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UNICEF Regional Office for West and Central Africa Consolidated Emergency Report 2021

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for every child

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Non-political and impartial, we are never neutral when it comes to defending children's rights and safeguarding their lives and futures.

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Abbreviations and Acronyms

AAP	Accountability for Affected Populations
CAR	Central African Republic
CAAC	Children and Armed Conflict
CAAFAG	Children Associated with Armed Forces and Armed Groups
CRC	Convention on the Rights of the Child
CCCs	Core Commitments for Children
CERF	Central Emergency Response Fund
CILSS	Comité Permanent Inter-États du Lutte Contre la Sécheresse dans la Sahel
CO	Country Office
CPIE	Child Protection in Emergencies
DRR	Disaster Risk Reduction
DRC	Democratic Republic of Congo
EiE	Education in Emergencies
EMOPS	UNICEF's Office of Emergency Programmes
EPP	Emergency Preparedness Plan
EPP	Emergency Preparedness Platform
EVD	Ebola Virus Disease
FO	Field Office
GAM	Global Acute Malnutrition
GBV	Gender Based Violence
HCT	Humanitarian Cash Transfer
HCD	Human-Centered Design
HAC	Humanitarian Action for Children
HIV-AIDS	Human Immuno-Deficiency Virus/Acquired Immuno-Deficiency Syndrome
HNO	Humanitarian Needs Overview
HOPE	Humanitarian Cash Operations and Programme Ecosystem
HPM	Humanitarian Performance Monitoring
HRP	Humanitarian Response Plan
IDP	Internally Displaced Person
INGO	International Non-Governmental Organization
IOM	International Organization for Migration
L2	Level 2 Emergency
L3	Level 3 Emergency
MRM	Monitoring and Reporting Mechanism
MHPSS	Mental Health and Psychosocial Support
MUAC	Middle-upper arm circumference
NFI	Non-Food Items
NGO	Non-Governmental Organization
NNS	National Nutrition Surveys
OCHA	Office for Coordination of Humanitarian Affairs
PSEA	Protection from Sexual Exploitation and Abuse
RapidPro	Real-time Monitoring Platform
RCCE	Risk Communication and Community Engagement
RO	Regional Office
RoC	Republic of Congo
RRM	Rapid Response Mechanism
RRT	African Rapid Response Team
RUTF	Ready to Use Therapeutic Food
SAM	Severe Acute Malnutrition
SitReps	Situation Reports
SPWS	Solar-powered Water Systems
TPM	Third Party Monitoring
TLS	Temporary Learning Spaces
UASC	Unaccompanied and Separated Children
U5MR	Under-five Mortality Rate
UNHCR	United Nations High Commissioner for Refugees
UNISS	United Nations Integrated Strategy for the Sahel
WASH	Water, Sanitation and Hygiene
WCAR	West and Central Africa Region
WCARO	West and Central Africa Regional Office
WFP	World Food Programme
WHO	World Health Organization

Executive Summary

In 2021, children continued to bear the brunt of the multidimensional humanitarian crises affecting West and Central Africa. Across the region, protracted and developing emergencies and persistent fragility left 107.6 million people in need of humanitarian assistance, including 58.1 million children, and some 52.7 million women and girls.

The security context across the region further deteriorated during the past year, impacting civilians and humanitarian activities, especially in the Central Sahel (Burkina Faso, Mali, and Niger), Lake Chad Basin (Chad, Far North Cameroon, Niger, and Northeast Nigeria), Central African Republic, the Democratic Republic of the Congo, and North-West and South-West regions of Cameroon. Entire communities were caught in the middle of unrelenting conflict, triggering massive displacement both internally and across borders and increasing vulnerability to human rights violations and sexual and gender-based violence. There has also been a troubling rise in the spillover of conflict from the Central Sahel to neighbouring coastal countries.

The region also continued to be highly vulnerable to public health emergencies. In addition to the COVID-19 pandemic, children and their communities faced recurrent epidemic outbreaks such as cholera in Niger and Nigeria, measles in Burkina Faso, polio in Mauritania, yellow fever in Ghana, and Ebola in Guinea and the Democratic Republic of the Congo, with the associated risks of spread to neighbouring countries. Climate change and environmental shocks further compounded challenges, including floods in Chad, Nigeria, and Republic of Congo, and the Nyiragongo Volcano eruption in the Democratic Republic of the Congo. The combination of climate hazards and the existing deficiencies in meeting the multi-sectoral needs put children at the highest risk.

Amidst these multidimensional emergencies, UNICEF West and Central Africa Regional Office worked tirelessly to deliver and realize the rights of every child. Informed by the Core Commitments for Children, UNICEF West and Central Africa Regional Office actively supported humanitarian action across the region. This included some of the most complex challenges such as the global COVID-19 pandemic (level 3 emergency since April 2020), the situation in the Central Sahel (Burkina Faso, Mali, Niger) and neighbouring countries (Benin, Côte d'Ivoire, Ghana, Guinea, and Togo) in relation to preparedness efforts for conflict spillover (level 2 emergency since August 2019), and the crisis in the Democratic Republic of Congo (level 2 emergency since May 2020).

In 2021, the Regional Office continued to advance initiatives to improve the quality and coverage of humanitarian responses. Despite increased insecurity and limited humanitarian access in some contexts, UNICEF remained committed to sustaining humanitarian responses, including by adapting to new challenges through innovative multi-country partnerships and multi-sectoral and transformative interventions to achieve results at scale. To support these efforts, the Regional Office provided strategic guidance and technical support to all 24 Country Offices to develop and implement multi-sectoral, risk-informed, conflict- and gender-sensitive programming in health, nutrition, WASH, child protection, education, and social protection. Country Offices' programmatic integration of cross-cutting components such as the prevention of sexual exploitation and abuse and gender-based violence in emergencies was also strengthened. Moreover, UNICEF promoted the humanitarian-development nexus across interventions by strengthening systems and communities' resilience capacities against shocks and by incorporating preparedness into sectoral and cross-sectoral programming support to Country Offices and partners.

Finding ways to meet children's needs amid contextual challenges also fostered new modalities for operating and delivering programmes for crisis-affected children. As called for by the Humanitarian Review, the Regional Office will continue to contribute to the organization's transformation to improve the equity, quality, predictability, and timeliness of UNICEF's humanitarian work. Building on lessons learned, the Regional Office will further advance capacity building and cultivate stronger humanitarian leadership, to ensure Country Offices have people with the right skills in the right place at the right time to deliver equitable critical services to the most vulnerable children in remote, insecure, high-risk, and complex humanitarian emergencies. The Regional Office will strengthen its strategic partnerships for preparedness and response to be able to better predict the impact of hazards and to further localize humanitarian assistance, aiming to attain higher levels of coverage and effectiveness. Ultimately, the Regional Office will adapt its response strategies and leverage technology and innovation to improve the speed and quality of UNICEF's humanitarian response.

Humanitarian Context

In 2021, children continued to bear the brunt of the multidimensional humanitarian crises affecting West and Central Africa. Across the region, protracted and developing emergencies and persistent fragility left 107.6 million people in need of humanitarian assistance, including 58.1 million children, and 52.7 million women and girls.¹

Prolonged and violent conflicts across the region were the primary drivers of these needs, fueling massive internal and cross-border population displacements, rising famine levels, and increasing occurrence of gender-based violence (GBV) and sexual exploitation and abuse. In addition to the COVID-19 pandemic, children, their families, and communities faced recurrent epidemics such as Ebola, cholera, measles, and polio. The impacts of climate change joined conflict as root causes of famine and population displacements, with 16 out of the 24 countries of West and Central Africa Region (WCAR) among the 30 countries with the biggest climate change risk for children.²

In its second year, the COVID-19 pandemic shed light on chronic vulnerabilities across the region, with the severity of the impact on children marked by strained social and health systems. By December 2021, there were close to 1.1 million confirmed cases and more than 15,300 deaths (CFR: 1.45 per cent) reported in the region. The economic fallout of COVID-19 also pushed more households into extreme poverty. The proportion of people living with less than US\$1.9 a day increased from 2.3 per cent in 2020 to 2.9 per cent in 2021, sharpening preexisting inequalities within and between countries and disproportionately affecting women and girls, and people with disabilities. Communities in the poorest countries, particularly those already disadvantaged by discrimination and social exclusion, acutely suffered from inequitable access to vaccines and therapeutic treatments.³ Ultimately, the COVID-19 pandemic continued to erode hard-won advances towards the Sustainable Development Goals (SDGs) over the last decade.

The exacerbating regional humanitarian landscape deepened needs across all sectors. By the end of the year, increased conflicts and scarcity of natural resources left some 25.4 million people in need of nutrition assistance. While many schools had reopened following earlier shutdowns, education remained under threat across the region, with 27.2 million children in need of education support. Some 30.9 million people lacked access to safe water, while an estimated 18.3 million children urgently required protection services.⁴

In the **Central Sahel** (Burkina Faso, Mali, Niger), the unprecedented humanitarian and protection crisis continued to worsen due to the combined effects of armed conflict, extreme poverty, food insecurity, and climate change, as well as the socioeconomic consequences of the COVID-19 pandemic. Since the activation of the level 2 (L2) emergency⁵ in 2019, the total number of people in need of assistance increased from 6.7 million to 13.5 million, while the number of children in need rose from 3.5 million up to 7.2 million.⁶ The security situation further deteriorated, with sustained non-state armed group (NSAG) operations as well as territorial expansion. The negative evolution of the context in the Central Sahel was further aggravated due to the increase in NSAG activity in the **Lake Chad Basin** (Cameroon, Chad, Niger, Nigeria). Spillover of conflict from the Central Sahel to **neighbouring coastal countries** also increased. Armed attacks, which reached new peaks in 2021, directly targeted social services such as schools and health centers, depriving affected communities of critical services and jeopardizing the future of thousands of children.

The L2 activation for Central Sahel incorporated an innovative approach involving not only the scale-up of the emergency response in the countries directly affected by the conflict, but also a focus on preparedness and building resilience in five additional high-risk neighbouring countries. The L2 scale-up segment focused on building up emergency response capacity in Burkina Faso, Mali (North and Central Regions) and Niger (Tillabéri, Tahoua, Diffa and Maradi Regions). Towards this end, UNICEF leveraged its footprint and strong field presence in the three Central

¹ United Nations Children's Fund, 'West and Central Africa Regional Office Humanitarian Situation Report', UNICEF, December 2021.

² United Nations Children's Fund, 'UNICEF's Children Climate Risk Index places children from WCA as the most at risk', UNICEF, New York, August 2021, < <https://www.unicef.org/wca/reports/unicefs-children-climate-risk-index-places-children-wca-most-risk> >, accessed 11 March 2022.

³ UNICEF's public health and socioeconomic COVID-19 response is integrated into the standalone regional and country Consolidated Emergency Reports (CER). All interventions and results related to accelerating equitable access to COVID-19 tests, treatments, and vaccines, fall under the Access to COVID-19 Tools Accelerator (ACT-A) global CER 2021.

⁴ United Nations Children's Fund, 'West and Central Africa Regional Office Humanitarian Action for Children (HAC) appeal 2022', UNICEF, December 2021.

⁵ As part of its humanitarian action, UNICEF categorizes emergencies into three levels based on scale; urgency; complexity; and capacity of regional and country offices affected by the crisis. Level 1: The scale of an emergency is such that a country office can respond using its own staff, funding, supplies and other resources, and the usual regional office/headquarters support. Level 2: The scale of an emergency is such that a country office needs additional support from other parts of the organization (Headquarters, Regional Office, and Country Offices) to respond and that the regional office must provide leadership and support. Level 3: The scale of the emergency requires organization-wide mobilization.

⁶ Data aggregated from the 2019 and 2021 Humanitarian Needs Overview documents (HNOs) and the Humanitarian Response Plans (HRPs) released by the Office for the Coordination of Humanitarian Affairs (OCHA).

Sahel countries, with 577⁷ staff currently working across three capitals, and 11 field offices (FOs) to facilitate access to vulnerable people in a high-risk operating environment. The scale-up of the emergency response was accompanied by investments to build the resilience of communities, promote social cohesion, and ensure access to quality basic services, in line with UNICEF's procedure on linking humanitarian and development efforts. UNICEF accelerated the Grand Bargain commitments by supporting governments and local partners to strengthen preparedness and information management systems. Through investments in social systems, UNICEF succeeded in bolstering resilience models and approaches, with an emphasis on risk-informed and multi-sectoral programming.

At the same time, based on the analysis of the sub-regional contexts and risk factors, the L2 activation also focused on investing in preparedness and prevention efforts in five neighbouring coastal countries, based on the analysis of the sub-regional contexts and risk factors, namely Benin, Côte d'Ivoire, Ghana, Guinea, and Togo. This work focused on strengthening response readiness through staff training, the updating of the Country Offices Emergency Preparedness Plans (COs EPPs), and the establishment of early warning systems, which simultaneously helped improve the capacity of basic social services in the most deprived areas. In this regard, the Regional Office (RO) supported 21 workshops on emergency preparedness between February and December 2021 with Benin, Ghana, Togo COs and with the Côte d'Ivoire FOs. Drawing on the lessons learned from these trainings, UNICEF is now adapting programmes to better integrate the identified risks and establish early warning systems based on sub-regional conflict dynamics. UNICEF continued to lead emergency coordination mechanisms at both country and regional level. In the regional hub of Dakar, this included leadership of the child protection, education, nutrition, resilience, risk communication and community engagement (RCCE) and WASH working groups.

Delving into the humanitarian context of individual countries, **Burkina Faso** remains a complex context, with increasing security challenges and 3.5 million people in need of humanitarian assistance, including 2.1 million children.⁸ Attacks by NSAG persisted in 2021, with a total of 733 incidents and 1,280 victims (14 children) recorded between January and December 2021.⁹ The intensification of hostilities resulted in the disruption or unavailability of basic services, reduced access to livelihoods in the most-affected areas and substantial displacement. Nearly 1.6 million people were internally displaced throughout 2021, including 62 per cent children.¹⁰

In 2021, UNICEF pivoted its humanitarian action towards supporting the continuity of services, expanding service coverage, and protecting staff safety, security, and well-being in high-risk zones. In order to achieve this, UNICEF strengthened preparedness and contingency capacities and operationalized its increased field presence in Dori (Sahel region), Kaya (Centre-Nord region), Fada N'Gourma (Est region) and Ouahigouya (Nord region). At the FO-level, UNICEF improved its capacity to analyze the humanitarian situation of children and ensured the efficient functioning of subnational coordination mechanisms in nutrition, WASH, child protection, and education, accelerating the impact of these mechanisms in favor of the most vulnerable populations.

UNICEF tackled access constraints through the integration of access strategies and targeting approaches in rapid response mechanisms (RRM) and the scale-up of community-based partnerships. UNICEF implemented the Rapid Response and Community Resilience strategy (3RCs), an innovative mechanism to localize humanitarian preparedness and response in hard-to-reach areas. Connected to this strategy, UNICEF strengthened risk-informed multi-sectoral programmes and conducted multi-sectoral needs assessments by working with local authorities and accelerating investment in community-based organizations and platforms. More than 75,000 people were reached with a multi-sectoral emergency response package in 2021.¹¹ West and Central Africa Regional Office (WCARO) provided technical assistance in developing the 3RCs strategy and the new Country Programme Document (CPD), that include a strong humanitarian- and development nexus component. In addition, WCARO supported a full-time humanitarian cash transfer (HCT) position to accelerate the development of the cash transfer strategy and related programme implementation. Finally, as humanitarian access became more and more challenging, WCARO assisted in the development and review of the access and "do no harm" approach, in close collaboration with UNICEF's Office of Emergency Programmes (EMOPS).

A similar multidimensional crisis is unfolding in **Mali**, driven by the combination of conflict and insecurity, socio-political instability marked by the 2021 coup d'état, climate change and the COVID-19 pandemic. By the end of 2021, the number of people in need of humanitarian assistance had increased from 5.9 to 7.1 million; of whom 52 per cent were women and 56 per cent were children.¹² The situation worsened throughout 2021, particularly in the North and Centre of the country where massacres and serious violations of children's rights were observed. In September 2021

⁷ Burkina Faso: 149 staff, three field offices; Mali: 225 staff, five field offices; Niger: 203 staff, three field offices.

⁸ Office for the Coordination of Humanitarian Affairs, 'Burkina Faso: 2021 Humanitarian Response Plan', OCHA, January 2021

⁹ United Nations Children's Fund, 'Burkina Faso humanitarian situation report,' No. 5, UNICEF, December 2021.

¹⁰ Conseil National de Secours d'Urgence et de Réhabilitation, 'Enregistrement des Personnes Déplacées Internes du Burkina Faso,' December 2021.

¹¹ United Nations Children's Fund, 'Burkina Faso Humanitarian Situation Report', No. 5, UNICEF, December 2021.

¹² Office for the Coordination of Humanitarian Affairs, 'Mali: 2021 Humanitarian Response Plan', OCHA, 2021

more than 400,000 internal displaced people (IDPs) were registered, of which 55 per cent were female and 64 per cent were children, representing a 40 per cent increase since December 2020.¹³

To enhance principled humanitarian access, UNICEF built on its comparative advantage in localization, focusing on community acceptance and local support and expanding partnerships with local Non-Governmental Organizations (NGOs), community-based organizations and local municipalities. UNICEF further reinforced FOs' capacities and responsibilities with the recruitment of 33 staff in 2021, which enabled the delivery of key programmatic results for children in emergencies, whilst ensuring a safe and conducive working environment for UNICEF staff. With WCARO's support, FOs implemented emergency procedures, as well as minimum preparedness standards, to improve the effectiveness of UNICEF's humanitarian response in line with the Core Commitments for Children (CCCs).¹⁴

Informed by risk analysis exercises, UNICEF improved supply and logistics preparedness measures at regional and country levels. Utilizing the pre-positioning of contingency stocks worth US\$1.8 million in the six regions and the Bamako District, UNICEF and partners assisted 399,258 people (including 215,599 children) affected by various crises. Of these, 45,549 people (including 20,519 women and 19,218 children) received direct assistance from UNICEF. In addition, UNICEF successfully opened the Niamey-Gao road, helping to mitigate insecurity risks and humanitarian access constraints in several Northern areas of Mali, ensuring efficient delivery of contingency supplies.

With the support of WCARO, UNICEF provided technical assistance to the Government of Mali to strengthen its emergency preparedness and response systems at national and decentralized levels. Some results include the elaboration of the 2021 national flood preparedness and response plan, and the development of shock-sensitive local development plans (PDSEC). Thanks to sustained institutional support and capacity building, nine regions in the Bamako district are more resilient and better equipped to anticipate and respond to floods and various shocks faced by people and communities.

Niger is also facing a prolonged multidimensional crisis, including recurring armed clashes, displacement, malnutrition, epidemics, and climate-related disasters, such as floods. The context is also characterized by deep structural challenges, the socioeconomic impacts of COVID-19 and the presidential, legislative, and municipal elections. In 2021, 3.8 million people required humanitarian assistance, including 2.1 million children.¹⁵ Limited humanitarian access and underfunding remained major bottlenecks in the delivery of assistance.

UNICEF prioritized flexible and rapid deployment of emergency programmes to mitigate risks and respond to cyclical and chronic emergencies. Working through the RRM, UNICEF led technical coordination, procurement, transport and pre-positioning of contingency stocks to meet the vital needs of affected populations. The RRM received 153 alerts and conducted 262 multi-sectoral assessments associated with population movements due to insecurity, reaching more than 117,000 people in need with humanitarian assistance.¹⁶ UNICEF also expanded HCT to improve flexibility, adaptation, and effectiveness of the response, integrating humanitarian action with development programming. Through the incorporation of cash transfers into RRM, UNICEF reached 3,126 households displaced by armed conflict and natural disasters, representing 19,202 people (3,373 women, 3,837 men, 6,005 girls and 5,987 boys).¹⁷

UNICEF strove for innovation in all programmatic areas in 2021, including the expansion of the real-time monitoring platform (RapidPro)¹⁸ to monitor the evolution of malaria and cholera outbreaks at 68 integrated health centers in Niamey and the COVID-19 pandemic in Diffa. The collected data assisted the Ministry of Public Health (MoH) and its partners in their epidemic response, mainly for case and stock management. Through the Child Protection Area of Responsibility (CP AoR), UNICEF improved tools allowing for data collection through community approaches, whilst the education sector introduced a pilot test of a tool for the geolocation of secondary education establishments in the Tillabéri region. The generation of real-time, multi-sectoral data, and evidence-guided decision-making, supported monitoring, and enabled course correction of preparedness and response.

Cameroon faces three concurrent, complex, protracted crises,¹⁹ driven by armed conflict and a refugee influx that now impacts nine of the country's 10 regions. In 2021, 4.4 million people needed humanitarian assistance, including

¹³ Direction Nationale du Développement Social, 'Matrice de Suivi des Déplacements', July 2021.

¹⁴ United Nations Children's Fund, 'Core Commitments for Children', UNICEF, New York, 2021, <<https://www.corecommitments.unicef.org/>>, accessed 16 March 2022.

¹⁵ Office for the Coordination of Humanitarian Affairs, 'Niger: 2021 Humanitarian Response Plan', OCHA, February 2021.

¹⁶ United Nations Children's Fund, 'Niger Humanitarian Situation Report', No. 4, UNICEF, December 2021.

¹⁷ Ibid.

¹⁸ United Nations Children's Fund, 'Real time information - RapidPro', UNICEF, <<https://www.unicef.org/innovation/rapidpro>>, accessed 20 February 2022.

¹⁹ Armed conflict in North-West/South-West (NW/SW) regions and in Far North/Lake Chad Basin, and refugee crisis in the East and Adamawa regions.

2.3 million children, 1.1 million women and 660,000 people with disabilities.²⁰ The year was additionally marked by 72 “ghost-town”/lockdown days in the North-West and South-West (NW/SW) regions, during which NSAGs prohibited freedom of movement, impacting economic and humanitarian activities.²¹

With the support of WCARO and in liaison with EMOPS localization experts, UNICEF championed the localization agenda through its field presence, expanding partnerships with local NGOs and delivering complementary, multi-sectoral responses in hard-to-reach areas and sites for IDPs, refugees, returnees, and host communities. Innovative approaches such as the Comprehensive Child Response model were implemented in the NW/SW regions, allowing UNICEF to meet acute needs through rapid, multi-sectoral responses. With technical support from WCARO on Risk-informed Programming (GRIP), the CO in conducting a Child Risk Impact Analysis (CRIA), with broad stakeholder consultation (including 125 children and 7,000+ U-reporters²²), enabling better risk-informed programme implementation, improved work on social cohesion, and strengthened in-country advocacy on the impact of climate change on children. In support of both initiatives, WCARO provided technical support and facilitated specific sessions on preparedness, during and after the FOs retreat held in September 2021 organized by the CO and with participation of the three FOs (Bertoua, Maraoua and Buea).

The UNICEF-UNHCR Blueprint initiative focused its interventions in six local councils hosting refugees in the East (3) and Adamawa (3) regions, enabling optimization of interventions through harmonization of strategies and complementary mandates. Throughout the year, WCARO continued to play an active role in guiding the CO’s planning for the Blueprint initiative and conducting the quality review of targets and reported results. The interventions implemented within this framework provided psychosocial support to 13,019 school-aged children (56 per cent girls). In addition, both agencies jointly advocated to the regional authorities for the inclusion of refugees’ specific needs and Blueprint interventions in regional and local development plans. As a result, Manjou and Garoua-Boulai councils in the East region benefited from Blueprint packages, improving access to basic social services for vulnerable communities and reinforcing social cohesion and peaceful cohabitation between refugees and host communities.

Similar to other countries across the region, **Chad** is facing conflict-induced displacements, natural disasters (including flooding and rainfall deficits), persistent food insecurity, epidemics, a socioeconomic crisis exacerbated by COVID-19, and political instability marked by a coup d’état in 2021. Some 1.1 million displaced people reside in Chad, including 555,787 refugees, 406,573 Chadian IDPs (a 21 per cent increase compared to 2020), 106,913 Chadians returnees, and 4,707 asylum seekers.²³

UNICEF prioritized multi-sectoral and gender-sensitive and synergistic responses to multiple crises in 2021. To support these efforts, WCARO provided multi-sectoral support to the CO’s humanitarian response during the pre- and post-Election period (March 2021 onwards) and the response post-Coup d’état (April 2021 onwards). In addition, with support from WCARO, an end user monitoring exercise targeting three provinces (N’Djamena, Guera and Lac) was conducted to assess the capacity of the Ready-to-Use Therapeutic Food (RUTF) supply chain in terms of availability and the use of RUTF. A supply chain risk management strategy was developed with support from a UNICEF WCARO mission in 2021 which allowed for the mitigation of RUTF stockout risk over the remainder of the year. Some 280,835 cartons of RUTF were mobilized in 2021, representing 86 percent of the annual need.²⁴

In the face of rapid onset and protracted humanitarian crises, UNICEF, with its four FOs, continued to strengthen its work on linking humanitarian response and development programmes and adapting programming responses to new risks. UNICEF supported the Government in developing multi-risk contingency plans, and reviewing the National Multi-Risk Contingency Framework, integrating crisis dynamics, and updating the multi-sectoral emergency preparedness and response framework. WCARO strengthened the country’s preparedness architecture to improve readiness to respond to emergencies, by providing technical support for CO emergency preparedness plans, and the roll-out of the Emergency Preparedness Platform (EPP) 2.0. The RO also provided specific technical support for preparedness and response to assist Cameroonian refugees.

In response to the withdrawal of on-the-ground presence of humanitarian actors and increasing humanitarian needs, UNICEF partnered with women-led local NGOs in hard-to-reach and insecurity-affected areas, localizing UNICEF’s emergency response and implementing a “stay and delivery” strategy. In under a week, non-food items (NFIs) were distributed to 12,296 people, including women and children in IDP sites through an agreement with the local nursing women’s association, demonstrating that building new and innovative partnerships with local women-led NGOs can

²⁰ Office for the Coordination of Humanitarian Affairs, ‘Cameroon: 2021 Humanitarian Response Plan’, OCHA, March 2021.

²¹ United Nations Children’s Fund, ‘Cameroon Humanitarian Situation Report’, No. 9, UNICEF, December 2021.

²² U-Report is a social messaging tool and data collection system developed by UNICEF to improve citizen engagement, inform leaders, and foster positive change.

²³ United Nations Children’s Fund, ‘Chad Humanitarian Situation Report’, December 2021.

²⁴ Ibid.

save lives in complex environments. To strengthen community's accountability, UNICEF conducted a post-distribution survey on target populations' perception of the NFI distributions. To adequately integrate Accountability to Affected People (AAP) into humanitarian planning and support the AAP strategy, the coordinators and monitoring and evaluation officers of cluster members were trained on APP concepts and mechanisms under UNICEF's lead.

Humanitarian needs in **Nigeria** continued to increase in 2021, with conflicts in the North East and the North West geopolitical zones. An estimated 8.7 million people – including 5.1 million children and over one million people living in inaccessible areas– needed humanitarian assistance in North East Nigeria.²⁵ There were over 600,000 crisis-affected people in the North West.²⁶ The COVID-19 pandemic exacerbated the needs of affected people and further impacted basic service infrastructure.

UNICEF's response to these challenges was integrated and multi-sectoral, focusing on conflict-affected populations in the North East and North West regions, and on emergency COVID-19-related risk communications. UNICEF focused on improving the quality of its humanitarian programming and increasing the protection of children and women through community-based actions to mitigate risks and prevent and respond to violence, exploitation, and abuse. In one such example, UNICEF ensured sustained GBV risk reduction and mitigation through the establishment of 90 safe and accessible community-based reporting mechanisms in nine local government areas and the utilization of innovative ways for safe reporting using voiceless message signals. UNICEF led the Interagency Task Force on children's law and implemented advocacy strategies to achieve major steps forward for children's rights in Nigeria. The dissemination of the Child Rights Act (CRA) is progressing, with Sokoto State signing the Child Protection Bill into law and four other states awaiting their Governors' assent.

UNICEF further strengthened the education response, integrating linkages between humanitarian action and development programming by improving access and quality through top-line government engagement and on-the-ground support to partners. Following this approach, UNICEF developed the "continuity of learning in conflict settings" education initiative to anticipate the loss of access to beneficiaries during the programme's lifecycle. The initiative consisted of a pre-recorded USB, stored solar-powered radio learning programme facilitated by community teachers. A total of 67,500 children, including 52 per cent girls, were reached through this approach.

Despite the signing of a peace agreement in **Central African Republic (CAR)** in 2019, the combined impacts of enduring violence, epidemics, the COVID-19 economy downturn, and structural fragility left 2.8 million people (57 per cent of the population) in need of humanitarian assistance, including 1.3 million children and 430,000 people with disabilities.²⁷ Among these 2.8 million people, 1.9 million suffered acute vulnerabilities that threatened their survival (39 per cent of the population).²⁸ The year was characterized by a deteriorating and precarious humanitarian situation and shrinking humanitarian access.

UNICEF prioritized child-centered life-saving interventions and risk reduction for displaced, returning and host communities, with the RRM at the forefront of UNICEF's humanitarian action. In 2021, the RRM recorded 145 alerts of which 67 per cent were related to conflict, leading to 71 assessment missions. As a result, 37 NFI interventions reached 227,638 vulnerable people including 140,923 children (71,849 boys, 69,074 girls) with essential household items. This included 3,009 people assisted through cash transfers as an alternative to direct distributions. The 34 WASH interventions, mostly carried out alongside NFI distributions, benefited 178,664 people, including 108,283 children (55,113 boys, 53,170 girls). Through October 2021, 92 per cent of RRM interventions were completed with an additional response in at least one sector, making strong progress towards an effective multi-sectoral response.²⁹

In collaboration with WCARO and EMOPS HCT team, CAR was supported with specific HCT training for 25 staff. WCARO also financially supported CAR CO to hire Cash Transfer Specialists and to implement HCT pilot programmes. As a result, the CO could step up its cash transfers programme, including multi-sector responses aimed at mitigating the impact of COVID-19, and in support of nutrition and education interventions in line with the Grand Bargain commitments. In 2021, 5,430 households benefited from HCT through the implementation of 6 programmes, compared to 1,120 households in 2020.³⁰ As part of its HCT scale-up plan, UNICEF also improved accountability to HCT beneficiaries by piloting and using the innovative the "Humanitarian cash Operations and Programme Ecosystem" (HOPE) tool.

²⁵ Office for the Coordination of Humanitarian Affairs, 'Nigeria: 2021 Humanitarian Response Plan', OCHA, 2021.

²⁶ Ibid.

²⁷ Office for the Coordination of Humanitarian Affairs, 'Central African Republic: 2021 Humanitarian Needs Overview', OCHA October 2020.

²⁸ Ibid.

²⁹ United Nations Children's Fund, 'Central African Republic Humanitarian Situation Report', UNICEF, December 2021.

³⁰ Ibid.

The **Democratic Republic of the Congo (DRC)** continues to experience one of the most complex, protracted and acute humanitarian crises in the world, with 19.6 million people in need of humanitarian assistance,³¹ including 11.5 million children.³² Persistent violence, intercommunal tensions, natural disasters (such as the Volcano Niyaragongo eruption), acute malnutrition and major epidemic outbreaks (including two Ebola outbreaks in North Kivu in 2021), further compounded chronic poverty and systemic weaknesses, affecting the lives and well-being of children.

UNICEF continued to be among the first responders, providing a timely and integrated life-saving response to address the acute needs of vulnerable populations. UNICEF revitalized and strengthened the capacities and operations of community-based organizations and enforced a holistic and systematic approach to scaling up protection from sexual exploitation and abuse (PSEA) and GBV in all interventions. UNICEF reinforced access to PSEA reporting channels in 12 provinces and increased the number of dedicated GBViE partnerships from three in 2020 to 11 in 2021. Across the country, UNICEF reached 152,000 women and children with GBV prevention, response and risk mitigation; a 10-fold increase compared to the previous year.³³ Building on lessons learned from previous Ebola outbreaks, UNICEF strengthened the local health systems and refined the survivor follow-up strategy, relying heavily on community surveillance and PSEA, resulting in improved PSEA accountability across UN agencies, partners, and the Government and increased recruitment of female frontline workers.

UNICEF supported the Government in building shock-responsive and child-sensitive social protection mechanisms, achieving significant progress in 2021. With the Ministry of Social Affairs, UNICEF, and World Food Programme (WFP) jointly implemented a cash assistance project to mitigate the impact of COVID-19 in the Nsélé Heath Zone (Kinshasa), reaching 55,259 children (50 per cent girls).³⁴ UNICEF rolled out the HOPE platform in DRC in December 2021 as the standard platform for managing cash-based transfers.

UNICEF scaled up the response to the IDP crisis, and adapted to new needs, including through a new localized RRM and the development and implementation of a tailored humanitarian-development nexus strategy to address vulnerability and needs. Following these interventions, UNICEF deactivated the L2 sustain phase for DRC. An exit strategy was developed to ensure the CO continued to benefit from relevant emergency procedures and that specific actions, including multi-country learning and sharing of experiences, were taken forward building on the gains made over the past years.

The situation in **Guinea** remains fragile for millions of children due to high rates of poverty, recurrent threat of epidemics, high rates of acute malnutrition, cyclical natural disasters, and socio-political unrest, with the country experiencing a coup d'état in September 2021. The resurgence of Ebola in 2021 further strained an already weak national health system characterized by inadequate facilities, limited capacity, and low vaccination coverage. The health crises and political instability experienced in 2021 highlighted the challenges for gender equality, in particular the differential impact and unequal access of women and girls to services and opportunities.

Since the beginning of the outbreak, the CO, with support from WCARO, joined the Government and other partners in launching actions to control and prevent further spread of the outbreak, including the activation of the national and district emergency management committees by the Guinean MoH. UNICEF actively participated in rapid joint needs assessments to ensure informed and proportionate planning of its various interventions and supported the development of the National Response Plan against Ebola. At the subnational level, UNICEF RO and CO actively contributed to informing and updating the Budgetary Coordination Framework of UNICEF for the Ebola response.

As part of UNICEF's Strategy and Response Plan, which is aligned with the National Response Plan and with the World Health Organization's (WHO) Strategic Preparedness and Response Plan, UNICEF deployed 35 international staff by May 2021, and another 15 staff were re-assigned internally from CO regular programmes in support of the Ebola response. In addition, as the PSEA lead agency, UNICEF facilitated the training of 770 staff (including 361 women) of United Nations (UN) agencies, implementing partners, and Regional Health Directorate, in Nzerekore and in Conakry.

Following the declaration of the Ebola outbreak in Guinea, UNICEF stepped up preparedness activities in six neighbouring countries (**Côte d'Ivoire, Guinea-Bissau, Liberia, Mali, Senegal, and Sierra Leone**), where approximately 31 million people under the age of 18 were assessed to be at risk. Preparedness measures included the vaccination of close to 3,000 frontline workers and 11,000 individuals living in high-risk areas, as well as the

³¹ Office for the Coordination of Humanitarian Affairs, 'Democratic Republic of the Congo: 2021 Humanitarian Needs Overview', OCHA, 2020.

³² This was calculated based on children making up 58.5 per cent of the population, as per the National Institute of Statistics Democratic Republic of the Congo Statistical Yearbook 2015–2017.

³³ United Nations Children's Fund, 'Democratic Republic of the Congo Humanitarian Situation Report', UNICEF, December 2021.

³⁴ Ibid.

scale-up of health services, RCCE, infection, prevention, and control (IPC), and WASH, and psychosocial care activities in communities, schools, and healthcare facilities.³⁵

Simultaneously, the COVID-19 pandemic continued to have long-ranging effects on the provision of essential services to children and their families in **Benin, Côte d'Ivoire, Equatorial Guinea, Gambia, Guinea Bissau, Liberia, and Togo**. In response, the RO provided guidance to these countries to support national COVID-19 preparedness and response. Also, UNICEF remained active in surveillance, epidemiological investigation, and case investigation, and provided technical assistance on how to use existing community-based platforms and initiatives (e.g., child-friendly spaces and RapidPro) to strengthen community-based surveillance of COVID-19. UNICEF also continued efforts to prevent and address the socioeconomic impacts of the pandemic, by strengthening social protection systems, making them more shock-responsive, child-sensitive, and gender and disability-inclusive.

In addition to the COVID-19 related needs, **Equatorial Guinea** confronted a series of explosions in the city of Bata in March 2021, which caused 107 deaths and over 700 injured, mostly children, and damaged nearly every building in the city of 250,000 people, including schools.³⁶ UNICEF and partners implemented a response and recovery plan to support the affected population, restore basic services, public infrastructure, and rehabilitate damaged housing. A unique model of partnership for humanitarian assistance that tapped into the potential of the private sector was employed. UNICEF brokered the deployment of experts from the private sector standby partner, the Veolia Foundation, and NGO standby partner DSS Water to work with UNICEF staff to assess water sources for biologic and chemical pollutants following the blast and identify potential public health risks. In collaboration with the Government and partners, UNICEF designed and implemented the first-ever cash-based intervention in Equatorial Guinea. The HCT programme, complemented by a child-oriented communication strategy, reached 300 vulnerable families (including 1,018 children and adolescents) affected by the explosions with a total value of 135,000,000 XAF.³⁷ The HCT initiative provided valuable lessons for future programming.

Multi-epidemics (so called “multi-demics”) preparedness and response

In 2021, West and Central Africa confronted multiple and diverse public health emergencies including the continuation of the COVID-19 pandemic, the resurgence of Ebola and recurring epidemics of measles, cholera, polio, Lassa fever, among others,³⁸ with many countries facing various epidemics simultaneously. The low capacity of some countries to prevent and manage “multi-demics” and other health emergencies, coupled with the lack of investment in health infrastructure, plus already weakened social services and community systems due to COVID-19, resulted in numerous deaths and long-lasting impacts on affected communities, especially children. In the context of “multi-demics,” it was crucial that UNICEF and partners’ humanitarian response was integrated and multi-sectoral, so that responding to one outbreak allowed to meet the needs of other potential epidemics while building communities’ resilience and establishing preparedness and prevention measures.

The year was especially marked by a new Ebola outbreak in Guinea (23 cases, 12 deaths, CFR: 52 per cent), and the two epidemic waves (12th and 13th) in DRC North Kivu region (with a combined number of 23 cases and 12 deaths), placing further burden on already frail public health systems and eroding community resilience. Children exposed to Ebola witnessed death and suffering, became infected themselves, or had to spend weeks in isolation because they had contact with someone infected with the virus. Beyond the physical effects of Ebola, affected children and populations suffered the emotional impact of isolation due to stigma and discrimination, which could take years to heal.

As part of the Ebola multi-sectoral response, it was critical to strengthen the capacities of countries and the region for improved epidemic disease surveillance and prevention measures to mitigate the spread of Ebola to other communities, as well as rapid response capabilities to meet the needs. Moreover, dedicated efforts were required to strengthen cross-border and inter-sectoral collaboration to prepare for and prevent the potential spillover to neighbouring countries. Together with the immediate health life-saving services required to treat affected communities, UNICEF and the humanitarian community had to prevent and control infections through the provision of hygiene kits to households affected by Ebola, and the training of and assistance to local hygiene teams in the decontamination of homes, public places, and health facilities when new cases were confirmed. Another critical prevention measure was to ensure that WASH services were available in health care facilities, schools, and communities by establishing handwashing stations, temperature control checks, distributing hygiene kits, and

³⁵ United Nations Children’s Fund, ‘West and Central Africa Regional Office Humanitarian Situation Report’, UNICEF, December 2021.

³⁶ Ibid.

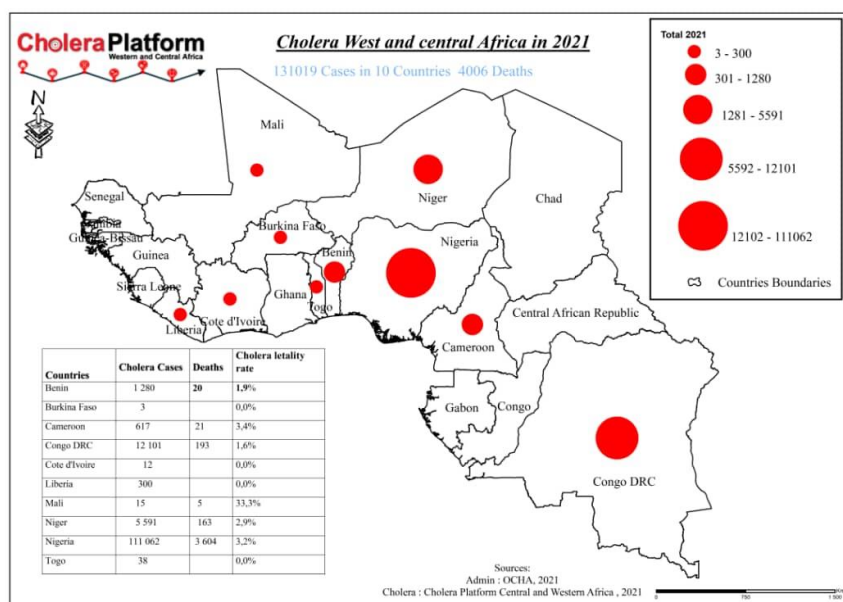
³⁷ Ibid.

³⁸ World Health Organization Health Emergency Programme, ‘Weekly Bulletin on Outbreaks and Other Emergencies’, Week 1: 27 December 2021–2 January 2022, WHO Regional Office for Africa, <www.who.int/iris/bitstream/handle/10665/350967/OEW01-271202012022.pdf>, accessed 27 February 2022.

organizing outreach activities promoting good hygiene practices. The multi-sectoral response also had to reinforce mental health and psychosocial support (MHPSS) programmes, as UNICEF psychosocial support teams were often the first to be in contact with families affected by Ebola, playing a major role in the success of the response by ensuring that families trusted and accepted interventions. Moreover, children infected with Ebola needed comprehensive, child-specific care, including medical, nursing, nutritional, psychosocial and rehabilitation services.

Beyond Ebola, and as affected populations continued to drink untreated and potentially contaminated water, there was a rise in epidemics linked to unsafe water and sanitation such as cholera. The threat to children from cholera remained very high, especially when health systems were overburdened due to COVID-19. As a result, 2021 was the worst epidemic year for cholera in the last 6 years in the region, with a total of 131,019 cholera cases reported, including 4,006 deaths (CFR: 3 per cent > 1 per cent emergency threshold). Most of the cases were reported in Nigeria (111,062), as per figure 1 below.³⁹

Figure 1



All 24 countries in the region reported COVID-19 transmission throughout the year and experienced up to four waves with higher peaks from one wave to another. As of 31 December 2021, close to a cumulative 1.1 million confirmed cases and 15,325 deaths (CFR: 1.45 per cent) had been reported across the region, while the regional COVID-19 vaccination coverage remained low at 4.1 per cent. Adequate WASH services and supplies, and IPC measures remained vital components in response to and preparation for COVID-19 and in mitigating the secondary impacts of the outbreak on WASH services. To contain and prevent COVID-19 transmission, it was required to apply WASH practices in healthcare facilities and ensure access to WASH services for households living in affected and high-risk areas, at vulnerable collective sites, in reopened schools and in public spaces. The continued access to essential IPC, WASH and medical supplies were key enablers for the continuation of supply chains and local markets in 2021.

The scale and impact of “multi-demics,” especially COVID-19 and Ebola, caused devastating health consequences, as well as economic and social disruption, profoundly impacting children’s well-being. This disruption of services, coupled with limited humanitarian access and movement restrictions, reduced the provision of primary health care for newborns, children, and women across the region. HIV/AIDS prevention, testing and care services also suffered disruptions. Routine immunization services were also constrained due to the interruption in vaccination demand and supply, and the reduced availability of the health workforce.

Despite the resumption of essential maternal and child health services, routine immunization performance remained stagnant in WCAR in 2021, with an estimated 2.6 million children under-vaccinated for diphtheria-tetanus-pertussis (DTP3), compared to 2.8 million in 2020. Despite a global decline in the deaths of newborns and children under 5 years, the region continued to bear the highest burdens of child mortality. According to latest trends, the rates of

³⁹ Regional Cholera Platforms for Western and Central Africa, ‘Regional Update 2021’, Cholera Platform, <www.platformecholera.info/index.php/wac-platform>, accessed 19 March 2022.

neonatal mortality stood at 27 (25–32) per 1,000 live births (1 million deaths)⁴⁰ and Under-five Mortality Rate (U5MR) at 74 deaths (68–86) per 1,000 live births⁴¹ (2.7 million deaths) in sub-Saharan Africa, falling short of the SDGs targets⁴² and preventing millions of children from surviving and thriving. Sub-Saharan Africa led the global share of all deaths among children and youth aged 5–24 years (45 per cent) and if current trends continue, an estimated 9.9 million children and youth will die between 2021 and 2030. Although HIV response notably improved with 37 per cent fewer new HIV infections in the region in 2020 compared with 2010,⁴³ the region accounted for more than one third of new HIV infections among children globally.

Moreover, in 2021, WCAR countries continued to suffer the economic slowdown triggered by the COVID-19 pandemic. Despite a modest resumption of economic growth, patterns of recovery have been uneven between and within countries. Many households continued to suffer income loss and food insecurity, as their income base had eroded significantly. The effects of the pandemic have been widespread and disproportionately affected vulnerable segments of the population already in poverty or vulnerable to falling into poverty, including children and their families. Unlike in advanced economies, and despite the momentum for social protection globally and in the region, the level of social assistance was not proportionate to the level of needs. Revenue declines and rising expenditure posed significant financing challenges for governments, while they had limited access to finance. In addition, the vulnerability of many families in the region was affected by other shocks related to the impact of climate change or conflict. This significantly increased the need for social protection responses, through the expansion of existing programmes and through HCTs.

In the wake of “multi-demics” and their correlated humanitarian impacts, social behaviour change (SBC) approaches continued to be crucial to addressing sociocultural barriers and engaging communities in the adoption of life-saving practices to tackle public health emergencies efficiently and effectively. With an estimated 252 million people unconnected to the internet across the region,⁴⁴ SBC remained paramount to ensure that those living in areas with limited access to digital information channels, were informed and empowered to protect themselves and their communities. Meeting these staggering needs required sharing relevant and action-oriented life-saving information and implementing people-centered, community-led approaches to guide people in affected communities to take proper action, access available services, address community concerns, and inform programme design.

Protracted crises: conflict, nutrition, and natural disasters

In 2021, an increase in violent conflicts, famine levels and natural disasters triggered massive population displacements. By the end of the year, 15.2 million people had been forcibly displaced, including 8.8 million children (see figure 2). This increase in emergencies severely hampered access to basic services and made it difficult to provide humanitarian aid to populations in need across all sectors, significantly impacting children’s well-being.

In 2021, nearly half of the 24 countries in the WCAR faced severe humanitarian crises mainly due to conflicts. Within the 10 conflict-affected countries in the region (Burkina Faso, Cameroon, CAR, Chad, DRC, Mali, Mauritania Niger, Nigeria, and RoC) an estimated 11.6 million children were in need of protection, a 23 per cent increase compared to 2020.⁴⁵

Figure 2



⁴⁰ Guinea-Bissau, Nigeria, and Central Republic had the highest neonatal mortality rate with >35 deaths per 1,000 live births.

⁴¹ Nigeria, Chad, and Central Republic had the highest U5MR with >100 deaths per 1,000 live births.

⁴² The Sustainable Development Goals (SDGs) targets are neonatal mortality rate of 12 or fewer deaths per 1,000 live births, and an under-five mortality rate of 25 or fewer deaths per 1,000 live births by 2030. See <sustainabledevelopment.un.org>

⁴³ Joint United Nations Programme on HIV/AIDS, ‘UNAIDS Data 2021’, UNAIDS, 2021, <www.unaids.org/sites/default/files/media_asset/JC3032_AIDS_Data_book_2021_En.pdf>, accessed 27 February 2022.

⁴⁴ International Organization for Migration, ‘IOM Steps Up Risk Communication and Community Engagement in Response to COVID-19 in West and Central Africa’, IOM, 21 April 2020, <www.iom.int/news/iom-steps-risk-communication-and-community-engagement-response-covid-19-west-and-central-africa>, accessed 19 March 2022.

⁴⁵ Data derived from the Humanitarian Response Plans (HRPs) 2021; and for countries without corresponding interagency needs and planning docs, data derived from the Humanitarian Action for Children (HAC) appeals 2021.

With the addition of Burkina Faso, Cameroon and Lake Chad Basin as “situations of concern”⁴⁶ in the UN Secretary-General’s Annual Report on Children and Armed Conflict (SRSG/CAAC) (covering violations committed in 2020), the region accounted for the largest number of situations in the world.⁴⁷ In 2020, the UN verified 80 attacks on schools (70) and hospitals (10) in Burkina Faso, and the abduction of 68 children (32 boys, 26 girls, 10 sex unknown) in Cameroon, occurring in the Far North (45) and North-West (23) regions. The UN also verified 762 grave violations against 685 children (382 boys, 260 girls, 43 sex unknown) in the Lake Chad Basin, including in the Far North Region of Cameroon (161), Lac Province in Chad (145), Diffa Region in the Niger (206) and North-East Nigeria (250).⁴⁸

The significant increase in the number of countries as “situations of concern,” as well as the need for the establishment of a multi-country system for monitoring and reporting grave violations in the Lake Chad Basin region, required dedicated support from UNICEF including capacity building (face-to-face and online training for approximately 100 people from Burkina Faso, Cameroon, Chad, Mali, and Niger), data collection and quality checks, trends analyses, and harmonization of tools and processes between countries to produce quality and timely reports on grave violations submitted on a quarterly basis to the SRSG CAAC Office. Although the number of grave violations monitored in these countries is not yet publicly available for 2021, the number of violations for 8 countries increased by more than 34 per cent between 2019 and 2020.⁴⁹

Moreover, even if the impact of COVID-19 was less evident in 2021 compared to 2020, the pandemic continued to impact child protection service delivery across the region. The operational context demanded that UNICEF adapted and strengthened its child protection response modalities (e.g., through mobile teams, household visits, and community-based interventions), which required time and dedicated technical support from WCARO to facilitate learning exchanges through regular webinars or updates; for instance, through the setting-up and management of a child protection COVID-19 platform.

As emergencies hit countries, sustainable access to WASH remained a challenge for affected populations across the region. In 2021, a total of 56 million people were in need of WASH assistance in humanitarian settings,⁵⁰ while some 30.9 million people lacked access to safe water.⁵¹ In particular, access to safe water remained compromised in fragile and conflict-affected areas, including the Central Sahel (Burkina Faso, Mali, and Niger), Lake Chad Basin (Chad, Far North Cameroon, Niger, and Northeast Nigeria), CAR, DRC, and NW/SW regions of Cameroon. Water scarcity also became a driver of conflict in some contexts. In the Central Sahel, some 42 million people including nearly 23 million children experienced high to extremely high levels of water vulnerability, and almost 5.8 million people needed WASH services. Conflict over natural resources intensified in the Far North of Cameroon during the year. In December 2021, intercommunal clashes in Logone-Birni over access to water forced the internal displacement of nearly 33,000 people, while some 36,000 Cameroonians sought refuge in Chad.⁵²

An increase in deliberate and indiscriminate attacks severely damaged water systems and infrastructure across the region and exposed vulnerable populations to higher risks. Personnel were injured, the power keeping water systems running was cut off, and water collection became extremely dangerous, mainly for women and girls who are primarily responsible for collecting water in most households. Water scarcity and poor water quality also increased the risk of diarrhea amongst young children. Repeated bouts of diarrhea can impede young children’s ability to absorb nutrients, and irreversibly impair their physical and mental development, increasing the risks of stunting and malnutrition. The consequences of climate change, particularly droughts and floods, severely compromised the crop yields needed for food security, nutrition, and income.

Multi-sectoral WASH and nutrition programmes needed to be prioritized in 2021, as the nutrition situation further exacerbated due to an increase in food insecurity, as well as armed conflict and population displacement. According to the National Nutrition Surveys (NNS) conducted in the Sahel in 2021, Burkina Faso, Chad, Mali, Mauritania, and Niger showed global wasting rates in children 6-59 months classified as high (10 per cent prevalence or above), and

⁴⁶ “Situations of concern” refer to situations included in the Secretary General Annual report but for which no party to conflict has been listed in the annexes of the report, as compared to Monitoring and Reporting Mechanism (MRM) situations where at least one party is listed.

⁴⁷ United Nations, ‘Annual Report of the Secretary-General on Children and armed conflict’, UN General Assembly, A/75/873–S/2021/437, May 2021.

⁴⁸ Ibid.

⁴⁹ The number of grave violations verified in 2021 are still confidential and will be made available in June 2022 when the annual report on Children Affected by Armed Conflict is published.

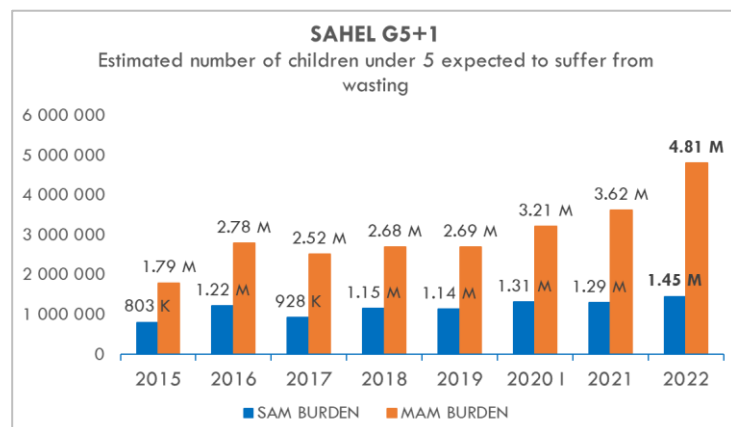
⁵⁰ The 2021 regional and country Humanitarian Action for Children (HAC) appeals covered a total of 2021 countries in the region.

⁵¹ Sectoral needs figures are based on the 2021 OCHA Humanitarian Needs Overview documents (HNOs) and Humanitarian Response Plans (HRPs) for Burkina Faso, Cameroon, Central Africa Republic, Chad, Democratic Republic of Congo, Mali, Niger, and Nigeria; the 2021 UNICEF Humanitarian Action for Children (HAC) appeal for Guinea; the UNICEF 2022 HAC appeals for Mauritania and Republic of Congo; and the needs figures for the 10 countries embedded the regional HAC appeal.

⁵² United Nations Children’s Fund, ‘Cameroon Humanitarian Situation Report’, No. 9, UNICEF, December 2021.

the same countries had severe wasting rates near or above the emergency threshold of 2 per cent (2.7 per cent for Niger, 2.0 per cent for Chad and 1.9 per cent for Mauritania) (see figure 3). In those countries, global and severe wasting rates remained quite stable at the national level compared to previous years. However, many disparities were still observed at the subnational level where very high thresholds of 15 per cent global wasting and 2 per cent severe wasting were exceeded in certain areas (Diffa Region in Niger, South Mauritania, East and West Chad, as well as Menaka Region in Mali). The prevalence of stunting in children 6-59 months was high in all countries and even higher in Niger (43.5 per cent) and in Chad (30.4 per cent).

Figure 3



The estimated number of children under 5 years expected to suffer from global wasting has increased steadily over the past five years. Between 2020 and 2021, the number of children expected to suffer from global wasting increased from 3.2 million to 3.6 million, while the number of children expected to suffer from severe wasting remained relatively stable, 1.2 million children in 2021 compared to 1.3 million children in 2020.

In the Central Sahel countries (Burkina Faso, Mali, Niger), the volatile context coupled with the cumulative effects of escalating conflict, climate change, and the COVID-19 pandemic, drove nutrition needs to unprecedented levels. All three countries faced a structural deficit in basic social services in rural areas. The insecurity situation further limited or disrupted access to essential health and nutrition services, as health centers were often no longer functional. The results of the nutrition hotspot analysis conducted by UNICEF and WFP at the end of 2021 show that 70 per cent of geographical areas analyzed in the Sahel G5+1 countries (Burkina Faso, Chad, Mali, Mauritania Niger, and Senegal) are categorized as “very high priority” or “high priority” for nutrition emergency response.

A total of 21 countries needed to respond to nutrition-related needs through humanitarian interventions in 2021, of which specifically seven countries required nutrition services as part of their COVID-19 response.⁵³ The number of children under 5 years suffering from severe wasting was estimated at 2.6 million, of which 1.3 million (50 per cent) were in the Sahel G5+1 countries, and 1 million (38 per cent) in Nigeria and DRC.

Fostering multi-sectoral and integrated responses and geographic convergence in 2021 was also crucial to meet education needs. Education remained under threat across the region, with some 27.2 million children in need of education support in humanitarian settings.⁵⁴ While many schools had reopened following earlier shutdowns due to insecurity and COVID-19 restrictions, the absolute number of out of school children and adolescents (OOSCA) declined only slightly from 41 million to 38.8 million (52 per cent girls).⁵⁵ More than 75 per cent of the 38.8 million OOSCA were in Burkina Faso, Chad, DRC, Mali, Niger, and Nigeria, all conflict-affected countries.⁵⁶

The surge in armed violence across WCAR, particularly in Burkina Faso, Cameroon, CAR, Mali, Niger, and Nigeria, had devastating impacts on children's survival, education, protection, and development. On top of the general insecurity and increased violence leading to mass displacements, deliberate attacks, and threats to schools and against teachers and students— in school or on their way to school—, became more and more common, further undermining their rights and jeopardizing children's futures. Attacks on schools exacerbated existing structural challenges, and in some cases, reversed years of progress. Attacks in Niger forced the closure of 616 schools by the

⁵³ Burkina Faso, Cameroon, CAR, Chad, Congo, DRC, Ghana, Guinea, Mali, Niger, Nigeria, Senegal, and Sierra Leone for non-Covid humanitarian response and Benin, Ivory Coast, Equatorial Guinea, Gambia, Guinea Bissau, Liberia, and Togo for Covid-19 response

⁵⁴ Sectoral needs figures are based on 2021 OCHA HNO/HRP for Burkina Faso, Cameroon, Central Africa Republic, Chad, Democratic Republic of Congo, Mali, Niger, and Nigeria; 2021 UNICEF HAC for Guinea; UNICEF 2022 HAC for Mauritania and Republic of Congo; and 2022 needs figures for the 10 countries embedded in this regional appeal.

⁵⁵ This figure covers children out of school in development and emergency settings. United Nations Children's Fund, 'Analysis of education spending in the West and Central Africa region', A Policy Brief for Ministers of Education and Finance, UNICEF, October 2021.

⁵⁶ Ibid.

A Policy Brief for Ministers of Education and Finance, UNICEF, October 2021.

end of 2021, affecting 865 teachers and nearly 56,000 children. In Burkina Faso, 3,280 schools closed, impacting almost 15,000 teachers, and depriving more than 511,200 children of their right to education. In Nigeria, mass abductions of students continued unabated, with some 1,200 children kidnapped in the North West, representing 83 per cent of countrywide student abductions in 2021. The lingering effects of attacks on schools also contributed to a decrease in attendance and school enrolment. When schools remain open, teachers, students and their families live in daily fear of being attacked or kidnapped, ultimately withdrawing or dropping out of school. In Mali, between 58 per cent and 100 per cent of schools, depending on the region, were closed not because they had been specifically attacked but rather due to the fear of attack and reprisals. With disrupted schooling, the chances of improving children's quality of life diminished, leading more young people to become involved in the conflict. The longer children are out of school, the less likely they are to return.

Attacks on education engendered long-term psychosocial consequences for children. As part of Norwegian Refugee Council's Better Learning Program (BLP), an assessment was conducted in Burkina Faso, Mali, and Niger, aiming to measure promoters and barriers for learning before and after interventions. The initial results of the assessment conducted from May to September 2021 are quite alarming: 53 per cent of the children do not feel safe inside the school, 62 per cent of them cannot concentrate when doing schoolwork and 64 per cent of the students have little to no hope for the future. In addition, 72 per cent of children are in need of additional school support, 67 per cent of children are in need of additional support from their family members and 91 per cent of children have low self-regulation skills/awareness.⁵⁷

As emergencies compounded in 2021, children and their communities were deprived of accessing vital services across all sectors, in turn, increasing the risks of diseases, worsening human rights violations, and jeopardizing social cohesion. Multidimensional and evolving humanitarian issues placed complex and increasing demands on SBC stakeholders, existing coordination mechanisms and intervention teams. In this context, it was required that UNICEF worked to enhance the SBC continuum that precedes and follows emergency response, to address the needs related to stunting, ensure access to education, and protect children against all forms of abuse and exploitation.

Humanitarian Results

Amongst the key results achieved by WCARO in 2021 is the programme adaptation in coastal countries, including deep dive done on CCCs for better resilience, preparedness, and prevention programming in Côte d'Ivoire (April 2021) and Ghana (August 2021). WCARO also successfully supported COs in responding to "multi-demics," including Ebola, COVID-19, and cholera, with a specific focus on leveraging preparedness and readiness programming in six countries neighbouring Guinea affected by the Ebola outbreak.

Moreover, WCARO prioritized efforts in contribution to the resilience spectrum, reaching 2 million vulnerable people, including 1.7 million children, in Mali, Mauritania and Niger with improved access to essential social services through the regional resilience programme. Additionally, 959 communities engaged in participatory and risk-informed planning approaches to build resilience to prepare for and respond to shocks. Another key achievement is the organization and delivery of five customized capacity building workshops on Child Risk and Impact Analyses (CRIA), in line with GRIP, benefitting CAR, Cameroon and Niger. At inter-agency level, WCARO continued to support resilience efforts as technical chair of the UN Integrated Strategy for the Sahel (UNISS) Resilience Pillar and WCAR Resilience Working Group.

Overall, in 2021, UNICEF and its partners responded to 127 new or ongoing humanitarian crises across the region, including 15 natural disasters, 30 sociopolitical crises, 65 health emergencies, 8 nutrition crises and 8 other emergencies,¹ reaching millions of children with life-saving gender-sensitive and disability-inclusive interventions. UNICEF WCARO contribution to these results was the provision of strategy and technical support to 24 COs in their preparedness, monitoring, and response to humanitarian situations.

Throughout the year, WCARO focused its overall humanitarian action on two priorities. First, the regional team helped improve the quality and coverage of the region's humanitarian response through innovative multi-country partnerships with governments, UN agencies and local, regional, and international organizations to achieve results at scale. To support this objective, UNICEF WCARO increased COs' engagement in social protection, including HCT, improved AAP in line with Grand Bargain commitments,² and strengthened data, new technologies, feedback mechanisms and monitoring to adapt programming to the challenging humanitarian context. Second, UNICEF linked humanitarian action and development programming by strengthening national and local capacities and systems to build resilience to respond to shocks and invested in the preparedness of COs and partners.

⁵⁷ Regional Multi-Year Resilience Program Consortium, 'Improve Children's Well-being and Learning in Central Sahel Increasing Psychosocial Support in Schools', January 2022.

As part of its 2021 global strategy, UNICEF integrated the public health emergency and socioeconomic response to the COVID-19 pandemic (e.g., programme activities, targets and funding requirements) into country-level plans and stand-alone country, multi-country and regional Humanitarian Action for Children (HAC) appeals, except for needs related to the Access to COVID-19 Tools (ACT) Accelerator.³ Following this approach, WCARO supported 21 COs to strengthen humanitarian performance monitoring (HPM) and reporting. This included overseeing the development 12 HACs for 2022 in alignment with inter-agency needs and planning processes, including a regional HAC covering seven countries for COVID-19 response (Benin, Côte d'Ivoire, Equatorial Guinea, Gambia, Guinea Bissau, Liberia, and Togo). Jointly with EMOPS, WCARO guided COs to collect, use, and report disaggregated data through more than 80 humanitarian situation reports (SitReps) disseminated during the year.

WCARO continued to actively support humanitarian action, including technical assistance and quality assurance, to the humanitarian crises categorized as L2 and L3 emergencies,⁴ including the global COVID-19 pandemic (L3 emergency since April 2020), the Central Sahel (Burkina Faso, Mali, Niger) and neighbouring countries (Benin, Côte d'Ivoire, Ghana, Guinea and Togo) for preparedness efforts for conflict spillover (L2 emergency since August 2019), and the crisis in DRC (L2 emergency since May 2020). In addition, in 2021, an analysis of humanitarian situations using the four criteria (scale, urgency, complexity, and capacity) and accompanying mitigating measures, served as the basis for UNICEF's decision to deactivate the L2 emergencies in Central Sahel and neighbouring countries, and DRC.⁵ To ensure that the L2 deactivation did not impact or reverse gains achieved, WCARO enhanced support to all COs in their transition strategies, including continuing to support resource mobilization, communication and advocacy, humanitarian programming and operations, logistics and supplies, and HR deployments; supporting internal and inter-agency planning processes for developing country specific guidance for humanitarian policy, access strategy and security management, including further guidance on operating in high threat environments; and strengthening multi-country and multi-sectoral programmatic approaches as well as knowledge experience sharing.

All 24 UNICEF COs in the region received technical assistance from WCARO to update their risk analysis and preparedness plans. WCARO's support guaranteed the implementation, finalization, and update of the COs' EPPs on the new EPP 2.0 platform, with dedicated webinars and special technical support sessions, which proved to be effective and well accepted. The efficient coordination and communication with UNICEF EMOPS, as well as having staff dedicated to preparedness in WCARO, also showed positive gains in improving the achievement of planned objectives for preparedness and emergency response support.

Drawing from a review of UNICEF's experience with third-party monitoring (TPM) in 2020, WCARO initiated the development of a TPM guidance package in collaboration with three other UNICEF regions (ESAR, MENA, ROSA) and HQ. COs will use and adapt this package to support the different steps of TPM management (design, implementation, use and learning).

Together with the EMOPS HCT team, WCARO supported seven country-specific cash trainings in Burkina Faso, Cameroon, CAR, Chad, DRC, Mali, Mauritania, and a regional one, with 25 staff per session on average. WCARO financially supported Burkina Faso, CAR, and Niger COs to hire cash specialists and implement pilot programmes for tools development and strategic positioning of UNICEF. In addition, WCARO is engaged jointly with EMOPS to monitor the UN Common Cash Statement initiative in DRC. WCARO Emergency section developed a collaboration paper with the Social Protection team to reinforce the link between emergency and social protection programming. Moreover, the Emergency section provided technical support to develop the programme proposal using cash as a principal modality (CAR, DRC) and reviewed the social protection programme implementation in Mali.

In 2021, WCARO released two advocacy documents for the Senior Official Meeting and the Ministerial Round Table on the Sahel. In addition, the Emergency Section contributed to the release of a CAAC advocacy brief in the context of the 25th anniversary of the UN mandate to protect children caught in conflict.

In close collaboration with the Programme Monitoring and Response unit, the Emergency section accompanied at least 14 countries in stepping up risk-informed humanitarian-development nexus programming. Through the coordination of the Regional Resilience Programme funded by BMZ, further knowledge and models on resilience are being collected and analyzed jointly with the data and monitoring team.

Health and HIV/AIDS

In 2021, UNICEF and partners provided life-saving health and HIV services in 24 countries, responding to a total 65 health emergencies, including COVID-19, Ebola, cholera, and measles outbreaks, among others. Amidst the COVID-19 pandemic, WCARO supported COs to prevent its spread, control and mitigate its impacts, including prioritizing the continuity of services through programme adaptations and by leveraging innovations to respond to delivery challenges across the region, including providing financial, technical, and supply-distribution support to national authorities and implementing partners.

At the regional level, UNICEF WCARO continued to play an instrumental role in coordinating inter-agency and inter-sectoral mechanisms to support rapid humanitarian response. This included effectively leading the coordination mechanism for SBC; and co-leading with WHO the operational coordination group to support government efforts for national COVID-19 preparedness and response to resurgence of cases. As ACT-leading agency, WCARO continued to provide technical and operational support to strengthen diagnostics and treatment capacities across the region. UNICEF supported the introduction and the roll-out of the COVID-19 vaccines through development of national deployment and vaccination plans (NDVP), technical guidance on vaccination strategies, procurement of COVID-19 vaccine doses and adequate cold chain equipment, SBC to tackle vaccine hesitancy and increase vaccine coverage, as well as the monitoring, and evaluation of COVID-19 vaccination activities.⁵⁸ UNICEF WCARO implemented surge field missions (Benin, Burkina Faso, Cameroon, CAR, Chad, DRC, Gambia, Niger, and Nigeria) jointly with WHO and other partners to address bottlenecks which negatively impact the COVID-19 vaccination performance in WCAR.

In response to “multi-demics,” WCARO, in collaboration with WHO and other partners, provided technical guidance to governments and support to all countries in WCAR to develop and implement adapted responses taking stock of the response to COVID-19. This included promoting and supporting the use of Personal Protective Equipment (PPEs) and respect of physical distancing measures by health care providers for safe provision of vaccination services, and innovating approaches for social distancing. UNICEF also stepped-up preparedness activities and prevention efforts, while remaining active in community-based surveillance through existing community-based platforms and initiatives (e.g., child-friendly spaces, RapidPro). For instance, in Guinea, WCARO supported in the development and implementation of a multi-sectoral response covering coordination, WASH/IPC/RCCE, and child protection with a PSEA and GBV focus, to help mitigate the Ebola outbreak. In addition, WCARO and WHO mobilized resources to strengthen preparedness efforts in Guinea’s neighbouring countries, Côte d’Ivoire, Guinea Bissau, Liberia, Mali, Senegal, and Sierra Leone, resulting in no transmission of Ebola across the Guinean borders. Similarly, WCARO and COs provided multi-sectoral technical support the DRC Government to respond and quickly control the Ebola resurgence in North Kivu, building on lessons learned from previous years.

With the relaxation of travel restrictions, WCARO was able to provide remote and field technical support to all countries affected by conflicts to ensure the availability and equitable access to essential health services for crisis-affected mothers and children. For example, in Burkina Faso, the functionality of health facilities worsened during 2021, especially in the Sahel and Centre-Nord regions, resulting in a sharp decrease in the supply of health care at the institutional level. In response, WCARO supported the CO in expanding community-based health workers (CBHWs) interventions through the recruitment, training, and equipment of 100 community volunteers to increase health coverage in areas with closed or unfunctional health facilities. A total of 34,553 children under 5 were reached by CBHWs and volunteers according to Integrated Community Case Management (ICCM) approach in the six regions affected by the humanitarian crisis. In Cameroon, with the technical support of WCARO, essential drugs needed to treat acute respiratory infections were provided to 21,236 children, aged 0-59 months, exceeding the target by 12 per cent, while



© UNICEF/UN0487591/Dejongh. Suzanne, a 34-year-old community health worker in Ziniaré, the central plateau region of Burkina Faso.

⁵⁸ UNICEF's public health and socioeconomic COVID-19 response is integrated into the standalone regional and country Consolidated Emergency Reports (CER). All interventions and results related to accelerating equitable access to COVID-19 tests, treatments, and vaccines, fall under the Access to COVID-19 Tools Accelerator (ACT-A) global CER 2021.

maternal health care kits were distributed to 813 pregnant women and 518 newborn kits to mothers and caregivers. In Mauritania, UNICEF scaled up essential care for newborns, with the provision of medical equipment for newborn resuscitation and care to 747 health posts. In Ghana, WCARO provided technical support in the procurement of 2,400 Samsung tablets to community health nurses as part of a new integrated community health information E-Tracker system, speeding up and improving decision-making in maternal, newborn and child health programmes as part of COVID-19 response.

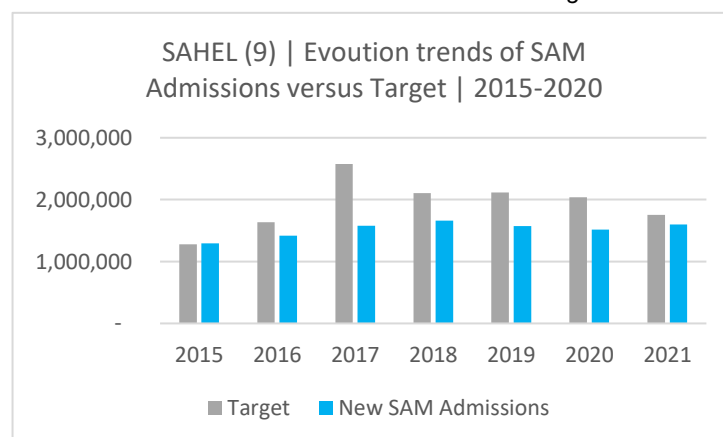
The effects of instability associated with emergencies exacerbated existing vulnerabilities of people already living with HIV and AIDS. Through the provision of technical assistance and high-level advocacy, WCARO supported COs in assisting children, adolescents, and pregnant women with increased access to quality HIV services in humanitarian settings while reducing new infections. In addition, UNICEF WCARO supported COs in the provision of supplies for HIV prevention and care and the continuation of community-based organizations to structure their response to HIV and AIDS prevention in emergency settings. For instance, in Chad, 118 health care providers in emergency areas, including 56 men and 62 women, were trained in HIV response in emergency settings. Some 7,876 pregnant women have been sensitized and tested for HIV for Prevention of mother-to-child transmission (PMTCT), while 510 young people and adolescents in emergency areas were sensitized on HIV prevention in their communities. In Mauritania, thanks to UNICEF regional and country advocacy, 24 districts (15 regional health districts and 9 health districts of Nouakchott) out of the 57 in the country, were provided with rapid diagnostic tests for HIV and antiretroviral drugs for HIV-positive mothers and infants from seropositive couples. In Equatorial Guinea, with guidance from the regional team, the CO promoted continuity and increased access to HIV testing through a family-based approach, reaching 750 newly tested contacts.

Despite results achieved, UNICEF continued to encounter challenges in health and HIV programme implementation. The fragility of political landscape as well as constrained geographical accessibility and increased insecurity in some locations, hampered full-scale programme implementation. Challenges amidst the pandemic included staying and delivering, adapting to limitations on in-person work and deployments, and logistic and funding shortfalls. The COVID-19 pandemic continued to strain already overburdened health systems, including the recalibration of resources to fight COVID-19. The unequal impact of humanitarian crises on children and women exposed fissures and inequities in access to critical life-saving health services. Another bottleneck was the lack of reliable and timely data, and investment to reach zero-dose children, which hindered the provision of immunization services. Gaps in sustainable funding mechanisms, high quality, and flexible contributions, deterred the implementation of health and HIV programmes in WCAR. However, finding ways to meet children's needs amidst challenges also fostered new ways of operating and opened new avenues for delivering programmes. For instance, UNICEF identified that providing zero-dose children with a multi-sector integrated package with immunization as an entry point was an effective strategy to reach children living in remote communities and insecurity zones with basic social services. Digitalization of management and monitoring of health interventions also proved to be an effective strategy to improve the efficiency of programme management.

Nutrition

Throughout 2021, more than 1.3 million RUTF boxes were distributed via in-country UNICEF warehouses. WCARO in collaboration with the supply division in Copenhagen provided support to countries (such as Chad and Niger) facing pipeline problems, ensuring quick resolution, and avoiding RUTF stockouts at health centres. Of the 1.8 million children under five suffering from severe wasting that were targeted for treatment in the nine Sahel countries (Burkina Faso, Cameroon, Chad, Gambia, Mali, Mauritania, Niger, Nigeria, Senegal), 1.6 million (89 per cent) were admitted to health facilities (see figure 4). This result represents a slight increase of 6 per cent in the number of new admissions compared to 2020, and accounts for the highest rate of achievement compared to the past five years. In absolute terms it is the second highest number of admissions, the highest being the one recorded in 2018 (1.7 million).

Figure 4



In 2021, WCARO continued to strengthen its coordination mechanisms at all levels, reaffirming its leadership in the nutrition sector. WCARO held frequent exchanges with country teams to discuss the current situation, programme implementation issues, as well as to share information, good practices and lessons learnt across countries. WCARO led the Nutrition in Emergency Sub-Group composed of UN agencies, donors, International Non-Governmental Organization (INGOs), and organized regular monthly meetings. In 2021, this group issued a joint note for high-level advocacy on the nutrition situation and needs and organized a regional webinar with both humanitarian and development donors on the efficiency of nutrition financing within the humanitarian-development nexus approach. Moreover, WCARO maintained its leadership by co-leading the Food and Nutrition Security Working Group (FSNWG), which facilitated linkages between both sectors. Jointly with WFP, UNICEF conducted two hotspot analysis focusing on the Sahel (G5+1) countries and the results of this analysis were disseminated through the FSNWG. In addition, UNICEF maintained its active participation in the Cadre Harmonisé exercises led by the Comité Permanent Inter Etats de Lutte contre la Sécheresse dans le Sahel (CILSS), by ensuring adequate integration of quality nutrition data into the analysis. This analysis then informed the Réseau de Prévention des Crises Alimentaires (RPCA) to identify priority actions to address the situation.

In parallel, nutrition programme monitoring remained systematic at both regional and country levels, with monthly updates shared by the Sahel countries and quarterly updates by the other countries. This enabled for an active follow-up of the nutritional situation across the region, and to use data for advocacy, communication, and visibility on wasting treatment programme. The online visualization dashboard focusing on Severe Acute Malnutrition (SAM) data programming in Sahel countries was used to share the information widely to partners and donors.

UNICEF WCARO continued to assist countries and governments to undertake timely nutrition assessments, and to develop capacities to lead nutrition surveys in chronic or rapid onset emergency settings. By using the SMART methodology, NSS were carried out in Burkina Faso, Chad, Mali, Mauritania, Niger and Sierra Leone, and RoC. Results were used to inform programming and define SAM burdens and targets for 2022.

During the year, WCARO provided support to countries to move forward with simplified nutrition approaches in the region. Decentralized treatment of child wasting through community health workers started expanding based on increasing evidence that showed positive results on programme coverage and outcomes. To improve the early detection of child wasting at community level, the MUAC-family approach continued to expand in six countries (Burkina, Mali, Mauritania, Niger, and Sierra Leone). Now, the focus is on scaling up these simplified approaches in hotspots and high burden areas while ensuring the integration with preventive interventions.

Furthermore, UNICEF and WFP worked together to harmonize geographical targeting of areas based on jointly agreed "priority areas". Depending on the accessibility context, scenarios were identified, and nutrition minimum/optimum packages were defined. This joint approach highlighted the need for multi-sectoral programming to concomitantly prevent the deterioration of children's nutritional status before they become wasted while providing treatment at health facilities or community levels to those children who are already suffering from wasting.

Although there was an expansion in the implementation of simplified approaches for the treatment of child wasting in several countries in 2021, the scale up is rather slow in the absence of the updated global guidelines from WHO. In several countries, governments are waiting for this global guidance to take decisions on the revision of their national protocol for the treatment of wasting. However, the experience in 2021 showed that in the meantime it is possible to move forward with pilot projects targeting priority areas which also generate evidence at a national level. This local evidence helps in convincing governments to proceed with the implementation of such approaches, especially in areas facing access constraints.

WASH

In 2021, WASH interventions continued to play a critical role in the "multi-demic" response to the COVID-19 pandemic and other disease outbreaks throughout the region, proving to be instrumental in saving children's lives and protecting their rights. Of the 56 million people identified in need of humanitarian WASH assistance, UNICEF planned to reach almost 12 million people through its WASH response. As of end December 2021, a total of 5.5 million people had received WASH humanitarian assistance from UNICEF and implementing partners. With only 27 per cent the WASH HAC requirements secured, WASH remained an underfunded sector (US\$65.8 million received out of US\$240.8 million requested) (see figures 5 and 6).

Figure 5

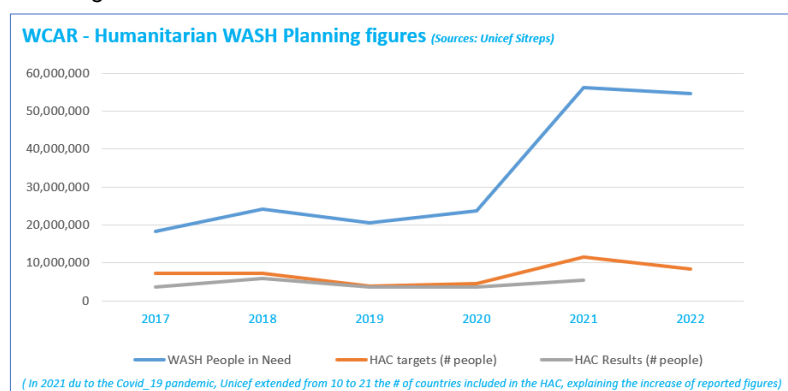


Figure 6

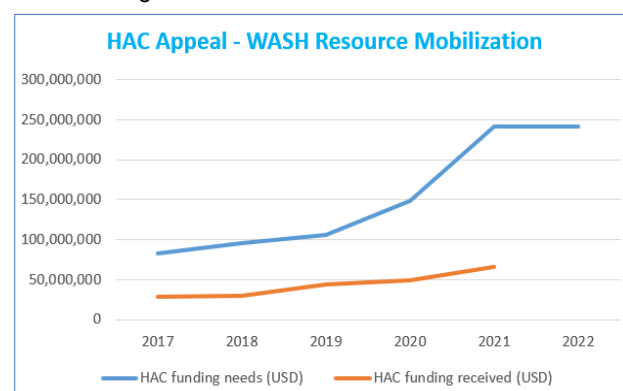


Figure 7

2021 HRP countries	HRP Targets	UNICEF Targets	HRP Results	UNICEF Results
Burkina Faso	1,600,000	820,000	862,168	501,404
Cameroon	1,017,716	400,000	269,872	49,816
CAR	1,400,000	400,000	1,182,585	787,118
Chad	920,140	100,000	134,527	64,955
DRC	4,700,000	2,159,800	1,886,000	272,660
Mali	446,517	544,000	695,907	446,517
Niger	1,125,880	785,000	543,675	240,121
Nigeria	2,523,340	2,638,692	1,476,127	1,613,986
TOTAL	13,733,593	7,847,492	7,050,861	3,976,577
	% Unicef versus HRP	57%		56%

In 2021, UNICEF remained a major WASH organization, leading WASH humanitarian responses and ensuring WASH cluster coordination in the region. In the eight countries with Humanitarian Response Plans (HRPs), UNICEF planned to reach 57 per cent of the WASH sector target. Of the 7 million people reached by the sector, 56 per cent were provided WASH services through UNICEF and partners (see figure 7 for the results breakdown).

WCARO continued to facilitate the Regional Cholera Platform— composed of 13 organizations—, which reunited 12 times in 2021 to share cholera information, follow up cholera outbreaks, promote high-level advocacy for the implementation of prevention measures in cholera hotspots and support resource and actors' mobilization. The RO was also instrumental in conducting regional cholera surveillance, including the production and dissemination of 12 monthly cholera bulletins, and providing six cross-country alerts around the Lake Chad Basin to reinforce preparedness and early responses.

In 2021, the WCARO WASH team continued its support to the COs both remotely and through surge missions to increase access and use of safe water and basic sanitation facilities by the poorest and vulnerable populations in humanitarian settings, including pursuing the humanitarian-development nexus and risk-informed approach in emergency preparedness and response. For instance, WCARO substantively contributed to regional and global advocacy regarding WASH situation and the need to scale-up the response in the Sahel. In addition, a technical assistance mission was conducted in Burkina Faso to support the Ministry of Water in institutionalizing the WASH humanitarian-development nexus approach to sustain gains and for long-lasting effects.

In the aftermath of volcano Niyaragongo eruption in May 2021, which partially destructed the urban water network in Goma, cutting 195,000 people from drinking water, and displacing 400,000 people,⁵⁹ WCARO supported the launch of the urban WASH emergency response in Goma. This included the provision of one-month surge mission to East DRC to support UNICEF team, the National Water Company, and partners to rehabilitate the urban water network and assist the temporary displaced people with adequate WASH services. In response to Ebola in Guinea, the RO provided two weeks of surge support in the country to strengthen the UNICEF WASH Ebola response, coordination, and resource mobilization.

WCARO scaled up capacity building initiatives across the region to strengthen leadership and coordination of UNICEF WASH programming in humanitarian situations. To reinforce IPC for response and prevention of public

⁵⁹ United Nations Children's Fund, 'Democratic Republic of the Congo Humanitarian Situation Report', UNICEF, December 2021.

health emergencies, WCARO conducted a series of webinars reaching 164 staff from 16 countries in the WCAR. The RO held an additional webinar to reinforce capacity building on the deployment of 8 practical steps for WASH in health care facilities, benefitting 45 staff across 14 countries. WCARO trained a total of 110 people in 16 countries on the WASH assessment methodology for WASH in Health Care facilities (WASHFIT TOT). Moreover, WCARO conducted a series of 3 webinars in both French and English (six in total) for 50 staff on why and how to better integrate WASH and nutrition programming. WCARO also facilitated the recruitment of a consultant that led a Humanitarian WASH Coordination course in DRC.

As part WASH'Nutrition initiative, WCARO supported Burkina Faso, Chad, Mali, and Niger in the revision of the national WASH'Nutrition programme guidelines. UNICEF, together with governments and partners, supported WASH-nutrition integration by adopting a stepped approach (see figure 8), which includes the development of in-depth WASH'Nutrition context analysis, and country-based workshops with all partners to elaborate joint programming document to better integrate WASH and nutrition. For all these countries, national WASH'Nutrition context specific guidelines have been validated as well as advocacy documents such as country factsheets and statistical analysis on the correlation between WASH and nutrition (refer to figures 9 and 10 for mapping of nutrition context in Burkina Faso). By the end of 2021, this approach was extended to Mauritania and Nigeria.

Figure 8



Figure 9

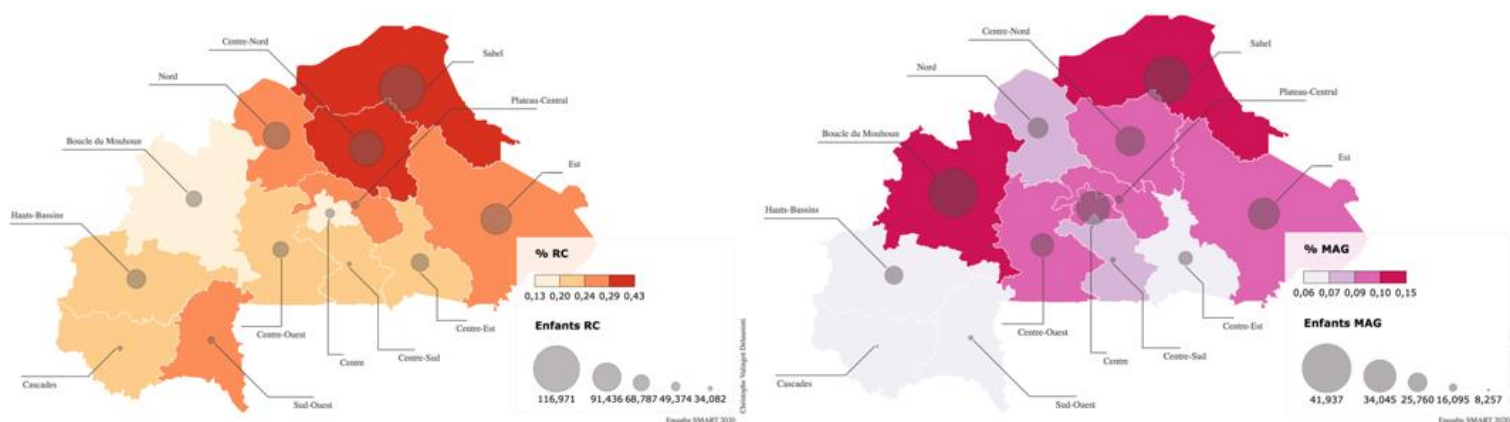


Figure 10

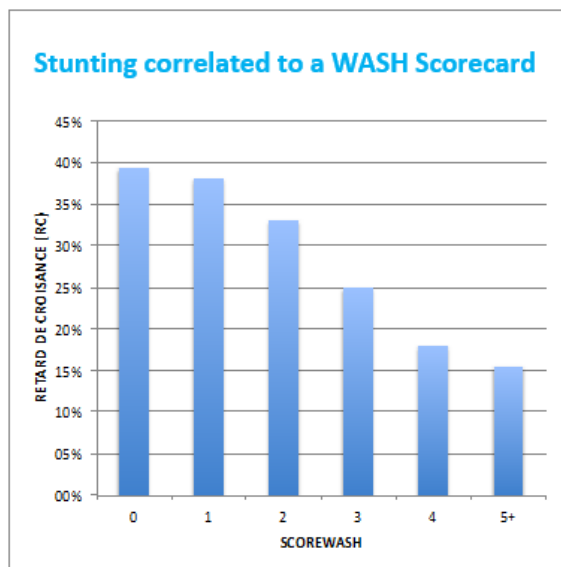
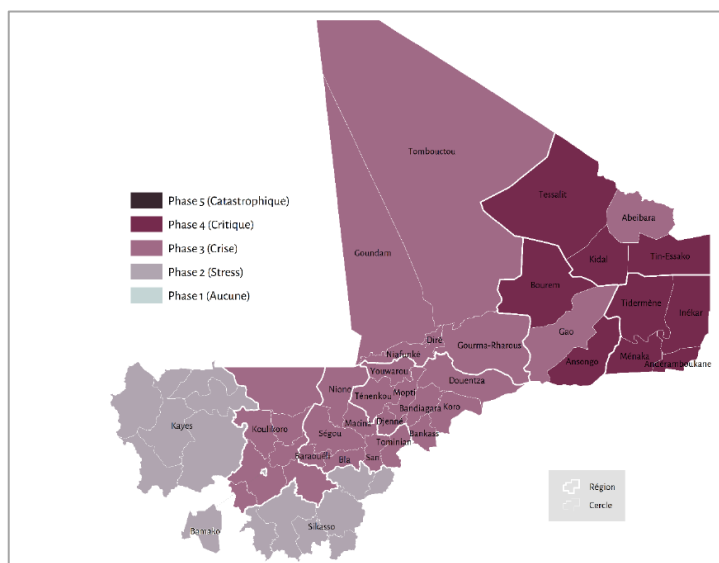


Figure 11



In 2021, WCARO continued to financially (with support from the German Cooperation) and technically support the development of the WASH Severity Classification, an innovative approach to better estimate the WASH humanitarian needs. The objective of this project led by REACH and the Global WASH Cluster is to develop a food security “IPC-like” system for WASH sector. This system would help humanitarian coordination platforms to plan the response in an evidence-driven manner. The overall aim is to improve WASH programming through a) better strategic targeting and prioritization within and across crises to allocate resources in the most effective way; and b) stronger needs monitoring and early warning systems, as the severity will be tracked on a regular basis (minimum twice a year) and will be also projected to inform preparedness. In 2021, a full in-country analysis was completed in Niger,⁶⁰ with a very participative approach from all sub-regions, and five light analysis were conducted remotely for Burkina Faso, CAR, DRC, Mali, and Nigeria.

UNICEF also strengthened the role of the regional Solar Hub⁶¹ which had been launched in 2020. Through the Hub, WCARO provided technical assistance on solar-powered water systems (SPWS) at scale to governments, NGOs and private sector partners, and UNICEF country programmes throughout the region. This assistance benefited communities, schools, and healthcare facilities, including assessment, planning, design, procurement, installation, operations and maintenance, evaluation, and document review. In 2021, WCARO contributed to achieve the following results through the regional Solar Hub:

- Responded to more than 75 requests for technical support in the region, from nine (9) countries;
- Generated more than 330 contacts from approximately 90 UN agencies, NGOs, private sector organizations, and government offices;
- Conducted four in-country workshops in Mali, Mauritania, Niger, and Sierra Leone for 127 participants;
- Taught a virtual class, *Principles, and Practices of Solar-Powered Water Systems*, twice in English and twice in French for participants in and beyond WCAR.

The technical assistance provided to partners has been very diverse, ranging from technical trainings and guidance on water solar systems design to the review of the National Solar Strategy for Mauritania. The Solar Hub also began to support the health and education sectors by providing water solarized systems and electrification of these institutions. Moreover, UNICEF is implementing SPWS in humanitarian contexts such as in Burkina Faso, DRC, Mali,

⁶⁰ IMPACT Initiatives, REACH Initiative, United Nations Children's Fund, WASH Cluster, 'Niger: Wash Severity Classification', December 2021, < <https://reliefweb.int/report/niger/niger-wash-severity-classification-aper-u-ao-t-2021> >, accessed 22 March 2022.

⁶¹ The West and Central Africa Regional Solar Hub's (WCAR Solar Hub's) main objective is to promote Solar Powered Water Systems (SPWS) as a means of providing sustainable and equitable safe water to end users. This is done by building the capacity of UNICEF and WASH partner organizations in SPWS. United Nations Children's Fund and Water Mission, 'West and Central Africa Regional (WCAR) Solar Hub', 2019, < www.wcarsolarhub.org/home-english >, accessed 16 March 2022.

Niger, and Nigeria. For instance, in 2021, UNICEF installed 767 SPWS, including 398 in Nigeria, mainly in humanitarian settings.



© UNICEF/WCARO/2021. A woman cleans a solar panel that powers a safe water system.

UNICEF faced significant challenges in its emergency WASH response in 2021, including the rapidly increasing and rapidly changing needs (particularly in Burkina Faso), which couple with insecurity and movement restrictions delayed or prevented UNICEF and its partners from engaging in some field work, such as the provision of direct supervision for interventions and field monitoring. Another challenge in programme implementation was the weak government structures, which impacted service operations, maintenance, and regulation. Also, reductions in governments' budget allocations over the last five years; and limited funding for UNICEF WASH programmes in 2021, made it difficult to effectively address certain priorities, including integrated water resource management, multiple uses of water (including for livestock) and water resources to strengthen community dialogue and peaceful co-existence. The limited technical capacity among WASH partners and expertise in urban WASH programming, hindered the implementation of medium- to long-term interventions following a rapid response. To address challenges and ensure quality of WASH interventions, UNICEF expanded local partnerships, used remote monitoring tools, and continued to pursue innovative ways of identifying needs and providing critical humanitarian WASH services to vulnerable populations, such as the WASH Severity Classification and regional Solar Hub initiatives.

Child Protection

Across the countries responding to conflict-induced crises, out of 2.4 million children targeted for support, 1.3 million children were reached by UNICEF and partners with child protection services. This result included nearly 782,000 children reached with MHPSS, some 506,000 girls and women who accessed GBV mitigation, prevention and/or response interventions, more than 17,000 unaccompanied and separated children (UASC) who benefitted from case management including family reunification and reintegration, and almost 7,000 children associated with armed forces and armed groups (CAAFAG) who received interventions (refer to figure 12 for the country breakdown of results).⁶²

⁶² Note age and sex-disaggregated data are not available.

Figure 12

UNICEF child protection targets and results in conflict-affected countries in 2021												
Country	MHPSS target	Children reached with MHPSS	Target achievement (%)	UASC target	UASC reached	Target achievement (%)	CAAFAG target	CAAFAG reached	Target achievement (%)	GBV target	GBV reached	Target achievement (%)
Burkina Faso	200,000	137,524	69%	2,500	1,273	51%	-	-	-	25,000	18,107	72%
Cameroon	340,118	130,192	38%	3,550	5,775	163%	150	97	65%	175,413	48,870	28%
CAR	120,000	114,118	95%	1,750	690	39%	2,000	1,468	73%	6,000	6,070	101%
Chad	30,000	23,900	80%	2,500	859	34%	-	-	-	28,000	99,206	354%
Congo	6,000	1,295	22%	-	-	-	-	-	-	500	6,570	1314%
DRC	400,000	143,841	36%	8,500	2,906	34%	7,000	3,409	49%	300,000	125,977	42%
Mali	300,000	56,142	19%	1,000	1,628	163%	400	554	139%	40,400	159,210	394%
Mauritania	7,000	9,034	129%	300	247	82%	-	-	-	7,000	1,268	18%
Niger	152,503	18,850	12%	1,140	2,801	246%	-	-	-	3,600	133	4%
Nigeria	175,000	146,789	84%	1,500	954	64%	3,200	1,227	38%	36,500	40,353	111%
Totals	1,730,621	781,685	45%	22,740	17,133	75%	12,750	6,755	53%	622,413	505,764	81%

In line with its regional HAC appeal, WCARO scaled up its support to coastal countries at risk of spillover from the Central Sahel conflict crisis, through the provision of remote child protection in emergencies (CPiE) trainings to UNICEF staff in Benin, Côte d'Ivoire, and Togo. This initiative resulted in the revision of preparedness plans (Benin and Togo) and the increased inclusion of preparedness activities within the COs' annual work plans. WCARO also supported coastal countries through the mobilization of funds for GBVIE activities in Benin, Côte d'Ivoire, Guinea, and Togo. During the Ebola response, WCARO supported Guinea and neighbouring countries (Côte d'Ivoire, Guinea Bissau, Liberia, Mali, Senegal, and Sierra Leone) in including child protection interventions as part of UNICEF's response package, such as the provision of MHPSS and the establishment of PSEA reporting mechanisms. As a result, UNICEF trained over 300 humanitarian workers on PSEA in Guinea alone.

As part of its partnership with the CP AoR, WCARO continued to provide tailored technical support to countries and stakeholders across the region, with a particular focus on local organizations in fragile countries. This includes, for instance, supporting the operationalization of the Francophone online Child Protection Helpdesk, which in 2021, responded to more than 200 requests for technical support from its 325 members across a wide range of countries. In 2021, Burkina Faso, Cameroon, DRC, Mauritania, and Nigeria, requested the most support across the region. The primary topics covered by the French Helpdesk throughout the year included: coordinating child protection responses, meeting the minimum standards, conducting needs assessments, preventing, and responding to child protection in humanitarian settings, scaling up case management, analyzing child protection risks and violations to inform programming, mainstreaming child protection, and integrating GBV in multi-sectoral responses. Among all topics, the coordination of child protection response in emergencies remained the top category of requests, covering cluster coordination performance monitoring, Humanitarian Needs Overviews (HNOs), humanitarian programme cycle, capacity strengthening, and resource mobilization.

WCARO also continued its collaboration with the Bioforce Institute to deliver the only existing French-language diploma course in Africa. A total of five participants from the prioritized coastal countries (Côte d'Ivoire, Guinea, and Togo), together with 24 child protection frontline actors from NGOs and governments working in eight fragile countries, graduated by the end of 2021. These newly trained actors are expected to contribute to the improvement of all sectoral interventions, notably by reinforcing the expertise of local NGOs, by ensuring that child protection is better positioned within the national plans/strategies especially related to humanitarian actions, and/or by reinforcing the work of UNICEF through the deployment of experts to support in-country programmes. To foster sustainability of child protection interventions in the region, and further advance quality online learning, WCARO worked closely with the Alliance for Child Protection in Humanitarian Action to develop online CPiE modules in French tailored to the regional context and accessible to everyone, increasing the availability of technical resources in French for child protection practitioners.

Concerning CAAC, WCARO made significant progress in the following areas in 2021: (i) quality and timely consolidation and analysis information sub-regionally for CAAC reporting purposes; (ii) development and launch of a data-driven regional advocacy campaign on the impact of conflict on children, generating more than 400 media articles worldwide; and (iii) technical support on monitoring and reporting of grave violations to conflict-affected countries for improving quality and timely verification, monitoring and reporting, through the online multi-country training involving more than 30 UN agencies and partners (12 women) from Burkina Faso, Chad, Mali and Niger, and development of harmonized tools for data collection and consolidation.



© UNICEF/UN0425469/Dejongh. The child-friendly space at the Gado site, in the East of Cameroon, was implemented by UNICEF to ensure protection of refugee children

Confronted with humanitarian response in all 24 countries due to the pandemic, as well as response in countries responding to conflict-related crises, WCARO closely monitored the humanitarian responses on a high-frequency basis (either weekly or monthly) at country and regional levels to ensure continuity of service provision, coverage, and quality of programmes. In 2021, WCARO provided dedicated technical support to CAR in the evaluation of its child protection programme for CAAFAG. Key recommendations will contribute to the reflection process that started in early 2020, as part of an internal UNICEF global consultation on the availability, quality and strengthening of interventions for CAAFAG, and which will feed into ongoing and planned research on similar issues, particularly in the DRC and Nigeria.

Across the region, the humanitarian response for child protection was 66 per cent funded in 2021, which hampered programme implementation and the achievement of humanitarian planned results. Burkina Faso, Cameroon, and Niger, were among the least well-funded, operating with less than one fifth of their funding requirements. At the regional level, humanitarian funding remained a constraint despite support received for specific initiatives such as the Child Protection Regional Help Desk or the CPiE training diploma. Other challenges contributing to the underachievement of humanitarian targets were the deterioration of the security situation in several countries, which increased access difficulties and hindered service delivery in hard-to-reach areas. The COVID-19 pandemic continued to slowdown or disrupt the provision of services in multiple countries. Despite operational challenges, UNICEF demonstrated agility and adaptability in terms of response. To tackle the issue of limited humanitarian funding, RO and COs invested efforts in the mobilization of regular and development resources and continued to

advocate for flexible funding to implement rapid and strategic humanitarian responses. To address access constraints, WCARO advocated for the essential role of frontline responders, and supported COs in building workforce capacity and empowering the participation of affected local actors, including women- and girl-led organizations, which was critical to ensure continuation and coverage of emergency responses in conflict settings. WCARO also supported COs to address access challenges by transforming service delivery modalities, innovating outreach approaches, and strengthening multi-sectoral responses. Building on lessons learned, WCARO will continue to invest efforts in the scale-up of innovations to guarantee quality and coverage of programmes going forward.

Education

Throughout the year, WCARO supported COs in leveraging their comparative advantage to advance child rights at scale and meet their education needs. This includes strengthening COs' multi-sectoral profile, while ensuring that schools and learning centers are well placed to deliver essential social services and education to girls and boys. In 2021, WCARO Education team worked with other programme areas teams to develop a value proposition for multi-sectoral programming using schools as platforms, and co-organized joint regional webinars on priority issues, such as the Safe to Learn global framework together with Child Protection RO team. As collaboration for multi-sectoral programming advanced within the RO, positive ripple effects were seen in COs.

WCARO continued to co-lead with Save the Children the Regional Education in Emergencies Working Group (R-EiE WG). During 2021, the group prepared an advocacy paper on *Education under Attack in West and Central Africa*⁶³ for the fourth international conference on Save School Declaration which took place in Abuja (Nigeria), reflecting on key actions to protect education from attack during times of armed conflict. WCARO also continued to lead the UNICEF EiE Regional and Global Emergency Coordination Groups, with priority focus on the provision of technical assistance to COs and resources mobilization and advocacy efforts.

As disasters and conflicts continued to undermine access to quality education, WCARO prioritized a systematic, proactive, and long-term approach to embed and mainstream resilience-building in both education sector planning and EiE response. As such, in 2021, WCARO supported the finalization of the *Education in Emergency and Resilience Sahel Strategy*. The purpose of this strategy is to contribute to realize the humanitarian-development-peace nexus through the scale-up of effective interventions in education service delivery in the Sahel, based on four

⁶³ Regional Education in Emergencies Working Group, 'Education Under Attack in West and Central Africa', October 2021.

strategies: 1) Strengthen capacity of Education System to enable children to cope with multiple risks that go beyond conflict including natural calamities in their communities; 2) Strengthen evidence-based design, implementation and monitoring of innovations to improve equitable access and learning outcomes in areas affected by conflict and natural disasters; 3) Strengthen capacity of education system to empower children and adolescent to participate in conflict resolution and peace building; 4) Strengthen Community and parents' capacities to engage and support their children's learning.

The RO also reinforced resilience through the organization of a 3-day risk-informed training, benefitting UNICEF and governments from 17 countries⁶⁴ with increased capacity building to include risk reduction strategies in Education Sector Plans (ESPs), and strengthened knowledge on the following themes:

- *UNICEF's Risk-Informed Programming and Resilience in the education sector*
- *Risk analysis and prioritizations of action – GPE Volume 3 guidance and links to UNICEF Education RIPA guidelines*
- *New SP indicators for resilience programming in the education sector*
- *Comprehensive School Safety Framework – what it covers and how to use it including safe school declaration*
- *Disaster Risk Reduction (DRR) and Climate Change Adaptation (CCA) and Climate Change Mitigation (including clean energy) and environmental degradation*

Moreover, UNICEF, UNHCR and the Norwegian Refugee Council's (NRC) collaborated under the Education Cannot Wait-supported initiative to define and launch a Multi-Year Education Resilience Planning Programme in Burkina Faso, Mali, and Niger, to improve data collection in favor of better advocacy and resource mobilization to respond to the Sahel crisis. The main results achieved by the consortium are:

- The beginning of the underway *Study on the financing of education* in the 3 countries (NRC)
- The beginning of the underway *Study on cross-border issues on barriers to education* (UNHCR)
- The recruitment of a data manager for the data quality and availability (collection, analysis of tools, and harmonization) (UNHCR)
- Production of regional best practice on innovation for digital and non-technological distance learning (UNICEF)

Throughout the year, the regional team provided effective and continuous support to all countries in the region in response to emergencies. This includes the development and delivery of EiE training programmes– such as the risk-informed programming training which benefitted almost all countries in the region–, and the provision of RO's technical support for the preparation and quality assurance of 9 regional and country HAC appeals, 11 ECHO Humanitarian Implementation Plans (HIP) and 8 HRPs. In addition, the regional team provided guidance on emergency preparedness planning to 5 coastal countries at risk of spillover from the Sahel conflict.

Despite the continuing crises, the RO facilitated planning and reopening of schools in February-March 2021. For instance, in the context of COVID-19, RO's support included advocating at the national level for the reopening of schools by bringing in other countries' examples; supporting governments to equip schools with needed sanitation equipment (e.g., hand washing facility and soaps); helping the Ministry of Education of certain countries to draft COVID-19 safety protocols for school administrators; organizing SBC initiatives such as printing posters and diffusing radio messages for safe return to school. While the COVID-19 crisis created challenges in the continuity of learning, it also fostered opportunities for broad-based partnerships with multiple internal and external partners on innovations in education and opened up avenues for high level policy advocacy and dialogue on reimagining education in Africa.

On digital learning, as part of the Reimagine Education initiative, the regional team provided technical assistance to Cabo Verde, Ghana, Guinea, Nigeria, Sao Tome and Principe, and Sierra Leone, to design and implement digital learning solutions. The regional team also supported setting up or adapting digital learning platforms to provide quality education through the Learning Passport initiative to extend learning opportunities to all children, including the most marginalized. UNICEF and the International Telecommunications Union (ITU) collaborated on the GIGA initiative to connect every school in 19 countries– including emergencies countries– to the internet.

In addition, integrated multi-sectoral programming has been introduced to address the vulnerability factors that prevent adolescent girls from completing primary and secondary education. The RO provided technical support to Mali, Niger, and Chad COs to define and roll out a common package of joint interventions to promote school health and nutrition through the ongoing partnership with WFP. Interventions include school feeding (in kind and/or cash); WASH services (water sanitation and menstrual hygiene management); nutrition services (nutrition education for school, acid folic and deworming); learning and behavioral change (which includes life skills education, and training of school management committees and parent teacher associations).

⁶⁴ Benin, Burkina Faso, CAR, Cameroon, Chad, Côte d'Ivoire, DRC, Gambia, Guinea, Guinea-Bissau, Mali, Mauritania, Niger, Nigeria, RoC, Senegal, and Togo.



© UNICEF/UN0469100/Dejongh. Children attending class at the renewed UNICEF-supported Koranic school, in Bol, in the West of Chad. The renewed Koranic school is an alternative education offer for girls and boys who are out of school and/or who only attend traditional Koranic schools.

Throughout the year, contextual challenges hindered education services across the region. The data crisis remained one key challenge to help countries improve equitable and inclusive access to quality education. A lack of data made it difficult to develop or implement strategies targeting children in and out of school and improve learning outcomes, especially including children with disabilities and other vulnerable groups. To address this bottleneck, UNICEF is prioritizing investing in data system strengthening to enhance timely access to quality data and evidence needed to improve access to education. Another key lesson learned is the need for a better coordinated multi-sectoral multi-stakeholder approach that addresses multiple vulnerabilities and barriers faced by children especially adolescent girls holistically (e.g., school-related GBV) and that integrates cross-border dynamics to reverse the spread of conflict and bring meaningful improvement in the lives of millions of affected children and adults. It is also crucial that UNICEF continues to advocate for political commitment to maintain or increase public financing for OOSC's learning within education sector policies or plans to advance the equity and inclusion agenda in humanitarian settings.

Social Protection

Throughout 2021, WCARO and COs continued to support governments in strengthening the shock-responsive dimension of their social protection systems to facilitate horizontal and vertical expansion of programmes to respond to emergencies. This included support at policy level, the design of programme expansions, enhancing preparedness of delivery systems, and building social registries that can be used as a basis for timely targeting. In Mali, Mauritania, and Niger, UNICEF and WFP implemented a joint program in response to COVID-19. Alongside a shock-responsive system strengthening component, the programme supported the delivery of cash transfers. UNICEF supported the delivery of these emergency cash transfers through government systems, reaching over 440,000 people to help mitigate the socioeconomic shocks triggered by the pandemic. UNICEF also supported delivery of emergency cash transfers that were linked to government systems, including in Benin, DRC, Equatorial Guinea, and Guinea Bissau.

In several countries, UNICEF teams worked to strengthen the linkages between social protection systems and HCT. In Nigeria this was done through enhancing coordination mechanisms. In CAR, UNICEF worked with partners and government to design a cash transfer program for poor and vulnerable households with children, using humanitarian tools and experiences where relevant. In addition, WCARO facilitated with EMOPS HCT team the roll-out of HCT training in eight countries in the region in addition to two regional trainings, with the objective of increasing knowledge and expertise in using the cash transfer modality in UNICEF programmes.

In 2022, WCARO will continue to support the shock-responsive social protection agenda throughout the region. In addition, the RO will assist in the roll-out of the COVID-19 response programme in Mali, Mauritania, and Niger, which was extended until mid-2023. Where government capacity is absent or insufficient, UNICEF will implement HCT, with a lens of using the opportunity to align with and strengthen national systems. Capacity for preparedness and delivery of HCT will be strengthened particularly in coastal countries at risk of spillover from the Sahel conflict. Internally, the integration of teams working on HCT and Social Protection will be enhanced.

Social Behaviour Change⁶⁵

As much as behaviours drive emergencies, they can stop them too. As such, in 2021, WCARO continued to provide large-scale, dedicated, and ongoing support to 22⁶⁶ COs across the region to effectively apply SBC approaches in preparation for and response to humanitarian crises. As per UNICEF's regional vision, the RO team prioritized human-rights and results-based approaches to SBC and grounded its support efforts to COs on five principles: 1) start small and fast, 2) scaffold, 3) invite contributions, 4) design for usability, and 5) be horizontal.

The UNICEF-WHO co-led Regional RCCE Working Group for the COVID-19 pandemic response, composed of 41 participatory organizations, focused on capacity building of RCCE activities across the region, through the provision of real-time technical support to countries. Following in-country needs assessments, UNICEF and partners trained 12 countries (Benin, Burkina Faso, CAR, Côte d'Ivoire, DRC, Gambia, Guinea, Mali, Mauritania, Niger, Senegal, RoC) on RCCE planning, design, implementation, monitoring, and reporting. Also, these countries benefited from guidance on the management of feedback mechanisms with emphasis on the use of community feedback and related data to inform strategic, inclusive, and action oriented RCCE responses. The Regional WG provided technical support to four countries (CAR, Cameroon, Gambia, and Senegal) to undertake social science research to better understand perceptions and generate qualitative and quantitative data to guide their SBC strategies. The Regional WG also supported the launch of digital engagement activities in 10 countries (Benin, Burkina Faso, CAR, Côte d'Ivoire, DRC, Guinea, Mali, Mauritania, Niger, and Senegal) such as the design and dissemination of online posters for youth and religious leaders to help spread messages on protection measures and recommended behaviours against COVID-19 during seasonal and mass events. The Regional WG held effective dialogues with media to provide updates on COVID-19 and "multi-demics," ensuring the dissemination of accurate and consistent information with the public.

UNICEF also partnered with WHO and the International Federation of Red Cross and Red Crescent Societies (IFRC) to coordinate the Collective Service for Risk Communication and Community Engagement, with actions integrated into the Regional WG in 2021. Through this partnership, UNICEF WCARO improved the quality of RCCE approaches across the region, by catalyzing and accelerating data-driven, collaborative, community-led, and localized RCCE support to governments and partners involved in the national response to COVID-19 and beyond.

UNICEF WCARO SBC team held bi-weekly network meetings with other UNICEF regional programme area teams and COs and additional ad hoc meetings as evolving humanitarian situations warranted. Based on technical and operational analysis of countries' performances, WCARO held group and individual capacity building and orientation sessions with COs, helping to put in place mechanisms for community engagement and AAP in emergencies. As part of the technical guidance, the WCARO conducted the quality review of country and regional HAC appeals and reports, including CERF and SitReps. Moreover, WCARO reinforced knowledge management through the launch and update of resource hubs, including the [COVID-19 regional site <Coronawestafrika.info>](https://coronawestafrika.info), the [Collective Service behavioural data dashboard](#), and the UNICEF WCARO SBC team resource page. For instance, by December 2021, <Coronawestafrika.info> had a cumulative audience of 8,087 internet users, with 20,559 pages visited, and 290 mentions and stories published across social media.

Throughout the year, WCARO prioritized the integration life-saving RCCE component into "multi-demic" responses, with specific focus on RCCE preparedness and cross-border strategies to respond to Ebola, Marburg, and Lassa Fever outbreaks in Guinea and Côte d'Ivoire. Although Guinea had experienced Ebola outbreaks in the past, the 2021 outbreak was marked by population's distrust and reluctance to the humanitarian response, which hindered further programme implementation. Faced with this challenge, and under the decentralized supervision of local authorities, the WCARO provided technical and HR support to Guinea CO to set up a multi-stakeholder community feedback mechanism.⁶⁷ The feedback and data gathered through this bottom-up mechanism helped adapt communication materials and community engagement strategies and approaches to the preferences and needs of affected and at-risk populations. The feedback also facilitated the revision of the selection criteria for social mobilizers and the establishment of local committees for the prevention and management of refusals and reluctance to the humanitarian response in the 11 health areas. To tackle population's fear of the Ebola treatment centers, UNICEF supported local authorities in organizing open house visits to these centers to build trust among community members, including religious leaders, women, and youth. Also, UNICEF engaged with Ebola survivors to share their testimonies

⁶⁵ In January 2022, UNICEF made an organization-wide shift from "Communication for Development" (C4D) to the broader term "Social and Behaviour Change" (SBC). This transition allows technical teams to build on the 20 year-long experience using communication to advocate for government investment, policies and action and inspire community-led change, to add new tools and approaches that go beyond communication. Some of these tools include Human-Centered Design (widely used in private sector) and Behavioural Science (used primarily in government sector, for policy-level change).

⁶⁶ Of the 24 country offices in the region, Gabon was not reached with technical support as the country office does not cover the SBC component nor has staff dedicated to this programme. Cape Verde was not reached either as it the country offices has a different programme structure. In addition, WCARO supported countries based on requests from country offices.

⁶⁷ Community feedback helps to listen to communities, to take their opinions and perspectives into account, to be accountable to communities for commitments made as humanitarian and development aid actors.

and experiences on the treatment centers through radio programs and group discussions, aiming at improving attendance at the Ebola centers and mitigating the spread of rumors.

WCARO also provided technical support to Côte d'Ivoire on cross-border preparedness and prevention strategies for Ebola and Marburg, including through the deployment of an RCCE expert to support in-country RCCE coordination. In collaboration with WHO and partners, UNICEF organized a simulation exercise to assess the response capacity in areas bordering Guinea. Based on the recommendations from this simulation, the RO shared modules, tools, and communication materials from Guinea's response, which the RCCE expert helped adapt to the Côte d'Ivoire context. The RO also supported training sessions for UNICEF CO staff, partners, and members of the RCCE commission, on the establishment of community feedback mechanisms to better respond to Ebola and Marburg outbreaks.

As public health emergencies stroke countries, and demand for immunization efforts increased, WCARO guided COs in the implementation of SBC activities to effectively manage immunization-related misinformation and scale up vaccine access and coverage. UNICEF WCARO provided technical– and in some instances also financial– support to COs on the use of innovative and new approaches to SBC immunization-related activities, such as the Human-Centered Design (HCD) approach.⁶⁸ For instance, WCARO enhanced capacity building in Nigeria and Mali to conduct HCD practices in the field and increase the scope and roll out of routine immunization and address gender barriers in zero-dose communities. In Nigeria, UNICEF conducted two key advocacy meetings with Government and civil society partners to create a capacity strengthening plan to learn new skills in HCD. In Mali, HCD-phased planning with MOH and partners has been discussed and progress has been made. Both Nigeria and Mali reported the integration of demand generation approaches into maternal and child health interventions, which will increase sustainability of immunization.

In the context of COVID-19, the WCARO drafted the brief *Human Rights-based Approach to Promoting Vaccination Programmes* to reinforce the human rights component in COVID-19 vaccination efforts. The SBC RO and HQ teams co-organized deep dives with priority countries in terms of needs, including Burkina Faso, CAR, Chad, and DRC, to understand key barriers related to COVID-19 vaccine introduction and help generate vaccine demand in these countries. WCARO SBC team also provided technical support to DRC in the creation of *Vaccination Matchmaking*, a SMS pre-registration system to support the COVID-19 vaccination campaign.⁶⁹

UNICEF WCARO SBC team enhanced social science research and data collection for public health emergencies decision-making and evidence-based humanitarian action, providing overall guidance to 18 COs in the context of COVID-19 (Burkina Faso, Cabo Verde, Cameroon, CAR, DRC, Gambia, Ghana, Guinea, Liberia, Mali, Mauritania, Niger, Nigeria, RoC, Sao Tome, Senegal, Sierra Leone, and Togo). More specifically, the SBC team comprehensively supported seven countries (Burkina Faso, CAR, Gambia, Ghana, Mauritania, Senegal, and RoC) on the use of social science research and data to inform and guide RCCE interventions in the context of COVID-19. Via the U-Report platform, 223,725 U-Reporters responded to a regional poll based on Behavioural and Social Drivers (BeSD) questions, to assess the introduction of COVID-19 vaccine in these countries and influence positive behaviour and motivation among parents and caregivers based on results. In partnership with Viamo, in four pilot countries (Burkina, Ghana, Mali, and Nigeria), data on access to COVID-19 vaccination was collected through the interactive voice response (IVR) platform. UNICEF WCARO SBC and Communication teams partnered with Radio France Internationale (RFI) to use social listening data to produce and broadcast weekly radio segments on COVID-19 vaccination in four languages widely spoken in the region (Fulfulde, Hausa, Kiswahili, and Mandenkan).

In addition to public health emergencies, the WCARO supported the scale up of SBC activities in response to other types of humanitarian situations. For instance, as part of the humanitarian response to deteriorating insecurity in the Sahel, WCARO supported Mauritania, Mali, and Niger COs with the provision of technical resources such as conflict scan and guidance tools for community feedback mechanism, to inform SBC strategy design and accelerate access to basic services in conflict zones. To prepare and prevent conflict spillover to neighbouring countries, the WCARO SBC team equipped the coastal countries of Benin, Côte d'Ivoire, Guinea, and Togo, with technical resources for risk analysis and adaptation of SBC approaches to their local contexts, mitigating security threats.

With the pandemic lasting longer, the main challenge in 2021 remained the strain and shortfall of financial and human resources for humanitarian response. The lack of resources hindered the sustainability and continuity of SBC initiatives across the region, which in turn, affected humanitarian action in risk areas. For instance, the reduction in the number of frontline workers and household visits impacted the routine immunization efforts and service promotion actions. In addition, a key lesson in 2021 for WCARO is the importance of staying true to UNICEF's core mission as a human rights and child rights organization during emergencies. In some emergencies, in particular public health

⁶⁸ The HCD approach can be used for duty bearer action (service side improvements) and rights holder action, through co-creation of solutions with community members. United Nations Children's Fund, 'COVID-19 Vaccine Matchmaking', UNICEF, < www.unicef.org/coronavirus/covid-19-vaccine-matchmaking >, accessed 21 March 2022.

⁶⁹ United Nations Children's Fund, 'COVID-19 Vaccine Matchmaking', UNICEF, < www.unicef.org/coronavirus/covid-19-vaccine-matchmaking >, accessed 21 March 2022.

emergencies, a “bio-medical mindset” often gains prominence, where community members are referred to as “targets” and they are judged on their compliance and adherence to prevention measures. UNICEF’s human-rights-based-approaches to SBC call for community members to be seen as potential agents of change rather than passive targets of information and directives for compliance. The term “vaccine hesitancy” is an example of community members being seen, often without evidence, as the source of the problem in relation to low vaccine coverage, whether for polio or COVID-19. In this vein, it is critical for UNICEF and partners to provide continuous support to build the bases of collaboration and mutual accountability between duty bearers and rights holders, and to manage expectations of UN agencies and government counterparts in relation to public health emergencies.

Communication and Public Advocacy

In 2021, the RO actioned comprehensive communication strategies to raise awareness of the impact of humanitarian crises on children and advocate for the protection of their rights. As part of UNICEF’s response to the deteriorating Central Sahel crisis, WCARO supported inter-agency communication and advocacy efforts through the participation of WCA Regional Director in a joint media briefing to alert on the growing humanitarian needs of Sahel populations. The press conference received extensive media coverage in major outlets, including Le Monde, The Guardian, Aljazeera, Seneplus, and Journal du Cameroun. Following the briefing and to contribute to these efforts, WCARO issued a [press release on the Sahel crisis](#), drawing public attention to the suffering of children and women due to violence and displacement, and advocating for urgent humanitarian action and financial support. This event was the beginning of a series of communication activities to raise the visibility and call for global solidarity in support of the children of the Sahel, and beyond, in West and Central Africa.

2021 also marked the 25th anniversary of the historic Graca Machel report on the situation of CAAC. To celebrate this moment, UNICEF WCARO launched Build Back Better Lives, an advocacy note on grave violations against children in WCAR. A dedicated landing page on the UNICEF WCARO website was created to provide access to the report and highlight stories of children and young people from the region. In addition, a [press briefing](#) was held and a complementary [regional press release](#) issued, together with a comprehensive communications package widely distributed through media. UNICEF WCARO secured media coverage by two of the top three global news agencies, [AP \(Associated Press\)](#) and Reuters. Additionally, WCA Regional Director Marie-Pierre Poirier gave a [live interview](#) for BBC World’s Focus on Africa. As a result of the powerful content of the advocacy note combined with strategic media outreach efforts, the launch of the publication generated more than 400 media stories across the world by the end of the year, with a potential reach of more than 390 million people. This includes more than 70 stories in media with a reach of 1 million people or more each. The top five countries of media coverage are the United States (about 60 per cent of the total), Nigeria, UK, Canada, and South Africa.

The COVID-19 pandemic has upended the lives of children across WCAR. Through amplified media outreach and the dissemination of inspiring, people-centered communication products and initiatives, UNICEF WCA increased public awareness about the harmful effects of the COVID-19 pandemic on children and their communities, boosted audience engagement, and contributed to resource mobilization. UNICEF WCARO leveraged the support of influential community members, leaders, and [artists from West and Central Africa](#) who lent their voices to raise awareness about the crucial importance of COVID-19 vaccination to curtail the spread of the pandemic, and childhood vaccinations as the best tool available – alongside prevention measures – to put an end to preventable child diseases. In 2021, several countries in WCAR received vaccines shipment through the COVAX initiative, including the first historic shipment of vaccines in the region. WCARO supported communication efforts of COs to highlight these joint efforts by UNICEF and partners to accelerate COVID-19 vaccination.

Throughout the year, UNICEF WCARO also supported communication efforts in COs to alert on situations that affect the lives of children and communities across the region, including contributing to the multiple and diverse press releases and statements. Some examples include:

- [Statement by UNICEF Niger Representative Stefano Savi following school fire in Maradi](#)
- [Joint UNICEF-WFP press release to warn about the alarming food crisis in CAR as lean season approaches](#)
- [Statement by UNICEF Executive Director Henrietta Fore following attacks against children and child abductions in parts of West and Central Africa](#)
- [UNICEF warns about children and families at risk following huge volcano eruption in Goma](#)
- [UNICEF Burkina Faso deploys emergency assistance in support of the armed attack in Solhan](#)
- [Statement by Regional Director for West and Central Africa, Marie-Pierre Poirier on the killings of children in Niger](#)
- [UNICEF stands by the Government to contain Ebola resurgence in Guinea](#)
- [UNICEF deploys staff, medical equipment and supplies in response to new Ebola case in eastern DRC](#)

Through its digital platforms, including those on the [UNICEF WCARO website](#) and using [UNICEF Africa Facebook](#), [Twitter](#), and [Instagram](#) accounts, UNICEF WCARO continued to increase the attention and engagement of media, the international community, and the greater public on different emergencies affecting the region as well interlinked social issues, with the objective of positioning the organization as a leading voice, a leading advocate, and a leading brand in humanitarian action.

Results Achieved from Humanitarian Thematic Funding – Case studies

Strengthened preparedness for epidemics and conflict spillover effect from Central Sahel

Top Level Results: WCARO utilized the global humanitarian thematic funds (GHTF) to enhance preparedness and response in countries classified at high-risk of Ebola Virus Disease (EVD) spread from Guinea (Côte d'Ivoire, Guinea Bissau, Liberia, Mali, Senegal, and Sierra Leone) and conflict spillover from Central Sahel (Benin, Côte d'Ivoire, Ghana, Guinea, and Togo). The use of complementary funding sources, alongside existing institutional knowledge, and experience at the RO- and CO-level, enabled an effective response and follow-up actions, establishing surveillance systems, strengthening coordination, and increasing risk awareness across the targeted countries.

Issue/background: On 14 February 2021, Guinea officially declared a new outbreak of EVD. The declaration of the outbreak came at a time when COVID-19 had already presented a challenge to public health, food systems and livelihoods. The six neighbouring countries (Côte d'Ivoire, Guinea Bissau, Liberia, Mali, Senegal, and Sierra Leone) faced a risk of Ebola spreading across borders due to considerable cross-border movements. Coupled with this emergency, the RO was also supporting coastal countries in preparedness efforts in the face of potential spillover violence from Central Sahel. This preparedness effort was coupled with an in-depth reflection on resilience programming in the northern part of the coastal countries.

Resources required/allocated: Technical assistance to Ebola readiness in six neighbouring countries was funded through the GHTF allocated to the RO in 2021. Regional emergency and health specialists were deployed to support rapid scale-up of the Ebola response, after the declaration of the outbreak in Guinea, and of a suspected case in Côte d'Ivoire. In addition, the regional communication and supply teams supported remotely the COs affected by investing in their readiness.

In the coastal countries, \$80,000 was allocated from EMOPS towards a total \$155,000 action plan in additional to \$50,000 from the regional GHTF. The funds were utilized in full and allocated as follows:

1. Enhance emergency preparedness in the five coastal countries (EPP platform reach 100 per cent preparedness).
2. Develop, share, and update a risk analysis of the spillover from Burkina Faso and the impact on social services.
3. Conduct field mission to build capacities of country teams on early warning systems/community-based monitoring systems to the capacity-building component, preparedness, and prevention to the risk of spillover.
4. Develop a sub-regional narrative, that includes a clear strategy on how to engage further with the national counterparts so that the risks linked to spillover are better integrated in Emergency Preparedness and Risk Reduction documents (so far, only risks linked to climate change and health are considered) to contribute to fundraising and advocacy strategy.
5. Compile lessons learned from Burkina Faso to share with the coastal countries.

Progress and results: The use of these funds to send experienced RO staff to support these critical coordination activities enabled UNICEF, WHO and partners to directly assist more than 31 million people (31,323,431) through the broader (CERF-funded) response. This included 7.6 million boys, 7.8 million girls, 8.2 million women and 7.6 million men to prevent the spread of EVD. Alongside a wider programme of preparedness and response which included the installation of border screening, hand washing points, training and awareness activities, the RO supported the coordination of preparedness activities and engagement with governments to ensure response systems and policies were strengthened and that lessons learned were being shared and integrated between countries.



© UNICEF/UN0613356/Dejongh. Mariam Diabate, with her 3 children, refugees from Burkina Faso, in Bolé, in the north of Côte d'Ivoire.

Beyond the enhancement of the capacity of local actors in Ebola preparedness and response, these funds also enabled the RO to undertake an assessment of the risks, context, and capacity in Benin in relation to the spillover of violence from Burkina Faso and Mali. This critical activity will inform and facilitate the RO's support to these countries in 2022, and will enable extended early warning, risk mapping and preparedness activities by the COs.

One example of the value of a multi-country response to preparedness, coordinated by the RO, was the training provided by the UNICEF Guinea colleagues, to partners and UNICEF staff in Côte d'Ivoire. This training, facilitated by the RO, helped create stronger coordination across borders, and gave real-world scenarios to inform preparedness actions in neighbouring countries.

Criticality and value addition: The RO has a critical role in multi-country preparedness and response efforts, particularly in countries where there is no ongoing emergency response. In the cases outlined, experienced UNICEF RO emergency colleagues were able to support the COs to build coordination and response capacity, undertake risk assessments and gap analysis and determine a way forward on preparedness activities in 2022. The ability of the RO to connect UNICEF staff with a range of relevant experiences from their country context, gives each UNICEF CO access to collective resources. In the context of emergency preparedness this is particularly critical, as the lived experience of a CO or colleague can enable greater practicality and awareness of risks in a context that has not experienced that risk before. The RO holds this function as a repository of lessons learned and experience, as well as enabling coordination on multi-country risks such as the spillover of violence from Burkina Faso and Mali to neighbouring countries, and the risk of multi-country pandemics.

Moving forward: The RO will build on the lessons learned from these activities to deepen connections with, and between COs in the region for preparedness actions. Through these and related activities, UNICEF has strengthened inter-agency coordination, including through the interagency Emergency Preparedness and Response platform, and an inter-agency analysis group. Through these groups UNICEF is planning to be involved in similar activities in relation to Benin and Côte d'Ivoire later in 2022, as well as multi-country assessments for flood preparedness and cholera. UNICEF's preparedness activities at the RO continue to link all UNICEF sectors, partners, and COs to ensure effective coordination of resources, mapping of regional risks and a cost-effective response in meeting the needs of children and families.

Learning from Third Party Monitoring (TPM)

Top level results: All countries responding to humanitarian situations with access constraints benefitted from technical support and guidance to strengthen programme monitoring through third parties, thanks to GHTF. In these constrained access contexts, TPM ensured systematic field monitoring for improving programme performance (coverage, quality, and equity) and, to some extent, meeting AAP. In 2021, UNICEF WCAR COs implemented a TPM service in 7 out of 8 countries with active conflict situations, with over 36.1 million children in need of humanitarian assistance in WCAR.

Issue/background: Humanitarian operating environments have become progressively more complex and challenging in recent decades. Access constraints due to insecurity have featured prominently, leading UNICEF to rely on TPM to ensure systematic programme monitoring. In 2020, UNICEF commissioned a multi-regional research project (2020 TPM report) to map and review UNICEF's experience with TPM in West and Central Africa (WCAR), East and Southern Africa (ESAR) and the Middle East and North Africa (MENA) regions. This baseline study synthesized knowledge of and experience with TPM, examined county-level processes and adaptations and explored challenges, risks, opportunities, and lessons learned. Drawing on the findings and recommendations of the 2020 report, in 2021, UNICEF initiated the development of a TPM guidance package with generic tools.

Resources required/allocated: The provision of US\$56,400 of the global thematic humanitarian funds supported the Information Management (IM) Specialist position within the Emergency team in the WCARO. This position was essential to supporting humanitarian COs in improving TPM processes and ensuring technical coordination of the design of the TPM guidance package between UNICEF WCARO, HQ, three other ROs and 10 participating COs.⁷⁰

Progress and results: In the first half of 2021, based on the 2020 TPM report recommendations, UNICEF conducted a global consultation with HQ and all ROs to develop a shared action plan. With the provision of GHTF, UNICEF WCARO was able to initiate and coordinate the development of a TPM guidance package that started during the last quarter of 2021. The main objective of the TPM guidance package is to provide all COs with a set of generic, ready-to-use tools which can be adapted to support different steps of TPM management.

Criticality and value addition: Globally and across WCAR, UNICEF COs have shown a growing interest in expanding TPM use in humanitarian and development settings. In this context, where there is a limited scope of standardized TPM tools, there has been a continued interest in knowledge sharing to improve TPM management. The coordination of the TPM guidance package development, with GHTF' contribution, was essential toward an efficient standardization of TPM systems across UNICEF operating environments.

Challenges and lesson learned: The 2020 TPM study report provided clear recommendations with some good practices as preliminary guidance for COs' considerations on improving TPM management. But there were no standard tools for practical adaptation of existing or new TPM systems. Therefore, each CO has continued investing in developing and refining its tools in parallel. The joint development of the TPM guidance package has allowed to mutualize resources across multiple regions and countries.

Moving forward: Coordination of work to finalize the TPM guidance package will continue in the first half of 2022. Later in the second half of 2022 and moving forward, there will be a need to provide training and direct support to COs' implementing or adapting their TPM tools based on the guidance package.

Assessment, Monitoring and Evaluation

In 2021, WCARO continued to foster evidence-based decision-making to drive results for every child. WCARO and COs increased capacity in planning and monitoring by investing in and using high quality and child-focused multi-sectoral and multi-country evaluations of UNICEF's humanitarian action across the region. Conclusions and recommendations from these evaluations were essential for organizational learning, accountability, and performance improvements to shape policies, programmes, advocacy, and partnerships.

Throughout 2021, WCARO managed five major evaluations of humanitarian action, engaging a total of 13 COs. First, WCARO conducted the evaluation of the regional response to the COVID-19 pandemic in six countries (Chad, Côte d'Ivoire, DRC, Gabon, Mauritania, and Sao Tome and Principe). While a traditional evaluation report was not produced at the end of this exercise, four country reports (Chad, Gabon, Mauritania, and Sao Tome and Principe) were submitted to the Evidence Information Systems Integration (EISI) portal and are publicly available.⁷¹ In line with the WCARO's evaluation capacity development strategy, both the data collection and analysis conducted within the scope of this multi-country evaluation were entirely performed by in-country male and female local evaluators and community members, instead of remotely by international consultants (as done by most UN agencies since the start of the pandemic). Moreover, all these evaluations featured the systematic use of child-focused methods, such as body mapping and H-Framework. In this vein, all the evaluation activities conducted on the ground in 2021 were implemented in full compliance with the principles spelled out in the Convention on the Rights of the Child (CRC) and the African Charter of Children's Rights and Welfare. Through game-like activities, rather than formal focus group discussions and classic adult-centric interviews, boys and girls involved succeeded in making their voices and aspirations heard under the scope of evaluation processes that have been traditionally adult-centric.

Second, WCARO continued to manage— for the second consecutive year— the innovative Developmental Evaluation of the BMZ-supported Resilience Programme implemented jointly with WFP in Mauritania, Mali, and Niger. In particular, 2021 was characterized by the organization of multiple “Learning-Focused Strategic Conversations” pertaining to a series of strategically and operationally relevant topics jointly selected by UNICEF staff, governmental partners, national and international NGOs, service providers and community members (organized both in the capital

⁷⁰ Regions and participating countries: WCAR: DRC, Cameroon, Mali, CAR; ESAR: Somalia, Zimbabwe; MENA: Iraq, Yemen, Syria/Cross Border; ROSA: Pakistan

⁷¹ United Nations Children's Fund, 'Global Evaluation Reports Oversight System (GEROS)', UNICEF Evaluation Office, 2019, <www.unicef.org/evaluation/global-evaluation-reports-oversight-system-geros>, accessed 17 March 2022.

and at the decentralized level). Such conversations led to certain adjustments of implementation strategies on the ground and promoted the establishment of resilience-themed partnerships amongst in-country actors.

Third, the RO managed the evaluation of the UNICEF Response to the L2 crisis in NWSW Cameroon, in close collaboration with HQ and CO. This organizational three-level collaboration specifically contributed to both the application of innovative evaluation methods to a humanitarian context and the diversification of data sources, mainly through the maximization of existing data through advanced analysis techniques (e.g., geospatial analysis)

Fourth, WCARO worked closely with the Burkina Faso, Mali, and Niger COs on the planning of the evaluation of the humanitarian response to the L2 crisis in the Central Sahel, paving the way towards strengthening UNICEF's support to conflict prevention and sustaining peace. Once the field work starts in 2022, WCARO will prioritize the provision of technical assistance in the data collection, analysis, dissemination, and management of the response.

Fifth, WCARO provided technical assistance to RoC, Sierra Leone, and Togo, as the countries continued to work on the In-the Middle-of-Action Rapid Evaluation (MARE) of the COVID-19 response. This innovative evaluation methodology, which combines real-time evaluation and after-action review principles, was developed by the WCARO Evaluation Section in 2020 and further adapted to the countries' specific contexts in 2021.

In 2021, WCARO continued to engage with COs and international evaluation teams, focusing efforts on engaging affected populations more effectively during data collection and analysis phases. In turn, an increased number of community members contributed to the conduct of community interview and focus groups, using rapid and highly participatory data collection strategies.

As part of WCARO's initiative to create a regional evaluation academic network, the RO developed specific training modules on agile and nexus-friendly humanitarian evaluation with a child-focused method. The integration of these modules into the academic offerings of a selected number of universities across the region is expected to take place in early 2022. In addition, WCARO invested in the visualization of humanitarian evaluative evidence and the organization of evaluation dissemination events, ultimately fostering strategic learning and programmatic improvements in humanitarian contexts in a timely and sustainable manner.

WCARO took stock of the lessons learned from the COVID-19 response to increase the use of real-time and innovative evaluations methods (e.g., the "developmental evaluation" approach), which have provided UNICEF and its implementing partners across the region with unprecedented opportunities not only to adjust their strategic and operational approaches throughout implementation in emergency contexts, but also to promote the conduct and use of more agile, responsive, systemic, nexus-friendly and influential evaluations. Although WCARO successfully ensured that humanitarian evaluations were of high quality and met needs of UNICEF and stakeholders, underfunding remained a central challenge. In 2021, due to funding shortfalls, WCA remained one of the regions that spends the least on evaluation, affecting the ability of WCARO to ensure that UNICEF staff at field, country, and regional levels have the necessary resources to commission and manage evaluations. Given this challenge, support from donors and partners is critical to secure sustainable and predictable funding for evaluation, in line with the CCCs and the Evaluation Policy requirement of spending at least one per cent of the programme budget for evaluation activities.⁷²

⁷² United Nations Children's Fund, 'Revised Evaluation Policy of UNICEF', E/ICEF/2018/8, UNICEF Evaluation Office, 2018, <[www.unicef.org/evaluation/media/1411/file/Revised%20Policy%202018%20\(Interactive\).pdf](http://www.unicef.org/evaluation/media/1411/file/Revised%20Policy%202018%20(Interactive).pdf)>, accessed 17 March 2022.

Financial Analysis

Table 1: Funding status against the appeal by sector

Sector	Total \$ Required	Funds available*				Funding gap**	
		Humanitarian resources received in 2021	Other resources used in 2021	Humanitarian resources available from 2020 (carry-forward)	Other resources available from 2020 (carry forward)	Total \$ Gap	% Gap
Health	6,265,146	2,511,715	471,240	1,148,737	792,193	2,822,748	45%
Nutrition	4,462,153	403,090	30,000	104,974	16,658	3,995,631	90%
Child protection, GBViE and PSEA	5,115,196	372,079	13,261	259,260	163,840	4,306,757	84%
Education	17,667,820	451,253	617,017	150,146	10,328,361	8,117,537	46%
Water, sanitation, and hygiene	12,690,805	1,266,665	89,761	555,910	91,130	10,687,339	84%
Social Protection and cash transfers	6,792,204	524,262	23,506	215,789	700,780	5,710,784	84%
C4D, community engagement and AAP	2,331,634	546,492	102,630	636,930	172,690	1,166,007	50%
Emergency response and preparedness	15,203,372	945,685	-	8,111,553	2,851,317	3,294,817	22%
Grand Total	70,528,329	7,021,242	1,347,415	11,183,297	15,116,969	40,101,620	57%

Country	Total \$ Required	Funds available*				Funding gap**	
		Humanitarian resources received in 2021	Other resources used in 2021	Humanitarian resources available from 2020 (carry-forward)	Other resources available from 2020 (carry forward)	Total \$ Gap	%Gap
Benin	15,432,818	1,007,681	-	323,693	2,332,853	11,768,591	76%
Côte d'Ivoire	4,776,998	515,854	-	656,370	46,296	3,627,072	76%
Equatorial Guinea	1,475,400	815,000	778,315	534,385	-	549,045	37%
Gambia	3,681,684	1,255,200	53,964	243,574	52,464	2,664,223	72%
Guinea Bissau	4,717,702	399,970	50,310	141,118	3,170,571	1,625,117	34%
Liberia	11,468,250	2,081,852	-	347,776	6,517,355	4,236,416	37%
Togo	13,772,106	-	464,826	824,828	146,113	12,336,339	90%
WCARO	15,203,372	945,685	-	8,111,553	2,851,317	3,294,817	22%
Grand Total	70,528,329	7,021,242	1,347,415	11,183,297	15,116,969	40,101,620	57%

* Funds available includes funds received against current appeal and carry-forward from previous year

** Funds exclude contributions transferred by the RO to COs for implementation

Table 2: Funding received and available by donor and funding type

Table 2 - Funding Received and Available by 31 December 2021 by Donor and Funding type (in \$)		
Donor Name/Type of funding	Programme Budget Allotment reference	Overall Amount*
I. Humanitarian funds received in 2021		
a) Thematic Humanitarian Funds		
See details in Table 3	SM/18/9910	709,231
b) Non-Thematic Humanitarian Funds		
Germany	SM210003	153,445
Japan	SM210049	878,493
Japan	SM210063	315,000
Japan	SM210068	1,388,796
Bureau for Humanitarian Assistance	SM210116	138,889
Republic of Korea	SM210118	185,185
World Health Organization (WHO)	SM210140	75,000
European Commission / ECHO	SM210231	176,862
United States Fund for Unicef	SM210237	226,852
Spanish Committee for Unicef	SM210321	63,516
UN Multi Partner Trust	SM210322	128,855
USA CDC	SM210549	92,593
USAID/Food for Peace	SM210643	341,000
USA USAID	SM210693	847,222
USA USAID	SM210713	203,704
USA USAID	SM210727	54,545
Islamic Development Bank	SM211019	271,859
Total Non-Thematic Humanitarian Funds		5,541,817
c) Pooled Funding		
(i) CERF Grants		
Office for the Coordination of Humanitarian Affairs (OCHA)	SM210158	1,177,364
(ii) Other Pooled funds - including Common Humanitarian Fund (CHF), Humanitarian Response Funds, Emergency Response Funds, UN Trust Fund for Human Security, Country-based Pooled Funds etc.		
d) Other types of humanitarian funds		
		-
Total humanitarian funds received in 2021		7,428,412

II. Carry-over of humanitarian funds available in 2021

e) Carry over Thematic Humanitarian Funds

Global - Thematic Humanitarian Response	SM189910	1,310,831
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f) Carry-over of non-Thematic Humanitarian Funds

British Government (DFID)	SM200006	1,084,728
British Government (DFID)	SM200202	50,000
Canada	SM200523	36,474
Canadian UNICEF Committee	SM200875	171,326
China	SM200730	280,167
Côte d'Ivoire	SM200589	228,974
Denmark	SM190105	9,379
European Commission / ECHO	SM200210	294,528
France	SM200642	429,626
Japan	SM200060	81,238
Japan	SM200062	31,077
Japan	SM200334	69,499
Japan	SM200339	223,141
Japan	SM200367	1,027,507
Ministry of Planning, Finance and B	SM200792	283,704
Portugal	SM200331	18
The United Kingdom	SM170463	521,680
The United Kingdom	SM200733	103,271
United States Fund for UNICEF	SM190366	229,564
United States Fund for UNICEF	SM200455	51,046
USA (USAID) OFDA	SM190367	66,210
USA (USAID) OFDA	SM200555	159,877
USA (USAID) OFDA	SM200664	299,500
USA (USAID) OFDA	SM200689	355,556
USA USAID	SM200171	203,271
USA USAID	SM200610	151,579
USA USAID	SM200611	41,747
USA USAID	SM200613	172,133
USA USAID	SM200789	200,000
USAID/Food for Peace	SM190433	213,750
World Bank - Washington D.C.	SM200489	58
Total carry-over non-Thematic Humanitarian Funds		7,070,625
Total carry-over humanitarian funds		8,381,456

* Programmable amounts of donor contributions, excluding recovery cost.

** 2021 loans have not been waived; COs are liable to reimburse in 2022 as donor funds become available.

Table 3: Thematic Humanitarian Contributions Received in 2021

WCARO			
Thematic Humanitarian Contributions Received in 2021 (in USD): Donor	Grant number*	Programmable amount (in US\$)	Total contribution amount (in US\$)
US Fund for UNICEF	SM1899100386	45,238	45,700
Allocation from global Thematic Humanitarian**	SM189910	656,428	692,694
Total		656,428	692,694

Country offices	Thematic Humanitarian Contributions Received in 2021 (in USD): Donor	Grant number*	Programmable amount (in US\$)	Total contribution amount (in US\$)
Benin	Allocation from global Thematic Humanitarian**	SM189910	14,315	15,106
Côte d'Ivoire	Allocation from global Thematic Humanitarian**	SM189910	-	-
Equatorial Guinea	Allocation from global Thematic Humanitarian**	SM189910	-	-
Gambia	Allocation from global Thematic Humanitarian**	SM189910	9,775	10,315
Guinea Bissau	Allocation from global Thematic Humanitarian**	SM189910	21,897	23,101
Liberia	Allocation from global Thematic Humanitarian**	SM189910	-	-
Togo	Allocation from global Thematic Humanitarian**	SM189910	6,816	7,193
Total			52,803	55,715

Grand total			709,231	748,409
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*** 2021 loans have not been waived; COs are liable to reimburse in 2022 as donor funds become available.*

Future Work Plan

Within a humanitarian context characterized by rapidly increasing and changing needs, UNICEF WCARO will remain committed to staying and delivering. Amidst increased insecurity, restricted access in conflict and fragile settings, and the impact of “multi-demics” on services, ensuring the continuity of operations and the ability of UNICEF COs and partners to stay and deliver to meet increasing needs, will require a regional humanitarian plan that is as ambitious as it is transformative.

To that end, UNICEF WCARO will focus on two strategic priorities in 2022. First, WCARO will continue to provide technical support to all 24 COs to increase and reinforce the quality and coverage of life-saving interventions through risk-informed, conflict and gender-sensitive programmes that accelerate results for children and at-risk populations, especially in hard-to-reach areas. Second, WCARO will invest in preparedness efforts and system strengthening and resilience, by supporting COs in the implementation of integrated multi-sectoral and multi-year responses that help build communities’ resilience to prepare for and respond to crises. The humanitarian-development nexus will continue to underpin all interventions to ensure long-lasting impact of UNICEF’s efforts.

UNICEF WCARO will continue to ground its humanitarian responses in the CRC and the CCCs. As such, WCARO’s strategy will prioritize human- and child-rights based approaches to programming to continue supporting women, children, and people with disabilities, especially in the most deprived, disadvantaged, or discriminated communities. Programming implemented across the region will also encompass the analysis of inequalities and abuses to redress discriminatory practices that impede progress, and the translation of children’s rights into concrete positive realities for children.

WCARO will build on the challenges and lessons learned in 2021 to drive forward its humanitarian strategy. To address access challenges and increase coverage of programmes, and in line with the Grand Bargain commitments, UNICEF WCARO will continue to localize humanitarian and development programming and scale up community-based mechanisms to improve AAP. This includes reinforcing and expanding partnerships with local NGOs and affected communities and investing in the technical capacity of local actors (e.g., local authorities, civil society organizations, communities, and the private sector) to better address the needs of children affected by humanitarian crises and to prepare national and subnational actors for future humanitarian responses. In the child protection sector, tailored support will be provided to protect conflict-affected children, by working with communities and partners to facilitate the documentation of grave violations and strengthening the in-country programmatic response, particularly in the Sahel and the Lake Chad Basin regions. As part of its SBC efforts, WCARO will continue to support governments to invest in community-led and people-centered interventions, especially as part of public health emergency responses, including through the reinforcement of multi-stakeholder community feedback mechanisms to build the trust of affected populations. In strengthening health systems, UNICEF will prioritize building the capacity of frontline workers, supply chains, the quality of care and digital health information. UNICEF will also work on the integration of comprehensive HIV responses into sustainable health systems. The COVID-19 response will be maintained through capacity strengthening of countries to detect and respond to new waves when they occur while continuing to support COVID-19 vaccination roll-out in countries affected by humanitarian crises.

To adapt to the impact of conflicts, “multi-demics,” and climate change, the RO will increase the use of new technologies and innovative ways to adapt and scale up programming, including remote implementation (e.g., through telephone counselling and psychosocial support sessions, or online group discussions) and monitoring where direct access is not possible. In education, UNICEF will continue to reinforce its partnerships on digital learning initiatives to scale up alternative learning platforms and provide quality basic education for vulnerable children and adolescents. As part of the WASH response, UNICEF will strengthen the Solar Hub initiative to promote SPWS, including as part of cross-sector initiatives to support health and nutrition response, as a means of providing sustainable and equitable safe water to end users. In nutrition, new and innovative programmatic modalities will be implemented, such as cash transfers and health surge programming, to improve the coverage of wasting treatment, especially in insecure areas.

The adoption of innovation will also be crucial in strengthening data and monitoring for evidence-based programming, to improve the quality and effectiveness of the response. As an example, WCARO will continue to support the integration and use of Integrated Analytics Cells (IAC) as part of its health, nutrition, and education responses. Though IACs, WCARO will enhance multidisciplinary and integrated analysis to better understand and respond to emergencies, particularly “multi-demics.” UNICEF WCARO will also contribute to the SBC continuum by improving the generation and collection of data through innovative multi-stakeholder community feedback mechanisms, to inform programme adaptation taking into consideration the preferences and needs of affected and at-risk populations. Systems surveillance and needs assessments will be prioritized in the “multi-demic” interventions, to bolster readiness of response and preparedness efforts in affected and at-risk countries. Data collection will also be crucial in the identification of zero-dose and under-vaccinated children, particularly in the Sahel countries.

In the wake of increasing multidimensional crises, it is more imperative now than ever before to secure humanitarian funding, especially in a region which is more underfunded each year. WCARO will continue to lead resource mobilization efforts, with specific advocacy on humanitarian thematic contributions. The flexible nature of this type of funding will allow UNICEF to deliver assistance to the most vulnerable children when and where it is needed and in a timely and effective manner, increasing aid effectiveness and predictability in humanitarian response. WCARO will explore innovative funding opportunities through increased engagement with development actors as part of the humanitarian-development nexus approach, for instance, to ensure longer term funding for the integration of wasting treatment into health systems and to mobilize more funding for preventive and resilience building interventions in fragile contexts. Another possible solution would be to use the most financed and visible sectors as an entry point for mobilizing funds for other less well-funded sectors (e.g., education on WASH).

With other onset and protracted crises around the world diverting attention from the Sahel crisis and neighbouring countries, it will be imperative for UNICEF WCARO to scale up high-level advocacy and communication strategies. This will be done by harnessing UNICEF's vast network of partners and external media, to advocate for children's rights and multi-sectoral needs in the region, communicating the requirement for immediate and long-term solutions to the protracted crises. Advocacy will also be leveraged to reinforce and expand multi-country partnerships and approaches looking beyond national borders to address interconnected humanitarian needs in the region, especially as part of the response to the Sahel crisis and neighbouring countries.

Expression of Thanks

On behalf of children and women in West and Central Africa region, UNICEF expresses gratitude to public and private partners for the continued support. The generous contribution of partners, including the governments of Canada, China, Côte d'Ivoire, Denmark, France, Germany, Japan, Republic of Korea, Portugal, the United Kingdom, the United States of America, the European Union/ECHO; and of the Islamic Development Bank and the World Bank enabled UNICEF and partners to continue provision of life-saving interventions in 2021, as well as the Government of Germany supporting building resilience in the Sahel.

UNICEF is particularly grateful to the individuals, groups, companies, and others, who contributed to UNICEF's response in West and Central Africa region via the UNICEF National Committees, as well as via the UNICEF global humanitarian thematic funds. The flexible humanitarian funding is vital support for children and women living in some of the hardest conditions.

UNICEF would also like to extend gratitude to its national and international implementing partners for their tireless efforts in achieving results for children and focusing on saving lives, reducing the suffering, and ensuring respect for children's rights. Only such collaborative efforts safeguard the adequate response to the humanitarian needs of children and women.