In the first half of 2010, eight out of the 20 UNICEF country offices in the Eastern and Southern Africa region have responded to civil conflict or natural disaster emergencies and appealed for assistance. In Kenya, Namibia, Zambia, Botswana, and Tanzania, heavy rains caused flooding and landslides temporarily displacing more than 55,000 people. Heavy flooding and landslides displaced 10,000 and killed 320 in Eastern and Western Uganda. Flooding and poor sanitation among displaced people led to an outbreak of cholera and acute watery diarrhoea in a number of countries in eastern and southern Africa. Uganda, Kenya, Somalia, and Ethiopia have cumulatively reported more than 3,200 cholera cases and over 25 deaths between January and April 2010. The highest numbers of cases were recorded in Zambia with 4,421 cases of cholera and 72 deaths (case fatality rate of 1.6 per cent). The impact of natural disasters and political crisis in countries in the Southern Africa region were complicated by the high levels of HIV/AIDS prevalence. 35 per cent of all new infections and 38 per cent of all AIDS deaths globally occur in nine of the 12 southern Africa countries. The average adult HIV prevalence rate in the region is 10.8 per cent, although many countries have rates that are higher than 12 per cent, with Swaziland having the highest at 33.4 per cent. Unprecedented measles outbreaks occurred in Southern Africa (Malawi, Zimbabwe, Swaziland and Lesotho), Tanzania and Ethiopia. The situation of armed conflict presented an acute threat to children and women in Southern Somalia, threatening the delivery of essential services and other forms of assistance. The food security situation in the Greater Horn of Africa sub-region remains unchanged with 12 million people in need of humanitarian assistance. In Madagascar and Zimbabwe, political instability, deteriorating physical infrastructure and the public sector’s inability to deliver basic social services led to further decline in the overall health and well-being of the population.

1 Ethiopia, Kenya, Madagascar, Malawi, Somalia, Uganda, Mozambique and Zimbabwe.
2 Refers to UNAIDS classification of southern Africa, which includes Angola, Botswana, Lesotho, Madagascar, Malawi, Mozambique, Namibia, Mauritius, South Africa, Zambia and Zimbabwe.
KEY RESULTS FOR CHILDREN

UNICEF’s Eastern and Southern Regional Office (ESARO) did not receive emergency funds against the HAR 2010 during the reporting period. However, other resources have been used to continue support to strengthening the emergency preparedness and response capacity of all 20 countries in the region. Countries that have thus far benefited from the above listed capacity-building activities include: South Africa, Zimbabwe, Malawi, Swaziland, Kenya, Burundi, Comoros, Eritrea and Uganda. Training was also made available to governments and partners on disaster preparedness in Uganda and South Africa. To combat the increasing number of measles and cholera cases in the region, the regional health team supported measles outbreak responses in all 14 countries affected during the end of 2009 and beginning of 2010. South Africa and Zimbabwe were supported to conduct nationwide measles campaigns in response to the outbreaks. UNICEF has reached over 1,200 frontline responders with capacity development workshops on emergency preparedness, response and risk reduction in education. WASH cholera preparedness and response trainings were undertaken in Tanzania and Zimbabwe. In addition, the regional WASH in Emergencies team provided surge support to Uganda, Zambia, Comoros, Madagascar, Swaziland, Lesotho, Namibia and Botswana. UNICEF supported country offices in the implementation of Security Council Resolution 1612, Monitoring and Reporting on Child Rights violations in Burundi, Somalia and Uganda, through regional coordination, launching of field tools, and review of good practices in the MRM application. In addition, support was provided to the development of Policy Guidance for Protection of Civilians in conflict, in partnership with the AU.

KEY CHALLENGES

The implications of the financial crisis for humanitarian action were progressively evident as overall funding for UNICEF emergency appeals in the region averaged 20-30 per cent below 2008 figures. In addition, ESARO did not receive funding against HAR 2010 to date. It is critical to provide better support to country offices in resource mobilization strategies and capacities, also taking into account costs related to preparedness, cluster support, and expansion of the national capacity development strategy for education and other key sectors in emergencies to all priority districts/provinces in the East and South Africa region. Secondly, there is a lack of clarity on the role of clusters in transition and early recovery processes. Finally, a continued need exists for advocacy for education and protection as a priority frontline response.

INTER-AGENCY COLLABORATION

The UNICEF regional office covering eastern and southern Africa continues to advocate for inter- and multi-country humanitarian coordination through a Nairobi-based regional humanitarian partnership team for the east African countries, and a Johannesburg-based Regional Inter-Agency Coordination Unit for the southern Africa countries, both comprising United Nations agencies and NGOs. The regional office has undertaken inter-agency missions to Comoros and Burundi. A new partnership was developed with the Swedish Civil Contingencies Agency (standby partners) under which a WASH in Emergency Specialist has been deployed to support mainly the Southern African countries. ESARO continues to collaborate with Save the Children on capacity development for enhanced emergency preparedness, response and risk reduction in education across the region. In 2010, the UNICEF regional office has also promoted improved regional coordination with UNHCR, RET, the Inter-Agency Network for Education in Emergencies (INEE) and UNESCO. A cross-border regional meeting was held on the Lords’ Resistance Army (LRA); developing a multi-country strategic response to human rights violations committed against children and women. A cross-border inter-agency meeting was also conducted in Juba as a part of the cross-regional contingency preparedness planning and emergency preparedness and planning, looking towards elections and the referendum in Sudan and its impact on cross border population movements.

FUNDING REQUIREMENTS

The UNICEF Regional Office covering Eastern and Southern Africa has not received any funds against the HAR 2010, leaving critical funding gaps for a range of emergency interventions and positions. Carried over emergency and Young Child Survival and Development funding allowed the RO to continue emergency support to the countries. UNICEF’s 2010 HAR appeal has been adjusted to US$4,500,000 as per mid-year.
EMERGENCY PROGRAMME PRIORITIES: JULY – DECEMBER 2010

Emergency Preparedness and Response
- Country offices will have improved levels of preparedness and a minimum level of readiness to respond to emergencies.
- Country offices and partner agencies will develop a core foundation of emergency knowledge in the region for improved rapid emergency response through training in preparedness and response, assessments, monitoring and evaluation in emergencies, sectoral humanitarian action and resource mobilization plans, as well as the completion of supply and human resources needs assessments.
- Country office capacities will be better prepared to meet organization commitments to achieve ‘the resilience of nations and communities’ as set out in the HFA and UNICEF’s Disaster Risk Reduction draft conceptual framework through a baseline review.

Health
- In collaboration with the World Health Organization and other health partners, existing health guidelines for emergencies will be updated as necessary, along with monitoring tools to increase response efficiency, especially for communicable diseases like cholera and acute watery diarrhoea.

Nutrition
- Together with Nutrition Cluster partners, UNICEF will support nutrition preparedness and response, with particular attention to those countries using the inter-agency nutrition cluster approach.
- Country offices, especially those with UNICEF-led Nutrition Clusters, will more effectively respond to acute nutrition needs during an emergency through provision of assessment tools to collect, analyse and report on the nutrition situation, and through training in how to best use nutrition information for early warning, emergency preparedness and contingency planning and programme monitoring.
- The inter-agency HoA food security strategy (drafted by FAO, WFP and Oxfam) will be developed and implemented.

Water, Sanitation and Hygiene
- Country offices will be better prepared to respond to outbreaks of waterborne diseases, such as cholera and acute watery diarrhoea, through training of WASH Cluster coordinators and national and international partners in contingency planning, capacity mapping and coordination mechanisms at both the regional and country levels.

Education
- Collaboration with regional Protection, Health, WASH and Nutrition Clusters will promote integrated and comprehensive support to country offices dealing with education in emergencies.
- All 20 Eastern and Southern Africa country offices will have a more coordinated response to the need for education in emergencies through the establishment or reinforcement of Education Clusters led or co-led by UNICEF (or similar structures as applicable), in collaboration with Save the Children and other partners.

Child Protection
- The United Nations Secretary-General’s Sexual Exploitation and Abuse Code of Conduct will be integrated into all emergency preparedness and response plans in all countries in the region to reduce vulnerabilities of emergency-affected boys and girls to exploitation.
- As co-leader of the Gender-based Violence Cluster, UNICEF will ensure improved coordination through capacity building among partners in gender-based violence issues and response.
- Countries will be supported in the implementation of SC Resolutions 1812 and 1888.