

Eastern and Southern Africa

Consolidated Emergency Report 2022



On 10 May 2022 in the internally displaced person (IDP) site of Guyah, Afar Region, Ethiopia, 13-year-old Keria (left) and another girl, fetch water from a UNICEF supported water point.
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Expression of thanks

UNICEF's work for children is funded entirely through individual donations and the voluntary support of 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.

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Abbreviations and acronyms

BNGRC	National Bureau of Risk and Disaster Management
CCC	Core Commitments for Children
C4C	Collaboration for Children
CERF	Central Emergency Response Fund
CLTS	Community-Led Total Sanitation
CO	Country Office
cVDPV	Circulating vaccine-derived poliovirus
ESAR	Eastern and Southern Africa Region
ESARO	Eastern and Southern Africa Regional Office
EVD	Ebola virus disease
FGM	Female genital mutilation
GBV	Gender-based violence
GBViE	Gender-based violence in emergencies
GNC	Global Nutrition Cluster
HAC	Humanitarian Action for Children
IDP	Internally displaced person
IGAD	Intergovernmental Authority on Development
IMAM	Integrated management of acute malnutrition
IYCF	Infant and young child feeding
IYCF-E	Infant and young child feeding in emergencies
MAM	Moderate Acute Malnutrition
NIE	Nutrition in emergencies
OCV	Oral Cholera Vaccine
ODF	Open defecation free
PHEs	Public Health Emergencies
RIASCO	Regional Interagency Standing Committee, Southern Africa
SADEC	Southern Africa Development Community
SAM	Severe acute malnutrition
SBC	Social and Behaviour Change
SNL	Supply and Logistics
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WPV	Wild poliovirus

Executive summary

The level of overall humanitarian needs, and the number of crises is at an all-time high in the Eastern and Southern Africa region (ESAR) in 2022. Nearly 30 million people, including 18 million children, need humanitarian support in the 10 countries covered in 2022 regional appeal¹ due to climate-related shocks, including impact on food insecurity, malnutrition, health emergencies (including COVID-19), conflict, economic deterioration, and displacement.² Countries in ESAR have continued to experience growing risks to public health, with countries being at risk of cholera, dengue fever, measles, malaria, and COVID-19. Nine countries (Malawi, Mozambique, Zimbabwe, Burundi, Somalia, Ethiopia, Kenya, Eritrea, and Madagascar) in the region are in protracted crises, with three countries at L3 status (Kenya, Ethiopia, Somalia), of which, Ethiopia is approaching the two-year mark at L3 status.

Approximately 36.3 million people in the Horn of Africa, including 20.2 million children, require critical and timely support in response to the ongoing worst drought crisis ever experienced in the past 40 years³. The magnitude of the current crisis and its underlying drivers have created catastrophic conditions for children and their families. Over the past five years, the number of children targeted by UNICEF for humanitarian assistance driven by climate shocks, conflict and public health crises has increased from 95 million to 170 million.⁴ In addition, although nearly 17.9 million people need urgent health care, the number of mothers, pregnant women, children, and people with chronic conditions who are seeking health care is declining. Nearly 25.1 million people need clean water and sanitation and hygiene (WASH) support. Countries in the region are also struggling with poverty and food insecurity, with 40 million people in need of nutrition services.⁵

Throughout the year under review and in line with government and inter-agency response plans and the Core Commitments for Children (CCC) in Humanitarian Action,⁶ the flexible thematic emergency funds allowed UNICEF Eastern and Southern Africa Regional Office (ESARO) to continue providing an integrated, multi-sectorial response to deliver lifesaving services for children, women and families affected by climatic shocks and disease outbreaks, including populations living in displacement and refugee camps, together with our partners. This includes reinforcing preparedness, building resilience, and strengthening systems to prepare for and respond to crises, while linking humanitarian action with development programmes. The Regional Office supported country offices across the region with human and financial resources in emergencies that may require an immediate response.

UNICEF has supported integrated approaches to preventing and treating acute malnutrition by offering a continuum of care for children and mothers and emphasizing prevention, early detection and treatment through health facilities and community-based platforms. Water, sanitation and hygiene (WASH) interventions were provided to address waterborne diseases, including cholera, contributed to preventing undernutrition, and provided basic services for people affected by emergencies.

¹ Please access [here](#) UNICEF Eastern and Southern Africa Regional Appeal for 2022

² Calculation based on country level in-need analysis documents such as government surveys, inter-sectoral reports, nutrition surveys, health in-need documents from WHO, UNICEF and OCHA reports.

³ [UNICEF Regional Call to Action – Horn of Africa Drought, December 2022](#)

⁴ Advocacy document prepared for ESAR Regional Director in December 2022

⁵ [ESARO Humanitarian Situation Report Jan-June 2022](#)

⁶ [UNICEF Core Commitments for Children](#) (October 2020)

Due to the generosity of donors, by the end of November 2022, more than 60 per cent of UNICEF 2022 emergency response for multi-hazards that include drought, public health emergencies and protracted crises had been funded. Indeed, the results achieved over the past year would not have been possible without the financial support of UNICEF partners. However, most of the funding received was for emergency nutrition support, while other key sectors such as child protection, education, and WASH struggled to attract resources. For UNICEF and its partners to respond quickly and equitably based on need, especially in underfunded sectors and countries, flexible resources played a critical role in drought response.⁷

Humanitarian context

The need for humanitarian assistance continues to rise due to conflict and insecurity, drought, flooding, economic insecurity, as well public health emergencies. In addition, there were three types of emergencies active in Eastern and Southern Africa in 2022: in Northern Ethiopia, Kenya and Somalia (Level 3), EVD in Uganda (Level 2) and Mozambique and Madagascar (Level 1) (high frequency). The increased needs in the region resulted in a great push from the Regional Office to prioritize emergency support to the most affected countries while maintaining critical preparedness actions. The slow recovery from COVID-19 impact on provision of routine health services, complicated further by conflict, climate-related shocks, and health emergencies, the ESAR is now confronted with multiple outbreaks of vaccine preventable diseases including yellow fever, measles, meningitis, and cases of cholera, affecting 14 out of 21 countries in the region, and several countries are fighting the re-emergence of the wild polio virus. Climate events continue to intensify, including drought (worst in 40 years) and locust invasions in the Horn of Africa. In Angola and Madagascar, an unprecedented number of cyclones continue to damage islands and coastal regions along the Indian Ocean, and torrential rains across large parts of Southern Africa.

The Horn of Africa is facing its fifth consecutive season of below-average rainfall, with a sixth expected. The region's drought and water crisis affected up to 36.3 million people - including 20.2 million children — in Ethiopia, Kenya, and Somalia, many of whom will need water and food assistance in 2023.⁸ Levels of malnutrition soared among children. Water insecurity doubled, with approximately 24 million people confronting dire water shortages across the region.⁹ Current conditions led to the internal displacement of 2.1 million people due to drought.¹⁰ The crisis exacerbated disease outbreaks in the region, with cholera, diarrhoea, and measles being on the rise. A total of 2.7 million children are out of school due to the drought, with an additional 4 million children at risk of dropping out.¹¹ The drought accelerated child protection risks, with many families adopting negative coping mechanisms for survival, such as child labour and family separation.

In the wider region, the risk of conflict remained high due to political fragility. Economic recovery was slow with people living in low-income countries, such as those in the Horn of

⁷[UNICEF Regional Call to Action – Horn of Africa Drought, December 2022](#)

⁸ Numbers updated based on revised Drought Response Plans for Ethiopia and Somalia, and revised 2022 flash appeal for Kenya; numbers of children in need are estimated based revised [UNICEF 2022 HACs](#).

⁹ WASH cluster estimations in drought response plans for Ethiopia (Sep. 2022 revision, 13 million people), Somalia (6.4 million people), and the drought flash appeal for Kenya (4.35 million people).

¹⁰ OCHA (revised 28 November 2022). [Horn of Africa Drought. Regional Humanitarian Overview and Call to Action](#). | ReliefWeb

¹¹ [Regional Call to Action – Horn of Africa Drought](#) (December 2022). In Kenya, the available data only captures the number of children out of school in the drought-affected regions but may include children out of school due to non-drought-specific causes.

Africa, being hard hit. The ongoing humanitarian crises, including climate change and conflicts have further exacerbated the vulnerabilities children face in the region. Violence against children and women, including gender-based violence, harmful practices (child marriage and FGM) and displacement of children have measurably increased as both a result of emergencies and a prevailing context of increased poverty, widespread food insecurity and displacement.¹²

The cholera outbreaks in the region are happening in the context of natural disasters such as cyclones (Mozambique, Malawi), flooding (Nigeria, Malawi), drought (Kenya and Ethiopia), conflict (Cameroon, Democratic Republic of the Congo, Nigeria, Ethiopia) and multiple disease outbreaks including mpox, wild polio, measles, COVID-19 pandemic, etc. Many countries have limited and strained resources, shortage of medical commodities including cholera kits and Oral Cholera Vaccine (OCV). Poor sanitation and unreliable water supplies with increased cross-border movements also serve as driving factors for the outbreak across the region. Malawi declared a cholera outbreak on 3 March 2022,¹³ transmission rates spiked in the aftermath of the 2022 festive season, where cholera spread to new areas, particularly the capital Lilongwe. Overall, Malawi has reported 51,568 cumulative cases with 1,612 deaths (CFR = 3.1%) from all its 29 districts as of 6 March 2023. A total of 21,412 cases have been reported since 1 January 2023, with 608 deaths (CFR = 2.8%).

The impact of the war in Ukraine continued to push a growing number of families in the Horn of Africa into poverty. The Ukraine crisis supercharged the already high and rising food price levels in the region resulting in worrisome effects on food insecurity. As a net importer and price-taker of various commodities such as wheat, vegetable oil and petroleum products, combined with the recurrence of droughts and floods which hampered agricultural production in many places, food prices jumped by around 25 per cent, on average, in 2022. The latest IPC surveys¹⁴ indicate that the percentage of children living in food crisis situations was likely at an all-time high at the end of 2022.

South Africa has recorded 4 million COVID-19 cases and 102,000 deaths since the onset of the pandemic. In late May 2022, the South African Government reported that the country had reached 50 per cent COVID-19 vaccination coverage of the adult population. Despite significant efforts, the COVID-19 vaccination rate appears to have plateaued, while the National Department of Health announced the end of remaining COVID-19 restrictions in late June 2022. A measles outbreak was declared in late 2022, as immunization rates in some areas failed to reach the 95 per cent coverage needed to stop community transmission, in part because of reduced vaccination rates due to COVID-19. The impact of COVID-19 has led to increased levels of poverty, with higher number of children dropping out of school. As a result, South Africa experienced an increase in gender-based violence and poor access to contraceptives and termination of pregnancies which has led to a surge in pregnancies among young girls, aged between 10 and 19 years, from 130,000 in 2017-2018 to an estimated 160,200 in 2021 to 2022.¹⁵

Throughout 2022, UNICEF was on the ground and ensured access to life-saving services and resilience-building responses. Over the past year, UNICEF continued to provide essential health, nutrition, immunization, WASH, education, child, and social protection support, and

¹² [UNICEF Eastern and Southern Africa Regional Appeal for 2022](#)

¹³ WHO, [Cholera – Malawi: Outbreak at a Glance](#), April 2022

¹⁴ [Integrated Food Security Phase Classification](#), Global Platform

¹⁵ [UNICEF South Africa Situational Report](#), January - December 2022

GBV services. Through UNICEF ESARO 2022 Humanitarian Action for Children (HAC), an appeal of US\$68.1 million was made to meet heightened emergency preparedness and response requirements in Eastern and Southern Africa.¹⁶ These needs are related to the expanded preparedness and response for drought and floods, disease outbreaks including COVID-19, conflicts, and displacements. Out of the required funding, UNICEF received US\$ 67.9 against ESARO HAC. Without these contributions, UNICEF would not have been able to support an adequate response to the humanitarian needs of children and women projected to be affected by humanitarian crises in 2022. In this regard, UNICEF has been front-loading its internal core resources to respond to the drought on a no-regrets basis. This includes new loan and grant financing, repurposing regular resources for procurement, and supporting enhanced community outreach, while making strategic investments for long-term resilience, particularly through climate-resilient WASH and nutrition interventions.

Humanitarian results

In 2022, the Regional Office continued 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 focused 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).

UNICEF responded to the lifesaving needs of drought-affected children and their families in Ethiopia, Kenya, and Somalia. UNICEF scaled up its WASH assistance, in collaboration with health and education programmes, for the most at-risk water-insecure households, as well as for health facilities and schools. The risk of gender-based violence was reduced by shortening the walking distance to water sources, while considering the specific support needs of persons with disabilities. UNICEF also scaled up resilience interventions to achieve sustainable humanitarian outcomes that restore self-sufficiency and dignity to affected communities while also remaining committed to addressing these issues through programming that promoted gender equality, the empowerment of women and girls, and disability inclusion. Engaging and partnering with local women-led organizations that advance the rights of women and girls - inclusive of those with disabilities—remains a priority for UNICEF's emergency preparedness and response.

UNICEF continued to coordinate at the regional and inter-agency level on responding to humanitarian emergencies affecting children. This included 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 Regional Humanitarian Partnerships Team meetings for Horn of Africa and Great Lakes.

¹⁶[UNICEF Eastern and Southern Africa Regional Appeal for 2022](#)

Sector results

Child protection and gender-based violence

In 2022, the region remained deeply affected by several L2 (Uganda, Mozambique and Madagascar) and L3 (Horn of Africa, Northern Ethiopia) conflict, climate and public health related emergencies. Tailored technical support and programmatic interventions across UNICEF's Core Commitment for Children were provided to ensure children and their caretakers were protected from violence and exploitation. Specific attention was paid to strengthen countries' capacities to verify and respond to grave violations against children, especially in Ethiopia and Mozambique (added as situations of concern in the SG's Annual Report in 2022), to better address Gender Based Violence in Emergencies (GBViE) (integration into public health emergencies, funding mobilization including US\$ 15 million for Somalia and Ethiopia), improve MHPSS programming (including a policy brief on responding to the mental health impact of COVID-19) and leverage countries' capacities across the region to address PSEA (investigations training, community risk assessments, set up of Community-Based Complaints Mechanisms etc.)

In 2022, UNICEF focused on supporting the development and expansion of quality inclusive case management and mental health and psychosocial support in the 21 country offices in ESAR. Implementation of GBV risk mitigation measures to improve women's and children's safety and access to humanitarian assistance, while enhancing inclusive community-based protection mechanisms was undertaken. UNICEF supported family-tracing and the provision of alternative care for unaccompanied and separated children. Moreover, UNICEF strengthened engagement on GBViE through new and innovative initiatives including integrated GBV/nutrition programming in South Sudan, piloting of GBV in Public Health Emergencies key considerations in ESAR, working with women-led organizations and developing new approaches to work with adolescent girls in emergencies.

Gender

UNICEF ESARO developed and maintained a regional mapping of Women and Girls Organizations (WGOs) and Youth-led Organizations (YLOs)¹⁷ to support the localization agenda and encourage country offices to meet Gender and Adolescent Core Commitments for Children in Humanitarian Action that mandate UNICEF to directly partner with such organizations during emergency response as well as to map their expertise, capacity and area of operation as part of minimum preparedness activities.

UNICEF ESARO along with UNHCR and ILO convened Kenya, Uganda, Ethiopia and Sudan country teams and youth led-organizations involved in the Netherlands-funded PROSPECTS initiative to ensure programming with forcibly displaced population and host communities integrate gender equality, adolescent and youth engagement, disability inclusion and accountability to affected population. With the support of ESARO and HQ, UNICEF Uganda also hosted the first inter-agency workshop on the IASC Guidelines on working with and for young people in humanitarian action and protracted crisis.¹⁸ UNICEF ESARO participated and sponsored the participation of young people from the Region to the African Union Humanitarian Youth Summit that inform the Malabo Conference during which a resolution

¹⁷ The mapping is available [here](#)

¹⁸ [IASC Guidelines on working with and for young people in humanitarian action and protracted crises](#), November 2020

on how to programme with and for young people in humanitarian crisis in Africa was adopted. Finally, UNICEF ESARO organized a regional Youth Advocacy Champion Training including with young people advocate from emergency-affected countries (South Sudan, Somalia, Ethiopia, Burundi, Malawi and Zimbabwe).

Education

In 2022, ESARO education led the strategic direction and technical programme support on education and learning in emergencies, resilience and nexus programming in crises contexts. Specifically:

- 1) ESARO provided timely and context specific technical assistance and quality assurance to strengthen education, learning and inter-sectoral programming in emergencies and resilience building in multiple types of acute and protracted contexts, health-, climate- and conflict-induced emergencies across the region. This included, amongst others, support to the Northern Ethiopia crisis, the Horn of Africa drought and displacement (Somalia, Ethiopia, Kenya), Education in Emergencies (EiE) in South Sudan, cyclones in Madagascar, floods in South Africa, Ebola Virus Disease (EVD) in Uganda and regional preparedness, regional Cholera outbreaks, the conflict in Northern Mozambique (Cabo Delgado), and the civil unrest in Eswatini.
- 2) Developed and disseminated evidence-based, advocacy-and action-oriented resources, tools and promising practice to strengthen program solutions on 'education and learning in emergencies' and cross-sectoral programming and to facilitate regional and South-South learning
- 3) Strengthen EiE capacity through trainings and surge and HR support, including multi-country coordination training for countries with Education cluster and Refugee coordination working groups
- 4) Strengthened robust partnerships (public, private and with regional economic bodies) and established new strategic technical alliances and leveraged funding to accelerate education in emergencies, resilience building and climate change action. This included regular engagement and deepening strategic collaboration with key partners to coordinate, advocate, position and promote ESARO's work as well as EiE, learning recovery, and cross-sectoral programming priorities, including IGAD,¹⁹ UNICEF National Committees, WFP²⁰ and others.
- 5) Generated and shared education and multi-sectoral evidence on COVID-19 school reopening, preparedness and recovery in the 21 ESAR countries and supported the roll out of Mission Recovery in Humanitarian Settings in the region.²¹

UNICEF ESARO also developed a comprehensive regional mapping of tools and solutions²² generated to measure learning in emergency and protracted crises settings in Eastern and Southern Africa while also supporting the adoption of the ESARO-developed regional monitoring framework on the Djibouti Declaration on education for refugees, returnees, IDPs and host communities by seven Ministers of Education at the Third Conference of IGAD

19 Continued support to IGAD and leadership at the [3rd Conference of IGAD Ministers in charge of education and implementation of the Djibouti Declaration](#) on education for refugees, returnees, IDPs and host communities in March 2022

20 Regional intersectoral collaboration with WFP on promising practice and lessons learned of the [UNICEF-WFP enhanced regional partnership](#) on child wasting, school health and nutrition and education in South Sudan, Somalia and Ethiopia

21 [Mission: Recovering Education in Humanitarian Settings](#), March 2023

22 The mapping is available [here](#)

Ministers in charge of education and implementation of the Djibouti Declaration (March 2022). Moreover, ESARO led on the regional launch of the new comprehensive school-safety-framework in December 2022,²³ as part of the Global Alliance for disaster risk reduction and resilience in the education sector.

Finally, UNICEF ESARO in collaboration with Edtech Hub, ITU and Ministries of Education have supported the adaptation of a digital learning policy and developed costed digital education strategy in alignment with Ethiopia's education sector plans. This is aligned with the Digital Skills Country Action Plan 2030 and aims to modernize learning infrastructure and improve learning experience for over 2,500,000 learners across 8,700 schools that were affected by the ongoing crisis in the North through multiyear shared value partnerships. In addition, UNICEF in collaboration with Vodacom Lesotho Foundation provided good practices on the implementation of low cost but high tech digital and innovative learning solutions to Lesotho to support the establishment of a national education radio station to enhance inclusion in education practices and expand learning to the most vulnerable Basotho youth. As part of this initiative, code-like-a-girl training was conducted for 273 adolescent girls in the Leribe district.

Finally, UNICEF supported the development of a stakeholder engagement strategy for a sustainable design of technology facilitated learning modalities in Kenya. This is intended to structure the onboarding of more internet service provider partners, an initiative that aims at zero rate to enable access at zero cost to one more national digital learning platform (i.e., Akili and connect approximately 184 more schools by end of 2023). UNICEF has also drafted an investment case to attract new resources and partners for an accelerated scale up of digital learning in ESAR. This is aimed at inducing and doubling the public financing in digital learning across the region.

Health and HIV/AIDS

In 2022, UNICEF responded to public health emergencies while prioritizing lifesaving, essential, preventative, and curative health services for affected communities, including people on the move. 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.

An assessment in Mozambique provided further evidence on the COVID-19 impact on immunization services; this led to the development by UNICEF, in partnership with the government, of the framework for recovery and reaching children which can be adopted to improve immunization services delivery in the country, including through other programmes (Tuberculosis, HIV-AIDS, and malaria, NCDs). ESARO also supported the installation of 12,000 refrigerators through Cold Chain Equipment Optimization Platform (CCEOP) in 15 eligible

²³ Global Alliance for Disaster Risk Reduction and Resilience in the Education Sector, [Comprehensive School Safety Framework](#), December 2022

countries, procurement and installation of additional cold chain equipment through government of Japan grant in 15 eligible countries.²⁴ The results achieved through this contribution were also coordinated with the technical support possible with the support of other donors including the World bank and ECHO in the area of equipment selection and procurement. In addition, CCEOP applications support is provided to four countries.²⁵

Nutrition

In 2022, UNICEF supported 19 countries to enhance emergency preparedness and response. Support was provided on the review of the emergency preparedness and response plan and the humanitarian action for children. Emphasis was also placed on risk analysis and ensuring risk-based programming. The section assisted the Horn of Africa countries (Ethiopia, Somalia, Kenya) with scenario-based planning and the implementation of core actions in responding to the drought/pre-famine and conflict situation, capacity building on disaster risk reduction and nutrition in Angola. Country-specific technical assistance was provided to Ethiopia, Somalia, South Sudan, Kenya, Angola, Madagascar, Mozambique, and Uganda. Nutrition in emergency training was conducted for 16 SADC countries on nutrition in emergencies (NIE), training partners and government on emergency preparedness and response in Mozambique, and training of UNICEF cross-sectoral teams in Angola on disaster risk reduction. In the Ebola response, extended support was provided to Uganda to systematise the overall nutrition response in the Ebola context, with continued support to six neighbouring priority countries on Ebola virus disease (EVD) preparedness and response.

The nutrition section continued to support coordination at the regional and county level. ESARO nutrition convened ten nutrition partner calls meetings and nine regional office/country office calls for all the countries in the region. Additionally, UNICEF continued to lead on the nutrition representing, participation and contributions to various regional coordination mechanisms, including 12 Food Security and Nutrition Working Groups; 12 RIASCO; and 7 Humanitarian Policy Groups. In enhancing visibility and information analysis, UNICEF provided significant contribution in drafting 2022 global and IGAD food crisis report and provided monthly inputs into the food security alerts and statements for both the IGAD and the SADC regions. UNICEF was also actively engaged in facilitating the donor roundtables and dialogue on the food crises and the horn of Africa drought response.

Owing to the growing crises and focus on the Horn of Africa, the ESARO nutrition team initiated regional/office Horn of Africa coordination calls with the three countries in the region - a platform convening both cluster and nutrition as the nutrition sector leads and an opportunity to review the progress, identify gaps, and areas requiring advocacy at all levels. Additional TA was provided on coordination at the country level through the GNC outpost team to the regional office- which supported coordination assessment, cluster performance monitoring, capacity training on cluster coordination, and overall follow-up of Coordination needs, including partnership mapping, information management, cross county coordination learning and documentation of implementation experience.

To minimise the risk of mortality across the counties, 12 emergency countries were supported on the overall SAM programming, including support to identification and referral of children through various mechanisms, including community outreaches, holding of the find and treat

²⁴ Eritrea, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Mozambique, Rwanda, Somalia, South Sudan, Tanzania, Uganda, Zambia, Zimbabwe

²⁵ Eritrea, Ethiopia, Lesotho and Mozambique

campaigns and support to the implementation of the simplified approaches. From January to December 2022, 2.07 million children under-five were admitted for treatment of wasting across the region representing 27 per cent increase in admission compared to 2021. The highest increase was noted in the three Horn of Africa countries accounting to 62 per cent of the overall SAM admission in the region.

To implement Infant and youth child nutrition action in emergencies, the GNC/ESARO IYCF-E capacity mapping tool was reviewed and finalised. The analysis was done for Uganda and Somalia to support current emergencies. Additionally, the drafted regional IYCF framework was shared with the various countries to help systematise and strengthen the inclusion of IYCF in the ongoing emergency response. Additionally, all the countries were supported in monitoring the supplies pipeline with advocacy made to address supplies gaps. A regional emergency supplies monitoring dashboard was also developed to help fast track monitoring of requisition, distribution of supplies.

A regional emergency nutrition dashboard was developed for the horn of African countries to support monitoring the nutrition progress for critical indicators on IMAM programming. Additionally, ESARO nutrition continued to monitor the emergency response performance as part of the humanitarian performance monitoring for the 12 HAC countries for key indicators, specifically micronutrient supplementation, Management of acute malnutrition and IYCF-E. Documentation of lessons learned on the nutrition response to COVID-19 was finalised, with the critical lesson learned planned to be disseminated in 2023.

UNICEF, in collaboration with WHO commissioned estimation of excess mortality because of the current crisis in Somalia. The preliminary findings indicate that the levels of mortality are at least as high as the levels during the 2017/18 crisis. As the situation is still unfolding, periodic estimates will be generated throughout 2023. A similar excess mortality estimation is also planned to be undertaken for Kenya and Ethiopia

Some of the critical challenges faced in 2022 included the limited capacity to enhance the nutrition response owing to the significant scale of emergencies in Kenya, Ethiopia, and Somalia at the beginning of the response. Though this was managed as the response continued, Kenya, Ethiopia, and Mozambique further faced significant supply pipeline gaps in Q2, impacting the number of children that needed the treatment. Additionally, conflict in Ethiopia limited the accessibility and delivery of services in the Afar, Oromia and Tigray regions.

[Social protection and humanitarian cash transfers](#)

By end 2022, nearly 230,000 families were reached with emergency cash support in response to multiple shocks across the region. UNICEF provides social protection in emergencies to families through (i) technical and financial support to national social protection systems, enabling them to expand to meet the increased needs as well as (ii) Humanitarian Cash Transfers to families where the social protection system cannot be used. The ESARO Social Policy team provided direct technical assistance to country offices to assess feasibility, programme design, implementation and monitoring of emergency cash interventions, including via in-country surge support. The Social Policy section also worked closely with Nutrition colleagues at the Regional Office to identify opportunities for better coordinated emergency support to families experiencing food insecurity and malnutrition in the Horn of Africa.

In some of the worst drought-affected areas in Ethiopia, Kenya, and Somalia, UNICEF supplemented the national social protection system to reach those who are not receiving any other support. In these countries, a part of UNICEF humanitarian funding was used for cash transfers, targeting 3,350 households in Ethiopia (Afar and Somali region), 930 households in Kenya (Turkana), and 1,926 households in Somalia (Somaliland) out of nearly 140,000 households reached overall. In all countries across the region, UNICEF continued its work with strengthening coordination through participation and leadership of national Cash Working Groups to coordinate cash responses and fill any gaps in ongoing government and partner interventions.

A key challenge of 2022 was the limited funding available for emergency cash transfers, in particular in the Horn of Africa, greatly limiting the scale at which Country Offices could respond. Additionally, given the protracted nature of the current crisis, human resource capacity at regional and country level continues to be strained with Social Protection Specialists wearing the dual hat of development and emergency programming.

Water, sanitation and hygiene

In 2022 in ESAR, 8.8 million people in humanitarian contexts were assisted with appropriate drinking water services, 1.3 million people with appropriate sanitation services, and 1.3 million women and adolescent girls reached whose menstrual health and hygiene needs are addressed through UNICEF-supported programmes. ESARO WASH section provided direct country office field support in countries with emergencies through seven demanded missions and provided technical assistance, quality assurance, capacity building, advocacy/fundraising support, reinforcement of government-led WASH response systems (IDP, cholera, Ebola, etc.), to all country offices with emergencies.

The WASH team also worked in close collaboration with the Regional Office Nutrition, Education and Health teams on tangible products to support countries with crisis. Moreover, the team remained active in various emergency regional platforms including ESA EWASH, sub-regional IPC working group, Southern Africa RIASCO and Eastern Africa RHPT.

UNICEF continued to provide the goods and services that supported affected communities beyond the emergency response period to enable a full recovery. The planned activities in Ethiopia, Kenya, and Somalia included maintaining, rehabilitating, and expanding existing water sources and systems, while drilling high-performing and climate-resilient boreholes in strategic locations. UNICEF provided hygiene kits, water purification tablets, and jerrycans to displaced populations and at-risk groups, along with key institutions such as schools and health and nutrition facilities. Through UNICEF's support, the national and sub-national health emergency preparedness and response was strengthened through continuous needs assessments and implementation monitoring, as well as training and capacity-building activities for health workers. UNICEF ensured that the drought response included the provision of quality medical supplies, including last-mile delivery, to support the continuity of treatment for children, adolescents, and women living with HIV, while promoting HIV prevention, especially among adolescent girls and young women.

Country specific results

Burundi

In 2022, a total of 45,351 children and adolescents (23,144 girls, 22,207 boys) were reintegrated into the formal school system resulting in continuation of studies for the children. UNICEF and its partners were able to support access to protection services (including psychosocial support) for 184,064 children (99,984 girls and 84,080 boys) affected by humanitarian crises, in the provinces most affected by displacement due to floods and the return of repatriated returnees.²⁶ Through Risk communication and Community Engagement (RCCE) strategies, the government and its partners were able to promote appropriate behaviours to lessen the risks of transmitting COVID-19, Ebola and cholera among the public.

In addition, a total of 3,252,286 people (female 1,774,545, male 1,560,485, children 217,255) were exposed to life-saving messages that increased their resilience to health and climate emergencies (COVID-19, Ebola preparedness, flooding) through community outreach and mass campaigns.

On nutrition, UNICEF continued to focus its efforts on active screening for acute malnutrition; admission and treatment for severe acute malnutrition (SAM); provision of Infant and Young Child Feeding counselling to pregnant and lactating women; provision of nutrition commodities and essential drugs in health districts and continued nutritional surveillance to better prevent SAM. UNICEF facilitated the treatment of 54,534 children aged 6 to 59 months (25,692 girls and 23,181 boys) with severe acute malnutrition with a 90 per cent cure rate. UNICEF mobilized 25 per cent of the 2022 Humanitarian Action for Children (HAC) appeal.



Marc Irakoze (3) teats plump nut, after he was found to be malnourished, at a clinic on May 4, 2022 in Kirundo, Burundi.
© UNICEF/UN0770382/Prinsloo

UNICEF supported the Ministry of Health to update the 2019 Ebola preparedness plan. UNICEF prepositioned 100 image boxes, 1,000 posters and 3,000 leaflets to increase awareness of the risk of transmission and of preventive measures. The results of a U-report poll reinforced the need to strengthen risk communication on Ebola as the risk perceptions were very low in some provinces (less than 50 per cent in Bujumbura) with fragmented information.

Eritrea

In early 2022, the Horn of Africa faced a third consecutive season of below-average rainfall, threatening severe water scarcity, food and nutrition insecurity and heightening the risk outbreaks of diseases and malnutrition. As a result, Eritrea prioritized the provision of climate resilient water supplies, effective engagement of the community, treatment of children with

²⁶In Bujumbura, Bujumbura Mairie, Rumonge, Makamba (Nyanza-Lac), Kirundo, Ruyigi and Cankuzo provinces.

acute malnutrition and optimization of regional-based government implementation capacity. In 2022, a total of 54,583 children (23,630 with SAM and 30,953 with MAM) were admitted and treated using Ready to Use Therapeutic Feeding (RUTF), across the country's 328 facility and community-based therapeutic feeding sites. A total of 16,686 children 6-59 months, pregnant and lactating women in drought-affected areas received supplementary foods. To prevent micronutrient deficiency diseases and disorders, 248,364 children 6-59 months received Vitamin A supplementation through a range of service delivery points. A total of 113,916 adolescent girls and pregnant women were supplemented with iron-folic acid to prevent and treat iron deficiency anaemia. To boost immunity against measles-rubella diseases, and protect communities from measles out-break, 159,666 children aged 6 to 59 months were vaccinated against measles against the target of 200,000 children.

In collaboration with UNICEF, the Ministry of Education completed the construction of 11 Complementary Elementary Education centres, in the region of Gash Barka, enabling 2,200 school-age children (1,660 girls) to access formal or non-formal education, including early learning. In addition, UNICEF, in partnership with the Ministry of Health, continued to scale up the community-led total sanitation, resulting in an additional 344 villages (with 220,190 people) attaining open defecation free (ODF) status. This contributes to a 16 per cent increase in coverage of ODF; thus, Eritrea's coverage of ODF was 89 per cent by the end of 2022.

In the area of social protection, 975 households were reached with cash transfers through an existing government system where UNICEF provided technical assistance and funding and an estimated 3,900 vulnerable children living in these households through the community-based social assistance programme benefited from income-generating activities. A total of 1,000 girls were supported with cash incentives to prevent school drop out in the transition from primary to lower secondary level. Risk Communication and community engagement (RCCE) centres were established to facilitate RCCE, and 189 health workers were trained in RCCE. To maintain the level of knowledge and community confidence to access and utilize social services, UNICEF's response enlisted the participation of communities through the provision of multi-ethnic and multi-language information on the adoption of key preventive practices and behaviors.

Ethiopia

The humanitarian situation across many parts of Ethiopia in 2022 was characterized by conflicts, inter-communal violence, drought, and seasonal and flash flooding, with a significant increase in internal displacement and people in need of assistance. The conflict in Northern Ethiopia came to a halt after the cessation of hostilities following a peace agreement between Tigray People's Liberation Front (TPLF) and the federal government in early November. According to the Ethiopia National Displacement Report,²⁷ as of September 2022, 2.73 million IDPs were identified in 2,200 IDP sites across 11 regions in Ethiopia. The failed rainfall and prolonged abnormal dryness led to deteriorating drought conditions in southern and south-eastern parts of Ethiopia, which has continued to aggravate the food insecurity of households.

²⁷ Ethiopia National Displacement Report 14 Site Assessment Round 31 and Village Assessment Survey Round 14: August - September 2022



In early May 2022, UNICEF supported a vaccination campaign in IDP sites and villages affected by conflict in the Waghimra zone of the Amhara region. Along with the campaign, children and pregnant women were also screened for their nutrition status.
©UNICEF Ethiopia/2022/Mulugeta Ayene

In 2022, UNICEF supported the provision of primary health care to over 111,000 children and women in conflict affected *woredas* of Benishangul Gumuz through UNICEF supported health facilities. Moreover, UNICEF supported the supplementary measles vaccination campaign in 60 conflict-affected *woredas* of seven zones, where over 290,000 6-to-24-month aged children received supplementary measles vaccination. UNICEF supported the cholera outbreak response in affected *woredas* in Somali, including Kersadula and Guradhamole, through the distribution of 10 cholera treatment

centres (CTC) kits, operational cost and technical assistance in planning and monitoring the response, and communication and social mobilization activities. UNICEF provided comprehensive preventive and curative nutrition services in emergency affected areas. A UNICEF led find-and-treat campaign enabled the screening for acute malnutrition of over 6 million children younger than five years of age. Moreover, UNICEF established over 200 Mobile Health and Nutrition Teams and pushed for the integration of nutrition services into the national measles campaign, boosting the coverage of vitamin A supplementation, deworming and screening for acute malnutrition among children. In Tigray, UNICEF delivered nutrition emergency response through partnerships with eight local and international implementing partners.

From January to December 2022, about 5 million people had access to safe water supply through water trucking, rehabilitation and upgrades of water schemes and upgrades of water schemes towards solar powered system and strategic boreholes and in all regions. Moreover, about 800,000 people had access to safe and appropriate sanitation facilities mainly through emergency latrine construction, repair of existing non-functional latrines and desludging of filled latrines in Amhara, Tigray, Somali, SNNP, Gambella and Benishangul Gumuz regions.

In 2022, UNICEF supported over 1.1 million people (329,796 girls, 206,810 boys, 379,446 women and 201,897 men) through child protection and gender based violence (GBV) interventions including mental health and psychosocial support (MHPSS), family tracing and reunification (FTR) and alternative care services for unaccompanied and separated children (UASC) and prevention and response to violence, including GBV services – in the two Level 3 (L3)²⁸ declared emergencies (northern Ethiopia conflict and drought) as well as other emergencies in Oromia and Benishangul Gumuz and Gambella.

²⁸ A UN classification system is used to determine the level of crises by scale, urgency, complexity, and capacity to respond. The most severe emergencies are classified as Level 3 or L3. In Ethiopia, both the devastating conflict in the northern regions of Tigray, Afar and Amhara as well as the severe drought in Somali, Oromia, Southern Nations and Nationalities People's Region (SNNPR), Southwest Ethiopia (SWE) and Afar are classified as L3 crises.

Kenya

Throughout 2022, the drought situation remained critical in 22 of the 23 ASAL counties²⁹ due to poor performance of October to December 2022 rains, coupled with four previous consecutive failed rainfall seasons, affecting about 4.5 million people, (compared to 2.1 million in September 2021).³⁰ Of these, approximately 2.14 million are children.³¹ UNICEF emergency funding requirement which was aligned to revised HAC 2022 and Kenya Flash appeal stood at US\$ 126.9 million with funding gap of US\$ 74 million (58 per cent). With this funding, UNICEF provided technical guidance to Wajir county to conduct door to door family index HIV testing that targeted 243 households in order to identify the older children living with HIV. Through this process, 54 0–14-year-old children (25 male, 29 female), 295 youths 15-24 years youth (87 male, 108 female) and 286 above 25-year-old (79 male, 107 female) have successfully been screened. As part of risk informed programming, UNICEF supported 10 arid counties to implement Integrated Management of Acute Malnutrition (IMAM) surge approach to inform system capacity to cope and respond to surges of admissions in acute malnutrition covering 69 per cent (520 health facilities) offering IMAM services. The IMAM surge approach is a facility-level model to enable predictable expansion of capacity during emergencies through analysis of risks and trends. To enhance the capacity to deliver basic lifesaving nutrition services, 15 counties were supported to strengthen the capacity of 250 (147 females and 103 males) health care workers on the integrated management of acute malnutrition.

UNICEF provided family kits and WASH supplies to 12,500 flood- displaced people (3,125 men, 3,250 women, 3,125 girls and 3,000 boys) and additional WASH supplies to 1,465 people (717 male and 747 Female) for cholera response in Kisumu, Migori and Busia counties. In the counties of Isiolo, Turkana, Wajir, Garissa, Mandera, Marsabit, Kitui and Tana River, UNICEF also procured 40,443 bars of soap for hygiene promotion while also reaching 112,233 children (55,312 boys, 62,921 girls) and 68,306 adults (27,100 men and 41,196 women) with integrated outreach services. A total of 5,878 pregnant women were also reached with antenatal care services in these same counties.

UNICEF is also supporting national and county governments to mainstream climate change in their development plans, to help reduce economic loss to natural disasters and build resilience of institutions, communities, and households. On cholera response in the Dadaab Refugee camps, UNICEF also provided WASH supplies to 1,500 households in the Dadaab refugee camps and to 1,000 households in the Garissa host community, reaching 12,500 people (3,125 men, 3,250 women, 3,125 girls and 3,000 boys). In partnership with the Kenya Red Cross Society, UNICEF reached a total of 19,375 people (36 per cent of revised target) and of which 2,739 (1,407 girls and 1,332 boys) are children, with 4 out of 6 cycles of emergency cash payments paid every four weeks.

Madagascar

The nutrition situation improved between January 2022 and December 2022 compared to the same period in 2021. However, as of December 2022, 12 out of 21 districts were still in IPC Nutrition phase 3 (severe). The number of children admitted to the Community Management of Acute Malnutrition remained high with 34,803 children (17,750 boys and 17,053 girls) being

²⁹NDMA National Drought Early Warning Bulletin, January 2023

³⁰ Kenya - Flash Appeal Revision (Oct 21 - Dec 22)

³¹ Kenya Humanitarian Action for Children 2022

treated through UNICEF support. UNICEF's emergency WASH interventions in 2022 reached over 1,029,763 people (227,898 women; 287,915 girls; 226,785 men; 287,165 boys) in drought affected regions of the south and cyclone hit areas of southeast Madagascar.³²

UNICEF, together with the Ministry of Health, provided emergency health support in cyclone and drought affected areas reaching 186,766 people, including 11,205 pregnant women and 175,561 children under five, covering 93 per cent of the year's targets. UNICEF supported the continuity of education for children in humanitarian situations with education interventions reaching over 491,000 children and adolescents (including 247,000 girls) in the regions affected by drought and cyclones in the South and Southern regions of Androy, Anosy, Atsimo Atsinanana.



On September 27, 2022, Ceverin, 9 years old, fourth year, very happy and proud of his new school kits, at the public primary school of Lakovola, Boeny region, Madagascar. The children have just received a school kit from UNICEF as part of the BTSL or Back to School and Learning project.

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In 2022, UNICEF supported governmental and non-governmental partners to implement responses to minimize the impacts of nutritional and post-cyclone crises on children and women's mental health and protection in six affected regions (Analamanga, Vatovavy, Fitovinany, Anosy, Androy and Atsimo Andrefana). Cumulatively in 2022, UNICEF reached 14,620 of the 13,000 targeted children (7,393 girls, 7,227 boys) with psychosocial support activities. A total of 106,000 women, girls and boys accessed gender-based violence risk mitigation, prevention or response interventions were targeted for child protection response in 2022. The target was exceeded by reaching 125,249 women, girls and boys (50,203 women, 40,364 girls, 34,682 boys). UNICEF, in collaboration with actors working on cash transfers, coordinated support to 380,000 households affected by drought and cyclones and 7,850 households receiving universal child benefit.

Mozambique

In 2022, Mozambique faced multiple crisis resulting in nearly 2 million people in need of humanitarian assistance, including over 1 million internally displaced.³³ UNICEF provided medical supplies sufficient to cover the needs of 1.3 million people in cyclone- and conflict-affected areas. With UNICEF support, over 270,000 children aged 6 to 50 months were screened and over 19,000 treated for severe acute malnutrition. The construction of 409 temporary learning spaces and the rehabilitation of 610 classrooms benefiting 156,899 students and 3,246 teachers was also completed with UNICEF support. Moreover, UNICEF supported six rounds of nationwide polio vaccination campaigns which resulted in more than 11 million children vaccinated.

In the area of WASH, UNICEF provided access to safe and appropriate water for drinking and household use to 443,625 people. Since September 2022, Mozambique has been facing a

³² [UNICEF Madagascar Situational Report January-December 2022](#)

³³ [UNICEF Mozambique Situational Report January-December 2022](#)

cholera outbreak, with 20 districts in six provinces have confirmed cases, and more are likely also affected. UNICEF partnered with NGOs and provincial authorities to contain these outbreaks using the case area targeted intervention (CATI) approach. UNICEF ensured access to safe and chlorinated water through various mechanisms including urban water networks, water treatment activities and, if necessary, water trucking, particularly to health facilities when needed. RCCE efforts focused on promoting lifesaving behaviours focused on both prevention and treatment seeking in local languages and understanding current levels of knowledge and practices for cholera prevention and tracking misinformation and rumours.

Namibia

In 2022, the immunization support across the country contributed to 19 of 36 districts achieving 95 per cent MR1 coverage, while through the immunization integrated campaign 94 per cent coverage was reached for measles-rubella. Additionally, 28,6216 under-five children were reached with Albendazole, 286,216 with Vitamin A, 2,258 were issued with birth certificates, 891 were registered for social grants. UNICEF supported the retention in care for adolescents living with HIV (ALHIV), where over 11,000 ALHIV in teen clubs continued to be retained in care with a viral load suppression of over 87 per cent compared to the national average of 77 per cent in their age group.

Through UNICEF financial and technical support, an average monthly screening of 38,507 children for acute malnutrition exceeded the 2022 monthly average of 34,430. The screening exercise resulted in treatment of 14,629 wasted children (SAM and MAM combined) compared to 9,896 in 2021. Out of 14,629 children with acute malnutrition, 6,782 had severe acute malnutrition. To improve emergency response and to address specific programme challenges, UNICEF supported nutrition-related task-shifting training between 2021 and 2022 of 450 (149 males and 301 females) community health workers resulting in a cumulative total of 754 community health workers trained from the six targeted regions of Omusati, Ohangwena, Khomas, Hardap, Omaheke and Kunene.

To strengthen systems that deliver preventive and responsive child protection services, UNICEF supported promulgation of the Child Care and Protection Act of 2015, building understanding of the law among 58 social workers and 75 police officers and dissemination of 22,700 child protection SBC materials. With UNICEF support, the Ministry of Gender Equality Poverty Eradication and Social Welfare piloted the Integrated Case Management guidelines for children needing social support services in Kunene, Omusati and Kavango West regions, with the aim to ensure continuum of care and linkages to essential services going beyond the child protection services, to include education, health, and social protection sectors. UNICEF further supported the roll-out of urban Community-Led Total Sanitation (CLTS) programme focusing on informal settlements in response to the protracted Hepatitis E outbreak. The outbreak was declared eliminated in March 2022. As a result of the CLTS programme, seven urban blocks with a total of 1,342 households with a population of 5,368 people were certified as open defecation free. In total 2,693 households with a population of 12,119 people gained access to basic sanitation and hygiene in informal settlements. In addition, UNICEF is supporting 5,200 people including schools in at risk communities with WASH supplies, hygiene promotion and training on climate-responsive WASH management to increase resilience to climate related shocks.

Somalia

In 2022, UNICEF scaled-up provision of integrated services for children. Nearly 459,616 children were admitted for treatment of severe wasting, 2.3 million children aged 6 to 59 months were vaccinated against measles, 1.9 million people received emergency water, while 1.6 million children and women received essential healthcare services. While most children in need are in inaccessible areas, UNICEF worked with sister UN agencies and partners, reaching more than 20,000 children in 11 hard-to-reach districts, providing predictable, timely, and sustained services to children in areas with constrained access remains challenging and UNICEF is engaging local partners to improve access.

UNICEF and its partners supported 1,607,729 people (401,136 girls, 362,833 boys, 501,938 women 341,822 men), including children under five and pregnant and lactating mothers, to receive primary health care services in Somalia, exceeding UNICEF's target for 2022 and an increase of 345 per cent compared to the same reporting period in 2021 (360,923). In partnership with the Federal Ministry of Health, the states, and its implementing partners, integrated polio and vitamin A supplementation (VAS) campaign was conducted in 72 of the 74 districts between April and May 2022, reaching 2,330,477 children (1,141,900 boys and 1,188,547 girls). Through the network of implementing partners, care for wasting services was provided for 459,616 (251,765 girls; 207,851 boys) children across the country, with the highest admissions reported in Mogadishu, Baidoa, Kismayo and Beletweyne. UNICEF continued to lead the forecasting and procurement of essential nutrition commodities. Despite global supply chain shortages, UNICEF managed to maintain an uninterrupted supply chain that was adequate to cover the projected number of children in need over the seasons.

In response to the measles outbreak, UNICEF, in collaboration with the Ministry of Health and partners, supported the targeted measles immunization vaccination of 1,230,916 children aged 6–59 in 29 districts across Somalia. Throughout 2022, UNICEF responded to the ongoing cholera outbreak by providing essential medicines and distributing Acute Watery Diarrhoea (AWD) kits to state-level ministries and implementing partners reaching 10,920 of the reported 14,276 cases. UNICEF and its partners delivered emergency water through water trucking and water vouchers to 1,985,241 people, achieving 79 per cent of UNICEF's annual target and 50 per cent of the WASH cluster's reach. UNICEF provided 934,930 people with sustainable access to water, exceeding its annual target and reaching 50 per cent of the WASH cluster's coverage. UNICEF and its partners intensified the delivery of key hygiene promotion messages, including AWD/cholera prevention activities, reaching nearly 2 million emergency-affected people with key hygiene promotion activities, of which 1.2 million people (50 per cent of UNICEF's annual target) were provided with hygiene kits.



Aysha fetches water from a UNICEF supported water point, in Ladan IDP camp, in Dollow, Somalia.
©UNICEF Somalia/2022/Zerihun Sewunet

In the area of learning, UNICEF supported 133,909 children (61,422 girls) to access emergency education interventions. In partnership with the Ministry of Education, support was provided to retain over 107,811 children (including 50,095 girls) enrolled in 355 primary schools at risk of closure in drought-affected districts. UNICEF provided community-based mental health and psychosocial support interventions, including psychological first aid, structured and non-structured play therapy, and group counselling, for 222,128 people (32 per cent girls, 34 per cent boys, 21 per cent women, 13 per cent men). About 15,639 unaccompanied and separated children (8,443 boys, 7,196 girls) were registered and provided with reunification services and family-based care.

UNICEF and its partners reached more than 3,377,237 people with key messages through community-level interventions such as community engagement, media programs including 12 radio and TV spots. As part of UNICEF's Accountability to Affected Population (AAP) interventions, 25,606 people shared their concerns and asked questions for more information about the available services. UNICEF also launched a nutrition-sensitive humanitarian cash transfer project in the Ceel Afweyn district, Somaliland. The objective of the project is to provide lifesaving support in the form of humanitarian cash transfers linked with nutrition-related services to the most vulnerable households and their children affected by the drought.

South Africa

In 2022, emergency education and early childhood development programmes provided about 470,000 children with improved access to quality education services to mitigate the long-term impact of COVID-19 learning disruptions and the KwaZulu-Natal (KZN) province floods in April 2022. Multi-purpose cash grants for 725 families and WASH programming were also activated to alleviate the impact of the KZN floods on vulnerable households, while broader psychosocial support helped improve the mental wellbeing of about 230,250 children.

As part of the KZN flood emergency response, an Information Communications Technology (ICT) needs analysis was conducted in five schools, with 1,016 School Management Team members being trained. At least 1,184 educators in 120 schools were reached through the provision of learning and teaching support materials. A total of 16,500 story books in isiZulu for Grades 1, 2 and 3 were selected, procured, and distributed to 91 primary schools with an additional 36,400 books provided to individual children.

In 2022 UNICEF partnered with several government departments and other water sector partners to provide critical WASH supplies to tackle Covid in schools across Eastern Cape, Free State, KwaZulu-Natal, Northwest, and Gauteng provinces. The partnerships continued to further address the needs of people in Ethekewini and Ilembe districts shelters, due to KZN April floods. Through COVID-19 and KZN Flood response interventions, a total of 144,316 persons were reached.

Uganda

In 2022, UNICEF provided exemplary coordination and support together with the government in containing the EVD outbreak was exemplary, particularly the health, nutrition, child protection, and social protection components, and accompanying communications efforts.

UNICEF supported efforts by the Ministry of Health and partners to curb health emergencies, including Sudan Virus Disease (SVD), COVID-19, measles and polio. In 2022, flooding displaced over 21,115 people and 126,102 had their livelihood activities, homes, crops and infrastructure destroyed. A total of 1,225,346 (68 per cent of 1,804,350) targeted children

and women received essential health care services, including immunization and prenatal, postnatal, HIV and gender-based violence care in UNICEF focus districts.

UNICEF and partners supported 44,348 (23,061 boys, 21,287 girls) children under five years of age with Severe Acute Malnutrition (SAM) treatment. A total of 54,458 children in humanitarian situations (26,140 girls, 28,318 boys) benefitted from individual child protection case management services whereas 150,429 (78,223 male, 72,206 female) children also benefitted from Early Childhood Development, Quality Education and Adolescent Development programmes. A total of 883,800 people were also reached with critical water, sanitation, and hygiene (WASH) supplies while 112,600 people have access to clean water through institutional support.

Zimbabwe

In 2022, a total of 14,875 children (8,254 girls and 6,621 boys), were treated for wasting in 2,022 surpassing an annual target of 12,685 thanks to UNICEF support. A total of 2,994,565 people (746,855 males and 2,247,710 females) were also supported in accessing essential primary health care against the original target of 3 million. Between January and December 2022, 431,253 people (225,294 females; 205,148 males; 811 people with disabilities) out of an annual target of 460,000 were provided with safe, basic water supply services. A total of 57,484 (69 per cent female) children out of the target of 70,000 were also supported to access gender-based violence risk mitigation, prevention, or responses interventions thanks to UNICEF support. Moreover, a total of 18,246 households received emergency social cash transfers in Beitbridge, Binga, Bulawayo, Chitungwiza, Lupane and Mufakose while a total of 82,408 people (37,750 males and 44,469 females) out of an annual target of 45,000 were reached with mental health and psychosocial support between January and December 2022.

Table of ESAR Results* by sector

Sector	2022 HAC Targets	Results	Gap	% Achieved
Nutrition	2,302,994	2,040,374	262,620	89%
Health	5,938,635	7,208,876	0	100%
Education	3,956,633	1,860,789	2,095,844	47%
WASH	13,499,931	10,501,993	2,997,938	78%
Child Protection	1,092,954	920,130	172,824	84%
GBV	497,289	444,767	52,522	89%
Overall	27,288,436	22,976,929	4,311,507	84%

**Results calculated based on highest caseload/different cohort populations for 11 COs (Eritrea, Ethiopia, Somalia, South Sudan, Uganda, Burundi, Angola, Kenya, Madagascar, Mozambique and Zimbabwe) with standalone HACs.*

Table of ESAR Funding by sector**

Sector	2022 HAC requirements (US\$)	Total received (US\$)	% Received	% Gap
Nutrition	337,773,851	304,660,409	90%	10%
Health	145,815,028	87,537,099	60%	40%
Education	182,377,032	58,845,808	32%	68%
WASH	400,619,411	166,343,468	42%	58%
Child Protection	124,385,746	55,919,466	45%	55%
SBC/RCCE/AAP	32,991,556	9,138,946	28%	72%
HIV/SP/Coordination	95,249,044	32,719,693	34%	66%
Overall	1,319,211,668	715,164,889	54%	46%

***Funding based on calculations for 11 COs with standalone HACs.*

Humanitarian Results - Case study

Nutrition support in Uganda during Ebola outbreak

Top Level Results: UNICEF supported the development of key nutrition guidance documents, SOPs, and fact sheets and strengthened coordination mechanisms in the context of EVD. Additionally, UNICEF procured 15,300 packs of RUIF to support feeding the non-breastfeeding children below six months affected by SDV. Two hundred nineteen children discharged from the ETUs/Isolation Units are being followed up in line with the SOPs, including 63 infants 0-6 months.

Background: Uganda declared an Ebola viral disease- Sudan (SDV) outbreak on 20 September 2022 following a positive test result for Ebola Virus Sudan in a 24-year-old male from Madudu sub-county in Mubende district on 19 September 2022. In response to the outbreak, UNICEF Uganda Country Office developed a response plan aligned with the national response plan. UNICEF regional office and HQ, in partnership with the government and other agencies, ensured sustained technical support for crucial UNICEF sectors of social and behaviour change (SBC) and water, sanitation and hygiene promotion and infection prevention (WASH/IPC), Child protection, health, and nutrition. ESARO also supported preparedness actions in five countries with high risk for Ebola importation (Kenya, Rwanda, Burundi, South Sudan, and Tanzania). The nutrition response focused on five core aspects: (i) Nutrition Coordination, (ii) nutrition care and management for SDV patients, (iii) Infant and Young Child Feeding Counselling, (iv) Continuity of essential services and (v) food assistance to the population.

Resources Required/Allocated: To implement the comprehensive package of interventions, human, financial, and supplies resources were needed to scale up all the actions at all levels. A total of US\$ 400,000 million had been envisioned at the start of the emergency response, with US\$ 363,000 funding gap noted at the end of December 2022.

Progress and Results:

- **Coordination:** UNICEF continued to support the overall nutrition coordination and response with weekly emergency meetings initiated in October 2022. Additionally, UNICEF ensured ad-hoc meetings as needed with the ministry of health and other partners to provide comprehensive nutrition assistance and troubleshoot any issues as needed through the response.
- **Protocols:** learning from the previous SDV experience, the nutrition sector developed several guidelines to enhance the overall nutrition response. This included updating the nutrition and SDV standard operating procedures (SOP), updating the IYCF fact sheets in line with the emerging evidence and drafting the IYCF statement. The overall response was guided by the nutrition SDV response plan developed by UNICEF leadership and endorsed by the government and other partners.
- **Capacity building:** UNICEF supported the development of the SDV training materials and further facilitated the training of over 175 health workers on nutrition.
- **Infant and young child feeding:** Evidence indicates that SDV can be found in breast milk. Efforts were made to ensure the implementation of IYCF actions in line with the global guidance and country-level needs. UNICEF supported procuring 15,300 packs of RUIF to support non-breastfeeding children below six months affected by SDV. Two hundred nineteen children discharged from the ETUs/Isolation Units are being

followed up in line with the SOPs, including 63 infants 0-6 months. Additionally, 291 mothers/caretakers received nutrition counselling on nutrition and SDV.

- **Acute malnutrition:** the developed SOPs included management of acute malnutrition in the context of SDV as part of the continuity of essential services. UNICEF initiated the screening of children in the ETUS isolation and isolation centres. Six hundred fourteen children affected/suspected to be with Ebola were screened for acute malnutrition. An IMAM assessment was done to significant referral hospitals in the eight SDV priority districts, with critical gaps identified for follow-up.

Criticality and value addition: Implementing the nutrition actions was very timely to reduce the mortality risk for children affected by SDV and further ensure comprehensive support for nutrition needs. UNICEF continued to engage with the health ministry on implementing the action and leveraged the existing partnership to scale up nutrition actions. Additional Technical assistance was committed to supporting the overall quality assurance of the program.

Challenges and Lessons Learned: Key challenges include – limited capacities from other partners to enhance the overall response, as most partners had not been engaged in nutrition and SDV. Noting the gaps, several efforts were made to ensure capacity building of the nutrition focal points and enhance cross-country learning with the DRC country office to learn from three experiences. The learning was also extrapolated to the other countries considered at risk of SDV.

Moving Forward: in moving forward, the Uganda county office is currently doing an after-action review to learn from the 2022 response experience, identify gaps in accountabilities, and document some of the best practices and gaps. Additionally, the nutrition team plans to document the experiences in managing non-breast-fed infants, especially noting the more vigorous in-country advocacy on controlling breast milk substitutes.



1-year-old Akol Nawal has his middle upper arm circumference (MUAC) measured at an Outpatient Therapeutic Centre (OTC) at Nadunget HCIII in Nadunget sub-county, Moroto District, Uganda. © UNICEF/UN0649382/Rutherford

Results achieved from Humanitarian Thematic Funding

The allocation of Global Humanitarian Thematic Funding in 2022 allowed ESARO to provide an integrated, multi-sectorial 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.

Thanks to this funding, UNICEF ensured preparedness actions to public health emergencies in five country offices³⁴ at risk during the L2 Ebola situation in Uganda, whereby preparedness actions in country offices was reinforced by ensuring supply components, and key preparedness activities were done, based on key pillars (WASH, SBC/RCCE, Health, Nutrition, Case management, Coordination etc.) The office has also been critically valued towards organizing and supporting the country offices in the Horn of Africa affected by drought through support missions on data readiness, technical support to country offices remotely, ensuring strong advocacy for increased funding to the horn of Africa, and continued support with reviews of preparedness actions, ensuring integrated responses in the work done by the country offices and pushing forward further support on access to Northern Ethiopia (Amhara, Afar, Tigray).

In the area of Health, Global Thematic Humanitarian Funding allowed ESARO to ensure preparedness and response to Public Health Emergencies through strong health systems that can sustain shocks and avert erosion of gains accumulated over the years during emergencies; and use of innovations (including guidance and support to countries on population mapping, microplanning, community health worker registries) and digitalization of health care to improve efficiencies.

To minimise the risk of mortality across the counties, flexible funding was used to support 12 emergency countries on the overall SAM programming, including support to identification and referral of children through various mechanisms, including community outreaches, holding of the find and treat campaigns and support to the implementation of the simplified approaches. From January to December 2022, 2.07 million children under-five were admitted for treatment of wasting across the region representing 27 per cent increase in admission compared to 2021. The highest increase was noted in the three Horn of Africa countries accounting to 62 per cent of the overall SAM admission in the region. To implement Infant and youth child nutrition action in emergencies, the GNC/ESARO infant and young child feeding in emergencies (IYCF-E) capacity mapping tool was reviewed and finalised. The analysis was done for Uganda and Somalia to support current emergencies. Additionally, the drafted regional infant and young child feeding (IYCF) framework was shared with the various countries to help systematise and strengthen the inclusion of IYCF in the ongoing emergency response. Additionally, all the countries were supported in monitoring the supplies pipeline with advocacy made to address supplies gaps. A regional emergency supplies monitoring dashboard was also developed to help fast track monitoring of requisition, distribution of supplies.

³⁴ Tanzania, Kenya, Rwanda, South Sudan and Burundi

Under Child Protection, Global Thematic Humanitarian Funding allowed ESARO Child Protection team to coordinate with country offices and the communications section into advocacy, including press release and multiple media interviews increased levels of child marriage and other forms of GBV related to the Horn of Africa drought.³⁵ In 2022, UNICEF continued to play a critical role in addressing gender-based violence in humanitarian crises across the region including Madagascar, Mozambique, Ethiopia, Kenya, Somalia, South Sudan and Uganda. Some of ESARO's GBViE programmatic priorities in 2022 included (i) prioritizing the needs of women and girls in the Horn of Africa drought response, (ii) taking targeted action to strengthen partnerships with local women's organizations in Ethiopia, Somalia and South Sudan, and (iii) developing and testing innovative approaches to GBViE risk mitigation programming, such as the integrated GBV/Nutrition programme (fully launched in South Sudan and at various stages of implementation in other countries in the region). To support Ebola Virus Disease preparedness and response in Uganda and surrounding countries, UNICEF also provided technical support to integrate GBV prevention, response and mitigation measures across programming and coordination. Thanks to intensive technical support from UNICEF and the HQ GBViE team, UNICEF Country Offices in ESA showed strong results under the Strategic Plan indicator that tracks implementation of a minimum set of GBV risk mitigation actions. Nearly 20 per cent of country offices in the region have fully met the criteria, which is slightly higher than the overall global results (17 per cent) and represents a four-fold increase from the baseline results recorded in the region just a year ago.

Flexible funding supported ESARO WASH section to provide direct country office field support in countries with emergencies through seven demanded missions and provided technical assistance, quality assurance, capacity building, advocacy/fundraising support, reinforcement of government-led WASH response systems (IDP, cholera, Ebola, etc.), to all country offices in the region with emergencies. The team also worked in close collaboration with other Regional Office sections such as Nutrition, Education and Health on tangible products to support countries with crisis, including (i) a Nutrition-WASH joint mission to Great South Madagascar to review the nutrition-specific WASH projects (Multi-Use Water Systems used for drop irrigation of community managed vegetable gardens) ; (ii) review and improvement of the Ebola prevention protocols, school staff training on school Ebola prevention readiness in Uganda (Mubende and Kassanda districts) ; (iii) Health-WASH joint missions in countries with Cholera outbreak to support the WASH targeted interventions informed by epidemiological data. The WASH team also assisted the HR department in head-hunting and recruiting emergency WASH officers and consultants while positively influencing programmes approaches in emergencies through the shift to more effective and targeted UNICEF corporate approaches that work. The team also advocated for the UNICEF WASH agenda (L3 and L2 emergencies and forgotten crisis) to the ESA Emergency WASH Platform, the Southern Africa Regional Inter-Agency Standing Committee (Southern Africa RIASCO), the Regional Humanitarian Partnership Team (Eastern Africa RHPT), and to regional environmental health and infection prevention forums, and contributed, and Horn of Africa drought response regional events.

Global Thematic Humanitarian funding also helped the SBC section at the Regional Office to provide quality and timely technical assistance to L2 (Horn of Africa and Madagascar), L3 (Tigray), and other emergencies including South Sudan, Mozambique and Uganda. In the area

35 UNICEF, [Child marriage on the rise in Horn of Africa as drought crisis intensifies](#) (June 2022)

of Risk Communication and Community Engagement (RCCE), technical assistance was provided to all 21 countries to enhance the quality of SBC initiatives supporting regional priorities. COVID-19 RCCE response and demand for COVAX remained core, while public health outbreaks (Ebola & Cholera) and the Horn of Africa drought also required significant attention and investment in terms of RCCE inter-agency coordination, social and behavioural data collection, social listening, and funding mobilization (US\$ 18 million for ESAR).

In terms of more cross-cutting areas, including partnerships and supplies, Global Thematic Humanitarian Funding helped the Supply and Logistics (SNL) section to provide support to country offices in the region with special focus on supply chain system strengthening, promotion of procurement services, capacity building of both UNICEF and implementing partners, disability inclusion in operation and procurement and as well as support country office with their emergency preparedness and response, including for the drought in Horn of Africa, Cholera, Floods, Polio and Ebola outbreaks in the region.

Partnerships' efforts focused on the L3 Horn of Africa drought and disease outbreaks, driving comprehensive regional fundraising with private and public sector partners in collaboration with the affected country offices. The efforts helped to avert famine in the Horn of Africa and contributed to a 60 per cent funding increase for emergencies in ESAR, compared to 2021. These results were achieved despite a highly challenging funding environment given the demands of multiple major crises across the globe. UNICEF sustained communications work to raise the profile of Horn of Africa drought crisis, including placing 70 interviews with international media and undertaking proactive communications at the regional level such as press releases and content creation to support fundraising.

On security, the Regional Office supported country offices to strengthen security risk mitigation strategies by carrying out remote and in-person emergency preparedness exercises in countries affected by conflict and/or instability, elections-related and/or contexts-specific simulation exercises and security support. Lastly, in view of the increasing emergencies in the region, and in collaboration with several stakeholders, Human Resources coordinated the identification and deployment of surge personnel to strengthen the humanitarian response intervention.

Thematic funding case study

Cholera Outbreak in Eastern and Southern Africa

Top Level Results: Since mid-2021 there has been a global resurgence of cholera with outbreaks reported in 23 countries, mainly in the WHO African (AFR) and Eastern Mediterranean (EMR) regions, where countries reported higher numbers and a case fatality ratio (CFR) than in over a decade and some countries that had not reported outbreaks in more than three years were affected. Using the EPF and repurposing funds from other activities UNICEF continued to support the Ministry of Health in Malawi to scale up healthy emergency response at the country level through technical assistance, financial and supplies assistance, and provision of technical oversight. In 2022, 17,824 cases have been registered with 595 deaths and children are heavily impacted by the cholera outbreak, constituting over 9,000 children below five years were treated for cholera in cholera treatment facilities.

Issue/Background: As of 31 December 2022, Malawi is responding to the largest outbreak in the region with over 31,882 cases with CFR 3.3%; Mozambique 3,900 cases; Zambia >150 cases CFR 2.2% and cases reported from Zimbabwe and South Africa. In the horn of Africa, Somalia >13,000; Kenya >3,500 CFR 1.5%; South Sudan 424. Others include Burundi, Zimbabwe, and Zambia. The cases and deaths significantly increased and primary and secondary schools in Blantyre and Lilongwe closed due to high increase in cholera cases. The onset of the rainy season further escalated cases and deaths with raising concerns for Malawi to witness the worst cholera outbreak. Recognizing the compounding emergencies in the country, UNICEF sustained in-country and remote support to country offices to develop evidence-based contingency plan informed by lessons learned from preparedness and response and risk analyses conducted at the regional level. UNICEF is closely collaborating with partners such as WHO, Africa CDC, and Regional Economic Communities to support the delivery of regional and country offices results for public health emergency.

Resources Required/Allocated: To implement the comprehensive support in planning, scale-up of response, and preparations for the accelerated cholera response, including pillar support for case management, co-leadership for WASH and WASH/IPC and surveillance, repurposing and roll-out the integrated cholera response, polio, and COVID-19 vaccination campaign, a total of US\$ 13 million had been envisioned at the start of the emergency response, with US\$8.8 million funding gap noted at the end of the year. UNICEF provided financial resources to procure urgent emergency supplies and support essential services, i.e., access to drinking water, sanitation, and activation of the overall response.

Challenges and Lesson Learned: Conflicts and inaccessibility have hampered well-coordinated and comprehensive response and resulted in further disruptions in primary health care services, destruction of already limited health infrastructure and equipment, and attrition of human resources for health. In addition, limited funding for preparedness continues to hamper timely response to public health emergencies during the critical stage resulting in the need for complex and large-scale responses which are more costly (life and resources). After three years of the COVID-19 pandemic response, countries have lost gains in critical health programming. Building on the lessons learned, there is a need to support countries to enhance resilience and capacity for stronger cross-sectoral preparedness and

response to public health and humanitarian emergencies. The immunization and health emergency teams are therefore working collaboratively to identify these areas and provide holistic support including preparedness and response to vaccine-preventable diseases.

Moving Forward: With ongoing health emergencies, UNICEF will focus on Review of ESARO SoPs for notification, coordination, and response to public health emergencies given the high burden and lessons learned over the past years, with a focus on cholera, viral hemorrhagic fevers, and measles. Capacity building support will also be prioritized, particularly on: (i) health emergency country focal points on public health emergencies using the regional toolkit; (ii) context-specific package for maternal and newborn health, health services among nomadic pastoralist communities, and health in conflict-affected countries; (iii) strengthening evidence-driven cholera preparedness and response and regional collaboration with key partners and high-burden countries; (iv) enhancing strategic regional collaborations (WHO, UNHCR, IOM, Africa CDC/AU, EAC, IGAD and SADC, and others) for coordinated preparedness and response to public health emergencies and health in humanitarian crises.

Assessment, Monitoring and Evaluation

In 2022, the Regional Office played a critical role in ensuring evidence-based monitoring and evaluation of the interventions. The Regional Office took a lead role to develop benchmark and dashboards to monitor drought response for the Horn of Africa and Ebola response in Uganda, which were then used for fundraising and visibility for the emergencies. Support was also provided to country offices to develop and revise the HACs and the Emergency Preparedness Plans, which have a component on monitoring and evaluation.

ESARO participated in assessment missions to Malawi, Horn of Africa L3 countries to assesses the drought impact and focus on fundraising efforts based on the results of the assessments. In addition, an after-action review for Angola was undertaken on the drought response which generated lessons learnt that will be replicated in future projects.

Assessment of response of UNICEF humanitarian aid to the crisis of drought 2021-2022 in southern Madagascar (Madagascar) was undertaken through an evaluation process. The evaluation was used to inform the direction of UNICEF's longer-term humanitarian and development efforts in the southern Madagascar, examining and suggesting post-L2 adaptations, identifying lessons to be learned to strengthen the resilience of households and communities in the global south, examining and suggesting adaptations to post L2 strategies and actions, identify lessons learned for the preparation and future responses of the UNICEF country office, government, civil society and the private sector.

The evaluation of the response in Northern Ethiopia, the evaluation of the drought response in the Horn of Africa and the Inter-agency Humanitarian Evaluation of the response in Northern Ethiopia is planned for 2023 to be undertaken by UNICEF and other UN agencies in the respective countries.

The Data Readiness project has also facilitated data generation that make it possible to accurately monitor and evaluate progress against key indicators in the different sectors. The data readiness platform has been rolled out in eight country offices in ESAR,³⁶ and supported populating data for monitoring progress on results being achieved. In addition, the Regional Office continued to provide technical support in strengthening results and funds monitoring, both quantitative and qualitative through sitreps, 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.

³⁶ Mozambique, South Sudan, Somalia, Zimbabwe, Malawi, Madagascar, Ethiopia and Kenya

Financial analysis

UNICEF requested for US\$68.1 million to meet heightened emergency preparedness and response requirements in Eastern and Southern Africa in 2022. These needs were related to the expanded preparedness and response for drought and floods, disease outbreaks including COVID-19, conflicts and displacements. The total request included funds for multi-sectoral technical support to new and ongoing emergency situations, as well as to continue strengthening coordination and ensure that countries have adequate capacity to prepare for and launch emergency responses. UNICEF received US\$ 67.9 against ESARO HAC. Out of this, US\$ 14.5 million was meant for ESARO and the balance to country offices under ESARO HAC.

The funds received allowed UNICEF to support host governments and the most vulnerable populations with risk communication and community engagement; infection prevention control; and the continuation of essential health, nutrition, education, child protection and social protection services. The funds allowed UNICEF to scale up life-saving nutrition activities, including severe acute malnutrition (SAM) treatment, vitamin A supplementation and infant and young child feeding counselling, and to meet rising health and WASH needs in the Horn of Africa drought countries which are under L3/L2 emergency. Without the funding received, UNICEF would not have been able to support an adequate response to the humanitarian needs of children and women projected to be affected by humanitarian crises in 2022. UNICEF is grateful to all donors who generously supported the humanitarian response in Eastern and Southern Africa in 2022.

Table 1: 2022 Funding Status against the Appeal by Sector (in US\$)

Sector	Requirements	Funds Available Against Appeal as of 31 December 2022*		% Funding Gap
		Humanitarian Funds Received in 2022	Carry-Forward	
Health	6,913,235	4,144,316	0	60%
Nutrition	826,044	2,021,775	0	245%
Education	8,195,000	1,222,406	0	15%
Water and Environmental Sanitation	5,447,200	274,154.	0	5%
Child Protection	3,943,750	1,040,594	0	26%
Cross sectoral, Coordination and Support Services	42,807,171	5,882,653	0	14%
Total	68,132,400	14,585,898	0	21%

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

Table 2 - Funding Received and Available by 31 December 2022 by Donor and Funding type (in US\$)

Donor Name/Type of funding	Grant reference	Overall Amount ³⁷
I. Humanitarian funds received in 2022³⁸		
a) Thematic Humanitarian Funds		
Global Humanitarian Thematic Funds	SM229910	428,000
Regional Humanitarian Thematic Funds	SM229920	3,875,644
	Sub-Total	4,303,644
b) Non-Thematic Humanitarian Funds		
United States Fund for UNICEF	SM220378	196,000
United States Fund for UNICEF	SM220571	3,200,000
United States Fund for UNICEF	SM220741	2,395,356
German Federal Foreign Office	SM220694	2,991,027
German Federal Foreign Office	SM220816	37,575
German Committee for UNICEF	SM220727	526,870
German Committee for UNICEF	SM220886	1,116,071
United Kingdom Committee for UNICEF	SM210791	971,001
European Commission / ECHO	SM210544	508,308
European Commission / ECHO	SM220812	132,196
Danish Committee for UNICEF	SM220650	233,369
Japan	SM220672	204,195
Netherlands Committee for UNICEF	SM220596	195,602
USA (State) BPRM	SM210372	100,000
Iceland National Comm for UNICEF	SM220754	67,509
Turkish National Comm for UNICEF	SM220684	15,285
Total Non-Thematic Humanitarian Funds		12,890,364

³⁷ Based on HAC funding status report, recovery rate is part of the amount.

³⁸ Total for this section's points a) to d) is equal to the total Humanitarian funding received in 2022 SitRep table, e) and e) are equal to the total of the other resources regular in SitRep table.

c) Pooled Funding		
(i) CERF Grants (ii) Other Pooled funds - including Common Humanitarian Fund (CHF), Humanitarian Response Funds, Emergency Response Funds, UN Trust Fund for Human Security, Country-based Pooled Funds etc		
FCDO	SM170463	1,323,096
d) Other types of humanitarian funds		
		0
e) Other resources – development funding towards HAC (SH grant)		
f) Other resources – development funding towards HAC (SC grant)		
German Committee for UNICEF	SC2299200002	324,570
Total humanitarian funds received in 2022		19,908,500
II. Carry-over of humanitarian funds available in 2022³⁹		
g) Carry over Thematic Humanitarian Funds		
		0
h) Carry-over of non-Thematic Humanitarian Funds⁴⁰		
		0
Total carry-over non-Thematic Humanitarian Funds		
Total carry-over humanitarian funds		
		0
III. Other sources		
EPF	GE220007	700,000
EPF	GE220030	200,000
Total other resources		900,000

Table 3: Thematic Humanitarian Contributions Received in 2022

Donor Name/Type of funding	Grant Reference	Total Contribution Amount (in USD)
GHTF received by RO and countries covered by this appeal (if any):		
Global - Thematic Humanitarian Response THEMATIC FUND	SM229910	428,000
Sub-total (received from EMOPS/HQ):		428,000,
Regional thematic contributions:		
Luxembourg Committee for UNICEF	SM2299200257	95,381
Luxembourg Committee for UNICEF	SM2299200283	2,386,143
Finnish Committee for UNICEF	SM2299200278	374,162

³⁹ Programmable amount, total equals to the carry-forward total in the SitRep table

⁴⁰ Same list as it was prepared for the Q1 FTS reporting

United Kingdom Committee for UNICEF	SM2299200202	367,702
United States Fund for UNICEF	SM2299200100	199,405
Spanish Committee for UNICEF	SM2299200105	192,646
Korean Committee for UNICEF	SM2299200296	123,196
Canadian UNICEF Committee	SM2299200191	89,845
Swedish Committee for UNICEF	SM2299200274	47,161
<i>Sub-total (received directly at RO level):</i>		3,875,644
Total:		4,303,644

Details of allocation to COs from Regional thematic:	Grant reference/thematic pool	Programmable amount
Kenya	SM189910	61,631
Somalia	SM2299200257	50,000
Total (allocated to COs):		111,631

Future Work Plan

The funding outlook for 2023 will remain one of the key challenges for the drought response. UNICEF and its partners will continue to work on diversifying the donor base to secure timely, flexible, and longer-term funding. Such funding will allow UNICEF to prepare for and respond to the worst drought crisis in two generations, while ensuring that the needs of the most vulnerable children and their families remain at the forefront of our work.

UNICEF will continue to work closely with its main operational sister agencies in the UN to ensure that humanitarian programming is developed, coordinated, and delivered in ways that harness the cumulative effect of our work, particularly in the hardest-to-reach locations where vulnerabilities are highest, while ensuring that our system strengthening, and resilience programming is fully aligned with government plans to ensure sustainability.

In addition, UNICEF will scale up investments in resilience that will reap massive financial, social and developmental dividends by increasing the coping capacities of communities, while reducing the impact of humanitarian emergencies that may occur in the future.

Child protection

In 2023, Child protection will focus on increasing engagement with women-led organisations to scale up GBViE programming (and reduce risks of SEA) as it is increasing priority. Generating and documenting evidence on what works to protect children on the move along migratory routes and effective programming models in the context of mobility in relation to MHPSS, care and cross-border case management will also be key. Many countries in the region have nascent or partial case management information management systems hence further dedicated investment is needed to make these fully operational and interoperable to adequately capture case management data, track referrals and to eventually close cases.

WASH

In 2023, ESARO WASH section will continue to provide direct field support in countries with emergencies through demanded missions and provided technical assistance, quality assurance, capacity building, advocacy/fundraising support, reinforcement of government-led WASH response systems (IDP, cholera, Ebola, etc.), to all ESA country offices with emergencies.

Education

UNICEF will accelerate learning recovery and support to learning journeys for all, including for those marginalized and in humanitarian contexts by (i) scaling up workable Early Childhood Education and Foundation Literacy and Numeracy models; (ii) bringing innovation and evidence for equity; (iii) mainstreaming remedial and catch-up learning programmes, both for children in school and out of school children; (iv) harmonizing partnerships to ensure acceleration of learning recovery/journey; alternate pathways and integrating equity dimension into C4C.

Focus will be on (i) elevating education/learning in emergencies and resilience building through fully integrating emergencies, resilience, climate change and social cohesion in C4C – education flagship; (ii) having renewed focus on EiE preparedness, risk-informed programming, resilience and peacebuilding; (iii) enhancing systematic engagement on education and climate change action (global UNICEF, GADDDRRES); (iv) pushing the agenda

for cross-sectoriality and SISP beyond the conceptual phase and focusing on the how; and (v) stepping up resource mobilization and going beyond EiE traditional donors.

Health

In September 2022, UNICEF ESARO organized the Eastern and Southern Africa Regional Health Network Meeting. The meeting identified key strategic actions to be undertaken in Eastern and Southern Africa for the next three years of the UNICEF Strategic plan 2022-2025 to accelerate and support sustained changes in programmes and delivery systems at country level, focusing on Primary Health Care.

Some regions of Ethiopia, like Afar, and Somalia have hard to reach areas with pastoralist populations. Those areas require customized strategies including tracking population movements and settlements, engaging clan leaders, strengthening cross-border collaborations, mapping water points and livestock markets, developing pastoralist-focused communication materials, launching joint human-animal vaccination campaigns, and establishing permanent transit vaccination points.

Increasing access and uptake to vaccination will also require tailored support to countries where implementation of outreaches services is challenging due to vast areas of low-density population and limitation of funds (Mozambique). The health team is dedicated to providing effective routine immunization supply chain management activities during emergency situations like COVID-19, capacity building and specifically microplanning to strengthen immunization services at the local level are lessons learnt from the review of UNICEF equity work in Rwanda and Uganda, which enabled to maintain maternal, new-born and child health (MNCH) services while scaling-up rapidly COVID-19 vaccination.

Humanitarian Action, Resilience and Peacebuilding (HARP)

The HARP team will continue to support L2 and L3 crises pivoting to response quality, and delivery to hard-to-reach areas. Regional partnerships will be strengthened for more efficient lifesaving and resilience systems strengthening. There will be increased focus on peacebuilding, conflict analysis in fragile/stabilization countries. HARP will continue to strengthen quality monitoring tools (HPM, DRIP) and data platforms to support decision-making, preparedness.

The section will pivot into ensuring that strengthened PSEA, Accountability to Affected Population, disability inclusion, gender, youth and adolescent engagement delivered in the 12 HAC countries (minimum of 15 per cent allocations for gender equality in HACs). Remote and onsite capacity building for country office teams will be strengthened to ensure our agility to scale up/scale down for humanitarian crises. Finally, the HARP section work (with new staff onboard) will be streamlined to support key cross-sectoral processes.

Nutrition

UNICEF will continue providing technical assistance and oversight of all 21 counties to enhance emergency nutrition actions. Additionally, the section will continue to support monitoring the nutrition actions in emergencies in line with the humanitarian performance mechanism. Currently, the Regional Office plan to have systematic support on climate change and nutrition, including redefining the resilience agenda in 2023. This will be supported through specific consultancy to the region and the countries in the area. With continuing nutrition emergencies in the region, UNICEF ESARO plans to recruit additional technical

assistance on the nutrition emergency and nutrition information management in emergencies. The two technical assistance personnel will continue to support the countries in scaling up nutrition support during emergencies and ensuring the quality of actions. This will be in addition to the outposted GNC coordination team at the regional office supporting coordination.

Social protection

ESARO will continue to provide technical assistance, oversight and strategic surge support to all 21 countries to improve their planning and preparedness for use of cash response in emergencies as well as strengthening the shock-responsiveness of national social protection systems. The team is recruiting a Humanitarian Cash Transfer Specialist to be based in the Regional Office and provide on-demand in-country surge support to country teams as they scale up their cash response. In addition, the Regional Office will continue to work closely with other sections, notably Nutrition and HARP to provide joint support to country offices, ensuring that cash responses are linked to key nutrition services and resilience activities.

Supply and logistics

The section plans to increase technical assistance to country offices in emergency preparedness and response, procurement services, systems strengthening and disability inclusion while also driving increased advocacy and prioritization of the supply function accountabilities and funding in country offices strategic documents, including DI and systems strengthening. The team will strengthen collaboration with programmes and partners to leverage resources for effective technical support in all supply chain areas.

Annex I: Human-interest stories and external media

- [UNICEF Burundi: In Cibitoke province, improved hygiene practices have saved lives](#) (Article)
- [UNICEF Burundi: UNICEF supports learning continuity in emergencies](#) (Article)
- [UNICEF Burundi: Josephine finds her life back](#) (Article)

- [UNICEF Mozambique on Facebook: Community Radios help promote nutrition in remote communities in Zambezia](#) (video)
- [UNICEF Mozambique on Facebook: WASH support in LIFECA and Model Families in Zambezia](#) (post)

- [UNICEF Somalia on Twitter: Somalia during a historic drought](#) (tweet)

- [UNICEF South Africa: Action! Behind the scenes of the Zwakala COVID-19 campaign](#) (Video)
- [UNICEF South Africa: Over 1,000 children affected by April floods receive play and learning materials](#) (Article)

Annex II: Donor Feedback Form

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 2022, using the following link: [Donor feedback form](#)