Highlights

- As of 15 June 2020, a total of 74,485 confirmed COVID-19 cases, with 1,546 associated deaths, were reported in the West and Central Africa Region (WCAR), representing a 35% increase since June 3rd, 2020.
- 21 out of the 24 countries of the region are reporting cases of community transmission.
- 2.9 million people have been reached with critical WASH services and 47,500 healthcare facilities staff and community health workers were trained in infection prevention and control procedures.
- Since the beginning of the pandemic, nearly 480,000 children have been directly reached with child protection services, including 466,481 children reached with mental health and psychosocial support and more than 7,000 children without parental care have been provided with alternative care.

Situation Overview and Needs

The COVID-19 pandemic continues its progression in West and Central Africa (WCAR). WCAR accounts for 44% of confirmed cases and 37% of deaths in the Africa region. The top 5 countries in WCAR reporting the highest number of confirmed cases are: Nigeria (15,181), Ghana (11,118), Cameroon (9,864), Senegal (5,090) and Côte d’Ivoire (4,848) representing 62% of all confirmed cases. In WCAR, West Africa accounts for 68% of all confirmed cases.

The case fatality rate (CFR) is still quite high in West Africa, especially in Central Sahel countries already affected by humanitarian crises (Niger: 6.65%, Burkina Faso: 5.93% and Mali: 5.86%) and in countries with weak health systems like Liberia (7.17%), Mauritania (5.15%) and Sierra Leone (4.51%). In Central Africa, only Chad still reports a high CFR (8.49%) followed by Congo (3.21%).

One of the main concerns in the region is the impact of the pandemic on health care workers. The number of infected frontline health workers in Africa has increased from 2,217 health providers infected on 26 May to 4,830 as...
of 7 June in 36 countries, with 2,453 (51%) of them from 21 countries in WCAR. The top 5 countries reporting the highest number of health workers infected by COVID-19 are Nigeria (812), Cameroon (293), Niger (184), Guinea (134) and DRC (131).

Coordination and Partnerships

In West and Central Africa, UNICEF continues to support governments in the development and implementation of their COVID-19 response plans. UNICEF’s Regional Office and all UNICEF Country Offices have developed dedicated response strategies that will contribute to outbreak control as well as the mitigation of the collateral impacts of the pandemic and the response. These include support to Risk Communication and Community Engagement (RCCE), provision of critical WASH-Infection Prevention Control (IPC) materials, the continuity of essential health and social services for children, adolescents, women and vulnerable population across the areas affected by COVID-19. UNICEF is leading the coordination of regional partners’ support in the RCCE pillar, and co-leading Operational Coordination, Case Management, WASH/IPC, and Logistic & Operational Support.

UNICEF’s COVID-19 response

Risk Communication and Community Engagement (RCCE)

The UNICEF-led RCCE WCAR working group has conducted two regional analyses of community feedback, revealing gaps in knowledge around treatment, and rumors that Africans are immune to the virus. Feedback also shows that communities disagree with some public health and social measures, namely quarantine and isolation. Protection issues related to stigma have arisen, particularly against community workers and volunteers. Recommendations to address these specific feedback and rumors at national levels are being shared through the different response pillars coordination platforms at both regional and national levels.

WCARO’s Communication for Development (C4D) team has joined the WHO AFRO-led Infodemic Alliance to complement the region’s and partners’ efforts to fight misinformation, namely conveyed through social and mass media.

In collaboration with the African Society of Infectious Pathology (SAPI), Bordeaux University and other partners, the C4D team conducted a training for 100 health staff from five countries in the region, focusing on risk communication, interpersonal communication andhumanization of health services.

In partnership with Cabo Verde Education Ministry, the regional C4D team conducted a training of trainers for over 60 teachers, aiming to strengthen their knowledge around COVID-19 and their role in addressing rumors, and engaging students and parents during the return to schools. The regional C4D team also conducted a training for Cabo Verde’s National Child and Adolescent’s Institute and its child protection partners, largely community social workers, aiming to strengthen knowledge around COVID-19 and their role as key risk communication and community engagement actors.

The COVID CASS, a Social Science Analysis Cell established during the DRC Ebola outbreak to conduct operational analyses to inform and support the response actors’ strategies and interventions, has provided support to Burkina Faso, Niger, Mali and Guinea Country Offices in their respective efforts to conduct studies on knowledge, perceptions and health impacts that will inform their respective interventions.

Medical and WASH supplies, Infection Prevention and Control (IPC)

2.9 million people have been reached with critical WASH services, out of 10 million people targeted (29 per cent progress). These services include the provision of hygiene kits, repair of water points, chlorination of water systems and networks and the construction of water systems. To address the growing concerns about infection of health care workers in the region, 47,500 healthcare facility staff and community health workers were trained in infection prevention and control procedures, out of the 103,000 workers targeted (46 per cent progress).

In Mali, as part of the integration of WASH and Child Protection, UNICEF provided critical WASH supplies such as handwashing stations, soaps and alcohol-based gels in four transit centres (Gao, Kidal, Mopti and Bamako) and Child Friendly Spaces.

In collaboration with the national NGO Initiative Development Communautaire, UNICEF Central African Republic launched COVID-19 prevention activities in prisons and police stations in Bangui and Mbaiki. Sensitization was conducted for 2,000 detainees while hygiene committees were set up in these facilities. Thirty committee members were trained in prevention measures within these detention centres and police stations as well.
Supply

The total amount of goods procured for COVID-19 response in the region amounts to USD 35.7 million, with 19% of these goods received by country offices. The Procurement Services for governments or other partners using the UNICEF supply chain systems in 14 WCAR countries represents USD 5.8 million.

Challenges related to the availability of COVID-19 items on the global market are being resolved, with essential equipment like PPE now showing a more reliable pipeline. Shipment of goods are expected to accelerate by July/August. One current challenge is disruption related to congestion and the limited capacity of Ethiopian Airlines to handle increasing numbers of shipments across the continent. As of today, some goods remain blocked in Addis Ababa airport. Continuous efforts are being made to ensure real-time shipment information.

Provision of Healthcare Services

In the 19 countries that have provided quantitative data on the impact of the COVID-19 epidemic on immunization activities, there has been a decrease in the number of children vaccinated in the 1st quarter of 2020 compared to the same period in 2019 (coverage varies between 2% for first dose of polio and 61% for yellow fever). This situation is most likely related to COVID-19 having reduced routine immunization activities (both in terms of provision of vaccination services and utilization of those services by the community). The WCARO health team continues to work in close collaboration with partners, particularly through the Regional Working Group on Immunization to provide technical support to country teams with a particular emphasis on monitoring the impact of the COVID-19 epidemic and on the preparation of activities after the COVID-19 epidemic.

Burkina Faso, Central African Republic, Cameroon, Chad, DRC, Guinea, Niger and Nigeria are in active measles epidemic phase. Despite the persistence of COVID-19, Niger and Cameroon have started selective targeted response activities in a number of districts. With the help of NGOs, the Central African Republic has started its national response in three target districts out of the 25 remaining districts. In DRC, 117 health zones have completed their response and eight target health zones in Kinshasa have postponed their response. WCARO has supported Burkina Faso and Guinea through documentation for the preparation of the risk/benefit analysis to conduct their responses. In Chad, the response activities remain suspended by a decision of the Ministry of Health. The Regional Office with the global levels of WHO and CDC, has supported the risk assessment in Chad as a means of advocacy for the resumption of outbreak response activities.

On the demand side, Côte d’Ivoire has conducted a U-Report survey on caregivers vaccinating their children. WCARO organized a webinar on immunization during COVID-19 in French for francophone countries, with a focus on managing rumors and promoting routine immunization.

On the vaccine management side, it is estimated that approximately nine countries are likely to experience a stockout of at least one antigen within the next two weeks. Although some innovative solutions have been identified to ship the vaccines to WCAR countries, Cabo Verde, Guinea, Guinea-Bissau Equatorial Guinea, Mauritania, Sao Tome and Principe and Sierra Leone still remain hard to reach. Eight countries have been supplied with at least one antigen, while eleven countries orders are still awaiting shipments.

Nutrition

The regional nutrition team continues to work in close collaboration with partners to provide dedicated technical support to country teams and will shortly issue the third version of the Regional Nutrition Technical Guidance Note. The revised guidance will include information on maternal and adolescent nutrition as well as Seasonal Malaria Chemoprevention campaigns coupled with acute malnutrition screening. An important step in this process will be to obtain validation from WHO.

Additionally, the Regional Nutrition in Emergency Working Group supported the facilitation of a meeting with the Nutrition Cluster of Burkina Faso. Other sectors such as WASH, food security and health were represented at regional and country level. The aim was to define a multisectoral plan for the prevention and care of malnutrition in the most affected areas. This first session gathered more than 30 participants and will lead to more in-depth support from the regional level to nutrition partners in the coming weeks. Furthermore, UNICEF’s nutrition section continues to maintain regular contact with key donors on emerging nutrition needs and programmatic readjustments to be rolled out in the context of COVID-19.

In Sierra Leone, UNICEF provided 30,000 packets of Mid Upper Arm Circumference (MUAC) tapes to intensify community-based nutrition surveillance. MUAC screening of children under five will be led by
community health workers (CHWs) and mother support group (MSG) members with the engagement of caretakers at household level.

Education

Since the beginning of the pandemic, about 36 million children out of 59 million affected children targeted by UNICEF were supported with distance/home-based learning opportunities, and 7,820 out of 418,000 schools were implementing the Safe Schools Protocol.

Burkina Faso and Congo re-opened their schools as planned in June for students in examination classes, while Senegal decided to postpone their re-opening.

The Education Cannot Wait Initiative announced new funding in the amount of USD 13 million for the central Sahel countries Mali, Burkina Faso and Niger. These funds target the populations affected by displacement (IDPs, refugees and host communities) for a duration of 12 months.

The Global Partnership for Education (GPE) has mobilized an additional USD 250 million following an initial funding envelope of USD 250 million, bringing the total available funding to USD 500 million. The GPE approval process for proposals already submitted is ongoing. Guinea-Bissau submitted a proposal for USD 5 million, with UNICEF acting as the grant agent, last week.

In the Central African Republic, 44,205 children, including 16,200 girls have been verified as having completed 17 lessons in French and Sango broadcast throughout the country by UNICEF partner Radio Ndeke Luka and a network of 10 community radios. The actual number of children following UNICEF-supported radio education programs is most probably much higher. Feedback received from the education districts showed that parents are satisfied with this teaching modality, which allows their children to attend lessons from home during the ongoing school closures. To encourage radio education, UNICEF distributed an initial 2,985 solar radio sets to vulnerable households in Bouar (West), considered as the most high-risk area for COVID-19 outside of the capital, due to its central location on the main trade route to Cameroon.

Distance education through TV and radio has been launched in Equatorial Guinea. Classes through the radio are held live and have enabled interactions with parents and students, allowing space for clarifications and questions on the subjects taught. It is estimated that 115,000 pre-primary and primary children (70%) are reached weekly through these learning programmes. An online platform¹ has also been made available where all broadcasted recordings and relevant materials are uploaded for easy access.

Child Protection

Since the beginning of the pandemic, nearly 480,000 children have been reached directly with child protection services, including 466,481 children reached with mental health and psychosocial support and more than 7,000 children without parental care provided with alternative care.

Over 1,800 UNICEF personnel and partners have completed training on gender-based violence (GBV) risk mitigation and referrals for survivors, out of more than 5,000 targeted by the end of the year. Additional efforts have been made to increase the number of children and adults that have access to safe channels to report sexual abuse and exploitation, with comprehensive referral and response mechanisms in place.

Social Protection

In Togo, the government is implementing a COVID-19 impact focused cash transfer programme, providing 12,250 CFA (approximately USD 21) to vulnerable women, 10,500 CFA (approximately USD 18) to men, and 20,000 CFA (approximately USD 34) for motorcycle taxi drivers. Beneficiaries register via their mobile phones, to which the grants are regularly credited if they are eligible. By the end of May, a total of 561,080 beneficiaries had already been reached by this cash distribution to mitigate the impact of COVID-19 on the direct beneficiaries and on their children.

The cash transfer program in Côte d’Ivoire is expanding to target 200,000 beneficiaries, who receive 25,000 CFA per month (approximately USD 43) for a three-month period. Beneficiary lists are established by social centers and validated through a community selection process.

In Benin, UNICEF and partners have launched a Cash Working Group to facilitate the coordination of cash-based interventions in response to COVID-19, with support from CashCap. UNICEF is designing a cash-based intervention for vulnerable families and children.

¹ http://escuelaencasa.gq/
Resource mobilization to support this programme is ongoing.

**UNICEF DRC** continues to provide technical assistance to the government to put in place a shock-responsive social protection system, to support the response to COVID-19. UNICEF supported the Ministry of Social Affairs to develop a standard questionnaire to determine eligibility for support. This was one of the DRC government requirements, triggering World Bank budget support. The questionnaire is intended to be used by all actors in DRC after being submitted for review by the main technical and financial stakeholders.

**Adaptations to ongoing UNICEF programmes**

To adapt to the restrictions on staff movement across the region, UNICEF transformed a five-day training on WASH coordination planned for Burkina Faso, to an on-line guided training that can be followed over eight weeks. With three hours of online training per week, 30 WASH staff from 7 countries in WCAR are learning the basics of WASH cluster coordination, taking into account the new COVID-19 context.

In **Ghana**, over 49,209 out-of-school girls aged 10-19 years benefited from iron-folic supplementation in five northern regions, distributed through health facilities, with support from UNICEF. As a result of ongoing school closures, UNICEF is assessing options to reach schoolgirls with iron-folic acid supplementation through the health facility platforms.

Given some specificities of the region, the Regional Office has organized technical support through webinars on social work during the COVID-19 period and on juvenile justice with representatives of the judicial system of the DRC and Guinea. Across the region more than 500 children could be released thanks to the advocacy efforts of UNICEF and other child protection partners. Support continues to be provided to national authorities and protection actors to ensure that street children and Koranic school children targeted by detention measures can receive temporary care before being reunited. Since the beginning of May, more than 10,000 children have benefited from these types of measures.

**Funding Overview**

UNICEF’s West and Central Africa region has raised USD 102.1 million out of the required USD 393.3 million to respond to COVID-19. The funding gap against UNICEF’s Humanitarian Action for Children (HAC) in the region stands at 74 per cent.

UNICEF has signed or is in the process of finalizing agreements with the World Bank for Cameroon, Congo, Guinea, Ghana, Niger and Senegal for the immediate health emergency (procurement, risk communication, and WASH) and through the Pandemic Emergency Fund (PEF).

**External Media**

UNICEF continues to use various channels to raise awareness on the impact of COVID-19 on children’s lives in West and Central Africa. Global press releases were shared with West and Central Africa-based media, alongside regional facts and information. Country Offices such as Congo and the Gambia joined in on promoting the global press release on breastmilk substitutes. Former international football players, Carlos Kameni from Cameroon and Rodolfo Bodipo from Equatorial Guinea, teamed up with UNICEF to share messages of hope and support during the COVID-19 pandemic.

[West and Central Africa COVID-19 information site](https://www.unicef.org/wca/coronavirus)
UNICEF in action in West and Central Africa

Burkina Faso: UNICEF takes delivery of more than 1.8 million vaccines for children in Burkina Faso

Côte d’Ivoire: UNICEF-supported sensitization sessions on COVID-19 with community workers at a market in Western Côte d’Ivoire

DRC: Edouard Beigbeder, UNICEF Representative in DRC, hands over hand-rechargeable portable radios and exercise books for children to the Equateur Province Minister of Education

Ghana: Cash distribution as part of the Livelihood Empowerment Against Poverty programme in Ghana

Guinea: UNICEF takes delivery of a shipment of vaccines for the Ministry of Health in Conakry, Guinea

Nigeria: UNICEF supports registration for family reunification of children from Koranic schools. Kaduna, Nigeria

Mauritania: UNICEF hands over 3 tons of personal protective equipment and disinfection materials to the Ministry of Health to support the COVID-19 national action plan in Mauritania

Niger: UNICEF supports the Government, IOM and partners to deliver aid to migrants in the midst COVID-19 in Niger

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