



# 2016 CONSOLIDATED EMERGENCY REPORT

UNICEF Eastern and Southern Africa Regional  
Office (ESARO)

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*Cover photo: © UNICEF South Sudan/Holt/2016. A young mother who has been displaced by ongoing fighting in South Sudan carries her baby while waiting to register to receive a ration card that will allow them to get food aid at an emergency food distribution site set up as part of a Rapid Response Mechanism (RRM) being run by UNICEF and the World Food Programme (WFP) in Thanyang, Unity State South Sudan, 20 March 2016.*

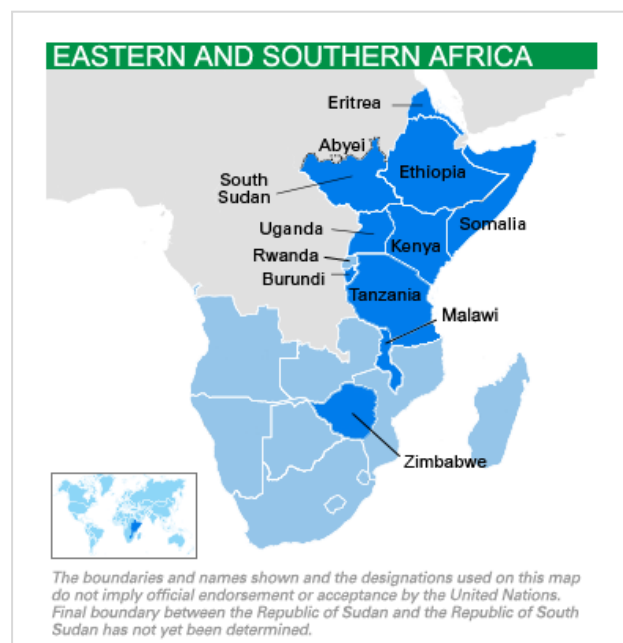
## Abbreviations

AU	African Union
AWD	Acute watery diarrhoea
C4D	Communication for development
CCC	UNICEF Core Commitments for Children in Emergencies
DFAM	Division of Financial and Administrative Management
DRC	Democratic Republic of Congo
DRR	Disaster risk reduction
ECHO	European Commission for Humanitarian Aid
EMOPS	Office of Emergency Programmes
ERP	Enterprise resource planning
ESAR	Eastern and Southern Africa
ESARO	Eastern and Southern Africa Regional Office
FAO	Food and Agriculture Organization
FSNWG	Food Security and Nutrition working group
GBV	Gender-based violence
GISR	Global Initiative on Somali Refugees
HAC	Humanitarian Action for Children
IDP	Internally displaced person
IGAD	Intergovernmental Authority on Development
IMEP	Integrated Monitoring and Evaluation Plan
JICSA	Joint Initiative for Cholera in Southern Africa
INGO	International non-governmental organization
IOM	International Organization for Migration
NGO	Non-governmental organization
OCHA	Office for the Coordination of Humanitarian Affairs
PBEA	Peace-Building, Education and Advocacy
PPME	Programme, Planning, and Monitoring and Evaluation
RIASCO	Regional Inter-Agency Standing Committee
RAU	Resilience Analysis Unit
ROMP	Regional Office Management Plan
RRM	Rapid Response Mechanism
RUTF	Ready-to-use therapeutic foods
SADC	Southern Africa Development Community
SAM	Severe acute malnutrition
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
VAA	Vulnerability assessment and analysis
WASH	Water, sanitation and hygiene
WFP	World Food Programme
WHO	World Health Organization

## I.Executive summary

In 2016, the humanitarian context in Eastern and Southern Africa continued to be shaped by climate-related shocks as well as pockets of political instability and conflict, resulting in food and nutrition insecurity, acute protection risks and internal and cross-border displacement. The impact of the El Niño weather phenomenon, intensifying drought conditions in Southern Africa and northern areas of the Horn of Africa while bringing flooding to other areas, was a significant factor in the latter half of 2015 and continued to impact the region well into 2016 and beyond.

The United Nations Children's Fund (UNICEF) Eastern and Southern Africa Regional Office (ESARO) continued to provide support and oversight for emergency preparedness and response to the 21 countries of Eastern and Southern Africa, in line with UNICEF's Core Commitments for Children (CCCs) in Humanitarian Action, through partnerships with governments and humanitarian actors, including the United Nations, Non-Governmental Organizations (NGOs) and regional bodies and mechanisms. UNICEF's humanitarian response in the region focused on four key areas: i) complex emergencies; ii) the El Niño response; iii) the regional refugee crises; and iv) cross-border disease outbreaks. Support to complex emergencies revolved around South Sudan and Somalia, and in particular the resurgence in conflict in mid-2016 in South Sudan. UNICEF continued to address the ongoing food and nutrition insecurity crisis exacerbated by El Niño in the Horn of Africa and Southern Africa regions. Two large-scale refugee crises – South Sudan and Burundi – that affect five countries in the region, Ethiopia, Kenya, Rwanda, Tanzania and Uganda (as well as the Central African Republic (CAR), Democratic Republic of the Congo (DRC), and Sudan) were responded to with a clear focus on child protection and education concerns. Cross-border disease outbreak support was primarily provided for cholera/acute watery diarrhoea (AWD) and measles across the Mendera Triangle region of Ethiopia, Kenya, and Somalia. The yellow fever outbreak response was conducted primarily in Angola, Kenya and Uganda, where there have been 3,169 reported cases since June 2016. Additionally, yellow fever and Zika outbreak preparedness planning took place in all countries at risk of yellow fever and Zika.



## II.Humanitarian context

Throughout 2016, the humanitarian context in Eastern and Southern Africa continued to be shaped by climate-related shocks, such as El-Niño, as well as political instability and conflict, resulting in food and nutrition insecurity, acute protection risks, including internal and cross-border displacement, and disease outbreaks. By the end of the year, one of the strongest El Niño events ever recorded had affected more than 51 million people and placed more than 26.5 million children at risk of malnutrition, water shortages and disease in 10 countries in the region<sup>1</sup>. South Sudan saw a resurgence in the conflict in mid-2016, leaving 1.9 million people internally displaced since the conflict began in December 2013 and more than 1.5 million people living as refugees in Ethiopia, Kenya and Uganda, as well as in CAR, DRC and Sudan<sup>2</sup>.

<sup>1</sup> UNICEF ESARO El Nino Eastern and Southern Africa Humanitarian Requirements, July 2016.

<sup>2</sup> UNICEF South Sudan humanitarian Sitrep, February 2017.

In Somalia, some 6.2 million people are food insecure and in need of assistance<sup>3</sup>, an increase from 5 million at the end of 2016. Drought, which affected mainly northern areas of Somalia, quickly spread across the country given the failed rains, and by early 2017 has left many of the most vulnerable at risk of famine if there is not urgent humanitarian action to support scale-up. Burundi remained unstable, with more than 380,000 people having crossed the border into the DRC, Rwanda, Tanzania and Uganda since April 2015. Political tensions are growing in some areas across the region, with general elections due in Angola, Kenya and Rwanda in 2017, which could trigger internal and cross-border displacement as well as pre/post-election violence.

### **Complex emergencies**

In 2016, insecurity in, and the inaccessibility of, some areas, particularly the Mandera Triangle area, and parts of Somalia and South Sudan, continued to pose challenges in regard to responding to urgent humanitarian needs. UNICEF continued to focus on the implementation and integration of development and humanitarian programmes with partners – in South Sudan, for example. However, the renewed conflict in July 2016 in South Sudan deepened the humanitarian crisis, with women and children facing immediate risks of violence, displacement, hunger and life-threatening diseases. By the end of 2016, despite the challenges, UNICEF's had supported the containment of disease outbreaks, such as cholera and malaria, through a comprehensive, multi-sectoral approach with partners in the country. With the nutrition situation in 2016 worse than in previous years, UNICEF and partners admitted over 208,000 children with severe acute malnutrition (SAM) into therapeutic feeding programmes across the country. Some 1.3 million people received primary health care consultations and more than 740,000 people had access to safe water. Forty-five per cent of the 293,000 children who gained access to education in emergencies were girls. UNICEF is one of the primary actors working to mainstream gender-based violence (GBV) interventions to reduce GBV risks. Over 124,000 people received GBV prevention and response services in 2016. More than 693,000 children had access to critical protection services, which includes psychosocial support delivered through child-friendly spaces or community-based mechanisms, case management and prevention messaging targeting children and adolescents at risk of recruitment, family separation or other child protection risks. UNICEF contributed technical expertise, including on-site coaching for local partners, and 80 per cent direct funding. UNICEF deployed 19 integrated Rapid Response Mechanism (RRM) missions, reaching more than 309,000 people, including over 58,000 children under five years of age.

In Somalia, UNICEF and partners largely focused on preventing and treating malnutrition through a strategic partnership with the World Food Programme (WFP) and timely pre-positioning of nutrition supplies. Over 122,000 children were admitted into SAM treatment centres, with a 92.8 per cent recovery rate. UNICEF continued prioritizing vaccination campaigns and vaccinated 857,225 children under one against measles, which represents 192 per cent of the original 2016 Humanitarian Action for Children (HAC) target. In addition, over 2.4 million children under five were vaccinated against polio, and thus a major contribution was made to the global effort to eradicate polio. With 13,700 cases of AWD/cholera reported in 2016 – 161 per cent higher than in 2015 – emphasis was placed on the provision of water, sanitation and hygiene (WASH) and health emergency services to contain the outbreak. Services were scaled up in drought-affected areas, including through mobile teams, and more people were reached with safe water, hygiene treatment and health services. UNICEF supported the release of 854 children associated with armed forces, through the provision of an inclusive reintegration package. Close to 5,000 survivors (4,555 female) were provided with access to a comprehensive package of GBV services, including medical, legal, and psychosocial support and materials. Access to education in emergencies was provided to 34,838 (42 per cent female) children and 33,237 (43 per cent female) children benefited from teaching and learning

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<sup>3</sup> UNICEF Somalia Humanitarian Sitrep, February 2017.



supplies, including recreational materials. UNICEF has a presence across Somalia in three zonal offices, to provide immediate field support and to collaborate with partners.

### *El Niño in Horn of Africa and Southern Africa*

Since late 2015, countries such as Ethiopia and Somalia, as well as Southern Africa countries, have been responding to the effects of El Niño-induced drought. The impact of the El Niño weather phenomenon, intensifying drought conditions in Southern Africa and northern areas of the Horn of Africa, while bringing flooding to other areas, was a significant factor in the latter half of 2015 and continued well into 2016 and beyond. The shocks impacted children who were already highly vulnerable, such as those experiencing food and nutrition insecurity, inequitable access to basic social services and high prevalence of HIV and AIDS. More than 1 million children were targeted for treatment of SAM, water shortages, protection concerns and the deterioration of basic social services.

In 2016, UNICEF, with governments and other partners, was able to effectively mount new humanitarian responses in seven Southern African countries and to support the scale-up of response efforts in Ethiopia and Somalia, in response to El Niño. In Southern Africa, despite limited resources, UNICEF delivered life-saving assistance to populations affected by drought, food insecurity and diarrhoeal disease outbreaks, including cholera. More than 542,000 people were given access to safe water through borehole drilling, rehabilitation of piped water schemes and hygiene promotion interventions, including in health centres and schools. Through multi-country community management of acute malnutrition, UNICEF treated 83,995 children with SAM. UNICEF also supported more than 396,005 women and children affected by the El Niño crisis to access health care services. In Ethiopia, working closely with the government, more than 4 million people had access to safe water, and 23 million children under 15 were vaccinated against measles. Advocacy efforts resulted in protection needs being included in the Humanitarian Requirements Document appeal for the first time. In Somalia, over 439,000 people were provided with access to safe water and 135,000 people were provided with new access to sanitation facilities. WFP and UNICEF's partnership to address the alarming food insecurity and malnutrition levels in Somalia was extended to support the reintegration of Somali returnees from Dadaab by providing emergency cash-based transfer assistance packages for up to 5,000 refugee households to help them re-settle in their locations of return.

### *Regional refugee crises*

Specifically, in support of the South Sudan refugees in Ethiopia, Kenya, Uganda and Sudan, as well as Burundian refugees in Rwanda, Tanzania, Uganda and DRC, UNICEF worked closely with governments and partners to support the strengthening of refugee programme planning and response. Support was also provided to resource mobilization efforts, and enhanced preparedness for refugee and internally displaced persons (IDPs) influxes, with an emphasis on the protection and education needs of child refugees.

In 2016, more than 100,000 refugees from Burundi living in Rwanda and Tanzania gained access to safe water through a combination of boreholes, treated surface water and trucking. To improve hygiene practices, 140,000 refugees in both countries were reached with either buckets and soap or safe hygiene messages, or a combination of support. More than 80,000 pupils in Tanzania were supported with access to safe water and improved sanitation facilities through schools. Approximately, 886 children under five were treated for SAM. Close to 69,000 refugee children in both countries were enrolled in school and received school supplies. Efforts continue to improve learning materials and teacher capacity. UNICEF supported case management of children with acute protection concerns, including 4,500 unaccompanied and separated children, and up to 18,000 refugee children per week attended child-friendly spaces to learn and play.

### Cross-border disease outbreaks

Cholera, along with other disease outbreaks, remains a challenge in the region. Outbreaks were reported in nine countries in the Eastern and Southern Africa Region (ESAR), with an overall case fatality ratio of 1.6 per cent; Tanzania alone accounted for more than 28 per cent of all cholera cases reported in Africa in 2016. In response to the disease outbreaks, UNICEF coordinated at regional and country level with partners and governments on cholera preparedness and response planning, as well as prepositioning health and WASH supplies in hotspot areas, and supporting social mobilization efforts.

Throughout 2016, UNICEF ESARO, UNICEF Kenya, UNICEF Ethiopia and UNICEF Somalia engaged closely with the Intergovernmental Authority on Development (IGAD) and partners to develop action plans to address disease outbreaks in the sub-region/Mandera Triangle. Following the concurrent outbreaks of Chikungunya, Dengue, cholera/AWD and measles in Mandera, Kenya, in May 2016, as well as in neighbouring regions of Ethiopia and Somalia, UNICEF contributed to the conceptualization and development of the 2016–2019 Joint IGAD and Partner Action Plan to Address Cholera / AWD and Chikungunya Virus Outbreaks on the Kenya–Ethiopia–Somalia border, working closely with the World Health Organization (WHO) and the Office for the Coordination of Humanitarian Affairs (OCHA). The multi-agency sub-regional action plan includes operational funding requirements. Efforts continue at UNICEF regional and country level to mobilize investments and identify donor support to roll out critical actions at field level.

ESARO also supported the yellow fever outbreak response, primarily in Angola, Kenya and Uganda, where there have been 3,169 reported cases since June 2016. Support included direct technical assistance to Angola, including a four-week mission to Angola by ESARO Health staff to support campaign planning, resources mobilization, and yellow fever vaccine procurement in Angola, Kenya and Uganda. Additionally, yellow fever and Zika outbreak preparedness planning took place in all countries at risk of yellow fever and Zika.

## III. Humanitarian results

UNICEF ESARO's work in 2016 contributed to UNICEF's 2014–2017 Strategic Plan's cross-cutting output on Humanitarian Action on "increased country capacity and delivery of services to protect and provide for children in humanitarian settings."

UNICEF ESARO's support to humanitarian action in 2016 was guided by the following elements:

- Direct support to country offices to build capacity of UNICEF, partners and governments for humanitarian action, including disaster risk reduction (DRR) and resilience programming through direct training, simulation and technical support missions.
- Quality assurance of humanitarian action, with a focus on preparedness and response through review and the provision of advice on minimum standards for preparedness, as guided by UNICEF's corporate Preparedness strategy and UNICEF-specific and inter-agency contingency and response planning.
- Contribution to the development of regional and global guidance and strategies of specific relevance for the region, including resilience, DRR and peace-building.
- Support to regional coordination and cross-border preparedness and response through collaboration with other regional humanitarian actors, such as the Food and Agriculture Organization (FAO), OCHA, United Nations High Commissioner for Refugees (UNHCR), WFP and regional coordination mechanisms.

### Key results



© UNICEF Zimbabwe/Mukwazhi/2016.  
*Solven Chipenyu's daughter feeds on Plumpy'Nut while recovering from malnutrition at their family home in Mwenezi District, 16 April 2016.*

In 2016, drawing on enhanced regional capacity, ESARO supported humanitarian preparedness and response in the region, through technical support, oversight to plans and strategies and capacity-building for emergency response in 15 countries facing multiple humanitarian situations, including the effects of El Niño in the Horn of Africa and Southern Africa, conflict and complex emergency settings and refugee influxes. In response to the resurgence in armed conflict by mid-year in South Sudan, and the ongoing influx of refugees into neighbouring countries, namely Ethiopia, Kenya, Sudan and Uganda, ESARO continued to prioritize support to the South Sudan crisis, specifically scaling up the responses to the

crises in Wau and Juba. Under the leadership of the Regional Director for ESAR, designated Global Emergency Coordinator for South Sudan Level 3 Corporate Emergency, ESARO oversaw and coordinated the mobilization of the support required and directly provided technical assistance in-country.

In addition to the South Sudan crisis, prioritized support was provided to mitigate the impact of El Niño on children across Southern Africa and the Horn of Africa, specifically through supporting a significant scale-up in capacity at country-level and the secondment of UNICEF staff to partners such as the Southern Africa Development Community (SADC). Through these two strategies, UNICEF was able to effectively mount a new humanitarian response in seven Southern African countries – Angola, Swaziland, Lesotho, Malawi, Mozambique, Madagascar and Zimbabwe. Responses were also scaled up in Ethiopia and Somalia to address the El Niño impacts. ESARO's capacity to respond to humanitarian situations was enhanced through the training of more than 120 staff members across the region. Significant investments were made in strengthening UNICEF engagement with regional bodies such as IGAD, SADC and the Regional Inter-agency Standing Committee (RIASCO), including through the deployment of key personnel. ESARO contributed to both the IGAD-led Cholera Response Plan and the Joint Cholera Initiative for Southern Africa (JICSA).

Given the number of nutrition emergencies in the region, ESARO continued efforts to strengthen the efficiency and effectiveness of the emergency nutrition response in the region throughout the year, with a focus on Burundi, Eritrea, Ethiopia, Kenya, Somalia, South Sudan, Uganda and Southern African countries affected by El Niño, namely: Angola, Botswana, Mozambique, Madagascar, Malawi, Namibia, Lesotho, Swaziland, Zambia and Zimbabwe. Emergency nutrition support provided to countries in ESAR in 2016 covered areas such as nutrition information systems, treatment of SAM, infant and young child feeding, advocacy and support to resource mobilization.

Furthermore, in response to cholera, UNICEF provided technical support to several countries experiencing a cholera/AWD outbreak, including Kenya, Ethiopia and Uganda. UNICEF has also launched the Information Management component of JICSA (Angola, Mozambique, Malawi, Zimbabwe and Zambia), which has produced bi-weekly cholera bulletins and fostered cross-border collaboration in the areas of cholera preparedness and response in this sub-region. Based on this experience and the Cholera West and Central Africa platform experience, UNICEF has designed a multi-sectoral WASH, health, communication for development (C4D) regional strategic framework, which will be implemented in 2017.



Resilience building and risk-informed programming remain a priority for ESARO. In supporting countries to develop and implement risk assessments, and to subsequently develop preparedness and response plans, UNICEF is contributing to building the resilience of the health sector and contributing to bridging the humanitarian–development nexus.

## Programmatic and operational areas

UNICEF ESARO has provided coordination and response support to specific programme areas, as detailed below.

### Education

In 2016, ESARO support in education in emergencies was provided to countries affected by conflict, refugee influxes and/or those impacted by El Niño. Technical advice, quality assurance and oversight was provided remotely, as well as in-country, in support to education in emergencies strategy development, planning, capacity-building and monitoring. Multiple missions were undertaken to support education in emergencies programmes in Burundi, Ethiopia, Lesotho, Madagascar, South Sudan, Tanzania and Uganda. As part of its support, ESARO supported the identification of technical expertise for deployment to country offices, including the Global Education Cluster Rapid Response Team members' missions, Education in Emergencies Standby Partner deployments and support from UNICEF Emergency Response Team members.

In response to the Burundian refugee crisis, ESARO provided technical support to 54,257 Burundian refugee children accessing education in Tanzania<sup>4</sup>. In addition, ESARO provided technical support and oversight to the coordination of examinations of 1,600 Burundian refugee learners in Tanzania, given the continued use of the Burundian curriculum. In Southern Africa, support to education preparedness and contingency planning was provided to nine countries identified by UNICEF ESARO as high and medium risk in relation to El Niño. Technical support was provided to coordinated preparedness efforts in Angola, Lesotho, Madagascar, Malawi, Mozambique, Namibia, Swaziland, Zambia and Zimbabwe. Education components of the RIASCO Action Plan were put forward by ESARO, in collaboration with affected country teams. Challenges associated with rapidly scaling up relevant emergency preparedness and response actions in primarily development contexts hindered the education response alongside the presence of funding gaps. Despite this, 485,060 children (of the targeted 1,921,617) aged 3 to 18 years accessed emergency education services in Angola, Lesotho, Madagascar, Malawi, Mozambique, Swaziland and Zimbabwe by December 2016<sup>5</sup>. In the Horn of Africa, Ethiopia and Kenya received technical support and oversight on the process of composing coordinated, multi-country concept notes on refugee education support. Ethiopia's note was successful and led to \$US 14.8 million being secured from the Education Cannot Wait funding platform for refugee education in 2017 and 2018. Regional and country-level consultations reinforced the partnership between UNHCR and UNICEF, resulting in improved coordination and service delivery for refugee learners.

ESARO continued to strongly advocate (including at the 2016 United Nations General Assembly Summit for Refugees and Migrants) for the need to enhance education and protection to promote development, resilience and social cohesion among children on the move in Eastern and Southern Africa. Thanks to donors, this resulted in a \$US 6.5 million allocation to the UNICEF and partners refugee response in Ethiopia, Kenya, Rwanda, Tanzania and Uganda.

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<sup>4</sup> UNICEF Tanzania Humanitarian Sitrep, December 2016.

<sup>5</sup> RIASCO Action Plan for Southern Africa, 2016.

Continuing the partnership with UNESCO International Institute for Educational Planning, ESARO hosted a workshop on strengthening capacities for conflict-sensitive and risk-informed education planning for 50 UNICEF and ministry of education participants from 15 countries<sup>6</sup> in Eastern and Southern Africa. The workshop resulted in tangible, phased action plans, with support needs identified for the strengthening of conflict and disaster risk integrated planning at country level.

Education in emergencies capacity-building initiatives took place in Uganda and Madagascar, resulting in improved understanding among UNICEF staff and partners on the new risk-informed education programming approach, resilience and education, UNICEF's CCCs, the Inter-Agency Network for Education in Emergencies Minimum Standards and the Education Cluster mechanism and tools.

## Nutrition

To address the nutrition crises induced by the El Niño drought in Ethiopia, ongoing and emerging drought in parts of Kenya, political instability in Burundi, conflict and drought in South Sudan and Somalia and the improving nutrition programming in Eritrea, ESARO provided remote and direct in-country nutrition support on the development and implementation of country preparedness and response plans, and supported resource mobilization. In Ethiopia and South Sudan, ESARO support in nutrition was done jointly with the WFP regional bureau, based in Nairobi, for enhanced and comprehensive response for acutely malnourished children and enhanced inter-agency coordination. The capacity mapping and framework of action for improved infant and young child feeding in emergencies conducted in Somalia, Kenya and South Sudan with Save the Children have been completed and country-level validation processes and dissemination will be taking place in 2017.

In response to the 2016 El Niño-induced drought in Southern African countries, which led to localized nutrition crises in Angola, Madagascar, Mozambique, Lesotho, Swaziland and Zimbabwe, and to a generalized crisis in Malawi, ESARO deployed emergency nutrition specialists on surge, helped identified consultants to support country led responses and provided remote and in-country technical and advisory nutrition support. In Zambia and Zimbabwe, ESARO's support included capacity development on emergency nutrition preparedness and response. As Southern Africa is the global epicentre of the AIDS epidemic, ESARO's HIV section developed and disseminated a programming note on drought, food insecurity and HIV, and provided guidance to country offices in Southern Africa to scale up HIV testing of children in nutrition treatment centres and to link those who test positive to paediatric treatment and care. Early evidence from Zimbabwe and Malawi indicate that this is a high yield approach to identifying previously undiagnosed children living with HIV. ESARO's nutrition and HIV sections' joint efforts led to the development of a guidance note to practitioners on the use of UNICEF procured ready-to-use foods (RUTF) to children in Southern Africa, considering the increased risks of RUTF misuse.

In addition, ESARO's engagement with regional partners, such as WFP, FAO and OCHA, led to harmonized responses led by nutrition country teams. The engagement with SADC has been pivotal, through the deployment of an emergency nutrition specialist to support SADC regional coordination efforts in the response to El Niño among its member states. ESARO support to the nutrition response to El Niño in Southern Africa resulted in increased donor attention and support, the development of integrated response plans for food security and nutrition, such as the RIASCO response plan for the drought in Southern Africa, and the SADC appeal for El Niño. In addition, ESARO's support to the sub-regional Food Security and Nutrition working group (FSNWG) led to the drafting of a lessons learned document on the integration of nutrition, gender and HIV within the annual vulnerability assessment and analysis (VAA)

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<sup>6</sup> Angola, Burundi, Eritrea, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Mozambique, Rwanda, Somalia, South Africa, South Sudan, Uganda and Zimbabwe.

conducted at country level. A concept note outlining a process to enhance integration of nutrition, gender and HIV in national VAA has been presented to national VAA committees and will guide support to countries in 2017.

Regionally, WFP convened a workshop to review guidance developed by the two regional offices on a joint approach for nutrition and food security assessment, attended by several UNICEF and WFP offices. The revised guidance has gone through an extensive peer-review process involving WFP and UNICEF offices at country, regional and Headquarters level, and will be disseminated in 2017.

Along with support to country offices and inter-agency collaboration, ESARO continued its lead role in the management of the nutrition sub-group of the East and Central Africa FSNWG, where regular regional nutrition updates were shared and regional food security alerts and statements were issued.

## **WASH**

ESARO provided direct support to humanitarian situations across the region in 2016, including cholera outbreaks in Kenya, Ethiopia and Angola, refugee situations in Uganda, the El Niño response in Southern Africa, and complex emergencies in South Sudan and Somalia.

In response to cholera, ESARO provided direct technical support to several countries experiencing a cholera/AWD outbreak, including Kenya and Ethiopia. UNICEF has also launched the Information Management component of JICSA (Angola, Mozambique, Malawi, Zimbabwe and Zambia), which has produced bi-weekly cholera bulletins and fostered cross-border collaboration in the areas of cholera preparedness and response in this sub-region. Based on this experience and the Cholera West and Central Africa platform experience, UNICEF has designed a multi-sectoral (WASH, health, C4D) regional strategic framework to support country offices' prevention and response to cholera, which will be implemented in 2017.

The El Niño-induced drought in Southern Africa has also been a major area of work for ESARO in 2016, with a focus on the seven countries in Southern Africa. ESARO provided substantial direct technical support to Swaziland, Angola, Madagascar, Mozambique and Zimbabwe, and supported the deployment of standby partners/consultants in Angola, Lesotho, Swaziland and Zimbabwe. In addition, substantial inputs were provided to the various RIASCO initiatives and a standby partner was deployed to Botswana to support SADC in their drought planning and monitoring efforts. Towards the end of the year, a UNICEF staff member was also hired to support the drought response out of Johannesburg, with a focus on four countries (Madagascar, Mozambique, Zimbabwe and Malawi).

In terms of sector coordination support, a regional WASH humanitarian group was established to improve WASH humanitarian information exchange and response for Eastern Africa and the Horn of Africa. This includes UNICEF, UNHCR, International Organization for Migration (IOM), Solidarités, World Vision, Norwegian Red Cross, Norwegian Refugee Council, Samaritan's Purse, Oxfam, European Commission for Humanitarian Aid (ECHO) and Médecins sans frontières Spain. The group is coordinated by UNICEF and has focused its work on three main issues of concern: i) solar-powered water systems; ii) WASH/vector control; iii) and WASH and nutrition programming. In addition, a coordination training session was held in Zimbabwe, in collaboration with the global WASH cluster, to strengthen national and sub-national coordination capacities in Zimbabwe.

UNICEF focused on building the capacity of staff across the region, and joint UNICEF–UNHCR WASH in Emergencies training was administered to 21 UNICEF and UNHCR staff from nine

countries<sup>7</sup> in the region. WASH in Emergencies training was also provided in Madagascar to 25 UNICEF staff and government partners to strengthen capacity at the country level to better prepare and respond to emergencies. In regard to knowledge management, a WASH in Emergencies learning note was drafted on the Zimbabwe Emergency Rehabilitation and Risk Reduction urban WASH programme, and was distributed regionally.

## Health

During 2016, ESARO provided direct on-the-ground and remote technical support to country offices for various health emergencies, including the response to the El Niño crisis in Angola, Madagascar, Malawi, Mozambique and Zimbabwe, in Southern Africa, and South Sudan, Ethiopia and Kenya. The support specifically consisted of providing technical assistance in strengthening the health component of the El Niño response plan around service delivery, prevention of diseases with epidemic potential and mobilization of resources. The health section developed a tool to assess the health impact of the El Niño-induced drought in Southern Africa on health services delivery, access to services and cost of health services. The tool was useful in providing disease burden and cost estimates to help inform preparedness and response plans.

ESARO also supported cholera response in Angola, Burundi, the Mandera Triangle (the border between Kenya, Somalia and Ethiopia), Malawi, South Sudan, Tanzania and Zambia. In 2016, ESARO Health, in collaboration with WHO Regional Office for Africa and Regional Office for the Eastern Mediterranean, convened a regional cholera meeting in Nairobi, with participation from Djibouti, Eritrea, Ethiopia, Somalia, South Sudan, Sudan, Uganda, and Yemen, to develop a collective strategic plan for cholera prevention and control in the region. Support focused on cholera was provided to Malawi and Somalia (oral cholera vaccines campaign planning).

A yellow fever outbreak response was conducted primarily in Angola, Kenya and Uganda, where there have been 3,169 reported cases as of June 2016. Support included direct technical assistance to Angola, including a four-week mission to Angola by ESARO Health staff to support campaign planning, resources mobilization, yellow fever vaccine procurement in Angola, Kenya and Uganda. Additionally, yellow fever and Zika outbreak preparedness planning took place in all countries at risk from yellow fever and Zika.

ESARO also supported preparedness and response to various measles outbreaks and emergencies. Technical assistance on measles campaign planning and implementation, resources mobilization, monitoring and evaluation were provided to Angola (where more than half a million children were reached with a measles vaccine in three drought-affected provinces), Ethiopia (where measles campaigns reached 5.14 million children in 368 drought-affected districts), Kenya (targeting the Mandera region) and South Sudan (across the country and at protection of civilian sites).

## Child protection

In 2016, ESARO supported UNICEF's child protection in emergencies work through remote and on-site technical support. A large portfolio of work around UNICEF's Children on the Move in and outside of Ethiopia, involved working closely with UNICEF Ethiopia as well as the Ethiopian Ministry of Women and Children, the Ministry of Justice, IOM, and affected children to identify good practices and lessons learned. ESARO support was particularly focused on reviewing a joint UNICEF-IOM-Government project to facilitate the return of children from Yemen to Ethiopia. Lessons learned from this project were taken into account when developing the framework for a regional project around children on the move.

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<sup>7</sup> Burundi, Eritrea, Ethiopia, Kenya, Malawi, Mozambique, Somalia, Zambia and Zimbabwe.

In response to El Niño impacts on child protection in Southern Africa, on-site technical assistance was provided to Swaziland and Lesotho to improve child protection preparedness and response initiatives, with a particular focus on improving inter-agency coordination, assessment and monitoring of child protection concerns, prevention and response to GBV and integration of child protection into the activities of other sectors.

On-site technical assistance was also provided to South Sudan in February 2017 to strengthen the response to child protection and GBV, conflict and drought related impacts and to provide guidance on establishing a monitoring and early warning system. Technical inputs were also provided into the review of the RRM, with particular consideration of developing modalities to reach areas where protection and access is a key concern, and of the extension of the RRM mechanism to include prevention and response to the protection of women and children as a more central part of the missions.

A critical move towards increasing support to the protection and rights of children included UNICEF's technical support to the development of a framework for a regional project on children on the move. One of the key outcomes was agreement on the importance of continued advocacy for safe migration, internal agreement among the country offices, ESARO, UNHCR, IOM and the Regional Mixed Migration Secretariat to focus the regional project on data-collection in relation to the experiences of children on the move, and in particular ensuring a linkage between interviewing children and connecting them to needed services

In September 2016, UNICEF provided technical assistance to the Sixth Mixed Migration Regional Committee convened by the Government of Ethiopia and IOM, with representation from Government officials from Djibouti, Kenya, Puntland and Somaliland, Sudan, Yemen, and Ethiopia. Practical recommendations were adopted on 1) migration centres and referral mechanism; 2) rescue at sea; 3) child protection; and 4) migration management.

A partnership agreement signed between UNICEF and the Special Representative of the Secretary-General for Children and Armed Conflict to fund a Child Protection Adviser position within the African Union (AU), helped to integrate child protection into the strategic decision-making and policy of the AU Commission and relevant AU organs. The partnership strengthens the knowledge base and capacities of the AU Regional Economic Committees and improves the capacity of AU Peace Support Operations to protect children in armed conflicts.

### **Communication for development (C4D)**

Throughout 2016, ESARO facilitated capacity-building training on C4D in Emergencies and Disease Outbreaks for 60 staff and government counterparts from 16 high- and medium-priority countries in the region. The training covered the minimum preparedness and response activities for various emergency scenarios and simulated a disease outbreak response intervention using polio as a case study.

Technical support was provided to Swaziland, Lesotho, Madagascar and Zimbabwe in the development of social and behaviour change communication plans as part of the Southern Africa drought response.

As part of the yellow fever outbreak response in Angola, support was provided for the development of a C4D response strategy, including remote support to review various information, education and communication materials used for the social mobilization activities.

In the Horn of Africa, support was provided for the Mandera Triangle cross-border C4D cholera/AWD and Chikungunya outbreak response plans for Ethiopia, Kenya and Somalia. Other countries supported on the cholera response included Uganda, Tanzania, Malawi and Burundi. In Ethiopia, as part of the drought response, ESARO supported the review of the



community mobilization response plan for the scabies outbreak, which affected over half a million people. ESARO continued to provide support to South Sudan on the C4D response to various disease outbreaks and other emergency programme interventions exacerbated by the ongoing humanitarian conflict.

During the year, ESARO conducted a desk review of existing cholera and WASH studies on knowledge, attitudes and practices to provide insights into the behavioural drivers of cholera. The findings are being used to inform the development of response strategies in some of the five endemic countries, including Angola, Zambia, Zimbabwe, Mozambique and Malawi, and they were also used to inform the development of the ESAR Cholera Framework.

A case study on how C4D is being used to promote peace in Burundi was compiled and shared as part of the C4D Works series publication. ESARO also participated in the joint C4D and Peace-building workshop held in Dakar, Senegal, where three case studies on peace-building initiatives from Somalia, Uganda and Burundi were shared.

### **Social protection**

In 2016, ESARO support on social protection focused on advocacy, coordination, and technical support for the use of national social protection systems to respond to the impacts of El Niño, particularly in Southern Africa. Working closely with the Lesotho Country Office, ESARO provided technical support to deliver top-ups to an expanded caseload under Lesotho's Child Grants Programme, as well as providing guidance to UNICEF country offices on the use of cash transfer programmes to respond to El Niño, highlighting the importance of building the response on existing social protection systems. Building on the lessons from 2016, UNICEF's regional and Ethiopia social protection and nutrition teams are developing strategies to overcome communications gaps and procedural misunderstandings which prevented the effective linkage of SAM and moderate acute malnutrition caseloads with temporary support benefits under the Productive Safety Net Programme, in order to ensure a more effective social protection response to the current Horn of Africa drought.

ESARO brought together the country-level experiences from the El Niño response in a technical review and advocacy paper summarizing the lessons learned on the shock-responsiveness of social protection systems in Ethiopia, Lesotho, Malawi, Zambia, and Zimbabwe. This review, co-authored with Save the Children, is an excellent resource for country offices and ESARO, guiding the programme focus in 2017 to improve the linkages between humanitarian cash and social protection responses to humanitarian emergencies in the region. This review also builds on UNICEF's strong advocacy during a recent Senior-Level Platform on Social Protection, which grew out of the El Niño response, for stronger cash coordination to reinforce, rather than erode, existing country-level social protection capacity.

In addition to its El Niño response, ESARO provided technical support to countries impacted by climatic, man-made or economic shocks, including Somalia, Burundi, Madagascar and Angola, to begin designing and operationalizing shock-responsive and child-focused social protection policies and programmes. These efforts include elements of both immediate support (e.g., cash transfer programming in southern Madagascar) and of putting in place the systems and programmes which will help to strengthen household coping mechanisms and better enable households to withstand and recover from shocks.

### **Resilience**

ESARO has continued to contribute to the Headquarters-led development of the risk-informed programming guidelines, and has been laying the groundwork for the roll-out of the methodology in two countries in 2017 (Kenya and Malawi). Support to the Intergovernmental Authority on Development (IGAD) led Resilience Analysis Unit (RAU) continued. In

collaboration with other United Nations agencies, UNICEF provided technical support in the development of the IGAD RAU Context Analysis Guidelines, which are now finalized, and supported the development of RAU in Ethiopia. UNICEF actively supported RIASCO, a coordination body for humanitarian partners in Southern Africa, in the development of their resilience approach and regional framework. ESARO reviewed and provided technical comments on the draft Guidance for Risk-Informed Programming being developed by the Programme Division in New York. Additionally, ESARO provided technical comments on the concept note being developed by Headquarters on UNICEF's participation at the next Global Platform for Disaster Risk Reduction being held in Mexico in May 2017.

In 2016, UNICEF's Burundi, Ethiopia, Kenya, Somalia, South Sudan and Uganda Country Offices were assisted in delivering education programmes that strengthen resilience. Specific support was provided to Ethiopia, Uganda, Somalia, and Zimbabwe Country Offices. UNICEF ESARO has also engaged with UNHCR and other partners in the ongoing discussion for the development of the Common Regional Refugee Frameworks, as per the New York Declaration, in Uganda, Tanzania, and for the Somalia situation, which will strengthen resilience programming for refugees. UNICEF ESARO initiated discussions with Headquarters and country offices on piloting the Guidance for Risk-Informed Programming in the region. Malawi was selected as the first pilot country in ESAR, with plans to begin in May 2017. The development of four case studies has been initiated on resilience in four selected ESAR countries.

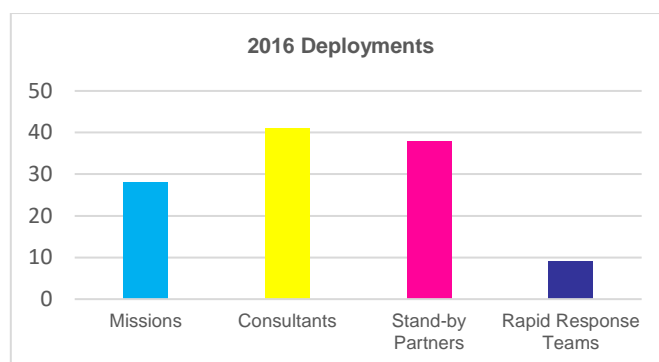
### *Peace-building*

In 2016, ESARO provided technical support to five countries, South Sudan, Uganda, Ethiopia, Burundi and Somalia, for integrating conflict-sensitive education approaches in education sector programming. UNICEF contributed to generating evidence around the impacts of peace-building through education in fragile and conflict-affected states learning by developing and publishing four research case studies on education, conflict sensitivity and peace-building for Kenya and Ethiopia. In addition, three major studies were completed on education, conflict and peace-building, with evidence-based advocacy tools generated to support cross-sectoral programming. A regional information management system for tracking programme performance and peace-building impacts was updated to provide Peacebuilding, Education and Advocacy-supported countries in Eastern and Southern Africa with a modality for measuring performance and impact. A pan-African inter-ministerial symposium on education sector policy and programming was completed, with 16 countries mainstreaming lessons learned about conflict-sensitive education programming. This resulted in the release of an inter-ministerial policy commitment signed by ministries from 13 countries to integrate conflict-sensitive and peace-building approaches in education.

### *Operations including human resources*

In 2016, ESARO supported the quick deployment of 28 staff members from the region and globally to support UNICEF humanitarian action activities across nine countries. This is in addition to 38 personnel deployed with the support of the UNICEF Office of Emergency Programmes (EMOPS) based in Geneva.

Details of the support provided up to January 2017 are as follows:



- Burundi crisis (Burundi, Rwanda and Tanzania): six mission deployments from UNICEF staff in ESARO, ESAR and other regions.
- Southern Africa El Niño emergency (Angola, Lesotho, Malawi, Swaziland, and Zimbabwe): 17 mission deployments from UNICEF staff in ESARO, ESAR and other regions. Additionally, 25 standby partners were deployed through EMOPS Geneva.
- Ethiopia drought: five mission deployments from UNICEF staff in ESARO, ESAR and other regions, nine Rapid Response Team missions and 13 standby partners' deployments.

Across the areas outlined above, 41 consultants were recruited to scale up the response, and ESARO technical advisers were consulted for technical assessments during the recruitment.

The South Sudan Level 3 Emergency was continuously monitored and support was provided accordingly. ESARO Human Resources was actively involved in supporting evacuated staff during the July 2016 conflict.

In addition, ESARO Human Resources and the Regional UNICEF Staff Association Chairperson conducted human resources support missions to Burundi and Angola to follow up on staff welfare issues.

In 2016 the Regional Staff Counsellor carried out 16 missions in support of staff well-being in 14 countries where staff are engaged in complex situations and/or humanitarian action. An estimated 293 individual counselling sessions took place and 487 staff members were trained in stress prevention, psychosocial emergency preparedness and critical incident management.

In 2016, ESARO ensured operational support and continuity to a number of country offices in the region. The South Sudan July crisis activated the regional Business Continuity Plan, ensuring support in a selected number of transactions and minimum continuity during the emergency response. A Situation Centre (SitCen) comprised of Regional Office staff ensured the coordination of the regional Business Continuity Plan activation, staff redeployment, security matters and review of programme core areas, and provided ongoing support to the South Sudan Country Office at the onset and the immediate aftermath of the emergency. An office was set up in Nairobi to accommodate the staff who were re-deployed, thus ensuring the continued work on programme response in South Sudan by the office staff. ESARO also provided assistance in the conceptualization and implementation of the Global Support Service Centre (GSSC) roll-out, the operations hub and the decentralization principles in South Sudan. Finally, ESARO ensured the redeployment of the Senior Operations Adviser, based with EMOPS and the Division of Financial and Administrative Management (DFAM), to assist in the development of operating procedures in view of the decentralized staffing structures in South Sudan. Support to Burundi was provided in various ways, but in particular support was provided in relation to the financial elements related to the new premises construction and the finalization preparations for the office move. The review and development of the Burundi Risk Framework supported the identification of key areas that need adequate focus and resources, and which

will ensure the achievement of the office programme and operations results. A review of the Ethiopia government partnership arrangements during the declaration of the state of emergency identified potential mechanisms that would facilitate deployment of programme during such periods.

## IV. Constraints and lessons learned

In 2016, the region was faced with compounding humanitarian crises, including the complex and protracted emergencies in Burundi, Somalia and South Sudan. For Burundi and South Sudan where the crises entered the second and third year, respectively, the coping mechanisms of populations and the government's capacity to deliver services had eroded and donor fatigue set-in. The situation in South Sudan was additionally challenging due to the Juba crisis in early July. The violent conflict in the capital severely disrupted the operational capacities of many agencies, led to the evacuation of a number of staff and the withdrawal of some NGOs from the country. El Niño continued to adversely affect Southern Africa and specific countries in the Horn of Africa, particularly Ethiopia, Kenya, and Somalia. In addition to the difficult programming environments and the resulting constraints across the region, investment in early action continued to remain a challenge at regional and country-levels. Finally, the El Niño also demonstrated that the capacity of middle income countries in Southern Africa to manage disasters was underestimated and requires strengthening. The limited capacity of countries to have a coordinated national response meant that the humanitarian scale-up was delayed and surge capacity was required from humanitarian actors to adequately address the situation.

Across the region, there are an increasing number of crises motivated by political instability and violent conflict, and being able to understand the political situation in each country has emerged as a clear priority and lesson learned for ESARO. In 2016, the Humanitarian Action, Resilience, and Peace Building (HARP) team established a partnership with the Rift Valley Institute, a think tank based in Nairobi, to provide new Representatives and senior management with a comprehensive political analysis and outlook in ESAR countries.

Investing in resilience programming so that communities that are prone to shocks and stresses can better anticipate, absorb, and recover when situations unfold, such as drought, natural disasters, and disease outbreaks, emerged as a priority areas across the region throughout the year. In addition to promoting resilience, a clear need was identified to update countries' risk profiles that inform the threshold setting to trigger timely and appropriate responses when crises occur. Linked to the resilience agenda, is the role of the social protection systems. One of the main lessons from the El Niño crisis in Southern Africa, was the potential social protection systems have to bridge the humanitarian-development divide. Furthermore, experience from El Niño and the work with social protection systems, such as cash transfers, re-emphasized the importance of working through and strengthening existing structures and systems rather than establishing parallel systems.

## V. Monitoring and evaluation

The 2014–2017 Regional Office Management Plan (ROMP) results matrix and Integrated Monitoring and Evaluation Plan (IMEP) provide the framework for monitoring ESARO's performance and contribution to the achievement of global Strategic Plan results. The ROMP results matrix and related activities and resources are entered into the UNICEF enterprise resource planning (ERP) system called "VISION." The IMEP includes carefully and strategically selected studies and evaluations to provide timely and high-quality information on results identified in the results matrix and lessons learned from the implementation of ROMP.

Each section in ESARO is responsible for tracking implementation and updating progress in the delivery of results directly into the ERP system on a semi-annual basis. The Regional Office Management Team reviews progress in achieving results against indicators and targets specified in the results matrix, identifies key bottlenecks to programme implementation and delivery of results, and proposes adjustments to strategies to facilitate implementation and the delivery of results. Meanwhile, the Emergency Management Team led by the Regional Director, acts as the group that gathers information, determines the impact and implication of emergencies and humanitarian situations in countries, and provides relevant oversight and technical support to country offices.

In addition, ESARO organizes annual and mid-year reviews of the ROMP to assess progress made in the delivery of results, document lessons learned, and agree on programmatic adjustments. An annual Regional Office Analysis Report documenting performance of the Regional Office is prepared each year and shared with headquarters, country offices and the Regional Management Team.

ESARO also supports country offices in strengthening programme monitoring. Under the multi-country project on innovation in programme monitoring in four countries (Kenya, Swaziland, Uganda and Zimbabwe), in 2016 the existing real-time monitoring systems were adapted to track key nutrition data in response to El Niño in Mozambique and Swaziland. The Regional Office Programme, Planning, and Monitoring and Evaluation (PPME) team also supports Multiple-Indicator Cluster Surveys and other household surveys, and provides oversight and quality assurance of evaluations.

## VI. Financial analysis

In 2016, UNICEF ESARO received 113 per cent or US\$ 6,320,138 against its annual regional Humanitarian Action for Children (HAC) appeal of almost US\$ 5.6 million for coordination and technical support to the Country Offices. Support by ESARO to countries in the region was largely resourced through multi-year donor grants and carryover from 2015. Global thematic humanitarian funds allowed UNICEF ESARO to plan and respond strategically to the needs of the children in ESAR, invest in new initiatives and support Country Offices in underfunded crises.

**Table 1: Funding status against the appeal by sector (US\$)**

Sector	Requirements	Funds received against 2016 HAC appeal (31 Dec. 2016)	% funded
<b>Nutrition</b>	300,000	1,154,985	385%
<b>Health</b>	250,000	45,000	18%
<b>WASH</b>	700,000	298,383	43%
<b>Child protection</b>	450,000	483,554	107%
<b>Education</b>	100,000	0	0%
<b>Emergency coordination and resilience</b>	1,500,000	1,977,219	132%
<b>C4D</b>	226,000	424,098	188%
<b>Communications</b>	65,000	0	0%
<b>Emergency preparedness and response</b>	2,000,000	1,936,899	97%
<b>Total</b>	<b>5,591,000</b>	<b>6,320,138</b>	<b>113%</b>

\*Funds available includes thematic and non-thematic funds received against current appeal and carry-forward from previous year. These are Programmable amounts.



**Table 2: Funding received and available in 2016 by donor and funding type (US\$)**

Donor name/type of funding	Programme budget allotment reference	Programmable amount*
<b>I. Humanitarian funds received in 2015</b>		
<b>a) Thematic Humanitarian Funds</b>		
See details in Table 3***	SM/14/9910	1,205,329
<b>b) Non-Thematic Humanitarian Funds</b> (Non-thematic emergency funding received in 2016 per donor in descending order)		
The United Kingdom	1,179,178	1,179,178
<b>Total Non-Thematic Humanitarian Funds</b>		<b>1,179,178</b>
<b>c) Pooled funding</b>		
<b>(i) Central emergency response funds (CERF) grants</b>		
<b>(ii) Other pooled funds</b> – including Common Humanitarian Fund, Humanitarian Response Funds, Emergency Response Funds, United Nations Trust Fund for Human Security etc.		
n/a		
<b>d) Other types of humanitarian funds</b>		
n/a		
<b>Total humanitarian funds received in 2016 (a+b+c+d)</b>		<b>2,384,507</b>
<b>II. Carry-over of humanitarian funds available in 2016</b>		
<b>e) Carry-over Thematic Humanitarian Funds</b>		
Thematic Humanitarian Funds	SM/14/9910	2,403,051
<b>f) Carry-over of non-Thematic Humanitarian Funds</b>		
The United Kingdom	SM/12/0158	189,824
European Commission (EC)	SM/11/0343	205,956
The United Kingdom	SM/13/0487	105,562
The United Kingdom	SM/15/0317	450,043
The United Kingdom	SM/12/0158	189,824
<b>Total carry-over non-thematic humanitarian funds</b>		<b>951,385</b>
<b>Total carry-over humanitarian funds (e + f)</b>		<b>4,305,821</b>
<b>III. Other sources</b> (regular resources set aside, diversion of regular resources – if applicable)		
N/a		
<b>Total other resources</b>		<b>-</b>

\*Programmable amounts of donor contributions, excluding recovery cost.

\*\*2016 loans have not been waived; country offices are liable to reimburse in 2017 as donor funds become available.

\*\*\*\*This figure excludes funds transferred from ESARO to CO for emergency programme implementation.

**Table 3: Thematic Humanitarian Contributions received in 2016 (US\$)\***

Donor	Grant number	Programmable amount (US\$)	Total contribution amount (US\$)
Australian Committee for UNICEF	SM1499101279	45,553	48,058
Belgian Committee for UNICEF	SM1499101303	87,444	92,253
Danish Committee for UNICEF	SM1499101222	140,926	148,677
Netherlands Committee for UNICEF	SM1499101246	140,550	148,280
Norwegian Committee for UNICEF	SM1499101250	264,768	279,330
United Kingdom Committee for UNICEF	SM1499101254	95,060	100,288
United States Fund for UNICEF	SM1499100650	226,481	238,937
German Committee for UNICEF	SM1499101300	18,392	19,404
Allocation from global thematic humanitarian*	SM149910**	186,153	196,391
<b>Total</b>		<b>1,205,329</b>	<b>1,271,617</b>

\*Global thematic humanitarian funding contributions are pooled and then allocated to country and regional offices. For a detailed list of grants, please see the 2016 Annual Results Reports.

\*\*This figure excludes the funds transferred from ESARO to COs for emergency programme implementation.

## VII. Future workplan

In 2017, the focus will continue to be on complex emergency settings in South Sudan and Somalia, and related refugee crises, the Horn of Africa severe drought and concerns regarding famine, as well as the residual effects of El Niño on countries in Southern Africa. Given the heightened risks of exploitation and abuse associated with increasing levels of irregular displacement and child migration, ESARO will also work to improve understanding of the drivers of cross-border movements and migration, as well as appropriate child protection and sectoral interventions for prevention and response to issues affecting children on the move.

The ESARO humanitarian strategy will focus on delivering results for children through sectoral responses in nutrition, health, child protection, education, HIV/AIDS, social protection and WASH, as well as social mobilization and communication with affected populations. UNICEF will complement programmes with surge and technical support to crisis response, as well as humanitarian learning and logistical and operational support, to ensure the timely and quality delivery of humanitarian action in line with the CCCs.

ESARO will continue to build the capacity of UNICEF country offices and partners in the region to mainstream risk-informed programming and build the resilience of vulnerable populations, governments and other partners. Sectoral emergency preparedness and response training, coupled with improved risk analysis, will better prepare UNICEF country offices, governments and partners to manage multi-hazard disasters in the region. Risk-informed programming remains a key lens through which to strengthen UNICEF's capacity to develop shock-resilient programmes. Support for enhanced disease outbreak prevention, preparedness and response, such as for cholera, will continue to be pursued with partners. Key priorities will include timely and quality support for outbreak response and supplementary immunization, and the development of resilient national health systems.

ESARO support will focus on the effective implementation of inter-agency regional strategies and initiatives through the RIASCO Plan of Action, the South Sudan and Burundi Regional Refugee Response Plans, the DRC Regional Contingency Plan, the IGAD-led Cholera Response Plan, JICSA and ongoing humanitarian responses to chronic crises, such as in Somalia.

Through inter-agency partnerships and collaboration, ESARO will seek to strengthen coordination and promote timely, quality and accountable humanitarian responses. Evidence gathering and continued engagement with the AU, IGAD, the IGAD Drought Disaster Resilience and Sustainability Initiative Steering Committee RAU, and SADC will feed into regional and global policy briefs, with a focus on children and the promotion of child-friendly policies.

Lastly, given that the depth and number of protracted crises in Eastern and Southern Africa are on the rise, as well as the fact that the number of climate-induced emergencies is also increasing, to be able to better support country offices in their emergency response and preparedness, ESARO will be looking into expanding the Humanitarian Action, Resilience and Peacebuilding Section in 2017.

#### Regional Office 2017 requirements (US\$)

Sector	2017 requirements
Nutrition	300,000
Health	300,000
WASH	700,000
Child protection	600,000
Education	80,000
HIV/AIDS	50,000
Social protection	300,000
Emergency preparedness and response	2,000,000
<b>Total</b>	<b>4,330,000</b>

For more information, please visit <https://www.unicef.org/appeals/esaro.html>.

UNICEF ESARO would like to extend its profound gratitude to all the donors that have provided support in the form of contributions and partnerships in 2016.

Support from our donors has made it possible to enhance the timeliness, relevance and effectiveness of UNICEF interventions to address the humanitarian needs of children in Eastern and Southern Africa, in the context of small- or medium-scale, as well as large, emergencies. Continued support to urgent humanitarian action will help to ensure that the significant development progress achieved for children over the last few decades is not reversed.



© UNICEF South Sudan/Holt/2016.

*Children learn how to wash their hands properly, assisted by UNICEF staff, in the town of Kuach Unity State, South Sudan. 20 October 2016.*

## Annex 1: Donor report feedback form

UNICEF is working to improve the quality of our reports and would very much appreciate your feedback. Kindly answer the questions below for the above-mentioned report. Thank you!

Please return the completed form to UNICEF by e-mail to:

Name: Edward Addai, Regional Chief of Monitoring and Evaluation, Pete Manfield, Regional Emergency Advisor

E-mail: [eaddai@unicef.org](mailto:eaddai@unicef.org), [pmanfield@unicef.org](mailto:pmanfield@unicef.org)

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<b>SCORING: 5 indicates “highest level of satisfaction” while 0 indicates “complete dissatisfaction”</b>
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1. To what extent did the narrative content of the report conform to your reporting expectations? (For example, the overall analysis and identification of challenges and solutions)

5	4	3	2	1	0
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If you have not been fully satisfied, could you please tell us what we missed or what we could do better next time?

2. To what extent did the fund utilization part of the report meet your reporting expectations?

5	4	3	2	1	0
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If you have not been fully satisfied, could you please tell us what we missed or what we could do better next time?

<b>SCORING: 5 indicates “highest level of satisfaction” while 0 indicates “complete dissatisfaction”</b>
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3. To what extent does the report meet your expectations in regard to the analysis provided, including identification of difficulties and shortcomings as well as remedies to these?

5	4	3	2	1	0
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If you have not been fully satisfied, could you please tell us what we could do better next time?

4. To what extent does the report meet your expectations with regard to reporting on results?

5	4	3	2	1	0
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If you have not been fully satisfied, could you please tell us what we missed or what we could do better next time?

5. Please provide us with your suggestions on how this report could be improved to meet your expectations.
6. Are there any other comments that you would like to share with us?

**Thank you for completing this form!**



## Annex 2: Human interest stories

**Somalia, February 2016**

### **Drought leaves students without schools in Puntland**

[https://www.unicef.org/esaro/5440\\_som2016\\_dought-puntland.html](https://www.unicef.org/esaro/5440_som2016_dought-puntland.html)

**By Fatuma Hassan**

YIBAYIL VILLAGE, Puntland, February 2016 – Ubah Farah Abdirahman, 15, bustles around her family's small tea shop in the village of Yibayil, in Somalia's Puntland region. Although she is not currently in school, Ubah dreams of completing her education. "I would like to be a teacher in this village or any place I can teach small children," she says.

Last year, Ubah was a Level One student at Yibayil's UNICEF-supported Pastoralist Education Centre (implemented by the Save the Children International consortium). The ongoing severe drought in areas of Puntland forced families to leave the village in search of water and school enrolment began to drop. With only 10 students remaining, the school had to close.

"I am very sorry that the school is no longer operating," said Ubah. "I was hoping to continue learning until I completed school." Ubah's family own a tea shop and are among the few who did not leave the area. She now looks after her little sister, helps with the shop and sells vegetables from the family's small farm.

Since the onset of El Niño in 2015, many parts of Somalia have suffered from severe droughts and flooding. The drought is currently hitting Somaliland and Puntland. The Puntland authorities report that 213,000 people have been affected by the drought, including nearly 43,000 school-age children.

Displacement and decreasing enrolment have closed a third of schools in drought-affected areas. The impact has been particularly devastating for those who depend on livestock for their living. They face severe water shortages and skyrocketing water prices, forcing many to move to find water, grazing pasture, and food. For some families, this requires taking children out of schools, which leads to the closure of schools and alternative education centres.

In Puntland's Alula and Bargal Districts, UNICEF has provided support to drought-affected populations – including 10 school tents, 50 school-in-a-box kits, 100 replenishment kits and 23 recreational kits – putting 2,059 children (including 955 girls) back in school.

Pastoralist children are often excluded from education opportunities and are particularly vulnerable to natural and man-made shocks like drought, conflict and increases in market prices. To ensure these children also have access to quality basic education, UNICEF works with local authorities and other partners on alternative basic education mechanisms such as temporary learning spaces, mobile schools and education kits.

Ubah's school mate, Abdulaziz, age 10, said that since the school closed he has few activities to keep him busy.

"I fetch water from the small stream near our house for my family and I attend prayers in the mosque," he said. Ubah and Abdulaziz have appealed to the school authorities to reopen the school as soon as possible.

## Zimbabwe, March 2016

### The impact of drought and hunger in rural areas

[https://www.unicef.org/esaro/5440\\_zim2016\\_impact-of-drought.html](https://www.unicef.org/esaro/5440_zim2016_impact-of-drought.html)

By Richard Nyamanhindi



The El Niño weather phenomenon lasts months, but the effects on children will last years – already school authorities are seeing the impact of the drought in declining school attendance and concentration levels.

Drought is nothing new to John Chauke (38) and his family, from Mwenezi District in Masvingo Province of Zimbabwe, but this season has been one of the most disappointing across the country for nearly a decade.

© UNICEF/2016/Richard Nyamanhindi

Across Zimbabwe, more than 2.8 million families are struggling to cope with food insecurity, lack of water, disease and threats to their education and safety. After two years of erratic rainfall and drought one of the most powerful El Niño weather events for 50 years is wreaking havoc on the lives and livelihoods of many vulnerable families.

“In the past, the rains were better, and you could get something from the land,” says John. “But now, we have planted more than three times but still we have got nothing from the land.”

But a lack of food is just one of the problems. Drought has caused a domino effect of difficulties for families like John’s, and there is no easy solution in sight.

### Early-marriage and rising food prices

The impact of El Niño has been felt most acutely in terms of the extensive crop failure across the country. The outlook is disturbing, with still little or no rain falling in affected areas and the next window for planting already closed. Given that maize stocks among many households are already depleted – and food prices are high – there is grave concern for the ability of children and their families, who are already struggling to feed themselves, to cope until the next harvest in 2017.

During the 2014/15 agricultural season, in desperate need of food after their relocation from a transitional refugee camp at Chingwizi, where they were relocated following floods in Masvingo, John says his elder brother, who was living a few kilometres from his village, agreed to a paltry dowry of a few goats for his oldest daughter, 15, to be married to a local man twice her age.

John says that circumstances pressured the family to accept the lobola (dowry). It seemed to make sense then: it meant one less mouth to feed, food and livestock for the family, and maybe a better situation for their daughter. But he says his brother’s daughter is now pregnant — and still hungry. John fears the same fate for his daughter and others in the community.

“Often, we are very hungry and we have to make do with just one meal a day. Maize prices have gone up. A 20-litre bucket of maize for example now costs US\$8, up from US\$4 at the end of 2015,” John says. “It is very painful when you see your children go hungry, especially when you have no money to buy food.”

Not only is the drought risking the health of families – it is also negatively affecting the lives of girls in rural Zimbabwe, who are marrying at a very young age.

### **Dying animals and reduced opportunities**

The worsening drought has seen water holes dry up and pasture dwindle, leaving farmers like John's unable to feed their animals – and unable to sell them for much either.

"Water sources have dried up and we are drinking from the same reservoirs with our cattle. Two of my cattle died last year," says John. Now, the family is only left with one cow.

According to the Ministry of Agriculture, in 2015 the country lost nearly 20,000 cattle. Masvingo alone lost more than 3,000 cattle.

The aching hunger and desire to educate his children drives John to continue to search for ways to earn money as the drought worsens. He sometimes does part-time work at the nearby Triangle Sugar Plantation so that he can buy maize to feed his family. Unfortunately, the plantation has been scaling down on casual workers due to the effects of the drought.

### **Feeding hungry children and reduced school attendance**

The El Niño weather phenomenon lasts months, but the effects on children will last years – already school authorities are seeing the impact of the drought in declining school attendance and concentration levels.

"Although we are receiving one 50 kg bag of maize per every two months from the Ministry of Public Service, Labour and Social Services the food is not enough for my family of six," John says.

Whenever he can, John buys beans and maize to prepare one meal a day – usually supper. The wild, bitter Amarula fruit, and leaves from the thorny bushes near their home, provide another option. But besides being dangerous if poorly prepared, the fruit is only edible if boiled for 12 hours — and water is now difficult to obtain.

The infrequency and lack of consistent nutrition in their diet is affecting the children. They have stopped begging for food, knowing there is none. "When there is no food, they do not ask," says John. "They are now used to living like that."

Their five-year-old attending a nearby school sometimes does so without eating, and spends the whole day without food. Information from real-time monitoring shows that there is a correlation between attendance and the level of food security, with school authorities in Masvingo reporting attendance rates of just below 70 per cent, while the national average is almost 90 per cent.

### **Health concerns**

John's last born child, Ruvarashe, 3, is often sick, and the other children lack energy.

The family's tent is small and stuffy, too hot to sleep inside. The children sometimes sleep outside – the adjacent hut they were sleeping in fell down, and there is always the worry about the security of their few possessions. Outside, mosquitoes are a menace. Mwenezi is a high malaria infection zone.

The drought situation has resulted in reduced water yields from the few functioning boreholes, exacerbating the risk from waterborne diseases, especially diarrhoea and cholera.

John says his wife is careful to boil water from the river before drinking it to prevent illness, but there simply is not enough water for bathing or cleaning.

"The children normally bathe once a week. My wife left hours ago to search for water and I am not sure when she will be back," says John.

John's resignation and dwindling hope is mirrored in many other rural folk around the country.

**What is UNICEF doing?**

UNICEF is working closely with the other United Nations agencies, the Government and non-governmental organizations in the 10 worst affected El Niño districts, working to ensure that affected women and children are assisted in the areas of nutrition, water, sanitation and hygiene, health, HIV and AIDS, social and child protection, and education.

For example, UNICEF has already procured 11,000 boxes of ready-to-use therapeutic food (RUTF) and 1,000 boxes of ready-to-use supplementary food for treating children with moderate malnutrition. In addition, in the area of water and sanitation, UNICEF is rehabilitating boreholes in water stressed areas, as a result of which people are able to access safe and clean water. With funding from the German Government, UNICEF is planning to provide cash grants to satellite schools to provide school meals, among many other things.

El Niño is a climate cycle that involves the warming of surface ocean waters in the eastern tropical Pacific. Currently, it occurs every two to seven years and can last between six and 18 months.

Angola, 31 October 2016

### Keeping yellow fever cases at zero

[https://www.unicef.org/esaro/5440\\_ang2016\\_yellow-fever-cases.html](https://www.unicef.org/esaro/5440_ang2016_yellow-fever-cases.html)

By Marcos Gonzalez, Heitor Lourenço and Manuel Francisco



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Children and women being vaccinated against yellow fever in the Caculuvale community, Cuanhama municipality, province of Cunene, Angola. The country has had zero confirmed cases of yellow fever since June.

**After living through the worst outbreak of yellow fever in decades, Angola is celebrating the absence of any confirmed cases since late June. But the battle is far from over. As the rainy season brings the mosquitoes that transmit the virus, UNICEF and partners continue to support vaccination and prevention initiatives.**

At the Lombe health centre in the town of Cacuso, Isabel, 10, sits slightly removed from a group of people who are waiting to be vaccinated for yellow fever. Shy and alone, she looks at the team of vaccinators not knowing what to do.

When one of the staff approaches her, Isabel explains that she had come to get her vaccine, but had not been accepted because she was unaccompanied. “My dad is working and my mom went to the square to sell food,” she says. “She told me to come here because my five brothers already have the vaccine.”

A short time later, a social mobilization team travels to Isabel’s house, where they meet her family, who confirm her story. Isabel’s mother authorizes her vaccination, and also promises to go to the health centre herself the next day. Neither she nor Isabel’s father have had the vaccine.

While many children cry when they receive the vaccine, Isabel grins from ear to ear. She returns home happy, with the yellow card that certifies she is vaccinated, as well as some informational brochures to share in her neighbourhood.

### The worst outbreak in decades

Isabel is one of the millions of people who have lived through Angola’s worst yellow fever outbreak in decades. From 5 December 2015 – when the first cases appeared – until 13 October 2016 at least 376 people died as a result of suspected cases of yellow fever.



This year, a combination of rising levels of standing water in the rainy season, the El Niño climate phenomenon, and the concentration of waste from a lack of street cleaning has increased the presence of *Aedes aegypti* mosquitoes. This type of mosquito not only transmits yellow fever, but also dengue, Zika and Chikungunya. As a result, yellow fever quickly spread from Luanda to almost the entire country.

International alarms went off when the outbreak spread beyond the Angolan border and other countries began reporting cases. The disease was especially prevalent in the neighbouring Democratic Republic of Congo (DRC), with 77 confirmed cases and 16 deaths.

Health authorities in both countries immediately launched mass vaccination campaigns. The International Coordinating Group on Vaccine Provision for Yellow Fever Control – with representatives from the World Health Organization (WHO), UNICEF, Médecins Sans Frontières and the International Federation of Red Cross and Red Crescent (IFRC) – approved the sending of 20 million vaccine doses to Angola and 9.4 million to DRC.

By the end of September, 16 million people over the age of six months had been vaccinated in Angola, which has a total population of 25 million. UNICEF assisted with the procurement and distribution of vaccines, and provided support to the cold chain, including cold boxes, vaccine carriers and ice packs donations.

### **Zero cases since June**

There have been no confirmed cases of yellow fever in Angola since the end of June. This milestone was achieved through the hard work of epidemiological surveillance, laboratory testing, eradication of mosquito breeding sites and social mobilization at the national and provincial levels.

Despite this considerable progress, the outbreak remains a public health issue that warrants continued action and international support. The threat of new cases is especially great now that the rainy season has started, which can increase the presence of the *Aedes aegypti* mosquito. [Vaccine funding](#) therefore remains critical.

WHO, UNICEF and partners continue to provide support to the Angolan Government, and about 2 million people living in densely populated urban or remote border areas are expected to be vaccinated in October.

Another key to prevention is communication and social mobilization among the population. IFRC and UNICEF Angola recruited and trained nearly 3,000 mobilizers to reach thousands of people with messaging on yellow fever prevention and health education at houses, schools or local markets. This direct contact brings reliable information to the population, and helps resolve any doubts or questions about the vaccine.

“At the start of campaigns in Luanda, a large number of men were not being vaccinated. They believed the vaccine could cause infertility, or they could have serious problems if they drank alcohol after taking the vaccine,” says Camilla Sá Freire, UNICEF Communication for Development in Emergencies consultant. With the help of mass media campaigns and traditional leaders’ support in rural areas, these false beliefs were eventually changed.

Now, in anticipation of the effects of the La Niña phenomenon, mobilizers are spreading messages in communities about sanitation, vector control, breastfeeding and handwashing to further prevent yellow fever.

### **Social mobilization in action**

In the province of Cunene in the south of the country, a familiar scene unfolds. Dozens of people wait to be vaccinated at the jango in the Caculuvale neighbourhood, in the municipality of Cuanhama. The jango is a space traditionally used as a forum for debate and discussion in the community. Today it hosts the teams working on the yellow fever vaccination campaign.

In the front of one of the queues, Marta Lobias, 27, is looking forward to receiving the vaccine, along with her three-year-old child. She heard about this campaign at her church and did not hesitate to come. She sells chickens in the market, but today she left her business to come to the post. "This is to prevent disease, it is more important," she says with satisfaction.

After 30 minutes of waiting, Marta and her son receive their immunization, along with 1,000 other people who came to the post today. Now, she returns home with a mission to tell her colleagues in the market and neighbours about the importance of getting vaccinated.

South Sudan, 14 December 2016

***Malnutrition crisis: In the world's youngest country, more than 360,000 children are estimated to be severely malnourished.***

[https://www.unicef.org/esaro/5440\\_ss2016\\_malnutrition-crisis.html](https://www.unicef.org/esaro/5440_ss2016_malnutrition-crisis.html)

More than 4 million people—close to 40 per cent of the population—are food insecure and the world's youngest country is facing a crisis of malnutrition among children. In seven out of the country's 10 states, more than 15 per cent of the population is malnourished—which is above the global emergency threshold. An estimate 360,000 children under five years are suffering from severe acute malnutrition.



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Every Tuesday and Friday, women and children gather under this tree, where UNICEF partner Malaria Consortium run an outpatient therapeutic programme to treat children with severe acute malnutrition in Aweil town in Northern Bhar el Ghazal state, South Sudan.



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Greater Northern Bahr el Ghazal is one of the states that has been worst hit by hunger, with 72 per cent of the population being food insecure. More than 25,000 children here suffer from severe acute malnutrition. At the UNICEF treatment centre, children are weighed, screened and treated for malnutrition.



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Athill, 28, brought her twins to the site for treatment of severe malnutrition. At eight months, they weigh the same as newborn babies, with the boy weighing just four kilograms and the girl a little over three. *"The twins receive a ration of therapeutic food once every week," says Athill.*



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Four out of six of Athill's children are enrolled in the UNICEF nutrition programme. She walks about four kilometres to and from her house to the clinic twice a week to collect therapeutic food, to help her children to recover.

*"We don't have food, that's why my children are sick," she says.*





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*"I live here with my six children, husband and mother," says Athill as she points to a hut made from mud and straw that is on the verge of collapsing. "We moved from our original village because of a lack of food but now we are hungry here as well," she says.*



© UNICEF/2016/Rich

One of Athill's eight-month-old twins eats a ready-to-eat therapeutic food item which is a high-calorie peanut-based paste given to children with severe acute malnutrition. A child with severe acute malnutrition is at nine times' greater risk of death from disease than a child who is not.





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Athill holds grass seeds which she says the family has been surviving on. The seeds have barely any nutritional value.

*“Most times we stay hungry or have one meal a day of grass seeds because we can’t afford to buy anything,” she says.*



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*“I try and get work in the local market to buy food but there just isn’t any,” says Athill’s husband, Dim. “I am afraid all the time that if we have no rain soon there won’t be any grass seeds left to feed the family and we will go hungry all over again.”*



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With support from our donors OFDA, ECHO and the UK Department for International Development, UNICEF has treated over 150,000 children suffering from severe acute malnutrition in South Sudan since January 2016. UNICEF also supports the training of health workers to identify, treat and manage cases of severe malnutrition.