

UNICEF Regional Office for West & Central Africa (WCARO)

Consolidated Emergency Report 2018



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March 2019

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Abbreviations and Acronyms

AoR	Area of Responsibility
C4D	Communication for Development
CAR	Central African Republic
CAAC	Children in Armed Conflict
CAAFAG	Children Associated with Armed Forces and Armed Groups
CBCPM	Community based child protection mechanisms
CCC	Core Commitments for Children
CH	Cadre Harmonisé
CILSS	Comité Permanent Inter-Etats du Lutte Contre la Sécheresse dans la Sahel (<i>Inter-State Permanent Committee for the Fight Against Drought in the Sahel</i>)
CMAM	Community-based Management of Acute Malnutrition
CO	Country Office
CPIE	Child Protection in Emergencies
CTCED	Counter-Terrorism Committee Executive Directorate
DRR	Disaster Risk Reduction
DRC	Democratic Republic of Congo
ECD	Early Childhood Development
ECHO	European Community Humanitarian Office
ECOWAS	Economic Community of West African States
EiE	Education in Emergencies
EPP	Emergency Preparedness Platform
ETT	Emergency Technical Team01
EVD	Ebola Virus Disease
GAM	Global Acute Malnutrition
GBV	Gender Based Violence
GTFCC	Global Task Force on Cholera Control
HAC	Humanitarian Action for Children
HEC	Hodh El Chargui (region in Mauritania)
HIV/AIDS	Human Immuno-Deficiency Virus/Acquired Immuno-Deficiency Syndrome
HNO	Humanitarian Needs Overview
HPM	Humanitarian Performance Monitoring
HRP	Humanitarian Response Plan
IASC	Inter-Agency Standing Committee
IDP	Internally Displaced Person
IM(S)	Information Management (System)
IMAM	Integrated Management of Acute Malnutrition
INGO	International Non-Governmental Organization
IOM	International Organization for Migration
IYCF	Infant and Young Child Feeding
JURTA	Joint UN Regional Team on AIDS
M&E	Monitoring and Evaluation
MRM	Monitoring and Reporting Mechanism
MBSSE	Ministry of Basic and Senior Secondary Education (Sierra Leone)
MHPSS	Mental Health and Psychosocial Support
MUAC	Middle-upper arm circumference
NFI	Non-Food Items
NGO	Non-Governmental Organization
OCHA	Office for Coordination of Humanitarian Affairs
OECD	Organization for Economic Co-operation and Development

ORS	Oral Rehydration Salts
OTP	Outpatient Treatment Program
PREGEC	Regional System for the Prevention and Management of Food Crises
PSEA	Protection from Sexual Exploitation and Abuse
R-CAP	Resilience Common Analysis and Prioritization Approach
RO	Regional Office
RoC	Republic of Congo
RRM	Rapid response mechanism
RRMP	Rapid Response to the Movement of Population (DRC)
RUTF	Ready to Use Therapeutic Food
SAM	Severe Acute Malnutrition
SMC	Seasonal Malaria Chemoprophylaxis
TLS	Temporary learning spaces
UASC	Unaccompanied and Separated Children
UNDG	United Nations Development Group
UNESCO	United Nations Education, Scientific and Cultural Organization
UNHCR	United Nations High Commissioner for Refugees
UNISS	United Nations Integrated Strategy for the Sahel
UNODC	United Nations Office of Drugs and Crime
WASH	Water, Sanitation and Hygiene
WCAR	West and Central Africa Region
WCARO	West and Central Africa Regional Office
WFP	World Food Program
WHO	World Health Organization

Executive Summary

In 2018, the UNICEF Regional Office for West and Central Africa (WCARO) provided support and oversight for preparedness and response across major emergencies including Nigeria (Level 3 since 2016) and DRC (Level 3 since 2017). Neighbouring countries in the Lake Chad Basin - Cameroon, Chad and Niger maintained L2 status up until the end of June 2018. The ongoing crisis in the Central African Republic (Level 2) remains a corporate priority. In December 2018 the Cameroon North-West South-West crisis was declared a Level 2 emergency.

Under the 2018 WCAR HAC, over 17.5 million US\$ was mobilized. The Regional Office provided multi-sectoral support to the responses in Cameroon, the Central African Republic, the Democratic Republic of the Congo, the Lake Chad basin, Burkina Faso and Mali. For the two Ebola outbreaks in the Democratic Republic of the Congo and the cholera outbreak in Nigeria, UNICEF mobilized partners for a multi-country response, which included deploying staff, delivering supplies and securing urgent funding. With support from the Regional Office, Cameroon activated cluster coordination for nutrition, WASH and child protection in the North-West and South-West to reach conflict-affected children. Twenty-four country offices were supported to rollout the Emergency Preparedness Platform to become better equipped when an emergency strikes. In a region where cross border emergencies persist, coordination and information sharing were strengthened to harmonize programme interventions. Technical support was provided for the nutrition crisis in the Sahel and the Lake Chad Basin. The Regional Office also continued to support the Regional Cholera Platform, including prevention activities carried out through the Platform to prevent outbreaks in high-risk areas. Regional advocacy initiatives launched in 2018 highlighted the plight of children in emergencies. Joint advocacy with WFP and FAO raised the alarm on the Sahel nutrition crisis and coordination with nine country offices reaching more than 1 million children under 5 years with SAM treatment.¹

In 2018, more than 14.8 million children needed protection from violence, and over 3,300 schools closed due to insecurity. New humanitarian emergencies struck the region, while others endured, depriving the most vulnerable children of their rights. The regional programme focuses on emergency preparedness and response and strengthening the linkage between humanitarian action and development programming, so that humanitarian response feeds into the recovery process. WCAR invested at regional and country level for emergency preparedness, response and information management to identify hot spots of deprivation, providing both development and humanitarian partners the tools to focus activities on the same most vulnerable children – as demonstrated in the Sahel nutrition response. To prevent and mitigate malnutrition, geographical convergence of activities for preventing malaria, water-borne diseases, poor feeding habits, access to nutritious food, and immunization played a critical role.

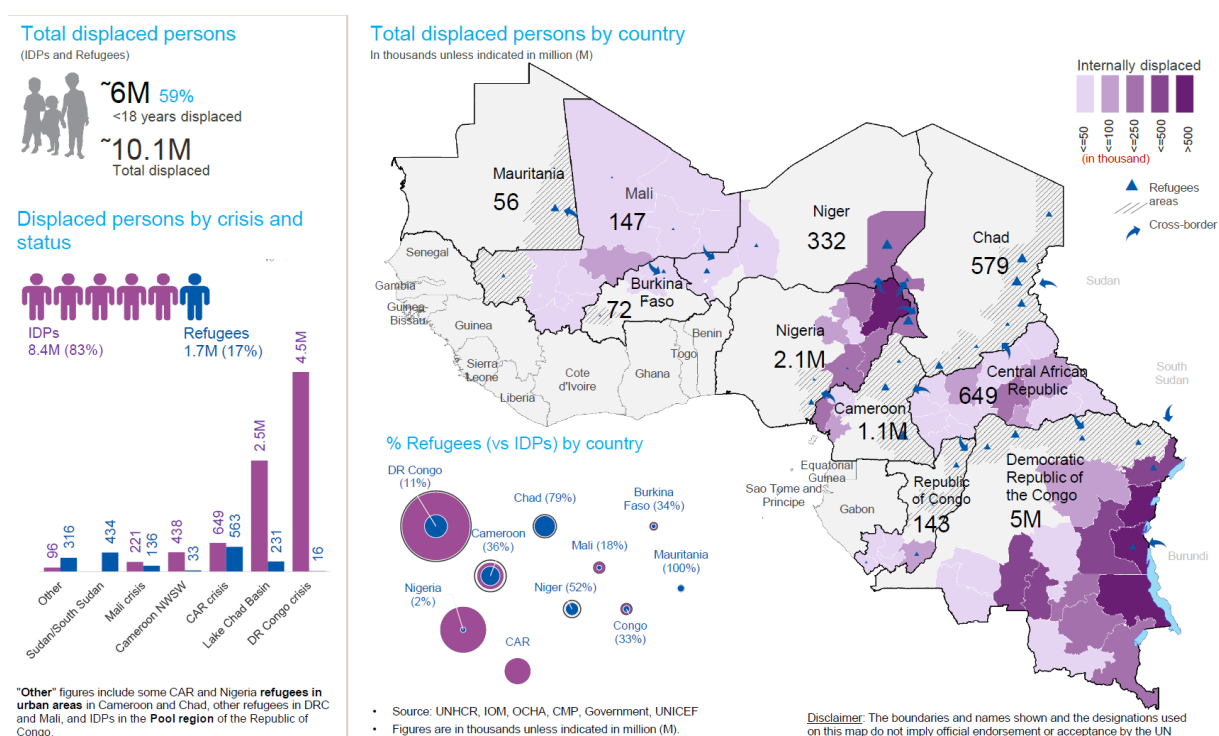
¹ UNICEF West and Central Africa Humanitarian Action for Children

Humanitarian Context

In 2018, countries in West and Central Africa Region (WCAR) continued to face multiple quick-onset and chronic emergencies as well the effects of protracted crises. The humanitarian context in WCAR is influenced by structural drivers, including climate change, fragile and under-resourced governance structures, political and socio-economic transitions, demographic upsurges and unstructured urbanization.

The humanitarian trends in the region in 2018 have been mixed, and similar to 2017 the region has seen an increase in displacement. Conflicts in the Central African Republic, the Democratic Republic of the Congo, the Lake Chad basin, North-West and South-West Cameroon and the Liptako Gourma region (triangle of northern Burkina Faso, central Mali and western Niger) have led to mass displacement, both internally and across borders. More than 10 million people were displaced across the region, including nearly 6 million children who have been uprooted from their homes. Close to three in four of these children are located in DRC or Nigeria².

In the Lake Chad Basin, while the last weeks of December 2018 witnessed the highest movement of people in Nigeria, new displacements of people over the course of 2018 were relatively stable despite persistent security incidents and attacks by non-state armed groups. In Mali, new displacements are continuously reported (particularly in Mopti) as a result of conflicts and insecurity. The number of IDPs in Mali has nearly doubled compared to January 2018. In CAR, at least one in four of the population is still either displaced within the country or a refugee in neighbouring countries rural areas.



² Calculated based on data (internally displaced and refugees) aggregated from reports of the Office for the Coordination of Humanitarian Affairs (OCHA), the United Nations High Commissioner for Refugees (UNHCR), the International Organization for Migration (IOM) Displacement Tracking Matrix and the DREC Niger from April, October, November and December 2018.

While the region saw some positive trends and notable successes, including the peaceful presidential elections and transfer of power in Liberia and Sierra Leone, in general, the WCAR continues to struggle to demonstrate significant improvements; this in terms of attaining SDGs as well as ensuring the capacity to prevent, respond and support recovery from crises.

Displacement, epidemics, malnutrition and natural disasters including flooding, mudslides and drought were the most frequent drivers of humanitarian situations in 2018. In an already fragile context, rendered even more brittle by recurrent and chronic crises, communities and systems struggle to withstand even minimal shocks and require outside assistance to support complete recovery. “Building back better” is essential in a region that bears a disproportionate share of the global burden of child rights deprivations. Only 11% of the world’s children live in the WCAR, yet the region accounts for 31 % of under-five deaths, over 42% of maternal deaths, one third of out-of-school children (primary and lower secondary) and 20% of stunted children globally.³

An estimated 14.9 million children were in need of protection across 10 countries the region in 2018, a substantial increase from the estimated 9.4 million children in need of protection assistance in 2017. The largest number of children in need of protection were in the DRC (7.9 million), Nigeria (3.4 million) and the Central African Republic (CAR) (1.4 million).⁴ The overall figures continued to increase at the end of the year with the intensification of the humanitarian situation in northern Burkina Faso, the North-West South-West crisis in Cameroon, and the two large Ebola outbreaks in DRC. Children living in these areas are faced with the risk of grave child rights violations, including child recruitment, killing and maiming, sexual violence and abduction. They frequently experience forced displacement and family separation as violence occurs in their countries and communities of origin, with limited access to basic social services and increased risk of malnutrition.

The situation of women and girls remains particularly concerning. Discriminatory social and gender norms continued to be identified as a source of significant challenges for children and adolescents. In fact, 17 countries in the region are among the top 20 most gender-inequitable in the world.⁵ Child marriage, early pregnancies, sexual and gender-based violence, trafficking, recruitment into armed groups and inequitable access to basic social services and child rights are some of the most serious, and sadly common, issues faced by girls in the WCAR.

Malnutrition Across the Sahel

Each year in the Sahel, hundreds of thousands of children suffer from SAM, especially during the lean season when food becomes scarce and there is an increase in malaria and diarrheal diseases.

In 2018, drought, high food prices and conflict have had a serious impact on acute hunger and malnutrition in parts of the Sahel. Across the six countries (Burkina Faso, Mali, Niger, Chad, Mauritania and Senegal) over 1.6 million children were at risk of severe acute malnutrition, 50 per cent more than in the Sahel’s last major nutrition crisis in 2012.⁶ Food insecurity, inadequate dietary practices at home for young children and mothers, lack of access to safe water and sanitation, as well as armed conflict and population displacement, cause high levels of malnutrition among children.

³ UNICEF “West and Central Africa Region Annual Report, 2018”, pg 4

⁴ Consolidation from the 2018 Humanitarian Needs Overview and Humanitarian Response Plan (WCARO Child Protection)

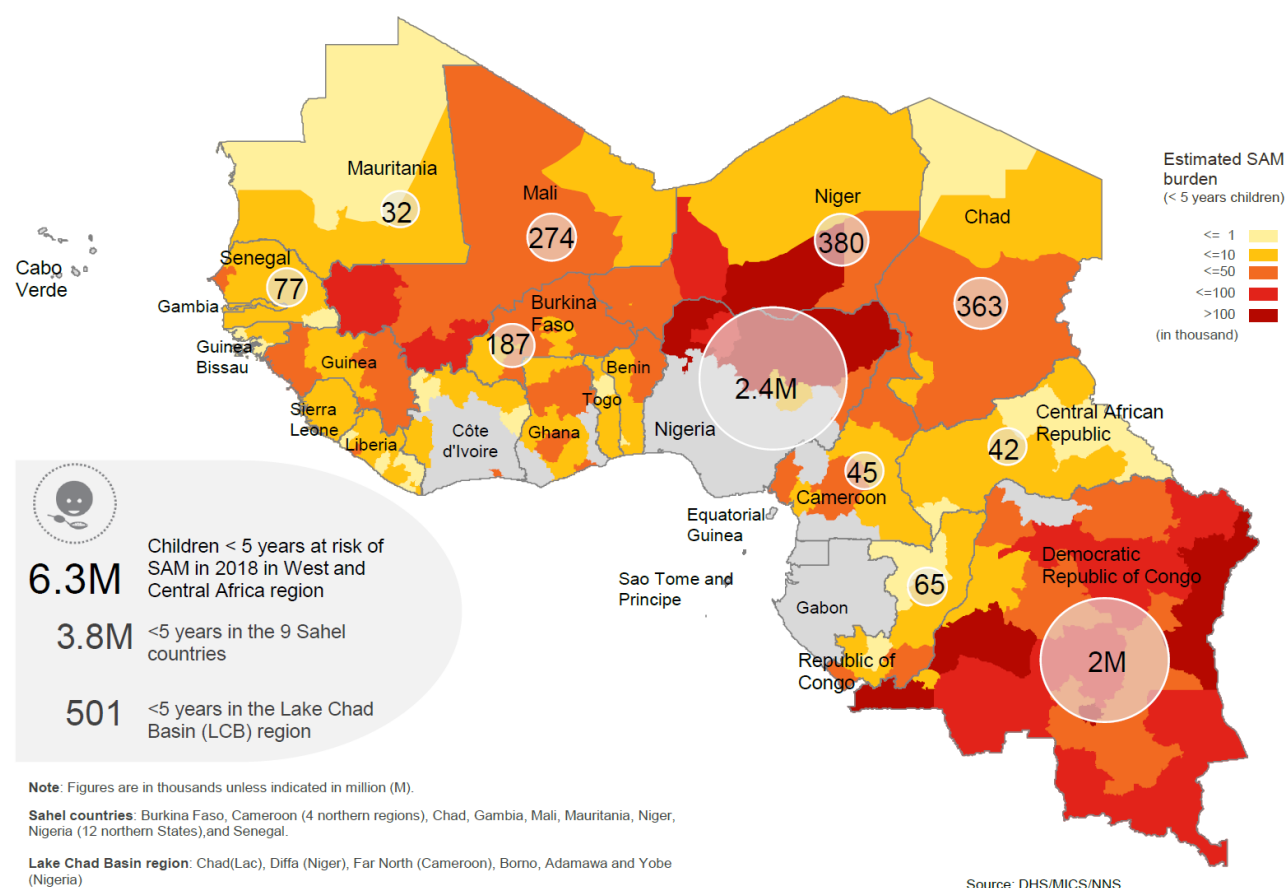
⁵ UNICEF “West and Central Africa Region Annual Report, 2018”, pg 7

⁶ Children at risk estimated using the upper confidence intervals of nutrition SMART surveys (and admissions data in Niger)

In 2018, UNICEF increased its preparedness measures, starting by securing funding, prepositioning supplies, undertaking a joint analysis and response plan with the World Food Program (WFP), strengthening multisectoral interventions (WASH, health and education activities in the most affected communities) and scaling-up early detection of at-risk children to mitigate the impact of SAM.

UNICEF, FAO and WFP developed a joint response to cover food needs, protect livelihoods and fight malnutrition in the short term to address immediate needs and reduce the impact of the crisis. At the same time, longer-term interventions, such as ensuring availability, access and use of local food resources, health other social services to secure the healthy development and growth of children are crucial to make households, communities and national systems more prepared to prevent and deal with similar shocks in the future.

The Regional Office spearheaded joint advocacy with WFP and FAO to sound the alarm early about increasing malnutrition trends in the Sahel. A position paper *Sahel: Early action and scale-up of the humanitarian response* was launched by the three UN agencies' Regional Directors, and the Regional Office published press and advocacy materials on the Sahel nutrition crisis. The Regional Office supported Country Offices with analysis to target SAM hot spots. The Regional Office also launched an end of year Sub-Saharan Malnutrition Appeal supporting eight countries in WCA.

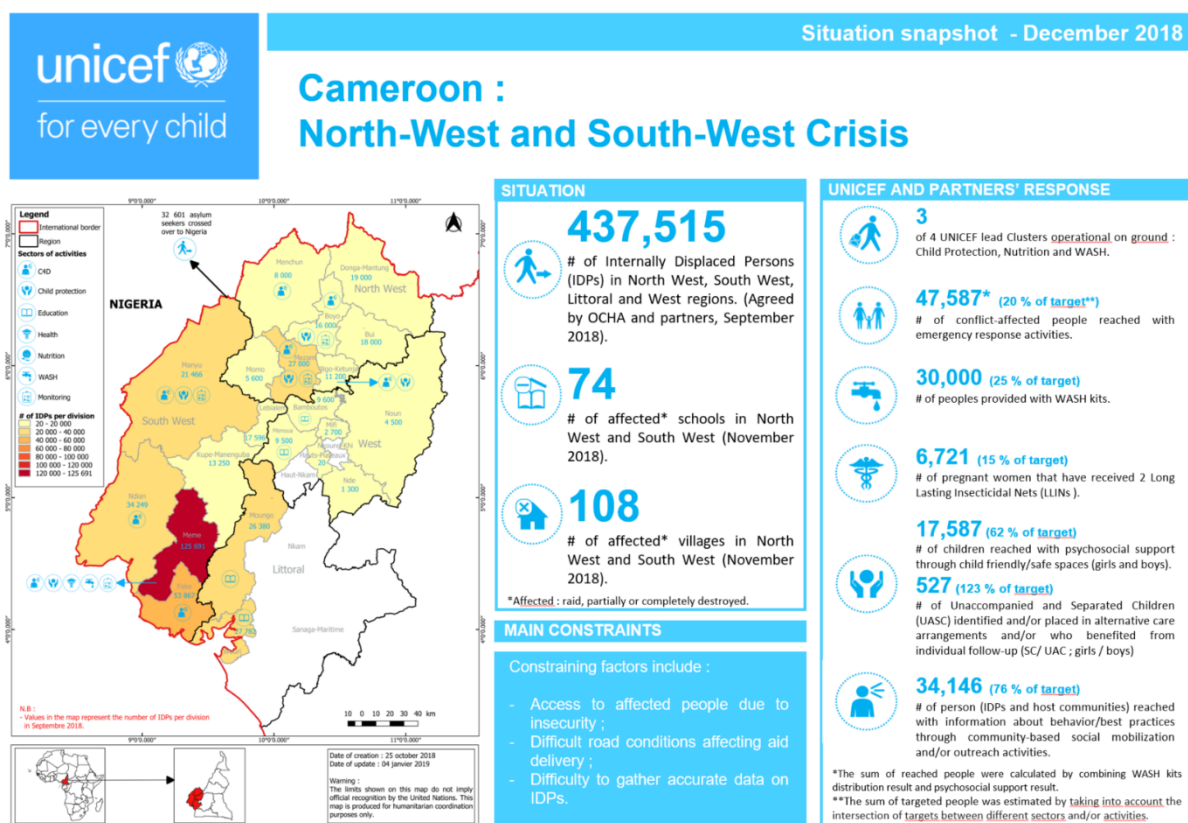


North-West South-West Cameroon

The socio-political crisis in the North-West and South-West regions began in the last quarter of 2016. long-running tensions in Cameroon's North-West and South-West regions have continued to escalate. With the proliferation of armed groups and deployment of defence forces, the crisis has increasingly shifted into armed conflict.

Insecurity and violence have forced over 400,000 people to flee their homes, of which 32,000 have sought refuge in neighbouring Nigeria.⁷ With the majority of the displaced population consisting of women and children, the situation continues to have serious consequences on livelihoods, living conditions and social services including education and health care. Many of those displaced are isolated in hard-to-reach areas and in need of water, sanitation, shelter, health care, education and child protection services.

Children, and their basic right to education, are at risk due to the 'no school' policy pursued by separatist non-state armed groups. For three consecutive school years now, over 80% of schools have been closed depriving children of an education. Only one in four completed the 2017- 2018 school year in the South-West.



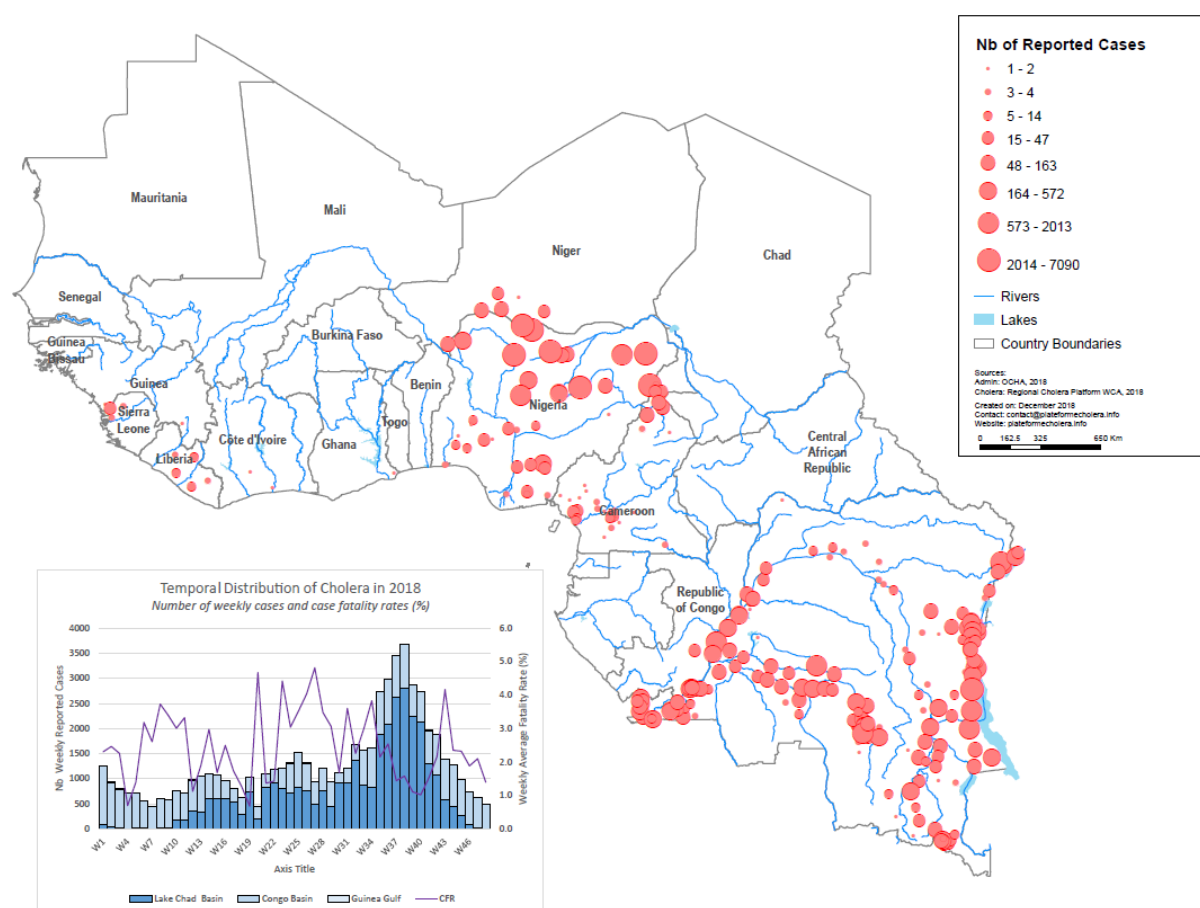
⁷ OCHA, "CAMEROON: North-West and South-West Situation Report 2", December 2018.

Cholera in West and Central Africa in 2018

Cholera outbreaks continue across the region with 62,516 official cases and 1,459 deaths reported in six countries in 2018.⁸ There was a major outbreak in the Lake Chad Basin (Nigeria impacting neighbouring countries) and a deteriorating situation in DRC. Efforts, however, made by many actors successfully prevented a wider regional outbreak – many countries maintained a cholera-free status in 2018 including Burkina Faso, Gambia, Guinea, Guinea Bissau, Mali, Mauritania and Senegal.

The North-East of Nigeria was affected by a short and limited outbreak (mainly Borno and Adamawa States); other northern States were more affected due to limited fund mobilization and response capacity. Bauchi, Zamfara and Katsina States represent almost 60% of cholera cases recorded in 2018.

In DRC, Great Kasai province faced an unusual outbreak in 2018 – an area not used to cholera outbreaks. Difficult access and lack of expertise on cholera (both at community and health workers level), resulting in high lethality (5.6%) in Kasai between June to September with 461 official deaths.



Lake Chad Basin (Nigeria, Chad, Cameroon and Niger)

The Lake Chad Basin (LCB) crisis continues to affect populations and the wellbeing of children in Chad, Niger, Nigeria and Cameroon. At the end of 2018, it was estimated that 10.7 million people out of 17.4 million people living in affected areas across the four countries were in need of humanitarian

⁸ Cholera Platform, West and Central Africa

assistance, many of whom are located in areas with limited humanitarian access.⁹ Conditions are deteriorating for populations, and especially children, living in circumstances characterized by fragile social service systems and high-levels of food insecurity. An upsurge of violence and insecurity in 2018 prevented the region's 2.5 million displaced people¹⁰ from returning home and accessing a livelihood. In fact, of the 3.6 million people living at crisis or emergency levels of food insecurity, nearly half a million (490,000) are children suffering from SAM.¹¹ Unfortunately, trends of displacement deteriorated rather than improved in 2018; between January and November 2018, an average of 4,000 individuals – mainly women and children – were displaced every week, up from an average of 1,400 in 2017.¹² It has been also reported increased activism of armed groups, who have stepped up raids at the end of 2018 across Nigeria's north-east, targeting military bases, towns and displacement sites. The violence has disrupted aid operations in some locations and thousands more people have been displaced. In addition, the insecurity persists on the Lake Chad islands. Armed attacks are recurrent in localities bordering Niger and Nigeria, with civilians suffering adversely. More than 20 attacks against civilians were reported between September and December 2018, resulting in the killing and abduction of villagers as well as the looting of food and livestock, particularly in the Kaiga-Kindjiria sub-prefectures and Ngouboua. Displaced children find their education interrupted and struggle to access basic health care.

In addition to the displacement, the LCB is also at risk for epidemics. Close to 50,000 people were affected as a result of one of the biggest Cholera outbreaks in this region over the past decade. The three affected countries (Nigeria, Niger, Cameroon) accounted for 60% of the 2018 West and Central African burden.¹³ Among the four countries, Chad was less affected by SAM, with a Global Acute Malnutrition (GAM) rate at 10.5 per cent while severe acute malnutrition stands at 1.8 percent.¹⁴

Democratic Republic of Congo (DRC)

The DRC experienced multiple complex emergencies, including two unrelated outbreaks of Ebola in the northern and eastern parts of the country. By the end of 2018, the Bikiro outbreak in the northern province of Equateur led to 88 cases but was contained. However, the outbreak in the eastern province of North Kivu had reported nearly 600 cases since August 1st, 2018, making it the second largest Ebola outbreak in history – with no immediate end in sight. A large-scale rapid response was mobilized with the Government, UN agencies, including UNICEF and non-governmental agencies (NGOs) to contain the second Ebola outbreak, but ongoing armed conflict as well as population movements, community resistance and restrictions associated with the presidential and provincial elections have rendered the context one of the most complex humanitarian crises of 2018. Outside of the media spotlight, humanitarian crises linked to conflict continued with an escalation of violence and displacement affecting more than 500,000 people in Ituri province, as well as 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. At the end of the year, the DRC was home to 4.5 million IDPs, the largest population of displaced people on the African continent. At the same time, 28,000 cases of cholera were reported across the country. The situation is compounded by violations of children's rights, including children out of

⁹ OCHA, "Lake Chad Basin Crisis Overview", January 19, 2019

¹⁰ OCHA "Lake Chad Basin Crisis Overview", 23/01/2019

¹¹ OCHA "Lake Chad Basin Crisis Overview", 23/01/2019

¹² UNICEF UNICEF "West and Central Africa Region Annual Report, 2018", pg 4

¹³ UNICEF, WCA Bilan Annuel 2018 Cholera Platform

¹⁴ Nutrition Survey (SMART methodology), Chad

school, forced recruitment by armed groups and sexual abuse. These violations are preventing more than 5.6 million children from accessing their basic rights, such as education, health care, safe water and adequate sanitation and hygiene facilities (source: DRC HRP 2019). UNICEF also reported about 2 million children under five affected by severe acute malnutrition in 2018.

Chad

Despite a slight economic recovery and an estimated rise in real GDP of 3.1 per cent in 2018, due mainly to a modest rise in oil prices and increased oil production, the economy in Chad remains fragile and subject to significant risks, due to its non-diversification, oil price volatility and regional conflicts. Food insecurity, population displacements and epidemic outbreaks characterize the risks that continue to inform emergency preparedness and response programming in Chad. Deterioration in the security of surrounding countries, including the CAR, resulted in a new influx of refugees. In 2018, in the south of the country, Chad registered 21,500 new refugees from central Africa (including 14,000 children) who had fled insecurity following clashes between armed groups in the Central African Republic. In addition, 1,327 new refugees from Nigeria arrived in Lac province in late 2018. At the end of 2018 Chad was home to a total 659,326 displaced persons, refugees and internally displaced persons affected by the crises in Nigeria, the Central African Republic and Sudan (UNHCR November 2018 and January 2019 bulletins). The Nutrition Cluster, under the leadership of UNICEF, also reported an increase in cases of SAM, linked primarily to food insecurity, poor hygiene practices and limited sanitation facilities. The 2018 SMART nutrition survey found a global acute malnutrition rate of 13.5 per cent and a severe acute malnutrition rate of 4.0 per cent among children under 5 years of age. In 12 of 23 provinces, the global acute malnutrition rate exceeded 15 per cent.

Niger

The already fragile context of Niger, which now ranks 189th of 189 countries in the Human Development Index, was aggravated by chronic and sudden humanitarian crises, coupled with a volatile security environment in 2018. Over 2.3 million people were in need of humanitarian assistance due to food insecurity, malnutrition, conflict, population displacement, epidemics and natural disasters.¹⁵ Children have been particularly impacted by the deteriorating security situation, both as direct victims of armed groups and as rights-holders with diminished access to timely, quality social services as national budget allocation is re-directed from social sectors to the Defense Department. While there were fewer large-scale attacks in hotspots in 2018 than in 2017, civilian kidnapping increased. The security situation has also hampered the delivery of health, nutrition and education services. In the Tillabery region, five attacks directly targeted schools resulting in the temporary suspension of classes in more than 30 schools, depriving children of learning opportunities.

Niger also faced health epidemics in 2018, including cholera (3,822 cases and 78 deaths in 4 regions), measles (4,605 cases and 20 deaths nationwide), meningitis (1,496 cases and 115 deaths nationwide), and a circulating vaccine-derived polio virus (13 cases and 1 death in 2 regions). In addition, floods affected 200,000 people nationwide, with over 120,000 people affected in Dosso and Agadez regions. Niger continued to be a transit country for migrants, including migrant children in need of protection assistance. There was also an increase in arrivals of asylum seekers, including 756 children of which 452 were unaccompanied children, 228 of which were transferred from detention centres in Libya.

¹⁵ UNICEF Niger "Country Office Annual Report", 2018

Malnutrition stemming from food insecurity, population displacement, poor infant and early child feeding practices and climate-induced crises continues to serve as a major detriment to Nigerian children's wellbeing and development. Despite significant efforts and investments to address this issue, there has been little progress noted since 2012. The national nutrition survey conducted in October 2018 shows no improvement compared to 2012, with a GAM prevalence of 15.0%, a SAM prevalence of 3.2% and 47.8% for stunting; the two most populated regions, Maradi and Zinder, being the most affected.

Central African Republic

CAR is the third largest humanitarian crisis in the world, after Yemen and Syria, in terms of the proportion of the population in need of humanitarian assistance. The humanitarian situation in CAR remained critical in 2018, 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. Though there was some timid hope of positive political developments with the negotiation of a peace agreement towards the end of the year, it will take time for population to regain trust in the political processes and achieve the necessary stabilization to sustainably build a functioning social service system. In the meantime, according to the 2019 Humanitarian Response Plan (HRP), 2.9 million people (63 per cent of the population) remains in-need of humanitarian assistance and protection; of this 1.9 million require access to water and sanitation facilities. In 2018, CAR was at substantial risk of Ebola Virus Disease and faced several epidemics (Monkey Pox, measles, yellow fever, meningitis) while insecurity jeopardized the polio campaign in the districts of Kabo, Batangafo and Ngaoundaye. A high number of grave violations of children's rights was recorded in 2018 including 48 incidents which led to the recruitment of 76 children into armed groups, 89 attacks on schools and hospitals, 38 killings, and 31 maiming (GHN, Dec. 2018). Women and children continue to pay the heavy price for this violence. From January to August 2018, 5,733 cases of gender-based violence (GBV) were recorded in the Gender-Based Violence Information Management System (GBV IMS); 21% of the cases were incidents of sexual violence. 2018 also saw an increase in the number of unaccompanied and separated children identified (704).

Infrastructure destruction, clashes between armed groups, attacks against the civilian population, and incidents against humanitarian actors have affected humanitarian access and operations. In 2018, 6 humanitarian workers were killed, and 21 others were injured, with OCHA reporting 396 attacks against aid workers (a 17% increase compared to 2017). Between January and October 2018, 20 organizations had to temporarily withdraw from their intervention areas, depriving the population of vital assistance. Hostilities have spread to new areas, some of which are extremely difficult to access for security but also logistical reasons, making assessment missions and humanitarian response ever more complicated.

Mali

Despite some significant progress since the signing of the Algiers Peace Agreement in 2015, the country experienced a rapidly deteriorating security situation in 2018. This was particularly notable in the center of the country and in regions bordering Niger and Burkina Faso. 2018 emergencies include recurrent nutritional crises, armed conflict, violent extremism, intercommunity clashes, mass population displacements, basic social services deprivation (including school closure) and natural disasters. This situation is compounded by reduced humanitarian space due to concerning trends of

violence against humanitarian actors and difficult to reach regions. About 5.1 million people, nearly one third of the total population, live in areas affected by the conflict, while some 120,298 people remain internally displaced. Food insecurity affects nearly one in five Malians; in 2018, Mali saw an increase in the number of people facing severe food insecurity (4.1 million in June 2018) compared to the same period in 2017 (3.8). It is notable that other sectors are also presenting an increase in the people-in-need of humanitarian assistance, particularly for child protection (950,000 against 590,000 in 2017) and education (306,000 against 220,000 in 2017).

The deteriorating security situation continued to have a negative impact on children and adolescents, including girls, who were exposed to serious violations of their rights, and a degradation of their physical and psychological conditions. Child rights abuses perpetrated by parties to the conflict rose by 7 per cent, with 365 serious violations recorded in the first half of 2018 compared with 342 in the same period in 2017. Child recruitment and association with armed groups remains a growing concern. Conflicts across the country left 716 schools closed because of insecurity at the beginning of the current school year, affecting 214,800 children; this demonstrates an increase by 216 schools when compared to the previous year. This is in addition to over 2 million children aged 5 to 17 years old who are out of school country wide.

Access to basic healthcare services, including mobile clinics, in the north and centre gradually deteriorated, leaving for 1.7 million people more vulnerable to epidemics and diseases. Access to emergency obstetric and neonatal care remained low or non-existent in some areas.

Burkina Faso

In Burkina Faso, recurrent attacks and threats by violent extremist groups targeting schools in northern and eastern parts of the country resulted in the closure of 779 schools in 2018, depriving almost 100,000 pupils of their right to education. In this context, children were twice the victim of violence, on the one hand losing access to services due to insecurity and on the other, facing limited resources for health and social services as public spending was re-directed towards security for increased military and security responses.

The country also suffered from a cyclical nutrition crisis driven by widespread food insecurity, poor water and sanitation access and practices as well as a fragile health system. SAM prevalence reached 3.1%, above the emergency threshold bringing the total estimated number of SAM cases in country to 187,386 during the reporting period.

Mauritania

The humanitarian context in Mauritania mirrored that of other Sahelian countries in 2018; critical levels of food insecurity causing severe acute malnutrition. A SMART survey carried out in June and July 2018 found a GAM rate of 11.6% and a SAM rate of 2.3% - emergency nutrition thresholds were surpassed in 23 of the country's 58 departments. In this context, over half a million people (538,400) were considered food insecure and requiring assistance, of which 32,000 were expected cases of SAM.

Already at-risk for recurrent natural and man-made shocks, Mauritania struggled to bear the burden of the effects of insecurity and violence in the region. In 2018, the number of Malian refugees in Mauritania increased by 10%, translating to 57,000 refugees, of which 34,000 are children, currently hosted in-country. With little international attention on the crises of Mauritania, partners struggle to

secure enough and regular funding; key actors, specifically in the nutrition sector in already vulnerable areas hosting refugee populations closed programming in 2018. While new implementing partners did arrive to fill the gap, this is a concerning trend that will continue to be addressed in 2019.

Republic of Congo (RoC)

Following the signing of cease fire on 23 December 2017 between the security forces and the former Ninja rebels from the Pool Region, movements of return of displaced persons and improved humanitarian access were observed in 2018. Recent needs assessments, however, note the financial and physical constraints preventing populations from accessing basic social services, as well as the critical reconstruction needs required to repair destroyed or damaged infrastructure. This includes schools, health and water and sanitation facilities, markets, roads and housing. Despite the signs of stabilization, 118 schools remain closed (with several of them damaged during the armed conflict) and therefore a total of 15,428 children (3-17 years old) have no access to education. Malnutrition is indirectly responsible for 52% of all deaths in young children in RoC, with a prevalence of GAM estimated at 8.2% per cent and SAM at 2.6% amongst children under five.

The Likouala Region is home to 34,200 refugees from the Democratic Republic of Congo (DRC) and Central Africa Republic (CAR). The humanitarian needs remain high in a remote region where a scarcity of resources hinders access to basic social services for both refugees and host populations. Further compounding the situation, in December 2018, over 16,000 additional refugees (of which approximately 50% were children) fled interethnic clashes and crossed the river Congo from the DRC to the Plateaux Region.

Sierra Leone

While Sierra Leone continued to be categorized as high-risk for humanitarian crises stemming from natural disasters and epidemics (including cholera, Lassa fever, yellow fever, Ebola virus disease), 2018 was a relatively stable year. Presidential elections and the transfer of power was conducted with no major incidents. Unlike 2017, no significant natural disaster struck the country, although recovery efforts continued to support communities affected by the August 2017 mudslide and floods. While Sierra Leone did report sporadic disease outbreaks, including three measles outbreaks, the Ministry of Health, supported by UNICEF, was able to quickly contain the diseases spread through response and preventative measures. The level of food insecurity in Sierra Leone is of notable concern, with the majority of households categorized as not having an acceptable food intake. This, combined with highly prevalent child illnesses and sub-optimal infant and young child feeding practices, has resulted in the stunting of nearly one-third of children in Sierra Leone, with rates increasing between 2014 and 2017.

In this context and taking into account the extremely underdeveloped social services systems in Sierra Leone, the country and wellbeing of children could rapidly deteriorate in the event of even a minor shock. This makes investments in emergency preparedness, resilience and systems building evermore critical.

Guinea

Guinea did not experience any humanitarian shock during 2018. However, the country's diverse risk profile, which includes floods, epidemics, socio-political unrest, acute malnutrition, and illegal

migration requires continued support to ensure an adequate level of preparedness and rapid response capacities. It should also be noted that in Guinea, SAM is one of the most common causes of death and disease among children; an insufficient supply of ready-to-use therapeutic foods (RUTF) and essential drugs means that less than 30% of the 120,000 cases of SAM were treated in 2018.

Liberia

In 2018, Liberia experienced the first democratic transfer of power in seventy-three years when George Manneh Weah was inaugurated as the country's twenty fourth President. Separately, in a previously planned process and as evidence of Liberia emerging from war to peace, it was also the first year since 2003 that the country did not have a UN peacekeeping mission (UNMIL), after UNMIL withdrew in March 2018.

In 2018, the most significant crises included four outbreaks of preventable diseases as well as flooding, which affected over 62,000 people, displacing 51,000. The recent outbreak of EVD in the Democratic Republic of Congo has led to a resurgence of the latent fear among the public of another outbreak in Liberia. Although the situation remains calm at present, there is potential for public panic if there were to be a spate of unexplained deaths or outbreaks of diseases with symptoms similar to those of EVD.

Guinea Bissau

Guinea-Bissau is experiencing funding shortfalls in most sectors and a very limited donor presence. This, in combination with the continued institutional instability and overall state fragility, is bringing programmes close to emergency-like operations as essential services normally delivered by the public system are dependent on donor aid and external technical assistance. Following the EVD outbreak in 2014 in neighbouring countries, Guinea-Bissau, with its frail health system and poor epidemic vigilance, was considered a country at extreme risk of a major EVD outbreak. The risk for EVD has not been perceived as a major risk during 2018 but the frailty and inadequate functioning of the health system remains a very real risk for inability to treat and contain a potential disease outbreak.

Main purpose and expected outcomes of the response

The West and Central Africa Regional office provides extensive support to country offices (COs) in the region to ensure quality emergency preparedness, response and information management (IM) capacity. The regional office (RO) also provide technical guidance and leadership on key thematic areas, including the use of cash transfers, resilience and systems building, community engagement and feedback mechanisms, capacity building for emergency preparedness. Finally, the RO provides robust support to UNICEF cluster leads in various country offices.

During 2018, WCARO focused on the following humanitarian outcomes:

Nutrition

A total of 11 of the 24 countries¹⁶ in WCAR were in need of humanitarian assistance for nutrition in 2018. The number of children suffering from SAM was estimated at 5,882,943, out of which 3,773,182 children under five (64%) were in the 8 Sahel Countries and 2,110,761 (36%) in CAR, DRC and Republic of Congo. The targeted number of children to treat was defined jointly with National Authorities and partners at 3,455,183 for the 11 countries (2,098,240 for the 8 Sahel countries + 1,356,944 for CAR, DRC and ROC).

As a result, UNICEF, led by the Regional Office, increased its preparedness measures, starting by prepositioning supplies, conducting a joint analysis and response plan with WFP, strengthening multisectoral interventions (WASH, health and education) in the most affected communities. Significant focus was also placed on scaling-up early detection of at-risk children to mitigate the occurrence and impact of SAM.

The main purpose and expected outcomes of the emergency nutrition programming in WCAR is to support scale-up of SAM treatment and young child feeding in humanitarian situations, while reinforcing resilience related to prevention of malnutrition. Outcomes also include strengthening multi/inter-sectoral programming and sector coordination. Specifically, UNICEF Nutrition in WCAR is seeking to:

- Prevent mortality and morbidity resulting from acute malnutrition.
- Prevent all forms of undernutrition in children (boys and girls in all regions) through improved family practices.
- Improve quality and coverage of SAM treatment programs and integration of nutrition activities with other sectors and enhance preventive actions to address the root causes of malnutrition and building resilience among the poorest communities.
- Strengthen the humanitarian response capacities in Nutrition by training nutrition staff from UNICEF, partners and government from the region.
- Improve learning and from emergency responses and reinforce knowledge management.
- Mitigate the adverse effects of the precarious food and nutrition situation in the Sahel and other emergency affected settings to reinforce early warning capacities in the region including support to the regional early warning mechanism led by the Economic Community of West African States (ECOWAS) and the *Comité permanent inter-État de lutte contre la sécheresse au Sahel* (CILSS) (Permanent Interstate Committee for Drought Control in the Sahel).
- Enhance nutrition integrated programming in emergency response plans (including integrated management of acute malnutrition, infant and young child feeding (IYCF), WASH, health, psychosocial and early child development support) by supporting country offices to improve coverage and quality of critical intervention.

REINFORCING RESILIENCE TO PREVENT MALNUTRITION

“Malnutrition silently stalks children across the Sahel, and 2018 has been particularly severe. UNICEF has been able to deliver the supplies and medicines these children need to survive, but equally important are investments in prevention measures and early detection to stop children from getting sick in the first place. This was a shift we implemented this year and it produced encouraging results”.

- **Marie-Pierre Poirier**
UNICEF Regional Director
West and Central African Region

¹⁶ Burkina Faso, Cameroon, CAR, DRC, Mali, Mauritania, Niger, Nigeria, ROC, Senegal and Chad

- Strengthen innovative approaches such as early detection at community level (mid-upper arm circumference (MUAC) by caregivers), screenings through national health campaign and combined protocol to prevent new SAM cases.

Education

In WCAR, at least 41 million children in primary and lower secondary school age are not attending formal education. 55% of girls from the poorest families are not in school. Additionally, 70% of students attending early primary grades in francophone countries lack basic reading and writing skills.¹⁷

In 2018 the number of children requiring education-related humanitarian assistance continued to rise as insecurity and attacks resulted in widespread school closures; nearly 2 million students were unable to attend school in WCAR during the 2018-2019 school year.¹⁸ Specifically, more than 8,800 schools were non-operational or closed, also affecting the livelihood of 42,000 teachers and their families.¹⁹ In contexts characterized by violence and insecurity, going to school can be a dangerous endeavor with children facing a real risk of abduction while traveling to and from school, or even while in their classrooms. Despite this concerning situation, the education sector in WCAR received only 20% of the required funding in 2018.

The main purpose and expected outcomes of the emergency education programming in WCAR is to support the immediate resumption of education services in protective learning environments during humanitarian emergencies; fostering education preparedness and institutionalizing conflict/disaster risk reduction, psychosocial support, and risk sensitive programming into sector policies. Specifically, UNICEF Education in WCAR is seeking to assure the:

- Provide strategic advice, capacity building and technical assistance to WCAR countries, to strengthen the humanitarian planning, response, and to support the achievement of UNICEF and Education Cluster targets, including appropriate funding.
- Advocate for the endorsement of the Safe Schools Declaration and the implementation of the Global Coalition to Protect Education under Attack Guidelines.
- Implement Interagency-Network for Education in Emergencies (EiE) Minimum Standards, through the dissemination of a culture centered on 'Protective Learning Environments' and resilient education approaches across conflict affected operations, including through integrated education/child protection programming.
- Promote Risk Informed Approach to Programming in Education in emergency and preparedness.
- Pilot innovative approaches for reaching more children with protective education routine (Alternative Education/ Radio Education Programming).
- Reinforce coordination of education responses, including improved information management on education in emergencies.
- Generate knowledge through Information Management, share documented information and including to support fundraising for EIE.

¹⁷ UNESCO figures provided by WCARO Education Section

¹⁸ UNICEF WCARO figures

¹⁹ UNICEF WCARO figures

- Promote and support the use of education as a platform for behavioral change in the community to contribute to health/protection results for crisis affected children.
- Support to the integration of good practices in education in emergencies into local and regional policies (humanitarian-development nexus) through partnership and visibility.

Child Protection

Countries in the WCAR region, particularly those affected by emergencies, remain home to girls affected by some of the most profound vulnerabilities in the world. This includes the highest prevalence of child marriage in the world, with one in three girls in Chad, Central African Republic and Niger married before the age of 15. Moreover, children's legal identity status in emergency settings is often made more complicated due to a very low rate of birth registration in many countries affected by conflict, with examples such as Chad (12% coverage) and DRC (25% coverage).

Armed groups using extreme violence continue to be active in the region with increasing insecurity and terrorist attacks reported across Sahelian and Lake Chad Basin countries (Mali, Burkina Faso, Nigeria, Niger, Chad and Cameroon). In Mali and the Lake Chad Basin countries, this has numerous consequences on children, who are increasingly used in extreme acts of violence and face other grave violations by all parties to the conflict, including child recruitment, killing and maiming, sexual violence and abduction. Children are also the victims of forced displacement and family separation as fighting occurs in their countries and communities of origin.

The main purpose and expected outcomes of the child protection programming in the WCAR is to ensure that girls and boys in countries directly or indirectly affected by emergencies and/or armed conflicts, particularly L2 and L3 countries, benefit from high quality support, including technical assistance, resources and advocacy, on child protection response programming and preparedness. This was ensured through:

- Provide quality technical support to countries affected by emergencies across the full range of Core Commitments for Children (CCC) in humanitarian settings, including L3 and L2 countries.
- Support to Child Protection in Emergencies (CPIE) coordination, including through the establishment of a francophone Help Desk.
- Continue strengthening of information management, as well as improved high frequency monitoring and quality reporting.
- Regular and efficient remote and on-site technical support to GBV and (Protection of Sexual Exploitation and Abuse (PSEA) components of the CO's program.
- Technical support to preparedness for different scenarios (conflict, natural disasters, elections, epidemics), including capacity building of staff (including the Bioforce CPIE certificate), strengthened roster for staff on surge deployment, partners and Governments, human resources and research.

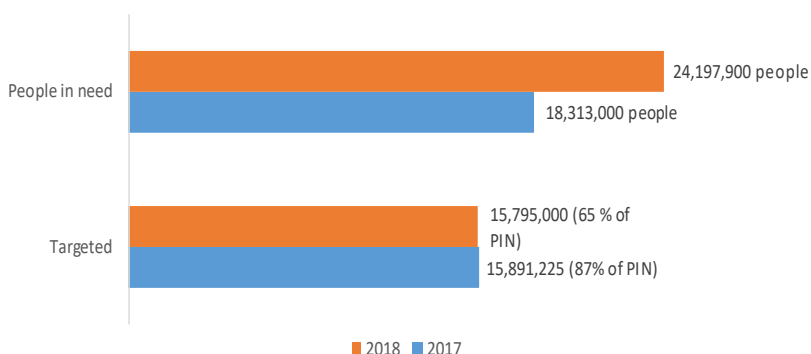
WASH

In 2018, WASH sector coordination platforms identified a total of 24 million people in need of emergency WASH services; this represents an increase of 32 per cent compare to 2017²⁰. The highest increase in people in need of emergency WASH assistance was observed in DRC, Burkina Faso and Cameroon.

The main purpose and expected outcomes of the emergency WASH programming in WCAR is to increase access and use of safe water and basic sanitation facilities by the poorest and vulnerable populations in times of crisis, through:

- Support of emergency response to L3/ L2 emergencies and field support.
- Strengthening Preparedness through EPP/ Capacity Mapping and HR development plan.
- Advocacy to pursue the Humanitarian – Development Nexus and risk-informed approach in Emergency Preparedness and Response.
- Maintaining quality and coordination mechanisms in countries with Clusters and Quality/ CCC monitoring.
- Facilitation of the regional cholera platform and high-level advocacy for the implementation of prevention in cholera hotspots and the uptake of knowledge management.

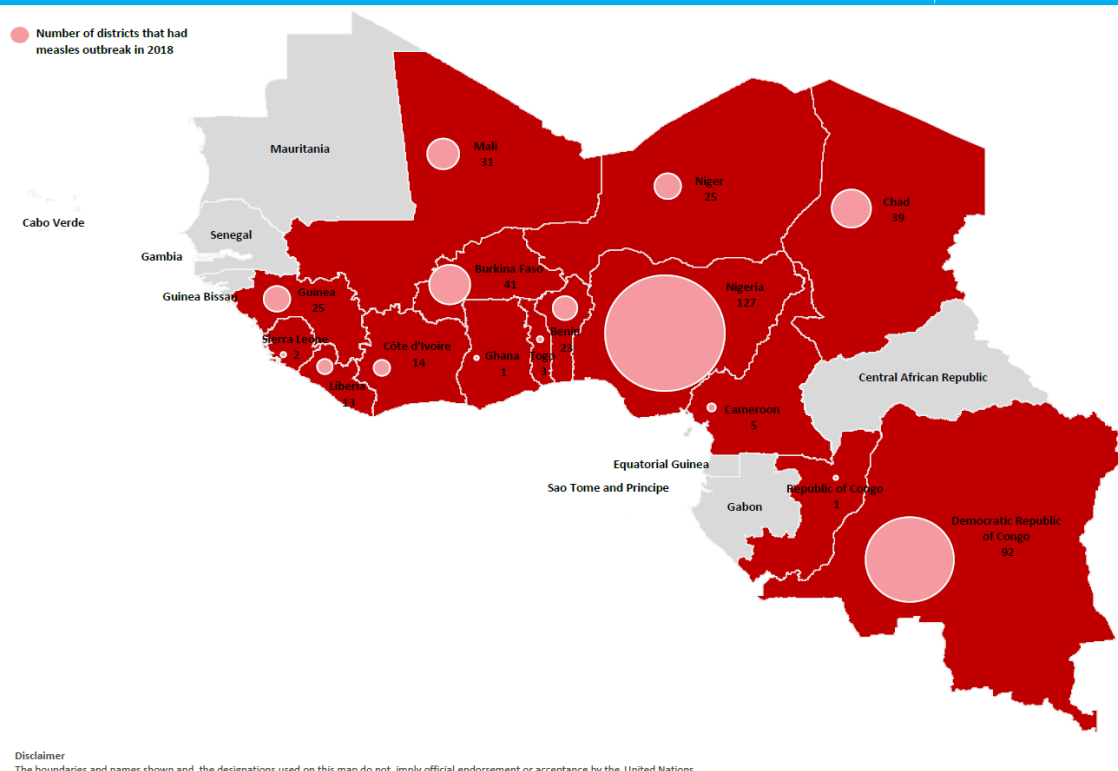
WCAR WASH sector - Programatic figures comparison 2017/2018
(source OCHA, HRP 2017, HRP 2018)



Health & HIV

The WCAR region faces elevated outbreak risks for epidemics and infectious diseases including Cholera, Ebola, Measles, Yellow Fever, Lassa Fever and Dengue. In fragile and post-conflict/disaster contexts, even minor shocks can overwhelm the capacity of the health system and communities to respond. In 2018, 15 of the regions 24 countries experienced outbreaks of Measles (see figure 3 below for a map of hotspots), while 3 countries (Niger, Nigeria, Ghana) faced Meningitis. The number cases of Vaccine Derived Poliovirus type-2 (cVDPV2) continues to increase in the Lake Chad basin countries and DRC. As previously mentioned, the DRC also face two Ebola epidemics; one of which was quickly controlled, while the other has become the second largest outbreak in history with unprecedented levels of complexity due to contextual challenges.

²⁰ The global number has increase with the addition of three new countries in the HAC/HRP reporting framework (Republic of Congo, Mauritania, Burkina Faso)



With 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% of people living with HIV (Nigeria, DRC, Cameroon, Côte d'Ivoire, Chad and Ghana). HIV programming has been heavily affected by humanitarian crises in the region, while internal and cross-country migration remains particularly concerning in countries affected by conflict such as Nigeria, DRC and CAR.

The main purpose and expected outcomes of the emergency Health and HIV programming in WCAR is to support outbreak prevention and response, as well as access to essential, preventive and curative health services in countries affected by humanitarian situations. Programming focuses on:

- Providing essential primary health care services with high coverage to vulnerable groups and special populations (nomads, IDPs, refugees, populations living in security compromised areas) with particular focus on Polio outbreak response, Measles immunization, deworming, with a specific outreach strategy that utilizes mobile clinics.
- Scaling-up of the use of Oral Cholera Vaccine in humanitarian settings to ensure a comprehensive response to Cholera epidemics.
- Strengthening international collaboration on diseases surveillance with the governments of the regions through the Economic Communities the West and Central Africa States (ECOWAS, ECOCAS).
- Reinforcing preparedness for rapid and effective health response to humanitarian crises and strengthening of health sector resilience to risks.
- In country and remote support to Ebola prevention and response.
- Maintaining access to HIV prevention, testing and treatment services in humanitarian crises.

- Integrating GBV and HIV into conflict prevention, resolution and recovery efforts of crisis/post-crisis countries significantly affected by HIV.

Communication for Development (C4D)

C4D in humanitarian situations seeks to share relevant, action-oriented information to guide people in affected communities to take proper action. C4D plays a significant role in emergencies, including SAM, Child Protection, conflict and natural disasters. It also plays an especially important role in preventing and responding to epidemics, including Cholera and Ebola. While the spread of Ebola in West Africa has slowed dramatically, challenges remain in building resilience in Guinea, Liberia and Sierra Leone. In the DRC, where the Ebola outbreak is unprecedented in complexity, addressing community resilience through communication channels is critical to access those affected by the virus.

UNICEF and partners work to support COs C4D preparedness and to put in place mechanisms for community engagement/Accountability for Affected Populations (AAP) in emergency situations, in alignment with UNICEF's Core Commitments for Children. C4D activities focus on the following outcomes:

- Strengthening and/or developing context-specific and culturally appropriated communications, community engagement, social mobilization and communication coordination in preparation to and throughout emergencies.
- Providing accessible and timely information to affected populations, creating feedback channels and involving affected populations in the design, monitoring and evaluation of program interventions.

Humanitarian Results

Emergency

In 2018, the Regional Office contributions to humanitarian results fell into two categories: (i) strengthening preparedness through the roll out of the Emergency Preparedness Platform in 24 countries, and (ii) coordination and support of humanitarian response across ten countries facing humanitarian crises (including Cameroon, Central African Republic, DRC, Nigeria, Niger, Chad and Mali), notably involving the Sahel nutrition crisis, to epidemics, including Ebola and cholera, and to population displacement due to conflicts and natural disasters.

Onboarding of 24 Country Offices on the new Emergency Preparedness Platform was coordinated through onsite and remote training. All Offices successfully completed the preparedness planning process and have implemented preparedness actions in line with the UNICEF Preparedness Procedure.

In response to two Ebola outbreaks in DRC and a regional cholera outbreak in Nigeria, Cameroon, and Niger, the Regional Office supported cross-border coordination and information sharing to stop the spreading of epidemics, as well as multi-sectoral technical support. The Office also started early coordination between Mali, Niger and Burkina Faso to respond to the armed conflict in the border areas that was increasingly targeting education and health services.

The Regional Office supported Country Offices to implement cash-based programming, using the EPP Minimum Preparedness Standard on cash-based programming (Chad, Niger, Mali and DRC) and by conducting feasibility assessments.

The Regional Office supported the tightening of linkages between humanitarian and development, including by connecting Rapid Response Mechanism (RRM) 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.

In 2018 the RO provided strategic and technical support to COs on emergency preparedness and response including: humanitarian planning, Humanitarian Performance Monitoring (HPM), Inter-Agency coordination, field monitoring, funds management, partnerships with support missions in most of the Country Offices in the region. Training for staff was conducted both remotely and in the field with a focus on UNICEF emergency procedures, L2-L3 SSOPs, CCCs, Humanitarian Norms and Standards, Humanitarian Policy, management of partnerships in emergencies, inter-agency coordination, emergency funds management.

The RO emergency team facilitated an emergency simulation exercise in Ghana involving the Field Office in Tamale to test the office capacity to react to a sudden flood situation. The simulation included carrying out a multisector assessment and setting up the first steps for a UNICEF response. Both programme and operations capacity were tested through the simulation.

In **Niger** UNICEF provided integrated humanitarian assistance via the Rapid Response Mechanism (RRM), partnering with the Ministry of Humanitarian Action, OCHA, WFP and four NGOs to bring assistance to families affected by forced displacement in multiple domains (health, nutrition, WASH, education, child protection and non-food items (NFIs)). The RRM carried out multisectoral assessments in areas affected by new population movement, and delivered NFIs, cash-based programming, WASH and protection assistance to more than 44,259 people. UNICEF additionally provided NFI assistance to 2,600 flood-affected families, through the RRM in Diffa.

In **North-West South-West crisis in Cameroon**, UNICEF declared a Level 2 emergency due to the worsening humanitarian situation. UNICEF initiated programmes in health, WASH, child protection and communication for development to provide assistance, primarily to internally displaced persons. With little funding for the crisis, UNICEF dedicated internal resources to kick-start the emergency response. In addition, to maximize the limited funding available for the crisis UNICEF strengthen programme quality, initiating joint programming to build a protective environment and prevent the exploitation of children, incorporating child protection, education and communication for development activities. UNICEF regional advocacy efforts also led to the activation of eight clusters and the child protection AoR, to enable a more cohesive and coordinated humanitarian response. Please see end of year factsheet on page 9 of this report for more details on results.

In **Mali** UNICEF responded to major, conflict-driven humanitarian crises, while continuing to support disaster preparedness for flooding and epidemic outbreaks. As a key humanitarian stakeholder, UNICEF strongly advocated for upholding humanitarian principles and respect for humanitarian space to maintain and improve access and service delivery to affected populations. Humanitarian Thematic Funds ensued that UNICEF provided children living in conflict-affected areas, and their communities with critical health and education humanitarian programmes. In line with its mandate, UNICEF in Mali, is committed to strengthen the nexus between humanitarian response and development, delivering its humanitarian programme to vulnerable children and women while also addressing, underlying risks and vulnerabilities for the long term. UNICEF Mali actions this through the Humanitarian Needs Overview (HNO)/Humanitarian Response Plan (HRP) processes, as through its cluster leads in

Nutrition, WASH, Education and Child protection, by promoting integrated humanitarian-development planning and programming.

The RO emergency team supported the review of the Zonal Office structure in Mali with missions to Gao and Mopti. The review included a focus on improving efficiency and effectiveness of UNICEF emergency programmes in Gao, Mopti and Touboutou.

In **CAR** the RRM, led by UNICEF since 2013, continued to be an essential part of the CO's emergency response. The RRM covered about 75% of the country with a humanitarian surveillance system, recording 84 confirmed alerts, almost all conflict related. 43 NFI distributions assisted 237,131 vulnerable children and their family members, while 33 WASH relief operations, including the rehabilitation of 143 water points, the construction of 56 emergency latrines as well as 216 group hygiene promotion sessions, benefitted 162,173 people. In 2018, the RRM successfully piloted voucher-based NFI fairs and unconditional cash transfers as alternatives to NFI distributions.

In 2018 the RO continued to provide dedicated support to the UNICEF Rapid Response Mechanism in the Central Africa Republic with two specific field missions. The RO emergency team facilitated the programme review for 2018 and supported the UNICEF CAR team to design the RRM 2019 budget and strategy. UNICEF RRM in CAR continued to play a key role as the main rapid response programme of the humanitarian community. The programme was fully funded reaching 11.7 million US \$, the highest budget since its creation in 2014. The RO organized and co-facilitated the training for NFI voucher response.

Mauritania's emergency results are framed within the country's 2018 humanitarian priorities, which include the nutrition crisis and the situation of Malian refugees in the region of Hodh El Chargui (HEC). Although the cluster system is not activated in country, UNICEF assumed a leadership role in domains of education, child protection, nutrition and WASH, maximizing opportunity to promote integrated programming. The country office also benefited greatly from preparing and managing emergency actions through the EPP platform, which provided a foundation to success in the response to the floods that occurred in the town of Bassikounou in September 2018.

In the **Republic of the Congo** of GHTF served as a critical resource for under-funded emergency programming, which included the establishment of an EVD preparedness plan. These flexible funds also contributed to the results of nutrition and child protection interventions; a total of 37,247 children (17,512 girls) under five years, benefitted from early nutritional screening and 1,541 (824 girls) children were referred and admitted for treatment in therapeutic feeding units. With regards to child protection, 1,955 refugee and host community children between the ages of 2-5 years old benefitted from UNICEF supported psych social care, including access to safe Child Friendly spaces.

Nutrition

Throughout 2018, the scale-up of SAM treatment continued, with SAM treatment available in around 41% of health centres on the WCAR countries requiring a nutritional humanitarian response. As a result, out of the 3,455,183 SAM Children targeted across the 11 countries in need of humanitarian assistance, 57% children affected by SAM were treated (1,974,551). The table below provides a comprehensive overview of the SAM estimated burden, target and total admissions for each WCAR country facing a nutrition crisis in 2018.

COUNTRIES	SAM Estimated Burden 2018	SAM Target 2018	TOTAL SAM ADMISSIONS	Indirect TREATMEN T coverage (% of the Target)	Indirect PROGRA M coverage (% of the Target)
Burkina Faso	187 177	187 177	82 286	44%	44%
Cameroon (4 Northern Regions)	44 874	40 482	77 790	173%	192%
CAR	42 225	31 669	33 116	78%	105%
Chad	362 681	294 510	266 217	73%	90%
DRC	2 001 794	1 305 254	311 451	16%	24%
Mali	274 145	274 145	138 468	51%	51%
Mauritanie	32 244	32 244	24 521	76%	76%
Niger	380 166	380 166	379 862	100%	100%
Nigeria (12 Northern States)	2 414 998	827 998	648 040	27%	78%
ROC	66 742	20 021	660	1%	3%
Senegal	76 897	61 517	12 140	16%	20%
GRAND TOTAL	5 883 943	3 455 183	1 974 551	34%	57%
Total Sahel	3 773 182	2 098 240	1 629 324	43%	78%
Total Non-Sahel	2 110 761	1 356 944	345 227	16%	25%

Overview of targets and admissions for WCAR countries with a nutrition crisis in 2018

UNICEF WCARO has continued to support countries and governments to undertake timely nutrition assessment in emergency situations and to develop capacities to lead Nutrition Surveys in chronic or rapid onset emergency settings. UNICEF WCARO dedicated specific resources and advocacy effort to countries to improve Level 3 and emergency program monitoring. Integrated Management of Actual Malnutrition (IMAM) reporting is systematic and regular (monthly) in the Sahel countries and quarterly in the rest of the region where nutritional context is considered as fragile.

The Regional Office spearheaded joint advocacy with WFP and FAO to sound the alarm early about increasing malnutrition trends in the Sahel. A position paper on the [Sahel: Early action and scale-up of the humanitarian response](#) was launched by the three UN agencies' Regional Directors, and the Regional Office published press and advocacy materials on the Sahel nutrition crisis. An end of year Sub-Saharan Malnutrition Appeal to support eight countries in WCAR was also launched. At the same time, and for the first time, in 2018 UNICEF managed to position nutrition as the central theme of the OECD Club du Sahel's week. This represented a unique opportunity to present UNICEF-WFP-FAO's joint response to the Sahel Crises. Also notable are the actions supported by the Sierra Leone country office, where UNICEF chaired the United Nations Network to support Scaling Up Nutrition (SUN) and developed and validated a five-year multi-sectoral plan to reduce child stunting. UNICEF supported the development of this plan through consultations with stakeholders across different sectors, directly contributing to UNDAF Pillar 6.

In **Non-Sahel countries**, namely CAR, DRC and ROC, a total of 345,227 SAM children were treated in health facilities, out of which 90% were in **DRC**, corresponding to 16% of the annual estimated SAM burden and to 25% of the SAM targeted children.

In **CAR**, thanks to UNICEF's support, the geographic coverage of nutrition services increased by 33.5 per cent (from 409 in 2017 to 546 therapeutic units including 46 intensive therapeutic food units in 2018). A combination of mobile and fixed strategies ensured delivery of nutrition services reached populations insecure and remote areas. A total of 250,831 children aged 6-59 months were screened for acute malnutrition. 86% of the 37,281 targeted children suffering from SAM were treated, showing improvement from the 77% achieved in 2017.

In 2018 in the **Lake Chad Basin**, a total of 439,498 children with SAM have been treated, representing a quarter of the total number of children admitted in the Sahel Region. Out of these children newly admitted for SAM, 9% were in the Far North Region of Cameroon, 5% in the Lac Region of Chad, 3 % in the Diffa region of Niger, while 82% were in the three north-eastern Nigerian states Adamawa, Borno and Yobe.

In order prepare for the annual nutrition crisis in the **Sahel** countries UNICEF joined forces with WFP to address immediate needs as well as longer-term challenges. This joint approach highlighted the need for programming based on a "multi-sectoral" package of interventions to concomitantly prevent the deterioration of children's nutritional status before they become SAM, all the while providing treatment to those who are already affected. The Joint Nutrition Response Plan was well received by both partners and donors.

In the 8 Sahelian countries, a total of 1,629,324 children under five with were newly admitted²¹, reaching 43% of the total estimated SAM burden established for 2018. Among the 8 Sahel countries, 7 (except Mauritania) were able to disaggregate SAM admission data by sex; note that 52.2% of SAM children admitted for treatment are female, and 47,8% are male. In the Sahel, program performance indicators meet the recommended Sphere standards. Details of the Lake Chad Basin countries, which include Sahel countries with severe nutrition crises, are provided in the table below.

Countries / Health Regions or States	SAM Estimated Burden 2018	SAM Target 2018	TOTAL SAM ADMISSIONS	Indirect TREATMENT coverage (% of the Target)	Indirect PROGRAM coverage (% of the Target)
Cameroon	23 945	21 553	44 335	185%	206%
Far-North	23 945	21 553	44 335	185%	206%
Chad	22 335	22 335	30 911	138%	138%
Lake	22 335	22 335	30 911	138%	138%
Niger	15 635	15 635	19 416	124%	124%

²¹ Data from Senegal remain very incomplete since data collection and sharing was negatively impacted by the national strike that hit the country since April 2018, data completeness is evaluated at 10%, while for Burkina Faso data are still not available for December 2018.

	Diffa	15 635	15 635	19 416	124%	124%
Nigeria		439 371	307 560	344 836	78%	112%
	Adamawa	34 022	23 815	28 860	85%	121%
	Borno	207 521	145 265	230 140	111%	158%
	Yobe	197 828	138 480	85 836	43%	62%
Total		501 286	367 083	439 498	88%	120%

Overview of targets and admissions for Lake Chad Basin countries with a nutrition crisis in 2018

In **Niger** over 354,008 children suffering from SAM aged 0-59 months, including 62,179 SAM children with medical complications, were admitted into the national treatment program, representing 93% of the 2018 estimated SAM burden. UNICEF provided critical support to the national programme through provision of supplies, technical and financial assistance, and support for admission data compilation and analysis. Specifically, UNICEF technical support helped strengthen nutrition coordination mechanisms at central and sub-national levels, leading to improvements notably in nutrition situation monitoring and analysis, advocacy for nutrition and bridging humanitarian and development actions, with a focus on preventive activities and system strengthening in emergency areas.

Many innovative initiatives were implemented to enable early detection and referrals of SAM cases. Burkina Faso, Mali, Mauritania and Niger initiated and/or reinforced the MUAC by Mothers approach to scale-up early detection of SAM children at community level. In addition, MUAC screening was integrated into Seasonal Malaria Chemoprophylaxis (SMC) campaign in 3 countries (Burkina Faso, Mali and Niger). Finally, the Combined Protocol was launched through pilots in Burkina, Mali and Chad.

Education

Faced with an increasing number of children in need of education services in humanitarian settings (9.5 million in 2018, up from 8.6 million in 2017 and 6.5 million in 2016), the Regional Office supported emergency response at the 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. This contributed towards ensuring that children in emergencies are not deprived of their right to enjoy access to quality education.

In **Lake Chad Basin region** UNICEF continued to provide assistance to 170,000 primary school students (159,000 under the EU-UNICEF EiE initiative ‘Children of Peace’). A community-based approach to build education system resilience and mitigate the impact of possible security incidents on schools. This approach was replicated in Burkina Faso, where school closures due to insecurity saw an increase towards the end of the year.

In **Sierra Leone**, UNICEF supported the Ministry of Basic and Senior Secondary Education (MBSSE) to rehabilitate schools affected by the 2017 mudslide and provide teaching and learning materials to over 2,000 affected students and 60 teachers. 1,500 teachers also participated in Ministry-led psychosocial support training. Furthermore, UNICEF partnered with MBSSE to conduct sensitization campaigns as part of emergency preparedness planning during the volatile election period. The campaigns focused on the “Safe Schools Declaration” and “Safe Schools Protocol”. A Safe Schools Manual was shared with 500 district-based leaders during four regional workshops. The MBSSE will continue to promote the Safe School Protocols and the Safe School Manuals throughout the 2018-2019 academic year.

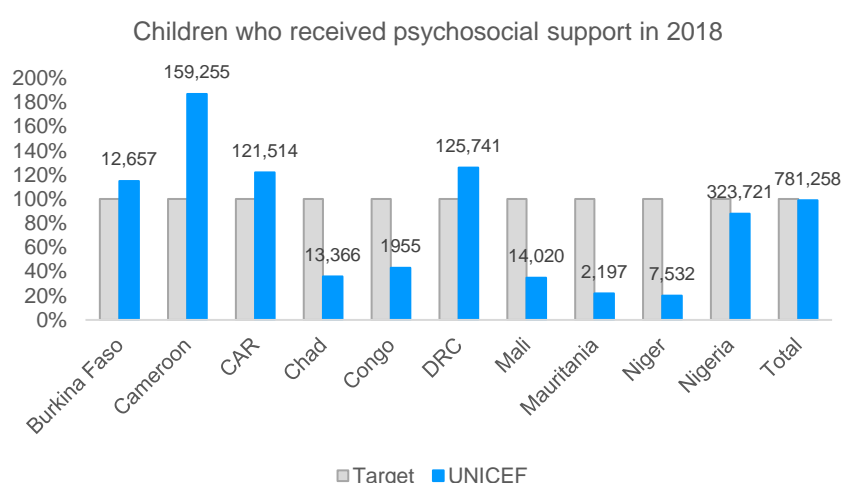
In **Niger**, access to education was particularly constrained in the regions of Diffa, Tillabery and Tahoua. As the Education Cluster lead, UNICEF advocated for the implementation of the Safe Schools Declaration that Niger endorsed in 2015. Through financial and technical support, UNICEF ensured continuity of education for 24,036 children and youths including 9,780 newly-enrolled children (6,599 girls) affected by emergencies²². UNICEF also strengthened linkages between humanitarian and development interventions through training 465 teachers on the preparation and implementation of conflict and disaster risk reduction plans, to ensure that teachers are equipped to work in situations of insecurity.

In **Cameroon** ECHO funds enabled UNICEF to improve access to quality education. 71 schools in the three divisions were selected to develop and implement safe and protective learning environment plans. A total of 63,967 children received school materials which curtailed the cost of education for families and encouraged parents to enrol or keep children in school. In addition, UNICEF constructed 15 temporary learning spaces (TLS) in Kousseri, Mokolo and Mora sub-divisions (Logone et Chari, Mayo Tsanaga and Mayo Sava divisions) to reduce the number of students per classroom in the identified schools. In addition, approximately 1,000 children in the three sub-divisions benefited from 141 radio educational lessons on numeracy and literacy, conflict and disaster risk reduction (C/DRR) as well as child protection messages.

In **CAR**, UNICEF reached a total number of 88,769 children among whom 39,043 girls (44%) through the EiE programme. Children in 45 IDP sites received school kits and benefited from improved skills of the community teachers. UNICEF supported access for 69,719 displaced children (32,155 are girls) to attend school in 296 TLS run by 798 community teachers, 271 of whom were women. These community teachers, who do not have appropriate qualifications or teacher training are recruited by the community. 660 of them benefitted from training on basic pedagogical skills and in psychosocial support in nine prefectures.

Child Protection

In 2018 the Child Protection interventions made significant advancements towards achieving expected outcomes and results. Nearly 800,000 children were provided with psychosocial support (100% of annual target), with notable achievements in coverage reported in Cameroon, Niger, and DRC.



²² As of October 2018

Across eight countries 9,745 unaccompanied and separated children, including 1,582 children in the **Lake Chad Basin**, were supported with family tracing and reunification services and benefited from individual follow-up by UNICEF and partners. 9,277 children, including 3,280 in the Lake Chad Basin, associated with armed forces or armed groups were reached with support for reintegration by UNICEF and partners.

The Regional Office supported national capacities across the region through on-site missions. Specific missions to Niger, CAR, Mali and DRC were undertaken by the Regional Office. To support the human resource capacity needs of country offices, WCARO continued to maintain an updated roster of pre-screened CPIE profiles and support the fast-track recruitment and deployment of CPIE and IM Specialists in the region. Representatives from national NGOs and from the Governments of 17 countries were trained on coordination of child protection response in emergency situations to support 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 CPIE Working Group. While internationally recognized principles and recommendations apply also in fragile contexts, there is a need to develop tailored approaches for the continuum of services and securing of archives in close coordination with humanitarian response mechanisms. To better understand the options of improving civil registration systems and services in fragile States for the most vulnerable children, research was completed in Cote d'Ivoire, Niger and Sierra Leone.

In **Mali** 14,020 children received psychosocial support through community based recreational and creative spaces. In addition, 178 unaccompanied and separated children were identified and placed in alternative care. In partnership with the National Directorate for the Promotion of the Child and the Family and NGO partners, UNICEF provided emergency and interim care including medical, food, psychosocial and reintegration support for 107 children released from armed groups.

UNICEF and partners reached a total of 549,458 children and caregivers in **Nigeria** with critical child protection services, including community-based psychosocial support, case management for unaccompanied, separated and other vulnerable children, socio-economic reintegration assistance for children associated with armed groups and mine risk education services. Among these children, 323,721 received psychosocial support and 11,230 children received further case management services. In addition, 3,089 children associated with armed forces and groups received support for reintegration. 211,418 people were reached with mine risk education.

In **Cameroon** 59,255 children were provided with psychosocial support, mostly in the Far North in the Lake Chad region. In addition, 1,770 unaccompanied or separated children (UASC) were placed in alternative care arrangements and benefited from individual follow-up, while 4,558 conflict-affected children in the Far North received their birth certificate. In response to the crisis in the North West and South West regions, UNICEF implemented new response activities in child protection in 2018 in hard-to-reach areas.

In **Chad**, UNICEF and partners made considerable efforts to strengthen prevention and response to grave violations. 76 people from the humanitarian community, military authorities as well as civil

society in the Lake province were trained on grave violations. Through 23 child friendly spaces, UNICEF and partners provided psychosocial support to 13,366 children including 6,240 girls affected by conflicts in CAR in the south and the Lake province in western Chad. A total of 636 children benefited from alternative care, documentation and family tracing services. In order to strengthen the community-based child protection, UNICEF and its humanitarian partners put significant efforts into setting up 23 community child protection mechanisms in the Lake province and in the south to provide protection support to children and promote better participation of communities in addressing child protection issues.

In **Niger**, 7,532 children, including 5,555 children in the Lake Chad Basin, received psychosocial support through community based recreational and socio-educational activities. In addition, 49 children associated with armed forces and groups received support for community reintegration. In partnership with the regional department of health and child protection of Agadez, 104 unaccompanied children, including 26 girls, were taken into care and received a NFI kit before being reunified by social workers with their families. UNICEF also maintained its leadership role in the Child Protection Sub-Cluster. The Sub-Cluster supported the translation of six child protection minimum standards in humanitarian settings into domestic, context-specific standards, which were then rolled out by the Prime Minister. It also implemented the Child Survivor Initiative, which will strengthen the expertise of gender-based violence and child protection actors in Diffa. The Child Protection Information Management System (CPIMS)+/ Primero case management system is being rolled out to improve data and case management for all child protection issues – first in emergency settings, but with a planned roll-out to the whole country and is considered a major contribution to the humanitarian-development nexus.

In **CAR** UNICEF, in partnership with 12 national and international NGOs, supported the release of 913 children, including 242 girls, from armed groups. Socio-economic support for the reintegration of 1,669 children, including 431 girls was also provided. 4,520 child victims (1,953 girls) of physical and sexual violence in emergency or non-emergency settings, received holistic care with the support of UNICEF. In addition, a total of 121,514 conflict-affected children (53,611 girls), benefitted from psychosocial and recreational support and 962 unaccompanied and separated children (359 girls) received support for family tracing and reintegration. 777 women and children were reached with gender-based violence prevention and response interventions. UNICEF also contributed to the capacity development of 780 local actors (service providers of government and civil society) on child protection themes.

In **Burkina Faso**, the Child Protection section provided 12,657 displaced and host community children with psychosocial support and emergency services based on their specific vulnerabilities, with a focus on the regions most affected by attacks on schools and armed conflict. Adolescents received life skills education on peace building, citizenship and child rights, while nearly 2,000 parents accessed parenting education sessions. In addition, 5,470 people benefited from GBV risk mitigation interventions from October through December 2018.

In **Mauritania**, UNICEF continued to respond to the protection needs of children in refugee camp and host communities affected by the Malian conflict. The CO expanded its child protection humanitarian

interventions in the host communities of Bassiknou, expanding support to children vulnerable to violence, abuse and exploitation by improving access to integrated services, including counselling, and referral / follow-up support to services including education, health, birth registration, and legal assistance. A total of 2,197 refugee and host community children (935 boys, 1,262 girls) identified through child protection mechanisms in M'Berra camp accessed protection and integrated psychosocial services in 2018. UNICEF also entered a new partnership with a local NGO to provide services to children and women survivors of sexual violence in Nouakchott.

In **DRC**, a total of 136,762 children, including 60,427 girls, affected by conflict received child protection assistance and access to recreational activities to support their development. Among them, 391 children associated with armed forces or groups and 699 UASC were identified and received temporary assistance. UNICEF was able to support the reunification of 177 UASC with their families. The majority of the children reached (125,741 children, including 57,016 girls) benefited from psychosocial support activities. In addition, 1,703 girls and 112 boys who were survivors of sexual violence were holistic response, including access to medical services, reintegration support and referral support. In Equateur, 30 justice officials were trained on juvenile justice and child protection principles to prevent arbitrary detention, particularly during the 2018 presidential election period. Awareness messages were broadcast on radios of Kinshasa, Goma (North Kivu) and Kananga (Kasai) to prevent political parties from using children during election campaigns. During the Ebola outbreak in North Kivu and Ituri, 808 children (suspect and confirmed cases) received psycho-social support in Ebola Treatment Centers. 1,040 affected families received psychosocial support and/or material assistance, and 8,341 contacts received psychosocial support. 601 separated children and orphans were identified and received appropriate care and psychosocial support, among them, a total of 286 orphans (138 girls and 148 boys). 289 psychosocial agents and 45 psychologists are currently deployed by UNICEF to support the psychosocial component of the Ebola response.

In the **Republic of Congo** 1,955 children were provided with safe access CFS for socialization, play and learning activities.

WASH

Of the 24 million of people in need of WASH services, the WASH sector targeted a total of 15.9 million people (66%). UNICEF targeted 7.3 million people, representing 51 % of the global WASH sector target. By the end of 2018, the WASH sector in WCAR had reached 12.4 million people (78 % of HRP the target), including 5.9 million by UNICEF (81 % of HAC target). WASH interventions have provided access to improved drinking water sources to 11.4 million new users (5.3 million for UNICEF only), and access to improved sanitation to 8 million new users (4.1 million for UNICEF only). While almost all targeted people have been reached by water supply activities, only 66% have been reached with sanitation activities, a sector which requires more investment and more operational focus.

The WCARO WASH section provided continuous support to enhance WASH response in emergency-affected countries, particularly **L2/L3 emergencies** such as Nigeria, CAR, DRC, Mali, and ensured leadership or co-leadership role in national sectoral coordination in 10 countries.

The WCARO WASH section was highly involved in the UN Integrated Strategy for the **Sahel** (UNISS) and contributed by conducting research on water security for children in the Sahel². The regional office also supported **Mali** and **Chad** on the implementation of the WASH in Nutrition strategy, ensuring successful strategies and lessons learned from other countries were integrated. In collaboration with

NGO Action Contre la Faim (ACF), UNICEF developed a WASH in Nutrition e-learning tool in both French and English that will be finalized and available online in 2019. The section also prioritized building human capacity and delivered three trainings on WASH in emergencies and cholera that 75 staff from UN agencies, NGOs and governments benefitted from.

The WACRO focus on improving humanitarian WASH response capacity was accomplished in eight countries through the improvement of cluster coordination mechanisms. For example, a new cluster was established with Regional Office support in Cameroon in response to the **North-West South-West crisis**. Regional Office support on cholera control in the region culminated in the Abuja Commitments for cross-border collaboration in the **Lake Chad Basin**. Further action in this region provided 4.16 million people with safe drinking water. In **Nigeria**, UNICEF provided access to safe water and adequate sanitation, WASH kits and hygiene messages to conflict affected persons in IDP camps and host communities. In 2018, the WASH interventions focused on the maintenance, sustainability, and scale up of the services provided, as well as preventive measures against water borne diseases. This led to an extra 3.9 million people receiving safe water per agreed standards by the WASH sector partners. As per the sanitation sector in north east Nigeria, UNICEF provided access to new sanitation facilities for 94,150 people (579,030 people in total for the WASH sector). In addition, UNICEF ensured maintenance of existing sanitation facilities for 493.256 people.

Through the **Regional Cholera Platform**, the Regional Office supported country offices and actors at country-level through the dissemination of tools, issuing alerts, trainings, advocacy and integrating the regional cholera platform into global cholera elimination efforts. The regional office maintained the bi-monthly publication of the cholera outbreak bulletin with a total of 26 bulletins published and over 20,000 visitors using the cholera platform website.

In 2018, UNICEF supported cholera response that reached more than 1.76 million beneficiaries with WASH and C4D interventions, while also supporting the vaccination of 3.8 million people, mainly in Nigeria and DRC against cholera. In **Niger**, UNICEF provided critical support to the Niger cholera outbreak response, leading coordination as the WASH Cluster lead and playing an essential role in resource mobilization. As of November 2018, 385,007 people in affected health districts benefited from direct UNICEF support. In other WASH in emergency interventions the Niger country office ensured that 350,434 people in humanitarian settings gained access to safe drinking water.

WACRO WASH prioritized messaging around an “elimination roadmap” by directing WASH development projects in cholera hotspots as a means to take a preventative approach to cholera and promote the **humanitarian-development nexus**. Along these lines, UNICEF **Niger** invested in the extension of a water supply network in Kidjandi area, providing permanent access to safe drinking water for IDP sites and villages currently served through water trucking set to end in 2019. In **Chad**, the government focused on emergency preparedness planning; supported by UNICEF, the Chadian government worked to mitigate the risk of cholera outbreaks through the preparation of national and regional preparedness plans. In **CAR**, the pilot project "Healthy and Peaceful Village" was formally handed over to the Government. The integrated approach used WASH interventions as an entry point to bring education, child protection, health, nutrition and income generating activities in a rural community affected by conflict. Thanks to this initiative, 2,000 people in the village of Salanga are living in a community where men, women and youth are actively engaged in promoting peace and a healthy environment for all. UNICEF will lead a reflection on scaling-up the approach 2019.

In **Mali** UNICEF's WASH humanitarian intervention provided water to 234,780 people in emergency situations following man-made or natural disasters. This figure includes 53,600 people who gained access to improved water sources and 181,180 people who benefited from short term distribution of household water treatment products and water trucking. In 2018, the caregivers of 12,173 severely acute malnourished child with complications received a full WASH package and hygiene counselling from nutrition centers. WASH interventions also contributed to reinforcing the population's resilience through the provision of structural WASH support in central and northern regions.

In **Sierra Leone** UNICEF worked with Operation Clean Freetown to support WASH emergency preparedness in Freetown. Results include unblocking drainage areas, clearing solid waste, and educating communities on disaster risk mitigation to minimize the risk of flooding.

DRC continued to face large scale and complex WASH related crises. In 2018, UNICEF assisted 3,225,943 million people including 1,935,566 children, in twenty out of twenty-six provinces, through the provision of quality emergency WASH packages. This represents 99% of the set target of UNICEF's HAC appeal. Cholera remains a major public health concern in the DRC. A total of 28,547 suspected cholera cases, with 890 deaths (case fatality rate – CFR 3.3%) were registered in 22 provinces. A multi-sectoral Cholera response strategy to provide prevention and response packages was developed by the Government with support from UNICEF. In 2018, more than 1,503,276 people nationwide benefitted from UNICEF's emergency Cholera response, compared to 764,410 in 2017. With regards to the **Ebola** outbreak in North Kivu Province, the WASH section in the regional office provided substantive support to UNICEF in DRC, notably with a 6 weeks surge mission to strengthen the launch of the WASH response. Toward infection prevention and control in the affected provinces, UNICEF provided essential WASH services in 506 health facilities, 565 schools and 1,052 public/community sites. As of December 2018, 1.3 million people in affected health zones had access to safe drinking water, hand washing and sanitation services. Documentation of this strategy is on-going to reinforce future emergency response efforts. Unfortunately WASH support to SAM children in the DRC remains a major gap and challenge; only 45,370 SAM children out of 549,456 children targeted in the HAC were reached in 2018. This is principally due to low funding for the WASH in Nutrition approach.

Health & HIV

The WCARO Health Section is providing technical support for Vaccine Derived **Polio** Virus type-2 (cVDPV2) outbreaks in both **Lake Chad Basin** countries and the **DRC**. The response includes extensive efforts to address immunity and surveillance gaps, and to improve the quality of supplementary immunization activities (SIA), including vaccine management accountability. WCARO is also supporting efforts to improve access to special populations (nomads, refugees, IDPs, and populations living in insecure areas) through innovative communication and community mobilization strategies and activities and to optimize the geographic extent of the response (ex: islands of Lake Chad). The total number of cVDPV2 cases in 2018 remains at 34 in Nigeria, 20 in Niger and 20 in DRC.

Since Nigeria reported 4 cases of Wild Polioviruses type 1 (WPV1) in Borno in July 2016, a regional outbreak response was launched in the five countries (Nigeria, Niger, Chad, Central Africa Republic, and Cameroon). Actions included SIA, strengthening of Acute Flaccid Paralysis (AFP) surveillance, and efforts to strengthen routine immunization.

The Health and C4D section worked closely to develop messaging to promote vaccination and address community resistance towards immunization. In 2018, the RO supported country offices to utilize U-Report as a tool to raise awareness and pass key messages, including: in Liberia during the Polio Vaccination Campaign; in Sierra Leone for Cholera, Measles and during the flooding; in Nigeria for Cholera, Lassa fever and during the flooding; and in Senegal during the Dengue outbreak.

In 2018, UNICEF supported outbreak response campaigns for measles in 15 countries²³ and meningitis in 3 countries. WCARO mobilized humanitarian thematic funds for measles outbreak responses. Preventative measles vaccination campaigns were organized in 6 countries (Cote d'Ivoire; Cabo Verde; Liberia; Togo; Ghana; Mauritania). In **Niger**, the measles outbreak response reached 158,285 children from 9 months to 14 years nationwide (November 2018).

In **Mali** a total of 509,685 children under-five were reached by each round of polio campaign, while another 100,681 were vaccinated against measles.

Lassa Fever, WCARO monitored and provided technical assistance on outbreak response management in 3 countries affected in 2018, with the largest caseload in Nigeria (3276 suspected cases, 588 confirmed and 166 deaths), followed by Liberia (21 cases) and Benin (4 cases; 1 death).

Nigeria faced an unprecedented **yellow fever** outbreak in Edo state, with over 150 suspect cases, at least 32 of which were confirmed, with additional cases reported in neighboring states. UNICEF supported the Government led response, where over 1.7 million people were vaccinated by December 2018. WCARO disseminated guidance and protocols to the UNICEF CO, with specific support for crisis communication campaigns. DRC also faced 15 cases of Yellow Fever in 2018.

An outbreak of **Dengue Fever** was declared in **Senegal** on September 19, 2018 in the region of Fatick, with 322 suspected cases reported. **Mauritania** also reported 56 cases. The WCAR Health Section provided guidance to CO on outbreak management, focusing specifically an integrated response with WASH, C4D and community surveillance.

Significant support from WCARO was provided to DRC in 2018, as the country battled two outbreaks of **Ebola**. WCARO was instrumental for the deepening of community engagement, supported the establishment of community-based surveillance by community leaders and introducing nutritional support in the care of confirmed patients in Ebola Treatments Units. WCAR worked on harmonizing the psycho-social support of orphans and separated children and its reporting as well as articulating a UNICEF-WHO complementary approach to Interpersonal communication

In 2018, UNICEF supported the implementation of targeted HIV interventions for pregnant and breastfeeding women, children and adolescent in humanitarian and conflict/post-conflict settings. During a regional meeting organized by WFP in Dakar, UNICEF contributed to the elaboration of HIV-contingency plans for 11 high-burden countries (Burkina Faso, Cameroon, CAR, Chad, Côte d'Ivoire,

²³ Measles: Liberia (4,017 cases in 17 districts), Guinea (1,890 cases in 25 districts), Benin, Burkina, Cote d'Ivoire, Mali (1,613 in 425 districts), Nigeria (15 723 in 27 states), Niger, DRC (67 072 cases in 92 zones), Chad (5 202 cases in 39 districts), Cameroon
Meningitis: Ghana, Niger

Guinea, Liberia, Mali, Niger, Nigeria, and Sierra Leone). In **Nigeria**, UNICEF supported the roll-out an 'Adolescent Kit for emergency and humanitarian contexts', improving access to HIV prevention services for adolescents in the unstable region of Maiduguri. In the province of North Kivu in the **DRC**, UNICEF used the "All In" methodology to lead a three-step process of evidence-based planning with/for adolescents on HIV and connected issues (early pregnancy, gender-based violence) in the context of the zone's prevailing humanitarian crisis.

C4D

The RO significantly widened C4D support to country programmes and has made significant progress in developing cross-cutting resources, including community engagement and social and behaviour change quality standards, tools, platforms and capacities. For example, the Regional C4D section has provided remote technical support to Cameroon to formulate its C4D responses to **North-West South-West crisis** as well as for the response to flooding in **Liberia**.

The C4D WCARO section made significant investments in advancing community engagement approaches and adapting them to the work in new epidemiological conditions and in new environments, including in urban settings. Coordination with global partners was reinforced via weekly technical calls and collaboration with Social Science in Humanitarian Action Platform for identification of data needs and social research questions for periodic social data updates.

The RO C4D section has also strengthened its focus on community engagement during preparedness and response to emergencies, assuring adherence to AAP principles and developing the continuity of action in both development and humanitarian contexts. WCARO C4D is part of the AAP technical calls and participates in the shaping of APP agenda. WCARO C4D participated in the Communication & Community Engagement in Humanitarian Action workshop in Nairobi and provided assistance to COs to put in place a range of AAP mechanisms. Specifically, the regional office organized two webinars outlining principals and components of comprehensive and effective C4D interventions as part of the EPP roll-out in the region. As part of the regional Technical Advisory Group for Risk Communication, participated in the development of the Regional Strategy for Risk Communication in the ECOWAS region.

In 2018, WCARO C4D supported preparedness and response for **vaccine-preventable diseases**, such as Measles (9 COs), Dengue (1 COs), Yellow Fever (2 COs) and Meningitis (1 COs). In response to Cholera outbreaks in the region, C4D provided technical inputs to COs, participated in the RO cholera taskforce and contributed in the collection and sharing of cholera communication tools via the online cholera platform.

As part of the response to the nutrition crisis in the **Sahel**, C4D has contributed to the capacity building on social and behavior change and use of the Communication for Humanitarian Action Toolkit. These were used as part of the training of the trainer's initiative conducted in collaboration with the RO nutrition team in Mali and in Mauritania.

In response to 6 polio outbreaks and 2 Ebola outbreaks in the **DRC**, C4D technical assistance was provided through a variety of means, including a 2-month staff deployment, as well as remote assistance to coordinate, plan, refine risk communication and community engagement strategies. The regional office also provided technical support to collect, analyze and use data collected in the field to inform programming. Positive outcomes include addressing reluctance and resistance to Ebola

immunization in DRC, as illustrated by the reduction of the proportion of missed children from 7.8% to 2.2%.

In **CAR**, the adoption of the national strategy on prevention of gender-based violence including child marriage provided opportunity to launch several awareness raising activities. UNICEF supported community-based mechanisms addressing harmful social norms including child marriage, sexual violence and female genital mutilation; a total of 57,143 adolescents participated in activities to contribute to ending child marriage and harmful practices nationwide.

In **Nigeria**, C4D has supported development and implementation of an initiative to use U-Report as a tool to enhance Community Engagement and AAP in Northern Nigeria, to increase awareness of available services and establish feedback mechanisms.

In **Sierra Leone**, UNICEF developed communication plans outlining preparedness and response communication and social mobilization activities for all 149 chiefdoms and 75 wards in Western Area Urban and Rural. UNICEF helped identify focal points for community mobilization and gave orientations in every chiefdom and ward. C4D distributed and pre-positioned 40,000 information, education and communication materials for meningitis, Lassa fever, measles and cholera. Community members and focal points used these materials during the measles outbreak in Koinadugu in July 2018.

Communications

In 2018 communication on emergencies in the region was strengthened through digital platforms, including the creation of Emergency Alert page on the WCARO website (www.unicef.org/wca) and using UNICEF Africa Facebook and Twitter accounts. Over 350,000 people were reached with UNICEF messages on emergencies in WCAR.

For the Sahel response, the Regional Office developed an integrated communication package to provide insights into how food insecurity, diseases, and displacement affect the nutritional situation of children, their education and access to WASH services. In addition to serving as a resource mobilization and advocacy tool, the photographs, video and personal testimonies were designed to engage with millennials on the issue of malnutrition in the region. In terms of media outreach, in May 2018 UNICEF participated in a joint press briefing with WFP and FAO to raise the alarm on the expected food and malnutrition crisis in the Sahel. UNICEF launched a second press release in November to provide an update on the situation and results. Throughout the year, the Regional Office facilitated interviews, media field visits and produced internal questions and answers, key messages, and factsheets that were widely disseminated. Finally, the RO contributed to the launch of a malnutrition appeal in Africa for UNICEF National Committees end-of-year campaigns. The RO collected multimedia assets showcasing malnutrition programming in selected countries and conducted missions to Burkina Faso, Chad and Senegal to develop multimedia products that were disseminated on digital platforms and made available to UNICEF National Committees.

During the September conference on the **Lake Chad Basin** in Berlin, the RO produced a press release calling for stronger action and investment in children, particularly on access to education, in the affected regions. In addition, the RO facilitated two interviews with top-tier media on the impact that ongoing conflict, displacement and attacks on schools were having on the education of children in the Lake Chad Basin.

Resilience

In 2018 UNICEF continued to support peace-building and social cohesion interventions in 14 countries. In Mali, following a training on risk-informed programming organized for UNICEF and its partners, a multidimensional risk analysis was carried out.

As convener of the resilience pillar of the UNISS, UNICEF WCARO contributed to the development of the **Sahel** support plan that was endorsed by Heads of States in Nouakchott in July 2018. UNICEF also facilitated the G5 Sahel donor roundtable in December and co-developed regional initiatives for out of school children, climate resilient WASH, community health system strengthening and nutrition, as well as children on the move (migration).

As chair of the interagency regional working group on resilience, UNICEF lead the finalization of the UN-OECD Resilience Common Analysis and Prioritization Approach (R-CAP) that was rolled out in **CAR**. Here a joint multidimensional analysis and acceleration framework for recovery was developed to inform the National Recovery Plan. Similarly, UNICEF lead the development of a cross-border multidimensional analysis and the development of a joint prioritization framework to reinforce the humanitarian-development nexus in the **Liptako Gourma Region** (Burkina, Niger, Mali).

In partnership with the OECD, UNICEF positioned the R-CAP as an approach to be used by the International Network of Conflict and Fragility member states financing interventions in fragile contexts.

Supply

The Supply section at the RO provided continuous technical assistance to Country Offices and partners and worked to reduce lead time for procurement and delivery of supplies, with a specific focus on supplies in emergencies. This was accomplished through the diversification of approaches, founded on continued support to its two regional hubs, located in Accra, Ghana (part of the UN Humanitarian Response Depot) and Douala, Cameroon. These hubs supported 5 countries (CAR, Cameroon, Chad, Ghana and Senegal) with NFIs, WASH supplies and RUTF valued at \$2,048,641 USD through 9 delivers, representing a total of 1,600 cubic meters. To improve efficiency, supply staff undertook and acted upon the results of a review of pre-positioned stocks, adjusting their composition to include temporary storage and office structures.

After careful analysis, the section also piloted the use of local supply options to speed up delivery. Specifically, it tested the use of regional RUTF suppliers through the procurement of RUTF for Chad in **Niger**; a first shipment was delivered in 15 days, reducing transit time by 4 when compared to traditional offshore procurement. The RO also facilitated regional collaboration through the establishment of regional LTAs with Cameroonian suppliers for NFIs and WASH emergency supplies required in **Cameroon, Chad and CAR**.

In 2018, the RO supply unit deployed staff to support the **DRC** CO during the second Ebola crisis, with the objective to establish the North Kivu supply and logistics strategy. This included setting-up and coordinating the first month of the supply and logistics response. Technical guidance was also provided to Cameroon CO supply team to organize the logistics response in inaccessible areas affected by the **North-West South-West** crisis. The RO continuously supported emergency nutrition programs

in **Sahel** countries, ensuring the availability of life-saving supplies by managing the pipeline and strengthening the organization of specific CO supply chains. With regard to the EPP, the RO Supply section established minimum preparation standards for country offices in the WCAR.

To promote adequate management of their supply chains and the identification of risks and shortcomings for procurement, inventory management and overall data analysis. The Regional Office launched the first regional forecasting exercise for regular goods and services and for specific global commodities. Building on this exercise, the Office performed an analysis of existing long-term procurement agreements and identified gaps where the conclusion of supplementary long-term agreements would support timely and quality acquisition of goods and services for programmes across the region.

Monitoring and Evaluation

In 2018, The Regional Office continued to support all HAC countries in establishing and maintaining data-driven humanitarian performance monitoring (HPM), which facilitated in-country decision making processes and the development of high-quality information and monitoring products. More than 110 COs' SitReps and factsheets were published under WCARO technical oversight, updating stakeholders (beneficiaries, Headquarters, Natcoms, and donors) on UNICEF and partner's achievements and on the situation of children and women in the region.

Humanitarian monitoring and reporting systems in Country Offices were strengthened with support to 10 countries included in the UNICEF Humanitarian Appeal for Children (HAC). With Regional Office support, **Niger** established an SMS-based monitoring system using RapidPro, while **Cameroon** established third party monitoring for the North-West South-West emergency, facilitating the monitoring of results without the presence of UNICEF staff. Webinars were conducted to improve humanitarian reporting through periodic Situation Reports and data management.

In 2018, the Emergency Technical Team (ETT) provided technical support and ensured quality oversight for the development of HAC 2019 for 10 countries, including 7 countries with an interagency HRP.

The Regional Office has been involved in the provision of quality assurance and technical assistance to a number of CO within the scope of the numerous humanitarian evaluations conducted in 2018. Key highlights include the evaluations of humanitarian responses to L1 crises, including the CAR refugee crisis in Cameroon as well as the Malian Crisis (2013-2017). With a view for scaling, evaluations were also organized for specific approaches and strategies. This includes the Rapid Response to Movement of Population (RRMP) in the **DRC**, the use of mobile clinics in the Diffa region of **Niger**, and the launch of the integrated programming in Mopti and Sikasso in **Mali**. In 2018 the Regional Office was also pleased to support the finalization of ongoing evaluations (including the development of a management response), such as the Evaluation of the Humanitarian Response to the Lake Chad Basin Crisis.

The Regional Office contributed to two corporate evaluations (the evaluation of the UNICEF response to the L3 crisis in eastern DR Congo and the evaluation of the coverage and quality of the UNICEF humanitarian response in complex environment) and engaged in the undertaking of one rapid review

managed by the HQ Evaluation Office (the review of the UNICEF Response to the Ebola outbreak in eastern DR Congo).

Following the introduction of the new Evaluation Policy in May 2018, the Regional Office committed to promoting further (i) the use of evaluations in emergency contexts, by also ensuring greater participation of field/zonal offices during both the phases of evaluation conceptualization and field work; and (ii) the wider dissemination of the related findings and conclusions.

Financial Analysis

Table 1

2018 Funding Status against the Appeal (in USD):

Sector	Requirements	Funds Available Against Appeal as of 31 December 2018*	% Funded
Technical Assistance to Country Offices	6,950,000	7,760,000	112%
Emergency Preparedness	2,110,000	3,356,362	159%
Emergency Response	4,200,000	6,650,000	158%
Total	13,260,000	17,766,362	134%

Table 1 shows the funding status against the WCARO 2018 HAC appeal. This table accounts for all 2018 income against the WCARO 2018 appeal plus WCARO carry-over from previous years.

The carry-over includes Emergency Thematic Funding and non-thematic contributions under the 2018 WCARO HAC of Country Offices that do not have their own HAC appeal. The Carry Over also includes non-thematic contributions from older HAC appeals such as HAC Sahel 2015 and HAC Ebola 2014 for Country Offices that do not have their own HAC appeal, and for this reason the amount of carry-over funds is high.

All grants including carry over grants are detailed in Table 2 hereunder.

Table 2

Table 2 - Funding Received and Available by 31 December 2018 by Donor and Funding type (in USD)			
Donor Name/Type of funding		Programme Budget Allotment reference	Overall Amount*
I. Humanitarian funds received in 2018			
a) Thematic Humanitarian Funds (Paste Programmable Amount from Table 3)			
See details in Table 3		SM189910	1,123,821
b) Non-Thematic Humanitarian Funds (List individually all non-Thematic emergency funding received in 2018 per donor in descending order)			
Senegal	Canada	SM180155	1,099,923
Sierra Leone	Japan	SM180064	900,000
Togo	Japan	SM180068	300,000

WCARO, Senegal	The United Kingdom	SM170463	324,000
	The United Kingdom	SM180557	631,799
	USA (USAID) OFDA	SM180336	1,550,000
	European Commission / ECHO	SM180130	580,505
Total Non-Thematic Humanitarian Funds			5,386,227
c) Pooled Funding			
(i) CERF Grants (Put one figure representing total CERF contributions received in 2017 through OCHA and list the grants below)			
Total CERF Grants			-
(ii) Other Pooled funds - including Common Humanitarian Fund (CHF), Humanitarian Response Funds, Emergency Response Funds, UN Trust Fund for Human Security etc. (Put the figure representing total contributions received in 2017 through these various pooled funding mechanisms.			
Total Other Pooled Funds Grants			-
Total Pooled Funding (i+ii)			-
d) Other types of humanitarian funds			
Total Other types of humanitarian funds			-
Total humanitarian funds received in 2017 (a+b+c+d)			6,510,048
II. Carry-over of humanitarian funds available in 2018			
e) Carry over Thematic Humanitarian Funds			
Benin	Global - Thematic Humanitarian Resp	SM149910	32,263
Cote D'Ivoire	Global - Thematic Humanitarian Resp	SM149910	1,059
Equatorial Guinea	Global - Thematic Humanitarian Resp	SM149910	2,246
Gambia	Global - Thematic Humanitarian Resp	SM149910	36
Guinea	Global - Thematic Humanitarian Resp	SM149910	19,603
Guinea Bissau	Global - Thematic Humanitarian Resp	SM149910	157,356
Liberia	Global - Thematic Humanitarian Resp	SM149910	744,042
Senegal	Global - Thematic Humanitarian Resp	SM149910	152,916
Sierra Leone	Global - Thematic Humanitarian Resp	SM149910	2,584,100

WCARO, Senegal	Global - Thematic Humanitarian Resp	SM149910	1,430,897
Total Carry over of Thematic Humanitarian Funds			5,124,517
f) Carry-over of non-Thematic Humanitarian Funds (List by donor, grant and programmable amount being carried forward from prior year(s) if applicable)			
Cote D'Ivoire	Cote d'Ivoire	SM140564	866,042
Guinea	Guinea - Conakry	SM150390	6,885
Guinea	UNDP - MDTF	SM170439	291,353
Liberia	Japan	SM170061	282,506
Liberia	Liberia	SM150020	419,311
Liberia	Liberia	SM150021	829,478
Senegal	European Commission / ECHO	SM170187	125,247
Sierra Leone	Australia	SM170559	141,904
Sierra Leone	Sierra Leone	SM150505	18,764
Sierra Leone	The United Kingdom	SM170393	599,399
Sierra Leone	The United Kingdom	SM170446	175,725
Sierra Leone	UNDP - MDTF	SM170438	255,600
WCARO, Senegal	Denmark	SM170126	415,000
WCARO, Senegal	European Commission / ECHO	SM170210	584,750
WCARO, Senegal	European Commission / ECHO	SM160421	170,776
WCARO, Senegal	European Commission / ECHO	SM170187	486,095
WCARO, Senegal	USA (USAID) OFDA	SM170674	462,963
Total carry-over non-Thematic Humanitarian Funds			6,131,798
Total carry-over humanitarian funds (e + f)			11,256,314

III. Other sources (Regular Resources set -aside, diversion of RR - if applicable)			
NA			
Total other resources			

Table 3

Thematic Humanitarian Contributions Received in 2018 (in USD): Donor		Grant Number	Total Contribution Amount (USD)
WCARO, Senegal	French Committee for UNICEF	SM1899100259	571,429
	United States Fund for UNICEF	SM1899100386	15,992
	Allocation from global Thematic Humanitarian	SM149910	536,400
	Total		1,123,821

Future Work Plan

The WCAR remains one of the most emergency-affected and fragile regions in the world, with weak governance structures, low public revenue, high vulnerability to climate change and political and social instability. Emergency needs will therefore remain high for the DRC, the Sahel, the Lake Chad Basin, North-West South-West Cameroon, CAR, Mali, Liptako Gourma Region (triangle of northern Burkina Faso, central Mali and western Niger). Other countries remain vulnerable due to political and security instability, floods, epidemics and other threats.

Emergency preparedness remains central to reducing the impact of both natural disasters and complex emergencies. As part of UNICEF's commitment in the World Humanitarian Summit to bridge the humanitarian-development gap, WCARO will continue to strengthen the implementation of Early Recovery approaches. The RO will support COs with emergency programmes to set up more robust field monitoring systems, including third party monitoring and information management to allow for more responsive programming. All work will be done within the framework of UNICEF's CCCs in Humanitarian Action, policies and corporate procedures on emergencies (level 2, level 3), as well as IASC global policies and standards. Public advocacy efforts will remain focused on countries in crisis to ensure that the rights and well-being of children in emergencies are at the centre of the global agenda and adequate resources are made available.

The WCARO emergency section will focus on:

- Continue to strengthen emergency preparedness in COs in the region through field training and remote support. Support COs to use the Emergency Preparedness Platform (EPP) as a planning and response tool and assist with regular updates to the Emergency Preparedness Platform in all COs in the region. Monitor sub-regional risks and preparedness levels of COs in the region; provide technical assistance to the COs for the compliance to the minimum preparedness standards and beyond; support knowledge sharing across COs, ROs and HQ in preparedness;
- Support CO response – secretariat function to emergencies, continued oversight and support to humanitarian response planning and performance monitoring (including improved roll-out of field monitoring), assurance of accountabilities where UNICEF is cluster lead, and continued improved interagency coordination as appropriate.
- Support sector colleagues at regional and country level to link humanitarian and development (nexus) programming including developing in coordination with the regional resilience specialist a fundraising tool to raise UNICEF's profile, specifically, in the Sahel. In addition, strengthen UN inter-agency programming in emergencies (specifically UNHCR and WFP).
- Strengthen information management (IM) in Country Offices - support to improved data management systems, including data collection, visualization and information sharing, mapping, mobile and cloud-based technology approaches as appropriate. Focus will also be on building capacity of COs staff and networking, coordination with other agencies.
- Lead UNICEF Humanitarian Advocacy to improve visibility and engagement on silent and neglected crises. Targeted strategies, messages and advocacy products will be developed in coordination with COs and regional office colleagues targeted to actors including governments, international organizations and civil society.
- Remote and on-site support to COs on response planning, management and field coordination, guidance on UNICEF engagement in IA humanitarian architecture, partnerships and budget

management in emergencies, programme criticality, Humanitarian Performance Monitoring (HPM) and Information Management (IM).

- Scale-up humanitarian Cash Transfer (HCT) programming with a link to social protection system already in place. Two countries will receive in-country technical support for HCT for 12 months to support the development of strategies and programme implementation.

Nutrition section will focus on:

- Continue to support emergency preparedness with special attention to high risk countries, notably Lake Chad Basin (NE Nigeria, SE Niger, NW Chad), CAR+, Mali+ and Cameroon.
- Support nutrition information systems for program design and monitoring.
- Support the CILLS to improve the quality of the nutrition situation analysis across the region and strengthen the nutrition component of Cadre Harmonisé.
- Support and strengthen regional level coordination with humanitarian actors.
- Support countries to develop multi-sectoral nutrition plans, including early detection and care for children with SAM, to improve child nutrition within the 1,000-day window of opportunity and prevent children nutritional status deterioration.
- Increase efforts and actions to prevent children at high risk of becoming acutely malnourished.
- Provide technical support and guidance to countries to strengthen health systems to deliver life-saving services for children suffering from SAM at all times (have resilient systems).
- Improve program coverage and effectiveness with the development, piloting and building of evidence of new approaches and models of care e.g. simplified protocols, mother MUACs, decentralisation at community level.
- Support high level advocacy for nutrition in humanitarian contexts.
- Continue working on financial tracking, leveraging domestic resources, and building national capacities, including by working with media and parliamentarians.
- Leverage opportunities and partnerships for resource mobilisation and scaling-up of nutrition in emergency programs.

Education section will focus on:

- Ensure children in emergencies are assisted with educational services including access to infrastructures, distribution of learning materials, and teacher training.
- Establish or expand the Radio Education Program in emergencies to offer a protective education routine to affected children.
- Finalize a new regional module for early learning curriculum and radio programming for parents of primary school-aged children who have never attended school.
- Expand resilient education approaches in emergency, including pre-service and in-service teacher training and the integration of Risk in Sectoral planning, and improved evidence-based advocacy on school safety using Rapid Pro technology systemize and scale monitoring of perception of safety in and around schools operating in zones of insecurity.
- Launch the Comprehensive Regional Study on Learning by Radio, to be produced in 2019 and published in 2020; this includes the design and roll out of the Radio Education for use in emergencies and beyond.
- Launch an assessment of the impact of nutrition crises on learning and school attendance in selected Sahel countries

- Continue capacity building for CO's on conducting needs assessments in education, information management and coordination.

Child Protection section will focus on:

- Provide regular remote and on-site technical support to CPIE programs in emergency contexts with a focus on L3 and L2 countries, including in the Lake Chad Basin and the Sahel.
- Support human resource capacity and capacity-building of UNICEF staff, partners and Governments, through technical support to the CPIE certificate (Bioforce) and through the maintenance of a regional roster of staff for surge deployments.
- Ensure that CPIE programming is linked to child protection systems strengthening to reinforce the humanitarian-development nexus through programming, coordination and information management.
- Lead on management of the Regional Working Group on Protection (Groupe de Travail Regional de Protection/GTRP) and support on the coordination of the Protection Cluster's Child Protection Area of Responsibility (AoR).
- Provide direct support to country offices on information management and reporting in emergencies, including through the organization of one regional meeting on information management for CPIE together with CP AoR.
- Drive and contribute to research and assessments at country and sub-regional levels to feed into analysis, advocacy and programming.
- Support Monitoring and MRM countries through technical support and quality assurance.
- Provide regular and efficient remote and on-site technical support to GBV and PSEA components of the CO's program.
- Support countries on resource mobilization and advocacy for CPIE.

WASH section will focus on:

- Continue to support WASH emergency preparedness and response in emergency-affected countries, particularly L2/L3 emergencies (Nigeria, CAR, DRC, Mali, Burkina Faso, Cameroun). This includes support to both UNICEF WASH programming and strategic and technical guidance to WASH clusters.
- Support capacity development in WASH in Emergencies responses sector, by providing regional and in-country specific WASH trainings.
- Support the WASH emergency response in the Ebola outbreak in DRC, North Kivu and ensure solid lessons learned exercise by the end of the outbreak.
- Strengthen the need for long-term prevention of cholera in hotspots areas.
- Facilitate the organization and country participation in WASH in Emergency and Cholera preparedness and response training.
- Align Cholera Platform with the Global Task Force on Cholera Control (GTFCC) guidelines and orientations.
- Focus on community engagement against cholera both in Emergency and towards elimination.
- Pursue the integration of the humanitarian - development nexus, especially in Sahelian countries such as Mali, Niger, Burkina Faso and on Cholera.
- Facilitate the integration of climate resilience and/or risk management strategies into water, sanitation and hygiene sector plans and strategies of WCAR's fragile states.
- Support countries on the revision and implementation of the "WASH-Nut" strategy, including lessons learning/sharing from priority countries.

Health section will focus on:

- Provide technical assistance, quality assurance and oversighting to country offices, contributing to efforts to achieve humanitarian results in health.
- Facilitate cross-border collaboration between countries to ensure access to vulnerable populations for service delivery (diseases surveillance, immunization).
- Support capacity building for effective preparedness, response and recovery for humanitarian situations through the ongoing regional roll-out of the Emergency Preparedness Platform and emergency preparedness and response training, including training on humanitarian performance monitoring and sector-specific humanitarian action.
- Develop and support implementation of a regional strategy that will provide guidance on both health emergencies and continuity of services in humanitarian situations;
- Provide technical and financial support for the preparation, implementation, and reporting on mass campaigns and outbreak response for Measles and Yellow Fever.
- Continue support to the responses to Ebola, Cholera, Meningitis, Measles, Polio, and other epidemics.

HIV section will focus on:

- Contribute to joint proposal development to integrate HIV prevention and care interventions for adolescents in conflict-affected areas in DRC and Cameroon.
- Disseminate the Joint UN Regional Team on AIDS (JURTA) toolkit on HIV in Emergency and provide technical support to JUNTA, with a focus on priority countries such as CAR, DRC, Nigeria, Cameroon and Congo.

C4D section will focus on:

- Support priority COs facing humanitarian situations, such as Burkina Faso, Mali, Niger, Cameroon, CAR, Nigeria and DRC, to develop appropriate preparedness and response C4D plans and put in place appropriate tools.
- Support COs in preparedness and response to Sahel nutritional crisis, by finalizing the C4D part of the training of the trainers package for capacity building on social and behaviour change and use of the Communication for Humanitarian Action Toolkit during a nutrition crisis.
- Support DRC COs to further build community engagement mechanism in humanitarian situation, with a focus on Ebola outbreak, create new AAP channels, including through use of RapidPro, and ensure the passage to sustained community engagement after the outbreak. Support finalization of the EVD C4D training package and training strategy and support the documentation of the lessons learned from the EVD response, to benefit the preparedness in the region.
- Build the capacity of the regional C4D network in AAP, by organizing a regional workshop, coupled with a network meeting on community engagement, thus increasing the continuum of action in development and humanitarian situations.
- Assist all COs facing humanitarian situations to increase accountability to affected populations, by supporting the creation of a diversity of AAP mechanisms in humanitarian situations. Contribute to operational research, documentation of AAP/CEE lessons learned and best practices.
- Provide surge capacity, training and orientation for C4D in emergency response, including health emergencies and other humanitarian contexts.

The **Communications section** will focus on:

- Launch an integrated communication and advocacy campaign to defend all children's rights to access quality education regardless of contexts and to promote viable alternative education options when schools become the target of violence.
- Develop a communications strategy and related plan for Cameroon's North-West South-West crisis.
- Support communication capacity development in emergency countries including Burkina Faso and CAR.
- Provide ongoing support with communication and media for Ebola in DRC.

The **SUPPLY section** will focus on:

- Test a change of incoterms in 6 countries with objective to further reduce lead time: a selected freight forwarder will be asked to clear and deliver supplies to UNICEF warehouses rather than simply deliver supplies to a point of entry.
- Stockpile RUTF in the Sahelian region: opportunities identified in 2018 will be developed and piloted, seeking to maintain a stock of 100,000 cartons of RUTF at a selected supplier's warehouse.
- Address weaknesses identified in 8 Sahelian countries' nutrition supply chain by improving data visibility and RUTF monitoring through a joint nutrition supply initiative.

Case Studies

Liberia: Emergency response for children and people affected by floods

Top Level Results: Global humanitarian thematic funds provided to UNICEF's Liberia Country Office enabled technical and financial support to the country's National Disaster Management Agency (NDMA) to respond to the needs of over 60,000 people affected by floods in July and August of 2018.

Issue / Background: On 11 July 2018, Liberia experienced very heavy rainfall that resulted in flooding in six districts across three counties (Margibi, Montserrado and Grand Bassa), affecting an estimated 62,896 people (54% women and 17% children) and causing one death of a 4-year old child. A total of 56 communities were affected and over 51,567 people were displaced, housed in temporary shelters organized in local schools. The NDMA reported that more than 300 hectares of food crops were destroyed, 582 homes severely damaged, unspecified number of livestock washed away, 2 bridges destroyed, and 1 school damaged. The water supply system was interrupted, forcing people to use unsafe water sources and thus increasing the risk for waterborne diseases. The situation was compounded by the destruction of 250 latrines.

Resources Required / Allocated: \$ 62,000 USD in humanitarian thematic funds injected much-needed resources required to ensure affected populations, and especially women and children, received WASH services and commodities during the emergency response.

Progress and Results: UNICEF deployed three teams to support a government-led needs assessment within 48 hours of the national disaster declaration. The government-led assessments indicated a need for WASH supplies, blankets, clothing and soap, as well as cash assistance and food.

Close to 9,500 children and thousands affected by the floods benefited from UNICEF support. UNICEF provided close to 3,000 households with WASH family kits, including Water Guard, drinking cups, multipurpose soap, jerry cans and buckets, as well as chlorine to disinfect water sources in the three affected counties. In addition, UNICEF contracted radio stations to broadcast messages on cholera prevention and other water-borne diseases. The UNICEF emergency response was part of a wider UN system response that was coordinated by the office of the UN Resident Coordinator in Liberia.



Photograph 1: Distribution of WASH family kits in Margibi/UNICEF/2018.

Criticality and value addition: The availability of the flexible funds ensured that UNICEF could respond immediately, save lives, and prevent further emergencies by mitigating the risk of waterborne diseases. These were much needed resources that the government and local communities were unable to provide. The funding provided was timely to address the urgent needs of children affected by the August 2018 floods.

Challenges and Lesson Learned: UNICEF Liberia's use of the Emergency Preparedness Platform enhanced response capacity; having identified flooding as a recurrent risk. UNICEF had pre-positioned or pre-identified necessary items for a response and built an integrated response plan within sections. This was led by an EPP Emergency Management Team established within UNICEF Liberia with the mandate to develop supply and logistic contingency strategies, identify key implementing partners and sign standing agreements, and include emergency components in key program documents signed with partners. The EPP has been regularly updated by the UNICEF Liberia emergency focal points, its Health and Child Protection Specialists.

Moving Forward: Liberia is prone to natural disasters and remains at risk for future floods. Funding enabled a significant investment in building national emergency preparedness capacity. However, additional funding is required to fully implement the EPP priorities and targeted emergency preparedness and response activities, including the:

- strengthening of national and district level capacity to plan, prepare, and respond to man-made and natural disasters in a timely, effective, and efficient manner.
- provision and delivery of WASH & Health commodities, including pre-positioning of supplies in high risk and flood-prone counties.
- provision of the psychosocial support to assist children cope with the impact of any disaster.
- support of disaster risk reduction activities in line with UNICEF's strategic humanitarian framework and the country office 2019 Work Plan.

Sierra Leone: Providing support to children affected by the mudslide and floods

Issue / Background: On August 14th, 2017, torrential rains caused mudslides and flooding in six communities in the Western Area of the country. Over 7,200 individuals, including 3,401 school-aged children, were displaced. Humanitarian thematic funds provided to UNICEF's Sierra Leone Country

Office enabled the country's Ministry of Basic and Senior Secondary Education (MBSSE) and civil society organizations (CSOs) to provide assistance to children and households in the six communities affected by the natural disaster.

Resources Requires / Allocated: \$2,584,100 USD in humanitarian thematic funds provided much-needed resources to ensure children could return to school in a safe, protected and conducive learning environment.

Progress and Results: The 2018/2019 academic year started on 17 September 2018, yet children affected by the mudslide/flooding disaster faced several challenges in accessing education, including damaged schools, few learning materials, uniforms and school accessories. Thematic funds were used to address the humanitarian needs of vulnerable and affected children as part of UNICEF's Education in Emergencies (EiE) preparedness and response plan. A total of 3,401 school-aged children in five affected schools directly benefited from the activities funded with humanitarian thematic funds.

The funds permitted UNICEF to provide technical and financial support to the MBSSE as well as local CSOs. Under the leadership of the MBSSE, 5 of the 10 schools categorized as in need of critical help were prioritized for infrastructure rehabilitation, including WASH facilities. These schools additionally benefited from teacher training and the provision of basic learning materials, including school bags for the 2,000 children attending these schools. In support of the government's efforts to address the needs of children affected by the disaster, UNICEF financed two regional workshops which provided training to 1,500 teachers (835 men and 665 women) on the provision of psychosocial support to children affected by the mudslide and floods. The training helped to equip teachers to respond effectively to the needs of 2,000 children prior to the reopening of schools in September 2018.



Teachers participating in a regional workshop on psychosocial support in education settings

At the community level, UNICEF developed and distributed information, education and communication (IEC) materials for social mobilization in disaster affected communities in partnership with the Inter Religious Council to ensure children's right to education.

Criticality and Value Added: The grant helped to build capacity of local and government actors. In partnership with MBSSE, UNICEF strengthened government's capacity to plan for education in emergencies with the training of 500 MBSEE staff and 50 education sector stakeholders, including the decentralization of planning, coordination, and response to emergencies that affect children's access to education at district and national levels. UNICEF further strengthened MBSSE capacity by facilitating staff participation in two regional trainings: "Needs Assessment Planning" during emergencies and "Addressing the needs of Adolescents in Emergencies" in Dakar-Senegal. A major outcome of the training was the development of a country specific needs assessment tool and a plan to address adolescent needs in crisis situations. Finally, UNICEF continued to support the newly established MBSSE EiE desk to ensure valorization of EiE in the Education Sector Plan (ESP) and strengthen the

coordination of emergencies in education, including developing a 4-W tool to enhance coordination and monitoring of activities. In partnership with the government's Office National Security (ONS) and District Disaster Management teams, MBSSE has established coordination mechanisms at national and district levels to ensure localized preparedness and response activities.

Challenges and Lessons Learned: The situation in the communities affected by the August 2017 natural disaster clearly demonstrates that “education cannot wait”, even during protracted crisis situations or emergencies. All children have the right to education. The multi-layered response facilitated by this funding was in-line with the key programmatic principle for ensuring learning continuity for children, despite threats to education. This is especially important in areas where the acute phase of the crisis has ended but recovery needs remain significant. Furthermore, this intervention was aligned with UNICEF's strategic humanitarian framework and the country office 2018 Rolling Work Plan (RWP) Output 5.5, which seeks to build the capacity of the Ministry of Education, Science and Technology (MEST), local councils, and communities to plan, prepare, and respond to emergencies. The provision of quality education opportunities that meet the physical protection, psychosocial, developmental and cognitive needs of people affected by emergencies is a fundamental human right. It is in recognition of this critical role of emergencies that the government has included EiE as the fourth pillar of the 2018-2022 ESP.

The response to the mudslide and flooding incident highlights the importance of EiE particularly in fragile countries like Sierra Leone, as evident during the Ebola crisis and UNICEF's response. Nevertheless, the achievement of significant milestones during the response was not without challenges despite assurances of learning continuity for 2,000 children and provision of safe learning environments. One major challenge was the limited capacity of MBSSE to effectively monitor classroom practices of teachers providing psychosocial support to children and to document evidence of success to determine programmatic impact. To address this challenge, MBSSE is planning to recruit more supervisors to improve coverage of schools and supervision of teachers in their assigned zones. UNICEF will also support the continued roll-out of the Edu-Trac monitoring reporting platform to strengthen data collection at the school level.

Moving Forward: Sierra Leone, and particularly the Western Area, is prone to natural disasters and remains at risk for man-made disasters. The funding provided was therefore timely, as it contributed significantly to address the needs of children affected by the August 2017 mudslide and flooding. Funding also enabled a significant investment in building national and local emergency preparedness capacity.

Additional funding is required to fully implement the ESP priorities and targeted emergency preparedness and response activities, including the:

- provision and delivery of teaching and learning materials including exercise books, pens and pencils to 5,000 children in disaster prone communities;
- training of 2,000 teachers on psychosocial support to assist children cope with the impact of any disaster;
- strengthening of national and district level capacity to plan, prepare, and respond to man-made and natural disasters in a timely, effective, and efficient manner targeting at least 300 MBSSE staff and 100 implementing partners.

- support of disaster risk reduction (DRR) activities in line with UNICEF's strategic humanitarian framework and the country office 2019 Rolling Work Plan (RWP- Output 5.5)

Guinea Bissau: Building capacity to prevent the spread of deadly epidemics and infectious disease

Issue / Background: The frail health system and weak capacity to prevent and manage epidemics puts Guinea Bissau's population at extreme risk for epidemic outbreaks. Guinea-Bissau's health system is operating with low capacity to handle emergencies small or large. Staffing levels are far from the WHO standard of 23 medical staff per 10,000 people. Only 5 out of 104 health areas meet the international standards, and over half of the health areas have less than 5 medical staff per 10,000 people.

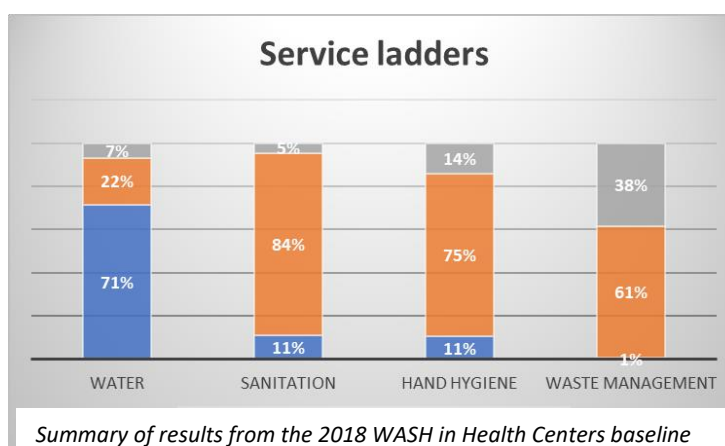
Resources Requires / Allocated: \$157,356 USD in humanitarian thematic funds provided much-needed resources to respond to significant shortfalls in the realization of children's rights and basic health needs in Guinea-Bissau.

Progress and Results: A multi-sector and multi-layered approach was required to decrease the risk of spreading infectious and epidemiological diseases, including Ebola virus disease and Cholera, in Guinea Bissau. Actions centered on infrastructure improvement, systems strengthening, community engagement and emergency preparedness. Specifically, the rehabilitation of community health centers in 2018 resulted in a 75% increase in the number of centers with water and electricity. Between 2016-2018 UNICEF rehabilitated a total of 64 health centers and 21 maternity wards, with specific focus on ensuring adequate water and sanitation structures in the facilities.

On the systems side, the risks of a measles outbreak continued to increase as a result of the low coverage of routine measles vaccination (80%), with disparities between the regions. In 2018, UNICEF focused support on reinforced measles monitoring systems; 174 suspect cases of measles were reported throughout the country with 32 confirmed cases in the laboratory. The monitoring system and data analysis has informed the design of the follow-up vaccination campaign against measles, which will reach 287 545 children aged 9 to 59 months during the second quarter of 2019.

3,500 community health workers were trained in interpersonal communication, improving their capacity to promote the 16 key family practices during regular home visits and through community-based vigilance and surveillance mechanisms.

At the national level, thematic funding enabled UNICEF, in partnership with the Ministry of Health and partners of the Joint Monitoring Program for Water Supply, Sanitation and Hygiene (JPM), to carry-out the first national baseline of global Water Sanitation Hygiene (WASH) indicators in all 133 of the country's health institutions. This important exercise has permitted the government of Guinea-Bissau to employ evidence-based prevention, planning and action



related to potential epidemic outbreaks (including EVD), while enabling the country to track progress towards Sustainable Development Goal (SDG) 6: ensuring universal access to safe and affordable drinking water and sanitation for all by 2030. The detailed assessment is available in the online summary http://bit.ly/JMP_WinHCF with a summary table provided above.

Finally, flexible funds ensured that emergency WASH and non-food item contingency stocks could be replenished following distributions in response to the June 2018 storm crisis.

Criticality and Value Added: Thanks to the global thematic humanitarian funds, UNICEF was able to maintain health staff in the country office, positioning UNICEF to continuously inform and lead health system strengthening and emergency prevention. Furthermore, all staff in the Guinea Bissau office received training for the new Emergency Preparation Portal (EPP) during the year.

Challenges and Lessons Learned: The national health budget does not cover the maintenance of health structures, effectively transferring this responsibility to key technical and financial partners, including UNICEF.

While the WASH in health centers baseline showcases the significant work done by UNICEF on water access in health centers, it also demonstrates a clear need to invest more resources to achieve basic services for sanitation, hand hygiene and waste management. The capacity of government counterparts needs to be bolstered through additional training and regular support, with resource allocation assured to protect infrastructure investments in the health centers and surrounding areas. This is especially important in a country deemed high risk for major outbreaks of deadly epidemics.

Moving Forward: Guinea-Bissau continues to experience funding shortfalls in most sectors with service delivery dependent on donor aid and external technical assistance. With limited donor presence, frail systems and a propensity for epidemics and other humanitarian disasters, investing in emergency preparedness, resilience and systems building is critical to ensure the well-being and healthy development of Guinea-Bissau's children. Sustained results required an integrated approach and multiyear funding, with continued support for immediate priorities provided through funding mechanisms like the global thematic humanitarian funds.

Senegal: Assessing food security, nutrition and resilience

Top Level Results: In collaboration with national authorities and key partners, UNICEF supported the launch of an Integrated National Survey on Food Security, Nutrition and Resilience (also called *Enquete Nutritonnel, Sécurité Alimentaire et Resilience* - ENSAR). The objective was to measure the linkages between the level of food security, resilience of households and individuals' nutritional status. Information collected and stored in the database serves to inform nutrition programs and emergency response interventions.

Issue/Background: During 2018, Senegal faced significant health and nutrition challenges linked to national strikes by Ministry of Health workers and weak nutrition data collection. In order to support nutrition program planning and implementation, an integrated nutrition, food security and resilience survey was launched to obtain essential data.

Resources Required/Allocated: Global Humanitarian Thematic Funds totalling \$152,916 USD permitted the Senegal country office to contribute to the 2018 ENSAR – a project implemented in collaboration with the government of Senegal and other UN agencies. The survey was conducted led by a steering committee composed of the Food and Nutrition Division of Ministry of Health and Social Affairs (DAN), the Executive Secretariat of the Food Security Council (SECNSA), the Committee for the Fight Against Malnutrition, the National Agency for Statistics and Demography, UNICEF, WFP and with support from other financial and technical partners.

Progress and Results: Results of the ENSAR found that 8.2% of children aged 6 to 59 months in Senegal suffer from acute malnutrition and 19% from stunting. It also showed that only one out of two (50%) children under 6 months are exclusively breastfed and only two out of five children have an acceptable diet. In addition, 3.3% of women aged 15 to 49 are underweight. These results have helped to support programme design and planning to manage child malnutrition; including prevention activities to improve the Infant and Young Child Feeding (IYCF) practices. Data collected, shows an improvement in the prevalence of acute malnutrition since 2015 (estimated at 9%) and 2018 (estimated at 8.2%). Senegal has seen a decrease from approximately 545,000 cases in 2015 to approximately 497,000 cases in 2019). The most affected regions remain Louga, Matam, and Saint Louis (particularly Podor department) with global acute malnutrition (GAM) rates of more than 10%.



A child in Senegal having his arm circumference measured to test for malnutrition

Furthermore, the training of survey teams was an opportunity to conduct capacity building for nutrition actors (including regional nutrition supervisors) covering food security and building resilience in communities - all 14 regions covered by the survey benefitted.

Criticality and value addition: The results of the survey filled a critical knowledge gap. Without the survey, the March 2019 Cadre Harmonisé for Senegal would not have been able to gather the necessary information to advance programming; including the new National Program of Support to Food Security and Resilience (PNASAR).

Challenges and Lesson Learned: It was the first jointly managed and integrated survey. A lesson learned was that while integration is possible and useful, there is still a need to ensure effective coordination mechanisms and means to build consensus around objectives, results and recommendations. Also, the data platform needs to be improved to create space to integrate all the concerns and recommendations of the various stakeholders.

Moving Forward: This first ENSAR survey in Senegal demonstrated that a combined Food Security, Nutrition and Resilience survey is relevant, possible and highly useful. The exercise helped to build

capacity of different sectors (Food Security/Resilience and Nutrition) and to develop a common vision amongst stakeholders. It demonstrated the opportunity and benefits of combining resources and the correlation between household levels of food security/resilience and individual nutritional status. An integrated survey approach proved to be cost-effective in a limited-funding context for Senegal. Moving forward, this experience will be further documented to share key lessons learned to advocate for scaling-up the model of integrated surveys.

Expression of Thanks

UNICEF would like to express our gratitude to all donors for providing their support, which has enabled UNICEF across the West and Central Africa region to successfully implement UNICEF's mandate by responding in times of humanitarian crises and when the rights of women and children are in danger.

The results in this report, highlight the importance of flexible thematic and non-thematic humanitarian funding from donors, which has enabled UNICEF to respond quickly and meet pressing priorities. UNICEF has been able to use the financial support it has received to contribute to achieving results for children affected by crises.

While significant results were achieved to address humanitarian needs in 2018, additional funding is still needed to ensure timely, targeted and comprehensive humanitarian response, as well as build long term community and family resilience, capitalizing on the gains made in the region. The region is confronted with silent and protracted crises that must remain supported to ensure the wellbeing of children in WCAR.

For all those who have supported humanitarian assistance for West and Central Africa, you have contributed to the survival, protection, and development of children and women. Without your generous support UNICEF's work would not be possible – thank you!