



UNICEF-supported Express Vaccination campaign at work in Kasungu, central Malawi  
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# Consolidated Emergency Report 2021

Prepared by:

UNICEF Eastern and Southern Africa Regional Office

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## Expression of Thanks

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UNICEF work is funded entirely through the voluntary support of millions of people around the world and our partners in government, civil society, and the private sector. Voluntary contributions enable UNICEF to deliver on its mandate to protect children's rights, to help meet their basic needs, and to expand their opportunities to reach their full potential. We take this opportunity to thank all our partners for their commitment and trust in UNICEF, and for the flexibility of thematic funding support that has contributed to the results against the programme area targets.

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## Abbreviations and Acronyms

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ACF	Action Against Hunger
CCC	Core Commitments for Children
CERF	Central Emergency Response Fund
CO	Country Office
ECD	Early Childhood Development
EiE	Education in Emergencies
ESA	Eastern and Southern
ESAR	Eastern and Southern Africa Region
ESARO	Eastern and Southern Africa Regional Office
FAO	Food and Agriculture Organization
HAC	Humanitarian Action for Children
IEC	Information education and communication
IDPs	Internally displaced persons
IGAD	Intergovernmental Authority on Development
IM	Information Management
IOM	International Organization for Migration
IPC	Integrated Food Security Phase Classification
MAM	Moderate Acute Malnutrition
M&E	Monitoring and Evaluation
MHPSS	Mental health and psychosocial support
MUAC	Mid Upper Arm Circumference
NAHPA	National Aids and Health Promotion Agency
NDMA	National Drought Management Authority
RCCE	Risk Communication and Community Engagement
SADC	Southern Africa Development Community
SADEC	Southern Africa Development Community
SAM	Sever Acute Malnutrition UNICEF
SBC	Social and Behaviour Change
SEA	Sexual Exploitation and Abuse
SMART	Standardised Monitoring and Assessment of Relief and Transitions
SMQ	Strategic Monitoring Questions
TOR	Terms of Reference
UNDP	United Nations Development Programme
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children Fund
VAC	Violence Against Children
VCPC	Village Child Protection Committees
WASH	water, sanitation and hygiene
WFP	World Food Programme
WHO	World Health Organization

## Executive Summary

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Based on the Eastern and Southern Africa Region (ESAR) humanitarian Action for Children (HAC) 2021, nearly 170 million people, including 95 million children, needed humanitarian support in the region during the reporting period<sup>1</sup>. In 2021, the UNICEF Eastern and Southern Africa Regional Office (ESARO) appealed for US\$ 64.3 million through its regional Humanitarian Action for Children (HAC) to meet heightened emergency preparedness and response requirements. These needs are related to the expanded drought response and preparedness for disease outbreaks. Eight countries were directly covered in the regional appeal due to climate-related shocks, health emergencies, including COVID-19, conflict, economic deterioration, and displacement. Countries also continued to struggle with poverty and food insecurity.

The flexible thematic emergency funds that were channeled through the UNICEF Eastern and Southern Africa Regional Office (ESARO) were strategically allocated to country offices to enable their response to the most pressing needs of children across the region. These funds have enabled countries to enhance their preparedness for and response to emergencies, particularly emergencies requiring multi-country, integrated and immediate response, and smaller-scale emergencies that do not warrant a stand-alone country appeal.

In line with the [Core Commitments for Children in Humanitarian Action](#), and through the global humanitarian funds received, response was focused on three main areas: (i) emergency response; (ii) preparedness; and (iii) advocacy. In 2021, UNICEF focused on community engagement for behaviour and social change; accountability to affected populations in line with the Grand Bargain commitments; WASH-related messaging; continuity of health services for children and women, including treatment for children with severe acute malnutrition (SAM) and treatment adherence for adolescents with HIV; access to uninterrupted quality education; prevention of violence against children; social protection; public finance investments in children; and data strengthening.

In collaboration with partners, UNICEF delivered life-saving services for children, women and families affected by climatic shocks and disease outbreaks, including populations living in displacement and refugee camps. For instance, the United Republic of Tanzania and Zambia hosted and responded to the needs of more than 360,000 refugees from Burundi and the Democratic Republic of the Congo, including 200,000 children on the move. Emphasis was also placed on mitigating disruptions resulting from the COVID-19 pandemic, while ensuring the continuity of essential services for health, nutrition, water, sanitation, and hygiene (WASH), HIV, child protection, gender-based violence, education, and social protection.

UNICEF continued to link preparedness, response, and development activities to achieve sustainable results and mitigate the impact of hazards on education, child protection, gender-based violence, health, nutrition, and other social services. For example, over 788,000 cases of COVID-19 and 17,000 deaths have been reported in Eastern and Southern Africa since the pandemic began. Across the region, countries faced major challenges to the COVID-19 response. These included the infection of health care workers

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<sup>1</sup>Nearly 100 million people, including 52 million children, are in need of humanitarian support in the eight countries covered in this appeal (Botswana, the Comoros, Eswatini, Malawi, Namibia, South Africa, the United Republic of Tanzania and Zambia). This is based on country office data and calculations on people and children in need as of September 2020.

with COVID-19; lack of adequate personal protective equipment for health care workers and related strikes; and the temporary closure of facilities for disinfection. Children in areas experiencing lockdowns and cancelled outreach programmes were negatively affected. The pandemic has a devastating impact on the socio-economic well-being of individuals. UNICEF continued to invest in preparedness through risk analysis and scenario and contingency planning and applied multi-sectoral systems strengthening across programmes and ensured continuity of essential services to mitigate the impact of emergencies on children across the region, including the most vulnerable.

## Humanitarian Context

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In 2021, the Eastern and Southern Africa region continued to experience multiple humanitarian emergencies impacting on the life of millions of children. Nearly 170 million people, including 95 million children, needed humanitarian support in the eight countries covered in the regional appeal,<sup>2</sup> due to climate-related shocks, health emergencies, food insecurity including COVID-19, conflict, economic deterioration, and displacement. For instance, during this reporting period, the United Republic of Tanzania and Zambia hosted and responded to the needs of more than 360,000 refugees from Burundi and the Democratic Republic of the Congo, including 200,000 children on the move<sup>3</sup>.

Over 788,000 cases of COVID-19 and 17,000 deaths were reported in Eastern and Southern Africa since the pandemic began<sup>4</sup>. South Africa accounted for the highest number of COVID-19 cases and deaths in Africa, with 247 deaths recorded per 1 million people. Eswatini followed with 83 deaths per 1 million people. In addition to causing loss of life, the pandemic disrupted routine health, education and nutrition services. Although nearly 61 million people needed health care, the number of mothers, pregnant women, children, and people with chronic conditions seeking healthcare declined. Underlying health conditions made the elderly and those with disabilities especially vulnerable to COVID-19, compounding their disproportionate social and economic vulnerabilities. Moreover, countries in the region faced major challenges to the COVID-19 response, including the infection of health care workers with COVID-19; lack of adequate personal protective equipment for health care workers and related strikes; and the temporary closure of facilities for disinfection. Nearly 12 million people needed clean water and sanitation and hygiene support<sup>5</sup>.

In addition to the disruption in the provision of health services, COVID-19 also had a major impact on children's access to basic services. Country-wide school closures disrupted learning, school health, WASH, and nutrition programmes. Prolonged school closures exposed children, especially girls, to heightened risks of violence, abuse and exploitation, including sexual and gender-based violence, harmful practices and human rights violations, and affecting their mental health and well-being. Children in areas that experienced lockdowns and cancelled outreach programmes have been negatively affected. Disrupted access to child protection and gender-based violence services, declines in primary health care service utilization, including routine immunization, and nationwide school closures have put children at risk.

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<sup>2</sup> Botswana, the Comoros, Eswatini, Malawi, Namibia, South Africa, the United Republic of Tanzania and Zambia.

<sup>3</sup> UNHCR data as of 31 August 2020.

<sup>4</sup> Johns Hopkins University Center for Systems Science Engineering, Novel Coronavirus (COVID-19) Cases, September 2020.

<sup>5</sup> This is for the eight countries covered in this appeal. Activities include infection prevention and control, clean water provision, sanitation, WASH in schools and hygiene supplies (2021 HAC). The United Republic of Tanzania has the highest needs among the eight countries.

During 2021, countries continued to grapple with movement restrictions and growing transport costs; the suspension of outreach programmes and mobile services; mixed messaging related to quarantine; lack of awareness of health and safety approaches; and costly integrated mobile clinic services in hard-to-reach areas. Supplementary immunization activities have been halted in most countries. The pandemic has also had a devastating impact on the socio-economic well-being of individuals.

The Eastern and Southern African region continues to face multiple hazards compounding the nutrition situation. In 2021, the humanitarian situation in the region was marked by the increased climate-related crisis and conflict in addition to the other hazards, including the long-term negative impact of COVID-19. The number of food insecure people (IPC Phases 3 and 4) in need of humanitarian assistance was approximately 35 million in 15 priority ESA countries, with South Sudan, Somalia, and Ethiopia contributing to over 57 per cent of the humanitarian needs.<sup>6</sup> Towards the end of 2021, the horn of Africa was experiencing poor rainfall and drought-like conditions, which is projected to exacerbate the levels of food insecurity and malnutrition in 2022. The number of children in the ESA region projected to suffer from severe wasting in 2021 was 3.6 million. While all the 21 countries experience some level of emergency, the core priority countries were Angola, Ethiopia, Madagascar, Mozambique, Namibia, Somalia, South Sudan. Funding to the nutrition team was mainly geared towards supporting the Regional Office to provide technical oversight, technical assistance as well quality assurance of the nutrition emergency response in the region.

In **Angola**, since January 2021, an estimated 3.81 million people had been reported to have insufficient food consumption in the six southern provinces of the country.<sup>7</sup> This was an increase of 138 per cent compared to 1.6 million people who faced food insecurity in 2020.<sup>8</sup>

The humanitarian situation across many parts of **Ethiopia** in 2021 was characterized by conflicts, inter-communal violence, drought, COVID-19, flash flooding and desert locust infestation, with a significant increase in internal displacement and people in need of assistance as compared to 2020. According to the International Organization for Migration (IOM), as of September 2021, a total of 4.2 million internally displaced persons (IDPs) had been identified across the country, of which 2.1 million were displaced in Afar, Amhara and Tigray due to the conflict in the Northern Ethiopia, 43 per cent of these IDPs in North Ethiopia are children.<sup>9</sup> Out of the total people displaced, over 2.1 million were children under 18, which accounted for half the displaced population. Across the country, out of the total 4.2 million IDPs, 3.5 million (85 per cent) were displaced due to conflict, 307,871 (7 per cent) due to drought, and 139,199 (3 per cent) were displaced due to seasonal floods. The humanitarian situation in the northern regions of Tigray, Amhara and Afar significantly deteriorated over the course of 2021.<sup>10</sup>

In **Kenya**, due to the cumulative impacts of three consecutive failed rains seasons, over 2.8 million people were facing food insecurity by December 2021.<sup>11</sup> By 31 December 2021, Kenya had experienced the fourth wave of the COVID-19 pandemic with 297,155 confirmed cases, 253,715 recoveries and 5,381 deaths reported. A total of 1,316,940 children needed humanitarian assistance.<sup>12</sup>

In **Lesotho**, climatic shocks, declining economic growth, and the COVID-19 pandemic continued to be critical factors contributing to increasing humanitarian needs. The estimated

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<sup>6</sup> [OCHA Humanitarian Needs Overview](#) (2021).

<sup>7</sup> [UNICEF Angola Year End Humanitarian Situation Report](#) (31 December 2021).

<sup>8</sup> [UNICEF Angola Humanitarian Situation Report](#) (31 December 2020).

<sup>9</sup> [IOM National Displacement Report 10](#) (August-September 2021).

<sup>10</sup> Ibid.

<sup>11</sup> National Drought Management Authority, December 2021.

<sup>12</sup> Ibid.

number of people in need at the start of 2021 was 766,000 (38 per cent of the population), of which 582,000 people are in rural areas and 184,000 people in urban areas <sup>13</sup>.

In **Madagascar**, acute drought left 1.5 million people food insecure in southern Madagascar.<sup>14</sup> Children were also vulnerable to other disasters including flooding, cyclones, and COVID-19. In July 2021, a corporate L2 Emergency Response was declared forcing UNICEF together with its partners to step up response to the critical needs of 2.6 million people including 1.3 million children struggling from drought and other humanitarian crises.<sup>15</sup>

In 2021, **Somalia** experienced a combination of three consecutive dry seasons, severe water shortages, and rising food prices which left the country as the Horn of Africa's most severely drought-affected country. Somalia declared a drought emergency on 25 April 2021. The 2021 deyr season<sup>16</sup> is the third consecutive below-average rainfall season since late 2020, and persistent drought is leading to one of the worst deyr harvests on record alongside a severe water shortage. More than 3.2 million people in 66 of Somalia's 74 districts were hit by the severe drought.<sup>17</sup> In Somalia, 874, 000 people were displaced in 2021 alone, with 544,000 (62.4 per cent) displaced due to conflict, 245,000 (28 per cent) due to drought, 62,000 (10.6 per cent) due to floods, and the remaining 22,000 displaced due to other factors.<sup>18</sup> The COVID-19 pandemic continued to pose unique public health, economic, and social risks in Somalia. The country reported a total of 23,532 cases with 1,333 deaths as of 31 December 2021.<sup>19</sup>

## Humanitarian Results

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ESARO supported 21 country offices to prepare for and respond to various emergencies, including developing COVID-19 preparedness and response plans; ensuring minimum Ebola preparedness for countries bordering DRC; election and hazard preparedness work for all countries, continuing services for vulnerable refugee women and children affected by conflicts in South Sudan, Ethiopia, Uganda, Rwanda and Burundi; and responding to intensified climatic shocks, particularly drought in the Horn of Africa and lingering impacts of Cyclone Idai, new cyclones and flash storms and flooding in region, exacerbated by climate change impact. ESARO also supported regional emergency response coordination for the Cabo Delgado and Tigray crises and contributed to regional/global humanitarian policy initiatives, such as the global compact on refugees and revised Core Commitments for Children in Humanitarian Action. Moreover, ESARO continued strengthening partnerships, such as the [joint Blueprint Initiative](#) with UNHCR, and the humanitarian/development nexus through support for resilience and systems strengthening.

In 2021, ESARO worked towards strengthening results and funds monitoring, both quantitative and qualitative through weekly COVID-19 and humanitarian results geospatial dashboards and database analysis sharing with country office, the Regional Office and UNICEF Headquarters. There was also extensive work done in building the IM and data analysis capacity at country office level with both remote and on-site support.

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<sup>13</sup> Integrated Food Security Phase Classification, 'Lesotho: IPC Acute Food Insecurity Analysis July 2020-March 2021', IPC, August 2020; and Lesotho Vulnerability Assessment Committee, August 2020.

<sup>14</sup> [UNICEF Madagascar Humanitarian Situation Report No. 8](#) (31 December 2021).

<sup>15</sup> Ibid.

<sup>16</sup> Deyr season starts in late September and ends in early December.

<sup>17</sup> 2021 Somalia Annual Sitrep.

<sup>18</sup> Ibid.

<sup>19</sup> Ibid.



Recognizing increased number and types of hazards in the region, ESARO continued building local emergency preparedness and response capacities and working with country offices' teams in promoting accountability to affected populations, providing emergency cash transfers, and developing shock-responsive social protection mechanisms to respond to crises. The Regional Office also supported country offices with human (including standby partners, stretch and surge support) and financial resources in emergencies (thematic and preparedness funds as well as advocacy work) for immediate response.

### ***Communication for Development***

In 2021, ESARO Social and Behaviour Change (SBC) team supported 21 country offices to develop evidence-based strategies for increased COVID-19 vaccine demand and uptake and address false rumours and beliefs about COVID-19 vaccine. Generating evidence to understand the motivation or hesitancy toward COVID-19 vaccine and inform SBC plans accordingly remained a focus in 2021. In addition, there was notable increase in the availability and use of social and behavioural data to inform programmes, reinforce advocacy for COVID-19 vaccine uptake, continuity of care, return to school and abandonment of harmful practices. Nineteen countries in the regional were supported to collect and use data to understand the drivers of COVID-19 vaccine demand and uptake. Similar efforts were conducted to understand how to sustain preventive behaviours in a context of growing complacency. Technical support was provided to 16 country offices in the development of research tools, data analysis, and development of related programmatic recommendations to reinforce COVID-19 vaccine uptake.

### ***Child Protection***

ESARO assistance supported 13 country offices to include GBV response in their Humanitarian Action for Children appeals and COVID-19 programming and enabled seven country offices to progress on strengthening child protection social service workforce quality assurance systems. ESARO supported country offices through various knowledge products to inform programming and support roll out of initiatives. This included 'the compendia of promising practices to reduce child marriage and female genital mutilation (FGM) and address violence against children'; and the UNICEF and IFRC joint report research that explored the extent of integration of gender considerations, including GBV risk mitigation, prevention and response, in national and regional disaster risk management legal and policy frameworks in Eastern and Southern Africa. In cooperation with Headquarters, ESARO initiated a series of regional webinars to discuss how UNICEF's engagement with human rights mechanisms trigger measurable changes in children's lives and to see how we can better articulate the link between child rights monitoring and emergency preparedness.

### ***Education***

Since 6 December 2021, UNICEF ESARO hired a technical specialist/contractor to provide support in the growing and increasingly complex portfolio of Education in Emergencies (EiE). The contractor provided support in various areas, including for regional trends analysis, evidence generation and the development of lessons learned and good practices particularly on Education recovery from the COVID-19 pandemic. This was achieved through outreach and dialogue with seven country offices using virtual consultations to collect information and data on practices to address learning losses and to recover education after prolonged school closures. This resulted in the production of promising practices from Botswana, Malawi, Rwanda, South Africa, Zimbabwe, Zambia and Uganda. In addition, with the support of the contractor, ESARO continued to monitor the context and status of school reopening in the 21

ESAR countries to ensure a regional overview of the situation and produced epicurves and graphs depicting the relationship between the incidence of COVID-19 cases and the status of school closure and reopening.

Furthermore, remote technical assistance was provided to country offices, with specific focus on the Madagascar drought and cyclone emergency response. This included the review of data collection, monitoring and reporting tools to improve education in emergencies (EiE) data management. An in-country mission with Terms of References (ToRs) to provide support and capacity building was planned for February 2022, however, due to unavailability of flights from Nairobi to Madagascar, travel is still pending. Meanwhile, the team continues to provide remote support including on (i) the emergency response plan, (ii) resource mobilisation and (iii) data collection and management tools to improve EiE information management. Support was given to provide quality assurance to the Country Office Annual Reports (COAR) and the 2022 Education Strategic Monitoring Questions (SMQs).

The Education team continued to participate in technical working groups including the Global Education in Emergencies Focal Points, Mental Health and Psychosocial Support (MHPSS) Focal Points and with partners such as the Global Education Cluster and provided platforms for information exchange, collaboration, and yearly planning on EiE.

## **Health**

ESARO health support to country offices was provided in line with its strategy and standard operating procedures for notification and action on public health emergencies. Support focused on rapid response to health emergencies leveraging strong Regional Office cross-sectoral collaboration for holistic response; enhancing collaboration and coordination with UN and other partners at regional level for improved coordination and collaboration for preparedness and response; fostering cross-border coordination to maximize response between UNICEF country offices, Ministries of Health and other partners; improving country offices preparedness and response and supporting efforts for resilience building in health; and advancing implementation of the ESAR Cholera Strategy and regional health emergencies preparedness and response strategy.

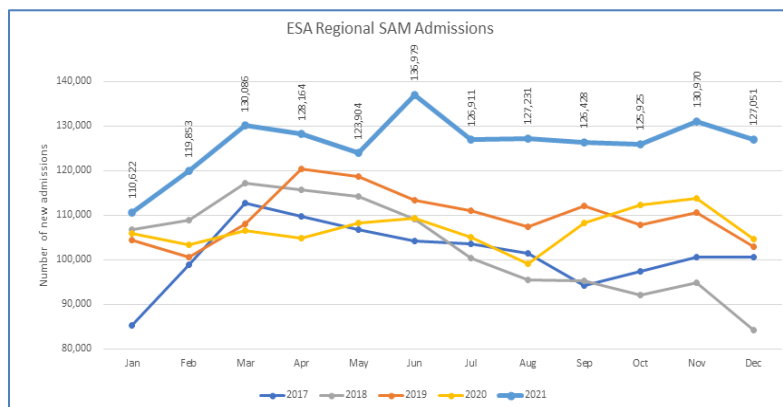
## **Nutrition**

Implementation of nutrition core actions in 2021 was aligned to the UNICEF core commitments for children (CCCs) in humanitarian action. At the beginning of the year, all the 21 countries were sensitized on the 2020 revised CCCs, to ensure that the country offices had adequate capacity to implement humanitarian actions in all the humanitarian contexts.

Emergency preparedness and response remained core, with support provided to all the 21 counties with the revision of the nutrition and cross-sectoral emergency preparedness and response plans. While most technical support was provided remotely, onsite technical support was provided to Ethiopia and Angola on nutrition response and enhancing nutrition information systems for better response. Currently, two operational guidance's on Infant and Young Child Feeding in emergencies (IYCF-E) and the revised nutrition CCCs are near finalization to operationalize further core actions at the country level. The IYCF capacity assessment tool was finalized and disseminated to support county-level assessment on IYCF capacities in policy budgets, human resources, information systems, communication, and service delivery. So far, two counties have conducted capacity assessments with results shared through global and regional forums

UNICEF played regional leadership role on nutrition through coordinating 10 monthly partners meetings and leading the nutrition inputs toward regional food security and nutrition meetings for southern Africa and eastern Africa food and nutrition security working groups (SADEC and IGAD regions). In addition, multi-sectoral collaboration was facilitated at regional level through the health partners meeting and the humanitarian partner meeting. In enhancing visibility and information analysis, UNICEF contributed to developing the 2021 global and IGAD food crisis report and provided monthly inputs into the food security statements for both the IGAD and the SADC regions.

All the ESAR countries were supported to ensure the achievements of their core results in line with the Humanitarian Action Plan for children (HAC) and their Emergency Preparedness Plans (EPP), while taking into consideration the changing context. Some of the programming adaptations adopted in 2020 continued through 2021, including adoption of the family Mid Upper Arm Circumference (MUAC) approach in 13 countries as per 2021 simplified landscape analysis.



**Figure 1:** ESA regional admission trends for severe wasting

From January to December 2021, over 1.5 million children were treated for severe wasting across the region. This represents a 20 per cent increase in the number of children treated compared to 2020, and the largest number of children treated in one year to date. These increases have largely been driven by efforts to reach more children, including in emergency settings in Madagascar (where services in the 10 Southern drought-affected districts were expanded in 2021) and Ethiopia (where the MUAC cut-off for admission to severe wasting treatment was aligned to international guidelines of 115mm, from the previously used 110mm). The integration of nutrition action in other sectors continued with the first-ever GBV nutrition integration evaluation conducted in South Sudan. Additionally, the UNICEF nutrition section continued to work closely with Health and WASH sections to ensure the integration of nutrition actions across the sectors while enhancing complementarity and continuity efforts for enhanced service delivery. An external partnership was enhanced with the continued engagement with Save the children, WFP, WHO, FAO and UNHCR. This was as part of the bilateral engagement with the partners and through the implementations of joint actions, including the implementation of the global action plan for wasting. A lesson learning workshop was conducted for UNICEF's partnerships with WFP and WHO with the aim of enhancing further the regional and country level collaboration.

A regional nutrition database was developed and rolled out in 2021 to consolidate nutrition information and enhance data visibility at the regional and country levels. Data reported to date (Feb 2022, some up-dates expected) shows that 59.4 million children received vitamin A supplementation (VAS) in semester 1, while 52.5 million received supplementation in semester 2, resulting in a two-dose coverage of 49 per cent for 2021 (an increase of 2 percentage points compared to 2020). On the other hand, efforts in counselling and messaging around maintaining and protecting breastfeeding and young child diets reached over 25 million caregivers (like 2020 achievements). Data collection (using remote means) for the research on the impact of the Covid-19 pandemic on the diets and care-seeking

behaviour of children, adolescents and women was completed in 2021, and analysis and reporting are underway. Preliminary results show that COVID-19 and its related mitigation actions have negatively impacted the quality of diets of children, adolescents, and women, causing high levels of food insecurity. Further documentation is underway to analyse and learn from the overall nutrition programme implementation in the context of COVID-19.

Implementation was marred by several challenges, including the limited access to target beneficiaries in Northern Ethiopia, Cabo Delgado in Mozambique, and in some parts of South Sudan. Limited funding resulted in nutrition supplies pipeline breaks in Angola and Kenya, and strained pipeline in several other countries including Ethiopia, Mozambique and Uganda. Uncertainties related to elections in several countries including Kenya and Somalia, and fuel price increases and shortage of food commodities in relation to Ukraine crisis are likely to increase the vulnerability of households in ESA region in 2022.

## **Social Policy**

ESARO supported country offices to routinely measure and contribute to the reduction of child poverty, including by influencing public financial management (PFM) processes and helping strengthen and expand national social protection systems. In 2021, all country offices in ESA (less Eritrea) reported that they strengthened social sector budgets, 12 of which reported increases in budget allocations to one or more sectors that benefit children partly due to ESARO technical assistance, quality assurance, capacity development and advocacy support. On the social protection side, in addition to strategically and technically advising all country offices in the region, 10 were supported to scale up or introduce new programmes that reach children and a dozen to expand cash transfers in response to shocks (drought, conflict, COVID-19).

## **WASH**

ESARO provided timely technical support, training, HR for surge and support missions to countries affected by emergencies. Intensive remote support was provided to Ethiopia, Somalia, South Sudan, but also ad-hoc support to selected country offices with limited emergency WASH capacity like Angola, Burundi, Comoros, Eritrea, Lesotho, Tanzania, Uganda, Kenya and Namibia.

## **Countries' specific results**

### Ethiopia

Through the flexible humanitarian contributions received in 2021, UNICEF reached nearly 4.9 million people with clean water. About 472,000 children were treated for severe acute malnutrition; over 110,000 children and caregivers were provided with mental health and psychosocial support; over 225,000 children were supported with access to formal or non-formal education; and over 19,000 households received humanitarian cash transfers. UNICEF also dispatched over USD 42.8 million worth of supplies throughout the country in 2021. From this amount, USD 16.3 million worth of supplies were dispatched to Tigray, Afar and Amhara as part of the Northern Ethiopian response.

## Malawi

On 5 November 2021, with support from UNICEF, the Minister of Health launched the COVID-19 Vaccine Express programme – an innovative approach for increasing vaccine uptake to reach all parts of the country including the remotest rural locations where uptake is lowest. The programme involved one branded vehicle deployed in each of the 29 districts with sufficient space to accommodate for drama/street play, vaccinator, and support team of seven persons. Using a route map, the team conducts sessions at two to three sites of the prescheduled areas identified by the district in discussion with communities. In the communities close to the designated site, the teams performed community awareness activities to mobilise people to the vaccination site. Information education and communication (IEC) materials in the local language were distributed to the community members. Branding and communication materials of different types were provided which were given motorcycles/ bicycle operators to brand in support of public awareness.

The COVID-19 Vaccine Express has registered enormous success. All 730,000 vaccine doses that would have expired on 31 December 2021 were fully utilized before expiry. In total, 710,421 people were vaccinated in November and December 2021. The country registered an increase in the number of people receiving both AstraZeneca Johnson & Johnson's (J&J) vaccines. Daily utilization and consumption increased from about 3, 000 to 15,000 (3 times more consumption and utilization). A total of 156,000 people were fully vaccinated representing 28 percent increase. The importance of the COVID-19 Vaccine Express programme cannot be emphasized as it has proved to be effective evidenced by the achievement registered in the past two months.

## Mozambique

In 2021, the security situation in Cabo Delgado province was volatile and displacement increased by 8.2 per cent. With UNICEF financial and technical support, over 1.1 million children under 15 were reached with measles/rubella vaccinations and nearly 1.6 million children under five received supplementation with Vitamin A. Over 190,000 children had access to safe learning environments with rehabilitation of 201 classrooms and establishment of 417 temporary learning spaces. UNICEF provided access to safe water for 200,000 people. Radio stations, community radios, TV stations, and multimedia mobile units supported by UNICEF reached over 4 million listeners with messages on COVID-19 prevention, importance of the vaccine and other important health and hygiene practices. UNICEF reached nearly 110,000 caregivers and families in need with critical child protection services including family tracing and reunification services for unaccompanied and separated children, psychosocial support and case management.

## Somalia

During the reporting period, UNICEF supported the COVID-19 vaccine rollout and, as of 31 December 2021, 1,589,530 doses had been administered. Thanks to its partners, UNICEF was able to provide life-saving humanitarian assistance to people in need. In 2021, 176,073 affected children (48 per cent girls) were supported to access education; 257,021 children (55 per cent girls) were treated for SAM; 360,923 people received essential health services; 1.1 million people were reached with access to sustainable safe water and 74,663 people (21,816 girls, 25,975 boys, 14,980 women, and 11,892 men) received psychosocial support services.

## Results Table

Regional key indicator results					
Sector	INDICATOR	2021 HAC Targets	RESULTS	GAP	per cent ACHIEVED
<b>C4D</b>	Number of people reached with information on access to basic services in emergency situations	11,661,415	21,116,339	0	181%
<b>Child Protection</b>	# of children receiving psychosocial support services	890,556	815,137	75,419	92%
	# of UASC receiving protection services	24,425	26,970	-2,545	110%
<b>GBV</b>	# of people reached with GBV prevention and response services	628,177	335,678	292,499	53%
<b>Education</b>	# of children aged 3 to 18 years accessing education in emergencies	3,369,475	3,379,013	-9,538	100%
<b>Health</b>	# of children vaccinated against measles	2,867,084	1,542,376	1,324,708	54%
	# people provided with access to essential and lifesaving health care services	5,298,846	5,190,744	108,102	98%
<b>Nutrition</b>	# of children aged 6 to 59 months with SAM admitted to therapeutic care	1,644,787	1,774,300	-129,513	108%
	# of children aged six to 59 months receiving vitamin A supplementation	7,254,556	7,472,094	-217,538	103%
<b>Social Protection/Policy</b>	# of households supported with social cash transfers	2,042,500	6,471,787	-4,429,287	317%
<b>WASH</b>	# of people with access to safe water	7,692,205	9,375,355	-1,683,150	122%
	# of people supported to adopt appropriate hygiene practices and with access to sanitation facilities	2,949,500	1,940,405	1,009,095	66%

Source: HAC 2021 Annual Database

Results are achieved through contributions against appeals, as well as resources from UNICEF's regular programmes where necessary.

## Case Study

### *Nutrition in Madagascar*

**Top Level Results:** UNICEF continued to support the Ministry of Health in Madagascar to scale up the nutrition actions at the county level through technical assistance, financial and supplies assistance, and the provision of technical oversight and coordination of nutrition actions. In 2021, over 60,000 children below five years were treated for acute malnutrition in 100 per cent of the health facilities and through 27 mobile outreach teams in the drought prone areas. The number of children reached in the southern emergency districts represents 60 per cent of the 2021 burden and 75 per cent of the overall country admissions.

**Issue/Background:** Southern Madagascar continues to face the risk of drought with back-to-back droughts during the 2019/2020 and 2020/2021 rainy seasons, negatively impacting the nutrition status of the vulnerable population. According to the IPC food security analyses in April and October 2021, 10 districts were classified as a priority, with five districts in IPC 4. Approximately 1.6 million people were classified to need humanitarian assistance with 100,000 children in need of life-saving treatment for severe acute malnutrition. SMART surveys conducted in May and November 2021 indicated a deteriorated nutrition situation in 2021 when compared to 2020. However, a slight improvement was noted in Quarter 4 compared to the first trimester owing to improved harvest; however, the situation was forecast to deteriorate in 2022 as the districts moved to hunger season compounded by the anticipated negative impacts of the cyclones and storms. The comprehensive quarterly screening also indicated a worsening nutrition situation compared to 2020. Several funding appeals were shared throughout the year, with a highlight on the deterioration of the situation to famine-like conditions. UNICEF is closely collaborating with partners to advocate and implement multi-sectoral response. Key nutrition priorities are coordination, scaling up treatment of SAM, promotion of appropriate infant and young child nutrition and nutrition surveillance.

**Resources Required/Allocated:** To implement the comprehensive package of interventions, different types of resources, including human, financial, and supplies, were needed to scale up all the actions at all levels. A total of USD 10.2 million had been envisioned at the start of the emergency response, with USD 2.9 million funding gap noted at the end of the year. The funding was mainly to support knowledge management, scaling up of IYCF, and support overall coordination. At the national level, dedicated staff was tasked to spearhead the implementation of the response. UNICEF provided financial resources for training, support supervision, and activation of the overall response.

**Progress and Results:** UNICEF continued to support the overall nutrition coordination and response with monthly emergency meetings initiated in April 2021, while ad-hoc meetings were conducted as needed. Through the collective, management of acute malnutrition was availed in 276 health centres and nine hospitals. To enhance the overall response, UNICEF in collaboration with the Ministry of Health deployed an additional 160 health centre workers in the six worst-affected districts. Mobile services were scaled up to 27 through ACF partnership support in 49 municipalities. As of December 2021, over 60,000 children had been admitted for SAM treatment. The overall admissions for treatment were higher when compared with previous years. Additionally, over 100,000 children were admitted for MAM treatment within the same timeline, with performance maintained within the sphere

standards. The country office continued to support other actions, including scaling up IYCF actions and micronutrients supplementations for the targeted group.

**Criticality and value addition:** Implementing the nutrition actions was very timely to mitigate against the potential effect of drought. Various strategies were employed at the county level, including enhanced partnership, scale-up of community levels actions, implementation of core actions through the health system, human resources, and supplies management, among others. To ensure quality and efficiency, UNICEF supported monitoring and supervision of the actives at all levels.

**Challenges and Lesson Learned:** The response was quite timely, with systems in place to implement the core actions at all levels. The nutrition information system is one of the strongest in the region, supporting data collection, collection, analysis, and dissemination at all levels. The periodic assessment, including quarterly screening, was vital in identifying the program and hotspot priorities while also reviewing the malnutrition trends. The coordination was quite timely, ensuring strategic agreement of the response priorities joint resource mobilization. While several progresses were made, there were several challenges that were experienced. Noting the response was implemented at the height of the COVID-19 response, access to the southern region remained an issue. Several staff deployed for implementation took longer than expected. In addition, there were inadequate human resources to support the overall response, with recruitment taking longer. Funding also remained a gap noting a USD 2.9 million gap indicated at the end of the year. Some of the key lesson learned include, sustaining of the nutrition information systems, the need for enhanced coordination at all level, and need for adequate national and subnational capacity to stimulate a nutrition response

**Moving Forward:** With ongoing emergencies, funding for the overall response in Madagascar will remain core. UNICEF will plan to sustain mechanisms in place for nutrition response, including resource mobilisation for enhanced preparedness in nutrition and across sectors.



*Three siblings are enjoying their ration of Plumpy nut at the Ambohimalaza Basic Health Centre, Ambovombe, Androy Region in Madagascar.*

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## Results Achieved from Humanitarian Thematic Funding

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The allocation of Global Humanitarian Thematic Funding in 2021 allowed ESARO to provide an integrated, multi-sector response to deliver life-saving services for children, women and families affected by climatic shocks and disease outbreaks, including populations living in displacement and refugee camps in line with government and inter-agency response plans and the Core Commitments for Children in Humanitarian Action (CCC). This included reinforcing preparedness, building resilience, and strengthening systems to prepare for and respond to crises, while linking humanitarian action with development programmes.

In terms of emergency preparedness and response, however, some challenges were encountered, including the rising demand of support coming from country offices to the Humanitarian Action, Resilience and Peacebuilding (HARP) team in ESARO. These demands underscored the need for humanitarian capacity building; increased demand for peacebuilding, conflict sensitivity, social cohesion; possibility for multi-country plans, sub-regional analysis on risks and capacity building, including with other regions.

In the area of Early Childhood Development (ECD), Global Humanitarian Thematic Funding allowed ESARO to commission a study to critically review the regional ECD Framework for Action 2019–2021 intended to organise UNICEF's efforts towards implementing UNICEF's strategic plans and supporting improved outcomes for children in ESAR. The study assessed the implementation of the framework in the region including leveraging lessons learnt to inform future use of the framework to allow for course corrections in the short term and to inform the next Strategic Plan, which UNICEF ESARO would develop for 2022 to 2025. The evaluation was carried out in 21 countries within depth focus on 11 countries including Ethiopia, Lesotho, Madagascar, Namibia, Somalia/Somaliland, Zimbabwe, Malawi, Mozambique, United Republic of Tanzania, Uganda and Zambia. An evaluation report was produced providing a UNICEF ECD Framework which guides UNICEF's ECD work within the region and articulates the expected results, guiding UNICEF country offices on how to deliver the results and highlighting ways in which UNICEF can support ECD data strengthening and better evaluate its programmes. The ECD Framework identified two regional priorities for ECD which are to ensure that (i) every child survives and thrives and (ii) every child learns. On the other hand, challenges identified in the study included lack of ECD funding across the ESAR region, both within and at country level even when there are designated allocations for ECD, it is often unclear how much was funded or spent. The study also indicated that there is substantial lack of data that hampers UNICEF's ability to monitor the effectiveness of the ECD advocacy, track the efficiency of ECD investments and hold governments accountable. UNICEF ESARO provided technical support in strengthening ECE and guidelines including support to country offices to adapt, contextualize and operationalize the ECD Framework going forward.

In the area of health, Global Thematic Humanitarian Funding allowed ESARO to provide direct in-country and remote technical assistance to 21 countries to develop robust plans for COVID-19 response, resource mobilization support, provision of contextual technical guidance and assistance including on duty of care. Provided operational UNICEF health leadership in the regional WHO led COVID-19 coordination mechanism, ensuring dedicated cross sectoral leadership of: RCCE (C4D), Infection Prevention and Control (WASH), MHPSS (CP), nutrition (nutrition) and cross sectoral support for continuity of essential services (health, nutrition, child protection, C4D), and surveillance, laboratory, and Points of Entry (health).

Moreover, the ESARO health team supported preparedness planning and response to epidemic outbreaks - a case in point is the support mission to South Africa to provide three-weeks hands on support in planning, scale up of response and preparations for introduction and roll out of COVID-19 vaccine. In this area, the team also supported cross border and interagency coordination as well as evidence generation through epidemiological studies in Ethiopia. There was active participation and technical contributions to the global taskforce for cholera control (GTFCC) working groups (surveillance and WASH) and the global UNICEF global cholera task team.

On preparedness and resilience, Global Thematic Humanitarian Funding allowed the health team to conduct a risk analysis of public health emergencies in seven high burden countries (Kenya, Ethiopia, Madagascar, Mozambique, Somalia, South Sudan and Uganda). This was coupled with an analysis of COVID-19 pandemic related disruptions on immunization services and lessons learned from preparedness and response to Ebola Virus Disease in priority countries. These reports provide critical examples of what works and what doesn't and will contribute to building resilience to public health emergencies in the region. In this context, regional partnerships with WHO, Africa CDC and RECs were also leveraged to support delivery of regional and country offices' results for public health emergency preparedness and response including COVID-19. Continued collaboration with UNHCR for cross border health in humanitarian and public health emergencies in refugee settings, with a focus on the Horn of Africa and the Great Lakes, also remain crucial in 2021.

As part of challenges, conflicts and inaccessibility in Ethiopia, Mozambique, Somalia, and South Sudan continued to hamper the well-coordinated and comprehensive response and resulted in further disruptions in primary healthcare services, destruction of already limited health infrastructure and equipment in Ethiopia and Mozambique, alongside attrition of human resources for health. It became more apparent in 2021, that the COVID-19 pandemic response, while critical, caused significant disruptions in all branches of the health system, making countries vulnerable to public health emergencies and negative impacts of other crises. Following two years of the COVID-19 pandemic, it will be important to support countries to recover gains lost in critical health programming, enhance capacity for stronger cross sectoral preparedness and response to public health and health in humanitarian emergencies.

In terms of more cross-cutting areas, including partnerships and supplies, Global Thematic Humanitarian Funding helped strengthen the quality of a UNICEF Eswatini Country Office Health Evaluation Report, ultimately contributing to UNICEF regional evidence generation results for children while also support the regional Supply section in providing ongoing technical support for supply chain system strengthening and resilience to the 21 country offices in the region.

## **Countries' specific results**

### Angola

In 2021, UNICEF provided logistical support for the rollout of the COVID-19 vaccination campaign, information, and communications technology (ICT) equipment for registration of vaccination service users and human resource support for the scale-up of vaccination centres across the country. Additionally, UNICEF facilitated, the acquisition and timely delivery to Angola of the different COVID-19 vaccines and vaccination supplies. During the reporting period, UNICEF facilitated the procurement and/or logistics for more than 35 million

doses of COVID-19 vaccine to Angola, enabling the administration of nearly 11.5 million doses.

Through the financial and technical support of UNICEF, screening of 344,923 children under five for acute malnutrition was undertaken. A total of 77,323 pregnant women attended in antenatal clinics, and 27,741 deliveries occurred in the maternities. Furthermore, 726 children living with HIV were registered in 15 health facilities in Luanda and benefited from social cash transfer as part of the response to the COVID-19 emergency. UNICEF facilitated the Climate Risk-Informed Water, Sanitation and Hygiene (WASH) bottleneck analysis (WASH BAT-IR), and contributed to the Nationally Determined Contributions to climate change mitigation.

Working closely with other United Nations agencies contributed significantly to scale results or testing innovations, as UNICEF complemented with the strengths of other agencies to accelerate results for children and youth; and enhanced efficiency of working in Angola. For example, UNICEF collaboration and coordination with WHO in responding to the COVID-19 pandemic, with UNICEF providing technical support to cold chain and vaccination logistics; with UNDP on empowering youth by modelling a 'learning to earning project in one municipality as a first step towards launching a GenU 'chapter' in Angola; with WFP, UNDP, FAO, UNFPA and WHO on the major drought response in southern Angola mobilizing CERF funding of USD 5 million; and with UNFPA on the U-Report that has surpassed expectations with more than 70,000 U-Reporters.

## Botswana

During the reporting period, UNICEF supported the development of the National Vaccine Deployment Plan as a core member of the Coordination Committee at the highest level advising the President and at the technical working group level particularly supporting the Vaccine Planning, Supply Chain Logistics, Risk Communication and Community Engagement, and Vaccine roll out working groups. The Government of Botswana relied on UNICEF support even for bilateral procurements to support logistics and quality assurance. The country office, thanks to the funds received through the HAC, further supported the government and donated 500,000 of 0.3ml AD syringes, 63,000 standard COVID-19 diagnostic test kits, 659,500 COVID-19 data collection tools and IEC materials, 1,500,000 surgical masks to support vaccination roll out and 231,300 Vitamin A capsules to ensure normal programming is continued amidst the pandemic. A total of 19 government staff involved in the supply chain participated in a training to ensure understanding of procurement services and to build capacity of government in forecasting and end user monitoring.

Through a UNDP-UNICEF joint programme with Botswana Red Cross Society (BRCS), over 25,000 children and caregivers benefited from discussions on access to essential services such as growth monitoring and immunization during the COVID-19 pandemic at household level. The initiative also reached over 1,000 families with messaging on child protection. UNICEF developed and distributed over 20,000 copies of a Violence Against Children (VAC) information packs to be used by members of the Village Child Protection Committees (VCPC) on the different forms of abuse, how to notice abuse and referral pathways for cases of abuse.

UNICEF effectively leveraged its role as a trusted convener and facilitator of dialogue with the Government around budget transparency and public accountability. UNICEF supported the 2021 Open Budget Survey and the COVID-19 module for Botswana. Following the survey, UNICEF partnered with a local watchdog to generate discussions around

transparency and accountability on the COVID-19 Relief Fund. In recognition of the impact of COVID 19 in the education sector, UNICEF continued to support the Ministry's efforts to ensure access to education during an emergency by providing technical support on safe schools. Furthermore, UNICEF supported the provision of psychosocial support for benefiting 6,765 learners and 2,327 teachers and non-teaching staff during the COVID 19 pandemic. UNICEF also supported the Government in the development of the national remediation and enrichment programme which will benefit at least 650,000 learners nationally and lead to improved national learning outcomes by addressing learners needs. BCO developed and implemented an RCCE plan promoting child-sensitive response to COVID-19, including strengthened response to SEA during lockdown; partnership with Botswana Red Cross to support child protection resulted in almost 18,000 caregivers and children reached with IEC materials.

UNICEF has played an instrumental role in supporting the Government of Botswana's COVID-19 response efforts and ensured, among others, the availability of learning materials, the use of a variety of innovations in ICT such as the DHIS2 tracker as well as growing social media platforms to disseminate COVID-19 prevention messages with aggressive online campaigns, engaging children, young people and to the public of Botswana. Recently, advocacy efforts have been cast at the highest level of government to further young people's agenda.

Efforts in 2021 continued to focus on scaling up effective innovations to bolster the HIV and COVID-19 response, to ensure continuity of HIV services. UNICEF continued to use U-report as a social messaging tool for the COVID-19 response and in collaboration with UNFPA, NAHPA, the Ministry of Health and Wellness and civil society, published the regional U-Report poll to assess young people's adherence to SRH and HIV services during COVID-19. Over 1,400 Botswana U-Reporters responded, with more than half indicating that the fear of contracting COVID-19 has been a major barrier to accessing services. Over half (63 per cent) of U-Reporters indicated that they felt there had been an increase in teenage pregnancies in their communities since the beginning of the pandemic. Furthermore, through strategic partnerships, integrated and evidence-driven programming, continuous use of innovation and differentiated service delivery models, 443,868 adolescents and young people received information and services resulting in improved knowledge, skills, behaviors, and practices on HIV, SRH, sexual violence and COVID-19.

## Comoros

In 2021, 1,576 children including 764 girls aged 3 to 13 in pre-elementary and elementary schools of the most vulnerable communities on the three Comoros islands benefited from renovated classrooms. As part of the response to COVID-19 pandemics, UNICEF partnered with the Comorian Red Crescent to disinfect a total of 2,724 classrooms at the beginning of 2021-2022 school year. A similar activity was conducted in early June 2021 targeting 417 primary and secondary schools in June, July and September 2021 to ensure the reopening of schools following initial closure due to the COVID-19 cases upsurge in March 2020. The first intervention targeted 93,512 children aged between 4 and 18 years and 4,154 teachers. As a result of the intervention, 108,917 students (including 51,631 girls) resumed classes in secure and sanitized environment.

To ensure continuity of essential maternal and new-born care services, technical support to development of minimum standards for continuity of care in the context of COVID-19 was provided. In addition, community-based surveillance system was implemented with the support of UNICEF in partnership with the Regional Health Directorates, the French Red

Cross and the network of community health workers. In the island of Anjouan, there was a total of 345 alerts raised by the community health workers, of which 335 were investigated (97.10 per cent). Among the alert cases investigated, 226 were validated and detected (67.46 per cent), while 118 were invalidated. In addition, 109 contact-tracing monitoring were undertaken.

The WASH response focused on the maintenance of and technical support to the three main boreholes providing water to the city of Moroni including nine surrounding localities, enabling the functioning of the water network and water facilities without interruption. More than 40,000 water users recovered access to safe drinking water and their hygiene conditions were improved. In addition, the COVID-19 treatment centre located in Sambankouni was supplied from the rehabilitated wells by water trucking.

UNICEF supported establishment and functionality of the 1,717 hotline call centres at national level providing a channel to communities to report on all questions and concerns related to COVID-19 signs and symptoms, declare suspected cases in communities and ensure first advice, psychological care, and referral to health authorities for prompt medical care.

As part of the Young Reporters Programme which was rolled-out in 2021, 130 adolescents and young people aged 14-20 years were trained and equipped as Young Reporters to foster social and behavioural change in their communities.

## Namibia

During 2021, UNICEF supported the Risk Communication and Community Engagement (RCCE) pillar of the Ministry of Health and Social Services by facilitating the finalization of the rapid assessment questionnaire tool on health care workers and teacher's vaccine hesitancy. UNICEF also provided support on social listening and rumour management using UNICEF's Talkwalker daily report to establish communication interventions as well as generate and develop weekly media reports for the RCCE pillar stakeholders and social media platforms.

UNICEF RCCE team provided capacity building to the Namibia Red Cross by training 45 volunteers in advocacy communication and interpersonal communication skills on vaccines. Moreover, UNICEF further supported the design and printing of the RCCE M&E toolkit which was disseminated to all 35 health districts and regional RCCE teams for M&E reporting. UNICEF also supported the development, printing and dissemination of 300 copies of RCCE Toolkits, 300 of the COVID-19 community health workers handbooks, and 2,000 copies of community health workers COVID-19 screening tools to be used by the health workers in eight regions. With UNICEF's support, Ministry of Health and Social Services also conducted a national training to 140 healthcare workers, 45 community health workers on COVID-19 Vaccines covering all 35 health districts.

UNICEF supported a Television COVID-19 Holiday Campaign in Oshana and Erongo Regions. The funds covered the production and airing costs for several widely watched TV shows, such as very popular NBC breakfast show "Good Morning Namibia", "Talk of the Nation", "ONE on ONE", "Tupopyeni Let's TALK!" and the NBC COVID-19 Center and Show Synopsis. It is estimated that over 49,000 people were reached with this holiday campaign. UNICEF provided support for the strengthening of community engagement, through the establishment of a draft Community Engagement plan as guided by UNICEF SBC/RCCE guidelines. This will be reviewed and shared for approval by the Ministry of Health and Social Services.

## South Africa

The deadliest third COVID-19 wave hit South Africa hard in mid-2021. The vaccination of most medical personnel helped to provide some protection to frontline workers. However, the vaccine roll-out was yet to reach a large number of people. Vaccination was opened to all, including children above the age 12 and older in South Africa in October 2021. The 'Vooma Vaccination Weekend' drives helped to regain momentum around the roll-out. By late 2021, youth aged 18-34 years of age, a cohort of 17.8 million people, had a vaccination coverage of only 32.8 per cent compared with the 67 per cent coverage of the 5.5 million 60+ cohort.

UNICEF supported the rollout of the COVID-19 vaccination programme that scaled-up in mid-2021. Highlights included direct cold chain support to the Department of Health and playing a lead role in the Risk Communication and Community Engagement (RCCE) working group. This included social listening, data and evidence collection and community engagement, such as the UNICEF 'multimedia truck' and Zwakala campaign, encouraging vaccination and non-pharmaceutical COVID-19 prevention. UNICEF reached about 50 million people with key messages during the COVID-19 campaigns.

UNICEF early learning and basic education response reached more than 4.2 million children from birth to 18 years. This included providing materials to support some 800,000 parents through distance and home-based learning for children during COVID-19 waves, as well as for more than 764,000 early learning and basic education educators. UNICEF intensified community engagement, peacebuilding initiatives and dialogues in Tembisa and Umlazi with partners Action for Conflict Transformation and the Child Protection Faith Based Movement following data that showed an increase in gender-based violence (GBV) and violence against children (VAC). UNICEF with multiple partners continued to provide technical and financial support for birth registration for undocumented people, UNICEF in collaboration with partners EnviroSan, WaterAid, World Vision, Media in Education Trust (MIET) and the National Education Collaboration Trust (NECT), installed 287 handwashing with soap stations in nine provinces, including in vulnerable communities, schools, and healthcare facilities. This resulted in improved access to handwashing for 155,000 people. Through UNICEF partnership with Partners in Development (PID), the WASH-in-schools programme was rolled out in KwaZulu-Natal, Limpopo, Eastern Cape, and Mpumalanga, through interactive materials aimed at encouraging and promoting good hygiene practices to slow the spread of COVID-19.

A total of 175 media mentions were recorded on national, regional and community media covering issues related to children and UNICEF, and partners work in response. Multimedia content production focused on compelling storytelling using the voices of people affected by COVID-19 and its broader impact, as well as youth role models to influence behaviour related to vaccine uptake and broader COVID-19 prevention measures.

Some of the challenges during the response included delays in the roll out of COVID-19 vaccination; youth hesitancy to receive the vaccine; disrupted education which affected learning outcomes and the physical and mental health of children and young people were affected throughout the year. UNICEF response with multiple partners helped to mitigate some of this impact and will be focused in 2022 to reach the most vulnerable children who have been the most impacted by COVID-19 and its fall out.

## Assessment, Monitoring and Evaluation

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In 2021, the Regional Office continued to advance its focus on programming excellence by supporting country offices and regional teams to strengthen programme monitoring. During the reporting period, ESARO undertook three Country Programme Evaluations (Eritrea, Mozambique, and Tanzania), a humanitarian evaluation of UNICEF response during the L2 Emergency in Cabo Delgado (Mozambique), and two multi-country, multi-year evaluations. The evaluations yielded lessons and recommendations that have helped strengthen ongoing programme approaches and humanitarian responses as well as new programme designs.

ESARO also supported evidence-based programming in the context of the response to COVID-19, having finalised Phase II of the Real-Time Assessment (RTA) of UNICEF country-level response to COVID-19. The RTA, supported in part by the Global Thematic Humanitarian Funding, helped to inform humanitarian response to the emergency in the region. This included positives, learning from which can be applied to other future emergencies, including the importance of strong partnerships with government, civil society, United Nations agencies, donors and the private sector; the necessity of access to funding and the benefits of the ability to re-programme funding, derived in part from strong relationships with donors; the use of innovative solutions, including digital platforms; the value of local supply procurement; and the centrality of RCCE in generating demand for essential services. At the same time, the RTA outlined challenges faced by UNICEF regionally in responding to the crisis, including lack of preparedness in countries without prior experience with responding to emergencies; movement restrictions which limited essential service delivery, programme monitoring, and procurement; limited access to supplies; the negative impact of delayed funding; and lack of reliable data. The results of this assessment will help to inform emergency preparedness and response for other disasters in the region and will allow the Regional Office to better support country offices with limited emergency staff capacity to respond to future crises through improved preparedness.

Moreover, the Regional Office provided technical support in strengthening results and funds monitoring, both quantitative and qualitative through weekly COVID-19 updates, humanitarian results geospatial dashboards and database analysis sharing with country offices, the Regional Office, and UNICEF Headquarters. These dashboards play the three-fold objective of improving humanitarian performance in the region, informing advocacy efforts, and increasing accountability. The dashboards have proved useful for in-depth performance and cost analyses, including per beneficiary and per indicator, and stock-take exercises, as well as to highlight challenges requiring course correction by sectors. Furthermore, the dashboards, by analysing programme progress, funding constraints, challenges, trends and the way forward, are increasingly supporting country offices to plan and adjust their humanitarian strategies, including HACs, and are also informing priorities for Regional Office support.

Finally, throughout 2021, ESARO worked closely with country offices to strengthen the quality of their evaluations, which was reflected in independent high-quality ratings, and in updating the Regional Evaluation Framework resulting in new evaluation targets for 2022-2025 with a particular focus on use and uptake.

<b>Table 1: 2021 Funding Status against the Appeal by Sector (Revenue in USD):</b>				
<b>Sector</b>	<b>Requirements</b>	<b>Funds Available Against Appeal as of 31 December 2021*</b>		<b>per cent Funding Gap</b>
		<b>Funds Received in 2021</b>	<b>Carry-Over</b>	
Emergency Preparedness and Response, and Regional office technical capacity	34,250,000	18,445,607	2,566,631	<b>39%</b>
COVID-19 response requirements	30,000,000	6,004,921	814,305	<b>72%</b>
<b>Total</b>	<b>64,250,000</b>	<b>24,450,528</b>	<b>3,380,936</b>	<b>77%</b>

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



**Table 2 - Funding Received and Available by 31 December 2021 by Donor and Funding type (in USD)**

Donor Name/Type of funding	Programme Budget Allotment reference	Overall Amount*
<b>I. Humanitarian funds received in 2021</b>		
<b>a) Thematic Humanitarian Funds</b>		
See details in Table 3	SM/18/9910	124,470
<b>b) Non-Thematic Humanitarian Funds</b>		
European Commission / ECHO	SM/21/0544	266,350
German Committee for UNICEF	SM/21/0566	248,300
United Kingdom Committee for UNICEF	SM/21/0791	199,800
<b>Total Non-Thematic Humanitarian Funds</b>		<b>714,450</b>
<b>c) Pooled Funding</b>		
<b>(i) CERF</b>		
<b>(ii) Other Pooled funds</b> - including Common Humanitarian Fund (CHF), Humanitarian Response Funds, Emergency Response Funds, UN Trust Fund for Human Security, Country-based Pooled Funds etc.		
N/A	N/A	0
<b>d) Other types of humanitarian funds</b>		
N/A	N/A	0
<b>Total humanitarian funds received in 2021 (a+b+c+d)</b>		<b>838,920</b>
<b>II. Carry-over of humanitarian funds available in 2021</b>		
<b>e) Carry over Thematic Humanitarian Funds</b>		
Thematic Humanitarian Funds	SM/18/9910	<b>616,749</b>
Thematic Humanitarian Funds	SM/20/9910	<b>1,214,004</b>
<b>Total carry-over Thematic Humanitarian Funds</b>		<b>1,830,753</b>
<b>f) Carry-over of non-Thematic Humanitarian Funds</b>		
USA (USAID) OFDA	SM/20/0664	420,000
France	SM/20/0642	264,522
The United Kingdom	SM/17/0463	120,929
British Government (DFID)	SM/20/0202	20,000
United States Fund for UNICEF	SM/20/0455	72,403
USAID/Food for Peace	SM/19/0433	56,226
United States Fund for UNICEF	SM/20/0188	32,611
British Government (DFID)	SM/20/0713	118,723
Japan	SM/20/0366	444,769
<b>Total carry-over non-Thematic Humanitarian Funds</b>		<b>1,550,183</b>
<b>Total carry-over humanitarian funds (e + f)</b>		<b>3,380,936</b>
<b>III. Other sources</b>		
N/A	N/A	0
<b>Total other resources</b>		<b>0</b>

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

\*\* 2021 loans have not been waived; COs are liable to reimburse in 2022 as donor funds become available.

<b>Table 3: Thematic Humanitarian Contributions Received in 2021</b>			
<b>Thematic Humanitarian Contributions Received in 2021 (in USD): Donor</b>	Grant Number	Programmable Amount (in USD)	Total Contribution Amount (in USD)
UNICEF-Thailand	SM1899100598	22,106	23,211
United States Fund for UNICEF	SM1899100376	96,437	101,259
<b>Total</b>		<b>118,543</b>	<b>124,470</b>

*\*Global Thematic Humanitarian Funding contributions are pooled and then allocated to country and regional offices by EMOPS. A detailed list of grants will be available in the 2021 Humanitarian Action Global Annual Results Report.*

## Future Work Plan

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In 2022, the Regional Office will continue to prioritize responses to the most pressing needs of children and their families facing humanitarian situations and emergencies across the region and in supporting and enhancing the capacity of country offices to respond. ESARO will focus on providing capacity building for country offices on reporting, information management, risk-informed programming, principled humanitarian response, resilience, systems strengthening, and responding to a multitude of crises (including cyclones, flooding, droughts, violence and insecurity, elections and political instability, refugees and children on the move, and other emergencies).

ESARO will continue to coordinate at the regional and inter-agency level on responding to humanitarian emergencies affecting children. This will include convening internal regional Humanitarian Action Group meetings to coordinate on support to country offices during humanitarian crises, as well as participation in regional inter-agency bodies and meetings, including the OCHA-led RIASCO meetings for southern Africa and the RHPT meetings for HoA and Great Lakes.

Support to Ethiopia and Rwanda as pilot countries within the Blueprint Initiative with UNHCR will continue and will be expanded to include Kenya as a Blueprint country. Support will also be provided to draft Regional Refugee Response Plans.

ESARO will also provide regional support and technical assistance in various sectors as detailed below.

### *Child Protection*

In line with ESARO's engagement with country offices on collective results, 2022 will bring a strong focus on violence against girls, boys and women, building strong partnerships with other sectors to define a cross-sectoral approach and focusing on more data-driven programming around core priorities.

### *Communication for Development*

In the context of increased availability of COVID-19 vaccines, sustaining our technical leadership in “Demand, Risk Communication and Community Engagement (RCCE)” will be critical in 2022.

COVID-19 response confirmed lessons learnt from Ebola preparedness/response, underlining the need to elevate RCCE in public health emergencies (PHE) response architecture for increased access to strategic and decision-making levels. This will require sustaining advocacy efforts with WHO Regional Office for Africa and reinforcing a harmonized and coordinated approach among key RCCE partners.

COVID-19 is an opportunity to reinforce “humanitarian-development nexus.” Reinforcing country offices’ RCCE / C4D capacities to respond to future PHE and to mitigate shocks (climate change, natural hazard etc.) will require further investment in preparedness and resilience building (with a strong focus on localization, accountability).

### *Education*

In the upcoming months, World Class Digital Learning Solutions will be provided to ensure access to digital learning is expanded for all, with the focus on the most vulnerable children – Reimagine Education. Education will ensure continued focus on system strengthening, with special attention to learning outcome; gender-responsive; risk-informed and inclusive

education policies and programmes. In addition, equity focused approaches will be employed including the new ones linked to prolonged closure of schools.

### *Health*

In 2022, Health will support countries to identify medium- and longer-term investment opportunities provided through the COVID-19 response to improve medical oxygen availability within Maternal, Newborn and Child Health services as well as the role of community health systems in current and future public health emergencies; expand risk analysis to new countries and at subnational level as needed; conduct review of emergency health services for nomadic pastoralists in the Horn of Africa (expanding on findings from Ethiopia) and develop case series on UNICEF supported health interventions in conflict settings in selected countries.

### *Nutrition*

UNICEF will continue its critical advocacy and sector lead role in 2022 through sector/cluster coordination across ESAR countries. The Regional Office will provide oversight and support in consultation with GNC to ensure adequate staffing and capacity is maintained at national and sub-national levels.

With the looming Horn of Africa drought emergency, UNICEF will support regional analysis and early warning system, information sharing among the affected countries and coordinated regional emergency nutrition response. UNICEF ESARO also plans to provide remote and onsite capacity building on nutrition emergencies in the SADC region as well as in two additional countries as per the identified needs.

UNICEF will continue to advocate for access in conflict affected areas, and for resources as many of the countries are still struggling to keep smooth RUTF pipeline that is critical for robust and timely treatment for severely wasted children.

Country support will be provided to develop quality emergency preparedness and response plans based on the country-level identified hazards. Additionally, UNICEF will continue to work with other sectors, including WASH, Health, and Social Protection sectors to enhance nutrition actions.

Monitoring the nutrition performance will be done through the humanitarian performance monitoring system. Further support to the information system will be improved through the rollout of NutriDash version – 3, an online-based nutrition information system for both regular and periodic indicators.

Finally, the section will continue support in fundraising for nutrition response due to the region's sustained humanitarian needs.

### *Supply*

In 2022, ESARO will continue to provide technical assistance for the Governments and country offices to articulate key supply chain activities for Targeted Country Assistance funding, and support country offices with safe implementation of COVAX including procurement and distribution of supplies and equipment such as Cold Chain Equipment and supply chain strengthening.

The supply team will work with emergency colleagues and other stakeholders to develop appropriate emergency response strategies for supply and logistics including effective and efficient supply plans that integrate with national supply planning requirements and prepositioning of critical supplies.

Finally, the team will develop an integrated approach of supply chain strengthening for health and nutrition, including supply financing, through supply chain design for national systems with increased investments (both financial and technical) and strengthen country offices' capacity in these domains to enable them to provide effective and strategic technical assistance for the governments.

### *WASH*

On climate, energy and environment, WASH will focus on the establishment of a Climate Unit, and development of a tracking mechanism for the climate facility which will contribute to define the results to be attained during 2022.

WASH will ensure continued technical, programmatic and capacity building support on implementation of new CCCs and “humanitarian-development nexus” in country offices' HAC, and support provided to selected country offices on WASH/IPC for cholera and COVID-19 responses.

## Annex I: Human Interest Stories and Communication

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### *Madagascar*

In June 2021, UNICEF Madagascar published an article on how families in the country are slowly becoming more resilient thanks to the social protection programme to face drought. The full article is available [here](#).

### *Malawi*

One of education's major donors, the Global Partnership on Education published UNICEF's story on [learning during COVID-19](#) on their website. Most recently, video, photo and story assets on COVID-19 and vaccine acceptance were used to publish a story on the [COVID-19 situation in Malawi](#). [Video and photo content](#) were produced on the arrival of COVID-19 vaccines donated by the Government of France through the COVAX facility, as well as photos on the [COVID-19 vaccine rollout](#) in Ntcheu and Dedza districts.

## Annex II: Donor Feedback Forms

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UNICEF works to improve the quality of its reports and would appreciate any feedback you can provide to UNICEF. Kindly share your feedback for the UNICEF ESARO Consolidated Emergency Report 2021 following the following below: [UNICEF Donor Feedback Form](#)