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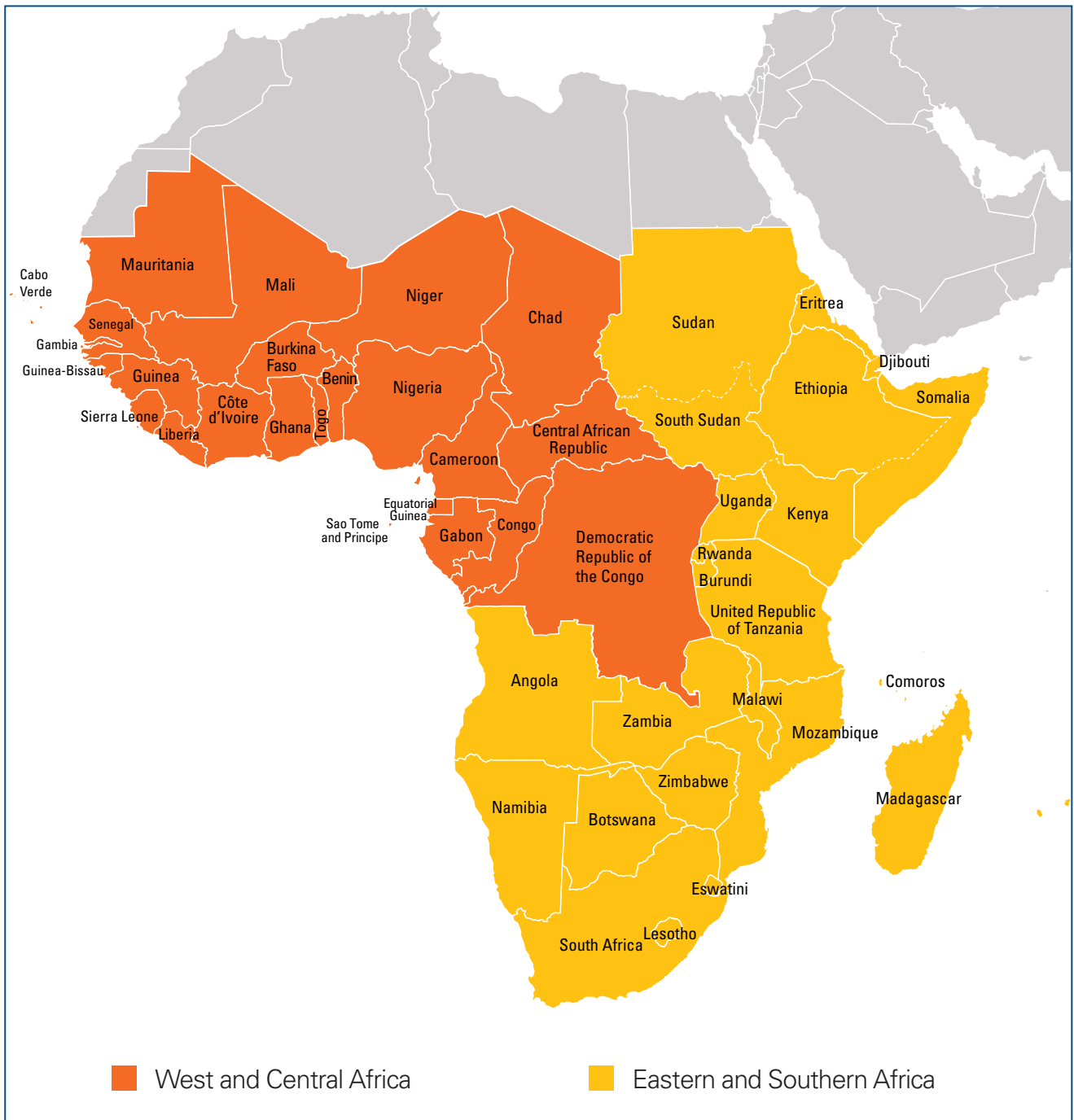


UNICEF **CHILD ALERT** | April 2021

## Sub-Saharan Africa

Growing up in crisis in a world of opportunities

## SUB-SAHARAN AFRICA



Note: This map does not reflect a position by UNICEF on the legal status of any country or territory or the delimitation of any frontiers.

**COVER IMAGE:** A young boy wears a face mask as he walks with his mother on the streets of Mathare, an informal settlement in Nairobi, Kenya. Schools closed in Kenya in March 2020 and some children have to fend for themselves on the streets. © UNICEF/UNI362239/Everett

## Sub-Saharan Africa: Growing up in crisis in a world of opportunities

The COVID-19 pandemic has had a profound effect on the world's population. Although it has been established that children are at lower risk of falling seriously ill with COVID-19, the pandemic has had, and continues to have, far-reaching effects on them.

Indeed, the pandemic poses a health crisis that has become a child rights' crisis. The pandemic is heightening the impact of conflict and climate change on children. **In sub-Saharan Africa, COVID-19 is exacerbating not only existing threats to the future that 550 million children under the age of 18 face, but also measures put in place to control and contain the disease.**

School closure is a major factor in the compounded suffering of children. As a result, children have experienced an increase in violence against them, including sexual and gender-based violence. In Kenya, for example, one third of all crimes reported in the first month after the COVID-19 outbreak were related to sexual violence. With schools closed, children spend more time at home with heightened stresses in the household and decreased access to external child protection services, resulting in an increased exposure to domestic violence.

School offers crucial protection for many children, particularly those from the most deprived backgrounds. It provides access not only to an education that will improve their life chances, but also to shelter, meals, and clean water and sanitation facilities. The longer children are away from school, the higher the risk that the poorest among them will never go back. This is particularly the case for girls, who are at greater risk of being forced into marriage during school closures.

As families' incomes and livelihoods take a hit, children are suffering the effects of increased household poverty, including poor diet and malnutrition, and limited access to basic health services. In Nigeria, there are already more than 14 million chronically malnourished children

and 2.7 million wasted children across the country. Escalating food prices caused by COVID-19 mitigation measures threaten to increase those numbers. Acute levels of child malnutrition in regions like the Sahel in West and Central Africa (especially Burkina Faso, Chad, Mali, Mauritania, Niger and Senegal), and Ethiopia and Madagascar in Eastern and Southern Africa, mean that the pandemic is hitting already vulnerable populations.

For many countries in sub-Saharan Africa, the pandemic is further aggravating ongoing crises communities are already facing. In Somalia, for example, more than 3 million children need humanitarian assistance, as the country faces the triple threat of floods, locusts and the secondary impacts of COVID-19.

Quite simply, children in sub-Saharan Africa are facing a 'perfect storm' that threatens their very survival. Although recent developments in COVID-19 vaccines and the COVAX facility bring hope to the world, ensuring life-saving vaccines reach all the people who need them will take time. As the 'second wave' has started to hit the continent, without urgent action to address the immediate and long-lasting impact of the pandemic, many years of progress in advancing the agenda for the survival, protection and development of children in sub-Saharan Africa may be reversed.



1 APRIL 2021

**129 million**

COVID-19 cases worldwide

**2.8 million**

COVID-19 deaths worldwide



1 APRIL 2021

**3.1 million**

COVID-19 cases in Africa

**78 thousand**

COVID-19 deaths in Africa



# 1. The lasting impact of COVID-19 on children

As of 1 April 2021, the World Health Organization (WHO) reported that nearly 129 million cases of COVID-19 and 2.8 million deaths have occurred globally. The number and proportion of cases reported in Africa remain relatively low – as of April 2021, a total of 3,061,540 recorded cases and 77,864 deaths – with 47 countries being affected. Despite this low trend, the indirect effects of the pandemic and the measures put in place to control it are having extremely negative effects on the communities of sub-Saharan Africa.

## Health care in crisis

The pandemic threatens to disrupt access to life-saving children's services, such as immunization, maternal and newborn care, and HIV and AIDS.

In West and Central Africa, a region with the second highest global HIV burden in children, the prioritization of COVID-19 testing has led to delays in paediatric HIV testing and to the slow initiation of treatment for children living with HIV. To ensure continuity of HIV treatment for adults and children, national HIV programmes in Cameroon, Ghana, Nigeria and Senegal have strengthened the roles of community actors, including networks of people living with HIV, to provide multi-month drugs (recommended during lockdowns) in their communities.

Overall, health-seeking behaviour and health service utilization have been affected as people are reluctant to visit their local health centres for fear of infection.

This reluctance to seek medical care may lead to serious consequences. In Ethiopia, a 6.4 per cent decline in uptake of antenatal care services was observed in March 2020 when COVID-19 was first reported, along with an 8.6 per cent decline in the number of children who were treated for pneumonia, compared with the average over the previous eight months. As the country's health-care providers are deployed to the COVID-19 front line, and medical supplies become scarce, this could jeopardize the delivery of essential

health services, including immunization. Currently, 1.2 million children in Ethiopia are not immunized. This number is set to rise due to COVID-19, meaning that many easily preventable child deaths are likely to occur.

In West and Central Africa, where there is the lowest childhood vaccination coverage in the world, vaccine preventable diseases are significant contributors to neonatal and child deaths. A total of 6 million of the 19 million children born annually in this region were deprived of vaccines, even before the pandemic. While, overall, no significant stock-out of vaccines has been reported at the service provider level – thanks to innovative solutions put in place by UNICEF to deliver vaccines against all odds – the suspension of air flights over many months severely affected the supply chain.

There was a 30–60 per cent decrease in planned immunization campaign coverage reported in countries in West and Central Africa between March and April 2020, compared with the same period in 2019. Rates of vaccination against highly contagious and deadly diseases, such as measles, polio and tetanus, are in danger of lapsing, as some vaccination campaigns got suspended due to COVID-19 mitigation measures and increasing numbers of people being reluctant to visit medical centres through fear of catching COVID-19. In Nigeria, the coverage of Penta 3 fell by 7 percentage points, from 85 per cent in January to September 2019 to 78 per cent in January to September 2020, on average. It is therefore imperative to maintain

and reinforce immunization programmes during the pandemic, to avoid millions of preventable cases of child illness and death. Full stocks of routine immunization vaccines are in place, as well as strong community outreach programmes, with safety measures to prevent the spread of COVID-19 and to ensure children receive vaccinations for preventable diseases.

There have been some successes in increasing immunization rates. In Benin, two recent polio vaccination campaigns conducted through the mobilization of government, non-governmental and community influencers have helped to increase immunization rates, while also debunking myths about vaccination that were circulating in the community as a result of misinformation posted on social media, deterring parents from vaccinating their children. In the Republic of the Congo, UNICEF, in collaboration with WHO and UNFPA, supported the government in organizing a week of awareness-raising on maternal and child health, resulting in more than 29,000 children being vaccinated against measles and rubella and more than 24,000 against diphtheria, tetanus toxoid and pertussis, in addition to nutrition and other health interventions.

**BELOW:** A baby is vaccinated at the health centre of Brazzaville, Congo.



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## Improvements in basic water, sanitation and hygiene reversed by COVID-19

While basic water, sanitation and hygiene (WASH) services and behaviours are essential for slowing down the spread of COVID-19, WASH services, supplies and hygiene behaviours are being disrupted by the outbreak, the responses to it, and the socio-economic effects.

Frequent handwashing with soap is key to preventing the spread of the virus. However, this is simply not possible for many living in sub-Saharan Africa. According to the most recent estimates, in 2019, more than one third of the 818 million children around the world who lacked basic handwashing facilities at their schools were in sub-Saharan Africa: 295 million children in total.

Many countries are affected. Burkina Faso, Guinea-Bissau, Niger and Senegal are among the countries with the lowest access to basic handwashing facilities (soap and water) in schools in West and Central Africa. In Guinea-Bissau, only 12 per cent of schools have access to these facilities. In the Niger, only 15 per cent of schools have these basic facilities, while the figures are 22 per cent and 25 per cent in Senegal and in Burkina Faso, respectively.

Similarly, in Ethiopia, water and soap are simply not readily available or are unaffordable. Only 37 per cent of schools in Ethiopia have regular access to water and 41 per cent of households have no handwashing facilities at all. Overall, 96 million people out of an estimated population of 105 million have either no ability or very limited ability to regularly wash their hands with soap. “While progress has been made over the years to improve hygiene, the task before us is enormous and is made even more urgent by the COVID-19 outbreak,” says Adèle Khodr, UNICEF Representative in Ethiopia. “Under the leadership of the government, and together with donors and our civil society partners, we have significantly increased our efforts to reach poor and marginalized communities with soap and water.” Over the course of one week in April 2020, “we distributed soap to more than 350,000 of the most vulnerable households countrywide,” Khodr added.



**Bundibugyo Soap Initiative in Uganda, which was initially introduced to protect communities from contracting hygiene-related illnesses after floods, is among many actions promoting hand hygiene during the COVID-19 pandemic.**

Families are given free soap when they bring their children in for vaccinations, or for antenatal and post-natal care. Biira Asumin, a 28-year-old mother of twins, heard about the initiative when her village health team came to remind her about her babies' appointment for their measles vaccination. As a result, her children have not missed any vaccinations and, as she leaves, she is given soap. "I feel very happy to receive the soap. Now that I have received free soap, I will have some time without buying soap. I will also save the money I could have spent on soap to do other things for my children," she says.

Charles Ngwabusa, the Medical Clinical Officer at Kakuka Health Centre III, said that the health-care facility had been performing poorly, with people simply not using the facility, but the soap initiative has greatly helped. "For instance, previously, only 52 per cent of women gave birth at the facility; now the rate has shot to 90 per cent. The soap initiative has also increased immunizations at this facility with monthly measles vaccination coverage now standing at 52, above the 42 target," he explained. The COVID-19 pandemic, which coincided with the floods, has motivated communities to wash their hands regularly. "With soap, we can be sure effective handwashing is taking place in homes. A small thing like soap has been very effective and we intend to continue with it," said Dr Christopher Kiyita.

**BELOW:** Biira Asumin, 28, with her young twins at Kakuki Health Centre in Kenya, holds soap she received as part of the Bundibugyo Soap Initiative.



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In Burkina Faso, a pilot project known as the ‘Nudging’ project aimed to customize handwashing stations in schools to make them more attractive to school children. The project has increased handwashing practice among 5–16-year-old students by 22 per cent (after using the toilet) and by 12 per cent (before meals). Piloted in 10 primary schools in the eastern region of Burkina Faso, the project has contributed to improving students’ knowledge of handwashing practices by up to 92 per cent, from the initial 69 per cent. Introducing this project on a national level will contribute to improving handwashing practices in schools, helping to prevent the spread of COVID-19.

The Niger has registered more than 900 COVID-19 cases since mid-March 2020. The government took measures to prevent the spread of the virus and to raise awareness. However, the country’s health-care system is already at breaking point. Due to social stigma, discretion is essential to execute quick and effective sanitization action that can save lives and avoid more contagion in the neighbourhood. Workers in masks and suits enter any affected household and spray chlorine on all surfaces. A ‘quarantine hotel’ houses those diagnosed with the virus, where workers disinfect surfaces and clothing, and doctors tend to the ill.

In Kenya, around 56 per cent of urban families live in informal settlements. They are at increased risk of contracting COVID-19 due to cramped conditions and limited access to adequate WASH services. Only a minority of families in informal settlements have regular access to public water supply, which is regulated, and less costly. During the dry season, the majority of families (55 per cent) rely on private water suppliers (water kiosks, boreholes and water tankers), while 42 per cent use the publicly-regulated water supply (public taps/standpipes, piped household water in compound) and 2 per cent use unimproved sources (rainwater collection, rivers or ponds).

In the rainy season, 35 per cent of families primarily use the publicly-regulated water supply, 33 per cent continue to rely on private water suppliers, and 16 per cent use unimproved sources – the increase in collection of rainwater accounts for the steep drop in the use of private water suppliers and the small decrease in the use of the publicly-regulated water supply.

Since March 2020, full and partial school closures have exacerbated the situation for children because for many, school gives them access to clean drinking water. Around 72 per cent of public primary schools and 82 per cent of secondary schools have an improved drinking water source (including piped water, protected well and spring, borehole, tube well or rainwater harvesting).

In West and Central Africa, access to water and sanitation is also challenging. In 2017, 182 million people (36 per cent of the population) lacked a basic or safely managed drinking water service. In Nigeria, a full two thirds of the water that Nigerians drink is contaminated with the bacteria *E. coli*, which puts children’s health at grave risk. An even greater number – 353 million people (70 per cent of the total population in West and Central Africa) – remain without access to basic or safely managed sanitation services. Basic WASH services are only available in 3 per cent of schools and 4 per cent of health-care facilities.

Open defecation is a challenge to improving sanitation and hygiene in many communities. West and Central Africa accounts for 14 per cent of the global rate of open defecation. In Nigeria alone, 46 million people practice open defecation. However, many countries are making progress, such as in Guinea-Bissau, where one community (Quinara) has eradicated the practice completely through the Community-Led Total Sanitation approach, working closely with communities. “If we can stop the practice of open-air defecation, we will save a lot of expenses on health care, because when a person is in good health, he or she does not need to spend money on health care or drugs,” said António Serifo Embaló, the former Minister of Energy, Industry and Natural Resources in Guinea-Bissau.

These initiatives are helping to improve WASH in sub-Saharan Africa. However, those gains are at risk of being undermined by the COVID-19 pandemic, as WASH assistance to populations is interrupted by restrictions on staff movements. Further, WASH work in schools is suspended during their closure. Although these restrictions are intended to suppress the spread of the pandemic, when coupled with price increases for services and commodities, they have a serious impact on maintaining good hygiene practices.



## Education under threat

Across sub-Saharan Africa, the closure of schools has seriously disrupted learning. Schools are often a safe haven, providing protection, school meals, health and emotional support for the most disadvantaged children. School closures have disrupted school feeding programmes, deworming, and safety and protection programmes that use the school platform as an entry point to reach children. Education also serves as a critical protection measure against child marriage for young girls. School closures mean that adolescent girls (especially those from the poorest families) are particularly at risk of being forced into marriage, in a region with already alarming levels of child marriage.

At the onset of the pandemic in Eastern and Southern Africa, COVID-19 closed schools across 20 out of 21 countries, triggering an education crisis that was unprecedented in scope, duration and impact. More than 127 million students were affected. Though efforts were made to implement remote learning, many of the poorest and most disadvantaged children were simply unable to access this due to lack of access to the internet or digital devices on which to work. Access to remote learning by television or radio programmes was also not feasible for all children. The loss of learning caused by COVID-19 is profound. As many as one in two children may have received no education at all during

the pandemic. Children also began to forget what they learned before the schools were closed, in a region where 87 per cent of children are already not meeting the basic competencies.

In Kenya, the Ministry of Education announced the phased reopening of schools in October, following closure due to COVID-19. During full school closures from March to October, around 17 million students missed out on formal education. This has affected over half of Kenyan households. Further, remote learning only reached approximately half of students. In partnership with the Government of Kenya, UNICEF provided support to help reach children who were unable to access remote learning, piloted internet connectivity for disadvantaged schools and advocated for safe school reopening.

The longer children are out of school, the less likely the poorest among them are to return. Closures also increase the risk of child labour, child marriage and other risks to their development and well-being. Before the pandemic, in Ethiopia there were already 4 million children out of school. Around 50 per cent of Grade 8 students in Ethiopia are unable to read and write. When schools closed in March, 26 million children were out of school, with only 6 million able to regularly access remote learning. Existing poor education outcomes are being further worsened by the closure of schools.

### In Uganda, children have faced the devastating impact of floods.

Kisabu Primary School in Kasese, western Uganda, was washed away by flooding when Thaku River, a tributary of River Nyamwamba, burst its banks. "The water was too much," said Joseph Muhindo, the school's head teacher. "Geologists and district authorities have advised that this place is no longer suitable for school learning. We have identified another location that is on higher ground, but don't have money to purchase the land," Muhindo continued.

When the government closed all learning institutions in Uganda as one of the measures to control the spread of COVID-19, UNICEF provided two tents, each 72 square metres, to Kisabu Primary School. The school is using the tents as temporary classrooms for Primary Seven candidates who reported on 15 October. Maureen, a 12-year-old who is a Primary Six pupil of Kisabu Primary School, is sad that her classroom is no more: "Before the floods, our classrooms were good. We had benches and many things, but all these were taken by the floods."

In West and Central Africa, all schools were closed for between six weeks and six months. In many countries, schools were partially or fully reopened during May to September 2020 to allow students to better prepare for exams. Between September and December 2020, 22 out of 24 countries in the region were able to get their schools ready to welcome children back for the new academic year, 2020–2021. Ghana and Mali planned for a start in January 2021. However, despite the reopening of schools, 169 million children have been affected by school closures, with limited or no access to learning opportunities. Of these, 41 million children were already out of school before the pandemic in this region. Further, in the context of humanitarian crises, the reduction in the number of people allowed to gather has resulted in the closure of child-friendly spaces, one of the main gateways to services for children. The reopening of schools, many of which lack basic sanitation and hygiene facilities, also increases the risk of transmission of the virus, particularly if prevention measures such as face masks, handwashing and physical distancing are not employed.

In the Niger, almost 4 million children were out of school during the closures. Even though many schools have reopened, conditions were not met to ensure children's learning and safety. UNICEF supported the government to ensure the provision of handwashing devices, and soap and sensitization actions in primary schools across the country. In the midst of COVID-19, washing hands with soap remains one of the most effective ways to reduce the transmission of the virus.

In the Central Sahel (Burkina Faso, Mali and the Niger), 20 million children aged 6–14 (55 per cent of children in this age group) were out of school during the closures. Although schools have reopened in the Niger and Burkina Faso, violence and unrest in the Central Sahel compounded the difficulties students and teachers faced, with attacks and threats on schools becoming more common. School closures due to violence have been a serious problem in recent years, with a sixfold increase in closures taking place between April 2017 and December 2019 in Burkina Faso, Mali and the Niger. More than 4,116 schools were closed or non-operational as of July 2020, which has affected almost 700,000 children and more than 19,000 teachers. The closure of schools due to COVID-19 only aggravates this difficult situation.

The COVID-19 pandemic created a drive to innovate, spurring countries in West and Central Africa to introduce new ways of responding to existing challenges in education. Within three months of the onset of the pandemic, all 24 countries had developed response plans and introduced distance learning through multiple platforms (TV, radio and/or digital learning). In Benin, Congo, Burkina Faso, Cameroon, the Central African Republic, the Democratic Republic of the Congo and Senegal, radio-based instruction was introduced to children in remote rural areas.

The Government of Cameroon has accelerated the creation of distance learning platforms for primary and secondary education for use by children affected by school closures, as well as by children in school during the pandemic. UNICEF has supported the Ministry of Basic Education with the design and production of key materials and applications to be uploaded to 15,000 tablets procured by UNICEF for the COVID-19 response.

Despite these positive responses to educational challenges, however, COVID-19 will continue to exacerbate the access and quality gaps that already exist, especially for girls. In 2018, in West and Central Africa, only 47 per cent of children completed lower secondary education and 89 per cent of adolescents (91 per cent of girls) from the poorest quintile never attended school or dropped out, although some are in primary education (28 per cent) and 35 per cent of these are girls.

Respectively, 84 per cent and 88 per cent of children and adolescents in sub-Saharan Africa have not achieved minimum proficiency levels in mathematics and reading. Therefore, the region has opted to strategically focus on a multisectoral approach to programming for adolescent girls to address the barriers to primary and secondary school completion and to introduce innovations in digital learning, and foundational literacy and numeracy in the early years, in order to lay more solid foundations for quality learning outcomes in later years. In the Sahel, the school health partnership with the World Food Programme, Gender at the Centre, and the Safe to Learn initiative offer opportunities to tackle the multiple vulnerabilities that affect children.

**In Madagascar, Vaozara Mamisoa, 31, a married mother of six, struggles to keep her children well nourished. “I have to make sure my children stay healthy,” she says.**

Despite the pandemic, she walks 12 kilometres every week to the nearest health centre to access free medical care for her 8-month-old baby, Tsikivy, who suffers from severe acute malnutrition. Vaozara will do anything to ensure that her child recovers as quickly as possible. “In addition to the treatments she receives at the health centre, I continue to breastfeed my daughter because it helps strengthen her immune defences which are essential during this period,” says Vaozara.

**BELOW:** In the drought-stricken south of Madagascar, families struggle daily for food and water. In this home in the Androy region, 500g of rice is shared among 12 family members.



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## Every child deserves good nutrition

Beyond the immediate health consequences of the virus, COVID-19 poses a serious threat to families’ livelihoods and household income. In West and Central Africa, for instance, the most concerning form of malnutrition is undernutrition (wasting, stunting and micronutrient deficiencies). Further, increased pressure on health-care facilities inhibits their ability to provide key services for the prevention of malnutrition in children, and pregnant and breastfeeding women. Such services include, among others, provision of key micronutrients such as vitamin A, iron and folic acid. Although the expert advice is for mothers to continue breastfeeding their babies if they contract COVID-19, not many are aware of these recommendations, and they may stop breastfeeding for fear of transmitting the virus to their babies. They may also be less likely to give meat to their children if they believe, as some do, that it can transmit COVID-19. It is critical that early initiation of breastfeeding, which prevents 20 per cent of newborn deaths, and exclusive breastfeeding for the first six months of life, which prevents 13 per cent of under-five deaths, continue during COVID-19.

In Madagascar, stunting, or chronic malnutrition, affects more than two in five children (42 per cent), or nearly 2 million children. Around 18,000 child deaths are linked to the nutritional status of the mother, breastfeeding behaviour, low birthweight or vitamin deficiencies. In the desert-locust-affected regions of Tigray, Afar, Amhara, Oromia, Southern Nations, Nationalities, and Peoples’ Region and Somali in Ethiopia, admissions of children with severe acute malnutrition rose by an average of 20 per cent between January and February 2020, compared with the same period in 2019. The pandemic and the associated lockdown measures affect child nutrition in several ways: through lost incomes and reduced livelihoods; higher food prices as supply chains are stretched; and increased poverty levels. Also, the closure of schools has deprived about 1 million children of school meals, a valuable source of nutrition.

In West and Central Africa, malnutrition is the single largest killer of children under five. In a region where 11 per cent of the world’s children live, stunting affects 29 million children. In Nigeria alone, more than 14 million children under five are stunted.



The Sahel region is now home to more than 60 per cent of the wasted children in West and Central Africa, with prevalence often above 10 per cent, and over 15 per cent in some areas within the region. The number of children suffering from wasting in 2020 could rise by 21 per cent, bringing the total number of wasted children to a staggering 9.7 million, including 3 million who would be severely affected. In Nigeria alone, almost a million additional children are estimated to be wasted due to the COVID-19 pandemic.

Malnutrition is also a major threat to children's health and development in the Niger. Despite efforts to improve the situation, more than two out of every five children under 5 years old are stunted, robbing them of their full potential. On average, annually, 350,000 to 400,000 children under the age of 5 are admitted to nutritional programmes in the Niger, a figure that would be most effectively brought down through prevention, which is key to reversing malnutrition.

The COVID-19 pandemic is disrupting food systems and deteriorating household food security in sub-Saharan Africa. In the Republic of the Congo, an estimated 50 per cent of households in areas hit hardest by the COVID-19 pandemic are reporting not having enough food to eat. This issue also impacts the quality and diversity of food for mothers and young children, as well as feeding practices, such as breastfeeding. Additionally, the systems face increasing challenges to delivering essential preventive and curative nutrition services, especially to vulnerable women and children, including access to life-saving nutritional commodities such as ready-to-use therapeutic foods.

If children are given a poor diet and are not breastfed as infants, they are more likely to suffer from malnutrition and the associated stunting of their growth and negative impact on their development. Children are at greater risk of disease, which can also cause malnutrition. This can lead to life-threatening dehydration caused by diarrhoea. Chronic malnutrition affects children's physical and cognitive development and has far-reaching consequences. Poverty, agricultural traditions, insufficient dietary diversity, poor infant and young child feeding practices, substandard sanitation and hygiene, and lack of access to safe drinking water all contribute to create malnourished children who are unlikely to reach their full potential.



**RIGHT:** A mother feeds Ready to Use Therapeutic Food (RUTF) to her infant at a UNICEF-supported health centre in Bauchi, Nigeria.

## In Nigeria, misinformation about COVID-19 – including falsehoods related to breastfeeding – is rife.

The rate of exclusive breastfeeding in Nigeria was already one of the lowest in sub-Saharan Africa before COVID-19, with 70 per cent of Nigerian infants not being exclusively breastfed – thereby missing out on the potentially life-saving protection it provides.

Misinformation about COVID-19 has now been added to the mix of factors impeding exclusive breastfeeding. Like other breastfeeding mothers, Blessing, 45, has had a tough time making sense of what the COVID-19 pandemic means for her and for her baby's safest and healthiest meal: breastmilk.

COVID-19 has already taken away Blessing's main source of income by shutting down the market where she used to eke out a living selling vegetables. She can hear the cries for food from her children and struggles to keep them occupied, especially with schools closed.

Blessing gets second-hand information about COVID-19 from the other women, and her children get an eyeful on social media. But it is hard to distinguish the truth from the falsehoods. "I don't know whether it is safe to breastfeed, or whether I would risk transmitting the virus to my baby," she said.

Despite an abundance of media channels and messaging platforms in Nigeria, helping people get the information they need in a clear way can be difficult, particularly for those hardest to reach.

With this in mind, UNICEF, in partnership with the government and traditional leaders, is using mobile vans to communicate directly with community members, providing information on how to stay safe and promoting breastfeeding.

As it makes its way through the communities, the van stops at designated points where staffers can talk directly to people, answer questions and share communication materials, all while observing physical distancing protocols.

It was at one of these stops that Blessing got answers to her questions, as she discovered it was indeed safe to continue breastfeeding without fear that she could risk passing COVID-19 to her infant. It is a clear message that Blessing and other Nigerian breastfeeding mothers have been waiting to hear.

**BELOW:** Fasasi Musa Olalekan, 32, is an influential voice helping spread the message that vaccines are safe, putting Lagos more firmly on the path to defeating the global pandemic.



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## The struggle to protect the vulnerable

When schools were closed and lockdowns put in place across the continent, many countries faced an increase in domestic violence and other forms of violence against children, and in incidents of child marriage.

In South Africa, poverty, inequality, violence and mental health impacts are rife, with many women and children trapped in difficult or unsafe living arrangements. It is now estimated that the impact of COVID-19 means that child poverty now stands at 62 per cent. Child hunger – children who reported being hungry in the last seven days – stands at 15 per cent, with school closure contributing to high levels of online and offline abuse, violence, exploitation and increased anxiety and emotional distress.

The picture in West and Central Africa is no better, with 'children in street situations' (meaning children who depend on the streets to live and/or work whether alone, with peers or with family) becoming

yet more vulnerable as a result of COVID-19, with many countries, including Burkina Faso, Côte d'Ivoire, Nigeria and Senegal, taking specific measures to keep children off the streets, and in some cases help them return home. In Nigeria, for example, where it is estimated that there are as many as 10 million 'Almajiri' children (children sent away by their families for Koranic education), over 30,000 Almajiri children were returned to their states of origin between March and June 2020. UNICEF has engaged in advocacy and technical support to social services to ensure these returns are considered on a voluntary basis and conducted in line with the best interests of the child.

The pandemic has had a devastating impact on the safety and well-being of children – especially those on the move. In Côte d'Ivoire, UNICEF is working with partners to assist these children, providing them with

**ABOVE:** Samba, 13, demonstrates handwashing techniques to other boys at a temporary shelter opened in Bamako, Mali, by UNICEF and its partner Samusocial to support children living in the street during the COVID-19 pandemic.



psychosocial support as well as access to education, shelter, meals, clean water and sanitation facilities. UNICEF also works with partners to help reunite children on the move with their families. Since the start of the pandemic, UNICEF and the Ministry of Women, Family and Children in Côte d'Ivoire have identified and supported 646 children in street situations.

Growing violence and insecurity are threatening the care and protection of approximately 2.3 million children in need of protection assistance as of August 2020 in the Central Sahel region – across Burkina Faso, Mali and the Niger – up from almost 1.2 million children in 2019. As the COVID-19 pandemic spreads across the region, violence against children continues to rise.

In the Niger, due to COVID-19 economic and physical restrictions, and their impact on household income and security, gender-based violence has become a worrying trend, with a significant increase in March, and more child victims. In Burkina Faso, a survey on the protection of children in the Est, Nord and Sahel regions in June 2020 revealed that 32 per cent of children perceived an increase in domestic violence against girls and boys as a result of confinement at home. The situation is aggravated by children's lack of access to school friends, teachers and the safe space and services that schools provide.

In seven of Nigeria's 36 states, there was an estimated fourfold increase in reported cases of violence against women and girls between January and October 2020, with more than 90 per cent of reports related to violence against girls. In Mali, the situation is fragile and complex. Grave violations against children have been witnessed, including recruitment by armed groups, killing, maiming, rape and other forms of sexual violence, attacks on schools and hospitals, abductions and denial of access to humanitarian services. A sharp increase in forced displacement was also recorded, with more than 358,000 people currently forcibly displaced (internally displaced persons and refugees) in Mali as of November 2020.

"The COVID-19 pandemic adds further risks to the rights and safety of millions of children already trapped in one or more humanitarian crises in the Central Sahel region," said Marie-Pierre Poirier, UNICEF Regional Director for West and Central Africa. "In a context of high levels of insecurity, children have been

victims of abuse and violence, sexual or economic exploitation, trafficking, child marriage, and many have been forcibly separated from their families or recruited into armed groups."

"Actions taken to contain the spread of the coronavirus have slowed down the delivery of humanitarian assistance and social services for children's care and protection in the Central Sahel. Meanwhile, the insecurity has not stopped, and children continue to pay a high price," said Poirier. "Now more than ever is the time for global solidarity. At the same time that governments and humanitarian partners work together to protect children from the health impact of COVID-19, we must also continue to protect the most vulnerable children from violence, exploitation and abuse, making our programmes 'COVID-proof'."

In the Gambia, efforts were made to help children in conflict with the law. UNICEF, in collaboration with the Ministry of Justice and Ministry of Women, Children and Social Welfare, assessed the juvenile home for reprimanded children. Social Welfare Officers profiled all children in conflict with the law and shared information with assessment teams for immediate action to grant bail for eligible children. The Gambia Bar Association and Legal Aid participated in providing legal services to children who did not have legal representation in court. Efforts were also made to provide standard sanitary materials to the prison (buckets, detergents, information materials and thermometers for staff coming in and out while on duty) during the COVID-19 pandemic.

In Guinea, UNICEF's advocacy and support to the Ministry of Justice and children's courts across the country contributed to the release of 173 children, with reintegration activities to support family reunification put in place. In addition to the assistance to children in conflict with the law, UNICEF also supported the continuity of birth registration services.

In Côte d'Ivoire, 285 children were released from prison and reintegrated into their families to avoid intra-prison contamination. These children released from prison have benefited from psychological support and socio-professional reintegration.

Overall, as of the end of November 2020, more than 2,900 children were released from detention in West and Central Africa due to the pandemic response.

## Mitigating the socio-economic impact of the pandemic

Alleviating poverty is at the root of protecting children. Before COVID-19, sub-Saharan Africa was a challenging place for many of its 550 million children, with 440 million (four out of five) children struggling with two or more deprivations, including access to basic water services, lack of adequate nutrition, lack of access to a safe place to use the toilet and lack of access to education. Half of these children also live in monetary-poor households.

### Woinshet Fanta lives with her four children in a single room near Addis Ababa's old train station.

She used to sell potatoes and sliced chips in her neighbourhood. Hers has been a hard life, a struggle for survival that was made harder some years ago by the death of her husband. Now, Woinshet's role as sole breadwinner for her family has been threatened by the measures put in place to control the COVID-19 pandemic. Since petty traders have been banned from selling their goods door-to-door, Woinshet has been limited to selling outside her front door, meaning that her income has shrunk dramatically. For now, Woinshet is relying on neighbours to get by. But this means that there is little money to cover her and her family's basic needs, such as food and shelter, and since they have no community health insurance, their basic health care needs are not being met.

Sadly, Woinshet's story, presented below, is far from unique: 1.6 million to 4 million jobs will be lost in Ethiopia as a result of COVID-19, affecting up to 20 million people.

The global economic crisis triggered by COVID-19 has exacerbated an already slow-moving economy in the region, and economic forecasts for all countries are dire. According to the US\$1.90 day international benchmark, an estimated 50 million people have been pushed into extreme poverty in sub-Saharan Africa since the start of 2020. This is the largest change ever recorded in a single year – compounding the grave consequences on child welfare, when added to the effects of measures to contain the virus, whether official or not (e.g., school closures, fear of visiting health services, etc.). The dire economic situation adds to existing challenges in the region – climate shock, drought, food insecurity and armed conflict. In short, the picture for children is serious, as these factors converge to impact on children's welfare and safety.

Social protection can help alleviate some of these effects. Delivering cash transfers to ease poverty can mitigate and even prevent most of the challenges children are facing. Cash transfer programmes have grown significantly in recent years, but funding constraints have limited their impact.

In the Gambia, UNICEF supported the provision of cash transfers to 7,000 vulnerable households with children under five in four regions of the country. The cash transfer provided resources for the purchase of food and essential hygiene items. In the Republic of the Congo, the government provided multisectoral and community responses to limit the economic and social impacts of the pandemic on the living conditions of households. The government granted 200,000 poor and vulnerable households an emergency lump-sum allocation of 50,000 Central African francs (CFA), equivalent to U\$90, to strengthen their resilience capacities, carry out economic activities and access basic social services. Further, 6,000 people living in poor households also benefited from food assistance through the distribution of food kits. Despite this, a recent study on the effects of COVID-19 revealed that 78 per cent of households have seen their income decrease during the lockdown and 83 per cent of households have contracted debts during that period (with 40 per cent borrowing to purchase food, and 34.5 per cent, to pay for health expenses).

**Fassilath, 14, lives in northern Benin. She lost her mother and relies on her father to pay her school fees, but 2020 was particularly a rough year for her father, as a farmer.**

As everyone in his community was affected by COVID-19, he lost several customers and was unable to secure new orders. With almost no income, he had no other option than to ask his daughter to stay home when most of her friends returned to school at the end of September 2020, following several months of interruption due to the pandemic. But a few days after his daughter's school reopened, he heard about a cash transfer

project launched by the Government of Benin in partnership with UNICEF for girls enrolled in middle school during the previous academic year. With support from the school management, he was able to register his daughter for the scheme. As soon as he received the cash transfer of FCFA 15,000, equivalent to US\$27, he asked Fassilath to go back to school and enrol for the new academic year. "The cash transfer was a huge relief for me. I'll make sure that my daughter stays in school and completes her studies," he said. The cash transfer programme is part of a project to eradicate child marriage and maintain girls in school in Kandi and Tchaourou, two areas with the highest rates of child marriage and school dropout in Benin.

Alphonse, father of four children, applies for assistance in N'Sele, Democratic Republic of the Congo.

UNICEF and WFP are providing assistance in the form of cash transfers to vulnerable people affected by the socio-economic impact of COVID-19 in Kinshasa. The pilot project targets 123,000 people.



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“We recognize that children and young people are positive change agents and commit to partner with them now and in the future, to ease the lasting impact COVID-19 will have on human health, society and the economy and secure a healthy, safe and sustainable future and planet for all in line with the 2030 Agenda and the Sustainable Development Goals.”

*Protect our Children COVID-19 Statement*

endorsed by 172 Member States and United Nations Permanent Representatives

## Climate change

Climate change and the degradation of the environment already posed a major threat to people living in the poorest conditions. COVID-19 has exacerbated the suffering already experienced by the most disadvantaged.

Worldwide, 160 million children live in high drought-severity zones and 500 million children live in extremely high flood-occurrence zones. The health consequences of these natural disasters will disproportionately affect children, with approximately 90 per cent of climate-related health effects being borne by children under five.

In Mozambique, children living in cyclone-affected areas in the provinces of Sofala, Manica and Cabo Delgado continue to face food insecurity. The country is still reeling from the effects of two cyclones, Cyclone Idai in March 2019 and Cyclone Kenneth in April 2019, two of the worst natural disasters to hit southern Africa in two decades.

As the effects of climate change take hold across the globe, storms such as these will become more frequent, putting more lives in peril. The population is not only impacted by the immediate threat of extreme weather, but also by food insecurity and displacement, brought about by cyclones and poor rainfall. Children’s education is also being affected. In the far north of Cameroon, for example, 22 schools have closed due to recent flooding, resulting in approximately 5,889 students (including 2,334 girls, or 40 per cent) not attending school.

In many countries in sub-Saharan Africa, polluted environments with little access to sanitation and poor hygiene have compounded the impact of the pandemic. Globally, air pollution contributes to the deaths of close to 600,000 children under five every year, making it the second leading cause of death for this age group. COVID-19 therefore poses a particular risk as it attacks the respiratory system.

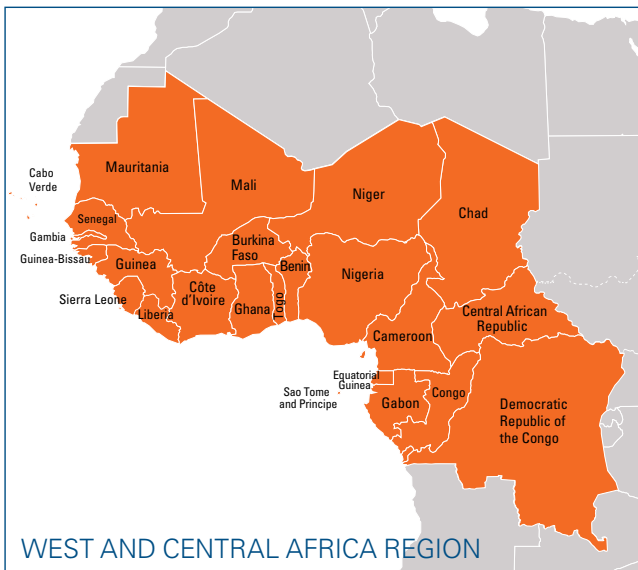
Although the lockdowns in various countries have led to a temporary improvement in air quality, having a consequently positive effect on children’s health, this has come at a massive economic cost.

### One father knows well the dangers of extreme weather.

Josias Fernando and his family were forced to search for shelter due to the impact that Cyclone Idai had in their community of Matarara, in Manica province, Mozambique. He said, “I was at home with my wife Manuela and my four children and suddenly the wind got extremely strong. Then came the heavy rain, and the water became the real problem, it quickly flooded our home and we had to climb on to trees to escape. We stayed more than three days and three nights alone on that tree, we didn’t have any food, or water, nothing!”

## Conflict

The Central Sahel region is one of the most vulnerable in Africa. Armed violence has had a devastating impact in Burkina Faso, Mali and the Niger. This means that children's survival, education, protection and development are in jeopardy in these countries, some of which have the lowest development indicators globally. Violence in these countries has risen sharply over recent years and is now at unprecedented levels. The resulting humanitarian crisis has been increasingly challenging to respond to, as access for humanitarian actors has been hindered both by COVID-19 containment measures and the activity of armed groups in the countries needing the most assistance.



In Burkina Faso, Mali and the Niger, where 8 million children are out of school, violence has forced schools to close. Direct attacks on schools have been reported and students and teachers have been threatened. In Nigeria, ongoing violence stemming from a more than 10-year-conflict has also kept children out of school, with at least 2.8 million children out of school in the north-east of the country. The COVID-19 pandemic has further exacerbated the situation, with 4.2 million children dropping out of school.

Children in the Niger who are moving through the country have been affected by the closure of country borders in an effort to contain COVID-19. Sharing a border with Algeria, Chad, Libya and Mali, the Agadez region of the Niger is a transit hub for

migrants and refugees fleeing conflict. By April 2020, more than 7,400 *talibé* children – children who attend Koranic schools – were sent back to the Niger from Nigeria following the closure of Koranic schools due to COVID-19. During the same period, 375 migrant children were repatriated from Libya and Algeria. 'The gateway to the Sahara Desert', Agadez is now a hub for smugglers and human traffickers preying on unaccompanied children who are desperate for food, shelter and security and have taken to the streets, begging passers-by for food for themselves and their families.

Approximately 425,000 people (191,000 of them children) have been displaced in Mozambique's Cabo Delgado province because of violent attacks by non-state armed groups. Basic services have been severely disrupted and more than 135,000 people are food insecure, with nearly 28,000 children acutely malnourished.

**Abdul\* is seeking asylum in Agadez after fleeing the conflict in Darfur with a group of friends in 2018.** They were hoping to make it to Europe but were abducted by armed men in Libya. "They killed one of my friends and took the rest of us to a house with fields and forced us to work. It was hell," Abdul says. He has given up on trying to reach Europe.

**Amina\*, 17, from Darfur, dreams of going back to school.** She fled Chad after the refugee camp where she and her family lived was attacked by gunmen. "They destroyed everything. I saw them rape young girls. So, my family left," she says. "We went to Libya where we worked for four years. When the conflict started again, we fled to Niger."

\* Names have been changed to protect the children.

**Mossa and his family are finally safe with a host family in Metuge.**

It was an exhausting and dangerous journey for Mossa, his wife and their four children. Escaping violent attacks in northern Cabo Delgado, the family first sought refuge on Quirimba Island, but when the insurgents made it to the island, the family had to flee again on a barge. The escape had a huge impact on the family, particularly on the children. Upon taking all his children to a centre with UNICEF-supported integrated mobile health brigades, the couples' youngest daughter, one-year-old Nalia, was diagnosed with moderate acute malnutrition. Amélia Mindu, a nutrition specialist in the brigade, provided Mossa with a special therapeutic food based on a peanut paste for Nalia's treatment.

Cyclones, COVID-19 and conflict escalation have collided, preventing a normally very resilient population from recovering from these consecutive shocks. Children are bearing the brunt of extreme poverty, food insecurity, lack of basic services and a high risk of abuse.

In South Sudan, where the effects of the civil war that raged for six years from 2013 to 2018 are still being felt, the pandemic is worsening a humanitarian crisis that shows no sign of ending. There are currently 4.1 million children in need of humanitarian assistance, and 1.6 million internally displaced people.

Violent conflict impacts children's welfare and education. In the far north of Cameroon, as a result of protracted displacement, education services have been impacted by the additional number of students from displaced families. In the Logone-et-Chari, Mayo-Sava and Mayo-Tsanaga divisions, 62 schools are still closed, and 50 others were destroyed years ago and never rebuilt. This has affected about



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35,000 students. In addition, education continues to be provided by men in uniform, who often have weapons, which means schools are susceptible to attack by armed groups.

The crisis in the north-west and south-west regions of Cameroon has had a major impact on the education sector, with approximately 700,000 children being out of school in late 2020. Though the number of open schools has increased since 2019, the situation remains appalling: as of November 2020, in the north-west region only 730 primary schools (23 per cent) and 142 secondary schools (25 per cent) are operational. Only 39 per cent of primary school teachers and 21 per cent of secondary school teachers are reporting to work in the north-west and thousands of children displaced to the Littoral, West and Centre regions struggle to access schools, due to poverty and social exclusion.

It is already challenging to reach those in need in the conflict-affected countries of sub-Saharan Africa. The COVID-19 pandemic is exacerbating an already difficult task: reaching the children most in need of humanitarian assistance. The surge in armed violence, coupled with the COVID-19 outbreak across Burkina Faso, Mali and the Niger, for example, is having a devastating impact on children's survival, education, protection and development. As of August 2020, 7.2 million children in these countries were in need of humanitarian assistance. There has been a sharp increase in armed attacks on communities, schools, health centres and other public institutions, which is disrupting livelihoods and access to social services including education and health care. The insecurity is heightening vulnerabilities that already existed, such as malnutrition and displacement. Between January and August 2020, the number of displaced people increased by 64 per cent.

**Thomas\*, a former child soldier who was kidnapped, used and abused for three years by an armed group in South Sudan, says, "Only an adult can be a soldier. It cannot be a child."**

After being injured and left for dead following a battle, a United Nations patrol found him and brought him to the capital, Juba, for treatment. Thomas healed and, with help from UNICEF, he was reunited with his family a few months later as one of over 6,000 children who have been brought back home since the war started. Without support, children like Thomas have no hope of returning to their families or to education.

*\* Names have been changed to protect the children.*

In Somalia, there are approximately 5 million people in need of humanitarian assistance. Decades of conflict, cyclical drought and floods have made Somalia one of the most fragile countries in the world. As in many countries in the region, gender-based violence increased during the COVID-19 outbreak. Preliminary findings reported by UNICEF child protection partners showed that from January 2020 to June 2020, there was an estimated 25 per cent increase in reported cases of gender-based violence against Somali women and girls compared with the same period during the previous year.

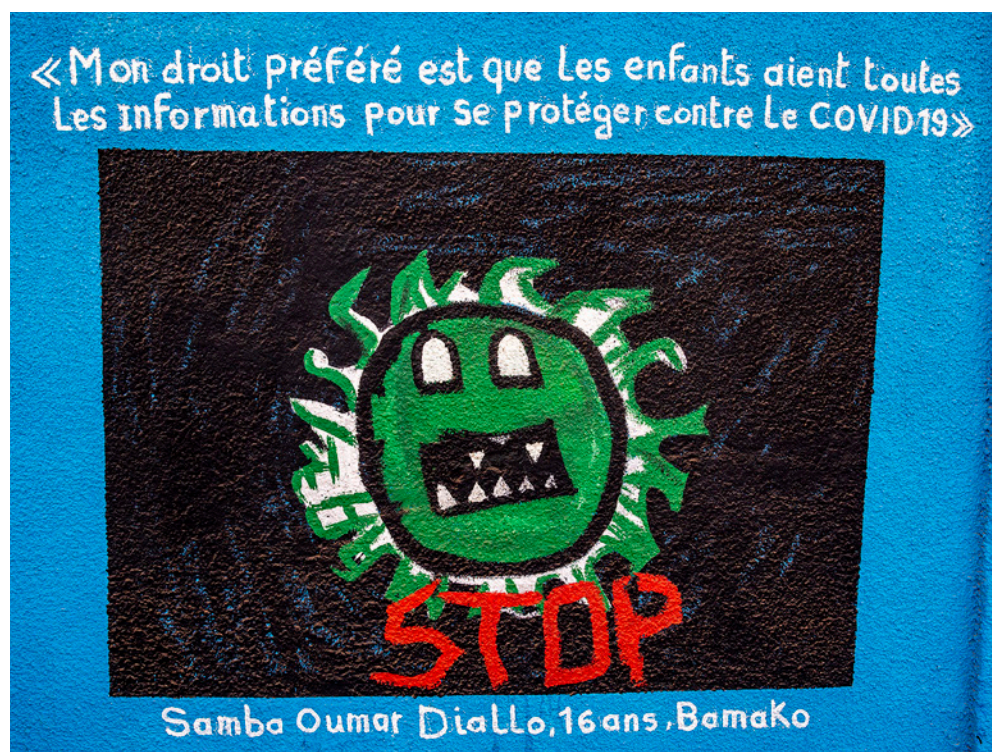
### “The Mali I want”

UNICEF held a nationwide event in Mali in 2020 encouraging children to paint their vision of the country they want to grow up in. Child artists across the country showcased their walls to local authorities and gave speeches advocating for rights for all children in front of authorities and local media.

“My favorite right is the promotion of good health practices at school and home.” – Salimata Traore, 14, Gao.



“My favorite right is to give children the information they need to protect against COVID-19” – Samba Oumar Diallo, 16, Bamako.



## 2. Innovative solutions

The unprecedented health crisis of the COVID-19 pandemic has provided the opportunity to leverage innovative solutions, mobilize forces, and engage young people and other new audiences. Below are some examples of the initiatives developed in several sub-Saharan countries.

### Youth find solutions for COVID-19-affected communities

The UNICEF COVID-19 Youth Innovation Challenge in Malawi has resulted in some truly innovative responses to the pandemic from some talented young individuals: for example, an offline mobile learning app to make e-learning work in the face of low digital literacy and an already poor infrastructure. Even before the pandemic, only about 35 per cent of children in Malawi completed their primary education and moved on to secondary school, and just 8 per cent finished secondary education. The e-learning solution – designed to work offline for households where internet connectivity is an issue – can be run on low-cost mobiles and aims to deliver “equal opportunities for continued learning to a boy or girl in a remote village and a privileged urban child with high-end devices,” according to its inventor, Sam Masikini.

In Nigeria, more than 50,000 young people responded to a call for ideas on how to tackle the COVID-19 crisis, as part of a design challenge supported by UNICEF – demonstrating the eagerness of youth to find solutions to challenges their communities are facing during the pandemic. Creative solutions included the use of solar panels for sustainable water supply systems in communities without access to safe water; applications that provide verified information on COVID-19 to community members; and skill acquisition projects to provide income for young people during the lockdown.

In Benin, 12 youth-led start-ups and NGOs won the #HackCovid19 Benin Challenge, an innovation competition launched at the beginning of the pandemic to encourage young people to contribute to the national COVID-19 response plan through innovation, creativity and social entrepreneurship. Winners ranged from a solar-based pumping system to ensure schools have access to water, to a telemedicine hotline to help detect COVID-19 and an initiative to train out-of-school teenagers to produce masks and soaps, and sensitize their peers on the pandemic. A dozen tech-based and community-led solutions were developed by Beninese youth and younger adults aged 20–35 years old. Each of the teams took part in a four-month training and mentorship programme to refine their project, in addition to financial support from UNICEF to implement and scale up their solutions.

### Drama therapy to support children and young people

In Côte d'Ivoire, children in street situations were withdrawn from the streets at the onset of the pandemic to mitigate the risks of the spread of COVID-19. As family reunification was not immediately possible due to travel restrictions and other prevention measures, the children were hosted in temporary shelters where they received drama therapy as part of the psychosocial support package provided to them.



## Young innovators from the Niger battle COVID-19

In the Niger, “the youth want our country free of COVID-19 and we know we can help”; according to the winning teams of the Niger National Hackathon Hack4Youth, supported by UNICEF. Organized in 2019, the Hackathon aimed to encourage young innovators to develop solutions for digital youth engagement. The pandemic has led to difficulties in accessing information for the most vulnerable and in engaging everyone, and there is a lack of alerting mechanisms. To address these, young innovators worked day and night to launch the [Muryar Matassa youth engagement platform](#).

“Young people represent almost two thirds of Niger’s population and if at least one young person per village will be engaged in fighting COVID-19, 20,000 girls and boys will spread the word about protection measures, symptoms, collecting at the same time alert cases to be reported to the health system,” said Jamilou Idriss Saadou, one of the members of the innovation team. The Muryar Matassa (Voice of Youth in Hausa) web platform and its mobile application will be used by young people to access information, share concerns and report alerts of COVID-19.

Another innovation taking place in the Niger, with the support of Facebook Inc., the Ministry of Public Health, the national information agency ANSI and UNICEF, is a ‘chatbot’ for the WhatsApp social network, which provides users with accurate and timely information on the COVID-19 situation in the Niger and answers any COVID-19 queries.

The chatbot offers practical advice 24 hours a day on how to protect yourself from COVID-19, answers frequently asked questions, offers directions for verifying facts, combats rumours by dispelling myths about the virus, gives practical advice for travellers, and more. Several doctors and communicators are on call to respond directly to any queries.

## Medical drone deliveries in Sierra Leone

Fast and efficient health-care delivery of medical supplies is now a reality in Sierra Leone thanks to a drone corridor launched in November 2019. This new service provision method is supported by UNICEF in partnership with the Sierra Leone Directorate of Science, Technology and Innovation.

“It is time for Sierra Leone and other developing countries to take the lead in solving our developmental challenges, such as maternal mortality. My government has prioritized technology and innovation as an essential part of our solutions package. Using fourth industrial revolution technologies to accelerate our development goals is not an option – it is the only way we can quickly and most efficiently address the huge problems existing for our people,” said President Julius Maada Bio of Sierra Leone.

The strategy aims to tackle the country’s maternal mortality rate of 1,165 per 100,000 live births, which is one of the highest globally. Women in remote rural communities like the Njala Kori Community Health Centre, which serves a population of 4,000 residents, are at greatest risk of maternal death and would therefore benefit from the speed and efficiency that drone technology will provide to the health sector.

“The facilities to store blood are not widely available, so mothers die due to a lack of blood. Drones can be used to deliver this life-saving input at a cost and speed to make a real difference as we have seen in other parts of the world,” said Dr. Suleiman Braimoh, UNICEF Representative, Sierra Leone.

## The African Drone and Data Academy in Malawi

Drone technology is being further developed in Malawi through The African Drone and Data Academy, which opened in January 2020. The African Drone and Data Academy combines theoretical and practical methodologies in making, testing and flying drones. The curriculum allows young people to learn how to construct and pilot drones, integrate them into a supply chain system and analyse drone data. It aims to be a centre of excellence that will dually equip young people in Malawi and other African countries with necessary skills for the twenty-first century.

## Safe school reopening

UNICEF has supported the safe reopening of schools by providing all public primary and secondary schools with the necessary basic kits for prevention of COVID-19.

In Cameroon, UNICEF has provided temporary handwashing facilities for 1 million students, to mitigate the risks and prevent the spread of the virus on school premises. UNICEF is also implementing long-term solutions for handwashing and safe water provision, and school disinfection, in pre-primary, primary and secondary schools across the country. In the Gambia, as part of the safe school programme, WASH supplies (handwashing stations, soaps, bleach, detergents and heavy-duty rubber gloves) were delivered to the Ministry of Basic and Secondary Education for dissemination, to enhance safe reopening and improvement of hygiene and sanitation within secondary schools for students in grades 9 to 12. This support reached more than 600 schools and a population of over 100,000 students (46,672 males and 53,816 females).

## Remote learning

In Benin, Côte d'Ivoire, Ghana, the Niger, northern Nigeria and Senegal, governments have accelerated the scale-up of innovations such as Teaching at the Right Level and digital learning to improve quality learning in literacy and numeracy. In all, more than 50 per cent of children whose schooling was disrupted by COVID-19 were able to continue learning remotely.

In the Gambia, distance learning has been delivered through the national television station, enabling children to learn at home during school closures. Radio, television and online streaming via Facebook have also been utilized, and 60 per cent of the targeted 674,300 school children have been reached.

In Equatorial Guinea, distance education has been launched through television and radio learning programmes for preschool, primary and secondary school children. An online platform has also been established to share broadcast materials and relevant information.

In Guinea, where nearly 44 per cent of children aged between 5 and 16 were already out of school before the pandemic (a total of 1.5 million children), an estimated 1.8 million students, of whom more than 800,000 are girls, have benefited from distance learning using radio, television, online platforms and hard copies of learning materials distributed by regional authorities, with the support of UNICEF.

In the Republic of the Congo, support from UNICEF, in collaboration with UNESCO, has enabled 297,000 children at primary and secondary school levels to go back to school and take their exams. Students were able to receive distance-learning courses, while continuing to learn from home. This initiative enabled the Ministry of primary and secondary education to create the 'Online Television and Radio School platform', which is currently operational and yielding good results.



# Call to action

UNICEF and partners call on governments and the international community to take concerted action to mitigate the effects of the COVID-19 pandemic and associated control measures, in order to prevent and alleviate a 'perfect storm' of crises in countries that already face the effects of climate change, conflict and poor nutrition, and build forward a better world fit for children.

## 1 Intensify efforts for all children to learn, including by closing the digital divide

Schools must be reopened and remain open and safe, providing water and sanitation for each girl and boy, and protection from violence including sexual violence. All school-aged children, including refugees, migrants and displaced girls and boys, must be able to continue learning through access to quality and safe education. The digital divide must also be eliminated. Adopting a multisectoral approach in early and adolescent years to combat exclusion and break intergenerational cycles of poverty and inequity, using schools and alternative learning centres as platforms for integrated services, will be key.

## 2 Expand access to health and nutrition services, and make vaccines affordable and available to every child

Investment should be made into research to better understand the impact of COVID-19 on children and young people's health and well-being. Expand funding for essential health services, including training and support for health-care workers. Vaccines should be available and affordable for every child and adolescent. This means ensuring continuity of key health services and fighting the spread of misinformation to reassure families that vaccines are safe.

Health and nutrition services must continue to offer support to children and breastfeeding women. Early detection and treatment of life-threatening malnutrition is key. Prevention of malnutrition is essential and involves not only health services, but also access to food, safe water and sanitation, protection, and child and maternal care services.





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### **3 Support and protect the mental health of children and young people and bring an end to abuse, gender-based violence, and neglect in childhood**

The mental health of children and young people must be supported and protected, and action and investment stepped up to prevent and respond to child abuse, gender-based violence and neglect in childhood. Sustainable child mental health and psychosocial support funding should be integrated into global humanitarian responses, linked to efforts to strengthen the social welfare workforce and existing systems to provide care and protection for the most vulnerable children.

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### **4 Increase access to clean water, sanitation and hygiene, and address environmental degradation and climate change**

National policies, private sector cooperation, community engagement and behaviour change are needed to guarantee universal access to clean water and handwashing for children and families.

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### **5 Reverse the rise in child poverty and ensure an inclusive recovery for all**

Include investment in key services for children and young people as part of domestic stimulus packages and ring-fence existing spending on the most vulnerable children. Expand resilient social protection programmes for the most vulnerable children, as well as families with children, including cash transfers for every child and child-friendly services like affordable, quality childcare.

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### **6 Redouble efforts to protect and support children and their families living through conflict, disaster and displacement**

Increase and maintain funding for emergencies to prevent multiple, catastrophic and protracted crises and to save children's lives, alleviate their suffering and preserve their dignity. In all humanitarian response, prioritize child rights and child protection, in line with the [Core Commitments for Children](#).

Ensure immediate and unimpeded humanitarian access. End attacks on children, including civilian infrastructure critical for their survival, such as water, sanitation, and health-care facilities and personnel. Hold perpetrators of these attacks to account.



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