

2016 CONSOLIDATED EMERGENCY REPORT



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UNICEF Regional Office for West & Central Africa (WCARO)

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Abbreviations and Acronyms

ACF Action Contre la Faim
AECID Spanish Agency for International Development Cooperation
AGIR Alliance Globale pour la Résilience
AFRO Africa Regional Office (WHO)
ARC Action for the Rights of Children
ARV Antiretroviral Drug
AU African Union
BINUCA United Nations Integrated Peacebuilding Office in the Central African Republic
CAR Central African Republic
CAAC Children in Armed Conflict
CAAFAG Children Associated with Armed Forces and Armed Groups
CBO Community Based Organization
CCC Core Commitments for Children
CO Country Office
CMAM Community-based Management of Acute Malnutrition
CPiE Child Protection in Emergencies
CRS Catholic Relief Services
C4D Communication for Development
DRR Disaster Risk Reduction
DRC Democratic Republic of Congo
ECD Early Childhood Development
ECHO European Community Humanitarian Office
ECOWAS Economic Community of West African States
EiE Education in Emergencies
EPRP Emergency Preparedness and Response Plan
EVD Ebola Virus Disease
EWS Early Warning System
GAM Global Acute Malnutrition
GBV Gender Based Violence
HAC Humanitarian Action for Children
HHA Harmonize for Health Africa
HIV/AIDS Human Immuno-Deficiency Virus/Acquired Immuno-Deficiency Syndrome
HPM Humanitarian Performance Monitoring
IASC Inter-Agency Standing Committee
IFRC International Federation of Red Cross and Red Crescent Societies
IMAM Integrated Management of Acute Malnutrition
INGO International Non-Governmental Organization
ICRC International Red Cross and Red Crescent
IDP Internally Displaced Person
IOM International Organization for Migration
IYCF Infant and Young Child Feeding
JICA Japan International Cooperation Agency
MDG Millennium Development Goals
M&E Monitoring and Evaluation
MHPSS Mental Health Psychosocial Support
MINUSMA United Nations Multidimensional Integrated Stabilization Mission in Mali
MRM Monitoring and Reporting Mechanism
MSF Médecins sans Frontières

NFI Non-Food Items
NGO Non-Governmental Organization
OCHA Office for Coordination of Humanitarian Affairs
ORS Oral Rehydration Salts
OTP Outpatient Treatment Programme
PBEA Peacebuilding in Education and Advocacy
PRSP Poverty Reduction Strategic Plan
PS Procurement Services
RHC Regional Humanitarian Coordinator
RO Regional Office
RUTF Ready to Use Therapeutic Food
SAM Severe Acute Malnutrition
SRP Strategic Response Plan
SUN Scaling Up Nutrition
SRSG Special Representative of the Secretary General
UASC Unaccompanied and Separated Children
UNESCO United Nations Education, Scientific and Cultural Organization
UNFPA United Nations Population Fund
UNHCR United Nations Refugee Agency
UNODC United Nations Office on Drugs and Crime
WAHO West Africa Health Organization
WASH- BAT Water, Sanitation and Hygiene-Bottleneck Analysis Tool
WASH in Nut Water, Sanitation and Hygiene in Nutrition
WCAR West and Central Africa Region
WCARO West and Central Africa Regional Office
WHO World Health Organization

Executive Summary

The Regional Office provided support and oversight for emergency preparedness and response across major regional emergencies in 2016, including for the Lake Chad Basin Crisis: Nigeria (elevated to Level 3 in 2016) and neighbouring countries of Chad, Cameroon and Niger (L2 since 2015). The ongoing emergency in the Central African Republic (Level 2) also remained a priority.

WCAR is a region with protracted and recurrent crises, ranging from chronic malnutrition to rapidly spiralling humanitarian needs due to conflict-driven displacement. Droughts and armed-conflicts exacerbated the vulnerability of women and children who are living in hard-to-reach and insecure areas, and who are displaced (IDPs or refugees). Last year the region had over 5.6 million IDPs and refugees, of which 3.2 million are children. Malnutrition remains a growing concern with 6.3 million children (6-59 months) the estimated Severe Acute Malnutrition burden across the region.

In terms of funding support to emergencies, under the 2016 WCAR HAC over \$22.4 million USD was mobilized in support of the Ebola response, the Sahel nutrition crisis and protracted crises including those in Chad, Niger, Nigeria and Cameroon. Technical support in the areas of WASH, communication for development, emergency and health was provided to country offices to respond to epidemics including cholera, measles, Lassa fever, meningitis and Zika outbreaks across the region.

In 2016, UNICEF, working in with governments, national and international partners contributed to alleviating the suffering of millions of children, women and their families through the provision of lifesaving assistance to those most vulnerable.

Humanitarian Context

In 2016, countries in West and Central Africa (WCA) continued to face challenges — such as conflict, rapid population growth, high levels of migration¹ and low levels of social services for children. A number of WCA countries are experiencing ongoing conflict (CAR, Nigeria, Mali, DRC) making it difficult to reach some of the region's most vulnerable children and contributing to increased population displacements and need for humanitarian interventions.

WCA is a region of contrasts: while the World Bank classified 11 countries out of 24 as middle-income, the OECD considers 15 “fragile”. Although the region has one of the world's strongest growth rates, this has not translated into social dividends. The region's huge potential in terms of natural resources has not led to structural transformation of economies. Thus employment generation has been insufficient, leading to high youth unemployment. Many countries have continuously been plagued by civil unrest and civil war. Last year the region had over 5.6 million IDPs and refugees, of which 3.2 million are children. Malnutrition remains a growing concern with 6.3 million children (6-59 months) the estimated Severe Acute Malnutrition burden across the region. Child Protection in Emergencies

¹ This report uses the IOM definition of migration, i.e. the movement of a person or a group of persons, either across an international border, or within a State. It is a population movement, encompassing any kind of movement of people, whatever its length, composition and causes; it includes migration of refugees, displaced persons, economic migrants, and persons moving for other purposes, including family reunification.

remains an important priority in WCAR both because of the high number of countries in emergency and the large number affected children. The region has more than 18 million children in need of humanitarian assistance (out of a population of 33.5 million). Moreover, in 2016, 9 countries were concerned by political elections. These are sensitive events in this region that can raise political and security disruption in countries and generate risks for the protection of children.

Displacement , 2016

WCA region 

3.2 million children
out of
5.6 million
of IDPs and refugees

Lake Chad Bassin

1.3 million children
out of
2.3 million of displaced

CAR crisis

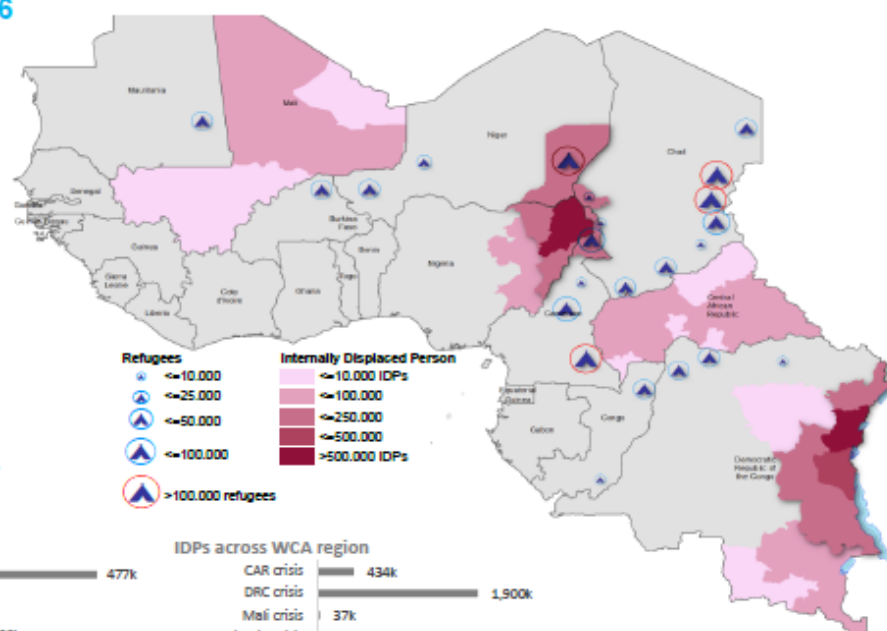
499,000 children
out of
912,000 of IDPs and refugees
due to **CAR crisis**

Refugees across WCA region

CAR crisis	477k
DRC crisis	12k
Mali crisis	139k
Nigeria Crisis	200k
Sudan refugees	312k

IDPs across WCA region

CAR crisis	434k
DRC crisis	1,900k
Mali crisis	37k
Nigeria Crisis	2,065k
Sudan refugees	



source: OCHA, UNHCR, IOM

In 2016, the heavy burden of chronic food insecurity, malnutrition and epidemic risk, compounded by conflict and insecurity, remained the key drivers of humanitarian needs across the region. The spread of epidemics such as cholera, meningitis, measles and high case fatality rates are driven by poor access to prevention in treatment in emergency zones. Natural disasters such as droughts and floods continue to affect populations.

Estimated SAM burden 2016

2.35 million children (37%) targeted for SAM care in 2016 out of

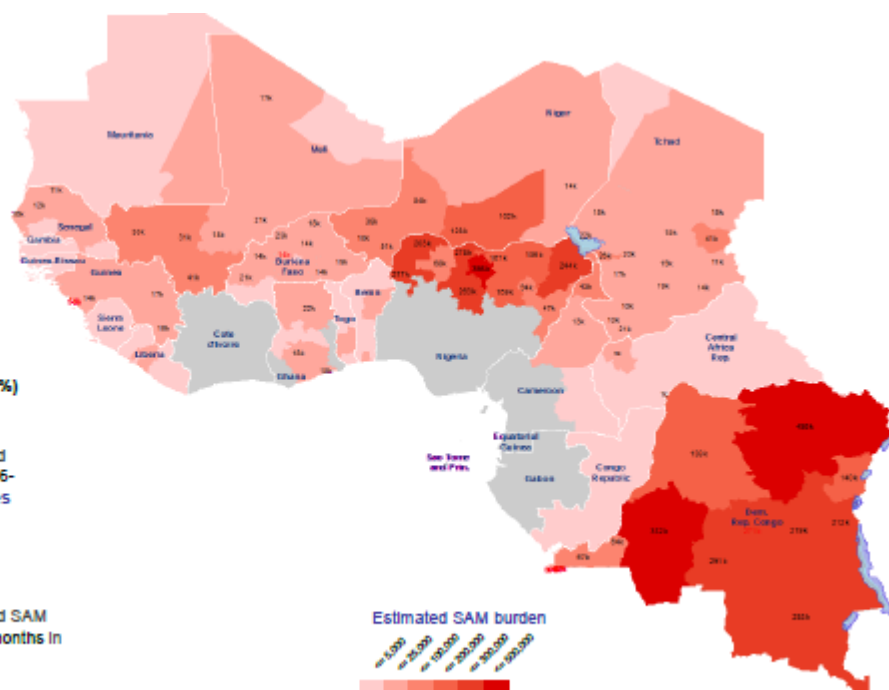
6.31 million of estimated SAM burden among children 6-59 months in WCA region

1.84 million children (48%) targeted for SAM care out of

3.84 million of estimated SAM burden among children 6-59 months in Sahel countries

511,000 children (21%) targeted for SAM care out of

2.47 million of estimated SAM cases among children 6-59 months in non-Sahel countries



source: DHS/MICS/NSS

More than 44,500 suspected measles cases, over 21,800 suspected cases of meningitis as well as 29,997 cholera cases were reported across the region in 2016.

Epidemic outbreaks (2016)

Measles ●

>44,500 suspected measles cases reported across WCA region (WHO Dec;ber 16)

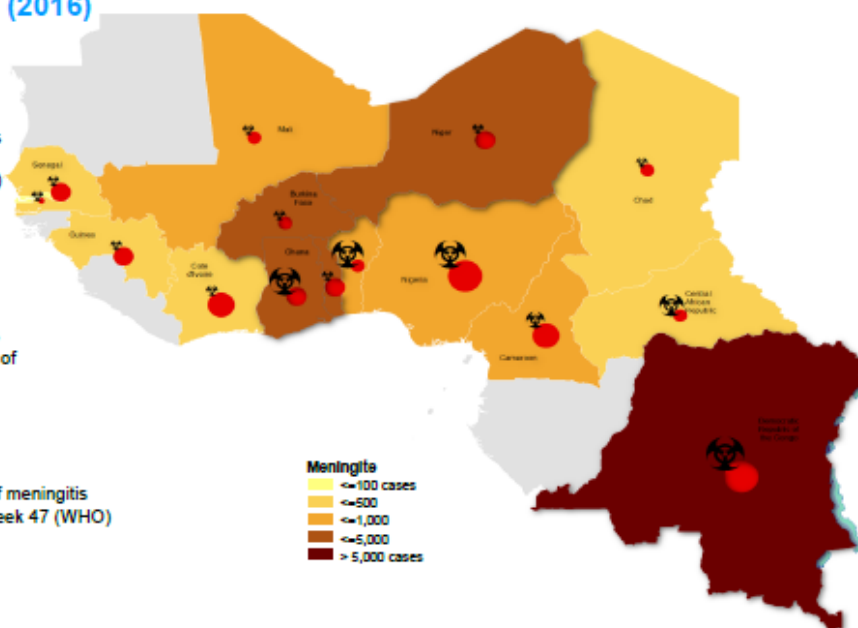
Highest reported cases in Nigeria , DRC

Cholera ☠

29,997 cholera cases cases reported across WCA region as of week 50

Meningitis

>21,800 suspected cases of meningitis reported in WCA region as of week 47 (WHO)



source: WHO, UNICEF SitRep

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

A major humanitarian crisis continues to grip Africa's Lake Chad basin, where violence and destruction have caused huge population displacements, left hundreds of thousands of children trapped behind conflict lines and led to a dramatic increase in malnutrition. Boko Haram's attacks and military operations have displaced 2.3 million people across north-eastern Nigeria, Cameroon's Far North,

western Chad and south-east Niger. The majority of the displaced are sheltered by communities who themselves count among the world's most vulnerable. Vital infrastructure including health centres, schools, water pipelines and roads have been destroyed. Many of the children caught in the conflict have been subjected to unimaginable violence and abuse; they have lost their families, their homes and years of education. Women and girls kidnapped by Boko Haram have been subjected to physical and psychological abuse, forced marriage, sexual slavery or forced labour. Children have been forcibly enrolled as combatants and used as suicide bombers. Across the LCB region almost a third of the population is food insecure. More than half a million children across the LCB are suffering from severe acute malnutrition (SAM). UNICEF alongside its partners has dramatically increased its humanitarian response in 2016. Yet, the crisis continues to take a toll on children, with constantly growing needs, especially in newly-accessible areas.

The humanitarian situation in north-east Nigeria changed in 2016, as the government forces pushed back Boko Haram from populated towns and villages. The crisis then became more visible and triggered a Level 3 emergency declaration by most UN agencies, and a humanitarian scale-up plan in June 2016. Despite the improved security conditions in recent months, humanitarian access remains severely constrained, and funding for humanitarian actors has been limited compared with other crisis in the world. UNICEF's response initially focused on restoring government services, and then moved to increase programme delivery through NGOs.

Beyond Nigeria, the crisis has spilled over into the neighbouring countries of Chad, Niger and Cameroon. In the three countries, displacement continues at the same levels, and return remains elusive. Across the Lake Chad Basin, UNICEF has strengthened its field presence and support to have a better emergency response. Improved field presence will also strengthen decentralized planning, and integration of development and humanitarian efforts. Multi-sectoral work also contributed to improved collaboration between UNICEF sectors (WASH, Nutrition, Education, Child Protection, health and C4D) in an effort to reach more children with a combination of services.

The regional office has played an influential role in advocating for children affected by this crisis. Strong advocacy work has taken place with governments and civil society to raise the profile of the crisis through publications such as [children on the move](#), [beyond Chibok](#) and [UNICEF's Response to the Lake Chad Basin crisis](#).

Central African Republic

Since December 2012, the Central African Republic has been facing a complex humanitarian and protection crisis. In 2016, an estimated 2.3 million people were in need of humanitarian assistance, including 1.2 million children. Though the official numbers of people in need have declined since early 2015, the situation remains dire for many children. Some 139 children out of every 1,000 born die before their fifth birthday, and 880 women out of every 100,000 die from pregnancy-related causes. In 2016, more than 1.2 million people were facing emergency levels of food insecurity and an estimated 39,000 children under 5 years estimated to suffer from severe acute malnutrition (SAM). The most affected zones include Ouham prefecture and the sub-prefectures of Mbrès, Boda, Bambari and Kouango. An additional 455,000 Central Africans have sought refuge in neighbouring countries. Although children began to return to their classrooms in 2015, this progress was disrupted by conflict. Less than one third of children are enrolled in school, representing a 6.5 per cent decline from the 2011–2012 pre-crisis enrolment level.

Since the Bangui Forum held in May 2015, 10 armed groups have signed agreements with the UN to stop and prevent the recruitment and use of children as well as release all children in their ranks. Draft Action Plans have been developed with these groups but not yet signed. At a DDR conference organized by CAR authorities in Bangui in October 2016, Government and Child Protection actors estimated that around 5,000 children remain still associated to armed groups in CAR. 7,913 CAAFAG (29.5% girls) have been already released from armed groups but are in need of reintegration support. Since 2014, 9,449 children, including 2,803 girls and 6,646 boys, have left armed groups in CAR. Approximately 50% of children released still require reintegration programs.

Democratic Republic of Congo

Armed conflict, violence and population movement continue to dominate the humanitarian context. At the end of 2016, the country had 1.9 million IDPs registered and was hosting more than 436,870 refugees. Permanent insecurity in some areas, including the destruction and looting of schools and health facilities, has had a major impact on access to basic goods and services. Protection remains a major concern, with a high number of children still active in armed groups (at least 3,000 confirmed) and cases of sexual and gender-based violence reported daily. With the resurgence of armed groups in the east, violence and displacement are likely to continue in the near future. Overall, the Democratic Republic of the Congo hosts nearly 250,000 refugees, including more than 18,774 Burundian refugees arrived in 2015 and 110,000 refugees from the Central African Republic in the north. An estimated 2 million children are acutely malnourished and outbreaks of measles, cholera and malaria also continue to threaten children's survival. Cholera remains a constant threat, with 25,000 cases reported in 2016. In addition, the country is at a political impasse with the current presidential mandate having expired and with an extremely challenging and uncertain electoral process ahead.

12 parties to the conflict were listed in the annexes to the Secretary General Annual Report on Children and Armed Conflict, for their commission of grave violations against children in 2016 (national armed forces (FARDC) and 11 armed groups). Currently most of the grave violations against children in DRC are committed by armed groups (which are estimated at around 70 at the end of 2016²). Since 2013, UNICEF assisted 18,304 CAAFAG (including 3,033 girls) in the DRC. Approximately 65% of children released are waiting for reintegration programs. The Government of DRC estimates that 3,663 children remain associated with armed groups. The DRC Government has endorsed the Safe School Declaration on 28 July 2016. A round table to discuss steps to implement the declaration guidelines were held in September 2016.

Mali

Mali is still affected by the armed conflict that erupted in 2012 in the north of the country. Despite the signature of the peace agreement in June 2015, renewed violence is undermining the provision of humanitarian aid. Humanitarian access remained a major concern in the regions of Tombouctou, Gao, Menaka, Taoudeni and Kidal and some parts of Mopti. More than 36,000 internally displaced persons remain inside Mali and another 135,985 Malian refugees are in neighbouring countries.¹ The provision of basic social services remained limited in the north. In 2016, the food and nutrition crisis continued

² HNO source

to affect children, with approximately 180,000 children aged 6 to 59 months estimated to suffer from severe acute malnutrition (SAM)

Three armed groups (Ansar Dine, MNLA, and MUJAO) have been listed since 2012 in the annexes to the Secretary General's Annual Report on Children and Armed Conflict for the recruitment and use of children and sexual violence against children. Efforts to engage the *Coordination des Mouvements de l'Azawad* (CMA), including the *Mouvement National de Libération de l'Azawad* (MNLA), on ending and preventing grave violations against children continued, and steps were taken to develop an Action Plan with the MNLA. The implementation of the June 2015 Peace Agreement, however, has been hampered by renewed fighting and insecurity, and grave violations against children continue to be reported.

Ebola

The Public Health Emergency of International Concern (PHEIC) related to Ebola in West Africa was lifted on 29 March 2016. A total of 28,616 confirmed, probable and suspected cases have been reported in Guinea, Liberia and Sierra Leone, with 11 310 deaths. The epidemic had a dramatic effect on children. During the epidemic, 9.8 million children and youth under 20 years old were from EVD-affected areas, 2.9 million under the age of five years. Five million children were not able to go to school because of school closures. By December 2015, UNICEF reported that an estimated 22.702 children were registered as having lost one or both parents or primary caregivers to Ebola.

Main purpose and expected outcomes of the response

Nutrition

Sector outcomes include supporting on going scale-up of SAM treatment and infant and young child feeding in humanitarian situations as well as reinforcing resilience related to prevention of malnutrition. Outcomes also include strengthening multi-sectoral programming and sector coordination:

- Prevent mortality and morbidity resulting from acute malnutrition. Prevent all forms of under-nutrition in children (boys and girls in all regions) through improved family practices.
- Improve the quality and coverage of SAM treatment programs and integration of nutrition activities with other sectors and promote preventive actions to address the root causes of malnutrition and building resilience among the poorest communities.
- Strengthening humanitarian response capacities in Nutrition by training almost 50 nutrition staff from UNICEF, partners and government from the region.
- Improve learning and from emergency responses and reinforce knowledge management.
- Mitigate the adverse effects of the precarious food and nutrition situation in the Sahel and other emergency affected settings to reinforce early warning capacities in the region including support to the regional early warning mechanism led by ECOWAS and CILSS (through the cadre harmonisé – regional IPC).
- Enhance nutrition integrated programming in emergency response plans (including integrated Management of acute malnutrition, infant and young child feeding (IYCF), WASH,

health, psychosocial and early child development support by supporting country offices to improve coverage and quality of critical intervention.

Education

Education related work focuses on support to immediate emergency response, fostering education preparedness and institutionalizing EiE, Conflict Risk/DRR and peacebuilding into sector policies.

Programming focuses on:

- Provide strategic advice, capacity building and technical assistance to WCAR countries, to strengthen the humanitarian response and ensure that UNICEF and Education Cluster targets are met, including through appropriate funding.
- Promote the implementation of INEE Minimum Standards, through the dissemination of a culture centered on 'Protective Learning Environments' across conflict affected operations.
- Promote the Risk Informed Approach to Programming in Education in emergency and preparedness.
- Promote innovative approaches for reaching more children with protective education routine (Alternative Education/ Radio Education Programming).
- Reinforce coordination of education responses, including improved information management on education in emergencies.
- Generate Knowledge through Information Management, document share information and including for increase in EIE funding.
- Global advocacy for education in emergency contexts in the post 2015 agenda (the Sustainable Development Goals).

Child Protection

Strengthening child protection in emergencies, programming, and capacity building for preparedness and response, in particular cross-border response in the region. Programming focuses on:

- Timely and quality technical assistance and capacity development in performance monitoring in emergencies, equity-focused, gender sensitive and results-based child protection policies, strategies, planning and programming provided to COs in support of their work.
- Sub-regional initiatives on child protection are organized and implemented in partnership with protection and child protection organizations, in particular, in relation to cross-border child protection issues for the Nigeria+ crisis.
- Timely and quality technical support provided to countries (inter-sectorial approach) at the outset of emergencies, in accordance with the CCCs and cluster lead priorities.

WASH

WASH preparedness and adequate response in emergencies is improved through the following outcomes:

- Capacity building to improve WASH emergency response and preparedness for UNICEF country offices and partners (government and NGO actors), including on cluster/humanitarian coordination mechanisms.
- Advocacy to improve inter-sectoral linkages to tackle recurrent and predictable emergencies and develop risk-informed strategies in humanitarian interventions.
- Develop partnerships with other UN, NGO partners and academia to increase coherence and coordination in WASH preparedness and response to humanitarian crises and to reinforce evidence generation and knowledge management
- Quality assurance by reinforcing joint monitoring and data collection systems down to the community level.
- Surge support by deploying staff to reinforce field capacity and support. Activation of key WASH activities in emergency response for health and nutrition crises, floods, cholera and conflict situations with monitoring and data collection system and NGO actors), including on cluster/humanitarian coordination mechanisms.

Health & HIV

Health and HIV sector outcomes include supporting outbreak prevention and response, as well as supporting access to essential, preventive and curative health services in countries affected by humanitarian situations. Programming focuses on:

- Provision of essential primary health care services with high coverage to vulnerable groups with particular focus on child immunization against measles
- Scale-up of the use of Oral Cholera Vaccine in humanitarian settings to ensure a comprehensive response to cholera epidemics.
- Strengthen the international collaboration on surveillance of disease with the governments of the region through the Economic Community of the Central Africa States (ECOWAS).
- Reinforcing preparedness for rapid and effective health response to humanitarian crises and strengthening of health sector resilience to risks
- Capacity development of UN Joint Teams, national partners on the HIV and Emergency toolkit with special focus on ensuring continuity of HIV prevention, care and treatment services.

C4D

C4D activities in emergency situations observes commitments for Accountability for Affected Populations in alignment with UNICEF's Core Commitments for Children, (AAP) focusses on the following outcomes:

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

Humanitarian Results

Emergency

In 2016, the Regional Office Emergency Section provided in-country support to CAR, Niger, Nigeria, Chad, Cameroon, RoC, DRC, Ghana, Liberia, Guinea, Gabon and Sao Tome and Principe. The RO emergency section also provided remote support to all 24 countries across the region. This support has covered an array of needs expressed by country offices and included the following: response planning, management and field coordination, guidance on UNICEF engagement in IA humanitarian architecture, EPR capacity strengthening, partnerships management, programme criticality exercises, election preparedness and contingency planning and HPM/IM technical assistance.

The Emergency Section played a key role in managing Level 2 and L3 emergencies, such as the L3 Nigeria and Ebola and the L2 Lake Chad Basin and CAR. COs were supported on the use of simplified standard operating procedures (SSOPs) and regional coordination mechanisms (e.g. REMT, TEMTs). For the Nigeria Crisis, the emergency section coordinated technical and managerial support to the country office transition from L2 to L3 emergency in August 2016 including specific support provided to meet the L3 requirements and scale up the response through the response plans, review of the HPM, diversification and management of partnership and advocacy. The Emergency Section continued to support the CAR L2 crisis, particularly to ensure quality and large scale delivery through its high visible and high impact Rapid Response Mechanism programme. The latter has been adapted to different crisis and supported in other countries such as Niger and Nigeria.

In terms of resource mobilization, the Emergency section has worked to support country office CERF submissions and ensure the timely utilization of funds by country offices (CAR, Niger, Chad, Nigeria, Cameroon and Congo Brazzaville). CERF funds have been critical to start and/or scale-up emergency response. In addition the Emergency Section has provided and coordinated RO technical support to COs to develop and quality assure CO HACs, UNICEF inputs into HRPs (IA Humanitarian Response Plans) and other appeals.

As part of the fundraising and humanitarian advocacy efforts, the RO worked with the Nigeria+ COs, CAR CO, UNICEF National Committees, HQ and PFP. At the beginning of 2016 the Regional Office embarked on a new initiative to improve, increase and harmonize how UNICEF advocates on the Nigeria+ crisis / Lake Chad Basin. For the crisis the emergency section led the development of an integrate advocacy strategy to help raise awareness with actors including governments, civil society and international organizations. In March of 2016, RO, COs, HQ, PFP and UNICEF National Committees met in Geneva to develop the first ever holistic advocacy strategy for an emergency. As a result of this harmonized approach we have developed common advocacy materials, communication products and tailored key messages. This approach has been recognized by senior management within the organization as a model to be replicated for other complex emergencies. In 2017 the RO will continue to work together to advocate for the rights of children affected by the LCB crisis. We will build on this momentum and seize advocacy opportunities.

All Nigeria +, CAR and DRC have been provided with guidance on HPM to enhance visibility on UNICEF response and gaps and take real time corrective measures. Information management, GIS/mapping

and Innovations portfolio have been put forward in CAR (U-Report, Edu-Track) and Cameroon (MapAction support) with support Of the RO.

Throughout the year, greater investment was given to improving collaboration between emergency programming and security. This was by strengthening IM and mapping of programming in high-risk areas to improve overall access to affected populations.

Nutrition

Since 2012, a significant scale-up has made treatment for severe acute malnutrition (SAM) available in the majority of health centres in WCA countries. In 2016 alone 3,000 more centres began offering treatment, for a total of 15,000 health centres region-wide, permitting more than 1.5 million children affected by SAM to be treated in 2016. Yet, in fragile countries across the region, the nutrition situation of children under 5 years of age has remained a deep concern notably in North-East Nigeria and in Lake Chad basin countries and in all areas affected by populations' displacements including CAR.

The RO supported nutrition response in WCA to mitigate increases in acute malnutrition during crises and to maintain global acute malnutrition rates below 15 per cent. The RO is an active participants in the No Wasted Lives initiative to accelerate the treatment and prevention of SAM through technical support, information sharing, research, advocacy and resource mobilisation.

As a regular member of Regional Food Security and Nutrition Working Group led by OCHA, UNICEF in it co-leadership role shared information on the management of SAM and RUTF pipeline to facilitate programming in fragile countries. Taking into account IMAM coverage, technical and financial capacities in countries and humanitarian access an estimated total of 5,981,941 of children under 5 were at risk of severe acute malnutrition (SAM). Of these 2,350,891 (35% of the burden) children under five were targeted for therapeutic treatment. As a result, more than 1.7 million children affected by SAM were treated across the region.

In 2016, of the 24 countries in the region, only 7 reported GAM over 10 per cent during the lean season (Burkina Faso, Chad, The Gambia, Guinea, Mali, Mauritania, Niger), among them, 6 reached the Sphere standards of good programme performance.

2016 Emergency Countries: Estimated Burden, Targeted Caseload and Total SAM Admissions

COUNTRIES	Estimated SAM Burden in 2016	Targeted SAM admissions in 2016	Clusters reported SAM annual target (new admissions 2016)	TOTAL SAM ADMISSIONS to date	per cent Reached
	(harmonized methods)	(Annual target caseload)			
Burkina Faso	152,127	121,702	121,702	96,809	80
Cameroon	71,433	64,255	64,255	52,350	81
Chad	237,030	190,159	190,159	178,577	94
Gambia	10,437	6,251	6,251	5,374	86
Mali	179,929	134,947	134,947	141,724	105
Mauritania	27,850	27,679	27,679	17,417	63
Niger	441,118	400,794	400,794	288,857	72

Nigeria (11 states)	2,539,074	615,611	615,611	476,251	77
Senegal	93,876	75,100	75,100	39,235	52
CAR	38,999	29,249	24,890	24,890	85
Congo	21,777	6,553	7,559	757	12
DRC	2,016,583	302,487	300,000	312,522	103
Guinea	81,296	44,624	44,624	18,093	41
Liberia	39,884	21,274	21,274	20,118	95
Sierra Leone	30,529	24,424	24,424	35,768	146
TOTAL	5,981,941	2,065,109	2,059,269	1,708,742	83

Source: UNICEF IMAM data

In April – May 2016, UNICEF WCARO supported a Review of Ebola Outbreak Nutrition Response (case of Guinea) with the objective of assessing the nutrition portion of the Ebola response and provide recommendations on how the experience gained can be used in similar interventions in the future. This study underscores the importance of working with communities to ensure that the social and behavioural dimensions of public health are considered from the outset of a response, especially in the context of maternal and child nutrition.

In March 2016, a four day Regional training workshop on Nutrition in Emergency (incorporation of bottleneck analysis) for French speaking countries was organised. 62 participants from UNICEF, government, NGO, other UN agencies participated. UNICEF and OCHA facilitated the training covering building national capacity to respond to nutrition emergencies.

Benin

In 2016, the districts of Malanville and Karimama experienced a nutrition crisis with a global acute malnutrition rate above the WHO threshold of 10%. The results of the nutritional survey carried out in April 2016 in these two districts revealed a global acute malnutrition rate of 15.1% in Karimama and 11.4% in Malanville. Health centers were supplied with 1,660 cartons of ready-to-use therapeutic food (RUTF), 39 cartons of therapeutic milk and 1,330 boxes of medicines which helped treat 1,280 severe acute malnourished children with a cured rate of 80%, 1% of death and 19% default. UNICEF supported a refresher training for 60 health workers and 317 Community Health Workers (CHW) on the management of acute malnutrition as well as screening and referral at the community level.

CAR+

In 2016, nutrition services were scaled-up to reach children in displacement sites and those vulnerable children living in enclaves and conflict-affected parts of the country. 29,250 children with SAM were targeted; 24,791 children (representing 84.7%) suffering from severe acute malnutrition (SAM) were admitted and treated in nutrition facilities. New nutrition information management system using harmonized tools from the updated national CMAM protocol allowed partners to include gender in their reporting in 2016. As the nutrition cluster lead, UNICEF created a network for vitamin A supplementation within the health system services.

Lac Chad Basin

UNICEF and WFP conducted a joint analysis and planning exercise, resulting in a joint emergency response plan in the four LCB countries (Chad, Cameroon, Niger and Nigeria). The nutrition response in Nigeria has significantly been scaled up based on the findings of nutrition assessments and increased access by humanitarian actors to the newly liberated areas. Despite security limitation, 476,251 children under 5 years of age accessed health services in the 12 northern states. Among them, 148,046 children are living in the 3 North Eastern states (Adamoua, Borno and Yobe). In Niger, 288,857 under five were admitted for SAM treatment among them 10,815 children under 5 from Diffa were treated through 878 OTP and 44 IPF including refugees Camp and IDP sites. In Chad, the total number of Health Facilities offering IMAM services increased from 566 to 590 nationally. This scale-up allowed a total of 178,577 children under five new SAM admissions. Furthermore, in addition to the existing Sahel nutrition response monitoring tool, a specific data monitoring tool of emergency nutrition response in the Lake Chad basin has been established at the regional office. This monitoring tool aims to provide in real time information on the situation in the Lake Chad Basin to nutrition actors and partners for decision-making and strategy development.

Mali

In 2016, the nutrition situation remained a major concern among children between 6–59 months. UNICEF Mali as the main partner of the Government for nutrition continued to support the expansion of SAM treatment, the provision of nutrition supplies, and support for capacity building and national nutrition coordination groups. UNICEF Mali through its country programme development (CPD) 2015-2019, has supported the Government of Mali to address both acute and chronic malnutrition. The number of children suffering from SAM in 2016 was estimated at nearly 180,000 children and UNICEF and partners aimed to assist 135,000 children (or 75% of the national burden). In 2016, with the contribution of several donors, UNICEF has been able to assist 141,724 children (as of December 2016), equivalent to 91% of the caseload (approximately 80% were in the Southern regions of the country) and secure all RUTF needs for 2016. As UN lead agency for nutrition coordination, UNICEF continued to ensure nutrition cluster coordination at the country level. In 2016, UNICEF has supported the government, REACH partnership and SUN movement's efforts for a multi-sectoral response to nutrition in Mali, and particularly the mid-term review of the nutrition multi-sectoral plan and Communication Plan (2014-2018). UNICEF Mali has facilitated the bottleneck analysis exercise and together with partners, strategies to remove causes of the bottleneck were developed.

Republic of Congo

During 2016, more than 200,000 children with SAM received treatment. In the department of Likouala (currently hosting more than 50,000 refugees) nearly 2,900 children (6-59 months) were screened for Malnutrition and 350 with severe acute malnutrition (SAM) admitted for treatment. 226 were discharged, of whom, 220 (97 per cent) recovered. ALCM (Association pour la Lutte Contre la Malnutrition) in Betou received technical support and supplies which allowed this local organization to provide Infant and Young Child Feeding (IYCF) counselling to 1,048 parents and caregivers of children (0-23 months), thus paving the way for improved sustainability of IYCF interventions.

Guinea

In 2016, UNICEF nutrition section mobilize civil society including women parliamentarians to conduct advocacy for nutrition. Various coordination platforms for nutrition have been implemented at

national levels. For the management of acute malnutrition nearly 20,000 children under five with SAM received nutrition care through the 410 OTP/health facilities. The overall performance of IMAM program is in accordance with SPHERE standards with 87.3% of cured; 2.9% of deaths; and 9.6% defaulters. 47 OTP out of 52 planned in the operational plan received supplies and support from WASH in setting up infrastructure for drinking water and sanitation (WASH in Nutrition). Almost 7,000 mothers of children 6-23 months received messages and hygiene kit for the prevention of malnutrition (helminth infections in children).

Education

In 2016 the global education cluster estimated that 6.68 million children aged 3 to 17 were in need of education in emergencies in 10 crisis affected countries in the region: DRC, Nigeria, CAR, Chad, Mali, Cameroon, Niger, Burkina Faso, Mauritania, and the Gambia.

In crisis affected countries in the West and Central Africa Region (WCAR) children are exposed to violence, conflict, loss and displacement. In these exceptionally difficult circumstances education can provide children a return to a sense of normalcy and hope for their future. It is crucial that educators understand that schools and alternative educational spaces, such as Temporary Learning Spaces (TLS), provide a child-friendly³ environment that promotes psychosocial well-being, resilience and coping to support children who are in distress.

During 2016, UNICEF RO supported UNICEF Country offices and partners to reach 1 million children out of the 1.6 million (62 per cent) targeted with access to schools. Also, 1.28 million children received learning materials, out of the 2.4 million targeted (53 percent of target)⁴. Conflict, insecurity, and insufficient funding in several countries had implications on the education response in emergencies. With variations between countries, overall UNICEF performance improved from 2015. In 2016, UNICEF reached 51 percent of the children targeted with 'access' (up from 31% in 2015), and 57 percent of the children targeted with learning materials.

One of the main contributions of the Regional Office to increase the quality of the Education in emergencies response, was the strategic shift to scale-up our focus on protective learning environments for children affected by conflict and displacement.

In collaboration with HQ, WCARO invested in promoting a risk-informed approach to Education in Emergencies, and the implementation of the Safe School Strategy. This included capacity building for the provision of psychosocial support and conflict and disaster risk reduction in the classroom. Also, a greater emphasis was placed on cross-cutting work between Child Protection and Education interventions in communities.

In 2016, the Regional Offices provided training in *PSS in the classroom* for more than 820 teachers, 76 school directors and 244 education authorities and teacher colleges administrators (TOT) in Cameroon, CAR, Chad, Mali, Niger, Mauritania, and Senegal. In late 2016 WCARO developed – in collaboration with regional partners such as UNHCR, UNESCO, SCI, Plan International among others –

³ UNICEF has developed a framework for rights-based, child-friendly educational systems and schools that are characterized as "inclusive, healthy and protective for all children, effective with children, and involved with families and communities - and children" (Shaeffer, 1999). http://www.unicef.org/lifeskills/index_7260.html

⁴ Total targeted is the aggregate of all the education sector targets in the 2016 Humanitarian Action for Children (HAC) and Humanitarian Response Plans (HRP) for all the countries for West and Central Africa.

a C/DRR module for conflict affected teachers and education authorities. This training, aiming at improving protection for school users – such as children, parents, and teachers – in conflict affected areas, was offered in late 2016 to almost 200 teachers in the extreme North of Cameroon (Minawao Camp). A team of 30 Master Trainers was also formed in C/DRR. A teacher guide for PSS was also developed in 2016, based on the needs emerging from the field.

In early 2016 the Regional Office also initiated generation of evidence on Protective Learning Environments in the Lake Chad Basin crisis. This work continues in 2017 with innovative approaches to community based ethical research in Education in Emergencies across Lake Chad Basin. The innovative approach to research aims at assessing the perception of safety in temporary learning spaces and host community schools that operate in a context of insecurity.

With the aim of reaching out of school crisis affected children (who cannot be targeted or reached by humanitarian response) WCARO has been developing a Radio Education Program, which integrates life-saving messages to basic literacy and numeracy. The collaboration between Education and C4D has been instrumental to strengthening innovative programming.

Lastly the regional office provided technical support to countries to develop education humanitarian needs overview and response plans as part of UN inter-agency appeal processes and supported the utilization of common regional education indicators agreed with sector partners so that results can be easily monitored.

Burkina Faso

UNICEF with the Red Cross worked to protect Malian refugee children and host communities. This partnership has ensured the pre-school education of 938 (495 boys and 443 girls) refugee children in Goudebou camp and host communities of Selbo. The needs covered are: psychosocial care through recreational activities, early learning and preschool education, protection of special needs children. The supervision of these children took place in two child-friendly spaces and six (06) spaces for early learning and pre-school education.

Congo

In the Department of Likouala, 6,500 refugees and host community children enrolled in Betou area schools received learning materials (school bags, 11,707 reading and mathematics books). More than 6,800 students attended sports and recreational activities in five primary schools and one secondary school. 25 per cent of students with low performance received extra support through refresher activities initiated with the support from UNICEF.

Protection

Boko Haram continues to carry out so-called 'suicide' attacks in Nigeria and neighboring countries - Niger, Chad and Cameroon – with increasing incidents. The use of children, especially girls, as so-called 'suicide bombers' has now become one of the defining, and most alarming, features of the conflict.

- The number of children used in suicide attacks in all the four countries between 2014 to 16th February 2017 is 105, and over three quarters of all children used in suicide attacks are girls.
- Since 2014 and as of 16 February 2017, in Nigeria alone, 56 children (6 boys and 49 girls and one baby of unknown sex) used in 32 suicide attacks (234 persons used in total).

- In 2016, 30 children have been used in “suicide” attacks – 63% only in Nigeria.

Moreover, children are often in “administrative custody” under suspicion of being associated with Boko Haram, in disregard of the fact that any children associated to armed groups are victims of unlawful recruitment under international human rights law. As of February 2017, there were a reported 1,486 children detained across the Lake Chad Basin in 2016⁵ – 894 children have been released during the year and 592 children remain deprived of liberty⁶. From 2015-2016, UNICEF has increased the identification of children deprived of Liberty of 77% across the 4 countries (mainly in Nigeria). The numbers of children detained are fluid and detention facilities vary in nature across Cameroon, Niger and Nigeria - including prisons and military barracks.

22,195 Unaccompanied and Separated Children (UASC) have been identified in the Lake Chad Basin Region by all Child Protection Actors. Amongst them 1,709 are unaccompanied children (7.7%). The average percentage of UAC in UASC population is 7%. This shows that UASC are currently identified in the LCB Region. As of 31st December 2016, 47% of identified UAC have benefited of family reunification. 53% are still waiting reunification.

In 2016, 461,591 children benefitted of MHPSS activities in the Lake Chad Basin Region by all Child Protection Actors (64% thanks to UNICEF implementing partners). The number of children receiving MHPSS support from 2015 has increased of 71%.

CPiE Support was provided to the 4 countries affected by the Nigeria crisis (Nigeria, Niger, Cameroon, Chad), as well as to CAR, Mali, DRC, Cap Vert (Zika) and 10 COs concerned by 2016 election (for CPiE preparedness). Support was provided for Surge deployment and technical support in COs in emergencies at the earliest stage of the crisis both through direct response from RO CPiE Specialist and through the management and deployment from a regional emergency roster. All emergency responses in the region include child protection response based on the CCCs (Cameroon, CAR, Chad, DRC, Mali Niger, Nigeria, Gambia, Burkina Faso, Cap Vert and Mauritania).

The organization of a sub-regional cross border Lake Chad Basin workshop (Feb 2016), the review/adjustment of the strategy (July 2016), the follow up implementation plan of the strategy (Sept.16), and the regular support mission into 4 countries (by RO CPiE, HQ MRE, HQ and CO MRM) has helped to support:

- a) actively contribute to Human rights advocacy initiative with the UN Regional Directors group, and to advocate at high level (SRSG-CAAC, SRSG-West Africa, UNICEF RD, UK and French Governments...), at Regional level (UN System), with key partners (ICRC, UNODC,...), as well as with donors – in particular with ECHO with a Children of Peace project (with Education/C4D).
- b) Strengthen the response through coordination with HQ (UNICEF and OSRSG Children and Armed Conflict) and regular field missions to the 4 COs to address the priority areas.

⁵ UNICEF WCARO. Detailed # of children deprived of liberty in 2016: Nigeria (1,365 -743 boys, 622 girls), Cameroon (33 boys), Niger (88 boys)

⁶ UNICEF WCARO. Detailed # of children deprived of liberty as of February 2017: Nigeria (500), Cameroon (31 boys) and Niger (61 boys).

- c) Facilitate cross-border meeting and regular documentation and updates on progress against sub-regional strategy results.

Improved information management has been a priority in Nigeria+/Lake Chad Basin, DRC, Mali and CAR countries. Databases of secondary data on the situation are kept update. Data is being monitored on a monthly basis to feed into regional monthly analyses. COs have received close support for humanitarian planning exercises (HNO/HRPs and HAC). The Regional Guidance Note on Selected HRP Indicators has been reviewed.

Based on the sexual exploitation and abuse (SEA) allegations in CAR and the CAR Panel Report recommendations, internal procedures and training tools have been developed (UNICEF Alert & Notification). WCARO developed these in close coordination with HQ and the CAR, DRC and Mali COs in responding to SEA cases and developing accountability framework for UNICEF. A specialist has been hired to support WCAR to scale-up UNICEF's efforts to prevent and respond to sexual exploitation and abuse (SEA).

More broadly, UNICEF has continued to steer a region project running for 2.5 years to support 13 WCAR countries (and 3 others not from WCAR), to strengthen national capacity and planning for building CP systems in favour of CPIE coordination. This regional initiative has raised the profile of CPIE work conducted by WCARO and is considered as an innovative and good practice at the global level - in line with commitment made at the World Humanitarian Summit and through the Grand Bargain (*"to making principled humanitarian action as local as possible and as international as necessary"*). As a result, the #EndViolence# Global Partnership has joined the project in 2016. Related to this, a workshop has been organized in 2016 at the Global level (CPAoR and #EndViolence# Global Partnership) to strengthen the role of francophone Governments in CPIE coordination (preparation/response to emergencies & crises outbreaks).

To respond to the growing demand for deployments to crises in the region UNICEF has strengthened the emergency CPIE HR roster. HR support was provided to for urgent deployment and recruitment (228 external CPIE profiles). In addition, there has been a partnership developed with Bioforce Institute to support the implementation of the *"CPIE project manager training"* and strengthen CPIE quality work in countries. 13 scholarships were given for the first cohort of this training, all participants coming from WCAR (7 different countries), 38% were UNICEF National Officers, 23% from National implementing partners and 23% from Government partner. 38% were women.

In addition, WCAR has led trainings and disseminated toolkits for CPIE preparedness for political elections to support the 10 concerned COs who had elections in 2016.

Burkina Faso

In 2016, a total of 4,371 refugee children (2,151 girls) between 3 and 12 years old (36% of girls) received psycho-social supports and home visits through child friendly spaces. Of those, 480 (211 girls) were referred to local social services for special care. The same support was extended to 9,211 children (4,449 girls) in host communities in Soum and Oudalan provinces. In addition, the CO also supported 250 repatriated children between 3 to 15 years old in the returnees' sites from the northern Ivory Coast (Bouna) to the south west of Burkina Faso.

Congo

In the Department of Likouala, UNICEF Congo, through 80 community volunteers, provided support for violence prevention and response in areas hosting refugees. This included the identification and referral of children with specific needs/victims of violence, awareness campaign for 26 per cent of refugees and 19 per cent of host communities. Thirteen Children identified by the volunteers as victims of violence were referred to specialized care services where they received timely, adequate, and quality assistance. In addition, UNICEF supported psychosocial services/programs in that allowed 1,150 children and 83 parents to access trauma counselling activities and mental health support.

WASH

UNICEF WASH programmes in the region have achieved important tangible results on the ground to increase WASH access, notably through its support for 4.5 million new users of improved water supply sources and sanitation, as well as access by over 3 million people in humanitarian situations to adequate water and sanitation facilities. UNICEF holds important WASH leadership roles at the country level, both for national sector coordination in a development context (where UNICEF serves as lead or co-lead) in 16 of 24 WCA countries, as well as for humanitarian action — where UNICEF coordination met CCC standards in 12 countries.

In 2016, out of more than 10 million in need of WASH assistance, 7 million people were reached and more than a half supported directly by UNICEF and its partners.

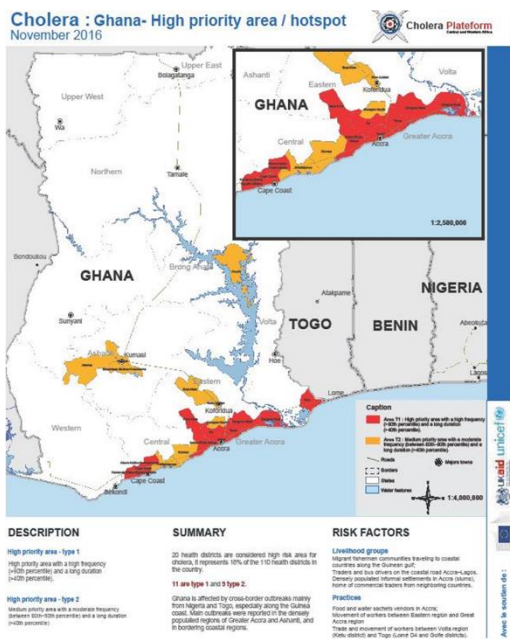
Lake Chad Basin: In the affected areas 2.3 million displaced families and people in host communities were provided with access to safe water and 1.8 million people benefitted from improved sanitation facilities with hygiene promotion.

DRC: 2.5 million people in cholera-prone zones benefiting from preventive as well as WASH cholera-response packages.

CAR: 0.9 million affected people were provided with access to improved sources of water and 0.3 million with sanitation facilities.

WCAR WASH capacity development approach: Drawing on the outcomes of the regional mapping study of knowledge management and sector learning undertaken by IRC and UNICEF WCARO in late 2015, the RO adopted a capacity-building approach anchored in regional institutions to improve sustainability and strengthen links between academia, government and development actors. The approach has been part of WASH in Emergencies training since 2009; however, in 2017 it will be developed for new areas: WASH in Schools 101 and Enabling Environment courses. Two regional institutions (one Francophone and one Anglophone) were identified, through mapping, as regionally significant WASH academic institutions: the 2iE Institute (Burkina Faso) and KNUST (Ghana). To formalise this approach, WCARO's WASH team established a technical arrangement with 2iE (Institut International d'Ingénierie de l'Eau et de l'Environnement) to ensure sustainability and quality of the regional francophone 'WASH in Emergency' training course held annually at their campus in Ouagadougou.

Over 100 learners from 12 countries benefited from a 'WASH in Emergencies' training co-led with the 2iE Institute (Institut International d'Ingénierie de l'Eau et de l'Environnement) in Ouagadougou and Bioforce (in Mali), as well as a dedicated session in Guinea, following the EVD crisis.



West and Central Africa Regional Cholera Platform.

Since 2009, UNICEF WCARO has been strongly involved in cholera control and prevention in the region. UNICEF and ECHO have coordinated their efforts which led, in 2012, to the creation of the **West and Central Africa Regional Cholera Platform** <http://www.platformecholera.info/>. This platform is gathering the main WASH and Health actors in the region. Its objective is to improve cholera control and prevention through the implementation of an integrated, risk-informed and evidence-based approach known as the “shield and sword strategy”. The **Regional cholera project** is designed as a risk-informed and evidence-based programme with the dual aim of reinforcing protection and reducing impact (lower morbidity and mortality) when epidemics occur. It

piloted robust WASH studies in areas at high risk (“cholera hotspots”) to define proper prevention activities and document a technical roadmap toward cholera elimination in six countries: Benin, Chad, Ghana, Niger, Nigeria and Togo.

The Boko Haram crisis saw a spike in population movement in border areas (Nigeria, Cameroon, Chad and Niger). Cross-border movements increased and consequently the risk of cholera outbreaks also increases. With the support of the West and Central Africa regional cholera platform, the cross-border collaboration framework against cholera was reinforced between the four countries.

In Togo, UNICEF supported the update on the cholera preparedness and response plan in 2 regions (Maritime and Lomé Commune). The work plan has been implemented in the most vulnerable districts, as Lac in the Maritime Region and districts 4, 3 and 2 in the Lomé commune region. As a result 11,983 persons, representing 20% of the population at risk of cholera outbreak (8,698 in Maritime region and 3,285 in Lomé Commune region) were sensitized to the risk of diarrheal infections and the best way to protect themselves and their families. They also received chlorine for household water treatment issue. In 2016 only two case of cholera occurred throughout the country.

Burkina Faso

In response to the Malian refugee crisis 71,160 persons (37,003 women and 34,157 men) including 32,059 Malian refugees were provided with water, hygiene and sanitation services, through the support from UNICEF’s implementing partners in the Sahel region (Danish Refugee Council and Oxfam Intermon). Of those, 23,875 refugees participated in hygiene promotion activities and received soap.

Furthermore, 4,999 people affected by the floods were sensitized (4,583 in the Central Region and 416 in the Centre West Region) through campaigns focusing on hygiene promotion messages on handwashing with soap, safe water chain and sanitation behavioural changes that have been

conducted by UNICEF's partner APS (Association pour la Paix et le Développement) in 19 targeted municipalities. Hygiene supplies including soap, kettles, jerry cans, buckets and pots for children have been distributed to 1,862 households (13,034 persons). This represents 93% of the targeted beneficiaries (2,000 Households). To complement these actions, 6 water points were rehabilitated and will provide safe and clean water to 1,800 persons.

Benin

In 2016, Benin experienced two outbreaks of cholera, one in February and another in August. In total there were 874 cases reported with 13 deaths amounting to a case fatality rate of 1.48%.

UNICEF, WHO, the Red Cross Society amongst others provided technical support to the National Directorate for Public Health (DNSP) during the response to the outbreak, and in particular for the establishment of a national coordination committee and the development of daily cholera outbreak status reports.

In the area of Water, Sanitation and Hygiene, UNICEF supported outbreak response interventions through the procurement and distribution of inputs and materials for water treatment and household hygiene throughout the affected localities. In total, more than 300 boxes of soap and 30 boxes of Aquatabs (1 box contains 16,000 tablets) enabled 100% of affected households to improve their access to safe drinking water and hygiene during this period. To reinforce government response capacities and to prevent further outbreaks, inputs including Aquatabs, diarrheal kits, GPS, rapid diagnostic tests, buckets, bleach, and sprayers were procured and prepositioned. Since June 2016, Benin experienced exceptional rainfalls causing main rivers to overflow, in turn leading to flooding several districts (Cotonou, Athiémé, Banikoara, Karimama, Kouandé and Malanville). Effective preparation by local authorities prevented diarrheal diseases. In two of the most affected districts, namely Karimama and Malanville, UNICEF supported response interventions by procuring and distributing 3,000 bars of soap for hand washing, 12 calcium hypochlorite barrels and 12 sprayers to treat wells and flooded surfaces.

Ghana

UNICEF Ghana supported a study into the 2014/5 cholera epidemic, which identified important lessons on the government and partner coordination and response. These lessons were subsequently incorporated into the national Emergency Preparedness and Response Plan, providing clear roles and responsibilities across partners. This improved understanding of roles and the response was demonstrated early in the rapid cross-sectoral response to a subsequent cholera outbreak in Cape Coast Metropolitan area, resulting in early containment. In the health sector, Standard Operating Procedures (SOP) for cholera were finalized in line with the latest WHO guidelines, and 75 master trainers and 670 health workers trained in emergency preparedness for cholera outbreaks. As a result, the cholera outbreak in the Cape Coast Metropolis was detected early and even though close to 700 cases were recorded, no death were reported.

Mauritania

In response to the Malian refugee crisis schools and child friendly spaces were supported through the provision of a WASH package consisting of school latrines, water points and hygiene promotion activities in order to improve knowledge to prevent diarrhoeal diseases among children. A set of 7 latrines were specially constructed to attend to the needs of handicapped school children and teachers.

Immunization: Measles & Polio

Progress toward the goals to eradicate and eliminate measles has been challenged by the resurgence of outbreaks in several countries. After a period of almost two years with no reported case of wild poliovirus (WPV) in the region, there has been a setback in polio eradication in Nigeria due to new Wild Poliovirus type 1 (WPV1) reported in Borno. In July 2016, Nigeria reported new Wild Poliovirus type 1 (WPV1) in Borno and since then reported four cases of WPV and additional cases of circulating vaccine-derived polio virus type 2 (cVDPV2). As a consequence, certification of WCAR as polio-free was delayed by at least three years. WCARO's contribution to immunization agenda in 2016 focused on: i) influencing national policies, priorities (including financing strategies) and plans through joint advocacy, EPI reviews, support for development of GAVI HSS proposals, technical support for supplementary immunisation activities (SIAs), polio campaigns, responses to measles and Yellow Fever outbreaks and assessment of immunisation supply chain systems. WCARO also led the introduction of new vaccines; nine countries introduced measles vaccine through SIAs or routine immunisation.

The Polio task forces are good practices established in the context of the Lake Chad Basin Initiative. These task forces serve as a platform for regular discussions of how to resolve key bottlenecks and were pivotal in enhancing local leadership, ownership, commitment and accountability. As part of capitalizing on polio assets, countries in the region have initiated some cutting-edge innovations to strengthen community engagement. Core elements included: i) strengthening local governance and social accountability by establishing multi-sectoral accountability frameworks and structures at the district level, with clear roles and responsibilities; ii) empowering communities and fostering mutual accountability, using a feedback loop through community score cards and U-Reports; iii) establishing community registers to account for every child and pregnant woman in the community and facilitate individualised follow-up; iv) institutionalising community-level monitoring; v) and forming service delivery partnerships with local politicians and government officials, religious and traditional leaders, women's and youth groups.

Measles - During 2016, several successful immunization campaigns for measles and meningitis took place. With UNICEF and others support (MRI, GAVI, WHO, etc.) reactive vaccinations have been organized in DRC, Nigeria, Sierra Leone, Congo, Equatorial Guinea while the measles-measles/rubella preventive campaigns involved around 22 million children (<5 years to <15 years) in WCAR.

Meningitis - 16 countries in 2016 were affected by Meningitis with a total of 94 districts that crossed the alert threshold and 40 reaching the epidemic phase. A total of 24,247 cases, 2,029 deaths registered. Among the 3052 pathogens confirmed, the predominant germs are: *S. pneumonia* (34.8%) following by NmW (23.6%), NmC (12.3%). WCARO monitored and provided technical assistance to countries for meningitis outbreaks management (DRC, CAR, Chad, Nigeria & Sierra Leone).

Yellow Fever - Following the unprecedented Yellow Fever outbreak in DRC (2,987 suspected cases, 78 confirmed cases), support was provided for the response. A Yellow Fever taskforce was established which met on a regular basis to coordinate the preparedness and response efforts. It was a multi-sectoral and included colleagues from C4D, External Communication & WASH. Regular conference-

calls were organised with HQ & COs to coordinate and harmonise the response. WCARO disseminated guidance and protocols to the COs including crisis communication component to make sure that the response interventions align the norms and support to COs in responding to the outbreak. Work is ongoing to finalize the Yellow Fever Long Term Strategy 2017-2026: Eliminating Yellow Fever Epidemics drafted by WHO.

Zika - In response to the Zika outbreak in the region, UNICEF took several actions at the Health Office level: A regional Zika multi-sectoral coordination Task force was established; and a regional Zika information note was sent by the Regional Director to the COs encouraging Representatives to liaise with the Government and WHO to coordinate their activities. Coordination was initiated with WHO and UNFPA; two funding proposals were submitted to donors and finally a Regional Preparedness Strategy was developed. The epidemic in Cabo Verde is over but UNICEF will remain vigilant to maintain surveillance and detection system. There is a huge lack of evidence about Zika endemicity and cases that should be addressed. Additionally, financial resources to implement prevention interventions for ZVD is very limited in the WCAR.

Benin

In Benin, from January to April, the country experienced its second Lassa Hemorrhagic Fever (LHF) outbreak with 54 cases reported and 28 deaths, amounting to a case fatality rate of 52%. In close collaboration with the Ministry of Health and its technical partners, UNICEF contributed to the construction of a Lassa Fever Treatment Centre located at the Departmental Hospital of Parakou, close to the outbreak epicenter. UNICEF provided technical support to the Government Lassa outbreak response plan through: (i) capacity building of journalists, radios producers and broadcasting on Lassa Fever prevention radio spots and interactive shows; (ii) capacity building of CHWs, volunteers, traditional leaders and healers on Lassa and social mobilization; (iii) design and production of Lassa IEC materials; and (iv) carrying out of social mobilization activities in the Department of Borgou-Alibori during the Lassa Fever outbreak.

UNICEF results included:

- 43 radios (out of 44 targeted) signed contracts to broadcast prevention spots and produce interactive radio programmes on Lassa Fever and cholera;
- 44 journalists from 44 radios were trained to communicate useful and factual information on Lassa Fever, as well as key prevention messages;
- 44 journalists from 44 radios and 12 members from the civil society were trained to communicate on cholera useful and factual information, as well as key prevention messages;
- Radio spots were produced in French, translated into 11 local languages and handed over to partner radio stations for broadcasting up to three times per day;
- The contracted radios effectively broadcast and produced the expected content.
- UNICEF trained and sensitized 439 CHWs and volunteers and 609 traditional leaders, healers, morgue practitioners, hunters on Lassa prevention and response and social mobilization who actively shared information in their communities.
- In collaboration with partners, two posters and two cartoons were produced for children on Lassa fever explaining modes of transmission and prevention measures as well as a brochure for health workers and social mobilizers.

- Implemented community dialogues and door-to-door household visits in the affected communities and health centres with support from the social mobilization committees established at Health District level.

Congo

In 2016, in the Department of Likouala, 80 per cent of refugees received comprehensive primary health care (PHC) services, both preventive and curative, 25 per cent of refugees and host communities received information on health, hygiene through community health workers trained and deployed by UNICEF.

Ghana

UNICEF supported the communication group for emergency response National Disaster Management Organisation (NADMO) to develop a Communication for Development strategy on Avian Influenza preparedness and response. UNICEF also supported Ghana Health Services for communication and social mobilization efforts in the Greater Accra and Central regions using mass media and community engagement. Specific results included:

- Different stakeholders such as poultry farmers, media and food vendors were briefed to dispel fear and panic about handling and eating chicken.
- UNICEF supported NADMO technically and financially to lead in the implementation of the response plan including the development, printing and distribution of 34,554 materials for Avian Influenza and cholera. The materials were made up of 33,100 posters on prevention, treatment and prompt health seeking behaviour for Avian Influenza and cholera; 800 tablecloths and 654 aprons for food vendors. Key messages on Avian Influenza and a hotline were set-up.
- Over 2,600 residents in 13 sites in the Greater Accra and central regions were reached with theatre performances to respond to communities which did not have access to mass media in areas mostly affected.
- Thirty-two community engagement activities, including talk shows on local FM stations, community sensitization was conducted in schools, churches and mosques in six districts - (Jaman North, Tain, Wenchi, Techiman and Nkoranza North districts) in the Brong Ahafo Region and Jirapa district in the Upper West region.

Liberia

UNICEF Liberia supported the national response to a measles outbreak in 11 of the 15 counties, which infected 425 individuals and claimed the lives of two children. The response included measles vaccination and Vitamin A supplementation in four counties. In the longer term, UNICEF Liberia has extensively supported the Government's Expanded Programme on Immunization (EPI) through the procurement and supply of vaccines, cold chain strengthening, capacity building, outbreak response and preparedness, social mobilisation and monitoring of immunization services.

Senegal

To improve national capacity and health emergency management, UNICEF provided support to set up the MInfoSanté platform, SMS text and voice messaging system, interacting with the operation emergency center of MOH. This platform allows for community health workers from bordering zones to communicate with their line managers to alert them of any health emergencies in real-time. With

UNICEF support this platform has increased its coverage to 34 Districts in 7 Regions with 934 Community health workers trained. The utilization coverage rate of this platform is 69%.

Sierra Leone

In April/May 2016, UNICEF, WHO and MSF supported a joint response led by GoSL to a measles outbreak, affecting 7,810 children under 18. The vaccination campaign reached over 2.8 million (99.9%) children between 6 months to 15 years with measles vaccine, interrupting the chain of transmission.

HIV

HIV programming has been heavily affected by humanitarian crises in the region. Internal migration and cross-country migration is of particular concern in countries affected by conflict such as Nigeria and CAR last year.

Even before the onset of the crisis, Nigeria was the country with the second highest number of people living with HIV worldwide. The North East region has been less supported by HIV programmes because its prevalence is not as high as in other states. However, the limited knowledge people have around HIV, the large population it accounts for and the rise in sexual violence makes this part of Nigeria of increased concern.

The conflict in Central African Republic (CAR) has had serious consequences in increasing the number of people living with HIV and the number of AIDS-related deaths in the country and in neighbouring countries. Prior to the conflict, CAR had one of the highest HIV prevalence in the region – with regions such as Obo, where the Ugandan LRA settled down, as high as 11.9%. The conflict has meant that a large number of people living with HIV who are on medication have been dispersed (*30,000 out of 150,000*), with the result that they are no longer taking their treatment; they are therefore likely to develop AIDS-related illnesses (the mortality rate is currently as high as 30% according to Save the Children) and to pass on the virus. This is of grave concern for pregnant women living with HIV who without treatment would be more likely to pass the virus to their babies.

As part of the JURTA, UNICEF put together a toolkit on advocacy and coordination on HIV and AIDS in crisis or post-crisis humanitarian situations. This toolkit is an essential asset in the support of programmers to include effectively HIV in humanitarian interventions - continuity of HIV screening and treatment, and for HIV prevention where sexual violence is elevated is critical. The challenge is that HIV is not considered as an immediate life-threatening priority in humanitarian actions, which is particularly of concern in WCARO as the region experiences recurring emergencies – food crises, Ebola, conflict etc. The Toolkit's value is that it provides guidance and tools to help Joint UN Teams on AIDS in West and Central Africa advocate for and coordinate the integration of HIV and AIDS issues into emergency response preparedness, humanitarian assistance and peace-building support. Joint UN teams on the ground participated in the elaboration of this toolkit – their consultation and involvement also served to raise their awareness of these issues.

UNICEF regional actions in Nigeria during 2016 included:

- A scoping mission by HIV section to identify gaps and opportunities for integration with other sectors for the humanitarian response (conducted in October 2016).
- Advocacy with key stakeholders in national response to address supply bottlenecks yielding results. All facilities previously providing HIV services (supported by partners) are now accessing commodities.
- UNICEF prepositioned test kits arriving within the week of 16th/23rd Jan 2016
- UNICEF working with partners to support capacity building for HIV service provision in IDP camps and newly liberated areas.
- UNICEF collaborated with FHI 360 and the SMOH to conduct HIV counselling and testing of 438 abductees abducted in Sept 2016 (children, adolescents and women) in the transit center. All of them tested negative.
- 314 abductees released in Nov 2016 tested with support from UNFPA. All of them tested negative.

For CAR, UNICEF, UNHCR and UNWOMEN Regional Offices provided substantive inputs in various humanitarian plans for CAR. As a result to the strong recommendations made to the CAR protection and health clusters, HIV is now addressed in health and protection strategies, particularly with regards to sexual violence and gender vulnerabilities.

C4D

In Emergencies, C4D has worked to anticipate and respond to CO requests for assistance in outbreaks, and to work inter-sectorally in emergency priority countries, particularly the conflict-affected Lake Chad Basin countries.

RO C4D support was present in major disease outbreaks including yellow fever (DRC) and EVD (SL and Liberia). C4D also contributed to the global yellow fever guidelines, initially drafted by WHO.

C4D supported the response in Cape Vert with a mission and technical support working to strengthen coordination and work with the national health promotion institutions. With Health and Info/Coms, C4D developed regional Zika preparedness strategy for the region. This integrated recommendations following briefing with UNICEF Global Zika adviser, and from monitoring the Zika epidemic in LACRO.

Programmatic collaboration with Education and Child Protection, particularly in the Lake Chad Region and the Nigeria L3 emergency is contributing to innovations using community radio.

C4D also has increased collaboration with the regional WASH / cholera platform. C4D remotely supported cholera responses (CAR, DRC and Nigeria).

RO has liaised with regional partners (including WHO, IFRC, CDC) on epidemic preparedness and social mobilization, such as for Rift Valley Fever in Niger and the One Health initiative.

For Ebola, C4D has provided technical support and support missions during final EVD outbreaks in early 2016. An Ebola documentation consultancy was conducted which captured important recommendations from the community point of view. A one-year post focused on supporting COs to prepare and develop strategies for the introduction of the Ebola vaccine. This work culminated in a five-country workshop in Dakar that convened, for the first time, vaccine researchers, government, social mobilization, civil society and UNICEF C4D staff.

Strategic support during strategic planning moments has allowed better positioning of C4D in the country program to promote programmatic integration and visibility of C4D results.

Resilience

In 2016, the Regional Office undertook a compilation of case studies on UNICEF's programming in fragile contexts. Following its contribution to the senior expert group's work on fragility to inform next Strategic Plan the Regional Office developed an analytical framework for resilience strengthening through UNICEF Programs. As a direct support to the AGIR Initiative, WCARO accompanied 12 governments in finalizing their National Resilience Priorities (out of 17); Under the patronage of the Commissions of the Economic Community of West African States (ECOWAS) and the West African Economic and Monetary Union (UEMOA), the 32nd RPCA annual meeting brought together the region's key food and nutrition security stakeholders. It is in that context that members of the UNDG WCA Resilience working organized a special session dedicated to the role Adaptive Social Protection systems in strengthening the nutrition outcome in the Region.

In 2016 UNICEF co-facilitated the DRR training for Heads of Civil Protection in Western Africa (GCEAO) and supported CADRI assessments of Mali, Chad, CDI, and Guinea. In the context of the African Ministerial Platform for Disaster Risk Reduction WCARO Supported the development of the statement of the African youth for Disaster Risk Reduction and related plan of action. Finally, in 2016 in situs or remote technical support on resilience, DRR and Risk Informed Programming was provided to Mauritania, Senegal, Mali, Burkina, Chad, Cap Verde, CDI, Niger, Benin, DRC, Guinea, Nigeria, Cameroun, and CAR.

Supply

The continued investments in emergency preparedness at CO level, and the management and maintenance of emergency supply hubs in Accra and Douala shows a return on investment that has reduced costs saving the organization money. This is specifically true for responding to the needs of landlocked countries where transport by sea can be much more time consuming. The hubs have supported five countries in 2016. The Accra hub has supported Benin for the Lassa fever; Burkina Faso for nutrition; and Ghana for WASH assistance, with a total supplies weight of 185 MT and 300 m3. Through the Douala hub, CAR and Chad have been supported for the nutrition and wash responses, with a total supplies weight of 235 MT and 400 m3. The use of the sub-regional hubs allow supplies to be bought to countries quickly using sea and road transport, reducing the need for very costly air transport.

A comprehensive review and mapping of the emergency supply corridors and pre-positioning strategies implemented by UNICEF in WCAR was conducted in 2016 and will be implemented in 2017 in order to support the 24 countries of the Region. Douala will continue to be a regional hub for the procurement of essential supplies as part of the CO's preparedness activities.

EBOLA

In 2016, in the latest Ebola cluster, seven confirmed and three probable cases of Ebola virus disease (EVD) were reported between 17 March and 6 April from the prefectures of N'Zerekore (nine cases) and Macenta (one case) in south-eastern Guinea. In addition, three confirmed cases were reported between 1 and 5 April from Monrovia in Liberia; these cases, the wife and two children of the Macenta case, travelled from Macenta to Monrovia. Having contained the last Ebola virus outbreak in March 2016, Sierra Leone has maintained heightened surveillance with testing of all reported deaths and prompt investigation and testing of all suspected cases. In Guinea, the last case tested negative for

Ebola virus for the second time on 19 April. Guinea declared an end to Ebola virus transmission on 1 June. On 9 June the World Health Organization (WHO) declared the end of the most recent outbreak of EVD in Liberia⁷.

Guinea, Liberia and Sierra Leone have now moved toward advancing the post-Ebola recovery agenda. The WCARO provided technical assistance to COs to manage the latest flare-ups of Ebola and supported COs to build more resilient health and community systems for better preparedness and response to potential epidemics. The RO played a major role in the elaboration of the three post-Ebola recovery plans.

In 2016 UNICEF carried out an External Evaluation of its Ebola response. WCARO and the affected COs (Liberia, Guinea, Sierra Leone) strongly engaged in this evaluation. The report was published in November 2016 and is available to the public at this [link](#).

In 2016 WCARO education section produced a double-purpose Video on EVD protocols for operating safe schools during outbreaks of EVD or similar epidemics: one short video aims at advocating with governments for adoption of the school protocols, a longer video aims at educating community and school users on the protocols during preparedness and response.

WCARO sections engaged in a documentation exercise to capture the lessons learned and main achievements of the Ebola response. These documentation exercises were carried out in the sectors of WASH, Child Protection, Nutrition, C4D.

Liberia

During the April 2016 EVD flare-up, UNICEF Liberia served as co-lead of the WASH, psychosocial support (PSS), and social mobilization pillars, and provided technical assistance to the logistics pillar. As co-lead of the social mobilization pillar, UNICEF Liberia supported the deployment of social mobilisers, who engaged with traditional and community leaders to raise awareness on EVD infection prevention and control (IPC). More than 275 additional UNICEF-supported community volunteers were also deployed to support the response, and helped to raise awareness on IPC at approximately 17,400 households (roughly 100,000 people) in the affected area. Focus group discussions were held to identify and address local rumors and perceptions about EVD.

UNICEF Liberia continued to support the Government to restore health services and to build a more resilient health care system. Based on the priorities enumerated in the national Investment Plan for Building a Resilient Health System in Liberia and the National Health and Social Welfare Policy and Plan 2011-2021, UNICEF Liberia assisted MoH in developing the National Community Health Services (NCHS) Policy. A core element of NCHS is the training of a new cadre of health workers, known as community health assistants (CHAs), to provide basic health services to the estimated 29 per cent of the population living more than five kilometres (or a one-hour walk) from the nearest health facility. Community health services administered by CHAs are intended to reduce inequities in health outcomes, and to build resilience against future outbreaks and epidemics.

In 2016, UNICEF Liberia supported the implementation of WASH improvement activities in 13 health care facilities in eight counties to improve IPC, which has benefited an estimated 225,124 persons

⁷ WHO, Ebola Situation Report, 10 June 2016

visiting these health care facilities annually. As part of hazardous waste management in healthcare facilities, 12 pyrolytic (Mediburn) incinerators were successfully installed and commissioned at 12 healthcare facilities throughout the country. Through the construction and rehabilitation of WASH facilities in schools, an additional 39,881 children (17,553 girls and 22,358 boys) in 102 schools (85 per cent of a targeted 120) in six counties gained access to WASH facilities meeting the Ministry of Education (MoE) WASH in Schools (WinS) guidelines. Additionally, 102 school health clubs (comprised of 25 members each) were equipped with knowledge and skills on hygiene promotion and the operation and maintenance of school WASH facilities.

In 2016, UNICEF Liberia distributed teaching and learning materials to 4,255 schools (of a targeted 4,460), contributing to improving teaching and learning environments for 44,144 teachers and 720,793 students nationwide. This support was especially critical in the aftermath of the EVD crisis which had a serious impact on the national economy and led to reduction in family incomes.

Anecdotal evidence also suggests that there has been a reduction in stigma and discrimination against Ebola-affected children in schools and communities following the training of 8,995 teachers (of a targeted 10,000) and 3,861 parent-teacher association (PTA) members (of a targeted 5,000) on PSS.

In 2016, 70 per cent of all political subdivisions in Liberia had a social worker present and providing case management services to vulnerable children in need, 20 per cent above the annual target, and provided 3,000 vulnerable children with quality essential services in the form of case management, family tracing and reunification services, and foster care placement, and ensured that orphanages and transit homes were in compliance with the minimum standards for children living in child care institutions.

Through advocacy with MoGCSP, 455 EVD orphans and other registered vulnerable children were added to the social cash transfer programme, which provides labour-constrained and vulnerable families with monthly cash grants.

Sierra Leone:

In early 2016, a woman was found dead in the town of Magburaka (in Tonkolili district) and tested positive for EVD two and a half months after the November 2015 official end of the outbreak. Another case, a relative of the deceased, was subsequently confirmed. These new cases demonstrated adequate in-country capacity to respond to a resurgence of EVD as the response mechanism, under the leadership of the Ministry of Health and Sanitation and the Office of National Security was rapidly activated and the flare-up was confined to these two cases. Within the first 24 hours of the first confirmed case, UN Agencies especially WHO, UNFPA, WFP and UNICEF, rapidly mobilized to support the response and quarantined communities. 123 people were declared high-risk contacts and placed under quarantine, while 100 low-risk contacts had to be closely followed and monitored. UNICEF supported the deployment of more than 3,000 social mobilisers, and the distribution of 350,000 litres of clean water and 123 hygiene kits to the quarantined communities. Non-food items were also distributed to all quarantined and isolated persons. Overall, a total value of US\$333,454 was dispatched to the affected districts (including tents and community care centres rapid response kits). The swift response highlighted the work on preparedness initiated at the level of the UN Country Team (in November 2015), during which UN Agencies mobilized to establish an Inter-Agency Rapid Response

Team to quickly address any potential resurgence of Ebola in the country. In the field, UNICEF also played a key role in leading the Inter-Agency Rapid Response Team, as Incident Manager.

As part of the continuous process to support the GoSL in establishing preparedness systems to respond timely and adequately to health and other emergencies, UNICEF continued to work with key sectors in updating all contingency plans in the Early Action Early Warning (EWEA) system. At the level of UNICEF, an emergency preparedness plan was developed using lessons learned from the response to the EVD outbreak. Emergency preparedness was also integrated in partnership cooperation agreements (PCAs).

Finally, with support from DFID, UNICEF and WFP established an inter-agency stockpile of key supplies to respond to an EVD or any other type of diseases outbreak.

Guinea

On March 2016, in response to Ebola flare up in Koropara, UNICEF deployed Rapid Responses Teams to Nzerekore in support to the National Ebola strategy of containment (Micro cerclage); a front line based was set in Koropara and more 400 outreach workers were deployed for social mobilization and infection prevention & control interventions; the flare up was rapidly controlled.

UNICEF as lead of the social mobilization sector has set up a coordination platform in Koropara and worked with various partners including WHO, WFP, UNOPS, IOM, Red Cross, Rural radio, AGIL, CEAD, AACG to control the epidemic; in addition UNICEF provided logistic and supply support to set up a functional first responders base in Koropara with internet connection and transport vehicles for hygiene kits distribution. More than 1,636,000 individuals were reached in social mobilization during three months.

In addition to controlling the Ebola epidemic, UNICEF has participated in 09 round of polio campaigns that led to the declaration of end of transmission of polio; in the context of the Health System Strengthening and post Ebola recovery plan, the CO supported the health system recovery through the acquisition of equipment worth more than 5.5 million USD. This includes laboratory equipment, reagents and consumables, protection and infection control equipment, and finally equipment for collecting, transport and management of biomedical waste for the benefit of 410 health centres. The CO has also equipped four isolation units and 41 laboratories.

UNICEF with the support of MPTF built and equipped six isolation units (in Yomou, Dinguiraye, Mandiana, Dalaba, Tougué and Fria)

In closed partnership with the Nutrition implementing partner, the WASH program supported “WASH in Nut” strategy for the first time and reached more than 12,000 malnourished mother-child. The WASH programme supported an integrated response to Ebola Virus Disease flare up in Forest Guinea, reaching 15,085 persons with WASH kits for hand-washing promotion.

Given the country risk profile, preparedness is key to strengthen the country response capacity; as such UNICEF has developed three regional contingency plans and has mainstreamed emergency programming into its regular program; in addition UNICEF a developed strong community engagement network across the country partnering with youth and women groups to set up more than 400 community platforms.

UNICEF Guinea has greatly contributed to the preparation of the post Ebola Recovery Plan and the setting of the National Recovery and Resilience Post Ebola Fund for the period 2016-2018. To further reduce the negative impacts of the Ebola epidemic and to put the country on its path of sustainable development, CO in collaboration with UNDP and World Bank, supported Guinea in developing an ambitious Recovery Plan and negotiating donor support for the implementation of two major policy instruments: the National economic and social development plan 2016-2020 (PNDES) and the Programme of Cooperation between Guinea and the system of United Nations 2018-2022. The Post Ebola strategy has set up a National Recovery and Resilience Post Ebola Fund (FNRPE) as a specific and complementary mechanism of financing and rapid implementation of priority interventions required to bring a certain added value to the many current challenges.

HIV and Ebola

The Ebola crisis exposed the fragility of the health systems in the region. Limited qualified personnel, limited supplies and weak M&E capacity, all made it difficult to mount an effective HIV response. The collapse of the health systems in the three most affected countries (Liberia, Guinea and Sierra Leone), had tremendous implications on people living with HIV, especially pregnant women as HIV testing had stopped, and midwives were generally reluctant to attend births due to the associated Ebola transmission risk. Now that the EVD has come to an end, it will be important to explore opportunities to strengthen existing systems, such as health and social protection ones as part of the recovery responses. In Sierra Leone, a study on the cost of Ebola highlighted that HIV suffered the highest cost of Ebola – many children stopped taking their medicine while there has been an increase to up to 20% of babies found HIV-positive, likely due to poor PMTCT program as a result of the disruptions of the EVD epidemic. These results reinforce the need to keep addressing HIV in post-emergency responses. In Sierra Leone, a “catch-up plan” has been drafted to accelerate the HIV response in the country.

Guinea Bissau

In 2016, the country office continued to work to strengthen multi-sectoral system to decrease the risk of EVD. At an early stage the main risk identified in Guinea Bissau was the frailty and non-functionality of the health system. As result an emphasis was therefore put on the strengthening the existing system. Three pillars, Identification, Isolation and Treatment guided the program. For proper identification and isolation, emphasis was put on the community vigilance and resilience. For treatment, an emphasis was put on the strengthening of the health system. UNICEF participated in all coordination activities led by the Government and was able to quickly identify gaps as well as take action. The following activities/results were undertaken:

- EVD emergency preparedness protocol has been developed by the Ministry of Education outlining key SoPs for all schools in case of EVD outbreak. A training program was developed and teachers, MoE employees, School Inspectors were trained across the country. 155 (out of total 528) hand washing stations were installed in priority schools and a year’s worth of soap was procured.
- Water quality test material were procured to assess the quality of water from 2000 boreholes and wells.
- 21 water points were constructed in the south of the country prone to recurrent cholera outbreaks and considered under high risk of EVD.

- All border posts with Guinea Conakry have been equipped with critical supplies to monitor and control EVD spread including: 1700 gloves, 100 rubber boots, 1000 sprayers, 60 thermometers, 10 tents.

Overall UNICEF provided support for the preparation of the National EVD Contingency Plan and the establishment of the inter-ministerial task-force, led by the Minister of Health, and the weekly High-Level partners meetings, chaired by the Prime Minister / Minister of Health. UNICEF also led the advocacy efforts, which resulted in the appointment by the Prime Minister of the “National High Commissioner for Ebola Response” to coordinate the national efforts. Main partners were Ministry of Health, Ministry of Education, Ministry of Interior, Ministry of Natural Resources, National Public Health Institute (INASA), UN Organisations, INGOs, (notably, IMC, Red Cross).

Togo

While Togo never experienced Ebola cases, the UNICEF CO continued to work with government and partners to prepare against an Ebola outbreak. One of the strategies chosen by the Togolese Ministry of Health in the emergency preparedness plan against Ebola was the Infection Prevention and Control in the Health Facilities project. In this context 254 health and sanitation technicians were trained on infection prevention and control strategies in order to prevent infection dissemination in the health facility context.

In the same context of the Infection Prevention and Control strategy 3 large incinerators able to treat 100 kg of waste per hour were installed in CHU Campus of Lomé, CHU Kara and CHR Dapaong in order to facilitate the proper disposal of potentially toxic medical waste management. In 2016 17 persons (7 sanitation technicians, 4 bio-medical maintenance specialists, 3 incineration operators and 3 medical waste management operators) were trained in order to be able to operate properly the incinerators.

From the 9th to the 18th of March 2016 284 persons working in the inter-sectoral humanitarian sector at the regional level in the six regions were trained on children psychosocial support in case of an Ebola emergency. The main purpose of the training was to strengthen the participants’ skills to give psychosocial support to children in case of an emergency, and especially in the case of an Ebola outbreak.

Monitoring and Evaluation

The WCARO Emergency Section actively supported improved humanitarian planning and performance monitoring, evaluation and learning across 7 country offices (CO) responding to major (L1/L2/L3) humanitarian emergencies in 2016. With regional office support, countries responding to crises such as in the Lake Chad Basin (Cameroon, Chad, Niger and Nigeria) and in the Central African Republic were able to monitor programme results on a high-frequency (weekly/monthly) basis, both for reporting to external audiences and to improve internal management decision-making concerning successes, gaps and areas for needed scale-up. Stronger emphasis was placed in 2016 on field and third party monitoring for improved quality assurance, and on further harmonization of indicators across countries in order to strengthen regional analysis.

To facilitate broader humanitarian learning and to enhance UNICEF’s response in the Lake Chad Basin, the Emergency Section commissioned and managed a four-country evaluation of UNICEF’s response

in the areas most affected by displacement and conflict with Boko Haram. The evaluation took place in the late summer and Fall of 2016, during which time the Nigeria country office in particular was scaling up its response in the northeast and was elevated to a level 3 emergency. Findings from the field missions as part of the evaluation were available to the COs in near-to-real time via in-situ debriefings and presentations, and those findings which were actionable and immediately relevant were able to be formulated as recommendations and incorporated quickly into the ongoing response.

In 2016 the regional office also actively participated in the large evaluation of UNICEF's response to the Ebola crisis, as well as numerous programme-specific lessons learned activities, notably for Child Protection, to inform UNICEF's response in any future large-scale public health emergencies. The section also finalized the management response plan for an evaluation from the previous year in CAR.

Financial Analysis

Table 1

2016 Funding Status against the Appeal by Sector (in USD):

Sector	Requirements	Funds Available Against Appeal as of 31 December 2016*	% Funded
Nutrition	655,000	968,260	148%
Health and HIV&AIDS	439,000	590,000	134%
Water, Sanitation and Hygiene	500,000	1,565,000	313%
Child Protection	426,000	1,044,500	245%
Education	600,000	311,000	52%
Emergency preparedness and response*	2,000,000	9,500,000	475%
Communication for development	406,000	465,212	115%
Ebola**	15,000,000	17,739,433	118%
Total	20,026,000	32,183,405	161%

*Includes needs for Emergency, DRR/Resilience, Security, Operations/ BCP, Social Policy and Supply & Logistics - including regional hubs and regional allocations to Cos

** Includes the needs of Guinea (US\$5 million), Liberia (US\$5 million) and Sierra Leone (US\$5 million)

Table 1 shows the funding status against the WCARO appeal. This table accounts for all 2016 income against the WCARO 2016 appeal plus WCARO carry-forward from previous years. The carry forward was mainly Emergency Thematic Funding at WCARO level that was then reallocated to COs in 2016 and some Ebola funds.

Table 1 does not account for carry over of COs from previous appeals that is instead detailed in Table 2 hereunder.

Table 2

Table 2 - Funding Received and Available by 31 December 2016 by Donor and Funding type (in USD)			
Business Area	Donor Name/Type of funding	Programme Budget Allotment reference	Overall Amount*
I. Humanitarian funds received in 2016			
a) Thematic Humanitarian Funds (Paste Programmable Amount from Table 3)			
See details in Table 3		SM149910	845,226
b) Non-Thematic Humanitarian Funds (List individually all non-thematic emergency funding received in 2016 per donor in descending order)			
Chad	European Commission / ECHO	SM160421	439,952
Congo	Japan	SM160078	462,963
		SM160079	694,444
Guinea	Japan	SM160082	1,851,852
Niger	European Commission / ECHO	SM160421	729,458
Nigeria	European Commission / ECHO	SM160421	1,601,104
Republic of Cameroon	European Commission / ECHO	SM160421	748,843
Sierra Leone	Japan	SM160089	925,926
	Sierra Leone	SM160301	952,381
WCARO, Senegal	USA (USAID) OFDA	SM160462	462,963
	European Commission / ECHO	SM160421	596,781
Total Non-Thematic Humanitarian Funds			9,466,667
c) Pooled Funding			
(i) CERF Grants			
Congo	UNOCHA	SM160544	246,375
	UNOCHA	SM160545	134,093
	UNOCHA	SM160550	95,194
Cote D'Ivoire	UNOCHA	SM160432	514,100
Guinea	UNOCHA	SM160263	768,500
Total CERF Grants			1,758,263
(ii) Other Pooled funds - including Common Humanitarian Fund (CHF), Humanitarian Response Funds, Emergency Response Funds, UN Trust Fund for Human Security etc. (Put the figure representing total contributions received in 2016 through these various pooled funding mechanisms.			
Guinea - 1770	UNDP - MDTF	SM160343	934,579
Liberia - 2550	UNDP - MDTF	SM160011	618,579
	UNDP - MDTF	SM160270	186,916
	UNDP - MDTF	SM160598	466,000
Total Other Pooled funds			2,206,075
Total Pooled Funding (i+ii)			3,964,337
d) Other types of humanitarian funds			
Sierra Leone - 3900	The United Kingdom	KM160013	8,180,632

Total Other types of humanitarian funds			8,180,632
Total humanitarian funds received in 2016 (a+b+c+d)			22,456,862
II. Carry-over of humanitarian funds available in 2016			
e) Carry over Thematic Humanitarian Funds			
	Thematic Humanitarian Funds	SM149910	18,513,392
f) Carry-over of non-thematic humanitarian funds (List by donor, grant and programmable amount being carried forward from prior year(s) if applicable)			
Benin	Denmark	SM140524	121,883
Burkina Faso	Denmark	SM140524	82,310
	SIDA - Sweden	SM150186	3,024
	Italy	SM150455	47,398
	European Commission/ECHO	SM150181	24,762
Congo	Congo	SM150250	38,477
Cote D'Ivoire	Cote d'Ivoire	SM140564	3,853,343
	Denmark	SM140524	5,596
Ghana	Denmark	SM140524	88,291
Guinea	UNDP - MDTF	SM140624	937,544
	The GAVI Fund	SM150267	352,678
	Guinea - Conakry	SM140419	12,340
	Guinea - Conakry	SM140420	47,497
	Guinea - Conakry	SM140599	1,392,057
	Guinea - Conakry	SM150244	698,763
	European Commission/ECHO	SM150406	369,696
	Guinea - Conakry	SM150390	2,796,423
	Guinea - Conakry	SM150247	631,382
	USAID/Food for Peace	KM150053	791,341
	USAID/Food for Peace	SM150537	554,350
	Guinea - Conakry	SM140535	97,278
	UNDP - MDTF	SM150506	478,588
Guinea Bissau	Denmark	SM140524	24,886
Liberia	United States Fund for UNICEF	SM150180	4,689
	USA USAID	SM150043	1,473,899
	The GAVI Fund	SM150267	435,118
	Liberia	SM150516	1,676,941
	Liberia	SM150020	6,248,600
	Liberia	SM150021	2,222,866
	USA (USAID) OFDA	SM140554	9,300,062
	USAID/Food for Peace	KM150052	90,000
	USAID/Food for Peace	SM150536	381,544
Mali	European Commission/ECHO	SM150181	112,311
Mauritania	SIDA - Sweden	SM140231	99,149
	UNOCHA	SM150502	1,121,769
	Japan	SM150075	396,795
	European Commission/ECHO	SM150181	156,553
Niger	European Commission/ECHO	SM150181	26,996

Senegal	Denmark	SM140524	144,847
	Japan	SM150078	152,847
	European Commission/ECHO	SM150181	56,252
Sierra Leone	The GAVI Fund	SM150267	339,493
	UNDP - MDTF	SM150526	800,000
	UNDP - MDTF	SM150581	736,875
	Italy	SM150548	1,015,270
	Sierra Leone	SM150505	2,245,265
	Sierra Leone	SM140644	2,297,638
	Sierra Leone	SM150268	139,174
	Japan	SM150079	859,386
	USAID/Food for Peace	KM150055	144,018
	USAID/Food for Peace	SM150539	949,601
	Sierra Leone	SM150042	1,094,217
	Sierra Leone	SM140432	20,678
	Sierra Leone	SM140433	14,292
	Japan International Cooperation Age	SM150400	57,696
	The United Kingdom	SM140626	670,988
	Japan	SM150080	268,358
Liberia	UNDP - MDTF	SM160011	519,006
Burkina	SIDA - Sweden	SM140232	101,237
WCARO, Senegal	The United Kingdom	SM130487	152,279
	Denmark	SM140524	3,228
	European Commission/ECHO	SM150216	1,412,057
	The GAVI Fund	SM150267	341,448
	The United Kingdom	SM150317	222,529
	USA (USAID) OFDA	SM150481	11,506
	The United Kingdom	SM120158	427,101
	USA (USAID) OFDA	SM150469	396,661
	USA (USAID) OFDA	SM150470	67,500
Total carry-over non-thematic humanitarian funds			52,858,643
Total carry-over humanitarian funds (e + f)			71,372,035
III. Other sources (Regular Resources set -aside, diversion of RR - if applicable)			
N/A			-
Total other resources			-

Table 2 includes a large carry-over from previous years from 16 COs. Several COs had Emergency funding from previous years and under other appeals. Out of the 71.3 million USD carry-over, 47.5 million USD are from the Sub-Regional Ebola HAC which ended in 2015. Most of these funds were strictly earmarked for Ebola response. 12 COs (Benin, Burkina Faso, Congo, Cote D'Ivoire, Ghana, Guinea, Guinea Bissau, Liberia, Mauritania, Senegal, Sierra Leone, WCARO) carried over 18.5 million USD of Emergency Thematic funding that was then used in 2016 to respond to emergencies across the region. These COs did not have their own HAC appeal in 2016 so all of this carry-forward is being reported in the WCARO CER.

Table 3

Thematic Humanitarian Contributions Received in 2016 (in USD): Donor		Grant Number	Programmable Amount (USD)	Total Contribution Amount (USD)
Guinea	French Committee for UNICEF	SM1499101136	319,234	335,196
Sierra Leone	Japan Committee for UNICEF	SM1499101156	74,483	78,207
WCARO	Australian Committee for UNICEF	SM1499101118	17,653	18,536
	Danish Committee for UNICEF	SM1499101217	112,478	118,102
	German Committee for UNICEF	SM1499101170	134,571	141,300
	Israeli Fund for UNICEF	SM1499101089	45,703	47,988
	Spanish Committee for UNICEF	SM1499101095	123,643	129,825
	United Kingdom Committee for UNICEF	SM1499101209	17,460	18,333
Total			845,226	887,487

Future Work Plan

The WCAR region remains one of the most emergency-affected and fragile regions in the world, with weak governance structures, low public revenue, high vulnerability to climate change and political and social instability. Emergency needs will therefore remain high in the next four years in DRC and the Sahel due to political instability, while other countries remain vulnerable to floods, epidemics and other threats. Emergency preparedness remains central to reducing the impact of both natural disasters and complex emergencies. As part of UNICEF's commitment in the World Humanitarian Summit to bridge the humanitarian-development gap, stronger implementation of the Early Recovery CCCs is necessary. To meet commitments to accountability to affect populations, security needs to better manage risks to staff, quality assurance and achieve better convergence, the RO will support COs with the emergency programmes to set up more robust field monitoring systems, including third party monitoring and information management and mapping to allow more responsive programming. All work will be done within the framework of UNICEF's CCCs in Humanitarian Action, global policies and corporate procedures on emergencies (level 2, level 3), as well as the Cluster approach and the IASC Transformative Agenda.

WCARO emergency section will focus on the following in 2017:

- Support the roll-out of the new UNICEF emergency preparedness procedure in all countries in the region by 2018, and support the regular updating of the Emergency Preparedness Platform in all countries in the region. The section will support COs in all preparedness steps: risk analysis, scenario definition, response planning and minimum preparedness actions.
- Support to CO response – secretariat function to L2 and L3 emergencies, continued oversight and support to humanitarian response planning and performance monitoring (including

improved roll-out of field monitoring), assurance of accountabilities where UNICEF is cluster lead, and continued improved interagency coordination as appropriate.

- Strengthen the implementation of Early Recovery commitments of the CCCs, so that the considerable emergency funds spent in the region yield benefits for children after the emergency response. The Section will work with Programme Sections and Country Offices to identify gaps and create action plans to strengthen programme practices through existing planning cycles.
- Strengthen information management (IM) in Country Offices - support to improved data management systems, including data collection, visualization and information sharing, mapping, mobile and cloud-based technology approaches as appropriate. Focus will also be on building capacity of COs staff and networking, coordination with other agencies.
- Lead UNICEF Humanitarian Advocacy to improve visibility and engagement on silent and neglected crises. Targeted strategies, messages and advocacy products will be developed in coordination with COs and regional office colleagues targeted to actors including governments, international organizations and civil society.
- Strengthening Cash: Further to the World Humanitarian Summit engagements, UNICEF has engaged in expanding its cash based interventions because of the demonstrated humanitarian impact as well as a modality that contributes to link humanitarian and development components. WCARO will support WCAR CO in their efforts to increase the percentage of cash based interventions in the region.

NUTRITION section will focus on the following in 2017:

- Develop guidance and tools to support COs to develop national multi-sectorial nutrition plans to improve child nutrition within the 1,000-day window of opportunity. Support High level Advocacy on Nutrition related issues in humanitarian contexts.
- Provide guidance to support and strengthen health system capacities, and to ensure adequate access to life-saving treatment for children 6-59 months with SAM in all areas with particular attention and additional support to high SAM prevalence areas (SAM prevalence > 1). Attention will be given to improve program quality and coverage to save lives of children at high risk of mortality.
- Close follow up of emergencies, notably Lake Chad Basin countries, CAR+, Mali+.
- Filling HR and funding gap: Continued work on finances tracking, leveraging domestic resources, building national capacities including work with media and parliamentarians.
- Stimulate country level knowledge management /documentation.
- Innovative funding opportunities: continue to focus on humanitarian interventions to ensure rapid and effective response to humanitarian crises; strengthening population resilience to risks; and complying with fundamental humanitarian principles.

EDUCATION section will focus on the following in 2017:

- Continue promoting the implementation of the Safe Schools Strategy in WCA region, including strengthening the convergence between Education and Child Protection.
- Improve the outreach and impact of EIE responses on small children <6 years and adolescents.
- Continue building the capacity of COs to provide PSS, C/DRR and Risk Sensitive EIE responses and preparedness planning, including contingency planning and sector planning.

- Finalize the Radio Education Program for emergencies (and launch in Niger and Cameroon).
- Continue supporting COs for the use of risk informed sector planning and education policies
- Assist COs to improve their humanitarian planning and performance in Education including through improved fundraising.
- Collect evidence and document the perception of safety and wellbeing of school users in EIE operations across the region (Lake Chad Basin and other crisis).
- Promote cross-border collaboration in the region and beyond.
- Contribute to global and regional advocacy and efforts to raise the profile and importance of Education as key humanitarian response for improved funding and results for children.

CHILD PROTECTION in emergencies will focus on the following in 2017:

- Provide technical support to emergency affected countries based on the CCCs, including major emergency situations requiring a sub-regional and cross border coordination and response and countries with elections. Specific focus will include strengthening MRM.
- Strengthen CPiE Capacities and CP Systems to better respond to CPiE in West and Central Africa – through the inclusion of CPiE components in a regional roadmap on VAC programming with a focus on Sexual Violence, VAC in school, and Physical Violence as well as in the ECOWAS policy framework on CP).
- Strengthen the information management system and analyses at regional level and in countries through monitoring HRPs/HAC in 7 WCAR countries, systematization of knowledge learned through HNO/HRP experiences and promotion of situation monitoring on ongoing basis at country level.
- Support 14 scholarships from WCA francophone countries to the 4th cohort of CPiE Project Manager Certificate (Bioforce Dakar) – gain quality deployment + enrich RO CPiE roster.
- Strengthen advocacy to better support CPiE responses in complex contexts and to increase funding and policy change.
- Support global research on “Children and Extreme Violence: Preventing and Responding to Recruitment and Promoting Effective Release and Reintegration” United Nations University (UNU), in collaboration with UNICEF, DPKO and the UN Permanent Mission of Luxembourg. Enhance programmatic responses for children affected by extreme violence (Mali and Nigeria).
- Scale-up advocacy on birth registration in fragile states and conflict countries and develop recommendations for the AU Strategy (2016-20) to improve civil registration systems and services in Fragile States for the most vulnerable children.

WASH section will focus on the following in 2017:

- Promote as regional sector lead a WASH minimum package of key activities adapted to the vulnerabilities and specificities of the various vulnerable population.
- Continue to roll out a risk-informed approach from public health issues to climate change, including the impacts of water scarcity, floods, food insecurity and malnutrition.
- Launch Regional WASH in vector control strategy. A strategy building on the regional technical guidance work covering Dengue, Yellow Fever, Chikungunya, Zika, and Malaria.
- Formalize the knowledge management of the regional cholera platform by a compendium to support cholera control and prevention from the institutional till the community levels.

- Conduct impact studies on WASH in Nut (Chad) and Cholera related to the domiciliary disinfection (DRC), as well as investment case studies in hot spots (Guinea, Lake Chad Basin).
- Provide surge capacity to countries offices and WASH clusters in emergency-affected countries with real time monitoring and evaluation of programme work.

Health section will focus on the following in 2017:

- Regional refresher training on health in emergencies. The main objective of the training is to strengthen the capacity of the Health Specialists of WCAR to prepare and respond to emergency. The Health Specialists will be in charge with the RO support to train the partners (MOH, NGOs...) at the country level.
- With the technical support of the RO, the Cos will update their preparation and response plan for health emergencies including cholera and emergent diseases such as zika, monkey pox, Lassa fever and Ebola.
- Support to Cos for prevention and response to epidemic-prone diseases including support to COs for vaccination campaigns in humanitarian settings.
- The RO will put efforts in the scale-up of the use of Oral Cholera Vaccine (OCV) in humanitarian settings to ensure a comprehensive response to cholera epidemics.
- At regional level, UNICEF will continue to collaborate and coordinate with WHO and others partners in preparedness and response to health emergencies.
- The RO will strengthen the international collaboration on surveillance of disease with the governments of the region through the Economic Community of the Central Africa States

HIV section will focus on the following in 2017:

- Priority activities will be to support the interventions in CAR, Nigeria and food crisis-affected countries.
- Nigeria+ and CAR+: support training of UN Joint Teams on AIDS, national partners and humanitarian programmers on the HIV and Emergency toolkit to ensure it benefits people affected by the conflict and affected by HIV, with special focus on ensuring continuity of HIV prevention, care and treatment services.
- Ebola-affected countries: support the revamping the HIV response for children and women now that the three affected countries have been declared Ebola-free.
- Sahel Countries: support HIV testing and treatment among children with Severe and Acute Malnutrition.
- GBV/HIV: strengthen the research component around the linkages between HIV and GBV and suggest programmatic interventions, especially in areas prone to conflicts.

C4D section will focus on the following in 2017:

- C4D in Emergencies priority activities and results for 2017 are Epidemic Preparedness and Rapid Response and Cross-sectoral Engagement in Education and Nutrition.
- Support CO C4D preparedness to sustain a 'resilient zero' Ebola cases and for rapid response to EVD and other priority epidemic responses.
- Technical assistance to COs in preparedness and response (ToRs, messaging strategies, communication materials, pretesting, M&E, etc.) associated with the roll-out of revised UNICEF Preparedness for Emergency Response Procedure and minimum standards for preparedness.

- Develop institutional capacity of COs, governments and other partner organizations to strengthen technical C4D capacity, via a regional Disease Outbreak Workshop for the C4D WCAR Network in May 2017.
- Participate in the global review of Health Emergencies Preparedness Initiative (HEPI) – Disease Toolkits
- C4D will continue to engage with Education in Emergencies (EiE) and Child Protection in Emergencies (EiE) to enhance relevance and coverage/access to education and protection in emergency preparedness and responses. This includes distance education using radio in cases of prolonged school closure, developing messaging strategies conflict/disaster risk reduction planning.

SUPPLY *section* will focus on the following in 2017:

- Provide support to emergency countries through technical assistance for supply/log planning, contracting, pipeline tracking and overall inventory management.
- Consolidate emergency response capacity from the regional stockpiles in Douala and Accra through stronger operational partnerships and secured funding.

Expression of Thanks

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

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

While significant results were achieved to address humanitarian needs in 2016, additional funding is still needed to ensure timely, targeted and comprehensive humanitarian response, as well as build long term community and family resilience, capitalizing on the gains made in the region. The region is confronted with silent and protracted crises that must remain supported to ensure the wellbeing of children in WCAR.

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