Highlights

- Most countries in West and Central Africa Region (WCAR) experienced three waves of the COVID-19 pandemic in 2021: in January, October and December, with case numbers rising with each wave. COVID-19 vaccination coverage in the region remained low at 4.1 per cent.

- Other major epidemics affected the region, putting additional pressure on already weak health systems. This includes Ebola Virus Disease (in Guinea and DRC), cholera, measles, polio, and yellow fever.

- The security context has further deteriorated in the region, with non-state armed groups continuing to expand their operations in the Lake Chad Basin and the Sahel. By end of 2021, over 15 million people (57% children) were internally displaced or refugees across the region, mainly in countries with active armed conflicts.

- In 2021, at least 5,560 schools were closed due to insecurity in Burkina Faso, Mali and Niger, affecting more than one million school-aged children.

- As of 31 December 2021, UNICEF had a funding gap of US$ 40.1 million (57 per cent) against the US$ 70.5 million appeal. Nutrition, WASH, Child Protection, and Social Protection were the most underfunded sectors, with over 84 per cent of a funding gap.

UNICEF’s Response and Funding Status

<table>
<thead>
<tr>
<th>Sector</th>
<th>Access to primary healthcare</th>
<th>Funding status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
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<th>Sector</th>
<th>SAM admissions</th>
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<thead>
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<th>Sector</th>
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<tr>
<th>Sector</th>
<th>Cash transfers</th>
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<tr>
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<tr>
<td>C4D/RCC/RCCE/AAP</td>
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<td>50%</td>
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UNICEF Appeal 2021

US$ 70.5 million

Funding status (in US$)

- $70.5M required
- $7.0M Received
- $15.1M Carry-forward: other resources
- $11.2M Carry-forward: humanitarian

*Funding available includes: funds received in the current year; carry-over from the previous year; and repurposed funds with agreement from donors.
Situation Overview & Humanitarian Needs

The COVID-19 pandemic continued to affect the West and Central Africa Region (WCAR) in 2021. Most countries experienced three waves over the year, in January, October and December, with higher peaks during each subsequent wave.

As of 31 December 2021, 1,058,473 confirmed COVID cases and 15,325 COVID-related deaths (CFR: 1.45 per cent) were cumulatively reported in the 24 countries of the region. While it appears that WCAR experienced relatively lower trends of COVID transmission than other regions, it's worth noting that the testing performance, both in terms of the number of tests performed/10,000 population and positivity rate, remained very low since the beginning of the pandemic. Data on access to COVID-19 testing is not well captured. With the pandemic becoming protracted, the population has become less compliant with public health measures such as mask-wearing and physical distancing. Yet, the circulation of the variants of concern continues to increase with the highly transmissible Omicron variant in 15/24 countries and Delta variant in 22/24 countries of WCAR.

COVID-19 vaccination coverage in the region remained low at 4.1 per cent. Only Cabo Verde reached the target of 40% of fully vaccinated people in 2021.

Many other major epidemics also affected the region, putting additional pressure on already weak health systems. This includes cholera, Ebola Virus Disease, measles, polio, and yellow fever.

The security context has continued to deteriorate in 2021. In the Central Sahel (Burkina Faso, Mali and Niger), Lake Chad Basin (Chad, Far North Cameroon, Niger and Northeast Nigeria), Central African Republic, Democratic Republic of the Congo, and North-West and South-West regions of Cameroon, entire communities are caught in the middle of unrelenting conflict, triggering massive displacement both internally and across borders and increasing vulnerability to human rights violations and sexual and gender-based violence. By end of 2021, the number of displaced persons (including IDPs, refugees and asylum-seekers) across WCAR was estimated at 15 million people, including over 8.7 million children.²

The crisis in the Central Sahel remained a crisis of access, with an ever-shrinking humanitarian space, and with security and political spillover effects on neighbouring countries. Since the beginning of 2021, population displacement has increased by almost 25% (from 2 to 2.5 million IDPs and refugees), and over 1.5 million children have been forced to flee their homes as of December 2021.

To strengthen the preparedness for emergency response in all 24 UNICEF Country Offices, a total of 31 workshops were carried out between January to December 2021 with UNICEF Regional Office technical support. In response to the declaration of the Ebola outbreak in Guinea, UNICEF stepped up preparedness activities in six neighbouring countries (Cote d’Ivoire, Guinea-Bissau, Liberia, Mali, Senegal and Sierra Leone), where approximately 40 million people under the age of 18 were assessed to be at risk. The preparedness measures for the response in neighbouring countries included the vaccination of close to 3,000 frontline workers, 11,000 individuals living in high-risk areas, as well as the scale-up of health services, risk communication and community engagement (RCCE), Infection Prevention Control (IPC) and WASH and psychosocial care activities in communities, schools, and healthcare facilities. In addition, specific interventions to prevent and respond to possible sexual abuse and exploitation (SEA) have been conducted with over 300 people trained in Guinea alone.

UNICEF continues to lead coordination mechanisms for emergency responses at both country and regional levels. In the regional hub of Dakar, this includes leadership of the child protection, education, nutrition, resilience, risk communication and community engagement (RCCE) and WASH working groups.

Funding Overview & Partnerships

The West and Central Africa Region HAC appeal is 43 per cent funded as of 31 December 2021. Available funds include US$ 7 million raised against the current appeal and US$ 26.3 million carried forward from 2020. With these funds, across the seven countries¹ covered by the WCA HAC appeal, UNICEF reached nearly 4 million children and women with access to primary healthcare, over 1 million people with safe water and 1.2 million children with access to education. In addition, at least 160,000 children and caregivers had access to mental health and psychosocial support, and more than 57,900 children under five years had access to SAM treatment.

UNICEF is grateful for the support received from various donors at country, regional and global levels, with the top three donors in 2021 being Japan, USAID and OCHA’s Central Emergency Response Fund.

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¹ Burkina Faso, Cabo Verde, Congo, Cote d’Ivoire, DRC, Ghana, Guinea, Mali, Mauritania, Niger, Nigeria, Senegal, Sierra Leone, Togo, and Gambia.
² Based on aggregated data from the end of 2021 reports of IOM, OCHA, UNHCR and Governments
³ Countries covered by WCA HAC appeal: Benin, Côte d’Ivoire, Equatorial Guinea, Gambia, Guinea Bissau, Liberia and Togo
Situation Overview & Humanitarian Needs
COVID-19 infection rates declined from April to June 2021 and increased again from August onwards. The number of positive cases was 8,170 on 24 June, with 104 deaths, compared to 25,440 cases and 162 deaths by the end of December 2021. The government launched an accelerated vaccination campaign in mid-November 2021. By 31 December 2021, 1,406,841 people were fully vaccinated, representing 19.03 per cent of the target. With the arrival of the Pfizer vaccines in July 2021, vaccination was extended to children aged 12 and above. However, vaccine hesitancy among elderly people, women, youth and people living with comorbidities remains a challenge.

The security situation in northern Benin has significantly deteriorated. In December 2021, three attacks by unidentified armed groups against government security and military forces were reported in northwest Benin. In July 2021, 160 refugees from Burkina Faso arrived in Porga, a border town in the Atacora department. In his annual address to the Nation, the President of the Republic of Benin indicated that the pandemic and the security situation in Northern Benin would be the government’s top two priorities in 2022.

Summary of Programme Response

Health
Equipment donated to the government to support COVID-19 response efforts included a “MagNA Pure 96 DNA” device to improve diagnosis of COVID-19 (so far benefiting 3,000 people), cars for the Rapid Response Teams, 200,000 vials of Dexamethasone, 200,000 FK94 masks, 100 oxygen concentrators and 1,300,000 masks for students and social protection workers. A total of 1,983,573 people, including 599,749 children under five, received essential health services (treatment of illnesses, immunization, prenatal, postnatal and HIV care). Two rounds of polio outbreak reactive vaccination and mop-up campaigns in areas with coverage below 95 per cent immunization rates were conducted with the Ministry of Health and WHO. Ensuring continuity of essential services for women and children while mainstreaming COVID-19 response into health services remains a challenge due to the workload on health providers.

Nutrition
A total of 102,700 caregivers of children 0-5 months, representing 75 per cent of new pregnant women, accessed services promoting exclusive breastfeeding and key family practices. A total of 1,782 infant and young child feeding (IYCF) support groups promoted adequate complementary food for 100,600 children aged 6 to 23 months and their mothers in ‘open defecation free’ localities. Meanwhile, 24,108 children (nearly 100 per cent of the estimated 2021 target) affected by severe acute malnutrition were admitted in therapeutic units with a cured rate of 90.5 per cent.

Two integrated “mother and child health days” were organized in March and December 2021 in 34 health zones, where 1,645,627 children aged 6-59 months were supplemented with Vitamin A (93.5 per cent of target) in the first round, and 1,387,725 aged 12-59 months were dewormed (88 per cent of target). In the second round, 1,468,231 children aged 6-59 were supplemented with vitamin A (84 per cent of target), and 1,332,725 children were dewormed (88 per cent of target).

Child Protection
UNICEF supported the Ministry of Social Affairs and NGOs in setting up 380 Child-Friendly Spaces (CFS) in all 85 Social Promotion Centers. A total of 1,313 child protection actors were trained on CFS management. Responses to Gender-Based Violence (GBV) and Violence Against Children (VAC), and SEA prevention and response. In addition, 702 children were trained on reporting SEA while 82,528 children and 18,579 parents/guardians received community psychosocial support. 2,174 children at risk or affected by VAC, including 780 women and girls victims of sexual violence, were provided with integrated care. A further 200,882 people were sensitized through door-to-door or community sessions on reporting mechanisms for VAC, GBV, and PSEA.

UNICEF provided emergency kits to 78 refugee children from Burkina Faso. In response to the deteriorating security context, a total of 212 child protection surveillance committees were set up in the three municipalities bordering Burkina-Faso. 5,950 adolescents participated in peer education and socio-economic reintegration activities to promote social cohesion. Funding to strengthen PSS/VAC/GBV interventions and emergency preparedness response remains a concern.

Education
To ensure continuous access to quality education for all children, UNICEF, the World Bank and the Ministry of Education provided 2,841 hand-washing devices to schools from July to December 2021, bringing the total of hand-washing devices to 20,440 in 2021. This helped improve the school environment and reduce the transmission of COVID-19. UNICEF and Plan International joined efforts to train 48 education actors in emergency planning and response in two
municipalities in the Atacora department in response to increased security risks. This intervention aims to strengthen the resilience of adolescents and youth, and improve their life competencies and capacities in peacebuilding.

**WASH**

WASH kits (water purification tablets, soap, liquid soap, gel, hypochlorite calcium box) were distributed in all departments, providing 888,213 people with quality water through disinfection of wells and household water treatment. A total of 1,191,882 people, including 619,779 women and girls, received access to WASH services. In partnership with local NGOs, 303,520 people were sensitized to good hygiene practices and helped build 50,187 tippy taps devices. The programme continued to apply design thinking and innovative approaches to mainstream COVID-19 prevention and response into regular WASH programming. A strategy for the maintenance of hand-washing devices was finalized. An innovative multi-tap hand-washing device using solar power was designed by students through a partnership with the country’s largest public university and will be installed in schools and health centres.

**Communications for Development (C4D), Accountability to Affected Populations**

To support the accelerated vaccination campaign launched by the Ministry of Health with the support of UNICEF and WHO, targeted C4D interventions were developed, with a focus on health workers, locally elected officials, military forces, religious leaders, journalists, youth associations and women. To date, 1,935,739 people participated in engagement actions for social and behavioural change through home visits, community discussions, training sessions and advocacy sessions, interactive radio programmes and social media engagement. An estimated 8,182,714 people were reached through an intensified communication campaign (radio spots, community sessions, Facebook lives with experts, etc.). Media professionals were trained to produce news articles and radio reports covering the COVID-19 vaccination. As a result, a million people were vaccinated between 15 November and 14 December 2021.

Through U-Report, young people were surveyed on vaccination and provided with reliable information via a dedicated SMS and social media channel. A joint digital communication was launched with WHO and UNFPA to encourage young people to get vaccinated. A website mapping all vaccination centres (including opening hours, range of vaccines available, and locations) was developed as part of these efforts.

**Social Protection**

In 2021, UNICEF Benin and the Ministry of Social Affairs, with support from the Netherlands, continued the implementation of its cash transfer programme to end child marriage in the municipalities of Kandi and Tchaourou. This enabled 10,695 households of 13,654 schoolgirls to benefit from cash transfers to keep them in school and avoid their early marriage.

**Human Interest Stories and External Media**

**COVID-19 response**

- Benin receives an additional 332,280 doses of vaccines against COVID-19: press release
- An innovative and smart hand-washing device created by students for schools and health centres: here
- Canada donates oxygen concentrators to support the COVID-19 response in Benin: Facebook
- Traditional and religious, and artists encourage people to get vaccinated (video): Twitter
- UNICEF and the Federation of Community Radio join forces to provide reliable information on vaccination: here
- Representatives from the embassies of France and the USA visit vaccine storage facilities and the vaccination sites after donating COVID-19 vaccination doses to Benin via COVAX.
- Young parliamentarians share ideas with the Minister of Health on strategies to vaccinate young people: twitter

**Other non-COVID-19**

- UNICEF supports displaced families from Burkina Faso in northwest Benin: press release
- UNICEF and WFP join forces to safeguard the well-being of children: here
Situation Overview & Humanitarian Needs

Since March 2020, a total of 68,146 COVID-19 cases and 712 deaths have been reported in Cote d'Ivoire (CI). Although Abidjan remains the hotspot, all regions are affected. Case numbers rose in Abidjan in late December 2021, mainly attributable to the Omicron variant.

UNICEF leads on the procurement and logistics of COVID-19 vaccines through the COVAX and AVAT mechanisms, which ensured 95 per cent of COVID-19 vaccine supply in CI. The CO signed tripartite agreements with the Government and World Bank in 2021 to procure vaccines and cold-chain equipment (valued at US$68 million), ensuring timely reception of 15 million vaccine doses.

On 14 February 2021 neighbouring Guinea experienced an Ebola virus disease (EVD) outbreak, sparking national preparedness and prevention efforts in western CI. One suspected case was reported in Abidjan on 14 August 2021, triggering an intense response but was later declared a ‘non-case’.

Insecurity increased in the country’s north due to conflict spillover from the Central Sahel. Three population movements (in March, November and December) from Burkina Faso to Cote d'Ivoire took place, leaving 2,404 people hosted in already highly fragile communities (Boukani and Tchologo regions).

Summary Analysis of Programme Response

Health

UNICEF supported the COVID-19 response, notably the immunization campaign. As of 31 December 2021, 7,113,233 people had been vaccinated (4,950,775 received one dose, 2,162,458 received two doses). Fifteen per cent of the total population are fully vaccinated against COVID-19. COVID-19 vaccines are now available in all parts of the country and integrated into routine immunization services. UNICEF also provided multimedia equipment to the National Institute of Public Health to support e-learning.

Thanks to CERF funding, UNICEF supported EVD simulation exercises on the western border. Personal protective equipment and capacity building on EVD was provided to health centres in seven priority districts. Following the declaration of a suspected EVD case in Cote d'Ivoire, UNICEF supported the response plan: surveillance, vaccination, infection prevention and control, and Social Behaviour Change Communication. The case was re-classified as a non-case in September 2021. An after-action review was conducted to analyze the health system response.

Nutrition

In 2021 UNICEF supported government implementation of high-impact nutrition interventions, including two rounds of vitamin A supplementation and deworming (VAS-D) in 72 districts, and the shift of VAS-D from a campaign to an integral part of routine health services in 41 districts, reaching approximately 87 per cent of targeted children twice a year.

A total of 21,977 children were admitted for treatment of severe acute malnutrition in 2021 (2,844 cases with complications); the cure rate was 82.65 per cent, and the death rate was 1.76 per cent.

Although the Inter-Agency Contingency Plan (IACP October 2020 to December 2021) was not updated and no formal emergency sector meetings happened in 2021, UNICEF revamped the nutrition in emergencies as a subgroup of the Nutrition Technical and Financial Partners Group to monitor the nutrition situation in the north of the country.

Child Protection

CERF funding allowed UNICEF to strengthen capacity among social workers and health workers in western CI, bordering Guinea. Altogether 50 frontline workers (18 women, 32 men) received in-depth training on mental health and psychosocial support, in line with national guidelines and international standards.

Thanks to HAC funding, the CO provided gender-based violence (GBV) prevention and response support to social services in northern and western regions, in view of the Central Sahel crisis spillover effect and the COVID-19 context. Altogether 330 child GBV survivors received direct assistance through UNICEF-supported interventions.

Some 500 vulnerable families (mainly female-headed households, including 2,479 children) received financial assistance in 2021 in the form of cash transfers, while 40 children identified as homeless/street children during the pandemic were reunited with their families and received education and psychosocial support.

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4 The seven priority districts are those located along the borders with Guinea and Liberia: Man, Biankouma, Danane, Zouan-Hounien, Ouainou, Minignan, Odienne.
Education
Thanks to HAC funding, 216,000 masks were distributed to primary school-aged children in 2021, and 1,296,000 masks were distributed to primary schools through the Global Partnership for Education. HAC funding also enabled UNICEF to distribute 18,000 bottles of liquid soap and 836 hand-washing devices in Abidjan District.

WASH
UNICEF reached 510,802 people through its support for programmes promoting hand-washing behaviour change. With HAC funding, UNICEF organized awareness-raising sessions in communities and intensified hygiene promotion at primary schools before the end of the 2020-2021 academic year. Over 78,785 children are now accessing appropriate hygiene services thanks to the construction of contactless hand-washing stations in schools.

With CERF funding, UNICEF prepositioned water, sanitation and hygiene kits for up to 1,000 households in localities along the border with Guinea following the EVD outbreak. UNICEF also supported connecting the EVD treatment centre in Kassiapleu (Man) to the water supply network and reinforcing its internal distribution network. After the declaration of an EVD case in CI – and thanks to CO advocacy – the Ministry of Health finalized steps to equip this EVD centre, which is now prepared to manage EVD cases in the country’s western regions.

Risk Communication and Community Engagement (RCCE)
HAC funding made it possible for 361 community actors, U-Reporters and media professionals to respond to and overcome vaccine hesitancy in targeted communities. The online information centre on COVID-19 and Ebola, hosted on the U-Report platform, can be accessed by texting the keyword CORONA or EBOLA to 1366. This information is also available on Facebook and WhatsApp and received 1,756,255 consultations. Youth bloggers were trained to identify, track and respond to ‘fake news’ related to COVID-19 and Ebola.

In addition, a national campaign around COVID-19 vaccination reached over 7 million people through broadcasts on one TV station and 60 community radio stations, posters, SMS messages and social media.

With CERF funding, UNICEF (through its partnership with CARITAS) equipped 20 Ebola Watch Committees (159 men and 41 women) with risk communication and community engagement tools and carried out community engagement activities in Abidjan and seven districts near the Guinea border.

Human Interest Stories and External Media
TV spots were broadcast on the three national channels with two main goals: providing information on vaccines, including debunking myths and rumours, and reaching families affected by COVID-19.

A series of TV spots on COVID (testimonies, debunking myths)
https://www.youtube.com/watch?v=4_RGCqouHmw&list=PLQTrEVKRsWeAkfk5zC5zBio8CfnNH882

Press release first vaccines: here
Facebook and Facebook Live:
• All 69 COVID-related Facebook posts: https://web.facebook.com/page/1581354758860266/search?q=COVID&_rdc=11&_rdr
• COVID and Ebola: https://www.facebook.com/unicefciv/videos/836592750552092 or https://fb.watch/ajRZB9TBS8h/

Twitter:
• https://twitter.com/UNICEF_CIV/status/1293156399527202816
• https://twitter.com/UNICEF_CIV/status/1386664871270432770
• https://twitter.com/UNICEF_CIV/status/1472990761041940482

Web series “On vous parle »”
• The vaccine: on Youtube
• False information: on Youtube
Situation Overview & Humanitarian Needs

As 31 December 2021, Equatorial Guinea had carried out 271,443 COVID-19 tests since the beginning of the pandemic, with 13,710 of them confirmed positive (a positivity rate of 31 per cent). As of 10 January 2022, 98 people has been hospitalized. On 5 January, the government published a new decree aiming to reinforce the control and prevention measures of COVID-19. Despite these measures, the number of cases doubled compared to those registered in 2020. In 2021, the country experienced two waves of infection with the presence of the Delta variant and, more recently, Omicron. A total of 203,357 people have been vaccinated with two doses against COVID-19 (13.5 per cent of the total population) at the end of December, 2021. In this regard, the routine vaccination efforts for children under five years old have been affected, and the coverage rate consequently reduced. In the first quarter of the year, routine childhood immunization (Penta 3) coverage was 57 per cent, whereas, in the second quarter, it dropped to 50 per cent. The campaign for promoting vaccination against COVID-19 started in April 2021 at the country level.

The country faced another emergency crisis on 7 March 2021, when a series of explosions in the city of Bata caused 107 deaths and over 700 injured, including children. The UN System, with the government and partners, implemented a response and recovery plan to support the affected population, restore the basic services public infrastructure and rehabilitate damaged housing. In the context of this emergency, 800 children were detected to be unvaccinated.

Summary Analysis of Programme Response

Health

In 2021, 9,515 new COVID-19 cases were diagnosed, compared to 5,356 in 2020. The number of cases among health workers decreased (2020: 371; 2021: 197).

UNICEF ensured continuity of essential health services during COVID-19 through the intensification of routine vaccination, reaching 13,883 children with Penta 3 out of the 18,253 initially targetted. In the third quarter of the year, the Penta 3 coverage rates increased to 60 per cent, after an earlier decrease of 7 percentage points between Q1 and Q2 (from 57% to 50%). UNICEF promoted continuity and increasing access to HIV testing through a family-based approach, reaching 750 newly tested contacts. In collaboration with MoH, WHO, and USAID, UNICEF trained 1,100 health staff on IPC measures in health facilities. A total of 36 health centers were supervised and benefitted from the distribution of disinfection and PPE materials (92,040 pairs of gloves, 50,500 masks of different sizes, and 500 face shields). To respond to the 7M-Bata emergency, UNICEF supported the routine vaccination of 800 children displaced due to the explosions.

Nutrition

The Bata explosions increased the nutritional vulnerability of more than 1,500 families, most of them with children. As part of a family support package, UNICEF recruited two doctors to screen for malnutrition among children of the 300 eligible families selected for the Humanitarian Cash Transfer (HCT) response. The draft plan of this nutritional intervention was developed and validated by the national nutrition programme. Nevertheless, the implementation of the plan remains pending. Moreover, to prevent the increase of severely malnourished children after the explosions, UNICEF provided support in procuring 768 therapeutic milk bottles (F75) to treat children with severe acute malnutrition (SAM) in health facilities. UNICEF supported the government in administering Vitamin A supplementation to 5,924 infants between 6–11 months old. Due to stock-outs, not all children received the required doses of Vitamin A this year.

Child Protection

The COVID-19 pandemic and Bata explosions are likely to have increased the risk of gender-based violence and sexual exploitation and abuse due to the disruption and stress of already vulnerable families. They also likely affected birth registration. With UNICEF support, 380 children who experienced violence benefitted from health and social services implemented by the Government and NGOs.

The files of 4,350 vulnerable families were digitized in the Single Social Registry (RUS) during the Bata emergency response, including 9,732 children. UNICEF and UNHCR offered dignity kits consisting of kitchen and hygiene utensils to 368 vulnerable families (1,656 people). In the context of COVID-19, 12,000 out of 35,788 identified families were digitized (RUS), and 250 families benefitted from hygiene kits. To prevent additional setbacks in birth registration, UNICEF

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5 https://guineasalud.org/estadisticas/
continued providing technical and financial support to promote digitalization, community outreach, and advocate for interoperability of systems between Justice and Health. In 2021, 9,550 children under five years old were registered.

Education
Schools were closed for several months in the largest districts (Malabo and Bata) due to the surges of COVID-19 cases. With UNICEF support, the Ministry of Education relaunched the "La Escuela en Mi Casa" distance education programme through TV and radio to reinforce the learning focusing on pre-primary and primary education, reaching 135,848 children. Over 5,000 teachers and students benefitted from UNICEF’s surgical masks distribution. Responding to the Bata explosions, UNICEF collaborated with the Ministry of Education and the NGO BiriaElat on providing psychosocial and mental health support to students through intensive training of 159 teachers across 90 schools. It is estimated that over 10,000 students will benefit from this intervention. Moreover, through the French Government, 35 tents were donated to the Ministry of Education to support the damaged schools and were used as meeting points in Bata. Over 500 affected students benefitted from UNICEF's distribution of learning materials.

WASH
Through a successful partnership with governments and the private sector (Equatorial Guinea, the Netherlands/DSS, KWR, the Veolia Foundation, GE Proyectos and UNICEF), an assessment of water sources’ quality was carried out to respond to the aftermaths of the Bata explosions. In total, 56 water sources (wells, rivers, taps and puddles) were examined through different methods, including water samples taken overseas for further analysis. The final results indicated that the contamination in the water is not directly linked to the explosions. However, a high level of E. Coli, fecal coliforms and other contaminants is of concern. It is recommended that the water is treated before consumption. To this end, UNICEF will further work with the government to address the study findings and recommendations.

Social Protection
UNICEF played a key role in identifying families after the Bata explosions, particularly vulnerable families with children. In collaboration with the Ministry of Social Affairs and Gender Equality(MINASIG) and partners from the public, private and civil society sectors, UNICEF launched an emergency cash transfer program that reached 300 families with a total value of 135,000,000 XAF. Each family received 450,000 XAF over two cash transfers through mobile money that reduced fraud and corruption-related risks. The cash transfers were used to cover four main basic needs: i) repair of homes damaged by the explosions, ii) food, iii) school enrollment, and iv) access to health services, as well as items to prevent COVID-19 such as masks and gels. One-third of these families had at least one family member with a disability; 113 had members with chronic diseases, and 220 had elderly family members. The programme benefited 1,018 children and adolescents.

Communication for Development (C4D), Accountability to Affected Populations
In collaboration with the Ministry of Information, UNICEF provided support on Risk Communication and Community Engagement on COVID-19 prevention through national radio and TV programmes, digital platforms and social media. At least 800,000 persons were reached. More than 25,000 families in Malabo and Bata were sensitized to COVID-19 prevention by communication and social mobilizers.

To mitigate risks related to the presence of unexploded ordnance after the Bata explosions, UNICEF launched an educational and awareness campaign on social networks and urban communities in local languages, using radio and television spots, and four poster models with phone numbers for reporting of scattered artifacts, in collaboration with UNESCO, MAG, AMAT and the Ministry of Information. UNICEF supported the training of 17 social mobilizers for the transmission of key messages to the population in the disaster area). The campaign reached 80 per cent of the total population of Bata and 60 per cent at the national level.

Human Interest Stories and External Media

- Those affected by the explosions in Bata receive support from a cash transfer programme developed by UNICEF in coordination with the Ministry of Social Affairs and Gender Equality and civil society organizations: [here](#)
- The medical team of the infection prevention and control subcommittee, together with the consultants, continue to monitor health facilities to reinforce compliance with #Covid19 prevention and control measures. [Twitter](#)
Situation Overview & Humanitarian Needs

In July 2021, the number of COVID-19 cases saw a steady increase. The rise in cases heralded the third wave of the pandemic. The country office immediately doubled up its Risk Communication and Community Engagement (RCCE) efforts to create awareness on the increased incidence and need for correct and consistent adherence to national COVID-19 protocols and promote vaccine confidence and uptake. Virtual meetings were conducted with the Ministry of Health (MoH) to increase sensitization and awareness amongst the population on the rise in cases. Also, UNICEF monitored the vaccination coverage at health facilities and participated in the Intra-Action Review with the Ministry of Health and WHO to understand the challenges to the COVID-19 vaccination and to assess vaccine demand and resources required to increase vaccine uptake. UNICEF is responding to the COVID-19 pandemic across the country, contributing to both outbreak control and mitigation of the collateral impacts of the pandemic, including the risks to the continuity of essential social services. UNICEF is currently engaged in seven thematic areas (health, WASH, nutrition, child protection, RCCE, social protection and education) and has become increasingly agile in responding to growing needs, priorities, and evolution of the COVID-19 pandemic.

Summary Analysis of Programme Response

Health
UNICEF continues to support the Ministry of Health (MoH) in COVID-19 vaccination, including with the procurement of three Ultra Cold Chain freezers and provided further logistical support in the procurement of an additional three freezers. The national target for vaccination coverage was set at 64 per cent of the total population. As of 13 January 2022, 18 per cent of the target population and 11.6 per cent of the total population have been fully vaccinated. To increase vaccination uptake, UNICEF provided allowances and incentives to health workers across the country. In response to the Intra-Action Review (IAR) recommendation, UNICEF procured 80 tablets for the immunization program. The emergency polio vaccination campaign in December 2021 contributed to a slowdown in the COVID-19 vaccination efforts due to competing priorities of the same staff at the Expanded Immunization Programme (EPI). Also, vaccine hesitancy due to rumours about vaccine safety/effectiveness is likely to have impacted the vaccination exercise.

Nutrition
To address malnutrition in children under the age of five years, UNICEF procured lifesaving nutrition supplies with funding from the Government of Japan. Between July and October 2021, 47,306 children aged 6 to 59 months were given Vitamin A supplements. An additional 33,705 children aged 12 to 59 months were supported with deworming medicines. Mother-child weighing scales were distributed to 50 service delivery points for nutrition assessment. UNICEF funded the training of 46 Multidisciplinary Facilitation team members around the country on nutrition in emergency preparedness and response, especially in the context of the impact of COVID-19 on child nutrition outcomes. UNICEF also supported the nutrition supplementation of 476 children with multiple micronutrient powders to address anaemia and other micronutrient deficiencies. Also, 278 Village Support Group members were trained on micronutrient powder distribution, and supplementation and 26 Community Health Nurses were oriented on Food fortification.

Child Protection
In coordination with the Ministry of Health, UNICEF supported the Ministry of Gender, Children and Social Welfare in conducting COVID-19 community sensitizations in 80 communities in all regions of the country, paying particular attention to child protection issues. A total of 2,000 children were reached through these campaigns, and 1,600 children were trained as vaccine champions to promote vaccination in their communities. Security services were also sensitized on counselling and Psychological First Aid (PFA) to survivors of Gender-based Violence (GBV) and mental health victims, especially in the context of the COVID-19 pandemic. UNICEF worked with partners to support 43 children to successfully file their bail applications in court and who were subsequently released from detention. Children in detention at the Jeshwang Juvenile Wing continue to receive weekly legal support from partners.

Education
In 2021 the impact of COVID-19 continued to be felt due to the pressure on schools and parents to catch up on the learning loss during the long-term school closure in 2020. UNICEF supported the development of a learning loss catch-up framework, which guided the Ministry of Basic and Secondary Education to be proactive in recovering from COVID-19 impact on learning. Following school reopening in September 2021, schools were provided with protective equipment and sanitary supplies. UNICEF monitoring teams also visited schools to assess school safety in November and December 2021. The COVID-19 has also taught us to look beyond the face-to-face delivery of the school curriculum, be more inventive, and invest more in access to digital technology for learning. Fighting vaccine hesitancy amongst teachers and
education sector personnel and more engagement to increase the vaccine among teachers and eligible students remain a priority.

**WASH**

In collaboration with the Ministry of Health, UNICEF conducted a National WASH Emergency Training for 25 stakeholders to ensure that staff involved in WASH emergency response efforts have the knowledge and skills to intervene in complex WASH situations. UNICEF also supported the training of 300 health care workers in Infection Prevention and Control. WASH supplies were delivered at the central medical stores to improve hygiene and sanitation services in public health facilities, targeting more than 200,000 persons across 70 health facilities. Seven schools and four health facilities were also supported with WASH facilities, including boreholes and toilets. Water quality remains a challenge, with the preliminary MICS 2018 report indicating E. coli infection was 73.2 per cent and 45.3 per cent at household and water points, respectively. Six (6) regional laboratory field officers were equipped with portable water quality test kits following a national training of 25 participants on water quality. During the reporting period, 153,729 people were reached with safe water.

**Social Protection and Cash Transfer**

UNICEF, in collaboration with the National Nutrition Agency (NaNA), provided cash transfer support to 909 vulnerable children with severe acute Malnutrition or Moderate Acute Malnutrition in the North Bank Region of the country. The 2021 cash transfer was administered in April during Mid Upper Arm Circumference (MUAC) exercises, and a follow-up monitoring of progress achieved was undertaken where 805 children were assessed. Officers from the central level worked with the regional teams to conduct nutrition educational sessions and MUAC during the cash transfers, and the Regional Health Directorate and Community Health Nurse mobilized the beneficiaries.

**Communications for Development (C4D), Accountability to Affected Populations**

Risk communication and community engagement interventions were implemented through community influencers, traditional/religious leaders, community groups, youth groups, health workers and local organizations. A total of 85,000 people were reached with information sensitization, and 1813 took action following receipt of information. The focus was on providing correct information, dispelling rumours, correcting misconceptions about COVID-19 reality and increasing vaccine uptake.

**Human Interest Stories and External Media**

With the arrival of more COVID-19 vaccines, UNICEF continued to support the Ministry of Health through coordination with COVAX partners, to manage arrivals, including the production of media assets, visibility materials and coordination of airport ceremonies. These events were not only crucial for donor COVAX and donor visibility, but they also received vast media coverage, reaching many people with important COVID-19 vaccination messages. The presence of influencers such as religious leaders helped add more credibility to the messages around COVID-19 vaccination. To respond to queries about locating COVID-19 vaccination sites within communities, UNICEF produced 15 signs that helped people easily identify vaccination sites. Using the Facebook Ad Credits, UNICEF ran several vaccination campaigns on Facebook targeting people who reside in The Gambia, reaching more than 500,000 people. The ad campaign was accompanied by strong advocacy on other social media platforms, including Twitter and Instagram.

- The Representative attended a live discussion session at QTV, where he answered questions and provided insight on UNICEF and partners support to the government in responding to the COVID-19 pandemic: [on Twitter](#)
- Official reception and handing over of 2nd batch of J&J vaccines organized at the airport with religious leaders present: [twitter](#)
- The receipt of the 38,400 AstraZeneca vaccines donated by the French Government to The Gambia: [twitter](#)
- Social media cards were produced to inform, sensitize, and correct misinformation on the COVID-19 vaccines: [twitter](#)
- Polio Campaign Launch by the First Lady of the Gambia: [Twitter](#)
- House to House vaccination of children with the Polio vaccines: [twitter](#)
Situation Overview & Humanitarian Needs

The COVID-19 pandemic continues to affect the provision of essential services to children and their families in Guinea-Bissau. In addition to responding to the COVID-19 situation, the pervading threat of Ebola Virus Disease following an outbreak in neighbouring Guinea required UNICEF and partners to step up preparedness and prevention measures in communities, schools and health facilities.

Over the course of 2021, Guinea-Bissau has continued to adapt its programme implementation as different waves of the COVID-19 pandemic have been felt in the country. Whilst the first half of the year was characterized by stringent prevention measures, including curfews, closures and a state of emergency, the latter half saw a marked relaxation of the measures owing to public discontent on the effects of the measures on livelihoods. From July to November, the number of COVID-19 cases remained low, restrictions were relaxed, and vaccination was rolled out. To date, the country recorded 6,484 cumulative cases (with 27 active cases) by 31 December 2021. Of these confirmed cases, 84.2 per cent are in Bissau, the capital. The death toll is 149 people, representing a fatality rate of 2.1 per cent and a test positivity index of 5.6 per cent.

The use of masks and social distancing are still required but no longer enforced except in health care facilities where they remain effective. The school year started in October, with the implementation of a government decision to reduce the number of students in the classrooms. Vaccination has been hampered by the impasse between the health workers union and the government over salary payments that led to several strikes throughout the year, as well as vaccine hesitancy.

Summary Analysis of Programme Response

Health

UNICEF supported the Ministry of Health and the High Commission for COVID-19 in the development and implementation of vaccination and communication plans, and also supported the procurement and delivery of 61,360 doses of AstraZeneca, 424,800 doses of Johnson & Johnson vaccines and 787,200 ADs 0.5 ml syringes. On 2 April 2021, the country started vaccination against COVID-19. During the reporting period, 391,968 (57 per cent) of the target population (over 18) were vaccinated with at least one dose, while 258,258 (38 per cent) were fully vaccinated.

UNICEF also supported countrywide catch-up routine immunization for unvaccinated children in 2020, which allowed the reach of up 3,412 (71 per cent) with DTP3 and 6,997 (65 per cent) with the measles-containing vaccine (MCV).

Nutrition

The effects of the pandemic continued to impact the health system and nutrition services, especially the Integrated Management of Acute Malnutrition (IMAM). During the first half of the year, UNICEF, in collaboration with the MoH/Nutrition Direction Service, conducted a total of 12 refresher and training sessions to improve protocol implementation and strengthen technical and institutional capacities for the provision of Severe Acute Malnutrition (SAM) care. The training benefited 172 health workers (nurses and doctors). From January to December 2021, 1,115 children under 5 of age were treated for SAM. Among them, 1,001 children were discharged from the nutrition program: 788 children (84 per cent) were discharged as cured; 162 children (16.2 per cent) were discharged as defaulters; 48 children died (4.8 per cent), and the total children that have not responded to treatment were 3 (0.3 per cent). The restructuring of the community health program and the lack of payment of incentives is impacting negatively on the early detection of SAM, referrals and other interventions such as vitamin A supplementation, in some regions more than others depending on the level of delay in the payment of incentives and collaboration between community health agents, Health Area Officials and the respective Regional Directors. Due to lack of funds to meet operational costs and the postponement of the Polio Campaign in the second half of the year, Vitamin A supplementation for children 6-59 months was conducted only in semester one of 2021, reaching 143,766 children aged 6-59 months supplemented, representing 46 per cent of the children targeted (312,190).

Child Protection

UNICEF continued to include Covid-19 prevention information in community dialogues to end female genital mutilation (FGM) and other harmful practices, as well as to ensure that they have access to a safe and accessible channel to report sexual exploitation and abuse through community protection mechanisms and protection services available at the central and subnational level. Information on services provided was fully disseminated. 94,879 people were reached in five (5) country regions (out of nine), including 40,082 women and girls. Also, an assessment of the lessons learned during the Covid-19 pandemic to address FGM was concluded, shared with implementing partners, and strategies are being reviewed.

UNICEF and partners continue working with schools to improve their capacity to prevent gender-based violence (GBV) in school settings. The Ministry of Education (MoE), Ministry of Woman, Family and Social Solidarity, along with civil
society organizations (CSOs), organized a national training targeting 850 schools (with an additional 1,500 planned). The impact of Covid-19 on the lives of teachers and the school community was considered, and school management committees were fully involved. A training manual and a set of awareness-raising materials for school children and teachers, were developed.

The capacities of 95 social assistants, psychologists, and frontline workers were reinforced on Covid-19 prevention and provision of assistance and psychological support to GBV. The National Association of Social Assistants conducted an awareness-raising campaign to inform decision-makers, including traditional and religious leaders, on their role in preventing and responding to cases of violence and GBV. Covid-19 prevention messages were also disseminated. Virtual and face-to-face training on the prevention of sexual exploitation and abuse (PSEA) and the assessment of all active implementing partners was undertaken to prevent SEA and identify areas to be strengthened to ensure the protection of children and communities.

**Education**

UNICEF’s support enabled service continuity by making schools more resilient by strengthening COVID-19 prevention and response capacities. The implementation of the COVID-19 protocol kept schools open even after COVID-19 positive cases were detected. Continuity of learning outside of school has been possible for more than 300,000 children through alternative strategies such as radio and television classes. The continuous support of UNICEF to the Technical Committee to support the implementation of the COVID-19 contingency plan (CTIP), has strengthened the governance of the sector through more efficient coordination of the Board of Directors of the Ministry of Education.

**WASH**

During the year, UNICEF, through implementing partners, concluded the delivery of COVID-19 prevention supplies (masks, soaps, hand-washing devices, chlorine, etc.) to 1500 schools, reaching 376,173 pupils from primary to secondary schools.

Ebola emergency preparedness was rolled out, with 13 health care facilities benefiting from training on Infection Prevention and Control and WASH-related supply prepositioning. Five health care facilities received extensive rehabilitation work of their water supply and sanitation infrastructure. Community mobilization actions, including hygiene promotion and community surveillance, and first response actions were rolled out in 147 communities located alongside the border with neighbouring Guinea.

**Social Policy, Monitoring and Evaluation**

UNICEF successfully concluded a cash transfer programme to 1,400 vulnerable families particularly affected by the pandemic in Bissorà, Farim, Manssaba, Xitole, Bambadinca, Galomaro Cosse, Contuboel, Ganadu, Gabu, Pitche and Boe. Each family received 40,000 CFA per month for six months. Overall the program transferred US$571,200, with each family receiving around US$408 total. Considering that the average family size in Guinea-Bissau is 6.8 people according to the MICS6, it is estimated that this transfer will cover the needs of more than 9,500 people in all the selected areas. The introduction of feedback mechanisms ensured that perspectives and inputs from beneficiaries were integrated in subsequent rounds of support, making accountability to affected populations key to programme design and monitoring.

**Communication for Development (C4D), Accountability to Affected Populations**

As the UN COVID-19 Task Force Lead, UNICEF facilitated weekly coordination meetings for information sharing by the UN to the national COVID-19 response team. Under the leadership of the High Commissioner for COVID-19, established by the President of the Republic, UNICEF regularly participated at the RCCE multidisciplinary working group meetings and activities which brought together public and civil society organizations.

UNICEF’s support included the production and dissemination of COVID-19 sensitization content through national media outlets, focusing on vaccine demand generation, combating vaccine hesitancy, rumours and misinformation and targeted advocacy efforts to promote equity in the delivery of COVID-19 vaccines. During the reporting period, 1.8 million people were reached countrywide through media outlets.

**Human Interest Stories and External Media**

**HUMAN INTEREST STORIES**

Removing fear from the vaccine conversation: [https://www.unicef.org/guineabissau/stories/removing-fear-vaccine-conversation](https://www.unicef.org/guineabissau/stories/removing-fear-vaccine-conversation)

Press release

\textbf{Situation Overview & Humanitarian Needs - Liberia}

A third wave of COVID-19 pandemic was recorded in May 2021 with a 100 per cent increase in the weekly new cases than the previous waves. A further sudden surge of cases was again recorded in December 2021. By 31 December 2021, 6,744 cumulative confirmed cases with 287 deaths were recorded, giving a case fatality of 4.25 per cent. Montserrado county was the most affected, with 5335 confirmed cases and 167 deaths. The fragility of Liberia’s health systems was highlighted given high infections among health care providers with a cumulative 358 (5.29 per cent) confirmed cases and eight deaths amongst the health workers. COVID-19 pandemic continues to erode the human capital development gains of the past years, particularly in health, nutrition, and education outcomes. COVID-19 may have worsened malnutrition, as admissions for severe acute malnutrition (SAM) were higher (22,801) than for the same period in 2020 (17,328).

UNICEF continued to support government implementation of its National COVID-19 Response Plan. Nationwide by 31 December 2021, 986,975 adults, 42 per cent of the total targeted 2,368,611 persons, and 22 per cent of the total population, are fully vaccinated against COVID-19. The sex disaggregation of the COVID-19 vaccination coverage highlights under-coverage for females across the country. In Monserrado, females have a share of only 36 per cent among the fully vaccinated. The vaccination of health workers remains a concern, with only 51 (8882 HWs out of 17,434) per cent health workers vaccinated by the end of 2021. UNICEF supported the launch of vaccination on 1 April 2021 with the arrival of 96,000 doses of Astra Zeneca. UNICEF continued to support logistics and RCCE activities for the seven subsequent batches of vaccines.

\textbf{Summary Analysis of Programme Response}

\textbf{Health}

In 2021, UNICEF continued to support the government on access to essential health services, covering 1,876,066 persons reached with basic health services. The health programme supported the government with 10,000 face shields, 29,150 gowns and coveralls, 40,000 gloves and 1,370,000 facemasks in health facilities in five counties. UNICEF supported the capacity building of 45 healthcare providers in the provision of oxygen therapy and 3,838 healthcare facility staff in infection prevention and control (IPC). Twenty oxygen concentrators and 15 filled medical oxygen cylinders with accessories to fill the gap in oxygen need for the COVID-19 response were procured handed over to the Ministry. Over 400 Community Health Assistants served as vaccinators, and social mobilizers in the two rounds of the nationwide novel oral polio vaccine (nOPV) campaign, which took place during May 2021, covering over 900,000 under-five children received the nOPV2 vaccine. A total of 853,279 (90 per cent of target) and 978,333 (103% of target) children aged 0–59 months were reached in the first and second nOPV rounds, respectively. A total of 10,215 health workers, including 1,458 vaccine accountability monitors and coordinators, were trained on COVID-19 prevention measures.

In response to the COVID-19 pandemic and the government’s cold chain strengthening efforts for routine immunization, UNICEF – with support from the COVAX Facility, the United States Agency for International Development (USAID) and the Government of Japan – procured 200 solar refrigerators (of which 125 (63 per cent) have already been received in-country); one walk-in cold room; 445 cold boxes; and 900 vaccine carriers to be deployed throughout the 15 counties.
One 828-litre ultra-cold chain piece of equipment was installed in Bong County and handed over to the Government of Liberia. This increased government vaccine storage capacity by 40 per cent.

UNICEF continued to support the government to procure, clear, handle, store and distribute 1,303,200 doses of COVID-19 vaccines in eight batches (AstraZeneca – 288,000, J&J – 1,015,200). A total of 1,101,687 persons were vaccinated as of 31 December 2021 (986,975 fully vaccinated). UNICEF provided a total of 113,000 COVID-19 vaccine cards through USAID and COVAX funding to the government.

**Nutrition**

Together with implementing partners, UNICEF supported the Ministry of Health to provide lifesaving nutrition services. In total, 21839 children aged 6–59 months with severe acute malnutrition (SAM) were treated, which is 53 per cent of children in need of treatment of SAM in 2021. In total, 19,519 cartons of Ready to Use Therapeutic Food (RUTF) were procured to treat children with SAM. The average cure rate among children with SAM was 89 per cent; the death rate was 1.6 per cent, and the defaulter rate was 8.4 per cent. In addition, 195,974 pregnant women and caregivers of children aged 0-23 months were reached with Maternal Infant and Young Child Feeding (IYCF) and Care Counselling.

UNICEF also supported the MOH to provide micronutrient supplementation to prevent micronutrient deficiencies among children and pregnant women. A total of 140,961 children aged 6–23 months received Micronutrient Powder supplementation for home fortification of complementary foods. A total of 247,896 children aged 6-59 months received vitamin A supplementation, and 129,367 children aged 12-59 months were dewormed through routine services and community outreach. A total of 111,868 pregnant women received Iron Folic Acid supplements. Additionally, UNICEF supported the government with the scoping of the community as a delivery platform for nutrition services for adolescent girls and school-age children through Community Health Assistants in 25 communities in the five counties (Bomi, Cape Mount, Montserrado, Margibi and Grand Bassa). A total of 51,676 adolescent girls were reached with iron-folic acid supplementation, deworming and nutrition education.

**Child Protection**

In partnership with the Ministry of Gender, Children and Social Protection, UNICEF reached 1681 children (22 per cent of the 2021 target), including COVID-19 affected children, and 200 refugee children, with Mental Health and Psychosocial Services (MHPSS). UNICEF and partners similarly provided support for capacity building to 417 Social Services workers (375 CWC Members, 42 Mental Health and Psychosocial Service providers) in all 15 counties, representing more than 100 per cent of the 2021 target. UNICEF also supported the government to ensure the continuation and accessibility of essential child protection services during the COVID-19 pandemic by alternative care support to 113 children (49 girls and 64 boys) separated, trafficked, abandoned, or with special needs. A total of 60 children out of these 114 children have been reunited with their parents, while the remaining 53 children are awaiting reunification with their parents after a proper assessment. In addition, 1,489 children (946 girls and 543 boys) received individual case management services.

Gender-Based Violence (GBV) response services were provided to 1,944 children and women (152 boys and 1792 girls) who have experienced or been found at risk of, Gender-Based Violence. A total of 6,611 people participated in the GBV prevention interventions, and 14,197 women and children also benefited from GBV risk mitigation interventions. A total of 260 peer educators and 750 buddy club members have been trained to prevent COVID-19 and provided logistical support. As a result of the support, 7,481 persons were reached with COVID-19 preventive messages.

**Education**

The Education in Emergency (EiE) pillar was activated on 6 July 2021. UNICEF supported the distribution of Health Kits in 2,645 public schools in the 15 counties in Liberia, and 6,428 teachers received training on the provision of psychosocial support, adjusting classroom management, and lesson delivery in compliance with the COVID-19 precautionary measures. The health and child protection sections provided critical inputs to the teachers who were trained on psychosocial support and used the opportunity to provide much-needed information on the new surge of the COVID-19 pandemic to a target group that would not otherwise receive such streamlined information.

The Rapid Appraisal Report on the effects of Covid-19 on the education sector, especially across schools, having been officially adopted by the EiE, Working Group, was shared internally across the office. The ‘Real-Time’ questions that UNICEF generated and presented for adoption at the EiE and Local Education Group (LEG) was used to generate responses from school teachers, headteachers, students, and parents on the effects of school closures and partial openings (as the case may be) as well as difficulties of return to school that they experienced. These responses’ impact stories were shared with the GPE secretariat and published on their website. 515,173 children (268,151 boys and 247,022 girls) were accessing formal or non-formal learning. A total of 6,428 children (4,738 boys and 1690 girls) received individual learning materials. 10,640 adolescents aged 10-14 (4,258 males and 6,382 females) were accessing skills development programmes.
WASH
WASH/IPC training was conducted for 510 staff from 51 HCF in Montserrado and Margibi counties using the WASH FIT methodology. WASH and Infection and Prevention Control (IPC) supplies, including personal protective equipment for health care waste management staff, have been distributed to 55 health care facilities. With funding from the Japanese Government, WASH facilities rehabilitation and construction activities are ongoing in 11 health centers in Margibi and Montserrado counties. WASH and IPC technical assessments have been completed in four health centers in Grand Kru County, and rehabilitation/construction activities will commence in January 2022.

A total of 139,658 persons in Grand Cape Mount, Montserrado, and Margibi Counties were provided with critical WASH services through the construction of water kiosks, hand-dug wells, latrines, and sanitary and cleaning supplies for operation and maintenance. A total 91,895 persons in 161 communities and 51 health centers in five counties were reached with hand-washing behaviour-change programmes, including COVID-19 messaging. A further 11,763 persons from 1,234 vulnerable homes were provided with basic family hygiene kits. Additional family hygiene kits were procured and awaiting distribution to communities hosting refugees in Nimba, Grand Gedeh, River Gee and Maryland counties, expected to benefit up to 2,500 families. UNICEF funded the construction of a water supply system (borehole fitted with a submersible pump and pipeline) for the Star Base COVID-19 Treatment Unit in Monrovia. A total of 7,217 girls and women accessed UNICEF supported menstrual hygiene services.

Communications for Development (C4D)
UNICEF continues to support the national COVID-19 responses by ensuring that the affected population has access to lifesaving information to enhance their knowledge and skills and foster positive behaviours such as hand-washing, social distancing, wearing masks and getting vaccinated. UNICEF has reached a cumulative total of 1.7 million people with COVID-19 messaging on prevention and access to services and vaccines.

In addition, at least 60 per cent of the population was reached through media engagements through seven national FM radio stations and local community language broadcasters of 32 community radios. National and sub-national COVID Response coordination bodies were empowered to respond to the ongoing COVID 19 outbreak, develop a wide range of materials, and coordinate health promotion and awareness actions with UNICEF’s technical and financial support.

Through a partnership with the Inter-Religious Council of Liberia, approximately 49,211 persons were reached with COVID-19 messaging with the heightened focus on hygiene and sanitation in keeping with religious teachings and sacred texts that emphasize cleanliness as an element of holiness across 51 communities in Bong and Montserrado counties. More than 100 community mobilizers visited 402 churches and 31 mosques during worship services to share COVID-19 awareness messages and promote vaccine uptake.

Human Interest Stories and External Media
Education Human Interest Story: Impact story for GPE is in the following link:

Nutrition Human interest story Malnutrition; Deadly but treatable: here

Hon. Nowu G. Howard, Deputy Minister for Administration, Ministry of Health (L), in a chat with Dr Halima Abdu, UNICEF Liberia Health Manager (R), after the handover ceremony of emergency supplies.
Situation Overview & Humanitarian Needs

COVID-19 infection rates have fluctuated throughout the year, with spikes in March and August, and a dramatic surge in December with the Omicron variant. Emergency needs have remained constant, with the pandemic affecting routine vaccination and health provision, Infant and Young Child Feeding (IYCF) practices and education continuity. The government, supported by UNICEF, implemented its COVID-19 vaccine roll-out, reaching 1,382,661 people with the first dose and 1,020,872 people with two doses, 25 per cent of the target (people aged 18 years and over). UNICEF was committed to limiting the spread of COVID-19 by strengthening community mobilization through heightened C4D, support to 590 schools and a focus on COVID-sensitive WASH practices. Moreover, UNICEF has redoubled its efforts to support health facilities and local child protection structures, which are crucial in weathering the additional burden caused by the pandemic.

Summary Analysis of Programme Response

Health
UNICEF continued to support the vaccination campaign against COVID-19, including through two rounds of two-week accelerated vaccination campaigns to improve vaccination coverage due to the increase of confirmed cases. Routine vaccination was also reinforced with Child Health Days (CHD) conducted from 26 to 30 December 2021. In the Savanes and Kara regions, from January to December 2021, 272,258 children and women accessed primary healthcare in UNICEF-supported facilities (55 per cent of the target). During the same period, 5,960 healthcare providers and community health workers were trained in Infection Prevention Control (IPC).

Nutrition
UNICEF has provided substantial support for the management of Severe Acute Malnutrition (SAM) in the context of COVID-19. Apart from the regular supply of therapeutic food, the family approach to the measurement of Middle Upper Arm Circumference (MUAC) is being implemented in pilot districts with technical and financial support from UNICEF. A total of 6,811 children under 5 years old suffering from SAM (4,018 boys and 2,793 girls) were admitted and treated in UNICEF-supported health facilities, representing 101 per cent of the initial target (6,771 children). Regarding support and promotion of IYCF, 202,231 parents of children under 2 years old (171,569 women and 30,662 men) were sensitized. A total of 1,573,069 children aged 6-59 months out of 1,552,504 expected (101 per cent of the target) received vitamin A supplementation through CHD in December.

Child Protection
UNICEF supported a rapid assessment of the impact of COVID-19 on the situation of homeless populations, particularly children, women and people with disabilities, in the towns of Kara and Sokodé in coordination with the Ministry of Social Action with the participation of the Ministry of Public Security. A mobile clinic reached 439 children (304 boys and 135 girls) as part of the implementation of the Lomé emergency work plan, and a total of 3,566 unaccompanied and separated children were reunified with their primary caregiver or provided with family-based care/alternative care services (2,135 boys and 1,431 girls). Nine training sessions brought together 248 social actors and health system professionals (74 women and 174 men) on child protection and psychosocial support for people affected by COVID-19. These professionals supported 3,997 children and caregivers (297 women, 208 men, 2,040 boys and 1,452 girls – 100 per cent of the initial target) who received mental health and psychosocial support, among them 2,039 adolescents. Regarding community mobilization and commitment to ensure a protective environment for children and adolescents in the Kara and Centrale regions, 8,509 people (3,906 women and 1,603 men), including 2,823 children (1,461 girls and 1,362 boys) were reached with messages developed by 348 community and religious leaders (including 62 women). In addition, 150 adolescents (87 girls and 63 boys) who were trained in life skills, including protection against violence in the context of COVID-19, disseminated key messages that reached 1,625 people, including 709 adults (366 men and 343 women) and 916 adolescents (601 girls and 315 boys). UNICEF continued to foster access to gender-based violence (GBV) risk mitigation, prevention and response with 1,898 people sensitized and supported (1,162 women, 232 men, 456 girls and 48 boys).

Education
The Ministry of Education continued to raise awareness about COVID-19 in all schools in Togo, particularly in the 590 schools supported by UNICEF, to raise awareness of the need to uphold preventative measures for both teachers and pupils in the classroom and the school yard, such as the correct use of masks, regular hand-washing and social distancing, among others. The monitoring of the use of the material made available to schools by UNICEF for the benefit of 377,399 pupils, including 200,296 boys and 177,103 girls and the implementation of the health protocol in the 590 schools continued throughout the year with inspectorates and regional education directorates.
WASH
UNICEF supported the implementation of the COVID-19 response plan focusing on Infection Prevention and Control (IPC). The distribution of critical WASH supplies - including soap, hand-washing devices and chlorine in schools, health care facilities and other public places like markets - allowed over 1,135,000 people, including 578,850 women, to continue following COVID-19 preventative measures. Following a cholera outbreak in November 2021, resulting in 39 cases and 4 deaths, UNICEF supported the strengthening of household water treatment and promotion of good hygiene practices through community health workers, benefiting up to 6,000 people, among them 3,060 women.

UNICEF contributed to linking the Community-Led Total Sanitation (CLTS) initiative with the COVID-19 humanitarian response, working on hygiene promotion in communities, including improving hand-washing practices. At least 1,775,753 people (of which 905,634 women) have improved their hand-washing practices with soap and other hygiene practices.

Communications for Development (C4D), Accountability to Affected Populations
UNICEF provided support to all regions to organize community dialogues in 5,850 communities, reaching 190,196 people (including 93,124 women) with messages promoting the vaccination against COVID-19. UNICEF provided support to the Grand Lomé area to carry out a large-scale door-to-door programme with 700 community health workers (CHW) and volunteers, which reached at least 338,068 people (including 157,834 women) with information regarding preventative measures and vaccination. The total number of people reached in 2021 is 528,264, representing 54 % of the target. The main bottleneck was caused by 4 health regions out of 6 not carrying out door-to-door outreach activities by CHWs.

UNICEF promoted community engagement for the prevention and care of child victims of abuse, exploitation and violence in the context of COVID-19. In the Centrale and Kara regions, 348 community leaders and 8,509 people, including 3,906 women, were reached. Simultaneously, messages broadcast by 10 community radios reached at least 685,128 people in the 2 regions.

Human Interest Stories and External Media
First Astra Zeneca reception with COVAX support: youtube and Twitter
Vaccination campaign kickoff: youtube and Facebook
UNICEF vaccination campaign: Facebook post 1 and post 2; Twitter
First Johnson & Johnson vaccine reception: Facebook and Twitter
Vaccine reception: facebook posts 1, 2, 3, 4, 5, 6 and 7; and Twitter
In-Kind donations from Japan: Facebook post, video


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### Annex A

**Summary of Programme Results**

**Reporting countries (7):** Benin, Côte d’Ivoire, Equatorial Guinea, Gambia, Guinea Bissau, Liberia, and Togo

<table>
<thead>
<tr>
<th>Sector</th>
<th>Indicator</th>
<th>2021 target</th>
<th>Total results</th>
<th>Change ▲▼</th>
<th># Countries reporting (out of 7)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of children under 5 years vaccinated against measles⁶</td>
<td>1,122,450</td>
<td>252,361</td>
<td>-</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Number of children and women accessing primary healthcare in UNICEF supported facilities</td>
<td>1,100,000</td>
<td>3,988,120</td>
<td>2,378,525</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Number of healthcare facility staff and community health workers trained in infection prevention and control (IPC)</td>
<td>16,530</td>
<td>17,128</td>
<td>4,008</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td><strong>Nutrition</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of children aged 6-59 months with SAM admitted for treatment</td>
<td>37,062</td>
<td>57,935</td>
<td>40,170</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Number of primary caregivers of children 0-23 months receiving IYCF counselling</td>
<td>318,960</td>
<td>342,774</td>
<td>242,629</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td><strong>Child protection, GBVIE and PSEA</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of children and caregivers accessing mental health and psychosocial support</td>
<td>210,599</td>
<td>160,041</td>
<td>69,008</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Number of women, girls and boys accessing GBV risk mitigation, prevention or response interventions</td>
<td>100,800</td>
<td>122,483</td>
<td>73,967</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Number of people with access to safe channels to report sexual exploitation and abuse</td>
<td>109,900</td>
<td>321,386</td>
<td>246,151</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Number of unaccompanied and separated children reunified with their primary caregiver or provided with family-based care/alternative care services</td>
<td>6,465</td>
<td>8,924</td>
<td>3,662</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of children accessing formal or non-formal education, including early learning</td>
<td>6,566,475</td>
<td>1,261,626</td>
<td>354,658</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Number of children receiving individual learning materials</td>
<td>546,462</td>
<td>349,727</td>
<td>0</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Number of schools implementing safe school protocols (infection prevention and control)</td>
<td>18,660</td>
<td>21,415</td>
<td>6,107</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td><strong>Water, sanitation and hygiene</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of people accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene</td>
<td>325,824</td>
<td>1,072,126</td>
<td>1,019,140</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Number of people reached with critical WASH supplies (including hygiene items) and services</td>
<td>2,645,776</td>
<td>2,957,924</td>
<td>1,853,813</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Number of people reached with hand-washing behaviour-change programmes</td>
<td>968,091</td>
<td>964,150</td>
<td>576,361</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td><strong>Social Protection and cash transfers</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of households reached with humanitarian cash transfers across sectors⁷</td>
<td>71,100</td>
<td>3,109</td>
<td>-</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td><strong>C4D, community engagement and AAP</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of people reached through messaging on access to services</td>
<td>13,719,394</td>
<td>21,229,886</td>
<td>2,467,647</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Number of people participating in engagement actions (for social and behavioural change)</td>
<td>3,360,932</td>
<td>2,267,326</td>
<td>593,656</td>
<td>6</td>
<td></td>
</tr>
</tbody>
</table>

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⁶ The number of children in humanitarian situation vaccinated against measles has been adjusted downward for Benin

⁷ Cash transfers targets and results of have been adjusted downward compared to the previous report to reflect: 1) the number of households (2,600) in lieu of people (20,000) for Guinea Bissau; 2) the number households (500) assisted in only 2021 in Côte d’Ivoire.
### Funding Status by Sector*

<table>
<thead>
<tr>
<th>Sector</th>
<th>Total $ Required</th>
<th>Humanitarian resources received in 2021</th>
<th>Other resources used in 2021</th>
<th>Humanitarian resources available from 2020 (carry-forward)</th>
<th>Other resources available from 2020 (carry-forward)</th>
<th>Total $ Gap</th>
<th>%Gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>6,265,146</td>
<td>2,511,715</td>
<td>471,240</td>
<td>1,148,737</td>
<td>792,193</td>
<td>2,822,748</td>
<td>45%</td>
</tr>
<tr>
<td>Nutrition</td>
<td>4,462,153</td>
<td>403,090</td>
<td>30,000</td>
<td>104,974</td>
<td>16,658</td>
<td>3,995,631</td>
<td>90%</td>
</tr>
<tr>
<td>Education</td>
<td>17,667,820</td>
<td>451,253</td>
<td>617,017</td>
<td>150,146</td>
<td>91,130</td>
<td>10,687,339</td>
<td>46%</td>
</tr>
<tr>
<td>Water, sanitation and hygiene</td>
<td>12,667,820</td>
<td>1,266,665</td>
<td>89,761</td>
<td>555,910</td>
<td>91,130</td>
<td>10,687,339</td>
<td>46%</td>
</tr>
<tr>
<td>Social Protection and cash transfers</td>
<td>6,792,204</td>
<td>524,262</td>
<td>23,506</td>
<td>215,789</td>
<td>700,780</td>
<td>5,710,784</td>
<td>84%</td>
</tr>
<tr>
<td>C4D, community engagement and AAP</td>
<td>2,331,634</td>
<td>546,492</td>
<td>102,630</td>
<td>636,930</td>
<td>172,690</td>
<td>1,166,007</td>
<td>50%</td>
</tr>
<tr>
<td>Emergency response and preparedness</td>
<td>15,203,372</td>
<td>945,685</td>
<td>0</td>
<td>8,111,553</td>
<td>2,851,317</td>
<td>3,294,817</td>
<td>22%</td>
</tr>
<tr>
<td>Grand Total</td>
<td>70,528,329</td>
<td>7,021,242</td>
<td>1,347,415</td>
<td>11,183,297</td>
<td>40,101,620</td>
<td>57%</td>
<td></td>
</tr>
</tbody>
</table>

* As defined in the 2021 Humanitarian Appeal for 12 months. Requirements include COVID-19 and non-COVID-19 small scale emergency needs.

### Funding Status by Country*

<table>
<thead>
<tr>
<th>Country</th>
<th>Total $ Required</th>
<th>Humanitarian resources received in 2021</th>
<th>Other resources used in 2021</th>
<th>Humanitarian resources available from 2020 (carry-forward)</th>
<th>Other resources available from 2020 (carry-forward)</th>
<th>Total $ Gap</th>
<th>%Gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benin</td>
<td>15,432,818</td>
<td>1,007,681</td>
<td>0</td>
<td>323,693</td>
<td>2,332,853</td>
<td>11,768,591</td>
<td>76%</td>
</tr>
<tr>
<td>Cote d’Ivoire</td>
<td>4,776,998</td>
<td>515,854</td>
<td>0</td>
<td>656,370</td>
<td>46,296</td>
<td>3,627,072</td>
<td>76%</td>
</tr>
<tr>
<td>Equatorial Guinea</td>
<td>1,475,400</td>
<td>815,000</td>
<td>778,315</td>
<td>534,385</td>
<td>0</td>
<td>549,045</td>
<td>37%</td>
</tr>
<tr>
<td>Gambia</td>
<td>3,681,684</td>
<td>1,255,200</td>
<td>53,964</td>
<td>243,574</td>
<td>52,464</td>
<td>2,664,223</td>
<td>72%</td>
</tr>
<tr>
<td>Guinea Bissau</td>
<td>4,717,702</td>
<td>399,970</td>
<td>50,310</td>
<td>141,118</td>
<td>3,170,571</td>
<td>1,625,117</td>
<td>34%</td>
</tr>
<tr>
<td>Liberia</td>
<td>11,468,250</td>
<td>2,081,852</td>
<td>0</td>
<td>347,776</td>
<td>6,517,355</td>
<td>4,236,416</td>
<td>37%</td>
</tr>
<tr>
<td>Togo</td>
<td>13,772,106</td>
<td>0</td>
<td>464,826</td>
<td>824,828</td>
<td>146,113</td>
<td>12,336,339</td>
<td>90%</td>
</tr>
<tr>
<td>WCARO</td>
<td>15,203,372</td>
<td>945,685</td>
<td>0</td>
<td>8,111,553</td>
<td>2,851,317</td>
<td>3,294,817</td>
<td>22%</td>
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<tr>
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<td></td>
</tr>
</tbody>
</table>

* As defined in the 2021 Humanitarian Appeal for 12 months. Requirements include COVID-19 and non-COVID-19 small scale emergency needs.

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8 The funding gap is calculated by sector as “Requirements – Funds Available = Funding Gap”. For a Sector where funds available are greater than requirements, the Gap is reported as “0” (no negative gaps reported). Hence, the Total Gap by country is obtained by adding all sector gaps for a given country (not just as “Requirements – Funds Available”).