 2017: 19 countries are now implementing national strategies to eliminate OD, two of which (Mali and Nigeria) have developed costing national roadmaps to end OD and five are in process of doing so. WCARO support was provided for capacity development through training a regional pool of pre-qualified community-led total sanitation (CLTS) trainers to train country-level facilitators. WCARO and the CLTS Foundation engaged in high-level advocacy and provided technical assistance and capacity development support, enabling Burkina Faso to test a CLTS pilot. The WASH team also supported scale-up of the CLTS programme and the drive to eliminate ON in the Gambia (last-mile campaign to become the first ODF country in Africa), as well as in Chad, Congo, Ghana and Togo.

**Strengthening WASH systems to improve sustainability of services at scale** was a key focus area. In collaboration with the Stockholm International Water Institute, WCARO analysed sustainability frameworks in nine countries, which formed the basis for guidance on programming for sustainability and publications in two peer-reviewed journals. Country offices received training in the use of tools to assist in overcoming bottlenecks and strengthen the enabling environment. In Cameroon WCARO facilitated a workshop aimed at developing both national and decentralized plans for removing sector bottlenecks. Niger and Republic of Congo and Niger also received WCARO support to address specific WASH-related issues. WCARO analysed post-ODF data from 12 countries to increase country office awareness of potential ways to increase the sustainability of ODF status.

As part of a regional initiative to strengthen monitoring of WASH assets and service delivery, WASH M&E systems were assessed in nine countries – including recommendations, roadmaps and costing action plans.
for strengthening existing M&E systems. A comprehensive WASH M&E costing tool was developed and is being applied in 10 WCAR countries. A methodology for monitoring sustainability and taking corrective action was developed, considering both sustainability and M&E frameworks.

**Developing new approaches to address water safety** by drafting a regional approach/tool kit for community-based water safety planning that is being tested through pilots in Mauritania and Guinea Bissau, and 25 resource people were trained in each country. WCARO also joined WHO AFRO to organize a joint regional training on water safety planning October 2017.

**Cross-sectoral linkages with health, nutrition, and education** gained ground in the SDG agenda with the integration of ‘WASH in Institutions’ into the definition of universal WASH access. WCARO’s WASH and education sectors offered a course on WinS and MHM, in partnership with the 2iE Institute in Burkina Faso, with 35 participants from nine Francophone countries. In addition, remote and technical assistance was provided to six country offices for strengthening national monitoring mechanisms, improving sustainability, scaling up existing programs) and incorporating MHM into WinS programmes.

**Improving links between emergency responses and risk assessments** across the continuum of prevention, preparedness and risk mitigation was the final key shift during the cycle. The region’s L3/L2 emergencies required transboundary WASH responses. During 2017, five field missions were undertaken to review and provide technical support to strengthen the WASH response in CAR, Chad, DRC, Niger and Nigeria. To develop regional WinS capacity, WCARO collaborated with local and international partners to support training for 65 practitioners from 15 WCA countries.

WCARO’s WASH section continued to coordinate the WCA Cholera Platform, using the website [http://www.plateformecholera.info](http://www.plateformecholera.info) to increase knowledge-sharing on evidence generation and diffusion of the bi-weekly cholera bulletin. Technical support was provided, both remotely and through field missions, especially to support the definition and implementation of cholera-control measures in affected countries (Benin, Chad, DRC, Niger and Nigeria). Co-facilitation and support of trainings was provided by WCARO to 106 people: 93 (mainly NGOs/RCs and government personnel) trained in Niger and Chad on using geotagging technologies to improve effectiveness in responding to outbreak; 13 nurses and lab technicians in Benin were trained on the use of cholera rapid diagnosis tests to detect potential suspected cases. A pilot approach was launched in Niger to develop a local cholera elimination plan, based on a cholera hotspot study completed by the WASH sector in 2016.

Strategic partnerships have helped to positioned WCARO WASH in Africa and globally. The section coordinated five platforms: Regional WASH Group, Cholera Platform, AfricaSan International Task Force, monitoring and learning sub-committee, and chaired the Rural Water Supply Network. WCARO WASH supported 18 countries to prepare and participate in high-level meetings of the Sanitation and Water for All alliance, involving sector and finance ministers, in Washington, DC, in April 2017.

Following the restructuring of AfricaSan International Task Force (AITF) in mid-2017, UNICEF agreed to serve as its lead technical support agency and co-lead for its sub-committee on monitoring and learning. Support was also provided to the ECOWAS to develop sanitation situation analyses in its 15 member countries, with a focus on ending OD and preparing an AITF directive on rural sanitation and hygiene.
Involvement and collaboration with WHO during meetings of the Global Taskforce on Cholera Control (GTFCC) offered an opportunity to present the work realized during the past four years by the WCA regional cholera platform, which is now being promoted and shared within the GTFCC network. Following the event, WHO asked UNICEF HQ to become the facilitator of the WASH working group.

In early 2017, a media advocacy piece entitled “Troubled Water: Helping children with water & sanitation in crises across West & Central Africa” highlighted the challenges of WASH responses in emergencies. The article was shared through UNICEF country offices and partners, using social media.

WCARO’s WASH team coordinated multi-country partnerships financed by the Government of the Netherlands/DGIS, DFID/UKAID and the WASH global thematic fund. The fourth joint ASWA-WCAR annual review meeting was held in Monrovia, Liberia, on 8-9 March 2017, with over 77 participants representing seven international organizations, 12 WCAR countries and the Government of the Netherlands. The meeting included two technical seminars on SDG planning and financing linked to the Financing for Children initiative.

Opportunities and constraints

**Opportunity:** A study undertaken by Pasteur-IRD-UNICEF to develop a rapid testing protocol to detect toxigenic V. cholera in water yielded initially promising results, offering an opportunity to deploy this method in the field during emergency response to a cholera outbreak, giving WASH actors a rapid and inexpensive method to test for potential contamination of water sources used by affected populations.

Given limited funding for WASH humanitarian response and protracted crises in many countries, new approaches to the humanitarian-development nexus under development by country offices in DRC and Mali, as well as the WCAR cholera platform, offer practical approaches to strengthening systems and addressing structural problems, while also responding to immediate needs in complex and long-term emergency settings.

Promoting WASH in institutions (schools and health facilities) has experienced limited progress due to low prioritization and insufficient resources. The global agenda for 2030 constitutes an important opportunity for the sector by explicitly defining universal access to WASH services as including public institutions (SDG 4a).

**Constraints:** Reform of WASH sector governance in many WCAR countries is heavily constrained by institutional factors related to decentralization, public finance management and transparency/anti-corruption means and provisions. These pose limits to potential scaling-up of services and ensuring accountable institutional arrangements to operate and manage WASH services affordably and sustainably.

Good practices and lessons learned

**Four key lessons learnt during the cycle:**

– Regional and global partnerships need to be anchored in real country needs and processes to be effective and sustainable.
Risk analysis needs to be embedded into situation analyses to inform both development and emergency strategies.

Since humanitarian emergencies rarely end quickly, response mechanisms need to be better adapted to sustain WASH services during protracted crises.

Convergence for WASH in institutions is a problem of prioritization and political commitment at the sector level, and cannot be compensated for through ad hoc downstream interventions.

**Key initiatives and priorities**

*Building climate-resilient WASH services for the Sahel.* In September 2017, during a climate risk assessment workshop the Global Water Partnership analysis tool was introduced in the 10 Sahel countries where climate risk is an emerging action area for development agendas. A mission was undertaken to Mauritania to assess the potential for scaling-up climate-resilient WASH approaches using solar-powered water supply systems, involving staff from WCARO and UNICEF HQ and from UNICEF National Committees. WCARO’s WASH team developed a concept note for the United Nations Integrated Strategy on the Sahel (UNISS) on building resilient WASH services, contributing to a key area of joint work within the UN support plan for the Sahel.

*Strengthening sustainability of WASH infrastructure and behaviour change.* WCAR has continued to make significant progress on implementing a framework for WASH sustainability (through sustainability compacts, annual sustainability checks and management response) in 10 countries, with project support from DGIS/Netherlands and DFID. As this support begins to phase out, the priority will be to ensure that the framework becomes embedded in routine country monitoring systems; an activity that receives support from DGIS.

### 2.4 Nutrition

Recent estimates indicate a slight decline in the region’s stunting rate, from 36.6 in 2010 to 33.5 per cent in 2016 (UNICEF/WHO/World Bank global estimates, 2017), well above the world average of 23 per cent. WCAR accounts for 28 million (18.1 per cent) of the stunted children in the world (155 million), an increase from c. 23 million two decades ago – attributable to the rapidly growing under-five population and the slow decline in stunting prevalence. Although nine countries (Congo, Cote d’Ivoire, Equatorial Guinea, Ghana, Guinea, Guinea-Bissau, Liberia, Sierra Leone and Togo) are on track to reduce by 40 per cent the number of stunted children by 2025, progress toward other World Health Assembly targets has been slow, especially for anaemia. Exclusive breastfeeding at 29 per cent and minimum dietary diversity at 19 per cent contribute to undernutrition in the region.

Seventeen WCAR countries have aligned their national strategies and policies with the Scaling-Up Nutrition movement and made important advances toward scaling up multi-sectoral plans to reduce stunting. WCARO’s nutrition section launched an in-depth analysis of IYCF data in 2017 to better prioritize efforts to improve rates of early initiation of breastfeeding, exclusive breastfeeding and diets for young children, all of which lag behind global rates.

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8West and Central Africa Regional Office, Nutrition Situation Analysis, Dakar, WCARO, 2017
In 2017 nutrition was a critical issue in four WCA countries (Chad, Mali, Mauritania and Niger) where global acute malnutrition was classified as ‘serious’ (above 10 per cent). Severe acute malnutrition rose in 2017 in Mauritania (1.5 to 2.3 per cent), Chad (2.6 to 3.9 per cent) and Mali (2.1 to 2.4 per cent). The situation is likely to worsen in the first quarter of 2018. During 2017, increases in acute malnutrition may have been linked to food production deficits in the Sahel due to poor rainfall and pests. Cereal prices are high in Mauritania and Nigeria, potentially reducing households’ access to food. Food insecurity is expected during the 2018 lean season in nine countries (Cape Verde, Chad, Gambia, Mali, Mauritania, Niger, Nigeria, Senegal and Sierra Leone) potentially affecting more than 20 per cent of the population. Displacements and violence in DRC displaced more than 3.9 million people, leaving over 200,000 children at risk of acute malnutrition.

Significant scale-up made SAM treatment available in the majority of health centres in WCAR. The number of health facilities offering SAM treatment increased from 8,000 to 8,805 in the Sahel region between 2016 and 2017. Progress was also made across non-Sahel countries; more than 7,118 health centres were offering SAM treatment in 2017, compared to 5,406 in 2015. As a result, more than 1.7 million children affected by SAM were treated across the region.

Between January and November 2017, new SAM admissions in the nine Sahelian countries reached a total of 1,370,756 children under five. IMAM programmes in Sahelian countries directly reached 39.9 per cent of the total estimated SAM burden established for 2017 (3,433,979) and 53.2 per cent of the annual targeted SAM caseload for 2017 (2,576,367). In the Sahel region, programme performance indicators met SPHERE standards: the cure rate was 90 per cent, death rate 1.4 per cent and defaulter rate 8.1 per cent. However some countries, such as Cameroon and Nigeria, have defaulter rates above the recommended 15 per cent.

The situation in the LCB remains unstable, directly affecting the nutritional status of young children and mothers. Between January and November, 353,144 children with SAM were treated in this sub-region, 82 per cent of whom from Nigeria’s three emergency states (Admawa, Borno and Yobe), 10 per cent from northern Cameroon, 6 per cent from the Lac Region of Chad, and 2 per cent from the Niger’s Diffa region.

Nutrition advocacy was bolstered through five national and regional initiatives by WCARO and partners (Permanent Interstates Committee for Drought Control in the Sahel (CILSS) and World Food Programme, WFP); the launch of The Lancet series on breastfeeding and the Global Nutrition report 2016. In addition, WCARO initiated and organized, jointly with ESARO and the SUN Movement, the Africa workshop for accelerating SUN country tracking of nutrition-relevant budget allocations and managing for results. A regional gathering for institutionalizing vitamin A supplementation with EPI was organized with the Global Alliance for Vitamin A.

WCARO also continued to spearhead a process of advocacy, awareness, training and engagement with parliamentarians in the region. More specifically, in collaboration with Alive & Thrive and with the support of the National Assembly of Burkina Faso, WCARO and the Inter-Parliamentary Union organized an inter-parliamentary regional seminar, held from 27–29 June 2017 in Ouagadougou, on promoting maternal and child nutrition in West and Central Africa. The seminar brought together over 60 parliamentarians from 20 WCA countries and led to the election of a new Nutrition bureau for the Regional Network of
In addition, each national parliament made commitments for 2017 and 2018 to enhance maternal and child nutrition in their respective countries, mainly through: improving policies and institutional frameworks, regulation and follow-up of the enforcement of laws and regulations, budgeting and accountability, social communication for behavioural change and improving coordination and monitoring.

Furthermore, the Head of Burkina Faso State, who received a delegation of parliamentarians, committed to work closely with parliaments to improve the nutrition situation in his country, and to be part of the African Leaders for Nutrition group.

In 2017 WCARO developed a new ‘Nutrition Strategic Approach for West and Central Africa’ 2018-2025. Key results for children and women prioritize three main programme areas: (1) promotion of optimal IYCF practices, with a focus on exclusive breastfeeding, dietary diversity and micronutrients for children under two; 2) scale-up of care and treatment for SAM among under-five children; and 3) anaemia prevention among adolescent girls and pregnant women. This process generated three documents/volumes (WCAR situation analysis, nutrition strategic approach for WCAR and institutional arrangements for optimal implementation of the strategic approach). The institutional arrangements document is not yet finalized.

Technical support was provided by WCARO for formulating the West African Health Organization (WAHO) ‘Nutrition Strategic Action 2018-2025’, aligned with UNICEF’s nutrition strategic approach. The revised version, with WCARO inputs, was submitted for validation to the ECOWAS nutrition forum meeting held in November 2017 in Guinea Bissau.

As part of the Sahel nutrition strategy, a nutrition situation analysis was finalized, including for the first time regional aggregates for nutrition and food security in the Sahel. The programmatic priorities highlighted by this analysis were discussed and adjusted with the regional economic communities (CILSS, WAHO and UEM).

The Regional Office prioritized actions at different levels to accelerate progress towards stunting reduction, and engaged with countries on a broad range of nutrition activities to increase the quality and equity focus of nutrition programming and ensure effective implementation of nutrition-specific interventions. Through direct technical support, six countries (Benin, Burkina Faso, Cameroon, The Gambia, Ghana and Senegal) completed a comprehensive, equity-focused situation analysis for nutrition and conducted national-level bottleneck analysis, allowing them to identify barriers hampering interventions and find or adapt solutions and strategies. Special efforts were made to strengthen multi-sectoral planning and implementation, particularly of the Expanded Programme on Immunization and seasonal malaria chemoprophylaxis, ECD and WASH. Bottleneck analysis in Benin and Cameroon, conducted jointly with the health sector, resulted in a common strategy for integrating nutrition (vitamin A, deworming and screening for severe acute malnutrition) with routine immunization interventions. Another eight countries also successfully planned a shift from national polio immunization days to

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9 A provisional bureau of regional parliamentary network for nutrition was set up at the regional workshop in nutrition in November 2013 in Brazzaville (Congo)
nutrition with routine EPI (RED/REC). In The Gambia, bottleneck analysis served to inform the development and adoption of a new national nutrition policy and strategy.

**Opportunities and constraints**

- Opportunities include strategic partnerships with governments, donors, the private sector, parliamentarians and joint multi-sector programmes to address stunting, scaling-up lessons learned and good practices in the region and SAM treatment.
- To improve the diets of young children, the Regional Office also initiated a collaborative effort to hold a consultation of experts on complementary feeding. Under UNICEF leadership, a technical advisory group, comprised of UNICEF, WFP, Alive & Thrive, GAIN and IRD, is working to ensure that the meeting (planned for June 2018) will result in results-oriented recommendations, strategies and action plans.
- Promising start to engagement with the African Development Bank and African Leaders for Nutrition group.
- Constraints faced included funding shortfalls (decrease in Sahel countries funding levels), short-term and unpredictable funding, and limited domestic investment in nutrition. Staff shortages are a major challenge for the section and among partners with weak capacities. Weak technical knowledge and capacities on ECD is widespread.

**Good practices and lessons learned**

- Ensuring political leadership and commitment, at central and decentralized levels
- Building a multi-sectoral approach at the decentralized level can serve as an alternative or complement to national level multi-sectoral coordination mechanisms.
- The emerging role of parliamentarians and the media in national-level advocacy and accountability complemented global advocacy to increase nutrition budgets.
- Developing national capacities among local NGOs, civil societies and government institutions increases the sustainability of nutrition programmes.
- Peer counselling and support within and between countries improved the effectiveness of IYCF women’s groups.
- A strengthened nutrition information system and the use of technology for data collection contributed to quick release of results, improved data quality and reduced survey costs in the long run.

**Key initiatives and priorities**

- To provide technical support to country offices for accelerating effective and sustainable scale-up of key results for children, UNICEF HQ and WCARO held a workshop in Dakar on ‘Accelerating Effective and Sustainable Management of SAM’.
- Strategic partnerships with governments, regional institutions, donors, implementing partners and the private sector, especially RECs.
- Investment case, fiscal space and nutrition budget tracking
• Development of systematic strategy for dietary diversity for children under two to scale up care and treatment of SAM and for adolescent girls
• Overview and technical consultation on locally produced complementary food and maternal nutrition.
• WCARO and WFP developed a joint response plan for emergency food security and nutrition preparedness and response for northeast Nigeria, outlining specific roles and responsibilities of each agency. The plan is flexible and will continue to be adjusted as the situation evolves to ensure a relevant and targeted response to nutrition needs in three states of northeast Nigeria.
• UNICEF and partners (ACF, CIFF, ECHO, DFID and WFP) played a critical role in supporting the ‘No Wasted Lives’ initiative and the coalition’s vision of promoting global efforts to achieve the SDG goal of reducing acute malnutrition to <5 per cent among children under five by 2030. WCARO staff participated in and supported operational research on acute malnutrition, including facilitating an analysis of SAM management and key evidence gaps related to policy and financing in the region.
• The Regional Office, in collaboration with UNICEF HQ and Nutrition International, plans to convene a regional meeting on maternal nutrition, to underscore the need to accelerate the agenda on comprehensive maternal nutrition services and implement the new WHO nutrition in ante-natal care recommendations. This will be an opportunity to intensify efforts against anaemia and further improve maternal and child health.

2.5 Education
WCARO strengthened capacities of all 24 country offices by organizing a strategic moment of reflection (SMR) on early learning, which introduced the new conceptual framework and diagnostic tool for analysing the core functions of the pre-primary sub-sector. Additional support was provided to national education sector planning processes in Guinea, Mali, Niger and Senegal and during high-level national events organized in Cabo Verde, DRC and Nigeria. Two new early learning assessments were finalized (Mali and the Gambia): 10 countries have now completed assessments of learning outcomes for children entering primary education.

Technical advice and quality assurance was provided to Burkina Faso, Cameroon, the Gambia and Niger on their studies of out-of-school children. Efforts to reach these children also included SMRs on Koranic education in 13 countries and co-organization (in partnership with Handicap and Save the Children) of a regional workshop on inclusive education for children with disabilities (15 countries). WCARO supported the development of a methodological guidance on inclusive education, to be included in the education sector analysis guidelines, and its application in Ghana, along with regular analysis exercises in CAR and Mali, and contributed to the education sector and national planning processes in Mali and Sierra Leone. Finally, the education network meeting held in March 2017 focused on planning, monitoring and upstream work in the context of global development (SDGs, UNICEF SP, Global Partnership for Education). Under the umbrella of the SDG4 task force Teaching and Learning Educators’ Network for Transformation (TALENT), capacity development on learning assessments was supported by organization of a sub-regional workshop involving 10 countries. Under the ECHO-funded Children of Peace project, 140 master trainers
were trained in Psycho Social Support and Conflict and Disaster Risk Reduction in Lake Chad Basin countries and Burkina Faso. The model was piloted in 130 schools in Cameroon, Chad, Niger and Nigeria, despite high levels of insecurity. An innovative radio education programme was designed and launched in emergency zones of Cameroon and Niger.

Thanks to WCARO advocacy, CAR was selected as the recipient of ‘Education Cannot Wait’ first response funding (US$6 million). A multi-country agreement was signed with Norway on access, quality and M&E covering Burkina Faso, Mali, Niger and WCARO (US$15 million); Niger and Senegal received additional thematic funding for early learning (US$600,000 each).

UNICEF and UNESCO co-chaired the regional coordination group on SDG4 contributing to four thematic task teams: TALENT, system-strengthening, gender equality and inclusive education and ECD. A partnership with Save the Children was initiated in 2017 to promote effective preschool teaching practices through the use of emergent literacy and maths activity banks. WCARO also facilitated horizontal collaboration between DRC, Ghana, Nigeria and Sierra Leone during the high-level ECD event organized in Nigeria, and contributed to the finalization of the ECD MICS secondary analysis. Partnership with Handicap and Save the Children was critical to advancing the agenda on inclusive education. Partnerships with both ECOWAS and the Economic Community of Central African States (ECCAS) were strengthened, in particular for education in emergencies (EiE). UNICEF also became a member of the executive committee of the Association for the Development of Education in Africa. In the area of data production, major investment in information management by the education section allowed WCARO to become vocal about the regional situation with evidence-based information. The Regional Office played a key role in preparations for the special session on Education at the Oslo donor conference on the LCB (February 2017), resulting in the allocation of almost US$8 million for EiE in that sub-region. WCARO played a key role in evidence-generation on out-of-school children, in particular through the production of 22 country profiles and a report on the regional situation and schooling status of marginalized adolescent girls. Several research papers were produced: on Koranic education, gender dynamics as a pathway to violence and life-skills education mapping.

Opportunities and constraints

The global partnership with the World Bank represents an important opportunity for joint advocacy for equitable and sustainable early learning services in the region. The new diagnostic tool for the pre-primary subsector is an asset for prioritizing actions in the field of early learning and promoting a coordinated, coherent response among partners.

Regional SDG4 task teams represent an opportunity to promote knowledge generated by UNICEF in WCAR in recent years and build strong regional partnerships.

The methodology for risk reduction in contexts of high insecurity has taught teachers to conduct risk analysis in the classroom and elaborate preparedness and response plans. While the context required a priority focus on addressing conflict-specific hazards, the same methodology could be utilized to identify environmental hazards.
Despite the increase in humanitarian need and performance, funding for education in humanitarian settings declined.\(^{10}\)

The regional-level strategic reflections on early learning, Koranic education and inclusive education provided momentum to advance the operational agenda. Attention and focus need to be maintained to promote effective change in programming as these three themes become more and more prominent. The major constraint is the lack of sufficient human resources, both in country offices and at the national level. In the coming months, quality, long-term technical support will be essential to ensuring oversight and sustaining and monitoring progress.

**Good practices and lessons learned**

According to the mapping of life-skills education in the region, WCA countries need to develop an appropriate framework and identify multiple implementation pathways for mainstreaming life-skills in curricula. This will require guidance for country offices.

Research on the protective learning environment demonstrated that all stakeholder groups have a greater sense of security, in spite of recent outbursts of violence. Teachers and parents also feel much safer. The study showed that the level of skills and knowledge increased among all stakeholder groups, especially students and teachers.

**Key initiatives and priorities**

Roll-out of the early learning diagnostic tool in countries engaged in education sector planning exercises will be important in 2018, facilitating the identification of critical actions to sustain expansion. A partnership with PASEC\(^ {11}\) will be finalized to roll out early learning assessments in additional WCAR countries. Finally, a new database on early learning will be completed, including all up-to-date information and documents for improved monitoring from 24 UNICEF country offices.

Benefiting from regional momentum on Koranic education and inclusive education, country offices will play a critical role in 2018 by identifying interventions and actions to be taken to nurture national education sector dialogue. Programming on data issues and alternative learning pathways related to out-of-school children will be strengthened in 2018.

By using Rapid-Pro and other means, research on positive learning environments will be expanded, and monitoring of perceptions and knowledge about school safety will continue. WCARO will support country offices and education clusters to invest resources in risk-sensitive approaches to programming for EiE.

**2.6 Child Protection**

Results of WCARO’s child protection section were achieved in a context in which the protection needs of children across the region remained critical and diverse in both humanitarian and non-humanitarian contexts.

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\(^{10}\) Both for UNICEF (50%) and the Cluster (20%)

\(^{11}\) Programme d’Analyse des Systemes Educatifs de la CONFEMEN
Violence against children is widespread throughout WCAR, indicating a profound need for strengthened child welfare systems. Recent household survey data indicate that on average, 87 per cent of children across the region experience violent discipline, and nearly half of all parents (48 per cent) believe that children need to be physically punished. An estimated 31 per cent of girls and 39 per cent of boys have experienced physical violence among peers and in schools. Countries with the highest reported proportions of girls who experience sexual violence are Cameroon (22.4 per cent), followed by Ghana (16.5 per cent) and DRC (16.4 per cent). Help-seeking behaviours are estimated to be highest in Gabon (44.7 per cent), Ghana (39.2 per cent) and Sierra Leone (35.8 per cent), according to MICS/DHS surveys. However, a recent survey on violence against children from Nigeria indicates much higher rates of violence against children than those registered by the MICS/DHS. The recent survey indicated that 25 per cent of Nigerian girls the country have experienced sexual violence, as compared to just 5.6 per cent reported by the MICS. This raises questions about coverage, bias and response rates, limiting understanding of the full extent of the violence faced by girls and boys in WCAR.

Ongoing humanitarian emergencies have placed an estimated 9.3 million children in need of protection across the region. In 2017, nearly 26,000 unaccompanied and separated children (UASC) received support from child protection sub-clusters. Armed conflict continued to deeply affect the lives of children in CAR, DRC and Mali and in the Lake Chad Basin. A recent situation analysis suggests that some 15,300 children are associated with armed forces and groups.

The rights of young girls continue to be violated due to practices such as child marriage and FGM/C. By the end of 2017, the proportion of girls from WCA countries married before the ages of 15 and 18 was among the highest in the world, at 14 per cent and 41 per cent respectively. Niger has the highest proportion of child marriage in the world; more than three out of four (76 per cent) girls marry before reaching age 18. One in three girls in Central African Republic, Chad and Niger marries before the age of
Additionally, across the 18 countries for which data is available, one in three girls and women (31 per cent) have undergone FGM/C, with wide variations between countries.

The right to birth registration is another challenge in WCAR, where only 46 per cent of children have their births registered by the age of five. With the expected demographic growth, the number of unregistered children is expected to reach 78 million by 2030, if significant progress does not take place. Birth registration rates are also widely divergent, ranging from 96 per cent in Congo to only 12 per cent in Chad.

Through direct technical support to country offices, the Regional Office contributed to the following results.

- 16 WCA countries are implementing costed child protection policies/strategies to strengthen prevention and response services for violence, abuse and exploitation of children. Consistent engagement with ECOWAS and the inter-agency Regional Child Protection Working Group resulted in approval by ministers and heads of states of the strategic framework to strengthen child protection systems in 14 ECOWAS member states and Mauritania. The framework has five priorities, drawn from the SDGs: including violence against children, child marriage, children on the move, child labour and CRVS. A document outlining key competencies for the social welfare workforce in ECOWAS countries was also adopted.

- 11 WCA countries are included in the Joint Programme on Child Marriage (four) and FGM/C (eight) (Burkina Faso is in both). In addition, with other priority countries, they are aligning their implementation frameworks and systems to prevent harmful practices in accordance with the Joint Programme’s results framework and the Common African Position on ending child marriage. Key results include 10 countries with budgeted national action plans on ending child marriage and FGM/C, and 6,262 public declarations of abandonment of this practice. WCARO continues to lead support for the continent-wide AU campaign to end child marriage.

- WCARO played a central role in the development and successful launch of the high-level event on ending child marriage in West and Central Africa. The event was held in Dakar 23-25 October 2017 with the aim of capitalizing on momentum in the region around child marriage and building consensus on what it will take to translate existing and future commitments into tangible, measurable actions aimed at ending child marriage in WCAR. The first gathering of its kind, it brought together about 350 participants from 24 WCA countries, including the First Ladies of Burkina Faso and Sierra Leone, ministers, the AU Director of Social Affairs, the ECOWAS and ECCAS commissioners and high-level donor representatives. The event contributed to continuing the momentum for ending child marriage in the region – driven by key initiatives such as the African Union Campaign to end child marriage in Africa – and paving the way for the Second African Girls Summit in 2018.

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12 WCAR countries in the Global Programme on Child Marriage are: Burkina Faso, Ghana, Niger, Sierra Leone; those who are part of the Joint Programme on FGM/C: Burkina Faso, Gambia, Guinea, Guinea-Bissau, Mali, Mauritania, Nigeria, and Senegal.
Significant progress was also made over the past year and planning cycle by capitalizing on political momentum to mobilize programming and resources in the areas of child marriage and children on the move – including stronger engagement with regional bodies on child protection (AUC/ECOWAS/ ECCAS).

Seventeen WCA countries are aligning their work on birth and civil registration to the pan-African CRVS initiative, as part of sectoral reform. Integrating birth registration into key health initiatives, such as Immunization Plus, and operationalizing real-time monitoring systems with Rapid Pro helped to boost new-born registration.

WCARO continued to support the sub-regional strategy for the LCB, particularly tracking progress against seven key areas of intervention (UASC, monitoring and reporting mechanism, MRE, sexual and gender-based violence, CAAFAG children in detention, MHPSS), in addition to systematically providing support to country offices in other L2 and L3 countries in the region to deliver a quality child protection in emergencies (CPIE) response, aligned with UNICEF’s Core Commitments for Children in Humanitarian Action. Specific support was provided to countries using the monitoring and reporting mechanism.

WCARO developed a data and monitoring strategy for child protection at the decentralized level, which was implemented by five country offices and continues to be developed, in line with the new regional strategy and planning cycle.

In addition, a model for real-time data collection and monitoring of birth registration data for children under one year of age was developed by WCARO in collaboration with the Global Innovation Centre, using Rapid Pro. The model was employed in Senegal and Mali, and allows for frequent gathering of data and evidence to support monitoring of the performance of civil registration systems and, ultimately, registration rates for new-born babies, for which data has thus far been unavailable.

To strengthen the monitoring of child protection systems and case management, assessments and/or roll-out is underway for PRIMERO/CPIMS+ in Burkina Faso, Niger and Nigeria.

Finally, the section has learned that it is more urgent to support specific research needed by country offices than to launch new regional research.

**Opportunities and constraints**

Constraints encountered during included limited funding for child welfare and child justice and the fact that system-strengthening is often neither well understood nor well communicated (internally and externally). Throughout the past planning cycle and into the next, the section will work with the continued challenge of translating upstream gains (policies/laws) into effective models of decentralized implementation.

Constraints encountered in the emergency response centred around the region’s large-scale and simultaneous child protection needs, contrasting with limited available human and financial resources.

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13 Primero is the open-source software platform for the online Child Protection Information Management System (CPIMS+)
Constraints also continued in relation to quality, actionable data and evidence for child protection programming at the regional and country levels. This is due to: limited resources in country offices for M&E for child protection, the challenges of data collection at the decentralized level and capacity to harmonize at the regional level. Underlying these challenges are often a weak evidence base and monitoring systems to measure and communicate progress against results. Another challenge that will continue to be addressed with increasing urgency in the next planning cycle includes social norms measurement and programming that is responsive to these findings.

National identity management programmes are currently receiving disproportionate donor investment compared to CRVS, compromising birth and death registration as the basis for all identity systems. In addition, WCAR’s poor governance indicators prevent effective country leadership and ownership of CRVS reform programmes that are essential for system building.

Going forward, the adopted ECOWAS strategic framework presents a strong opportunity to accelerate the strengthening of child protection systems across 14 countries and to encourage governments to address child marriage, labour and mobility, as well as violence against children and CRVS. In addition, the new approach to use of thematic funds will help WCARO to showcase results on strengthening the social welfare workforce for prevention and response to violence against children.

Global Compacts on migration and refugees to be adopted at the General Assembly in 2018 also present a key opportunity for governments in the region to become involved in migration issues, and for UNICEF to highlight the rights of children on the move. UNICEF WCARO has received its first funding in this area through the DFID project "Protecting children on the move in West and Central Africa from violence, abuse and exploitation," which will be implemented in six WCA countries.

Concerning child marriage, upcoming opportunities will include the AU 2nd Girls Summit in early 2018, the Commission on the Status of Women session on child marriage, the mid-term review of the Global Programme to Accelerate Action to End Child Marriage, and the Girls Not Brides network meeting in mid-2018. In addition, the regional office is engaged in the regional component of Spotlight Initiative in Africa (a EU and UN global, multi-year initiative focused on eliminating all forms of violence against women and girls to support and enhance a regional approach to addressing SGBV, Harmful Practice, and SRHR).

Key opportunities for CPiE include training and coordination with 15 governments, creating further opportunities to strengthen linkages between CPiE, child protection systems and policies. There are also opportunities to expand the EIE and CPiE programmatic approach, building on partnership with the European Commission Humanitarian Aid (ECHO) on Children of Peace, community-level synergies to strengthen the protective environment for children and increasing capacity to counter violence against children through the community-school nexus.

Civil registration in emergencies is gaining global support and interest, and WCARO is positioned to play a lead role.
Additional opportunities for CRVS include increased resources available for birth registration in the region, allowing for effective implementation of revised strategies focused on new-born registration and real-time monitoring.

**Good practices and lessons learned**
Consistent engagement with the Regional Child Protection Group and ECOWAS led to development of a roadmap for strengthening political engagement in West Africa on child protection, However convening and coordinating forums that deliver on an agreed agenda is very time-consuming.

The Joint Programme on FGM/C showed the importance of a systemic approach that addresses legislation, services and social norms.

The Africa Programme on CRVS is helping to improve birth registration in Francophone countries, but there is a need to start thinking beyond assessments and plans. Ongoing work on interoperability, linking birth registration with health service delivery and information management, is critical. A combination of strengthened engagement by the health sector and use of innovative technology can revolutionize the rate at which children are registered at birth and receive birth certificates.

**Key initiatives and priorities**
- Violence against children
- Children on the move
- Evidence-generation and system-strengthening
- Regional initiatives to end harmful practices
- Scaled-up response during humanitarian emergencies

**2.7 Social policy**
Child poverty remains pervasive in WCAR, due mainly to protracted crises, high fertility rates and slow growth, exacerbated by the absence of universal social protection mechanisms to support the most vulnerable, reduced spending on the social sector and increased defence spending.

Weak capacity at UNICEF country offices on social policy results in high demand for Regional Office support, particularly on social protection and public finance analysis. Twenty field visits took place in 2017 to build capacity for high-level advocacy. Four public finance trainings for high-level government partners were instrumental in placing the need for more public investment in children on national agendas. Observatories for monitoring investments for children were set up in the four countries where training took place.

During 2017 WCARO’s social policy section launched a working paper series designed to support knowledge generation and influence policy in the region. Four papers were published, on: migration trends, clustering countries in the region, fiscal space analysis and health sector efficiency. The studies will improve understanding of challenges to child wellbeing and thus UNICEF programming.

WCARO also launched a regional social protection platform, in partnership with the World Bank, International Labour Organization, WFP, Food and Agriculture Organization, Save the Children and other
stakeholders, to foster South-South cooperation and promote dialogue and partnership among social protection stakeholders.

Opportunities and constraints
Although a growing number of countries understands the need to invest additional domestic resources in social sectors, funding remains insufficient due to conflicting priorities. This situation demands enhanced advocacy for increased investment in social sectors, in partnership with key players such as the IMF and the World Bank.

The diversity of WCA countries presents a constant challenge. Some are resource-rich and others resource-poor, some are middle-income and others low-income, some are democratic while others are not, some are fragile states and others are stable. This diversity leads to the need for specific interventions rather than a one-size-fits-all approach, which poses a challenge to UNICEF’s capacity.

Rapid demographic growth constrains child wellbeing in the region. Unfortunately, most governments do not see population growth as a challenge, but rather as an opportunity. But as shown by the 2017 UNICEF report Generation 2030: Prioritizing investments in children to reap the demographic dividend, increased investment in children is a prerequisite for transforming population growth into a demographic dividend.

Key initiatives and priorities
Based on lessons learned, identified opportunities and constraints, priorities going forward will be:
- Supporting UNICEF country offices and arranging high-level meetings to advocate for more and better domestic resource investment for children
- Supporting the regional social protection agenda to foster resilience and demand for social services, by building a strong partnership with donors and building the capacity of national partners.

2.8 Cross-cutting programme results

2.8.1 ECD
During 2017 the region was increasingly exposed to new evidence and knowledge about the importance of the early years for brain development and the potential impact on future generations. According to the first round of ECD index data collected through MICS, the vast majority of young children in WCAR do not receive adequate socio-emotional or cognitive stimulation. Additionally, in all countries but one, at least 20 per cent of children under the age of five experience inadequate supervision and violent discipline of young children is widespread. These figures are particularly high in conflict-affected countries such as CAR, DRC and Nigeria.

Despite the important progress made by education sectors in expanding early learning opportunities and the availability of ECD policies in most WCAR countries, more efforts are required to promote investment in ECD and nurturing care during children’s first 1,000 days, across traditional sectors.
In 2017 the Regional Office provided technical support through distance and in-country missions to ensure mainstreaming of ECD elements into country office sector agendas, as part of critical planning stages. Specifically, support was provided to country offices in Benin, DRC, Equatorial Guinea, Mali and Niger to identify opportunities for ECD and roll out the new Global ECD Programme Guidance during SMRs and mid-term reviews. Through strong collaboration with UNICEF HQ, technical support and oversight were provided to Benin, Mali, and Sierra Leone which benefit from dedicated ECD funds, either directly or through the Regional Office. Support was provided to countries such as Cote D’Ivoire, Guinea Bissau, Mali, Nigeria and São Tomé e Principe for roll-out of the global ECD campaign to boost advocacy and awareness around brain development. As a result, the global Scaling-Up Nutrition meeting included a very effective ECD session, and UNICEF Nigeria organized the first high-level ECD conference, opening new opportunities for ECD programming in the country.

Thanks to financial support from the Lego Foundation, through UNICEF HQ, n 2017 WCARO initiated a collaboration with the Human Science Research Council to design and test a new module for supporting caregivers, to be added to the Care for Child Development package. Mali continues to be a flagship country for integrated approaches tonutrition, C4D and education; its experience was featured in the Global ECD report launched in September 2017. Three WCAR countries are now part of the new ECD Action Network (ECDAN), and technical support was provided to activate the network in Cote D’Ivoire, Liberia and Mali. WCARO also supported the conceptualization and organization of the first high-level ECD Conference in Nigeria, facilitating contributions by DRC, Ghana, and Sierra Leone and promoting South-South collaboration. WCARO collaborated with UNICEF’s East and Southern Africa Regional Office in the compilation and analysis of MICS data on ECD, useful to informing both programmes and advocacy across the two regions. As a follow-up to the 2016 Rabat Declaration, and in collaboration with UNICEF Morocco and HQ, WCARO provided extensive technical support and advice for the ECD side event at the UN General Assembly, involving several dignitaries from WCAR, offering another critical opportunity for advocacy.

Opportunities and constraints
As ECD becomes a top priority for many donors and partners, WCARO has an opportunity to leverage new investment to support existing ECD programmes and initiatives, including community-based models and parenting programmes. For this to happen, it is critical to evaluate and monitor these experiences to promote evidence-based approaches and assess their scalability. Advocacy efforts need to be matched by capacity building of national and subnational stakeholders, especially across the health, nutrition and child protection sectors. The activation of ECDAN in WCAR countries and UNICEF leadership of the SDG4 ECD Taskforce represent opportunities to strengthen capacities and the impact of existing ECD policies.

Key initiatives and priorities
Requests for support in the field of ECD have increased in recent years, resulting in a need to scale-up support to country offices, especially in the area of nurturing care during the first 1,000 days. A new P5 ECD Advisor is under recruitment, which should strengthen programmatic links with health, nutrition and child protection and help to operationalize ECD programme guidance. To improve response to the needs of young children and caregivers in emergency settings, special attention will be required in L3 and L2 countries, and collaboration with emergency teams requires strengthening. The Regional Office will also need to prioritize the development of operational guidelines for the inclusion of ECD in national sector
policies, as agreed during the October 2017 regional management team (RMT) meeting. Finally, technical support will be provided to mainstream ECD in WCAR’s Key Results agenda, and regional partnerships with the World Bank and WHO will be revitalized through the ECD Taskforce, led by UNICEF WCARO.

2.8.2 Gender

Deeply rooted structural gender inequalities hinder the realization of results for children in West and Central Africa. WCA countries display the highest levels of gender inequalities on the continent: 17 countries are among the 20 worst-performing African countries on the Gender Inequality Index. The 2016 Africa Human Development Report estimates that gender inequality is costing sub-Saharan Africa US$95 billion a year (6 per cent of the continent’s GDP) and that each 1 per cent increase in gender inequality reduces a country’s human development index by 0.75 percent.

The region’s high rates of child marriage and adolescent fertility, combined with low levels of girls’ education, play a key role in explaining rapid demographic growth and intergenerational transmission of poverty, inequality and deprivation in WCA countries. Fourteen per cent of girls are married by the age 15 and 42 per cent by the age of 18, and a staggering 29 per cent have given birth before the age of 18. Adolescent girls are disproportionately affected by HIV/AIDS, accounting for 64 per cent of new infections among young people. The region has the lowest rates of girls’ access to education worldwide; just 49 per cent of girls are enrolled in lower secondary education. As many as 65 per cent of marginalized adolescent girls (from the lowest wealth quintile) either have never been in school (55 per cent) or dropped out of primary school (10 per cent). Nearly one-in-three girls report having been victim of physical violence before reaching the age of 15.

Gender inequalities are also reflected across sectors. Female teachers, doctors and community health workers remain a small minority and efforts to achieve gender parity in line ministries have faced major bottlenecks. This hinders the emancipation of women, impacts the quality of services provided to women and girls and limits the availability of role models for young girls.

Building on the positive momentum created in 2016, the 2017 gender network retreat convened gender specialists and gender focal points for the first time, creating an engaged community of practitioners equipped with a shared vision and a set of tools and resources. The retreat allowed for the launching of the Investment Case for Adolescent Girls in West and Central Africa (see ROAR chapter on Gender Equality) as a tool for strengthening partnerships, policy and programming in a key set of focus areas: girls education and skills-building, girls’ nutrition and anaemia reduction, MHM and engaging men and boys on gender norms. Building on this approach, an initial set of four countries received support to advance scalable, multi-sectoral programming in key Investment case areas for adolescent girls. Following successful fundraising for adolescent girls’ programming in Ghana, WCARO supported the country office to measure multi-sectoral interventions for adolescent girls; Cote d’Ivoire Country Office received WCARO support for developing a national investment case for adolescent girls, to reduce teenage pregnancy and adolescent HIV infections.

Ongoing support to country gender programmatic reviews and strategic planning exercises over 2016/17 has allowed 80 per cent of country offices in the region to develop clear gender priorities and strategies
linked to both the GAP and WCAR’s investment case for adolescent girls. In 2017 WCARO supported gender programmatic reviews in Benin, CAR, DRC, Mali and Togo, bringing the total number of country offices that undertook a gender review since 2015 to 14. In addition, girls’ education programming was strengthened across the region; 16 country offices prioritized this area as part of their programming portfolio. Four countries undertook girls’ secondary education reviews to strengthen their strategies. Anaemia reduction for adolescent girls and MHM were also prioritized at the regional level and included in all new CPDs.

Active Regional Office participation and engagement in TRT/PBR processes have proven critical for strengthening institutional gender capacities: 70 per cent of country offices with annual budgets above US$20 million have met or are on track to meet GAP-recommended standards on gender staffing, and gender focal points were strengthened in all small country offices.

In 2017 WCARO bolstered evidence-generation on gender inequalities that impact on results for children. In the domain of education, WCARO played a lead role in the regional Gender Equality and Inclusive Education Task Team on SDG4 in West and Central Africa. This led to the development of a regional brief on girls’ education in WCA and to advocacy around investing in girls’ education to reduce child marriage during the high-level meeting on child marriage that took place in 2017. WCARO’s gender and education teams also undertook a gender analysis of the 2016 UNICEF-Interpeace study on youth engagement in new forms of violence in Mali and Cote d’Ivoire. The study provided important insights on gender roles and social pressures and will be the basis for further work on gender socialization. The Regional Office also positioned gender inequalities as a key component of community health systems-strengthening, and a partner was identified to document and analyse the gender-specific dimensions of human resources in community health systems in at least three WCA countries, to inform the implementation of inclusive community health policies. The development and launch of a regional team site and bi-monthly newsletter – along with systematic translation of key documents in French – contributed to stronger knowledge management (KM) and learning among the community of practice gender champions in WCARO.

Opportunities and constraints

Developing a clear regional agenda on gender equality with a focus on empowering adolescent girls will provide a practical roadmap for results-focused programming on gender equality, that will elicit interest from a growing number of donors. At the same, its effective roll-out requires dedicated support to UNICEF country teams to develop a clear gender narrative on country programme interventions that links specific policy and programmatic interventions across sectors to the delivery of a coherent set of results on gender equality and the empowerment of adolescent girls. In addition, key lessons from implementation of the Global Programme on Ending Child Marriage and work on girls’ education, show that achieving impact for adolescent girls requires: (i) increased attention and evidence-building on context-relevant strategies and platforms for reaching the most vulnerable girls (those that are out of school and not readily ‘reachable’ via service platforms); (ii) scalable interventions need to foster programmatic and geographical convergence to have a meaningful impact on girls’ life opportunities, including in newer areas such as adolescent nutrition, MHM and targeted education interventions; and (iii) enhancing gender integration
in systems-strengthening, to address gender equity issues from a rights-based perspective and elaborate strategies for engaging men and boys.

Internally, it will be essential to: further strengthen staff capacities (the launch of the GenderPro credentialing pilot was a first step); better define strategies and platforms for addressing internal gender issues; improve approaches to identifying strong gender candidates for the region (especially in difficult, emergency-prone contexts characterized by deep gender inequalities); and document the diversity of gender specialist models and capacities.

2.8.3 Communication for development

In 2017, interventions remained strongly focused on polio eradication, routine immunization, emergencies and MNCH/essential family practices. Most regional office management plan (ROMP) indicators were fully achieved, with the exception of a few countries that developed communication plans for child protection. This is mostly due to the strong and urgent requirements on C4D from child survival teams.

In 2017 WCARO’s main contributions to country offices were in the areas of quality assurance, knowledge management and regional coordination. In quality assurance, the Regional Office provided support for building capacities of national counterparts in C4D design, implementation, M&E and integrated strategies in both development and humanitarian contexts. The creation of regional ‘Communities of Practice’ served to build the confidence, accountabilities and collective credibility of C4D teams. The Regional Office also focused on strengthening strategic alliances and improved planning, funding, coordination and timely technical assistance to high-risk countries.

To generate evidence, a research partnership was developed with the Institut de Recherche pour le Developpement, aimed at better understanding the region’s socio-anthropological research landscape. In routine immunization, UNICEF’s partnership with Gavi was reinforced to fill C4D gaps in staffing and capacities ($1 million among 15 COs). In 2017 the C4D section also engaged in collaborative planning with ECOWAS and ECCAS. Polio eradication continued successful partnerships with the Gates Foundation, Rotary and WHO. Agreements were renewed with Muskoka (French Government) to strengthen efforts by six country offices to promote essential family practices.

Opportunities and constraints

One of the key strengths of C4D is its cross-cutting capacity to stimulate convergence among sectors. The opportunity brought forward by country offices in 2017 were intentional cross-fertilization efforts of previous vertical interventions to benefit all sectors. Areas for increased focus include the institutionalization of country-level community engagement platforms, development of emergency C4D preparedness plans with national partners, positioning immunization as an entry point to other health services and stronger emphasis on understanding urban social networks. Other opportunities identified were the increased usage of mobile technologies, increased collaboration with the external communications section, building stronger engagement with civil society and frontline workers, strengthening interactive radio programing and capitalizing on polio legacy investments. Improved documentation, M&E and upscaling of C4D efforts are a critically needed funding opportunity for 2018.
Constraints include a lack of sustainable funding, local partners, the difficulty of presenting clear evidence of C4D contributions to behaviour and social change, ad-hoc technical assistance to country offices due to limited staff, no Institutional anchoring of C4D in national structures and poor convergence of services and interventions due to vertical programming.

**Good practices and lessons learned**

Some of the best C4D practices in 2017 were the anchoring of community-based approaches in national structures, increasing the capacity of civil society groups and frontline workers, strengthening social accountabilities between communities and service providers and using mobile technologies for feedback, evaluation and messaging.

**Key initiatives and priorities**

In 2018 priority will be placed on: planning for emergency preparedness and response to outbreaks, promoting institutionalization of community-based approaches, strengthening civil society and frontline workers, cross-fertilization of C4D work across sectors, stimulating social accountabilities between communities and service providers, promoting ‘champions’ for peer-to-peer modelling, understanding urban influences and networks, documentation, peace building, research and M&E, fund raising and effective usage of mobile phone technologies.

**2.8.4 Communication and public advocacy**

This year saw the full-fledged roll-out of the regional communication and public advocacy strategy adopted in 2016, bringing together contributions from all country offices in the region along three integrated areas, in support of regional priorities. The strategy, with clear joint priorities and activities, has led to more effective coordination of country offices around common priorities, which multiplied the reach and impact of communication and public advocacy work in the region.

In the first area, media outreach and partnerships, the Regional Office coordinated seven media moments, bringing together country offices in the region around key regional flagship initiatives: the launch of the report *Silent Shame: Voices of children caught in the Lake Chad crisis* highlighted the impact of violence on children in the Lake Chad area; the launch of the report *In Search of Dignity: Voices of children on the move* highlighted the stories of children impacted by migration. Other outreach took place at the ECCAS/ECOWAS conference on ending child marriage, the ICASA conference on HIV/AIDS in Africa; the AU conference of ministers on civil registration and the release of *The State of the World’s Children*, highlighting digital initiatives and influencers from the region.

At the same time, ongoing media and communication support was provided to UNICEF offices in several countries in crisis – CAR, Cameroon, DRC, Mali and Nigeria – for the production, dissemination and pitching of communication packages that highlight their respective crisis among the public and partners through the media and national committees.

For the second area, story-telling through initiatives and products, a range of multimedia content telling the stories of children and influencers in the region was produced and disseminated on UNICEF Africa digital platforms on a daily basis – adding over 65,000 new followers – to sustain long-term interest and reach audiences with key messages and content related to Regional Priorities. WCARO’s digital platforms
now have a potential reach of nearly 350,000 supporters. The creation of the regional website as part of the digital transformation project was completed, with an expected launch in January 2018, which will expand UNICEF’s reach to a broader audience, with high-quality, compelling content.

In this regard, during 2017 the regional #changemakers digital initiative was launched, featuring one-minute multimedia profiles of Africans from all walks of life – artists, entrepreneurs, activists, students, etc. – who are taking part in the creation of a prosperous Africa for current and future generations. The series, using the #generation2030 and #changemakers hashtags, brought together 10 country offices and will continue to cover all WCA countries in coming years, to form an inspiring online gallery. Taking advantage of World Children’s Day, the regional ‘Take Over’ initiative brought together children from eight WCA countries, who ‘took over’ the TED Talk-style event Africa Dialogues on 20 November. Onstage, the children told the public about the Africa They Want – the theme of the African Union. The event was streamed live to global audiences, and recordings of the 5-10 minute talks by the children were disseminated and promoted on digital platforms throughout the year.

For the third area, engagement with children, youth and influencers – a new mass-media initiative called ‘Voix des Jeunes’ (Voice of Youth) that promotes the transformation of adolescents and youth into socially conscious, solutions-oriented change-makers and amplifies their actions through television competitions and digital media – was expanded to four country offices. The programme has reached nearly 2 million people through broadcast and digital platforms, including 1 million through televised competitions across three countries, during which 100 solutions were presented by youth participants through 50 televised broadcasts.

Building the communication capacity of country offices and promoting collaboration among communication teams in the region was a key 2017 priority. A regional network meeting was held with the participation of UNICEF communication staff from all 24 countries, as well as colleagues from UNICEF HQ and external partners, including the media. In addition, three media training sessions were held for RMT members, regional office specialists as well as communication staff from in the region. Induction programmes were held for three new chiefs of communication (Cote d’Ivoire, Ghana and Mali) to facilitate their transition to the region, and support was provided to six country offices for the recruitment of new communication staff.

Finally, significant efforts were put into preparation of the ROMP, including the development of a strategic note on WCARO communication and public advocacy for 2018-21, to ensure that the region is in a strong position to raise the consciousness of key external audiences on the importance of equitable investments in children and create opportunities for supporters and influencers to take action and support the cause of children in WCA over the next four years.

2.8.5 Resource Mobilization

In 2017 the Regional mobilized US$762 million from various donors, for both emergency response and development purposes. This represented a 14 per cent increase over 2016 performance.
As shown in the chart below, the health sector attracted the largest share of income mobilized (31 per cent), followed by nutrition (14 per cent), water and sanitation (13 per cent), education (10 per cent) and child protection (5 per cent). Compared to 2016, the nutrition sector experienced the most significant increase in funds raised (70 per cent), followed by child protection (58 per cent), WASH and humanitarian action/response (each up by 19 per cent).

In 2017 resource mobilization results continued to reveal important disparities, as shown in the table below. Together, country offices in CAR, Chad, Cote d’Ivoire, DRC, Mali and Nigeria mobilized altogether about 72 per cent of total income; Nigeria alone mobilized 33 per cent. However, country offices such as Benin, Cabo Verde, Chad Equatorial Guinea, Gabon, Senegal and São-Tome & Principe only mobilized about 1 per cent of total Income. This imbalance might be explained by the fact that countries experiencing humanitarian crises attracted the largest share of donor resources, to the detriment of more stable countries.

Table: Countries' share of total income mobilized: top 6 vs. lowest 6

<table>
<thead>
<tr>
<th>Countries</th>
<th>Share of total income (6 top - 72 per cent)</th>
<th>Countries</th>
<th>Share of total income (6 lowest - 1 per cent)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nigeria</td>
<td>33 per cent</td>
<td>Senegal</td>
<td>0.40 per cent</td>
</tr>
<tr>
<td>Democratic Republic of Congo</td>
<td>18 per cent</td>
<td>Benin</td>
<td>0.37 per cent</td>
</tr>
<tr>
<td>Cote D’Ivoire</td>
<td>6 per cent</td>
<td>Equatorial Guinea</td>
<td>0.15 per cent</td>
</tr>
<tr>
<td>Chad</td>
<td>5 per cent</td>
<td>Cabo Verde</td>
<td>0.06 per cent</td>
</tr>
<tr>
<td>Central African Republic</td>
<td>5 per cent</td>
<td>Gabon</td>
<td>0.012 per cent</td>
</tr>
</tbody>
</table>
| Mali                               | 5 per cent                                 | São-Tome & Principe                 | 0.003 per cent                              

Source: Insight data, February 2017 mobilized: Top 6 vs 6 lowest countries

Also in 2017, UNICEF offices in the region continued to maintain excellent relationships with key donors from the public and private sectors, including host country governments. Forty-three per cent of the income mobilized came from five major donors: The UK Government (17 per cent), European Commission (9 per cent), US Fund (6.5 per cent), Japan (5.3 per cent) and ECHO (5.2 per cent). The private sector’s contribution represented 15 per cent of total Income mobilized in 2017.

While there was an increase in total Income mobilized across all sectors, the region continued to experience important funding gaps, especially for emergency response. Only 57 per cent of 2017 Humanitarian Aid for Children (HAC) appeals was mobilized. Health, WASH and child protection in emergencies face the largest funding gaps, with respectively only 36, 37 and 45 per cent of funds mobilized in 2017.
The Regional Office supported country offices to develop resource mobilization plans and funding proposals, undertake donor engagement and negotiations and follow-up grant management. Specifically, WCARO direct support contributed to:

**Mobilization of global thematic funds:** WCARO programme sections prepared proposals for global thematic funds, and in 2017 mobilized US$46 million from global thematic resources, distributed as follows: education (27 per cent), health (26 per cent), humanitarian response (24 per cent), WASH (13 per cent), child protection (8 per cent), social inclusion (1.3 per cent), and nutrition (1 per cent).

**Mobilization of global programme partnerships (GPP) funding:** WCARO worked with country offices to support development and submission by governments of new proposals to several GPPs in 2017. For global funds, the RO supported Burkina Faso, Cameroon, Chad, Cote d’Ivoire, DRC and Guinea. Donor feedback is expected in 2018.

**Preparation of country funding proposals:** The Regional Office provided technical inputs and quality assurance in the preparation of several country office donor proposals in 2017.

**Development of multi-country proposals:** In 2017 the Regional Office developed eight regional proposals covering: WASH, child protection, health, education, nutrition and HIV.

**Key initiatives and priorities**

Mobilizing resources for the children’s agenda through traditional bilateral donors, especially for development purposes, has become a major challenge in WCAR. In middle-income countries, despite little progress in the situation of children, the number of donors for development projects has declined considerably. In low-income countries (such as CAR, Chad, DRC, Mali and Niger) anecdotal reports suggest that ‘donor fatigue’ is responsible for reduced funding of development initiatives. In response to this challenge, during the new programme cycle the Regional Office will be exploring opportunities, such as:

1) Leveraging domestic resources by stepping up engagement with government departments responsible for budget planning, to ensure improved consideration of child-related programmes in public budgets and help with fiscal space analysis, identifying new funding niches (especially with local governments)

2) Building strong partnerships with the private sector, especially in countries with strong potential. The improved business environment in many countries opens doors for effective engagement with the private sector to strengthen corporate social responsibility in sectors sensitive to children, as well as raising funds from high net worth individuals and foundations

3) Building partnerships with international financial institutions (e.g., World Bank, African Development Bank, Islamic Development Bank). The Regional Office will work with country office to operationalize global strategic frameworks of engagement signed with these financial Institutions.

**2.8.6 Programme planning, monitoring and evaluation**

2017 was an intensive year for programming in WCAR. Nine countries developed new CPDs, while six country offices with country programmes ending in 2018 began to reflect on their next programme.
National development priorities were revisited, in line with the 2030 agenda and SDGs. With increased need for robust data for policy and programme formulation and SDG monitoring, the evidence-generation and research functions have become more and more critical in UNICEF, particularly in WCAR.

Throughout the 2014–2017 period, the Regional Office provided technical support and quality assurance on programming processes to almost all 24 countries, through a mix of in-country and remote support, including direct participation in 21 SMRs, review of 56 programme strategy notes and design of 16 CPDs. In 2017, WCARO supported nine CPDs, 42 strategy notes and six SMRs. The WCAR results-based management (RBM) rollout plan begun in 2016 continued to be a key priority; an additional nine national workshops were held in 2017 and 336 staff trained, for a two-year total of 1,057.

Continued quality assurance and oversight to country offices related to evaluations, MICS and other research led to evaluation coverage of 80 per cent, and a management response submission rate of 100 per cent. To strengthen capacity and systems for relevant, quality evidence, WCARO is finalizing a long-term agreement with four research/evaluation firms and trained of a pool 15 vetted Francophone consultants to support evaluations. Further, the Regional Office finalized an independent assessment of the Nigeria+ crisis, in close coordination with HQ. WCARO supported the quality assurance for results matrix and costed evaluation plans in six countries.

WCARO fully contributed to UNDAF programming and management across the region through the R-UNDG QSA/PSG. It contributed to the facilitation of yearly Francophone UNDAF rollout workshops, training on programming principles, strategic prioritization retreats, as well as orientation workshops for UNCT representatives and regional UNDG-WCA working groups. Substantive contributions were provided on the review of UNDAF products (road maps, common country assessments, evaluation reports, UNDAF documents etc.), particularly in Nigeria and Senegal, where UNICEF was the convening agency.

With regard to resilience, risk-informed programming and disaster-risk reduction (DRR), UNICEF WCARO led the coordination and piloting of the UNDG-WCA/OECD common diagnosis and prioritization approach, and provided important support for development of UNICEF’s recently endorsed fragility framework and guidance on risk-informed programming. WCARO continued to play a major role as co-chair of the R-UNDG and convener of the UNISS Resilience pillar. During 2014-2017 WCARO contributed to finalizing national DRR capacity assessments and action plans in seven countries, and systematically applied a resilience and risk-informed lens to CPD and UNDAF formulation processes.

MICS6 was launched in nine WCAR countries and planned for implementation in three others, and survey findings reports for 11MICSS were finalized in 2017. The final results of Nigeria’s MICS were disseminated, along with results of a complementary immunization survey. Sierra Leone organized the first workshop on compiling of data interpretation reports within six months after the MICS6 data collection; the report is planned for release in early 2018.

The Regional Office contributed to global initiatives such as Insight/RAM redesign, standard indicators uptake and development of performance monitoring tools. In collaboration with the HQ field results group and ICT Division, WCARO organized a regional InSight workshop in 2017, with participation by 70 staff from 22 countries. The workshop was an opportunity to strengthen regional and country office capacity to monitor KPI performance.
Opportunities and constraints

In the area of programme planning, major challenges during the reporting period (and throughout 2014–2017) included: 1) reaching a critical mass of R-UNDG staff to adequately support UNDAF; 2) contracting and funding master trainers; 3) completeness and consistency of RAM planning and reporting data in line with ROMP offline information; 4) lack of an executive directive defining adherence to GRIP (country office face competing priorities and lack incentives to change their approach, and have not yet assessed and evaluated the extent to which they are risk-informed); 5) constraints tied to timely and quality donor reporting; 6) mobilizing funding to support staff under other resources-regular (ORR).

With regard to M&E, major challenges during 2017 (and throughout 2014–2017) included: 1) lack of sustained support for better quality situation analyses, reflecting a WCARO capacity gap; 2) difficulty of attracting good bilingual consultants; 3) funding gaps and delays for surveys and MICS in emergency settings; 4) lack of a global KM strategic framework and weak accountability of KM focal points; 5) connecting the monitoring of results for equity system (MoRES) with other national and inter-agency initiatives, and waning interest in MoRES overall.

Good practices and lessons learned: The following lessons learnt were captured during this cycle

- Combination of frontloading + RBM training + SMRs is key in equipping programming COs
- In-country managing for results peer review enhanced understanding of country-specific contexts, leading to better-tailored remote and onsite technical assistance
- Programming to strengthen resilience requires coordinated approaches to equity, gender, social protection, peace-building, risk informed programming, DRR and climate change
- RBM is sparking growing interest and engagement by national partners and the UN
- Failure to use a results-based budgeting approach makes it very challenging to establish meaningful budget reports
- Optimal use by key programme stakeholders of data, findings and evidence-generated is key is vital to strengthening evidence- and equity-based programming
- Strategic partnerships played a vital role in overcoming lack of resources and capacity related to research and evaluation
- Use of existing shared drives must be discontinued to fully migrate to the SharePoint team-site
- Establishing vetted rosters of consultants for MICS and evaluation in the region is essential to manage these processes and improve their quality.

Key initiatives and priorities

Programme and planning:

- Technical support and quality assurance for six CPDs and related programme strategy notes (PSNs), as well as support for four SMRs (Congo, Mali, Niger and Sierra Leone)
- Specific support for Senegal UNDAF development;
• GRIP piloting and common diagnosis and prioritization and securing funding for and articulating the resilience/fragility/DRR agenda with the new climate change and sustainable environment component
• Operationalizing WCAR’s KRCs.

M&E and KM:
• Finalizing the research strategy and agenda and starting implementation
• Sharpening evaluation and research quality assurance through long-term agreements
• Costed evaluation plan analysis for six programming countries
• Analysis of country offices’ monitoring and evaluation plans, to feed into 2018 planning
• Launch of new regional evaluation committee
• Finalization of WCAR’s KM strategy
• Launching of WCARInfo, restructuring content around the WCAR KRCs and in line with UNICEF’s new Strategic Plan and the SDGs, as well as regular updating of the content and developing a protocol for its administration.

PART 3 Analysis of programme strategies and results: Global and regional programme

3.1 Influencing global/regional discourse and policy

In 2017 WCARO continued to strengthen UNICEF’s influence within African regional political institutions. With coordination by the AU Liaison Office, WCARO engaged the AU Commission on many child-related issues, particularly with reference to advancing the CRVS programme and the #EndChildMarriage campaign (for which 15 WCA countries had carried out national launches by end-2017). WCARO also supported the ADEA to develop implementation frameworks for the AU’s continental education strategy for 2016–2025. In addition, WCARO worked with The African Council of Ministers for Water to develop a harmonized monitoring framework for Africa Water Vision 2025 and the Dakar/Ngor Declarations 2030. UNICEF strengthened the capacity of the ECOWAS Commission through workshops and training on ending child marriage (in collaboration with the AU and partners); child poverty (in collaboration with ILO and multiple partners); social protection; the regional child protection system; and EiE.

A major achievement tied to ECOWAS engagement was the adoption of a regional policy framework on child protection systems by heads of state and Governments in December 2017. Also in 2017, WCARO began support for the drafting of a new ECOWAS regional policy on children. This work is currently ongoing and will be finalized in 2018. With ECCAS, cooperation was revamped in 2016 with the signing of a new memorandum of understanding and a two-year work plan covering child protection, health, WASH, HIV/AIDS and EiE. Capacity-building activities were carried out involving ECCAS officials in many domains,
including eMCTC, HIV in children and adolescents and cross-border management of cholera in the LCB. ECCAS also invited UNICEF to two high-level ministerial meetings to advocate for children’s issues.

3.2 Evaluation, research and data
The list of evaluations, research and studies completed in 2017 is attached (see Annex IV) and corresponding reports were uploaded to the Global Evaluation and Research Database.

3.3 Implementation strategies

3.3.1 Research, data, evidence-gathering, evaluation
Evaluation coverage improved slightly in 2017: three of WCAR’s 25 offices have not conducted an evaluation during the last three years; one is currently doing so, but reports are not yet finalized.

Evaluation quality also improved in WCAR, from 40 per cent in 2016 to 60 per cent in 2017. Of the 15 evaluation reports submitted in 2017 only five had been rated as of this writing, of which three were rated satisfactory and two fair. It is important to note that none of the evaluations failed to meet UNICEF quality standards, an improvement from 2015 when two evaluations were rated unsatisfactory.

During 2017, 100 per cent of management responses were completed for evaluation reports submitted in 2016. Additional efforts will be required to complete implementation of pending actions from 2016 management responses.

A marginal increase in evaluation budget use (0.50 per cent in 2016 to 0.55 per cent in 2017) took place. But despite all efforts to better capture evaluation-related expenditures, it is difficult to keep, year after year, the budget use for evaluation at 1 per cent of each office’s total budget. Budget use for evaluation is tracked quarterly and yearly, but budgeted for the duration of the cycle (costed evaluation plan, CEP), and the requirement is to conduct at least one evaluation every three years. Thus, WCARO suggests that evaluation budgets be calculated by applying the average of three years’ budget use for evaluation over the average of three years’ overall budget.

Five CEPs (Burkina Faso, CAR, Gabon, Guinea and Nigeria) and integrated M&E plans from 24 WCAR countries were reviewed, compiled, analysed and shared with PM&E staff, to inform future processes, and presented to the RMT’s research and evaluation committee for oversight. In addition, continued oversight was ensured through appreciation of the Evaluation key performance indicator during monthly Regional Office management team meetings and through quarterly Regional Director messages sharing data from the evaluation dashboard, along with in-depth analysis focused on WCAR country offices’ performance. Quality assurance was also provided for 10 evaluation documents from country offices and Regional Office sections.

The RO completed 11 evidence-generation activities (one evaluation, two research papers, seven studies and one survey) and one publication in 2017 (see list in Annex IV). Evidence generated was used for advocacy, knowledge-sharing and influencing programmes for children through participation in and
presentations at regional, global and Africa-wide fora. One research paper and four studies are ongoing, to be completed in early 2018.

To strengthen capacity and systems, WCARO: (i) established a long-term agreement with Universalia Company for quality review of integrated monitoring, evaluation and research plans; (ii) designed SOPs for the use of this LTA and broadly for the review of evidence-generation activities the region; (iii) developed strategic partnerships for evaluation with UNWomen, Centre for Learning on Evaluation & Results, Reseau Francophone d’Evaluation and the African Evaluation Association to build institutional capacity within 10 volunteer organizations of professional evaluators in Francophone countries.

3.3.2 Knowledge management/exchange

WCARO’s team-site continued to serve as a one-stop shop for information-sharing and collaboration, mainly around key results for children and key programmatic areas. Its design was completed and simplified to make it more user-friendly, focal point capacities were strengthened and guidance was developed to ensure effective maintenance. The findings of the KM mapping laid the foundation for WCAR’s upcoming KM strategy and informed the 2017 WCARO KM work plan.

For data management, additional features were developed in WCARInfo, which provides predesigned and downloadable dashboards showing country profiles for the 24 WCAR country offices and the region, and sectoral factsheets for each UNICEF programmatic sector. It also contains a databank with a regional database and 18 national databases, as well as a repository for SMART survey reports and data and links to other relevant data platforms.

WCARO contributed to the reflection on global enterprise content management by sharing experience on the design, content and implementation of its document management system. The office supported the design of the Senegal Country Office’s team-site and accompanied a KM mapping exercise in Cameroon.

In addition, WCARO continued to lead key sector-level KM initiatives in the region, mainly around communities of practices, cases studies and documenting lessons learnt. The office chaired the sub-regional working group on immunization and established a polio task force in the context of Lake Chad initiative. In the HIV-AIDS sector, the RO launched, in collaboration with UNAIDS, a landmark regional report "Step-up the pace toward an AIDS-free generation in WCA" during the 19th ICASA, placing children and HIV issues high on the regional agenda, with strategic participation by the Regional Director. WCARO co-chaired, with UNESCO, the regional coordination group on SDG4 and contributed to four thematic task teams: TALENT, system strengthening, gender equality and inclusive education, and ECD. The office published four technical papers on social policy to improve understanding of the challenges to child wellbeing in the region. It has also launched a regional social protection platform, in partnership with the World Bank, ILO, WFP, FAO, Save the Children and other stakeholders, to promote knowledge exchange among social protection stakeholders.

Regional meetings continued to offer a good opportunity for generating and sharing knowledge about UNICEF’s key interventions areas and strategies.
The regional KM working group continued to play a vital role in overseeing KM initiatives and making the link with their respective sections.

3.3.3 South-South cooperation and partnerships
In 2017 the Regional Office worked closely with UNICEF’s Guinea-Bissau and São Tomé and Príncipe country offices to facilitate South-South cooperation among the two governments for implementation of the CLTS approach, with the aim of reducing OD and promoting safe sanitation and hygiene practices in rural communities. This collaboration was rolled out in four distinct phases. First, a field visit to Guniea-Bissau provided São Tomé and Príncipe officials with insight into rural sanitation issues and revealed how the CLTS approach was used as a solution to end OD. Technical assistance provided during the second phase facilitated diagnosis of the specific situation in São Tomé and Principe and helped to ascertain possible implementation options. This was followed by a conference on sanitation in May 2017 that helped to complete the diagnosis by providing partners and different sectors with a venue for analysing Guinea-Bissau’s experience and apply the learnings to São Tomé and Principe. These elements fed into the elaboration of an action plan that was validated by the Government and partners. The fourth phase will begin with the roll-out of a pilot project in a community in São Tomé and Principe in early 2018.

3.4 Normative Principles

3.4.1 Human Rights-based Approach to Cooperation
WCARO supported country offices to develop country programme documents underpinned by human rights principles. Specifically, WCARO contributed to training United Nations Country Team in Senegal, which included the human-rights-based approach to programming as part of the UNDAF development process.

Human-rights based approach to programming is a core component of the global and regional RBM learning roll-out.

3.4.2 Gender Equality
In 2017 the Regional Office launched an investment case for adolescent girls to guide UNICEF efforts to: 1) strengthen national policies and programming that advance the rights of adolescent girls and address the intergenerational transmission of poverty, discrimination and deprivation; 2) support UNICEF regional and country teams to generate evidence; document and test and/or scale up effective interventions in specific programming areas, with a focus on the most excluded and vulnerable adolescent girls; and 3) catalyse partnerships, resources and innovations on transformative approaches to delivering results for girls.
The investment case supports the delivery of key results for children by addressing key gender dimensions of these results through a set of focus areas and targeted interventions to empower adolescent girls (see diagram). Progress on these interventions will be tracked under each of the key results for children, through dedicated indicators.

Within WCARO the investment case will be rolled out through dedicated Regional Office results on adolescent nutrition, girls’ education, ending child marriage and adolescent HIV, as well as a dedicated indicator to measure work on menstrual hygiene management (under hygiene and sanitation work). Under the new ROMP, these results will be delivered through an enhanced team of staff with clear gender accountabilities in education, child protection, WASH and nutrition.

3.4.3 Environmental sustainability

During 2017 WCARO strengthened the regional network of ‘green’ teams; all 24 country offices have a green focal point, and most have national teams that include programme and operations staff. The network serves as a venue for exchanging tips and practices in the region.

The paper recycling initiative continued (800 kg of paper recycled in 2017) and a new recycling initiative was launched, resulting in the collection of 7.5 kg of used batteries, which were sent to a specialized company for proper disposal.

In addition, in collaboration with 24 country offices, WCARO’s 2017 ROMP for the first time includes an outcome promoting sustainable development and addressing the impact of climate change on children (Outcome 4 - Every Child in WCAR Lives in a Predictable, Safe and Clean Environment). In that context, it was decided that a regional advisor for sustainable development and climate change would be recruited to support country offices to mainstream sustainable development into programming.
PART 4: Management

4.1 Management and operations
WCARO achieved all the priorities identified in its 2017 annual management plan:

- Adequate support was provided to Central African Republic and Chad country offices for strengthening their internal controls and addressing audit recommendations.
- Travel planning, execution and reporting procedures were improved in WCARO.
- Compliance with medical clearance for duty travel was ensured.
- Key results for children were identified, in coordination with country offices, along with a monitoring system.
- Work processes for institutional and individual contracts were reviewed and improved.

Other significant achievements include:

- Regional Programme Budget Review (PBR)-supported offices improved their management of significant, complex changes. PBR lessons learned were collected and disseminated across the region.
- WCARO’s ROMP 2018-2021 was recognized as one of the best among other regional offices and headquarters divisions.
- Overall, WCARO significantly improved its financial status by year-end closure, and has been one of the top performers for the last two years.
- In 2017 WCARO reviewed all country office annual management plans for the first time.
- Significant improvement in audit ratings: all 2017 audits were rated qualified moderate.
- In relation to information and communications technology, WCARO closed recommendations from the audit of infrastructure and disaster recovery planning, improved telecommunications and supported country offices to improve compliance with computer hardware standards. Implementation of eTools progressed, with implementation by six country offices, aimed at improving their partnership management and processes.
- The region continued to make solid progress in improving execution rates; 13 country offices achieved Q3 KPIs and other COS raised execution rates compared to 2016. Dedicated staffing for HACT exceeded the target. All country offices are implementing the CSO Procedure, and most are working to reinforce partner capacity. This year included a new emphasis on quality and follow-up of assurance, recovery of unutilized balances or ineligible expenditures, promoting ethics and preventing fraud and corruption.
- The Regional Office supply section actively supported country office supply teams to ensure efficient and effective programme implementation activity by reinforcing supply chain systems and normative approaches, as well as further strengthening staff skills. Oversight led to improvements in on-time delivery at lower cost by perfecting clearance processes, knowledge of local markets and storage management. The team also undertook supply chain strengthening activities for government counterparts in the region. End-year throughput reached US$879 million (54 per cent for procurement services and 46 per cent of UNICEF procurement of goods and services).
- Regular updates on security trends in the region are shared with country offices, which helped to devise strategies for programme implementation. The over-all security situation in the region continues to deteriorate, and it is likely that a resurgence of insecurity – predominantly crime and
terrorism – in many parts of the region will occur in early 2018. Most of the targets selected by violent extremist groups are government entities and vulnerable civilians. Significant efforts will be required to strengthen UNICEF’s strategies for delivering results in most affected areas.

**Success factors/constraints:** WCARO embarked in a process of simplifying business processes, which was a success factor in 2017. Overall, insufficient human resources constrained efforts in 2017. However, there is an opportunity going forward, as the ROMP 2018-2021 includes additional staffing for Operations functions. Capacity in the area of technology for development (T4D) in the region has been low. With the arrival of a specialist, work focused mainly on assessing the status of T4D projects in the region and developing a clear and efficient T4D strategy.

**Risk mitigation practices - effectiveness, successes, challenges and best practices:** WCARO reviewed and updated its risk profile in 2017, as part of the ROMP 2018-2021. Mitigation measures were identified and are being monitored. To mitigate the risk of not achieving results for children, key results were defined in coordination with country offices, and will constitute common goals going forward.

**Office management practices, systems and structures - summary of those reviewed, constraints identified and innovations introduced in 2017:** The annual management plan for 2017 clarified management practices and systems in WCARO. Following discussions at the annual review in December 2017, it was recognized that a number of task forces should be further reviewed, streamlined and better embedded in the current management structure.

### 4.2 Human resource management

Human Resources (HR) is tasked with facilitating the achievement of results for children in UNICEF’s 2018-2021 SP; hence WCARO focused in 2017 on strengthening talent acquisition and retention by leveraging the four pillars of the HR reform (strategic staffing, performance management, service delivery and strategic partnering) to increase efficiency and effectiveness in human resources management. To ensure that the human resources needed to achieve results for children in WCAR are acquired and retained, and to apply HR reform initiatives, WCARO’s HR team focused on four key regional office accountabilities: capacity development of country office HR practitioners, technical assistance, partnerships and oversight. This resulted in the acquisition of some of the talent required: seven Representatives were appointed through succession planning, and approximately 456 vacancies were filled. Appointed staff were on-boarded through strategic partnering with hiring managers and in collaboration with DHR and the Global Shared Services Centre. To increase staff productivity and retention, WCAR-HR strengthened partnerships with managers and staff through 15 group learning activities. Seventy per cent of 2016 performance reviews had been completed by the reporting cut-off date, staff at 10 country offices received salary increases, 237 staff were granted continuing appointments, 1,384 contracts were renewed for 365 international professionals, 467 national officers (NO) and 552 general services (GS) and more than 600 staff received counselling services.
Shortfalls fell into two areas, recruitment and meeting deadlines. Attracting and retaining talent is a major challenge due to the difficult living and working conditions in some countries. Many recruitment processes did not lead to on-boarding staff due to candidates’ lack of proficiency in official working languages; some offers were declined due to low salaries. Lack of funding also made it difficult to retain good performers and led to losing talented staff (NO and GS) because of low salaries in some countries. Meeting deadlines was a challenge because of the multiple demands and limited HR staff at both ESARO and country office HR units to cope with additional workloads resulting from unforeseen delegated activities from DHR and emergency response demands.

Success factors supporting the results achieved included: HR capacity development, sharing of HR resources, teamwork, partnerships, just-in-time learning, results monitoring and lateral reassignments, technical assistance and provision of actionable feedback.

The constraints leading to the shortfalls mentioned above were mainly: understaffing of HR teams at WCARO and country offices due to funding, lack of bilingual HR staff that are technically strong and fluent in both English and French; increased workload due to multiple demands from stakeholders with diverse needs, responding to L2/L3 emergencies and delegation of HR activities from DHR without additional resources.

High-risk areas in HR management were identified and risk-mitigation strategies developed and enforced. The strategies listed below proved successful.

- **Wrong hire:** Enforced supervisory reference checks (from current and two former supervisors)
- **Rehiring unethical former staff:** Clearance from PALS before submitting cases for approval
- **Poor performance:** Confirmation of satisfactory performance from supervisor before renewing contracts
- **Financial loss:** Quality assurance to confirm eligibility before processing benefits
- **Loss of life:** Enforcing periodic medical exams for all UNICEF drivers
- **Litigation:** Quality assurance to ensure compliance in recruitment processes.

**Annexes**

Annex I: Summary of key results against indicators: Outcomes/outputs and indicator status

Annex II: Status of activities in the integrated monitoring and evaluation plan

Annex III: Evaluations, Research, Studies, Surveys, and Publications Completed in 2017