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Gedain Galwak, 8, smiles as he waits in line for the water to be turned on in the morning, in the Protection of Civilians site in Bentiu, South Sudan.

2018 Consolidated Emergency Report

January – December 2018

Prepared by:

UNICEF Eastern and Southern Africa Regional Office

March 2019

unicef | for every child

Table of contents

List of abbreviations

AAP	Accountability to affected populations
AEP	Accelerated Education Programme
AWD	Acute watery diarrhoea
C4D	Communication for development
CAAFAG	Children associated with armed forces and armed groups
CCHF	Crimean-Congo haemorrhagic fever
CDC	U.S Centers for Disease Control and Prevention
CRRF	Comprehensive Refugee Response Framework
DRC	Democratic Republic of the Congo
ECHO	Humanitarian Aid department of the European Commission
EiE	Education in Emergencies
EPP	Emergency Preparedness Platform
ERT	Emergency Response Team
ESAR	Eastern and Southern Africa region
ESARO	UNICEF Eastern and Southern Africa Regional Office
EVD	Ebola Virus Disease
FEWSNET	Famine Early Warning System Network
FSNWG	Food Security and Nutrition Working Group
GAM	Global acute malnutrition
GBV	Gender-based violence
HAC	Humanitarian Action for Children
HoA	Horn of Africa
HPM	Humanitarian performance monitoring
IDP	Internally displaced person
IFRC	The International Federation of Red Cross and Red Crescent Societies
IMAM	Integrated management of acute malnutrition
INEE	Inter-Agency Network for Education in Emergencies
IOM	International Organization for Migration
IPC	Integrated Phase Classification
IYCF	Infant and young child feeding
IYCF-E	Infant and young child feeding in emergencies
MoH	Ministry of Health
NiE	Nutrition in Emergencies
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
OCV	Oral Cholera Vaccine
O/SESG/GL	Office of the Special Envoy of the Secretary-General for the Great Lakes
PSEA	Protection from Sexual Exploitation and Abuse
PoC	Protection of Civilians
RIASCO	Regional Inter-Agency Standing Committee
RRRP	Regional Refugee Response Plan
RRT	Rapid Response Team
RVF	Rift Valley fever
SADC	Southern African Development Community
SAM	Severe acute malnutrition
SSA	Special service agreement
TCV	Typhoid Conjugate Vaccine
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
UNHCR	Office of the United Nations High Commissioner for Refugees
WASH	Water, sanitation, and hygiene
WFP	World Food Programme
WHO	World Health Organization

Executive summary

In 2018, the Eastern and Southern Africa region (ESAR) experienced recurrent disasters that continued to undermine the hard-fought development gains of recent years and resulted in major social and economic setbacks.

As of 31 December 2018, the UNICEF Eastern and Southern Africa Regional Office (ESARO) had received US$ 4.4 million against its US$ 20.8 million appeal (21 per cent funded). Humanitarian funds channelled through ESARO were strategically allocated to facilitate response to children's most pressing needs across the region. Funds also enabled countries to enhance their preparedness and response to emergencies, particularly those that required a multi-country, integrated and immediate response and those that required new humanitarian programming in 2018 but did not have dedicated appeals. In 2018, the focus was on supporting multi-country actions for displaced children and women and those who had crossed borders as refugees or migrants. This approach was largely through the provision of technical assistance to governments and other service providers on child protection case management, family tracing and reunification, and alternative care for unaccompanied and separated children, as well as basic services for health, water, sanitation and hygiene (WASH), nutrition and education. This also included facilitating the generation and dissemination of child-focused knowledge products, tools and guidance for effective programme monitoring and advocacy. The second approach focused on supporting drought-affected countries through the delivery of life-saving interventions for children in partnership with national and international actors, focusing on a multi-sectoral and integrated approach in key sectors, including WASH, nutrition, education and health, and support for sector coordination. The third approach centered on supporting the response to cholera in the region by providing clean water supply, household sanitation and hygiene and WASH in schools and health facilities, and contributions to strengthening national systems. The fourth approach provided regional technical assistance, quality assurance and oversight to support countries to achieve humanitarian results in health, nutrition, child protection, education, HIV/AIDS, social protection, WASH and Communication for Development (C4D). Through the Regional Office, UNICEF also facilitated country collaboration across borders to ensure that assistance was provided to populations in vulnerable border regions and harmonized among country offices. In addition, the Regional Office supported capacity building for effective preparedness, response and recovery for humanitarian situations through the ongoing regional roll-out of the Emergency Preparedness Platform (EPP) and emergency preparedness and response training, including training on humanitarian performance monitoring and sector-specific humanitarian action.

Specifically, UNICEF provided multi-sectoral technical assistance to all medium- and high-risk countries in the region, including to support: capacity development and system strengthening for responses to health emergencies (i.e., cholera, acute watery diarrhoea and Ebola) in Angola, Burundi, Rwanda, South Sudan, Uganda, Zambia and Zimbabwe; ongoing drought and flood responses in the Horn of Africa (HoA); preparedness and early action for El Niño-related drought episodes predicted for late 2018/early 2019 in southern Africa; protection of children on the move in South Sudan, the African Great Lakes, the HoA and southern Africa; and protection of children in conflict settings in the Great Lakes and the HoA. UNICEF and partners provided 8 million people with access to clean water, reached nearly 2.3 million women and children under 5 years with life-saving health interventions and provided 700,000 children suffering from severe acute malnutrition (SAM) with therapeutic treatment. In addition, 1 million children were able to remain in or return to school and 600,000 children received comprehensive child protection services. UNICEF supported more than 26,000 households through the provision of emergency unconditional cash assistance. Strengthened partnership with the Office of the United Nations High Commissioner for Refugees (UNHCR) resulted in significant progress in the refugee response, especially through implementation of the multi-sectoral 2018 Regional Framework for Collaboration.

To reinforce humanitarian programming and facilitate learning, UNICEF supported capacity building to implement the Comprehensive Refugee Response Framework (CRRF), provide humanitarian cash transfers and improve accountability to affected populations. The development of regional humanitarian performance dashboards for five key sectors facilitated analysis of humanitarian performance in 10 countries, which helped improve accountability and determine course corrections. Emergency preparedness capacities were strengthened through the roll-out of UNICEF's online EPP in all 21 countries in the region.

Throughout the year, the Regional Office identified key learnings which included the recognition that UNICEF has a key role to play in leveraging larger donor funding for children and adolescents; that UNICEF can play a key role in realizing the CRRF vision given its mandate across the humanitarian and development spectrum, its relationship with line ministries, and its work toward strengthening district capacities and; that increased coordination, convergence and integration across sectors in the provision of technical support can help deliver results for children more effectively. One of the major constraints identified relates to uneven technical capacity at country office level, more specifically in social policy, gender and C4D including among counterparts and implementing partners, resulting in the need for intensive technical support from the Regional Office. Staff turnover and key vacant positions in these areas continue to pose challenges for programme continuity. In addition, while ESARO has invested in developing its own rosters for humanitarian needs, sourcing available and suitable candidates for short-term surge deployments and temporary assignments in the region has been a challenge, due to the high number of protracted emergencies globally.

In 2019, the Regional Office will continue to prioritize responses to children's most pressing needs, across the region through supporting countries to enhance their humanitarian preparedness capacities especially through: strengthening preparedness actions identified in the EPP; supporting multi-country actions for children and women who are displaced and have crossed borders as refugees or migrants providing support to drought- and flood-affected countries and; enhancing preparedness and response to health emergencies including Ebola Virus Disease (EVD). The Regional Office will also facilitate country collaboration across borders to ensure that assistance is provided to populations in vulnerable border regions and harmonized across country offices. Resilient development will be promoted through the integration of risk analysis to inform country programming and the support to the Regional Inter-Agency Standing Committee (RIASCO) to develop the Southern African Development Community (SADC) Resilience Framework. Regional support will be provided through technical assistance, quality assurance and oversight in nutrition, health, WASH, child protection, education, HIV and AIDS, social protection and C4D as well as complementing operational sectors.

Flexible thematic emergency funding has helped support life-saving interventions for children across the region by rapidly addressing immediate needs and building on progress made through development and humanitarian actions.

1. Humanitarian context

In 2018, ESAR experienced recurrent disasters that continued to undermine the hard-fought development gains of recent years and resulted in major social and economic setbacks. By December 2018, more than 30 million people[1], including 17 million children (45 per cent) remained in need of humanitarian assistance due to climate-related shocks, health emergencies and displacement. At least 6.8 million remained out of school and 22 million people were in need of water[2]. During 2018 droughts, floods and cyclones left more than 27 million[3] people food

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Storm Eliakim is expected to hit Ankoalabe Antalaha (North-East of Madagascar). With a group of friends, Richard brought sand bags from the beach to protect the roof of his home.

insecure. The El Niño-related drought that began to develop in southern Africa affected more than 8.2 million people in the six most affected countries, namely Eswatini, Lesotho, Madagascar, Malawi, Mozambique and Zimbabwe[4]. Populations in Comoros and Mozambique remained at risk due to seasonal cyclones while two tropical storms hit Madagascar displacing 70,000 people and preventing more than 50,000 children from attending school[5].

Figure 1 – ESAR 2018 Regional Humanitarian Outlook
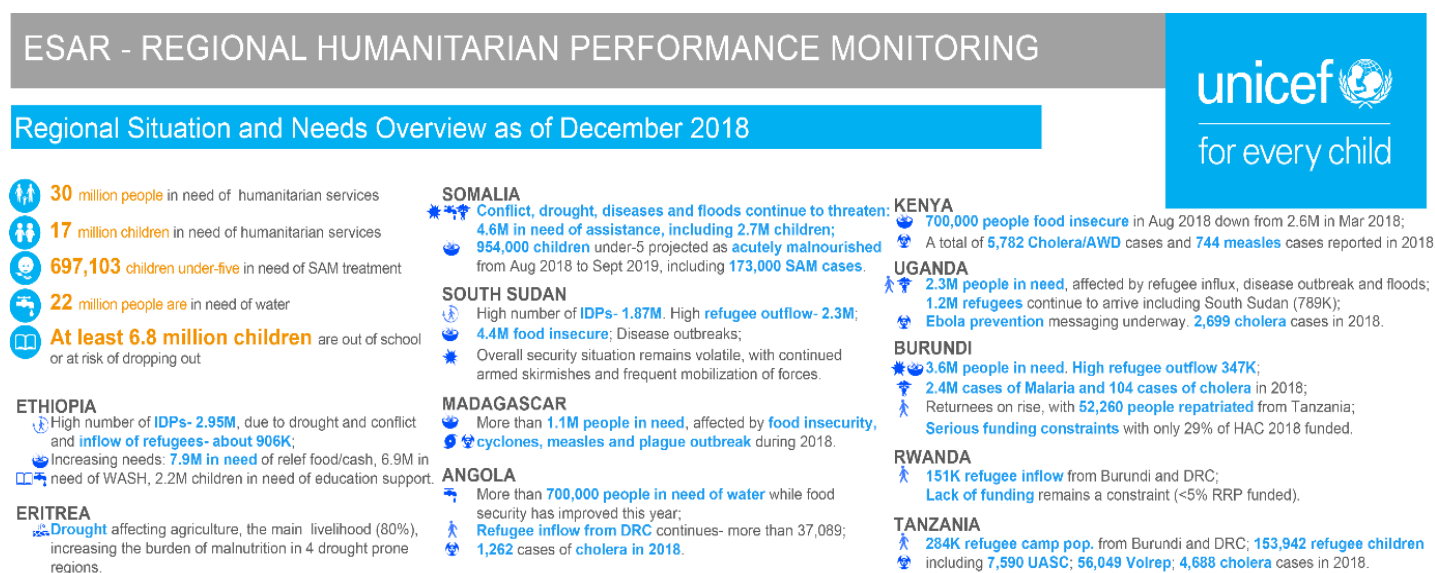
Source: UNICEF ESAR Humanitarian Performance Monitoring Report – Annual Report 2018

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[1]   Figure calculated based on the number of people in need, as highlighted in humanitarian needs overview, humanitarian disaster resilience plan and other needs documents, including Famine Early Warning System Network (FEWSNET) Integrated Food   Security Phase Classification (IPC) reports.

[2]   UNICEF ESAR Humanitarian Performance Monitoring Report – Annual Report 2018

[3]   UNICEF ESAR Humanitarian Performance Monitoring Report – Annual Report 2018. This figure is based on the number of people categorized as IPC 3 (Crisis) and 4 (Emergency), according to FEWSNET 2019 projections.

[4]   Food Security and Nutrition Working Group, August 2018

[5]   UNICEF Madagascar January to December 2018 End of Year SitRep.

Of note in 2018 was the growing public health risk[6] in the region, with 10 out of the 21 countries reporting some 35,000 cases of cholera and acute watery diarrhoea (AWD) and 420 deaths, representing a 1.2 per cent case fatality rate[7] since the beginning of 2018. From 2011 to 2017, 96 per cent of the cholera burden in Africa was borne by seven countries in ESAR, and in 2018, the same countries experienced outbreaks though at a lower scale. However, Zimbabwe reported over 30 times its average annual caseload since 2010, Tanzania continued to report cases, while Kenya, Uganda and Zambia reported higher than average annual caseloads, with Kenya and Tanzania recording year-round transmission. Cross-border transmission of cholera was noted in the border areas of Kenya-Uganda, the Democratic Republic of the Congo (DRC)-Uganda and DRC-Burundi, underscoring the importance of a coordinated cross-border approach to disease prevention and control. Zimbabwe continued to experience large outbreaks of typhoid fever in Gweru city, Midlands province (> 1,600 cases, 8 deaths) and Harare city (>1,700, 2 deaths). Three new cases of guinea worm disease were reported in South Sudan after a 15-month period with no cases, while Angola reported its first case. Outbreaks of Rift Valley fever (RVF) were reported in Kenya (95 human cases, 11 deaths), Uganda (39 human cases, 9 deaths) and South Sudan (10 human cases, 4 deaths) following heavy rains, also causing financial loss due to livestock deaths. Crimean-Congo haemorrhagic fever (CCHF) made a comeback in Uganda after four years, spreading through the cattle corridor, and affecting 23 people in 10 districts. Ethiopia and South Sudan both reported yellow fever outbreaks, with 37 and 2 confirmed cases respectively; both countries were meant to have introduced yellow fever into the national immunization schedule under the Elimination of Yellow Fever global plan as they are at very high-risk of outbreaks. Outbreaks of pertussis (whopping cough) were reported in Ethiopia (1,577 cases, 6 deaths in 1 district) and Kenya (6 cases, 1 death in 3 counties), a proxy indicator of declining routine vaccination coverage. A global resurgence of measles was noted in late 2018; Madagascar reported an outbreak after a 10-year break, Uganda recorded outbreaks in over 70 districts, and Kenya in six counties. Annual measles outbreaks continue to be reported in Ethiopia and South Sudan, where various health system and operational challenges continue to be a barrier to reaching every child with immunization services. As compared to 2017, Somalia reported drastically reduced caseloads of measles and cholera, attributed to large scale vaccination campaigns conducted in 2017 and declining malnutrition rates, although pockets of cases continued to be reported, mainly in the central and southern regions where access to health and other services, including vaccination, continue to be challenged. The EVD outbreak in North Kivu and Ituri provinces of DRC continued to threaten neighbouring countries[8].

Ethnic conflict in Ethiopia saw 2.3 million new displacements in Amhara, Beneshangul Gumuz, Oromia, Somali and Southern Nations and Nationalities and Peoples' regions, with people living in overcrowded camps with very limited basic services. In May 2018, Somaliland and Puntland were devastated by tropical cyclone Sagar that caused floods, destroyed infrastructure including health facilities, crops, and swept away livestock and fishing boats resulting in huge financial losses and displacement. The situation in South Sudan remained catastrophic, with more than 2.3 million people seeking refuge in neighbouring countries, including 1.4 million children on the move[9]. Humanitarian needs for children and their families continued to grow due to the political instability in Burundi and DRC, resulting in many people having to flee into neighbouring countries.

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[6]   Unless otherwise stated, all health-related figures are published in the 2018 ESARO health digest and the 2018 World Health Organization Regional Office for Africa (WHO-AFRO) outbreaks and emergencies report.
[7]   WHO-AFRO 'Weekly Bulletin on Outbreaks and Other Emergencies Week 45: 03 - 09 November 2018'
[8]   These countries include Angola, Burundi, Rwanda, South Sudan, Uganda and Zambia
[9]   Office for the Coordination of Humanitarian Affairs, 'South Sudan: 2018 Humanitarian Needs Overview', OCHA, 2017, accessed 11 December 2018.

The region can be broadly divided into four, according to the type of humanitarian situation faced:

- **South Sudan** - ongoing conflict has caused a catastrophic situation for over 1.1 million children who are malnourished and 7 million people in need of humanitarian assistance and protection.[10]
- **Horn of Africa** sub region - particularly Kenya, Ethiopia and Somalia, where a combination of conflict, drought and disease outbreaks has left 15.6 million people (8.6 million children)[11] in need of humanitarian services.
- **Great Lakes** region - affected by political instability in Burundi and DRC, which has resulted in over 2.1 million people seeking refuge, of which 1.2 million are children[12].
- **Southern Africa** - affected by drought, floods, cholera/AWD, and other disease outbreaks.

1.1 South Sudan situation

Figure 2: South Sudan situation
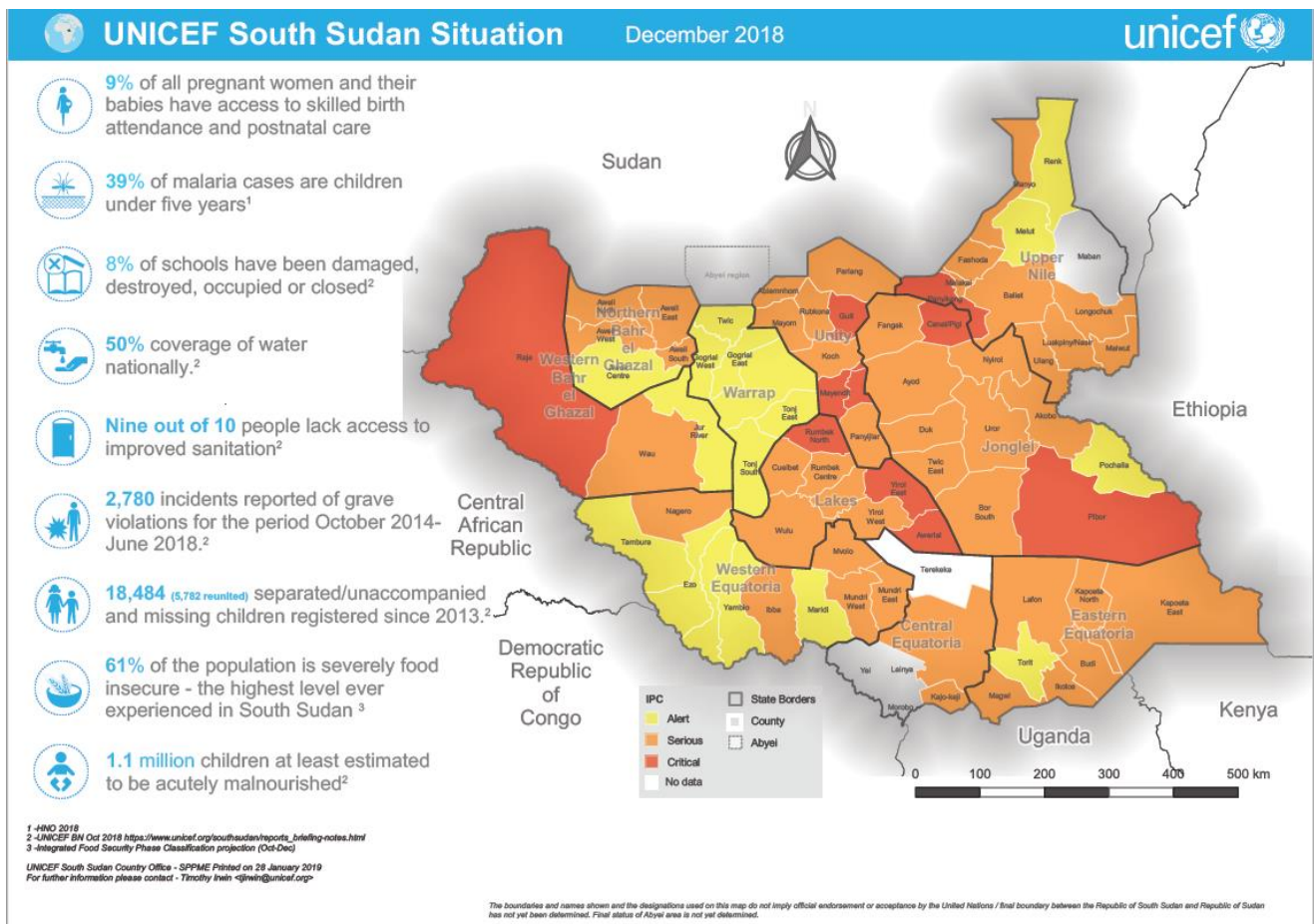
Since the signing of the peace agreement between the Government and the opposition groups on 5 August 2018, incidents of armed conflict reduced significantly. However, conflict and associated economic decline have eroded the Government's ability to provide consistent basic services to its people.

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[10] UNICEF ESAR Humanitarian Performance Monitoring Report – Annual Report 2018
[11] UNICEF ESAR Humanitarian Performance Monitoring Report – Annual Report 2018
[12] UNICEF ESAR Humanitarian Performance Monitoring Report – Annual Report 2018

Currently, one primary health centre serves an average of 50,000 people. Only 40 per cent of nutrition treatment centres have access to safe water, a gap that puts more vulnerable people, particularly women, boys and girls, at risk of malnutrition and disease. Only about 9 per cent of all pregnant women and their babies have access to skilled birth attendants and postnatal care and the maternal mortality ratio is estimated at 789 per 100,000 live births. Every third school has been damaged, destroyed, occupied or closed since 2013, and more than 70 per cent of children who should be attending classes are not receiving an education[13]. The cumulative effects of years of conflict, violence and destroyed livelihoods have left more than 7 million people[14], approximately two thirds of the population, in dire need of humanitarian assistance and protection in 2019, the same proportion as in 2018.

More than 2.3 million people have sought refuge in neighbouring countries, including 1.4 million children on the move. Uganda received over 789,000 refugees from South Sudan, Ethiopia over 422,000, Kenya 115,000, Sudan 852,000 and DRC 96,000 respectively[15].

While the situation is no longer escalating rapidly, the country remains in the grip of a serious humanitarian crisis. Overall, the revitalized peace process promises to offer new opportunities in 2019 for South Sudan's women, men and children.

1.2 The Horn of Africa situation

Figure 3: Horn of Africa situation

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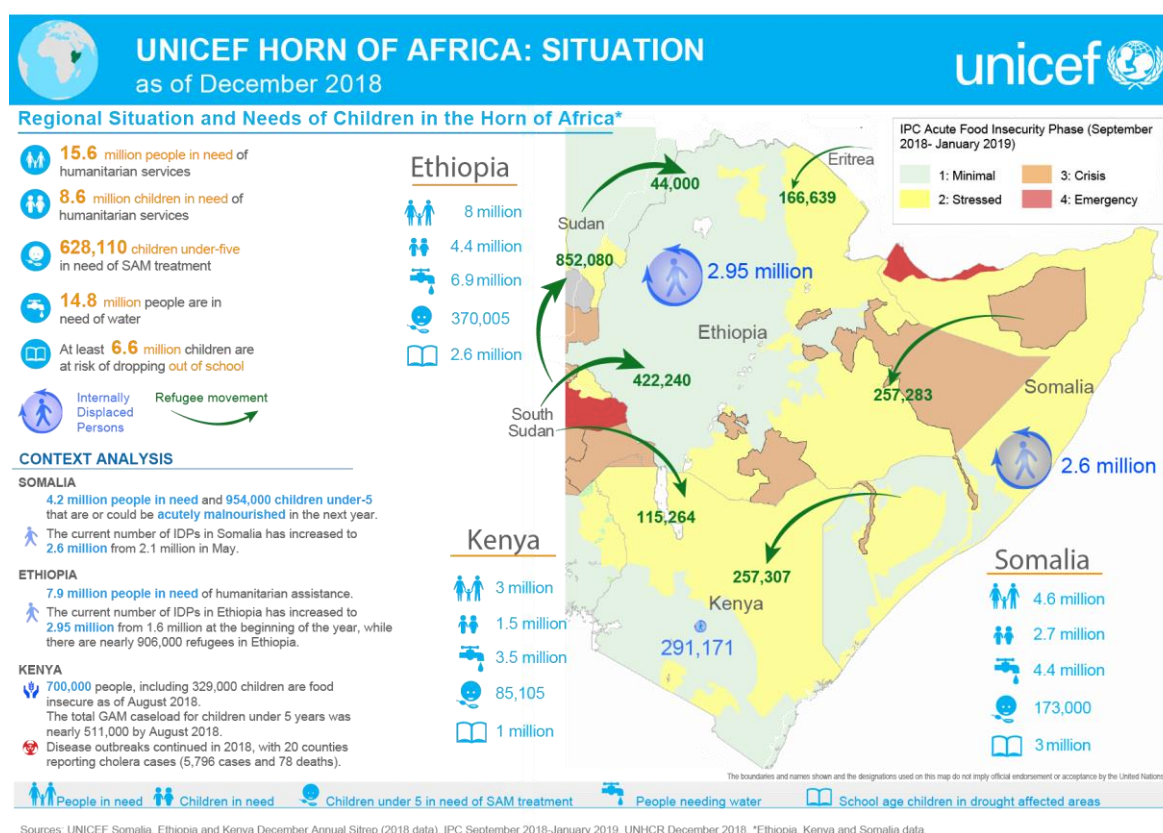
[13] South Sudan 2019 Humanitarian Needs Overview (published December 2018)
[14] UNICEF South Sudan Situation Report – December 2018
[15] UNICEF ESAR Humanitarian Performance Monitoring Report – Annual Report 2018

Somalia

Despite improvements in the first half of 2018, major humanitarian needs persisted in Somalia, particularly among internally displaced persons (IDPs), due to residual impacts of drought, ongoing displacement, conflict and marginalization. Following the *Gu* rains and sustained humanitarian interventions, 4.6 million people are still in need of humanitarian assistance throughout the country, including 2.7 million children[16]. Malnutrition rates remain among the worst in the world. By December 2018, as detailed in the UNICEF Somalia humanitarian situation report, over 1.5 million people still required emergency nutrition support and treatment, with 954,000 children under-5 years projected to be acutely malnourished of which 173,600 are expected to be suffering from SAM. More than 3 million school age children, out of 4.9 million in the country, remain out of school, and child protection concerns were also on the rise with 5,279 children reported to be victims of grave violations. Disease outbreaks such as AWD/cholera and measles continue to represent a major threat to children with 9,034 suspected measles cases (73 per cent being children under-5) and 6,761 suspected cases of AWD/cholera including 46 deaths reported in 2018. There are also an estimated 2.6 million people displaced in-country, with women and children representing the majority. The growing trend of forced evictions continues, with close to 235,000 IDPs evicted between January and October 2018. On average, over 11,000 IDPs are evicted every month, and many were subjected to multiple evictions. Exclusion and discrimination of socially marginalized groups continue to exacerbate elevated levels of acute humanitarian needs.

Ethiopia

While 2018 was marked by unprecedented political and economic reforms, the ongoing transformation resulted in increased unrest and conflict across the country creating a complex humanitarian situation. Ethnic conflict during the year led to large scale internal displacements, which increased the number of people displaced to 2.95 million by December 2018 from 1.7 million in February 2018.[17] Additional displacements are expected throughout 2019 as the country draws closer to national elections in 2020.

In addition to internal displacement, cross-border displacement also occurred. Ethiopians displaced by the conflict in the Oromia region crossed into Kenya, with peak crossings recorded in March and November. The total number of registered refugees and asylum seekers in Ethiopia in 2018 reached 919,938. The refugees are largely from South Sudan (422,240), Eritrea (173,879) and Somalia (257,283)[18]. There was a large influx of new Eritrean refugees into Ethiopia following the re-opening of two border crossing points in September 2018, with a total of 14,107 reported by UNHCR as of 20 October 2018. Additional new arrivals were registered during the year, with 17,554 people coming from South Sudan and an additional 759 arriving from Somalia.

Apart from conflict, Ethiopia remained vulnerable to the effects of climate change and continued to experience droughts and floods. Repeated disease outbreaks, such as AWD, measles and scabies experienced in 2018, compounded by conflict- and climate-induced displacement, highlighted structural weaknesses in the health and sanitation systems. Despite improvements in rains and harvests in the first half of 2018, 7.95 million people required food assistance and 312,586 children were treated for SAM by November 2018[19].

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[16]   UNICEF ESAR Humanitarian Performance Monitoring Report – Annual Report 2018
[17]   UNICEF ESAR Humanitarian Performance Monitoring Report – Annual Report 2018
[18]   UNICEF ESAR Humanitarian Performance Monitoring Report – Annual Report 2018
[19]   UNICEF Ethiopia Situation Report – December 2018

Kenya

As per the UNICEF Kenya December 2018 humanitarian situation report, 2.55 million people were food insecure in March 2018, down from 3.4 million in August 2017, as Kenya continued to face the effects of the severe drought from the previous year and high staple food prices. However, by August 2018 the population requiring food assistance had reduced significantly to 700,000, due to substantial crop production, low market prices and available supplies in the local markets following record-high 'long' rains from March to May. At the beginning of 2018, acute malnutrition remained at critical levels and as the year progressed the situation improved due to increased food security with the children in need of SAM treatment reducing to 85,105 by August 2018, down from 104,614 children in January 2018.

The above-average long rains also resulted in massive flooding in 40 out of 47 counties, with 800,000 people affected, including 311,000 displaced (approximately 47 per cent children), 186 killed and nearly 100 injured by mid-May 2018.[20] The flooding also compounded ongoing disease outbreaks, with 5,470 cholera cases (78 deaths and a case fatality rate of 1.4 per cent) reported across 19 counties. Additionally, since the beginning of the year, six counties reported measles outbreaks with 744 cases, 66 confirmed and 1 death reported by end of the year.[21]

In the first half of the year, drought-related interethnic conflicts and insecurity in Garissa, Mandera, Turkana, Samburu, Baringo, West Pokot, Wajir, Tana River intermittently affected access to learning and constrained emergency education assessments and interventions. A sudden influx of asylum seekers from Ethiopia to Moyale in Marsabit county due to intercommunal conflict was reported in March 2018, with a total of 10,557 people (over 80 per cent women and children) registered at the peak of the crisis. According to the UNHCR November 2018 update, Kenya hosts 470,088 refugees and asylum seekers (56 per cent children). Almost 55 per cent of refugees and asylum seekers in Kenya originate from Somalia. Other major nationalities are South Sudanese (24.4 per cent), Congolese (8.7 per cent) and Ethiopians (5.9 per cent). Since the beginning of the year, 5,116 refugee children (3,170 boys and 1,946 girls) have arrived in Kakuma and Kalobeyei refugee camps[22].
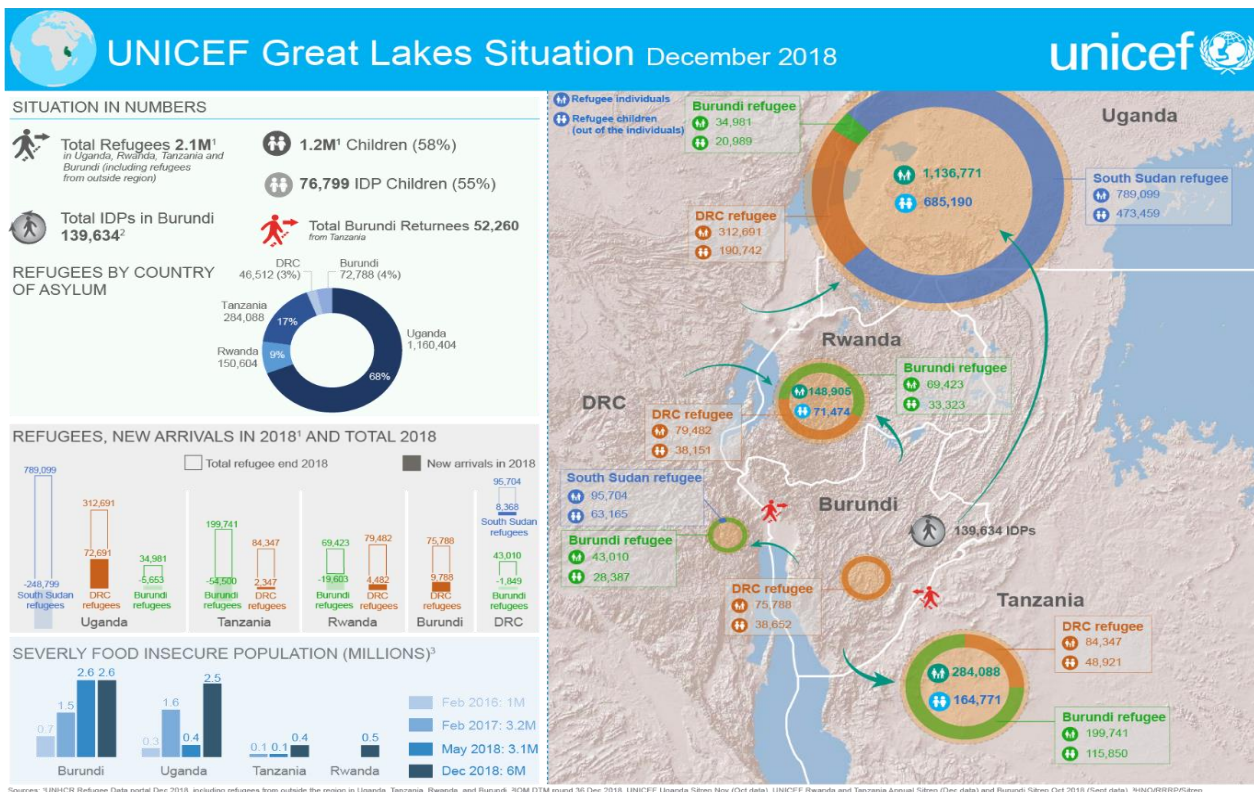
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[20]   UNICEF Kenya Situation Report – December 2018
[21]   Ministry of Health (MoH) Disease Outbreak Sitrep, 24 December 2018
[22]   MoH Disease Outbreak Sitrep, 20th November 2018

1.3 The Great Lakes situation

Figure 4: Great Lakes situation

Burundi

The socio-political situation remains precarious and continues to fuel the movement of populations, while increasing humanitarian needs. According to the UNICEF Burundi humanitarian situation report, 348,277 refugees, half of whom are children, have found refuge in neighbouring countries, mainly in Tanzania, Rwanda, DRC and Uganda. The number of IDPs registered in 18 provinces continues to decrease and by December 2018 there were 139,634 people, of which 60 per cent were children. This reduction is partly attributed to the reduction in flooding incidents and the increase in resettlements.

An increasing number of Burundian refugees have chosen to return home. While voluntary repatriation is an important solution for those refugees ready to exercise this fundamental right, Burundian refugee returns are taking place in a context of socio–economic fragility, requiring a much greater investment in their sustainability, Since September 2017, more than 55,000 refugees[23] have been assisted to return to Burundi, the vast majority from Tanzania. In a challenging political, social and economic context, there remains the need to create an environment conducive to the full enjoyment of rights for returnees while promoting social cohesion and strengthening resilience in communities of return.

Rwanda

Rwanda hosts nearly 149,000 refugees from neigbouring countries. The Government signed on to be a CRRF country on 14 February 2018, announcing that it would officially apply the CRRF, which provides for a more comprehensive, predictable and sustainable response that benefits both refugees and the host community.

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[23]   UNHCR - Burundi Regional Refugee Response Plan - January 2019 – December 2020

DRC

Conflict and internal violence have intensified and spread in multiple locations, driving a severe deterioration in the humanitarian situation and causing massive displacement, both within the country and to neighbouring countries in the region. There has been an increase in the number of refugees fleeing DRC, with close to 600,000 Congolese refugees in the region. Some 75,000 refugees have fled to Burundi, 84,000 to Tanzania, 2,000 to Zambia; the most rapid influx is to Uganda with close to 288,000 new refugees that have arrived since the beginning of the crisis.

Tanzania

Tanzania continues to host the largest number of Burundian refugees with nearly 200,000 as of October 2018[24] living in the eastern part of the country. The Government continued to limit access to its territory for asylum seekers and all 19 border entry and reception points for both Burundian and Congolese asylum seekers were closed by July 2018. Many refugees lack access to basic services due to a lack of identity documents and many refugee children born in Tanzania have not been issued with birth certificates.

Uganda

Uganda is home to over 1.1 million refugees[25]. Children in refugee settlements continue to be at risk of abuse, neglect, violence and exploitation. Increasing numbers have placed pressure on early childhood development centres, primary and secondary schools, many of which already face challenges of poor infrastructure and insufficient teachers. In Yumbe district, the school-aged population has more than doubled since early 2016. As a result, many children, adolescents and youth in refugee settlements and host communities are not able to obtain an education, either because they have missed the opportunity for schooling due to the protracted crisis and are too old to join the formal schools, or do not have the necessary examination certificates. High levels of food insecurity among refugees was reported in 2018 while across all settlements, women and children suffered from anaemia, which was above the WHO emergency threshold of 40 per cent. With an increasing refugee population and anticipated refugee influxes through to 2020, the capacity and resources of primary healthcare institutions are risk of being overstretched. In particular, refugees living in urban areas and outside the settlements access government health facilities that have not planned for additional patient caseload, leading to increased workload on health workers, frequent shortage of medicines and out-of-pocket medication expenditures by both refugee and host communities during stock-out periods[26].
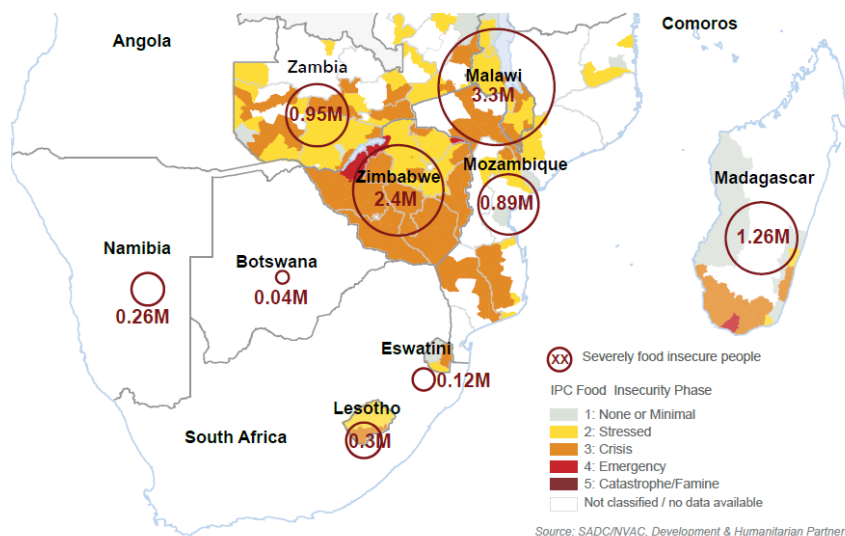
24   UNHCR - Burundi Regional Refugee Response Plan - January 2019 – December 2020
25   UNICEF Uganda Situation Report – December 2018
26   MoH Health sector integrated refugee response plan (HSIRRP), 2018.

1.4 Southern Africa situation

Figure 5 - Southern Africa Food Insecure Populations – October 2018

Source – Food Security and Nutrition Working Group (*FSNWG*) *- August 2018*

In August 2018, the World Meteorological Organization announced a 70 to 75 per cent chance of an El Niño developing by the fourth quarter of 2018 through early 2019. This was similar to the situation in 2014/2015, when "El Niño-like" impacts were felt, though significantly lower than the impact in 2015/2016. The countries most at risk due to negative impacts on staple food prices, increased food insecurity, limited availability of pasture and poor livestock condition included Eswatini, Lesotho, Madagascar, Malawi, Mozambique and Zimbabwe resulting in 8.27 million people in need of assistance[27] of which 1 million projected to be in IPC 4 (Emergency) before March 2019. Of concern was the fact that the main growing season overlapped with that of the El Niño in the key periods of October to December (planting and early crop development) and January to March (when maize is most sensitive to water deficits). Acute malnutrition continued to be of concern in 2018 with pockets of high global acute malnutrition (GAM) i.e. above 10 per cent, persisting in specific areas, such as districts in southern Madagascar.

Throughout 2018, southern Africa continued to experience health-related emergencies, with cases of typhoid recorded in Zimbabwe. In Madagascar the plague outbreak was not as severe as in 2017 while cases of Hepatitis E were recorded in Angola and Namibia, and Guinea Worm in Angola. A measles outbreak was reported in Zambia and listeriosis in South Africa. Due to the threat of Ebola, Angola and Zambia remained at risk.

Cholera cases were reported in Angola, Malawi, Mozambique, Zambia and Zimbabwe. In Angola, by the last quarter of 2018, the outbreak was on the decline. Since the onset of the latest wave of cholera outbreak in September 2018, a total of 312 cases including 3 deaths (case fatality rate of 1 per cent) were reported by December 2018[28]. In Zimbabwe, as of November 2018, 10,202 cases with 55 deaths (9,933 suspected and 269 confirmed cases)[29] had been reported, representing a case fatality rate of 0.54 per cent. An estimated 21 per cent of the reported cases were children under 5 years of age.

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[27]   Southern Africa FSNWG -   August 2018
[28]   UNICEF Bulletin: Cholera and AWD Outbreaks in Eastern and Southern Africa, Regional Update for 2018 - as of 31 December 2018
[29]   UNICEF Zimbabwe Cholera SitRep No_4

Outflows of vulnerable people seeking refuge in Angola and Zambia due to the ongoing crisis in the DRC reduced in 2018 due to restricting access. In 2019, as forecasted in the Regional Refugee Response Plan (RRRP), the number of refugees in Angola may rise from the 36,452 currently registered in Lunda Norte to around 59,000, further straining access to basic services for both refugees and host community populations, and increasing the risk of disease outbreaks.

During 2018, ongoing political activity in Comoros, Madagascar and Zimbabwe created tension, resulting in sporadic pockets of violence and the temporary displacement of vulnerable people.

2. Humanitarian results

© UNICEF South Sudan/2018/ Njiokiktjien

In 2018, UNICEF provided multi-sectoral technical assistance to all medium- and high-risk countries in the region to support: capacity development and system strengthening for responses to health emergencies in Angola, Burundi, Rwanda, South Sudan, Uganda, Zambia and Zimbabwe; ongoing drought and flood responses in the HoA; preparedness and early action for El Niño-related drought episodes predicted for late 2018/early 2019 in southern Africa; protection of children on the move in South Sudan, Great Lakes, HoA and

Women and children carry water home from a UNICEF-supported water point in Malakal, South Sudan.

southern Africa; and protection of children in conflict settings in the Great Lakes and the HoA.

UNICEF and partners provided 8 million people with access to clean water, reached nearly 2.3 million women and children under-5 with life-saving health interventions and provided 700,000 children with SAM with therapeutic treatment. In addition, 1 million children were able to remain in or return to school and 600,000 children received comprehensive child protection services. UNICEF supported more than 26,000 households through the provision of emergency unconditional cash assistance. Strengthened partnership with UNHCR resulted in significant progress in the refugee response, especially through the implementation of the multi-sectoral 2018 Regional Framework for Collaboration. UNICEF supported capacity building to implement the CRRF, provide humanitarian cash transfers and improve accountability to affected populations. The development of regional humanitarian performance dashboards for five key sectors facilitated analysis of performance in 10 countries, which helped improve accountability and determine course corrections. Emergency preparedness capacities were significantly strengthened through the roll-out of UNICEF's online EPP in all 21 countries in the region.

More specifically, emergency preparedness capacity in the region was strengthened primarily through the successful roll-out of the EPP which, now online in all country offices in ESAR, has supported country offices, as well as the Regional Office, to plan more effectively for preparedness activities and better monitor preparedness levels. The Regional Office played a key role in the roll-out, in addition to supporting country offices to put in place minimum preparedness actions, drawing on the guidance developed on ESAR's approach to resilient development including experiences and learning in 2017/2018. New risk analyses exercises are ongoing in six countries, while in 2018 two Programme Criticality Assessment exercises were supported in Ethiopia. Moving forward, the focus will be on preparedness for predictable risks, operationalized through development of benchmarks for country types and expected accountabilities, directly informing Regional Office technical assistance support.

The Regional Office supported the HoA Level 2 response in Ethiopia, Kenya and Somalia, until its deactivation in August 2018. Support provided to Ethiopia included development and operationalization of the IDP response plan, development of a humanitarian monitoring framework, review of the South Sudan refugee response in Gambella and development of the Gedeo/West Guji IDP multi-sectoral response plan. Effective support was provided to the Level 3 South Sudan response, including its phase-out and Level 2activation in July 2018. This included development of field-based contingency plans, scale-up plans and minimum package of interventions for famine prevention, and 2018 and 2019 Dry Supply Plans. The health team provided leadership to in-country and sub-regional EVD preparedness actions including contingency plans and funding proposals. Ebola preparedness support was provided to Burundi, Rwanda, Uganda and South Sudan[30] to strengthen the quality of health emergency responses following an outbreak in DRC in August 2018. In response to a cholera outbreak in Zimbabwe, technical surge support was provided to enhance WASH, Health and C4D actions. UNICEF adopted innovative communication technologies which included the use of real-time communication tools for the cholera response in Zimbabwe, real-time human mobility risk mapping using Big Data to understand and predict disease spread patterns for Ebola[31] and disease threshold surveillance in Uganda. Technical support to refugee receiving countries through, *inter alia*, finalization of RRRP country chapters and funding requirements and support to voluntary repatriation and reintegration processes was enhanced. Early action was supported in southern Africa to address the looming drought situation posed by El Niño. As a result of adverse climatic conditions resulting in multiple nutrition crises in the region, the Regional Office provided technical assistance to Angola, Burundi, Eritrea, Ethiopia, Kenya, Madagascar, Malawi, Mozambique, Somalia, South Sudan, Uganda and Zimbabwe to strengthen nutrition preparedness, response and capacity with a focus on the prevention and management of SAM. Nutrition surveillance was supported in Somalia and South Sudan.

To ensure all children have protected and reliable access to sufficient, safe WASH facilities, technical support missions were undertaken to Angola, Madagascar, Malawi, Somalia, South Sudan, Tanzania, Uganda and Zambia to support drought, cholera and refugee response related activities. Three regional WASH in Emergencies trainings and one country-specific training were conducted for 92 UNICEF staff and partners. Technical support was also provided to integrated water service programmes in Angola, Ethiopia and South Sudan, covering both displaced and host communities.

The regional education team supported boys and girls living in humanitarian situations to access safe and secure educatrion by strengthening the capacity and programming of country offices to deliver uninterrupted learning. Remote and on-site missions were undertaken in Burundi, Ethiopia, Mozambique, Somalia, South Sudan and Uganda. Furthermore, the Education in Emergencies (EiE) e-learning course was successfully piloted with 11 country offices[32].

ESARO also supported United Nations country teams to strengthen the development of HIV strategies in humanitarian contexts. Targeted support and funding was provided to South Sudan for the development of the new United Nations Emergency Plan on HIV. Somalia was supported to develop strategic approaches to testing and early infant diagnosis in a concentrated, low-prevalence setting and support to Uganda focused on integrating HIV strategies into humanitarian contexts.

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[30]   These countries were identified as Priority 1 countries at high risk of cross border transmission of EVD.

[31]   This includes geospatial/meteorological (from satellite and drone imagery), mobility (from mobile network operators) and behavioural (from mobile money providers, retail outlets) data. This data can provide new insights, including descriptive, diagnostic, predictive and prescriptive analytics, which can be used for disaster risk reduction /response e.g. to identify hot spots for waterborne diseases or transmission routes of contagious diseases.

[32]   Angola, Ethiopia, Madagascar, Malawi, Kenya, South Africa, Somalia, South Sudan, Uganda, Zambia and Zimbabwe.

Addressing gender-based violence (GBV) in emergencies was significantly enhanced through the roll-out of the United Nations Protocol on Sexual Exploitation and Abuse involving Implementing Partners.

To ensure effective provision of supplies, ESARO supported Ethiopia with emergency supply planning and South Sudan on mobilization of stocks from neighbouring countries for the emergency response.

Technical support was provided for the mid-year revision of the Humanitarian Action for Children (HAC) for Angola, Ethiopia and Madagascar and the mid-year review of the Uganda component of the RRRP to ensure that humanitarian strategies were context-appropriate and aligned with inter-agency appeals. The Regional Office also supported the development of six HACs for 2019, in addition to the regional HAC. Improved humanitarian performance monitoring (HPM) enhanced the quality of UNICEF's response and the Regional Office quality assured 70 SitReps, including for the cholera response in Zimbabwe and the plague response in Madagascar. Forty infographic products were developed and published which included the cholera response in Zimbabwe and the plague response in Madagascar.

Multi-country coordination and provision of harmonized guidance and support around refugee programming was significantly enhanced over the course of 2018 through i) strengthened partnership with UNHCR in the implementation and monitoring of the Regional Framework for Collaboration resulting in a more predictable, focused and results-oriented collaborative arrangement; ii) cross-fertilization of initiatives and sharing of good practices across the region around the implementation of the CRRF; iii) focused support to ensure that the RRRPs for Burundi, DRC and the South Sudan situations are child-focused and harmonized, as well as to refugee programming strategic reviews; and iv) participation in several refugee-related forums and meetings, contributing to increased advocacy and engagement with donors and refugee partners alike.

Throughout the year, the Regional Office was actively engaged and provided strategic inputs into broader inter-agency coordination forums, including but not limited to, the Regional Humanitarian Partnerships Team, the Office of the Special Envoy of the Secretary-General for the Great Lakes (O/SESG/GL) Working Group on Displacement, RIASCO and more recently in close collaboration with United Nations Development Programme (UNDP) on discussions concerning the Comprehensive United Nations Prevention Strategy for the Horn of Africa. Participation and engagement in these forums has enabled UNICEF to leverage regional and global agendas and strategically position itself to influence actions to ensure the rights of children in crisis settings are upheld. Going forward into 2019, increased efforts will be placed on leveraging the O/SESG/GL to advance the UNICEF agenda with specific emphasis placed on children on the move. The Regional Office, in collaboration with regional partners such as the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), WHO and the World Food Programme (WFP), strengthened sub-regional coordination contributing to enhanced information sharing and advocacy as well as cross-border collaboration, particularly on Great Lakes, between Uganda and South Sudan and more recently in relation to country and sub-regional Ebola preparedness actions.

ESARO has contributed strategically to several regional and global humanitarian policy initiatives, notably the design of the online EPP, the Global Humanitarian Access Framework, the Global Compact on Refugees, Risk Informed Programming, accountability to affected populations (AAP) and to the ongoing revision of UNICEF's Core Commitments for Children in Humanitarian Action to reflect new agreements and positions within the humanitarian community, as well as changes to the UNICEF programme portfolio and the way it operates. Information and guidance around these initiatives were mainstreamed into internal coordination mechanisms and cross-border coordination forums to inform UNICEF and inter-agency preparedness, response, advocacy and evidence generation efforts.

Evidence generation to inform ongoing programming was achieved primarily through support to i) the South Sudan Famine Lessons Learned exercise; ii) the South Sudan L3 Evaluation; iii) the strategic review of the refugee response and evaluability assessment in Uganda; and iv) review of the engagement with CRRF in Ethiopia. Furthermore, a common understanding of mechanisms in humanitarian cash transfers in ESAR and country prioritization to strengthen the shock responsiveness of existing social protection systems was established.

In 2019, the main focus of humanitarian action will remain on response, preparedness, regional internal/inter-agency cooperation and policy initiatives. In addition, attention will be paid to HPM, humanitarian planning for HACs and strengthening humanitarian reporting.

The Regional Office has provided support and oversight to humanitarian programming through strengthening coordination, preparedness, response and risk informed programming, detailed below.

2.1 Education

During and immediately after emergencies, the right to education is most at risk, yet it is simultaneously most needed. Children and adolescents may be forced to drop out of school, putting them at increased risk of engaging in harmful labour and child marriage, being victims of sexual and GBV or trafficking, and of being recruited into armed militia. While communities are displaced, access to quality education is commonly restricted and in drought situations children and adolescents are often required by their families to forgo schooling to find water and food, or generate income. The longer learners stay out of school, the less likely it is they will ever return, thus prevention of disruption to education is critical.

A key challenge for ESARO is that existing education systems are inadequately equipped to prepare for and respond to emergencies, leading to disruption in children's education and contributing to higher numbers of out-of-school children. Even when the education system is resilient to emergencies, the emergency negatively affects children's well-being and consequentially creates a barrier to learning.

In 2018, ESARO provided multi-sectoral technical assistance in ongoing emergency preparedness and responses to drought-related (HoA and southern Africa), conflict displacement-related (Ethiopia, Somalia, South Sudan and Great Lakes countries) and health-related emergencies (cholera, typhoid, measles and EVD). This contributed to 1 million boys and girls living in situations of humanitarian crisis accessing safe and secure education through strengthening the capacity and programming of country offices to deliver uninterrupted learning.

ESARO supported the facilitation of the United Nations Educational, Scientific and Cultural Organization's (UNESCO) International Institute for Educational Planning (IIEP) Crisis Sensitive Planning Workshop (involving Ethiopia, Kenya, Somalia, South Sudan and Uganda) resulting in country action plans for inclusion of refugees and IDPs into national education planning processes.

ESARO continued to strengthen partnerships with UNHCR, Save the Children, global and national Education Clusters, UNESCO, the International Organization for Migration (IOM), Education Cannot Wait and the Inter-Agency Network for Education in Emergencies (INEE) coordination mechanisms. The Education Cannot Wait[33] global fund to transform the delivery of EiE was launched in 2017 but became fully operational in 2018. ESARO supported Somalia, South Sudan and Uganda to apply for funding and advice was provided to other countries on navigating opportunities for future fundraising.

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[33]   http://www.educationcannotwait.org

In 2018, ESARO liaised with New York Headquarters (NYHQ), country offices and National Committees to finalize a large, four-year partnership with the Government of the Netherlands, the International Finance Corporation (IFC), the International Labour Organization (ILO), UNHCR and the World Bank to enhance access to education and protection for children on the move. Funding for three countries in ESAR namely Kenya, Ethiopia and Uganda, was secured as part of the initiative.

In response to demands from country offices to build their capacity on EiE, ESARO finalized and piloted an EiE e-learning package including a technical content handbook, facilitator's handbook and other online tools. The content was informed by existing training materials on risk-informed education programming, conflict sensitive education, the INEE harmonized training package, UNICEF's frontline responders, and Inter-Agency Standing Committee Education Cluster materials. The EiE e-learning course was piloted with participation from 11 country offices. Participants from the Humanitarian Aid department of the European Commission (ECHO), West and Central Africa, academia and NYHQ were also involved.

ESARO strengthened capacity and programming to prepare for and respond to emergencies through provision of technical assistance for EiE planning and coordination during visits to Burundi, Ethiopia, Mozambique, Somalia, South Sudan and Uganda. Additional EiE support was provided remotely throughout the year, for example to prepare for cyclones in Madagascar, the refugee influx and cholera outbreak in Zambia, and Ebola preparedness in Angola, Kenya, Rwanda, South Sudan, Tanzania, Uganda and Zambia.

EPP quality and technical checks were undertaken for Angola, Botswana, Comoros, Eswatini, Ethiopia, Kenya, Madagascar, Malawi, Mozambique, Rwanda, South Africa, South Sudan, Tanzania, Uganda and Zimbabwe. Further, quality assurance was provided for humanitarian situation reports; the development of partnership agreements with UNHCR in Burundi and Uganda; the IDP response plan in Ethiopia; and strengthening of the advocacy work of the Education Cluster in Somalia.

Education Cluster support was provided to strengthen coordination mechanisms in Ethiopia and South Sudan; in Somalia this included support to initiate the Education Cluster Advocacy Working Group.

In 2019, additional focus will be on: secondary-age education for adolescents and skills for life, livelihoods and work; increasing efforts to strengthen education sector planning, for gender, inclusion, equity and risk responsiveness and; creating new spaces for social accountability and empowerment through use of education data.

2.2 Nutrition

ESARO continued to support country level structures and systems though the country office teams, to enhance the quality and efficiency of the nutrition response in emergencies. Implementation in emergency is guided by the UNICEF core commitments for nutrition which include enhanced nutrition coordination, timely nutrition information systems, quality management of acute malnutrition, promotion of infant and young child nutrition, micronutrient supplementation in emergencies and enhanced communication and accountability to the affected beneficiaries. Implementation at country level is aligned to country level nutrition preparedness and response plans and national policies. In 2018, the engagement strategies by the regional teams were advocacy, strategic partnership, capacity development, and direct technical support to the country offices on emergency preparedness, response and monitoring of the core actions.

In 2018, UNICEF exceeded its target of 1,004,326 by providing care to 1,006,695 SAM children[34], 14 nutritionally vulnerable countries updated their nutrition preparedness and response plans, including a specific focus on infant and young child feeding in emergencies (IYCF-E) in the three most affected countries and 10 countries reported to have met all three SPHERE standards in SAM care.

Efforts on enhancing capacity development in Nutrition in Emergencies (NiE) remains a core focus in ESARO. This was demonstrated through the development of a capacity strengthening plan, as well as finalization of the NiE training package. NiE training was conducted in Mozambique, South Sudan, and Zimbabwe with a broad range of stakeholders from government and partners. Further, three five-day trainings on IYCF-E were conducted in Somaliland and Mogadishu for Somalia and Entebbe in Uganda. The trainings aimed at enhancing regional and country level actions for nutrition in emergencies as well as enhancing regional inter-agency collaboration in emergencies. The trainings were also conducted with key partners from WFP, UNHCR and Save the Children.

Engagement with Save the Children and UNHCR on NiE was further strengthened in 2018. The partnership with UNHCR in 2018 focused on the improvement of the quality of care for children with SAM in refugee and host populations. Key outputs from the collaboration with Save the Children include the publication of a Milk Matters learning paper and a joint IYCF-E capacity mapping learning paper[35]. Collaboration with Save the Children, UNHCR and WFP also focused on IYCF-E with joint trainings conducted in Somalia, South Sudan and Uganda.

The emergency funds received complemented the regional emphasis on enhancing the quality of SAM programming. A SAM deep dive regional meeting organized in September 2018, aimed at looking at progress, success made in management of severe acute malnutrition as well as define the SAM scale-up plans in 14 out of the 21 countries in the region. The meeting also addressed some of the technical gaps in the protocol implementation and key new evidence emerging, including on nutrition supply chain integration, use of the simplified protocol for acute malnutrition and caseload calculation.

The regional nutrition team continued to support various country offices on emergency preparedness. This included El Niño preparedness in six southern African counties (Eswatini, Lesotho, Madagascar, Malawi, Mozambique and Zimbabwe); EVD preparedness in Burundi, Rwanda, South Sudan and Uganda; and drought preparedness actions in Angola, Ethiopia, Somalia and South Sudan.

Enhanced coordination across partners at the regional level was also assured. This was supported through provision of technical support and monthly regional updates to the food security and nutrition working groups of both Eastern and Southern Africa (separately); and chairing of the quarterly nutrition working sub-group for East Africa, which compiles and reviews all regional nutrition situation updates and statements. A nutrition sector/cluster coordination mapping for all ESAR countries was initiated, with the aim of understanding the current coordination architecture, identifying strengths and opportunities to enhance coordinated emergency nutrition response. The analysis will be finalized in 2019.

As part of emergency preparedness, the focus on nutrition surveillance was strengthened with the establishment by UNICEF of an ESAR Nutrition Information Group in the first quarter of 2018. Four virtual meetings have been held so far, with the aim of understanding information needs and addressing nutrition information gaps including data and capacity gaps.

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[34]   UNICEF ESAR Humanitarian Performance Monitoring Report – Annual Report 2018
[35]   https://www.ennonline.net//fex/58/milkmatterssomalia
[35]   https://www.ennonline.net//fex/56/iycfemergencyeastafrica

Additionally, in November 2018 a regional IPC training for acute malnutrition was facilitated by ESARO and the IPC Global Support Unit for Ethiopia, Kenya, Madagascar, Malawi, Mozambique, Somalia, South Sudan and Zimbabwe. The training aimed at enhancing regional and country level IPC acute malnutrition analysis, as well as updating on the recent IPC developments. Support to District Health Information System (DHIS2) was initiated in late 2018 by the ESARO nutrition team with a specific consultancy and aims at enhancing nutrition reporting through government systems for sustainable results.

Several lessons have been learned that will inform 2019 sector plans. Learning included: the need to sustain and augment collaboration across sectors and agencies; continued focus on emergency preparedness and resilience building and; promotion of innovation and use of technology for enhanced results. Constraints included the lack of sufficient and timely funding to allow programme scale-up to meet the needs. This continues to be a key constraint in the region, specifically in the high burden countries. Further, many southern African countries remain vulnerable to the risk of drought, yet funding for preparedness and response actions remains limited. While advocacy efforts are ongoing to continue to strengthen communities and systems resilience to shocks, as well as respond when needed, the Regional Office continues to support in analysis and prioritization, as well as sharing relevant experiences across the region. A further challenge remains the varied response capacity, and hence institutionalization of resources to build capacity in NiE aims to address some of the capacity gaps. Other country level constraints include: limited government capacity to support nutrition coordination and invest on preparedness actions; limited quality, timely and comprehensive nutrition information to inform response; insufficient multi-sectoral actions for both preparedness and response and; low coverage of interventions owing to funding limitations and capacity.

In 2019 the nutrition team will continue to focus on strengthening the capacities for nutrition preparedness and response activities for emergencies among key partners in the region, as well as on identifying and partnering with selected academic institutions for sustainable capacity enhancement on NiE. Efforts will be made to ensure provision of technical support to country offices on nutrition emergency preparedness and response based on emerging contexts.

2.3 WASH

In 2018, substantial staff time and resources were used to respond to emergencies including in refugee situations (Angola, Uganda, Zambia); complex emergencies (Somalia, South Sudan); cholera outbreaks in 10 countries; Ebola preparedness (Burundi, Rwanda, South Sudan, Uganda); and plague preparedness in Madagascar. Overall in the region 7.9 million people (127 per cent of HAC target) were provided with safe water, 1.4 million people (40 per cent of the target) with sanitation services and 3.8 million people (113 per cent of the target) were reached with key messages on hygiene practices[36].

These results were achieved despite a relatively low funding rate with only US$ 79.8 million mobilized out of a total HAC appeal of US$ 168 million for WASH. The only indicator that was not achieved was the sanitation one, representative of the low priority given to this sub-sector in humanitarian contexts. In addition, the focus on provision of temporary access to safe water, as opposed to permanent access, explains why the water target was achieved despite low funding rates. Going forward, it is critical to prioritize sanitation in emergencies interventions and permanent access to safe water. More ambitious targets should be set for 2019 to close the cluster/sector gaps.

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[36]   UNICEF ESAR Humanitarian Performance Monitoring Report – Annual Report 2018

Through implementation of the Regional Cholera Framework, ESARO finalized an epidemiological study in eight countries, broadly categorized into the Horn of Africa (Kenya, Somalia South Sudan) and the Zambezi (Angola, Malawi, Mozambique, Zambia and Zimbabwe) basins. The study identified cholera hotspots and transmission pathways, in an effort to better target cholera preparedness and prevention interventions. A new epidemiological study was launched in three additional countries (Burundi, Tanzania, Uganda) which will also include the elaboration of cholera investment plans in three countries (Tanzania, Uganda and South Sudan), as well as issuance of 18 bi-weekly regional cholera bulletins, disseminated widely using various online platforms. A cholera web platform for the region was developed and is being updated regularly with cholera related information. Substantive remote and on the ground support for all outbreaks in 2018 was provided by the ESARO cholera team (C4D, health, WASH). On the ground support for response was provided in Angola, Kenya, Uganda, Zambia and Zimbabwe and with a focus on risk assessments, strengthening coordination and monitoring of response. ESARO organized a cholera cross-border meeting between the Governments of South Sudan and Uganda and contributed to strengthening integrated disease surveillance and response systems through the support to Tanzania's Ministry of Health to develop a 'Cholera Information Management Action Plan'. Information management inputs were also provided to the Tanzania National Multisectoral Plan for cholera.

Remote support for Ebola preparedness was provided to the four Priority 1 countries with the review of their preparedness plans and the organization of a WASH in Ebola webinar in early October. In-country missions were also conducted in South Sudan and Uganda to develop tailored WASH and infection prevention and control preparedness activities and to provide on-site mentoring.

In terms of sector coordination, the regional WASH humanitarian group, established in 2016, continued its work with active participation from over 15 organizations: IOM, UNHCR, Solidarités, World Vision, Norwegian Red Cross, Norwegian Refugee Council, Samaritan's Purse, Oxfam, ECHO, the Office of U.S Foreign Disaster Assistance (OFDA), Médecins sans Frontières (MSF)-Spain, the International Committee of the Red Cross (ICRC), Danish Refugee Council, Save the Children and the International Federation of Red Cross and Red Crescent Societies (IFRC). The group, coordinated by UNICEF, focused its work in 2018 on: solar powered water systems, hygiene promotion, WASH in institutions, cholera, market-based approaches, water trucking and marginal water supplies.

ESARO supported capacity building and knowledge management through two regional WASH in Emergencies trainings (38 participants from 11 ESAR countries) and one national training in Somali for 23 NGO/government staff. The training sought to: ensure WASH staff have an appreciation of operational system options; build confidence to deliver during humanitarian crises and; allow a better understanding of the cluster approach, with a focus on both the commitments as Cluster Lead Agency and the potential to contribute as a cluster partner agency. A regional training was organized on market-based programming for WASH in collaboration with the Global WASH Cluster. A total of 33 WASH practitioners were trained from 12 organizations. The purpose of the training was to build the capacity of WASH practitioners and sector coordinators to use market-based approaches (including cash transfer) to achieve WASH outcomes. In order to enhance epidemiology and data collection methods for WASH in Emergencies, in collaboration with the Centers for Disease Control and Prevention (CDC), the Global WASH Cluster and UNICEF, 25 participants from 13 organizations, including UNICEF, were trained on tools for designing, implementing, monitoring and evaluating WASH emergency responses in some of the disease outbreaks settings commonly found in ESAR (e.g. cholera, Ebola, plague, Hepatitis E).

In 2019 focus will be on: cholera prevention investment plans; regional trainings on WASH in Emergencies and market-based programming; coordination of the regional WASH group and; provision of technical assistance and oversight to WASH in Emergencies operations across the region.

2.4 Health

In 2018, regional emergency health related support to country offices focused on: providing quick response to health emergencies building on a strong regional office cross-sectoral collaboration; enhancing collaboration and coordination with partners at regional level; fostering cross-border coordination to maximize response; improving country office preparedness and response; advancing the implementation of the ESAR Cholera Strategy and developing regional health emergencies preparedness and response standard operating procedures.

In that framework, ESARO provided direct in-country and remote technical assistance to 21 countries. Together with WASH, the health team continued to oversee the eight-country study to identify major epidemiological basins and cholera hotspots with the aim of guiding cross-border action – the study was concluded in six countries (apart from Kenya and Mozambique). Technical support for preparedness and prevention in high burden countries included: development of a cholera and typhoid risk assessment for Zimbabwe, support for development of national cholera plans in Kenya, Malawi, South Sudan, Uganda, Zambia, Zanzibar, Zimbabwe, Oral Cholera Vaccine (OCV) planning and campaign support in Zambia and Zimbabwe, and Typhoid Conjugate Vaccine (TCV) campaign planning in Zimbabwe. In-country support for cholera response was provided in Zambia and Zimbabwe. Remote support was provided for response to other outbreaks: anthrax and CCHF in Uganda; Chikungunya in Eritrea (not officially declared); measles in Ethiopia, Madagascar and Uganda; meningococcal disease in South Sudan; RVF in Kenya, Uganda and South Sudan; rotavirus in Botswana and Eswatini; typhoid in Zimbabwe and yellow fever in Ethiopia and South Sudan. Remote support was also provided in Angola, Burundi, Ethiopia, Kenya, Madagascar, Namibia, Somalia, Uganda, South Sudan, Zimbabwe to ensure an optimal response to various emergencies including refugees and internal displacement due to conflict and flooding.

ESARO supported countries to develop and implement risk assessments and develop preparedness and response plans, contributing to building resilience of the health sector, and bridging the humanitarian – development nexus. The Regional Office provided dedicated EVD preparedness support for contingency planning, training, implementation and monitoring to the four Priority 1 countries and Priority 2 countries (Angola, Kenya, Tanzania and Zambia). Regarding risk informed planning, support was provided to Angola, Mozambique, Somalia and Zimbabwe. Additionally, the health team reviewed health sector emergency preparedness platforms for ESAR country offices. The UNICEF ESAR Guidance Country Office Response to Health Emergencies was developed and disseminated to enhance internal coordination, preparedness and response to health emergencies. In line with this, ESARO conducted capacity building for Ethiopia national level and field staff in health emergencies. Alerts on health emergencies in the region were consistently monitored to trigger rapid cross-sectoral action.

ESARO health used inter-agency linkages with WHO, IFRC, CDC and IOM to support cross-country coordination for health emergency preparedness and response in nine countries. Together with WHO and the Global Outbreak Alert and Response Network (GOARN) and partners, ESARO conducted a joint external evaluation in Rwanda; EVD preparedness support missions in Burundi and Rwanda; and joint monitoring missions to assess EVD preparedness in Burundi, Rwanda and South Sudan; supported the application and planning process for OCV (Zambia and Zimbabwe) and TCV (Zimbabwe) and conducted campaign monitoring for OCV in Zimbabwe and Zambia. In collaboration with UNHCR, ESARO conducted capacity building for UNICEF Ethiopia staff on refugee health, for Kenya UNHCR staff on cholera; jointly engaged on regional cholera (Kenya and Tanzania) and EVD preparedness support (Uganda) and are working together on a cholera risk assessment in support of OCV introduction in Dadaab and Kakuma camps. ESARO held regular calls with IOM to identify areas in Ethiopia at risk of cross-border transmission of cholera from returning migrants and prioritize coordinated interventions.

In 2019, ESARO support for health emergency will focus on: technical guidance and assistance for health emergencies response in countries; monitoring health emergencies in the region and triggering rapid action as needed; together with WASH/C4D, fast tracking cholera work in high burden countries; capacity building of health emergencies country focal points and continuing to build on regional collaborations with WHO, UNHCR, IOM and others for coordinated preparedness and response health emergencies.

2.5 HIV and AIDS

ESARO amplified its HIV support for South Sudan in 2018, providing technical assistance and HIV thematic funding on prevention of mother-to-child transmission and the emergency joint United Nations response for uniformed services. Nearly 2,000 pregnant women, children, adolescents, and members of the uniformed services were newly diagnosed with HIV and initiated on, or referred, for treatment. In line with regional guidance developed by ESARO in 2016, high prevalence countries in southern Africa were supported to programme their HIV funds strategically to ensure that the most vulnerable and at-risk regions and populations have robust and well monitored programmes. This includes adequate monitoring of clinics in areas vulnerable to drought and flooding. ESARO also provided technical support for a unique effort in Zimbabwe integrating HIV care within the cholera response. In eastern Africa, the team provided technical support to Kenya and Uganda as they accelerated access for refugees and host communities to HIV information and services, reaching 4,500 children living with HIV in Uganda with continuous treatment services and nearly 8,000 children, adolescents and women with HIV testing in Kenya.

In 2019, ESARO will continue to support and guide country offices on programme focus and resilience in high prevalence settings and on sub-national targeting on HIV in humanitarian settings.

2.6 Child protection

In 2018, ESARO supported country offices bordering DRC on Ebola preparedness. A dedicated webinar was co-organized with the Alliance for Child Protection in Humanitarian Action to review recommendations made within the Guidance Note: Protection of Children during Infectious Disease Outbreak to inform country office preparedness and ensure that child protection was rightfully addressed.

The regional team in collaboration with the Child Protection Area of Responsibility, IFRC, and in association with the Global Partnership to End Violence Against Children contributed to strengthening government coordination and leadership for child protection in emergencies in Ethiopia, Kenya, Malawi and Uganda. A workshop was organized in Addis Ababa on 1-5 October, bringing together participants from these organizations as well as from government. UNICEF continues to support these country offices to implement actions agreed upon during the workshop. UNICEF also contributed to reviewing HAC indicators and targets that helped to identify programme constraints and the way forward.

ESARO supported the review of the Strategy and Operational Framework on the Prevention of Child Recruitment, Release and Reintegration in Somalia and provided technical assistance to the Ethiopia country office on Disarmament, Demobilization and Reintegration. Tanzania and Burundi have also benefited from support and guidance with regards to Tanzanian refugees returning to Burundi.

As the focal point for Protection from Sexual Exploitation and Abuse (PSEA), the child protection team provided on-site technical assistance to Ethiopia and Uganda to train country office focal points on PSEA. Remote assistance was provided to Ethiopia, Malawi, Tanzania, Uganda and Zimbabwe. ESARO also contributed to the roll-out of the United Nations Protocol on Sexual Exploitation and Abuse involving Implementing Partners.

Ethiopia, Mozambique, Somalia, South Africa, Zambia and Zimbabwe have benefited from support on children on the move evidence-based programming. In the framework of the research on the Southern Route conducted with the Mixed Migration Centre, UNICEF developed documents contributing to strengthening child safeguarding measures for children on the move, including a Critical Response Protocol and a Guidance Note and Risk Assessment. A training manual for trainers and related presentations were also developed. Two Child Notices developed for Ethiopia and Somalia, in collaboration with the Oxford Policy Management present a comprehensive overview of the local living conditions of children, based on information from desk reviews and inputs from various key stakeholders.

All efforts have led to more consciousness and awareness on the benefit of preparedness, as a core element of programming, country-wide, that can help build shock-resistant child protection systems and ultimately facilitate a swifter and more effective response to humanitarian crisis. Similar endeavours will be pursued in 2019, working in close collaboration with key protection partners including UNHCR, IOM, and Save the Children, in the framework of existing regional agreements.

2.7 Social protection

In 2018, ESARO continued to focus on improving the shock-responsiveness of national social protection systems. In Lesotho, ESARO provided support to develop an action plan for humanitarian cash transfers through vertical and horizontal expansion of the national social protection system, working in particular to support the determination of transfer and top-up values. In Madagascar, ESARO has continued to support efforts to align the targeting of humanitarian cash support with the principles agreed at previous cash coordination meetings, which include the avoidance of overlap, and provision of additional support to households covered by the national cash transfer programme. In Malawi, ESARO provided technical guidance on the development of a proposal on cash-plus programming in emergencies. ESARO also enabled a technical support visit by a humanitarian management information system specialist to Malawi to provide dedicated support to a workshop on linking data systems. There is a growing agenda of humanitarian cash transfers in South Sudan, and ESARO supported the recruitment of a cash specialist, as well as a mission to review entry points for increased cash transfer engagement. Efforts in Somalia have also advanced from 2018, with ESARO supporting the development of a concept note on linking SAM households with cash support as part of a transitional emergency safety net. ESARO has also continued to provide ongoing technical assistance and quality assurance to governments and country teams throughout the region to improve the quality and responsiveness of social protection programmes.

UNICEF's Regional Office has implemented dedicated capacity development efforts in 2018 to create more clear and effective linkages between humanitarian cash transfer programmes and national social protection systems. The region hosted a workshop on planning, preparing, and delivering humanitarian cash responses via national social protection systems, which brought together social protection and emergency specialists from 12 ESAR countries, as well as two Middle East and North Africa countries (Sudan, Yemen) for an intensive, hands-on training. This workshop included sessions on topics such as setting transfer values, how to measure preparedness for social protection system scalability, and triggers for vertical and horizontal expansion. ESARO also presented on a recently developed guidance note on humanitarian targeting via national registries and management information systems. This is a growing topic in countries in the region, with Madagascar and Malawi undertaking an in-depth review of how to better incorporate data required for targeting in the case of humanitarian emergencies into the national programmes. ESARO also continued to provide leadership to the RIASCO/Regional United Nations Development Group (R-UNDG) Social Protection Platform in southern Africa, which held in-depth sessions on social protection programmes in Zambia and Zimbabwe, as well as a review of social protection and humanitarian cash responses in southern Madagascar.

As part of its role as a co-facilitator for the Africa Community of Practice on Cash Transfers, ESARO supported government technical leaders throughout sub-Saharan Africa to participate in the 6th Face-to-Face meeting, which focused on building the shock responsiveness of national social protection systems.

In 2019, UNICEF will: focus on the production of at least one case study on linking humanitarian cash transfers to longer-term/development-focused responses; implement a follow-up event on social protection and humanitarian cash transfers in response to fragility and; undertake country-focused capacity building on preparedness for cash transfers in emergencies.

2.8 C4D

The Regional Office provided technical support and guidance for the development of evidence and context-informed preparedness and response strategies and plans for various disease outbreaks in several countries, establishing mechanisms for strengthening accountability to affected communities.

Technical support provided to Namibia to respond to the Hepatitis E outbreak as well as the diarrhoea outbreak in Botswana contributed to limiting further spread and containing the outbreaks. Technical support was provided to Zimbabwe during the cholera outbreak in September contributing to the containment of urban transmission and minimizing the spread to other parts of the country. To improve preparedness, support was provided for various cholera-related initiatives including the behavioural economics assessment of cholera drivers in Kenya and the review of existing cholera prevention C4D materials, mechanisms and approaches in Tanzania. ESARO also supported the review of cholera epidemiological/hotspot mapping studies for the HoA and Zambezi regions, informing the development of evidence-informed cholera preparedness strategies for better targeting of interventions in countries.

ESARO supported the development of risk communication, social mobilization and community engagement strategies and implementation plans in the four EVD Priority 1 countries, to strengthen cross-border preparedness in response to the DRC outbreak. Financial support was also provided to Uganda to strengthen in-country community awareness efforts through mass media and planning for community engagement for all the high-risk districts, including support to Priority 2 countries. In-country orientations were conducted to further improve preparedness and operational readiness efforts. The regional C4D team participated in the WHO-led external inter-agency joint monitoring missions to assess the level of readiness in select countries.

A social science evidence review summary on cross-border dynamics and implications for community engagement in Uganda was produced to inform EVD preparedness efforts linked to cross-border movements in the high-risk districts bordering DRC, with similar reviews planned for Burundi, Rwanda and South Sudan in 2019.

Within the framework of the inter-agency standing committee commitments on AAP, ESARO supported a Communication and Community Engagement workshop in Nairobi. Key insights from the workshop, including results from a mapping of current AAP initiatives in ESAR will inform the development of a regional AAP toolkit. Contribution was also made to the development and review of the new global AAP minimum standards and indicators which will be used to benchmark good practices in the organization.

Two issues of the *C4D Works!* series were produced, documenting the contribution of C4D interventions in emergencies with a focus on SAM in Malawi and El Niño-induced drought response in Swaziland (See Annex 1)

A C4D in Emergencies capacity assessment was undertaken for all the 21 countries. Key findings included the need to include C4D in emergency preparedness and response plans, strengthen monitoring and evaluation, and enhance in-country capacities to prepare for and respond to emergencies. The findings will be used to inform and update the 2019 country plans. C4D in Emergencies capacities remain sub-optimal at country office level; this is attributed to both financial and human resource constraints.

In 2019, ESARO will focus on providing strategic guidance and technical assistance to countries and development of capacity reinforcement plans to strengthen expertise in risk communication and outbreak response with attention to improved evidence generation, monitoring and evaluation.

2.9 Resilient development

ESAR is a high-risk environment, with 16 countries classified as 'medium-to-high risk' and multiple and frequent risks and challenges which include rapid urbanization, conflict, insecurity, economic shocks, impact of climate change, other natural hazards and disease outbreaks. Demographic trends are also a challenge. The start – stop approach for humanitarian and development programming has proven not to be effective. Governments in the region are increasingly seeking more effective and sustainable ways to respond to crisis. ESAR has been implementing the Strategy for Resilient Development in Eastern and Southern Africa 2016–2017 that focuses on: the roll-out of risk informed programming; developing partnerships and multi-sectoral approaches; advocacy; monitoring and evaluation and; operational research, documentation and learning. The strategy seeks to build flexible social protection systems, strengthen scalable systems for continued delivery of social services and promote multi-sectoral synergy.

In 2018, the regional approach to resilient development addressed risk management approaches which include disaster risk reduction, climate change adaptation, conflict prevention, peace-building and flexible social protection, while seeking to integrate humanitarian and development programming. The approach emphasized the importance of ensuring programming that is 'fit for context' shaped by specific national and sub-national risk and capacity profiles as part of regular risk analysis during preparedness planning and throughout the programme cycle.

ESARO developed a paper on resilient development to inform country programming which highlighted the importance of: focusing on practical actions to take to scale; ensuring multi-sectoral synergies; leveraging the programme cycle and country context; learning and continuing to build evidence of what works and; the need to develop a scorecard or dashboard at regional level to measure progress.

In 2018 to promote risk informed programming, Angola, Botswana, Namibia, Somalia, Zambia and Zimbabwe initiated in-depth risk analyses to determine the impact of risks on results for children. The products will serve as reference documents to further risk inform country programmes.

The Regional Office will continue to strengthen resilient development actions in 2019 with specific focus on supporting RIASCO to develop a SADC Resilience Framework.

2.10 Operations and Human Resources

Operational efficiency and effectiveness, while optimizing utilization of resources, has continued to increase especially in southern Africa with the introduction of the sub–regional Operations Hub in 2017 to support Botswana, Namibia, Lesotho, Eswatini and South Africa. Since the Hub was established in July 2017, the Global Shared Services Centre has returned 62 per cent fewer cases and rejected 89 per cent fewer cases for all country offices utilising it. The Operations Hub also made significant contributions to strategic (Country Programme Management Plans, Country Programme Documents and programme

budget reviews) as well as operations documents (Business Continuity Plans, Risk Registers, standard operating procedures) produced by these country offices. Resources were optimized through enhanced cash flow planning, robust monitoring of outstanding harmonized approach to cash transfers direct cash transfers balances, and effective risk management practices. In 2019, the Hub will continue to focus on strengthening internal control systems and building the capacity of operations teams through strategies that support business continuity, career development and enhancement of risk management practices.

Human resource support was provided to Burundi, Ethiopia, Somalia, South Sudan, Uganda and Zimbabwe through timely identification of candidates for internal deployment and stretch assignments, use of special service agreement (SSA) contracts, and deploying staff from standby partners. In 2018, ESARO supported the rapid deployment of staff members to support UNICEF humanitarian action as follows: five mission deployments of UNICEF staff to support the Zimbabwe cholera outbreak emergency; four UNICEF staff mission deployments, three standby partner deployments and 12 SSAs to support Ebola preparedness in the region (Burundi, Uganda, South Sudan); one UNICEF staff mission deployment, one Emergency Response Team (ERT) mission, five Rapid Response Team (RRT) missions, 12 SSAs and 9 standby partner deployments to support the drought and population movement crisis in Ethiopia; five UNICEF staff mission deployments, two ERT and three RRT missions, four SSA contracts and six standby partner deployments to the L3/L2 emergency in South Sudan; and two ERT missions, one SSA and four standby partner deployments to the protracted drought emergency in Somalia. The Regional Office also recruited two consultants to support EVD preparedness in Angola, Tanzania and Zambia. The Regional Office participated in a pilot project to establish national surge rosters in order to boost capacity within the region at the national level and further facilitate timely staff deployment in the areas of WASH, C4D, Education, Child Protection, Nutrition, Emergency and Security. In addition, three calls for expression of interest for external rapid response mechanisms rosters in WASH, C4D and Health were advertised and supported the rapid deployment of staff in those key areas.

ESARO will continue to support the identification of profiles for surge deployment and refreshing of functional rosters as needed, in collaboration with the relevant sections. Constraints noted in 2018 were limited willingness of offices to release staff for mission support, particularly for Ebola preparedness. Finding external candidates ready for immediate deployment was also a challenge. With strong efforts made in 2018 to further populate the rosters it is expected this constraint will be addressed.

2.11 Communication and advocacy

In 2018, ESARO provided in-country technical assistance to Angola, Ethiopia, Somalia, South Sudan, Madagascar, Malawi, Tanzania and Zambia on communication, advocacy and media engagement in humanitarian contexts. Focus areas included the ongoing impact of El Niño, children affected by conflict, the aftermath of drought and the refugee situation.

Strategic communication support was provided to Kenya and South Sudan and the Regional Office for the visit of UNICEF's Executive Director in early 2018. The release of more than 300 children associated with armed groups in Yambio, South Sudan, was successfully positioned with top tier media. In collaboration with the country office, ESARO secured media coverage with Cable News Network (CNN), Guardian and Associated Press on the release of child soldiers in Somalia in the third quarter of 2018.

Concerted efforts were made to boost media focus on El Niño and drought impact in Madagascar through technical assistance and support to journalist missions. A feature on Madagascar was published on the Independent Online (IOL) website in January. ESARO also facilitated a two-day training for Heads of Section in the Madagascar country office on advocacy and effective communication during emergencies.

As a result of close collaboration with the South Sudan country Office and NYHQ, coverage was achieved in more than 60 media outlets and six interviews were conducted. At regional level, a series of infographics was developed for social media engagement on the situation of children in South Sudan.

Support and strategic oversight was provided for the development and implementation of the South Sudan 2018 advocacy priorities. The regional communication team also provided oversight on key messages and fact sheets produced by Ethiopia, Kenya, Somalia and South Sudan.

Communication and advocacy work around the humanitarian response included a joint social media campaign with UNHCR around World Refugee Day highlighting the achievements of the CRRF in the region. A series of photographs and a video were the lead content on social media, with more than 13,000 engagements received on Facebook and Twitter.

In 2019, the Regional Office will continue to support media engagement and crisis communications around children caught up in conflicts. Quality graphic design will be enhanced to produce humanitarian dashboards and infographic packs. The use of social media channels (Facebook, Twitter and Instagram) to highlight issues around crises and UNICEF's support to those affected will be strengthened while the regional communication team will continue to provide oversight and technical assistance to country offices in the region, with a focus on those in humanitarian crisis. In terms of inter-agency collaboration, the team will continue to work with UNHCR, OCHA, WFP and UNDP within the context of the Burundi RRRP and the UNHCR-UNICEF Joint Collaborative Framework.

2.12 Constraints and Lessons Learned

Constraints

Technical capacity

Technical capacity at country office level, more specifically in Social Policy, Gender and C4D remains uneven, including among counterparts and implementing partners, resulting in the need for intensive technical support from the Regional Office. Staff turnover and key vacant positions in these areas continue to pose challenges for programme continuity.

Surge capacity

While ESARO has invested in developing its own rosters for both development and humanitarian needs, sourcing available and suitable candidates for short-term surge deployments and temporary assignments in the region has been a challenge, due to the high number of protracted emergencies globally.

Restricted Humanitarian Access

Conflicts and inaccessibility in Somalia and South Sudan continue to hamper well-coordinated and comprehensive response to health emergencies, while also driving up the cost of response and making the health system more fragile. Preparedness remains sub-optimal; coupled with limited coping mechanisms, it results in a cycle of disasters that are hampering development efforts. Additionally, limited allocation of funds and lack of commitment for preparedness causes delays in response. Limited human resources and capacity for health emergency response in countries experiencing recurring emergencies is a challenge. The disinclination to report cholera (and other epidemic prone diseases) by some countries in ESAR remains a major challenge in comprehensively preventing or responding to them, especially where there may be cross-border spread.

Lessons learned

Leveraging funding

UNICEF has a key role to play in leveraging donor funding for children and adolescents. For example, dwindling funding and staff trained to work on HIV, both in numbers and capacity, have increasingly proven to be a challenge to keep HIV visible as an organizational priority in the region with the highest epidemiological prevalence. Yet, as a small donor on HIV, UNICEF can still play a significant role in ensuring that global funds for adolescent girls and young women are invested in evidence-based, high-impact HIV interventions especially in humanitarian situations. Another example is nutrition, where partnerships with regional economic communities and other entities can help to bring about action at member State level. The Regional Office engaged with SADC, the Intergovernmental Authority on Development (IGAD) and the African Union Commission to highlight the need to prioritize actions to sustain nutrition-related results.

Comprehensive Refugee Response Framework (CRRF)

UNICEF can play a key role in the realization of the CRRF vision, given its mandate across the humanitarian and development spectrum, its relationship with line ministries, and its work toward strengthening district capacities. Lessons learned from the CRRF experience in Uganda and Ethiopia will continue to inform ESARO's engagement with emerging CRRF countries (primarily Kenya and Rwanda, the new CRRF pilots), as well as the approach with other refugee-receiving countries in the region including Tanzania and Zambia. A key lesson is the importance of an integrated multi-sectoral approach. ESARO has worked with child protection, education, health and WASH partners towards the progressive inclusion of refugee children in national systems, and the integration and harmonization of basic services for both refugees and host communities at the district level, as successfully rolled out in Uganda for the education sector.

Good coordination and integration

Increased coordination, convergence and integration across sectors in the provision of technical support can help deliver results for children more effectively. The ESARO nutrition team made concerted efforts to strengthen both cross-sectoral and inter-agency engagement in developing regional guidance tools for IYCF-E, NiE and guidance on IYCF in the context of EVD, strengthening country-level capacity, and enhancing effectiveness of interventions on stunting reduction. Similarly, integration of nutrition supply chains into national health supply chains showed significant gains in terms of timely, cost-efficient and cost-effective access to nutrition products. Integration of gender sensitivity, on the other hand, requires further efforts; it needs to occur at country office level during critical programme cycle processes, such as the development of Strategy Notes. If this opportunity is lost, it hampers robust gender-sensitive and gender-responsive programming. In addition, cross-sectoral collaboration has leveraged resources and knowledge to improve WASH outcomes. For example, collaboration with the Health and C4D teams in ESARO has enhanced implementation of the Cholera Regional Framework in the region.

Preparedness

Preparedness will be the next game changer in public health, given the forecast for an increase in health emergencies due to increased travel and combined effects of climate change, urbanization and population pressure. Strong inter-agency and internal cross-sectoral collaboration is key for comprehensive early action.

3. Results achieved with humanitarian thematic funding

Humanitarian thematic funds provided critical, flexible and timely support to key emergency interventions for children and families in Angola, Kenya, South Sudan and Uganda.

3.1 Angola

Humanitarian thematic funds supported the scale-up of access to quality education through support to the Ministry of Education to implement the EiE response plan, and for advocacy and social mobilization through C4D. The education initiative led to 755 schools and over 1,700 teachers being trained on cholera and mosquito borne diseases prevention, indirectly benefiting 400,000 students. Similarly, 500 social mobilizers among scouts and faith-based organization members from Luanda were trained on cholera prevention and effective interpersonal communication. Social mobilizers conducted daily door-to-door visits and other community dialogues on cholera hotpots reaching an estimated 88,000 people. Cholera-related information, education and communication materials were distributed in cholera-affected areas.

3.2 Kenya

In Kenya, without the provision of global thematic humanitarian funds, UNICEF would not have been able to reach more than 300,000 children with life-saving and preventive interventions for children affected by acute malnutrition, floods, disease outbreaks and the refugee crisis. The funds catalysed response to floods at a time UNICEF had a funding deficit to meet critical needs, reaching 63,277 children with life-saving health interventions through integrated health outreaches. The funds enabled faster dissemination of cholera media messaging, integrated outreach services and supportive supervision, complementing the financial support UNICEF received from the Governments of Japan and Australia and the Central Emergency Response Fund (CERF). UNICEF partnered with Government at both national and county levels, United Nations partners, NGOs and the Kenya Red Cross Society for rapid response.

The funds also contributed to reaching 82,998 severely malnourished children (45,971 boys/ 37,027 girls) and 162,778 moderately malnourished children (89,929 boys/ 72,849 girls) with treatment in arid and semi-arid lands, urban informal settlements and refugee camps. This translates to an achievement of 107 per cent of the 2018 nutrition sector target for the treatment of SAM and 67 per cent of the target for treatment of moderate acute malnutrition. In addition, UNICEF continued to support the roll-out of the integrated management of acute malnutrition (IMAM) surge approach, a facility level model to analyse capacity and define threshold in advance, to enable predictable expansion of capacity in times of emergency and scaled down to normal levels after emergency. The model has been rolled out in 10 counties and 220 health facilities (40 per cent of the government and faith-based facilities in the catchment area) are implementing surge in the targeted counties.

The humanitarian funds ensured teaching and learning continued in the non-formal education schools in the Dadaab refugee camps. UNICEF supported non-formal education provision for 896 (503 male/ 393 female) refugee children aged between 10 and 18 in Dadaab refugee camps. Due to UNICEF support, 98 (18 female) Accelerated Education Programme (AEP) learners have been supported to sit for their final national primary level examinations. In collaboration with the Government-supported Garissa Teachers Training College, 30 (10 female) teachers were trained on non-formal education AEP curriculum and alignment to the new curriculum, inclusive education, mainstreaming of children with disabilities, quality teaching and learning, relevant teaching/learning aids using locally available resource materials, emerging issues in emergency education and refresher on pedagogy. Thirty members of parent-teacher associations received refresher training on their roles, responsibilities, school governance and management. As a result of the training, members developed strategies to increase their participation in school activities such as cleanliness, environment conservation, strategies for enrolment of more out-of-school learners and how to encourage attendance for both children and teachers.

3.3 South Sudan

Humanitarian thematic funds supported the release and reintegration of 745 (262 girls/483 boys) children associated with armed groups/forces (CAAFAG) in Yambio. These children received comprehensive reintegration services such as case management, psychosocial support, access to health and mental health services, education services, life skills and vocational training. While most of the children were immediately reintegrated into their families and communities, 89 children (34 girls/55 boys) were unable to be immediately reunified with their families, however they received comprehensive services in the interim care centre based on their specific needs.

Humanitarian thematic funding was also critical to support the 2018 dry season plan during which essential drugs and health supplies were procured and pre-positioned in strategic hubs, close to project sites. The pre-positioning of health supplies ensured no stock out of drugs in project sites, including in hard-to-reach locations. A total of 1,161,009 curative consultations were provided to children under-5, 46 per cent of these were due to malaria, followed by acute respiratory infections and diarrhoea. In addition, 814,649 children aged 6 months to 15 years were vaccinated against measles.

Furthermore, these funds were critical in terms of filling priority gaps in essential life-saving WASH activities. These included: water trucking in Juba protection of civilians (PoC) site, upgrading of a solar water yard in Yambio, garbage collection management and latrine desludging in Juba and Bentiu PoC sites, as well as hygiene promotion activities. As a result, approximately 20,000 people in PoC sites received access to safe water and sanitation services.

3.4 Uganda

In Uganda, humanitarian thematic funds supported UNICEF collaboration with national and local government authorities in the procurement and distribution of emergency nutrition supplies and capacity building of health workers to support the expansion of time-sensitive and life-saving basic services for women and children. UNICEF strengthened linkages between development and humanitarian programming through focused support to the refugee hosting district local governments to plan, budget, implement, monitor and scale up quality nutrition interventions for children and women. Procurement and distribution of nutrition commodities and supplies for targeted districts coupled with capacity building of health workers saw at least 1,216 children successfully treated for severe acute malnutrition and their caregivers counselled on infant and young child feeding. The cure rate consistently remained above the SPHERE standard recommendation of 75 per cent.

UNICEF will continue to support the Government to adapt its nutrition services to situations where households, communities and systems are affected by multiple, often simultaneous, shocks. Using a decentralized approach, UNICEF will strengthen its humanitarian response, including by localizing capacity building, monitoring and reporting and procuring essential equipment and supplies. Community-based support will improve the delivery of targeted protection and basic services for affected children and adolescents. In high-risk communities, applying and scaling up existing civic engagement platforms, such as U-report, will promote accountability to affected populations, build linkages between communities and local governments and guide responsive district and sub-district planning and budgeting.

3.5 Thematic funding case studies

Angola Case Study – Using Community Engagement to Build Community Resilience in Refugee Camps

Background: In 2017, Angola's Lunda Norte Province became home to over 35,000 refugees (75 per cent women and children) from DRC's conflict-affected Kasai region. The sudden influx of people exceeded the capacity of available reception centres and hygiene and sanitation infrastructure, increasing the risk of disease outbreaks.

Resources allocated: UNICEF received a thematic funding contribution of US$ 105,448 to scale up access to quality education through support to the Ministry of Education for implementation of the EiE response plan and advocacy and social mobilization through C4D.

Progress and results: From April to August 2017, UNICEF supported social mobilization interventions in two reception centres to strengthen refugees' sanitation, hygiene, health and nutrition practices. Activities included the identification and training of 60 refugees and Angola Red Cross volunteers on social mobilization, interpersonal communication, key life-saving messages and family competencies; family-to-family communication activities focused on topics such as hygiene practices, sexual abuse, and care for pregnant women; training of refugees in community theatre methodologies; and mass radio communication of key healthy behaviour messages in multiple languages. From August 2017 to December 2018, UNICEF also provided people sheltering in Angola's Louva settlement with support, such as the introduction of child-centered approaches to community radio and comedy. Between January 2018 and mid-March 2019, UNICEF supported WASH in schools initiatives that reached 755 schools and over 1,700 teachers with training on the prevention of cholera and mosquito-borne diseases, indirectly benefiting 400,000 students. UNICEF-supported social mobilizers also conducted door-to-door and community-based outreach on cholera hotpots that reached an estimated 88,000 people.

Criticality and value addition: The UNICEF approach in Angola demonstrates how resilience is enhanced through an integrated response linking emergency and development interventions that strengthens the country's emergency response, ensures ownership among all actors, and contributes to the pacific coexistence of refugees and neighbouring communities. UNICEF's C4D interventions resulted in improvements in hygiene practices and knowledge among the refugee population. For example, surveys conducted in August/September 2017 and July/August 2018 indicated that the percentage of refugees washing their hands without soap or a substitute had decreased from 26 per cent prior to arriving in Angola to 12 per cent after 14 months of the UNICEF intervention in Angola.

Challenges and lessons learned: To ensure sustainability in emergency-prone areas, multi-stakeholder social mobilization platforms should be trained not only on essential family practices, child protection and peace building, but also on communication for emergency preparedness and monitoring tools. Community radio and comedians, combined with other specific mobilization activities designed for children are crucial to ensure their engagement, improve their active participation and empower them to become agents of change. Between December 2017 and May 2018, when UNICEF was temporally not present in the area, refugee mobilizers, radio staff and comedians continued to implement social mobilization activities to prevent health emergencies and epidemics.

Moving forward: Given the scope and nature of UNICEF's interventions to support DRC refugees in Angola since 2017, the people and communities reached will likely continue to benefit from the knowledge, access to education, and capacity gained across all activity areas, including education, WASH, and community engagement techniques.

Kenya Case Study: Integrated Management of Acute Malnutrition (IMAM) Surge

Background: In February 2018 the Government of Kenya declared a national drought emergency. Children living in the arid and semi-arid lands were amongst the most affected. A nutrition survey pointed to Mandera, North Horr and Turkana North sub-counties with GAM rates above 30 per cent, more than double the emergency threshold. In addition, six sub-counties, East Pokot, Isiolo, Laisamis, Turkana Central, Turkana South and Turkana West, had GAM rates between 15−29 per cent. In response, UNICEF supported the Ministry of Health to develop the IMAM Surge approach—a shock-responsive system designed to respond to real-time increases in the facility-level caseload of severely malnourished children. The system identifies nutrition thresholds for various levels of surge needs, with ratings ranging from the lowest category of 'normal' to the highest of 'emergency'. Within this approach, some lower-level thresholds are managed at the facility level through actions such as the reallocation of staff or reorganization of work, while others require assistance from the sub-county or county level. Once a higher-level threshold is surpassed, the health facility activates a pre-determined surge support package of interventions, such as active case findings, mass screening, integrated outreach services for hard-to-reach areas, pre-positioning of supplies and increased coordination meetings and reporting. Facilities utilizing IMAM Surge review their caseload of severely malnourished children and capacity to response to determine what, if any, level of support is needed to ensure provision of timely and quality care.

Resources allocated: At the national level, a dedicated officer was tasked to lead implementation while at the county level, UNICEF and partner staff provided technical support to support the roll-out phase in coordination with government representatives. The financial resources allocated supported staff salaries, training of trainers, supervision support, and the activation of the surge support package when necessary.

Progress and results: To date, UNICEF has supported the introduction of an IMAM Surge approach at 196 facilities in Kenya; 36 per cent of the facilities subsequently triggered the system to access additional response capacity. The approach has improved the ability of health facilities to initiate a timely response to malnutrition and engage in data-driven planning at the facility level. A M&E system was introduced, including a monthly dashboard to track nutrition conditions in real time and facilitate annual reviews at both county and national levels to support trend analysis and sharing of best practices.

Criticality and value addition: The approach strengthens the capacity of government health systems to respond to fluctuations in acute malnutrition cases before, during and after nutrition crises, while protecting ongoing health and nutrition system strengthening activities. Early identification of cases results in better treatment outcomes and reduced cases of SAM. The implementation of the IMAM Surge approach also bolsters ownership at the facility, sub-county and county levels.

Challenges and lessons learned: The IMAM Surge planning exercise, which used an initial risk and capacity analysis, helped health facility staff and sub-county health management team members reflect on their respective catchment area contexts and response capabilities. The formulation of contingency plans allowed for effective collaboration between the two teams to establish timely action. County health teams in Wajir and Marsabit reported the benefit of utilizing a nutrition dashboard to monitor conditions at those health facilities using the approach. However, implementation delays have occurred due to the programme period coinciding with drought conditions, stretching the existing health and nutrition staff and limiting the available capacity of other stakeholders to support the implementation process.

Moving forward: Over the next year, UNICEF will support the scale up of the IMAM Surge approach to reach additional health facilities, including at the sub-county facilities in eight counties. The scale-up strategy will follow similar approaches used in the past, combining UNICEF technical support at the national and county level with the involvement of government representatives in both the establishment and monitoring of the system to ensure sustainability.

South Sudan Case Study: Reintegration of CAAFAG

Background: Since the onset of the ongoing conflict in South Sudan, both government and opposition forces have used children as armed combatants. Since 2013, the United Nations has recorded 667 incidents of recruitment affecting approximately 19,000 children. While the 12 September 2018 signing of the Revitalized Agreement on the Resolution of the Conflict in South Sudan led to a short lull in hostilities, the pause was fragile, and clashes continued. As the fighting continued, it remained necessary to respond to the risk of re-recruitment or new recruitment of children by armed forces and armed groups.

Resources allocated: UNICEF utilized thematic humanitarian funds to strengthen security at two interim care centres for children released from armed forces and armed groups. Resources supported a variety of efforts, including constructing new protective walls around the compounds, installing security lighting in and around the compound, improving dormitory security measures, providing security training to staff and engaging full-time guards and compound entry control.

Progress and results: With thematic humanitarian funding, all CAAFAG were paired with a dedicated social worker responsible for providing follow-up case management support and any other assistance. The social workers conducted regular visits to ensure access to services necessary for rehabilitation and reintegration into the community. Community reintegration is a key priority for CAAFAG, in part because community networks can be influential in healing and mitigating the risk of the child being re-recruited. The visits also serve as a valuable mechanism for monitoring the reintegration process and tracking the whereabouts and well-being of the children reintegrated. Funding was key to minimizing the safety and re-recruitment risks facing recently released children in interim care centres, as well as ensuring that the centres were equipped to provide the appropriate services. The interim care centres in Pibor and Yambio provided children with a safe environment and the resources to address their psychosocial needs.

Criticality and value addition: Interim care centres are a critical aspect of reintegration support for CAAFAG, particularly while family tracing and reunification efforts are ongoing. The centres offer a safe space for released children, who are often vulnerable to exploitation and abuse, including attacks by various individuals, such as former victims or armed forces and group, who may not want the children to return to the communities. The thematic humanitarian fund enabled UNICEF to ensure sufficient security in and around the two interim care centre compounds.

Challenges and lessons learned: In the second half of 2018, insecurity, attacks on civilians and emergency response personnel and other humanitarian access constraints significantly hindered humanitarian operations in Yambio. The operating environment challenged UNICEF partners and prompted the temporary closure of two Youth Friendly Spaces. To promote continued access to services, partners are working to build the capacity of psychosocial support animators within interim care centres and surrounding communities to enable uninterrupted critical services, even during times of insecurity. Experience demonstrates that having a safe environment for children is fundamental for their rehabilitation from traumatic events, such as those experienced by CAAFAG. Access to specialized care in a safe and secure environment, such as the interim care centres, facilitates the healing process for CAAFAG and assists with reintegration into society.

Moving forward: UNICEF has developed a new reintegration programme to support CAFAAG for 2019−2021 and is currently mobilizing resources for implementation. Among other things, the programme would support needs associated with the release of additional CAFAAG, as well as follow-up case management for children already progressing through the reintegration process.

Uganda Case Study: Integrating Humanitarian and Development Work

Background: Uganda is the top refugee-hosting country in Africa, with over 1.2 million refugees. According to an assessment by the Government of Uganda and UNICEF both refugee and host communities experience significant levels of deprivation. Although conditions for refugees have improved over time, basic needs deprivation among refugee hosting populations remains high and, in some cases, higher than among refugees. The country level adaptation of the CRRF has established a foundation for stronger collaboration between humanitarian and development interventions. Uganda is also experiencing an increasing trend of multiple and critical outbreaks of communicable diseases including cholera, Marburg, anthrax, RVF, CCHF, measles and recently the threat of Ebola importation. Drought, flooding and pest infestation are the most significant climate-related shocks affecting the country.

Resources allocated: In 2018, UNICEF received US$ 142,947 from humanitarian thematic funding to strengthen linkages between development and humanitarian programming through focused engagement with district authorities on nutrition services delivery for people affected by forced displacement. This contribution enabled UNICEF and partners to provide technical guidance in planning, budgeting, implementation, monitoring and scale-up, as well as equipment and supplies in refugee hosting districts to support the expansion of routine social services in nutrition.

Progress and results: This contribution supported UNICEF collaboration with national and local government authorities in the procurement and distribution of emergency nutrition supplies and capacity building of health workers to support the expansion of time-sensitive and life-saving basic services. UNICEF strengthened linkages between development and humanitarian programming through focused support to refugee hosting district local governments to plan, budget, implement, monitor and scale up quality nutrition interventions. According to the 2017 Food Security and Nutrition Assessment, the prevalence of GAM remained within acceptable standards in settlements hosting refugees. However, a nutrition screening of Congolese new arrivals in 2018 showed that both GAM and SAM were above emergency thresholds, at 11.2 per cent and 2.5 per cent respectively. Procurement and distribution of nutrition commodities and supplies for targeted districts coupled with capacity building of health workers saw at least 1,216 children successfully treated for SAM and their caregivers counselled on IYCF.

Criticality and value addition:

Supporting the development of national and local systems and capacities to reduce vulnerability to shocks: Uganda has demonstrated a progressive and proactive approach to responding to crises, based on development and strengthening of national systems and capacities to respond to multiple crises, whilst ensuring that the development agenda is sustained. This grant support was catalytic and facilitated UNICEF support to strengthen local capacities for nutrition service delivery in refugee hosting districts.

Basic service delivery and policy support through CRRF: Together with the Ugandan Government, UNICEF delivered nutrition services to both refugees and host communities. In early 2018, agreement was reached by the Office of the Prime Minister (responsible for refugees) and the Ministry of Local Government to co-convene the CRRF secretariat, with strong participation of sectoral line ministries. Such efforts are expected to ensure greater harmony between humanitarian interventions and national planning and budgeting processes. UNICEF and partners have a unique opportunity to invest and operationalize the humanitarian-development continuum through CRRF and its related Global Compact.

Leveraging Partnerships to strengthen systems: Together with the United Nations Country Team and the World Bank, UNICEF has supported the Government to develop a refugees and host communities' empowerment strategy within the overall CRRF framework. UNICEF has strengthened engagement with the East African Community, that in April 2018r organized a round table on protection of refugee children, attended by six partner States (Burundi, Kenya, Rwanda, South Sudan, Tanzania, Uganda) and Ethiopia that committed to take practical steps for the inclusion of refugees in national systems.

Challenges: The implementation of this and other interventions by UNICEF and partners show that several opportunities remain for improved nutrition service provision while integrating humanitarian and development work. More efforts are needed to enhance targeted supplementary feeding programme and skills training for health workers in IYCF-E. Preventive approaches to address acute malnutrition and micronutrient deficiencies are needed to complement the existing curative measures[37].

Moving forward: UNICEF will continue to highlight the devastating impact of violence and displacement and use evidence to influence regional and global efforts to promote peace in neighbouring countries, as well as reduce vulnerabilities and accelerate results for all affected children and their families.

Acknowledging that refugees are hosted in districts which are already among Uganda's most deprived, UNICEF will continue to work with Government and partners to strengthen systems for integrated service delivery in border regions that can benefit both populations, through taking a collaborative and integrated approach to planning and implementation of responses to refugee arrival and hosting along with adequate investment in related information systems. Within the context of CRRF, UNICEF will work towards the inclusion of refugees in national and local government planning and budget cycles. UNICEF will continue to advocate for multi-year funding to enable implementation of this approach.

Maintaining a commitment to the development of national systems and capacities and recognizing the cyclical nature of climate-related shocks and the continuing insecurity in neighbouring countries, UNICEF will continue to build resilience and capacities of local and national systems and structures. Lastly, UNICEF will continue to promote evidence-based decision making for better programming to alleviate the burden of poverty and vulnerability on children and women. These efforts are also expected to enhance national preparedness, response and advocacy for effective public investments.

4. Assessment, monitoring and evaluation

ESARO continued to advance its focus on programming excellence, including by supporting country offices and regional teams to strengthen programme monitoring, in the context of the UNICEF Managing for Results initiative. In 2018, the Regional Office contributed to the RRRP for both the Burundi and the DRC situation, including contingency planning through data preparation, data consolidation, and data analysis to support country offices in the region.

Monitoring of all humanitarian action in emergency-prone countries, including the RRRP components, was assured as part of the regional HPM, as well as through bilateral engagement and direct technical assistance support. The Regional Office developed regional humanitarian performance dashboards for five sectors for Angola, Burundi, Eritrea, Ethiopia, Kenya, Madagascar, Somalia, South Sudan and Uganda to improve accountability and inform advocacy. The dashboards summarized results and provided further analysis to course correct strategy and targets per sector in the HAC countries. Through engagement in the humanitarian response plan (HRP) process, UNICEF was able to ensure cluster specific inputs were used to justify priority needs and inform the plans. Several successes, lessons learned and gaps have been identified at country level, and recommendations and follow-up actions ensured to enhance quality humanitarian programming. For example, based on HPM, over 100 per cent of the UNICEF target for children with SAM was achieved with 1,006,995 children admitted in Somalia, Kenya, South Sudan, Burundi, Rwanda, Angola, Ethiopia, Eritrea, Madagascar Uganda; and 98 per cent (2,598,029) Vitamin A supplementation achieved for Uganda, Eritrea, Ethiopia, Tanzania that had prioritized micronutrient supplementation in emergency.

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[37] Uganda Refugee Response Plan 2019 to 2020

The 2019 HACs, which serve as a country overview of the humanitarian needs and response strategy, were informed by inter-agency needs assessments that prioritized needs of affected populations.

5. Financial Analysis

As at end December 2018, ESARO had received US$ 4.4 million against its US$ 20.8 million appeal (21 per cent funded). The flexibility of thematic funding allowed ESARO to effectively provide oversight, technical assistance and surge support to countries preparing for, responding to, and recovering from emergency episodes. Through more focus on joint missions, especially for multi-sectoral responses, such as the cholera response in Zimbabwe, more efficient and effective resource planning and usage was achieved. However, significant funding gaps remain in areas of response to natural crisis, protection of children on the move and to health-related emergencies, which are on the increase in the region.

With a growing number of protracted and climate-induced crises in the region, and given the importance of integrating humanitarian and development approaches to sustain results for children, it is acknowledged that short–term and earmarked funding negatively impacts responses, by reducing predictability, flexibility and increasing transactional costs, and can inhibit closer linkages between humanitarian action and development programming. UNICEF remains focused on resource mobilization aligned to its Strategic Plan to strengthen two critical quality funding elements that can support better linkages between humanitarian and development programming namely through increasing multi-year and thematic flexible funding while working with partners to reduce the level of earmarking.

Where gaps remain, UNICEF is seeking to create its own innovative financing instruments to strengthen preparedness and bridge humanitarian and development programming in high-risk humanitarian contexts. These initiatives target win-win investments that yield improved results for children while optimizing cost-efficiency and reducing the organization's carbon footprint.

In 2019, UNICEF in ESAR will continue to focus on achieving more with less by coordinating support in programme design and implementation across sectors to reduce fragmentation and improve efficiency and effectiveness. The upgrading of infrastructure and greater use of technology continues to contribute to more effective monitoring of results and ease of doing business across the region.

Table 1: 2018 Funding status against the appeal by sector (in US$)

Sector	Requirements	Funds Available Against Appeal as of 31 December 2018*		% Funding gap
		Funds Received 2018	Carry-Over	
Children on The Move	6,480,000	142,957	0	**98%**
Drought response	6,480,000	484,292	436,939	**86%**
Emergency Preparedness and Response	5,400,000	100,000	500,000	**89%**
Technical assistance for response and coordination	2,484,000	1,950,533	807,006	**-**
Total	**20,844,000**	**2,677,782**	**1,743,945**	**21%**

* Funds available includes funds received against current appeal and carry-forward from previous year.

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

Donor Name/Type of funding	Programme Budget Allotment reference	Overall Amount*
I. Humanitarian funds received in 2018 (US$ 1,147,764)		
Thematic Humanitarian Funds		
See details in Table 3	SM/18/9910	1,147,764
Non-Thematic Humanitarian Funds		
United Kingdom of Great Britain and Northern Ireland	SM/170/463	1,530,000
Total humanitarian funds received in 2018		**2,677,782**
II. Carry-over of humanitarian funds available in 2018		
Carry-over Thematic Humanitarian Funds		
Thematic Humanitarian Funds	SM/14/9910	1,743,945
Total carry-over humanitarian funds		**1,743,945**

* Programmable amounts of donor contributions, excluding recovery cost

Table 3: Thematic humanitarian contributions received in 2018 (in US$)

Donor	Grant Number	Programmable Amount (US$)	Total Contribution Amount (US$)
German Committee for UNICEF	SM1899100153	636,160	667,968
German Committee for UNICEF	SM1899100167	19,858	20,850
Turkish National Comm for UNICEF Bilkent Üniversitesi	SM1899100172	65,886	69,181
United Kingdom Committee for UNICEF	SM1899100173	57,213	60,074
United Kingdom Committee for UNICEF	SM1899100332	60,211	63,222
Australian Committee for UNICEF	SM1899100180	14,019	14,720
Luxembourg Committee for UNICEF	SM1899100325	9,669	10,152
United States Fund for UNICEF	SM1899100376	34,748	36,485
Global Thematic	SM189910	250,000	267,500
Total		**1,147,764**	**1,210,152**

6. Future work plan

In 2019, the Regional Office will continue to prioritize responses to children's most pressing needs, across the region by supporting country offices to enhance their humanitarian preparedness capacities especially through strengthening preparedness actions identified in the EPP. Focus will remain on supporting multi-country actions for children and women who are displaced and have crossed borders as refugees or migrants by providing technical assistance to governments and other service providers on child protection case management, family tracing and reunification and alternative care for unaccompanied and separated children, as well as basic services for health, WASH, nutrition and education. Due to the growing number of climatic induced emergencies, UNICEF will continue to provide support to drought- and flood-affected countries, through the delivery of life-saving interventions for children, in partnership with national and international actors through a multi-sectoral and integrated approach in key sectors, including WASH, nutrition, education and health, and support sector coordination. Preparedness and response to health emergencies will remain an important focus and

support will be provided through promoting clean water supply, household sanitation and hygiene and WASH in schools and health facilities and contributing to strengthening national systems to respond to Ebola, should the outbreak spread from DRC. Regional technical assistance, quality assurance and oversight to support countries to achieve humanitarian results in nutrition, health, WASH, child protection, education, HIV and AIDS, social protection and C4D will also continue in 2019. The Regional Office will also facilitate country collaboration across borders to ensure that assistance is provided to populations in vulnerable border regions and harmonized across country offices. Resilient development will be promoted through the integration of risk analysis to inform country programming and the support to RIASCO to develop the SADC Resilience Framework.

Expression of thanks

UNICEF ESARO takes this opportunity to express sincere appreciation to all donors and partners who through their invaluable contributions have made it possible for millions of vulnerable children in Eastern and Southern Africa to survive and thrive. Through the generous support of donors and the flexibility of thematic funding support, stunting is reducing in the region allowing children to have increased opportunities to realize their full potential; education is improving so children are better prepared for the future; children are feeling safer, more children are participating in all areas that affect their lives and child poverty and other vulnerabilities are reducing as children are realizing their rights. The scale of need, however remains significant and much more is required for children. Continued support with a focus on effective integration of humanitarian and development programming will continue to ensure that the rights of all children are met and safeguarded.

Donor feedback form

UNICEF is working to improve the quality of reporting and would highly appreciate your feedback. Kindly provide your feedback for this report through the following **link**.

In 2016, the Government of Swaziland declared the drought a national emergency after an estimated 320,000 people including 189,000 children were severely affected.

UNICEF Eastern and Southern Africa Region

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Learning from the C4D response to the El Nino-induced drought emergency in Swaziland

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For more information please contact:
Charles Kakaire, C4D Specialist, UNICEF Regional Office for Eastern and Southern Africa
Email: cnkakaire@unicef.org

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Take-away Lessons

- Investment in evidence-informed and contextually -appropriate community engagement approaches is crucial for enhancing demand for, and uptake of nutrition services.
- Strong support of community outreach activities is crucial in ensuring high treatment coverage in complement to geographic coverage.
- Community influencers/mobilisers – such as traditional leaders/village chiefs – play a key role in mobilising communities and engaging in active case finding and referral systems.
- Community activities and events such as drama performances and film screenings are more effective when accompanied by community dialogue as it encourages interaction and provides opportunities for feedback and clarification of issues depicted.

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C4D Works!

Mobilising communities for Improved uptake of Severe Acute Malnutrition treatment among Children in Malawi

Annex 2 - Human Interest Stories

"I didn't know if he was alive": Former child soldier reunited with family in South Sudan

19,000 children have been recruited into armed groups since the start of the conflict

By Simon Crittle

© UNICEF South Sudan/2017/Hatcher-Moore

A boy was rescued by aid workers after being forced to fight with an armed group in South Sudan. Then the search for his family began. BENTIU, South Sudan, 18 May 2018 – The boy* felt almost safe. His uniform of the last three years had been replaced by jeans and a bright orange football shirt. He stepped off the helicopter and took in the commotion at the airstrip, overwhelmed.

The boy was rescued by aid workers from a military outpost last year, and was placed in the care of UNICEF protection officer Franka David. The search for his family then began. David took the boy to a foster family, where he stayed while his relatives, if living, were traced.

David said the boy, who was quiet and shy, showed signs of trauma. "He's still tired, and he's hungry." He was about to have his first home-cooked meal in years. The fact he survived for so long on the scorched battlefield was a miracle.

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On 17 May 2018 in Pibor, South Sudan, 210 children were formally released from armed groups. During ceremony, the children were formally disarmed and provided with civilian clothes. Medical screenings will be carried out, and they will receive counselling and psychosocial support as part of the reintegration programme. This was the third such ceremony this year, with a total of over 800 children released in 2018.

Children forced into armed groups

The boy is evidence of the horrors committed in Bentiu, a state capital in the oil-rich north of South Sudan, and the backdrop to some of the worst fighting since the civil war began in 2013.

Military recruitment is one of the greatest risks for children in the country. Some 19,000 children are estimated to have been recruited into armed groups where they are systematically mistreated.

"They are overworked. And they will be walking through the bush the whole night," David said. "If they get sleepy, the soldiers will tell them to fetch water and cook. If they become tired, they will be punished. That's why most of them are scared. They are beaten, there is no food. If they are sick, no one treats them. No clothing, no education."

During the past four and a half years, UNICEF has overseen the release of over 2,600 children from armed groups across the country, helping them to return to their families and communities.
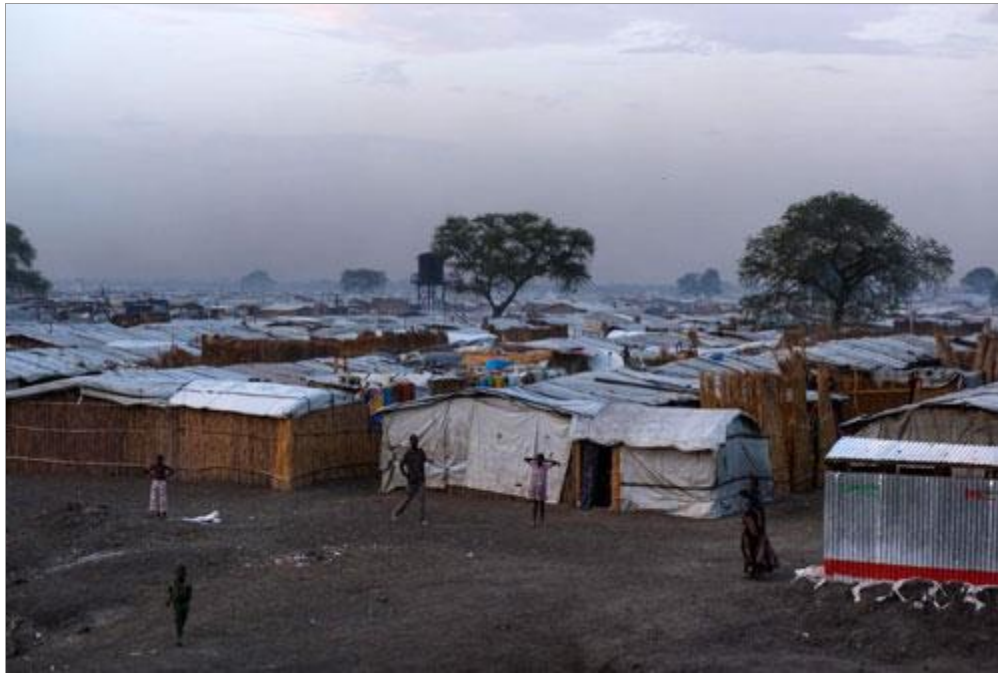
Children walk past makeshift huts in the Protection of Civilians site in Bentiu, South Sudan. The camp, originally intended as a temporary place of refuge for those seeking violence, is now home to over 112,000 people.

Mass displacement

Reuniting children with their families is further complicated by the mass displacement caused by the conflict. In and around Bentiu, the bloodshed has driven thousands from their homes to the sanctuary of an enormous camp, protected by razor wire and UN peacekeepers.

The Protection of Civilians site, or 'PoC', is roughly one square kilometre of red dirt on an arid, heat-soaked plain, and home to over 112,000 people. A thick coat of dust gives way to deep mud as the seasons come and go. The shelters are arranged in long rows, separated by dirt roads and drainage ditches.

A kilometre from the site, Bentiu township has changed hands between government and opposition troops several times during the conflict. Soldiers walk the tense streets, buildings are pock-marked with bullet holes and tanks sit quietly at strategic locations.

UNICEF is working both in and outside the site to support family reunification and provide psychosocial support. "When there is conflict, children are separated, they are exposed to risk. They are at their most vulnerable," says David. "Children have a right to be at home and be cared for properly."

A former child soldier at the Bentiu Protection of Civilians site in South Sudan.

A family, reunited

The child from the airstrip spent just one night with the foster family before relatives were traced. His uncle, who helped raise the boy after his father died years earlier, was living in the PoC site along with the boy's four siblings.

He learned from his uncle that his mother had died just a few months earlier, shortly after giving birth. His aunt, also in the camp, was breastfeeding and caring for the baby.

"I didn't know if he was alive," the uncle said, overcome with joy. He explained that the boy had disappeared three years earlier, after leaving the site at night with friends to walk into Bentiu town. The family searched for him but found no trace. He had been taken by a military unit.

The shy boy finally knew he was safe. David gave him a change of clothes and a school bag containing exercise books and pencils. Caseworkers would continue to pay him and his family regular visits, to make sure that he received the psychosocial and educational support he needed.

But the full story of his time in the military and its longer term effects would remain unknown.

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Since the start of the conflict in 2013, UNICEF has helped release over 2,600 children from armed groups, and supported their reintegration. With partners, UNICEF helps trace and reunify children with their families, provides psychosocial support, access to education, and vocational training and economic opportunities to released children. In targeted areas where child recruitment is known, UNICEF works to ensure that communities have access to safe water throughout the year to reduce population movement, as seasonal migration influences access to education and often contributes to inter-communal conflict.

In 2018, more than 800 children have been released from armed groups in South Sudan, including 210 who were released in Pibor on 17 May.

*name withheld to protect identity

SUCCESS STORY ON CHOLERA OUTBREAK MANAGEMENT IN TURKANA COUNTY

Story and Photos by Josephine Odanga, Health Specialist, UNICEF KENYA

Aragae Alacha, a 40 years old female who is resident of lopededekit village in Kalobeyei ward (Turkana West sub county) is brought to Kalobeyei KRCS clinic on 8 September 2018 by ambulance with signs and symptoms of cholera. She says she had painless watery diarrhea that quickly become voluminous and had episodes of vomiting. A CRDT was done and it turn positive and later on stool culture test confirmed 01 Ogawa strain of cholera. Aragae is put immediately to treatment and is managed at the KRCS cholera treatment centre at Kalobeyei. After a one-day treatment, cholera was little bit cured by oral therapy but due to large amount of loss of water from body, her condition was not so well, she was still weak. After a 3-4 days treatment, she recovered competently but weakness retained for a few days, after eating food provided at the clinic and continuing with the treatment, she became healthy and strong. She recovered completely after four days medication.

Aregai Alacha, is among the many community members who have suffered the cholera outbreak in Turkana county. Turkana county has been prone to cholera outbreaks in the recent times which has been attributed to the poor sanitation, lack of water and use of latrines. Most of the community members practice open defecation. The county has suffered cholera outbreak in Turkana South, Turkana central and Turkana west sub counties between 2017 and 2018.

Following this outbreak in Turkana west sub county, KRCS together with the County and Turkana West sub county health team visited the Lopededekit village on 11 September 2018 where Aragae came from. The visit was to establish the cause of the outbreak as well as assess the hygiene status of the village. It was noted that the outbreak was isolated case, and the patient had not gone outside the village. Lopededekit village had a total population of 300 and with very few toilets, less than 11. The village was also congested. access to water was good however this water was not treated before consumption.

Health team from KRCS and MOH interviewing Aregae (left) and members of her household
UNICEFKenya/2018/Odanga

A team from KRCS conducted a contact tracing exercise in Loededekit village and were put on prophylaxis (Erythromycin and Doxycycline). Disinfection of the house and compound also was done. A Chief Baraza at Kalobeyei Centre was also held on 11th September 2018 to sensitize the community on cholera prevention measures. The community were urged to dispose human waste properly and avoid open defecation. The communities were also sensitized on the importance of hand washing at critical times and drinking safe treated water. Aqua tabs were given to the community as well as soaps and water jerrycans.

The Community health volunteers and the public health officers were engaged to conducted hygiene promotion exercise for 10 days targeting all the villages in Kalobeyei. Their main objective was to sensitize the community about the faecal disposal, treatment of water for household use as well as distribution of water treatment chemicals and water jerrycans.

The community health volunteers and the CHVs organised five chief Barraza to create public awareness on cholera prevention measures and the signs and symptom of cholera. The Barraza were held in Lopededekit, Market, Nakwamunyen, Dikilkimat and Achukule where a total of 800 community members were reached.

Cholera sensitization underway at a Community Barraza
UNICEFKenya/2018/Odanga

Following the outbreak, KRCS through the support of UNICEF supported the setting up of a Cholera treatment Centre at Namukuse dispensary. KRCS also supported with distribution of 20 liters water storage jerrycan. KRCS also supported hygiene promotion from 11th to 16th of July and reached 1689 households with health massages. They also carried out active case finding in the community as well as disinfection of the households visited.

Time-lapse set-up of a Cholera Treatment Center at Namukuse and the delivery of water jerrycans.
UNICEFKenya/2018/Odanga.

Aragae Alachi was grateful to the KRCS and MOH team for treatment she received as well as the prompt response. She says she knows that cholera is a fatal disease and she knows of some she knows who died as a result of it. She promised to maintain and practice good hygiene as well as encourage the other community members to dig and use latrines and avoid open defecations as this was one of the causes of cholera outbreak.