Regional Analysis Report 2013

UNICEF Regional Office for West and Central Africa (WCARO)
# LIST OF ACRONYMS

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RTIA  Real Time Independent Assessment
SAM  Severe Acute Malnutrition
SEE  Simulation in Equity in Education
SFA  School for Africa
SIDA  Swedish International Development Cooperation Agency
SMART  Standardized Monitoring of Assessment of Relief and Transitions
SMC  Seasonal Malaria Chemoprevention
SMR  Strategic moment of Reflection
SMS  Short Message Service
SOPs  Standard Operating Procedures
SOWC  “State of Worlds Children” Report
SRGBV  School-Related Gender-Based Violence
SRSG CAAC  Special Representative of the Secretary-General on Children and Armed Conflict
SUN  Scaling Up Nutrition Movement
SWA  Sanitation and Water for All partnership
ToR  Terms of References
TOSTAN  NGO/‘breakthrough’ in Wolof
USMR  Under-Five Mortality Rate
UEMOA  Union Economique et Monetaire Ouest Africaine
UN  United Nations
UNAIDS  Joint United Nations Programme on HIV/AIDS
UNCT  United Nations Country Team
UNDAF  United Nations Development Assistance Framework
UNDP  United Nations Development Programme
UNECA  United Nations Economic Commission for Africa
UNESCO  United Nations Educational, Scientific and Cultural Organization
UNFPA  United Nations Population Fund
UNGEI  United Nations Girls Education Initiative
UNHCR  United Nations High Commissioner for Refugees
UNICEF  United Nations Children’s Fund
UNIDEP  United Nations Institute for Economic Development and Planning
UNHCR  UN Office of the High Commissioner for Human Rights
UN Women  United Nations Entity for Gender Equality and The Empowerment of Women
VAD  Vitamin A deficiency
VISION  Virtual Integrated System of Information
WAEMU  West African Economic and Monetary Union
WAHO  West African Health Organization
WANCDI  West Africa Nutrition Capacity Development Initiative
WASH  Water, Sanitation and Hygiene
WB  World Bank
WCA  West and Central Africa
WCAR  West and Central Africa Region
WCARO  West and Central Africa Regional Office
WHO  World Health Organization
WFP  World Food Programme
WPV  Wild Polio Virus
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1. EXECUTIVE SUMMARY

As we collectively prepare for the final MDG stock taking exercise, it is now clear that the post-2015 Agenda will need to lay particular emphasis on the specific needs of children and women in the West and Central Africa region if the new development consensus is to be sustainable, rights based and equity focused. Last year’s annual report showed that while remarkable progress has been achieved in most areas across the region, the major part of the MDG “unfinished business” is located in West and Central Africa. This is due to slower rates of progress compared to other regions of the world (including Eastern and Southern Africa) combined with the most rapid population growth rates and high levels of instability marked by recurring humanitarian crises. Widespread deprivation and inequities imply that the benefits from rapid economic growth over the past decade have bypassed the vast majority of the population.

In this year’s analysis, we highlight three major transformations that explain slow progress towards the MDG in the region and that will continue to frame the development trajectories of West and Central African countries in the foreseeable future. These include (a) a delayed demographic transition resulting in the most rapid population growth in the world associated with rapid urbanisation; (b) a delayed structural transformation of the economy, with growth largely led by extractive industries and deepening vulnerabilities to climate change and other economic shocks affecting the livelihoods of millions every year, especially in the Sahel region; (c) a contested political and social transition with fragile states in the region further weakened by the resurgence of armed conflicts led by non-state actors and spilling across borders.

In this context the focus of the Regional Office in 2013 has been on working closely with partners to generate responses that are able to (i) provide direct life-saving interventions for the most vulnerable children, including in humanitarian contexts (ii) address the structural drivers of inequalities and systemic bottlenecks to fulfil rights and build community and systems’ resilience, while at the same time (iii) promoting national ownership, accountability and sustainability of equity-focused, rights based policymaking and programming.

Among the most notable Regional Office achievements in the provision of life-saving interventions are combined efforts in immunization, polio eradication, cholera prevention and community led total sanitation, as well as continued efforts to address severe acute malnutrition in the Sahel and key humanitarian needs arising from the Mali and CAR crises.

In the field of immunization, 18 countries having reached the objective of 80% DPT3/Penta3 coverage (compared to only 11 in 2011) and only 2 countries affected by polio compared to 4 in 2012. Reported cholera cases were down 63% from previous years following the adoption of the "Sword and Shield" strategy. While much remains to be done, these achievements have been possible thanks to more integrated and effective strategies focusing on systematically supporting health systems strengthening in the most marginalised districts. This was complemented by specific country support to make “A Promise Renewed” while also advancing policy development for Universal Health Coverage.

The Regional Office provided support and oversight for emergency preparedness and response across three regional emergencies in 2013, including the Mali (Level 2) crisis covering four countries, the Central African Republic crisis (Level 2 until December when it was declared Level 3), the Sahel nutrition
crisis (9 countries). Thanks to the strengthening of regional emergency response mechanisms, **1 million** severely malnourished children were newly admitted into Severe Acute Malnutrition (SAM) treatment programmes in 2013 across the 9 Sahel countries affected by the nutrition crisis in 2012. Over **331,000** Malians and Malian refugees accessed improved drinking water. In CAR, **83,000** displaced people now have access to safe water, **672** separated and unaccompanied children have been reunited with their families, **182** children were released from armed groups, and nearly **596,000** children aged 6-59 months were vaccinated for measles, and over **671,000** children for polio.

A second set of achievements relates to advancing analytical capacities, policies and programming that address the structural drivers of inequalities and deprivations. Quality, equity focused programming was enhanced through country specific support for bottleneck analyses in key sectors as well as regional knowledge sharing activities on the Monitoring Results for Equity Systems (MoRES) initiative to develop a common understanding around major policy and programming implications. Data analysis capacities on Multiple Overlapping Deprivations Analysis were strengthened, as well as country guidance for conducting risk informed, conflict and gender-sensitive situation analysis.

Important work was undertaken on resilience programming to sustain the important, yet fragile results registered in humanitarian contexts, with a particular focus on the Sahel countries. In addition to country specific support in key Sahel countries, the regional office undertook effective advocacy in the context of regional partnership platforms, such as AGIR, SUN and the Integrated Sahel Strategy.

Analysis of the implications of demographic dynamics on further advancing the MDGs in the post-2015 context sparked important policy dialogue at country, regional and global levels on the types of interventions and synergies required to address these structural challenges. This work will be actively pursued in 2014, including by building on key education sector progress in the domains of Out-of-School population research, quality education and gender responsive programming, as well as on linkages between child marriage, teenage pregnancies and longer term societal outcomes.

Finally, the Regional Office continued to engage significantly in strengthening the ownership, accountability and sustainability of country programme planning and management. In 2013 important groundwork was undertaken to strengthen UNICEF’s regional partnership framework, which was identified as a major priority of the Regional Office Management Plan 2014-17. A preparatory report on UNICEF’s comparative advantage and strategic positioning with the African Union, Regional Economic Communities was prepared in 2013 and will be the backdrop for the development of a partnership strategy in 2014.

Closer partnership with UN system agencies was also advanced through the Regional UNDG WCA team, while country experiences on UNICEF’s role and positioning in UN reform and in implementation of the UNDG QCPR Action Plan and Standard Operating Procedures (SOPs) were highlighted at the Regional Management Team and DROPS. The joint internal review of the Cape Verde Joint Office model provided valuable lessons learned on this experience and recommended transitioning towards a more standard DaO model for small countries/programmes. An independent review will complete this analysis in 2014.

Internal programmatic accountability was strengthened through improvements in the quality of evaluations across the region and the development of a Regional Evaluation Strategy aimed at supporting the sustainability of the good performance in 2013. Two regional evaluations on the
emergency responses (Sahel nutritional crisis and Mali+) were also completed and provided important insights to management at Country Office and Regional Office levels.

The timely availability of quality staff and/or consultants with adequate policy and programming experience at both national and regional levels continues to challenge the delivery of strategic, effective programming approaches, particularly in more complex programming contexts across the region. The development of the Rapid Response Mechanisms for Emergency contexts as well as the development and management of experts’ roster in fields such as C4D and MICS constitute good practices that the Office will further explore in 2014.

The weaknesses of accountability systems across the region remains a major shortfall for effective and transparent programming and thus requires strengthened oversight systems and practices. Only one quarter of WCAR CO’s produced a joint UN HACT Assurance plan in 2013 and only one half of UNICEF offices produced a UNICEF specific 2013 HACT assurance plan. The Regional Office response included policy discussions with Representatives, Deputy Representatives and Operations Managers at annual network meetings, regular monitoring and country support on HACT and outstanding DCT, as well as the organisation of a specific DCT VISION clinic in 2013. Priority will be given to further pursue these efforts in 2014 in conjunction with the release of new UNDG and UNICEF guidance.

To address underlying accountability challenges, the RO maintains close relations with OIAI and recognizes that the risk profile of WCAR influences the risk profile of the entire organization. In 2013, the regional office participated in audits in nine offices providing guidance on audit implementation plans, monitoring of implementation of recommendations and analysis of recurrent issues to share good practices and address associated risks with COs. Several unplanned special audits were supported by OIAI, an “investigations” orientation was facilitated during the DROPS meeting and the Director of OIAI attended and presented during the RMT.

As the office looks ahead to the implementation of the Regional Office Management Plan 2014-17, three major priorities emerge. Firstly, building stronger partnerships and leveraging leadership potential to collectively address the structural challenges faced by West and Central African countries in the context of the post-2015 Agenda. Secondly, seeding innovation and designing cross-sectorial approaches to reach the most vulnerable children, building the resilience of families, communities and systems along the way. Thirdly, enhancing accountability and transparency mechanisms within UNICEF and with our partnership in order to reach the levels of programme and management excellence and resource stewardship required for making a real difference for children in the region and reducing UNICEF’s risks.
2. Trends and Progress in the Region as Affecting Children and Women

The post-2015 horizon in West & Central Africa and implications for children

In 2014, new MICS and DHS surveys will be implemented across the region to take stock of progress each country made towards the MDGs.¹ Last year’s report showed that remarkable progress has been achieved in all areas. However, progress being faster in other regions of the world (including Eastern and Southern Africa), it is also clear that the major part of the MDG “unfinished business” will be located in West and Central Africa.²

West and Central African countries are undergoing three major transformations which have heavily influenced their progress towards their MDG and will continue to frame their development trajectories in the foreseeable future: (a) a delayed demographic transition resulting in the most rapid population growth in the world associated with rapid urbanisation; (b) a delayed structural transformation of the economy marked by deepening vulnerabilities to climate change and other economic shocks affecting the livelihoods of millions every year, especially in the Sahel region; (c) a contested political and social transition with fragile states in the region further weakened by the resurgence of armed conflicts led by non-state actors and spilling across borders.

An unfair development trajectory

Widespread deprivation and inequities with the benefits from rapid economic growth over the past decade bypassing the vast majority of the population. GDP growth rates over 4 per cent p.a. since 2000 in the region have enabled 11 countries to become ‘middle income countries’.³ Prospects for the next five years are favourable with annual GDP growth rates accelerating to 6.2 per cent on average. However, continued population increase (2-4 per cent per annum across the region) has meant that growth rates on a per capita basis are still too low to significantly raise living standards. Since 2000, GDP has grown by 4.9 per cent annually but by 1.6 per cent only on a per capita basis. By comparison, in East Asia, GDP grew by 9 per cent and GDP per capita by 8 per cen, annually. Consequently, higher economic growth rates have not translated into significant reduction in

¹ In progress: Congo, Cameroon, Benin, Sao Tome and Principe, Guinea Bissau. In 2014/15: Mali, Guinea, Sierra Leone, Mauritania and Dakar, Senegal.
² The MDGs set targets at global level but have been interpreted as targets to be achieved for every country.
³ when they crossed the GNI per capita threshold of US$1,025
poverty, which remains strikingly high whether at the extremely low poverty line of US$1.25 a day or at US$2 a day (Figure 1).

Meanwhile, rights are violated every day on a large scale, with high levels of horizontal and vertical inequality and extreme poverty affecting particular ethnic groups or regions and undermining social and political cohesion. West & Central Africa has the second highest levels of inequality in the world: the richest income quintile captures nearly half of total income while the 20 per cent poorest income quintile earns just 6 per cent (Table 1). Multiple structural drivers of inequality (gender, ethnicity, religion, location, disability) reinforce each other, resulting in persistent poverty but for a small minority of the population.

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Source: World Bank Development Indicators, latest year of data available (as of Feb 2014)

**Structural transformation in West and Central Africa**

In the post-2015 agenda, governments, development partners and other societal actors will have to be aligned around a vision of development that span three areas of transformation: (1) population and the speed of the demographic transition; (2) the nature of economic growth and the redistribution of its benefits to the wider population to reduce poverty and enhance the resilience of poor population; (3) the political and social transformation that is required to obtain the previous 2 transformations. Adolescents, which represent close to one-fourth of the total population, are a pivotal group on which West & Central African countries’ abilities to reap the so-called demographic dividend rests.

Poverty dynamics are intimately related to the on-going structural and employment transformation in West and Central Africa. Historically, the trajectory of economic development has implied a structural transformation of the economy, with rising productivity in the agricultural sector accompanied by faster growth rates and migration of the labour force in the industrial and service sectors led by growth in urban areas (Timmer and Akkus 2008). Countries in West and Central Africa have advanced at different pace along this trajectory. On the whole, agricultural productivity has increased since the mid-1980s, but only to catch up with the levels attained in the early 1960s, with little technical change to account for (Benin, Pratt et al 2011), and at an insufficiently rapid pace to trigger a momentum for the kind of economic structural transformation witnessed in other regions of the world (McMillan Rodrik et al 2013, Timmer 2009).
Today, more than 70 per cent of the labour force in West and Central Africa are employed in agriculture or the informal nonfarm sectors (51 per cent and 22 per cent respectively). Both sectors are characterised by precarious livelihoods and large numbers of ‘working-poor’ (ILO 2012). Formal wage employment in industry remains marginal, while employment in the service sector becomes significant only for a handful of “middle-income” countries (Figure 3).4 The commodities-driven nature of the growth process explains these trends. In resource-rich countries (e.g. Equatorial Guinea, Gabon), rents from natural resource extraction are channelled in the service sector which provides the main source of (new) employment. In other countries, agriculture (notably small-holder) and informal household enterprises continue to provide the bulk of employment for a rapidly growing labour force but have received insufficient support at the national policy level. Hence, most households in rural areas, whose livelihoods depend on agriculture, remain largely disconnected from the commodities-driven growth process, which explains why rapid economic growth in the past decade has contributed so little to reduce poverty.5

Political and social transformation in a context of state fragility. Since gaining independence, countries in West and Central Africa have experienced a highly contested process of nation-building and citizenship formation. The past five decades have encompassed several cycles of political constructions including single-party autocracies or military rules during the 1970s, state crises in the 1980s followed by state reconstruction and a wave of democratisation in the 1990s followed by a period of sustained economic growth (Young 2012). Governance systems in the region are characterised as “multilevel and networked” (Leonard 2013), and are rooted in local governance structures based on traditional authority and solidarity systems with strong kinship/ethnic allegiances encompassing individuals, as the same time as these structures interact with the State (de Sardan 2009). Today, fifteen countries in the region (including half of ‘middle-income’ countries) are classified as fragile states or in situations of fragility according to the OECD definition, viz. Equatorial Guinea, Congo, Nigeria, Cameroon, Cote d’Ivoire, Chad, Mali, Guinea-Bissau, Togo, CAR, Guinea, Niger, Sierra Leone, Liberia, and DRC, representing 79 per cent of the total population.

West and Central African countries are chronically affected by a variety of humanitarian crises, including insecurity and conflict, drought, flooding, epidemics and acute malnutrition. 2013 was marked by severe conflicts erupting in Mali and the Central African Republic. Conflicts in the Central African Republic (CAR) and in north-east Nigeria have led to displacement, grave protection violations and the initiation of self-defence groups that can threaten stability in neighbouring countries. In Mali, following the French and ECOWAS military intervention and the creation of the MINUSMA force, 2013 saw the reestablishment of a civilian government with the elections of President Ibrahim Boubacar Keita. Nonetheless,

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5 According to World Bank data, the elasticity of poverty is only 0.7 across sub-Saharan Africa compared to 2 for the rest of the developing world (Africa Pulse Vol. 8 2013)
widespread insecurity persists in northern Mali with significant political instability in Kidal. Although refugee numbers have declined in Mauritania, Burkina Faso and Niger, remaining refugees are not likely to return to their homes soon. Improved humanitarian access after the recent defeat of M23, one of the principle armed groups in the eastern Democratic Republic of the Congo (DRC), has revealed larger caseloads of malaria, measles and acute malnutrition, which may mean that increased humanitarian action is needed.

In the Sahel countries, children under 5 continue to suffer from malnutrition and gastric and respiratory infections, and a significant increase in malaria cases has been observed. Although cholera caseloads declined in 2013, significant epidemics continue to affect the Congo River and Niger River basins. Flooding also continues to displace large numbers of people, including in Niger and Mauritania.

In addition, tensions remain in Guinea following elections and in Guinea-Bissau following the coup, and further upheaval may take place in countries with elections scheduled for 2015 (e.g. Burkina Faso, Cameroon, Côte d’Ivoire, DRC and Nigeria). The slow pace of recovery from the Côte d’Ivoire crisis has led to limited returns of refugees from Liberia and Ghana.

Stock-taking of progress towards the MDGs as of 2013.

Progress in child survival (MDG4) across West & Central Africa has been significant with under-five mortality rates declining by 39 per cent from 195 deaths per 1,000 live births in 1990 to 118 in 2012. However, because of rapid population growth, the number of child deaths increased from 1.982 million to 1.985 million between 1990 and 2012. Owing to more rapid child mortality declines in the rest of the world (both in per cent and absolute numbers), the share of West and Central Africa in the global burden of child deaths increased from 16 per cent in 1990 to 30 per cent in 2012. Within West and Central Africa, two countries, DRC and Nigeria, account for 61 per cent of overall child deaths.

In 2010, the epidemiology of child mortality had not changed significantly compared to 1990 - the main child killers remain malaria (19.5 per cent), pneumonia (13.8 per cent), and diarrhoea (11.2 per cent). Important progress was made in tackling measles - which contributed to just 1 per cent of children deaths in 2010 against 10 per cent in 1990 - as well as in maternal and neonatal tetanus MNT – with 12 countries out of 22 validated for having eliminated MNT, including Sierra Leone, Gabon, and Ivory Coast during 2013. The occurrence of MNT, an indication of inequity, remains a public health threat in Nigeria, Chad and CAR where no specific actions have been taken.

Greater efforts is needed concerning neonatal deaths, which accounts for close to 30 per cent of child deaths. The number of neonatal deaths increased in 19 out of 24 countries from 1990 to 2012 resulting in an overall increase in the number of neonatal deaths by 28 per cent. Closely related to slow progress in neonatal health, progress in maternal survival has been made but remain inadequate with the maternal mortality ratio decreasing from 940 to 570 deaths per 100,000 live births between 1990 and 2010, a reduction by 39 per cent only, which places West and Central Africa as the region with the highest levels of maternal mortality in sub-Saharan Africa.

Effective coverage levels for a number of high impact interventions have increased remarkably but important gaps remain at key junctures of the continuum of care. Immunization coverage has progressed significantly with the estimated WCAR coverage of the third dose of DPT increasing significantly from 49 per cent in 1990 to 63 per cent in 2012. Nonetheless, 5,993,000 children were still
excluded from this life-saving intervention (64 per cent in Nigeria alone). Moreover, one in three children did not have contact with immunization services (4,638,000 children did not receive the first dose of DTP). In 2012, only 3 countries in the region achieved the GVAP\(^6\) target of 90 per cent DTP3 national coverage and ≥80 per cent coverage in every district: Burkina Faso, Gambia and Sao Tome and Principe. Significant progress was made towards polio eradication in the region although polio virus circulation remains a critical threat. In 2013 there were 2 polio affected countries (Nigeria and Cameroon) compared to 4 in 2012 (Nigeria, Niger, Chad and DRC). The total number of reported cases of wild polio virus decreased from 344 in 2011 to 128 in 2012 to 57 in 2013 (representing 14.8 per cent of 385 cases reported globally in 2013). No case of wild polio virus has been detected in DRC since 20 December 2011, Chad since 14 June 2012 and Niger since November 2012. However, Nigeria remains endemic and is the epicentre of the epidemic in West and Central Africa with 53 cases in 2013.

Significant progress has been made for care-seeking for pneumonia with the percentage of children aged 0–59 months with suspected pneumonia taken to an appropriate health provider increasing from 37 per cent to 44 per cent during that period\(^7\). Despite some recent progress made in the case management of diarrhea with oral rehydration solution (ORS) and pneumonia with appropriate antibiotic, the coverage of case management for diarrhea and pneumonia remains very low respectively at 27 per cent and 33 per cent in 2012\(^8\). The use of zinc for diarrhea treatment is almost negligible, varying from 0.1 per cent in Burkina Faso to 2 per cent in DRC (the highest recorded) highlighting a huge missed opportunity to reach children with this high impact intervention.

**Malaria** remains the biggest child killer in West and Central Africa. The proportion of the population with access to an ITN within their household is estimated to exceed 50 per cent in 14 countries. However, net utilization still lags behind ownership and more investments are needed in behaviour change communication to improve net use. Access to anti-malarial treatment is still insufficient with only seven countries delivering sufficient antimalarial medicines to treat all patients attending public health facilities. The recent introduction of the Seasonal Malaria Chemoprevention (SMC) offers prospects to deal in a cost-effective manner with seasonal surges in malaria incidence during the rainy high malaria transmission season.

**HIV – Elimination of mother to Child Transmission of HIV (eMTCT).** Despite notable progress in some countries, progress in eliminating HIV transmission from mother to child remains too slow, particularly in countries with high incidence of HIV. The number of pregnant women living with HIV who received more effective antiretroviral medicines for the prevention of mother-to-child transmission increased by 43 per cent. Over the past three years, the number of new HIV transmissions to children has decreased by 19 per cent in West and Central Africa, with notable declines in Ghana, Sierra Leone and Togo.

However, worrying transmission rates persist in Niger (36 per cent), DRC (37 per cent) and Mauritania (30 per cent). In 2012, the overall access to antiretroviral (ARV) for pregnant women living with HIV was still low (31 per cent) particularly when compared to Eastern and Southern Africa (71 per cent). Reasons for this low coverage include limited women’s access to MNCH services (due to cost, distance to these

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\(^6\) In May 2012, the World Health Assembly endorsed the Global Vaccine Action Plan (GVAP) to guide the Decade of Vaccines vision to extend benefits of immunization to all persons. GVAP’s key indicators include achieving and sustaining 90% DTP3 national coverage and ≥80% coverage in every district by 2015

\(^7\) SOWC 2009 and 2013

\(^8\) SOWC 2013.
services, socio-cultural barriers, etc.), lack of integration of services, lack of women’s control over their own health.

**Access to treatment for children is unacceptably low.** Paediatric treatment coverage is particularly weak in the region at just 15 per cent (compared to 65 per cent in ESAR). Overall, only 1 out of 6 children below fifteen living with HIV receive treatment. This is one of the lowest coverage rates in the world and one of the biggest gaps between adults and children: children living with HIV have nearly three times less access to the treatment they need compared to adults living with HIV.

**Adolescents are the only age group that has seen an increase in the number of AIDS-related deaths.** AIDS is the first cause of mortality among adolescents, particularly among 10-14 year-olds. Between 2001 and 2012, the number of adolescents dying as a result of AIDS has more than tripled. Girls are particularly affected by HIV, with 70 per cent of new HIV transmissions occurring among them and 56 per cent of all adolescents living with HIV being girls. West & Central Africa contributes to almost 20 per cent of new adolescent HIV transmissions and 27 per cent of AIDS-related deaths among adolescents in Sub Saharan Africa. Traditionally, less attention has been given to adolescents and as a result they have had less access to prevention, treatment and care. The increasing mortality rate among adolescents emphasises the importance of developing tailored interventions to address prevention, treatment, care and support needs of adolescents.

There are over 4 million children orphaned by AIDS in the region, yet little safety nets exist for them and their carers. Little is known about the conditions in which AIDS orphans from poor families live – most of them are placed in extended families, which are already overcrowded. The situation is particularly worrying for AIDS Orphans living with HIV as they need specific support around medical appointments, treatment regimes, dealing with stigma (often a double stigma, due to orphanhood) and knowing their HIV status. Some children are placed in institutional care or are living on the street; where they face even more vulnerabilities.

**Nutrition.** Countries in the Sahel experience recurrent nutrition emergencies where high numbers of children require life-saving treatment for severe and acute malnutrition. Even in years of relative stability and good harvests, the severity and extent of human suffering in the Sahel region is appalling. This suffering is cyclic, and is often exacerbated by cross-border challenges such as epidemics, floods and conflicts. The decreasing time between shocks is also making recovery more difficult, thereby pushing more people into poverty and contributing to increases in malnutrition and erosion of resilience. UNICEF estimates that about 577,000 children die of malnutrition and health related consequences each year in the Sahel belt. In 2012, over 930,000 children with severe acute malnutrition (SAM) received treatment in the 9 countries. In 2013, this number is likely to be higher, as an estimated 883,000 SAM children had already been admitted for SAM treatment by late September 2013. **Vitamin A deficiency (VAD)** is a major public health problem in sub-Saharan Africa and a major contributor to USMR. Data presented in the 2013 State of the World’s Children report indicate that the coverage for Vitamin A is 83 per cent in WCAR. **Iodine deficiency** is the most common cause of preventable mental impairment. Data from the most recent national surveys indicate that 90 per cent of households in WCAR have access to iodized salt, and that 16 of the region’s country have attained adequate iodine status.

**Education - Intakes in preschool have more than doubled over the period** with gross enrolment rates increasing from 13 per cent in 2001 to 28 per cent in 2012. **Despite the rapid growth in school-age**
population, most countries were able to increase primary school enrolments by more than 20 percentage points over the last decade. The number of children enrolled in school increased by 60 per cent from 37.8 million children in 1999 to 59.4 million in 2010 while primary education gross enrolment rates rose from 85 per cent in 2001 to 105 per cent in 2012 across the region. In 12 countries, gross enrolment rates exceed 100 per cent, indicating that schooling systems in these countries now have the capacity to enrol all primary school-age children. Niger, Burkina Faso and Mali saw the largest increases in gross enrolment (by 46, 39 and 34 percentage points respectively) despite having the lowest enrolment rates in 2000 and facing the fastest increase in their school-age population (by an additional 50 per cent over 10 years) in the region.

Despite remarkable increase in the number of children enrolled in primary school over the past 10 years, severe inefficiencies and inequities affecting the education system continue to exclude the majority of children from quality education. Today, with primary completion rates below 75 per cent in all but three countries (from 35 per cent in Chad to 74 per cent in Togo), the goal of universal primary education by 2015 remains out of reach in the region. Despite progress, countries are still struggling to provide quality education to a rapidly increasing number of children while having to improve the efficiency of their education systems. These systems suffer from major structural weaknesses, many of which are legacies of the colonial period, and generate poor quality and inequitable outcomes.

UNICEF’s out-of-school studies show that on average across the region, 38 per cent of school-age children (40 million) remain out of school (7 per cent in Gabon and Sao Tome and Principe, 29 per cent in DRC, 38 per cent in Nigeria, to 55 per cent in Burkina Faso and Mali.), including one quarter who will never enter school. Only half of a cohort of children complete primary school and only 1 in 4 complete lower secondary education cycle, leading to a mere 14 per cent enter upper secondary school.

The region is also set to fail to reach the goal of gender parity in primary education (MDG3): the average gross parity index (girls vs boys) in primary school for the region currently stands at 0.93 (0.75 in the Central African Republic to 1.10 in Congo); while Congo, Gambia, Mauritania, Sao Tome and Principe, Senegal and Sierra Leone have reached or gone beyond parity, 14 countries still lag behind the regional average. Moreover, gender, wealth and geographic disparities intersect to leave girls from the poorest households living in rural areas with a 30 per cent probability of completing primary school only. Gender disparities worsen beyond primary school, with the gender parity index decreasing to 0.82 at lower secondary level, and further down to 0.73 at upper secondary level.

Recurrent naturel disasters (floods) and complex emergencies present further challenges for children’s continuous participation in education and weaken national efforts undertaken to support the education sector. For instance, the Malian crisis affected the schooling of an estimated 800,000 children, while at least 500,000 school-going children in CAR dropped out as schools remained closed for several months due to insecurity. Conflict analysis of the education system carried out in five WCAR countries highlighted that education systems are not marginal players in conflict dynamics but can be an important driver of both conflict and peace.

Violence against Children & Harmful Traditional Practices. Children in West and Central Africa are exposed to multiple forms of violence, abuse and exploitation, manifested, inter alia, by high prevalence rates of child marriage and teenage pregnancy, female genital mutilation and cutting (FGM/C), violent

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9 (Guinea, Liberia, Mauritania, Benin, Sierra Leone, DRC, Cameroon, Nigeria, Togo, Ghana, Sao Tome and Gabon)
discipline at home and in schools, exploitative child labour and sexual abuse. 9 out of 10 children experience violent discipline and 6 of every 10 girls and women in West and Central Africa still consider it justified if their husband hits them under certain circumstances. The resort to various forms of violence against children are underpinned by power disparities between children and adults as well as social and gender norms that accept violence against children and women as a form of discipline and of resolving conflicts.

**Child marriage** remains widespread across West and Central Africa, most particularly in Sahelian countries where 1 girl in 3 is married before the age of 15 and 3 out of 4 girls are married before the age of 18. Child marriage has declined only very slowly across the region. Teenage pregnancy rates have declined substantially in some countries (Senegal, Ghana and Liberia) but remain high in others (Niger, Mali and Guinea) or increased in recent years (Sierra Leone).

**Female Genital Mutilation/Cutting** has been a main focus for violence prevention work in the region over the past years but the rates remain high in a number of countries. As of 2013, prevalence of the practice continues to vary greatly throughout the region, with national rates ranging from 96 per cent in Guinea to 1 per cent in Cameroon.

**Birth registration** remains an important child rights concern across West and Central Africa where two out of three children below the age of five are not registered. Rates of birth registration present a mixed picture, ranging from 90 per cent in Gabon to just 4 per cent in Liberia (SOWC 2011). Countries registering progress include Nigeria, Benin, DRC, Cote d’Ivoire, Burkina Faso, Ghana, Senegal, and Niger. Linking birth registration with the health system is a key strategy in improving coverage as per the continent-wide Africa Programme for Accelerated Improvement on Civil Registration and Vital Statistics (APAI-CRVS).

Armed conflict, political instability and widespread insecurity in many countries of the region, notably in DRC, Mali, CAR, Nigeria put children at** severe risks of violence and abuse.** The most recent humanitarian crisis in CAR has seen unprecedented levels of violence against children during inter-communal clashes. This conflict has evolved from a political crisis to sectarian conflict in which ongoing reprisal attacks triggered internal displacement of children and women and a large scale influx of refugees into Chad, Cameroon, DRC and Congo with destabilizing effects on neighboring countries. Hundreds of thousands of women and children were put at risk of family separation, violence, exploitation and abuse. Reports were done on high level of child recruitment by armed groups and militias. Structural vulnerabilities affecting weak and fragile states result in inadequate security and justice mechanisms, and poor access to essential social services to protect children and adolescents.
3. Analysis of Programme Strategies and Results in the Region

3.1 Overview of Programme Strategies

In 2013 the Regional Office continued to strengthen the equity focus of country programming, with an important emphasis on resilience building and risk-informed programming to better address the humanitarian-transition-development-preparedness continuum. This has implied a greater emphasis on (i) universal health coverage and integrated intervention packages to strengthen child survival systems and capacities, especially in the most disadvantaged areas, (ii) work with key regional stakeholders and partners to develop a strategic vision for the Sahel backed by longer term financing, (iii) supporting timely and effective responses to the humanitarian needs arising from the internal conflicts in Mali and the Central African Republic, and (iv) strengthening regional analysis on the implications of demographic dynamics in the region in the context of the post-2015 agenda.

A Promise Renewed and the Universal Health Coverage movement in West and Central Africa

Following the conference “African Leadership for Child Survival: A Promise Renewed (APR)” 23 governments have signed the pledge, with 16 of them initiating national APR processes, including national launches in key countries such as Democratic Republic of Congo, Nigeria, Liberia and Senegal. To support these efforts the Regional Offices supported the introduction of innovative strategies, strengthened capacities on “Evidence Based Planning and Budgeting” and development of Reproductive, Maternal, New Born and Child Health (RMNCH) scorecards.

Commitments to realise APR across WCA countries hinges on the implementation of the Universal Health Coverage to ensure effective utilisation of health services by the most marginalised populations. A key policy milestone in this regards was the regional conference on “Health districts in Africa: progress and perspectives 25 years after the Harare Declaration” organised in Dakar in October. It was the first review of the health district strategy developed since the Alma Ata Declaration and the Bamako Initiative, making it more relevant for Universal Health Coverage in today’s contextual picture of globalised markets, multiple actors and rising civil society. The event was supported by the Regional Office under the HHA Community of Practice on Health Service Delivery, in partnership with WHO AFRO, WAHO, the Belgian platform Be-Cause Health, the Ministry of Health of Senegal and the Institute of Tropical Medicine (Antwerp), bringing together participants from 20 country delegations and over 170 experts to discuss African-grown innovation to local health system coordination and delivery.

Refining country strategies to reach the most vulnerable populations and monitor progress

Seven pilot countries (Togo, Niger, Nigeria, Senegal, Ghana, Benin, and DRC) continued to expand and scale their engagement in decentralised monitoring (MoRES) both geographically and across multiple sectors, with support from the Regional Office. In Nigeria the geographical roll-out was supported as well as integration of eMTCT planning as part of the Primary Health Care Review. In DRC and Niger, methodologies used for decentralised monitoring in health were revised and the areas of intervention increased. Three additional countries (Congo, Mauritania, and Sierra Leone) actively piloted decentralised monitoring activities in at least one sector and twelve other countries (Burkina Faso,
Cameroon, CAR, Chad, Côte d’Ivoire, Gabon, Gambia, Guinea, Guinea Bissau, Liberia, Mali, and São Tomé & Príncipe) started planning for it. These activities are poised to strengthen quality, equity focus programming at country level.

A three-day Regional MoRES meeting was held in September 2013 to facilitate common understanding of concepts and principles around equity focused programming and decentralised monitoring. The workshop was an opportunity for pilot countries to share their experiences and practices, supported by the creation of an online exchange platform to share information, tools and guidelines across countries. Key challenges identified included the systematic of MoRES with monitoring initiatives of other agencies (WHO, WB, UNDP) to ensure coordinated equity-focused monitoring at decentralised level.

**Delivering effective Humanitarian Action in Sahel countries, Mali+3 and Central African Republic**

Globally, out of the $US 275 million requested by UNICEF for Sahel countries in 2013 (through UNICEF’s Humanitarian Action for Children (HAC) and the inter-agency Consolidated Appeal Process (CAP)), $US 175 million had been mobilised by December 2013. These funds have been used to assist the humanitarian response for the Mali+ crisis response (Mali, Mauritania, Niger, Burkina Faso), as well the nutrition crisis and other crises including cholera and flooding. UNICEF is grateful for donor support including substantial contributions from ECHO, DFID, SIDA, France, Belgium, Japan, South Korea, OFDA/USAID, CERF (OCHA) and UNICEF National committees.

The Regional Office played an important role in supporting the Level 2 and subsequent Level 3 response in the Central African Republic (CAR) leading both in-situ, remote and surge support, resource mobilization, timely procurement and prepositioning of supplies, support to high level advocacy and communication, and continued leveraging of the humanitarian performance monitoring (HPM) system to inform country office decision making. In 2013, prior to the deterioration of the situation and subsequent declaration of a Level 3 emergency, the Regional Office Emergency Section provided 135 days of in-situ support in CAR. The use of the UNICEF regional supply hubs for CAR (in Accra and Douala) have allowed urgent needs to be met while waiting for replenishment stocks to arrive form off-shore.

This allowed UNICEF to work with key partners to ensure that 83,000 people in CAR have access to safe water, and that 220,000 people have received messages on improved hygiene. In 2013, UNICEF facilitated the reunification of a total of 672 separated and unaccompanied children with their families. Additionally, 182 children were released from armed groups, 109 of whom were successfully reunited with their families and communities. Through UNICEF and partners, nearly 596,000 children aged 6-59 months were vaccinated for measles, and over 671,000 children were vaccinated for polio.

The Regional Office provided a similar array of support services for the Level 2 emergency in Mali and neighbouring countries, Burkina Faso, Mauritania and Niger, covering response planning, supply management and prepositioning, resource mobilization, advocacy and communication. Dedicated technical support in collaboration with HQ was provided to Mali Country Office regarding MINUSMA engagement strategy. Furthermore, the Regional Office supported a Real Time Independent Assessment and subsequent CO management plan development led by the Mali CO, mid-year, with a view to better inform the CO response. The RO leveraged over 8M USD from global/regional thematic allocation to support Mali+ response in Mali and neighbouring countries. Working closely with partners, in 2013, over 331,000 Malians and Malian refugees accessed improved drinking water. In the neighbouring ‘+3’ countries (Burkina Faso, Mauritania and Niger), UNICEF and partners reached 1,940
Malian refugee children with severe acute malnutrition; over 20,000 refugee children were provided with psychosocial support.

In the 9 Sahel countries affected by the nutrition crisis in 2012, UNICEF worked closely with partners to reach about 1 million severely malnourished children who were newly admitted into SAM treatment programmes in 2013. Development of the ‘WASH in Nut’ strategy continued, improving the integration of WASH, health and psychosocial support for malnourished children across the region. By the end of 2013, over 1,800 SAM treatment facilities in health centres in 6 Sahel countries delivered the minimum WASH package. This strategic approach remains highly appreciated by the humanitarian community as an integrated package supporting the mother and malnourished child from treatment in the health structure to improved sanitation at the community level. Child protection support included psychosocial support for nearly 29,000 malnourished children in slow onset food and nutrition crises in four Sahel countries (Cameroon, Chad, Niger, and Burkina Faso).

While significant results were achieved to address humanitarian needs in 2013, additional funding is needed to ensure a targeted and comprehensive response, to build long term community and family resilience, and to consolidate the fragile gains made in the region. In 2014, the cross border impact of the deteriorating situation in CAR is affecting the humanitarian needs of countries such as Chad, Cameroun, Congo Brazzaville and DRC who are experiencing an influx of population movement from CAR. The Sahel and the crisis in CAR will continue to demand attention in 2014 and will require ongoing funding support.

**Resilience programming and the AGIR platform**

In 2013, UNICEF continued to engage significantly in the resilience agenda for West and Central Africa. A WCARO/ESARO joint position paper on resilience was finalized in April, outlining the rationale for resilience, core principles, key strategies and main programmatic focus areas for resilience. This has served as the principal guiding document for UNICEF on resilience, informing the Global Resilience Workshop held in June 2013, as well as UNICEF positioning vis a vis partners and donors.

UNICEF was one of the main drivers behind the strong focus on resilience in both the DPA-led UN Integrated Strategy for the Sahel (with UNICEF and FAO co-lead on vulnerability analysis and resilience measurement) and in the OCHA-led Sahel Strategy 2013 for Humanitarian Action. Specific support was provided to UNICEF Sahel country programmes to integrate resilience strengthening in their operational strategies and to engage in comprehensive, risk informed, cross-sectorial programmes aimed at tackling underlying and structural causes of undernutrition and child illness. Niger Country Office has come further in this regard in developing an integrated inter-agency approach under the Government of Niger 3N initiative and focusing on implementing a comprehensive interventions package in selected “convergence municipalities”.

The Global Alliance for Resilience Initiative in the Sahel and West Africa (AGIR) represents a key regional platform for resilience programming bringing together national government from 15 ECOWAS countries plus Chad and Mauritania under the leadership of ECOWAS, WAEMU and CILSS. Although initially conceived as an agriculture and food security initiative, UNICEF engagement with AGIR in early 2013 allowed for inclusion of nutrition security as one of AGIR’s four strategic objectives. Most importantly, AGIR framework indicators are now aligned to the SUN process thereby facilitating future coordination and mutual leverage.
During 2013, UNICEF continued to provide regularly direct supports to AGIR roadmap and tools development. The AGIR secretariat is now engaged in national mapping exercises to better support resilience programming, with UNICEF country offices playing an important advocacy role to ensure that national priority and policy setting is equity-focused and follows a rights based approach.

3.1.1. Effective Advocacy

In 2013 the Regional Office initiated important policy work on the implication of the demographic dividend on current MDG progress and future post 2015 Agenda, looking at education, child marriage and adolescent’s health as key entry points for accelerating the demographic transition across the region. The policy brief “Boosting youth’s education and empowerment to reap the demographic dividend in West and Central Africa” was one of 5 policy papers informing discussions among AU member states at the International Conference on Population and Development in Addis Ababa. The policy paper was presented at the Regional Management Team meeting and provides the basis for dialogue on collaborative work with the EU (DEVCO/ECHO) – with a special session planned at the spring 2014 RMT – as well as for country level engagement in Niger and within the Sahel Resilience Strategy more broadly. Later in the year, the presentation of UNICEF “Out-of-school children report” to regional partners, CSOs and research institutes was an opportunity to discuss policy approaches and responses addressing the linkages between educational policies, the out of school population and demographic trends.

Six new countries in the region joined the Scaling Up Nutrition (SUN) in 2013, with a total 16 countries\textsuperscript{10} now engaged in the SUN process. Support to these countries was provided, inter alia, via the Regional Nutrition Working Group and the REACH coordination to streamline SUN, REACH and resilience initiatives in the region. Important advocacy investments were made to secure political commitment and longer term financing for nutrition security in West and Central Africa. The International Conference against Child Undernutrition and Resilience was organised in Paris in May 2013 to harness the attention of key African leaders on effective policy approaches to address nutrition, while also mobilising engagement of European Union Member States and other key players around nutrition in the broader context of the G8 Summit and development of the post-2015 development agenda. UNICEF is also engaging with the Joint Parliamentary Assembly of the European Union and the Africa, Pacific, and Caribbean States.

A key piece of effective advocacy in the domain of Child Protection was the implementation of an accelerated 10-point Action Plan by the Government of Chad to end the recruitment and use of children by the Chadian Armed Forces, as required by UN Security Council Resolution 1612. This accelerated Action Plan allowed Chad to come into compliance with its international obligations in order to be part of the UN peacekeeping mission in Mali, known as MINUSMA.

Commitments made at the 2012 “Sanitation and Water for All partnership” (SWA) high-level meeting in Washington D.C. were monitored and in view of the third SWA high-level meeting to be held in April 2014. Thanks to enhanced donor confidence on WASH issues, important resource mobilization efforts

\textsuperscript{10} Benin, Burkina Faso, Cameroon, Chad, Democratic Republic of Congo, Ivory Coast, Gambia, Ghana, Mali, Mauritania, Niger, Nigeria, Republic of Congo, Sierra Leone and Senegal
are underway with 18 out of the 24 countries primed for multiyear WASH funding from the Netherlands/DGIS, DFID, SIDA, SWISSAID and Norway.

In the field of HIV/AIDS, major advocacy efforts were undertaken to ensure implementation of Option B+ for prevention of mother to child transmission programmes, whereby HIV positive mothers receive lifelong treatment beyond the specific treatment provided to prevent transmission.

The importance of investing in girls’ education to foster socio-economic development across West and Central Africa was highlighted during the UNGEI Global advisory committee, complemented by efforts with French Development Agency and the UNICEF France National Committee to ensure that girls’ education policies are systematically reviewed to address gender inequalities in both primary and secondary education. UNICEF’s work on the role of education in peacebuilding and advocacy in countries affected by conflict was showcased at various events at the IIIEP/Sciences Po High level Symposium and GPE conference with African constituencies, highlighting the role of education, not only as a humanitarian response but also as a resilience building strategy in the region.

**3.1.2. Capacity Development**

In nutrition, UNICEF supported the creation of the West Africa Nutrition Capacity Development Initiative (WANCDI) to address the shortage of qualified nutrition professionals to manage large-scale nutrition programmes across the region. The Initiative has been formally endorsed by the Economic Community of West African States (ECOWAS) Assembly of Health Ministers and is coordinated by a dedicated UNICEF staff member based in WAHO in Ouagadougou. A report on the inventory of nutrition curricula in the region was completed in 2013, revealing critical gaps in nutrition training in the West Africa region, especially in francophone and lusophone countries. The findings of the report will inform the next phase of the initiative with a focus on harmonizing and strengthening existing training programmes in the region.

A regional cholera workshop was hosted in Dakar in October 2013, under HHA platform coordination, to improve cholera control through strengthened partnerships across stakeholders and sectors, as well as improved trans-border coordination. 16 countries participated, presenting strategies to fight cholera at country level, as well as new developments in terms of biomolecular biology, oral cholera vaccine, behavioural change strategies, and the utilization of geographic information systems and other technologies to implement cholera response plans.

UNICEF continued to strengthen regional capacities for delivering WASH services in emergencies by facilitating two francophone “WASH in Emergency” courses in collaboration with the International Institute for Water and Environmental Engineering (2ie), the French Humanitarian Training Institute (BioForce) in Burkina Faso, as well as with support from key international agencies (MSF, Red Cross, ACF, Oxfam GB). In the domain of Community Led Total Sanitation, a Regional Sanitation Marketing workshop was organized for francophone countries to complement ongoing support to strengthen the sustainability of CLTS interventions.

The Education section continued to invest in strengthening capacities for evidence based planning through the implementation of the education bottleneck analysis in Congo, Sao Tome, Niger, Sierra Leone and Equatorial Guinea, as well as through support to the preparation of Education Country Status Reports in Togo, Chad and DRC. Capacities were also strengthened to address gender specific barriers
in education through the regional project on school-related gender-based violence funded by the French Ministry of Foreign Affairs in Burkina Faso, Cote d’Ivoire, Niger and Mali. A regional workshop was organised for peer learning, engaging other key actors (GPE, Plan International, FAWE and ANCEFA, UNGEI, Child protection) to ensure that gender barriers are integrated in policy advocacy, programming and monitoring. This also allowed further resources to be mobilised for an additional two additional countries.

In 2013, capacity development for social protection programming gained considerable momentum. The regional Office supported eight trainings in seven countries, for central and local Governments, civil society and UN partners, as well as for UNICEF staff, training more than 300 persons in the region. Trainings provided an insight into social protection issues, with a focus on the implementation of social transfers, in particular cash transfers, responding to the most stringent needs of countries in the region.

3.1.3. COMMUNICATION FOR DEVELOPMENT

The 2013 work of the C4D section consolidated progress on Immunization (Polio and New Vaccines), Essential Family Practices, capacity development, and Community Based Approaches while expanding the field of activities to the domains of Emergency, Peace Building and Child Protection.

Strategies for the adoption of a regional package of Essential Practices (hand washing; exclusive breast feeding; use of mosquito nets; use or oral rehydration salts; completion of vaccinations; recognition of signs of danger and early reference; birth spacing) at family and community level as well as for the demand of available health and wash services have been strengthened in 7 countries. These programmes, which are conducted in partnerships with the French Government funded Muskoka initiative and Dfid, demonstrated the importance of clarifying understanding about the slower pace that behaviour and social change and demand promotion requires as compared to supply of services.

Partnership in immunization with WHO and GAVI allowed further advancement in mainstreaming C4D in the field of immunization. Priority polio countries made significant progress in developing evidence based social mobilisation interventions and in building convergence of polio eradication with routine immunization and EFP. This has contributed to a decrease of cases in Nigeria, and to DRC and Chad’s respectively achieving two and one year without reported wild polio virus cases. The positive evolution has been countered by the recent outbreak in Cameroon, showing that the chance of importation for WCAR countries remains high and the need of continued efforts to streamline evidence planning and implementation in countries at risk. Access to populations in security-compromised areas has shown to be a major challenge for polio eradication in the region, which puts the focus on the important role of C4D strategies to build community engagement.

RO made significant contributions to all 13 countries introducing new vaccines in 2013 and early 2014 in developing strategic, multi-year communication plans aimed to reinforce routine immunization (Pneumococcal, Rotavirus and Meningitis MenAfriVac) in convergence with Essential Family Practices. Collaboration with WHO AFRO during the West and Central Africa EPI managers’ Meetings and the African Vaccination week was instrumental in strengthening the communication component in immunization planning.

In 2013 important collaborative work was initiated with the Emergency and Child Protection groups through joint regional networks learning events. The C4D-Emergency event strengthened country
capacities on preparedness and response planning, resilience and peace building. The follow up work has put a particular emphasis on C4D in Cholera (plans from 10 countries), on Peace Building (design of tools in DRC and CAR), and on C4D in nutrition crisis. The C4D-Child Protection event focussed on behaviour and social change related to violence, early marriage, birth registration, female genital cutting. Joint follow up by the C4D and CP sections has been conducted with a particular focus on the COs involved in the “End Violence Initiative”.

3.1.4. STRATEGIC PARTNERSHIPS

UNICEF Regional Office engages in a wide array of strategic partnerships to strengthen results for children across key programme sectors. With the development of the Office Management Plan for 2014-17, the Office initiated an analysis of how to elevate and deepen collaboration with Regional Economic Communities. The report produced in this regard will inform strategies for 2014 with a view to strengthen ongoing partnerships with the AU, ECOWAS and UEMOA (West Africa) and ECCAS (Central Africa) among others.

Building and expanding UNICEF’s partnership with the World Bank stayed high on the agenda in 2013, with World Bank participation in the Fall Regional Management Team meeting. Discussions highlighted avenues for strengthening collaboration in social protection, as well as in other key areas including the Programme for Results and “Science for delivery” initiatives with a very strong emphasis on linkages with MoRES and evaluation and evidence based policy. In the domain of Social protection, a new francophone group of the joint community of practice (CoP) on cash transfers and conditional cash transfers in Africa was created in mid-2013, in addition to the two existing Anglophone groups.

Active participation of all sectors in the regional thematic clusters ensured effective collaboration towards the development of the 2014-16 Sahel Strategic Response Plan in key UNICEF sectors. The Nutrition group continued to work closely with the Regional Nutrition Working Group on management of acute malnutrition and advocacy, whereas the WASH group, chaired by UNICEF, focused on strategic responses to cholera and flooding regional. UNICEF also co-lead the Education in Emergencies group, ensuring that education needs are systematically incorporated in Strategic Response Plans. In the domain of Child Protection, close collaboration with civil society led to the Joint Inter-Agency Statement on Strengthening Child Protection Systems in sub-Saharan Africa, which will be used with regional economic communities and national government to mobilize further investments in child protection systems across the continent.

The Regional Office further strengthened its cooperation with the Global Partnership for Education (GPE) by organising various events on the role of UNICEF in GPE and on integration of school-related gender-based violence in education sector plan. UNICEF is GPE managing entity in Chad, CAR, Guinea and Guinea Bissau and coordinating agency in 14 countries. A global agreement was reached between UNGEI and the GPE Secretariat on co-leading gender responsive policy planning. Effective collaboration continued with the UNESCO IIEP - Pole De Dakar on integrating ECD, equity, and conflict and risk analysis in the guidelines for preparation of education country status reports (CSR).

The RO continued to work closely with the JURTA for technical support and advocacy, however, despite successes, coordination among partners (even within the UN) remains sub-optimal and requires strengthening for even stronger achievements. Efforts to partner with regional civil society
organizations did not yield expected results as these organizations tend to see UNICEF as a potential donor rather than a mutual partner.

Several long term agreements with NGOs and organizations were put in place to enable fast response to varied specialty needs in emergency response. Partnership with the NGO ALIMA has enabled rapid assessments in humanitarian situations across the region. The long term agreements with 3 leading mapping organizations, iMMAp, MapAction, CartONG, enabled the Regional Office to deploy mapping/GIS and IM services within 72 to requests from the Mali and CAR country offices.

3.1.5. Knowledge Management

The real time evaluation conducted by the Regional Office on the response to the food and nutrition crisis in the Sahel yielded valuable programmatic recommendations on programmes on the integrated management of acute malnutrition, including on fundraising, stock management, health systems strengthening, and improved integration with other sectors. Furthermore, the regional Office continues to make substantive investments in ensuring timely availability of quality data through regular nutrition surveys, giving a special focus to the analysis of the quality of data, which was completed in 2013.

UNICEF’s support to four Community of Practices (CoPs) of the Health Harmonization in Africa (HHA) initiative are proving to be an excellent platform for peer learning and policy exchange, with very active web exchanges between members. Two regional workshops and a regional conference on “Health districts in Africa: progress and perspectives 25 years after the Harare Declaration” were instrumental in developing recommendations for the WAHO ministry of health specific meeting. A tool to assess performance of Community of Practice in Health policy was developed and published.

In addition five operational researches on Universal Health Coverage (three presentations planned in the 2014 African Health Economics and Policy Association) were launched as part of the Muskoka funded programme on maternal, new born and child health. The topics on these five operational researches are: on midwives retention in rural areas in Benin, Burkina Faso, Senegal; the interface role of health centers management committees between the communities and the health management teams in Benin, Guinea, and DRC; obstetrical record computerization in a sentinel maternities network in Benin, Burkina Faso, Mali; and quality of care of pediatric treatment in Benin, Burkina-Faso, Guinea, Mali, Mauritania, Niger and Senegal.

The RO supported the identification of best practice in immunisation in DRC (including on Coordination, Logistics, Immunization practice and Communication), which were instrumental in achieving the 95 per cent target for vaccinated children in the four targeted provinces.

South-south knowledge sharing was supported in the Education sector for selected countries where UNICEF is GPE Managing entity (Guinea and Guinea Bissau) as well as on school management committees (between Senegal, Guinea Bissau and Cameroon). The Regional Office also edited a brochure on CFS (Child friendly school) to share knowledge – good examples and promising approaches in the region. The Back to School Guide was translated in French and disseminated to support the emergency response in Mali and CAR. Knowledge management support was also provided for preparation and publication of education sector country status reports and on conflict analyses, in the five countries participating in the Peacebuilding, Education and Advocacy programme in the region.
The WCAR Social Policy Newsletter expanded and became a joint ESAR/WCAR Newsletter with valuable country experiences and knowledge management tools published each month. In social protection, the most notable knowledge management initiatives were linked to cash transfers in emergencies, with the completion of a discussion paper on the use of new technologies in West and Central Africa, more specifically on delivering cash and vouchers in emergency contexts. Support to the March 2013 CaLP regional level lessons learned event on cash transfers in emergencies in the Sahel brought more clarity on difficulties, good practices, lessons learned and challenges encountered in the implementation of cash in emergencies programmes during the Sahel 2012 crisis.

In an effort to enhance availability of quality C4D human and technical resources, the Regional Office continued to update its regional C4D roster to allow quick identification of quality resources for both regional and country offices as a preparedness strategy for insufficient francophone human resources.

### 3.1.6. Normative Principles

The Regional Office refocus on equity is fully aligned with strengthening the implementation of normative principles in UNICEF programming. In 2013, five cross-sectorial groups were put in place to strengthen cross sector collaboration on important themes including: (i) Equity focused programming (MoRES), (ii) Adolescents and the Demographic Dividend, (iii) Community Based Approaches, (iv) Urbanisation and (v) Resilience. Gender equality, rights based approaches and to a less extent environmental sustainability were an integral part of the groundwork developed by each group. In this context, a regional toolkit was developed for design and implementation of Community Based Approaches (CBA). The RO is now equipped to respond to the growing interest of COs to engage in human-right oriented and integrated CBA programmes.

Advancing gender equality remained a major priority in West and Central Africa. The francophone Gender Community of Practice (50 champions in 16 francophone COs) hosted by the RO was an effective means to share best practices on gender mainstreaming and programming and gather inputs towards the End of Cycle Review of UNICEF Gender Action Plan 2010-13 as well as on the elaboration of the new Gender Action 2014-17. Highlights in gender programming include the peer learning initiative led by the Education sector on School Related Gender Based Violence involving 5 countries and key civil society partners.

From an advocacy perspective, the Office worked with ESARO and MENARO to make a substantive contribution to the African Union’s First High Level Panel on Gender Equality and Women’s Empowerment and the post-2015 Agenda, hosted by the Ivory Coast. UNICEF was able to highlight key gender inequalities in child outcomes and their impact on inter-generational poverty and inequality. The recommendations from this conference have informed the common position of African Union gender equality ministers on the post-2015 development agenda.

Cognizant of the fact that girls and women are particularly at risk and vulnerable to HIV, the Office collaborated with UN Agencies and civil society to organise a Conference on GBV and HIV in which DRC, Cote d’Ivoire, Ghana, Burkina Faso, Cameroon, Senegal and Nigeria took part. The event highlighted the importance of integrating responses to gender-based violence (GBV) in national HIV strategies and plans and of engaging men and boys to advance gender equality. The office also supported the “In-reach” inter-agency training, which allowed UN staff from various countries to interact, learn, and discuss how to address the needs of Sex Workers, Men who have Sex with Men, Injecting Drug Users.
3.2 Overview of each MTSP Focus Area

3.2.1 Young Child Survival and Development

National commitment to fulfil “A promise renewed” for child health gained momentum with 23 governments signing the pledge. In nutrition, 16 countries have now joined the Scaling up Nutrition (SUN) movement, moving towards better coordination and technical support. Nutrition results and indicators were also integrated in the Global Alliance for Resilience Initiative in the Sahel and West Africa (AGIR).

Key results registered in 2013

A major regional consultation on new-born health was convened with partners to mobilize governments, donors, local partners and activists from Nigeria, DRC, Niger, Ghana, Cameroon, Senegal, Sierra Leone and Congo Brazzaville. National plans to scale-up evidence-based interventions to address preventable new born deaths were developed in Nigeria, DRC, Senegal, Sierra Leone and Cameroon. The UNICEF led Maternal and Neonatal Tetanus (MNT) elimination initiative made significant progress in 2013 with Sierra Leone, Gabon and Ivory Coast being validated for the elimination.

Coverage of key life-saving interventions has steadily increased in the region for malaria, diarrhoea and pneumonia, with a focus on reaching the most disadvantaged communities. With WCARO assistance, 14 countries implemented integrated community case management of malaria, diarrhoea and in some countries pneumonia in hard-to-reach areas. WCARO with WHO brought together selected countries (Togo, Benin, Sierra Leone, Ghana ...) to review challenges for scaling up pneumonia and diarrhoea control activities. Burkina Faso and Senegal are also scaling up the use of ORS plus Zinc in child diarrhoea management. Coverage of key malaria control interventions has increased in the region in all 24 countries with mass distribution of long lasting insecticide treated nets and Artemisinin combination therapy (ACTs) in 4 countries. Nine countries (Senegal, Burkina, Mali, Chad, Niger, Togo, Gambia, Nigeria, Ghana) adopted the seasonal malaria chemoprevention and six implemented (Senegal, Mali, Chad, Niger, Togo, Nigeria) this new strategy. Further scale up of malaria programmes remains a major priority and all countries were supported to update their roadmaps, malaria gap analysis and bottlenecks resolution.

Despite the remarkable progress in the field of routine immunization (from 11 countries in 2011 there are now 18 countries having reached 80 per cent DPT3/Penta3 coverage), 11 countries still have less than 80 per cent of their districts reaching 80 per cent of DTP3/Penta3, with six countries having less than 50 per cent districts, namely Equatorial Guinea, Central African Republic, Gabon, Chad, Mauritania and Liberia. Important progress has been made by Nigeria for which more than 50 per cent of districts reached 80 per cent coverage in 2013 compared to 20 per cent last year. Equity focused analysis and plans to reach the unreached children have been developed in Liberia and Chad with initial encouraging results. All these investments in strengthening the Health System have improved the capacity to introduce new vaccines (14 countries have already introduced Pneumococcus Conjugated Vaccine (PCV), 3 have introduced Rotavirus Vaccine). Two countries have implemented the Human Papilloma Virus (HPV) vaccine demonstration project.
Progress was made in the Region in the meningitis epidemics control through the successful introduction since 2010 of the Meningitis A conjugate vaccine (MenAfriVac) in 10 countries. While no case of meningitis A were reported in vaccinated persons, in 2013, a total of 18,316 meningitis suspected cases with 1,714 deaths (Case Fatality Rate of 9.36) were notified; this is less than the 28,876 cases and 2,520 related deaths notified in 2012. Fifteen countries within the Region notified more than 160,000 measles suspected cases and 1500 death with a majority of cases from DRC (89,108 cases and 1,393 deaths). In 2013, 7 countries carried out measles SIAs (Congo, DRC, Nigeria and Togo) and measles/rubella SIAs (Cape Verde, Ghana and Senegal) targeting more than 66 million children age 6m-14yrs. WCAR provided support to raise funds to carry out these campaigns (USD 8.6 M were mobilized) as well as strong technical support mainly in DRC.

In 2013, Polio eradication made significant progress with reduction by half of wild polio virus cases in Nigeria and interruption of virus transmission in Chad and DRC but WPV was reintroduced in West Cameroun. The number of wild polio cases decreased from 128 in 2012 to 57 in 2013 cases in 2013, of which 53 cases in Nigeria and 4 in Cameroon.

18 out of the 24 countries in the region are implementing Community Led Total Sanitation (CLTS) with 6.4 million people now living in Open Defecation Free (ODF) communities as of May 2013. Some countries are working genuinely at scale with CLTS like Sierra Leone, Nigeria, The Gambia and Mauritania. The last two have established national targets for elimination of Open Defecation respectively in 2015 and in 2020.

In line with the regional "WASH in Nut” strategy endorsed by 10 countries (Sahel and DRC), 230,000 of admitted Severe Acute Maltnourished children received a hygiene kit with messages/behaviours counselled to parents/caregivers (200,000 in the 9 Sahel countries and 30,000 in DRC). Moreover, 2,000 Nutritional Centres were delivering the WASH minimum package in 9 Sahel countries. The regional "Sword and Shield" strategy against cholera continued to be widely endorsed by the humanitarian community and contributed to the net decrease of reported cases (37,295 cases and 623 deaths in the 14 WCAR affected countries during 2013) instead of the usual average of 100,000 cases per year. At least 4 millions of people were assisted by WASH in the framework of the cholera fight (3.4 million in DRC). Across humanitarian contexts in the region, 4.25 million of people affected by armed conflict (within IDPs, Refugees) were assisted by WASH (2.75 million in DRC, 1.4 million in the 9 Sahel countries, 100,000 in and around CAR).

In nutrition, over 930,000 children with severe acute malnutrition (SAM) received treatment in the 9 Sahelian countries in 2012. In 2013, this number is higher, as an estimated over 1,000,000 SAM children were admitted for SAM treatment. In terms of the proportion of expected children aged 6–59 months with SAM admitted, the value ranged among countries from 51 to 100 per cent. In 2013, the proportion of children aged 6-59 months who received twice-yearly a high dose of vitamin A supplement was maintained at 80 per cent in most countries (final coverage data pending).

**Major partnerships**

Multi-agency funding as H4+ and Muskoka French Funding constitute important platforms to improve the health of women and children in the region and contributed to strengthen inter-agencies coordination. Most of the countries have worked in very close collaboration with several partners, including the World Health Organization, GAVI and Bill and Melinda Gates Foundation on the Expanded
Programme on Immunization (EPI). Important leveraging of funding was obtained through the negotiation of phase 2 GFTAM funding and Malaria Transitional Funding Mechanism propositions for 6 countries (RCA, Cote d'Ivoire, Chad, Niger, Guinea Bissau, Congo). In 2013, UNICEF signed as secondary recipient for Malaria in Chad, Sierra Leone and Cote d'Ivoire (total over $90 millions). Furthermore, more than $17 million was mobilized with Japan for 7 countries (DRC, Chad, Guinea, Senegal, RCA, Togo and Nigeria) and $1 million obtained for Niger with ECHO malaria subvention.

In the WASH sector, partnerships were strengthened with key players, such as the AfDB, the African Ministers’ Council on Water (AMCOW), Institute of Development Studies (IDS), Plan, WaterAid, the Global Water Supply and Sanitation Collaborative Council (GWSSCC), the Water and Sanitation for Africa (WSA), as well as the International Institute for Water and Environmental Engineering (2ie) and Bioforce. The Regional WASH Group was instrumental to address humanitarian needs and strategic regional activities as with key partners as part of the 2014-2016 Sahel Strategic Response Plan (SRO).

UNICEF Nutrition has a strong partnership with the members of the Regional Nutrition Working Group. The partnership with the West Africa Health Organization is also important to update and implement nutrition policies and strategies in the region. Another strategic partnership is the one with the West Africa Monetary and Economic Union (UEMOA) Commission (regional approaches on food fortification). Partnerships with academic organizations should also be noted (Cornell & Harvard Universities; Institut de Recherche pour le Développement, Montpellier).

**Common constraints and factors determining the effectiveness of the initiatives taken**

With the exception of earmarked funding for EPI campaigns, several countries and WCARO are having difficulties to mobilise funding for health priorities, such as health system strengthening, maternal and neonatal health, community health and iCCM. For example three countries have developed plans for introducing a key new strategy against malaria, the Seasonal Malaria Prophylaxis, but have lacked funding to implement them.

The numerous emergencies in the region such as conflicts in CAR, Nigeria, DRC and Mali with deteriorating security have hampered the progress in tackling malnutrition in the region and have negatively affected on all CSD programmes, including polio eradication activities. Another factor is the increasing difficulties to fill in key health posts in WCAR countries.

The constraint of the sustainability of traditional latrines and of Open Defecation Free (ODF) villages that get back to OD needs to be seriously address while scaling up Community Approach to Total Sanitation (CATS). Sanitation marketing as well as the use of pro-poor microfinance models are being promoted to strengthen sustainability.

The issue of Ready to Use Therapeutic Food pipeline management and potential misuse at field level is critical in some Sahelian countries. WCARO is dealing with short-term and unpredictable funds, hampering the scaling-up of interventions

**Validated good practices and any lessons learned**

In some areas of insecurity of Northern Nigeria, the polio campaign conducts ‘health camps’ where they offer services to persons of all ages, typically including distribution of ACTs for malaria, Cotrimoxazole for pneumonia, multivitamins, and blood pressure measurement, in addition to polio activities. The
Regional Office provided support to the DRC CO in the identification and implementation of best practices used to carry out immunization campaigns, leading to good results in the implementation of the 2013 measles campaign in the DRC with all children vaccinated in the two targeted provinces. In some countries, during Polio and Measles campaigns, volunteer community mobilizers identify children with zero dose for routine immunization antigens in order to orient care givers to routine immunization services and to plan catch up activities after the campaign.

A study on Menstrual Hygiene Management (MHM) was conducted in 2 countries (Burkina Faso and Niger), jointly with the Education Section. The study was well received at the Equity & Inclusion workshop in September and at the Joint DGIS/DFID Review Meeting in November. WCARO will support other countries to carry out similar study using the questionnaires and tools developed and to include MHM in the Wash in Schools programme.

The evaluation of the response to the food and nutrition crisis in the Sahel yielded valuable programmatic recommendations on programmes on the integrated management of acute malnutrition, including on fundraising, stock management, health systems strengthening, and improved integration with other sectors.

“Value added” to progress in this Focus Area

The Regional Office provided major value added through key advocacy, knowledge management and capacity development initiatives as highlighted in the first part of this chapter. These included the regional Conference on Health Districts in Africa, the nutrition conference held in Paris as well as work with AGIR, and UEMOA. Thanks to RO effective collaboration with HQ there is now increased donor confidence on WASH, with 18 out of the 24 countries accessing multiyear funding to help addressing key WASH challenges.

3.2.2 Basic Education and Gender Equality

In 2013, key initiatives in education included strengthening of equity analysis and preparation of Education Country Status Reports (CSR), strengthening policy measures for addressing gender violence in schools, building evidence on Out of School children in countries across the region, supporting Child Friendly School standards and norms, promoting national Early Childhood Development (ECD) programming, and strengthening the role of education in peacebuilding as well as responding to educational needs in unfolding humanitarian situations across the region.

Key Results registered

The first ECD/ACSD joint network meeting was held in June 2013 strengthening internal advocacy for a more integrated approach to child survival and development, to be taken forward through strengthened monitoring and evaluation of ECD community based programmes in 2014. In the meantime, seven countries (Mauritania, Togo, Cape Verde, Sao Tome and Principe, Republic of Congo, Sierra Leone and Senegal) are now using the ECD prototype tools, leading to improved evidence for identifying relevant policy and programming options. Results from the use of the prototype were presented at the joint WB/GPE/UNESCO/UNICEF meeting on ECD held in Dakar in May 2013. In Togo, the technical note and costing model were used to feed the first ever ECD chapter in the National Educational Analysis (RESEN).
In 2013 bottleneck analyses for the education sector were carried out in Congo, Sierra Leone, Equatorial Guinea and Sao Tome & Principe with almost all countries having now undertaken this important exercise. Further evidence on the Out of School Population was generated across the region and at country level, with secondary analysis of household survey data in Mauritania, Senegal and DRC, and as part of the Country Status Report preparation in Togo, Chad and DRC. This provided new insights for policy formulation in countries like the DRC, and for policy advocacy and programme design based on field work in Togo and Mauritania. 2013 witnessed the launch of phase three for School for Africa (SFA) initiative, with the inclusion of two new countries from WCAR, namely Guinea Bissau and Sierra Leone. The introduction of Child Friendly School (CFS) standards was supported in Niger and Cameroon, whereas Mali and Senegal are looking at ways to further deepen work on CFS.

Girls’ education was promoted via direct programme support, policy dialogue and evaluation of existing national framework. With support of RO, Burkina Faso, Mali, Mauritania and Niger assessed national policy framework to address girls’ education, building evidence for policy dialogue to strengthen national programming approaches. With support of French Ministry for Foreign Affairs, Burkina Faso, Mali, Niger, Cote d’Ivoire addressed school-related gender-based violence (SRGBV): successful policy advocacy efforts led to the adoption of a child protection national plan in Cote d’Ivoire, and adoption of Fundamental Norms for Education Equity as part of the Child Friend School standard in Niger’s national education plan. Successful funds were mobilized to address SRGBV for Togo and Cote d’Ivoire.

In the context of UNICEF humanitarian work, UNICEF WCARO and UNHCR organized a joint workshop on refugee education in the context of the Mali+ crisis which significantly strengthened cross-border collaboration as well as service delivery strategies in each of the neighboring countries. In addition, the Back to School initiative in Mali was supported. Significant fundraising assistance was provided to CAR, with the RO helping leverage 1.5 million USD from Education Thematic Funding as well 3.69 million from the GPE’s accelerated funding modality. WCARO also continued to co-lead the regional Education in Emergencies Working Group with Plan International and played a major coordination role with the 9 Sahel countries.

Through the Peacebuilding, Education and Advocacy (PBEA) programme, conflict analyses of the education system were carried out in five countries and were mainstreamed into long-term education sector roadmaps, sector analysis, and/or policy development. In particular, WCARO led the integration of a conflict and risk analysis chapter into the Chad and DRC education sector analyses and provided significant contributions to the global methodology developed by USAID/GPE. Institutional capacity-building has been increased on the operationalization of conflict-sensitivity and peacebuilding in UNICEF programmes through contributions to SMRs (Mali) and PBF engagement (Niger). At the country level, the PBEA led to the training of line ministry staff in conflict-sensitive curriculum development and textbook revision, prevention of violence in schools, conflict-sensitive school management and accountability, etc. Technical support and coaching enabled COs to articulate peacebuilding theories of change, social transformation outcomes, and methodologies for demonstration and measurement of results.

**Major partnerships**

Country Offices continued to strengthen partnership with both bilateral donors and main development agencies including the World Bank, UNESCO, WFP, DFID, JICA, AECID and French Ministry for Foreign Affairs. UNHCR was a key partner in Mali+3 countries to support the education of refugee children.
Partnership with UNESCO IIEP- Pole de Dakar was also strengthened with i) Integration of ECD analysis in Country Status Report (CSR) implementation and evidence generation, ii) integration of a risk and conflict analysis chapter in the education sector analyses in Chad and DRC, iii) implementation of CSR, with equity and OOSC focus. Regional partnership on girls’ education was reactivated with Plan WARO, Aide et Action and FAWE leading to cross contributions in regional events (policy advocacy training, SRBGV workshop), as well as with the UNICEF France National Committee

**Constraints and factors determining effectiveness**

Country offices and national counterparts’ capacities to absorb and manage significant volume of funds need to be adequately assessed before funds allocation. At the country level, UNCEF is not always best placed to influence national education agenda compared to other influent actors such as the World Bank or bilateral donors. This can have an impact on effective advocacy for most neglected themes such as ECD or conflict/disaster risk reduction.

While efforts have been made to boost the EMIS as well as Humanitarian Performance Monitoring systems, education data continues to lack reliability, validity and timeliness, particularly in emergency settings. As it is important to be able to use both administrative and household survey data as well as pre- and in-crisis data in emergencies for effective and convincing policy dialogue, Education staff information management capacity should be enhanced.

Human resources continue to pose a substantial challenge in regional office and country offices. During the Mali crisis, the Chief of Education post remained vacant for some months. Regional Education Specialist post was also vacant since July and the post had to be advertised three times for candidates who could be considered. Limited technical resources available for ECD prototype implementation has affected WCARO possibility to respond to all countries requests.

**Validated good practices and any lessons learned**

Benin shared an interesting lesson learnt on capacity building of community teachers which is leading to increased availability of qualified teachers at the national level, with a special regard for rural areas. In Congo Brazzaville, following the explosion in the capital Brazzaville, UNICEF launched a program for risk education related to Unexploded Ordinance to strengthen prevention of accidents targeting children and caregivers. Ghana continued to use the education and equity analysis in MoRES planning and monitoring at decentralized level. 39 districts were trained in use of Simulation in Equity in Education (SEE) model for effective programming and planning.

“Value added” of the Regional Office

The Regional Office continued to provide value added through technical assistance, coaching, advocacy and fundraising in the context of ECD, girls’ education, GPE coordination, equity analyses and policy formulation, quality education standards (CFS), education in emergencies and peacebuilding, education and advocacy. The regional workshop for capacity building on SEE model and bottleneck analysis represented an important opportunity for country offices and government delegations to place equity in the sector analysis and planning. Similarly the workshop on UNICEF role within GPE was also important to strengthen UNICEF overall contribution to the GPE.
RO contribution was also critical for successful organization of global consultation on Education post 2015 agenda. RO also supported resource mobilization in education through bilateral agencies and countries including French Ministry of Foreign Affairs, DFID Japan, the Netherlands, etc. Network with NatComs also helped COs raise funds for education.

3.2.3 HIV/AIDS AND CHILDREN

Major initiatives

In line with the Global Plan on the elimination of mother-to-child transmission (eMTCT), the HIV Section initiated intensive efforts aimed at accelerating the implementation of eMTCT plans developed in 2012 by a good number of countries of the region. These efforts entailed providing technical support in the development and implementation of decentralized integrated eMTCT plans (including monitoring plans based on the MoRES framework) targeting geographic areas with the highest unmet needs identified through the analysis of bottlenecks and disparities.

In addition to the above, the Section coordinated advocacy efforts aimed at improving the PMTCT programming and policy environment with a special focus on the six eMTCT priority countries. Particular focus was put on leveraging in-country support and mobilization of stakeholders for keeping eMTCT momentum, promoting integration of services, simplification of ARV treatment by adopting Option B+ (lifelong provision of ARV treatment to HIV-positive pregnant women regardless of the immunity [CD4 count] status), and task-shifting for ARV prescription for PMTCT.

Key results registered in 2013

Thanks to major regional and national efforts, a total of 17 countries in the region now have national eMTCT plans based on bottleneck and disparity analysis compared to none in 2011. Among them, 14 countries are implementing their national eMTCT plans, well above the target of 10 countries set out in the 2012/13 Office Management Plan. 181 integrated operational plans at decentralized levels were developed in 7 countries in 2013, bringing the total number of decentralized plans to 284 in the region.

Helped by the integrated approach to planning using the bottleneck analysis which promotes participation by all stakeholders, the collaboration/coordination between the HIV and MNCH programmes on PMTCT is being strengthened in supported countries. Simplification in the delivery of PMTCT interventions is being progressively adopted. In DRC, the country adopted lifelong ARV treatment for PMTCT (Option B+) in May 2013 and has initiated its implementation in six health districts in the Katanga province. Cote d’Ivoire is in active preparation phase to initiate pilot implementation of Option B+ in 6 districts in 2014. Task-shifting for ARV prescription is being adopted by priority countries for better access to ART for children and women. In Cameroon task-shifting was adopted following discussions hosted by the Minister of Health during a JURTA joint mission led by UNICEF. In Chad midwives and nurses have been authorized to provide ARV to mothers and children following the signature of an MOH circular authorizing task-shifting.

11 Chad, Cameroon, DRC, Cote d’Ivoire, Guinea Bissau, Senegal, Gabon, Congo, Guinea, Mauritania, Togo, Gambia, CAR, Niger, Benin, Ghana, Nigeria
12 Nigeria, Cote d’Ivoire, DRC, Gabon, Congo, Senegal, Guinea Bissau.
A 600-day Road Map for accelerating the achievement of the 2015 eMTCT targets was developed focusing on geographic service expansion, integration and linkages; community and civil society engagement; data quality and use for decision making; improved commodity management; increased funding, specifically through domestic resource mobilization; and better treatment access by children.

HIV is increasingly being addressed as part of humanitarian responses in the region. Although still timidly, HIV testing and referral for treatment is progressively being offered to children with severe acute malnutrition as part of the response to the Sahel nutritional crisis. The same is seen as part of the response to the ongoing humanitarian situation in CAR in addition to efforts being deployed to retrieve PLHIV, including HIV-positive pregnant women lost to follow to reconnect them with services.

Resources mobilization and leveraging efforts yielded the following: 1) US$8 million awarded to Chad CO as Global Fund sub-recipient; 2) in DRC eMTCT will be a major component of the Concept Note to the Global Fund estimated at US$130 million for 2014 – 2016; 3) Cote d’Ivoire and DRC received resources from Swedish International Development Agency (SIDA) for piloting the lifelong ARV therapy for PMTCT with a total catalytic budget of US$2,703,500 for 2 years; and 4) Congo was awarded US$1 million from French NatCom for PMTCT interventions for 3 years.

Finally, with the support of UNICEF-WCARO HIV Section, 7 abstracts (1 oral and 6 posters) were accepted for presentation and lessons sharing at the 17th International Conference and AIDS in Africa (ICASA) in Cape Town, South Africa.

**Major partnerships**

- Global Programme Partnerships: GFATM, PEPFAR, USAID, World Bank, etc.
- Regional and sub-regional inter-governmental bodies: AU, ECOWAS, WAHO, ECCAS
- UN agencies: UNAIDS, WHO, UNFPA, WFP, UNHCR, UNDP, UNWOMEN, JURTA, JUNTA
- Civil Society and Faith Based Organizations: AIDS Alliance, RESAPSI, ANECCA.

**Common constraints and factors**

- The global decrease in HIV funding has impacted countries response as well as UNICEF support, in particular the human resources capacity.
- Sub-optimal coordination among partners (even within the UN) around the eMTCT agenda leading to confusion on roles and responsibilities, waste of limited resources, and delays in the provision of quality technical assistance to countries.
- Frequent humanitarian and security crises in the region disrupt basic services and displace populations.

**Validated good practices and any lessons learned**

- Bottleneck Analysis promotes local ownership, refocus of programming and provides a strong basis for accelerating progress and defining accountability at decentralized level
- South to South cooperation: e.g. 1) Ministry of Health of Ghana supported training sessions on bottlenecks analysis and decentralized eMTCT planning in Kaduna State (Nigeria); 2) Kaduna team supported the organization of a similar training in Lagos State.
“Value added” to progress in this Focus Area

All these results have been achieved through intensive technical assistance from the Regional Office with more than 320 person-days of in-country assistance in the last 12 months.

The Section continued to add value to COs through: 1) advocacy with high-level country leadership to sustain the eMTCT momentum and influence policy changes to create an enabling environment; 2) catalyzing eMTCT implementation at country level through joint TA missions in collaboration with partners; 3) capacity development through training; 4) facilitating south-to-south exchanges (i.e. Ghana and Nigeria, Kaduna State and Lagos, etc.); 5) supporting knowledge management; 6) providing contribution during key COs programming moments.

3.2.4 CHILD PROTECTION FROM VIOLENCE, EXPLOITATION AND ABUSE

The momentum on strengthening child protection systems continued in 2013 with the development and launch of a Joint Inter-Agency Statement on strengthening CP systems in Africa. Thirteen Child Protection agencies from across the continent signed up to the Statement that was launched at the African Union in Addis Ababa.

The creation of pan-African movement on birth and civil registration and child protection systems are major initiatives that UNICEF WCAR has been behind. Partnerships with the AU and the African Committee of Experts on the Rights and Welfare of the Child (ACERWC) are important drivers of change. The response to the Mali+ crises and the escalating in violence in CAR received major attention in 2013. The focus on preventing Violence Against Children gained new momentum with the launch of the global End Violence Against Children Campaign.

Key results registered in 2013

In 2013, there has been increasing momentum in West and Central Africa on the child protection systems agenda. Nearly half the countries have completed or launched exercises to map and assess their child protection systems, allowing them to describe those systems and specify priority areas of engagement and investment. Some countries, including Ghana and Sierra Leone, have begun the process of re-defining the Child Protection or Child Welfare system through development of new policy frameworks, tapping into existing practices and resources and forging links between informal and formal parts of the system, making the system in its entirety more sustainable, effective and ‘fit’ for the country context. Sub-national coordination mechanisms built around child protection committees or the equivalent are rolling out in countries such as DRC, Benin, Mauritania, Senegal, Burkina Faso, Cote d’Ivoire and Niger. In addition, human resource gap analyses and ministerial audits have been conducted in some countries to inform the strengthening of the Social Welfare Workforce.

In 2013, Justice Sector work in the region emphasized integrating Justice for Children (J4C) in the overall process of reform of the Justice System (Benin, Guinea, Cote d’Ivoire), separation of children from adults in prisons (Cameroon, Guinea, DRC), diversion and a reduction in pre-trial detention (Benin, Liberia, Sierra Leone, DRC), and child-sensitive legal aid (Burkina Faso, Liberia, Nigeria, Sierra Leone, Cote d’Ivoire, DRC). The UN Framework on justice for children has enabled UNICEF Country Offices to embed children’s justice in the broader rule of law agenda, ensure meaningful links to the child protection system, and documentation of traditional justice mechanisms (Cameroon, Sierra Leone). In addition,
Police training continued with support from IBCR to promote child-friendly policing in 11 countries in the region, but with a specific project on Cameroun, Cote d’Ivoire, Guinea, Niger, Senegal, Chad and Togo.

Birth Registration was a key component of child protection programming across the region with a number of countries registering progress in increasing the number of children registered at birth (Nigeria, Benin, DRC, Cote d’Ivoire, Burkina Faso, Ghana, Niger, Senegal). Linking birth registration with the health system has been a key strategy in improving coverage. The regional EU project reached its mid-term phase with significant progress in innovations for birth registration to increase coverage and hard to reach areas in Burkina Faso and Nigeria. Several countries in the region benefit from support from the EU and new countries are in the process of negotiating new grants.

FGM/C continues to be a main focus regarding violence prevention in the region. During 2013, the generation of knowledge around FGM/C saw a major push, all affected countries now having country fact sheets available with information on prevalence levels and attitudes towards the practice. Eight countries in WCAR (Burkina Faso, Gambia, Guinea, Guinea Bissau, Mali, Mauritania, Nigeria and Senegal) are part of the second phase of the joint UNICEF/UNFPA programme on FGM/C abandonment (2014-17), which has broadened its scope to include child marriage. Several countries in the region have stepped up efforts to address child marriage at scale (Niger, Burkina Faso) and teenage pregnancy (Sierra Leone, Liberia), laying the ground for major regional initiatives that are being developed.

Inter-sectoral collaboration on child protection has gained momentum. A growing number of countries are closely collaborating with C4D so as to include approaches for social and behavior change in their child protection programmes (Sierra Leone, Liberia, Ghana, Cote d’Ivoire, Niger among others). Several countries have broadened their approaches to violence prevention through collaboration with education, using as entry points existing programmes on violence in schools (Burkina Faso, Cote d’Ivoire, Mali, Niger), Peacebuilding (Chad, Cote d’Ivoire, Liberia, Sierra Leone) and the Out-of-school-children (OOSC) initiative (DRC, Nigeria, Ghana, Liberia). As part of implementation of the global End Violence Against Children Initiative, a number of countries in the region have strengthened their violence prevention and response programmes (Ghana, Liberia, Senegal) and have produced communication products which are used to raise awareness on violence in their countries (Sierra Leone, Guinea).

In 2013, several Sahelian countries continued to invest in partnerships with the nutrition and education sector, to provide integrated psychosocial care and support for caregivers of severely malnourished children. With support from the UNICEF/UNFPA GBV AoR Regional Response Team, countries were able to strengthen capacities to better prevent and respond to gender-based violence in an inter-agency manner (Mali, Mauritania, Burkina Faso, Niger, CAR, DRC, Senegal).

The conflicts in Mali and CAR focused attention on the situation of children affected by armed conflict and Mali became the fourth Monitoring and Reporting Mechanism (MRM) country in WCAR along with CAR, Chad, and DRC. In Mali, support was provided for an inter-agency training of the Malian Armed Forces on human rights, including the protection of children in situations of armed conflict. Violence in CAR towards the end of 2013 required major efforts to protect demobilized children and highlighted the need for a lasting solution to the long-running political instability, insecurity and lack of governance and rule of law in the country. Eastern DRC experienced a major resurgence in violence, requiring increased efforts to protect children and women from the effects of the conflict.
**Major partnerships**

Global – The End Violence Against Children Initiative helped to re-focus the child protection agenda on Violence and bring more meaning to the Child Protection Systems work.

Pan-African – The AU became a key partner for strategic engagement on CRVS and Children Affected by Armed Conflict and the African Committee of Experts on the Rights and Welfare of the Child agreed that they should take a leading role on strengthening National Child Protection Systems in Africa.

The UNICEF/ UNFPA Joint Program on FGM/C moved into its second phase and is evolving to include Child Marriage.

UNICEF/ UNHCR/ ICRC/ IOM and key International NGOs (IRC, Save, Terre des hommes…) collaborated effectively to ensure cross-border coordination on child protection issues in the Mali + 3 crises.

The inter-agency Regional Coordination Platform that originally focused on Mobility expanded its remit to become a broader platform for Child Protection in the region focusing on: Child Protection Systems; Alternative Care; and Mobility.

Key partnerships for children affected by armed conflict include the MRM, SRSG CAAC, DPKO and UNICEF ESAR.

**Common constraints and factors**

2013 was a challenging year in WCAR with the ongoing Sahel food and nutrition crisis, the conflict in Mali and the escalation of violence in DRC and CAR. The lack of quality francophone candidates available for emergency or middle-income settings remains an obstacle for high quality programming across the region. Resource constraints continue to exist for child protection in all countries in the region, but countries such as Guinea-Bissau, Mauritania, Togo, Cameroun- the donor orphans - emerging lower middle income countries (Ghana, Senegal) and resource-rich countries (Gabon, Congo, Equatorial Guinea) are particularly affected.

**Validated good practices and any lessons learned**

Reform of national Child Protection Systems in Ghana and Sierra Leone are promising practices for systems work in the region. Lessons learned are informing work in other countries. The linking of birth registration with immunization in DRC for fast track results – doubled the levels of birth registration in areas covered. Joining forces with ESARO has proved very effective for decisive and transformative work in Africa on Child Protection – both in engaging the AU and donors.

“Value added” to progress in child protection

Staff at the RO successfully advocated for WCAR countries to be included in the pan-African Civil Registration and Vital Statistics (CRVS) initiative to receive support for national reforms from the CRVS-APAI Core Group led by African Union with support of UNECA/ UNICEF/ WHO/ UNFPA. A particular focus was put on support for francophone countries and those receiving/with potential to receive funds from the EU. Three WCAR countries received support to strengthen their programmes on violence against children as part of a global “End VAC Initiative”. A major effort was made to provide emergency child protection technical and surge support for countries affected by the crisis in Mali and the worsening of the situation in CAR. At the end of 2013, internal capacity was strengthened through the recruitment of a Regional Monitoring and Reporting Mechanism Specialist, a Mental Health and Psychosocial Support Specialist and a CRVS Specialist.
During 2013, WCARO and ESARO joined hands to jointly engage an institution to review the current status of MoRES application in the 2 regions in relation to child protection. The Evidence-based mapping completed by the end of the year highlighted the degree to which Level 1 of MoRES exists at country level but very little in the way of monitoring tools and application at a sub-national level (Level 3), linked to existing administrative data collection systems which are also very weak in child protection. The ambition in 2014 is to develop guidelines and tools for MoRES application at all levels across 6 countries in order to be able to provide a clear model of application across a number of thematic areas in child protection aligned to the Strategic Plan.

**3.2.5 POLICY ADVOCACY AND PARTNERSHIPS FOR CHILDREN’S RIGHTS**

Building on previous analyses on the situation of children and women in the region, the RO produced in 2013 a policy brief on “Boosting youth’s education and empowerment to reap the demographic dividend in West and Central Africa”. The paper proposes six types of reforms to address the combined crises of unprecedented population growth and inefficient education systems that most of the countries in the region are facing now. This work was presented at the International Conference on Population and Development (ICPD) in Addis Ababa and provides the basis for ongoing partnership dialogue with the EU (DEVCO) and policy work in key countries across the region.

In an initiative meant to respond to recent trends in the region, UNICEF WCARO together with UNICEF Congo organized in April in Brazzaville a first regional workshop on “UNICEF West and Central Africa Economic and Social Policy Strategy in Middle Income/Natural resource rich (MI/NRR) Countries”. The meeting was an opportunity to share UNICEF’s and other partners’ experience in support of economic and social policies in MI/NRR countries, as well as to lay the foundations for a future development of a common strategy in the region aimed to harness the economic potential of these countries to the benefit of the most vulnerable groups.

**Key results registered in 2013**

A great number of countries from West and Central Africa made progress in 2013 towards the development of integrated social protection systems, with important breakthrough results to be noted in Chad, the Gambia, Guinea, Ghana, Niger, Senegal, Cote d’Ivoire, Liberia, Sierra Leone and Togo at the strategic and / or programmatic level. This was completed with work done specifically on capacity building in social protection in Niger, Cape Verde, Gabon, Mauritania, Cote d’Ivoire, Sierra Leone and the Gambia, in some cases anticipating the development of national social protection strategies or the implementation of first-time large social protection programmes, in most of the cases in close partnership with the World Bank.

Building on the work done in the past years, UNICEF COs in the region continued to make progress in the key advocacy area of public expenditure review, budget analysis and social budget safeguarding, notably in Benin, Burkina Faso, Congo, DRC, Cote d’Ivoire, the Gambia, Ghana and Niger.

Following WCARO’s joint effort with ESARO to develop a position paper on resilience, the Regional Office played a significant role in ensuring a strong resilience focus of the UN Integrated Strategy for the Sahel and the Sahel Strategy for Humanitarian Action and provided specific support for disaster risk reduction and resilience planning to the CAR, DRC, Niger, and Chad country offices. Niger Country Office has come furthest in this regard as a result of the inter-agency approach around "communes de convergence".
The concept of the ‘Rolling SitAn’ (more flexible and fitted to the needs, time, the budget and capacity constraints of the CO) continued to be rolled out. With support from the Planning Section in NYHQ, and in line with UNICEF’s new guidelines concerning the Situation Analysis of Child and Women (SitAn), support to COs helped ensure that conflict and risks are adequately taken into account in on-going situation analyses of children (e.g. DRC, Cote d’Ivoire).

As part of UNICEF’s continued efforts to generate quality evidence on child poverty and disparities, the RO supported the roll-out of Multiple Overlapping Deprivation Analysis (MODA) developed by UNICEF Office of Research at Innocenti (OoR-I) to undertake multidimensional deprivation analyses of the situation of children. By September 2013, staff from all 24 COs in the region had completed the training organized by WCARO and UNICEF’s OoR-I. Several COs have already started to use MODA in various ways: Cote d’Ivoire and Senegal initiated national MODA (N-MODA) processes which aimed at embedding multidimensional child rights into national policies; COs also utilized MODA as part of the Situation Analysis of Children and Women (Cote d’Ivoire, Togo), or for programming purposes (e.g. resilience strategy for Burkina Faso).

2013 saw the closing of MICS4 activities with the finalization of MICS Reports for Nigeria and Mali, with Mauritania being the only pending report. MICS 5 was officially launched in Dakar during a Regional Design Workshop jointly organized with MICS Global and ESAR countries in March 2013. 12 countries attended and six have opted to undertake MICS for final MDG reporting: Benin, Sao Tome and Principe, Guinea Bissau, Congo Cameroun and Central Africa Republic (though MICS implementation is now on stand-by due to the ensuing crisis). The key challenge is to ensure that data is made available by mid-2014 so as to contribute to final MDG reporting and baseline setting for the post-MDG agenda. A roster of consultants in data processing, sampling and household surveys has been established and validated by WCARO HR to ensure timely and effective technical assistance to countries. Congo and Benin will innovate implementation of MICS by using Computer Assisted Programme Interviews (CAPI).

KM overall is progressing in West and Central Africa region, but it is still piecemeal and lacks a coherent framework and common understanding in the absence of a global KM strategy. To fill this gap WCARO convened a regional workshop to develop capacities of critical staff in KM and in DevInfo. Peer-to-peer KM & DevInfo networks were established to strengthen south-south collaboration. The DRC office has gone furthest in implementing a KM strategy with RO support, and has initiated peer support for other countries to do the same. As for DevInfo, 21 countries use an adaptation of DevInfo, though regular updating of databases remains a major challenge. Action plans developed during the workshop were followed up through remote assistances to COs and a face to face training for Guinea UN and Government Staffs.

**Major partnerships**

Building and expanding UNICEF’s partnership with the World Bank in the field of social protection stayed high on the agenda in 2013. The highlight was the creation mid-2013 together with the World Bank of a new francophone group of the community of practice (CoP) on cash transfers and conditional cash transfers in Africa, in addition to the two existing Anglophone groups. All groups had dynamic virtual meetings throughout the year, promoting valuable exchanges across governments of African countries on the planning, implementation, monitoring and evaluation of social transfer programmes. Funding received by the World Bank from DfID will further trigger collaboration between the World Bank and UNICEF, mainly in social protection in the Sahel.
On the humanitarian side, UNICEF continued to work closely with the Cash Learning Partnership (CaLP) for enhanced regional level coordination of technical issues linked with cash transfers in emergencies, and for better knowledge management, in particular with the occasion of the regional lessons learned workshop on cash transfer in emergencies focused on the Sahel countries.

**Common constraints and factors determining the effectiveness of the initiatives taken**

Despite important progress made in 2013 to fill vacant posts in COs in the region, a lot remains to be done in terms of recruitment in 2014, as well as in terms of building the capacity of existing staff, in areas such as public finance for children (P4C), child poverty and social protection, including in emergencies and fragile contexts. At the end of 2013, social policy positions were vacant in Cameroon, Benin, Togo, Cote d’Ivoire, Burkina Faso, Mauritania and in the RO. With one social policy staff of the RO leaving at the end of the third quarter, and with the volume of requests for support from the COs staying the same or even increasing, it has been very difficult to accommodate all the expressed needs.

Limited global capacity to support the roll-out of the MODA tool put on the waiting list a number of countries in the region who would have liked to perform either CC-MODA or N-MODA during the year, delaying the production of pertinent analysis on child deprivation, sometimes in key moments of the programming cycle.

**Validated good practices and lessons learned**

In a context of scarce funding in a middle income resource rich country, UNICEF’s CO in Congo has worked together with the Government to update sectorial middle term expenditure frameworks (MTEF) to take into account investments for children. An allocation of USD 4.3 million has been earmarked in the 2014 state budget to be used for children under UNICEF management, in joint projects between UNICEF and the Government. Moreover, UNICEF together with the Government of Congo prepared a model of financing agreement to be used for the disbursement of counterpart funds. With increasing numbers of middle income countries (MICs) in the region and taking into account the specificities of each country’s context, the Congolese model can serve as inspiration for other countries in similar situations.

In the specific chronic vulnerability context of Niger, and helped by the existence of an advanced process of decentralization, UNICEF Niger worked together with WFP and FAO in 35 vulnerable communes to integrate social protection and capacity building at the decentralized level with other resilience-building interventions in nutrition, health, WASH, education, but also food security, food production and DRR using an equity-focused framework for planning, monitoring and evaluation. This points to a possible model of intervention in countries where similar processes of decentralization exist. Experience was shared at both DROPs and Fall RMT meetings.

**“Value added” to progress in Policy Advocacy and Partnerships**

In the field of social protection, capacity building at scale would not have been possible in a cost-effective manner without the involvement of the RO and the creative use of the network of social policy staff from COs in the region. One-week social protection trainings have been supported in Niger (2 sessions), Cape Verde, Gabon, Mauritania, Cote d’Ivoire, Sierra Leone and the Gambia. Trainings were dedicated to staff from central and local Governments, civil society and UN partners, as well as for UNICEF staff, training in total more than 300 persons in the region. Trainings offered participants an insight into social protection issues in general, with a focus on the implementation of social transfers, in particular cash transfers.
Work on the policy brief “Boosting youth’s education and empowerment to reap the demographic Dividend in West and Central Africa” brought increased exposure for the concerned countries (Mali, Niger, Nigeria, Chad, DRC), being used for high level advocacy, which would have been more difficult or impossible to conduct at the CO level.

4. MANAGEMENT AND OPERATIONS

4.1 Overview of achievements during 2013 against the Regional Office Management Plan for the biennium 2012/13 and the 2013 annual work plan

The 2013 mid-year and annual review exercises allowed the Office to review progress on the Regional Office Management Plan (ROMP), using the Results Matrix (see Annex II). Information from the reviews was used to develop the 2014-17 Regional Office Management Plan, which was submitted and approved at the global PBR.

**Strengthening development effectiveness and coordinated humanitarian action**

- RO supported submission of 5 Country Programme Documents to the Executive Board in 2013 (Benin, Congo, Niger, Nigeria, Togo), preparation of the Burkina Faso Mid Term Review, as well as preparation of the Sierra Leone and Mali Country Programme Documents through Strategic Moments of Reflection. UNICEF also supported a Strategic Moment of Reflection in Cameroon, at the request of senior management. Internal programming capacities were strengthened through coordinated support to national Programme, Policy and Procedure (PPP) trainings in 7 countries and a regional PPP training for 25 staff.

- Applying a broadly consultative approach the RO produced a 2014-2017 ROMP and quadrennial budget that creates a regional vision and organizational structure that builds on the lessons and achievements of the previous ROMP as well as the priorities identified in the SP 2014-17 and ongoing change initiatives.

- Following the preparation of the 2014-17 ROMP, five cross-sectorial groups were initiated to strengthen cross-sector collaboration and ensure coordinated support to country offices on key programmatic themes: (i) MoRES, (ii) Resilience, (iii) Community Based Approaches, (iv) Adolescents and the demographic dividend, (v) Urbanisation.

- The Regional Management Team (RMT) and Deputy Representative and Operation Managers (DROPS) meetings held in 2013 allowed for discussion on key organizational policies and strategies such as the Strategic Plan 2014-17, revised HACT policy, UN coherence and UNDG QCPR Action Plan, as well as capacity building on relevant management skills to reinforce oversight skills.

- A Regional Resource Mobilisation Strategy was discussed by the Regional Management team with a view to support quality fundraising in a highly competitive and complex funding environment. The strategy outlines how country offices can partner with the regional office to advocate around key emerging priorities for the region and attract quality thematic funding.
Joint Supply/Programme support missions were conducted to assist COs (Ivory Coast, Chad) in preparing and operationalising critical partnerships that are likely to leverage further resources at regional level later on (Global Fund, ECHO new funding types). This approach produced very satisfactory results that will be pursued and widened in 2014 focusing on Malaria and Nutrition.

Procurement services (PS) were successfully promoted across the region, with a 30 per cent increase in throughput from the 2012 total amount (from $290 million USD in 2012 to $380 million in 2013), largely due to a larger number of countries introducing new vaccines across the region. Nigeria (39 per cent) and Democratic Republic of Congo (18 per cent) account for 57 per cent of the regional total.

The Regional Office ensured support and oversight for Level 2 in Mali and Central Africa Republic (for which L3 emergency procedures were declared in December 2013) through establishment of Emergency Management Teams at RO and joint with HQ, integrated response planning, in-situ and distance support, HPM, RTIA, Lessons Learned.

A Regional Rapid Response Mechanism (RRM) was established, funded by emergency money, in collaboration with the ESAR Office, to better pre-source and deploy staff in all programmatic areas for regional emergencies. The RRM tapped the e-recruitment profiles in the headquarters system and made deployment of staff to the level 3 country quicker and more responsive to their needs. RRM candidates were evaluated and placed into the global system for deployment; WCAR was made the entry point for Francophone candidates for rapid deployment.

From a Regional Supply planning perspective, additional focus was put on RUTF pipeline yearly planning updates for the Sahel with quarterly updates; in 2013 the regional hubs in Douala and Accra undertook some 18 deployments (USD 2.1 Million) to 7 countries to support immediate emergency needs (Cholera, WASH, Displacement, Nutrition) as well as anticipated temporary pipeline breaks for RUTF. In 2013, a total of 5 humanitarian cargoes could be organized with the support of SD to airlift most critical items and overcome recurring bottlenecks in the Douala corridor.

**Key management results**

- In 2013 additional operations staff allowed the Regional Office to expand both the scope and the depth of its support and oversight to country offices. New capacity was added in the areas of change management, BCP, ERM, VISION, and ICT and additional emphasis was placed on operations management, audit, HACT and account management. Regional support to emergency preparedness and response was more integrated into the regular activities.

- For the 2nd year in a row there was considerable turn over and movement among key Operations staff across the Region, with 16 out of 22 Country Office Operation Managers filled by new staff since January 2012. Several recruitment exercises required multiple rounds. RO was challenged to meet CO demands to help identify qualified and available temporary assistance in Operations.

- During the year, the WCA Region pooled resources to hire the services of a full-time staff Stress Counsellor who spent considerable time in CAR as well as other Francophone countries. Nigeria hired an Anglophone Stress Counsellor and headquarters hired an Anglophone Stress Counsellor for
the Anglophone countries including those in WCARO. These Stress Counsellors are working full time on staff issues in a confidential manner.

- RO made extensive use of alternative meeting technology and participated in a wide range of regular consultative and coordination forums. In addition the office experimented with Bring Your Own Device (BYOD) and other initiatives to facilitate communication and access to work resources and more cost effective outreach, including a paperless RMT.

- The evolution of the overall security situation in the region and the increasing threat of terrorist attack or kidnapping had implications for mobility and access to certain zones.

- The RO has placed a great effort into strengthening the management of programme supplies and inventories in CO’s. This has included direct support, capacity building, system development, establishing monitoring mechanisms and promotion of the establishment of posts through the PBR. A capacity gap still exists but it is slowly being filled.

**Risk mitigation practices**

- RO prioritized the strengthening of Business Continuity Plans (BCP) and testing across the region with an initial emphasis on providing direct support to the Sahel emergency countries. Demand from CO’s for support and testing missions currently exceeds capacity to deliver. Programme Criticality exercises were conducted in CAR and Nigeria.

- RO maintained close relations with OIAI and recognized that the risk profile of WCAR influences the risk profile of the entire organization. OIAI facilitated an “investigations” orientation during the DROPS and the Director of OIAI attended and presented during the RMT. OIAI supported WCAR with several unplanned special audits. Discussion of recurrent audit recommendations is a standard topic during regional management meetings.

- In 2013 Chad, Congo Brazzaville, Gabon, Ivory Coast, Sao Tome, Equatorial Guinea, Liberia, Sierra Leone and Cape Verde Joint Office (UN joint audit) offices were audited. RO participated in exit meetings, provided guidance on audit implementation plans, monitored implementation of recommendations, analysed recurrent issues and worked with CO’s to share good practices and address associated risks.

- RO released over $2.588m RCF to CO’s in 2013. These funds were used for a range of activities including office security, office and premises upgrades, ICT upgrades, temporary fill in assignments, unexpected costs including BCP, governance and other priorities. The RCF permits offices to manage risk, improve conditions and achieve efficiencies that are not possible with the normal budget and represents an important tool for prioritization and redistribution of IB resources.

4.2 Oversight Function and Oversight-related Accountabilities

- The strongest oversight strategy that the RO possesses is regular interaction and engagement with Country Office staff. The RO builds trust through effective Technical Assistance and support and this translates into an ability to guide management and provide effective oversight.
RO holds both Senior Management Meetings and Programme Coordination Meetings wherein information about field missions and the performance of CO’s is shared. RO held several CO-specific round table discussions intended to share experiences, examine common problems and find solutions where red flags had been identified. These meetings help inform Management decisions and prioritize RO support to CO’s.

Regional indicator reports, audit status reports and other punctual reports were shared and discussed during DROPS and RMT meetings and circulated during the year. Mid-year indicator questionnaires were used to gather information on HACT compliance, BCP, management committees, TOA, HR, and inventories that are not available in the system.

RO participated in the development and review of the regional management and supply dashboards. Performance Management (now inSight) reports were used to generate regional indicator reports. As the tools have come on line and improved it has become easier for the RO to non-intrusively track and monitor CO performance.

The PBR oversaw the budgetary and structural allocation of resources for every office in the region. Through the PBR, the RO coordinated and oversaw the development of the WCAR Quadrennial Budget for 2014-2017. This exercise included a strategic reassessment and reallocation of the Institutional Budget Envelope between CO’s that in turn allowed several important human resources and capacity gaps to be addressed.

A Regional Allocation Review Mechanism was developed to assist effective and transparent prioritization of CO requests for global thematic and 7 per cent set aside funds submitted through the Allocation and Ceiling Tracker System. Composition of the committee and criteria for allocation of funds were agreed upon by the Regional Management Team.

Significant efforts were invested into the development of standard supply planning tracking tools (Dashboards) for inventory and supply chain management through the piloting in 4 country offices and regular consultations with SD. It was agreed with SD to work jointly towards a stabilization and joint roll out of the tools early 2014.

The SME rotation exercise for the Supply Function was successfully completed in 2013 leading to 6 effective rotations in the WCARO region; it was also a clear demonstration of the lack of available professional francophone staff within the Organization: 3 out of 4 P4 Supply Manager positions (Mali, Niger, DRC) had to be filled externally.

Weaknesses in the implementation of HACT have been identified as a critical challenge and high risk issue for the region. HACT and outstanding DCT are monitored constantly, guidance is sent to CO’s on a regular basis and HACT/DCT are standing items on the RMT and DROPS agendas. In 2013 this included participation and orientation of senior managers by DPS. A productive DCT VISION clinic was held to build capacity and identify weaknesses in the VISION system.

The New Reps Induction was redesigned to emphasize more operational and managerial components and focus on presenting the possible support that the regional office can offer to CO’s.

Promoting transparent governance, ethics and conducive working environments continue to be a regional priority. RO provides guidance and support to senior managers on management and human
resource issues and monitors morale and performance of staff at CO level. Where existing Office space has been considered unsafe or otherwise inappropriate RO worked closely with CO’s and DFAM to identify and move to alternative sites (Chad fire, IVC unsafe building, Guinea security concerns, CAR looted ZO’s, Niger expansion, Mauritania & Mali new ZO’s)

- Review of 2013 Country Office Annual Reports was conducted by the RO to assess the quality of reporting as well as progress around key programmatic indicators. A COAR review checklist was introduced to assess quality and accuracy of reporting and feedback shared with country offices as part of the Regional Director’s Feedback letter. Overall quality of reporting was satisfactory in most offices.

- Since 2010, the Regional Office conducts an annual Client Satisfaction Survey (CSS) to gather feedback (satisfaction, strength and areas of improvement, and any other suggestions) on the technical assistances provided to Country Offices (COs) during the previous year. Survey results for 2013 have been fully integrated in Regional Office Indicators as part of the ROMP matrix annexed to this Report.

- Due to a lack of specific in-house expertise, the management of construction services remains a considerable challenge in the region. Key challenges include defining needs as well as assessing and identifying professional service providers for the effective construction and the related quality control. As these risky activities usually carry high visibility with donors and governments, they require very specific attention and investment of adequate expertise.

- RO holds a Senior Management Meeting twice a week to discuss key upcoming issues and coordinate common activities. These meetings are valuable as an information sharing & consultative forum and contribute to the maintenance of a common vision by the regional office management

- Regular broad participation conference calls (emergency coordination, E&E information and policy dialogues, sectorial technical discussions etc.) have been useful tools for consulting with the field and avoiding misunderstandings.

- Expansion of the use of alternative meeting technologies has helped avoid travel costs and has increased the time that advisors have available for other activities. Numerous COs identified savings in the area of: (i) improved use of alternative meeting technologies and telecommunications; (ii) specialisation of functions within VISION; (iii) UN common services; and (iv) application of electricity saving measures in the office, including through solar energy.

- RO works closely with OIAI and participated in all 8 CO and 2 interagency joint audit exit meetings. The results of the audits are used to help define specific CO support as well as identify common regional oversight and technical assistance priorities.
5. EVALUATIONS, STUDIES, SURVEYS AND PUBLICATIONS COMPLETED IN 2013 (BY THE REGIONAL OFFICE)

The RO follow the classical process of assuring quality for evaluation design and implementation through review of ToR (15 in 2013), inception and final reports, as well as through recruitment of consultants, and attendance at debriefing meetings either in situ or virtually. The RO regularly shares KPI dashboard with COs on a quarterly basis with a special focus on countries with low evaluation quality. Dashboards were also presented at the RMT and DROPs, along with the new UNICEF evaluation policy. This was key to leveraging management support and attention for the evaluation function.

In 2013 the office developed a regional evaluation strategy to operationalise the new UNICEF Evaluation Policy. The strategy was drafted in participatory manner and is fully aligned with WCARO ROMP 2014-17. It includes five key objectives related to (i) planning and management, (ii) dissemination of results, (iii) internal technical capacities and systems building at national level, (iv) partnership development, and (v) quality of evaluations, including through strengthened governance. The establishment of regional evaluation working committee will be key in leveraging management support to implement of the regional evaluation strategy.

Professional development of staff was heavily pursued through support to competency development, training opportunities and participation in evaluation networks and communities at both national, regional and global levels.

Evidence drawn from this and previous review cycles demonstrate a significant improvement in quality of evaluation reports in 2012; Over half of reports (58 per cent) meet UNICEF’s quality standards (with a rating of highly satisfactory or outstanding), representing an impressive increase of 28 per cent from 2011. The challenge is now to sustain this important improvement in spite of important staff turnover across countries. Following the meta analysis in 2013, the RO hired Universalia to perform an in-depth analysis of the evaluations conducted in WCAR. The conclusions and recommendations from this analysis are providing solid evidence to inform strategic activities over the next management cycle 2014-17.

For 2013, the RO managed two major regional evaluations. One on the Sahel nutrition response evaluation, in collaboration with the nutrition section. It covered 3 countries including Niger, Burkina Faso and Chad. Case studies were developed for each country. The second evaluation was a Real Time Independent Evaluation of the Mali crisis response, co-managed with the CO, with contribution from HQ (EMOPS, EO, PD). Management responses for both evaluations are underway.

During 2013, strategic partnerships were pursued with the CLEAR initiative to adapt IPDET training modules as well as a module on equity focused evaluation for inclusion in two regional training workshops organized by CLEAR. Partnership with the African Evaluation Association (AfEA) has enabled UNICEF to participate in the advisory group for the 2014 annual conference, for which UNICEF WCARO will co-manage two strands: one on gender & equity, and one on policy in collaboration with the AfDB. 5 abstracts were submitted by WCARO and have been accepted for presentation at the conference.
6. REPORT ON UN REFORM AND INTER-AGENCY COLLABORATION

Regional Quality Support and Assurance mechanism

UNDG-WCA meets at regional Directors level in average every quarter. Annual retreat and meetings are important to prepare and monitor the UNDG WCA annual workplan. A good practice to mention is the joint participation of Regional Directors to the annual UNRCs meeting (Johannesburg, Dec 2013) and efforts deployed to participate in sisters’ agencies RMTs. In 2013, UNICEF RD was invited to WFP and UNHCR RMTs. The consultation of UNRC before completion of Representatives PERs is systematic as it is mandatory for all WCAR Representatives to have UNRC part of their PER feedback source.

In 2013, the West and Central Africa Region had only one UNDAF roll-out country, Sierra Leone, out of three initially expected. Due to the specific political and conflict situation, Mali prepared in 2012 a two years Common Framework replacing the previous UNDAF to support the transition process. An UNDAF “Plus” 2015-2019 will be finalised in 2014 to articulate UN system contribution within the UN Mission (MINUSMA) integrated strategic framework. For Guinea Bissau, the political situation and postponement of general elections has led to a third one year extension of the current UNDAF until end 2014.

In Sierra Leone, the UNDG WCA QSA/PSG provided strategic guidance and policy advice as well as high quality support assurance to the UNDAF development process, including participation in the strategic prioritization retreat and review of the draft UNDAF document. In addition, support was provided for the development of the UNDAF Action Plan in Nigeria (UNICEF convening agency) and the preparation/conduct of the UNDAF annual review in Gabon. A technical review of the draft Terms of Reference for the UNDAF final evaluation was also conducted for Burkina Faso. In 2014 there will be four roll-out countries: Burkina Faso, Cote d’Ivoire, Mali and Guinea Bissau.

In 2013, the QSA/PSG, with the technical support of UNICEF and in collaboration with UNESCO developed a knowledge gateway where all reports, programming tools and other useful documents are posted. The gateway will be the forum for discussion among members on all topics related to the UN reform. Because a majority of QSA members are new, there is however little capacity within the team to support UNCTs in DaO compared to the increasing demand in the region. Special efforts will be made in 2014 to ensure that a pool of experts in the region participate in the trainings planned by DOCO. Also, based on past experience, the question of securing a strategic planning position in the UNDG WCA Secretariat to ensure continuity and better coordination of DaO/UNDAF roll out activities was strongly raised.

Roll out of the Harmonized Approach to Cash Transfer

In WCAR for many offices, achieving HACT compliance has been a challenge. Only 1/4 WCAR CO’s produced a joint UN 2013 HACTt Assurance plan and only 1/2 of the UNICEF WCAR CO’s produced a UNICEF specific 2013 HACT assurance plan. Of these plans, not all were costed in advance and implementation rates were not very high. A regional DCT Capacity Building Clinic contributed to improving technical expertise in relation to DCT management however partner financial management continues to be a challenge. WCARO emphasized the importance of HACT & DCT management but also QCPR action plan and Standard Operating Procedures during the PM&E network meeting, the DROPS and the RMT - with strong support from GMA/UN Coherence Unit and DPS- as well as throughout the
year. The implementation of HACT has been identified as a top regional priority for 2014 and is being included in the E-PAS for Representatives who in turn are expected to cascade it down at the CO level.

Cape Verde Joint office internal review

In 2012, the QCPR recommended to “Commission an independent review of the Joint Office model experience to date, with the objective of expanding the use of the Joint Office approach in order to significantly reduce costs especially in smaller programme countries, and to report on this review to the Executive Boards of the funds and programmes during 2014”. Building on this recommendation, and Cape Verde being the only Joint Office in the world, the Cape Verde UN Resident Coordinator proposed to the WCA UNDG to initiate an internal review in 2013 to prepare and support the 2014 Independent Review. The preparation of this internal review was done by a regional interagency mission (UNDP, UNFPA, UNICEF) which visited the Joint Office in July 2013 and produced a technical note, revised TORs and a detailed priority action plan. In November/December 2013 the internal review was completed by a team composed of senior representatives of the 3 agencies HQs - including a UNICEF GMA senior advisor -, together with a Business Operations Specialist from UNDOCO and two of the members of the July UNDG WCA QSA-PSG - including UNICEF regional chief PM&E. While identifying Cape Verde JO challenges and opportunities, the internal review recommends to move back from the current CVJO model (Joint UNDP/UNFPA/UNICEF) to a more realistic/replicable model – in line with current DaO development and architecture- and that can apply to other DaO small countries/programmes. Main characteristics would be: a resident coordinator ensuring also the function of Representative of UN agencies, a unique operations backbone managed by one agency to support DaO, each agency deploying their own program staff to support adequate technical implementation of their mandate/SPs in the One Programme/DaO. The report has been issued in December 2013 and shared with Regional Directors and HQs for review and follow up.