

Eastern and Southern Africa

For much of the past decade, millions of children and women in the Eastern and Southern Africa region have endured war, political instability, droughts, floods, food insecurity and disease. 2010 was no exception. In eastern Africa, an estimated 17.4 million people¹ are food-insecure despite improvements in food security following favourable long rains, particularly in Ethiopia and the Sudan.² Adverse weather patterns also caused severe flooding and landslides in early 2010; 48,000 people in Uganda and more than 55,000 in Kenya, Namibia, Rwanda and Zambia were temporarily displaced.³ Flooding and poor sanitation among displaced people led to outbreaks of cholera, acute watery diarrhoea and measles. Armed conflict in southern Somalia threatens children and women and impedes delivery of essential services. In Madagascar and Zimbabwe, political instability, deteriorating physical infrastructure and the public sector's inability to deliver basic social services have led to further decline in the overall health and well-being of the population. Millions of children remain out of school across the region, the vast majority in countries affected by chronic crises.

During the past few years, Eastern and Southern Africa has faced more emergencies, both natural and human-made, than any other part of the continent.⁴ The impact of natural disasters and political crises in countries in Southern Africa has been complicated by the high levels of disease outbreaks. According to the World Health Organization, 25,013 acute watery diarrhoea cases and 51 deaths were reported countrywide in Somalia between January and May 2010. In Somalia, the United Nations Office for the Coordination of Humanitarian Affairs reported a steady decline in the cholera cases at Banadir Hospital in Mogadishu. In Uganda, 900 cholera cases and 33 deaths have been recorded in Kotido and Moroto Districts of Karamoja subregion since the outbreak in June 2010. According to the Ministry of Public Health and Sanitation in Kenya, a total of 2,722 cholera cases and 46 deaths have been reported since January 2010. The cholera outbreak is under control in 16 out of 27 affected districts in Kenya. In the United Republic of Tanzania, the World Health Organization confirmed 3,033 cases of cholera, 109 of measles and 109 of cerebrospinal meningitis since the beginning of 2010.⁵ Unprecedented measles outbreaks occurred in Eastern and Southern Africa, with only the Comoros, Eritrea, Kenya, Madagascar, the United Republic of Tanzania and Uganda largely spared. In addition, the high prevalence of HIV and AIDS in the region exacerbates



the health response, with 35 per cent of all new infections and 38 per cent of all AIDS deaths globally occurring in nine of the 12 southern Africa countries.⁶

UNICEF is requesting US\$5.6 million for its humanitarian work in the region in 2011, an increased requirement compared with 2010, stemming from the need to strengthen country office capacity in emergency preparedness and response across all programme sectors. Additional funding will be needed to respond to a refugee influx should the humanitarian situation in the Sudan deteriorate in the wake of the January 2011 referendum.

In 2011, UNICEF's Eastern and Southern Africa Regional Office (ESARO) will continue to strengthen its emergency preparedness and response capacity, and emphasis will be placed on supporting countries facing ongoing and/or potential new emergencies. Long-standing country support capacities for emergency preparedness and response are now being realigned under the wider framework of disaster risk reduction, with emphasis on risk reduction and continuing disaster and emergency preparedness. Within ESARO, this process is coordinated by the Regional Emergency Support Unit, along with the Emergency Core Group (technical specialists from child protection, health, WASH, nutrition and education sections).



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

UNICEF EMERGENCY FUNDING REQUIREMENTS FOR 2011

By sector	US\$
Emergency preparedness and response, and disaster risk reduction	1,300,000
Nutrition	1,600,000
Health	1,000,000
Water, sanitation and hygiene (WASH)	700,000
Child protection	500,000
Education	500,000
Total	5,600,000

ESARO will continue reinforcing technical assistance to those countries – particularly Burundi, Ethiopia, Madagascar, Mozambique, Somalia, Uganda and Zimbabwe – that are currently affected by emergencies, in order to meet UNICEF’s commitments as cluster lead in WASH, nutrition, education (with Save the Children) and child protection (sub-cluster). Capacity development of national authorities for emergency preparedness, response and risk reduction will continue in 2011. Major progress in advancing emergency preparedness and response, WASH and education in emergencies in sector planning and policy has been achieved across the region. The regional strategy for capacity development of education authorities will be independently evaluated in 2011.

CRITICAL ISSUES FOR CHILDREN AND WOMEN

Progress towards Millennium Development Goals in many countries in the Eastern and Southern Africa region remained impeded in 2010 by the recurrence of natural disasters, including drought and floods, acute food insecurity and disease outbreaks. The impact of natural disasters was exacerbated by conditions of conflict and political instability in Madagascar, Somalia and Zimbabwe. The situation of armed conflict presented an acute risk to children and women in southern Somalia, threatening the delivery of basic services – particularly protection – and the delivery of supplies. Ten out of the 20 UNICEF country offices in the region have responded to civil conflict or natural disaster emergencies, and have appealed for assistance. Economic growth across the region was hindered by the

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wider global recession, and food shortages further challenged the poorest segments of the population. These crises continue to cause significant disruption to the lives of millions of children, and have left millions of children across the region without access to education.

Of an estimated 1 million of severely malnourished children in the region, over 500,000 were reached with appropriate treatment in all 20 countries. However, distribution is uneven as Ethiopia, Kenya, Malawi and Somalia, are the only countries reaching 50 to 90 per cent of their populations in need, accounting for approximately 70 per cent of total caseload. Given the current situation of increased risk for natural hazard in Eastern (drought) and Southern Africa (floods), combined with rising food prices, reinforcement of existing services for management of acute malnutrition in the entire region is essential. Only four countries in sub-Saharan Africa are on track for meeting the MDG sanitation target: Angola, Botswana, Rwanda and South Africa. If the current trend continues, only 32 per cent of the population of sub-Saharan Africa will be using improved sanitation in 2015. Seventeen countries in sub-Saharan Africa are on track for meeting the MDG drinking water target. If the current trend continues, 64 per cent of the population of sub-Saharan Africa will be using improved water supply in 2015. Access to water and sanitation in rural areas lag behind urban access. In 2006, 8 out of 10 users of unimproved sanitation lived in rural areas. In sub-Saharan Africa the poorest quintile is 16 times more likely to practice open defecation than the richest. Poor access to safe water and sanitation are with poor hygiene practices the main cause of renewed cholera outbreaks. Cholera, is a major health problem in the eastern and southern Africa sub-region and has become endemic in many countries of the sub-region particularly those of eastern and southern Africa. The cholera strains currently in the region cause severe forms of cholera, and is rapidly supplanted the old El Tor strain in many areas. The prevalence of the current hybrid strain may explain why we are seeing case fatality rates of 1–5 per cent (or higher) in recent outbreaks, as opposed to the less than 1 per cent historically accepted as the goal for response teams.

KEY ACHIEVEMENTS IN 2010

In 2010, UNICEF estimated that US\$4.5 million was needed to fund coordination and technical assistance carried out by ESARO. As of October 2010, no funding had been received. Other resources, however, have been used to strengthen emergency preparedness and response capacities. Countries that have thus far benefited from the capacity-building activities include Burundi, the Comoros, Ethiopia, Kenya, Madagascar, Malawi, Mozambique, Rwanda, Somalia, South Africa, Swaziland, Uganda and Zimbabwe. Partners, including governments, in the Comoros, Rwanda and Uganda were provided with capacity-building support related to disaster preparedness. To combat the increasing number of measles and cholera cases in the region, the regional health team supported measles outbreak responses in all 14 affected countries during the end of 2009 and the beginning of 2010. Countries including South Africa and Zimbabwe were supported to conduct nationwide measles campaigns in response to the outbreaks.

UNICEF has reached more than 1,200 front-line responders with capacity development workshops on emergency preparedness, response and risk reduction in education. WASH cholera preparedness and response trainings were undertaken in the United Republic of Tanzania and Zimbabwe. In addition, the regional WASH in emergencies team provided surge support to Botswana, the Comoros, Lesotho, Madagascar, Namibia, Swaziland, Uganda and Zambia. UNICEF also supported country offices in the implementation of Security Council Resolution 1612 and monitoring and reporting of child rights violations in Burundi, Somalia and Uganda, through regional coordination, launching of field tools and review of good practices in the application of monitoring and reporting mechanisms. In addition, support was provided to the development of Policy Guidance for Protection of Civilians in conflict, with emphasis on Somalia, in partnership with the African Union.

HUMANITARIAN ACTION: BUILDING RESILIENCE

The frequency of humanitarian crises in the Eastern and Southern Africa region tests the response capacity of UNICEF and its partners to meet the needs of children, women and the population at large. ESARO efforts are focused on strengthening response and providing leadership to clusters during emergencies. Towards this end, 350 staff in 14 country offices received training on emergency preparedness. Capacity building on support related to humanitarian and disaster risk reduction was also made available to governments and partners in five countries. The Eastern and Southern Africa Education in Emergencies national capacity development strategy, which was developed by ESARO and is currently being replicated in all other regions globally, has reached more than 1,700 education front-line responders in 16 countries in the region. In the area of health, Lesotho, Malawi and Zimbabwe were supported to conduct high-quality measles campaigns specifically in response to the measles outbreak in those countries.

PLANNED HUMANITARIAN ACTION FOR 2011

In 2011, ESARO will continue to work with UN agencies, NGOs and other partners to address humanitarian needs across the region. The regional team will continue to provide technical assistance to countries in areas of health and nutrition, education, child protection and WASH. This will include supporting countries applying the cluster approach, with an emphasis on ensuring global standards. In 2011, ESARO will continue to support all 20 country offices to strengthen their emergency preparedness and response capacity, with increased emphasis on adopting approaches to disaster risk reduction.

EMERGENCY PREPAREDNESS AND RESPONSE AND DISASTER RISK REDUCTION (US\$1,300,000)

The Eastern and Southern Africa regional emergency support unit will coordinate efforts at the regional level, as well as of support offices in countries facing ongoing and/or potential new emergencies.

- The capacity of country offices in emergency preparedness and response will be supported and enhanced, and an adequate level of readiness to respond to emergencies will be aimed for, as per the Core Commitments for Children in Humanitarian Action.
- Country offices and partner agencies will strengthen emergency response in the region through simulations and training, the development of humanitarian action and resource mobilization plans and the re-evaluation of supply and human resource needs for crises.
- Country offices will be supported to better meet organizational commitments to achieve the resilience of nations and communities, as set out in the Hyogo Framework for Action and UNICEF's disaster risk reduction framework.

NUTRITION (US\$1,600,000)

In 2011, ESARO will work with the World Food Programme and other partners to support nutrition preparedness and response, with particular attention to supporting countries with established nutrition clusters.

- Country offices, including those with nutrition clusters, will collect and analyse nutrition data for use in anticipating needs prior to emergency and in planning a response, with attention paid to existing food security and vulnerability assessments.
- Country offices will respond to nutrition emergencies by increasing programmes to integrate management of acute malnutrition, with components of infant feeding in emergencies, micronutrients in emergencies, WASH and health programming.

- Guidance will be provided to country offices in the form of shared evaluations on best practices in regional crises for improving disaster risk reduction for nutrition.

HEALTH (US\$1,000,000)

ESARO will continue its work to improve the health status of children and women in the region.

- Technical support to the cholera task force will be provided in order to strengthen the capacity of country offices to respond early and effectively to cholera and acute watery diarrhoea outbreaks.
- ESARO will collaborate with immunization partners and country offices to provide the necessary technical assistance to countries with a high number of unimmunized children in order to improve and curtail vaccine-preventable disease outbreaks.
- Country offices will receive technical support to organize measles supplemental immunization campaigns in countries scheduled for follow-up supplementary immunization activities in 2011 and also to plan Child Health Days to boost the level of immunity and prevent morbidity and mortality from measles outbreaks.
- The UNICEF country office in Angola will be supported in stopping the spread of polio through high-quality supplementary immunization activities, widespread advocacy and continued work with partners. The office will also be assisted to increase levels of routine immunization coverage.

WATER, SANITATION AND HYGIENE (WASH) (US\$700,000)

In 2011, ESARO will support the region's country offices in their work to improve emergency preparedness and also by providing surge support during emergencies. ESARO will continue to strengthen cholera preparedness and response in all cholera-prone countries by promoting WASH cholera preparedness and response training, as well as by initiating relevant research and supporting a partnership between UNICEF, the World Health Organization and Oxfam to form a cholera task force. UNICEF ESARO will continue promoting low-cost, high-impact interventions like hand washing with soap and household water treatment and safe storage to reduce the risk of diarrhoeal outbreaks.

- The UNICEF-led WASH cluster will ensure coordinated preparedness and delivery of emergency assistance and will develop, in collaboration with partners, a long-term and sustainable water resource, sanitation and hygiene strategy.

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- ESARO will provide surge support to both the WASH cluster and country offices within 72 hours following a request from affected countries.
- UNICEF ESARO will ensure that lessons learned from disasters inside and outside the region are shared, and that both UNICEF and WASH cluster responses to disasters are in line with regional and global recommendations.

CHILD PROTECTION (US\$500,000)

In 2011, ESARO will support country offices as they develop their capacity regarding child protection in emergencies.

- Guidance on the use and application of the separated children database will be provided to support the prevention, identification, documentation, tracing, care and reunification of separated children in displacement, including the provision of subregional training on the database and monitoring of its use and implementation.
- Capacity building relating to gender-based violence will ensure UNICEF fulfils its role as co-lead for that sub-cluster.

EDUCATION (US\$500,000)

In 2011, ESARO's overall goal is to strengthen the capacity of national education stakeholders across the region to respond to and reduce the risk of emergency situations, thus minimizing disruption to schooling for students and teachers and reducing the total number children out of school in the region, which is currently 8 million.

- Roll-out of the regional education in emergencies capacity development strategy will continue at the national and local levels of ministries of education and with education cluster/sector partners on emergency preparedness, response and risk reduction, in collaboration with partners.

- Education in emergencies coordination will be strengthened in all 20 countries in the region through support for the establishment and reinforcement of education clusters led or co-led by UNICEF or similar structures, as applicable, in coordination with Save the Children and other partners.
- Country offices in the region will be supported to ensure that child-friendly schools – which ensure a protective environment for all children, particularly girls – are reopened in a timely manner in the aftermath of emergencies in order to minimize disruption to schooling and provide relevant and quality education.
- ESARO will collaborate with regional protection, health, WASH and nutrition colleagues to ensure integrated and comprehensive support to country offices dealing with education crises.
- Child-friendly resources and manuals for students and teachers on disaster risk reduction at the school level will be developed for dissemination through each ministry of education to all schools across the region.
- Nomadic education in the Horn of Africa will be supported through flexible and alternative approaches, which correspond to the needs of pastoralist populations in vulnerable areas.

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1. This figure includes the Democratic Republic of the Congo.
 2. OCHA Sub Regional Office for Eastern Africa, 'Humanitarian Snapshot (3rd Quarter)', United Nations Office for the Coordination of Humanitarian Affairs, Geneva, October 2010, p. 1.
 3. OCHA Sub Regional Office for Eastern Africa, 'Humanitarian Snapshot (1st Quarter)', United Nations Office for the Coordination of Humanitarian Affairs, Geneva, 30 April 2010, p. 1.
 4. UNICEF Office of Emergency Programmes, analysis and emergency response studies.
 5. OCHA Sub Regional Office for Eastern Africa, 'Humanitarian Snapshot', United Nations Office for the Coordination of Humanitarian Affairs, Geneva, June 2010.
 6. Refers to UNAIDS classification of southern Africa, which includes Angola, Botswana, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, South Africa, Zambia and Zimbabwe.