



UNICEF Regional Office for West and Central Africa

Consolidated Emergency Report 2022

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UNICEF works in the world's toughest places to reach the most disadvantaged children and adolescents – and to protect the rights of every child, everywhere.

Across 190 countries and territories, we do whatever it takes to help children survive, thrive and fulfill their potential, from early childhood through adolescence.

Before, during and after humanitarian emergencies, UNICEF is on the ground, bringing lifesaving help and hope to children and families.

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

And we never give up

UNICEF's work for children is funded entirely through individual donations and the voluntary support of our partners in government, civil society, and the private sector. Voluntary contributions enable UNICEF to deliver on its mandate to protect children's rights, to help meet their basic needs, and to expand their opportunities to reach their full potential. We take this opportunity to thank all our partners for their commitment and trust in UNICEF.

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Abbreviations and Acronyms

AA	Anticipatory Action
AAP	Accountability for Affected Populations
ACLED	The Armed Conflict Location & Event Data Project
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 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
HPM	Humanitarian Performance Monitoring
HRP	Humanitarian Response Plan
IDP	Internally Displaced Person
INGO	International Non-Governmental Organization
IOM	International Organization for Migration
L1	Level 1 Emergency
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
UNICEF	– United Nations Children's Fund
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

Across West and Central Africa in 2022, children remain exposed to fragile and increasingly life-threatening environments, with 60 million children in need of humanitarian assistance. The combination of protracted humanitarian crises, developing emergencies and increasingly hazardous climate conditions has made West and Central Africa one of the most dangerous regions to be a child.¹ Critically, these interdependent and concurrent emergencies are creating a protection, education, health, water and nutrition crisis.

2022 saw yet another year of exacerbating insecurity across the region, with civilians the most impacted. As in 2021, the most affected regions were 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 the North-West and South-West regions of Cameroon. In addition, a sharp deterioration in the security context of the Coastal Countries (Benin, Cote d'Ivoire, Ghana, Guinea, Togo) led to attacks against civilians, including school children, and displacements both cross-border from Burkina Faso and within these countries. The combination of NSAG attacks and government pressures placed children and families squarely in the middle of a rapidly deteriorating situation that was already challenging. In these countries, UNICEF has had a long-term presence, including in the Northern regions, with partners across a range of sectors. In 2022, UNICEF deployed additional resources and increased the focus on marginalised communities and displaced children.

Within this context, the West and Central Africa region also remained highly vulnerable to public health emergencies. An outbreak of Marburg declared in Ghana on 7 July 2022 led to two deaths from three cases, before it was contained, two waves of Ebola Virus Disease (EVD) in DRC led to five cases, all of whom died.² Cholera epidemics were also prevalent in 2022, with 57,184 cases and the cumulative number of COVID-19 cases reached 1,287,770 since the start of the pandemic.³ At the same time, there was a 15% annual increase in the number of schools closed due to direct attacks and indirect insecurity, reaching 14,000 by the end of the year. Millions of children were forced out-of-school, jeopardizing their learning and exposing them to harm.

The UNICEF Regional Office was well-placed to support multi-country initiatives in the region in 2022, for example building on the Guinea experience of multi-demics preparedness to host a I summit in Conakry with participation of some countries and stakeholders from the region. The Regional Office also provided direct support to all 24 Country Offices to implement cross-cutting approaches in all programmatic areas, from gender and conflict-sensitive programming, to strengthened emergency preparedness, nexus integration and the implementation of commitments on the prevention of sexual exploitation and abuse.

In 2022, the UNICEF Office for West and Central Africa strengthened emergency preparedness, response and early warning systems across all programmatic areas. In Coastal Countries and the Sahel, the Road Map for emergency scale-up enabled multi-country cooperation and joint initiatives. In Nigeria, UNICEF piloted a data-driven anticipatory action programme ahead of floods, supporting communities to reduce the impact. With the increasing frequency and severity of emergencies across the region, UNICEF will continue to work with our partners to adapt, innovate and improve on delivering for children.

¹ [5 of the 10 most dangerous countries to be a child are in West and Central Africa](#) and the region is also highest risk on the [Child Climate Risk Index](#)

² [World Health Organisation Ebola Virus Disease – Democratic Republic of the Congo, September 2022](#)

³ WHO Coronavirus (COVID-19) Dashboard

Humanitarian Context

In 2022, children in the West and Central Africa Region were again affected by multi-dimensional humanitarian crises caused by sustained violent social, intercommunal and political conflicts, climate-related shocks, food insecurity and disease outbreaks such as epidemics in several countries. In a context, wherein most countries in the region were still facing the consequences of the COVID-19 pandemic. The compounded impact of these crises led to increased displacement, closure of health facilities and schools and reduced access to basic social services (health, education, child protection and social welfare, water-hygiene-sanitation, etc.). By the end of 2022, the number of displaced persons (IDPs, refugees and asylum-seekers) across WCAR was estimated at 15 million people, including over 9 million children.⁴

While children in West and Central Africa have faced high levels of vulnerability and periodic shocks for many years, the number, intensity, and overlap of recent shocks is more challenging than ever. Drivers of shocks are interrelated and include climate change, conflict, the socioeconomic impacts of COVID-19, health epidemics, high population growth, high levels of inequality, and the ripple effect of the war in Ukraine, most notably the high level of inflation. The compounded impact of these shocks led to increased displacement, closure of health facilities and schools, withdrawal social service workers and reduced access to basic social services (health, education, child protection and social welfare, water-hygiene-sanitation, etc.). Furthermore, food security and nutrition crises in the Sahel and a deep cost-of-living crisis, coupled with the learning and protection context, has led to downward adjustments of growth prospects for most WCAR countries.

Shocks and crises affect child well-being through a direct impact on household poverty and dramatic rises in inflation. Purchasing power is reduced for families that typically already spend a high share of income on food. Access to services is compromised. Shocks also put pressure on national budgets. Spending needs are up, and revenue is down. This occurs in a context already full of uncertainty and high pressure on social sector spending. Indications exist that in several countries, increased military and security spending squeezes out the social sector. This also affects the humanitarian and crisis response capacity of governments, including for shock-responsive social protection. High and expanding levels of debt constitute another risk, with several countries in the region spending more on debt service than on health, education, and social protection combined.

Public **health** emergencies impacted children and families across the region in 2022. All 24 countries in West and Central Africa continued to be impacted by COVID-19 in 2022, with 1,287,770 cases and 16,850 cumulative deaths since the start of the pandemic.⁵ The region was also hit by other major epidemics including Ebola, Marburg, Yellow fever, Lassa Fever, Measles, Rift valley, Crimee Congo, Dengue, Mpox, Polio and Cholera. A total of 57,184 cholera cases and 1,203 deaths (CFR 2.1%) were reported in 2022, a significant reduction of 44% compared to 2021 (131,016 cases, 4,006 deaths and CFR 3,1%).⁶

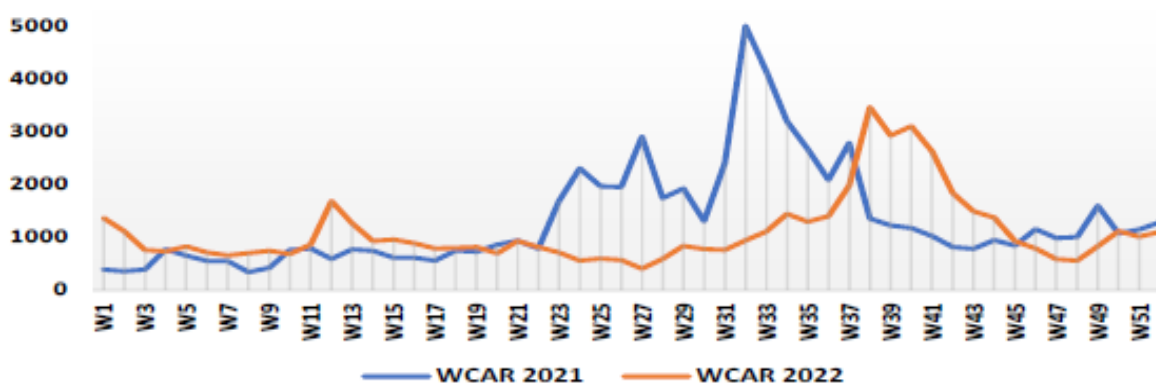
⁴ WCAR Regional End of Year Sit Rep 2022

⁵ WHO Coronavirus (COVID-19) Dashboard, <https://covid19.who.int/info>

⁶ WHO Regional office for Africa , weekly bulletins on outbreaks and other emergencies www.who.afro.int

The 3 main countries having recorded major cholera epidemics remained the same as in 2021, Nigeria (23,762 cases, 595 deaths and CFR 2.5%), DRC (18,402 cases, 294 deaths and CFR 1.6%) and Cameroon (14,029 cases, 303 deaths and CFR 2.2%).⁷ However the situation was much improved from 2021, when Nigeria alone reported more than 130,000 cases.⁸ The other countries notified cholera cases in 2022 were Benin (536 cases), Liberia (374 cases), Niger (71 cases), Cote d'Ivoire (7 cases) and Burkina-Faso(4 cases).⁹

Fig.1 Comparative Cholera Cases 2021-2022



Child protection case management in general and including for unaccompanied and separated children (UASC) requires a capacitated and well-resourced social service workforce and referral pathways to health, justice, education and for MHPSS to ensure each child has an individual assessment and case plan in his/her best interests. UASC are at risk and vulnerable to a range of child rights violations, hence also the importance of investing in a workforce as part of a resilient child protection system that has the skills and resources to provide timely and quality identification of UASC and support to them.

In 2022, the number of children in need of protection in the countries affected by conflict (Burkina Faso, Cameroon, Central African Republic (CAR), Chad, Democratic Republic of the Congo (DRC), Mali, Niger and Nigeria), was estimated to be more than 12.9 million, an increase of 11% compared to 2021 (11.6 million).¹⁰ This is indicative of a highly volatile and dynamic political and economic environment having profound adverse consequences on children’s rights, including their rights to protection.

Seven out of ten countries with the highest levels of child marriage worldwide are in West and Central Africa.¹¹ Many of the countries with the highest prevalence are also facing worsening humanitarian situations, whether provoked by climate change, food insecurity or growing situations of conflict. The Sahel is a region of particularly high risk; in the central Sahel, for instance, the level of child marriage reaches as high as 7 in 10 young women who are married before age 18.¹²

The impact of the humanitarian context on **education** is illustrated by the number of schools closed due to insecurity, close to 14,000 by the end of 2022, a year-on-year increase of 15% in just the 8 WCA countries

⁷ [WCAR Regional Cholera platform](https://www.platformecholera.info), <https://www.platformecholera.info>

⁸ Ibid.

⁹ Ibid.

¹⁰ WCAR Regional HAC 2022

¹¹ [UNICEF WCARO – Child Marriage in West and Central Africa June 2022](#)

¹² Ibid.

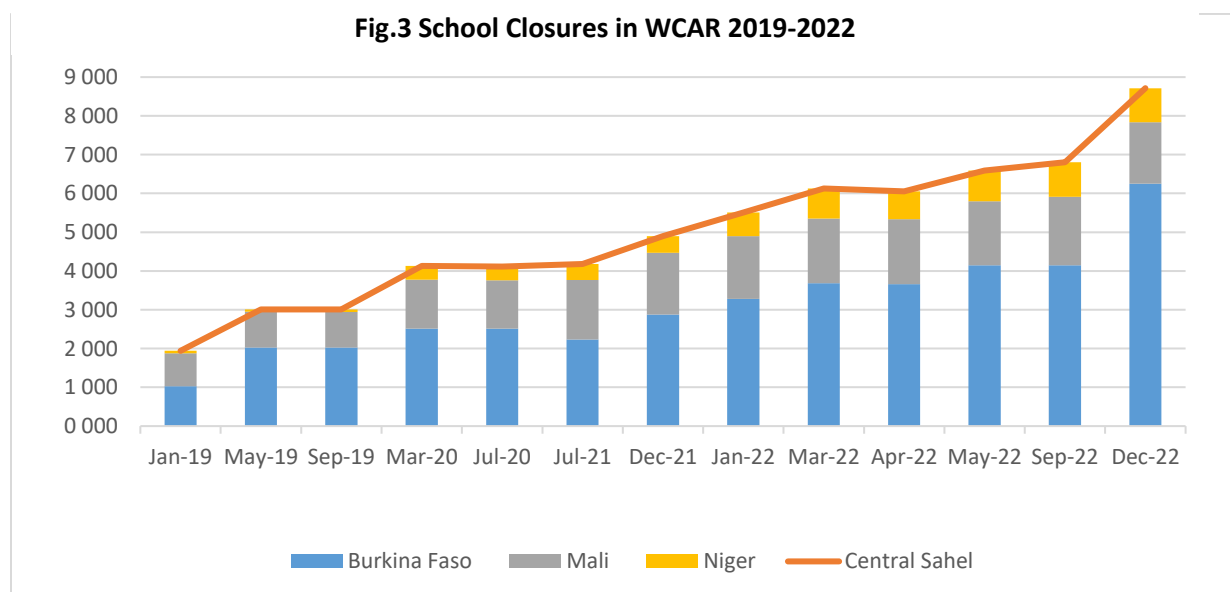
with active education clusters.¹³ While there is always a lag in obtaining current data from non-cluster countries, incidental reports from education authorities and UNICEF COs suggest that there has been a marked deterioration in school safety over 2022 due to the spill over effect of the Central Sahel Crisis to the coastal countries, with attacks, threats, destruction of facilities and equipment, teacher and principal kidnappings all on the rise, creating a pervasive sense of fear leading to much broader school closures linked with a lack of teaching staff willing to take the risk in some areas.

Fig.2 School Closures by Country 2022

Country	janv-22	mars-22	avr-22	mai-22	sept-22	déc-22
Burkina Faso	3 280	3 683	3 664	4 148	4 148	6 253
Mali	1 621	1 672	1 672	1 652	1 766	1 762
Niger	611	771	720	791	890	878
Cameroon	5 254	5 254	3 285	3 285	3 285	3 285
CAR	999	999	999	999	999	999
Chad	13	10	10	10	10	10
DRC	13	6	6	1	1	1 344
Nigeria	934	934	934	934	934	934
TOTAL	12 725	13 329	11 290	11 820	12 033	15 465
Central Sahel only	5 512	6 126	6 056	6 591	6 804	8 893

In the Central Sahel and coastal countries alone, attacks on schools have risen from 246 (2021) to 907 (2022).¹⁴ Over 2 million children are directly impacted, and classes open in areas affected by the crisis, or immediately neighbouring these areas are overwhelmed.¹⁵ This situation harms out of school and in-school children’s wellbeing, morale, ability to concentrate, and ultimately their ability to learn and thrive.

Fig.3 School Closures in WCAR 2019-2022



¹³ [Education Cluster: Education Under Attack in West and Central Africa, 2022](#)

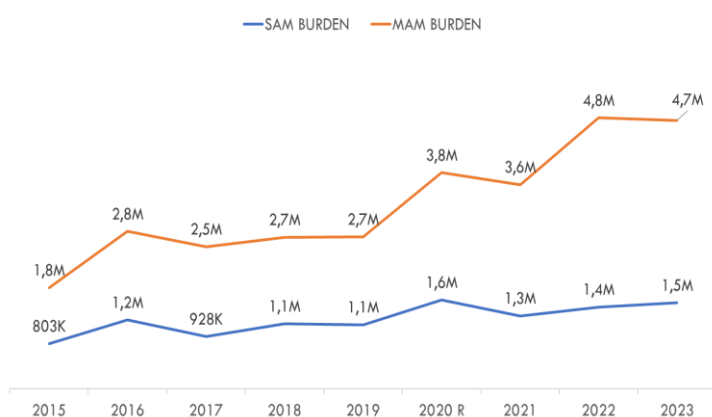
¹⁴ Global Coalition to Prevent Education from Attack (GCPEA).

¹⁵ Education Cluster data

Beyond the impact on individuals' education careers and future prospects in such contexts, this insecurity increases immediate vulnerabilities to child marriage and pregnancy for girls, child labour for boys, including increased risk of recruitment into NSAGs for boys (though girls are also at risk), marginalisation, poverty, and gender-based violence for all (CPIE WG). These contextual factors led to an annual increase in 2022, of the number of children in need of education support, reaching 12.6million.¹⁶

Recent data available on the **nutrition** situation in Benin, Guinea and Togo show an increase in the prevalence of child wasting in some to the areas bordering with the Sahel countries, approaching the 10% critical threshold.¹⁷ The results of the nutrition hotspot analysis recently conducted by UNICEF and WFP show that more than half (57%) of the geographical areas analyzed in the Sahel G5+1 countries¹⁸ are categorized as "very high priority" or "high priority" for nutrition emergency response.¹⁹

Fig.4 SAM and MAM in the Sahel



According to the National Nutrition Surveys conducted in the G5 Sahel countries between 2016 and 2022, the national prevalence of global wasting in children 6-59 months remains at critical levels in 2022 in Mali, Mauritania and Niger (10% prevalence or above), and at high levels in Burkina Faso and Chad (above 5%).²⁰ However, the results of the national nutrition survey for Burkina Faso do not cover the areas affected by insecurity, which show higher prevalence of child wasting (critical to emergency levels).

Across the Sahel, the estimated number of children under 5 years expected to suffer from global wasting in the G5+1 countries has been increasing steadily over the past years. Between 2021 and 2023, the number of children expected to suffer from global wasting increased from 3.6 million to 4.7 million, while the number of children expected to suffer from severe wasting increased from 1.3 million to 1.5 million.²¹

Increases in food insecurity and high food prices, exacerbated by the impact of global political and economic stresses, further affected the quality of diets of young children in the WCARO Region and subsequently their **nutritional** wellbeing. Across the region, 82% of young children (6-23 months) are facing a situation of food poverty, meaning these children do not consume the minimum number of recommended food groups.²²

The Sahel crisis has also become a regionally multidimensional crisis, threatening the stability of the neighbouring **Coastal Countries** Côte d'Ivoire, Ghana, Guinea, Benin and Togo, and putting millions of children at risk. **This led UNICEF to activate the Level 2 (L2) Corporate Emergency Activation Procedure**

¹⁶ OCHA Humanitarian Needs Overview 2022

¹⁷ Nutrition surveys using the SMART methodology, 2022

¹⁸ Burkina Faso, Mali, Niger, Chad, Mauritania and Senegal

¹⁹ WFP and UNICEF Regional offices for West and Central Africa, nutrition, 2023.

²⁰ National Nutrition Surveys using the SMART methodology, 2022

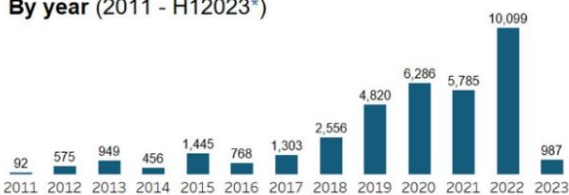
²¹ UNICEF WCARO, nutrition

²² UNICEF WCARO nutrition.

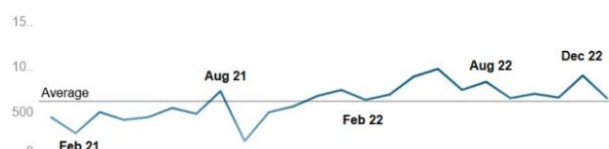
(CEAP) for the Sahel crisis on 18 July 2022, covering Burkina Faso, Mali, Niger, Benin, Côte d'Ivoire, Ghana, Guinea and Togo. During 2022, over 10,000 people were killed in violent incidents in the Sahel, and the measures taken by several Sahelian states to create armed local militias, notably Mali and Burkina Faso, risk further increasing the likelihood of clashes and the risk to civilians.²³ The deterioration of the security situation across many parts of the Sahel poses a risk to children, families and the environment they live in, as well as impacting previously positive developments in some areas, such as related to legal identity through birth registration, and exacerbating needs in other sectors such as WASH due to specific attacks on WASH infrastructure and organisations.

Fig.5 Sahel Reported Fatalities

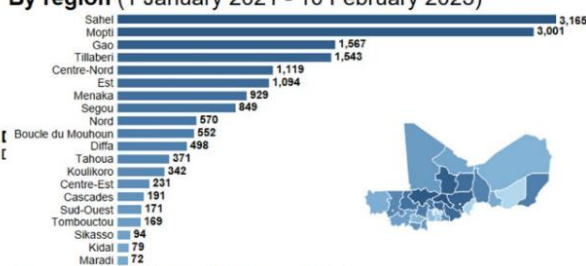
By year (2011 - H12023*)



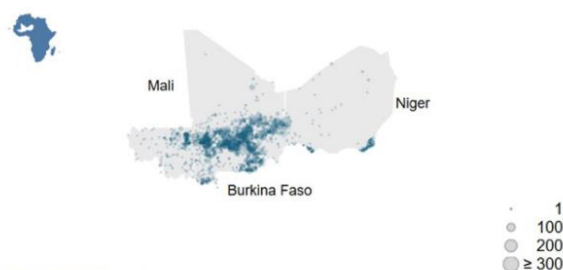
By month (January 2021 - January 2023)



By region (1 January 2021 - 10 February 2023)



By magnitude (1 January 2021 - 10 February 2023)



Data source: ACLED (as of 10 February 2023).

Disclaimer: Fatality data should be viewed as indicative rather than definitive. * 1 January 2023 - 10 February 2023. Please note contra..

In The humanitarian situation in **Mali** was characterised by increasing armed conflict and human rights violations in 2022. The increasing frequency of attacks in southwestern Mali, competition between NSAGs in the North East and greater presence of NSAGs close to Bamako constrained an already restrictive access environment. The suspension of the activities of some NGOs by interim authorities meant many activities had to stop, without alternatives offered to populations in need. The situation was further exacerbated by climate hazards including floods, a measles epidemic and the prevalence of food insecurity and malnutrition. 7.5 million people were in need of humanitarian assistance in Mali in 2022, including 5.1million children.²⁴

In 2022, the security context in **Burkina Faso** worsened with 1,685 violent events recorded by ACLED, resulting in the death of 4,230 people, including 1,198 civilians.²⁵ The country experienced two military coups (in January and September 2022), both motivated by mounting insecurity and a perceived lack of capacity of security forces. Large-scale attacks on security forces and commercial convoys precipitated both coups, the government announced a call at the end of 2022 for the creation of armed volunteer forces (VDPs) and as part of armed forces. Community defence forces had previously existed, but the national initiative to mobilise civilians and associate them with armed forces led to increasing attacks on communities or individuals deemed to be involved in the recruitment of volunteer fighters. NSAGs warned

²³ ACLED (see also graph)

²⁴ [UNICEF Mali HAC 2022](#)

²⁵ ACLED

of further blockades on towns and supply routes in response to the mass recruitment and threatened to retaliate against communities associated with the recruitment of armed volunteers. This is likely to result in increasing attacks on civilians, and disruption in delivery of supplies, further aggravating access challenges and causing further displacements and an increase in humanitarian needs.

Road access became increasingly difficult, with the North and East of the country mostly controlled by NSAGs using IEDs, road ambushes and attacks on security forces and commercial convoys to exert control over roads and impose blockades on several localities. Humanitarians seeking to provide assistance in areas outside of government control were suspected of providing assistance to NSAGs, while NSAGs viewed the humanitarian assistance as mostly provided to government-held areas, thus exposing humanitarian personnel to harassment and potential attacks from all sides. 2022 was also marked with a new trend about deliberated attacks on water infrastructures. A total of 58 attacks by non-state armed groups has led to 830,000 people losing their access to safe water, which is twice the number of people reached with safe water supply during the same year by all humanitarian WASH organizations.²⁶

This increase in security incidents in 2022 fuelled authorities' distrust towards humanitarian actors, highlighting the compelling need to strengthen and reconsider civil-military relations and gauge security risks for humanitarian aid workers given widespread localised violence. The temporary suspension of UNHAS-operated cargo helicopters and the imposition of a representative of the government aid agency in each flight are testimonies to this increased control exerted on humanitarians. The interim Government also took measures against those perceived to be critical, including the UN Resident Coordinator, who was declared persona non grata in December 2022.²⁷

In **Niger**, large parts of the Tillabéri region remained under state of emergency conditions in 2022, namely the departments of Ouallam, Ayorou, Bankilaré, Abala, Banibangou, Say, Torodi, Téra, Tillabéri, Gotheye, Filingué, Balleyara and Kollo. While large-scale attacks targeting security posts have become less frequent in the past two years, frequent smaller-scale attacks targeting mobile security forces units or village raids aimed at stealing cattle or harassing populations occur on an almost daily basis while improvised explosive devices (IED) incidents have become commonplace, especially in Torodi department bordering Burkina Faso.

In the **Coastal Countries**, Northern **Benin** saw the sharpest deterioration of its security environment amongst coastal countries as NSAGs stepped up their attacks. More than 50 attacks were recorded in Alibori and Atacora departments since the first attack in Porga in November 2021.²⁸ Sahel-based NSAGs are pushing south towards Benin as they seek to tap into trafficking routes and form a land bridge to Northwest Nigeria. Civilians are increasingly caught in the crossfire, facing accusations from both sides of cooperating with the other. 677 displaced people from Matéri municipality and 1,311 refugees from neighboring Burkina Faso were registered in 2022.²⁹ The security context, which adversely affects the functioning of education and protection systems – notably the provision of schooling, child protection and social welfare services and coupled with growing food insecurity, highlights a precarious and fragile environment for children and their families. According to UNICEF estimates, there are currently more than

²⁶ [Cluster WASH Burkina Faso](#).

²⁷ Statement from UN Secretary General, 24 December 2022, <https://press.un.org/en/2022/sgsm21643.doc.htm>

²⁸ ACLED

²⁹ UNICEF WCAR End Year Sit Rep 2022, Benin

2.3 million people – mainly children, girls and women - at risk in northern Benin, particularly in the border areas.³⁰

In 2022, Benin also experienced one of the worst floods in recent memory. Vulnerable to the impact of climate change, the country has faced heavy rainfall, overflowing rivers and flooding. The number of communes affected by flooding has risen from 31 communes (40.25 per cent) in 2020 to 39 communes (50 per cent) in 2022, affecting 382,933 people across the country, including 187,637 children.³¹ Floods damaged public health facilities, schools, protection/social welfare facilities and water facilities, as well as disrupting community-based service provision.

An intensifying pace of attacks in **Togo's** Savanes region in 2022 also indicated expansion by NSAGs. Following a large-scale attack on security forces on 24 November 2022, in Tiwoli, Kpendjal Prefecture, the number of attacks registered since November 2021 is now eight, but the number is likely higher, as underreporting of security incidents is significant. Although to a lesser degree than in Burkina Faso, government efforts to involve civilians in informing the military in Togo reinforces the risk of blurring the line between civilians and combatants, a trend which exposes civilians to protection risks in the Central Sahel. Data from the Regional Platform for Disaster Risk Reduction in August 2022 indicated 24,551 internally displaced persons (IDPs) and Burkinabe refugees hosted in 26 localities in the Savanes region.³² Additional population movement was reported in December 2022, with data currently being updated. Population movement has created multi-sectoral needs with limited access to services. A total of 9 schools have already closed due to threats and insecurity, and 30 water points have become inaccessible.

In **Ghana**, 2022 saw increased activity by NSAGs around Ghana's northern border with Burkina Faso, a greater number of refugees arriving to, or passing through northern Ghana as a result of insecurity in Burkina Faso. Ghanaian authorities repeatedly warned of potential attacks in the country, most recently in May 2022 when the national security ministry called for security and vigilance at entertainment venues and places of worship. The deployment of additional troops preceded allegations of extrajudicial targeting of civilians by security forces and an increase in intercommunal tensions.

Alongside a deteriorating security situation in the North, the country also experienced an epidemic of Marburg virus disease, declared on 7 July 2022, with a total 3 cases and 2 deaths reported.³³ Furthermore, dramatic inflation, with levels reaching a 21-year high of over 50% in November 2022, contributed to a worsening economic outlook, higher levels of poverty, and a more challenging environment for the rights of children and families.³⁴

In **Côte d'Ivoire**, the situation was relatively stable in 2022, however ongoing conflict in Burkina Faso has led to cross-border population movements in January, March, May and December 2022, with affected people moving from Burkina Faso into Côte d'Ivoire. The number of displaced people recorded rose by nearly nine-fold, from 3,222 people at the end of 2021 to 16,476 people in December 2022.³⁵ All the displaced are being hosted in already fragile communities.

³⁰ UNICEF WCAR End Year Sit Rep 2022, Benin

³¹ Ibid.

³² UNICEF WCAR End Year Sit Rep 2022, Togo

³³ UNICEF WCAR End Year Sit Rep 2022, Ghana

³⁴ [Ghana Inflation hits 21-year high above 50%, Reuters, December 2022](#)

³⁵ UNICEF WCAR End Year Sit Rep 2022, Cote d'Ivoire

In 2022, the **Lake Chad Basin (LCB)** sub-region experienced the combination of exacerbating insecurity and the presence of non-state armed groups, environmental hazards such as floods and landslides, and the continuation of multi-year epidemics such as cholera. In **Nigeria**, heavy rainfall and overflowing rivers between August-October affected 35 out of the 36 states, 4.4 million people, including 2.6 million children, as the country experienced the worst floods in a decade. The water damaged people's homes and farmlands, including public health facilities, water systems, and sanitation facilities, thereby increasing the risk of waterborne diseases like cholera, diarrhoea, and malaria. Some 2.4 million people were displaced and took temporary refuge in makeshift internally displaced people (IDP) sites, such as schools and health facilities, which impinged on the continuity of basic services.³⁶ As of August, States in the North were affected. Subsequently, States to the South were flooded, with Anambra being the worst affected State countrywide. The floods constitute an additional emergency in Nigeria, exacerbating pre-existing humanitarian needs in the Northeast and the Northwest. UNICEF responses have focused on water and sanitation, health, multi-purpose cash, child protection, education, and nutrition.

At the end of 2022, the number of internally displaced persons peaked at 2.2 million as a result of conflict in Northeast Nigeria. Of them, 1.1 million are children, reaching approximately the same level (about 2.2 million) as in 2015 during the peak of the armed conflict. Throughout the year, the Borno State Government (BSG) continued the closure of IDP camps, mostly located in the greater Maiduguri area. In 2022, approximately 850,000 IDPs lived in 279 formal and informal camps compared to 890,421 in 295 camps in 2021.³⁷ This slight reduction nevertheless indicated a trend towards further closures, a situation with potentially harmful impacts on IDPs.

Nine out of the ten regions of **Cameroon** are affected by protracted humanitarian crises ranging from attacks from armed groups to intercommunal violence driven by climate change and refugee influxes. In total, 3.9 million people need humanitarian assistance, including 2.3 million children.³⁸ The security situation in the North-West and South-West (NW/SW) regions remained largely unchanged in 2022. As of 14 December 2022, a total of 1,765 security incidents occurred in 2022. State security forces and NSAGs continued to engage in fighting in several parts of the NWSW. Overall, the continued splintering of smaller factions of NSAGs and increased access to firearms has led to a significant increase in criminality. More than 60 incidents impacted aid workers (UN implementing partners), which included kidnappings, arrests and detentions, extortions, aid diversion and disruption of distribution activities. Furthermore, NSAG movement restrictions, including 69 stay-at-home orders in 2022, a ban on the use of government-issued vehicle registration plates and the ban on products from the Brasseries of Cameroon company, amongst others, have remained in place.³⁹

The INFORM 2022 index ranks **Chad** as the fifth country most exposed to humanitarian crises and natural disasters, with a score of 7.9 out of 10.0.⁴⁰ The country ranks 190 out of 191 countries on the Human Development Index, with a high level of poverty (42.3%).⁴¹ New evidence on child poverty reveals that 4.3 million children live in poor households, representing an income poverty rate of 46.9%.⁴² The humanitarian

³⁶ [Nigeria End Year Sit Rep 2022](#)

³⁷ [Nigeria End Year Sit Rep 2022](#)

³⁸ [Cameroon End Year Sit Rep 2022](#)

³⁹ Ibid.

⁴⁰ Disaster Risk Management Knowledge Centre, European Union, 2022

⁴¹ United Nations Development Programme, 'Human Development Report 2021-2022: Uncertain times, unsettled lives: Shaping our Future in a Transforming World', UNDP, New York, 2022

⁴² INSEED/UNICEF. Child poverty study, 2021

needs overview reveals that 6.1 million people will be in need of humanitarian assistance in 2022, a 17% increase compared to 2021.⁴³

Chad continues to face a combination of rapid onset and protracted humanitarian crises that have been exacerbated by the impacts of the COVID-19 pandemic. This persistent humanitarian situation is related to the growing insecurity in some parts of the country and in neighbouring countries, natural disasters including the heaviest floods in thirty years, growing food insecurity and high rates of malnutrition, economic crisis, and political instability. All of these factors further increase the risk of violence, exploitation and the abuse of children. Humanitarian access remains limited in the north provinces and in Lake Chad basin, particularly in the island areas. According to the most recently published data, as of 31 December 2022, 1,080,568 people are displaced in the country. Among them, 592,769 are refugees, 4,959 asylum seekers and 101,551 Chadian returnees (23,901 from Lac Province and 77,650 from the Central African Republic). Some 381,289 people are internally displaced in Lac Province.⁴⁴

In 2022, insecurity decreased slightly in **Central African Republic**. Armed groups have withdrawn from urban areas and adapted their strategies, shifting to targeted attacks with rapid retreats to secondary axes. Humanitarian actors have been able to access areas previously cut off areas and the number of incidents affecting humanitarian workers (179) has decreased by almost 55% (OCHA). However, despite improvements from a security point of view, the humanitarian situation has not followed the same trend: while clashes have decreased in intensity, violence against civilians continued and the survival of most Central Africans still depended on humanitarian aid. Whilst the country was slowly recovering from the impact of COVID-19, the consequences of the war in Ukraine heavily impacted the daily lives of a population already suffering from repeated armed clashes, accompanied by serious human rights violations. These repercussions are even more impactful for the 515,665 internally displaced persons in CAR (OCHA).⁴⁵

The Humanitarian Needs Overview (HNO) 2023, consolidated by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) shed light on how the current crisis will continue to affect people's living conditions, available services and access to them: in 2023, 3.4 million people will need humanitarian assistance and protection, an increase of 10% compared to 2022. This includes 2 million people who will have such complex and severe needs that their physical and mental well-being is at risk.⁴⁶

Despite the recent roadmap agreement for peace in Eastern **Democratic Republic of the Congo** and the deployment of regional forces, 2022 saw the most intense clashes since 2012 in Eastern DRC, particularly around Goma. Attacks on civilians by M23, IS-DRC and other NSAGs undermined community perceptions of security and led to mass displacements towards the main crossings between Uganda and Congo. In Ituri, ethnic and resource-driven rivalries continued to fuel violence and demonstrate the failure of demobilisation and disarmament processes. Territorial gains by NSAGs also foment anti-MONUSCO unrest and have led to numerous attacks against UN premises and personnel, including cases of indiscriminate mortar fire causing damage to UN compounds.

In 2022, the Democratic Republic of the Congo (DRC) faced 2 waves of Ebola Virus disease (EVD) all caused by the Zaire strain. The first outbreak was declared on April 23, in Mbandaka city in the north-

⁴³ Humanitarian Needs Overview, March 2022

⁴⁴ UNHCR December 2022

⁴⁵ [Central African Republic, End Year Sit Rep 2022](#)

⁴⁶ [Central African Republic, End Year Sit Rep 2022](#)

western Equateur Province, the second EVD epidemic announced on August 22, 2022, in North Kivu. A total of 5 cases (4 cases in the first wave and 1 case in the second wave) and 5 deaths reported, a global case fatality rate (CFR) of 100%.⁴⁷ The two outbreaks were declared “over” on July 4 and September 27.

DRC also saw more Polio cases in 2022 than any other country and was the first country to report more CVDPV1 cases (386). It was also the only one to report cases of CVPVD1 from the entire region (93) localized in 2 provinces namely Haut Lomami and Tanganyika. Other countries reporting major outbreaks are Nigeria (121 cases), Chad (48 cases) , Ghana (46 cases) and Niger (32 cases).⁴⁸

Case Study: The Children’s Climate Risk Index



Fig. 6 - [The Children’s Climate Risk Index Report](#)

Children from 7 countries in the West and Central Africa region are in the top 10 of the most climate change affected children worldwide according to The Children’s Climate Risk Index, with **Central African Republic, Chad, Nigeria, Guinea, and Guinea-Bissau** occupying the top spots.¹ In 2022, the West and Central Africa region saw further increases in floods, droughts, landslides and other climate-related shocks, as well as conflict and many hazards that can be triggered by climate shocks (trafficking, child marriage, child labour).

The combination of multi-sectoral child deprivations and climate hazards provide a dangerous environment to put children at the highest risk. Children in the region are deprived from essential services and see many of their rights enshrined in the Child Rights Convention denied, while the region is subject to multiple climate-related hazards and other shocks and stresses (armed violence, multi-demics including COVID-19 and its socio-economic impact, and other hazards and disasters). The region is also characterized by a general lack of funding for climate action (external and internal, and lack of fiscal space), governance issues and low capacities to manage risks and disasters. This undermines a child’s right to live safe from climate induced disasters.

In 2022, UNICEF deployed resilience, anticipatory action and preparedness programmes in many countries in the region, focused on climate shocks and strengthening community-based activities. Several of these programmes were pilots, with the goal of expanding in 2023 and beyond.

⁴⁷ [World Health Organisation Ebola Virus Disease – Democratic Republic of the Congo, September 2022](#)

⁴⁸ Global Polio Eradication Initiative GPEI <https://polioeradication.org/>

Humanitarian Results

Preventing Sexual Exploitation and Abuse

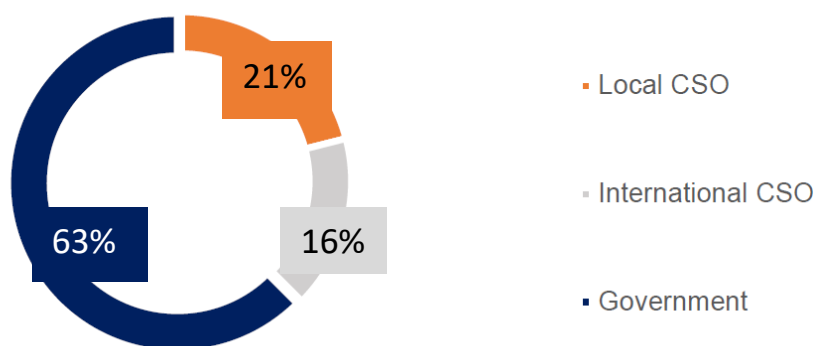
In complex and often deteriorating emergency or insecure environments, UNICEF's programmatic strengths are critical in achieving and protecting results for children. At the same time, UNICEF's Core Commitments for Children in Humanitarian Action (CCCs), allow for addressing cross-cutting challenges and shifting our policies and practices to ensure we are acting in a way that is having the greatest benefit for children, and is not causing harm through negligence or ignorance. In recent years, UNICEF has instituted a global priority on the prevention of sexual exploitation and abuse (PSEA), the policies and systems this has enabled are geared towards enabling reports and accountability with a view to ending sexual exploitation and abuse (SEA). From 2021 to 2022, West and Central Africa had the highest number of SEA reports received through UNICEF reporting channels (114 out of 244, almost half of global SEA reports). WCAR SEA reports saw more than two-fold increase from 29 in 2020 to 67 in 2021, then slightly decreased to 47 in 2022. Of these 114 SEA reports in the region in 2021-2022, 58% (66) were reported in CAR, followed by 27% (31) in DRC.⁴⁹ UNICEF is committed to supporting mechanisms for reporting and protecting those who come forward with allegations. Whilst some cross-cutting commitments such as PSEA are not as visible in front-line programmatic results, they are a crucial component of UNICEF delivering on the CCCs and the pursuit of accountability for allegations is an important measure of the implementation of these policies.

Localization – leveraging the skills of local actors from civil society

Localization for UNICEF is the process of recognizing and strengthening partnerships with local actors in addressing the needs of vulnerable populations in humanitarian and development settings. Local actors usually have better access to areas we classify as 'hard-to-reach' and have better information and knowledge of local cultures, sensitivities, practices, priorities and needs. Localization is aligned with UNICEF's key [guiding principles](#) for partnership with civil society and other actors and is applicable to development as well as to humanitarian contexts. UNICEF supports greater localization in country programming because local actors typically are the first to respond to humanitarian crises and development challenges, remaining in the communities they serve before, during and after a shock; and are present throughout the humanitarian-development nexus.

Partnering with the private sector and local civil society organizations (CSO), ensures that partnerships and collaborative relationships contribute to the best results for children and promote their rights. In WCA region, UNICEF has transferred approximately \$0.5 billion to implementing partners (IPs) in 2021 to achieve best results for children and promote their rights. Out of this \$0.5 billion, 16% went to international NGOs and 84% to local actors.

Fig.7 Cash Transferred by Type of Partner



Source : Insight, 2021 Cash Transfer Cube

⁴⁹ All data from UNICEF WCARO and CO sources

Case Study: Localisation in emergency response in Burkina Faso

The various crises facing Burkina Faso, including the Sahel crisis, are negatively affecting the population's access to basic social services, particularly children and women. These services, when available, are not always offered on a regular basis and with the required level of quality. The demand for and continued use of services remains insufficient in several regions and the situation is even more worrying in areas with high insecurity, where certain technical services provided by the State and its partners are no longer available.

Faced with these challenges and given the need to continue to provide essential services to the population, including those living in hard-to-reach areas, UNICEF Burkina Faso is committed to strengthening community systems, particularly the work of community actors. This program, known as the "Rapid Response and Community Resilience (3RC) mechanism", builds on existing systems and platforms to provide a package of integrated services to the population.

Focused on communities and their specific needs, the localization approach is based on the principles of participation and empowerment of people and communities to promote change and enable them to demand and use available basic social services. This localization approach had three objectives in 2022:

- 1) To create and strengthen synergies and complementarities between sectors for an integrated, multi-sectoral and accelerated community-based programmatic response
- 2) To identify local actors and transfer to them the knowledge and skills necessary to maintain access to quality services for the most vulnerable populations
- 3) Build community and institutional resilience at the local level to facilitate risk-based and gender-sensitive program management.

So far, the 3RC mechanism has identified and assessed more than 85 local organizations, invested in training and institutional capacity-building, supported rapid needs assessments and provided cash and supplies for first response through community-based structures. Through the wide geographic reach and different mandates of partners, UNICEF has a strong capacity to monitor the humanitarian situation and to trigger assistance. The same partners identify opportunities to build resilience, including through shock-responsive social protection and cash distributions. Over the past year, UNICEF has reached 200,000 children by working with 17 different partners across the country.

The focus on support to community-based organizations and community-led structures enables the provision of services in hard-to-reach areas. Communities are placed at the center of contextualized and localized services for children; transferring knowledge and capacities to local actors, including young people; making them agents of positive change and making communities more resilient. In such a rapidly changing and volatile security context, the basing of this program at such a local-level is essential for a more agile, risk-informed and timely response to the needs of vulnerable populations.⁵⁰

Supporting local partners has been a key part of UNICEF's strategy to maintain access in conflict areas and to have programs and support systems that are able to move with the population before, during and after a shock. UNICEF is committed to supporting the localization of humanitarian and development assistance by increasing funding and resources to local actors, building equitable partnerships, and supporting capacity development. The use of various existing community platforms including women, youth and community leaders also reinforces the role of social and behavior change as an accelerator to meet the needs of affected communities. The example of Burkina Faso has already had an impact on our regional approach to localization, with the 3RC mechanism a key case study for the regional Rapid Response Mechanism exchange, referenced later in this report.

⁵⁰ UNICEF Burkina Faso HAC 2023

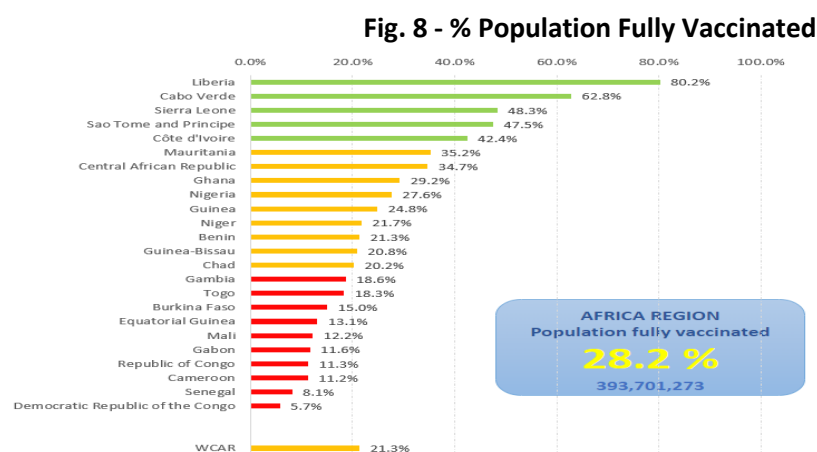
Health

The RO provided remote support and in-country technical assistance through field missions, contribution in organization of forums and workshops, resources mobilization, training of staff to deliver and realize the rights of every child during the preparedness and response of countries to infectious diseases outbreaks and other public health issues. Following major outbreaks of Ebola in DRC; Marburg epidemic in Ghana; Lassa Fever in Guinea; Yellow Fever, Measles, Cholera and Mpox in various WCAR countries, the technical support and guidance to scale up the key response pillars activities helped reduce morbidity and mortality of affected populations.

In relation to regional preparedness, the RO was involved in the design and development of the multi-epidemic preparedness and response approach “multi-demics approach,” providing a strategic model to serve for countries in WCAR region. The technical support given to Guinea CO in the preparation and organization of the forum on multiple and simultaneous epidemics helped ensure multisectoral analysis with a holistic and comprehensive approach.

A similar approach was supported as part of the implementation of the health facility changeover process in Côte d'Ivoire using the Kassiapleu health Center model for the management of health facilities from the epidemic to post-epidemic periods. This approach, technically supported by the RO, will allow the scaling up of the model for efficient use and functionality of health facilities before, during and after an epidemic using major criteria of changeover agreed by all involved stakeholders.

As part of the response to the COVID 19 epidemic, the RO supported the implementation of COVAX mechanism as well as the offer of vaccination at country level. The figure below shows the vaccination coverage of WCAR countries since the start of the pandemic.



The fully vaccinated population coverage of the region is 28.2% and representing 393,701,273 people. The countries with the highest vaccination coverage are Liberia (80,2%), Cabo Verde (62,8%), Sierra Leone (48,8%), Sao Tome and Principe (47,5%) and Cote d'Ivoire (42,4%).⁵¹ . In response to Polio Vaccine-derived outbreaks and in addition to remote support, the RO as part of Rapid response Team (RRT), provided in-person technical assistance to 12 countries (Benin, Burkina Faso, Cameroon, Chad, Cote D'Ivoire, DRC, Guinea Bissau, Mauritania, Niger, Sierra Leonne, Ghana, Nigeria) during the preparation and

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implementation of Polio outbreak responses for a total of 904 support days respectively 380, 502 and 22 for communication / community mobilization, cold chain logistics / vaccine management and finance. A consequential geographies approach is being developed in Nigeria and DRC for a tailored approach to reach zero dose on Polio and beyond in a specific area. Polio campaigns also integrated other components (Vitamin A, deworming, birth registration) in Guinea Bissau, Cameroun, CAR and Chad.

During the contaminated medicine crisis which caused Acute kidney Injury (AKI) and the death of several children in Gambia, the RO raised awareness and supported CO in information sharing and technical support to the Ministry of Health in the process of identification of the incriminating drugs and removal from the national pharmaceutical supply chain. A direct support was given to Gambia country in the management of cases including advice, technical guidance, and training of health staff on IMCI and ICCM

Furthermore, in preparedness, monitoring and response to major humanitarian situations related to the armed conflict in the Central Sahel (Burkina-Faso, Niger, Mali) and the spill-over in coastal countries (Benin, Cote d'Ivoire, Ghana, Guinea and Togo), the RO ensured strategic and health in emergencies technical support to the mentioned 8 countries.

The regional office established and nurtured partnerships in the areas of public health emergencies through various platforms including the regional health working Group (RHWG), COVID-19 regional platform and cholera platform. The collaboration with UN agencies (WHO, IOM, WFP, OCHA), the African Union, bilateral donors, development agencies, private corporations and Civil Society Organizations was effective.

Community Health Volunteers in Burkina Faso

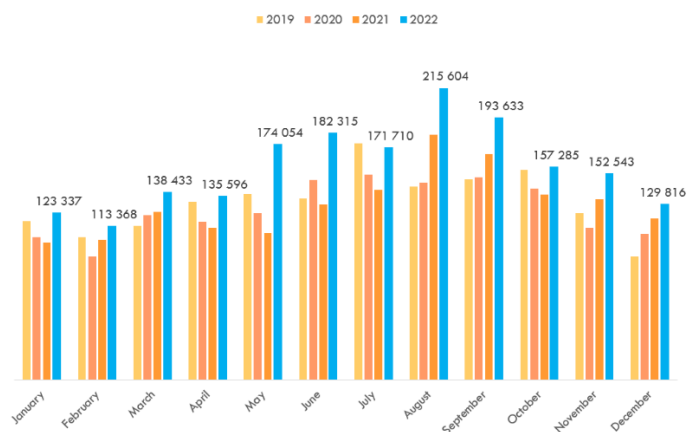
Community volunteer Oumarou Sawadogo is from Barsalogo, a town located 45km from Kaya, capital of the Centre-Nord region of Burkina Faso. He travels the villages of the Barsalogo Urban Medical Centre to provide health education, referral, prevention and case management, follow-up as well as community home visits. In the Centre-Nord region, the deterioration of the security situation led to the displacement of entire villages. Some health facilities are operating at minimal capacity, which means that health activities are no longer carried out properly, exposing many children under five and pregnant women to the risk of morbidity and mortality. This situation has led the Ministry of Health, with the support of UNICEF, to put in place a new strategy to reach these vulnerable populations through the recruitment of community volunteers to compensate for the lack of community health workers.



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Nutrition

Fig. 9 - Treatment of severe wasting in children 6-59 months



In 2022, a total of 1.9 million children 6-59 months were admitted for treatment of severe wasting in the 9 Sahel countries.⁵² This represents a 30,8% increase as compared to the 2019-2021 average and a 31,2% increase as compared to 2021 (see Figure to the left). The increase between 2021 and 2022 is observed for Nigeria (+53.5%), followed by Mauritania (+52.7%), Burkina Faso (+33%), the Gambia (+18.2%), and to a lesser extent Chad (+8.3%), Niger (+3.4%) and Mali (+1.4%).⁵³

In 2022, the UNICEF WCARO regional office continued to lead the coordination of the regional NiE subgroup, in close collaboration with WFP. This group, composed of UN agencies, NGO partners and donors, developed a joint advocacy document to call for urgent action to prevent a major nutrition crisis in the prevailing context of increased food insecurity. The messages of the joint advocacy document were further amplified through other regional networks including the Regional Nutrition Working Group (RNWG), the OCHA intersector group, the IASC group, the Food Security and Nutrition Working Group (FSNWG) and the RPCA. These advocacy efforts resulted in increased financing for the nutrition response.

Moreover, the UNICEF WCARO regional office, in collaboration with the partners of the RNWG, organized a high-level nutrition side event in May 2022 in Malabo on the sidelines of the AU Humanitarian Summit. Ministers of humanitarian action from DRC and Niger, the Central African Economic and Monetary Community (CEMAC), as well as regional representatives of Action Contre la Faim and ECHO, and a private sector representative from Ethiopia participated as panel members. This event was important in drawing the attention of all stakeholders to the need for increased investments – including domestic investments - in the prevention of malnutrition in humanitarian contexts.

Furthermore, the UNICEF WCARO regional office in collaboration with the WFP Regional Bureau finalized and disseminated the results of the 2022 nutrition hotspot analysis, and supported the CILSS (Comité Permanent Inter Etats de Lutte contre la Sècheresse dans le Sahel) in the preparation of the PREGEC and RPCA meetings resulting in presentations and joint statements that ensured the integration of nutrition in these processes.

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 to maintain an active follow-up of the nutritional situation, and to ensure timely support by the regional supply unit to put measures in place that were essential to prevent RUTF pipeline breaks at country levels. Although the 2022 context has been challenging with increases in caseloads of children with severe

⁵² Burkina Faso, Cameroun, Chad, Gambia, Mali, Mauritania, Niger, Nigeria and Senegal

⁵³ UNICEF WCARO Nutrition data

wasting for some countries and issues with production capacity of nutrition supplies at global level, thanks to these efforts by the regional office it has been possible to prevent RUTF stock outs at country levels.

UNICEF WCARO also continued to support countries and governments to undertake timely nutrition assessments, and to develop national capacities to lead on Nutrition Surveys in chronic or rapid onset emergency settings. National Nutrition surveys (using the SMART Methodology) were carried out in Burkina Faso, Cameroun, Chad, Guinea, Mali, Mauritania, Niger and Togo. Results were used to inform programming and define the number of children 6-59 months expected to be suffering from severe wasting in 2023.

Through evidence generation and capacity building (IRAM research, regional nutrition network meeting, regional workshop on simplified approaches for early detection and treatment of child wasting), the regional office paved the way for future nutrition programming in the Region, with a focus on prevention and nexus approaches. Technical assistance was provided to integrate these strategic orientations in 2023 HAC documents which are aligned with the UNICEF Core Commitments to Children (CCCs), and to implement adapted/simplified approaches for the early detection and treatment of severe child wasting in hard-to-reach contexts.

WASH

UNICEF WASH Regional Section continued to lead the Regional WASH Working group in 2022, hosting 20 organizations and coordinating global contributions to events such as the World Water Forum held in Dakar, in March 2022. UNICEF was leading advocacy around the rights of children to water and sanitation at this global event, and following this, co-led the development of a technical paper with UNESCO and FAO on Water as an essential asset for development in the Sahel region with UNISS (this paper served as the backbone for a high-level conference with UN Regional Directors and ASG and RCs held in Feb.23).

In line with our localization commitments, UNICEF maintained a strong partnership with 2IE University in Ouagadougou, Burkina Faso. The regional office initiated the revision of a 10-day WASH in Emergency training that will be run in Q1 2023. This partnership with 2IE University participates in UNICEF regional agenda on “Localization” by strengthening local capacities in WIE. Furthermore, the regional WASH team organized a one-week training in Dakar on WASH in emergencies with the participation of 34 staff from the region. The regional office WASH team supported UNICEF Burkina Faso country office in the “institutionalization” of the triple NEXUS approach, which led to the creation of a technical secretariat in charge of WASH in Emergency programming within the Ministry in charge of water. NEXUS and localization of WASH emergency programming in Burkina Faso translated in enhanced partnership with ONEA (the national water utility) which led to 464,323 vulnerable people reached with safe water (+135 % compared to 2021)

Following high levels of cholera across several countries in WCAR in 2021, UNICEF organized a range of activities to utilize the regional cholera platform in 2022 to strengthen preparedness and response to cholera. Under the leadership of UNICEF, the cholera platform, comprising 20 agencies, coordinated 4 cross-country alerts on cholera, with Niger, Nigeria, Benin, Burkina Faso, Mali, Chad, Cameroon and Togo and produced 11 monthly cholera bulletins detailing the regional cholera context. The platform also organized two trainings in Nigeria on cholera preparedness and response, with participation from 73 government officials and partners.

In addition to UNICEF's leadership role on cholera, the WASH team led the development and dissemination of two technical guidelines on WASH & Ebola and WASH & Hepatitis E. These guidelines have been developed with contributions from Country Offices, Regional Offices, HQ and external partners like MSF, Oxfam and WHO. On WASH-Nutrition, UNICEF also finalized a regional WASH-Nutrition strategy. This is the regional outcome of a three-year cycle of collaboration with 6 countries across the Sahel involving in-depth country context analysis in 2022 for Nigeria and Mauritania on WASH-Nutrition programming. In support to Nigeria the regional office led a detailed Analysis of the links between malnutrition and environmental factors - based on MICS survey data from 2016-2017. The results show by evidence the crucial role of the WASH sector in nutrition prevention and the results were used to strengthen collaboration between WASH and Nutrition for stronger integration.⁵⁴

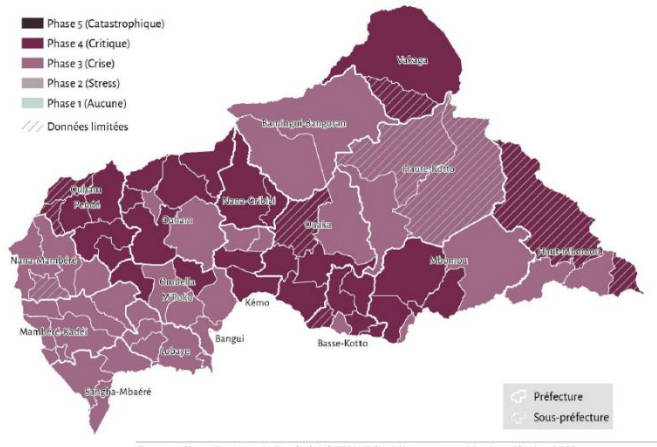
In 2022 WCARO contributed to the WASH Severity Classification project as a direct continuation of the support provided in 2020 and 2021. The objective of this project led by REACH and the Global WASH Cluster is to develop a food security "IPC-like" system for the WASH sector. This system would help humanitarian 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 crisis to allocate resources in the most effective way
- 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
 - o The WSC is a set of tools and protocols to classify the severity of WASH needs and vulnerabilities based on established standards
 - o Such a classification aims at supporting decision makers with a rigorous analysis of WASH conditions in emergency contexts
 - o Similar to the IPC, the WSC will classify WASH needs and vulnerabilities into five phases
 - o More specifically, it will allow classifying geographic areas, estimate the population in each different severity phase and allow comparison of findings over time and across countries

In 2022 five WASH severity classification reports have been finalized and disseminated (CAR, DRC, Mali, Burkina Faso, Nigeria). An academic review of the WSC process and protocols identified some weakness and opportunities for improvements. The revision of the WSC protocols have started in 2022 in collaboration with Tufts University and WASH PG leadership and the new protocols will be piloted in Mali during 2023.

⁵⁴ *Note: regional Strategy document, two context analysis reports and statistic research report for Nigeria are available for dissemination*

Fig. 10 – Example WASH Severity Classification Map in CAR



Carte 1. Classification de la sévérité EHA, République centrafricaine, février 2022.

Regional Solar Hub (in partnership with Water Mission)

The need for access to safe and sustainable water services in the West and Central Africa region is immense. In 2020, only 65% of people in Sub-Saharan Africa had access to at least a basic water service, and only 30% had access to a safely managed water service. The situation in schools and healthcare facilities is even more dire. The 2020 Joint Monitoring Programme analysis reported that

42% of rural schools in Sub-Saharan Africa have no water service (either no water facility or it is an unimproved water source). This impacts children’s school enrollment, attendance, and participation, especially for girls. An estimated 26% of healthcare facilities lack access to a safe water service, putting millions of children and their families at risk. Ensuring the climate resilience of existing and future services is critically important to ensure the sustainability of such services.

Renewable energy, particularly solar, can help electrify even the most rural areas in West and Central Africa, increasing access to sustainable services, improving livelihoods, and reducing conflict and migration. Scaling-up the use of solar-powered water systems (SPWS) can increase access to climate-resilient and sustainable water services for households, communities, schools, and healthcare facilities, acting as program unifiers. The West and Central Africa region has the highest rate of solar-powered water system installation across all of UNICEF's regions. In 2022, 18 country offices are reporting the installation of a total of 726 solar powered water systems (39 % of all SPWS installed by UNICEF globally). 74 % of these installed SPWS do supply water with a multi-usage purpose to health centers, schools, and communities. SPWS are increasingly used in humanitarian contexts.

The Regional Solar Hub is dedicated technical support for the West and Central Africa region on all aspects of solar powered water systems from the planning/design/procurement stages to the installation and operation, as well as evaluation of systems and development of capacity building materials/training. It is a free-of-charge support, demand-driven support for any organization working on solar systems. The Hub can also support the process of identifying bottlenecks to scaling up solar systems at national levels. Since 2020, the WCAR solar hub has:

- Responded to more than 120 requests for technical support in the region (70 in 2022)
- Generated more than 440 contacts from approximately 250 UN agencies, NGOs, private sector organizations, and government offices (264 contacts in 2022)
- Conducted 14 in-country workshops for more than 429 participants (10 workshops in 2022)

- Taught six virtual classes for 370 participants on the topics of Principles and Practices of Solar-Powered Water Systems (in English and French) and Design and Installation of SPWS (in English) - the Design and Installation course was developed in 2022.

Case Study: WASH support in the *Savanes* region, Togo

The thematic funds received by the Togo office were used to strengthen emergency preparedness for the spillover of the Sahel crisis in the *Savanes* region and to aid vulnerable people, including women and children and victims of related shocks. These generous funds made it possible to provide a multisectoral response, particularly in the Water, Hygiene and Sanitation (WASH) Sector, based on awareness-raising in support of the behaviour change of beneficiaries. It further enabled the strengthening of the ownership of emergency preparedness actions by local communities. During the reporting period, UNICEF supported the regional platform for disaster risk reduction by strengthening the capacities of its members, ensured the operationalization of the prefectural platforms and completed a definition of a community early warning mechanism related to the spillover of the Sahel crisis.



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In 2022, the spillover of the Sahel crisis in the northern part of Togo (*Savanes* region) has remained one of UNICEF's major concerns since the eruption of this crisis in November 2021. Recent data from the Regional Platform for Disaster Risk Reduction identified 10,103 people (51 per cent female) who were displaced, including 5,072 refugees from Burkina Faso (48 per cent female) and 5,031 internally displaced persons (53 per cent female) in the affected region.⁵⁵ These movements have resulted in multisectoral

⁵⁵ Agence Nationale de la Protection Civile, Direction régionale Nord, 'Statistiques des déplacés Savanes,' novembre 2022.

needs due to limited access to services. Additionally, children experienced additional vulnerabilities given the lack of access to health care, protection, food, education and WASH. To ensure the quality of interventions in the region, UNICEF strengthened its operational and programmatic presence through the establishment of a multisectoral Emergency Response Unit.⁵⁶

As part of the response to the spillover of the Sahel crisis in the *Savanes* region in Togo, 47 boreholes equipped with solar hand pumps were constructed in 8 health facilities, 16 schools and 23 communities. These provided 35,250 individuals (58 per cent female) with access to safe drinking water, as well as to improve hygiene conditions and strengthen infection prevention and control. Additionally, 602 individuals (44 per cent female) received chlorine for home water treatment. These critical and lifesaving activities implemented by UNICEF allowed individuals to ensure a clean and hygienic environment, as well as have access to clean and safe drinking water.

The construction of septic tank latrines with showers and hand-washing areas was undertaken at 15 health facilities. This included the construction of ecological latrines in 27 schools. This intervention supported the promotion of access to sanitation and contributed to the prevention of epidemics linked to poor hygiene conditions. Through these interventions, UNICEF was able to ensure that vulnerable children attending schools could access education in a safe environment, thereby contributing to the mitigation of their learning losses resulting from their forced displacement.

UNICEF Togo has a strong presence on the ground in the *Savanes* region and has a multisectoral team involved in achieving results for vulnerable children and their families. With extensive experience with multi-sectoral assessments and rapid responses to crises, in close collaboration with key governmental and non-governmental partners, UNICEF continues being a leader/major actor in the areas of child protection, education, nutrition and WASH. This support has been critical to ensure that UNICEF is able to continue working in crisis-affected areas in the context of the spillover of the Sahel crisis, thereby reaching the most vulnerable children and their families with critical, lifesaving activities.

In 2023, UNICEF will continue to support the multisectoral response to the Sahel crisis through the completion of activities initiated in 2022 with the support of these thematic funds. This will include:

- continuing to support the operation of the regional disaster risk reduction platform and extending this support to regional, prefectural and communal levels;
- contributing to the analysis of emergency needs in the *Savanes* region, as well as a feasibility analysis of a humanitarian response through humanitarian cash transfers;
- providing a direct response to various humanitarian crises, especially those related to population movements resulting from the Sahel crisis, through multi-sectoral assistance by capitalizing on lessons learned in 2022;
- documenting and implementing lessons learned during programme implementation.

Child Protection

Following the rapid deterioration of the security situation in July, the L2 Sahel and Coastal countries (Burkina Faso, Mali, Niger, Benin, Cote d'Ivoire, Ghana, Guinea and Togo) was declared. Dedicated support (remote and in-country) to the concerned offices to strengthen child protection emergency preparedness

⁵⁶ The Emergency response unit is composed of one emergency specialist, one education and protection focal point, one health focal point, one WASH focal point, one nutrition focal point and one administration focal point.

and response in line with the benchmarks in the Core Commitments for Children in humanitarian action (CCCs), notably the coastal countries. The Benin Country Office was supported to develop a roadmap for scaling up the response. In Ghana, remote support was provided for capacity building on the CCCs and development of their CPHA plan. An orientation on the monitoring of child rights violations was convened for all Coastal Countries. All eight (8) countries received funding to strengthen PSEA. Dedicated technical support was provided to help ensure action plans, awareness raising, reporting channels and referral pathways linked to strengthened services/service delivery and avoiding parallel mechanisms and processes.

The L2 activation provided a timely opportunity to support offices to “pivot” their system strengthening work to help ensure resilient child protection systems are in place. This includes strengthening national humanitarian response capacities, cross-border collaboration (including related to case management), ensuring the availability of and access to prevention and response services and a social service workforce in border areas as well as scale up preparedness plans and capacities. Support to strengthening civil society organisations and community-based child protection mechanisms, as part of localization efforts, were also supported. Across the L2 response alone, 1.4 million children and caregivers were supported with MHPSS, more than 500,000 children and women accessed GBV risk mitigation, prevention and response interventions and over 870 children associated with armed forces and armed groups were supported.

Among the positive developments related to children and armed conflict, the adoption of Handover Protocols for children associated with armed groups in Burkina Faso and Nigeria, were the result of years of advocacy and efforts by UNICEF and other partners. They provide a key tool for accelerating the protection of children associated with armed forces and armed groups (CAAFAG).

Despite a context challenged by difficult humanitarian access and limited resources for Child Protection, advances were made in the sector. In 2022, out of 4.4 million children and caregivers targeted for support: 2.2 million children and caregivers were reached by mental health and psychosocial support (MHPSS); 1.1 million girls, boys and women were reached by prevention, mitigation and response interventions for gender-based violence; 13,147 unaccompanied and separated children (UASC) were reached with child protection case management including family reunification and reintegration, and: 6,786 girls and boys associated with armed forces and armed groups received multisectoral support.⁵⁷ These 3.3 million reached represents an increase of 44% compared to the 2.3 million reached in 2021 with the same four (4) interventions.⁵⁸

Noting the risk of increased rates of child marriage in humanitarian situations, an increased number of countries demonstrated a pivot in their child marriage programming in 2022 to incorporate a humanitarian component to their approaches and interventions and their work with other sectors. In Benin for example, cash+ care interventions were made available in the border areas affected by the conflict spillover to help prevent household decisions that could result in harm (such as child marriage and child labour).

The deterioration of the security situation across many parts of the region (including linked to the L2) poses a risk to the positive developments related to legal identity through birth registration. The RO continued to provide technical support to countries across the region to strengthen their civil registration and vital statistics systems (CRVS) across all contexts, including fragile and development. A number of countries

⁵⁷ UNICEF WCAR Sit Rep 2022

⁵⁸ UNICEF WCAR Sit Rep 2022

(for example Burkina Faso) helped ensure children's right to identity through birth registration as part of the humanitarian response (and one of the CCC benchmarks). This resulted in the registration of 39,466 children (21,783 girls, 17,673 boys and 167 children with disabilities). Concerning good practice and approaches on how this may be done, the publication of the Civil registration in humanitarian contexts recommendations and operational guidelines for member States of the African Union was developed and disseminated with UNICEF support at the 6th Conference of Ministers Responsible for Civil Registration and Vital Statistics (CRVS) in October (in Addis Ababa).

More generally related to the Sahel, in 2022 UNICEF took the lead among UN agencies for the Protection Offer for the UNISS and to articulate what services and structures are required for children's protection from violence, exploitation and child marriage and to ensure birth registration as part of civil registration and the right to legal identity. While this remains work-in-progress, this has provided a critical opportunity to ensure that among basic and essential services, a social service workforce, prevention and response services, referral pathways (including to social protection) community based protection mechanisms and birth registration are included.

Case Study: Civil Registration in Humanitarian Contexts

The launch of the [Civil registration in humanitarian contexts recommendations and operational guidelines for member States of the African Union](#) in October 2022 in the context of the 6th Africa Programme on Accelerated Improvement of Civil Registration and Vital Statistics (APAI-CRVS) Expert Meeting, represented a key milestone for advancing a nexus approach to birth registration. Developed by UNICEF at request of APAI-CRVS, the document was produced under the leadership of WCARO, through a participatory process including government consultations. Coupled with concrete examples on how this approach is put forward in different settings, including in the Sahel (Burkina Faso, Chad, Mali) and the DRC, the document triggered momentum for more focused attention to the continuity of civil registration across the humanitarian and development nexus.

Even prior to the presentation of the Guidelines in October 2022, UNICEF supported the implementation of its recommendations, including in Cameroon, Chad the Democratic Republic of Congo and Mali, where procedures have been simplified, allowing community health workers to initiate the registration process by declaring births and facilitating the transmission of information to registrars. A similar process has been established in Chad, where interoperability is in place in all health and vaccination centers. With simplified procedures, birth registration can be done without the parents having to travel to the civil registry office, which considerably simplifies the registration of newborns in the most complex contexts, where vulnerability to emergencies is chronic. By the end of 2022, 75% of health centers in Chad were made interoperable with Civil Registry.

Another country that has been able to put into practice the guidelines and recommendations to improve birth registration is the Democratic Republic of Congo. A simplified model that connects health centers and community health workers to the nearest Civil Registry Office (CRO), allows the birth declaration to take place at local level without further travel time for parents. After initial testing in the urban-rural commune of Maluku (Province of Kinshasa) the model is currently being scaled to other parts of the country.

Noting growing armed conflict across parts of the region, the Regional Office supported efforts to build the capacity to monitor grave child rights violations at various levels. This included the consolidation and

analysis to the Office of the SRSG on Children and Armed Conflict of the quarterly and annual reports on the Lake Chad Basin (Cameroon, Chad, Nigeria, Niger). A Regional technical workshop on CAAC and MRM was organized in April with the engagement of technical experts from eight (8) countries. This provided a timely opportunity to share and exchange the latest tools and guidance as part of capacity building and support to the specialists and to collectively identify recommendations to further strengthen not only the monitoring related work but also the programmatic response, advocacy and resource mobilization. In-country capacity building (Niger) was organized by UNICEF with other UN and NGO officials to build awareness and capacity on the MRM in that context.

Technical support provided to country offices and at the regional (including AUC) and global level have helped ensure that interventions centred on a rights-based approach and grounded in humanitarian principles are consistently advocated for and applied including in contexts where stabilization and security activities are taking place.

Among the positive developments related to the children and armed conflict agenda, the adoption of Handover Protocols for children associated with armed groups in Burkina Faso and Nigeria, were the result of years of advocacy and efforts by UNICEF and other partners. They provide a key tool for accelerating the protection of children associated with armed forces and armed groups (CAAFAG).

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Concerning systematic approaches to the capacity building of the sector, with the Alliance, Bioforce and Terre des Hommes the first online, free of access training in French was developed on child protection in emergencies. At the time of writing efforts are being made to make the materials available to all and through online platforms that include Agora.



(Source: [UNICEF Chad 2022](#))

In 2022, the Regional Office received 7% set aside funds to strengthen the technical capacities across the RO and region in MHPSS. The funds will provide dedicated expertise and financial resources on MRM across countries is expected to have a positive impact on further strengthening the quality of interventions in 2023 and contribute to the strengthening of more resilient child protection systems. Also related to MHPSS, the RO worked closely with WHO, and as part of the joint programme on MHPSS to identify a country office -Cote d'Ivoire- for MHPSS funding.

As part of its partnership with the Alliance for Child Protection in Humanitarian Action, the Regional Office led the regional level Child Protection Working Group (CPWG) and provided a regular forum for capacity building of protection actors, creating a space that kept regular watch on the different crises and trends and which maintained the positioning of the sector within the different coordination forums and in the different regional advocacy actions. The CPWG continued to comprise approximately 30 representatives of NGOs, UN agencies, coordination group and other technical partners. In 2022, it contributed to the strengthening the capacities for child protection in humanitarian action of local organizations by developing in partnership with the Alliance, Bioforce and Terre des Hommes a comprehensive training in French on CPIE which will be made available on an accessible site to ensure wide access and availability to Child Protection practitioners.

The Regional Office continued to strengthen the PSEA mechanisms across all countries, supporting the implementation of action plans in the 24 countries, training 24 PSEA national focal points from 12 countries as trainers, overseeing the technical review of all Significant Incident Reports (SIR) submitted by the country offices and conducted the first assessment of potential risks of SEA in relation to UNICEF programming in the region (Cote d'Ivoire). To strengthen our engagement with UN Country Teams (UNCT), the RO also supported in coordination with the DRC Country Office and OIAI the first joint (UNICEF, UNHCR, UNFPA) investigation training for implementing partners as well as developed material and supervised the first interagency PSEA training for UNCT members in Cameroon leading to the development of a joint national action plan.

Education

To improve outcome level results, in 2022, aided by WCARO, the region shifted from a siloed to a multi-sectoral and multi-country approach to deliver key priorities in terms of Inclusive Access and Quality Learning Outcomes. WCARO employed a combination of strategies including data and evidence generation, advocacy on financing, systems' strengthening, innovations in equity and learning, and education in emergencies and resilience building to aid acceleration.

On access, COs reported (2022 CSIs) that 5.5 million children (of which 2.5 million girls, 3.2 million in humanitarian contexts and more than 610,000 on the move) participated in formal or non-formal education. WCAR has continued to strengthen systems with 43% of countries reporting having an effective inclusive education system; 63% an effective gender-responsive system, 41% an effective EMIS, 62% percent an effective Risk Informed Programing system, and 25% an effective peace building system, thanks to UNICEF support.

To improve education in humanitarian situations, UNICEF WCARO placed considerable focus on promoting the scale-up of the implementation of the resilience agenda across the nexus. The most notable contributions to the achievement of results include:

- **Tailored support to strengthen the resilience of national education systems** to 16 country offices (7 Sahel, 5 spillover & 4 other), most notably through capacity-building missions and technical support in emergency preparedness, rapid response, contingency planning, spillover preparedness and risk & vulnerability analysis for Benin, Togo, Guinea, Guinea-Bissau, Côte d'Ivoire, Burkina Faso and Mauritania; leading the development of a multi-year, multi-country, multi-sector and multi-partner EiE/CPiE resilience programme for the 5 coastal countries facing the risk of spillover from the Central Sahel in the context of the L2 emergency declaration; and preparing a mapping of EiE capacity-building/training courses and resources for COs.
- Further promotion of the **education resilience agenda and UNICEF's central role** in this through participation in the development of the UNISS resilient basic social services offer, positioning safe schools as pillars of resilience; co-creating a joint vision and concept note around integration of Koranic education into formal systems with EU, AFD, Qualé and SIF for 10 countries; and collaborating on the elaboration of UNICEF-CEEAC 2022-23 AWP pillar on resilient education, among others.
- **Leadership and coordination of the EiE WG** throughout the year, working closely with other Senior Advisory Group (SAG) members, national education clusters and local education groups to build

regional EiE capacities (in the nexus, localization, IASC youth guidelines, etc.), strengthen resilience through the promotion with the child protection in emergency working group of the implementation of the Safe Schools Declaration, monitor key humanitarian indicators including schools closed due to insecurity, attacks on schools, and OOSCiE, and share lessons learned throughout the facilitation of a community of practice.

- Execution of the **regional ECW-funded multi-year resilience programme (MYRP)** with consortium members UNHCR and NRC in favor of the 3 central Sahel countries, not least co-organizing and facilitating a 4-day regional conference on Accelerated Education to respond to the education needs of adolescents and youth OOS due to conflict or disasters. This, with the participation of 8 multi-stakeholder country delegations (Mali, BF, Niger, DRC, Nigeria, Cameroun, CAR, Chad) under the technical leadership of the accelerated education working group, resulting in more harmonized national approaches to the conceptualization of quality AE programs and national action plan drafts. UNICEF also substantively contributed to 2 multi-country studies on EiE financing and barriers to education faced by children on the move.
- **Resource-mobilization oriented advocacy efforts**, including the co-publication of several notes (Education under attack in West and Central Africa: 2022 Update; Improve Children's Wellbeing and Learning in Central Sahel - Increasing Psychosocial Support in Schools); the co-creation of coordinated EiE advocacy strategies for the central Sahel countries and the R-MYRP consortium through the organization of a regional workshop with participation of cluster coordinators, EiE specialists and advocacy and communication officers from the 3 organizations and 3 countries; co-hosting of two resource mobilization and donor coordination meetings for the Central Sahel, with FCDO and ECHO respectively, leading to commitments for greater donor coordination and funding flexibility; and securing USD 4.3m of US government Mission Recovery funding, to benefit back-to-school activities in Congo, Chad, CAR and Cameroon.

Other key contributing achievements of the WCARO education section include:

- Supported all twenty-four COs on data access and evidence generation to guide evidence-based interventions, including in humanitarian contexts;
- Advanced multi-sectoral programming for adolescent girls' education to prevent school dropout, not least by promoting the Safe to Learn initiative in Cote d'Ivoire, Mali, Niger and Togo;
- Supported the scale-up of evidence-based systems-oriented interventions using result-based financing and Public Financing For Change (PF4C) as accelerators in Congo, Cabo Verde, Gambia, Liberia, Ghana, Sierra Leone and Nigeria;
- Assisted 19 COs to implement the digital learning strategy, with the Learning Passport and multi-sectoral team support on the \$57 million Airtel partnership on School Connectivity and Digital Learning, contributing to access to education despite displacement and emergencies; and
- Continued to support 13 COs to scale up Foundational Literacy and Numeracy (FLN) through selected interventions including teaching at the right level, structured pedagogy, formative learning assessments, political championing of FLN (Sierra Leone), and partnerships.

Social Protection

Throughout 2022, WCARO continued to support Country Offices with strengthening the shock-responsive dimension of national social protection systems to facilitate horizontal and vertical expansion of programs in response 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 cash transfers through national systems, and in 2022 reached over 530,000 people in more than 87,500 households, to help mitigate socioeconomic shocks such as triggered by the COVID19 pandemic and rising price inflation. In Nigeria, an anticipatory action flood response was successfully implemented to rapidly address the needs of flood victims in flood-prone areas in 6 communities in Kaduna state. Households were registered and funds prepositioned with a financial service provider in anticipation of the floods, and advance triggers identified for enacting the response. Overall, 5,000 household were reached with critical assistance within 48-hours of the trigger, providing benefits before the predicted floods. Across the region, UNICEF supported delivery of humanitarian cash transfers in Burkina Faso, Central African Republic, Chad, DRC, Mali, Niger, and Nigeria. In total, close to 40,000 households were reached with HCTs.

Joint missions by Emergency and Social Policy were carried out in DRC and CAR to support the drafting of a cash programming strategy for the office and establishment of country-level cash task forces to ensure technical soundness and operational efficiency of UNICEF-led cash transfer programmes. In addition, WCARO, with the HQ HCT team, facilitated the roll-out of face-to-face HCT training sessions in Cameroon, Cote d'Ivoire, and Guinea, with the objective of increasing knowledge and expertise in using the cash transfer modality in UNICEF programming. To enhance UNICEF preparedness to provide cash transfer support, through the national system or direct delivery, a Regional Office Cash Transfer Task Force was established to ensure a coordinated approach to technical advice on design, delivery, and risk management of cash transfers in the region, in support of UNICEF CCCs.



The heavy rainfall of August 1, 2022 has caused huge material damage in N'Djamena, Chad. Picture of a flood in the one of 7th district markets.

Social and Behavioural Change (SBC)

Thanks to the funding acquired, WCARO and 21 countries supporting governments have implemented interventions aimed at strengthening social and community systems through responses to epidemic and multi-epidemic shocks (Covid 19, Ebola, Margburg, Monkeypox, cholera, meningitis, measles), conflict situations, displaced persons and complex situations combining conflicts, epidemics, and displacement of people.

Countries were able to take advantage of their comparative advantage and were able to be responsive to shocks in line with UNICEF's mandate.



Source Unicef CAR- U-reporters teach women beneficiaries how to use phones to withdraw their cash.

Fig. 11 – People Reached with SBC Activities



UNICEF has further strengthened its leadership in the field of SBC-RCCE at WCARO through the inter-agency regional technical group bringing together 40 organizations and the community of AAP practices made up of about ten organizations.

Under the lead of UNICEF, the SBC-CREC coordination continued its support to countries through technical capacity building (webinars, coaching, support missions). 730 people from the SBC-RCCE national working groups including CSO, the media, women's and youth organizations, universities, anthropological research centers, religious leaders have all received knowledge on humanitarian actions and principles, the programming cycle planning, implementation, monitoring and evaluation of interventions, social science research and community feedback in the field of SBC-RCCE for emergency preparedness and response.

The regional group has also supported the countries through knowledge management (real-time information sharing), two-way exchanges, the collaboration of countries with similar challenges and or contexts for the sharing of experiences. For example, the coastal countries in preparation for the overflow of the Sahel crisis, were able to exchange with the countries of the central Sahel and acquired more skills for the development of preparedness and response strategies based on risk analysis.

During the year 2022, in response to the multidimensional crises that children and their families have suffered in the region, in areas affected by emergencies in 21 countries (Benin, Burkina Faso, Cameroon, Central African Republic, Chad, Congo, Cote D'Ivoire, Democratic Republic of Congo, Equatorial Guinea, Gambia, Ghana, Guinea) approximately 12,300,000 people have committed themselves as agents of change to their community through actions to promote practices that aims to save lives, protect and ensure the development of children and their families, especially the most vulnerable. These committed people carried out these actions in households, places of worship, displaced persons camps, schools, public places and social networks. As a result, 56,500,000 persons were reached with messaging through outreach activities and media. Thanks to feedback mechanism settled at decentralized level and multiple channels (physical and online) 2,700,000 shared their concerns. For more integrating the concerns and opinions of communities UNICEF collaborates with the World Health Organization as a member of the [Africa](https://www.afro.who.int/aira) [Infodemic](https://www.afro.who.int/aira) [Response Alliance \(AIRA\)](https://www.afro.who.int/aira)

The Accountability to Affected Populations (AAP) community of practices in tandem with the SBC-RCCE technical group ensured continuous advocacy for the consideration of community feedback by other groups and regional networks to guide strategies and interventions for the populations. He also monitored feedback and social actions that had an impact on humanitarian responses. As was the case in Burkina where the technical group SBC-RCCE and AAP combined their efforts to provide technical assistance to the AAP and SBC groups for the analysis of the situation, the reflection and implementation of acceptance strategy with the communities and government of Burkina Faso.

In Central Africa, the young U reporters are committed through the establishment of physical platforms in the form of a kiosk powered by solar energy to provide information services and collect feedback from other young people and all other people. With this one stop shop kiosk initiative these young local U reporters supported the cash transfer and Nutrition program.

In CHAD, Regarding the response to the floods, community engagement strategy focused on information and life-saving message sharing, dialogue as well as equitable participation of groups such as women,

adolescents/youth and the mobilization and engagement of key community stakeholders, civil society and community organizations, faith-based organizations and transmedia approaches. At the level of the sites (Koundoul, Toukra and Melezi) hosting people affected by the floods in N'Djamena Province, the community dialogues and interpersonal communication made it possible to give key messages to 53,819 people, including 39,425 host community members on the themes of family practices, prevention of sexual abuse and exploitation, AAP, hygiene, and sanitation.

To strengthen the integrated and multisectoral humanitarian response to mitigate the social and health impact on refugees, returnees, and the host population in southern Chad, 190 community actors (35 women and 155 men) in refugee camps and sites in Logone Oriental and Mandoul provinces, identified by their communities, were trained in community communication techniques.

Communications and Public Advocacy

In 2022, 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 and spillover to coastal states, WCARO established an advocacy plan for the crisis prioritising: multi-sectoral nutrition; grave violations and other abuses; and the importance of resilience and preparedness. The team also supported a [Regional Call to Action](#) on the Sahel crisis. To raise awareness of the sharp rise in malnutrition in the Sahel, the RO supported a global Child Alert publication on severe wasting, and issued and contributed to a number of press releases on malnutrition during the year:

[Urgent action needed to holistically address child malnutrition in West and Central Africa](#) (6 April 2022)

[Soaring food costs, low rainfall and insecurity leave children in the Sahel at risk of catastrophic levels of severe malnutrition – UNICEF](#) (17 May 2022)

[Children suffering dire drought across parts of Africa are 'one disease away from catastrophe' – warns UNICEF](#) (24 August 2022)

At the African Union Humanitarian Summit in Equatorial Guinea in May 2022, UNICEF organised a high-level side-event on malnutrition with several governments and partners, and reinforced the public advocacy with social media, a [press release](#), a short video, a [web article](#) and media interviews with the Deputy Regional Director and the Regional Nutrition Advisor. In December 2022, the UNICEF RO joined forces with FAO and WFP for a [press release](#) on the catastrophic levels of food insecurity and malnutrition in the region, and the Regional Nutrition Advisor spoke at a media briefing in Dakar around the publication.

Grave violations against children were highlighted through a [press release](#) with headquarters, including the fact that grave violations in the first quarter of the year were up 40 per cent in the central Sahel. The RO also highlighted the work of UNICEF frontline workers helping to verify violations, with a [web story and video](#). Attacks on school in the region was another worrying trend in the region that the RO sought to highlight with two media pushes in September in partnership with others:

[Central and West Africa home to almost a quarter of out-of-school children worldwide](#) (8 September 2022)

[11,100 schools closed in the Sahel region due to conflict](#) (9 September 2022)

Following the #DonateDosesNow, the first ever continental effort led by WCARO in collaboration with ESARO to rally the voices of influential vaccine champions and call G20 leader for accountability and equity,

in early 2022, the #GiveitaShot U-Report challenge reached 13 million U-Reporters in Africa to learn about COVID-19 vaccines & encourage vaccine uptake. The objective of the campaign was to improve access and confidence in COVID-19 vaccines by activating and motivating youth in their own community to get vaccinated and further mobilise people at risk in their communities. Nigeria and South Africa celebrities, also U-Report supporters, Kate Henshaw and Maps Maponyane, teamed up with UNICEF on this initiative. Numerous participating U-Reporters have since become real vaccination champions in their communities as well as myth busters on social media.

The WCARO-led content on COVID-19 for the World Immunization week reached over 4.4 million people in West and Central Africa with a 25% engagement rate, which is 5 times higher than the targeted average engagement rate. The qualitative comments by UNICEF Africa's audiences on this content that included videos produced in WCAR countries and other videos by young bloggers trained to produce their own content, showcased a growing support for vaccination against COVID-19 and highlighted the need to maintain awareness-raising activities among those who continue expressing their hesitancy online via our platforms.

In December, the Regional Director travelled to the east of the Democratic Republic of the Congo, to support the launch of the 2023 humanitarian appeal for children. A [press release](#) and [videos](#) were published and the visit was featured in several local and internal media.

Throughout the year, UNICEF WCARO also supported communication efforts in COs to advocate 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 Senegal Representative Silvia Danailov following hospital fire](#)

[Over 27 million children at risk as devastating floods set records across the world \(highlighting Gambia and Chad\)](#)

[Multiple and simultaneous epidemics on the rise in West and Central Africa](#)

[UNICEF Goodwill Ambassador Angélique Kidjo celebrates resilience of girls and young people during visit to Benin](#)

[Fighting in eastern DRC is having a devastating impact on children](#)

[UNICEF responds to protect and support children and families following declaration of new Ebola outbreak in the Democratic Republic of the Congo](#)

[Host children in difficult situations, on the move and/or unaccompanied, for emergency care in Mali](#)

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.

[Case Study: UNICEF Goodwill Ambassador Angélique Kidjo brings focus to resilience in Benin](#)

UNICEF Goodwill Ambassador Angélique Kidjo returned to her home country Bénin to meet children and young people impacted by the spillover of violence from the Sahel crisis, and climate change in the region.



The deteriorating security situation in Burkina Faso, Nigeria, and Niger, as well as rising food prices as a result of climate induced shocks, are affecting access to essential social services for children, refugees, and internally displaced persons in northern Benin. In some border areas with Sahel countries, a number of schools have been temporarily closed, malnutrition in children under five has risen, while some health centers are facing challenges with maintaining operations. Local social welfare authorities have reported increases in domestic violence, gender-based violence, and violence against children.

During the week-long trip, five-time Grammy Award winner Kidjo met with teachers, nurses, and health and social workers who are on the frontlines providing children and their families with access to essential services, as well adolescent girls, children and youth, who are championing change in their communities. Kidjo visited a nutrition center in Tanguiéta to see how health workers and mothers use local ingredients to prepare nutritious food to treat malnourished children, and how UNICEF's supply of Ready-to-Use Therapeutic Food (RUTF) - a nutrient-rich, peanut-based paste - is helping to save these children's lives. Kidjo visited schools and social promotion centers where she met with refugee children and adolescents from Burkina Faso, including 7-year-old Abass and 9-year-old Zawiratou, whose school was shuttered due to increased violence. The siblings were able to return to school after three years, thanks to the support of local authorities, UNICEF, and partners.

The outcomes of Angelique Kidjo's mission were shared during a press conference with national and regional media and amplified through international coverage, helping to further advance UNICEF's advocacy for investments in access to essential social services, including for youth and adolescent girls. Multimedia materials from the mission were also added to UNICEF global child alert issuance on the Sahel crisis.

Humanitarian Results – Case Studies

Case Study: Anticipatory Action and systems strengthening in Coastal Countries

The UNICEF Regional Office for West and Central Africa often takes a role supporting/coordinating multi-country initiatives, especially when a group of countries are facing the same or similar risks or needs. By early 2022, the **Coastal Countries** bordering the Sahel had been experiencing increasing security incidents, displacement and other compounding shocks in recent years, with the impact on children and families escalating and clear warning signs of worsening in the near future. This situation led UNICEF to activate a Level 2 (L2) Corporate Emergency Activation Procedure (CEAP) for the **Sahel** crisis on 18 July 2022, covering Burkina Faso, Mali, Niger, Benin, Côte d'Ivoire, Ghana, Guinea and Togo. This type of activation is geared towards enabling actions to be taken to respond to existing needs, but also to put in place measures to anticipate or prepare for future shocks. The Regional Office took a leading role in devising a

clear multi-country strategy for preparedness and response, linking the affected countries and bringing to bear the global and regional resources of UNICEF to scale-up and deepen our activities.

Through the activation of the L2 procedure, UNICEF was able to scale-up the humanitarian response, whilst investing in the resilience of systems and communities through prevention, preparedness and response across the humanitarian-development-peace nexus. The strategy employed five key pillars:

1. Increase programmatic ambition in consideration of the scale of needs.
2. Ensure our readiness to a possible deterioration of the situation and expansion of needs in terms of scale and affected geographic areas.
3. Scale up and sustain coherent advocacy efforts through local-to-global approach, with agreed objectives and clear roles and responsibilities.
4. Scale-up of field presence and demonstrate tangible results on the humanitarian-development-peace nexus.
5. Revamp collaboration with UN agencies and engagement in interagency frameworks- for the coastal countries

Case Study: Building resilient child protection systems in the North of Cote d'Ivoire

Cote d'Ivoire has 167 government social centers and over 3,000 qualified social workers. Since 2022, UNICEF has invested in building the capacities and competencies of the social service workforce in the 5 northern regions bordering Mali and Burkina Faso on emergency preparedness, response and coordination as well as key competencies on Mental Health and Psychosocial Support (MHPSS). An administrative data system on child protection has been brought to scale nationally in 2022 covering 100% of social centres in the north (12/12). The government-led administrative system collects and transmits data on child protection directly from social centres and provides for aggregate data on child protection cases at the level of regions for improved planning and targeting of interventions.

UNICEF has provided flexible funding via Mobile Money directly to social centres in the North for the provision of emergency care for children victims of violence, abuse and exploitation and preventive activities at community level. Over 500 children benefited from UNICEF-supported access to social and health services in 2022 in the 5 regions bordering Mali and Burkina Faso (over 5,000 children nationally). 100 social workers and child protection actors benefited from increased knowledge and capacities on MHPSS in view of providing first aid psycho-social support for vulnerable children and this number is likely to increase considerably with the launch of the UN Joint Programme on MHPSS with WHO in March 2023. Child protection community mechanisms that are institutionalized in the Social Affairs Ministries' structure were established in over 50 villages as a means to alert, identify and refer child rights violations to formal social and justice services. Over 200 civil registration offices have benefited from secured record keeping and archiving material in view of securing critical civil registration records.

Preparations are on-going for the organisation of the first ever cross-border meeting on social work in Cote d'Ivoire with Burkina Faso. The aim is to connect social workers and child protection actors from Burkina Faso and Cote d'Ivoire, to share information and knowledge on trends and practices of population displacements, particularly children, and discuss case management and social work cross borders. With social service delivery highly concentrated in the South and Central parts of the country, UNICEF has advocated for increased presence of social services in the north that has 10% of the population but only 7% of social centres that are concentrated in densely populated urban areas. Since the end of 2022, four new social centres are under construction by the government in the northern regions contributing to increased coverage and access to services. UNICEF will provide the newly established social centres and newly deployed social workers with mobility, office and ICT equipment.



(Source: UNICEF CIV)
Young children at the ANAED Protection Center of Korhogo, in the North of Côte d'Ivoire offering temporary accommodation and care to vulnerable children identified by social workers.

Results Achieved from Humanitarian Thematic Funding – Case Studies

In situations of sudden-onset crises, Global Humanitarian Thematic Funding (GHTF) can make all the difference for children in the first days and weeks. GHTF funding is considered the 'last resort' for emergencies that are forgotten or when responses have a chronic or significant lack of adequate resources. The allocation of GHTF serves as life-saving catalytic funding that can kick-start responses to sudden-onset emergencies; scale up operations in escalating crises; fill temporary funding gaps to avoid interruption in critical operations; and ensure the delivery of essential field support. In 2022, UNICEF deployed GHTF in Benin, Cote d'Ivoire, Ghana and Togo in response to the L2 emergency activation and associated scale-up. GHTF was also used at the Regional Office-level to enable multi-country support on emergency preparedness and rapid response mechanism-related activities.

Case Study: Strengthening regional preparedness to floods and climate emergencies

Top Levels Results: WCARO utilised the global humanitarian thematic funds (GHTF) to pre-position key supplies in our warehouse in Douala for the purposes of responding in **Chad**, which is highly vulnerable to floods each year. The use of complementary funding sources, alongside the placement of Field Offices and staff in key locations, and a national-level flood preparedness simulation exercise in the weeks ahead of the anticipated floods, enabled a faster and more effective response when the floods hit. Supplies were able to be deployed quicker instead of being ordered offshore and staff were able to coordinate and deploy our resources quickly due to the timely simulation of their roles and responsibilities.



(Source: ©UNICEF/UN0724694/2022/Banyo)⁵⁹

Issue/background: In late July and August 2021, the regions of Tandjile, Mandoul, Ennedi Ouest and N'djamena had experienced heavy floods and rainfall, killing, wounding and displacing hundreds of people and damaging homes and property. The official government data placed the number of affected people at 190,000.⁶⁰ In early 2022, UNICEF Chad had highlighted the need for pre-positioned supplies and preparedness training to strengthen our response and integrate lessons-learned. Through the First Action Initiative (FAI) funding tool, the Regional Office was able to secure Global Thematic Humanitarian Funding from HQ to fund the pre-positioning of supplies in Douala to cover the flood-prone regions of Cameroon and Chad. Simultaneously, the Emergency Unit in the Regional Office worked closely with Emergency colleagues in Chad to design and implement a floods scenario-based simulation exercise to test preparedness and enable staff to better understand their roles and responsibilities.

Progress and results: The flood preparedness simulation exercise was carried out in early July 2022 and the floods started at the end of July and early August, becoming more severe in late August until the end of the year. In early September, UNICEF Chad received 200 WASH & Dignity Kits, 2,579 Plastic Tarpaulin Sheets and 2,500 Blankets from the regional hub (followed shortly by 10,000 mosquito nets) and the UNICEF response was so effective that UNICEF became the de-facto coordinator of the inter-agency response for non-food items (NFI) as other actors were not able to respond with the same speed.

Criticality and value addition: The Regional Office has a critical role in emergency preparedness and response, particularly in relation to efficiency in global UNICEF supply chains and multi-country

⁵⁹ U-Reporters in N'Djamena, Chad, came to the rescue of floods victims on 15 October 2022. The rivers Chari and Logone overflowed after the heaviest rainy season in 30 years in Chad. At least 71,000 people had to leave their house and relocate on temporary sites. As soon as the first pictures of the floods were published by the population on social media, over 200 U-Reporters decided to mobilize, helped people leave their flooded houses, and filled bags of dirt to reinforce the dikes. Read more here: <https://www.unicef.org/chad/stories/chad-u-reporters-early-heroes-response-floods-ndjamena%E2%80%AF>

⁶⁰ <https://reliefweb.int/report/chad/chad-floods-ndjamena-final-report-dref-n-mdrttd018>

coordination. In this case, the Regional Office Supply Unit and Emergency Unit worked closely with the Supply Hub in Cameroon to release the stocks, the Global Supply Division for the procurement, UNICEF Emergency Operations HQ for the funding mechanism and the Emergency and Supply teams in both Country Offices to ensure the supplies were available and delivered to meet the needs of those impacted by the floods. The use of GHTF in this way enables UNICEF to have the flexibility and freedom to anticipate needs across a range of countries and risks, positioning ourselves before the need and delivering the necessary support from the Regional Office to enable large and complex responses to move more quickly in the face of emergency needs.



UNICEF Representative, Jacques Boyer, offering NFI kits to affected populations during the joint Resident Coordinator, UNICEF, OCHA and Government mission in Logone Occidental.

Moving forward: UNICEF ensures the annual completion of emergency simulations and preparedness activities by all Offices. This exercise in Chad has already led to lessons learned and benefits for other countries in the region, notably in Cameroon in November 2022 where the simulation used in Chad was able to be expanded and developed further. In 2023, UNICEF will continue to strengthen its supply capacity in the regional hub in Douala, and both Chad and the other countries in the region will undergo more extensive simulation exercises to test preparedness and response systems.

Case Study: Strengthening Rapid Response Mechanisms in West and Central Africa

Fig. 12 – Sectoral Coverage of RRM in WCAR



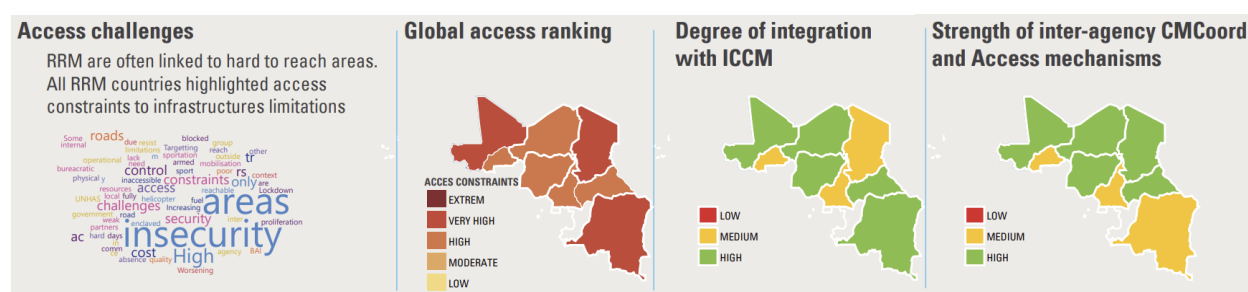
In 2022, the UNICEF Regional Office utilised Global Humanitarian Thematic Funding to support an initiative to strengthen connections and the sharing of best practice between the eight countries implementing Rapid Response Mechanism modalities in West and Central Africa. Across the region, UNICEF uses RRM to respond in hard-to-reach areas, unpredictable contexts and particularly where the local infrastructure is weak. This makes it a very context-specific modality, requiring frequent re-evaluation and innovation to ensure the programme is keeping up with the changing needs and obstacles. The range of challenges and operational environments in which UNICEF is working in WCAR has meant that the eight RRM-implementing countries are each deploying vastly different models, and at different scales.

In 2022, the UNICEF Regional Office utilised Global Humanitarian Thematic Funding to support an initiative to strengthen connections and the sharing of best practice between the eight countries implementing

Rapid Response Mechanism modalities in West and Central Africa. This led to in-person and online exchanges, the development of a matrix identifying key components and factors in each modality and an active network of best-practice for future knowledge sharing and innovation.

Across West and Central Africa, UNICEF uses RRM programmes to respond in hard-to-reach areas, unpredictable contexts and particularly where the local infrastructure is weak. This makes it a very context-specific modality, requiring frequent re-evaluation and innovation to ensure the programme is keeping up with the changing needs and obstacles. The range of challenges and operational environments in which UNICEF is working in WCAR has meant that the eight RRM-implementing countries are each deploying vastly different models, and at different scales. In the Democratic Republic of the Congo, UNICEF has been implementing an RRM for the past 15 years, although it has evolved greatly in that time. The lessons learned from 15 years of implementing RRMs in a complex operating environment are directly relevant to countries with less experience, or those considering this modality.

Fig. 13 – Access and inter-agency linkages for RRM in WCAR



Assessment, Monitoring and Evaluation

Assessment and evaluation

In 2022, WCARO continued to foster evidence-based decision-making to drive results for every child, in humanitarian contexts, in volatile contexts, and when operationalizing the concepts of nexus and resilience. WCARO and COs increased their capacity in planning, monitoring, and evaluation by investing in, conducting, and using high-quality child-focused and multi-sectoral planning, monitoring and evaluation work as presented below.

The Regional Office has standardized the template and frequency of reporting for HACs. This was critical to ensure consistency of the planning and reporting process and to engage in improving the quality of the data. In support to a larger effort for better quality humanitarian data, the Ro has also initiated the first-ever review of humanitarian data using a 'maturity model approach' and referring to RD4C principles as core elements of this data quality review work piloted in 9 countries. Findings will help COS to strengthen their quality assurance mechanisms for humanitarian data by reinforcing Quality along the humanitarian data value chain. The Ro has also ensured easier use of available data through the creation of dashboards. In addition to the existing humanitarian dashboard, the Ro now also has a regional dashboard for monitoring the Sahel crisis spill-over risks in 5 countries. Using a new set of data (closure of borders, closure of schools, security incidents, closure of health structures, people displaced, inaccessibility to water points, epidemics, etc.), the RO has strengthened his capacity to conduct risks analysis and response preparedness.

When it comes to evaluation, the RO has continued to foster this area of work. As in the past, multi-country evaluations of UNICEF's humanitarian action across the region were conducted and their conclusions and recommendations used for organizational learning, accountability, and performance improvements as well as to guide our policy, programs, advocacy and partnership work.

Building on the experiences of the COVID-19 pandemic evaluations, WCARO was also able to train 2 Country-Offices (Cameroon and Togo) in Photovoice methodology. A training guide about this child-centered method that promotes children's voices even in humanitarian and constrained contexts, is now available for deployment in the rest of the Region.

The RO also continued to implement the innovative Developmental Evaluation of the BMZ-supported Resilience Programme jointly with WFP in Mauritania, Mali, and Niger through the continuing implementation of "Learning-Focused Strategic Conversations" on strategically and operationally relevant topics for programme implementation. After few difficulties, another wave of data collection was launched and 3 Strategic Conversations were implemented.

Further to a 2-year long planning process, the evaluation of the humanitarian response to the L2 crisis in the Central Sahel was launched in the last quarter of 2022, paving the way towards strengthening UNICEF's support to conflict prevention, resilience building and sustaining peace. Given the recent development over the activation of the second L2 crisis in November 2022, this evaluation will also provide a useful lens into the issues that coastal countries are experiencing, the integration of the humanitarian-development-peace nexus into their programming going forward and contribute to the localization agenda of the humanitarian programming in the region.

In 2023, WCARO will continue its efforts to engage with COs for better quality, timely and disaggregated evidence in support to strengthened PME work. The region office continues to advocate for the allocation of funds for M&E work, including as part of the 1% evaluation corporate aspirational objective, to foster linkages between humanitarian and development work (nexus, resilience), and has stronger capacity thanks to the creation of the Data, monitoring and research tribe within PMR (that includes Information Management), and the creation of Multi-country Evaluation Posts in humanitarian contexts (Central Sahel, Cameroon, RCA, Equatorial Guinea, Sierra Leone, Liberia, Gambia). However, funds availability to deliver quality and timely PME work remains a challenge.

The Evaluation Function in the Region was enhanced in 2022 through the creation of Multi-country Evaluation Posts in humanitarian contexts (Central Sahel, Cameroon, RCA, Equatorial Guinea, Sierra Leone, Liberia, Gambia), funding availability to deliver evaluation activities on the ground remained a challenge. Funding shortfall affected the ability of WCARO to ensure that UNICEF staff at field, country, and regional levels have the necessary resources to commission, manage and communicate about evaluations.

Monitoring

There exists a systematic mechanism that links Planning to Monitor and evaluation and that is based on corporate guidance (CCCs, HAC, HPM, etc....) and tools. In 2022, the RO support to COs then consisted in strengthening existing collaboration for producing harmonized and standardized regional SitRep and the country SitRep, and HACs. This finalized process of harmonization and codification of indicators has been the basis for the development of an automatic data synchronization system and the faster production of analysis and development of information products to contribute to decision-making.

Additionally, to support adaptive management, monitoring also looks at strengthening risk analysis, using internal tools. A data collection system for the 18 indicators has been set up for risk monitoring in the five coastal countries, following the spillover of the crisis in Burkina Faso. A dashboard is being developed to better visualize the multi-dimensional trends of the data. Within the framework of ONE UN, these data will be shared with OCHA and Granit to enable them to strengthen their risk analysis.

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. 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. The package was finalized in 2022. In 2022, UNICEF WCAR COs implemented a TPM, and the same countries benefited from training and direct support for implementing and adapting the TPM tools based on the guidance package.
- The launch of the eTools Field monitoring module was effective at WCAR in 2022. The Field Monitoring Module is part of the eTools suite to digitize data collection and analysis to inform adaptive management practices and keep track of programmatic visits and their findings. The module allows users to organize their visits to monitor three units of analysis: Country Programme Outputs, Programme Documents and Implementing Partners. Field monitoring contributes to ensuring accountability, generating learning, and informing timely decision-making at the level of implementation. It serves as an input to wider programme monitoring and managing for results. COs in WCAR had a clear idea of what are the minimum requirements for a field monitoring and Program visit process (planning, execution, reporting) and how to use the TPM modality and remote field monitoring.

Financial Analysis

Table 1: Funding status against the appeal by sector

End-Year SitRep: Funding Status								
Countries -Sectors	Total Required	Humanitarian resources received in 2022	Other resources used in 2022	Humanitarian Resources available from 2021 (Carry-over)	Other resources available from 2021 (Carry-over)	Total funds available	GAP	
Child Protection	9,611,661	511,016	213,500	567,295	213,838	1,505,649	8,106,012	84%
Cross-sectoral (C	11,444,209	1,781,145	230,800	3,703,070	480,274	6,195,289	5,248,920	46%
Education	25,052,361	297,564	150,350	806,277	3,929,350	5,183,541	19,868,820	79%
Health	16,324,117	2,540,131	913,620	3,100,386	480,683	7,034,820	9,289,297	57%
Nutrition	13,843,315	2,894,444	781,002	1,571,865	52,381	5,299,692	8,543,623	62%
Social Protection	20,526,264	-	49,144	15,560	884,656	949,360	19,576,904	95%
WASH	18,874,068	1,424,041	290,177	2,447,658	-	4,161,876	14,712,192	78%
	115,675,995	9,448,341	2,628,593	12,212,111	6,041,182	30,330,227	85,345,768	74%
			12,076,934		18,253,293			
Countries -Sectors	Total Required	Humanitarian resources received in 2022	Other resources used in 2022	Humanitarian Resources available from 2021 (Carry-over)	Other resources available from 2021 (Carry-over)	Total funds available	GAP	
Benin	14,912,391	838,059	-	332,508	109,920	1,280,487	13,631,904	91%
Côte d'Ivoire	17,633,999	216,000	248,629	-	29,218	493,847	17,140,152	97%
Equatorial Guine	3,619,999		342,124	814,436	81,261	1,237,821	2,382,178	66%
Gambia	3,832,588	351,643		497,407	59,839	908,889	2,923,699	76%
Ghana	25,526,959	1,483,869	873,893	4,628,433	40,268	7,026,463	18,500,496	72%
Guinea Bissau	3,150,976		280,744	3,890	832,460	1,117,094	2,033,882	65%
Liberia	12,123,344			599,380	3,242,508	3,841,888	8,281,456	68%
Senegal	10,483,150			486,206		486,206	9,996,944	95%
Sierra Leone	11,115,425	4,575,043	781,841	1,102,253	86	6,459,223	4,656,202	42%
Togo	9,018,915	502,653	101,362	2,885		606,900	8,412,015	93%
WCARO	4,258,250	1,481,074		3,744,713	1,645,622	6,871,409	(2,613,159)	-61%
	115,675,996	9,448,341	2,628,593	12,212,111	6,041,182	30,330,227	85,345,769	74%

Table 2 - Funding Received and Available by 31 December 2022 by Donor and Funding type (in USD)

Donor Name/Type of funding	Grant reference	Overall Amount
I. Humanitarian funds received in 2022		
a) Thematic Humanitarian Funds		
Global Humanitarian Thematic Fund[3]	SM189910	0
Global Humanitarian Thematic Fund[4]	SM229910	875,381
Regional Humanitarian Thematic Fund[5]	SM229920	0
Country Humanitarian Thematic Fund[6]	SM229930	0
b) Non-Thematic Humanitarian Funds		
Denmark	SM210087 WCARO: EMOPS: Transformative non-thematic humanitarian funding Total	82,709
BUREAU FOR HUMANITARIAN ASSISTANCE	SM210645 WCARO: EMOPS Office of Emergency Prog: First Action Initiative (FAI) Total	1,209,775
EUROPEAN COMMISSION / ECHO	SM220385 WCARO: Nutrition	188,591
Japan	SM220074 Benin: Humanitarian WASH assistance and resilience building	568,591
Japan	SM220083 Ghana: Ensuring the continuity of basic services for children and families	1,001,666
BUREAU FOR HUMANITARIAN ASSISTANCE	SM210470 Sierra Leone: PD/CP: Innovate to scale: Improving the quality and reach of Gender-Based Violence	102,478
JAPAN	SM220089 Sierra Leone: Critical nutrition response to the deteriorating food security	803,824
USA USAID	SM220702 Sierra Leone: Improving nutrition surveillance, case identification	1,479,750
ISLAMIC DEVELOPMENT BANK	SM211019 Togo: Projet d'Appui et de Response aux Urgences Sanitaires de la COVID-19	285,452
JAPAN	SM220654 Benin - Supporting Digital Health System for Infectious Diseases Control	196,587
SIERRA LEONE	SM200756 Sierra Leone: Strengthening COVID-19 Response and Essential Health Services	1,973,770
SIERRA LEONE	SM210339 Sierra Leone: Emergency COVID-19 Relief Assistance WASH Improvement	84,352
THE UNITED KINGDOM	SM210775 Sierra Leone: Tackling Deadly Diseases in Africa Programme	130,868
Total Non-Thematic Humanitarian Funds		8,108,413
c) Pooled Funding		
(i) CERF Grants		
(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.		
UNOCHA	SM220617 Gambia CERF RR: Emergency WASH support for Flood	351,643
d) Other types of humanitarian funds		
JAPAN COMMITTEE FOR UNICEF	KM210021 CIK SATO Taps to support UNICEF's Hand Hygiene work in Ghana- LIXIL	22,300
French Committee for UNICEF	KM220110 Cote d'Ivoire: Sea freight of Nutrition supplies to Cote D'Ivoire - CMA CGM Foundation	2,000
United States Fund for UNICEF	KM220095 Cargo space from UPS to Ghana for Marburg response	85,403
French Committee for UNICEF	KM220111 Sea freight of Nutrition supplies to Togo - CMA CGM Foundation	3,200

e) Other resources – development funding towards HAC (SH grant)		
		0
f) Other resources – development funding towards HAC (SC grant)		
Benin	SC200483	106,577
GAVI The Vaccine Alliance	SC200764	453,175
Global Partnership for Education	SC200390	4,007,409
Germany	SC200554	1,436,097
		6,003,258
Total humanitarian funds received in 2021 (a+b+c+d+e+f)		15,451,598
II. Carry-over of humanitarian funds available in 2022		
g) Carry over Thematic Humanitarian Funds		
Thematic Humanitarian Funds	SM189910	1,340,348
Thematic Humanitarian Funds	SM209910	0
h) Carry-over of non-Thematic Humanitarian Funds		
British Government (DFID)	SM210049	270,632
British Government (DFID)	SM170463	2,449
Bureau for Humanitarian Assistance	SM210727	54,545
Canada	SM210118	435
Canadian UNICEF Committee	SM210713	171,831
Canadian UNICEF Committee	SM210063	1,062
Canadian UNICEF Committee	SM210693	485,085
China	SM210089	3,485,026
China	SM200506	187,432
China	SM210953	770,150
Denmark	SM200730	32,406
European Commission / ECHO	SM200879	18,900
German Federal Foreign Office	SM170463	73,782
Japan	SM200730	6,274
Japan	SM210068	527,716
Japan	SM210322	64,406
Japan	SM200710	1,314,201
Japan International Cooperation Age	SM200730	64,196
Republic of Korea	SM210582	17,525
Sierra Leone	SM210059	56,614
Sierra Leone	SM200248	963
Sierra Leone	SM200756	1,006,547
The United Kingdom	SM210339	16,119
The United Kingdom	SM210775	16,388
The United Kingdom	SM200006	417,670
The United Kingdom	SM200202	46
The United Kingdom	SM200664	299,500
United Nations Multi Partner Trust	SM210231	1,331,427
United States Fund for UNICEF	SM220017	112,908
USA CDC	SM170463	76,165
USA USAID	SM220025	4,925,138
USA USAID	SM200455	79,527
USA USAID	SM210549	56,873
USAID/Food for Peace	SM210643	250,292
WHO	SM210140	45,448
Total carry-over non-Thematic Humanitarian Funds		16,239,678
Total carry-over humanitarian funds		17,580,026
III. Other sources		
Total other resources		0

Table 3: Thematic Humanitarian Contributions Received in 2022

Donor Name/Type of funding	Grant Reference	Total Contribution Amount (in USD)
GHTF received by RO and countries covered by this appeal (if any):		
n/a	SM189910	0
Bénin	SM229910	72,881
Cote d'Ivoire	SM229910	214,000
Ghana	SM229910	374,500
Togo	SM229910	214,000
Sub-total (received from EMOPS/HQ):		875,381
Regional thematic contributions:		
Swedish Committee for UNICEF	SM/22/9920/0275	
US Fund for UNICEF	SM/22/9920/0290	
Sub-total (received directly at RO level):		0
Total:		875,381
<i>*Global Humanitarian Thematic Funding contributions are pooled and then allocated to country and regional offices by UNICEF's Office of Emergency Programmes. A detailed list of grants will be available in the 2022 Humanitarian Action Global Annual Results Report and you may also contact PPD Humanitarian team for the allocations to your office.</i>		
Details of allocation to COs from Regional thematic:	Grant reference/thematic pool	Programmable amount
n/a	SM229920	
Total (allocated to COs):		0

Future Work Plan

In 2022, UNICEF was able to leverage our geographic and programmatic position in West and Central Africa to achieve results for children in challenging and deteriorating contexts. Looking ahead to 2023, public health emergencies, insecurity, natural disasters and a challenging economic environment continue to have a detrimental impact on the rights of children across the region, with several country contexts projected to deteriorate. In this context, UNICEF will continue to utilise data-driven risk analysis and strong partnerships at the national and local-level to enable effective and timely targeting of our programmes.

In the area of child protection, UNICEF will lead in advocating for increased attention to and resources for child protection in humanitarian/fragile contexts at regional level as life saving, as well as supporting colleagues to do the same at the national level. We will strengthen data collection and reporting on child protection case management and child protection across fragile and humanitarian contexts and child marriage prevention and response and birth registration in humanitarian/fragile contexts. Furthermore, as part of efforts to strengthen the quality and availability of social services across the region, UNICEF will strengthen documentation and sharing on how countries are operationalizing resilient child protection systems (more formal components as well as community-based child protection mechanisms) across humanitarian/fragile contexts and linked to localization. This includes how the foundational components of the system notably the social service workforce as an essential frontline workforce and child protection

prevention and response services are being operationalized. The gender and age dimensions of insecurity, conflict and humanitarian situations more broadly provide important opportunities for strengthening these aspects in anticipatory action, preparedness and response to violence including gender based violence.

The resources received for MHPSS provide an opportunity to further strengthen the technical work across this multisectoral area of work, and including how the latest guidance and frameworks may be concretely operationalised at country level and within a systems approach.

In conflict settings, UNICEF will lead in strengthening the quality and reporting and followup of child protection case management for all children including unaccompanied and separated children, Children Associated with Armed Forces and Armed Groups (CAAFAG), and other girls and boys in need of services. A particular attention will also be placed on the gender and age dimensions of the prevention and response including for survivors of violence, including gender-based violence. Furthermore, UNICEF as an individual agency, and in our role as lead for the Area of Responsibility/cluster-lead role, will strengthen emergency preparedness and response programming (including the countries covered by the Sahel L2 activation) in line with the Core Commitments to Children (CCCs) and in collaboration with the Alliance for Child Protection in Humanitarian Action. This will include resource mobilisation and support for dedicated AoR coordinators.

UNICEF's Health emergency programmes will continue to provide support and technical assistance to all countries in the region, to increase and reinforce the quality and coverage of health interventions that accelerate results for children including in humanitarian contexts. Cross-cutting priorities will include support to countries in conducting public health emergencies risk assessments and roll-out of the core commitments for children, the scale-up of the multi-demics approach for the development of national health emergency preparedness and response plans and support for the health emergency preparedness of the countries of Central Sahel (Burkina Faso, Mali, Niger) and Coastal Countries (Benin, Côte d'Ivoire, Ghana, Guinea).

Furthermore, UNICEF will continue to invest in scaling-up the digitalization of health systems, initiated in some countries and offering PHE/HiE data management in preparedness and response to epidemics. This approach will be particularly effective in addressing the emergence of new health hazards, in particular climate change, requiring adaptation of skills and capacities of the health systems to reduce the impacts on the most vulnerable populations including children.

UNICEF's regional advocacy and support role will also include a focus on nutrition in humanitarian/fragile contexts, particularly in building emergency preparedness capacity and response programming, in collaboration with the Global Nutrition Cluster. Within our programmes, UNICEF will continue to innovate and scale-up new modalities, such as Cash Transfers and the use of SQ-LNS for the prevention of undernutrition, including through support for knowledge management at regional level and information exchange between countries. In insecure areas, UNICEF will support Country Offices and partners to simplify programmatic and data-collection approaches in order to improve coverage, and at the regional-level, UNICEF will integrate nutrition analysis into regional approaches such as the Comité Permanent Inter Etats de Lutte contre la Sècheresse dans le Sahel. Across the region, UNICEF will look to further increase our engagement with development actors as part of the humanitarian-development nexus approach, to ensure longer term approaches to wasting treatment integrated into health systems and to mobilize partners for preventive and resilience building interventions in fragile contexts.

Building on achievements in recent years, UNICEF's Social and Behaviour Change programmes will advocate for greater SBC integration into sector strategies and for more human right based approaches, putting communities at the center of solutions in humanitarian/fragile contexts at regional level, in collaboration with partners. In line with our global commitments, UNICEF will continue to pursue gains in data-driven decision making, community-led emergency response and strengthening the rights-based approach throughout the humanitarian programme cycle. Through strengthening social cohesion and community resilience, UNICEF will support peace building interventions across the region and seek to build community readiness as a preparedness strategy in areas at risk of deterioration.

In relation to the promotion of alternate modalities, in 2023, WCARO will continue to support the humanitarian cash and shock-responsive social protection agenda, throughout the region. Country Office capacity for "cash-readiness" to respond to crises with social protection cash transfers and HCTs will be strengthened, particularly in coastal countries at risk of spill over from the Sahel conflict. Support will be provided to country offices on cash transfer programming strategies that cross the Humanitarian Development Nexus, with the goal of providing comprehensive, cross-sectoral support to households in all contexts, with a focus on building sustainable national systems.

In addition to continued co-leadership of the Education in Emergencies (EiE) working group in support of clusters and Local Education Groups (LEGs) throughout the region, UNICEF's education programming will continue to lead the push for the ratification and implementation of the Safe Schools Declaration and the Comprehensive School Safety Framework. Recognizing the challenges in data-collection when faced with complex and multi-dimensional crises, UNICEF will launch an EiE and resilience dashboard providing the education community and stakeholders at the regional and country levels with clear data on unfolding crises and resilience building, needs and responses, spanning conflict, natural disasters and climate change, to better prepare for and respond to children's education needs.

In line with organizational priorities to address the crisis in the Central Sahel and Coastal Countries, UNICEF will continue to build education system resilience, including through the continued dynamization of the Sahel Education Resilience Strategy, and will coordinate, implement and scale-up activities under the multi-year, multi-sector, multi-country and multi-partner resilience programme for the Northern regions of the coastal countries impacted by the spillover of the Central Sahel crisis.

Expression of Thanks

On behalf of the children and women in the 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, Denmark, the European Union/ECHO Germany, Japan, the United Kingdom of Great Britain and Northern Ireland, the United States of America and the World Bank enabled UNICEF and partners to continue provision of life-saving interventions and resilience building in 2022.

UNICEF is particularly grateful to the individuals, groups, companies, and others, who contributed to UNICEF's response in West and Central Africa via the UNICEF National Committees, as well as via the UNICEF global humanitarian thematic funds. This 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, saving lives, reducing suffering and ensuring respect for children's rights. Only such collaborative efforts safeguard our collective response to the humanitarian needs of children and women.

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