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<td>AMCOA</td>
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<td>DHS</td>
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<td>DRC</td>
<td>Democratic Republic of Congo</td>
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IIEP  International Institute for Educational Planning
INEE  International Network for Education in Emergencies
IOM  International Organization for Migration
IPDET  International Program for Development Evaluation Training
ITN  Insecticide Treated Mosquito Net
JURTA  Joint UN Regional Team on AIDS
KM  Knowledge Management
LLN  Long Lasting Net
LTA  Long Term Agreement
M4R  Management for Results
MDG  Millennium Development Goal
M&E  Monitoring and Evaluation
MHPSS  Mental Health and Psychosocial Support
MICS  Multiple Indicator Cluster Survey
MMR  Maternal Mortality Rate
MNCH  Maternal, Newborn and Child Health
MNP  Micronutrient Powder
MODA  Multiple Overlapping Deprivation Analysis for Children
MoRES  Monitoring Results for Equity Systems
MoU  Memorandum of Understanding
MRM  Monitoring and Reporting Mechanism
MSF  Médecins sans Frontières
MTCT  Mother to Child Transmission
MTR  Mid-Term Review
NFI  Non-Food Items
NGO  Non-Governmental Organization
OIAI  Office of Internal Audit and Investigations
OoR  Office of Research, UNICEF
OOSC  Out of School Children
OR  Other Resources
PBEA  Peacebuilding, Education and Advocacy
PBR  Programme Budget Review
PHC  Primary Health Care
PM&E  Planning, Monitoring, and Evaluation
PMTCT  Prevention of Mother To Child Transmission
PPP  Program Policy and Procedures
PSG  Peer Support Group
QSA  Quality Support Assurance
RAM  Results Assessment Module
RDT  Regional Directors’ Team
REACH  Renewed Efforts Against Child Hunger
REC  Research and Evaluation Committee
RERRF  Regional Emergency Response Fund
RESEN  National Education Sector Analyses
RMNCH  Reproductive, Maternal, New Born and Child Health
RMT  Regional Management Team
RNWG  Regional Nutrition Working Group
RO  West and Central Africa Regional Office
ROMP  Regional Office Management Plan
RR  Regular Resources
RRM  Rapid Response Mechanism
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<td>United Nations Educational, Scientific and Cultural Organization</td>
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<td>UNFPA</td>
<td>United Nations Population Fund</td>
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<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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<td>United Nations Entity for Gender Equality and The Empowerment of Women</td>
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<td>Virtual Integrated System of Information</td>
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<td>WASH in Emergencies</td>
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<td>WPV</td>
<td>Wild Polio Virus</td>
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1. OVERVIEW

1.1. EXECUTIVE SUMMARY

In 2014, the West and Central Africa Regional Office (WCARO) made significant progress in advancing equity-focused policies and interventions for children in the region. As we assess overall progress towards the Millennium Development Goals (MDGs) and move into the post-2015 era, it is clear that West and Central Africa will represent the greatest share of the MDGs unfinished business. UNICEF’s capacity to accelerate progress for children will depend on investments in the first decade of life, while seizing the opportunities of the Sustainable Development Goals (SDGs) to strengthen policies, programmes and results in the second decade of life.

To this end WCARO continues to assist Country Offices (COs) in equity-focused programming in order to deliver high impact interventions for maternal and newborn health, to strengthen health systems and community health approaches, and to integrate WASH and nutrition interventions. Important progress has been made in these domains as part of strategic partnership platforms such as the ‘Fonds Français Muskoka’ and the Harmonization for Health in Africa in the health sector; the Scaling Up Nutrition Movement (SUN), Global Alliance for Vitamin A (GAVA) and Renewed Efforts Against Child Hunger (REACH) in nutrition; as well as through the Sanitation and Water for All partnership in the water, sanitation and hygiene (WASH) sectors.

In education, WCARO worked with the United Nations Educational, Scientific and Cultural Organization (UNESCO) and the Global Partnership for Education (GPE) to launch the regional Out of School report, which facilitated the identification of practical strategies and monitoring mechanisms to tackle exclusion. Important work was also conducted within the United Nations Girls Education Initiative (UNGEI) platform, the UNESCO International Institute for Educational Planning (IIEP), as well as with key civil society partners, to ensure that national education reports are gender and conflict sensitive, and to undertake a major stocktaking exercise on gender inclusive education policies in the region.

The second decade of life, notable achievements were made in deepening the analysis of the region’s demographic challenges and in laying out the foundation for strengthening policy and programmes in key critical areas to generate a double dividend, addressing adolescent issues that could impact future results for children. As the lead Regional Office for engagement with the African Union (AU) on child marriage, WCARO provided technical and programmatic support to the launching of the AU Campaign on Child Marriage, including national launches in Ethiopia and Niger. It also supported Country Offices receiving seed funding on child marriage to undertake preparatory work to assess and enhance programmatic interventions with national counterparts. To inform further evidence-based programming strategies and approaches, WCARO managed a regional research study on child marriage, teenage pregnancy and early childbearing.

While these achievements contributed to enhancing equity focused interventions for children, extreme poverty, recurring epidemics and multiple humanitarian crises continued to erode
service delivery systems across countries, exposing children and their families to greater risks and vulnerabilities.

The Ebola Virus Disease (EVD) outbreak in Guinea, Sierra Leone and Liberia was of unprecedented dimensions. Weak health systems, poor hygiene and sanitation, unsafe burial practices and lack of early isolation and care were key factors in driving rapid transmission. The Regional Office played an instrumental role in supporting UNICEF’s Ebola response in the three EVD affected countries, as well as in ensuring preparedness and response planning in other at-risk countries in the region. Strategic planning and implementation support was provided on community engagement, community care centres and social mobilization including interventions to ensure free access to medical care, water supply to health facilities and distribution of hygiene kits to communities and schools. Psychosocial support, family tracing and reunification and alternative care were provided for separated and unaccompanied children. School radio programmes were supported and investments were made to ensure the safe reopening of schools.

Earlier in the year, WCARO also made important contributions to breaking the cycle of cholera transmission, reducing the human and financial costs of a large-scale epidemic. The cholera regional alert and cross-border initiatives around the ‘Sword and Shield’ strategy contributed to early detection and response in the very first week, ensuring much faster outbreak containment than the eight-week delay observed in the 2010-2011 outbreak.

Throughout 2014, WCARO coordinated and led global UNICEF support to the Office in the Central African Republic (CAR) following the activation of UNICEF ‘Level 3’ corporate emergency procedure in December 2013. WCARO supported surge deployments in order to significantly scale up UNICEF’s response in the most underserved areas of the country, delivering life-saving interventions, including immunization campaigns, temporary learning spaces, safe drinking water and essential medicines, while building capacity at local level across the country. Assistance was also provided to over 2,000 survivors of sexual violence, and 2,143 children were released from armed groups. But insecurity and insufficient funding have limited UNICEF capacity to reach all children in need of assistance. Out of the US$ 81 million required in the Humanitarian Action Report for CAR in 2014, by December UNICEF had received US$ 53 million, including 15 million of its own internal resources, leaving a gap of US$ 28 million.

As the year closed, the security situation deteriorated in Nigeria, and the impact of the violence started spilling over to neighbouring countries. Country Offices in Nigeria, Chad, Cameroon and Niger have responded by strengthening their field presence in the affected areas in the four countries, and increasing their capacities to respond to increasing numbers of internally-displaced and refugee populations, including staffing. The overall security situation has been a challenge, which has negatively affected UNICEF and its partners’ ability to implement programmes and conduct systematic field monitoring.

Strengthening risk informed, conflict sensitive, equity-focused programming and inclusive policies towards greater social cohesion and resilience of systems and communities remains a major priority in the context of such a volatile regional environment. Important progress was made in this regard at inter-agency level, with UNICEF now leading on the development of Regional United Nations Development Group (R-UNDG) RDT resilience roadmap to support United Nations Country Teams (UNCT) in operationalising risk informed programming. However, the lack of a clear UNICEF programmatic framework for resilience building remains
a time-sensitive constraint to align regional work with global priorities as we move forward in 2015.

On the management side, the Office developed a regional Oversight Strategy together with the Regional Management Team and with support from the Office of Investigation and Internal Audit through its engagement strategy with WCARO. This strategy will be implemented starting in 2015 and is expected to lead to improved oversight. In addition WCARO developed a robust Regional HACT Strategy and is working closely with HQ Field Results Group (FRG) in its implementation. A refinement of the Regional Office Management Plan (ROMP) 2014-2017 was also undertaken to align to newly released guidance on outcomes for regional offices (Global and Regional Programme, Development Effectiveness, and Management). It highlighted the need for continued regional and global dialogue on how best to attribute results and corresponding staffing and financial resources to each outcome, while bearing in mind the multiple nature of activities (technical assistance, evidence generation and knowledge management) undertaken by section teams. WCARO continues to contribute actively to the ongoing Efficiency & Effectiveness Initiatives ensuring that the regional priorities are reflected and contributing to regional preparedness for their roll out.

1.2. TRENDS AND PROGRESS RELEVANT TO CHILDREN AND WOMEN

West and Central African countries are undergoing major transformations that affect their development trajectories and will continue to pose challenges to achieving results for children over the coming years. Many countries in the region are experiencing the most rapid population growth rates in the world—the region's population is projected to double in size by 2050. Niger, Mali, Nigeria and Democratic Republic of Congo (DRC) are among the top 10 countries in Africa with the largest absolute and percentage increases in children and adolescents from 2015-2050. Countries are also undergoing a structural transformation of their economies. Rapid economic growth over the past decade has largely been based on natural resources extraction and has bypassed the vast majority of the population. Today, 50 per cent to 75 per cent of the population are still living in extreme poverty. Deepening vulnerabilities to climate change and other economic shocks also affect the livelihoods of millions every year, especially in the Sahel region. Finally, countries are also experiencing a contested political and social transition. Most notably, in October 2014, a movement led by youths and civil society in Burkina Faso resulted in the ousting of the incumbent president, Blaise Compaore after a 27-year rule. During 2014, fragile countries (Niger, Mali, Chad, DRC, Nigeria, Cameroon, and CAR) have been destabilised by the resurgence of armed conflicts led by non-state actors and spilling across borders (see section 1.3 below).

Stock-taking of progress towards the MDGs as of 2014

As the era of MDGs comes to an end, paving the way to Sustainable Development Goals (SDGs), the achievements present a mixed picture for West and Central Africa. While significant progress has been achieved in many areas affecting children and women, improvements have been faster in other regions of the world. As a result, most of the MDG’s ‘unfinished business’” will be in West and Central Africa.1

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1 The MDGs set targets at global level but have been interpreted as targets to be achieved for every country. See MDG Africa progress report 2014 for a reassessment of progress towards MDG targets.
Progress in **child survival** across West and Central Africa has been significant, with under-five mortality rates declining by 44 per cent, from 197 deaths per 1,000 live births in 1990 to 109 in 2013. Owing to rapid population growth, the share of West and Central Africa in the global burden of child deaths increased from 16 per cent in 1990 (1.998/12.670 million deaths) to 30 per cent in 2013 (1.874/6.285 million deaths). Child mortality rates range from 21 under-five deaths per 1000 live births in Cape Verde to 161 in Sierra Leone. Liberia, Niger, Cape Verde, Senegal, Gambia and Guinea, showed remarkable declines in child mortality by more than 55 per cent from 1990 levels. Three countries (Liberia, Niger and Senegal) are on track to achieving MDG 4. However, the ongoing Ebola outbreak that hit Liberia (as well as Guinea and Sierra Leone) may have negatively impacted its progress in reducing child mortality. In five countries - Cameroon, CAR, Chad, DRC and Mauritania – despite reduction in under-five mortality (U5MR), the number of under-five child deaths increased between 1990 and 2013. DR Congo experienced the greatest increase of under-five child deaths, from 274,784 deaths in 1990 to 319,977 in 2013, representing an increasing share, from 14 per cent to 17 per cent of all child deaths in the region. In 2013, the main causes of child mortality remained malaria (19 per cent), pneumonia (13 per cent) and diarrhoea (10 per cent).² Important progress was made in tackling measles, which contributed to just 1 per cent of children deaths in 2013 against 10 per cent in 1990.

In 2013, 609,000 new-borns died in West and Central Africa. The region recorded the lowest decline of **neonatal mortality rate** from 48 to 35 deaths per 1,000 live births between 1990 and 2013. The pace of reduction of under-five mortality from 1990 to 2013 is lower in the neonatal period (27 per cent) compared to the post-neonatal (51 per cent) period. Significant progress in **maternal survival** has also been made, with the maternal mortality ratio decreasing from 1,000 to 590 deaths per 100,000 live births between 1990 and 2013, a 43 per cent reduction. Nevertheless, the region continues to have the highest levels of maternal mortality in the world, with an estimated 106,000 maternal deaths per year. Sierra Leone has the highest maternal mortality ratio in the world – at 1,100 deaths per 100,000 live births in 2013 – despite a 53 per cent reduction since 1990. No country in the region is on track to attain the MDG5 goal except Equatorial Guinea, with a maternal mortality rate (MMR) at 290 in 2013, down from 1,600 maternal deaths per 100,000 live births in 1990 – an estimated 81 per cent reduction.

Child **under-nutrition** remains one of the most persistent challenges in West and Central Africa. Nevertheless, some progress has been achieved over the past 25 years. **Stunting** rates (low height-for-age) for children under five have fallen from 45.5 per cent in 1990 to 36.1 per cent in 2013. Underweight rates (low weight for age) also declined from 30.3 to 23.1 per cent over the same period. However, due to rapid population growth, the actual number of stunted children increased from 19.5 to 27.7 million of children, between 1990 and 2013. **Wasting** affects 11.4 percent of children under 5 years. The situation remains particularly alarming in Sahelian countries, both during the peak of the lean season and in the post-harvest period. Overall wasting rates in the Sahel, including Nigeria, ranged from 10 to 18 per cent, affecting more than 1 million children. The prevalence of **anaemia** among children under five in the region is 75 per cent, well above the 40 per cent threshold that defines the situation as severe. **Micronutrient deficiency** (iodine and Vitamin A) is also prevalent with the consumption of iodized salt ranging from a high 80 per cent (Burkina Faso, Benin, Sao Tome

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² Committing to Child Survival: A Promise Renewed, Progress report 2014
and Principe (STP) and Cote d'Ivoire) to less than 25 per cent (Mauritania, Gabon and Guinea Bissau) and full coverage rates for Vitamin A (99 per cent) in 7 countries only.

Progress in eliminating HIV transmission from mother to child has been made over the past three years, with the number of pregnant women living with HIV who received more effective antiretroviral medicines for the prevention of mother-to-child transmission increasing from 30 per cent in 2012 to 39 per cent in 2013. In 21 countries, pregnant women living with HIV have increasing access to more efficacious antiretroviral medicines (option B/B+) to prevent mother to child transmission (MTCT)— notably Cape Verde (95 per cent), Gambia (84 per cent), Sierra Leone (93 per cent), Ghana (62 per cent), Côte d'Ivoire (75 per cent), Liberia (69 per cent), Togo (75 per cent), Gabon (70 per cent), Burkina Faso (62 per cent) and Cameroon (61 per cent). Despite these remarkable progress, efforts need to be intensified to achieve the elimination of mother-to-child transmission (eMTCT) goal by 2015 (MTCT rates below 5 per cent), particularly in countries with high incidence of HIV. Nigeria accounted for more than half (55 per cent) of the 92,400 new paediatric HIV infections in 2013. In addition, 9 countries contributed 90 per cent of the region’s burden: Nigeria, Cameroon, DRC, Cote D’Ivoire, Chad, Ghana, CAR, Guinea, and Mali.

Access to AIDS treatment for children is unacceptably low. Paediatric treatment3 coverage was at just 10 per cent in 2013 compared to 15 per cent in 2012, especially in high burden countries such as Nigeria, Cameroon, Cote d’Ivoire and DRC. 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. The recent change in the WHO guidelines for antiretroviral treatment (ART) initiation among children has led to more children below 15 years in need of treatment in West and Central Africa Region (WCAR).

Regarding access to improved sanitation, all countries except Cape Verde are off-track to reach their sanitation targets. 73 per cent of the population do not have access to improved sanitation, 25 per cent defecate in the open – in some countries the proportion is much higher e.g. Niger 78 per cent, Chad 65 per cent, Burkina Faso 58 per cent, Benin and Togo 54 per cent.4 The lack of access to sanitation is closely linked to poverty in sub-Saharan Africa: people in the lowest income quintile are 16 times more likely to practice open defecation than those in the highest. Regarding access to safe drinking water, significant progress has been made across the region. However, 7 out 24 countries are off-track to reach their water targets, 8 countries have met their targets, 7 are on track, and 2 have made insufficient progress. Finally, large differences in hand-washing practice persist between countries and across wealth quintiles and is found to be less than 20 per cent in the region as a whole.

The protection of children against multiple forms of violence and ensuring their rights to birth registration has shown some improvements. However, progress has been uneven across countries, and is not fast enough to keep pace with the fast growing population growth. The practice of child marriage has been declining slowly in West and Central Africa. The percentage of young women married before age 18 has dropped from 52 per cent to 42 per cent in the last three decades but remains among the highest in the world. In Burkina Faso, Guinea, Mali, CAR, Chad and Niger, more than 50 per cent of women aged 20 – 24 (up to 74

3 % of infants born to pregnant women living with HIV started on antiretroviral prophylaxis to prevent mother-to-child transmission, 2012
4 The gains made by Community Led Total Sanitation (CLTS) are not yet being reflected in the JMP data.
per cent in Niger) were married before the age of 18. Cape Verde has the lowest prevalence rate at 18 per cent. Intimate partner violence remain highly prevalent with more than one in four ever-married girls aged 15-19 having experienced partner violence (up to 70 per cent in Equatorial Guinea and 10 per cent in Burkina Faso). This is underpinned by social norms as shown by the fact that 45 per cent of adolescents think wife-beating is sometimes justifiable. The risk of undergoing female genital mutilation/cutting (FGM/C) has declined in two thirds of the affected countries over the past 30 years. In the last decade, some progress, albeit small, has been achieved in raising birth registration levels. The lowest levels of birth registration today are found in Chad, Guinea-Bissau and Liberia (less than 25 per cent), and DRC, Nigeria (between 25-50 per cent).

Despite substantial gains in school enrolment over the past 15 years, the majority of countries have missed the goal of universal primary education by 2015 and there has been slow progress in reducing the rate and number of out-of-school children since 2007, particularly in the face of rapid growth in the school-age population.

Concerning education, despite remarkable progress in school enrolment, severe inefficiencies and inequities in the education system continue to exclude the majority of children from quality 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. At primary school level, most countries were able to increase primary school enrolment by more than 20 percentage points over the last decade. The number of enrolled children increased by 60 per cent from 37.8 million children in 1999 to 59.4 million in 2010 and gross enrolment rates rose from 85 per cent in 2001 to 105 per cent in 2012 across the region. 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. Nevertheless, 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. According to the Global Initiative on Out-of-School Children, on average 27.1 per cent of primary school-age children remain out of school, down from 43.3 per cent in 2000. At the secondary school level, the proportion of out-of-school adolescents of secondary school age declined from 46 per cent to 40 per cent over the same period but increased in absolute numbers from 11 to 12.5 million, the only region in the world to show such a trend (These figures do not include DRC, Gabon, Togo, Sierra Leone and Cote d’Ivoire).

The region is also set to fail to reach the goal of gender parity in primary education: the average gross parity index (girls vs boys) in primary school for the region currently stands at 0.93 (0.75 in CAR to 1.10 in Congo); while Congo, Gambia, Mauritania, STP, Senegal and Sierra Leone have reached or gone beyond parity, 14 countries still lag behind the regional average.

It is important to highlight that the aforementioned averages hide important disparities not only between countries, but also within countries geographic regions, pointing to the need for equity analysis and vulnerability mapping to ensure that service delivery reaches the most underserved populations.

1.3. Humanitarian Assistance
During 2014, the heavy burden of chronic food insecurity, malnutrition and epidemics compounded by conflict and insecurity, remain the key drivers of humanitarian needs across the region. The spread of epidemics such as, Ebola, cholera, meningitis, measles with high case fatality rates (CFR) are driven by poor access to prevention and treatment. Natural disasters such as droughts, floods and animal pests continue to affect populations.

**Unprecedented West Africa Ebola outbreak**

During 2014, an Ebola Virus Disease (EVD) outbreak of unprecedented dimensions in terms of geographic spread and speed in the history of haemorrhagic virus diseases took place across 6 countries in West Africa. A separate localized Ebola outbreak, unrelated to the epidemic in West Africa, erupted in the district of Boende in DRC on August 24, 2014 and was declared over on November 15. The cumulative number of EVD cases in DRC was 66 (28 likely and 38 confirmed), with 49 deaths (CFR of 71 per cent). The West Africa EVD epidemic was rapidly brought under control in Senegal, Nigeria and Mali but was still on-going in Guinea, Liberia, and Sierra Leone as of December 2014. A total of 20,171 confirmed, probable, and suspected cases of EVD and 7,890 deaths were reported as of 28 December 2014 by the Ministries of Health of Guinea, Liberia and Sierra Leone.

The rapid spread of Ebola in West Africa has been exacerbated by weak health systems and poor hygiene and sanitation practices. In particular, unsafe burial practices and lack of early isolation and care have driven rapid transmission. In addition, the lack of functioning surveillance systems to screen and trace those who have been in contact with infected persons within countries and across borders made the outbreak more difficult to control. One out of 5 (20 per cent) reported EVD cases is a child. Children under five have the highest mortality rates at 80 per cent, including up to 95 per cent case fatality rate among under one-year-olds who require intensive nursing and frequent feeding. A total of 5,286 children under 18 among were confirmed, probable and suspect EVD cases; and 2,197 children are reported to have died. As of early January 2015, the cumulative numbers of children in the region who have lost both parents, or primary caregivers is 7,366. A total of 16,600 children lost one or both parents or primary caregiver.

UNICEF played an instrumental role in the response to the Ebola outbreak by supporting free access to medical care zones, providing water supply to health facilities and distributing hygiene kits to communities and schools. More than 6,000 metric tons of supplies were distributed. UNICEF has led community engagement including through community care centres and mobilisation of over 50,000 community volunteers engaged in social mobilization.
and behaviour change. UNICEF has been able to support the collective efforts to stop EVD with provision of Personal Protective Equipment and other supplies. Child protection responses include psychosocial support, family tracing and reunification and alternative care for separated and unaccompanied children. UNICEF has provided nutritional supplies and water and sanitation support to more than 100 EVD care facilities; it has also undertaken major investments to make schools safe for reopening, including installing hand washing facilities and distributing hand washing supplies, and supporting safe school protocols.

UNICEF has provided major support to at-risk countries in the region for Ebola prevention and preparedness, including prepositioning of supplies and provision of Information, Education and Communication (IEC) materials. Information-sharing between offices, especially between non-affected and affected countries has helped this effort in preparedness and response.

Following a UNICEF appeal for approximately US$ 500 million to support the Ebola response, donors across the world responded generously to UNICEF’s appeal. By 30th December 2014, UNICEF had received US$278 million (55 per cent of the appeal amount) and contributions have continued to increase reaching US$ 376 million on March 4th (77 per cent of the appeal). These contributions have been of critical importance to allow UNICEF, governments and partners to deliver lifesaving interventions in the affected countries while working on prevention and preparedness activities in countries at risk.

**Recurrent Sahel nutritional crisis**

Recurrent nutritional crises persisted across 9 Sahelian countries (Chad, Mali, Niger, Cameroon, Mauritania, Nigeria, Burkina Faso, Senegal, Gambia) affecting more than 20 million people. Conflict and insecurity continue to affect the Sahel region, causing the displacement of 2.5 million people. The nutritional status of children in the Sahel is alarming with the prevalence of severe acute malnutrition exceeding emergency thresholds in several regions even in years of good harvests. During 2014, 6 million children under-five years of age were affected by acute malnutrition, including 1.6 million children suffering from Severe Acute Malnutrition and who were 10 times more likely to die compared to non-acutely malnourished children. Governments and partners were able to substantially scale up the number of facilities capable of providing adequate nutrition and treatment services from less than 1000 facilities in 2010 to 7200 in 2014. This contributed to save the lives of over 4.2 million children.

**Central African Republic**

In 2014 the situation in the Central African Republic (CAR) developed from a silent emergency into a visible and complex humanitarian and protection crisis as a result of an insurgency launched in December 2012 and a seizure of power in March 2013. The political and military situation progressively worsened with counter rebellions. Over 16,000 people from Muslim and minority communities remained under siege and at high risk of being attacked in 6 enclaves in the south west of the country. In other locations, Christian communities are also at risk of violence and are living in Internally Displaced Person (IDP) sites.

By the end of 2014, 2.5 million children were still affected and more than 850,000 people (nearly a fifth of the country’s population) remained displaced in CAR and as refugees in the neighbouring countries. Grave violations affected thousands of children and were reported on a daily basis. Although Standardized Monitoring of Assessment of Relief and Transitions (SMART) surveys revealed a level of Global Acute Malnutrition (GAM) below the 10 per cent emergency threshold, the severe acute malnutrition (SAM) prevalence remained high at 1.7 per cent, just below the emergency threshold of 2 per cent. Stunting levels worsened to 40
per cent compared to 34 per cent in 2012. With only 41 per cent of schools opened at the end of the previous school year, hundreds of thousands of children have missed up to two years of formal education.

The gravity of the situation translated into the declaration of the L3 system and corporate emergency status in December 2013, and its subsequent extension twice in 2014, in September and December. Throughout 2014 UNICEF strengthened its field presence in CAR to accelerate the delivery of humanitarian assistance. UNICEF appealed for US$81 million for 2014, and in December 2014, approximately US$38 million was mobilised from donors. The timing and quantity of funding received did not match the evolution of the crisis so UNICEF redirected US$15 million in internal resources (Emergency Programme Fund), bringing the total funds to US$53 million, to satisfy the demands for an appropriate response. UNICEF supported a national measles campaign and vitamin-A supplementation, and deworming campaigns. In addition, 1,382,788 people (69 per cent of target) in the affected areas have access to basic health services and medicines. UNICEF provided therapeutic supplies to 80 per cent of targeted severely malnourished children.

Despite funding gaps, UNICEF was able to provide temporary learning spaces for 60 per cent out of 100,000 targeted children and learning and playing materials for 39 per cent out of the targeted 300,000 children aged 3 to 18 years. In WASH, 74 per cent of the targeted population was reached with improved access to basic sanitation services, and 59 per cent of the target was reached with improved sources of drinking water. Child protection actions were carried out in highly insecure environments, with strong results: 2,143 children out of a targeted 3,000 (71 per cent) were released from armed groups and nearly 65,000 children benefitted from recreational activities and psychosocial support. Also, 2,287 survivors of sexual violence received holistic assistance, and 539 separated children were reunified with their families.

The CAR crisis spilled over to neighbouring countries (CAR plus), including Cameroon, Chad Republic of Congo and Democratic Republic of Congo, with over 200,000 additional refugees and returnees fleeing to these countries and raising the overall caseload of CAR refugees to over 400,000. UNICEF focused on providing an Integrated Emergency Response for refugees, returnees and evacuees.

Nigeria+

During 2014, the situation deteriorated in the North East of Nigeria. Boko Haram’s new strategies to retain territory displaced greater numbers of people and forced over 130,000 to flee to neighbouring countries in the Lake Region in Chad, the far North region in Cameroon, and the Diffa region in Niger. In Nigeria, the estimated number of IDPs ranges from 850,000 to 1.5 million people- mostly in Borno state; the majority are in host communities and a small proportion are in camps. Food insecurity in Borno, Adamawa and Yola increased and access to water was very difficult. Not many NGOs were present in Borno besides MSF and International Federation of the Red Cross (IFRC), which limited the capacity to deliver. In Niger 119,000 people, refugees and returnees, sought refuge in host communities in the Diffa region. In Cameroon the cross-border military operation of Boko Haram forced the displacement of 40,000 nationals. This country also hosted 20,000 refugees in one camp and an additional 20,000 in host communities/temporary settlements along the border. In Chad only 3,500 crossed the border presenting WASH and acute nutrition needs.

Country Offices in Nigeria, Chad, Cameroon and Niger have responded by strengthening their field presence in the affected areas in the four countries, and by increasing their capacities to
respond, including through staffing. The overall poor security situation was a challenge and has negatively affected the ability of UNICEF and partners to implement programmes and conduct field monitoring.

DRC

Displacement as a result of armed conflict continues to dominate the humanitarian context in eastern DRC including south eastern Katanga province, with over 2.7 million people still displaced. In Katanga alone, the number of newly displaced people increased by 22 per cent in the second half of 2014. Security Council resolutions 2098 (2013) and 2147 (2014) induced a significant shift of MONUSCO military, police and civilian components towards the four provinces of Eastern DRC, with a commensurate draw-down in Kinshasa and the Western provinces. A so-called “Transfer of Tasks” from MONUSCO to the UNCT agencies took place in the West. For UNICEF, this included assuming the role of “UN Area Coordinator” for the provinces of Maniema, Bandundu, and Kasai Occidental. The implementation of the national disarmament, demobilization and reintegration (DDR) process remains slow and the organization of provincial and national elections (2015-2016) remains uncertain. The regional context also negatively impacts the humanitarian situation in DRC, which now hosts over 68,125 refugees from Central African Republic (CAR).

Protection issues for children, women, and families are UNICEF’s priority concerns with risks and abuse ranging from sexual violence, recruitment into armed groups, separation of families, psycho-social trauma, and destruction and loss of homes and belongings. Health and nutrition emergencies continue to threaten children’s survival in DRC, with SAM affecting an estimated 2,250,000 children and 17 per cent of under-five affected by waterborne diseases (DHS 2013). Cholera remains a significant concern even though prevention and preparedness activities have had some impact, with 33 per cent fewer cases reported through October of 2014 than during the same period in 2013. DRC still reported 14,065 cholera cases in 2014, representing almost 20 per cent of all cases in West and Central Africa. Large-scale measles vaccinations campaigns were conducted in 7 provinces in 2014; this should reduce the incidence of measles outbreaks significantly in 2015. Logistical and security constraints, however, as well as weaknesses in routine vaccination systems means that numerous children remain unvaccinated. During the second half of 2014, 15 health zones reported measles outbreaks.

The Rapid Response to Population Movements (RRMP) remains the single largest response programme in DRC after food aid, assisting over 1.8 million people in multiple sectors (health, non-food items (NFIs) WASH, and education). In 2014, RRMP extended emergency health interventions to a second province, improved joint action with food security actors, moved the monitoring system to the outcome level, and put in place a framework for accountability to affected populations.

Mali

Nearly three years after the conflict erupted in northern Mali, its impact was still felt across the country and most poignantly in Timbuktu, Gao and Kidal regions. Access to basic social services in the north remains limited in many places and non-existent in others. Due to the conflict and insecurity, there still remain over 86,000 internally displaced persons and 139,000 refugees in neighbouring countries. The slow-onset food and nutrition crisis remains a major concern, with an estimated total of 181,000 children ages 6-59 months suffering from SAM at the end of 2014. As a result of the Back to School initiative, 74 per cent of schools in Gao and Timbuktu have reopened and 424,000 crisis-affected children have received education
supplies during the 2013-14 school year. UNICEF has continued to provide training on child protection, including on the Monitoring and Reporting Mechanism (MRM) of grave violations of children’s rights and mine risk education, which reached over 226,000 people in 2014. UNICEF and partners were also able to provide psychosocial support to over 21,000 children and 800 survivors of gender based violence (GBV) affected by the crisis. UNICEF and partners have also supported 97 health facilities in conflict-affected areas with basic medicines and materials, including provision of Vitamin-A for 484,500 children. With UNICEF support, 7.5 million children nationwide were vaccinated against polio, including over 530,000 children located in conflict-affected northern areas. Nearly 40,000 mothers/caregivers of acutely malnourished children benefitted from hygiene kits and hygiene awareness-raising activities.

**Recurrent cholera outbreak**

In 2014, 91,361 cases and 1,583 deaths of cholera have been registered with a critical fatality rate (CFR) of 2 per cent in 11 out of 24 countries in West and Central Africa. Ghana, Nigeria and DRC accounted for 92 per cent of the caseload during this period of time. Transmission mostly occurs in specific population groups living in high risk areas such as cross-border areas, lakes and seashores namely the Lake Chad Basin (46 per cent - 41,582); the Congo River Basin (21 per cent - 19,305) and Gulf of Guinea Basin (33 per cent - 30,395). The number of reported cases in 2014 is three times higher compared to 2013 when 37,000 cases were reported, an increase attributable to population movements rather than strictly related to an environmental reservoir of cholera. Moreover, the number of reported cases in West and Central Africa is probably largely underestimated due to inadequate laboratory and case management facilities (particularly in rural areas), weak epidemiological surveillance systems, as well as economic, social and political disincentives to case reporting.

**1.4. Equity Case Study**

In 2014 WCARO continued to bolster evidence generation on equity issues impacting child rights through studies, research and evaluation (see section 3.1) and to provide sector level support for the operationalization of equity focused interventions and approaches (see section 2). In doing so, the Monitoring Results for Equity Systems (MoRES) secretariat has served as a one-stop-shop on equity programming, supporting technical assistance, learning and partnerships to promote the equity agenda in UNICEF and with partners. In doing so, the MoRES secretariat with dedicated full time staff at WCARO serves as an anchor point for coordinating and enabling equity programming through coordinated technical assistance, learning & knowledge management and partnerships, promotion of equity agenda in UNICEF and among partners. This is a key milestone to foster quality assurance of MoRES integration and roll-out, documentation, and cross-sectoral collaboration to respond to COs’ needs. Such arrangement reinforced the existence of designated focal points in each of WCARO programmatic sections who form a coordinated MoRES Inter-Sectoral Working Group that provide coordinated technical assistance to UNICEF Country Offices. During the course of 2014, WCARO provided joint missions to 6 COs, contributing to harmonized understanding and systematisation of the MoRES design, implementation, especially in strengthening existing decentralised monitoring systems and coordinated use of data to foster evidence-based programming. In addition, this arrangement favours the integration of MoRES sessions in regional sector network meetings (e.g. WASH-BAT, C4D, and SP-PM&E) thereby promoting better understanding and integration of equity programming in sectoral frameworks and helping keep focus on equity.
In 2015 WCARO supported nine mid-term reviews of Country Programmes and three Strategic Moments of Reflection (in Sierra Leone, Mali and Côte d’Ivoire). A key learning point from these exercises is that the equity refocus requires clarity around: (i) the articulation of UNICEF’s engagement both upstream (policy level) and downstream (programmatic interventions at decentralised level), (ii) a coherent strategy around geographic convergence towards modelling of integrated interventions, (iii) strengthening of existing decentralised monitoring systems and social accountability mechanisms to measure results and document learning that can help inform national policies and programmes, (iv) joint operationalization of equity and resilience agendas in volatile contexts by investing in risk informed, conflict sensitive programming and vulnerability targeting. Learning, knowledge exchanges, innovation and documentation are key to diffusing the experience across the COs and the organization. Thus, the regional MoRES website represents an important avenue for KM and information sharing, through which COs and RO sections can access and post a variety of materials such as guidelines, tools, selected indicators, implementation status updates, presentations and reports among others. In addition, WCARO supported three country offices (Togo, Nigeria and DRC) in preparing their case studies for the publication “Pursuing Equity in Practice – A compendium of country case studies on the application of Monitoring of Results for Equity System (MoRES)”. 

In the area of strategic partnerships, WCARO also initiated networking and conversation with other agencies implementing and promoting Results Based Management and equity focused frameworks through the WCAR-UNDG Programme Support Group and the Centers for Learning on Evaluation Results (CLEAR) initiative, a consortium of donor organisations and partners led by the World Bank, offering a platform to facilitate interagency dialogue. The aim is to foster dialogue and synergies around respective analytical and programmatic frameworks for equity, moving towards a greater inter-agency coherence and collaboration in the context of Delivering as One (DaO) implementation modalities. 

The production of quality equity focused SITAN that are risk informed and gender sensitive remains a major challenge in the region due to the broad spectrum of the analysis, the complexity of assessments and the small pool of available experts/consultants, especially for Francophone countries. In addition, while bottleneck analysis according to the 10 determinants framework works very well to improve the performance of social services within a well-defined programmatic area such as health and education, it is less applicable when addressing complex social norms such as child marriage and violence; thus, the MoRES Secretariat is working closely with the Child Protection team to develop an adapted analytical framework for child protection spectrum of services.

2. **ANALYSIS OF PROGRAMME STRATEGIES AND RESULTS: DEVELOPMENT EFFECTIVENESS**

2.1. **DEVELOPMENT EFFECTIVENESS ANALYSIS**

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5 In an effort to align with guidance on UNICEF Regional Analysis Reports, this section presents regional office results in the provision of technical and quality assurance support to Country Office even though such results are organised around sector level outputs under the GRP outcome in the West and Central Africa ROMP structure.
2.1.1. Health

In 2014, the Health team continued to provide quality technical support (RO staff missions, inter-country reviews and provision of consultants), leading to fulfilment of important ROMP targets. Three new countries (Mauritania, Ivory Coast and Liberia) now have 80 per cent of districts displaying an 80 per cent coverage rate of Diphtheria, Polio, Tetanus (DPT)3/Penta3 in children under one year old, bringing the total number of countries having reached this milestone to 13 out of 24 in WCAR. Three countries (Gabon, Sierra Leone and Ivory Coast) eliminated Maternal and Neonatal Tetanus, bringing the total number of countries to 14; and more than 50 per cent of the U5 children are using Impregnated Treated nets in Sierra Leone and Togo making a total of 6 countries out of 24 in WCAR having reached this status. Gabon and Burkina Faso were supported to develop MNCH investment cases. Support to the Ebola, Polio and Measles outbreak responses requested major mobilization of Regional Office staff in terms of inter-country coordination and support.

Regarding the unprecedented Ebola outbreak which occurred in 6 countries of West Africa (see 1.3) the Health section supported human resources (HR) surge, direct outbreak control through IPC and alternative care facilities with a child focus, and primary health care (PHC) service delivery continuity with adapted delivery strategies for key interventions as for immunization, integrated community case management (iCCM), malaria prevention to limit collateral effects and child mortality increase plus Ebola preparedness in non-affected countries. This outbreak underlined the weaknesses of existing health systems in spite of results achieved over the past years in terms of decrease in child mortality. Making health systems more resilient will be a major agenda starting in 2015.

Polio eradication made very significant progress with impressive reduction of Wild Polio Virus (WPV) cases in Nigeria (0 case since 24 July; 3 cases in 2014 vs 53 in 2013). The outbreak in Central Africa (5 cases in Cameroon and 5 in Equatorial Guinea) was being controlled at year end: no new cases were reported since 9 July in outbreak countries. A Polio regional response strategy was developed to face this emergency focussing on better micro-planning of communication around National Immunization days; coordinated advocacy for greater political and financial engagement at country level (particularly in Cameroon and Equatorial Guinea); enhanced staffing and technical support at country level. These strategies substantially improved the quality of the campaigns and the subsequent increase in coverage and finally the absence of cases in the last 5 months of 2014.

In 2014 WCARO supported the preparation of Malaria Global Fund Concept Notes in 9 countries, with five of them leveraging funds for iCCM platform. This work involved coordinated support from WCARO and Rollback Malaria through orientation workshops with Government and Partners on the new Global Fund Funding Model followed by country support to review national strategies and integrate iCCM work building on a gap analysis, when needed.

WCARO co-authored a Lancet article on neo-natal health “Health System bottlenecks and strategies to accelerate scale-up in countries” as part of the Lancet Every Newborn study group. It also contribute to the Every Newborn Action Plan endorsed in May and to development of two Neonatal national plans in Ghana and Senegal. In addition, WCARO leads monitoring and evaluation (M&E) activities under the Muskoka partnership involving United Nations Population Fund (UNFPA), UN Women, WHO and UNICEF to reduce maternal and under five deaths in 11 countries. In 2014, a new result matrix was adopted to strengthen the strategic focus on high impact interventions and technical assistance which was delivered to
country offices to review 2014 country plans, improving planning, monitoring and reporting on high impact interventions, as well as coordination and implementation aligned to national plans.

2.1.2. HIV and AIDS

Building on the 2013 momentum, intensive and quality technical support provided by the WCARO team contributed to the following key achievements. On the first decade-of-the-child life front, Chad adopted lifelong antiretroviral treatment for HIV-infected pregnant women (Option B+) for Prevention of Mother to Child Transmission, bringing to 6 the number of countries who have adopted Option B+ with significant Regional Office support. Cote d’Ivoire and Chad both adopted Task-Shifting policy (allowing the dispensation of ART by non-medical doctor health providers) and two additional countries (Mali and Liberia) developed their national eMTCT plans bringing to 19 the number of countries in the region with a national eMTCT plan. Five countries (Nigeria, Democratic Republic of Congo, Guinea Bissau, Senegal and Chad) that were supported in decentralized monitoring of their eMTCT plans are showing promising trends in bottleneck reductions. In addition, the assessment of HIV paediatric care and treatment was completed by the Regional Office in 3 countries (Chad, Liberia, and Togo) and is ongoing in seven more countries (Ghana, Gabon, Cote d’Ivoire, Guinea Bissau, DR Congo, Congo, Cameroon, and Nigeria).

On the second decade-of-the-child life front, a Bottleneck Analysis (BNA) tool for adolescents access to and utilization of HIV services was developed and its use has been initiated in 2 countries (Chad and Mauritania), Regional Office advocacy and capacity building helped three new countries (Cote d’Ivoire, Mauritania and Chad) introduce evidence-based interventions for HIV prevention, care and treatment in adolescents, bringing to seven the number of countries (Nigeria, Cameroon, Cote d’Ivoire, CAR, Gabon, Mauritania and Chad) who have embarked on evidence-based HIV prevention, care and treatment programming for adolescents. Four of these countries (Nigeria, Cameroon, CAR, and Gabon) have started implementation to boost adolescent access and uptake of services. Five countries (Ghana, Sierra Leone, Senegal, The Gambia and Cote d’Ivoire) conducted preparedness exercise for the demonstration phase of the introduction of the Human Papilloma Virus (HPV) vaccine among adolescent girls with support from the Regional Office. On protection, care and support, three countries (Cote d’Ivoire, Cameroon and Senegal) initiated situation analysis of the implementation of the family-centred approach to HIV programming and reached agreement with key actors (i.e. governments, bilateral partners, etc.) to effectively implement this approach in their countries using Prevention of Mother To Child Transmission (PMTCT) as a major entry point.

With regards to emergencies, the section actively contributed to all major humanitarian responses by WCARO (CAR and Ebola). With regard to Ebola, the HIV team used the vast experience and lessons from HIV to contribute to efforts of other sectors such as health and C4D. Finally, through the section’s technical support to the Global Fund’s New Funding Mechanism efforts, six countries (Nigeria, DRC, Chad, Senegal, Guinea, and The Gambia) have been approved for funding amounting to around US$800 million for the next three years.

2.1.3. WASH
To address significant shortfalls in WASH results across the region, the Regional Office continued to strengthen partnerships for scale-up of basic WASH services. Eighteen WCAR Country Offices benefited from global and regional funding support: DGIS (Directorate-General for International Cooperation), SIDA (Swedish International Development Cooperation Agency), DFID (UK Department for International Development), Norway, and Hilton Foundation. Sustainability compacts were signed in six countries, marking a formal engagement between Governments and UNICEF that ensured long-term benefits.

WASH specialists from 18 countries participated in a workshop on MoRES design, implementation and use to strengthen sector capacity in equity-based programming approaches. Subsequently, technical assistance was provided to Nigeria to undertake the WASH bottleneck analysis tool (WASH-BAT). In partnership with International Institute for Water and Environmental Engineering (2iE), a study was initiated to investigate the presence of arsenic in Mali and Niger, which concluded that arsenic affects predominantly low-income populations in remote water-scarce areas.

Response to humanitarian emergencies dominated the Regional Office programme, starting with surge missions and technical assistance to L3 crises in CAR and EVD-affected countries, and on-going support to nine Sahel countries and cholera preparedness, prevention, and response in 18 countries. The WASH-in-Nut strategy evaluation and revision process conducted by the WASH Regional Group oriented key strategic inter-sectoral activities which are integrated into the Sahel Strategic Response Plan (2014-2016). Safe water supply was provided for over 2 million conflict-affected urban dwellers in the Region. Frequent Regional Office surge missions in CAR contributed to a 20 per cent increase in drinking water supply in Bangui.

In most WCAR countries affected by emergencies, the WASH sector coordination mechanism succeeded in maintaining effective leadership, providing a strategic framework addressing WASH gaps, particularly for IDPs, malnutrition and epidemics. The Cholera Platform co-led by UNICEF and WHO undertook cross-border workshops in three basins, and the regional surveillance and alert system induced early and effective response in Chad during August. In December, the Regional WASH in Emergencies 10-day training was co-led by WCARO with Bioforce in Mali. Since 2009, the programme has trained more than 200 WASH specialists for emergencies.

The response to the EVD outbreak in the most affected countries (Guinea, Liberia and Sierra Leone) continues by improving access to safe water, adequate hygiene practices and sanitation, including waste management, in health centres, schools, and to affected and at-risk population in communities. Joint efforts resulted in (i) 93 Ebola treatment and care centres equipped with essential WASH facilities; (ii) 1,162 Non-Ebola health centres in Ebola-affected areas equipped with hand washing station; (iii) 267,517 people benefited from hygiene kits in Ebola affected areas; and (iv) 686,452 children have benefited from hand washing facilities at schools in Ebola affected areas (schools opened in Guinea).

2.1.4. Nutrition

A number of countries in the region made progress to improve nutrition status and nutrition behaviour of children and women in the West and Central Africa Region over the past decade. Despite this, under-nutrition among children is a major public health and development problem
with over 25 million children under the age of five years in West and Central Africa who are not reaching their development potential due to nutritional deficiencies.

UNICEF supported countries in the region to develop nutrition policies and strategies to provide an overarching framework for tackling under-nutrition. In 2014, 19 out of 24 countries developed multi-sectoral national strategies against malnutrition. Seven countries now have a policy or plan to support home fortification with multiple micronutrient powders. UNICEF Regional Office provided substantial support to 14 countries to ensure early warning, surveillance and nutrition security programming, as well as resource mobilization to support operationalization of high impact proven nutrition interventions. In 2014, over 1,200,000 children (including 994,000 children in the 9 Sahel countries) have been admitted in treatment programs for severe acute malnutrition. This has been possible thanks to an increase in coverage of nutrition services in most of the countries and a better supply chain management.

Finally, in 2014 the regional nutrition team provided timely and adequate support to countries to ensure adequate nutrition response to the Ebola Outbreak by participating in the definition and dissemination of guidance for nutrition care of EVD patients, agreed joint response framework with other nutrition partners and support preparedness actions in neighbouring countries.

2.1.5. Education

The Regional Report on Out of School Children, which provides an informative framework and updated data on education exclusion, was finalized and officially launched in June 2014. Building on the collaboration established in 2013 with UNESCO’s Institute of Statistics (UIS), WCARO brought together UNICEF staff from the 24 Country Offices as well as their national counterparts to identify monitoring mechanisms and practical strategies to tackle exclusion. WCARO also provided technical assistance to Senegal to kick start an analysis of the key barriers to children’s access to education.

The capacity of 20 COs and national counterparts was developed on gender-sensitive education policies through a regional workshop jointly organised with key civil society partners. In addition, the prevention of school-related gender-based violence (GBV) continued to be a programmatic focus with technical support provided to Mali, Burkina Faso, Cote d’Ivoire and Niger. Advocacy was conducted and led to additional funding allocation (Global Partnership for Education Global and Regional Activities: GPEGRA) for Togo and Cote d’Ivoire. High quality communication materials such as films and human interest stories were produced, highlighting UNICEF’s contributions to quality education in Guinea Bissau, Niger, and Liberia.

In 2014, the WCARO Education Section continued supporting country teams to build evidence and knowledge around Early Childhood Development (ECD) through the roll out of the ECD Prototype. Niger, Senegal and STP received support to measure the impact of preschool experience on children’s learning and to develop costing options to increase coverage of ECD services. Technical assistance was provided to Togo, DRC and Cameroun for the finalization of ECD policy documents. In close collaboration with Headquarters (HQ) ECD Unit, WCARO supported Mali, Benin, Niger, Mauritania and Ivory Coast in the preparation of technical proposals which led to funding allocations from UNICEF and the H&M Foundation. To boost internal and external advocacy on the holistic approach to ECD, WCARO developed 24 ECD country profiles which help to visualize the life cycle approach to young children’s development.
As education systems were affected in unprecedented terms by the EVD outbreak, WCARO played a key role in developing regional guidance on setting-up emergency radio education programs to ensure learning continuity despite school closures and on essential measures and protocols for the safe reopening of schools. In addition, support on Education in Emergencies (EiE) was provided to Mauritania, Burkina Faso, Niger, Mali, Senegal, CAR, Chad, Cameroun, DRC, Congo, and Nigeria. In particular, Back-to-School campaigns were supported in CAR and in Chad, targeting a total of 410,000 children. Humanitarian Needs Overview and Strategic Response Plan processes for education were harmonized across the region, and common regional education indicators were agreed with sector partners for monitoring in 2015.

To support system’s strengthening, technical and financial support was provided for the elaboration of country status reports for education in DRC and Chad, including equity, conflict and risk analysis chapters. In addition, technical support was provided to five Country Offices implementing the Peacebuilding, Education, and Advocacy program (Chad, Cote d’Ivoire, DRC, Liberia and Sierra Leone) and WCARO engaged with the CAR and Mali offices – which led to the creation of Peacebuilding-related posts, successful resource mobilization, and the planning of conflict analyses in the education sector. Beyond education, the Peacebuilding, Education and Advocacy (PBEA) programme made inter-sectoral contributions, including the production of a regional mapping of conflict; enhanced collaboration between Emergencies, Child Protection, C4D, Social Policy and Planning on conflict-sensitivity and peacebuilding writ-large; as well as the development and field-testing of peacebuilding indicators for Multiple Indicator Cluster Surveys (MICS) in 2 countries.

### 2.1.6. Child Protection

A Regional Child Protection Strategy (2014 – 2017) was finalised in 2014 following Regional Management Team (RMT) consultations on key priorities and strategies in the region. The strategy uses a systems strengthening approach to achieve results for children on 4 key priorities: violence against Children, Female Genital Mutilations-Cuttings and Child Marriage, Birth Registration and Child Protection in emergencies.

In line with this approach, a major achievement was the dynamic inter-agency work on child protection systems, particularly with regards to strengthening the social service workforce and the development and adoption of the Framework for Analysing State Party Reports using a systems lens by the African Committee of Experts on the Rights and Well-being of the Child. In December 2014, UNICEF, in collaboration with Terre des Hommes and Social Services International organised a sub-regional meeting with universities and social work training institutes to discuss how to move forward on improving the quality of training for social workers and para-professionals in West Africa. The Framework for Analysing State Party Reports using a systems lens has been used by the African Committee of Experts to improve the quality and pertinence of the recommendations they make to State Parties in terms of implementation of the African Charter.

In the area of FGM/C and child marriage, as the agreed lead Regional Office on harmful practices on behalf of Eastern and Southern Africa Regional Office (ESARO) and MENARO, WCARO played a strengthened role in the Joint Programme on FGM/C and the Global Programme to End Child Marriage, supporting the countries which are part of these to develop and implement national strategies on child marriage and FGM/C as part of an overarching child protection systems strengthening agenda. Technical and financial support was provided
to the AU Campaign to End Child Marriage and regional research was carried out on the
determinants which have led to positive change with regards to child marriage.

Concerning birth registration, the section mobilized funds from the Department of Foreign
Trade and Development of Canada for a regional project on Civil Registration and Vital
Statistics (CRVS) and Health Information Management Systems (HIMS), jointly with WCARO
Health Section. This project aims at making civil registration and health management
information systems interoperable in order to improve data collection and transmission and
ultimately, birth registration rates in two countries in WCAR (Mali and Senegal).

Finally, in the domain of child protection in emergencies, the section provided Child Protection
in Emergencies support to eight Country Offices, affected by conflicts (Cameroon, DRC,
Nigeria, CAR, and Chad) and affected by Ebola (Liberia, Guinea and Sierra Leone) to
strengthen cross-border collaboration as part of the Ebola response. Mental Health and
Psychosocial Support (MHPSS) support in emergencies was provided specifically to
strengthen the response to Central African refugees in Cameroon, as well as to communities
affected by Ebola in Guinea, Sierra Leone and Liberia. Another important achievement in this
area was that draft Psychosocial Support/Nutrition and Early Childhood Development/Nutrition
modules were developed for integration into the Regional Nutritional Protocol.

2.1.7. Social Inclusion

The section supported evidence generation, policy dialogue and advocacy by organising a
regional training on child poverty analysis followed by technical support to Multidimensional
Overlapping Deprivation Analysis for Children (MODA) in 5 countries (Guinea; Senegal;
Gabon; Chad; Cote d’Ivoire) and to situation analysis (SitAn) process in 4 countries: (Guinea
Bissau; Chad; Cote d’Ivoire. DRC).

In the area of strengthening capacities on Social Protection programming, five countries
received training support, increasing capacities of over 150 stakeholders in child focused
social protection. Tools were made available to influence the policy making process and
strengthen social policy (SP) systems in these countries (Mali; Gabon and STP; Niger; the
Gambia). The section also contributed to analysis of the application of cash transfers in the
Ebola context, as well as the monitoring of children rights in Ebola stricken countries, health
systems strengthening and impact analysis.

In the area of social accountability and participation, training modules on social budgeting
have been developed and tested during a capacity building workshop in Cote d’Ivoire
gathering civil society organisations (CSOs), the media and parliamentarians to empower
national stakeholders to actively participate in national and local decision-making and
monitoring policies for improve accountability and inclusion.

Data and policy analysis were conducted on UNICEF’s contribution to the Demographic
Dividend in the region as well as on the Africa Engagement Strategy and Generation 2030.
Substantive support was provided to UNICEF staff development in the region, with a
contribution to the recruitment of social policy staff in 9 countries, induction of 4 new social
policy staff, and the organization of a network meeting of social policy and planning, monitoring
and evaluation (PM&E) staff for knowledge sharing.

2.1.8. Communication for Development (C4D)
WCARO provided timely technical support and oversight to community engagement and social mobilization components of the Ebola response in Guinea, Liberia and Sierra Leone; contributing to contain the epidemic in an extremely challenging environment of fear, suspicion and mistrust of service provision. A continuous quality assurance system was established through field visits and feedback loops, as well as weekly conference calls with the affected Country Offices, WCARO and HQ technical teams. Technical support was provided to the social, anthropological research conducted in the three countries to understand the traditional beliefs and practices driving transmission. Quality assurance mechanisms were integrated through the establishment of a field monitoring system for performance management and realignment of field strategies. WCARO provided surge staff and consultants as well as support to emergency recruitment to strengthen the C4D HR capacity in the affected and high risk countries (Mali, Equatorial Guinea, particularly in regards to the African Cup of Nations tournaments).

Technical oversight and support were also provided to polio ‘outbreak’ and ‘red list’ countries to develop evidence-based strategies, thus improving the quality of approximately 70 campaigns. Micro planning was strengthened and a more systematic review process put in place in collaboration with HQ, particularly in Cameroon and Equatorial Guinea where there were no cases in the second half of the year. Training, financial and technical assistance from the Regional Office contributed to the successful introduction of new vaccines (pneumonia and diarhoea) with above 90 per cent coverage in 13 countries. A regional workshop and in-country technical assistance strengthened the C4D capacity of all 24 countries in IMNCH, filling an important gap that existed in developing C4D strategies for maternal mortality reduction

2.1.9. Communication

From a communication perspective, the year was dominated by humanitarian crises throughout the region. The Central African Republic and countries affected by Ebola attracted significant attention by the global media, and substantial investment in time and resources was required in order to support and guide these countries. Similarly, insecurity and violence in Nigeria generated high media interest throughout the year, which required constant monitoring given the sensitivities of the conflict.

The Ebola crisis was by far the main focus of the regional communication work, highlighting the impact of the crisis on children and UNICEF’s response. Findings from Ebola Crisis Media Analysis report by the Gorkana Group, covering Aug to Nov 2014, during which the regional office communication team was in the lead, showed a positive trend in managing the crisis, with some of the most visible media initiatives of the year. According to the findings, UNICEF was one of the main sources of information on Ebola across all organisations, appearing in up to 13 per cent of all press coverage on Ebola (ranked 3rd); and 17 per cent of all press coverage on Ebola and children’s issues in target global media (ranked 3rd). On social media, UNICEF’s content on Ebola and children’s issues made up 56 per cent of all coverage, ranking 1st as the source of information on Ebola and children’s issues.

The communication work carried out in the region also ensured a positive perception of the organisation, in spite of significant reputational risks, with 53 per cent of the press coverage for UNICEF being rated as favourable.
Regional digital platforms saw a sharp increase in the number of followers, with the regional Facebook page adding over 127,000 new followers, from 18,486 to 145,180 likes. Similarly, the Twitter page saw the number of followers increase by 34 per cent, to 14,600 followers. An increase in engagement was noted on both platforms, with the number of comments rising from an average of 445 to 1,171 monthly on Facebook. UNICEF Africa was retweeted 9,755 times compared to 4,978 last year. The number of page views is on the rise, from 26,000 page views in 2011/12 to 43,000 in 2012/13 to 51,000 in 2013/14 and visitors tend to stay longer during each session. During, the year key communication collaborations included Muskoka with the Ministère des Affaires Etrangères; Muskoka, Day of the African Child and Campaign against Child Marriage with the AU and the Girl Summit on FGM and Early Marriage with the UK Government.

2.1.10. Humanitarian Assistance

The Emergency Section continues to coordinate UNICEF WCARO’s support and oversight for humanitarian work to the major regional emergencies to-date in 2014 as per the agreed Regional Office coordination structuring, including the Level 3- CAR Crisis (including CAR+, Chad, Cameroun, Congo and DRC); provide support to Country Offices for the Ebola response (Guinea, Sierra Leone and Liberia), and Nigeria/Nigeria+; continued support for Mali/Sahel.

This included the formulation and updating of integrated response plans, the implementation of a rapid response mechanism (CAR), continued roll-out and strengthening of humanitarian performance monitoring (HPM) (7 countries), and weekly convening of the Emergency Management Team (EMT- CAR) and convening Emergency Technical Team (ETT) at the regional office level.

Regional emergency response mechanisms are being strengthened, including the continuation of a long term agreement for rapid assessments and response-expanded to include mapping, IM as well as needs assessments; maintaining emergency supplies and supply chain management expertise in UNICEF regional supply hubs in Accra and Douala, the updating of regional surge rosters with both internal and external candidates, and the administration of a regional emergency rapid response fund (RERRF) for early stage response.

The Emergency Section plays an active part in the coordination and formulation of UNICEF and inter-agency resilience strategies for the Sahel region. Preparedness and capacity building were reinforced (Mali, Chad, Burkina Faso, DRC); as well as ongoing work to reinforce regional resource mobilization efforts for Country Offices as well as within the Regional Office.

2.1.11. Gender

With the approval of the Gender Action Plan (GAP) 2014-17 in June, the Regional Office Gender Equality Task Force met to define key regional objectives to move the GAP forward in the region, as well as a set of priorities for 2014/15, including: (i) development of a roadmap for GAP implementation to be discussed at the RMT and Deputy Representatives and Operations Meeting (DROPs) to include a set of criteria for prioritizing country support and a strategy for provision of oversight and technical assistance, (ii) definition of programmatic priorities and strategies in the context of ongoing regional work on the demographic dividend, adolescent development, child marriage, emergency technical team work on GB in emergencies; (iii) identification of opportunities for engaging regional bodies and partners on
gender equality and child rights. On this basis, the regional office launched a baseline assessment that will be completed in 2015 to inform the development of a clear GAP implementation.

A stretch assignment of the Regional Gender Focal Point to the Gender and Rights Team in New York supported the development of global tools and systems for strengthened GAP planning, monitoring and reporting at country level and is expected to contribute to prioritization of gender work in fifteen country programming planning exercises (strategic moments of reflection and mid-term reviews) planned in 2015.

2.1.12. Strategic Planning and Results Based Management, including MoRES

WCARO provided programme planning support and quality assurance to nine countries undertaking midterm reviews of their country programmes (Chad, Mauritania, The Gambia, Senegal, CAR, Gabon/ST&P, Cape Verde Joint Office (CVJO), Congo. The office also coordinated regional support to the Strategic Moment of Reflection held by Cote d’Ivoire Country Office and assisted Sierra Leone and Mali offices in preparing and submitting their Country Programme Document.

Support to these programming exercises allowed the Regional Office to strengthen capacities of approximately 500 staff from UNICEF and partners on equity focused programming, SP 2014-2017 principles and results, and emerging programmatic issues in the region including, on risk informed programming, adolescents, gender equality and urbanization, among others. The Regional Office also coordinated support to six countries for Program Policy and Procedures (PPP) training (Ghana, Congo, Nigeria, DRC, Burkina Faso, CAR), building the capacity of some 200 staff in UNICEF programme, policies and procedures. A sub-regional training of trainers (ToT) involving 18 staff was organised in DRC to ensure that UNICEF staff are equipped to jointly facilitate PPPs, especially in large Country Offices, but also to address the lack of francophone PPP facilitators vis a vis country needs.

The development of resilience approaches was supported in Mauritania, Mali, Cameroun, Chad, Niger, DRC and Senegal, through dedicated support, to country programming exercises and ad hoc technical support.

In terms of results based management and MoRES, the Regional Office improved coordination between sectors to support Country Offices in the design, operationalization and rollout of MoRES. 15 missions were undertaken to 14 Country Offices providing guidance and supporting development of roadmaps and implementation tools for MoRES (Benin, Chad, Congo, Equatorial Guinea, Gabon, Ghana, Guinea, Guinea Bissau, Liberia, Mali, Mauritania, Niger, Nigeria, Senegal). Meanwhile, articulation of MoRES with other initiatives at national and inter-agency levels remains a challenge and needs to be addressed in 2015. South-South collaboration was used as an effective way to start up and roll-out MoRES in the region (e.g. STP-Togo, Mauritania-Benin).

The Regional Office supported MICS implementation in 5 countries, maintaining a roster of vetted consultants to support MICS activities in the region. During the course of 2014, more than 100 UNICEF and government staff have been trained in various modules for design, implementation, and data processing, analysis and use. The MICS team supported the education section in the development of PBEA and social cohesion survey topics that could
eventually be added into Ivory Coast and Sierra Leone MICS. In collaboration with the Regional Office nutrition section, a guideline has been drafted to recommend best practices to promote coordination between SMART and MICS survey implementation for Country Offices having both surveys the same year. This intersectoral collaboration will ensure improved evidence generation in the region.

2.2. LESSONS LEARNED

2014 brought many lessons learned on programme strategies and results for the Regional Office to embrace. Lessons to be emphasized are those in inter-sectorial collaboration, emergencies, especially regarding the EVD outbreak, and specific programmatic strategies.

Several inter-sectoral strategies and initiatives proved fruitful in the work of the regional office. For example, the WASH and Nutrition Strategy of the Sahel that has been in place since 2012 held a regional review in 2014 to re-orient and ensure integration of implementation plans and strengthen the systemization of the link between emergency and development programming. The nutrition section also coordinated with different survey programs, including Demographic and Health Survey (DHS) and MICS, to better guide country level planning and timing of nutrition surveys. The cross-sectoral approach has also been implemented through joint support missions, especially in supporting Strategic Moments of Reflection (SMR), Mid-Term Reviews (MTR), and MoRES activities. A regional MoRES-WASH-BAT workshop was also held. Joint missions and workshops have been noted as best practices for leading an inter-sectorial approach in the region. Such initiatives contribute to the alignment and scale-up of evidenced based approaches and systematization of inter-sectoral collaboration.

As WCARO is a region of frequent emergencies, several lessons came out of 2014, especially related to cholera and Ebola. The Cholera regional alert and cross-border initiatives contributed early detection, mobilization, and outbreak containment much better than the 2010-2011 outbreak. In 2011, an eight week delay was observed from the outbreak’s onset and humanitarian response. In 2014, the regional epidemiological surveillance and Regional Office alert contributed to the early detection and response to the outbreak in the very first week. A cross-border meeting held in Niamey in April 2014 gathered Ministry of Health (MoH) and agencies from four countries (Cameroon, Chad, Niger and Nigeria) also triggered preparedness efforts in those countries. These regional initiatives contribute to break the cycle of transmission of the outbreak before it spreads out of control, reducing the human and financial costs of a large-scale epidemic.

Regarding learning from the EVD outbreak, an EVD preparedness workshop was held including a panel on lessons learned to facilitate lessons from affected countries to non-affected countries stressing the multiple dimensions of the crisis outside the health systems and the need to invest in preparedness and partner advocacy. The C4D, health, and child protection sections also have extracted several key practices for EVD response. C4D played a very active role in EVD response and has noted the following elements as essential to EVD response: rapid adjustment of C4D strategies on the basis of epidemiology, mobilization of survivors to share lessons, development of a guideline and quality benchmarks for community engagement, active participation of religious leaders, and the importance of coordination for programme scale up. Child Protection also noted that that decades of experience on Alternative Care, Unaccompanied and Separated Children and Mental Health and Psychosocial Support programming could be rapidly adapted to the unique response required
for Ebola. From the health angle, the section learned to adapt key health interventions to the delivery mode during the context of the EVD outbreak in West Africa: MDA-Mass Drug Administration of ACT (Artemisin-based Combination Therapies), PIRI-Periodic Intensification of Routine Immunization, and No touch policy for CHWs.

On the programmatic level, the education, HIV, and child protection sections have noted important lessons in 2014. The Joint Programme on FGM/C revealed the importance of a systemic approach that addresses legislation, services and social norms, and the power of an approach that focusses on enabling communities to pursue a vision that includes healthy and well developed girls. HIV has also highlighted the importance of joint advocacy missions with Joint UN Regional Team on AIDS (JURTA) members to advance the eMTCT agenda. In education, several best practices have been identified such as the School Report use in MoRES, the ECD prototype pilot, and the ETAPEx (Espaces Temporaires d’Apprentissage et de Protection des Enfants) approach to integrated EiE and Child Protection in Emergencies (CPIE) programming that was initiated in CAR has been replicated in other WCAR countries. Furthermore, the importance of including an Education Conflict and Risk Analysis as part of education sector analyses was piloted in PBEA countries and is now globally and regionally recognized as a key dimension to be integrated.

The continued investments in emergency preparedness at Country Office level, and the maintenance of emergency supply hubs in Accra and Doala are example of practices that demonstrably strengthen operations effectiveness and save resources. Preparedness through training has shown to reduce the need for external surge support, which can be very costly. Preparedness through the establishment of long term agreements (LTAs) also allow rapid local procurement, reducing the reliance of international procurement, and thus saving transport costs. The use of sub-regional supply hubs allow supplies to be brought to countries quickly using sea and road transport, reducing the need for very costly air transport.

Each section continues to document its lessons learned and share inter-sectorally in the annual review to ensure sharing of best practices at the country and regional level.

### 3. ANALYSIS OF PROGRAMME STRATEGIES AND RESULTS: GLOBAL AND REGIONAL PROGRAMME

#### 3.1. GLOBAL AND REGIONAL PROGRAMME ANALYSIS\(^6\)

##### 3.1.1. Generation of evidence to improve policies and programmes for children across multiple countries

The MICS program is instrumental for generating data and evidence on the situation of women and children in the region. 2014 was especially important for generating evidence on MDG achievement. MICS5 has been implemented in 5 countries (Sao Tome and Principe, Guinea, Cameroon, Congo and Benin) in 2014 and data collection was completed in all countries except Congo. New data collection was introduced for biomarker indicators (HIV/AIDS,

\(^6\) As noted under the Development Effectiveness section, results presented under this section on the Global and Regional Programme follow Regional Analysis Report guidance rather than GRP results/outputs under the West and Central Africa ROMP structure.
anemia and malaria prevalence) in Sao Tome and Principe and water quality testing in Congo. The use of computer assisted personal interview (CAPI) on tablet computers was introduced for the first time in the region in MICS Benin and Congo. During the year, 5 other countries entered into the MICS5 program (Mali, Mauritania, Urban MICS in Dakar, Ivory Coast and Nigeria). Data collection for all those surveys will be done with CAPI. All MICS5 tools and documents, including the final report template and data processing programs and syntax are available both in French and Portuguese. Due to Ebola, both Sierra Leone and Guinea MICS have been put on hold; work will resume once the situation regarding the epidemic is resolved. The CAR MICS survey is also still on hold until the situation improves.

In 2014, 13 countries completed quality nutrition surveys, with UNICEF WCARO support. In addition, the regional nutrition team led 4 important studies and pilot in the region notably on the use of long lasting nets (LLNs) in preventing chronic malnutrition, quality improvement and evaluation of IMAM programs; and study of the cost of SAM treatment.

In collaboration with UNICEF’s Office of Research (OoR), WCARO produced MODA for 19 countries using the latest MICS or DHS data available (Benin, Burkina, Cameroon, CAR, Chad, Congo, CIV, DRC, Eq Guinea, Gabon, Gambia, Ghana, Guinea, Liberia, Niger, Nigeria, Senegal, SL, Togo). MODA results (all available on a web-based platform http://www.unicef-irc.org/MODA/) assisted Country Offices to explore the profile of the multiple deprived children, locate them both geographically and socially, and examine how different deprivation overlap and which deprivations may need to be addressed simultaneously.

In the domain of resilience and emergency preparedness, the Regional Office is playing an important role in developing the Inter-Agency Standing Committee (IASC) initiative “Inform Sahel” (Index for Risk Management). The aim is to produce and manage a humanitarian risk index as an open resource for use by actors engaged in resilience, emergency preparedness, disaster management and humanitarian response. The tool gathers an unprecedented amount of risk and vulnerability data made available by various UN agencies, development partners and ministries.

On education, UNICEF WCARO collaborated with the Pole de Dakar to complete national education sector analyses (RESEN) in Chad and DRC, leading on the data collection, analysis and report writing for 2 chapters on “Equity” and on “Conflict and Risk Analysis of the Education System”. WCARO also produced three region-wide studies to shed light on out-of-school children (Regional Report on Out of School Children, West and Central Africa) and highlight the situation of working children (Travail et non-scolarisation des enfants en Afrique de l’Ouest et du Centre) and handicapped children (Handicaps et non-scolarisation) in relation to school exclusion. Finally, a special regional study (Equity – a key thread in national education policy) was conducted on the drivers of inequities affecting education system in the region. All studies make use of available MICS and DHS data.

The Regional Office also contributed to the Lancet series on Neonatal health and to the Every Newborn Action Plan endorsed in May 2014 - a framework to end preventable newborn deaths and stillbirths by 2035. Specific studies were undertaken to assess the extent to which equity concerns were integrated into Expanded Programs of Immunization (EPI) in Liberia, Chad, and the Central African Republic. The study in CAR highlighted high levels of intra-region and intra-prefecture disparities and showed that the long-lasting marginalization of some regions and communities constitute roots causes of current conflicts. The most densely populated areas had the highest numbers of un-immunized or insufficiently immunized children.
WCARO supported the assessment of the national paediatric HIV program in 11 countries adopting an equity lens (Liberia, Togo, Chad, Congo, Togo, Gabon, Guinea Bissau, Cameroun, Nigeria, Cote d’Ivoire and DRC). The findings guided the development of country-specific HIV paediatric care acceleration plans with focus on regions with the highest burden of pediatric HIV infection within the country. Analysis of disparities and bottlenecks in PMTCT was also conducted in Mali and Liberia and enabled the development of national eMTCT plans with a focus on regions that have the highest unmet needs for prevention of mother to child transmission services.

Several health-related research initiatives continued in 2014 and results were registered for the following projects: (i) 2 out of 5 ongoing research projects, implemented since mid-2013 and financed through the Muskoka Funds, completed their first phase: research on Universal Health Coverage produced a mapping of financing strategies to reach Universal Health Care in 12 countries and the research on health management committees produced 3 case studies describing the functioning of these committees in Guinea, Benin and RDC (these results were disseminated during the conference of the African association of health economy and politics and during the global symposium on health systems research); (ii) Assessment of the impact of the EVD outbreak on health systems in 3 Ebola affected countries; (iii) With HQ, modelling of the impact of the Ebola outbreak on Service delivery of Maternal, Newborn, and Child Health (MNCH) intervention and related Child mortality (preliminary results available); (iv) EVM assessment in Gambia, DRC and Guinea Bissau; (v) Assessment of iCCM implementation with HQ.

The evaluation of the Regional WASH in Nut Strategy, jointly commissioned with ACF, was presented in January and informed the revision of the strategy by the WASH Regional Group. This work informed key inter-sectoral activities in the field of 9 countries in the context of the new Sahel Strategic Response Plan (2014-2016).

Operational research in three Cholera Hotspots (Ghana, Togo, Benin sub-basins) provided evidence on cholera dynamics in the sub-region based on classical epidemiology and molecular biology analysis. The study proposes tailor made sustainable WASH interventions in communities regularly affected by cholera outbreaks in Togo, Benin and Ghana. The current work will provide development partners including UNICEF Country Offices with needed information and documentation to fund and carry out sustainable WASH interventions in cholera hotspots. Cholera epidemiology and response factsheets were developed for 12 countries (hot spots). The cholera country profile (factsheet) will guide decision making processes and advocacy initiatives for prevention, preparedness and control of cholera outbreaks in hot spots.

An evaluation of Conrad Hilton Foundation programme is being completed in two countries (Burkina Faso and Ghana) out of the four beneficiary countries (Burkina Faso, Ghana, Mali and Niger) where UNICEF-supported a joint program implemented collaboratively with WaterAid reaching one million people and school children with safe water supplies and sanitation. The evaluation aims to build on lessons learned from the West Africa Water Initiative (WAWI) to leverage complementarity and synergies with interventions funded by the Conrad N. Hilton Foundation.

WCARO also carried out research on the factors which have led to positive change with regards to child marriage and teenage pregnancy in the region, yet to be finalized. Rather than looking at child marriage in isolation, the study used regional DHS and MICS data, as well as
qualitative research, to examine the patterns of family formation for adolescent girls more broadly, including marriage, the initiation of sexual activity, and childbearing. Although child marriage remains pervasive, data reveal a general increase over time in the age at which girls in the region first marry, though median age at first birth worsened in many country. This change may be due to significant declines in the length of the interval between marriage and first birth or to an increase in extramarital childbearing.

3.1.2. Influencing regional policy and/or the production of regional public goods, including through partnerships with relevant regional organizations

In 2014, the Regional Office further strengthened collaboration with the AU Liaison Office, particularly in the areas for which it is the lead Regional Office and notably on harmful practices, including FGM/C and child marriage, as well as education.

The Regional Office was instrumental in shaping and launching the AU Campaign to End Child Marriage in the continent under the leadership of the AU Commission. The campaign is facilitating dialogue amongst key stakeholders in many countries enhancing political will to end child marriage. In addition, the UNICEF/UNFPA Joint Programme on FGM/C paved the road for partnership on child marriage. WCARO actively participated in global platforms such as the UK Girls Summit to increase commitments against harmful traditional practices, in particular female genital mutilation (FGM/C) and child marriage.

As a member of Civil Registration and Vital Statistics Core Group (CRVS) (led by UNECA-United Nations Economic Commission for Africa) the Regional Office continued to actively support CRVS reform plans in many countries in West and Central Africa. The Regional Office also worked closely with the African Committee of Experts on the Rights and Welfare of the Child and the Economic Community of West African States (ECOWAS) to take forward the child protection systems and alternative care agenda’s in Africa. UNICEF and International Organization for Migration (IOM) regional Offices also worked together in the development of Regional guidelines on the assistance to children affected by humanitarian crises (including IASC).

UNICEF (ESAR and WCAR) contributed to the organization of an AU Expert Consultation Meeting on Children and Social Protection Systems in Africa, in Cape Town from 28th to 30th April 2014, under the theme: ‘Children and Social Protection Systems: Building the African Agenda’, and deliberated on the challenges facing the African child, the benefits of, and the need for social protection policies, measures and systems that are responsive to the rights of children, especially the most vulnerable. Recommendations were made during that meeting and have been endorsed by the Minister of Social Affairs for the Africa Union.

The recruitment of a Regional Partnership Specialist allowed the Office to build on these engagements for a more coherent and influential positioning not only at the level of the African Union, but also in terms of Regional Economic Communities including the Economic Community of West African States (ECOWAS), the West African Economic and Monetary Union (WAEMU) and the Economic Community of Central African States (ECCAS). The recruitment of a Partnership Officer out-posted to ECOWAS in Abuja in 2015 is expected to advance this important work.
WCARO is actively engaged in key regional fora on resilience programming at both inter-agency (UN Integrated Strategy for the Sahel) and inter-country levels. In 2014, UNICEF co-facilitated the inter-agency regional workshop on Resilience and is now leading on the development of a UN Regional Directors’ Team (RDT) roadmap for resilience operationalization (see section 4.5 on Intergency Collaboration). In addition, WCARO is working alongside the Food and Agricultural Organization of the United Nations (FAO), United Nations Development Programme (UNDP), and the European Community Humanitarian Office (ECHO) to support inter-governmental institutions, the Comité permanent Inter-Etats de Lutte Contre la Sécheresse dans le Sahel (CILSS) and the Alliance Global pour la Resilience (AGIR), to develop a framework for resilience measurement.

UNICEF also continues to actively facilitate global and regional partnership platforms to influence regional and national policies and public goods. UNICEF has been an active partner in strengthening Health system through the Harmonization for Health in Africa Coordination Mechanism. Community of Practices were supported, specifically in the areas of Health Financing, Service Delivery and procurement and supply Management.

In Nutrition, UNICEF engages in the SUN movement (with support provided to 19 SUN countries in WCAR out of 54 SUN countries worldwide); GAVA partnership for child health days and vitamin A supplementation; and Dutch Life and Materials Sciences Company (DSM) private sector partnership for micronutrient powders (MNPs). Advocacy is also being spearheaded with parliamentarians who are active in development cooperation between the European Union (EU) and the countries of the African, Caribbean and Pacific Group of States (ACP-EU). The Nutrition sector is also working with regional institutions West African Health Organization (WAHO) and ECOWAS on capacity building of nutritionists at all levels and supporting the REACH partnership and developing joint action framework with sister agencies, such as FAO, World Food Programme (WFP) and WHO. UNICEF provides technical and financial support to the regional nutrition working group (RNWG), especially by funding the inter-agency regional facilitator. The RNWG now has 12 organizations from UN agencies, non-governmental organizations (NGOs) and donors.

WCAR countries are active members in the Sanitation and Water for All Partnership (SWA) which aims to achieve universal and sustainable access to basic sanitation and safe drinking water by bringing together a wide range of stakeholders to address gaps in policy and planning, financing, information, and technical assistance. A total of 19 WCAR Countries participated in various stages of the most recent SWA – High Level Commitments Dialogue, with 16 actually attending the High Level Meeting in April 2014.

In this framework, ten countries are benefitting from signification support from DGIS/ Dutch and DFID/UK to accelerate WASH results. As part of these programmes, five (5) Countries (Côte d’Ivoire, Guinea, Mali, Mauritania and Ghana) have signed a partnership agreement with Akvo Foundation for mobile phone-based water point monitoring systems (collection and monitoring via smartphone). Four (4) Countries (Côte d’Ivoire, Guinea, Mali and Mauritania) have contracted with PRACTICA Foundation for capacity strengthening in manual drilling. Mali has developed a partnership with the International NGO SNV for WASH programme implementation in the field with a focus on post-certification sustainability.

The Regional Cholera Platform co facilitated by UNICEF and WHO is composed of main donors and agencies involved in the fight against cholera in West and Central Africa. ECHO has provided substantial support to UNICEF in 2013/2014 for a regional programme to roll-
out the regional “Sword and Shield Cholera Strategy” to prevent and respond more effectively to cholera outbreaks in West Africa.

UNICEF WCARO hosted a workshop that brought together 24 UNICEF Country Offices as well as representatives from UNESCO’s Institute of Statistics (UIS) and from the GPE to present the roll-out of the Out-of-School Children Initiative in the region. Key findings from the regional Out of School Children (OOSC) study and from the four country OOSC studies conducted in DRC, Ghana, Liberia and Nigeria were shared. The workshop served as a platform to influence research and policy-development at country and regional level. As a result, UNICEF WCARO obtained funding from the GPE to advance the OOSC agenda at regional level.

In partnership with the French Ministry for Foreign Affairs UNICEF supported the implementation of a project addressing school related gender-based violence (SRGBV) in four Francophone countries. The Regional Office supported this initiative by facilitating knowledge exchange between the four countries, and organizing a regional event. This brought together almost all WCAR countries and supported capacity development on gender and girls education, with a specific focus on SRGBV. Under the overall hat of the UNGEI, collaboration with Plan West Africa Regional Office, Forum for African Women Educationalists (FAWE), Aide et Action and Africa Network Campaign on Education For All (ANCEFA) fostered capacity development on gender-sensitive education policies and research on good practices on girls education.

A Memorandum of Understanding (MoU) was signed in late 2014 with the French development cooperation agency AFD covering collaboration in the area of Health, Nutrition, WASH, Education, Social Policy and Resilience in fragile states.

### 3.1.3. Facilitation of learning across countries through knowledge exchange and horizontal cooperation

Knowledge management and sharing has been a key area of work and collaboration in the regional and within the regional office during 2014. Through its coordination role, the PM&E section has supported initiatives in sections and UNICEF Country Offices, as well as promoted products and services to enhance performance and results delivery. The use of SharePoint as a single and common electronic platform for knowledge sharing and exchange has started with the development of the WCARO site, including pages for the various sections. Furthermore, the first version of WCARInfo has been released with data from health, nutrition, HIV, PM&E sections. WCARInfo will serve as a platform for the design of elaborated products such as country profiles, fact sheets that will be useful in programming and streamlining the technical support to Country Offices. These two products will be further operationalized in 2015.

The Health section promoted several knowledge exchange initiatives including; UNICEF inter-countries staff exchange to support EPI activities; peer review of Global Fund and New Vaccines proposals; inter-country technical meetings EPI and Malaria managers meeting, iCCM symposium, RMNCH forum, EVD inter regional meeting, Seasonal Malaria Chemoprevention (SMC) inter country meeting); regular dissemination of key epidemiological and health updates and studies; and, active knowledge exchange through support to 4 Harmonization for Health in Africa (HHA) Communities of Practices (Financial access, Pharmaceutical, Service Delivery and Health System Planning and Budgeting).
The HIV/AIDS team made substantial efforts to facilitate knowledge exchange including 1) the organization of a Webinar on lessons learnt from the Implementation of Option B+ in DRC to which 70 French speaking people from the region participated; 2) dissemination of findings from the Nigeria Adolescent HIV vulnerability study to other countries in the region; 3) facilitation of the sharing of Sierra Leone and Malawi experiences and lessons on HPV vaccine roll-out among adolescent girls with 8 countries of UNICEF’s region preparing to launch the same; and 4) organized technical support from the Cote d’Ivoire team to the Cameroon Country Office to address HIV in CAR refugee camps in eastern Cameroon.

UNICEF WCARO co-led the 6th annual WASH in Emergencies (WiE) training programme with Bioforce. Learning on WASH sector was also promoted through staff Exchanges, with 7 National Officers involved in CAR and Ebola response L3 crises.

In the domain of Nutrition, WCARO continues to collaborate with various academic institutions such as IRD in France and Cornell and Harvard Universities in the U.S. to support learning and knowledge exchange. Cross-country sharing of research protocols has begun with respect to MNPs creating an informal regional community of practice which will be further expanded in 2015.

Several multi-country meetings were organized in the Education domain: the regional Education Network Meeting; a WCAR OOSC meeting; Mali+ and CAR+ workshops; a Girls Education regional meeting which included a focus on SRGBV; and the PBEA Learning Event which brought together five countries to take stock of program implementation, share experiences and knowledge, and discuss inter-sectorial collaboration for social transformation.

WCARO supported the launch of a virtual ECD Platform to promote exchanges among UNICEF Country Offices on ECD-related knowledge and cross-sectoral programmatic approaches. Similarly, during the EVD crisis, in partnership with the Global Education Cluster and International Network for Education in Emergencies (INEE), WCARO created a knowledge hub on EiE preparedness and response in relation to Ebola.

In the area of Child Protection, the Expert Meeting for the Africa region in Africa Union Conference Centre was an opportunity to exchange information on lessons learned in regards to prevention of child recruitment and ensuring long-term reintegration of children. On MHPSS in Ebola response, the Child Protection team shared adapted response strategies at regional and global level through participation in the IASC-MHPSS Reference group and MHPSS.net. South–South collaboration for national civil registration reforms was also strongly supported.

The joint WCARO/ESARO Social Policy Newsletter remains an important tool for information and knowledge sharing on socio-economics issues, mainly within the region. In collaboration with the World Bank, UNICEF supported the participation of Government officials of 42 African countries in Brazil, to learn more about the Brazilian experience in Social Protection.

The situation in the Ebola affected countries has been an opportunity of exchange and cross-learning. Various initiatives have been conducted to support staff in these countries. Regular calls between Regional Office sections and their counterparts in the Ebola countries allow continuous sharing of ideas, concerns and thoughts on Ebola response. WCARO team has been particularly active in categorizing and sharing experiences, communication materials, tools, training modules. The Regional Office has been a key player in the development of an e-learning module on Ebola Safety Training. To provide an efficient solution to human
capacities in Ebola countries, UNICEF has launched for the first time, a cross-regional approach to surge capacity via Western, Eastern, Southern, Central Africa (WESC) RRM. Similarly, in partnership with the Global Education Cluster and INEE, WCARO created a knowledge hub on EiE preparedness and response in relations to Ebola.

3.2. NORMATIVE PRINCIPLES

The C4D section systematically promotes the use of the “socio-ecological model (SEM)” in the region as a way to align communication for development strategies to the human rights based approach to programming. The SEM acknowledges the influence of different stakeholders (from mother to policy makers) around concentric “orbits”, with the child at the center and locates behavior change, both individual and collective in a social context. Collection and disaggregation of social data was promoted in C4D strategy development and robustly implemented in the promotion of essential family practices (EFP), Global Polio Eradication Initiative (GPEI) and the Ebola response. Community participation and engagement, another human rights principle was the driving force behind the Ebola response.

The work on equity continues to support human rights based approach to programming. Notable achievements in support to equity focused programming in health include: the Global Alliance for Vaccines and Immunization (GAVI) equity analysis and action plans developed in 4 countries (Nigeria, Liberia, CAR and Chad), modelling (secondary analysis) of MICS/DHS data to inform New Health Planning exercise in DRC, and a Government capacity building on equity programming in Congo. In education, WCARO generated evidence pertaining to Out of School Children as well as Equity. Bottleneck analyses with Tanahashi model were supported in additional three countries, with 18 in total.

The WASH section continued to promote the mainstreaming of the Human Rights Based Approach (HRBA) in the region through Community Approaches to Total Sanitation (CATS). The programme is designed to catalyse positive changes in sanitation and hygiene behaviour and social norms, closely linking community rights-holders and government duty bearers via a process of “triggering”, “certification”, and recently through “post-certification” encounters. The global Sanitation and Water for All partnership and the collaboration with the Water Governance Facility within the Swedish International Water Institute are supporting several UNICEF Country Offices in the region to build the capacity of duty bearers to fulfill their obligations.

In terms of gender equality, WCARO has been actively engaged in preparing the ground for Gender Action Plan (GAP) implementation at country level, as reported under the Gender section in Chapter 2 above. The emphasis in 2014 has been on strengthening cross-sectorial collaboration through WCARO inter-sectoral working groups on Adolescents, Child Marriage, the Demographic Dividend and Community Based Approaches (CBA). The Baseline Assessment on GAP implementation launched in late 2014 is expected to build on these interactions, facilitate dialogue with Country Offices and develop a clear GAP Implementation Plan for 2015 and onwards.

WASH WCARO and WCAR Country Offices have been collaborating with the Water Team in Headquarters to develop environmentally resilient programmatic approaches. This approach is designed to help communities build and manage systems that prevent or mitigate risks to water quality, reliability and infrastructure through the Water Safety Plan–Plus (WSP-P) framework. Water safety planning is a preventative risk management approach for ensuring
the safety and acceptability of a water supply. It is designed to safeguard drinking water quality for human health, and provides a comprehensive approach for assessing and managing risks across all links in the water supply chain, from source to consumer.

Environmental sustainability is also being addressed by involvement of the private sector for effective waste management and disposal during immunization mass campaigns and utilization of biodegradable/recyclable packaging for Insecticide Treated Nets (ITNs) to minimize environmental impact during the mass distribution campaigns. The school construction workshop, involving 10 francophone countries, was also a key moment to address environmental sustainability standards.

3.3. Lessons Learned

Like other UNICEF Regional Offices, WCARO is uniquely positioned to generate evidence to improve policies and programmes for children across multiple countries, and to influence regional policy and provision of regional public goods through global and regional partnership platforms. While there is clear demand to conduct secondary analyses, operational research and programme evaluations to strengthen equity focused programming and to enhance effectiveness and value for money, there is often a mismatch with availability of resources and of quality research institutions. For example:

- While dedicated funds may be available for large sector programmes, this is not always the case for other strategic areas that often times face tight budgets beyond staffing and operational costs (e.g. Child Protection, PM&E, Social Inclusion, C4D).
- Limited supply of high quality research institutes and consultants to conduct studies and operational research. While there are some exceptions, the overall capacities of the local research institutions are weak and can compromise the quality of research products. As a result, it is often times necessary to identify research institutes or consultants outside the region, who have the technical and methodological experience, but who may not have the breadth and depth of contextual knowledge necessary to fully situate research questions in the historical, political and sociological dynamics in the region. This implies important investments in staff time to guide and supervise research work.

WCARO experience shows that strategic choices and dedicated investments are therefore required to strengthen this regional function in a context of competing demands and overall weak capacities of local research institutions and consultants. Good practices initiated in this regard in 2014 include:

- Pooling of funds from different sections allowed to initiate the research on child marriage and teenage pregnancy and to engage a cross-sectoral reference group to guide the research work. The technical reference group also included selected external organisations working on child marriage in the region, which helped contextualize the research undertaken by an international research institution and ensure use of findings.
- Existence of a number of Partnership Agreements with international research institutes to support evidence generation and strengthen research and documentation capacities, particularly in nutrition and WASH.
- Investments made in evaluation capacity building at national and regional level through key inter-agency initiatives such as CLEAR, as well as through international and regional evaluation associations including the American Evaluation Association (AEA), the African Evaluation Association (AfEA), and International Francophone Forum of Evaluation (FIFE).

Finally, the revival of the regional Research and Evaluation Committee (REC) in 2014 is expected to strengthen regional dialogue around strategic initiatives to deepen evidence generation.

In the domain of regional policy and public goods, WCARO experience shows that engaging at the level of African wide institutions pays office in spite of similar weaknesses and challenges. Key lessons learned so far include:

- Given weak capacities of Regional Economic Institutions, it is important to develop strong inter-agency platforms to support regional policy development and implementation. The work on nutrition, WASH and resilience has shown that influencing regional policy is possible when agencies come together to jointly support national priorities that have a regional dimension.
- The practice of seconding staff to key regional bodies – as is the case for Nutrition – has proven to be an effective means to strengthen technical and managerial capacities around key issues for children.
- The existing practice of providing technical expertise to African Union Liaison Office (AULO) based on a defined set of Regional Office leadership roles (WCARO/ESARO) on specific themes (especially in Child Protection) enhances work effectiveness on Africa-wide engagements and agendas.

The arrival of the WCARO Partnership Specialist, along with the recruitment in 2015 of a Partnership Officer to be outposted in Abuja to work with the ECOWAS Secretariat represent important investments that are expected to build on existing sector strengths to enhance policy advocacy at regional policy levels.

4. ANALYSIS OF ORGANIZATIONAL EFFECTIVENESS AND EFFICIENCY RESULTS

4.1. EVALUATION
WCAR has progressed steadily on strengthening the evaluation function in spite of the limited evaluation culture in the region. This has been possible thanks to strong senior management support (including various presentations at RMTs), supported by partnership platforms with the African Development Bank (AfDB), USAID, major International non-government organizations (NGOs), international non-government organizations (INGOs), among others.

Efforts to improve evaluation oversight and quality are paying off with 68 per cent\(^7\) of evaluations meeting standards, compared to 30 per cent in 2011, and 53 per cent in 2012 as shown in the graph; the Regional Office reviewed and quality assured over 25 studies, surveys, and evaluations ToR, inception reports and preliminary reports. Furthermore, the proportion of reports with management response rose significantly from 56 per cent in 2012 to 91 per cent in 2013 as shown in the bar chart.

Regular review of the evaluation indicators dashboard during Regional Management Team (RMT) meetings has proved to be a strong mechanism for sustaining senior management engagement, as well as for discussing successes, shortfalls and areas for management attention. The dash-board is also shared with Country Offices, with particular emphasis on those offices lagging behind for management response and quality.

An important milestone in 2014 was the revival of the regional REC at the Fall RMT. The Committee is led by a Representative and members include other selected Country Office Representatives and WCARO sections, supported by a secretariat housed in the WCARO PM&E section. The committee is mandated to develop a regional work plan on priority research and evaluation and to identify major issues to be addressed in the region, including around quality and use of evaluation and research findings.

In the domain of capacity building, professional development of staff was selectively pursued through support to competency development, training opportunities, participation in evaluation networks and communities of practice at national, regional and global levels. Approximately 20 UNICEF staff, and 25 government staff were supported to attend regional and international fora including the International Programme for Development Evaluation Training (IPDET), the Annual AEA Conference, the AfrEA meeting, and the FIFE conference. Capacity building of 80 UNICEF staff was undertaken through a one day training workshop on evaluation design, implementation, management and use, jointly organized with the Evaluation Office (HQ) during the PM&E and Social Policy network meeting. In addition, SMR, MTR and technical assistance visits represented key opportunities for capacity building through organization of

\(^7\) It is important to note that data for 2014 will come out end of 2015
half-day sessions on evaluations with Country Teams. Around 10 Country Offices and 100 staff benefited from such targeted sessions. In addition, the Regional Office contributed to several capacity building workshops in regional and international events. Thus, panel discussions and workshops on gender responsive and equity focused evaluation in collaboration with UN Women at numerous international and regional conferences: AEA, AfrEA, FIFE, Journées Béninoises d’Evaluation (JBE); in collaboration with CLEAR Francophone, it also carried out regional training workshops for government and civil society staff. Over 200 professionals’ capacities were built.

In terms of evaluations and studies completed by the Regional Office, these include reports on education (out of school report, education equity analysis, studies on disabilities and child labour), HIV and health sector (Assessment of iCCM implementation, Assessment of Paediatric HIV care and treatment). Reports of completed studies are inserted in the reporting system. Major research on child marriage has been commissioned, and nears completion. The results will be used to develop targeted evidence-based interventions to tackle this prevalent problem in the region. Further, 2 evaluations, Hilton Foundation WASH and Violence in school financed by the EU, are yet to be concluded during the first quarter of 2015.

During 2014, the Regional Office pursued strategic partnership with the CLEAR initiative for which an MoU is to be signed in the first quarter of 2015. Partnership with AfrEA enabled UNICEF to play a key role in its 2014 annual conference, not only as member of the advisory group, but also to co-manage-a strand on gender and equity in evaluations, and one on policy in collaboration with the AfDB. UNICEF with AfDB, UNDP, UN Women also co-sponsored a workshop (15 parliamentarians from Africa, 2 from Asia) that led to the creation of African Parliamentarians’ Network on Development Evaluation (APNODE). Overall UNICEF presented seven abstracts, from HQ, Regional Office and Country Offices combined. UNICEF WCARO also served as member of high level steering committee for the organisation of the first FIFE, where it facilitated the workshop on equity and gender responsive evaluation in collaboration with UN Women and Oxfam America (20 participants), as well as two high level panels on evaluation in emergencies settings, and youth and education programme evaluation.

In conclusion, several opportunities to advance evaluation and research flourish in the region, despite the limited capacity, more specifically for Francophone countries and the yet developing culture for evaluation. Despite these challenges UNICEF contributions across the region yield quality evaluations with strong management response, as well as an enabling environment in collaboration with other partners. Strategic partnerships and seizing the opportunity of the international year of evaluation to engage with government counterparts, south-south and triangular cooperation could yield sustained culture and capacity for evaluation and research in the region in 2015 and beyond.

4.2. MANAGEMENT AND OPERATIONS

- **Country Programme Planning**— the Regional Office supported submission of the Sierra Leone Country Programme Documents to the Executive Board June 2014 session and the preparation of the Mali Country Programme Document for submission to the February 2015 session. It also contributed to 9 Country Programme Mid Term Reviews and one Strategic Moment of Reflection (Cote d’Ivoire).
- **Management reviews** – the Operations and PM&E sections undertook 4 joint missions to support CO management reviews in Congo, Cote d'Ivoire, Equatorial Guinea (Joint review with Gabon and Sao Tome & Principe) and Central African Republic. Missions in Cote d'Ivoire and CAR highlighted funding challenges in restructuring office structures following major humanitarian operations (see section on Lessons Learned below).

- **Programme Budget Reviews (PBR)** – WCAR undertook 6 PBR exercises including 2 rounds of complex emergency Ebola scale up submissions and the planning and implementation of the Global Shared Services Center (GSSC) PBR (which included identification of the required $3m Integrated Budget (IB) savings for implementation of the GSSC). This year the PBR exercises required extensive follow up involving all offices in the region and application of extraordinary measures for their implementation. The 2014 PBRs also took place in a rapidly changing and uncertain environment. Management is aware that careful planning will be required to manage the scale down processes in the medium term.

- **Procurement services** - Procurement Services’ activity continues to increase in the Region. In 2014, a total of US$ 463 million was contracted, representing an increase of 22 per cent of the value purchased vs 2013. Nigeria and RDC Congo are the main PS users and it is to be noted that Côte d’Ivoire had an important PS activity this year, using a World Bank donation to supply government in the context of the Ebola preparedness.

- **Supply management systems and practices** – As part of a deliberate multi-year regional strategy intended to address recognized capacity gaps, the WCARO supply Section has scaled up their staffing capacity (+1 log Assistant and 2 International Staff) in order to enhance the technical support in both the regular programs and the emergency operations, and to ensure the management of the 2 regional hubs. The Section also supported the development and implementation of a set of standard supply chain monitoring tools (Logistics and Supply dashboards). A total of 26 support / oversight missions to 12 of the WCAR countries, including extended surge/technical support, IRT and joint technical with the Nutrition and Health Sections as well as remote support to various Country Offices were organized during the year. In addition, 4 major training/capacity building workshops (Procurement, Warehouse Management, Dashboards, construction workshop in French) were organized and co-facilitated in collaboration with SD for the WCAR region. A total of 14 deployments (total value US$ 2,2 million) were carried out from the 2 regional hubs to cover immediate needs, mainly for the CAR+ and Nutrition Crisis but also to the EVD affected countries and more particularly to Sierra Leone. So far, data management (plant-to-plant transfers) remains very challenging and time-consuming.

- **Office Management Plan refinement exercise** – In 2014 the Regional Office undertook a refinement exercise of its Regional Office Management Plan (ROMP) 2014-2017 and quadrennial budget aimed at: (i) further aligning Regional Office resources and results with the Strategic Plan (SP_ final results framework and theory of change (ii) adding or adjusting specific outputs linked to strengthening of Harmonized Approach to Cash Transfers (HACT), Managing for results/Oversight, Gender, and Strategic Partnerships-Resource mobilization functions and accountabilities, (iii) aligning – to the extent possible – funding and staffing to reflect updated definition of ROMP outcomes under Global and Regional Programme (GRP), Development Effectiveness (DE) and Management, while taking into account the need for cost neutrality. The exercise highlighted difficulties to align
current results with GRP and DE outcome definitions while ensuring cost neutrality. In addition restrictions on use of specific budget sources (regular resources-RR, other resources-OR, or IB) under each outcome have resulted in the need to duplicate certain outputs under a different outcome in order to effectively fund certain staff posts or activities (see Lessons Learned section hereunder for further details).

- **Security** - 2014 has shown that UNICEF will have to operate in a context of increasing violence and potential threats to personnel, operational equipment and programme implementation more broadly. To this end, the Regional Office is ensuring that security risk assessments and programme criticality exercises are duly conducted.

- **Regional Allocation Review Mechanism** – a Regional Allocation Review mechanism is in place to assist effective and transparent prioritization of Country Office 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 have been agreed upon by the Regional Management Team.

- **Planning and feedback on technical assistance (TA) support provided to Country 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 during the previous year. Survey results for 2014 have been fully integrated in Regional Office Indicators as part of the ROMP matrix.

- **Policy contributions** – Active contributions to a wide range of global policy dialogues including planning for the GSSC and related Guidelines, Efficiency and Effectiveness (E&E) Business Process Simplification, HACT Guidelines and Global and Regional Strategies, the Travel Policy, miscellaneous Division of Finance, Administration and Management (DFAM), DRP and FRG policy documents/discussions, ICT strategies and the Global Results Network. This promoted field and region-sensitive organizational policies and procedures. Regional consultation is valuable but short response times and insufficient resources to provide adequate attention to all important demands sometimes limited the depth of the feedback provided. Numerous change initiatives are coming on line at the same time requiring coordination, effective communication and follow up.

- **GSSC & E&E** – WCARO continued active and influential involvement in the UNICEF organizational change initiatives with an emphasis on the GSSC and policy dialogues related to efficiency and effectiveness (E&E). The timetable for undertaking the GSSC PBR exercise was extremely short and the guidance on retained organizations was challenging. The delay in implementing the GSSC will have implications for the timing of the post changes approved during the GSSC PBR in 2014.

- **Business Continuity Planning (BCP) and Enterprise Risk Management (ERM)** – WCARO expanded its direct regional involvement in BCP and testing and the promotion of ERM with an emphasis on priority high risk Country Office’s.

- **Common Premises** – WCARO obtained approval to move to Common Premises shared with Senegal Country Office. Partial funding for the one-time costs was agreed with DFAM, lease signed & common services initiated. The approval process was slow but successful. The transfer to the new common premises should take place in the second quarter of 2015.
• **Governance Structures and Work Processes** – WCARO maintained the standard governance and management committees. In addition, the WCARO Senior Management meets twice per week to share priorities and work plans and discuss regional management issues. It updated the Table of Authorities and monitored segregation of duties (SODs). It reviewed a few work processes and put in place a travel VISION (Virtual Integrated System of Information) hub intended to create efficiencies in terms of speed and quality of document and transaction processing. An evaluation is being undertaken to assess its effectiveness. The “Green Team” was less active than last year but will be very involved in the planning for the move to the common premises with the Senegal Country Office.

4.3. **Oversight Function and Oversight-Related Accountabilities**

Oversight is a core accountability of staff across the Regional Office and is embedded in the ROMP; and it is led in a large part by the Regional Director, the Deputy Regional Director and the Planning Monitoring & Evaluation, Operations and Human Resources Sections.

• As part of strengthening the oversight function, WCARO developed a **Regional Management for Results (M4R) strategy** that resulted in a commitment to provide a special $1.7m IB allocation to strengthen RO Oversight capacity. The strategy was further refined with the support of an Office of Internal Audit and Investigation (OIAI) Advisory Team engagement and the organisation of a two-day Regional Strategic Moment of Reflection. Measures are being put in place to implement the strategy in 2015. It is expected that the reinforced teams will noticeably expand the depth of regional oversight and support to CO’s.

• **Country Office Audit** – WCARO continued its close collaboration with OIAI on audits and investigations and follow up with Country Offices on implementation of recommendations. In 2014 6 audits were scheduled but only 3 took place (Ghana, Mali and Cameroon). This means that WCAR will have an increased number of audits (potentially 9 internal audits) in 2015. Comprehensive audit self-assessment tools were developed and circulated but there was limited uptake by Country Offices in 2014. There were numerous investigations carried out in WCAR in 2014. In 2015 WCARO will support Country Offices in preparation for 9 scheduled internal audits in 2015, attend exit meetings and follow up after audits. It will expand the regional audit information sharing and oversight system and participate in external audits as scheduled.

• **Management Indicators** - A series of management performance indicators were monitored including a set based on the regional dashboard and a set of self-declared governance system indicators that fall outside the InSight dashboards and related on line monitoring tools. Regional indicator reports, audit status reports and other reports were shared and discussed during RMT meetings and circulated during the year.

• **An internal Country Focal Point system** was developed within the Regional Office to support the Regional Director and the regional office in discharging their overall oversight functions for the 24 country offices. RO country focal points are expected to keep abreast of developments at country level and facilitate coordination of CO/Country Programme review at key moments, including review of Annual Reports. A review of priority country programmes was conducted during the mid-year review, in addition to annual review of Country Office Annual Reports (see below).
- **Oversight of the supply Function** – Pre-and post-audit support was provided to Benin and Central African Republic this year. The regional Supply section integrated the audit-self assessment guide in the peer review methodology and thus contributed in disseminating the tool to the Country Offices.

- **A review of 2014 Country Office Annual Reports** was conducted by the RO to assess the quality of reporting as well as progress around key programmatic indicators. The sectoral review is consolidated for each country and shared with country offices as part of the Regional Director’s Feedback letter. Overall quality of reporting was satisfactory in most offices.

- **Regional Management Team** - WCARO held 2 RMT meetings in 2014. Specific themes discussed in 2014 include: (i) a one day dialogue session with the European Commission and ECHO to strengthen partnership approaches in the context of the 11th FED, (ii) definition of regional priorities in Child Protection; (iii) Gender Equality and the Gender Action Plan; (iv) Management for Results and the Regional Oversight Strategy); (v) EVD Outbreak response and preparedness planning; (vi) strengthening the Evaluation function. RMTs also included internal business and management sessions intended to provide a common vision of corporate priorities and identify areas for improvement. To this end the Fall RMT agreed to revive three Regional Committees on Child Survival and Development, Research and Evaluation, and Management and Operations in order to strengthen RMT dialogue and action around key issues. The Regional Staff Association executive changed in 2014 and was active in the Regional Management Committees.

- **VISION** – While extensive targeted VISION capacity building and technical support and close oversight over year end closure activities reinforced overall transactional performance in the region, the demand for capacity building events/missions continues to exceed resources. The Regional VISION Finance Workshop was a success with multiple participants from most Country Offices. A large number of old complex Direct Cash Transfer (DCT) transactions were resolved and the number of new errors has decreased. Despite efforts and progress made, the situation of VISION capacity in WCAR continues to be fragile with many offices relying on a few knowledgeable adept users. In 2015, the Regional Office will try to expand the number of adept users in Country Offices, reduce the recurrent questions sent to the SME and encourage more self-directed learning.

- **Networking** - Constant communication with Country Offices (Senior Managers and Technical Staff) sharing guidance, instructions, information and best practices as well as promoting development missions reinforced regional networking and mutual support. Effective networks resulted in numerous stretch assignments. Unfortunately no DROPS was held in 2014 as it was planned to take place in September, at the height of the Ebola crisis and at the time when Senegal had been affected.

- **Human Resources** – Timely and quality technical assistance was provided to staff and managers on all aspect of human resources management. Since the declaration of the L-3 emergency, CAR and the three most affected EVD countries were prioritized for support in this area. Technical support was provided (remotely and through missions) to CAR and the three EVD countries to fill the human resources gaps, as a result of the rapid staffing scale-up to respond to the Ebola crisis. Regional Rapid Response Mechanism (RRM) was launched to facilitate the timely deployment of surge staff within the 6 – 8 weeks corporate key performance indicator (KPI). Further, the national officer approval process was
streamlined and a fast-track approval process established, which improved both the quality and timeliness of national officer approvals. Consequently 70 of the 79 national officer recommendations were approved within the established KPI of 48 hours. The impact of this change was positively acknowledged in the client support services (CSS). Further, staff wellbeing was prioritized especially in the context of Ebola. Pre-deployment and post-deployment counselling services were offered to staff that were deployed to EVD countries; this was initiated by the Regional Office. Feedback received on the latter shows that the counselling alleviated fears and concerns of staff who were deployed. Another area prioritized was staff safety and security; processes and protocols were established to provide staff with timely information on EVD transmission and prevention.

- **Donor Reporting** – WCARO generally undertakes a quality assessment of donor reports however in 2014 this did not take place. The practice will be resumed in 2015.

- **Programme Supplies** – Registration of supplies in VISION remained a challenge in 2014. However considerable progress was achieved in reconciling accounts and removing discrepancies. Over the last several years the region has suffered several warehouse fires in Cameroon (2013), Guinea (2014), Ghana (2015) from which the Regional Office has drawn important lessons.

### 4.4. HACT (Harmonized Approach to Cash Transfers)

- The development of a Regional HACT strategy resulted in an allocation of US$2.9m for the region and establishment of key HACT posts in priority countries and increased commitment to the implementation of HACT across the region. Since the reinforcement of HACT is a global initiative, there was competition for competent HACT resources. This combined with a lack of clear accountabilities at Country Office level had an impact on the momentum of the exercise.

- HACT related posts (both professional and general service) have been created in a significant number of countries which has started to generate a positive momentum in relation to HACT implementation and oversight. The majority of posts have been filled which should improve progress towards compliance in 2015.

- 20 of 23 Country Offices had HACT plans in place for 2014, though some were put into place mid-year and most were not adapted to the new format introduced in the HACT procedure issued August 2014.

- A HACT status survey was conducted and analysed. It will form the baseline for discussions with Country Offices on their 2015 HACT Workplans and the preparation of HACT Policy exemption requests for Deputy Executive Director’s consideration. Within the region, only Nigeria appears to be entirely compliant though the quality of some of the elements of the assurance activities remains to be clarified. Unfortunately the survey determined that 9 Country Offices that considered themselves HACT compliant were in fact not compliant. This was largely due to the fact that some offices were unaware of new requirements of the HACT procedure issued in August 2014, so while they may have been carrying out some of the assurance activities, they were not compliant with the current standards.
The various components of HACT management consistently generate audit recommendations. Assurance planning and implementation is a particular concern that the Regional Office will address in 2015.

Direct Cash Transfers were monitored on a regular basis by the Regional Office and feedback on performance was provided to Country Offices as appropriate.

HACT was on the agenda for both RMT meetings in 2014 as well as SP-PM&E meeting and DROPS (postponed to second quarter 2015). HACT presentations and training events were made in several Country Offices. An HQ/RO jointly facilitated Regional HACT workshop was held in DRC.

A regional HACT work plan is being prepared for 2015.

4.5. Inter-Agency Collaboration

A new WCAR-United Nations Development Group Quality Support Assurance (QSA) Peer Support Group (PSG) chair (UNFPA) was elected in October 2013 and coordinated the development of the 2014 annual work plan focusing on capacity building for QSA members, support to United Nations Development Assistance Framework (UNDAF) roll-out countries, documentation of good practices and development of a knowledge sharing system. A retreat was held in early 2014 to discuss the roles and responsibilities of QSA-PSG members, to agree on a common strategy to support UNDAF roll-out in the region and to validate the annual work plan. The knowledge gateway platform for QSA-PSG that was created in 2013 with strong support from UNICEF was maintained and enriched throughout 2014.

Regional training on the UNDAF development process was conducted, jointly facilitated by United Nations Development Operations Coordination Office (UNDOCO), the UN Staff College and R-UNDG for UNCTs of five UNDAF roll-out countries (Burkina, Chad, Cote d’Ivoire, Guinea Bissau and Mali) and for PSG members. Out of the five 2014 planned roll-out countries, only Mali completed its UNDAF in 2014. Guinea Bissau will do so by March 2015. Burkina Faso, Cote d’Ivoire and Chad requested an UNDAF/CPDs extension. QSA provided also supported UNDAF Mid Term Review in Cape Verde and UNDAF Strategic Prioritization Retreat (SPR) in Sierra Leone. An open dialogue was also initiated with agencies’ regional advisers to exchange information on emerging priorities in the region and define how to strategically position themselves in national development frameworks. QSA was part of discussions conducted on the resilience in the Sahel (see below). Other topics for discussion have been identified such as violence against women, HIV/AIDS and youth and the demographic dividend.

An important challenge faced on a recurrent basis by QSA-PSG is the issue of capacity. With almost all QSA members being new in 2014, a strong focus was put on orientation and capacity building (UNDAF development including new Standard Operating Procedures (SOPs) for DaO; programming principles including HRBA and Gender). However, with 11 countries planning to develop their UNDAF in 2015/2016, the capacity and time availability within the QSA Peer Support Group needs to be urgently strengthened to provide effective and timely support. The group strongly advocated (together with other regions during the R-UNDG & PSGs global meeting on Delivering as One organized by the United Nations Development Group (UNDG) in New York, May 2014) for a dedicated strategic planning position within the RDT Secretariat to support QSA-PSGs in facilitating/coordinating their
work. A request was received positive feedback from UNDOCO. WCA R-UNDG opted for 2 International United Nations Volunteers (UNVs) (M&E and KM specialists). Also a roster of technical expertise in programming principles is now available at the regional level as well as the global level.

One activity related to QSA support evaluation and lessons learnt could not be completed in 2014 and is postponed to 2015: the evaluation of QSA support to roll-out countries during the last 3 years, identification of lessons learned and good examples.

As for the R-UNDG/RDT, in 2014 the RDT was actively involved in supporting UNCTs to advance the achievement of the Millennium Declaration/MDGs, to hold dialogues on the Post-2015 agenda (in Cameroon, Ghana, Mali and Togo) and to foster understanding and alignment around the Common Africa Position. It was also actively engaged in integrating human rights based approaches into national development processes, including through ToT trainings on HRBA and deepening undertaking and uptake of the Rights Up Front initiative.

The WCA RDT was actively engaged in coordinating and support for the Ebola Outbreak response, including strategy development, troubleshooting, joint missions, coordination with UNMEER, support to ECOWAS on preparedness and response actions and joint recovery planning.

The WCA RDT continued to strengthen its role in responding to regional challenges/crises through work on the Integrated Sahel Strategy, support to AGIR Implementation as well as developing comprehensive approaches to resilience building, Disaster Risk Reduction (DRR) and Disaster Risk Management (DRM). To this end, UNICEF co-facilitated an inter-agency regional workshop on resilience, where agencies agreed to develop a UN Regional Directors' Team (RDT) roadmap for resilience operationalization. Since September 2014, UNICEF Regional Director has been nominated chair of the RDT working group on Resilience. More specifically, this implied that UNICEF will coordinate the design and the implementation of the WCA-UNDG Resilience Road Map and lead two out of the five areas of work that were commonly identified as strategic axes for building resilience in the region (Nutrition and Social Protection). The focus is on addressing issues of marginalization and inclusiveness, and building synergies between governance, security and resilience interventions. This work further includes the development of programmatic tools to integrate risk and vulnerability analysis into development, strengthening livelihoods support interventions and safety nets approaches, and working synergistically in nutrition and disaster risk reduction.

**4.6. Lessons Learned**

As the organisation refines tools and platforms to enhance results based management and reporting, it will be important to strengthen regional-global dialogue on adapting solutions to regional offices. The ROMP refinement exercise underlined the difficulty of aligning the Regional Office results structure to updated Global and Regional Programme and Development Effectiveness definitions, while ensuring cost neutrality. As a result the WCARO results structure currently has the bulk of sectoral output results related to SP outcomes under the Global and Regional Programme rather than under Development Effectiveness. In addition restrictions on use of specific budget sources (RR, OR, IB) under each outcome have resulted in the need to duplicate certain outputs in order to effectively fund certain staff posts or
activities. This undermines results based management and will require continued dialogue with HQ and other ROs in order to clarify an appropriate solution.

In 2014, the organisation upgraded the InSight platform Results Assessment Module (RAM) integrating new reporting features (determinants and bottleneck analysis) that are not strictly applicable to the nature of regional office results and indicators spanning multiple countries, domains and contexts. It will therefore be important that the next revision of the platform more accurately reflects Regional Office reporting typologies.

In terms of Management for Results, the OIAI engagement strategy with the Regional Office provided insights into strengthening the oversight function. In particular, WCARO opted for having additional oversight staff placed (or ‘mainstreamed’) in the PM&E, Operations and HR teams rather than creating a dedicated oversight unit, as proposed by OIAI. It will therefore be important to monitor regional oversight investments and progress to assess the effectiveness of different strategies and approaches used and identify best practices that can be replicated across Regional Offices.

The use of InSight performance tracking tools requires further capacity development of staff in the organisation to fully use the wealth of information and analysis available for quality assurance and oversight management at both country and regional levels.

The implementation of the supply and monitoring logistics tracking tools has been shown to be a success. It provides a high level of visibility on the Country Office’s supply chain. It encourages staff to enhance their data management and gives them clues to identify potential weaknesses and take corrective actions. The support missions and trainings provided by the Regional Supply section in the Country Offices contributed to an important improvement of the situation.