2018
ANNUAL
REPORT

For every child in
West and Central Africa
Cover photo:
Two young girls play on the banks of the Luapala river in Kisenga, Haut-Katanga Province, Democratic Republic of Congo.

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Women who received mosquito nets as part of a nationwide distribution campaign walk back to their village along a road near Torngima, Bo District, Sierra Leone.

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Foreword

The year 2018 was the first year of UNICEF’s global Strategic Plan, covering 2018-2021. For UNICEF in West and Central Africa, last year also coincided with the rollout out of our new regional strategy to accelerate progress towards the Sustainable Development Goals, focusing on a set of Key Results for Children – the region’s priority results.

As a key transformative strategy, the eight Key Results for Children offer a common agenda for children across the region’s 24 countries, bringing together partners and allies around a focused set of results to catalyze concrete, measurable change in the realization of child rights.

In West and Central Africa, UNICEF is determined to go beyond business as usual – working with partners to build on what works and to find new ways of reaching the most disadvantaged children and young people.

Over the next 25 years, the child population in West and Central Africa is expected to double, from 254 million in 2017 to 508 million in 2045 – a demographic transition that presents a great challenge but also a unique opportunity for growth and poverty reduction to the extent that children are prioritized in policy decisions being taken today.

The UN Sustainable Development Goals, the African Union Agenda 2063 and Africa’s Agenda for Children 2040 offer a unique opportunity to join forces and intensify investments in Africa’s children and youth to establish the strongest foundation for their future – the opportunity is now.

Marie-Pierre Poirier
Regional Director for West and Central Africa
The opportunity is now

Today, one in ten of the world’s children live in West and Central Africa, yet the region bears a disproportionate share of the global burden of child right deprivations. Globally, three in 10 children who die before the age of five, three in 10 children who are out of school and two in 10 children who suffer from stunting live in West and Central Africa.

Over the next 25 years, the child population in West and Central Africa is expected to double, from 254 million in 2017 to 508 million in 2045 – a demographic transition that offers a unique opportunity for growth and poverty reduction to the extent that children are prioritized in policy decisions being taken today.

Reaping the benefits of the demographic dividend – the period when a country’s population structure is the most favourable for accelerated economic growth – will also hinge on how well countries across the region are able to engage, employ and harness the energy and drive of young people. Now more than ever, the investment choices being made now have the potential to impact the region’s prosperity and shape its future.

However, public spending in key social sectors across the region remains low. On average, education expenditure stands at around 17 per cent of total government spending and health expenditure at around nine per cent, which remains well below international commitments to allocate 25 per cent and 15 per cent to these sectors, respectively. According to a recent UNICEF study, were countries in the region to attain the health expenditure efficiency level of the best performers in sub-Saharan Africa, the region could halve its under-five mortality rate without any increase of resources.

More than eight in 10 children in the region experience at least one deprivation of their basic rights – sanitation being the greatest deprivation, followed by health and violence against children. Monetary poverty affects more than half of children, which is above the poverty rate of the general population.

Between 1990 and 2015, under-five mortality in West and Central Africa declined by half, but the vision of keeping every child alive is not in sight yet. Under five mortality ranges from 17 per 1000 live births in Cabo Verde to 123 per 1000 live births in Chad. In 2017, 1.7 million children below the age of five died across the region, accounting for one third of child deaths worldwide. Most of these deaths were caused by vaccine-preventable diseases, malaria, respiratory infections and diarrhea.

At the Andoumé Health Center in Maradi, Niger, a young child waits for a consultation in his mother’s arms.

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Maternal mortality rates are also among the highest in the world. Despite a 43 per cent decrease between 1990 and 2015, maternal mortality remains almost three times greater than the global average, with rates as high as 500 to 1000 per 100,000 live births exist in some countries.

Across the region, progress has been made in reducing stunting from 41.1 per cent to 33.5 per cent of children under five between 2000 and 2017, but this rate is significantly above the global prevalence of 23 per cent. The number of children suffering from severe acute malnutrition continues to increase, rising from 3.7 million in 2017 to 6.3 million in 2018. In 2018, 1.8 million children under five years were admitted for treatment, including 1.6 million in the nine food-insecure countries of the Sahel, due in large part to lack of ownership and integration of treatment into health systems, sustainable financing and access to services.

West and Central Africa has one of the world’s highest HIV burdens among children and adolescents, second only to that of Eastern and Southern Africa. Six countries alone account for 80 per cent of people living with HIV in the region: Nigeria, Democratic Republic of Congo, Cameroon, Cote d’Ivoire, Chad and Ghana. Only 26 per cent of the 490,000 children aged 0 to 14 years living with HIV received anti-retroviral treatment in 2017 – the lowest pediatric anti-retroviral treatment coverage rate of any region in the world.

Although services for the prevention of mother-to-child transmission expanded between 2010 and 2017 and a few countries have sustained high coverage of mother-to-child interventions, including Cabo Verde and Benin, only 47 per cent of the 485,000 pregnant women living with HIV in the region were reached with anti-retroviral treatment in 2017. Weak health systems and insufficient integration...
of HIV at primary health care level are major constraints to further expanding interventions preventing mother-to-child transmission.

Meanwhile, new HIV infections among adolescents aged 15-19 have remained stagnant at 62,000. Limited access to HIV prevention information and services, gender norms and practices that increase girls’ vulnerability to HIV and high-risk behaviours among adolescents in key populations remain key challenges to further reducing new infection rates.

Access to clean water is uneven and subject to disparities across the region. An estimated 181 million people – 38 per cent of the region’s population – lack access to basic water services. Access is disproportionately lower in rural areas, where 54 per cent of people lack access versus 18 per cent in urban areas. One in four practice open defecation.

Despite considerable progress achieved over recent years, important challenges remain to achieve effective coverage of education services. The gross enrolment ratio of pre-primary education is 33 per cent on average in the region, and the completion rates at primary and lower secondary education are respectively 68 per cent and 42 per cent, with marked disparities. An estimated 41 million children are out of school – almost half of these children are in Nigeria (16.3 million) and Democratic Republic of Congo (3.1 million). In countries such as Liberia, Niger and Burkina Faso more than half of all school-aged children are out of school.

Quality of education is also a grave concern. A recent assessment in francophone countries demonstrated that less than half of children in school acquire the basic competencies in mathematics and literacy by the end of primary school. Barriers to education include lack of access to schools, availability of teachers and cultural or religious factors leading parents to keep their children at home.

Violence against children is prevalent across the region. The proportion of children who experience violence – including violent discipline, sexual violence, and physical violence – within the home and in communities is alarming. While data is largely under reported, findings from national surveys indicate that at least one in 10 girls aged 15 to 19 have experienced sexual violence across the region. Household survey data indicates that an average of nearly nine in 10 children aged one to 14 years old across the region experience violent discipline.

At the same time, providing children with a legal identity remains a challenge, with millions of births unregistered every year. The number of unregistered children is expected to reach 78 million by 2030 if current demographic trends continue. Less than half of children have their births registered by the age of five, and only 43 per cent of infants have their births registered within their first year of life.

The rights of young and adolescent girls continue to be hindered by negative social and gender norms due to practices such as child marriage and female genital mutilation. In 2018, the proportion of women aged 20 to 24 married before the ages of 15 and 18 years remained among the highest in the world.

Considering the rapid demographic growth in West and Central Africa, the years between now and 2030 will be critical to tackle the health, education and protection issues facing children across the region. The UN Sustainable Development Goals, the African Union Agenda 2063 and Africa’s Agenda for Children 2040offer a unique opportunity to join forces and intensify investments in Africa’s children and youth to establish the strongest foundation for their future – the opportunity is now.
FOCUS ON KEY RESULTS FOR CHILDREN

During 2018, the first year of UNICEF’s four-year Strategic Plan covering 2018-2021, UNICEF’s Regional Office for West and Central Africa rolled out its vision to accelerate progress towards the Sustainable Development Goals and the African Union’s Agenda 2063 by focusing on a set of Key Results for Children – the region’s priority results.

As a key transformative strategy, the eight Key Results for Children offer a common agenda for children across the region’s 24 countries, bringing together partners and allies around a focused set of results to catalyze concrete, measurable change in the realization of child rights.

Transformative strategies

To accelerate the pace of progress for children in West and Central Africa, UNICEF is determined to go beyond business as usual – working with partners to build on what works and to find new ways of reaching the most disadvantaged children and young people.

- Linking humanitarian and development to ensure that humanitarian action and development are mutually reinforcing and build resilience.
-Forging new strategic innovative public-private partnerships with shared objectives for developing home-grown sustainable solutions.
- Strengthening an iterative process between policy and service delivery so that innovative service delivery can inform and help refine national policy agendas – and vice versa – towards leaving no-one behind.
- Strengthening local governance to improve ownership at local levels and foster accountability at all levels.
- Scaling up innovative approaches, technologies and tools to achieve results.

1. Immunization Plus to protect children against vaccine-preventable diseases.
2. Prevention of stunting to protect the full physical and cognitive development of children.
3. Equitable and sustainable access to education focused on reducing out-of-school children.
4. Improved learning outcomes in primary and lower secondary school to prepare young people as responsible and productive citizens.
5. Protection of children from violence through provision of protective services for prevention and response.
6. Ending child marriage to enable girls to realize their full potential.
7. Birth registration to secure the right of children to a legal identity.
8. Ending open defecation to allow children to grow up in a safe and clean environment.

Realizing the rights of every child especially the most disadvantaged

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Agenda 2063 of the African Union

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Cross-cutting priorities: Gender equality Humanitarian response

Cross-cutting priorities: Gender equality Humanitarian response

Sustainable Development Goals

Convention on the Rights of the Child

Key Results for Children
Goal 1

Every child survives and thrives

In 2018, UNICEF continued to promote the holistic survival and development of children in West and Central Africa while fast-tracking the Key Results pertaining to the acceleration of routine immunization and the prevention of stunting.
**Immunization**

During the year, UNICEF’s Regional Office collaborated with the World Health Organization, the Global Alliance for Vaccines and Immunization, the US Center for Disease Control and the World Bank to secure renewed political commitment for routine immunization through the organization of high-level events in Benin and Chad, leading notably to the inclusion of additional immunization resources in the national health budget of Chad.

Similarly, on the sidelines of the 68th session of the World Health Organization Regional Committee for Africa, UNICEF co-organized with the Global Alliance for Vaccines and Immunization a high-level event on the acceleration of routine immunization bringing together 20 Ministers of Health from across the region. The event served to reinforce national leadership, ownership and accountability, and to secure leaders’ commitment to immunization as a public good and right for each child in the region.

At the same time, the Regional Office supported 11 countries to build investment cases for routine immunization, as a result of which Côte d’Ivoire and the Central African Republic attracted US$325 million and US$55 million from the Global Financing Facility, respectively.

To address the bottleneck posed by inadequate or insufficient cold chain systems, the Regional Office supported the installation and mapping of remote temperature monitoring systems for vaccine management in eight countries.

**FOCUS ON KEY RESULTS FOR CHILDREN**

**By 2021, 80 per cent (15.4 million) of children 0-11 months are protected against vaccine preventable diseases annually.**

In West and Central Africa, UNICEF supports the adoption of immunization Plus – an approach that integrates immunization services with other essential services for children, such as birth registration, vitamin A supplementation, growth screening, deworming and pre-positioned oral rehydration salts with zinc through an accelerated response.

Immunization Plus uses routine immunization as an entry point to enable UNICEF and partners to address multiple child deprivations and harness available resources, expertise and experience across various sectors and programmes.

Data released in 2018 show a promising trend, with two additional countries achieving the Global Vaccine Action Plan’s target of 90 per cent national DTP3 coverage. However, Nigeria’s low DTP3 national coverage in 2017 held back the overall regional performance.

**By 2021, 93 per cent (86 million) girls and boys under five, especially those marginalized and living in humanitarian situations, receive high impact nutrition services to prevent stunting.**

Accelerating stunting reduction requires looking beyond the immediate causes of malnutrition to address its structural roots. In West and Central Africa, this means engaging with policy and decision-makers and communities to focus attention on problems and solutions.

The challenge also calls for programming that bridges the gap between short-term interventions and long-term development programmes, as well as systematically addressing gender inequalities and the specific needs of adolescents as an important determinant of children’s nutritional outcomes.

Data released in 2018 show that the number of children reached through biannual vitamin A supplementation campaigns – a key intervention to prevent stunting – reached 56 million (53 per cent) in 2017, up from 52 million (56 per cent) in 2016, which represented progress towards the 2018 target of 69 million children.
Nutrition
UNICEF’s Regional Office collaborated with the Inter-Parliamentary Union to convene parliamentarians from West and Central Africa to critically reexamine the determinants of malnutrition, leading to two additional countries developing costed plans for infant and young child feeding, which brings to eight the total number of countries having developed such plans.

In addition, eight countries were supported to perform bottleneck analysis of management of severe acute malnutrition services, following which these countries identified corrective actions for inclusion in their national action plans.

The Regional Office developed a training package on guiding national budget allocation to nutrition and supported budget tracking exercises in five countries to advocate for increased investment in advancing nutrition, with emphasis on domestic financing.

As part of the regional Initiative for Sustained Improvements in Nutrition and Growth, which seeks to strengthen regional platforms to support the scale up of key evidence-based nutrition interventions, UNICEF and the Bill and Melinda Gates Foundation supported the implementation of the Code for Marketing of Breastmilk Substitutes through trainings and workshops in nine countries, at which new evidence and guidance on baby-friendly hospitals was disseminated.

Three country offices in the Sahel were supported to strengthen national capacities in preparedness and response to nutrition-related emergencies. In collaboration with the World Food Programme, support was provided through workshops at national and sub-national levels, which led to timebound commitments for follow-up in 2019.

Systems
UNICEF’s Regional Office supported 15 countries to undertake in-depth equity and bottleneck analyses of health and nutrition programmes to track progress with quality data and to effect timely corrective action. These analyses revealed bottlenecks related to lack of skilled human resources due to high turnover; unavailability of essential supplies due to poor supply management; financial challenges due to donor conditionality and low domestic funding; and inadequate continuity of treatment due to poor quality of services and limited capacities of community systems and actors.

As part of its responses to two Ebola outbreaks in the Democratic Republic of Congo, vaccine-derived polio outbreaks in Niger, Nigeria and the Democratic Republic of Congo as well as measles outbreaks in 18 countries, UNICEF advocated for countries to integrate a system strengthening component into humanitarian action focusing on key components of health and community systems and multisector approaches. For example, the Ebola response in the Democratic Republic of Congo included building boreholes in communities to overcome water shortages, which has helped to build community acceptance of the response. Similarly, the polio response in Chad involved strengthening the cold chain with solar fridges and intensified routine immunization activities, targeting low coverage and vulnerable populations such as nomads, internally displaced, refugees and those living in the islands.
COUNTRY FOCUS

Strengthening an iterative process between policy and service delivery so that innovative service delivery can inform and help refine national policy agendas – and vice versa

Frontline workers saving lives in rural Sierra Leone

On the frontlines, far from doctors, nurses and healthcare facilities, community health workers are the real heroes

It’s Tuesday evening, and Nancy Tucker has finished tending her plot of potatoes and okra. She packs her tools and heads back to the village. Once there, she’ll see to the community’s latest crop – of new-born babies. Nancy has been serving her community as a volunteer community health worker since 2008.

Access to essential services

In Sierra Leone, children living in isolated, rural areas often lack access to health services, raising their risk of death from common preventable illness. Access is what community health workers like Nancy provide. They are the heroes on the frontlines, reaching families in countries with extremely high rates of maternal and child mortality rates with basic health advice and treatment.

To support their work, UNICEF partners with the International Rescue Committee to support district health management teams, helping to train and position health workers like Nancy across all chiefdoms in Kono District to provide maternal, new-born and child health services and promote improved health, nutrition and hygiene behaviours in the district.

For example, Nancy says, “I counsel pregnant women in my village about the importance of accessing antenatal care services at the health facility and also giving birth there,” she explains. “I advise them to get all their vaccines and exclusively breastfeed their babies for six months after birth and I educate them on good hygiene practices.”

Today, Nancy’s first stop is Tenneh Mansaray’s home, to visit the mother’s newest baby. Following Nancy’s advice, Tenneh has made antenatal care a habit, giving birth to four of her children at a health facility.

“She made me understand the benefits of going to a health centre,” says Tenneh. “I and my babies are always okay when I give birth, and they hardly get sick because I take all the vaccines during my pregnancies and also get them vaccinated.”

A local father confirms Nancy’s influence on community health. “Nancy keeps checking on us to ensure our son is exclusively breastfed until he is six months old and is sleeping under a bed net. He has never been sick since he was born because we are following her advice,” says Tamba Ansumana.

A mandate recognized by Government

Village health workers have become so critical to community health that the Government now recognizes them as part of the country’s primary health care system.

Sierra Leone revised its national policy on community health workers in February 2018, expanding their scope of work and providing them with additional training in life-saving services. They will also receive a monthly stipend.

The revised national policy is being applied to Sierra Leone’s network of some 15,000 community health workers and supervisors with equipment, supplies and training material to better fulfil their newly expanded role.

Village health workers like Nancy Tucker have become so critical to community health that the Government now recognizes them as part of the country’s primary health care system.

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“I never went to school. I don’t know how to read or write,” says Habisatou Alhassane, a 25-year-old mother of two. “But I can see the colours on this armband and I can see if my child is malnourished.”

Habisatou refers to PB-Mère, a programme that provides mothers with armbands to detect malnutrition by measuring their child’s arm circumference. PB translates to arm circumference; mère means mother. The programme was conceived and initiated by the non-governmental organization ALIMA, in partnership with UNICEF and the UN World Food Programme.

Prevention is key
Severe acute malnutrition rates remain extremely high in Niger. On average, 400,000 children under the age of five are admitted to nutritional programmes annually, 60 per cent of whom live in the productive agricultural regions of Maradi and Zinder. This apparent paradox can be attributed to factors such as: the practice of supplementing breast milk with (often polluted) water, lack of dietary diversity, poor sanitation and hygiene and frequent missed meals – all of which exacerbate the underlying causes of malnutrition.

PB-Mère: A new tool for mothers in Niger
A cost-effective way to detect and treat severe malnutrition

“Under PB-Mère, “when mothers notice their child is not well they can detect if malnutrition is the cause, themselves, at home,” explains Helene Schwartz, nutrition specialist with UNICEF in Niger. Mothers learn to use the armband through the “cascade” training method, making PB-Mère one of the most cost-effective ways to detect and seek treatment for severe malnutrition.

In Maradi, the chief district doctor and nutrition focal point were trained first on the PB-Mère screening technique and effective infant and young child feeding practices. These actors then trained at least one person in each district health centre; health workers then trained community volunteers, who in turn trained all women of child-bearing age in the village on these techniques and practices.

By the end of 2018, more than 850,000 women in Niger had been trained to use an armband to screen for malnutrition and learned about effective infant and young child feeding practices.

“This approach just keeps on giving, because the trained women then share what they’ve learned with their co-wives, neighbours and sisters,” explains Boubacar Halirou, an expert in PB-Mère in Maradi Region.

Outreach and education are integral part to PB-Mère training. Mother-to-mother support groups offer counselling to pregnant women and mothers with children under two on optimal breastfeeding and complementary feeding practices.

“Our coverage is more than we could have hoped for, because it becomes preventive when we add mothers’ support groups and additional training on complementary feeding,” Halirou continues, noting that “the biggest challenge now is to ensure that medical and nutritional supplies are available in all health centres.”

Habisatou has learned how to use the armband to detect malnutrition and seek treatment for her children.
**HIV/AIDS**

UNICEF’s Regional Office promoted programmatic innovations by supporting the introduction of the family testing of HIV using the index case on antiretroviral treatment as entry points in nine countries, point-of-care technology for HIV early infant diagnosis in three countries, and community registers in the context of the child-friendly communities in five countries. This involved convening a regional experts’ consultation to take stock of the field experience in family testing, which led to defining practical guidance for the roll-out of family testing across the region.

**Community model**

With financial support from the Bill and Melinda Gates Foundation, the French Muskoka Fund and the Government of Germany through KFW, UNICEF’s Regional Office supported the roll-out of the Child-Friendly Communities and Real-Time Monitoring approach in five countries. Through an integrated community-based model, the approach seeks to empower communities to access and utilize accurate and timely information on children and women in order to accelerate improved access to and utilization of quality child survival and development interventions. The package of interventions delivered through this approach includes immunization, vitamin A supplementation, treatment of severe acute malnutrition, screening of acute malnutrition, deworming, birth registration and the promotion of optimal infant and young child feeding practices.

**Early childhood development**

Regarding early childhood development, the Regional Office provided technical assistance for the finalization of a revamped Care for Child Development module for health workers, aiming to promote nurturing care of babies while improving counselling and support to caregivers, especially the most vulnerable, such as adolescent mothers.

Dr. Kumbu holds a young girl after she underwent treatment at the Presbyterian Hospital in Mbuji-Mayi, Kasai region, DR Congo. A surge in violence has forced many people from their homes.

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Goal 2
Every child learns

Throughout 2018, UNICEF’s Regional Office strengthened partnerships, conducted high-level policy advocacy and provided technical assistance to countries on knowledge generation and capacity development, with a focus on accelerating progress towards the Key Results for children pertaining to equitable and sustainable access to education and improved learning outcomes. Efforts in the areas of girls’ education, education in emergencies, early learning and systems strengthening complemented these two regional priorities.

Children play with their educator Anta Tembine at an early childhood development centre in Rendie, Mali. It is estimated that only 4% of children in the country have access to any form of early learning.

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The Regional Office produced and disseminated across its 24 country offices guidance on the implementation of key change strategies for the reduction of out-of-school children and for the improvement of learning outcomes emphasizing investment in effective teacher management.

Evidence generation focused on supporting a holistic vision of education – beyond formal education and across the humanitarian-development continuum – and providing alternative learning opportunities for out-of-school children and adolescents.

With the support of the Regional Office, studies on out-of-school children were completed in five countries, and a regional analysis of Koranic education was conducted to inform strategic reflection on approaches to programming – a key strategy to accelerate education access in the region. For example, Cote d’Ivoire was among the countries that took forward the integration of Koranic education into the formal education system through policy discussions at national level. While the number of children in Koranic education is not precisely known, some estimates show that the proportion of primary school age out-of-school children involved in this form of education can reach up to one-third in some countries, whereas these children are classified as being out of school.

Faced with an increasing number of children in need of education services in humanitarian settings, from 6.5 million in 2016 to 9.5 million in 2018, the Regional Office supported emergency response at country level by producing a field guide on radio education programming – a promising approach to reach out-of-school children in emergency situations – and methodological guidance for conducting protective learning environment studies.

Feasibility studies on radio learning were conducted in six countries, with a view to informing production and broadcasting strategies for this learning modality, involving questions related to choices of languages, broadcasting time, shaping mobilization and ensuring access for girls. Studies to measure the perception of safety in

**FOCUS ON KEY RESULTS FOR CHILDREN**

**By 2021, the proportion of out-of-school children of primary and lower secondary school age is reduced from 34 per cent (41 million) to 20 per cent (29 million)**

Rapid population growth in West and Central Africa calls for significantly expanding access to education for all children. Only when this takes place can education perform its vital role of supporting socio-economic development, building resilience and ensuring that children can play an active role in their societies.

New data on out-of-school children, which would provide an indication of progress are not available on a yearly basis. This reveals weaknesses in data production and explains why this area has been prioritized as a key change strategy to accelerate progress towards improving access to education.

**By 2021, all (76 million) pupils from pre-primary to lower secondary education, boys and girls, are reached with interventions targeting improvement of learning outcomes and skills**

To prepare today’s young people for life in the 21st century, gains in access to education must be accompanied by improved quality of learning. This calls for a sharper focus on quality to ensure improvement in learning outcomes and school attendance, and to help children develop cognitively, creatively and emotionally while they acquire the skills, knowledge, values and attitudes they need to become responsible, active and productive citizens.

Among the issues to be addressed in West and Central Africa are access to high-quality pre-primary education; links between the language of teaching and mother tongue instruction; early support to pupils starting primary education; promoting a culture of evaluation; quality of school environment, teacher training, and support to children still performing poorly at the end of primary school.

As a contribution towards this goal, UNICEF provided 2.9 million children with individual education/early learning materials across the region, up from 2.1 million in 2017, surpassing its target of 1.7 million.
schools operating in conflict were also conducted to gauge the extent to which such perceptions constitute a bottleneck to school attendance, which can be addressed by investments in school-based risk mitigation measures.

UNICEF also partnered with the G5 Sahel secretariat to help reduce the number of out-of-school children in Mauritania, Niger, Mali, Burkina and Chad, aiming to extend the scale of the radio learning approach, initially through UNICEF programming and, ultimately, through uptake by Governments and partners.

Eleven countries took part in an Africa-wide research on understanding the reasons for teacher absenteeism – a major factor in the region affecting quality of service delivery and learning outcomes. UNICEF supported the launch of the Time to Teach initiative, which aims to assess and uncover the causes of teacher absenteeism in eight countries.

The Regional Office also completed a study on the challenges and opportunities of technology to improve learning outcomes. In 2019, this will be followed by the development of a practical toolkit and resources for UNICEF’s country offices to engage with Governments on using information and communications technologies to enhance learning acquisition in schools in a sustainable and quality manner.

Girls’ education

The Regional Office continued to place special emphasis on addressing barriers to education that are specific to girls. With support from UNICEF, the Regional Working Group on Gender Equality and Inclusive Education produced advocacy material on girls’ education and delivered key messages during the Global Partnership for Education replenishment conference and the Pan-African Conference on Education.

The capacity of five UNICEF’s country offices was strengthened through training on gender-responsive education sector planning, in collaboration with the United National Girls’ Education Initiative and the International Institute for Educational Planning Pole de Dakar.

Knowledge generation and sharing of good practices on girls’ education was pursued by the Regional Office through the organization of a regional workshop on school related gender-based violence and studies, including a mapping of child marriage and early pregnancy in 13 countries and the production of case studies on good practices to eliminate school related gender-based violence. In collaboration with UNESCO’s International Institute for Capacity Building in Africa and the Forum for African Women Educationalists, a revised gender-responsive pedagogy toolkit for Sub-Saharan Africa was published.
COUNTRY FOCUS

Despite all odds, learning in Mali

Community learning centres offer secure learning space in times of insecurity

“Since last year our children are victims of school closures, which seriously compromises their future and even the development of the village,” he says. “The centre has been a learning opportunity for us as we await the upcoming reopening of our schools. I’ve always regretted not pursuing my own studies, so I will do everything so that my children do not suffer the same fate as me. That’s why all my children are at school, especially Koumbéré, who is very intelligent.”

The centre’s facilitator Halala Tamboura says the centre is a space for hope not only for children, but for the community as a whole.

“This centre is an ideal setting for children as they learn to live together and to help each other in all of our activities. The children here have a particular interest in reading, writing, calculating, and especially drawing – that’s where they express their hopes, but also their fears in a context marked by the security crisis.”

The demand for, and success of, community learning centres serve as an entry point for encouraging the reopening of schools. Diambadougou’s village chief and his advisers are committed to reopening their school, and Halala Tamboura says that the prospect of reopening the school is “what justifies all my commitment and my determination to maintaining the centre.”

“I want Mali to return to peace,” 12-year-old Koumbéré Sankaré says solemnly.

Koumbéré lives in a small village in central Mali, near the city of Mopti, which has become a conflict hotspot. Mali’s deteriorating security situation led to the closing of more than 800 schools by the beginning of the 2018-2019 school year, depriving Koumbéré and thousands of other children of their right to education.

UNICEF stepped in to assist these children to continue their education through its support for locally managed community learning centres. These safe spaces offer children from conflict-ridden areas in Mali the opportunity to attend school and enjoy recreational activities.

“Even though our school is closed, thanks to the centre we meet every morning with our facilitator,” says Koumbéré with a smile, adding wistfully, “But I wish my school would reopen.”

Community learning centres were developed to allow children to continue learning – even during emergencies – on a wide variety of topics, such as peacebuilding, history, geography, health and hygiene, as well as reading, writing and mathematics, and to have time to play.

The centre in Koumbéré’s village, Diambadougou, is a semi-open space with simple floor mats where 50 children of all ages, regardless of ethnicity or gender, gather every weekday. A trusted volunteer from the community offers four hours of lessons each day.

The centres are run by village management committees and equipped by UNICEF with notebooks, toys and games. Continued learning is being provided for around 7,500 children in areas such as Mopti, Timbuktu, Gao and Segou, where schools have been closed for at least a year.

Koumbéré’s father, Alaye Sankare, who never finished school himself, is relieved that his daughter can continue learning despite the security situation.

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Koumbéré revises her lessons at night using a head lamp, in Diambadougou village, Mali. She attends a community learning center following the closure of her school. Hundreds of schools have been closed due to insecurity, the majority in the region of Mopti.

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Goal 3
Every child is protected from violence and exploitation

In 2018, UNICEF’s Regional Office supported countries in the region to strengthen child protection systems to prevent and respond to violence, exploitation and harmful practices, and to ensure that all children secure their right to a legal identity.
FOCUS ON KEY RESULTS FOR CHILDREN

By 2021, at least 50 per cent more children affected by violence will be provided with protective services to prevent and respond to violence (at least 182,000 children)

Throughout the region, UNICEF supports interventions that address sexual, gender-based and physical violence, including violent discipline in communities and during humanitarian emergencies. The use of new and improved systems for collecting and analyzing data and measuring the effectiveness of response interventions is critical to building the evidence base required to engage national governments.

During 2018, nearly 115,000 children having experienced violence were reached by UNICEF-supported health, social work/social services or justice/law enforcement services, surpassing the annual target of nearly 95,500. With substantial investments underway, three countries had in place an information management system that supports and tracks case management, incident monitoring and programme monitoring, on par with the number targeted.

By 2021, 30 per cent more children under one have their births registered

Birth registration is the official recording of the birth of a child by the State – a fundamental human right and an essential means of protecting a child’s right to a name and identity. Birth registration is part of a civil registration and vital statistics system, which tracks major milestones in a person’s life, from birth to marriage and death. It serves a statistical purpose and provides a proof of age against certain forms of abuse and exploitation, such as child marriage, trafficking of children and/or children in conflict with the law.

During 2018, according to country administrative data, the number of children under one year whose births were registered increased to 3.9 million up from 3 million in 2017. Forthcoming national household surveys across the region will confirm whether a more sizeable proportion of the target population is being reached, as might be expected according to the positive trend suggested by administrative data.

By 2021, the percentage of girls aged 20-24 married before the age of 18 is reduced from 41 per cent to 37 per cent

Rapid growth of the child population in West and Central Africa makes it increasingly urgent that countries accelerate their efforts to address child marriage. Ending child marriage is essential to give millions of adolescent girls the opportunity to realize their full potential, while improving maternal and child health.

In West and Central Africa, there is growing momentum for ending child marriage, including the African Union member states’ endorsement of an African Common Position to End Child Marriage and the campaign to End Child Marriage in Africa. Several countries have developed and begun to implement national strategies or action plans addressing child marriage.

Although measurement of the prevalence of this phenomenon remains infrequent due to its dependency on household surveys, it is expected that extension of coverage of services addressing child marriage will have an effect on prevalence. During 2018, nearly 185,000 adolescent girls actively participated in at least one targeted intervention to address child marriage, up from 111,500 in 2017. The number of countries implementing a costed national action plan or strategy to end child marriage – a key tool to catalyze efforts across sectors at national level – increased from one to two (Burkina Faso, Togo), but did not meet the target of three countries.
Violence

During the year, UNICEF’s Regional Office sought to strengthen informal and formal child protection systems to prevent and respond to violence and exploitation, to increase country capacity to prepare for and provide child protection services in emergencies, and to improve capacity to implement multi-sectoral interventions aimed at preventing and responding to harmful practices.

Investments made in previous years on strengthening services and the social welfare workforce at decentralized level reaped dividends in 2018, with 1,300 professionals and paraprofessionals in 11 countries receiving training and nearly 145,000 children affected by violence reached with at least one type of services. However, this falls far short of the total number of children in the region affected by violence, as suggested by prevalence estimates in household surveys.

Following an established baseline of child protection interventions in West Africa prepared by the Regional Office, and following sustained policy dialogue, the Economic Community of West African States adopted an operational plan for the enforcement of its Child Protection System Strategic framework – a reference tool for the Regional Child Protection Working Group to provide technical assistance to Member States.

Innovative interventions have been initiated in Cote d’Ivoire, where social workers now benefit from cash transfers through their mobile phones and provide direct support to children victims, and in Senegal, where community-based actors are supported with Rapid Pro, a free SMS-based system that allows them to refer a detected case of violence against children to relevant services.

Ending child marriage

UNICEF’s Regional Office supported four countries – Burkina Faso, Ghana, Niger and Sierra Leone – implementing the joint Global Programme to Accelerate Action to End Child Marriage with the United Nations Population Fund, including an analysis of the impact of the interventions implemented in previous years. As a result, more than 182,000 adolescent girls were reached by at least one targeted intervention aimed at reducing child marriage across the region.

At the same time, UNICEF’s Regional Office focused its support on six countries that have selected ending child marriage as a Key Result, leading to the development of costed national plans to address child marriage in all six countries. Through advocacy, the Regional Office positioned girls’ education as a key strategy to prevent child marriage in the region among regional institutions including the Economic Community of West African States and the African Union, as illustrated during the African Union’s second African Girls’ Summit held in Ghana.

As part of the UNFPA-UNICEF Joint Programme to Eliminate Female Genital Mutilation, progress was made toward elimination of female genital mutilation through successful advocacy with national governments and strategic partners. During the year, the Regional Office continued to support the Economic Community of West African States to convene its Member States around an operational framework to deliver on the Strategic Framework for Child Protection Systems Strengthening, approved by Heads of Member States in 2017.

Accelerating birth registration

Strategies pursued by the Regional Office in 2018 to improve coverage of birth registration included strengthening political engagement, transforming civil registration services and mobilizing communities for the use of services. Birth registration was raised on the political agenda in Chad, Cote d’Ivoire and Senegal through joint high-level missions with the UN Economic Commission for Africa.

The Regional Office continued to lead in building evidence and partnerships around civil registration in emergencies for universal registration of births in support of the African Union civil registration and vital statistics initiative. Effective real-time monitoring systems were set up in four countries, as pioneers for scale-up.
UNICEF continued to play a convening role in the civil registration and vital statistics core group of partners, led by the United Nations Economic Commission for Africa, the African Union Commission and the African Development Bank, to secure technical and political support for the region. New partners were mobilized, such as the Organisation Internationale de la Francophonie, the Office of the High Commissioner for Refugees and the CRVS Centre of Excellence of the Government of Canada. This partnership supported a workshop organized by UNICEF, which led to the creation of a framework to strengthen systems for civil registration in fragile states.

Strategic guidance was provided by the Regional Office for joined-up approaches to accelerate birth declarations through health service delivery platforms, such as immunization, which enjoy more complete coverage and reach.

Grave violations of children’s rights

Representatives from Governments and non-governmental organizations of 17 countries were trained on the coordination of child protection response in emergency situations, leading to the development of national response plans. Emphasis was placed on strengthening evidence-based programming and coordination mechanisms by providing bi-monthly regional analyses of grave violations of children’s rights to key protection stakeholders and through the re-launch of the Regional Working Group Coordination Group on the coordination of child protection response in emergency.

The Regional Office also secured a solid positioning within the Spotlight Initiative to prevent harmful practices, end violence against women and girls, and promote sexual and reproductive health and rights. A regional programme was developed, anchored in the African Union vision, and technical assistance provided to four recipient countries in the region: Liberia, Mali, Niger and Nigeria.

Support was provided to country offices to strengthen gender capacities and to priorities gender results and strategies in country programming. Four countries were supported to undertake a Gender Review, and three countries were assisted to articulate gender results in planning of new country programmes.

Looking ahead, work is ongoing on evidence generation on gender inequalities and the empowerment of women and girls through three major initiatives: development of a regional data report analyzing key interlinked dimensions critical to the wellbeing of adolescent girls; launch of a partnership with a regional research network to analyze gender dynamics in community health systems in three countries; and a draft evidence review on menstrual health and hygiene in the region.

UNICEF is committed to mainstreaming gender-responsive programming in all areas of our work, recognizing the special challenges faced by girls and women. This includes preventing child marriage and gender-based violence, as well as providing quality maternal, antenatal and postnatal care, and improving nutrition, education and menstrual hygiene management.

The past few years have seen a renewed engagement and commitment of key global and regional actors to reducing gender inequality. In 2018, UNICEF’s Regional Office prioritized gender results across the strategies to reach the Key Results for Children and developed an Investment Case on Adolescent Girls laying out a vision for integrated investments to increase girls’ life opportunities and address the demographic dividend with global, regional and national partners.

Major advocacy milestones were achieved during the year around adolescent girls, including hearings with the French Senate and Parliamentary Commission on Women’s Rights to influence the upcoming French G7 presidency as well as support to eight countries to develop impact content for increased programme advocacy and partnerships on adolescent girls.

The protection of children from sexual exploitation and abuse remained a grave concern in the region, and six country offices were supported in the development and roll out of specific action plans and service provision to victims.

As member of her school’s sanitation committee, Rachel helps to ensure that students have access to drinking water, use hygienic toilets and know the principles of hand-washing.

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A young girl at a UNICEF-supported reintegration centre for children associated with armed groups in Kananga, Kasai region, DR Congo, receives care and support.

© UNICEF/UN0185821/Tremeau
Sisters hope for justice in Nigeria

Child protection networks facilitate services for child victims of abuse and build judicial system capacity to administer child-sensitive justice and hold perpetrators accountable.

Martha and Mary are still waiting for justice two years after they were sexually assaulted by a man in their community.

The sisters, who were then eight and six, were lured to their abuser’s home when he offered them sweets and biscuits. They told their grandmother, with whom they lived, and she took them to a hospital to be checked and treated. Later, she reported the case to the Plateau State’s Child Protection Network, which carried out an independent investigation to confirm the sisters’ story. The alleged abuser was arrested shortly after the Child Protection Network reported the matter to police.

UNICEF has been supporting government authorities in Plateau State as part of efforts to strengthen its child protection system. A key element was establishment of the Child Protection Network as an inter-agency coordination and response network tasked with improving care and support for child victims, making the justice system more sensitive to their needs, and ensuring that perpetrators of child abuse are brought to justice.

The girls’ family received free legal representation after the Child Protection Network reported the case to the Ministry of Women Affairs and Social Development, which, in turn made referrals to National Human Rights Commission, the Ministry of Justice and a government medical facility.

As a result, Mary and Martha’s medical bills and court-related appearances were paid by the Child Protection Network, which is also covering the cost of ongoing counselling for the two girls.

Evidence shows that sexual violence can have serious short- and long-term physical, psychological and social consequences not only for victims but for their families and wider communities. Child victims are at increased risk for illness, unwanted pregnancy, psychological distress, stigma, discrimination and difficulties at school.

Sadly, the sisters’ experience is all too common in Nigeria. A national survey on violence against children conducted in 2014 estimated that one in four girls suffer sexual violence before reaching the age of 18. But the number of girls affected is likely to be far higher, as most children and families do not report incidents due to stigma, fear and lack of trust in the authorities. Social tolerance and lack of awareness also contribute to under-reporting. Of those that did report cases of sexual violence, only 3.5 per cent received support of any kind.

As part of its efforts to change this situation, UNICEF supported the Minister of Justice to “gazette” the national Law on Child Rights in 2017. Gazetting the law puts it in the public domain and means that it can officially be used and cited in court. The law also provides a framework for setting up family courts where children’s cases can be tried more effectively.

The sisters’ grandmother is unhappy that the case is still dragging on but is now hopeful that the gazetting of the Child Rights Law will mean that her granddaughter’s will finally be heard in the family court and justice will be done.
Goal 4

Every child lives in a safe and clean environment

In 2018, UNICEF helped to expand water and sanitation coverage across the region, including in emergency context, with a focus on the Key Result pertaining to ending open defecation.
To mobilize political commitment for sanitation and ending open defecation, UNICEF’s Regional Office engaged in strategic partnerships and advocacy at key opportunities throughout the year, such as the AfricaSan movement bringing together Ministers and Directors of sanitation and the India sanitation convention.

The Regional Office provided technical assistance and quality assurance to six countries in the development of national roadmaps to end open defecation and strategies towards universal sanitation access. Eight countries developed costed action plans, to enable monitoring for equity and universal access and nine countries established online data collection systems to enable evidence-based decision making.

With support from the Regional Office, twelve countries now perform regular sustainability checks on water, sanitation and hygiene programming – a crucial step in the approach to sustainability. These checks provide a measure of the sustainability of water, sanitation and hygiene infrastructure and behaviour change and incorporate feedback mechanisms for course correction where necessary.

Humanitarian response capacity was strengthened in eight countries through improvement of cluster coordination mechanisms. UNICEF’s support on cholera control in the region culminated in the Abuja Commitments for cross-border collaboration in the Lake Chad Basin. Through the regional Cholera Platform, the Regional Office supported country offices and actors at country level through dissemination of tools, issuance of alerts, training and advocacy, and influenced integration of the regional platform into global cholera elimination efforts. These efforts contributed to reducing the overall number of cases of cholera recorded in the region from 65,537 in 2017 to 62,516 in 2018, though the case fatality rate remained unchanged at 2.1 per cent.

To facilitate resilient water, sanitation and hygiene services in fragile contexts, UNICEF supported seven countries to develop preliminary concept notes for potential climate funding. Harnessing its convening power, UNICEF also facilitated countries’ emerging engagement with the Green Climate Fund on water, sanitation and hygiene.

**FOCUS ON KEY RESULTS FOR CHILDREN**

West and Central Africa is the only region with an increasing number of people who practice open defecation – one of the most unsanitary hygiene practices where people use the bush, stream, local river or outside area as a toilet. Progress toward increasing access to improved sanitation has been very limited in the region.

Investing in latrines and ending open defecation is more than just about health. It is also about providing people with dignity and safety. UNICEF partners with governments and others in community-led initiatives to put a stop to open defecation. This is done by changing social behaviour and building basic and well-managed sanitation systems in poor communities.

As a contribution towards this result, UNICEF supported the Community Approach to Total Sanitation, resulting in an additional 5.8 million people living in open defecation-free certified communities, surpassing both 2017 performance (4.6 million people) and the annual target of 4.3 million.

In addition, nearly 2,000 schools were recognized as having separate sanitation facilities for girls and boys that meet quality standards, once again surpassing the 2017 result (1,650) and the 2018 target (1,550). This will help to address a gender-specific bottleneck that discourages girls and women from using sanitation facilities and impels them to seek relief outside, impacting negatively on their school attendance and educational attainment, in addition to repercussions on public health.

Children fill their containers with water inside the Dalori camp in Maiduguri, Nigeria. A humanitarian crisis fueled by violence has displaced hundreds of thousands of people in northeast Nigeria. © UNICEF/UN055942/Gilbertson
COUNTRY FOCUS

Forging new strategic innovative public-private partnerships with shared objectives for developing home-grown sustainable solutions.

Turning trash into opportunity in Cote d’Ivoire

New model transforms plastic waste into classrooms

“There is so much trash everywhere – we honestly don’t know what to do. And our kids are getting sick because of it,” said a local mother. Adja is 30 years old, has three children and no job. She and her children walk three kilometres to a landfill every day to pick up plastic waste. “We are struggling to make ends meet so our children don’t have to do the same jobs as us,” she explained.

The problems:

1. Vast amounts of often plastic waste pollute the environment
2. Serious overcrowding in Abidjan’s classrooms
3. Poverty, forcing mothers and children to work in landfills to collect
4. Child illness and death due to improper waste management

Education could help these children break the cycle of poverty, but waste pickers rarely earn enough to send their children to school. Over 800,000 of the children not attending school in Côte d’Ivoire come from impoverished households.

In addition, there are simply not enough schools, leaving classrooms for low-income children overcrowded – often double or triple their capacity. “We are working in very [strenuous] conditions,” says a local teacher. “It’s like a pen of children. We need more classrooms.”

An innovative solution

The confluence of these challenges led UNICEF to develop an innovative solution in Abidjan, the capital of Côte d’Ivoire: transform all plastic waste into building materials for classrooms.

In 2017, UNICEF turned to Conceptos Plasticos, a Colombian social enterprise, which has developed a technique for making bricks out of non-PVC plastics that are cheaper, lighter and more durable than conventional bricks.

One year later, Africa’s first recycled plastic classroom was built in Abidjan’s Gonzagueville neighbourhood in just five days – a stark contrast to the nine months and extensive training required to build a traditional classroom. The Lego-style plastic bricks were assembled using only a hammer – no training required – and cost 40 per cent less than a traditional classroom. Today, nine classrooms have been built.

The bricks were purchased from Conceptos Plasticos, but to fulfil its broader objectives, the plan is to begin brick production in Côte d’Ivoire. By 2020, UNICEF’s goal is to recycle 4,800 tonnes of plastic waste a year, build 30 classrooms accommodating 1,500 children, empower 1,000 mothers living in poverty by formalizing the recycling market and expand to three additional countries.

Creating new markets for recycled plastic

The world is producing more plastic than ever before; finding innovative means to use it is quickly becoming imperative to public health. Their cost-effectiveness, durability and ease-of-assembly endow bricks made from plastic waste with the potential to catalyse a market for recycled plastic worldwide.

Millions of waste pickers working informally in landfills and on city streets around the world could become key waste management partners – elevated out of poverty as they help clean the planet and provide building blocks for children’s future.

UNICEF in Côte d’Ivoire partnered with Conceptos Plasticos, a Columbian company that produces building materials with recyclable plastics.

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A school built with bricks made from plastic waste in the neighbourhood of Gonzagueville, Abidjan, Côte d’Ivoire. UNICEF partnered with Conceptos Plásticos, a Columbian company that produces building materials with recyclable plastics.

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Goal 5

Every child has an equitable chance in life

Throughout 2018, UNICEF’s Regional Office invested in cross-cutting programming to better equip countries in the region to accelerate progress towards the Key Results for Children. Notable achievements include the roll-out of Investment Cases for Adolescent Girls in eight countries, technical support to country offices on public finance analysis as well as support to the planning, implementation and monitoring of adolescent programming.
In public finance for children, the Regional Office provided support for the preparation of budget briefs in Mali, Cameroon and Benin, and for public expenditure reviews of social sectors in Ghana, Nigeria and Côte d’Ivoire, involving the health, education and social protection sectors. Also, in Sierra Leone, the costing of the social protection programme supported the Government to demonstrate strong commitment to social protection through increased 2019 budget allocations to the social safety net programme.

The Regional Office provided technical support to the design and implementation of national social safety nets and cash transfer programmes in 14 countries. New cash transfer programmes were initiated in Togo, Côte d’Ivoire and Burkina Faso, where UNICEF country offices played a key role in the targeting and beneficiary selection process.

On adolescent programming, the dissemination of the new UNICEF Adolescent Programming Guidance and the launch of the Generation Unlimited alliance, to which UNICEF is a contributor, were key milestones that influenced UNICEF’s work across West and Central Africa.

With the support of the Regional Office, four country offices – Côte d’Ivoire, Benin, Nigeria and Cameroon – established a functional coordination mechanism to support cross-sectoral programming on adolescents and the adoption of gender-transformative national policies for adolescents.

COMMON AGENDA FOR CHILDREN

In West and Central Africa, UNICEF recognizes the power of concerted action and the importance of partnerships in co-creating and implementing sustainable solutions across the region.

Guided by eight Key Results for Children as a common agenda across the region’s 24 countries, we convene and mobilize partners and allies to accelerate concrete, measurable change in the realization of child rights.

In 2018, UNICEF’s Regional Office engaged in the development of renewed partnership strategies with two key organizations: The Bill and Melinda Gates Foundation and the German Federal Ministry for Economic Cooperation and Development. The cooperation with the Bill and Melinda Gates Foundation aims to sharpen support to health systems strengthening through primary health care, involving multisector approaches.

In collaboration with the World Health Organization and Gavi - The Vaccine Alliance, the Regional Office organized a high-level ministerial breakfast on the acceleration of routine immunization during the 68th session of the World Health Organization Regional Committee for Africa to promote immunization as a public good across the region.

The Regional Office also played a lead role in advancing the African Union’s Ending Child Marriage Campaign, including in the organization of the 2nd African Girls Summit in Ghana and the African Union’s Civil Registration and Vital Statistics Conference in Dakar.

UNICEF also continued to collaborate with the Association for the Development of Education in Africa on the Implementation Frameworks of the African Union Continental Education Strategy 2016-2025 and with the African Ministers’ Council on Water on a harmonized framework to monitor progress towards the Africa Water Vision 2025 and the Dakar/Ngor Declarations 2030.

UNICEF’s partnership with the Economic Community of West African States continued, most notably through the preparation of key child policy documents, such as a regional child policy framework and a social protection policy framework, which are expected to be adopted at the conference of Heads of States in 2019.

Building on past collaboration, UNICEF and the Economic Community of Central African States co-created a strategic agenda for the future which will include the publication of an annual report on the State of the Central African Child, advocacy for increased humanitarian access and for the acceleration of immunization and birth registration.

Harnessing the power of business and markets for children, the Regional Office also convened private and public-sector actors to enhance regional expertise and capacity for the manufacture of ready-to-use therapeutic foods and household latrines. These locally-based industries will meet demands and needs within the region by bringing the right commodities, at the right price, closer to the community.
Students run to the playground during recess at Blessed Clementina Roman Catholic School in Ashaiman, Ghana.

© UNICEF/UN0275125/Quarmyne
Improving disease surveillance in Liberia with ‘mHero’

Innovative communication platform permits two-way, real-time exchange of health information

Frontline health workers in Liberia deliver health services in incredibly challenging environments, often lacking access to the most current information and receiving infrequent training. Although they provide critical information to central health authorities, they rarely receive feedback. When tackling deadly disease outbreaks health workers need information that is accurate, timely and practical, as well as supportive supervision and psycho-social support.

In 2014, Liberia’s Ministry of Health introduced ‘mHero’ during the country’s massive outbreak of Ebola virus. The acronym stands for ‘mobile health worker electronic response and outreach’, a platform facilitating near-real-time communication between local and central health authorities. Its introduction was a direct response to delays in reporting of essential health data to the Minister of Health that became glaringly evident during the Ebola outbreak.

The platform is being used to strengthen disease surveillance in two counties, and the plan is to expand it country-wide with support from UNICEF and other partners.

Communication through mHero relies on basic mobile phones that most health workers already have. UNICEF currently pays mobile network operators in Liberia for health workers’ SMS messages through a grant from United States Agency for International Development.

A vital advantage of mHero is that it permits immediate two-way communication. Instead of traditional, paper-based communication, mHero gives frontline health workers a way to quickly deliver alerts to their managers and the Ministry of Health, allowing decisions to be made and communicated more rapidly. At the same time, the Ministry can communicate quickly with health workers about emerging priorities, critical updates etc. MHero also includes an SMS-based ‘help-desk’ that allows frontline health workers to ask and receive responses to work-related questions.

These improvements result in timely, life-saving interventions. SMS reports on suspected cases of notifiable diseases allow the Ministry of Health and National Public Health Institute of Liberia to quickly mobilize the resources required to support a rapid response on the ground, averting the spread of disease.

Unlike most other mobile health systems, mHero is not a single-purpose application, but rather an information pipeline adaptable to a ministry’s systems and needs. When the system is in place, it can be used quickly and easily to communicate between the field and central offices.

An evaluation of mHero’s effectiveness by the World Health Organization found it to be an effective platform for aiding disease surveillance. Health workers noted that the new system helped reduce their reporting burden and fast-track their activities (e.g., through motorbike delivery of specimens to laboratories across the county).

Recognition by the Ministry of Health leadership of mHero’s importance is reflected in the Ministry’s plan to progressively roll out the disease surveillance model in Liberia’s remaining 13 counties, improving the country’s ability to prevent, detect and respond to future disease outbreaks.
COUNTRIES IN CRISIS

Throughout 2018, West and Central Africa continued to face multiple and complex crises, conflicts and displacement – exacerbated by climate change, growing insecurity, and political and socio-economic transitions.

In the Demographic Republic of Congo, two unrelated outbreaks of Ebola were declared in the northern and eastern parts of the country. At the same time, conflict led to an escalation of violence and displacement affecting more than 500,000 people in Ituri province and the return of 300,000 people from Angola, mainly to the Kasai region. In North Kivu, South Kivu and Tanganyika provinces, and in the Kasai region, violence forced more than 2.1 million people to leave their homes.

In the region straddling Burkina Faso, Niger and Mali, the humanitarian situation deteriorated sharply, with armed groups targeting schools and health centers, causing many to close and others dramatically curtailing their activities. In Burkina Faso alone, over 150,000 children were out of school, with over 1,000 schools closed.

The humanitarian situation in the Central African Republic remained critical, with several attacks on the civilian population leading to further casualties and displacement. Almost one quarter of the population remained either internally or externally displaced.

In the Lake Chad basin, the humanitarian situation remained challenging, though security improved slightly, allowing humanitarian actors to look beyond rapid response mechanisms towards focusing on more extensive resilience and system building efforts and continued efforts towards polio eradication. Displacement increased in 2018, with 1.8 million people displaced due to conflict.

The situation in north-west and south-west Cameroon continued to worsen in 2018. Civilians continued to bear the brunt of the conflict, with an estimated 350,000 internally displaced and 86,000 fleeing into neighbouring regions.

Nigeria faced a major cholera outbreak that spread into neighbouring Niger and Camerooun, with 29,000 cases registered in Nigeria alone. A factor mitigating further spread of the disease in Niger was the availability of free treatment, demonstrating the importance of coherent regional public health approaches to manage cross-border health emergencies.

Preparedness and response in 2018

UNICEF’s Regional Office focused its efforts on strengthening preparedness through the roll-out of the Emergency Preparedness Platform in 24 countries, and coordination and support of humanitarian response across ten countries facing humanitarian crises.

Joint advocacy with the World Food Programme, the Food and Agriculture Organisation and the UN Office for the Coordination of Humanitarian Affairs helped to sound the alarm about increasing malnutrition trends in the Sahel, which led to the publication of the position paper Sahel: Early action and scale-up of the humanitarian response. The Regional Office supported country offices with analysis of hot spots of severe acute malnutrition and launched an Sub-Saharan Malnutrition Appeal supporting eight countries in the region.

In response to the two Ebola outbreaks in the Democratic Republic of Congo and a regional cholera outbreak centered in Nigeria, UNICEF supported cross-border coordination and information-sharing to stop the spread of epidemics to neighbouring countries. The Regional Office also initiated early coordination among country offices in Mali, Niger and Burkina Faso to respond to the armed conflict in the border areas, where education and health services are increasingly targeted.

Humanitarian monitoring and reporting systems in 10 country offices which were part of the UNICEF global Humanitarian Appeal for Children were strengthened with on-site support. UNICEF’s country office in Niger established an SMS-based monitoring system using RapidPro while the country office in Camerooun established third-party monitoring for the North-West South-West emergency to monitor results.

The Regional Office supported country offices in Chad, Niger, Mali and the Democratic Republic of Congo to implement cash-based programming using the EPP Minimum Preparedness Standard on cash-based programming and by conducting feasibility assessments.

Tightening linkages between humanitarian and development was a key focus of UNICEF’s support, including by connecting Rapid Response Mechanism responses to other multisector responses through linking emergency cash and social protection and by supporting advocacy on mainstreaming emergency nutrition and linking this to preventive measures.
Teacher Kabukapua accompanies his students as they sing on their way to their class in a temporary tent in Mulombela village, Kasaï region, DR Congo. A surge in violence has forced many people from their homes.

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Thank you!

We thank our partners for their financial support to UNICEF in West and Central Africa in 2018.

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Where we work in West and Central Africa
UNICEF’s Regional Office for West and Central Africa is a hub for information, technical expertise and coordination in support of country offices across the region’s 24 countries.

Our advisors and specialists help to advance programmes and policies in health and nutrition, child protection, HIV and AIDS, education, water and sanitation, early childhood development, social policy, and emergency response and preparedness.

The regional office advocates for investment in children and child-centered policies in West and Central Africa. Guided by the Convention on the Rights of the Child, we work with international, regional and national organizations across the region to accelerate progress towards the UN Sustainable Development Goals and the African Union Agenda 2063.

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